

MEMORANDUM OF PARTNERSHIP (MoP)

Between:

Aboriginal Housing Management Association ("AHMA")

AND

The First Nations Health Authority ("FNHA")

(Individually, a "Party" and collectively the "Parties")

PREAMBLE

WHEREAS, the mandate of the FNHA was established by British Columbia ("BC") First Nations through the adoption of the Consensus Paper 2011, the Consensus Paper 2012, and the *BC Tripartite Framework Agreement on First Nation Health Governance* ("Tripartite Framework Agreement"). The FNHA's mandate is to:

- a. plan, design, manage, deliver and fund the delivery of First Nations Health Programs in BC;
- b. receive federal, provincial and other health funding for or to support the planning, design, management and delivery of First Nations Health Programs and to carry out other health and wellness related functions;
- c. collaborate with the BC Ministry of Health and BC Health Authorities to coordinate and integrate their respective health programs and services to achieve better health outcomes for First Nations in British Columbia;
- d. incorporate and promote First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into the First Nations Health Programs, recognizing that these may be reflected differently in different regions of BC;
- e. be constituted with good governance, accountability, transparency and openness standards;
- f. establish standards for First Nations Health Programs that meet or exceed generally accepted standards;
- g. collect and maintain clinical information and patient records and develop protocols with the BC Ministry of Health and the BC Health Authorities for sharing of patient records and patient information, consistent with law;
- h. over time, modify and redesign health programs and services that replace Federal Health Programs through a collaborative and transparent process with BC First Nations to better meet health and wellness needs;
- i. design and implement mechanisms to engage BC First Nations with regard to community interests and health care needs;
- j. enhance collaboration among First Nations Health Providers and other health providers to address economies of scale service delivery issues to improve efficiencies and access to health care; and

- k. carry out research and policy development in the area of First Nations health and wellness.

AND WHEREAS, FNHA is committed to implementing the 7 Directives set out in the *Consensus Paper: British Columbia First Nations Perspectives on a New Health Governance Arrangement*, approved by Resolution 2011-01 dated May 26, 2011:

- Directive #1 Community-Driven, Nation-Based
- Directive #2 Increase First Nations Decision Making and Control
- Directive #3 Improve Services
- Directive #4 Foster Meaningful Collaboration and Partnership
- Directive #5 Develop Human and Economic Capacity
- Directive #6 Be Without Prejudice to First Nations Interests
- Directive #7 Function at a High Operational Standard

AND WHEREAS, AHMA's mission is to lead and advance housing rights for ALL Indigenous peoples in BC. AHMA's role is to represent and advocate for the Indigenous housing sector across BC, as well as administering operating and capital agreements, which support 5,500 units that house First Nations, Métis, Inuit, and self-identified Indigenous families living in urban, rural, and northern parts of the province.

AND WHEREAS, the Tripartite Framework Agreement recognizes FNHA's core mandate and obligation is to First Nations in BC but that FNHA may choose to enter into relationships with the BC Ministry of Health and BC Health Authorities, including the provision of funding, that may benefit the health and wellness of the wider Indigenous population in BC, including Métis.

AND WHEREAS AHMA is comprised of 55 members including independent Indigenous housing and service providers as well as a small portion of non-Indigenous, non-corporate members located across the province that manage more than 95% of all Indigenous housing units in off-reserve urban, rural and northern areas.

AND WHEREAS AHMA members deliver critical programs and services in affordable housing that support community health and well-being. These include homelessness programs through the management of shelter and transition housing, supportive housing, complex care and assisted living.

THEREFORE the Parties have reached the following understanding:

A. PURPOSE

1. The purpose of this non-legally binding MoP is to:
 - a. confirm and recognize the shared commitment of AHMA and FNHA to improve the health and wellness of First Nations people living in British Columbia;
 - b. strengthen the partnership between AHMA and FNHA by developing a work plan with clear roles and responsibilities; and

- c. discuss opportunities to collaborate on initiatives that advance health and housing outcomes for First Nations people in British Columbia.

C. INFORMATION AND COLLABORATION

- 2. The Parties will continue to work together to identify opportunities to collaborate by developing appropriate strategies, plans, activities and actions in areas where health and housing intersect and that impact First Nations people in British Columbia.
- 3. The Parties will build upon and utilize existing supports and engagement pathways, where appropriate, in advancing the health and housing needs of First Nations individuals, families and communities in the province.
- 4. The Parties will work together to identify opportunities for information sharing and ways to advance the health and housing needs of Urban and Away from Home First Nations people in BC, which may also benefit the broader Indigenous population living in British Columbia.
- 5. The Parties will work together to implement the recommendations of the BC Indigenous Homelessness Strategy, such as ensuring access to wraparound supports for Indigenous people accessing supportive housing.
- 6. The Parties will keep each other informed of important activities and developments pertaining to housing and health needs of First Nations people and the broader Indigenous population living in BC.
- 7. The Parties may carry out other related activities from time to time, as agreed by the Parties.

D. PARTNERSHIP COMMITMENTS

- 8. The Parties are committed to developing an evergreen workplan to realize the purpose of this MoP and will:
 - a. work collaboratively to develop the workplan within six months of the signing of this MoP;
 - b. determine a timeline to meet the actions outlined in the workplan; and
 - c. meet periodically to review the workplan, as required.

E. GENERAL

- 9. This MoP will remain in effect, unless terminated by written notice.
- 10. Either Party may terminate this MoP, for any reason, upon delivery of 30 days written notice to the other Party's authorized representative. Notice may be delivered by mail or electronic mail.

11. The Parties have identified the following signatories to this MoP whereby all issues pertaining to the MoP will be reviewed and signed upon by:


Name	Official Title	Organization
Richard Jock	Chief Executive Officer oceo@fnha.ca	FNHA
Margaret Pfoh	Chief Executive Officer	AHMA
Wayne Wallace	Director, Urban and Away from Home Wayne.Wallace@fnha.ca	FNHA
Celeste Hayward	Director, Operations chayward@ahma-bc.org	AHMA

12. The Parties, or their respective designate, agree to meet annually to review and reaffirm their commitment to this MoP and to continue to develop strategies to fulfill the purpose of this MoP.

Signed this ____ day of _____, 20____, in the Province of British Columbia (the **Effective Date**”).

On behalf of the First Nations Health Authority

On behalf of Aboriginal Housing Management Association


Richard Jock, CEO, FNHA


Margaret Pfoh, CEO, AHMA


Dr. Sheila Blackstock, Board Chair, FNHA


Gary Wilson, Board President, AHMA