First Nations Health Directors Association
Sharing experience for community wellness

First Nations Health Council

First Nations Health Authority
Health through wellness

VANCOUVER COASTAL REGIONAL

CAUCUS

DETAILED NOTES

April 24-26, 2018
Four Seasons Hotel, Vancouver BC

Prepared by:

raincoast VENTURES
minutes made simple

6983 181st Street, Surrey, BC V3S 6X3
Tel: (604) 507-0470
info@raincoastventures.com
www.raincoastventures.com

2018 Spring Vancouver Coastal Region Caucus

April 24-26, 2018 | Four Seasons Hotel, Vancouver, BC

TABLE OF CONTENTS

DAY 1 – APRIL 24, 2018

Day One - April 24, 2018 of the Spring Vancouver Coastal Region Caucus, hosted by the First Nations Health Authority (FNHA), commenced at approximately 8:41 a.m.

Traditional Welcome

Alec Dan, Traditional Knowledge Keeper of the Musqueam Nation, provided introductory comments inviting delegates to enjoy their time while meeting within the ancestral, traditional and unceded territory of the xʷməθkwəy̓əm (Musqueam), and shared territory of the Skwxwú7mesh (Squamish), and Tsleil-Waututh Nations. He offered a traditional song of welcome.

Administrative Items

Opening Comments

Maria Martin, Chair, First Nations Health Council (FNHC), Central Coast Sub-Region, welcomed delegates to the meeting, and acknowledged the traditional lands on which the Caucus was being held. She noted that there was a full representation of Vancouver Coastal Region, with health and social leads in attendance.

Minutes Review

Motion (M-180424-01):

That the Minutes for the 2017 Fall Vancouver Coastal Caucus held November 28-30, 2017 be accepted as presented.

MOVED by Chief Don Harris
SECONDED by Joanne John
CARRIED

Agenda Review

Co-Chair Martin commented that the three-day agenda had been structured for Chiefs and leaders to receive information to take back to their communities. She reflected on the following outcomes for Day One:

- Adoption of 2017 Fall Minutes and 2018 Spring Agenda
- Update on FNHA Priorities at the Regional and Provincial Levels
- Update and information sharing on Vancouver Coastal Region (VCR) Interests and Priorities

Motion (M-180424-02):
That the Agenda for the 2018 Spring Vancouver Coastal Caucus scheduled April 24-26, 2018 be accepted as presented.
MOVED by Chief Alvina Paul
SECONDED by Deanna George
CARRIED

First Nations Health Authority Provincial Updates

Richard Jock, Chief Operating Officer, FNHA, reviewed a presentation titled, "First Nations Health Authority Vancouver Coastal Caucus, April 24, 2018" and highlighted:

- 2018 – 19 First Nations Health Authority Summary Service Plan Key Priorities
  - Working with partners on away from home action plans
    - A focal point in the organization with separate budgets for implementation
    - Establishing regional envelopes targeting communities
    - Contacts: Michelle Adkins, Wayne Waas, Adam Finch
  - Cultural Safety and Humility
    - Entrenched in health authorities and regulatory groups
    - Focusing to ensure that the complaints process is responsive to communities and realities
  - Innovative regionally-based service delivery
  - Continue to transform health benefits
    - PharmaCare transition ongoing
    - Moving in dental and other areas
  - First phase of feedback process for health services for our people
  - Emergency response policies and plans
    - Including forest fires, emergency management
- 2018 Budget
  - Working towards a new federal fiscal relationship
  - Recognition and Implementation of Indigenous Rights Framework
  - Extended expenditure with access to funding for
    - Critical care and services
    - Expansion of addictions services
    - Focus on capacity
  - National budget to address opioids
  - Mental Health Services (Provincial share $35 -38 million) still in negotiations
  - Clear opportunities to work with the Province to ensure that First Nations have a good share of funding
  - Residential school support program will continue for three years
    - Funds to plan how to incorporate funding into the program going forward – what is the new look for FNHA?
    - Truth and Reconciliation: $54 million for discussion tables
  - BC Government:

        - $250,000 for land based substance abuse (culturally driven programs)
        - $250,000 for critical care
        - $1 million for follow up to wild fire event
        - Similar for primary care
        - Ensure these amounts are within the Regional envelopes planning
    - United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and Truth and Reconciliation Commission (TRC) Calls to Action
    - Tsilhqot'in Health decisions
    - Approaches to Community based primary care to ensure communities are working with respective Health Authorities and Physicians of BC
    - With new opportunities the recommendation is to over plan
        - Potential funding opportunities for Mental Health
- FNHA/Federal Discussions
    - Department of Indigenous Services Canada (DISC) is a new department; FNHA is clarifying relationships and potential benefits, ensuring that Health Canada reflects our interest of a health agreement as originally signed
- FNHA/Provincial Discussions
    - New Ministry of Mental Health and Addictions (MMHA)
    - Better access to other treatment programs (e.g. breaking down cost barriers)
- Escalator Funding
    - Comparison Chart of First Nations funding to date FNHA/Health Canada
    - The chart shows significant increases in BC compared to the rest of the country
        - There has been a 22% increase to most program budgets since transfer
    - Large communities are benefitting most and more from this process
    - We will continue to match the Federal rate of increase (3%) and unallocated funds will be allocated on a needs basis, sustainability of programs, communities with population growth
- Nurse Practitioner Strategy
    - FNHA has ensured that the roles of Nurse Practitioner (NP) and Primary Health Care Lead connects through the FNHA's Chief Nursing Officer and Regional teams
    - All Health Authorities are to identify barriers and gaps in NP implementation and to optimize NP practice
    - FNHA is currently developing a NP Model of Service delivery

Mr. Jock reviewed guiding principles for allocations and discussed phasing details:

- Allocation – Phase One
    - Two-tiered approach to investing the escalator for Community health programs and services in 2018-19:
        1. Increases to Individual funding agreements – April 2018

        - Making the 3% one-time increase in 2017-18 permanent in budgets to account for inflation and growth
    2. Targeted investments - July 2018
        - Needs-based allocations in key priority areas including Nursing and Addictions workers at the Community level
  - Very small allocations for nurses (0.12 or 0.2)
    - Hard to maintain a nursing program and nursing staff
    - Looking at needs-based allocation for nursing
    - Make them a minimum of a half time nurse or full time nurse
    - One nurse would get an increase to a full time nurse with adequate salary and benefits addressing a large area of inequity
  - Alcohol and addictions workers: Canadian average for salary (move up to a half or full time worker) funded adequately with fringe benefits, to ensure a base level of possible service
  - FNHA has asked for input from Regions on their priorities
  - Working towards a long term allocation plan
  - Developing new team approaches to support Community health and wellness plans
  - New service delivery models
- Allocation – Future
  - Identifying service models
  - What will this look like for communities and regions?

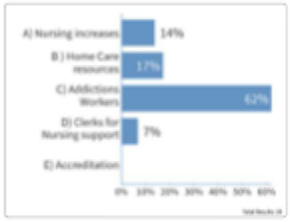
Caucus Session: Determining Priorities: Text Poll

Spring Vancouver Coastal

Current run (last updated Apr 24, 2018 9:35am)

3	33	29	87%
Polls	Participants	Average responses	Average engagement

Amongst the priorities identified, which would you rank as 1st priority:



Response options	Count	Percentage
A) Nursing increases	4	14%
B) Home Care resources	5	17%
C) Addictions Workers	**18**	**62%**
D) Clerks for Nursing support	2	7%
E) Accreditation	0	0%

88% Engagement

29 Responses

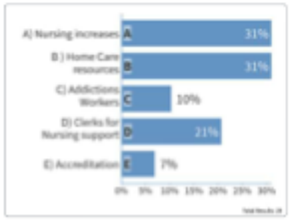
Amongst the priorities identified, which would you rank as 2nd priority:

Response options	Count	Percentage
A) Nursing increases	10	36%
B) Home Care resources	**12**	**43%**
C) Addictions Workers	5	18%
D) Clerks for Nursing support	1	4%
E) Accreditation	0	0%

85% Engagement

28 Responses

Amongst the priorities identified, which would you rank as 3rd priority:



Response options	Count	Percentage
A) Nursing increases	**9**	**31%**
B) Home Care resources	**9**	**31%**
C) Addictions Workers	3	10%
D) Clerks for Nursing support	6	21%
E) Accreditation	2	7%

88% Engagement

29 Responses

Mr. Jock thanked attendees for their participation in the poll to identify regional priorities. He commented on the PharmaCare transition on October 1, 2017, noting:

- 5.5% was negotiated for the first five years and we needed to show we were moving up that system or we would be back to the 3.5%
- The FNHA did go out to the regions and exerted best efforts to deal with problem areas with PharmaCare; however, there are still some hot spots and the FNHA is making systems changes to handle them

- It is an important time to work on these elements positively and humbly
- It is anticipated that the FNHA will be able to make significant changes to the dental program to make it more robust.

FNHA Benefits Plan W (PharmaCare) & Next Steps in Transformation

Darren McKnight, Director Benefit Management, Health Benefits, reviewed a presentation titled, "Caucus Session: Health Benefits Plan W & Next Phase in Transformation April 2018" and highlighted:

- We are six months into the transition to PharmaCare Plan W
  - There are in excess of 200,000 claims per month
- Evaluations will assist the move to the next phase of work in dental, vision, medical supplies and equipment
- Plan W & PharmaCare: Lessons Learned
  - Better communication is needed to clients and communities prior to transition
    - Communicate over a longer period of time
    - Greater efforts to reach those away from home
    - Proactive communications plan post-transition
  - Better communication and education for Health Care Providers to support clients
  - Ensure our Health Benefits Support Line is adequately resourced to support higher call volumes
- Challenges
  - Paying out of pocket
  - Availability of drugs
- This is a fully paid plan
  - As a first payer plan, if people are paying out of pocket we need to fix that
- The team at Health Benefits will work through solutions and help clients and providers – contact them at **1-855-550-5454**
- What did we learn from this work?
  - Better communications to Clients and Providers
  - Gaps where our Clients experienced problems
  - Readiness for the next service benefits plan, e.g., Dental
- Commitments
  - Build communities into service providers, what does dental plan look like
  - Longer and more communication
  - Get to individual Community members
  - Develop network of change champions, bring in support from regional teams and communities
- Phase 2: transition dental, vision, medical supplies & equipment
  - The partnership journey
- Ongoing work preparing for Phase 2
  - How to engage with Community in spring and summer
  - Third party partner request for proposal for potential partners

    - Regional teams, build a Community relation team for health benefits, voice in Community and eyes and ears, small central team supporting that in each region (Community representatives)
    - External communications, Community engagement, joint plan design and time frame
- More Community involvement
    - Communication tools, social media, webinars, colleges and associations, adding focused groups and meetings
    - Working with Mark Matthew for a Regional engagement guide in each Region
- Next Steps
    - Starting general communications on work and approach
    - Developing Regional engagement guide (process for each Region)
    - Engagement package on Phase 2 work.

Community Leadership Dialogue and Q&A

Q/C (Chief Don Harris) When we switched over to PharmaCare we first noticed that a lot of medication was not covered. We did not hear about the 1-800 number until after the fact; a lot of this is coming from our Elders, they do not want to burden us and the result is that they do not take their medication**.** No one has been available to sit down with our Elders. They are setting up a group meeting for you to come and answer their questions – especially clarifying medications not covered.

One of my Councillors quit taking medications because he has to pay for it; they did not have funds to pay for it living off honoraria. When he said he could not afford the medication he was told it was a matter of life or death – he did not get his medication.

Council was helping some of our members prior to PharmaCare and we would reimburse Elders, but with more medications not being covered and more people unable to meet the expense, Council is not able to stretch its budget and continue to cover costs for Elders who cannot pay up front. We do not know how many people this is really affecting because they (Elders especially) do not want to be a burden**.**

I just posted that call out (contact) number with a request for attendance at our Elders meeting on Saturday.

R (Richard Jock) Schedule a follow up meeting with the Regional team while we are at this Caucus. There is focused activity to get people registered and retroactive reimbursement is possible. We are working through this one case by one case.

R (Darren McKnight) Reimbursement is after the fact; we need to understand it upfront to ensure other people get what they need. We appreciate that it is difficult to get Elders to call in the moment, but we can help if they do.

There are targeted interventions for the pharmacists to talk about the plan and how it should work. It is a fully paid plan and there are other solutions under our plan to make sure that people are being served.

Q/C In regard to mandate letters from Prime Minister and Premier, what help do they need from us to extend the care to Indigenous peoples of BC?

- Now we are talking about cultural competency, understanding our respective Nations.
- In regard to mental health I hope we are talking about dementia, Alzheimer's, disabilities, autism, etc.
- Can we ensure that we have the land or facilities within our Nations? We need to establish these facilities.
- Those living in remote areas have a challenge in accessing health care by boat or seaplane.
- Address access and transportation to facilitate services.
- Some people living remotely are being identified as rural – there is a need to consider this.
- A positive note is that FNHA capacity building funds are available.
- We know more about lobbying and advocacy because now we are directly involved and we can strengthen that Nation-to-Nation instead of competing for resources not available to us.
- We need a land base for physical disabilities, mental disabilities, not only in remote communities but also in urban areas.
- It takes time to educate, advocate, get services, and develop political relations.

R (Richard Jock) We are just releasing health systems data for First Nations (used by the Interior Caucus to set up a seniors health program in order to provide services close to home – these interests are growing and are important possibilities).

Q/C In regard to expenditures for a small Community Council we are estimating that we will be covering $50,000 that the plan W does not cover. Our Council does not have this money. Our local doctor and nurse practitioner are spending their time reconciling medications to ensure generic medications get to patients.

- They work closely with small drug store businesses; they respond but also need the clarifications of what Plan W covers
- We are still paying for our prescriptions despite the education provided for larger stores
- We requested a meeting with the VCR team because of our frustrations

- [I hope you] follow up with solution based conversations at the Community level sooner than later.

R (Richard Jock) It is important to identify hot spots and Darren McKnight and I will set up a meeting with your local pharmacist(s) and Council.

Q/C (Marlou Shaw) We are an isolated Community. We are unable to provide mental health worker accommodations and meals (we do not have capacity for her more than one-week out of the month). We have done amazing work with the mental health budget, e.g. lateral kindness, reaching out for mental health and other programs. We answered a call for proposals requesting a grant of $150,000 for a year to support our local Mental Health and Wellness plan.

- My parents went to residential school, I went to residential school, our health suffered as a result.
- We got turned down by VCH for educators but it broke our hearts, we do not have a nurse because we are remote.
- We have the right to the same services available in Vancouver.
- When we reach out to our members from Port Alberni and Campbell River, they come to us – when they reach out to us, we go to them.
- We had an Elder come to us regarding a prescription drug that was not available unless he paid for it himself; if he had cancer, they would have covered it, but he needed to improve his red cell count for upcoming surgery.
- Allergy medications were covered before and are not covered now, generic brands are not working for some people.
- Elders are out of pocket and are expected to buy their own medications.
- Do Health Benefits know what it is like for a remote Community? We invite you to come and find out. We have a doctor who flies in to write prescriptions twice/ month, medications come once each week, weather permitting. If you are away at a medical appointment or other reason you can miss getting your medications for the whole month.
- We are cut off from ordering by telephone.

R (Richard Jock) There are more conversations to come and discussion on mental health and opioids. Naomi Williams will speak to specifics later today. Cindy Preston our pharmacist would like to have specific conversations with those of you who are experiencing problems with access to prescribed drugs.

R (Darren McKnight) The medical manager is here and can answer questions about Plan W. To address specific issues, call the direct line.

Q/C (Joanne John) There are concerns about fires and air quality and their affect on health; what are the supports available for fire season? How do we prepare for smoke in the [Fraser] Valley? We need assistance to access read only information;

I'm referring to the break down in communication of emergency care relating to the transfer and care of our people.

- The Panorama process is unnecessarily long and a telephone conversation would be better for security and access. Get it up and running sooner than later.
- When will the FNHA evaluate the home and Community care program that is still in first phase and has been running for over 25-years? Does this home care program meet the standards of the Federal government where they would rather have the level of acuity rather than per capita?
- Our demographics show that we will have 250 people over 65 soon and I want to project what that will look like in our communities given the complexity of care required
- We have dysfunctional families; how does this allow us to become the care providers we once were? We may have to start changing the names of mental health workers to have them in our Community.
- Plan W – we have pharmacist coming into our Community in the first week in May and hopefully our problems with plan W are not as big and alarming as I am hearing here.
- What do they do first and second when people go into Emergency? Who should they be calling? Do they get ahold of us as local care providers? I would like to share this process with our people, how many days ahead of discharge should they get ahold of Plan W to ensure that there is no waiting for new medication or interruption of delivery?
- How does the FNHA use transport data to look at what happens in our Community to assist us in our growth?

R (Richard Jock) We need Sony to re-post safe breathing sites information. We provided one unit per Community so that everyone would have a safe breathing site. We have the advisory to set up your own house for that, it is not expensive and we have EHO teams follow up. We are gearing up for summer and are seeing flooding happening now and we see alerts.

- Community emergency planning is another piece where we are available to be supportive; lessons learned last year was that the province was not aware, that First Nations have jurisdiction to declare emergencies, and there were unnecessary issues because of this.
- There will be a conference this year regarding emergencies with a special focus on pandemics.
- In regard to systems issues, Panorama depends on how you develop your own codes and developing your data, this is equivalent to Paris and we can talk to you about that.
- Home and Community care is too small and we are looking at this in our allocation process

R (Darren McKnight) In regard to Plan W: Dallas Pootlass, Business Analyst, Health Benefits, FNHA, is experienced in Community pharmacies; Cindy is here at the Caucus from 12:00 p.m. to 1:30 p.m. and there is a pharmacist coming to talk in regard to Healthy medication use.

R (Richard Jock) The medical transportation data is used to ensure that you have enough resources, or that you are reimbursed for transportation costs in July each year. It is not as clear that there is an appeal mechanism for each of the benefits and we should make it clear who can make the appeal and to whom.

Q/C (Paul Reid for Heiltsuk) How do we ensure small communities are being engaged in assessing eye-care, audiology, and chronic disease? Our quality of life is below standard with cut backs. How can we be engaged at this higher level?

R (Richard Jock) There are several layers to our interest; Community health and wellness plans, going beyond looking at resources and how they are used and potential for different use. We have new data to build into regional and sub regional planning at hub and VCC levels where there are gaps in the health system. There is discussion on programs for Community mental health and health planning. General interest is what we have to work on collectively to determine needs as resources become available and you can be ready use the Community Plan to optimize new funding.

Q/C (Chief William Schneider, Samhquam) Access to our Community is down a logging road subject to poor conditions even in good weather. We get $4,000 to administer a contract for patient travel; doctors bid to provide services and operate out of the Pemberton Clinic and cancel coming in if they are too busy.

- We are trying to gear up to take on problems, we have to have a say in who gets the transportation contracts and have the opportunity to get a second opinion.
- If I have to see somebody out here they ask who is our family doctor, and I do not know.
- Regarding transportation, our society has been helping drive people to their medical appointments. People are putting in 16-hour days getting our patients to their appointments outside of the Community and it is not safe. We need to alleviate stress on our staff.

First Nations Health Authority Provincial Update – Mental Health and Wellness

Sonia Isaac-Mann, Vice-President, Programs and Services, reviewed a presentation titled, "First Nations Health Authority Mental Health and Wellness" and highlighted:

- Policy statement on Mental Health and Wellness was based on recommendations from BC First Nations that this was a top priority: "*The FNHA through its relationships and partnerships will assure that all First Nations people have access to a culturally-safe, comprehensive, coordinated continuum of mental health and wellness approaches that*

affirms, enables and restores the mental health and wellness of our people, and which contributes to Reconciliation and Nation rebuilding."

- A foundational principle is that when services are needed, a full continuum is equitably available and includes:
  - Culture and traditional healing
  - Promotion, prevention, capacity-building, education
  - Early identification and intervention
  - Wrap-around supports, including aftercare
  - Harm reduction
  - Crisis response
  - Trauma-specific services
  - Withdrawal management/detox
  - Trauma-informed in-patient and out-patient treatment/services
  - Coordination of care and care planning
- Poll response: results from the Fall engagement regarding harm reduction policy statements gave strong indication that people are using harm reduction terminology and are supportive of statements
- We met with the Province in April to start the planning process for providing services through the FNHA and will be at the table for discussions on the Mental Wellness Substance Abuse Strategy
- Development of a framework to build programs and services and navigate the Provincial system based on your priorities and your Community's needs responding to:
  - 597 recommendations and seven themes
    - Programs and Services
    - Governance
    - System Level Health care
    - Cultural safety
    - Human Resources development
    - Information management
    - Populations
  - Past Present Future Considerations were charted in a diagram tracking
    - Program growth, development and new
    - More flexible and responsive to existing services, increased access to crisis support, joint project board, cultural safety training, provincial opioid responses, provincial emergency response
    - We are moving to the future:
      - Discussions on supporting communities around sexual abuse disclosures report in Fall
      - Comprehensive crisis response: supports mental health supports, culture
      - Expansion of on the land based substance abuse care
      - Supporting e-mental health or Telehealth in communities
- Joint project board (targeted investments)

    - 56 projects specifically targeted to mental health
- Perspective of Investment associated with Past Present Future
    - 2015 – mental health identified as a priority
    - 2017-2018 investment went up $20 million and resources will increase this year
- Jordan's Principle
    - Contact Jennifer Smith (navigator) to access services
    - Oversight Committee:
        - Sonia Isaac-Mann, VP Health and Wellness
        - John Mah, VP Health Benefits
        - Becky Palmer, VP Nursing
- FNHA has had a positive experience with Jordan's Principle (JP) moving from a no (you cannot have this service) system in 2003/04 to a yes (you can have this service) system
    - A focus is on creating infrastructure for implementation of JP in BC to ensure children have access to services they need
    - Turn around on complete applications is very fast
- How to Make a JP Claim
    - The application, promotional materials and directions of how to submit a JP claim are on the FNHA website
    - Completing an application can pose some difficulty for some; personnel are in place to assist individuals or groups
    - To date there have been 286 individual claims and 43 group claims.

Joint Partnership FNHA-VCH Opioid Response Update

Dr. Shannon McDonald, Acting Chief Medical Officer, reviewed a presentation titled, "Opioid Public Health Emergency Response" and highlighted:

- The opioid problem goes way back and the emergency situation will not end any time soon
- Condolences to communities and families who have suffered a loss
- Recognition that individuals are continuing to suffer in silence and often alone
- Encouragement to health providers, families and friends to provide loving and supportive care to anyone dealing with a substance use problem
- Those suffering addiction will seek what they need elsewhere; people using alone are at the highest level of risk
- Framework for Action: Four Pillars
    - Prevent people who overdose from dying
    - Keep people safer when using
    - Create an accessible range of treatment options
    - Support people on their healing journey
        - This might feel upside down from the way the FNHA usually works
        - Vancouver Coastal Region (VCR) has suffered greatly
        - There have been 137 deaths in the VCR
            - First Nations Health Authority Overdose Opioid Response

    - Expanding Naloxone Training
    - Squamish Nation put signs up on their front lawns or in their windows announcing, "I have naloxone and I know what to do with it"
    - Keeping people safer when using: people who were drug users talking to drug users
- Where do we need to go, what do we need to do?
    - Creating an accessible range of treatment programs: opioid treatments, replacing illegal opioids with prescription drugs, developing greater resources
    - Shared position with BC Centre for substance abuse
    - Teams to work in hospitals and communities
    - Contracting physicians to provide Suboxone induction services for First Nations people in rural and remote settings (nursing can support access)
    - Supporting people on their healing journeys
        - Individuals who have not been using or using at a lower rate are at significant risk, the risk is if they use the larger quantities they once were using
        - Unlocking the Gates Program (support on release ensuring they are connected to supports to stay well)
- Indigenous harm reduction grants
    - Planning programs
    - $2.4 million in harm reduction grants have gone out to communities
    - Looking at budgets in subsequent years and how to best use funding
- Project Map
    - This is what came out of discussion with Indigenous peers, education, empowerment and change journey map
- Provincial Operations Coordination Structure
    - Sonia, Shannon, Joe and Linda are engaged at all levels
    - Oversight sector (red) Is populated by MMHA and a working group
- FNHA Internal Governance
    - Includes surveillance working group providing data to support decisions going forward
    - Regional teams working to ensure programs are integrated
    - Some days we have to ask, "Who did you help today".

Vancouver Coastal Opioid Regional Response Update

Cassandra Puckett, Mental Wellness Advisor, Vancouver Coastal Region, reviewed a presentation titled, "Vancouver Coastal Opioid Regional Response Update, April 24, 2018" summarizing Regional work in alignment with four pillars and the Vancouver Coastal Regional Health and Wellness Plan, and highlighted:

- Participation in the Regional Response Table Indigenous Overdose Emergency Partnership Working Group
    - Three of the most urgent hot spots: Richmond, Vancouver and Powell River

    - The working group membership includes FNHA, VCH and Metro Vancouver Aboriginal Executive Council (MVAEC)
    - Provides coordination between VCH with FNHA, regarding overdose emergency response activities for First Nations and Aboriginal people living in the VCH region, including urban off-reserve, rural off-reserve, and on-reserve
    - Functions
        - To identify gaps in current overdose emergency response for First Nations and Aboriginal people living in the VCH region
        - To share information around new and ongoing overdose emergency response activities
        - To collaboratively design and implement new overdose emergency response activities
        - To escalate identified gaps and priorities to VCH/FNHA Leadership and the Overdose Emergency Command Centre
- Local Response Tables
    - Urban Indigenous Opioid Task Force – led by MVAEC; provides strategic leadership in the development, implementation and sustainability of Indigenous-specific Opioid response projects and strategies among MVAEC members and other partners in the Greater Vancouver area
    - Overdose Emergency Response Centre (OERC) Community Action Teams – OERC funded and supported; collaborative table between OERC, Regional Response Teams, Indigenous communities, municipalities, first responders, front line Community agencies
    - Urban Indigenous Opioid Task Force
        - Region focused activities: awareness, take up naloxone sites, reduce stigma, attendance at naloxone events (training and kits), public education, improving good Samaritan drug response, FNHA training in decolonizing addiction
        - Mobile mental wellness for detox conversation
        - Closer to home are the Flag ship project, mental health assessment, enhanced Community positions, fee for service models, partnership with VCH and leveraging services more effectively
    - Mental Wellness Group
    - Aboriginal Addiction Substance Abuse Advisory Group
- Design of funding process
    - Draft FNHA protocol to be more responsive
    - Increase wrap around support leveraging resources, regional addictions expert, 10 successful harm reduction grants, focusing on gaps from detox to post treatment
- The antidote to addiction is connection.

Ms. Puckett shared up-coming initiatives:

- Regional planning phase for initiating a traditional wellness network across the Region
- Implementing Mental Wellness Flagship Project (MWFP) Board to provide additional mental wellness services/assessments in Community; communities will determine how MWFP specialist addresses opioid concerns within their respective Nations (refer to briefing note titled, "Mental Wellness Flagship Project Redesign Update" contained in the agenda package)
- Coordinating responses
- Action plan
- Trauma specific programing
- Accessible treatment options.

Opioid Overdose in Vancouver Coastal Region

Dr. Mark Lysyshyn, Medical Health Officer, VCH, reviewed a presentation titled, "BC's Opioid Overdose Emergency in the Vancouver Coastal Region" and highlighted:

- The number of related deaths is still going up
- Fentanyl is driving this emergency situation
- First Nations people are disproportionately influenced
- The death toll is mostly men; generally a 4:1 ratio
- The overdose mortality rate higher for First Nations in all age categories
- Health service delivery areas of note for the Region are:
    - Vancouver
    - Northshore/Coast Garibaldi
    - Richmond
    - Fraser Health has the highest mortality
- People are born in different areas but move to the lower mainland for treatment where drugs are accessible
- Treatment services not available in their Community but people end up staying in areas prone to relapse
- The focus is on prevention and treatment and strengthening those aspects
    - When an overdose is witnessed people most often survive; 84% of overdose deaths occur in residences (stigma, social isolation, criminality of drugs)
    - We are seeing promising trends from Vancouver police with mortalities on a downward trend as a result of overdose deaths since Emergency order
    - The number of overdoses from injection sites is decreasing
    - It could be a combination of interventions and that the drugs are less toxic
- Key Interventions include
    - Naloxone prevents people who overdose from dying; if you have one, keep your response box close at hand
    - Keeping people safe (insight, supervised consumption sites, overdose prevention sites, drug checking test strips for fentanyl
    - Legal and other barriers around drug checking
    - Infra-red analysis of drugs

    - Improve treatment system, Opioid Agonist Therapy in clinics
    - Injectable treatments, offered by other models
    - Supporting people on their healing journeys
- Community Action Teams in Vancouver, Richmond and Powell River
    - Struggle to bring together stakeholders to talk about stigma, etc.
    - While Richmond has a relatively low mortality it is experiencing an increase
    - Sunshine Coast is moving towards Community Action Teams
- Urban Aboriginal Partnerships
    - Focus is on urban area communities in VCH region
    - 'Knock for Naloxone' (Squamish Nation initiative) is the kind of care that breaks down stigma.

Dr. Lysyshyn concluded his presentation asking, "What more do we need to do together to keep Aboriginal people safe and healthy in the VCH region?"

Community Leadership Dialogue and Q&A

Q/C My wife is obsessed with breaking the barriers and removing stigma and wants to be involved with crisis lines because of what has happened in our surrounding communities. I am looking for information on how to get involved. She called the crisis line and was upset to reach a recorded message to leave her number for a call back.

- When people are in dire need they do not need to receive a recorded message
- My wife is Community school bus driver, she has connections with children youth and young adults, she is one of the first responders in any emergency
- This kind of response does not help a Community in need.

R This is important feedback. Sonia Isaac-Mann will follow up. Kuu-us Crisis Line is supported by 24/7 coverage for one to one counseling.

Traditional Prayer

Josh Anderson, Traditional Knowledge Keeper, Lil'wat, conducted a prayer of gratitude.

Cultural Performance

Coastal Wolf Pack representing several nations from Coast Salish shared songs, stories and dance.

First Nations Health Authority Vancouver Coastal Region Update

Naomi Williams, A/Regional Director, extended gratitude to the host nations, referred to materials contained in the agenda package, and highlighted:

- Take this information back to your communities

- Caucuses evolved to include Sub-regional areas
- Along with the evolution and changing FNHA bringing in expertise to carry out guidance from leadership and Chiefs
- Emphasis and support for the significance of moving forward with the Accord and partnership with VCH
- VCR Team is composed of 12-staff who acknowledge that every conversation with First Nations is important and meaningful and lifting work
- Collaborations with FNHA and other parts of the organization
    - Updates ensure the work stays focused and refines and redesigns the system to bring it closer to home clearly delineating how we progress
    - Vancouver Coastal Region is unique family of 14 communities made up of three Sub-regions distinctive in their culture, traditions, and geography.

Ms. Williams referenced the 2018 Spring Sub-regional Gathering Summary titled, "Looking Back To Shape Our Work Forward, (Edition 2)" that shares updates on work and key engagements reflecting accomplishments to move the work forward and captures the Regional story as well as:

- Recording alignment of continued progress and summary of goals
- Upholding governance structures
- Honoring Sub-regional voices and engagement to shape our way forward.

The document outlines governance structures and joint engagement pathways as well as:

- FNHC, VCR representatives provide formal updates describing work towards the vision, mandate and strategic approach and providing a pathway to Gathering Wisdom for a Shared Journey IX
- Proposal on VCR dialogue shaping reflections and directions and key priorities
- Updates from Kim Brooks, Keith Marshall, Rosemary Stager who shared progress and how these conversations and the place they hold influence directions and processes sharing technical pathway and mentorship circles
- It also measures our progress reporting on accountability, excellence of programs, including JP and First Nations' approach for meaningful decisions to support children
    - Jennifer Smith, Navigator, VCR, had 26-applications to support First Nations youth and children
- Mental Health plans emerging from Community conversations and developing a cross continuum of services to shape and inform the framework for moving forward
- Regional summary team evolution, child and youth navigator, crisis coordination, team approach to support continuum of the system.

Ms. Williams referred to the document titled, "Vancouver Coastal Region, Implementing Our Regional Health and Wellness Plan, 2017 Year in Review, Joint FNHA and VCH Annual Report to Caucus" contained in the agenda package. It holds detailed progress reports on shared partnerships, upholding the life into priorities and goals with our partner in our

service design, staying focused and exploring other opportunities as we evolve rapidly. She highlighted:

- Operations
  - Regional mental health strategy
  - Community away from home Community members, Chiefs asked us to do that
- Partnership Accord process
  - We are committed to engagement and ask leadership for assistance
- Terms of Reference Refresh
  - We want to make sure the Caucus is shaped by holding up Community conversations and sub-regional determinations
- Joint Project Board – there is still work to do
- Reflecting on the collective progress of our Regional health and wellness journey
  - Consensus on key decisions
  - We dug into the opportunity; BC Mental Health informs this
  - We have the need and we were given a delivery of mental health and primary care; we will have to look at resources to carry through our priorities
  - Our Health Directors' alignment with Community, and sitting with the Chiefs to make sure we are all on the same page in those directions
- Honoring Sub-regional family voices
  - Redesigning health delivery within the Community
  - With Sub-regions we are seeing increasing First Nations Community control
  - At the local levels, health care designs to meet local needs
  - South Coast Family: working with each
  - Central Coast: dealing with the challenges of remote access to care.

This report reflects engagement to inform decision making from wholistic methods, and models driven by the First Nations' perspective including greater control over Community health services and indicated by virtue of our actions:

- South Coast mobile service
- Southern Stl'atl'imx decolonizing practices with Elders and Knowledge Keepers
- Central Coast focuses on family needs and determination to refresh a terms of reference underpinned by the original hub

Looking Back to Shape Our Work Forward also records key commitments in developing partnerships to continue one-on-one dialogues with individual communities, removing challenges and honoring the pathway to a new Accord by upholding traditional wellness in all aspects of what we do, including:

- Breathing new life into safety and care with a purpose and place for Knowledge Keepers
- We have moved Mental health forward based on communities' need to bring the flagship closer to home and bring in new resources building off resources in place
  - Removing barriers, the flagship will free up funding for different use

Our work forward is to progress consistently on goals, while also achieving and weaving traditional health and wellness that is key to this work and especially to mental wellness and developing wholistic models to meet the needs of the Communities. Ms. Williams added:

- Communities have been asked to complete an evaluation survey to enhance First Nations health governance; we will add input to our 2018 urban health strategy
- To refresh the VCR Terms of Reference we need to have topic specific engagement, including primary health care for mental health and wellness in collaboration with Ministry of Health (MoH) committees
- We have challenged MoH in terms of partnering with our communities and we are open to ensure those conversations include local communities to support implementing primary care networks; there are initiatives for redesign to ensure MoH initiatives work for and with our communities
- VCH is responsive to our needs
- Knowledge Keepers plan to organize symposiums in each Region and Sub-region
- We are looking at mental wellness protocol and specifically at how we can work with partners with traditional culture and protocol
- Indigenous harm reduction: we heard discussion on opiate and cannabis, we want to be in the conversations with all 14-communities to ensure that the communities are kept safe
- Full health integration of technical experts with five-projects in the VCR, four of which are designed by First Nations communities around partnerships and governance, outlining implementing opportunities.

How do we support projects where they are already showing significant advancements?

- We heard our Chiefs talking about evidence based data to inform the projects
- These are specific data sets that would shape our conversation with VCH especially with our seniors but also to reflect individual objectives of each Region and Sub-region.

How we will continue to ensure that delivery models reflect the capacities and roles we need to define:

- Regional partnerships for better delivery models of service
- Sharing human resources to meet the needs of the communities, e.g., discussing nursing needs in conversations with VCH
- Look at operational management opportunities
- Support our Regions with expertise on the ground
- Working with Health Directors we will implement learning opportunities at the Community level.

Ms. Williams referred to the discussion paper titled, "Ten-Year Determinants of Health Strategy, FNHC, October 2017" contained in the agenda package. The Vancouver Coastal Urban Aboriginal Health Strategy started in 2012 and a new Vancouver Coastal Urban

Aboriginal Health Strategy was drafted for 2018. In regard to the engagement and approval pathway, she highlighted:

- The draft informs and adapts the process for the Strategy now that both systems over time have transformed reflecting and capturing key ideas of six focus areas:
  - Strategy 1: Strengthen relationships in the urban Community
  - Strategy 2: Strengthen access to culturally appropriate primary health care
  - Strategy 3: Strengthen access to culturally appropriate mental wellness and wellness services
  - Strategy 4: Promote wellness and prevention of illness
  - Strategy 5: Information about, and access to, services
  - Strategy 6: Improve data and information on Aboriginal health outcomes.

As the new draft is presented we are talking to the steering committee about the pathway forward in regard to a governance strategy to shape this work going forward:

- Vancouver Coastal Partnership Accord
  - Evaluation survey
  - Renewal of partnership accord
  - Signed in 2012 setting goals of significant progress
  - Evaluation of First Nations culture was appropriate and safe
- Aligning the Tripartite evaluation of the BC Tripartite framework agreement with the VCR partnership
- The Partnership working group is working on refreshing the process
  - Recording successes
  - Input and updates
  - A survey to inform the approval pathway to a report
  - Sub-regional focus groups
  - We will bring reflections on the Partnership Accord for 2018 to this Caucus.

Vancouver Coastal Partnership Accord Evaluation Survey

As part of the 2018 Renewal of the VCR Partnership Accord, regional representatives were asked to participate in an evaluation survey previously circulated and available on-table. Allison Twiss, FNHA Regional Policies Advisor, facilitated the survey to consider tangible deliverables and evaluate shared FNHA and First Nations Health Council (FNHC) processes. This was the first formal evaluation forming one of two parts.

Attendees broke into groups to complete the evaluations.

Community Leadership Dialogue and Q&A

Q/C (Chief Don Harris) Our nation is split in half, some living in the VCR and others in the Interior Region, we have an imbalance in our nation as to where we are in our health resolution to the Union of BC Indian Chiefs. Our northern communities are not getting the programs and services that we are in the south.

- Access issues for programs and services for us are minor compared to people located in our northern communities.
- We have a lot of things moving forward in VCR and yet the interior communities are still struggling to get the programs and services that we have.
- We are very well advanced compared to other regions; I have to deal with southern bands with services and infrastructure and our northern bands can not even address Community issues.
- VCR is far advanced compared to other regions and we need to bring this to the attention of FNHA.
- 'We do not leave anybody behind' but my fellow nations are being left behind; we are leaving half of my nations behind; we need to be on the same page, we need more communications; we need to develop guidelines or a checklist to ensure that we are all moving forward together.
- I am glad that we have what we have; I see the difference in my Community and the lack of results for my northern neighbours.

R (Naomi Williams) A conversation with the Chief Operating Officer is scheduled later in the agenda. Overlapping territories and crossing over of health Authorities make for interesting dialogues from one health authority to another and we want to help our partner(s). Our Regions and VCR need opportunities to have dialogues with other Health Authorities (Fraser and Interior and even VIHA) and this is an area we might be able to facilitate. Collaborative and collective progress moving forward is the goal and designing and sharing to show that we are making progress (even though it sometimes does not seem to be happening in our day-to-day work) to recognize and acknowledge that crossing territories is a key element. In recognition that 'we can not leave anybody behind' we will elevate this issue as a Regional priority for due diligence.

Q/C We were starting girl's group for suicide prevention and modeled a sister Community in Fort Simpson. We were starting the group in Musqueam and it worked well for us to know them and for them to know us. There was some common ground because 'a reserve was a reserve was a reserve'. Working with Squamish and Tsleil-Waututh worked as well. We worked together to make sure 'we did not leave anybody behind'.

Q/C The Regional Team was acknowledged for their leadership. Diversity is no less challenging than other barriers. The agreements, surveys reports and planning overview was comprehensive and helps us to understand where we have been in terms of where we are all working hard to go.

- Gratitude was expressed to Richard Jock and Darren McKnight for their humility and demonstration that with commitment to change we can trust Plan W to work for us. By saying they learned from this process we have more faith in

working with them in future. This work is imperfect and there are a lot of moving pieces. This also means that we can learn from these experiences as well; part of it went well, part of it needs work.

- I could not agree more with engaging at the Community level. I have sent a message to our health team, which is looking forward to renewing for a new 10-year agreement.
- Gratitude also to Darren McKnight and the Health Benefits Group for coming out to Squamish Valley and the North Shore. When we talked about connecting with Indigenous members in BC and how they tried to connect with each one, I realized that a fixed address is a difficult thing: young people bunk in with Uncle so and so or Auntie as students. Addresses change and many people do not have landlines anymore. Our older patients have smart phones but cannot afford Wi-Fi; they rely on the hot spots at our Council.
- I can sign into a portal and see my health report. Do we have a portal where every patient can log in and post a confidential question that is password protected? It does not help communities without Wi-Fi or satellite service though.
- Does nasal naloxone have to be prescribed? Is it covered by PharmaCare? Does it need a prescription?

R (Naomi Williams) I appreciate the acknowledgement of the progress we have made together. Richard Jock would say that we are open to understanding developing services. The VCR does outreach and makes it happen however our communities need it. We can help support your vision around that and we can look at how we need to change the prescription process.

Q/C (Pamela Reid) As a political lead I am working to be kind and proactive. I do want to thank the VCR Regional Team for their work and preparations for all the Caucus sessions. We are moving forward to improve, and I wonder how much more we can take in during these sessions. It is a lot and I appreciate the amount of work that has to be done. When I started there was no Regional Team.

- Whenever we meet we need to ensure the Q&A periods have adequate time on the agenda to allow everyone to speak and share. Today they have been rushed and I felt there was no room for real engagement with our communities, leaders or partners.
- Fiscal relationships, primary health care, and the relationship with DISC begets the necessity of engagement with communities and moving forward from a governance perspective.
- Heiltsuk has invested time, energy and fiscal resources with Federal and Provincial governments; how is the FNHA ensuring engagement on initiatives with communities? Various Communities are moving in one direction and others in another and we need to be aligned.

- It might be best for one sector to tie into fiscal arrangements and the DISC – this may be more of an arena for the FNHC.
- In regard to over planning and making opportunities work as the funding comes forward: we have been shelf-ready multiple times waiting for the system to catch up with us. This requires a deeper engagement and I hope at is what is meant by a 'needs based approach'.
- "Looking Back To Shape Our Work Going Forward" is a great tool; we have talked about validations at the Sub-regional level. We have had efforts at the Sub-regional level and this is why we have been requesting help and time for Sub-regional priorities.
- We may be getting there with the Partnership Accord. Our Community has been asking for and giving direct feedback. There is a breakdown of the relationship between my Community and VCH; the only thing that has moved them is political pressure, if we cannot resolve these issues in a respectful way then we will rely on legal avenues. We need to deal with this under the Partnership Accord. You do not define a partnership until you build it. VCH should be held to account.

o If VCH and FNHA disconnects the communities will suffer. It is time to mend that relationship. I invest my time and energy to both to help enhance our health and wellness.
o There is a need to hold all partners responsible in the Accord.
o I remind those in leadership that 'What happens to the Community happens to us'.
o When you have high hopes for Partnership Accord and they are not being held responsible it is hard to trust the process implicitly.
o This relationship needs to be fixed at the table, if there is any message, we cannot continue to suffer because higher levels cannot commit to what was signed in 2012.

R Naomi Williams appreciated the message, giving assurance that the VCR continues to believe in the partnership from a perspective of reconciliation and that key piece is healing. Your leadership continues to drive us.

Q/C (Cindy Robinson) understood and appreciated the position of the former delegate because her Community is also remotely located and had experienced the inequities of hospitals. In Bella Bella there is no occupational therapist, no capacity to address mental wellness; we do not receive services that we require that other hospitals are funded for.

- At the Community level FNHA nurses are stretched to provide services. I worked to develop a health plan for the Community goals (reducing incidences of diabetes) and developed a pilot project. We had 60-diabetics and now we are down to 32. It does not seem like the FNHA is working with us when nurses have to use their time off to assist us.
- In Kitasoo we have had nurses for a number of years now and we do not want them continually moved, I want them to help us with our Community plans. We are rural

and remote. People with diabetes require A1C testing three times each year; if someone goes into a complex diabetes health condition they have no options for care in the Community.

- Thanks for all the information we received today that reflected and included Sub-region concerns.

R (Naomi Williams) We do have a commitment to stand with Community and support broader Community goals. We support initiatives with specific goals and stand together with Community to address issues.

Q/C (William Schneider) I appreciate the work being done. Thank you. A lot of hard work has gone into the FNHA VCR Caucus. Keep our finger on the pulse of the crisis we are living in – it is only good if we are looking ahead. Do not wait to move on to the next generation. We need resources in each of our communities.

Talking about the FNHA mission/vision, what is a good healthy person and what is a good healthy Community? That is the true initiative we have to get back to. This is the vision and that is what we are working towards. We have very serious needs: addictions, medications, Pharmacare, access, more discussion on the Sub-regional level is needed, and help to do that.

R (Naomi Williams) What you say resonates with opportunities to stand with Community as we are building strong foundations at the national, regional and sub-regional levels. A key piece is to work at the Community level. When crisis happens we can work with Community and see how our traditional processes are at the core of healing.

No further comments were forthcoming. Ms. Williams concluded the session and offered her gratitude for the opportunity to reflect on the robust work we are doing and for the team to have the tools to move forward to engage at the Community sub regional level at the transitional design phase. I am open to speak with you.

Aboriginal Health, VCH Partnership Update

Leslie Bonshor, Executive Advisor, Aboriginal Health, VCH, referred to the Vancouver Aboriginal Health Team Report and shared team stories on work and insights on achievements and upcoming work for the Vancouver Coastal Community of Care. She commented in regard to joint investments for priorities, noting that it was disappointing that some did not get grants. There were applications for over $3 million and we had $500,000 to distribute.

Ms. Bonshor reviewed a presentation titled, "FNHA Regional Update, Aboriginal Health, VCH" and highlighted:

- Downtown Eastside Initiatives include securing a healing and wellness space at 312 Main Street intended to provide in-reach services such as anti-stigma projects and responding to needs of Indigenous women such as making space for those attending the Inquiry, the annual Nəćamat wellness day, healing activities, food clothing, connection with Elders
- 25 Elders in residence in Community Health Centers
- Cultural Safety Training
  - New NPs are trained and shadow NPs working in Aboriginal Health to become cognizant of Indigenous health indicators
- Communications
  - Brand and co-branding in tandem with FNHA A/Director Naomi Williams
  - Web site Facebook and followers; efforts ongoing to increase
- VCH launch program to have one acute site imbed Aboriginal culture
  - Cardiac and mental health teams cultural training
- Partnership with Squamish Nation
  - Chief Chats
  - Opportunities to get to know us
- Healing room, mental health and substance use, ICS
  - Equity, advancing Indigenous indicators
  - Successful realignment of funds, Community advisory group for program and service description
- We need to define and be intentional by Community consultation
  - Training on trauma informed practices
- Indigenous Cultural Safety in-service
  - Social workers (therapists) take people into themselves, connecting heart and mind
  - Impactful training for participants who share that they feel they are compelled to make a difference or change (Ms. Bonshor shared participant evaluation comments)
  - Expanded by demand to 10 trainers
- Operations Manager
  - Four Aboriginal health navigators inside our hospitals to work with spreading knowledge
- Place holders for primary health care and sharing information
  - Elders circle well received and resourced
  - Coastal Community Care meeting with Ms. Williams
  - Internal strategic advisors for FNHA
  - Nəćamat wellness day indigenous women's wellness day
  - VCH research and evaluation
- Primary health care: more access = better health
  - Housing initiatives reach out to us
  - Where there is bricks and mortar they need quality health care
  - If you change the design for health facilities you can improve health care

- Partnership Accords were our best guess at what would work
  - Evaluation is key to getting it better.

Vancouver Coastal Health Coastal Community of Care Operations

Tanis Evans, Manager, Mental Health and Addictions, reviewed a presentation titled, "Vancouver Coastal Health, Coastal Community of Care Operations" and highlighted:

- Central Coast: First Nations Health Governance
  - There has been significant emergency planning for Bella Coola and Bella Bella since the last Tsunami warning
    - Seacans are in place
    - Medical food and supplies for evacuation situations
  - Intensive Case Management team
    - Staff hired in Bella Coola and Bella Bella
    - Program development started
  - Collaborative Services Committee in early stages
- Southern Stl'atl'imx: First Nations Health Governance
  - Meetings and events with Lil'wat
  - Evaluating and designing discharge processes in response to challenges with acute care discharges
  - Primary Care networks will include local First Nations Communities
    - Determinants of health, VCH participation
    - Family practice and momentum from MoH,
    - Eight pilot sites, each of the nations participating in planning and actualization
  - Moving forward collaboratively and planning future state of Southern Stl'atl'imx Health Society Communities
    - Addressing remote challenges and what VCH can do about it
- South Coast: First Nations Health Governance
  - Jeh Jeh Circle of Care established
  - Quarterly meetings with Sechelt Nation Health Team
  - Primary Care networks with Division of Family Practice in progress
    - Accessing clinic time and clinics to include Saturdays
  - VCH re-visioning MWFP
- Prompted by work with VCR, VCH is looking at substance abuse strategy for the Regional table
  - VCH steering committee to identify membership for the Executive Committee
  - Important for resource allocation, advocate for services differing from large urban centers' requirements
- Clinical System Transformation
  - Providence Health Care, VCH and Provincial Health Services Authority are all moving to one Electronic Health Information record system
    - This will alleviate medication errors
    - Anticipating significant improvements in delivery of care
    - Lions Gate Hospital and Sechelt are testing it, slow roll out.

In conclusion Ms. Bonshor acknowledged Tanis Evans for the operational update and commented that she was looking forward to seeing cultural competency, integral to the programming, embedded in day-to-day work and that it was a critical step as VCH moves forward with FNHA.

Ms. Williams thanked Ms. Bonshor for moving forward on operational conversations and cultural safety transformation; she looked forward to working closely together to achieve excellence across the system. It was very much appreciated that Coastal Community of Care partners are addressing operational and system challenges and continue to hold a place for talking and bringing Nations together. This is the first time the operational arm has reported to this Region and we applaud opportunities to move ahead shaping technical conversations around operational pieces. More engagement is needed for discussion of key pieces and recognition for some of the projects.

Community Leadership Dialogue and Q & A

Q/C (Cindy Robinson) In Bella Bella our Communities would be thankful that people that reside outside of the Community get services in Klemtu; we are forgotten. In our emergency planning, services to Bella Bella and Bella Coola, we are under the services of Bella Bella hospital. We have had adequate physician services and Telehealth for the last six months – VCH needs to understand that Kitasoo is under their jurisdiction.

R (Naomi Williams) Key decision makers have work to do. Bella Bella hospital is inter-connected to all of the central coast. We will continue to explore with our partner different models in terms of hospital control and visioning.

R (Tanis Evans) I will be banging on doors to share what I have heard; there is a lot of work to be done and I will take forward your concerns.

Q/C (Pamela Reid) Kitasoo falls under the hospital at Bella Bella, and we have worked diligently to increase services to Kitasoo. Connecting to services is not easy. We are divided by water and transport is by air or boat. We work strategically to make our central coast hospital expand services and cover our communities. There is a huge imbalance of urban and remote Community services, and we posed it to Finlay that we need increased capacity.

- What role does VCH Aboriginal Health have to play with remote communities? It seems if we are out of sight we are out of mind.
- Seacans are not in place yet for emergency preparedness, yet they are reported as being so.
- Mental Health and Wellness has been a driving force in developing Community capacity and what is best for our Community is to deconstruct what is in place and work together to share paltry resources. We have two people hired now and

we are shaping the program and service to meet our Community needs. Two years was too long for us to wait for someone to notice us.

- A collaborative table was requested four years ago. We recognize the priorities of the Aboriginal Health arm are impacted by the long history attached to church and government. It remains unclear what role is that Aboriginal Health plays in supporting a remote Community or in having a say in what happens in FNHA Governance.
- It seems that it will take extreme political pressure under the directives of UNDRIP to have engagement with VCH.
- We work hard to build relationships and have done a lot of work locally in Heiltsuk of which we are proud. It is frustrating to continue this battle with VCH.
- We look forward to the day when local influence and voices are being heard and recognized.

R Tanis Evans committed to take back the high priority message for collaboration with remote communities and to report the state of relations between VCH and Heiltsuk Nation.

Day One Closing Details

FNHC Chair Day-One Reflections

Co-Chair Martin thanked all delegates for their presence and input through the Provincial and Regional updates, and extended appreciation to the presenters and staff.

In a recap of the day Co-Chair Martin commented that the delegates have been privileged to receive and share insights to health care and the work required at the Community level to realize a vision of healthy, vibrant children and families. Reports covering the past, present and current endeavours broaden the knowledge and provide input to improvements to 'hot spots' for health needs. Transformation and service delivery requires the attention and participation of everyone in the room.

We heard from Health Benefits that Plan W needs improvement and that there is a commitment to strengthen it for the citizens; there is strong support for the commitment that 'no Community be left behind'. The FNHC acknowledges commitment for strengthening and improving partnerships inclusively, so that transformation evolves smoothly and in the best interest of children communities and families.

Improving partnerships addresses some grey areas as we move towards collaboration and capacity building. Remote communities continue to be challenged by access to services and need to be innovative to realize maximum potential for future funding.

The presentations and reference documents will be uploaded to the FNHA website for information and to share with communities.

We appreciate the VCR team for their commitment and hard work to ensuring the Caucus is very well informed.

Co-Chair Martin looked forward to Day Two, and reflected that evolution is a wonderful journey to be a part of.

Closing Prayer
Brenda Lester offered a closing prayer.

Adjournment – Day 1 – April 24, 2018
The 2018 Spring Vancouver Coastal Caucus adjourned on Day 1 – April 24, 2018 at approximately 4:30 p.m. and set the time to reconvene at 8:30 a.m. on Day 2 – April 25, 2018.

DAY 2 – APRIL 25, 2018

Day Two – Wednesday, April 25, 2018 of the Spring Vancouver Coastal Caucus, commenced at approximately 8:30 a.m.

Traditional Opening
Josh Anderson, Traditional Knowledge Keeper, Lil'wat, provided introductory comments in his native language and shared a Travelling song.

Day Two Agenda Review

Co-Chair Ernest Armann welcomed all to the meeting and commented that the presentations and discussions for the day would focus on health as an outcome of social determinants. Delegates could look forward to engagement opportunities and learn and build capacities on what was begun in the Sub-regional meetings. He encouraged delegates to take their understanding home to their communities to inform and better make change.

The VCR Caucus needs to help VCH catch up with the shift to processes influenced by the work of the Nations. Mental Health and Wellness has been a key priority and will open a lot of ways to address those challenges. Sub-regional work is encouraging because we have taken responsibility.

The more we understand things, the more we will move forward and come together to understand our governance. That informs our Sub-regions and that informs the Province.

We are the messengers, we are participating, we help to inform and we help by sharing. A lot of work focuses on Community engagement.

There are challenges to the transformation of wellness and health, one of which is accountability for access to services. It is critical that we participate in the process holding the place where we came from and marking where we are now, remembering those who left their fingerprints in our work and who came to help us. Our plan includes new opportunities to shape the relationship with VCH and this work is going forward.

I see ourselves in the reports presented today and those prepared by the Regional Team. At home is where we make the difference, we have to have informed decisions makers, and we have to participate. Another challenge for us is to move in the work; ingrained in the structure we are gearing up to help Community planning with social determinants as the focus.

Review of Day One

Co-Chair Martin recapped key themes of the presentations and activities of Day One as follows:

- Review of leadership roles of representatives in communities and responsibility to share information shared at the Caucus
- Service plan update including Health Benefits and diligent work to ensure members of the communities are not going without. If someone is going without something has gone wrong. This is all new, it is up to us to make it work
- Announcement of new funding opportunities and initiatives
- JP resources
- Mental Health and Wellness priorities for all communities including supports to reduce the overdose crisis and opioid use
- The time has come to embrace relationship building with VCH and to achieve outcomes inclusively
- Regional Director update provided an overview of work continuing in Vancouver Coastal Region.

Co-Chair Martin concluded the review with note that the Cultural Sharing held particular meaning for her. Yesterday was an historical moment as there was also a blessing of the grounds where our first big house will stand. Traditional medicines are nothing new and the importance of culture and tradition as we do this work is paramount. My oldest son has been mentored in traditional ways and is now a strong leader in our Community. Every Community possesses a strong cultural background and communities are incorporating these teachings into the transformation of Health and Wellness with the help of Elders and Traditional Knowledge Keepers.

Co-Chair Armann added that updates are critical, providing feedback and marking the journey of transition. The VCR Caucus does not meet often enough to provide important

feedback and opportunities for engagement and sharing ideas when we are moving forward at such a fast pace. Some of the work at the FNHC level is the push for mental wellness and this concerns every Region.

Vancouver Coastal First Nations Health Directors

Vancouver Coastal First Nations Health Directors Perspective on the Social Determinants of Health

Kim Brooks, President, First Nations Health Directors Association (FNHDA), provided remarks on social determinants of health from the perspective of a health director. She reviewed a presentation titled, 'First Nations Health Directors Association, Sharing Experience for Community Wellness', and highlighted:

- FNHDA is a professional organization for technical leads, and forms part of the FNHA structure
- There are 12 health directors in total serving communities in this region all of whom are grounded in the realities of communities diverse in geography and culture
- There is a realization that we cannot talk about the health of people and communities without talking about the social determinants; they are factors that enable communities to thrive.

Ms. Brooks referred to page three of the document titled, 'Looking Back to Shape our Work Forward, 2018 Spring Sub-regional Gathering Summary", booklet from Sub-regions quoting a description of social determinants as identified by Sub-regions and the visual perspective of the conditions to which people are born, grow, live, work and age offering the following insights:

- Are we carrying impacts of colonization?
- Are we healthy?
- Is our language thriving and honored by people around us?

Continuing Ms. Brooks report she commented as follows:

- Health Directors have always seen clients and patients through a wholistic lens and do not isolate care. We do an assessment of homes and social factors that might effect that person's health
- Health Directors name addictions treatments, e.g., TB testing, six-sessions with addictions counselors, detox and abstention, get clients on a wait list for treatment if necessary; we also ask about their home situation, family support, friends' circle, what are the triggers, we look at wellness planning with our clients and consider what success would look like for each one considering what they want:
    - Access to culture healing processes
    - Access to traditional healers
    - Enhanced clinical counseling
- Supporting them for housing, we advocate for:

    - Safe stable housing for those who need it
    - Talk to them about future, their interests in employment or education
    - We are supporting them to create hope for a healthier future
- We do not diagnose in mental health, we listen to concerns about:
    - No vehicle or gas money to get to a specialist or family to assist them
    - Fears of institutional racism
    - We advocate and support patients to overcome barriers to wellness
- We partner with and refer clients to Child and Family services and other associations and organizations to develop the best wellness plans and give the best wholistic care
    - External partners for safe housing
    - Vancouver Aboriginal Health for patient navigation and bringing stories to them so that they can begin to investigate the system
- FNHDA is standing with the FNHC to realize wholistic care
    - Improving health services in a strong and persistent manner
- FNHDA is standing together with other caregivers and political leaders for increased Community capacity for common wellbeing.

Rosemary Stager, FNHDA Board member, discussed how connections to other departments and organizations work towards addressing social determinants of health, affecting the delivery of services and the development of broad policies. She commented on funding for delivery of health and social programs as follows:

- Currently social programs are designed in silos
- In the absence of sustained funding, Health Directors have to find other sources for programs (a lot of time reporting and working networks to bring in extra funding)
- FNHDA has worked for over 2.5 years to get a charity status that will alleviate some short comings in the budget
- Canada and BC have been making decisions about us, we can do a better job. We know best what the needs and priorities are of our people
    - FNHDA will continue to advocate for greater autonomy and more resources in the Community.

Ms. Stager asserted that health and wellness are influenced by mechanisms outside health care and identified the following:

- Coordination of programming at Community level required
- Focus on prevention and education
- Implementing wholistic wellness plans (including the elimination of poor housing)
- New programs in prevention are necessary.

Ms. Stager advised that the FNHDA would continue to provide technical advice to leaders, Chiefs and other organizations. The health and wellness of First Nations is important work and demands action on the broader social determinants.

Community Leadership Dialogue and Q & A

Q/C (Chief Don Harris) The area of Social Determinants is huge; and, raising issues of child and family is huge. The FNHA taking on issues of child and family is even bigger. Social determinants of health identify family issues as one of the key priorities. We work hard to take control over our children in discussions with Indigenous and Northern Affairs Canada (INAC) and government departments.

- Keeping our children safe is our priority and we need to see changes to the Child and Family Welfare Act to get more control of children on reserve and off reserve.
- It will cost a lot to bring our children back to (and keep our children in) the communities and families where they belong; we need more money to cover these costs to do this.
- We want control of all our children. Many children have been taken away from us. These are serious changes and we will have control of our own children.
- FNHA and First Nations Child and Family Services – thank you, this is a huge step forward.

Q/C (Wuikinuxv) We have to bring people in for mental health services. We do not have a budget for mental health travel or accommodation. We do not have capacity in our Community. We have mental health support one week out of the month.

- We are losing clients. This is our gap. Clients are seeking treatment and that is provided outside the Community.
- We want to keep our clients occupied for pre-treatment for support; we want a place for them to go to reconnect with culture or Mother Earth and fill that gap.
- FNHA supports First Nations in doing healthy things.
- We see sad faces on the weekend when they are not receiving treatment and we want to offer positive things that they can do.
- We suggest that there should be support funding for our clients to go to the mall for one day or living support of $100 per week for necessities and cigarettes.
- Client's get $85 for the whole time they are in treatment; they are supported going to the mall by staff but need more [allowance].

R: (Co-Chair Armann) commented on seeing changes happening. When we look at what we have been doing it is about change and transformation. I can remember when it was overwhelming for health directors to consider social determinants. They are forced to create an entire solution to solve one problem at a time. We do not have a lot of workers at home. We used to have a team of 3 – 4 people to address mental health issues. Keeping our own people to work at home, is a challenge. The biggest fear is how much more we have to do now; it helps to do change management to be aware of what we are changing.

Co-Chair Armann extended appreciation to the FNHDA presentations, noting that:

- Wellness planning is looking at individuals first

- Having the resources to carry one person from where they are to where they want to be is success including the resources to help to keep people safe and occupied on their journey to wellness
- Important considerations were brought up:
  - How do we create positive environment and positive things for people to do?
  - How do we build our own supports?
  - We need to inform investment, our own investment is easy
  - When we say we are responsible for policy, what is it going to take, why are we doing it and what are the responsibilities of taking action?
  - Part of the change and collective challenge is to get out of condition of asking somebody else, and to do it for ourselves
- Health Directors provide leadership that is key to good governance
  - This starts creating an environment for taking the responsibility back into our hands
- Health Directors are facing flexibility and sustainability challenges
  - Looking for resources and making it fit is not always an easy task and FNHC was similarly tasked
  - Having more resources will mean taking back the time to do the work we are supposed to be doing on improving health and wellness.

First Nations Health Council (FNHC) Reports

First Nations Health Council (FNHC) Social Determinants of Health Strategy

Grand Chief Doug Kelly and VCH representatives provided an update on progress related to the social determinants of health including discussion of the opportunities present in the Federal and Provincial budgets and strategies for the FNHC to support the VCR First Nations in their work of nation-building. Grand Chief Kelly commented:

- Our solution is that money go to the Nation
- We will no longer respond as program 'junkies' fulfilling the paradigm that the government has the program and you want the money so you work to make the program fit whatever the money says it is supporting; we are no longer playing that game
- FNHC wants your Community to have a plan, then get the funding to do your work – that is the new paradigm
- There is recognition of the tension between our communities and VCH. There is a huge difference in funding and staffing
- This Caucus has grown to work together to develop plans and strategies
- You are moving away from the 'program junkie paradigm' to the 'rebuilding your nation paradigm', healing your children, your families, your communities and VCH did not get the message.
- We appreciated getting direction (via evaluation forms) regarding renewing the agreement yesterday

- I have felt the stigma, I have seen the looks in the eyes of CEOs of provincial health authorities and my take on their message of, "Who in the h*** are these Indians and who do they think they are?" And I feel strongly that these relations are changing and that by working together we are developing strategies that will influence VCH so it can do its job that it is supposed to do; this is the opportunity to help your partner help you
- How can we achieve our vision statement without changing education and influencing our partners in health?
- Looking at where we were:
    - Seven generations ago our children were healthy, vibrant, and self-determining and in taking care of the land we took care of the people
    - Our respected matriarchs taught our children our ceremonies, languages, prayers, protocols, etc. and we took care of each other
    - At the onset of the *Indian Act* came residential school and being told that Indians "are no damn good"
- Barney Williams discussed (with me) his experience in residential school and how it taught him that he was worthless. Barney had to shake that off and learn he had a purpose in life and in understanding this he developed gifts the Creator gave him
    - We may not have gone to residential school, but our relations did, that unhealthy behaviour left the residential schools and affected families and communities
    - We want to be healthy vibrant and self-determining again
- New opportunities, Prime Minister Justin Trudeau is less arrogant than his father
    - On February 14, 2018 Prime Minister Trudeau acknowledged the outcome in the trial of Gerald Stanley, the man charged in the death of Colten Boushiea (a man who killed a Native and was set free) and turned the attention of the nation to injustice to the Indigenous people, the missing and murdered, violence against women, the need for change
    - The Prime Minister and Indigenous leaders took on work of his father in repatriating Canada's constitution
    - It was our fathers who advocated for change and recognition, inserting Section 35. But in reality we had nothing; the justice system said Section 35 was empty until you go to court to prove you have rights
    - The Prime Minister has said that before the end of his term he will introduce legislation to recognize and implement Indigenous rights to implement Section 35
    - Premier John Horgan committed BC's support for recognition and implementation of Indigenous rights
- The FNHC has work to do now with the new DISC and Crown-Indigenous Relationship and Northern Affairs (CIRNA)
    - Minister Jane Philpot, DISC, has the goal to achieve excellence to transfer services resources from Federal control to First Nations and to deliver the resources as a national strategy

- Minister Bennett, CIRNA, will address big political issues to ensure that Section 35 rights are achieved, e.g., that existing treaties with Nations are implemented and resolving outstanding land questions
- The FNHC recognizes that we must be organized to do our part.

Grand Chief Kelly referred to a briefing note titled, 'FNHC, Summary of Federal and Provincial Budget Plans' contained in the agenda package, highlighted:

- Under the Federal budget, there is a range of new funding going through the Treasury Board with new money to revitalize existing programs
- Concern is the election budget, what does it hold for us in terms of where we want to go
- There is mandate at the FNHC to make progress on the social determinants of health and transform health services
- Change is not easy. It is tough when I have to do it myself. It begins with us. Build healthy leadership as role models
- The Assembly of First Nations (AFN) is not a Nation and neither are they a cabinet nor a government
- The FNHC does not talk about land or rights issues at the table, we talk about the social determinants of health
- The role of the FNHC has changed – in 2005 we had to build support to create the FNHA
    - In May 2011, at Gathering Wisdom, we went from 'No Way' to an informed 'Consensus Decision' overcoming doubts and concerns to believing we could do it
    - For general interest the Grand Chief called for show of hands to indicate who had participated in the vote and was not surprised to see that, for the most part, a new generation had taken up the work
    - We built the FNHA, and in 2012 formed the structure of the board
    - On October 1, 2014 we began to deliver health services
- Our job now is that of facilitation
    - Nations are now the builders; you have the job to rebuild the Nations
    - Heal your people first to build a Nation-to-Nation relationship and so you are prepared to resolve the outstanding land issues.

Grand Chief Kelly referred to the 'FNHC Executive Summary of Proposed Social Determinants of Health Strategy', and the discussion paper titled, 'Ten-Year Determinants of Health Strategy' contained in the agenda package, and highlighted:

- FNHC has reframed its strategy to address broader issues of social determinants of health and will deal with housing, environment, water, safety of fish and game and winged, ensuring our matriarchs have decisions over children, safety and well being and keeping them in our families
- FNHC is clear that its scope of work is advocacy at the deputy minister tables

    - There is an agreement with BC to create a table of deputy ministers and the FNHC to make progress on the social determinants of health and that to do so they must engage our Chiefs and leaders
    - BC heard and knows that is has to change legislation, policy and increase investment; it remains that we need to meet directly and let them know our concerns
- FNHC will be seeing increased investment for Community-driven and Nation-based plans, informing the work with budgets to meet Community needs
- Emphasis was put on the ability to now build capacity to meet our needs, e.g., the Gabrielle family endeavours to get medical education for their daughter resulted in the first Sto:lo Nation physician; and, the increase of Indigenous nurses providing health care in our Communities
- These new health care professionals can be proud of where they come from and of their ability to succeed in the 'other' educational system.

Grand Chief Kelly recognized there was more work to do, carry on with planning based on the good groundwork to date with each Nation working on clear wellness priorities to inform the meetings with Federal and Provincial deputy ministers. We are the eighth generation and we are effecting change.

Co-Chair Armann added that in readying for the opportunity of direct funding there is recognition that the governance structure informs the process and reflected in the report are preparations to support the planning. This is a key push, with Health Directors leading and engaging other people such as wellness and family experts; we need traditional knowledge keepers at the table. Grow our leaders and advocates with Sub-regional meetings at home where we are doing our planning, focusing on the opportunity to incorporate the lens of social determinants of health to add a new lens to the planning processes. Inform all the plans using the lens of nation re-building.

- At home we talk about wellness tied to the land, this cannot be ignored
- Responsibility is for us at home who collectively own title and we are responsible for our own people
- A key to evolving common areas of interest and the work we are supporting at home is the new opportunity and the push behind funding for long-term flexibility. Planning informs the investment and our responsibility of what we will take on.

Community Leadership Discussion and Q&A

Q/C In regard to the vision statement, 'Healthy, self-determining and vibrant BC First Nations children, families and communities'. This does not speak to me about who we are and where we are going. This vision statement does not decolonize us. Why does the vision statement day 'BC' and 'First Nations'?

- We can better represent ourselves and our children in resurrecting our language and identifying ourselves as best we can in our own languages .
- Reach out to our Elders to articulate ourselves in a different way.

- We are not 'BC First Nations' children, families and communities – tell the BC government that.

Q/C When it comes to children in care and delegated agencies, there needs to be a strong push on the Ministry of Child and Family Development that our children are falling through the cracks; they are not being registered.
- To bring them home to our Nation, they need to have them registered before we do a transfer of guardianship. The Aunties or Grandmothers are missing that.
- We do not want our people to pay for prescriptions. These young babies and children need to be with their families and in their communities. Aunties, Uncles and Grandmothers do not need the extra financial burden of prescriptions and other specialty care for our children.
- There must be accountability of our children in care; our children need to be registered to avoid hardship on our families.

R: (Grand Chief Kelly) One thing we need to get to is that we can update registration. The principle is to heal our own children, family and communities. For children in care what we are missing is good governance. When you have money coming from Federal or Provincial governments to delegated agencies like the Ministry of Child and Family Development, you need to determine the services you need (based on social determinants of wellness and health). This is how we fix governance arrangements.
- There is a table for resolution.
- We are developing a Memorandum of Understanding with the BC Government to develop good governance arrangements.
- Governance needs to show up with your plans as you are preparing your next round of health and wellness plans.

Q/C (Wuikinuxv) What is unacceptable in another Nation's health plan is acceptable in my health plan?
- We are under the VCH and are being sent to Vancouver Island Health Authority (VIHA) for health care. We are not VIHA.
- We have been fighting for this since 2007.
- Our Elders have to fly to Port Hardy, bus to Campbell River, attend their appointment, bus back up the Island and stay overnight in Port Hardy to fly back the next day. That is one appointment. That is not for treatment.
- With cutbacks on transportation there are no escorts for the Elders and now we are sending them on their own and seeing repercussions from that; some Elders are experiencing falls and some have cracked their knees.
- We are concerned for our Elders, health care is taking a toll on them.
- They could fly to Vancouver and fly back the same day but VCH denies us that.

R: (Co-Chair Armann) Identity is something we have to look at as a Region. We want to work with Nations and what does that mean?

- Language groups? Salish, Interior?
- We need to be prepared for that. This is why we have representatives from technical and social and political sides.
- Health outcomes are tied to social determinants of health and investment.
- How we organize in our Sub-regions is important.
- How do we address service challenges politically?
- We need to inform the process through a technical lens.
- We have to partner with our own politics.

Q/C (Joanne John) There is concern about the state of readiness of communities. Not all communities are at the same stage.

- Our objective is to make 'Community driven Nation based' decisions.
  - Communities are consistent in their loss of language
  - What is included to make Community ready for change?
  - Data and demographics are being collected to support requests of partners and governments
  - Stl'atl'imx is split into two areas, south and the rest
- Healing: how do we portray that we are mobilizing and training?
  - How do we take individual commitments to becoming well and move that to healthy governance?
  - There is a lot of talk about informed trauma practice. We had a working retreat for an introduction to what it means. How will we be moving this into practice?
  - Looking at mental health, we are designing an introduction to wanting to be healed; it is being developed as a team through our departments, there has to be a willingness to do this
    - Other Directors talk complexity and Nation rebuilding
  - How can I support those endeavours for inherent rights in the world of health?
  - How can you support me with data for trauma?
  - What age group do we begin with?
- How to we manage the fallout of colonization?
  - It would help if the language was consistent and to identify basic points that could be agreed on that could be used to inform politics and be ready when the Federal government makes it's pitch to fill empty box of Section 35.

Q/C (Dan Smith) This reminds me of the big house where we put our politics outside to create harmony in the Community. The challenge from Shrek to his friend the donkey was "change is good".

- The vision for the FNHC could be 'Healthy, self determining and vibrant Indigenous children families and communities'.

- Managing change is difficult. No action is an action. Staying where you are is not healthy.
- Our history can be traced to long before contact with non-Indians.
- Look at front line workers like ourselves; we are the ones talking with peers and Community in terms of health.
- We have to remember harmony within the Community.
    - People are criticizing other people on Facebook
    - When people see this on Facebook then there is judgment, "Oh, they are still fighting amongst themselves."
- We have four committees developing a housing policy and we bring it forward better informed because of representation in the big house. We are better informed.
- This is Indigenous law happening in the big house, smoke house, long house.
- We do not need a building to work positively and take it to the Community managing changes.

Q/C (Pamela Wilson) Before the transfer and with regard to the process about a FNHA in BC and research on attempts to do the same in other provinces, I was listening to Ernest [Armann] and wondering, "Who is he?"

- Moving forward our trust and support of the FNHC has grown extensively
    - [Now we are seeing} structure and work that gets done in relation to the strategy around social determinants of health and new models of funding transferred directly to Community
    - With the working group meetings with deputy ministers, what is the representation of the Sub-regional level?
    - Graham Whitmarsh and Doug Kelly came for a visit to Heiltsuk and Wuikinuxv.
- As the FNHC evolves we have been moved from being builders to facilitators
    - Ample engagement at Community level is required as this mandate evolves
    - Not everyone holds the history or the trust
    - Bringing in our other representatives has meant a lot of catch up
    - I am grateful for facilitation, not all communities have the capacity to meet with deputy ministers
- I recall it was the herring issues in Heiltsuk that expedited the meeting with deputies. Not all communities have the ability to bring this home
- Your FNHC influence and support at these tables is crucial
    - For purposes of good governance a deeper dive by the FNHC into communities is recommended
    - Increased engagement in Community is need; it has been awhile since we have had anyone visit
    - We have extended a number invitations to the FNHC to come with some of our work on governance

- When you have the opportunity, we would like to see you in our Community
- Consider this a formal invitation to Heiltsuk for planning and collaboration and direct engagement as the mandate expands and this is invaluable piece that needs to continue
- We want that opportunity.

R: Grand Chief Doug Kelly appreciated concerns about split actions. With 54-communities in Coast Salish there are 20 in VIHA and 29 in VCH and five in Fraser Health – the FNHC is thinking it will take time to get into one.

- We do need to understand that individual citizens are the rights holders and they need to be engaged on what is good governance, what is good health. Where we begin is tough.
- I am reminded of the north and the 80/20 rule. Do you begin there? For me I'd be looking at prevention
  - Break the cycle of sexual abuse in our families and communities
  - Break the cycle of family violence
  - Create hope so our grandchildren do not go through what our children did.
- In the north I visited with traditional healers and it was a powerful experience to look at my life
  - I started this life with 11-years of sunshine, and then the Creator called my Dad home and then my Mom remarried when I was 13 and we were in darkness and I recognize both
  - I realized I put trauma in a little box and file it away and that is how I manage it
  - "Remove trauma from my body," the medicine woman said. The moment she started to work an event that was terrifying to me at the age of 13 was lifted off me and I felt an inner peace in my body, in my heart and in my spirit that I had never felt before
  - It is not just the shrinks, I am not being disrespectful but those are not the only resource. Medicine men and women are integral
  - At the age of 57 letting go of childhood trauma experienced at 13-years and never acknowledged was a revelation: we need to heal completely from trauma.
- Your key messages are shared with the FNHC. We are like a long house family; we are encouraging and supportive, taking care of each other here and at home.
  - Amending our vision statement: we will be doing word-smithing
  - Risk management: is this work looking at all the risks, doing nothing, taking on important issues?
  - Facebook communications: are you a Facebook Indian (FBI)? We all need to be cognizant of lateral violence. I personally gave up Twitter but do

follow me on Facebook. I use it to tell stories about my journey, education and growth.
    - We have to rebuild those teachings about indigenous law, acceptable conduct and discipline
    - My dad had 7-brothers and they all lived nearby. As children we could not get away with anything.
- Thank you for acknowledging less conflict in our meetings. We have one working group per Region at tables.
    - We have zero decision-making power
    - We implement plans from 15 Regions
    - We need to make sure bubbling issues in communities get shared (in briefing notes, etc.)
    - I am happy to advocate and will help
- We need to build systems to accommodate requests; good governance and Community engagement is what we do
- In the interior there are seven Nations; in 2010 they asked the FNHC to bring citizens together to talk about healing the Nation and good governance; this is the ideal: we will be looking at how we can resource that and improve engagement and create that space; it is far more efficient for a common meeting place in your own homelands.

Q/C (Josh Anderson) acknowledged FNHA staff and Chief Dan Smith for suggesting new wording for the FNHC vision. We are on a decolonized path and achieving our inherent rights to self-government. Grand Chief Doug Kelly was commended for sharing his own health journey.

- In the pursuit of Mental Health and Wellness and addressing the social determinants of health, one question leaders should ask of themselves is "What about our own self-healing?"
    - We talk about good work, what do you do for yourself to showcase this work?
    - One thing I do to relax is to go home to my family at the end of the day
    - After school is done, home is where the real learning happens. It is an immersion class (language)
    - I am looking to move to full immersion in our traditional language, recognizing the land and the work we are doing
- Commendations for staff for upholding the interests of health and wellness by recognizing our inherent rights to self-government.
- A final reminder that by observing self care and that ensuring family and Community care leads to entire healthy Nations.

ACTION: Christine Stahler was requested to make note of the invitation for a representative of the FNHC to meet with Heiltsuk and to schedule times with Sub-regional neighbors Wuikinuxv, Kitasoo, Nuxalk.

Agenda Review

Co-Chair Martin advised that after a break Grand Chief Doug Kelly, our VCR A/Director and the VCR FNHC representatives will review nation-based and regional priorities with respect to mental health and wellness. Grand Chief Kelly will then review the FNHC's Mental Health and Wellness proposal followed by an engagement activity led by Mark Matthew.

First Nation Health Council Proposal on Mental Health and Wellness

Grand Chief Kelly reviewed a briefing note titled, 'FNHC Mental Health and Wellness Proposal' marked, 'For Discussion Only', and highlighted:

- In BC alone there are currently 10 ministries that fund mental wellness but not one of those fund it as a priority and that it was evident we can do this ourselves
- How many children are in care because parents have untreated substance abuse issue or untreated trauma issues?
- Too many indigenous people populate prisons in BC
- At the Alouette Detention Centre for Women some young women in their late teens are in custody – why are they there?
- FNHC is very aware and measures the impacts of addiction and untreated trauma
  - We see the broken walls and doors; we see people hurt, we see the condition of housing and the results of poor housing outcomes, we see family members struggling with issues and we see those who cannot hang on to a job, employment and the resulting low income outcomes
- On November 24, 2017 the FNHC realized we can impact the social determinants of health if we impact mental health and the number of children going into care, the number of people incarcerated, low employment, poor housing, etc. and began to talk about this concept with BC, which then created the MMHA
- In January 2018 we spoke with the Minister of DISC Jane Philpott and Deputy Minister of Health Canada Simon Kennedy to work on an agreement to transform mental health services for our people in BC asking, "How can we increase investment now for healing and mental health priorities?"
  - Usual timeframes for governments to secure funding for new initiatives is 1.5 years
  - The FNHC proposed pilot programs to develop fiscal policies and to design strategy and received Federal government investment for these outcomes
- When you are the program dealer, you have all the power. Instead of rules and compliance with rules that come from a Department Of Finance we want to agree on outcomes, emotional and physical well being, not just to the nuclear family but to our extended Community.

Co-Chair Armann noted that on pages 6 - 9 in the document titled, 'Looking Back to Shape Our Work Forward' contained in the agenda package, the Sub-regional work reflected a lot of similar themes (ref. spreadsheet on page 8) yet we come from different influences in identifying priorities. This is what the leaders can use to start to build and initiate engagement with Communities:

- We are all dealing with tough issues and how to organize to address them

- It is our people making their homes in institutions
- How can this be home? If it is then where you come from cannot be very good
- We need to work on the urban part of the plan
- Mental Health and Wellness is driving the plan and taking care of all of us.

Co-Chair Martin commented in regard to the Central Coast Sub-region noting that with geographical challenges people are obliged to travel by float plane and boat and the biggest challenge is capacity. The well being of children in Heiltsuk and Nuxalk is being dictated by the BC Ministry of Child and Family Development. The emphasis for Central Coast must be capacity for change and the ability to press forward in our journey.

- Communities need more than one health lead
- Communications can improve across Nations in the Sub-region to include monthly teleconference meetings to share best practices and express needs to moving forward
- FNHC realizes there is a lot of work ahead but there is also willingness and commitment to continue moving forward.

Ms. Williams added comments regarding the Sub-regional family perspective of Mental Health and Wellness priorities and interests noting that in just a short time we have done so much in a large agenda. With clear indication of opportunities building upon strength based in the Region, understanding a key role is to facilitate the space where we can come together in order to connect and align to share visions and instructions to the Caucus to capture the journey and prepare for opportunities recognizing who was here at transfer and how our communities change, looking back to shape the work forward.

Referencing a presentation titled, 'FNHC Mental Health and Wellness Proposal' and the 'Looking Back to Shape Our Work Forward, Vancouver Coastal, 2018 Spring Sub-regional Gathering Summary' contained in the agenda package, Ms. Williams highlighted:

- Purpose to achieve long term funding from Canada by visioning with regional representatives
- To realize new opportunities and relationships with new Federal departments for the better provision of health services
- Sub-regional sessions were asked about next steps for their Communities
    - Ref. Pages 1 – 10: to open the dialogue in that space, reinforcing that mental health and wellness continues as first priority and echoing other directions to weave in traditional wellness in a proactive indigenous way to strengthen our people
    - Ref. Page 7: Four main themes
        - Focus on traditional wellness and prevention
        - Improve health service design
        - Community driven mental health and wellness
        - Collaborative processes
- Keys to focusing on traditional wellness, culture and prevention

    - Bringing language back into communities as a first step to restoring balance
    - Policies designed by the communities
        - Policies were given to us and now we incorporate how we think about language to rebalance and revitalize what we see as our true law and policies
        - Everything we do and why we do it; we have purpose in everything we do and every step we take
        - Teachings around traditional roles, we had natural ways of being, e.g., the sharing of gifts and the inherent respect for Elders, that needs to come to the forefront
- There is lots to do in communities to heal
    - Decolonizing historical Community plans
    - Bring back natural laws
    - Apprenticeship and connection to land
    - As we are all experiencing the loss of our Elders and the knowledge they carry, we can do more to cultivate mentorships for knowledge and traditional medicines
        - We see this in examples such as the Central Coast Restoration of traditional roles for men (weaving and brushing)
        - We see this in honoring input from Elders to rebuilding the nations
- New and Improved Service Design
    - Sub-regions envision and call for Community design with innovative approaches (citizen engagement) our people grounding themselves in traditions
    - A continuum of care where everything we do is interconnected on the healing journey
    - Cross-regions talked about sharing regional treatment and wellness center(s)
        - If we do not have it, it will be a house that we build
    - Inclusion in treatment and healing with integral traditional health
    - Inclusive of healing and housing components, with plans to hold them safe as they journey through trauma and trauma specific healing (residential, inter generational impacts)
    - Land based options: going to the land; it provides traditional medicines and a grounding in knowing who they are and where they come from
- Community driven mental health and wellness strategy that:
    - Honors Community autonomy reflecting common goals
    - Addresses stigma
    - Focuses on harm reduction and keeps families safe
    - We have pain in our communities, address the stigma and align policies
- Designing collaborative partnerships with holistic models
    - Working with Elders and youth
    - Improved relationships with key partners; we have work to do with key partners who are still learning our way
    - We have understanding in our Regional family and recognize strengths

    - Collaboration and partnerships that honor healing and trauma caused by residential schools
- Sub-regional opportunities and next steps
    - Traditional understanding is basic
    - Communities shaping the FNHC in terms of what needs to happen with mental health and wellness on the ground and validating actions moving forward.

Traditional Prayer
Sik Sik (Josh Anderson), Lil'wat Traditional Knowledge Keeper offered a blessing before lunch.

Cultural Sharing from Southern Stl'atl'imx

Sik Sik (Josh Anderson) Traditional Knowledge Keeper and Chief Dean Nelson, Lil'wat, sang songs titled, 'Over the Waves', 'Dancing Song', and 'Friendship Welcoming Song'.

Sik Sik shared stories of how he was led on the path to the hand drum by ancestors. He recalled the 1990 roadblock and drumming and singing around fires and informing the gathering about the traditional clothing and drums. He added:

- Deer and elk are mainstays of the Indigenous diet and traditional use of the entire animal (including hide, skin and antler)
- Inner cedar bark head piece
- Bone bead chest plate w/abalone
- Buckskin vests and jackets
- How harvesting cedar bark is a family concern and sources are closely guarded
- Traditional teachings handed down from family members.

Sik Sik leads meetings once a month to share with others, especially youth in the Community and serves as a Cultural Leader at the Squamish/Lil'wat Cultural Centre at Whistler where over 450 children have been taught cultural traditions and over one million visitors have attended. "We are real people, alive and well today; we are not artifacts in a museum."

FNHC's Proposal on Mental Health and Wellness

Engagement Activity: What could the new funding administration and investment approach look like?

Mark Matthew, Manager, Engagement and Coordination, has attended 50-Caucuses over an eight year span and offers support to the FNHA, FNHC and FNHDA. The tabletop exercise is designed for Sub-regional families to undertake work to inform investments for the Mental Health and Wellness proposal.

With the assistance of the FNHA VCR team, delegates divided into Sub-region groups to consider priorities for mental health and wellness proposal opportunities basing discussion on previously developed themes to determine a 'best-promising practice' for investment.

Tables investigated priorities related to Mental Health and Wellness at the Community level including:

- Revitalization of traditional wellness and language
- Restoration of teachings around traditional roles
- Support for healing ceremonies
- Community wellness planning
- Trauma informed capacity in Community
- Land based options for service delivers
- Capital infrastructure – Healing Centre
- Support/compensation for traditional Healers and knowledge keepers
- Policy alignment and development
- Other?

Tables then assigned dollar values to the priorities identified based on a $150,000 pot.

Cultural Sharing

Sik Sik (Josh Anderson) shared a song of the Change of Seasons, describing people coming out of their homes after a period of winter. Describing it as their berry picking song, it called everyone to come to pick berries. It is also a courting song to accompany a Women's traditional dance and singers would steal berries out of the baskets as they danced.

FNHC's Proposal on Mental Health and Wellness

(Share what we heard) Report Back on Activity

Mr. Matthew led a round table of how the Sub-region tables would allocate money to their identified priorities:

Southern (Lower) Stl'atl'imx allocated monies as follows:

- $90,000 on programs including:
  - Revitalization of traditional practices
  - Early learning
  - Healers, Knowledge Keepers
  - Sweats, etc.
- $100,000 to Capital buildings and infrastructures including vehicles

Other Priorities were:

- Prevention of trauma, start at an early age to prevent trauma
- Land and water based options for outside activities
- Overhead for Community resource planning already resourced
- Community wellness, living documents towards Community wellness planning
- Capital department for infrastructures and transportation
- $100,000 would be allocated to open doors to other funding.

Lil'wat allocated monies to priorities as follows:

- $60,000 to having a language strategy in place including:
  - Work to realize the inherent right to self-government
  - Establishing our ways, our laws
  - Elevating Community living standards, respect and honour
- $50,000 to wellness planning and engagement with the Community:
  - This is a vital role for work that we are doing
  - Ensuring 'no one gets left behind'
  - Engagement is a key priority to make change
- $50,000 to more traditional space
  - Infrastructure for ceremony
  - Empowering traditional governance
  - Celebrations and traditional ceremonies
- Other Priorities
  - To recognize and honor leaders
  - To support Traditional Knowledge Keepers and recognition of their roles.

South Coast/Sechelt allocated monies to priorities as follows:

- $1.1 million dollars for capacity development to create a culturally safe Community
  - Funding and human resources for capacity development and subject matter expertise in our communities that is wholistic, trauma informed and culturally safe, etc.
  - A healing wellness center and capacity for programming
- $ 400,000 to create a land base
  - 'In-Community' innovative, land based programs and services for treatment, wellness,
  - Healing centers inclusive of capacity funding for infrastructure.

Central Coast decided not to divide but to stay together and maximize money as a Sub-region and commented that after tearing up the peace treaties, establishing six priorities was not easy when you are desperate allocating funds as follows:

- $70,000 seed money to go forward on infrastructure
  - Facilities including housing for resource people, nurses, doctor, mental health workers
  - Safe homes
  - Housing as stepping stones for those waiting for treatment

- $50,000 towards Governance and strategic planning
  - Standing united as a Sub-region
  - Day-to-day activities at the Community level
  - A higher level of categories was challenging
- $40,000 for Capacity
  - Development training certification, education and economic capacity
  - Achieve own source revenue
  - We are entitled to revenue of the natural resources in our territories and receive next to nothing for fish or trees going out of our Region
  - Program development fit for diverse communities
  - Share culturally appropriate models made unique to communities
  - Access to funding streams but not dedicated to full autonomy
  - Do it together and build on best practices and experience
- $50,000 for Culture and Tradition
  - Language
  - Healing ceremonies
  - Development to building identity instilled in a strong way to re-engage to traditions and culture
- If the box was filled tomorrow:
  - Healing initiatives on the ground from a legacy fund perspective, evolving from $50,000 related to trauma related issues; some things do not fit for our people and we want to provide what individuals and groups need for healing
  - Right away we expanded to governance and stretched mental health and wellness to include healing required within Nations recognizing treaty impacts
  - Support for traditional governance and leadership that worked for hundreds of years rather than imposed colonialized governance structures
  - Together we hope that going forward we do create time and enough money to do strategic planning to move forward to hit the ground sooner than later.

Mr. Matthew thanked the delegates for sharing their valued conclusions and acknowledged the support from staff.

Ms. Williams acknowledged Mr. Matthew for instilling trust in the process and recognizing the strength the Region has for the path and vision going forward. She invited all delegates to grab one chip and to hold it high in the air – she observed that money once divided the Nations but the exercise has shown that we can think together and plan to use this resource. She encouraged participants to hold this memory to realize these priorities together recognizing that the Nations of the Region would come together in the spirit we have as Indigenous people.

Day Two Closing Details

Day Two Reflections

Co-Chair Armann acknowledged Mr. Matthew for designing relevant and interesting exercises to engage delegates and to create a trust in the process. He summarized Day Two as follows:

- Beginning with shared perspectives from Health Directors the Caucus heard about the importance of wellness planning
- The story of the 'chip' has put onus on the FNHC to review collective responsibilities and identify key priorities demonstrating flexibility and responsibility around programming while watching carefully for areas of division
- We heard about Nation rebuilding and healing and the importance of taking responsibility for our own health and well-being
- We heard updates on actions at shared tables and efforts to create flexibility and sustainability in resources, to inform on what it looks like and getting results with a mandate to 'do what we say and say what we do'
- And, we have examined the FNHC role from builder to facilitator and advocacy work, facilitating a Nation-to-Nation concept through healing.

Grand Chief Kelly observed that these processes that were experienced to day are not captured in Community based-plans, Sub-regional plans and Regional plans, they have to be whole, they have to encompass everything we need; we are building a road map to rebuilding Nations. We have heard the importance of ensuring that the engagement process does not allow us to forget where we came from and that we 'learn from the past as we step into the future'.

- There are opportunities to improve engagement at the Community level
- In the proposal on Mental Health and Wellness we identified that in order to address symptoms we have to address mental wellness, changing the investors and the investments to suit our needs
- Ultimately it is up to us to make informed decisions about what we want to achieve
- Mental wellness leads to too many negative indicators, we would rather celebrate the good things
- Just because 20% cause 80% of the work, don't forget the other 80%; 'no one is left behind'
- Appreciation for the work as Sub-regions; this will be a critical piece to move forward on new investment opportunity.

Traditional Closing

Sik Sik (Josh Anderson) Traditional Knowledge Keeper, shared a farewell song for safe passage.

Meeting Adjournment – Day Two

The 2018 Spring Vancouver Coastal Caucus adjourned on Day 2 – April 25, 2018 at 3:30 p.m. and set the time to reconvene at 8:30 a.m. on Day 3 – April 26, 2017.

DAY 3 – APRIL 26, 2018

Day Three – Thursday, April 26, 2018 of the Spring Vancouver Coastal Caucus, commenced at approximately 8:39 a.m.

Traditional Opening

Ernie (Charlie) and Edna Mason, Kitasoo/Xai'xais, shared the "Chief's Son" song to reach out to ancestors and the spirit world for guidance in the gathering. They shared information about revitalizing their culture through language and composing 44 songs to be passed on in their Community.

Welcome and Review of Agenda

Co-Chair Armann welcomed delegates and discussed the agenda items that would offer opportunities to recover responsibility recognizing that everything the FNHA and the FNHC have been doing has been leading to self-determination through a focus on health and building capacity to renew cultural practices that have carried for many generations. Contact has only been for the past 150-years and it was recognized early in this century that the health system kept us from realizing the inherent rights of Indigenous peoples. Directly tying into Nation rebuilding were the recent devolvement of Mental Health and Wellness from Federal and Provincial governments and the move to self-governance.

The Day Three agenda offers opportunities to consider Nation-Based Governance and shared learning about social determinants including best practices related to planning and governance.

Nation-Based Governance

Co-Chair Armann reviewed a presentation prepared by Satsan (Herb George), Senior Associate, Centre for First Nations Governance, titled, "Transformational Governance, Re-Building our Nations", a hard copy of which was included in the agenda package. He facilitated a discussion on Nation-Based governance among the VCR delegates, providing tools and options for those wishing to pursue the conversation further.

Co-Chair Armann provided the following comments regarding the presentation:

- We have been overrun, our resources, our land, our rights and our children have been taken from us
- History involves pre-contact and this cannot be ignored
- First Nations people in BC have been living under the *Indian Act* and the control of the Federal Government for the past eight generations
- The *Indian Act* declared that Indians living in Canada were wards of the Crown inferring that Indians were either orphans or mentally not capable of taking care of their own affairs
- A quote from a young woman at a Community gathering that, "You mean that when my baby is born she will be a ward of the Crown?" demonstrates the process and impacts on First Nations people
- The enduring grip of the Indian Act is the Federal government maintaining control; by following someone else's policy; these policies have influences that are entrenched in our communities. People are worried about losing the services we have become dependent upon
- We have had eight generations under the *Indian Act* and there is fear amongst us to lose services and benefits on which we have become dependent; the key is to ensure that our people understand what it is to take our responsibility back
- Legacy, Leadership, and Resistance: transforming to a full box of rights under Section 35
- The powers of Chief and Council under the INAC system are very limited – in some cases the focus is on cats, dogs and bingo. Fundamentally, Council is doing the work of the Federal government and implementing the *Indian Act*; now we do not have to prove title, we have it
- To become self-governing we have to attend to the health and welfare of our people, and understand the whole picture
- Addressing social determinants is meant to encompass all of the environment having influence on our people
- As we are re-building our Nations and developing Nation-to-Nation relationships, the health governance transfer creates the space to take responsibility back. The question is how do we demonstrate good governance; this will form part of the 10-year social determinant strategy
- Using a lens of applying self-determination changes the way you do your planning work; leaders will need consensus at the Community level to do this; we need a mandate to change from the Community
- Self-governance is a right contained in Section 35 and is one of the key points from the Delgamuukw (1997) and Tsilhqot'in Nation (2014) court cases
- We have been conditioned to think on reserve or 'in the box', always seeking permission to do something from someone else and now we have a prescription of how we could and should pursue self-governance in a constitutional context; it was reiterated that in Section 35 of the Constitution is 'our right to self determination (Nation-to-Nation recognition)'
- Section 91 outlines the *Indian Act* and Section 92 is provincial responsibilities

- Consultation and engagement drives our lives in the political arena
- Reconciliation is reconciling our laws with Canada's laws, we need to identify our laws and how we will use those to take care of ourselves
- True reconciliation is about us knowing our laws and reconciling differences with Canada's laws
- Recognition of our laws has to be done at home
- The question now is, "How do we (VCR Caucus) help communities make informed decisions?" Under Section 35 we will develop laws and policies in accordance with our rights.

Prompted by the slides Co-Chair Armann considered the approach to transformational governance through health and social determinants of health, and highlighted:

- We meet as a Caucus to discuss changes to delivery of health services
- Leadership and technical resources work together to advocate and make change and this is where communication plays the key role
- Success will come with clearly defined roles and responsibilities and vision driven objectives
- We discussed the need for capacity to educate and re-engage our people yesterday; having the capacity to talk about this is in part driven by health and wellness objectives and how we have designed our own governance for health responding to issues of individuals, families and communities
- In order to obtain a clear mandate and vision for change from the Community we need to come to consensus, we need unity and we need an appreciation or understanding of the steps we need to achieve these things: we need to understand and have less resistance; a key pathway to less resistance is communication
- Our transitional steps will include developing capacities, designing processes, and building structures based on what is important to the people
- Our Communities want essential services, the comfort zone of programs we deliver; preparing for this change to self-determination we need to inform, create a mandate, and invoke trust through awareness and planning together
- We as a people do not traditionally do things by individual right; decisions are made collectively
- The Centre for First Nations Governance (CFNG) provides Community-wide education and this is one path to pursue towards good communication and citizen engagement
- A goal for the VCR Caucus is to activate collective memory: remembering where we come from, (prior to contact) as we move collaboratively to self-governance with a clear vision, mandate, and strategic directions.

Chair Armann shared the story of the Lil'wat. Lil'wat was tired of the *Indian Act* and legacy, and determined a change was necessary. Council held a round of Community engagements where the second part of the work was to explore what the people had before contact (land, harvesting, self-determination). This process was a matter of days. We

need to break cycles with processes like this to create focus towards self-governance and self-determination.

Returning to the slides, Co-Chair Armann commented that:

- Mastering the *Indian Act* means we will have knowledge to understand obligations such as delivering essential services; right now decisions at the Council level are constrained by a lack of resources and restrictions contained in the *Indian Act*
- Nation rebuilding takes all citizens – everyone has to be included
- 'No one gets left behind,' means there is an obligation to engage youth in the transformation process
- Ideas and examples of how to engage and focus youth include getting back to the land and educating with culture; both are a natural fit with health because this is what we are doing as we transform Mental Health and Wellness in scope and sequence of steps including proposed workshops as we achieve bigger vision.

In discussing a slide on the Five Pillars, Co-Chair Armann referred to a document titled, "The People, The Land, Laws & Jurisdiction, Institutions, Resources: The Five Pillars of Effective Governance' from the CFNG contained in the agenda package, and highlighted:

- Effective governance is based on the five pillars of the Inherent right to self-governance:
  - The People
  - The Land
  - Laws and Jurisdiction
  - Governance
  - Resources
- Looking at the three principles that relate to the land he queried how would this be recognized in the work of the VCR Caucus
  - Territorial Integrity
  - Economic Realization
  - Respect for the Spirit of the Land
- How we do this is part of the discussion to inform ourselves, to look at the components and strategize and deal with pillars as we develop the path to self-governance
- "First Nations" is a term used as a common vernacular and means no disrespect
- The implementation of the work is the challenge; how do we support this through our particular lens of health and more specifically looking at mental health and wellness and education?
- How do we utilize our own experts and practices to influence the transition?
- Identity, knowing who we are, and where we come from, is one of the first things I remember Elders teaching me
- Do the institutions we create have a purpose to help support information and processes?

- What is our purpose in health, have we been too narrow or too broad in our expectations?
    - To date, the mandate of the FNHA has been education and prevention
    - The Community wants primary health care services (FNHA does not have the resources) and our responsibility here is to help partners provide services for all the people. This is what we have been talking about, we are getting organized and ready to help them help us
    - It is our role to understand and take into account the dynamics at home; there are increasing expectations at home for our health directors and through VCR we are looking at where we can help to help improve capacity so people can take care of themselves, their children and their Community
    - This changes how we do the work.

Co-Chair Armann reviewed a series of sessions designed by CFNG to bring the Community into the discussion and make informed decisions towards self-governance. He highlighted key points as follows:

- The timeline experience would include history prior to contact, settlement, colonization and confederation
- We react to the milestones of Canadian history and are reaching towards a government of our own making
- Land and water stewardship will be a part of restoring territorial integrity; designing a process for obtaining the consent of the people for Nation re-building, including how we protect our food, how we get shelter, etc.
- These sessions will be the seed and by presenting these sessions to every region we ensure we are not infringing on titled rights; the work to be done is that of transferring from mental health and wellness to self-governance. If we do have a mandate from Communities we will be changing the way things have gone for the last eight generations.

Co-Chair Armann shared messaging from the FNHC that social determinants inform self-determination. Health and education and housing success will help us engage our people to get a mandate and get an understanding. If we follow the same policies, we are going to get what we have currently got. The FNHC is helping our partners to be accountable to the people.

Community Leadership Dialogue Q&A

Q/C We refer to the existing Métis, Inuit and Aboriginal rights and this continues to plague us because we have to prove our inherent right. Our culture reflects who we are and the TRC's 94 Calls for Action read into that Constitution Section 35 as do the 46 articles contained in UNDRIP.

Our challenges go even further than this to a doctrine of systems and attitudes and British Common Law that were meant to 'kill the Indian in the child'. We need to

remember how that happened. There are some changes in university and colleges and with the TRC Calls to Action we can see emerging a changing approach to recognizing rights and title. The Law Society of BC and university programs are initiating change and linked with indigenous law in the Smokehouse we see our rights in the land and resources. And I thank the FNHA for bringing this forward.

Q/C (Pamela) You've given us lots to think about. I recall at the last Central Coast Sub-regional when Frank asked, "Where does reconciliation sit with the health work that we do?" The FNHA forum is about transition and transformation of health services and these are important pieces to hold on to with regard to moving forward. We have heard that there will be funding to move mental health and wellness forward; we have extended ourselves to deputy ministers' tables.

Sovereignty is established by the will of our people, not ultimately by any other body; we must assert our Indian sovereignty. The role played by the FNHA on our behalf is to keep the fire lit and when we first voted to form the FNHA there was fear of failure and uncertainty and lack of trust. There is a constant need for the work at the political level to keep pace with the work we do at an operational level.

VCH's investments in Aboriginal health is a whole different question, we have to be prepared to be in the journey, at both operational and political levels. History has shown that Aboriginal people have leverage in Canada and direct action has been achieved by the many court cases we have won. We will see increased direct action and we are very much engaged in a modern war.

With the FNHC facilitating further dialogue on our behalf, how can we increase power at the working group level, in the circles we engage in? We can serve a greater purpose working with the FNHC to strategically align strength in working groups and pull more people into political groups, validating our journey along the way.

Increased pressure is not uncalled for at this time. If we are waiting to see what Canada and BC will put into the pot that would be seen as being reactive again. A legally reviewed position paper is a tactic that might be necessary. We are waiting to resolve day-to-day struggles as we move towards self-governance and are grateful for the work at FNHC.

R: (Co-Chair Armann) I heard you ask how to get more involved? We look on this Caucus and Sub-regions as our governance. We respond and advocate; we could see how we could support this transition with the same mindset as that of how we look at social determinants. We need to look at our process and structures from the Community up.

Gathering Wisdom is a leadership gathering, when we get to Sub-regions, I want all of our people involved in alignment in the vision. We do not have the time or energy to fight amongst ourselves.

Our responsibility is to make an informed decision remembering that "we cannot leave anybody behind'. This principle drives our work and how we respond. Ms. Williams is building work plans and team capacity to meet expectations. Our Region Team is our resource for tools and templates. Developing tools like systems mapping we realize the impacts of the court system on the people. We learn this, and become masters of the system that 'killed the Indian in the Child' and then create our own.

Q/C (Chief William Schneider) With appreciation to Herb George, I've seen the model before. This is an important right, reflecting on slide 9 titled, '*Self-governance is a Section 35 Right*'. This might be an inherent right; however, we are consistently consumed by Canada. This is our inherent right to design our governance and how this will affect other Nations.

Reconciliation is something else, when I sit across the table, they raise the UNDRIP articles. We need to portion it off. We need to first deal with the present and the future and then the past. This is a different approach to reconcile the past and we should all consider talking about this and then talk about the past later. Canada is not ready to reconcile. We need to show them who we are and what we are doing in the context of the Constitution, not just negotiate or seek accommodation but tell them the laws of them being on our territories. At the same time we have to work with them and not scare them off.

The Charter of Rights and Freedoms is just for the individual rights. Communal rights, is more an expression of our rights, 'no one left behind' and everyone treated equally, (no one on the streets, no one denied health care, etc.).

Mastering the *Indian Act*: to whose standard do we master the *Indian Act*? This is not our job. We should not belabor that. Focus on ourselves and where we want to go, focus on our transformation, this is the work this Caucus is involved with.

Q/C (Joanne John) My perspectives are related to work at home in the field of health as a result of processes such as inherent rights and FNHA self governance, funding requirements, essential services, direction from leadership and what it will look like based on who we are as Lil'wat.

I have mandates in my own position besides possible assistance coming. We need a base-line, when we identified the 80/20 rule, the 20 percent, the disgruntled

Community members are driving the services. We believe what is right under the *Indian Act* and then it becomes our inherent right under the UNDRIP.

When you are delivering services from a health department and under those mandates inside of this oppression it is so complex you need to give me a baseline to measure from. It would make internal relationships in the Community look like we are standing together to go somewhere.

Looking at the *Indian Act* and how it drives us, who knows the Indian Act? I am a reflection of the *Indian Act*, I was born a ward of the Canada but my spirit knows that I am more than that. It is confusing when you work with all these mandates and guidelines; that is not us as a People. I want to get to another place; this transitional place is that of waiting, waiting, and waiting.

When we were colonized, the Canadian government did not wait to put the *Indian Act* in place but here we are waiting and educating, waiting and training, waiting and supporting others, etc. How can we assist to anticipate the change? What do we base the change on? What from, what to and to what? Give us a map.

Are you afraid that you will not have services? We need to take fear away, to have open discussions to the heart and spirit of our People.

R: (Co-Chair Armann) Mastering the Indian Act is a start; we are used to looking at fiduciary and other obligations, we understand our obligations, that is our baseline to transformation. When we ask a question we need to communicate from the ground up: Identify needs, gather data, be responsible for ourselves.

Planning is needs identification. Implementation is the difficult part, defining what it looks like is our job and there are resources to do the planning. We need to develop and follow a principle of alignment of roles and responsibilities for communities and working with organizations and with partners. The challenge is access to service and quality services and managing the expectations on our system. We have been focused on education to prevention and not programs. We are looking for help to establish the baseline and visualize a future with other organizations and partners. Our first step is communicating to further understand and develop alignment(s).

Q/C (Clint Wilson) I attended a recent Recognition and Reconciliation Conference with BC and Nations broke into different groups to create a relationship paper. Eight tables collaborated on a final draft and Mellissa Louis helped develop that, a copy would be helpful towards understanding what self-governance will look like. At the event discussions included cross-Canada implications as well as implications within BC. During those two or three days in conference they [Federal and Provincial

governments] acknowledged the inherent right of the people. This document built by the Nations of BC would be helpful.

R: (Co-Chair Armann) At the deputy ministers' tables the ministers have been told they can be part of the conversation or not. There is change at the health tables and you have heard how the mental wellness pool of numerous provincial departments with jurisdiction is changing drastically. It comes back to needs identification, understanding obligations, and the real work is looking forward. The past is the past and the present is important, looking at our work, what are our realities and where are we going? There are tools being created and we have presented one to you today.

Social Determinants of Health Update

Reference document titled, "Vancouver Coastal Region Report on the Social Determinants of Health" was contained in the agenda package

Mr. Matthew discussed how the VCR Team populates agendas according to the needs of the Region, providing and sharing your voices, ideas and expectations back to you as in the report on the Social Determinants of Health containing information from a review of minutes and notes from Regional and Sub-regional gatherings held since the Fall 2016 when work expanded to include social determinants.

Some themes are common but it is the regional voices that contributed to the global ideals and principals as specific to regions and communities while maintaining a Nation-specific approach of collaboration and accountability. We commit to working with each other and our partners and to an agreed level of accountability. Cultural safety and respect are integrated into the many action items addressing the Social Determinants of Health related to (and not limited to) funding, infrastructure, human resources, administrative capacity, and governance (how we take our own place within the governments of Canada and BC). As the conversation becomes more relevant at the Community level, and to planning for change, participants were invited to use the document as a resource in terms of putting a position together for defining actions in Community or Sub-regional families.

Nation-Based Planning

Mr. Matthews led a tabletop discussion on what is next in terms of the VCR Caucus? Are there gaps for speakers, presentations, or discussion topics in agendas for future meetings and what are the tools required to better meet the needs of the Region and Sub-regions?

Members shared their ideas by text messages as follow:

What are the next steps for the Caucus?

- Provide us with outcomes from the FNHC engagements – show us what our transformation is looking like – where are we?

- Increased visits; engagement from FNHA to the communities
- Visit to Community to advance understanding of the social determinants
- With respect to any agreement (Partnership Accord) Coles note/summary
- Support living off the land
- Space for meaningful dialogue and relationship building with VCH – at all levels
- Updates on the mental health proposal
- Best practices in traditional wellness practices, information from traditional healers on how they would vision how we can best do this
- Our desire to create relationships with external partners needs support to ensure our protocols are entrenched
- Increased engagement. More resources needed. Involved more than this platform. Far reaching into communities.
- Increase engagement @ Community level – what resources are needed – expand involvement – broad canvass of communities
- How do we move forward with dealing with Mental Health issues?
- Education for youth as they are the next leadership. Invites to Caucus meetings
- Support for nation based holistic approach to planning
- Share different models/options of how native health programs run successfully
- Examples/presentations from communities that have successes in the social determinants, e.g. Cowichan
- Understanding our section 35 rights and how to utilize those rights going forward
- We need tools – reporting formats; tangible, doable that we can either implement or show evidence to the people in our Community
- Would like to have traditional healers speak about wellness at next Caucus
- UNDRIP presentations.

What are the tools/resources/supports needed?

- Evaluation mechanisms
- Helpline for Community members needs to be shared more publicly
- Health data
- Traditional, Cultural and/or wellness funds that support our direction to rebuild, e.g. knowledge keepers per firm for story telling or walking the land
- Assessment of engagement readiness
- Reporting templates and or populating demographics to forecast health needs so that we are able to become preventative
- Education and language
- For youth to understand the Caucus meeting and information package
- Financial and Human Resources for Community Engagement like this IN our communities
- Show me the money
- Simple orientation package
- Human Resources IN OUR COMMUNITIES
- Leadership be engaged in the social determinants of health

- Timelines that portray our FNHA story – specifically in social determinants
- Share regular FNHA updates in our Community regular newsletters etc.
- Policy writers to help communities deliver quality care when it comes to working relationship with VCH portfolio holders
- Timeline to Community; show how far we have come and that this is working and can get better with input from Community in order to know how to plan/budget
- Always have outcome measures attached to the contribution
- Money, money, MONEY!
- Clear indicators to Community when dollars are received
- Get the funding out directly to Community. No bureaucracy attached. No skimming off the top like our present systems do. Make sure it meets our needs
- For youth to attend regular Community meetings
- FNHA coming to Community
- Provide awareness for communities of FNHC work
- What constitutes a state of readiness in a Community to move forward with all opportunities?
- Invest in our youth so they can gain clear understanding of programs.

Mr. Matthews extended his gratitude for the participation in the exercise noting that a few priorities were to be specific to inform investment and to participate in planning on the Social Determinants of Health from the ground up.

Day 3 Closing Details

Announcement: Gathering Wisdom for a Shared Journey IX May 15-17, 2018
Information on Gathering Wisdom for a Shared Journey IX scheduled May 15 –17, 2018 was provided on table.

Co-Chair Armann reviewed the agenda for the Gathering Wisdom for a Shared Journey IX in Vancouver, BC, May 15-17, 2018, which will promote further discussion on the broader determinants of health and wellness including the following highlights:

- Cancer screening campaign, an Indigenous Cancer Strategy
- Regional culture sharing
- Facilitator Harold Tarbell
- Role of Leaders in Community Health and Wellness Session led by Chief Dean Nelson (Lil'wat) an others
- Tripartite partnership announcements on Mental Health and Wellness
- Terry Cross presentation: Children, Youth and Mental Health
- Joe Gallagher, CEO of the FNHA presentation on emerging priorities.

Closing Comments
Co-Chair Martin referenced the ambitious agenda and important work that was done at the Caucus acknowledging accomplishments over the past two and half days:

- Reports and updates from the FNHA Team with opportunities for Community leadership to address challenges of change
- A commitment to ensure gaps and grey areas around health benefits will work for First Nations people and acknowledgement that there more difficulties with transition than anticipated
- A willingness on the part of Mr. McKnight to visit local communities and clearly define Plan W as needed
- Acknowledgement that if you are not covered and being declined a prescription that this is not right; we are on a journey for better and improved health outcomes for our communities
- A progress report from partners Kim Brooks, President FNHDA and new board member Rosemary Stager with a look at goals and wishes for social determinants
- While mental health, wellness and addictions are at the forefront of all communities there is still the ambition to be inclusive and to strive for adequate advocacy
- Opportunities to listen to our Elders' and leaderships' experience and knowledge, learning from people like Dan Smith in terms of the historical context of where we have been and getting to where we are where we have the opportunity to make things available and affordable in the health system.

Co-Chair Martin commented that at one time we were fixated on sickness and now we are striving for wellness in transformation and that there has been a start to putting timelines on our work and developing capacity. Our communication and communication tools need to be more effective. We are well supported by our partners and staff to identify what is working and what is not working, and while things are improving things for communities there is still a lot of work ahead. A lot of good work has been done and our transformation is phenomenal; what a long way we have come from for our region.

VCR will continue to engage, work together and be mindful of work towards good outcomes and how we strive to meet our commitments. I am looking forward to transformation updates at the upcoming Gathering Wisdom where we will have an opportunity to listen to government, make them responsible for reconciliation and helping to measure all our partners as they support us to meet our health and wellness needs.

Attendees were commended for participating in the common goal to improve health and wellness for ourselves, our families, our children and communities. In my family, my father was taken at four-years old to residential school and remained there until he was 18. When he was ill he was placed in isolation and became reliant on traditional medications and never on the health system. He passed his knowledge on to my son who is grounded in our culture and tradition, and it is so important to incorporate this into our well being again.

Co-Chair Armann was thankful for a positive session that has brought VCR Caucus to a tipping point as a group: we have come a long way and realizing what we need and want with the work of the technical team to keep the work moving, we are able to show how we

have gone from engagement to drafting reports and developing our own direction and plans to achieve our goals. We see how we fit into the governance of social health and how, when we take these discussions home, we help make the journey to change significant and beneficial for all our family. He looked forward to the future Community perspectives on the social determinants of health at the Fall 2018 VCR Caucus Engagement.

Traditional Closing

Ernie Mason, Kitasoo/Xai'xais, provided insight on traditional ways that will bring Community together and sang a song in his native language calling again on the ancestors for guidance and for a safe journey home.

Meeting Adjournment

The 2018 Spring Vancouver Coastal Caucus adjourned on Day 3 – April 26, 2018 at 12:02 p.m.

ACRONYM LIST

The following acronyms are used throughout these proceedings and related materials:

DISC	Department of Indigenous Services Canada
FNHA	First Nations Health Authority
FNHC	First Nations Health Council
FNHDA	First Nations Health Directors Association
INAC	Indigenous and Northern Affairs Canada
JP	Jordan's Principle
MMHA	Ministry of Mental Health and Addiction
MoH	Ministry of Health
MVAEC	Metro Vancouver Aboriginal Executive Council
MWFP	Mental Wellness Flagship Project
NP	Nurse Practitioner
OERC	Overdose Emergency Response Centre
TRC	Truth and Reconciliation Commission
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
VCH	Vancouver Coastal Health

RESOURCE MATERIALS

The following reference materials were provided as part of the Agenda package provided at the Spring Vancouver Coastal Caucus:

- Draft Agenda for Days 1 – 3 for the 2018 Spring Vancouver Coastal Caucus scheduled April 24 – 26, 2018
- Draft Minutes of the 2018 Fall Vancouver Coastal Caucus held November 28-30, 2017
- FNHA
- Profile Sheet of Terri Lukyn, R. Ac, Yiktsa7 Carol Thevarge, Thais Sewell, Coastal Wolf Pack, Sik Sik Josh Anderson and Ernest V. Mason
- FNHC Discussion Paper, Ten-Year Determinants of Health Strategy
- VC Region Report on the Social Determinants of Health
- FNHA Acting Regional Director Communique: Vancouver Coastal Partnership Accord Evaluation Survey
- FNHA VC Regional Briefing Note, Vancouver Coastal Regional Opioid Crisis Update
- FNHA VC Regional Briefing Note, Mental Wellness Flagship Project Redesign Update
- FNHA VC Region 2018 Spring Sub-Regional Gathering Summary, Looking Back to Shape Our Work Forward (Edition 2)
- AH, VCH, FNHA VC Region, Vancouver Coastal Region, Implementing Our Regional Health and Wellness Plan, 2017 Year in Review, Joint FNHA and VCH Annual Report to Caucus
- FNHA Transition to Plan W, The First Ninety Days

- AH, VCH, ABORIGINAL HEALTH 2016/17 YEAR IN REVIEW
- FNHC First Nations Health Council Executive Summary of Proposed Social Determinants of Health Strategy
- FNHC First Nations Health Council Summary of Federal and Provincial Budget Plans
- FNHC First Nations Health Council Mental Health and Wellness Proposal
- FNHC First Nations Health Council Ppt Sub-Regional Mental Health and Wellness Priorities and Interests
- FNHA Memorandum: Ministry of Health's Integrated Health System for Primary and Community Care
- Centre for First Nations Governance, Ppt, Transformation Governance, Re-building Our Nations
- Centre for First Nations Governance, The People / The Land / Laws & Jurisdiction / Institutions / Resources, The FIVE PILLARS of EFFECTIVE GOVERNANCE
- Centre for First Nations Governance, A BRIEF HISTORY of OUR RIGHT to SELF-GOVERNANCE
- Draft Agenda for Gathering Wisdom for a Shared Journey IX May 15-17, 2018