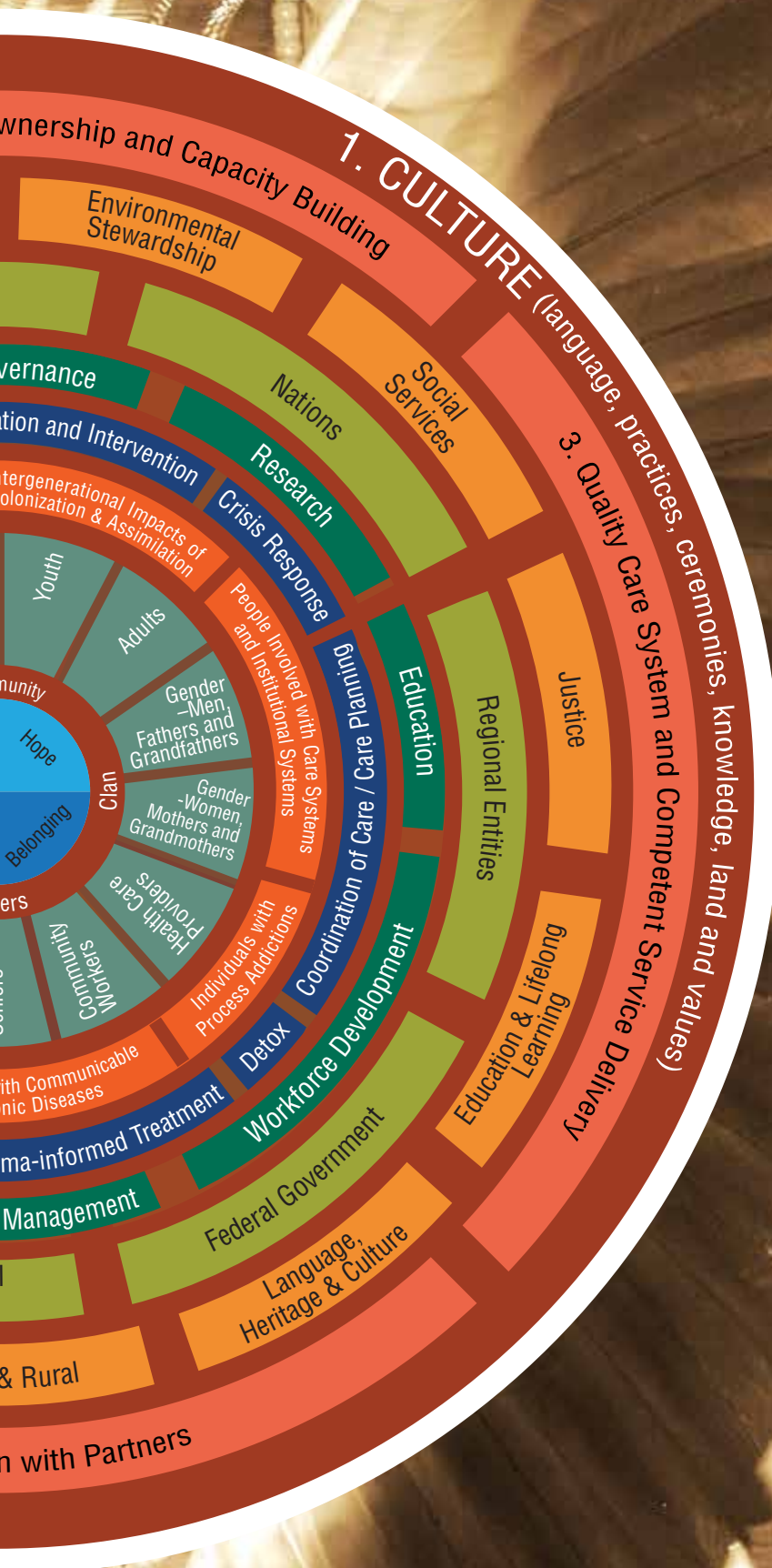


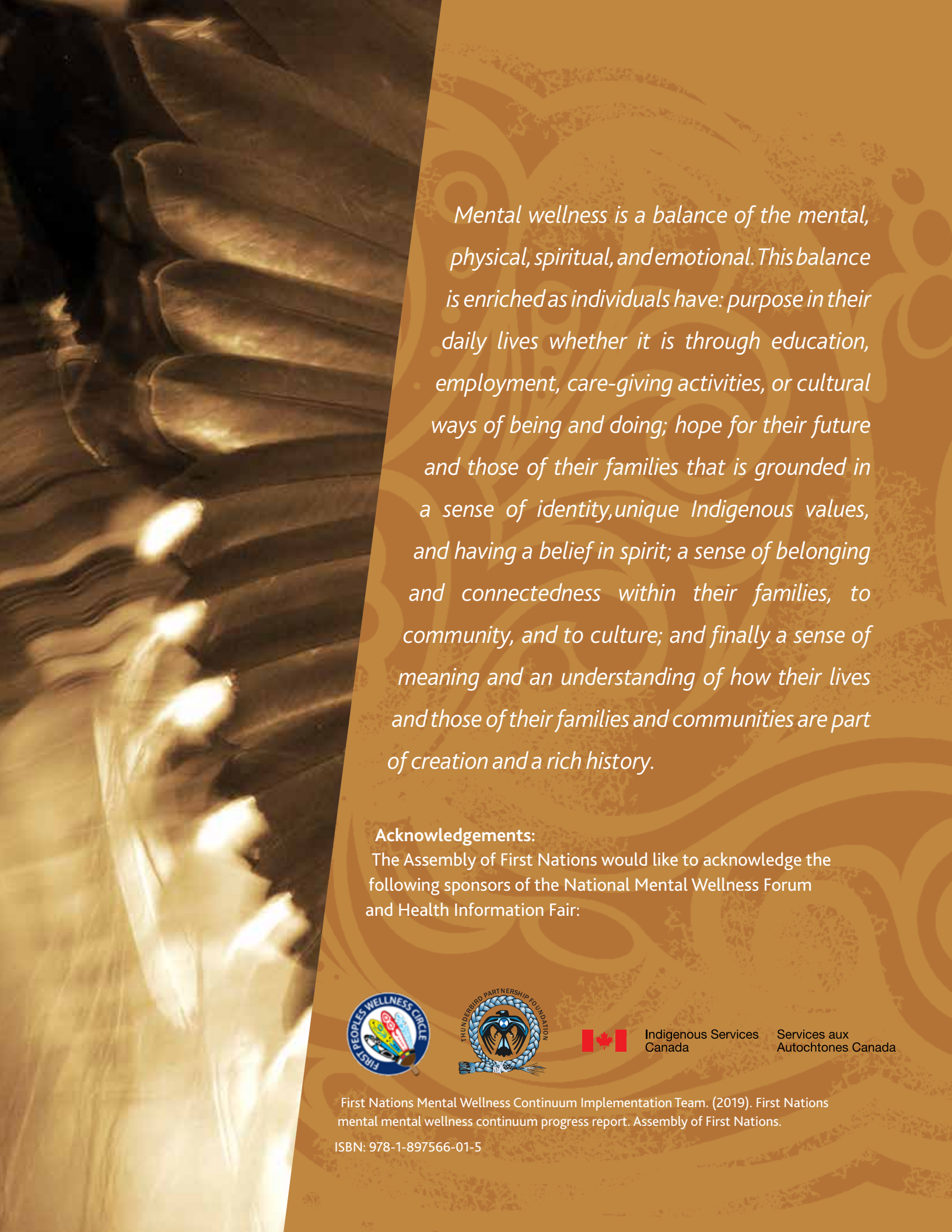
FIRST NATIONS MENTAL WELLNESS CONTINUUM PROGRESS REPORT

2015-2018



Canada





Mental wellness is a balance of the mental, physical, spiritual, and emotional. This balance is enriched as individuals have: purpose in their daily lives whether it is through education, employment, care-giving activities, or cultural ways of being and doing; hope for their future and those of their families that is grounded in a sense of identity, unique Indigenous values, and having a belief in spirit; a sense of belonging and connectedness within their families, to community, and to culture; and finally a sense of meaning and an understanding of how their lives and those of their families and communities are part of creation and a rich history.

Acknowledgements:

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Brenda Restoule
First Peoples Wellness Circle

As Chair of the First Peoples Wellness Circle and co-chair of the Implementation Team it is with great pleasure that I invite the reader to spend time learning about the many exciting initiatives of our First Nations partners and Indigenous national organizations as well as at the provincial, territorial and federal partners who are committed to working collaboratively on implementation of the First Nations Mental Wellness Continuum Framework. Following the launch of the Framework in January 2015 a significant amount of work has been done to begin shifting paradigms that recognize Indigenous knowledge as evidence in supporting and sustaining wellness in First Nations communities. Some of this work has been focused within First Nation communities who are using the Framework to negotiate and redesign programs and services that address their unique needs, languages and culture. Other work, such as the demonstration projects, has highlighted the innovation found within First Nations communities that focuses on the key elements of the Framework; culture as foundation, quality care system and competent service delivery, collaboration with partners, enhanced flexible funding and, community development, ownership and capacity building. In other instances, the Framework is

being used as a tool to frame concepts and evidence for service delivery models, tools, curriculum and training that can be used by First Nations communities to address mental wellness. It has helped shift the language to one that is strength based and recognizes the unique contributions of Indigenous knowledge, values and practices such as those highlighted on life promotion through the Wise Practices website. We have begun to see the impact of the Framework realized through new funding and reporting initiatives that promote Indigenous worldview and knowledge such as the newly developed Health and Wellness Planning Guide and funding Mental Wellness Teams broadly across the country.

We have heard consistently that the Framework has wide applicability that spans beyond mental wellness to the broader concept of wellness and can be used across a variety of settings and populations. Perhaps this is most noticeable within the First Nations and Inuit Health Branch and the newly formed Indigenous Services Canada who are beginning to examine and apply the many components of the Framework throughout the department using the Indigenous social determinants of health as the cornerstone to this work. We are



beginning to see new dialogue and partnerships across many federal departments such as Public Safety Canada, Public Health Agency of Canada and Justice Canada. Provinces and territories are beginning to learn and use the Framework to support First Nations communities in addressing mental wellness and we look forward to continued advancements with these partners in the upcoming years. As we move forward with implementation it is our hope that we can continue to highlight exciting initiatives that shift policies, processes, systems and programs bringing more partners into the dialogue. Looking forward, the First Peoples Wellness Circle is committed to supporting new ways of doing business in First Nations communities and highlighting the evidence from an Indigenous lens that promotes the importance of Hope, Belonging, Meaning and Purpose in achieving wellness in our communities. Finally, I wish to express my gratitude for my fellow past and current co-chairs and members of the Implemen-

tation Team who have provided guidance, dedication, commitment and vision to our collective work of achieving wellness for First Nations that is grounded in our knowledge and wisdom. Chi-miigwech!



Carol Hopkins

Thunderbird Partnership Foundation Executive Director

It's been only three short years since the release of the First Nations Mental Wellness Continuum (FNMWC) framework, and yet the foundation is set for a major shift in how we support Indigenous wellness. The momentum gained under the leadership of the FNMWC Implementation Team has inspired strategic partnerships and evidence-based cultural approaches, strengthened communications at all levels, improved information management and supported regional initiatives.

At the systems-level, we have seen engagement from partners across the Indigenous social determinants of health, supporting a key tenet of the Framework by facilitating collaboration with key stakeholders both regionally and nationally. We also see the wellness outcomes of – hope, belonging, meaning, and purpose – growing to become common language throughout all sectors. All of the training and resources developed by the Thunderbird Partnership Foundation, from the FNMWC Implementation Training course to Culture As Foundation, further support the Framework's use by First Nations communities. This systems-level change further draws from the strengths shared by Indigenous communities through the development of service delivery models. Two such models have already been released which support land-based services and community crisis planning. They clearly demonstrate how existing Indigenous practices align with the principles of the FNMWC.

On the frontline, many community initiatives simply cannot be captured by this report. However, through conversations and engagements, it is clear that First Nations communities across the country are using the FNMWC framework to inform their strategic planning, replacing a siloed approach with a collaborative one grounded in purpose, to improve the health and mental wellness of individuals, families and communities.

We need to keep moving forward, ensuring the Continuum supports increased policy development, research, education, training and strategic partnerships. We know from evidence gathered by the Native Wellness Assessment™ that using culture as a foundation is key to improving mental wellness and health outcomes in First Nations communities. There are many more conversations to be had regarding the inclusion of culture in these areas. But today, our greatest celebration is knowing that a strengths-based focus of wellness for Indigenous people is more prominent; evidenced by Indigenous peoples no longer being viewed foremost from a deficit lens but rather through recognition of the peoples inherent strengths.



Addie Pryce
Assembly of First Nations

Greetings,

As co-chair of the Implementation Team for the First Nations Mental Wellness Continuum, it is my honour and privilege to be a part of this important innovative project which helps put a First Nations lens on health and wellness. While First Nations are moving closer to controlling the direction of their own health and delivery service models, the Assembly of First Nations (AFN) recognizes the need to have a more holistic approach to support this transition. As such, projects which integrate a First Nations worldview, which identifies the unique needs of First Nations health while also addressing the variables that may impede the wellness of all First Nations, is at the forefront of this transition. First Nations recognize the impact of colonial aspects in their lives and the interconnectivity it has on their health and wellness. This perspective serves as a foundation that allows First Nations to mobilize their knowledge for the betterment of their Nations. Through projects like this, the ability to develop solutions that are rooted in culture facilitates First Nations rights to health and wellness.

With this in mind, the importance of having partnerships that support the same outcome in developing models and frameworks within the First Nations perspective of health and wellness was paramount for the success of this project. The contributions of partnerships which include the Thunderbird Partnership Foundation, the First Peoples Wellness Circle, and First Nations and Inuit Health Branch have all

directed the scope of this project. The collaboration of leaders from these partnerships has provided the foundation for ensuring a focus on cultural views and understandings of health and wellness. With the determinants of health approach, these collaborative efforts of our partners demonstrate the interconnectivity of different perspectives while working towards achieving our goal. As First Nations acquire tools for navigating the transition of their health and wellness, they are ultimately creating a framework through this continuum in which a transformation of their health and wellness can be attained. Finally, I would like to take this opportunity to highlight the hard work and dedication for those who have worked and are currently working to make this project an important cornerstone of First Nations wellness that is rooted in our ways of knowing.

The goal of this progress report is to present an overview of examples of the Framework in action at the community, regional and national level, including but not limited to the initiatives of the Implementation Team, which are in turn focused on supporting broader implementation and systems change.



Tom Wong

*First Nations and Inuit Health Branch,
Indigenous Services Canada*

It is an honour to serve as FNIHB Co-chair for the First Nations Mental Wellness Continuum Implementation Team.

Developed in partnership with First Nations, the Framework is a lens that guides Indigenous Services Canada's (ISC) work in strengthening the appropriate integration of services that are needed to support mental wellness in First Nation communities. As a first step, all of ISC's mental wellness services for First Nations have been aligned under this Framework.

The collaborative work with First Nations partners described in the Framework continues to be further developed through the Implementation Team, which helps support the implementation of the Continuum at the community, regional, and national levels.

Federal investments informed by the Framework include the funding announced in June 2016 by the Government of Canada to support mental wellness measures. Included are activities to empower First Nations to address mental wellness issues through culture-based programs and services, community development, ownership and capacity building collaboration with partners, and the implementation of a quality care system and competent service delivery.

As is described in the Framework itself, the Continuum Framework will continue to be used by the government with First Nations partners to inform

new investments, and identify opportunities and synergies for continuing to close gaps and improve health outcomes.

The Indigenous social determinants of health is a key component of the Framework and provides an understanding and a process for partners to plan, implement and share responsibilities on critical elements beyond the direct control of the health system.

The Framework since its development has come to be seen more broadly as a wellness framework that extends beyond mental wellness. By identifying culture as foundation, as prevention, as medicine, and as treatment, supporting the outcomes of hope, belonging, meaning, and purpose for children, youth, families and communities, the Framework is a model for how health and wellness can be more strongly linked with First Nations social determinants of health in the new Department of Indigenous Services.

FNIHB is actively supporting communities in implementing the Framework and in providing resources to do so.



Valerie Gideon

Senior Assistant Deputy Minister, First Nations and Inuit Health Branch, Indigenous Services Canada

I have had the honour of witnessing how First Nations voices, from having prioritized mental wellness in communities, regions, and nationally, have led the way in creating change for communities, with a shift toward self-determination, and community-driven capacity building through culturally grounded approaches.

From 2006-2008, I had served as the AFN Co-chair, along with FNIHB and ITK, of the Mental Wellness Advisory Committee that identified as one of its key strategic goals to guide mental wellness policy and program development, the need to ensure a continuum of mental wellness services.

In 2014, in collaboration with AFN, I led the development of the FNIHB-AFN Engagement Protocol, which recognized that a "vibrant and collaborative operational relationship between the First Nations and Inuit Health Branch of Health (FNIHB) and the Assembly of First Nations (AFN) is fundamental to the success of the FNIHB's ability to deliver on its mandate." This protocol identified the collaborative processes of developing Honouring Our Strengths and then the First Nations Mental

Wellness Continuum as "best practice models" by both organizations, and examples of the success of this relationship.

The Continuum Framework has been iconic not only as a model for the transparent, iterative process of co-creation, but also in terms of demonstrating how holistic First Nations worldview can help inform cross-connectivity between health and wellness and social determinants of health.

The Continuum Framework has also been influential in actualizing front line, community-driven changes in that the document itself also identified how the Framework needs to be implemented, with mental wellness teams as just one example.

The development of the Framework has been recognized in itself as a best practice for its extensive consensus-building and validation process, with First Nations leading the dialogue. It speaks to the need for a transformative, whole of government approach to promote mental wellness, reconciliation and healing. It outlines a holistic approach to mental wellness services with First Nations culture



as the foundation, and identifies a continuum of services needed to promote wellness. The Framework anticipated Calls to Action (CTA) of the Truth and Reconciliation Commission of Canada, such as CTA 22, to recognize the value of Indigenous healing practices and their use when requested.

In August 2017, the government announced a significant shift in government policies and practices with the dismantling of the Department of Indigenous and Northern Affairs Canada.

As a result, two new ministries were created: Indigenous Services Canada and Crown-Indigenous Relations and Northern Affairs. Transforming how the department is structured, shares information and works with partners and clients will allow for the advancement of nation-to-nation, Inuit-Crown and government-to-government relationships, helping to make the national journey of reconciliation a reality.^[1] The Framework is being used as a guiding document for ISC transition and transformation. It serves as a model linking health and wellness to social determinants of health.

^[1] Philpott, Jane. Canada's efforts to ensure the health and wellbeing of Indigenous peoples. The Lancet, Volume 391, ISSUE 10131, P1650-1651, April 28, 2018. <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2930179-X>

Background and Purpose of this report

During the broad engagement across the country to develop the Framework (2012-2015), contributors emphasized the importance of seeing the Framework carried through to implementation. As is described in the Framework itself, opportunities for implementation were identified and circulated separately from the Framework:

"Recognizing that a roadmap is needed to help guide and coordinate community-level, regional, and national action, the partners have collaborated on an evergreen Implementation Plan to accompany and put into practice the Framework."

This identified "urgent and actionable implementation priorities for the short, medium, and long term. It is expected that the list of priorities will change over time and as new issues and opportunities emerge."² This list of implementation opportunities is included in Appendix A of this progress report.

This report on the progress of Framework implementation in the first three years since it was launched by the Assembly of First Nations in January, 2015, has been developed in keeping with the governance aspects of Framework development, acknowledging those who contributed to its development. The examples of implementation are not intended to be prescriptive, but rather are being shared to encourage continued innovation by communities and partners. As First Nations health organizations and federal and provincial governments develop workplans and as First Nations

develop community wellness plans, the Framework and these implementation opportunities can serve as important resources. This report is intended to support, not replace, the Framework itself.

Highlights

Since its launch in 2015, First Nations, First Nations organizations and government partners have been working to implement the First Nations Mental Wellness Continuum Framework (the Framework) at the community, regional and national level in various ways, and we are beginning to see positive and promising outcomes.

- The Framework is helping to facilitate a shift among partners towards a paradigm that recognizes the foundational role of Indigenous culture and worldview in the development, implementation and evaluation of policies, processes, and programs for First Nations.
- The Framework is promoting the use of Indigenous mental wellness outcomes – Hope, Belonging, Meaning and Purpose – as a culture-based approach to determining what is working well for First Nations individuals, families and communities, and what could be improved. These outcomes describe mental wellness as a balance of the spiritual, emotional, mental, and physical, and promote a holistic approach to wellness.
- The Framework is shaping and strengthening investments of Indigenous Service Canada's First Nations and Inuit Health Branch for First Nations, such as the recent investments in mental wellness teams and enhanced crisis response across the country, ensuring that funds are invested in areas identified as priorities by First Nations, with

² Assembly of First Nations and Health Canada. (2015). The First Nations mental wellness continuum framework. Health Canada Publication Number 140358, pg. 56. Retrieved from http://health.afn.ca/uploads/files/24-14-1273-fn-mentalwellness-framework-en05_low.pdf and https://thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_low.pdf This is a joint initiative of the Assembly of First Nations, the First Nations and Inuit Health Branch, Thunderbird Partnership Foundation and the First Peoples Wellness Circle.

flexibility at the community level to support communities in building capacity and addressing needs.

The new Health and Wellness Planning Guide (formerly the Community Health Planning Guide), which was developed by First Nations, for First Nations, is an example of community development, ownership and control in addressing mental wellness.

- The Framework is a tool that First Nations can utilize in negotiating for stronger relationships with provinces and territories. There is a continued need to have provincial and territorial departments consistently working with First Nations on meeting their priorities and needs.
- The Framework is laying the groundwork for stronger collaboration among First Nations and federal, provincial and territorial departments, providing a common vision, lens, and roadmap, empowering First Nations to build on strengths and respond to community-identified priorities and needs in ways that are based on a foundation of Indigenous knowledge and evidence.

The goal of this progress report is to present an overview of examples of the Framework in action at the community, regional and national level, including but not limited to the initiatives of the Implementation Team, which are in turn focused on supporting broader implementation and systems change.

The First Nations Mental Wellness Continuum Framework

The Framework:

- Was created in partnership by the Assembly of First Nations (AFN), the Thunderbird Partnership Foundation (TPF), First Peoples Wellness Circle (FPWC), and Health Canada's (now

Indigenous Services Canada's) First Nations and Inuit Health Branch (FNIHB);

- Is based on a First Nations worldview, allowing for an interconnected approach to achieve wellness;
- Builds an understanding of mental wellness as holistic and strengths based, and care as a continuum;
- Is a tool that captures what is already working in First Nations communities and promotes Indigenous knowledge and evidence that can be applied to community, regional and national level systems change; and
- Creates opportunities for dialogue and collaborating among partners to determine solutions.

"First Nations engagement and co-leadership have contributed to making the continuum unique in that this partnership has been based on a First Nations understanding of a belief system that allows for an extensively interconnected approach to addressing wellness. First Nations have demonstrated through the process of the continuum that First Nations have an understanding of their own world view, are sharing it, and are collaborating on how to create space and dialogue that finds solutions to achieve wellness within a comprehensive coordinated system grounded in culture." (Restoule, Hopkins, Robinson, Wiebe, 2015)³

³ Restoule BM., Hopkins C., Robinson J., Wiebe, P. First Nations mental wellness: Mobilizing change through partnership and collaboration. *Canadian Journal of Community Mental Health*, vol. 34, no. 4, 2015 <http://www.cjcmh.com/doi/pdf/10.7870/cjcmh-2015-014>, page 97.

The Framework is a flexible and rich guide, which can be described in the following three ways:

A common vision with a First Nation lens:

The Framework presents key components of an First Nation lens, developed and validated through extensive engagement with First Nations communities, leaders and organizations across the country. It describes wellness, with a focus on mental wellness, through a lens based on First Nation culture and worldview. In so doing, it supports a paradigm shift from a focus on deficits to a discovery of strengths (see Table 1). It frames mental wellness more broadly through a holistic approach, building on the Indigenous social determinants of health⁴, which promotes and guides integrated, comprehensive planning and programming. The Framework helps communities see what already exists and address what does not yet exist, assisting with mapping their strengths, identifying gaps, and finding local and regional solutions that increase access to a continuum of mental wellness programs and services, grounded in Indigenous social determinants of health.

A roadmap:

The Framework is also a tool that promotes collaboration among First Nations, partners, governments, and other sectors to address the social determinants of health. It is relational, using key principles to guide participants as they journey and “walk together” in partnership. In the spirit of reconciliation, First Nations partner with other stakeholders to explore how to implement the Framework through community-driven, Nation-based community development and planning initiatives that engage their people in expressing their own strengths and visions for the future.

A destination:

The Framework provides a shared path of a way forward. It describes a common, shared goal of coordinated, integrated and flexible quality mental

wellness programs and services that are community-owned, strength-based and grounded in culture. It also honours that each community has its own starting place, and acknowledges the many First Nations communities that have been adapting and innovating to build capacity and meet their members’ needs. Our vision forward includes continued collaborative efforts with the federal government, provinces and territories to ensure policy supports a move away from silo-based funding and programs and increases capacity that fosters systems change and supports First Nations communities to meet their needs and priorities.

Table 1: Paradigm shifts created when applying the first nations mental wellness continuum framework

Programs that focus on deficits	Discovery of strengths
Evidence that excludes Indigenous worldview, values, culture	Culture as the foundation for evidence: Indigenous worldview, values, and culture are the foundation to determine the relevance and acceptability of various sources of evidence in a community context
Focus on inputs for individuals	Focus on outcomes for individuals, families and communities; holistic collaborative approaches
Uncoordinated, fragmented Policy, funding, programs and services	Comprehensive planning and integrated federal/provincial/territorial/sub-regional/First Nations models for policy, funding and service delivery
Communities working within program silo restrictions	Communities adapt, optimize and realign their mental wellness programs and services based on their priorities
Program focus on health and illness	Approaches that strengthen multi-sectoral links, connecting health programs and social services, across provincial/territorial and federal systems to support integrated case management taking into account the First Nations determinants of health ⁵

⁴ At the time that the FNMWCF was being created, the more generalized term of “Indigenous social determinants of health” was used in the literature, and so this term was included in the Framework when it was published in 2015. However, in this Progress Report, the term, “First Nations determinants of health” has been used, since this report specifically focuses on a First Nations population.



“At a high level, it provides guidance for system level change in the short, medium, and long term; for example, redesigning existing programs, re-profiling existing resources, and integrating resources across jurisdictions. The Framework will also guide new federal investments as opportunities arise.”⁶

As described in the document itself, the Framework was intended to and has guided new federal investments as opportunities have arisen. Since its launch by AFN in January, 2015, all FNIHB investments for First Nations mental wellness are seen through the lens of the Continuum Framework, and it has enabled the identification of and guided subsequent federal investments to support First Nations communities in implementing the Framework. Gaps and needs continue to exist however FNIHB is committed to continuing work in partnership to further support communities' self-determination in responding to their unique priorities and needs. In the years since the Framework was launched, FNIHB and Indigenous Services more broadly has come to embrace the Indigenous social determinants of health (SDOH) and the new ISC structure provides opportunities to use the Framework as a model for how health and wellness can link with the SDOH.

The First Nations Mental Wellness Continuum Implementation Team

The Implementation Team was established in 2015 with the mandate to support the implementation of the *First Nations Mental Wellness Continuum Framework and Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*. The Team supports a whole of government approach across jurisdictions to strengthen ongoing knowledge exchange, developing tools and resources to support communities, and working with government to support systems change. The frameworks focus on enabling

the provision of effective, strength- and culture-based mental wellness services to First Nations individuals, families and communities.

The work of the Implementation Team is co-chaired by the Assembly of First Nations (AFN), First Nations and Inuit Health Branch (FNIHB), First Peoples Wellness Circle (FPWC) and Thunderbird Partnership Foundation (TPF). These organizations form a partnership that makes up the core of the Secretariat and promotes a model of co-leadership where First Nations lead the dialogue and ensure the work is established based on First Nations priorities as set out by the Implementation Team. The Secretariat also includes key federal departments; Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC) and Indigenous Services Canada (ISC). Each of these organizations or federal departments have identified leaders, team members and Elders to carry out tasks and ensure the continued dialogue, communication and planning of the Implementation Team. As a Secretariat their role is to promote awareness of and implementation of the Framework, establish new partnerships and, support and encourage linkages across all levels of government and other initiatives as they relate to the Framework and First Nations mental wellness. Each partner in the Secretariat champions the key elements of the Framework that supports systems level change including advancing work of the AFN Health Transformation Agenda, redesigning health and community planning guides to meet the unique needs of First Nations communities and making connections within their

⁵ Assembly of First Nations. (2006). First Nations public health: a framework for improving the health of our people and our communities. Retrieved from [http://health.afn.ca/uploads/files/first_nations_public_health_framework_\(english\).pdf](http://health.afn.ca/uploads/files/first_nations_public_health_framework_(english).pdf)

⁶ Assembly of First Nations and Health Canada. (2015). The First Nations mental wellness continuum framework. Health Canada Publication Number 140358, pg. 2. Retrieved from http://health.afn.ca/uploads/files/24-14-1273-fn-mentalwellness-framework-en05_low.pdf and https://thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_low.pdf

networks on use of the Framework. These networks have resulted in dialogue and action at the local, regional, national and international level.

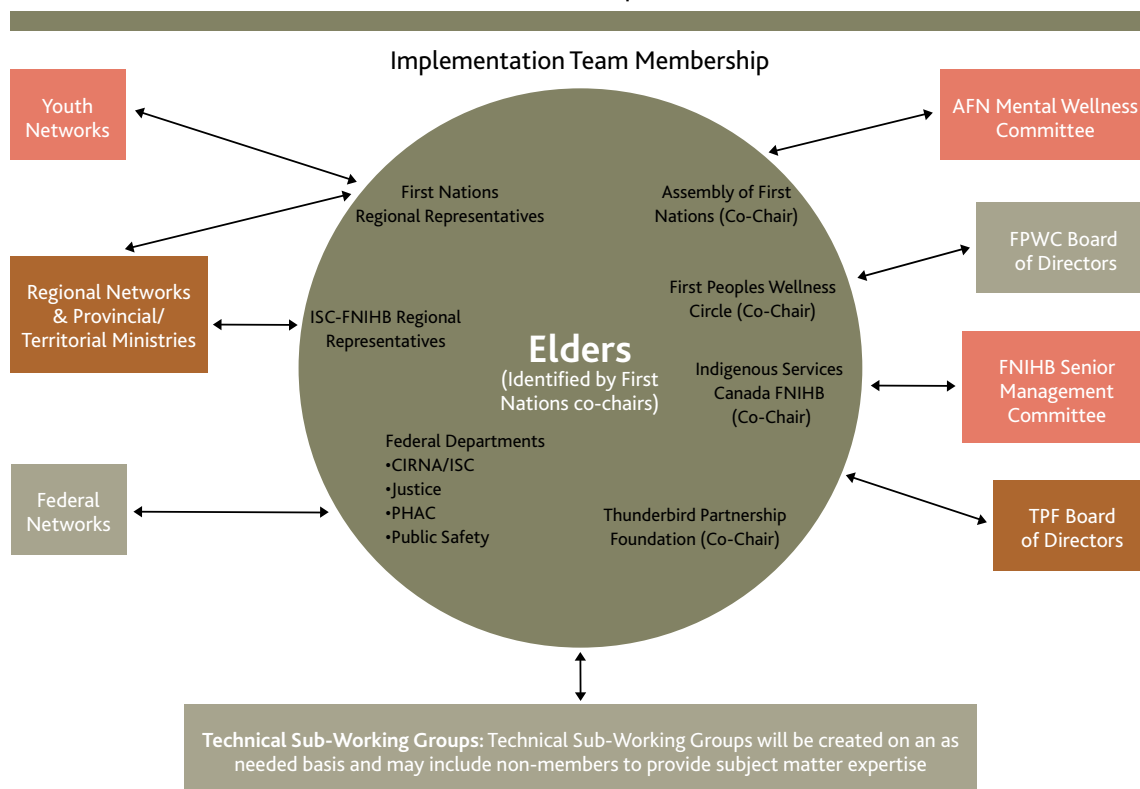
Some of the networks of influence include:

- Indigenous Community Development National Strategy
- International Initiative on Mental Health Leadership
- Healing our Spirit Worldwide
- Canadian Depression Research Intervention Network
- Canadian Research Initiative on Substance Misuse
- National Collaborating Centers
- Canadian Foundation for Health Care Improvement
- Canadian Centre on Substance Use and Addiction (CCSA)
- Canadian Executive Council on Addictions
- Department of Justice Canada

- Ontario Ministry of Health and Long-Term Care (MOHLTC)
- Prescription Drug Abuse Coordinating Committee (PDACC)
- Canadian Drug Policy Coalition

Ultimately the work of the Secretariat and the Implementation Team is guided by its First Nation representatives that comprise the AFN Mental Wellness Committee (MWC). The MWC provides advice, guidance and direction on implementation opportunities and support tasks identified in the Implementation Team work plan. These work plan items have First Nation partners as leads or co-leads, ensuring that Indigenous knowledge and evidence guides all activities. It is the strong governance model with a shared partnership that is led by First Nations voice and priority, that is used as a model for collaborative efforts, and that drives the process of implementation of the Framework.

Diagram 1 depicts the governance structure of the Implementation Team.



The main responsibilities of members are to:

- Engage with and maintain strong linkages with various national and/or regional networks, committees and organizations that have a direct impact on mental wellness programming for First Nations to ensure ongoing knowledge exchange;
- Support the documentation of and contribution to promising practices and knowledge in First Nations and other Indigenous and mainstream systems about what works in First Nations contexts, through culturally competent evaluation/research; and
- Develop and promote a range of implementation plans and activities.

Acknowledgements

We would like to express our appreciation to the many individuals, past and present, who have provided guidance and direction in their role as Implementation Team members as representatives of the AFN Mental Wellness Committee, FNIHB Regions, ISC, Public Health Agency, Public Safety Canada and Department of Justice. We also wish to acknowledge the valuable contributions of past Secretariat members from AFN, TPF, ISC and FNIHB who were, and continue to be, champions for the Framework. We are especially grateful to current members of the Secretariat who have worked tirelessly, with dedication and passion, to the work of the Framework and the production of this report including Stephanie Wellman, Nelson Alisappi, Jasmine Fournier, Effie Kiatos, Diana Prosser, Christine Cryan, Jennifer Joy, Patricia Wiebe and Tina Laurin. We are thankful for the leadership provided by past co-chairs including Judith Whiteduck (AFN), Sonia Isaac-Mann (AFN), Jonathon Thompson (AFN), Jocelyn Andrews (FNIHB), Richard Budgell (FNIHB) and Keith Conn (FNIHB). To our current co-chairs, Addie Pryce (AFN), Carol Hopkins (TFP), Mary Deleary (TPF), Tom Wong (FNIHB) and Brenda Restoule (FPWC) we would like to give special thanks for the leadership they continue to provide and their commitment to this

very important work. We are especially grateful to those staff from FNIHB, AFN, TPF and FPWC who work behind the scenes, including offering administrative support. Special thanks are extended to our Elders Bill Mussell (FPWC), Gordon Williams (AFN) and Edmond Sackaney (AFN) as well as our youth reps who bring balance and wisdom to all of our work. Finally, we recognize the First Nation communities, service providers and leaders who do the amazing work every day to ensure all of our Nations and their citizens find Hope, Belonging, Meaning and Purpose so wellness may be realized for all of us and for all our future generations.

Implementation Team Initiatives

The Demonstration Projects

The first initiative of the Implementation Team was to highlight and support demonstration projects that showcase the Framework in action at a community level. This initiative was led by TPF, and jointly funded by FNIHB and the former Indigenous and Northern Affairs Canada (now ISC). In the demonstration projects, the Framework: informed community safety and crisis planning; informed the development of culturally-relevant indicators, measures and outcomes; strengthened knowledge exchange about culture - and land-based programming; demonstrated how culture promotes wellness; and helped communities review and improve their programs and services.

- Kwanlin Dün First Nation: *Building Community Safety and Crisis Response Capacity Project*
The project demonstrated how the Framework supported the planning and implementation of a Community Safety and Well-being Strategy and an integrated Crisis and Emergency Response Plan.
- Elsipogtog First Nation: *Cultural Safety in Mental Wellness Programs and Services at Elsipogtog Health and Wellness Centre*
This project involved learning about cultural safety in the context of the community's

mental wellness programs, developing culturally-relevant measures and outcomes for assessing whether these services are culturally safe, and doing the assessment.

- Six Nations Health Services: *Cultural Relevancy and Sensitivity of the Haudenosaunee Wellness Model for Participants with Chronic Pain*
Informed by the Framework, the project evaluated the implementation of the Haudenosaunee Wellness Model, which is trauma-informed and grounded in culture, in two Six Nations programs. It included the development of a self-reflection tool and implementation guide.
- Shibogama First Nation: *Video of Land-based Healing Camp*
The video documents the community's traditional land-based family healing program and illustrates how culture brings about wellness; incorporates language from the Framework, including Hope, Belonging, Meaning and Purpose; and is a valuable resource for other communities

interested in land-based programming.

- Matawa Tribal Council: *Traditional Detoxification Aftercare and Youth Programming*.

This project examined how current programming uses culture as the foundation (traditional healing, land-based programs and cultural teachings) to reduce prescription drug misuse and promote mental wellness. The project looked at how cultural approaches helped strengthen hope, belonging, meaning and purpose.

Current Implementation Team Workplan

The Implementation Team has strengthened relationships among First Nations and government members and their networks. This has allowed the Team to achieve valuable work over the first three years. The main initiatives of the Team to date are the workplan items, captured in Diagram 2.

DIAGRAM 2: First Nations Mental Wellness Continuum Framework Implementation Initiatives



These activities support implementation of the Framework at the community and regional levels, and link with and leverage government initiatives, including holistic community-led planning. Each workplan item in the inner rings of circles in Diagram 2 above links with one or more of the key themes from the Framework, as identified in the outer ring of circles. These activities align with the paradigm shift described in the table above, including developing First Nations models for service delivery.

The Framework Implementation “How to Guide”

Thunderbird Partnership Foundation (TPF), in collaboration with the Implementation Team, has launched a First Nations Mental Wellness Continuum Framework: Implementation Guide. The guide offers common understanding of mental wellness and is intended to assist people in locating relationships, links, and contributions of others across the social determinants of health sectors, across government, both internal and external to First Nations communities.

The Guide was tested and refined with communities and other partners through an iterative process that has led to the creation of facilitated training sessions. The Guide and training sessions are available to assist First Nations define practical steps to implement the key themes of the Framework into community programs, services and plans.

The FNMWCF Implementation Guide is available online at https://thunderbirdpf.org/wp-content/uploads/2018/11/FNMWC_implementation_guide.pdf

Health and Wellness Planning Guide

In partnership with TPF and First Nations Health Managers Association (FNHMA), a new Health and Wellness Planning Guide has been developed, which aligns with the recommendations of the Truth and Reconciliation report, the AFN-FNIHB

Engagement Protocol, the FNIHB Strategic Plan, the Government of Canada’s approach to establishing a new fiscal relationship with Indigenous peoples, and other key initiatives, including the Framework. The new Guide is designed to:

- Promote culturally-appropriate collaborative planning and coordinated initiatives to improve health outcomes;
- Build community capacity to exercise greater control over programs and services to meet their health priorities; and
- Increase flexibility for communities.

With the assistance of TPF, the new Guide is based on the Framework, focusing on culture-, community-, strengths-, and quality-based planning and programming with links to Framework products such as the First Nations Service Delivery Models. Developing a new Guide was a key structural and policy change that signals the Government of Canada’s attempt to change how it becomes more responsive to community-identified priorities and needs by recognizing the importance of community planning for community healing, self-determination, and addressing impacts of colonization.

First Nations Service Delivery Models

The Implementation Team prioritized the need to use the Framework as a lens to develop Indigenous Service Delivery Models to support community planning. Guided by working groups comprised of members of the Implementation team and subject experts, two Indigenous Service Delivery Models were developed with leadership support of Thunderbird Partnership Foundation and First Peoples Wellness Circle. The newly developed models are:

- *Community Crisis Planning for Prevention, Response and Recovery*
- *Land for Healing: Developing a First Nations Land-based Service Delivery Model*

The development of First Nations Service Delivery Models through the Implementation Team represents an exciting approach to supporting communities to develop programs that meet their unique needs, as opposed to governments developing programs and rolling them out to communities. Current work has included development of curricula and a train the trainer model so there will be opportunities for communities to have uptake in the context of their community planning.

The First Nations Service Delivery Models are available online at:

<https://thunderbirdpf.org/wp-content/uploads/2018/09/Thunderbirdpf-CrisisPlanning-Book-Document.pdf>

<https://thunderbirdpf.org/wp-content/uploads/2018/07/Thunderbirdpf-LandforHealing-Document-SQ.pdf>

Training on Trauma-Informed Care

In 2016, Thunderbird Partnership Foundation responded to training requests for service providers and policy-makers throughout the FNIHB Atlantic region. Thunderbird Partnership Foundation collaborated with the First Peoples Wellness Circle to co-create a trauma-informed care curriculum grounded in Indigenous knowledge. Following this, training was delivered to the Atlantic region in the winter of 2017. The training has been well-received among First Nations participants, and to date, delivery has expanded to the FNIHB Ontario region, and Thunderbird Partnership Foundation in partnership with the First Peoples Wellness Circle continues to promote the training nationally.

Other Achievements

In addition to Implementation Team initiatives, our partners, building on the Framework, have

been instrumental in bringing about important changes that extend beyond the Team itself. Responding to input from First Nations, Non-Insured Health Benefits has announced that it will introduce coverage for the services of traditional healers to address mental health needs.

The Thunderbird Partnership Foundation created the Culture for Life youth website in 2016, in response to requests from youth looking for life promotion supports to help address Indigenous suicide and mental health issues. Drawing from the First Nations Mental Wellness Continuum Framework which incorporates the Indigenous Wellness Framework, Thunderbird developed the site to share life affirming messages for youth, offering tangible advice to strengthen a connection to culture, through hope, belonging, meaning and purpose. Culture for Life further helps youth make the connection by sharing inspiring videos and photos of young Indigenous people across Canada, who proudly demonstrate how they are living their best life, through a connection to culture. As reported in Thunderbird's 2017-18 Annual Report, the site saw a 300 percent increase in the number of visitors over the website's first year. The website is accessible through this link: <http://www.cultureforlife.ca/>. The Culture for Life youth videos are available on the website or on the YouTube channel at: https://www.youtube.com/channel/UCSHihn_Ou-wBmearNQFdYs7w/videos

In Ontario, First Nations partners worked collaboratively with the provincial government to frame new funding initiatives in mental wellness using the First Nations Mental Wellness Continuum Framework. Working collaboratively, First Nations partners were an integral part in developing and screening the call for proposals that was structured on the key elements and outcomes of the Framework and were also used in evaluating for successful applications.

First Nations partners have formed partnerships with non-Indigenous organizations to change the language to be strengths based. For example, in the area of suicide prevention, shifts in language towards life promotion have begun with the Canadian Association of Suicide Prevention (CASP) as well as the Canadian Foundation for Healthcare Improvement. CFHI and First Nations partners are collaborating on the Promoting Life Together Collaborative that is focusing on supporting non-Indigenous health organizations and Indigenous organizations or communities to build relationships where Indigenous voice, knowledge and evidence leads work to develop Promote Life initiatives in various regions across the country.

An example of a new resource that provides an opportunity to build a bridge to existing efforts, such as the First Nations Mental Wellness Continuum Framework and other national initiatives that have compatible goals, is Wise Practices for Life Promotion, a web based resource that provides Indigenous leadership for living life well. This online resource focuses on preventing youth suicide through culturally relevant strategies that support resilience and well-being. As such it provides Indigenous ways for promoting long and healthy lives thus preventing premature and unnatural death. The website is accessible through this link: <https://wisepractices.ca/>

Finally, various provincial and territorial ministries have begun to engage in dialogue with First Nations partners on the Framework including how to implement, support and/or fund First Nations initiatives based on the key elements and outcomes of the Framework.

Indigenous Community Development National Strategy (ICDNS)

In support of the commitment to a renewed relationship with Indigenous peoples, the Governance

Capacity Directorate, Regional Operations, Indigenous Services Canada is working with Indigenous partners from across Canada to advance the co-developed Indigenous Community Development National Strategy.

The ICDNS is designed to guide the government of Canada, in keeping with its fiduciary responsibility, in supporting Indigenous people and communities according to their self-determined priorities. The ICDNS supports community development through a holistic, strength-based, and community-led process, which has at its core the principles of cultural competence and respect for Indigenous knowledge.

This Strategy brings control and jurisdiction back to Indigenous communities, presenting the opportunity for a major shift, by empowering and supporting communities to become stronger governments that better advocate for their communities towards long-term self-determination.

This co-developed Strategy has resulted in an approach that will better reflect what is important to Indigenous communities, supports their needs with respect to community planning, and will help the community chart its vision, its priorities, and the capacity needed to implement a strategic plan to improve the determinants of health.

The Framework aligns seamlessly with the principles and pillars of the ICDNS. The ICDNS working group is seeking opportunities to integrate and implement the Framework, and will continue to leverage opportunities to integrate planning across portfolios and leverage investments to implement priorities identified by Indigenous communities.

The Indigenous Community Development National Strategy is available online in French and English at <http://www.bcfndgi.com/>.

Jordan's Principle

The Government of Canada is committed to the full implementation of Jordan's Principle, in order to ensure that First Nations children receive the care and service they need, when and where they need them.

Jordan's Principle can provide funding for health, social and educational products, services and supports including those related to mental health requested for First Nations children. Some examples of products, and services funded for mental health therapy include land-based activities, suicide intervention and prevention, counselling including for sexual abuse, youth engagement specialists, and traditional healing. Implementation of Jordan's Principle has provided products and services where they did not previously exist, and is another way in which the gaps in the Continuum are being addressed.

Next Steps

The Implementation Team will continue to strengthen knowledge exchange and identify initiatives that will:

Advance progress on the Implementation Opportunities

The Implementation Opportunities (IOs) were developed and validated simultaneously with the Framework as it was being developed from 2012-2015, through engagement with First Nations and other partners. Appendix A details progress that has been made on the IOs, which were categorized as short (1-3 years), medium (3-5 years) and long-term (5+ years). These opportunities serve as one way of measuring progress on implementation. This is consistent with the governance element of the Framework, specifically, maintaining accountability to those who informed its development. The Implementation Team and its members will not lose sight of these important areas for action, and will continue to look for ways, individually and as a

group, to advance them with each other and with partners external to the Team.

Increase capacity in communities and regions

The Implementation Team will support communities to use the Framework, the two completed First Nations Service Delivery Models and the new Health and Wellness Planning Guide, through training and other tools, to improve their wellness outcomes. The Implementation Team will also continue to support public servants across departments to work differently based on the Framework and guided by related work. We have examples of this happening, such as the Health and Wellness Planning Guide, which we can build on.

Evaluation

The Implementation Team is supportive of developing a partnership with the Waakebiness-Bryce Institute of Indigenous Health at the University of Toronto to explore the development of evaluation tool(s) to be used at various levels, with a First Nations lens, to show how Framework implementation makes a difference.

Support systems-level change

The Implementation Team is working with partners to support a shift in government policies and practices that will lead to transformation consistent with reconciliation. This has involved and will continue to involve collaborating with ongoing and emerging departmental and interdepartmental initiatives that are working towards alternative service delivery models such as mental wellness teams, greater First Nations control of programs and services and greater funding flexibility. It also involves recognizing the validity of Indigenous knowledge as an evidence base, and encouraging at all levels interdepartmental efforts to tackle First Nations determinants of health in a coordinated way.

There has already been system level change, reflected in the structural changes of government; in August 2017, the government announced a significant shift in its policies and practices by dismantling of the Department of Indigenous

and Northern Affairs Canada. As a result, two new ministries were created: Indigenous Services Canada and Crown-Indigenous Relations and Northern Affairs Canada. Transforming how the department is structured, shares information and works with partners and clients will allow for the advancement of nation-to-nation, Inuit-Crown and government-to-government relationships, helping to make the national journey of reconciliation a reality.⁷

In July, 2018, Thunderbird was asked by FNIHB senior management to share the Framework at the Indigenous Services Canada (ISC) Senior Management Committee as a model for linking health and wellness to the determinants of health. The Framework will influence the ISC strategic plan development going forward.

Indigenous Cultural Curriculum and Training for public service employees

Government plays an important role in promoting culturally competent practices through policies, research, and training efforts. Indigenous Services Canada is committed to ensuring that employees are equipped with skills and competencies that will ensure positive relations and services when working with Indigenous communities. Any training being offered is only the beginning of life-long learning practices to achieve cultural competency and safety skills. However, FNIHB is developing in collaboration with the AFN and Inuit Tapiriit Kanatami an approach for a new cultural curriculum that is to be advanced in understanding, creative in approach, and distinctive to employees. This will be informed by the First Nations Mental Wellness Continuum Framework.

Safe Care Pathways

Sexual violence and sexual abuse is a social issue that continues to plague many First Nations communities. National Chief Perry Bellegarde of the Assembly of First Nations has implored First Nations leaders to address this problem, recognizing there are many challenges and barriers to dealing with the issue safely. Thunderbird Partnership Foundation, in partnership with First Peoples

Wellness Circle, will lead dialogues with provincial/territorial and federal partners to define safe care pathways that will support First Nations communities to address issues of sexual violence from an Indigenous lens. This work will examine how existing policies and processes can be restructured to recognize First Nation concepts of reconciliation and healing, so that First Nations communities can participate as equal partners in determining how to support both those who have harmed and those who have been harmed, to begin healing while maintaining safety for everyone in the community. An initial component to this work will involve a review of the literature with a focus on laws and policies.

Opioid Research through the Canadian Research Initiative in Substance Misuse

Thunderbird Partnership Foundation will lead a research project over the next 5 years with funding from the Canadian Research Initiative in Substance Misuse (CRISM). CRISM was launched by the Canadian Institutes of Health Research, Institute of Neurosciences, Mental Health and Addiction.

Intervention for substance misuse is a pressing and complex health issue that requires evidence-based approaches, an understanding of the biological, psychosocial, and social factors and an acknowledgement of the important impact of cultural and societal contexts to be truly effective. Many intervention modalities exist and are known to have excellent results, yet they have not been widely implemented.

The response from the Mental Wellness Programs inclusive of First Nation's Alcohol and Drug Abuse programs including Adult and Youth residential treatment programs and First Nations community based opioid agonist treatment is an important story. The Addictions Management Information System data consistently shows an increase of clients presenting with opioid misuse issues to NNADAP and NYSAP treatment centres, and a recent environmental scan showed that at least 45% of the national treatment centres respond to client

⁷ Philpott, J. Canada's efforts to ensure the health and wellbeing of Indigenous peoples. *The Lancet*, vol. 391 [10131], pg. 1650-1651, April 28, 2018. Retrieved from <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2930179-X>

needs for opioid misuse. The CRISM research project will focus on documenting how treatment centres and communities are responding to the opioid crisis to inform the development of guidelines for opioid treatment. These guidelines can help inform other Indigenous service providers.

Child and Family Services

Budget 2018 set the stage for the transformation of First Nations child and family services to focus on prevention, family preservation and wellbeing, and community wellness. Canada committed \$1.4 billion over 6 years, to address funding pressures facing First Nations child and family service agencies, while also increasing prevention resources for communities so that children are safe and families can stay together.

Currently, the Government of Canada is working on a full-scale reform of the First Nations Child and Family Services Program. This includes working with national and regional Indigenous leadership, as well as federal, provincial and territorial governments, to transform the delivery of Indigenous child welfare so that it is child-centered, community-directed and focused on prevention. Guided by the six points of action committed by Minister Philpott at the Emergency Meeting held in January 2018, the federal government has been engaging with aforementioned partners across the country to co-create options for potential federal child and family services legislation. At these numerous engagement sessions, Indigenous peoples are invited to share their advice and views in how to improve Indigenous child and family services system. The Minister is committed to bringing forward legislation if there is broad support from partners.

Moreover, Indigenous Services Canada co-chairs the Federal/Provincial/Territorial (FPT) Indigenous Children and Youth in Care working group, which is mandated to work collaboratively to share information and undertake FPT projects that support progress on: reducing the number of Indigenous children and youth in care; improving outcomes for Indigenous children, youth,

and families involved with child welfare systems; and preventing Indigenous children, youth and families from requiring child welfare services or reducing the level of child welfare interventions required.

Conclusion

It has been almost four years of dedicated efforts by the Implementation Team to support key priorities for First Nations on mental wellness and other initiatives that support implementation of the Framework. This progress report highlights a number of important changes that have occurred using the Framework as a guide to restructuring systems, partnerships, processes and programs. Implementation work that supports paradigm shifts means there are many new beginnings where First Nations lead the way in creating opportunities to support mental wellness initiatives that meet unique needs, languages and culture. There has been increased interest in the Framework across many federal departments, including within all areas of FNIHB, and it is being used as a tool from which to generate common understanding and language with First Nations to help promote self-determination in meeting the needs of their community members across all regions. The Framework is a tool that is seen as useful to developing relationships and informing new initiatives moving forward, while also building evidence on how First Nations communities are using culture to improve mental wellness in communities.

A significant amount of work has been accomplished to date with many new and strengthened partnerships being created. Looking forward we continue to anticipate that there will be opportunities for First Nations to use Indigenous knowledge to improve mental wellness and wherein First Nations individuals, families and communities are supported to enjoy high levels of mental wellness.

Appendices

A: First Nations Mental Wellness Continuum Framework Implementation Opportunities

B: First Nations Mental Wellness Continuum Implementation Team Members

This image shows a full page of blank white paper with horizontal orange ruling lines. The lines are evenly spaced and run across the width of the page, providing a guide for writing or drawing. There are no margins, text, or other markings on the page.

The purpose of this document is to identify opportunities that would help to contribute to the development of a mental wellness continuum. This document is an evergreen list of implementation opportunities identified by those engaged in the development of the FNMWCF that took place between 2012-2015, and so it uses terminology that was current at that time. New implementation opportunities will be included in the list as they emerge.

As you can see, the table below has six columns. A description of each column is included below.

- Timeline S/M/L: this column provides an indication as to whether the implementation opportunity described in the following column can be accomplished in the short, medium or long term.
 - Short Term = 1-3 years
 - Medium Term = 3-5 years
 - Long Term = 5+ years
- Implementation Opportunities: this is a description of the implementation opportunity
- The four columns to the far right indicate which levels need to be involved in implementation.

Each level may have more or less of a role in the actual implementation process and would need to be determined in coordination. Definitions of each of these columns is as follows:

- Community Level: this includes organizations and individuals at a community level
- Regional Level: this includes regional Aboriginal organizations, non-government organizations, etc.
- P/T Level: this is the provincial/territorial government
- Federal Level: this would include the federal government and national Aboriginal organizations.

Timeline S/M/L	Implementation Opportunities – Approaches to Program and Policy Changes	Community Level	Regional Level	P/T Level	Federal Level
Culture as Foundation					
S	1. Add cultural competency to human resources, accreditation and certification standards in order to strengthen access, quality and safety of health services across the continuum of care.	✓	✓	✓	✓

Progress to date
<p>Culture as Foundation</p> <p>The Government of Canada is undertaking initiatives to expand the cultural competency of public servants as expressed in the Truth and Reconciliation Commission's (TRC) Call to Action (CTA) 57. On September 28, 2017, the Department of Justice announced mandatory Indigenous awareness learning for all Justice employees. All performance reviews must include some form of Indigenous Awareness learning in this and subsequent years' learning plans.</p> <p>First Nations and Inuit Health Branch (FNIHB) National Office Mental Wellness Program: FNIHB provides funding to communities for services; however, it is the community who is responsible for their human resources and hiring practices.</p> <p>The Indigenous Certification Board of Canada (ICBOC) has developed a culturally-based accreditation process for educational institutions, training companies and service agencies involved in the wellness and addiction field including training for National Native Alcohol and Drug Abuse Program (NNADAP) workers. Their culturally-based accreditation process not only considers the relevance of training against ICBOC's training/education standards but also verifies that the training is conceived, planned, delivered, and evaluated with First Nations input, thus enhancing the cultural competence and safety of this training. Accreditation of training through ICBOC serves to demonstrate a level of excellence in providing culturally appropriate education/training to Indigenous workers.</p> <p>Quebec: Mise en place de neuf (9) nouvelles équipes de Mieux-être mental (EMEM) en plus des trois (3) déjà existantes. Sur les neuf (9) nouvelles équipes, quatre (4) fonctionnent et cinq (5) sont en développement. À travers ces équipes, divers professionnels sont culturellement compétents (ex : guérisseurs traditionnels, coordonnateurs culturels, travailleurs culturels, aînés, etc.). À moyen terme, la DGSPNI-QC souhaite que les EMEM puissent offrir des services dans toutes les communautés du Québec.</p> <p>Youth Solvent Abuse Committee (YSAC): Created an online module for workforce diversity, to meet Canadian Accreditation Council (CAC) standard on such. It touches on cultural diversity, and links staff to take the Thunderbird Partnership Foundation (TPF) cultural competence module.</p>

Timeline S/M/L	Implementation Opportunities – Approaches to Program and Policy Changes	Community Level	Regional Level	P/T Level	Federal Level	
Culture as Foundation						
S	2. Create a database of cultural interventions, practitioners, and cultural champions within each social determinant of health sector that can be shared across communities, levels of government, and departments as a way to inform and improve programs and policies.	✓	✓		✓	
S	3. Amend terms and conditions to clearly outline that investments in cultural approaches or culturally appropriate services (e.g. cultural based healers, on the land programs) are on par with other interventions.		✓		✓	
M	4. Support the availability of cultural supports / traditional medicine and space for traditional ceremony in all hospitals.	✓	✓	✓		
M	5. Communities to define what culture as the foundation means for each community then work at the regional level to develop appropriate training models for common areas.	✓	✓		✓	

	Progress to date
Culture as Foundation	
	<p>2. First Nations Health Authority (FNHA): The Indigenous Policy and Program Innovation Hub Idea (IPPI) is a data base of 3100 unaltered ideas that were collected across Canada by 700 front line service providers, Indigenous organizations, justice officials and Provinces / Territories (P/Ts) on gaps in services and eliminating the overrepresentation of Indigenous Peoples in the criminal justice system.</p> <p>The data base provides information useful for sharing and reporting back but also as a resource for analysis at what others across Canada are thinking or at the emerging justice issues in our and other jurisdictions.</p> <p>Quebec: Organisation d'ici la fin de l'année financière d'une rencontre des équipes mieux-être mentale (EMEM) pour permettre le partage de bonnes pratiques et d'intervenants de la culture.</p>
	<p>3. British Columbia: A report dated June 25, 2017 entitled "Documenting the Experience and the Successes of First Nations Courts in British Columbia" outlines how the justice system is responding to the needs of First Nations communities in BC through the establishment of several First Nations Courts (FNCs) (also known as Gladue courts) that are supported by local elders and communities, and delivered provincially in ways that respect local traditions. The courts are a component of the federal restorative justice initiative.</p> <p>FNIHB National Office Mental Wellness Program: Culturally-based services and activities are eligible for funding under the Mental Wellness Program including the Indian Residential Schools Resolution Health Support Program (IRS RHSP). Under the IRS RHSP, Indigenous community-based organizations are funded with clear terms and conditions to provide cultural support services directly to clients, as well as promote and integrate cultural best practices into community-based programs. Where this has not been explicitly indicated in the program's funding arrangement terms and conditions, work is underway to revise these documents to include wording on culturally-based services and activities.</p> <p>Quebec: Non développé</p>
	<p>4. Quebec: Les hôpitaux sont de juridiction provinciale. Il y a des discussions pour des ententes de services entre les communautés transférées et la province pour offrir des services culturellement adaptés. Cette initiative est soutenue par la Commission Santé & Services Sociaux des Premières Nations du Québec & Labrador (CSSSPNQL) à travers leur projet FISS (Fonds d'intégration des services de santé).</p> <p>Toutefois, certaines EMEM, dont la communauté de Timiskaming, ont embauché une guérisseuse offrant des services de médecine traditionnelle. D'autres EMEM offrent des événements de guérison traditionnels ou des cercles de guérison (Chisasibi, Opitciwan). De plus, la plupart des équipes sont entre autres composées de travailleurs et intervenants culturels.</p> <p>Plusieurs centres de traitement ont implanté un volet culturel dans leurs services, incluant des pratiques de guérison traditionnelle.</p>
	<p>5. Quebec: La grande majorité des communautés dans la région du Québec sont en mode de financement global. Celles-ci définissent leurs priorités santé et les activités s'y rattachant. La culture comme fondement est définie par les communautés directement.</p>

Timeline S/M/L	Implementation Opportunities – Approaches to Program and Policy Changes	Community Level	Regional Level	P/T Level	Federal Level	
Building on Community Priorities						
S	6. Support quality through knowledge exchange and by building on existing and identified successful mental wellness models (e.g. Pang project, Health Services Integration Fund, etc.)	✓	✓	✓	✓	
M	7. Develop proactive planning processes that integrate community members, including informal care networks, Elders, teachers, parents, CFS, etc.			✓		
M	8. Support each community, Tribal Council, or network of communities to develop a wellness plan that: identifies strengths within communities; identifies existing gaps in the continuum of essential services; critically assesses capacity; and develops solutions.	✓		✓		

	Progress to date
Building on Community Priorities	
	<p>6. Quebec: Organisation d'ici la fin de l'année financière d'une rencontre des EMEM pour permettre le partage de bonnes pratiques et d'intervenants de la culture.</p> <p>YSAC: Building concurrent capable centres has been delivered annually for 5 years, 11 trainers working at YSAC centres, this year moving to a student module.</p> <p>Northern: In partnership with the Government of the Northwest Territories, Indigenous Services Canada provided \$400,000 to support the On-The-Land Summit which occurred in Dettah, NT on March 14-16, 2017. The Summit brought together experts to collaborate, learn, share best practices and identify new opportunities pertaining to On-the-Land programming. Attendance was approximately 115 people, including delegates from Yukon, NWT, Nunavut, Nunavik, Quebec, Ontario, Alberta, and Alaska. A Community of Practice for the Northwest Territories' Mental Wellness Team was created as a result of the summit, among others. https://www.gov.nt.ca/newsroom/news/pan-territorial-land-summit-brings-together-land-based-programming-experts-focus</p>
	<p>7. Quebec: Lors d'ateliers de programmation avec des communautés en mode de financement global, les partenaires et membres en lien avec la santé sont invités à participer au processus pour définir leurs priorités santé et les activités s'y rattachant. Les partenaires sont d'horizons divers (école, police, conseil de bande, service sociaux, garderie, etc.) mais peuvent également être des membres de la communauté (aînés, parents, etc.).</p> <p>Le processus de la planification se base en partie sur la chartre d'Ottawa (aptitudes individuelles, milieux favorables, actions communautaires, politiques publiques saines, réorientation des services de santé).</p>
	<p>8. Quebec: Lors de la réalisation du plan de santé pour un accord de financement global, les partenaires et membres en lien avec la santé sont invités à participer au processus pour définir les forces des communautés et déterminer les lacunes du continuum des services essentiels. Celles-ci statuent sur leurs capacités et planifient des actions pour y répondre, selon la réalité de leur communauté respective. (23 sur 30 communautés ont un plan de santé).</p> <p>Les communautés statuent sur leurs priorités et sur les objectifs. La majorité des communautés du Québec ont comme priorité « Santé Mentale et Toxicomanie ». Le mieux-être est central à cette priorité.</p> <p>Northern: Through the Northern Wellness Agreement (NWA), Indigenous Services Canada provides approximately \$9M yearly in block funding to the Government of the Northwest Territories to support the development of wellness plans and programming in approximately thirty (30) communities across the Northwest Territories. The community wellness plans aim to address communities' unique needs – as per identified by each community – and are designed to be culturally appropriate.</p> <p>Northern: Indigenous Services Canada also provides \$500,000 yearly to support the Northwest Territories On-the-Land Collaborative Fund. "The Collaborative brings together government, charitable, corporate, and other partners to combine efforts and make it easier for communities to access money and other resources for on the land projects" that foster wellness in traditional settings. https://www.hss.gov.nt.ca/sites/hss/files/resources/nwt-land-collaborative-2018-report.pdf</p> <p>In 2017-2018, seven (7) recipients have been selected to implement on-the-land wellness initiatives in the Northwest Territories. Projects were invited to participate in a Community of Practice to enable the development and implementation of sustainable land-based mental wellness programs within their communities.</p>

Timeline S/M/L	Implementation Opportunities – Approaches to Program and Policy Changes	Community Level	Regional Level	P/T Level	Federal Level	
Crisis Supports						
S	9. Develop service standards around crisis response times.	✓			✓	
S	10. Implement a strengths-based, (and multi-jurisdictional where necessary), 360 debriefing following a crisis situation in a community.	✓			✓	
S	11. Evaluate the Non-Insured Health Benefits (NIHB) short term crisis counselling benefit to examine treatment outcomes and to better integrate it into the continuum of care.	✓		✓	✓	

	Progress to date
Crisis Supports	
	<p>9. Quebec: La région répond dès que l'information est disponible lors de situations de crises (dans la journée). Des normes sur l'offre de services ont été réalisées dans le cadre de l'offre de la table de crise régionale (pilotee par La Commission de la santé et des services sociaux des Premières Nations du Québec et du Labrador (CSSSPNQL) en lien avec les partenaires provinciaux et fédéraux)</p>
	<p>10. Quebec: L'équipe interdisciplinaire Santé mentale et toxicomanie de la DGSPNI-QC se rencontre aux deux semaines ou plus souvent lors d'une situation de crise pour faire un compte rendu de la situation et trouver des façons pour améliorer l'aide offerte par la région.</p> <p>Le secteur Unité de Planification, Analyse, Politiques et Information (UPAPI) de la DGSPNI-QC fait des comptes rendus journaliers lors des situations de crise pour informer les partenaires et le bureau du sous-ministre.</p>
	<p>11. Assembly of First Nations & Non-Insured Health Benefits, FNIHB: In November 2015 FNIHB's Non-Insured Health Benefits and the Assembly of First Nations completed a joint review of the Mental Health Counselling Benefit which included 17 calls for action. The large majority of actions are related to NIHB mental health benefit communications, access, administrative efficiency, provider relations and cultural responsiveness. NIHB and AFN are leading the implementation of these activities.</p> <p>In Budget 2017, the Government announced additional funding of \$86 million over 5 years for the Non-Insured Health Benefits Program to expand access to mental health professionals and make available the services of traditional healers to address mental health needs.</p> <p>NIHB will be working with AFN and regional partners to implement the following changes:</p> <ul style="list-style-type: none"> • Traditional healer services for NIHB clients will be introduced through projects developed with First Nations partners that respect the unique cultural context of each region, and are funded through contribution agreements with First Nations organizations. • Access to mental health counselling will no longer be limited to crisis situations. <p>Quebec: Le psychologue de la DGSPNI-QC, Programme des services de santé non assurés (SSNA), est impliqué lors de toutes situations de crise. Celui-ci offre des services de counseling par des psychologues, et ce, à court terme.</p> <p>La Table de crise représente un autre service mis à la disposition des communautés. La CSSSPNQL en assure la coordination, mais tous les niveaux de gouvernement y participent afin de favoriser une approche intégrée de gestion de crise dans la communauté.</p>

Timeline S/M/L	Implementation Opportunities – Approaches to Program and Policy Changes	Community Level	Regional Level	P/T Level	Federal Level	
Trauma Informed Care						
S	12. Take steps to ensure (i.e. through tools and training) that the principles of trauma-informed care, as well as knowledge of the history of IRS and intergenerational trauma inform programs and services included in the continuum of essential services.	✓	✓	✓	✓	
Promoting, Supporting and Recognizing a Competent Workforce						
S	13. Support community workers to retain and enhance skill development including cultural competency through ongoing clinical and cultural supervision and mentorship.	✓	✓	✓	✓	

	Progress to date
	Trauma Informed Care
	<p>12. The Government of Canada is undertaking initiatives to expand the cultural competency of public servants as expressed in the TRC's CTA 57. On September 28, 2017, the Department of Justice announced mandatory Indigenous awareness learning for all Justice employees. All performance reviews must include some form of Indigenous Awareness learning in this and subsequent years' learning plans.</p> <p>FNHA: FNHA is committed to ensuring all of our community facing staff receive trauma-informed care training. This is on top of the requirement that all FNHA staff receive cultural safety and humility training and include cultural safety and humility objectives in performance plans.</p> <p>FNIHB National Office Mental Wellness Program: Through FNIHB's funding arrangements, funding is available to communities and organizations for staff/worker training. Many communities and organizations have provided trauma-informed care training to their staff/workers; however, it is up to the funding recipient to determine what type of training is required for their staff/workers.</p> <p>Indigenous Cultural Curriculum and Training for public service employees has been developed. Further details on this training can be found in the Next Steps section of the Progress Report.</p> <p>Quebec: La grande majorité des communautés dans la région du Québec sont en mode de financement global. Celles-ci définissent leurs priorités santé et les activités s'y rattachant. Les activités et les services étant développés par les communautés, les principes qui guident les soins tiennent compte des traumatismes subis, de même que les connaissances sur les pensionnats indiens (PI) et le traumatisme intergénérationnel. Les EMEM sont aussi encouragées, à travers les lignes directrices du programme, à offrir des formations culturellement adaptées sur la réponse en cas de crise pour les professionnels et paraprofessionnels.</p> <p>YSAC: Trauma unit incorporated in the Mental Health Course, trauma scale added to drug use screening inventory, in order to improved trauma informed addiction treatment planning.</p> <p>Northern: On March 12-13, 2018, Indigenous Services Canada brought together Indian Residential School Resolution Health Support Program health supports from all three territories. The event provided health supports – approximately 90 participants – with trauma-informed care training with a cultural lens. The training was provided by Dr. Allison Crawford, Director Northern Psychiatric Outreach for the Centre for Addiction and Mental Health (CAMH) and Kate Roach, B. Psych., in collaboration with the Ilisaqvik Society.</p>
	Promoting, Supporting and Recognizing a Competent Workforce
	<p>13. FNIHB National Office Mental Wellness Program: FNIHB provides funding to communities for services; however, it is the community who is responsible for their human resources including skill development, supervision and mentorship. FNIHB does not have control over community human resources practices.</p> <p>The issue of attracting and retaining skilled workers in the addictions field is recognized as an ongoing challenge for NNADAP/ National Youth Solvent Abuse Program (NYSAP) treatment centres and communities. With enhanced, ongoing funding, communities and treatment centres are receiving additional support to attract and retain these workers through financial incentives and enhanced training opportunities, both tied to the certification of NNADAP/NYSAP treatment counsellor and NNADAP community-based workers.</p> <p>Quebec: Les EMEM ont un volet de formation en continu pour les travailleurs communautaires qui comprend de la formation sur les compétences culturelles. Celle-ci est d'ailleurs fortement encouragée. Par exemple, l'équipe mieux-être de Timiskaming a offert une formation culturellement adaptée sur la réponse en cas de crise pour 10 intervenants de première ligne du centre de santé. La DGSPNI et la CSSSPNQL offrent de la formation annuelle aux agents PNLAADA et un volet est consacré aux compétences culturelles. La CSSSPNQL offre des formations et du support sur le mieux-être mental sur demande.</p> <p>YSAC: Clinical supervision course has been opened up to more than YSAC staff for the last 5 years. Planning to include a virtual community of practice following November 2017 delivery.</p>

Timeline S/M/L	Implementation Opportunities – Approaches to Program and Policy Changes	Community Level	Regional Level	P/T Level	Federal Level	
Promoting, Supporting and Recognizing a Competent Workforce						
S	14. Regularly schedule debriefing, support sessions with Elders and clinical supervision as a way to promote and support employee wellness.	✓	✓	✓	✓	
S	15. Complete an inventory of available training for community mental wellness workers, including a description of the type of training and information on how training is delivered (virtual, online, in-person, etc.).		✓	✓	✓	
S	16. Compile and share tools that will assist community workers and practitioners in deciding what level of intervention would be most appropriate to address the mental health needs of addiction treatment clients.	✓	✓	✓	✓	
S	17. Explore mental wellness community based worker certification through the First Nations Wellness Addictions Counsellor Certification Board or a national mental wellness workers program that is accessible (e.g. on-line and with flexible training schedules), relevant and inclusive of both cultural and mainstream approaches and is fully accredited with multiple exit points (i.e. certificate, diploma and degree).	✓	✓	✓	✓	

	Progress to date
	Promoting, Supporting and Recognizing a Competent Workforce
	<p>14. British Columbia: FA report dated June 25, 2017 entitled "Documenting the Experience and the Successes of First Nations Courts in British Columbia" outlines how the justice system is responding to the needs of First Nations communities in BC through the establishment of several First Nations Courts (FNCs) (also known as Gladue courts) that are supported by local elders and communities, and delivered provincially in ways that respect local traditions. The courts are a component of the federal restorative justice initiative.</p> <p>FNIHB National Office Mental Wellness Program: FNIHB provides funding to communities for services; however, it is the community who is responsible for their human resources. FNIHB does not have control over community human resources practices.</p> <p>FNIHB staff in the national capital region have access to the Iskotew Lodge located in Tunney's Pasture. The Iskotew Lodge is a teaching and healing centre that welcomes Indigenous and non-Indigenous employees across the department, other public servants and members of the community. The lodge can provide employees with a greater appreciation and understanding of Indigenous cultures, values and practices - from an Indigenous perspective; an opportunity to learn traditional Indigenous crafts and drumming; support and guidance to help employees deal with workplace challenges, work-related stress, and differing values, attitudes and beliefs; and an opportunity to think, ask questions and share ideas - in a peaceful, quiet setting that fosters reflection and fellowship.</p>
	<p>15. FNIHB National Office Mental Wellness Program: While the Mental Wellness Program does not hold a list of available training, this process has been started in IRS RHSP. The program is currently looking for opportunities to finish this work. This activity is focussed on developing a competency profile for IRS RHSP workers, including training information, in advance of transition of the program.</p> <p>The Indigenous Certification Board of Canada (ICBOC) has a list of trainers and training for workers that the organization has accredited. ICBOC accredits training and education programs (i.e. certificates and diplomas) offered by colleges and universities, as well as training offered by organizations, institutes, private companies, conference organizers and by independent trainers who fulfill ICBOC accreditation criteria. ICBOC's culturally-based accreditation process not only considers the relevance of training against their training/education standards but also verifies that the training is conceived, planned, delivered, and evaluated with First Nations input, thus enhancing the cultural competence and safety of this training. Applicants and members have access to ICBOC's registers of accredited training programs and ICBOC approved trainers, posted on their website.</p>
	<p>16. Quebec: Organisation d'ici la fin de l'année financière d'une rencontre des EMEM pour permettre le partage de bonnes pratiques et d'intervenants de la culture. Un document sera réalisé pour répertorier et mettre en commun les outils qui aideront les travailleurs et les praticiens.</p> <p>Des rencontres ont lieu entre des centres de traitement et les agents Programme national de lutte contre l'abus de l'alcool et des drogues chez les Autochtones (PNLAADA) afin de renforcer les liens entre eux et faciliter l'échange d'information sur les clients des centres qui retournent dans leur communauté.</p>
	<p>17. FNIHB National Office Mental Wellness Program: FNIHB provides funding to support the Indigenous Certification Board of Canada (previously the First Nations Wellness Addictions Counsellor Certification Board of Canada). FNIHB also provides funding to support those NNADAP/NYSAP treatment centre and community based workers who choose to pursue certification. Many workers have attained certification through ICBOC, or another certification body.</p> <p>Quebec: Certification PNLAADA pour les travailleurs en lien avec la toxicomanie. À ce jour, il y a 34 intervenants PNLAADA certifiés provenant des communautés et des centres de traitement.</p> <p>YSAC: All YSAC staff are exploring certification through ICBOC or Conseil canadien de certification professionnelle (CCPC)</p>

Timeline S/M/L	Implementation Opportunities – Approaches to Program and Policy Changes	Community Level	Regional Level	P/T Level	Federal Level	
Promoting, Supporting and Recognizing a Competent Workforce						
M	18. Identify incentives to retain the First Nations Mental Wellness work force (e.g. wage parity, flexible work schedules, and professional development opportunities).	✓				
M	19. Develop an integrated network for mental wellness workers (mental health and addictions) working in First Nations communities (broadening the network that exists for NNADAP workers).	✓	✓	✓	✓	
Reduction of Stigma						
S	20. Address issues of privacy and confidentiality through the development of guidelines and training for community staff.	✓	✓	✓	✓	
S	21. Share successful and promising practices that emphasize local solutions to address stigma, confidentiality and improve access to services	✓	✓	✓	✓	
Collaboration with Partners						
S	22. Develop a common reporting template to reduce the administrative reporting burden experienced by communities.	✓			✓	
S	23. Develop common definitions and strength based indicators around wellbeing and mental wellness that are based on community vision that measure quality and performance and that departments can also use as a base for working together.	✓	✓	✓	✓	

	Progress to date
Promoting, Supporting and Recognizing a Competent Workforce	
	<p>18. FNIHB National Office Mental Wellness Program: The issue of attracting and retaining skilled workers in the addictions field is recognized as an ongoing challenge for NNADAP/NYSAP treatment centres and communities. With enhanced, ongoing funding, communities and treatment centres are receiving additional support to attract and retain these workers through financial incentives and enhanced training opportunities, both tied to the certification of NNADAP/NYSAP treatment counsellor and NNADAP community-based workers.</p> <p>Quebec: Ces décisions sont prises par les Conseils de bande.</p>
	<p>19. Quebec: Organisation d'ici la fin de l'année financière d'une rencontre des EMEM pour permettre le réseautage des intervenants des EMEM.</p> <p>Northern: Indigenous Services Canada (ISC) works in partnership with Yukon First Nations, Yukon Government and other agencies to increase access to outreach, pre-treatment, treatment and aftercare services including clinical and cultural approaches that address the impacts of trauma, addictions and mental health concerns of Yukon First Nation people. For instance, ISC provides \$250,000 yearly to Champagne and Aishihik First Nation to hire coordinators who aim to enhance partnerships between health care providers; community services and all Yukon First Nations. Further, ISC provides \$459,406 to Kwanlin Dün First Nation to support the Jackson Lake Wellness Team and Land-based Healing Programs. http://www.kwanlindun.com/index.php/justice/section/jackson_lake_wellness_team1/</p>
Reduction of Stigma	
	20.
	21.
Collaboration with Partners	
	<p>22. FNIHB National Office Mental Wellness Program: FNIHB is currently working on aligning multiple mental wellness programs into one program with one reporting template rather than the current siloed approach.</p> <p>YSAC: Reporting for centres has been streamlined and made efficient through use of Addictions Management Information System (AMIS)</p>
	23.

Timeline S/M/L	Implementation Opportunities – Approaches to Program and Policy Changes	Community Level	Regional Level	P/T Level	Federal Level	
Promoting, Supporting and Recognizing a Competent Workforce						
S	24. Facilitate sessions of FNIHB's community development and capacity building training for First Nation community employees, government employees, including FNIHB regions, employees of other federal departments (e.g., at Aboriginal Affairs and Northern Development Canada), and employees of provincial and territorial governments (e.g., at regional health authorities).				☑	
M	25. Standardize frameworks for case management, referral protocols and protocols for information-sharing to improve clarity of roles and responsibilities.	☑	☑	☑	☑	
M	26. Create and share protocols and agreements to support the continuum of care as a way to address barriers to collaboration identified by professional supports such as confidentiality concerns and ethical standards.	☑	☑	☑	☑	
M	27. Encourage non-profit organizations, voluntary sector, private, social and education sectors to implement the continuum.	☑	☑	☑	☑	
M	28. Develop a partnership Engagement Framework, for use by FNIHB and other Federal Departments, that identifies the lessons learned and promising practices with respect to collaboration and partnership development.	☑	☑	☑	☑	

Progress to date

Promoting, Supporting and Recognizing a Competent Workforce

24. FNIHB National Office Mental Wellness Program: This training has already been opened up to other government departments. To our understanding, staff from the Public Health Agency of Canada, Public Safety Canada, and Indigenous Services Canada have received this training. It is likely that other departments have received this training as well.

Indigenous Cultural Curriculum and Training for public service employees is being developed. Further details on this training can be found in the Next Steps section of the Progress Report.”

25.

26. YSAC: Some templates created in the Addictions Management Information System (AMIS).

27. FNIHB National Office Mental Wellness Program: The Mental Wellness Program has been linking with other program areas within FNIHB (e.g., Chronic Disease; Emergency Management; Environmental Health; Healthy Living; Healthy Children, Youth and Families; Primary Care; Oral Health; Home and Community Care) to share information on the FNMWC Framework and a number of areas have adopted it. FNIHB Senior Management also supports implementation of the Framework more broadly as a wellness framework that supports links with First Nations determinants of health within FNIHB and Indigenous Services Canada. FNIHB has helped find opportunities for First Nations partners to share information on the FNMWC Framework at senior management committee meetings, with other federal departments at inter-departmental tables, and at meetings organized by non-profit organizations, such as the Graham Boeckh Foundation.

Quebec: Financement d’organismes sans but lucratif pour des nouvelles EMEM (ex : Centre Wanaki, Centre de réadaptation Wapan).

28. FNIHB National Office: In 2014, FNIHB and AFN developed an AFN – FNIHB Engagement Protocol, which recognizes that a “vibrant and collaborative operational relationship between the First Nations and Inuit Health Branch of Health (FNIHB) and the Assembly of First Nations (AFN) is fundamental to the success of the FNIHB’s ability to deliver on its mandate.” This protocol identifies “the collaborative processes of the NNADAP renewal and the development of the First Nations Mental Wellness Continuum as best practice models” by both organizations, and examples of the success of this relationship. These collaborative processes emphasized the need for more systematic and timely processes of communication, early information exchange and dialogue. The implementation of a national AFN-FNIHB engagement protocol has been intended to anchor the relationship in its shared goal of ensuring FNIHB progresses in the achievement of the First Nations and Inuit Health Strategic Plan.

More recently, with the creation of Indigenous Services Canada, ISC will be drafting a Strategic Plan with our partners and expect to revise or create new documents to guide our relationships.

Timeline S/M/L	Implementation Opportunities – Approaches to Program and Policy Changes	Community Level	Regional Level	P/T Level	Federal Level	
Promoting, Supporting and Recognizing a Competent Workforce						
L	29. Work towards the development of Memoranda of Understanding between provinces, First Nations governments and communities and federal departments, to improve service delivery and clarify program policies and areas of responsibility	✓	✓	✓	✓	
	30. Disseminate knowledge about the continuum to partners at all levels.	✓	✓	✓	✓	
System Navigation & Supports						
S	31. Map care pathways that include community services and provincial services that are simple, accessible and easy to navigate. "No wrong door" policy – all doors lead to quality service and support access to other services if needed	✓	✓	✓	✓	
S	32. Formalize referral networks and collaborative arrangements between First Nations, regions and other agencies in order to maximize the positive impact of existing services and support integration as early as possible.	✓	✓	✓	✓	
S	33. Establish Regional Interdisciplinary Teams in each health region / health authority to provide the critical connections among the various components and levels of the mental wellness system.	✓	✓	✓	✓	

	Progress to date
Promoting, Supporting and Recognizing a Competent Workforce	
	29.
	<p>30. Public Safety Canada: In an effort to build on the contribution of the continuum to the evidence-base of Indigenous ways of knowing, Public Safety Canada's Aboriginal Community Safety Planning program is using the continuum and its basis in two-eyed seeing as a guide for the program's internal review and for the program's upcoming research agenda items.</p> <p>Northern: Indigenous Services Canada provides funding to support navigation services in the Yukon. For example, ISC provides over \$430,000 in funding this fiscal year to the Council of Yukon First Nations to implement navigation services for Jordan's Principle requests. Further, ISC provides funding to Kwanlin Dün First Nations to assist First Nations Peoples to navigate the NIHB Program in the Yukon.</p>
System Navigation & Supports	
	31.
	<p>32. Quebec: Depuis plusieurs années, des équipes interdisciplinaires sont en fonction à la DGSPNI-QC. Des équipes d'actions ont également été développées pour faciliter le transfert d'information entre les communautés et la DGSPNI-QC. Le mieux-être mental est un des thèmes de ces équipes.</p> <p>Northern: Indigenous Services Canada also provides \$500,000 yearly to support the Northwest Territories On-the-Land Collaborative Fund. "The Collaborative brings together government, charitable, corporate and other partners to combine efforts and make it easier for communities to access money and other resources for on the land projects" that foster wellness in traditional settings. https://www.hss.gov.nt.ca/sites/hss/files/resources/nwt-land-collaborative-2018-report.pdf</p> <p>In 2017-2018, seven (7) recipients have been selected to implement on-the-land wellness initiatives in the Northwest Territories. Projects were invited to participate in a Community of Practice to enable the development and implementation of sustainable land-based mental wellness programs within their communities.</p>
	33.

Timeline S/M/L	Implementation Opportunities – Approaches to Program and Policy Changes	Community Level	Regional Level	P/T Level	Federal Level	
Promoting, Supporting and Recognizing a Competent Workforce						
S	34. Define mental wellness standards that are aligned with provincial and territorial standards and that emphasize cultural safety, and cultural competency.	✓	✓	✓	✓	
S	35. As part of all program and policy development, consider the unique needs of rural, northern and remote communities who may have greater needs and more limited access to necessary services.	✓	✓	✓	✓	
S	36. Provide continued support for First Nations community development to support communities in moving towards full control of their health programs.	✓	✓	✓	✓	
M	37. Work with First Nations leadership to develop priority areas where resources across the continuum, need to be invested through a common investment model implemented at the regional level.	✓	✓	✓		
M	38. Complete the costing associated with the implementation of a comprehensive continuum of services in comparison to extensive use of emergency services.	✓	✓	✓	✓	
M	39. Realign existing funding into an envelope of permanent funding that can be used with flexibility by communities to deliver the continuum of essential mental wellness services.	✓	✓	✓	✓	

	Progress to date
Promoting, Supporting and Recognizing a Competent Workforce	
	34.
	<p>35. Quebec: Les nouvelles EMEM prennent en compte les besoins uniques de chaque communauté. Les projets développés sont adaptés à la réalité régionale des communautés.</p> <p>Dans le moyen terme (si le budget le permet), la DGSPNI-QC désire permettre le développement d'EMEM couvrant toute la région du Québec.</p> <p>Northern: Indigenous Services Canada also provides \$500,000 yearly to support the Northwest Territories On-the-Land Collaborative Fund. "The Collaborative brings together government, charitable, corporate and other partners to combine efforts and make it easier for communities to access money and other resources for on the land projects" that foster wellness in traditional settings. https://www.hss.gov.nt.ca/sites/hss/files/resources/nwt-land-collaborative-2018-report.pdf</p> <p>In 2017-2018, seven (7) recipients have been selected to implement on-the-land wellness initiatives in the Northwest Territories. Projects were invited to participate in a Community of Practice to enable the development and implementation of sustainable land-based mental wellness programs within their communities.</p>
	<p>36. Quebec: La grande majorité des communautés dans la région du Québec sont en mode de financement global. Celles-ci définissent leurs priorités santé et les activités s'y rattachant et prennent en charge complètement leurs programmes de santé.</p>
	<p>37. Quebec: La DGSPNI-QC et la CSSSPNQL organisent des rencontres annuelles avec les directeurs santé de toutes les communautés du Québec (à l'exception des conventionnées). Les directeurs santé statuent sur leurs secteurs prioritaires.</p>
	38.
	<p>38. FNIHB National Office Mental Wellness Program: Planning is underway to provide increased flexibility to communities to deliver a continuum of mental wellness services.</p> <p>Quebec: La grande majorité des communautés dans la région du Québec sont en mode de financement global, ce qui leur permet une souplesse pour la prestation du continuum de services essentiels en mieux-être mental. Les EMEM sont financées pour la plupart en financement global.</p>

Timeline S/M/L	Implementation Opportunities – Approaches to Program and Policy Changes	Community Level	Regional Level	P/T Level	Federal Level	
Promoting, Supporting and Recognizing a Competent Workforce						
M	40. Expand physical space in existing infrastructure (health centres/nursing stations/treatment centres) to support telehealth use, confidentiality of services and places of safety for individuals in First Nation communities.	✓	✓	✓	✓	
L	41. As a way to support long term change, shift approach from crisis response towards proactive prevention with a focus on strengths and collaboration before an emergency, issue, and / or deficit is identified.	✓			✓	

	Progress to date
	Promoting, Supporting and Recognizing a Competent Workforce
	<p>40. Quebec: Les EMEM existantes n'ont pas l'espace requis pour offrir des services dans les communautés. Le budget est le facteur limitant pour procurer l'espace nécessaire.</p>
	<p>41. First Nations Mental Wellness Continuum Implementation Team: The FNMWC Implementation Team prioritized the need to use the Framework as a lens to develop First Nations Service Delivery Models to support community planning. Guided by working groups comprised of members of the Implementation Team and subject experts, two First Nations Service Delivery Models were developed with leadership support of Thunderbird Partnership Foundation and First Peoples Wellness Circle. The newly developed models are:</p> <ul style="list-style-type: none"> • Community Crisis Planning for Prevention, Response and Recovery • Land for Healing: Developing a First Nations Land-based Service Delivery Model <p>The development of First Nations Service Delivery Models through the Implementation Team represents an exciting approach to supporting communities to develop programs that meet their unique needs, as opposed to governments developing programs and rolling them out to communities. Current work has included development of curriculum and a train the trainer model so there will be opportunities for communities to have uptake in the context of their community planning.</p> <p>The First Nations Service Delivery Models are available online at: https://thunderbirdpf.org/wp-content/uploads/2018/09/Thunderbirdpf-CrisisPlanningBook-Document.pdf https://thunderbirdpf.org/wp-content/uploads/2018/07/Thunderbirdpf-LandforHealing-Document-SQ.pdf</p> <p>Quebec: La programmation qui accompagne le plan de santé des communautés est basée sur la prévention et la promotion. Certaines EMEM sont fondées sur ces deux principes. Toutefois, d'autres EMEM œuvrent dans des communautés en crise et n'ont que peu de temps pour faire de la prévention proactive. Toutefois, toutes les EMEM désirent éventuellement œuvrer davantage en amont (prévention) qu'en aval (situation de crise). Certaines EMEM ont identifié les types de crises ayant lieu dans leurs communautés, ce qui leur permettra de cibler ces sujets pour une éventuelle prévention de ces crises.</p> <p>YSAC: Working with communities on specific prevention including suicide prevention training, solvent abuse prevention manual, pharmacology and use of Buffalo Riders early Intervention.</p>

Region	Additional Implementation Activities
British Columbia/ First Nations Health Authority	<ul style="list-style-type: none"> • The First Nations Health Authority (FNHA) is the first province-wide health authority of its kind in Canada. In 2013, the FNHA assumed the programs, services, and responsibilities formerly handled by Health Canada's First Nations Inuit Health Branch – Pacific Region. Our vision is to transform the health and well-being of BC's First Nations people by dramatically changing healthcare for the better. • FNHA is responsible for planning, management, service delivery and funding of health programs, in partnership with First Nations communities in BC. Guided by the vision of embedding cultural safety and humility into health service delivery, FNHA works to reform the way health care is delivered to BC First Nations through direct services, provincial partnership collaboration, and health systems innovation. • We work through our First Nations Health Governance Structure which includes close working bilateral and trilateral working relationships with federal and provincial partners, structured through various agreements. • FNHA's mental health and wellness approach is shaped by extensive client and community engagement that has occurred over the past decade. This engagement has been synthesized into an FNHA mental health and wellness policy which guides our policy, programming and partnership work in mental health and wellness. It builds off of the work of the FNMWCF and is very closely aligned with the FNMWCF, including its 5 main themes. • We are committed to and actively working to operationalize our Mental Health and Wellness policy across the three main areas of our mandate—the services we deliver directly, those we fund and support in community, and partnering with provincial partners to improve quality of the services they provide to First Nations people.
Alberta	<ul style="list-style-type: none"> • Co-management structures in place (Community Development, Ownership, and Capacity Building); Mental Health and Addictions (MHA) subcommittee; MHA subcommittee Elders Advisory Council (Culture as Foundation). • Elders Advisory Council has developed an Elders Declaration and will be developing a reconciliation plan. An elder, and the writer of the Elder's Declaration, made a presentation at the National FNIHB Workplace Wellness Meeting in September, 2018. • Implemented a strategic planning process using the essential services from the Continuum to identify priority areas (Support and Aftercare, Health Promotion, Prevention and Community Development and Education, Detox, Crisis Response). • Alberta has a Health Co- Management (HCOM) table, which is the table that the Regional Executive Officer (REO) sits at with the delegated Chiefs. The Mental Wellness (MW) Sub-committee made up of Treaty representatives, and makes recommendations to the HCOM table including what MW sub-committee puts forward in the Management Operational Plan (MOP) for approval. The sub-committee and HCOM review every line of FNIHB Alberta Region's MOP. • Areas FNIHB Mental Wellness is working on with First Nations as a result of decisions at HCOM (as of September, 2018) include: <ul style="list-style-type: none"> o The Elders were involved in the development of the Quest Booklet on Mental Health, which is available through this link: http://publications.gc.ca/collections/collection_2016/sc-hc/H34-298-2016-eng.pdf o Regional Training funding has been allocated to communities and treatment centres to determine where and what training their employees should receive (previously with Northern Lakes College). o Trauma Informed Care training facilitated by Thunderbird approved for the next three years by HCOM. o Joint elders and youth event being planned by Maskwacis with funding from MW. o Clinical Addictions Consultant to support treatment centres approved by HCOM to continue through contribution agreement. o Treaty area front line worker meetings and Treatment Centre Director supported by HCOM to occur quarterly organized through contribution agreement (CA) and attended by FNIHB. o HCOM has approved the reallocation of certification funds directly to each community beginning in 2019 so they can determine who their workers are certified with (previously in a single Tribal Council CA with direction from HCOM on who could be paid for.)

Region	Additional Implementation Activities
Saskatchewan	<ul style="list-style-type: none"> Mental Wellness Teams (MWT) are a strong example of the Framework in Action: the establishment and leveraging of partnerships, bridging gaps in the continuum of mental wellness services, improving access to the essential basket of mental wellness services, maximizing existing resources, providing culturally safe/responsive care. Saskatchewan has been innovative with MWT funding to increase the number and reach of teams in the region. The first MWT was at White Raven Healing Centre. Three other teams were added with Interim Measures funding. Regional mental wellness working group in place – looking at best practice approaches to share with other communities.
Manitoba	<ul style="list-style-type: none"> Anishinabe Mekina Mino Aywin MWT - multi-disciplinary, community-based, community-driven mental wellness team provides culturally safe and competent mental health services and clinical supports to a cluster of First Nations communities. Its aim is to increase access to a range of mental wellness services including: outreach, assessment, treatment, counselling, case management, referral and aftercare.
Ontario	<ul style="list-style-type: none"> Community Wellness Development Teams, funded in partnership with the province, implement several key themes from the Framework: community development, ownership and capacity building; quality care system and competent service delivery, collaboration with partners, and funding flexibility. They work with communities in crisis to develop community-specific assessments and action plans; establish linkages to existing mental health and addictions treatment services; provide addictions education; support communities to develop ideas for reconfiguring services, and build community capacity to implement action plans.
Quebec	<ul style="list-style-type: none"> The Mirokin project (located in the semi-isolated Atikamekw community of Manawan) -- This project is culturally adapted and addresses suicide issues of youth from 14 to 25 years old. The project is based on cultural appropriation of the traditional Atikamekw lifestyle (hunting, fishing, etc.). The aim of the project is the consolidation of ancestral Atikamekw knowledge and strengthening youth's self-esteem with the participation of mentors. Quebec region has established a multidisciplinary crisis table to support communities experiencing crisis, a key gap revealed through the Mental Wellness Continuum Framework.
Nova Scotia	<ul style="list-style-type: none"> Give us Wings brings 13 health directors, one health authority together; Taking Flight is the continuation. Cultural safety training for mental health professionals; there is a commitment from the Province to push into emergency rooms, also to other departments; get part-time clinicians into community; next focus will be on children and youth, Prescription Drug-Abuse (PDA)
New Brunswick	<ul style="list-style-type: none"> Community-level work is very strong (Malaseet Mental Wellness Team, Elsipogtog mental health and addictions plan) The MWT in New Brunswick has included a consulting psychiatrist and mental health nurse through the Regional Health Authority. New Brunswick Mental Health action plan – cultural competency and safety work underway; cultural competency conference March 2017.

Region	Additional Implementation Activities
Atlantic	<ul style="list-style-type: none"> • First Nations Mental Wellness Continuum was integrated into the Atlantic First Nation Mental Wellness Plan. This mental wellness strategic plan was developed on behalf of the thirty-three communities of Mi'kmaw, Maliseet and Innu nations in Atlantic Canada. Informed by the Continuum, with culture as foundation, the plan represents a shared vision towards enhancing mental health and reducing substance use challenges faced by many First Nations communities in the Atlantic region. • Canadian Drug and Substances Strategy Wrap Around Programs in Wagmatcook, Elsipogtog, and Sipekanitaki. These community-based wrap around programs intentionally infuse cultural practice and ceremony when working with harm reduction. • There are many communities who have built the capacity for wrap around programming as well, and are running this informally. As we engage communities regarding capacity building, we are learning that many communities have the ingredients for wrap around programming and have developed models to the provision of “two eyed” seeing. • Mental Wellness Teams have evolved: steering committee, healing team, crisis team, provincial partnerships. The First Nations Mental Health Continuum Framework is the foundation of these teams. • Implementation of the Enhanced Care Facilitation funding with the treatment centres. The Enhanced Care Facilitation funding is being used to ensure the provision of well-rounded holistic treatment services, including culturally based case management and traditional healing. • Treatment Centres are embracing the framework and are building on relationships with provincial supports. • Carol Hopkins and Brenda Restoule presented to the Provincial New Brunswick Health Authority on the Continuum. • Although it is not always formally named, the Continuum is being implemented within community health planning. • Program Managers focus on Hope, Purpose, Belonging and Meaning in all of their work with the communities. • FNIHB has supported and encouraged culturally safe and land based interventions for youth and individuals in Innu communities (i.e. Jordan's Principle funding of land based interventions). • Communities are demonstrating interest in exploring how to blend culture and traditional ceremony with harm reduction. • Healing Grounds in Woodstock providing opportunity to bring men back to being men. • Requested trauma-informed care training be developed and provided by First Peoples Wellness Circle and Thunderbird Partnership Foundation.
PEI	<ol style="list-style-type: none"> 1. Enhancing the Circle of Mental Wellness Care - A project to improve Lennox Island and Abegweit First Nations community access to culturally competent and culturally safe mental wellness care (including mental health, addictions, and psychiatric care). • Relationship building between the communities and Health PEI. • Identification/mapping of what mental health and addictions resources and services exist within the PEI First Nations and Health PEI. • An environmental scan of what is happening at a policy level in relation to mental health and addictions in PEI (i.e. current development of PEI mental health strategy), as well as what is happening in other Atlantic provinces and across the country with respect to mental wellness (i.e. Nova Scotia and New Brunswick mental health strategies, Assembly of First Nations mental health related strategies, Health Services Integration Fund (HSIF) mental wellness related projects in New Brunswick and Nova Scotia, New Brunswick MWT, Miramichi mental wellness model, etc.). • Identification of how existing resources and services within the 2 PEI First Nations and Health PEI can be better coordinated to increase First Nation access to services, and improve First Nation involvement in design, delivery and evaluation of services. 2. Development of content for a half-day training session on Cultural Competency for PEI health clinicians. Previous Health Services Integration Fund (HSIF) funding supported content development of Cultural Awareness & Sensitivity sessions which were, and continue to be, highly successful in Health PEI

Region	Additional Implementation Activities
Northern - Yukon	<ul style="list-style-type: none"> • Yukon First Nation included at the table as partners for the development of the Government of Yukon Mental Wellness Strategy (initial strategy was missing community voice). This Strategy is available through this link: http://www.hss.gov.yk.ca/forwardtogether.php • Crisis Response: Kwanlin Dün First Nation demonstration project • Funding for crisis response teams – working with First Nations on this • Kwanlin Dün First Nation - Jackson Lake Mental Wellness Team (JLMWT): FNIHB Northern Region is working in partnership with Yukon First Nations, Yukon Government and other agencies to increase access to outreach, pre-treatment, treatment and aftercare services including clinical and cultural approaches that address the impacts of trauma, addictions and mental health concerns of Yukon First Nation people. • Kwanlin Dün First Nation - Access to Counselling, Connections and Enhancement of Services & Supports (ACCESS): FNIHB Northern Region is working in partnership with Yukon First Nations and to expand access to clinical counselling, crisis response, navigation and maximize collaboration across federal, territorial and Yukon First Nation partners. • Champagne and Aishihik First Nation (CAFN) - Community Cultural Supports Program: FNIHB Northern Region is supporting two phases of this work: <ul style="list-style-type: none"> o Phase 1 - Providing cultural founded, land-based and community based events, services and activities to CAFN citizens and others within the CAFN traditional territory; and to improve access to existing mental wellness services; to bring together cultural, community and clinical approaches to mental wellness; and build capacity within all Yukon First Nations. o Phase 2 – Providing for creating and strengthening partnerships between health care providers; community services and all Yukon First Nations.
Indigenous Services Canada (ISC) National Office	<ul style="list-style-type: none"> • FNIHB Healthy Living Programs: The development of Preventing and Managing Chronic Disease in First Nation communities: A guidance framework was completed in 2017. This framework is consistent with many areas noted in the Mental Wellness Continuum Framework such as culture as foundation for activities and social determinants of health approach. There is also consistency in the framework when describing mental wellness. This section was written by First Nations partners on the Secretariat of the First Nations Mental Wellness Continuum Framework Implementation Team. • FNIHB Community Oral Health Services: The development of A Continuum Approach to Oral Health Services for First Nations and Inuit was recently approved. With recent developments in regard to the provision of health services to First Nations and Inuit in Canada, and the Nation-to-Nation relationship, several items were considered in the development of a better continuum to the delivery of oral health services. These include cultural competency, cultural safety, and trauma informed practice which are consistent with many elements of the First Nations Mental Wellness Continuum Framework. • FNIHB National Office Mental Wellness Program: <ul style="list-style-type: none"> o The FNMWCF is used as a lens to inform knowledge exchange, program and service delivery, capacity building, as well as policy development, linked to a number of mental wellness priority areas. In fact, we have used the Continuum as a lens in the development of the 2017-18 fiscal year workplan across all mental health and substance use prevention and treatment services. o FNIHB-ISC works with First Nations, Inuit, other federal departments and provincial and territorial partners to support healthy First Nations and Inuit individuals, families and communities. Working with partners, we strive to make a positive difference in improvement of health outcomes, provide better access to quality health services and support greater governance over health services delivery by First Nations and Inuit. o Both the existing Mental Wellness Teams and the new Teams, created as part of the Interim Measures funding announced by the Prime Minister in June 2016, with continued funding through 2017, use the Continuum as a lens to bridge traditional and western approaches to provide culturally safe and competent mental health services and clinical supports to clusters of First Nations and Inuit communities. These multi-disciplinary Teams also facilitate partnerships across jurisdictions, to better integrate and improve the quality and accessibility of existing mental wellness programs and services. o First Nations and Inuit will benefit from a greater degree of flexibility to coordinate (adapt, optimize, and realign) current and future wellness programs in alignment with continuum of care and need for flexible funding approaches as identified in the framework. ISC is currently working towards aligning mental wellness programs (with the exception of treatment centres and IRS) into one single Mental Wellness Program. This will facilitate Indigenous communities having full authority and flexibility to make funding decisions based on community mental wellness needs and priorities. The projected target date for implementation is spring 2019. o FNIHB Hope for Wellness Help Line connects with more than one of the Implementation Opportunities. The service itself is to reduce gaps in access and could be highlighted under competent service delivery. The funding to support local/regional help lines since 2016-17 has provided service delivery organizations with capacity building opportunities. Funding to TPF (on the advice of AFN) to undertake a scan review of e-Mental Health Strategies for First Nations would also constitute work towards informing Quality Care System and competent service delivery. FNIHB's partnership with Kids Help Phone, Crisis Services Canada and other partners is an example of collaboration that has had direct impacts on service delivery (i.e. the chat service). o FNIHB's Opioid Action Plan is rooted in the First Nations Mental Wellness Continuum Framework and aligned with the Canadian Drugs and Substance Strategy's focus on building a strong evidence base, prevention, treatment, and harm reduction. The Plan supports and engages partners at all levels to address the opioid public health crisis, including partners that hold roles in the social determinants of health. The funding is enhancing the delivery of culturally appropriate substance use treatment and prevention services in communities with high needs as well as the federal response to the opioid crisis.

Co-Chairs

Addie Pryce, Assembly of First Nations (AFN)
 Brenda Restoule, First Peoples Wellness Circle (FPWC)
 Carol Hopkins, Thunderbird Partnership Foundation (TPF)
 Tom Wong, First Nations and Inuit Health Branch (FNIHB)
 Jonathan Thompson, AFN (past co-chair)
 Sonia Isaac-Mann, AFN (past co-chair)
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 Mary Deleary, TPF (past co-chair)
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 William J. (Bill) Mussell, FPWC
 Gordon Williams, AFN (past member Elder)

Youth Representative

Darian Lonechild
 Trevor Augustine (past member)
 Suzie OBornsawin (past member)
 Mélodie Jourdain-Michel (past member)
 Megan Logan (past member)

AFN Mental Wellness Committee

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 Emilie Saunders (past member)
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 A/Chief Melba Mitchell (past alternate)
 Theresa Gail Lightning (past alternate)

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 Margaux Brisco)
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Indigenous Services Canada (former INAC/AANDC)

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Public Safety Canada

Gabrielle Duschner (Alt: Nicholas Gougeon / Patti McDonald)

Kim Lavoie (past member)

Department of Justice

Danièle Ménard (Alt: Zachary Healy)

Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC)

Jeff Moore

Secretariat

(Provides support to the Implementation Team)

Nelson Alisappi, AFN

Travis Kirkwood, AFN

Brenda Restoule, FPWC

Carol Hopkins, TPF

Mary Deleary, TPF

Valerie Peters, TPF

Jennifer Joy, FNIHB

Patricia Wiebe, FNIHB

Grace Morgan, FNIHB

Tina Laurin, FNIHB

Cleo Big Eagle, FNIHB

Diana Prosser, CIRNAC

Barbara D'Amico, ISC

Anneli Alba, ISC

Past Members:

Jennifer Robinson, AFN

Kassandra Woods, AFN

Stephanie Wellman, AFN

Dawn-Estelle Moskokomon, TPF

Jasmine Fournier, TPF

Effie Kiatos, TPF

Sarah Steeves, FNIHB

Kirstin Doull, FNIHB

Karen Kidder, FNIHB

Aimee Brady, FNIHB

Margaret Czesak, FNIHB

Danielle Jeddore, CIRNA

Danielle Dionne, ISC

Leane Walsh, INAC

Alex Maass, INAC

Cassandra Lang, INAC

Valerie Hisko, INAC

Janis McConnery, INAC

Christine Cryan, ISC

Sarah MacDonald, " "

Toll Free: 1.866.869.6789
Telephone: 613.241.6789
Fax: 613.241.5808

