MEMORANDUM OF UNDERSTANDING

TRIPARTITE PARTNERSHIP TO IMPROVE MENTAL HEALTH AND WELLNESS SERVICES AND ACHIEVE PROGRESS ON THE DETERMINANTS OF HEALTH AND WELLNESS

Between

First Nations Health Council ("FNHC")
And
Province of British Columbia ("BC")
And
Government of Canada ("Canada")
Collectively the “Parties”
And
First Nations Health Authority ("FNHA") as a Supporter

First Nations Health Council

BRITISH COLUMBIA

Canada
1. Introduction

Since 2006, Canada, BC and First Nations in BC have pursued the shared vision and commitments set out in the tripartite health plans and agreements through establishing new structures and processes for First Nations health governance in BC. The parties are committed to enriching the existing tripartite health partnership and exploring new opportunities that support First Nations in BC to achieve their health and wellness priorities.

As set out in the tripartite health plans and agreements, the parties acknowledge that health and wellness for First Nations encompasses the physical, spiritual, mental, emotional, economic, environmental, social and cultural wellbeing of the individual, family and community. The parties have agreed to incorporate Indigenous models of health and wellness into the health system and to support a broader shift in focus from treating sickness to fostering wellness. As part of this, the parties have agreed to take action to address the social determinants of health – the conditions in which Indigenous people in BC are born, grow, live, work and age, and the broader set of systems shaping the conditions of daily life.

First Nations in BC (“First Nations”) have identified improving mental health and wellness as a key priority that requires concentrated and coordinated action by all parties to advance. Both Canada and BC have taken steps to restructure their delivery of services by establishing a single federal department responsible for the delivery of services to Indigenous peoples and a new provincial ministry responsible for designing a whole-of-government strategy for mental health and addictions services in BC. As these strategies and service delivery structures evolve, the parties see new opportunities to increase the coordination and integration of mental health and wellness services and to support community-led approaches that address the social determinants of health and wellness.

In view of the importance of mental health and wellness, the parties have agreed to increase investment in mental health and wellness services and to facilitate greater cross-government collaboration on actions aimed at improving mental health and wellness outcomes.

With the goal of improving mental health and wellness as the starting point, the parties will work together and with First Nations over a period of two years to develop a ten-year tripartite strategy that facilitates a whole-of-government approach for addressing the social determinants of health and wellness.

2. Purpose

The purpose of this document is to describe the commitments of the parties over a two-year period. In this phase, the parties will:

• Support First Nations to develop plans and enter into partnership arrangements that enhance the coordination of responses to mental health and wellness, and substance use, and further enhance programs and services at local and regional levels.

• Strengthen partnership structures and processes at local, regional and provincial levels to ensure First Nations are full partners in the design of federal and provincial mental health and addictions strategies and services.

• Establish a new approach for federal and provincial investment in mental health and wellness services and infrastructure by increasing and leveraging investment from all sectors whose mandates are directly or indirectly related to mental health, thereby providing greater predictability and flexibility for First Nations to plan, design and deliver a full continuum of community-based mental health services, and establishing mechanisms for reciprocal accountability.

• Explore innovative approaches that support the implementation of community-driven and Nation-based health and wellness plans that address the social determinants of health and wellness.

The approaches proposed in this document will provide the basis for the parties to work with First Nations in the development of a ten-year tripartite social determinants of health strategy that further supports and enables the implementation of Nation-based health and wellness plans.

### 3. Shared Vision

The parties share a vision of healthy, self-determining and vibrant First Nations children, families and communities in BC.

To achieve this shared vision, the parties must take action together to improve the systems that serve First Nations children, families and communities in BC. Building on the existing tripartite health partnership, the parties are committed to creating a culturally safe, comprehensive and coordinated continuum of mental health and wellness approaches that affirms, promotes and restores the mental health and wellness of First Nations in BC and that contributes to healing, reconciliation and Nation rebuilding.

As reflected in this document, the parties are committed to facilitating a whole-of-government approach that supports First Nations to design a continuum of integrated community-level services. By taking these steps together, the parties are committed to making immediate service improvements and building the foundation for future actions necessary for achieving the shared vision of the parties.

### 4. Principles

The parties will uphold the following principles endorsed by First Nations in the 2011 Consensus Paper (British Columbia First Nations Perspective on a New Health Governance Arrangement) when proceeding as outlined in this document: Community-Driven, Nation-Based; Increase First Nations Decision-Making and Control; Improve Services; Foster Meaningful Collaboration and Partnership; Develop Human and Economic Capacity; Be Without Prejudice to First Nations Interests; and Function at a High Operational Standard.

For greater certainty, this process is without prejudice to First Nations interests and does not limit, impede or alter existing agreements or discussions between First Nations and Canada and BC.

### 5. Commitments

The parties will work together over a two-year period (2018/19 – 2019/20) to make progress on the following commitments.

Canada's commitments hereunder are in relation to federal funds not already provided to the FNHA by Canada under the *Canada Funding Agreement* and/or the *Canada Consolidated Contribution Agreement* under the BC Tripartite Health Process. All engagement and new funding functions set out for Canada in this section and this document may be undertaken by the FNHA, whereby the FNHA will undertake those activities based on the terms and conditions to be provided by Canada but in a manner to be planned and directed by the FNHA.
5.1 Community-Driven and Nation-Based Planning and Partnerships

- The parties will work together to support First Nations communities and Nations to develop, renew or redesign health and wellness plans in a manner that aligns with their vision of health and wellness, contributes to capacity building and healing, and complements existing community planning processes.

- The parties agree that a wholistic, strengths-based, family-focused and community-driven approach to health and wellness planning will allow Nations to design, deliver and realign services along a continuum of mental health and wellness approaches. The parties envision that these plans will focus on enhancing protective factors associated with positive mental health and wellness outcomes and identify strategies to strengthen the linkages between federal, provincial and First Nations agencies that provide services to First Nations children, youth and families.

- Through these processes, the parties will promote innovative partnership arrangements with First Nations that facilitate greater cross-agency collaboration and the alignment of funding and services with Nation-based health and wellness plans.

- Beginning in 2018/19, the parties will work collaboratively to find new funding to support, sustain and foster the evolution of these planning processes over the long-term.

5.2 Flexible, Predictable and Sustainable Funding for Mental Health and Wellness

- The parties will work together to establish a new and more flexible funding approach that supports First Nations to plan, design and deliver a full continuum of mental health and wellness services.

- The key features of this new funding approach will be flexibility, predictability and sustainability. Through this new approach, the parties will seek to simplify funding and reporting structures with the view to streamline the process for First Nations to access federal and provincial funding for mental health and wellness services and prevention activities. This will be achieved by increasing and leveraging investments from all sectors whose mandates are directly or indirectly related to mental health and wellness and through pooling federal and provincial funding for mental health and wellness services. The parties envision that this new approach will support the shift from program-based, proposal-driven funding processes to a process of outcome-based investment that provides Nations the flexibility to align resources with their health and wellness plans and priorities.

- Beginning in 2018/19, the parties will work together and with First Nations to confirm the total funding commitment required to establish, sustain and support the evolution of this funding approach over the long-term. As part of this, the parties will carry out a joint financial analysis to inform federal and provincial budget planning.

- To test this new approach, Canada, BC and the First Nations Health Authority (FNHA) will provide funding for demonstration sites that support enhanced service delivery models for mental health and wellness starting in 2018/19.
5.3 Mental Health and Wellness Reporting Framework

- The parties will work collaboratively to identify health and wellness indicators that align with the outcomes the parties aim to achieve through this flexible funding approach. Through planning, Nations will identify strength-based indicators that align with agreed upon population-level outcomes and that reflect the unique cultures, languages and capacities of their communities.

- Beginning in 2018/19, the parties will work with First Nations to establish a mental health and wellness reporting framework that informs shared learning and supports an evolving investment strategy based on shared priorities. The reporting framework will build from the First Nations population health and wellness indicators identified by the FNHA and the Provincial Health Officer for inclusion in provincial reports.

5.4 Mental Health and Wellness Infrastructure Funding

- The parties recognise the need to build, repair, renovate and expand a number of Indigenous treatment centres in BC to ensure First Nations can access effective culturally safe mental health and substance use services and supports. The parties are committed to working together to develop a tripartite plan to address these objectives. This tripartite plan will be presented to the Tripartite Committee on First Nations Health in September 2018.

6. Commitment to Ongoing Collaboration and Partnership

The parties agree that making progress on improving mental health and the social determinants of health requires a strong commitment to collaboration, collective action and reciprocal accountability. The parties are committed to working within their systems to mobilise their respective contributions, authorities, assets and innovations in support of the shared vision.

Building on the First Nations health governance structure, the parties will explore the establishment of a tripartite committee structure to operationally oversee the implementation of this document and to coordinate and align planning, programming and service delivery related to mental health and substance use in BC.

Building on commitments in the tripartite health plans and agreements, the parties will maintain bilateral meetings at a Deputy Minister level to explore opportunities to enrich the approaches proposed in this document. This will include twice a year meetings between the FNHC and the Federal Deputy Ministers Committee on the Social Determinants of First Nations Health and twice a year meetings between the FNHC and the Provincial Deputy Ministers Committee on the Social Determinants of First Nations Health.

At least once a year, the parties will coordinate a tripartite meeting with the FNHC and the appropriate Deputy Ministers for both Canada and BC as a means to review progress, discuss priorities and emerging expectations, and continue the development of the ten-year tripartite social determinants of health strategy.
7. Implementation

Within the first three (3) months of signing this document, the parties will develop a two-year implementation plan (2018/19 – 2019/20) that sets timelines, deliverables, engagement priorities and principles consistent with the commitments set out in this document. This implementation plan will be made public as a measure to track and report on progress to BC First Nations. The parties will link this implementation plan with the new provincial mental health and addictions plan.

The parties will revisit the commitments in this document on an annual basis with the understanding that this document will be renewed or replaced as the parties develop the ten-year tripartite social determinants of health strategy.

8. Dispute Resolution

The parties agree that taking action together on shared commitments must be supported by a strong and enduring partnership among them that the parties nurture and that evolves over time. The parties acknowledge that, in spite of their best efforts, they will make mistakes. They agree that they will learn from the past, move forward together, and resolve conflict in a positive way, that they will not abandon their journey together, even when they encounter obstacles along the way.

Consistent with the principle of reciprocal accountability, the parties are committed to working collaboratively and to avoid, or at least, minimizing disputes with respect to the implementation of this document. To that end, the parties will:

- Establish clear lines of communication and clearly articulate expectations in the interpretation and implementation of this document.
- Seek to address anticipated disputes in a manner that is expeditious and cost-effective.

It is understood by the parties that this document is a statement of intentions and not intended to be legally enforceable. The parties nevertheless acknowledge that disputes may arise and agree that they will strive to resolve any such disputes in a non-adversarial, collaborative and informal atmosphere. In the spirit of recognition and respect, cooperation and reconciliation, the parties will incorporate alternative forms of dispute resolution that reflect First Nations values and protocols that may be appropriate for facilitating positive outcomes in particular circumstances.

If disputes arise in relation to respective commitments in this document, each of the parties shall nominate a representative who shall promptly and diligently make all reasonable efforts to resolve the dispute and determine a mutually agreeable course of action. In the event that the representatives nominated by the parties are unable to resolve the dispute in a timely manner, the matter will be referred to the signatories for resolution.
SIGNED ON THE 26TH DAY OF JULY, 2018.

Signatories

SIGNED BY:

GOVERNMENT OF CANADA

Honourable Jane Philpott,
Minister of Indigenous Services

Dr. Rusnak,
Parliamentary Secretary to the Minister of Indigenous Services

GOVERNMENT OF BRITISH COLUMBIA

Honourable Judy Darcy,
Minister of Mental Health and Addictions

Honourable Adrian Dix,
Minister of Health

Honourable Scott Fraser,
Minister of Indigenous Relations and Reconciliation

Honourable Katrine Conroy,
Minister of Children and Family Development

FIRST NATIONS HEALTH COUNCIL

Grand Chief Doug Kelly,
Chair, First Nations Health Council

SUPPORTED BY:

FIRST NATIONS HEALTH AUTHORITY

Colleen Erickson,
Chair, First Nations Health Authority

WITNESSED BY:

Nick Chowdhury,
Deputy Chair, First Nations Health Council

WITNESSED BY:

Indigenous Services Canada

Ministry of Mental Health and Addictions

Ministry of Health

Ministry of Indigenous Relations and Reconciliation

Ministry of Children and Family Development

WITNESSED BY:

First Nations Health Authority

Chair, First Nations Health Authority