Smith Wright, Siksika Nation, titled: Learning to Fly
Acknowledgments

The First Nations Health Consortium dedicates this report to First Nations children and their families across Alberta. You are the reason we are here.

FNHC is pleased to present our 2019-2020 annual report. Our report speaks to the fundamental underpinnings of our work: that every First Nations child deserves the same level of services and supports as those provided to non-First Nations children.

Our values reflect our passion and commitment. Every child matters... and we will do all we can to improve the quality of their lives. This report demonstrates the difference we are able to make in children’s lives through strong leadership, effective management, capable staff and service providers, all in collaboration with our many valued stakeholders.

We are about people. People with strong values who put those values to work every day in supporting the needs of First Nations children. We extend our gratitude and heartfelt thank you to all who contribute to improving children’s lives:

• **Families and their children** who put their trust in us

• **Frontline staff** who work diligently and with compassion to meet children’s needs

• **Service providers and vendors** representing an array of multiple disciplines and industries who respond quickly to our requests to address children’s needs

• **Management team members** who guide and support staff in doing competent work

• **First Nations Chiefs and their Councils** in Alberta who encourage, guide, and promote our work

• **FNHC Board of Directors** for their dedicated leadership in creating the conditions that enable FNHC to be the best it can be

• **Government of Alberta, especially the Ministries of Health and Children’s Services, and Indigenous Services Canada, especially the First Nations Inuit Health Regional Office in Edmonton**, for their support and collaboration in working towards the best outcomes for First Nations children

With the above strong and committed cadre of people working on behalf of the needs of First Nations children, no child will be forgotten. Our commitment is steadfast and will remain so in proving that every child matters.

**G. Barry Phillips,**
Executive Director
First Nations Health Consortium
On behalf of the Board of Directors
Oki, February 14, 2017 was a pivotal day for Indigenous families and children in Alberta. The First Nations Health Consortium (FNHC), consisting of Bigstone Health Commission, Kee Tas Kee Now Health Services, Maskwacis Health Services, and Siksika Health launched the Jordan’s Principle Enhanced Service Coordination project to service all Alberta First Nations living on and off Reserve.

To date we helped close the gap in services for over 2,000 children through the program. Indigenous Children have benefited in many ways, who before, would have been forgotten in the system, their needs denied and unmet. Our dedicated Access Workers and Regional Service Coordinators work with the families to identify not just the need, but create a solution that improves the health, wellness, education, and sociability for these children.

Helping children reach their maximum potential strengthens our communities and keeps our commitment to “No Child 4-Gotten,” and “none will be left behind:”

This report speaks to some of the success stories the program has provided. Our program parameters are consistently changing as gaps in service are identified, and we recognize that more needs to be done. We will continue to provide our services in the spirit of reconciliation as we acknowledge that intergenerational trauma still has an effect on our Indigenous Children.

Indigenous Services Canada-Alberta Region and FNHC are leaders in Service Coordination, and we stand committed to advocate for progressive change that protects the rights of the children we serve.

Our collective leadership provides wisdom and guidelines through a Strategic Planning process that our Management Team develops into action plans. When implemented, it improves our outreach to ensure continued compliance to the Jordan’s Principle Judicial and Tribunal Orders.

Thank you to our Leadership, our Management and our Staff for their continued focus and support for Jordan’s Principle.

Most importantly, thank you to the youth and parents who reach out and access our services in times of vulnerability. We will continue to keep Indigenous Children as our focus in all our efforts as an organization.
As the Executive Director of this organization and with 45 years of health management experience, this is the most satisfying job I have ever had.

We make a difference in the lives of every child and family we can help.

As you read through this Report you will see real examples of needs being met and children whose future has been changed for the good. Families who have now been provided with opportunities that were previously unavailable to them are experiencing hope and comfort.

Actions taken by our government to ensure unbiased, respectful, and just service, is available and funded, and narrows the gap in inequality of service and removes jurisdictional barriers. Previously, these gaps and barriers placed obstacles in reaching the full potential of a child’s health, social, and educational goals.

Our team of dedicated people from various backgrounds and careers bring their experience, skill, and determination to making sure that “No Child 4-Gotten”. Every effort in supporting a family or child’s request is managed. I cannot thank these staff members enough for their hard work. Their success means the organization’s efforts and the objectives underlying Jordan’s Principle are being met.

Lots still needs to be done. The data we’ve collected demonstrates that new, innovative, and less bureaucratic methods of recognition and resolution in areas of need have to be developed and implemented. But we are on the right road and with the continued support from our Governments and First Nations Leadership we can and will continue to make a difference.

Please read this Report. It allows all of us to appreciate what has been done and what needs to yet be accomplished if we truly want to remove the barriers of inequality and inequity of service forever.

Our Board of four very successful Health Managers understands what needs to be done and supports the TEAM by ensuring we have the resources needed to meet their strategy and plans. We thank them for their leadership and direction.

The children we service need your support. They have ours and together we can make a difference. Every child matters.

G. Barry Phillips,
Executive Director
Every Child Matters
Enhanced Service Coordination for Jordan’s Principle
Annual Report 2019-2020
Throughout these pages you’ll learn more about why we exist, what we believe in, and how we’re changing children’s lives.

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What is Jordan’s Principle?

Jordan’s Principle is a Child-First Initiative created in Jordan River Anderson’s honour. It ensures that First Nations children have equal and fair access to services available to other Canadian children. Jordan’s Principle shields First Nations children from government disputes.
Who is Jordan River Anderson?

Jordan River Anderson was a First Nations boy from Norway House Cree Nation in Manitoba, who was born with a rare neuromuscular disease. Because his complex medical needs could not be treated on reserve, Jordan was transferred to a hospital in Winnipeg, far from his community and family home. In 2001, a hospital-based team decided that Jordan's needs would best be met in a specialized foster home closer to his home community. However, federal and provincial governments argued over financial responsibility for Jordan's proposed in-home services. During these conflicts, Jordan remained in hospital, even though it was not medically necessary for him to be there. Jordan died in 2005 at the age of 5, never having had the opportunity to live in his family's home.
Our mission, values and vision for all that we do

Who we are

The Alberta First Nations Health Consortium (FNHC) is a province-wide organization developed to improve access to health, social, and educational services and supports to First Nations and Inuit Children throughout Alberta, both on and off reserve, through a single Enhanced Service Coordination model.

The enhanced service coordination model uses a multidisciplinary approach, combining staff knowledge, experience and skill sets to help make the right decisions for the child.

Our children and families now have a direct point of contact with appropriate services when they are needed. The First Nations Health Consortium helps families find service providers in the health, social and educational systems.

Because we care, FNHC will help to restore and sustain our Peoples’ health and wellbeing for generations to come.

Our mission

Working together, honouring, advocating, and enabling equitable access, to meet the needs of our First Nations People
Our values driving our vision

**Respect**
We value and honor the diversity of First Nations cultures, languages and aspirations.

**Compassion**
We seek to understand each other’s individual and community experience.

**Love**
We have love and affection for our People.

**Fairness**
We are fair and equitable in all our actions and decisions.

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Our vision
- **Our rights**
- **Our people**
- **Our quality of life**
Our help comes in many forms.

We are the link. We help families get access to service and supports their children need. Children may have health, educational, and social needs that affect their ability to have a better quality of life and realize their potential.

Giving families information so they can help themselves

Working with governments to get the services and supports children need

Referring families to professionals who can help them

When you call, you’ll be connected to an Access Worker who will listen to your concerns and work with you to determine the type of help you need. From there you might be referred to another person called a Regional Service Coordinator who will work with you and other professionals to get the services and supports you need.

Our help is only a phone call away

1-844-558-8748
Our Beginnings
Making a Difference in Children’s Lives

Our purpose is clear; our passion is strong: enhancing the quality of lives of First Nations children.
Our commitment
vision and values in action

Not only are the children and families thankful for the help they receive, we also experience joy when children’s needs are met and when we are doing our best to make that happen. Our regional enhanced service coordination approach and strategy for doing things right is critical to our success. We make sure as many children as possible are receiving the services and supports they need regardless of where they live in the province and whether they are on or off reserve.

More and more children’s needs are being identified across the province. We’re determined to do our best to meet them. In July 2019, we made some organizational changes and increased staff positions to better meet children’s needs.

Here’s what we did and continue to do to be effective in meeting the needs of Indigenous children.

- **Enhanced the leadership focus across the province** by creating two Team Lead positions, one for Northern Alberta, Dyan Harke, and the other for Southern Alberta, Lorinda Patterson. This allows us to focus our efforts in reaching out to children and their families to make sure no child is suffering because of their unmet health, educational, or social needs.

Dyan Harke
Northern Alberta
Team Lead

Lorinda Patterson
Southern Alberta
Team Lead
- **Hired more frontline staff to work more closely with families, their children, and their communities.** We’re proud of our diverse team with staff who speak Blackfoot, Dene, and Cree along with varying backgrounds in nursing, social work, education, and child and youth care. This diversity strengthens our working knowledge and ability to navigate complex service systems in culturally appropriate ways.

  - In Northern and Central Alberta we hired five more Regional Service Coordinators and two more Access Workers. The staff understand the challenges of working across vast geographical distances, often with limited cell phone/Internet service and minimal road access; challenges in finding and accessing appropriate goods and services.

  - In Southern Alberta we hired two more Regional Service Coordinators.

- **Increased our presence in working closely with others,** whether they be community organizations, service providers, or community members, we’re participating in community events, interagency meetings, and providing group presentations on Jordan’s Principle Child First Initiative. We work closely with regional Focal Points (Health Canada staff who handle funding requests for services and supports under Jordan’s Principle) to discuss specific children’s needs, reasons for denials and delays, to provide input into policy changes, and to share updates on new information.

- **Kept up to date on available community and regional health, educational, and social resources.** Lunch and Learn sessions provide valuable learning opportunities along with other day-to-day interactions.

Our services are not just about what we do but who we are. It’s the way we bring our talents and gifts to everything we do to make connections with children, families, and communities. Sometimes that means being vulnerable to help children get the services and supports they need. Every successful story translates into building trust. That’s why we’re here. That’s at the heart of everything we do.

**Thank you so much for helping Jean-Paul. The educational supports will make a difference for JP. Paul and I cannot thank you enough. Thank you for everything you’ve done to help JP.**

**With gratitude, Trina Babin**
Families and their children’s lives are changed

Children are our passion. Our team of Access Workers and Regional Service Coordinators along with the service providers, work hard to ensure that children’s needs are understood and met as quickly as possible. Sometimes the process happens quickly when a child’s needs are relatively straightforward. Sometimes the process takes longer when a child’s needs are more complex. At the end of the day, every child matters and no child is forgotten.

The following are some heartwarming stories as told by families whose children’s needs were successfully met. Joy and satisfaction in seeing a child thrive and grow are some of the rewarding aspects of parenting. For children and their families, it means happiness and hope for a promising future, believing that their children can now do something that they may have felt impossible before.

Stories from Southern Alberta

Family Story 1 Cruising in a new wheelchair van: Cason White Quills (18 years old)

Told by Grandma Trina ETF and Cason White Quills and submitted by RSC Beatrice Little Mustache

Oki, I am very thankful for the First Nations Health Consortium for making me aware of the possibility of applying for a handicap accessible van for Cason through Jordan’s Principle. I received a call from Beatrice Little Mustache asking me to write a letter and how it would benefit Cason. I wrote the letter and how Cason would benefit having a wheelchair accessible van.

To our surprise we received a call that the letter was approved for a handicap van.

I don’t have to transfer Cason from wheelchair to vehicle. Now I just push up the ramp and away we go. We are sincerely thankful, it’s truly a blessing.
Connecting with other services to find a needed home

Submitted by Access Worker Rebecca Rochon

As an Access Worker, my role is to assist families in connecting with needed services and service providers. Often this means completing an intake with a family to begin the process of applying for Jordan’s Principle, but sometimes there are needs that come up that could use a different approach.

**In March I was made aware of a family facing homelessness. This family was very large with many children, and were being evicted from their home with nowhere to go.**

Through research and my knowledge of the local resources, I was able to connect the family with a social worker at the SORCe center. Through our cumulative efforts, we were able to connect this family with the resources they needed to obtain a rental subsidy for a home.

Not just about learning but also building confidence: JP Babin, 14 years old

As told by Julie Dixon, Student Services Learning Leader; submitted by service provider, RSC Leonda Solway

This year, Jean-Paul has benefitted from one-on-one EA support through Jordan’s Principle, which has allowed him to delve more fully into learning, complete assignments consistently and on-time, see success in test writing and demonstrate ability to show good levels of understanding. Aside from academic successes, JP has also made friends, attended school regularly and begun to engage in class discussions and group projects, something he did not demonstrate in grades 7 and 8. As I support Jean-Paul in his transition to High School, I have no doubt that without the support of an EA, JP would lose the momentum in learning he has shown this school year, as well as the confidence in himself he has begun to demonstrate. I know JP is capable of living a fulfilling life and contributing as an engaged citizen in society.

**The support Jordan’s Principle provides will help him realize his own potential, something that he is just beginning to explore.**
“Actually, mom the best part is that I’m actually learning” Deya Heron
12 years old

As told by Deya’s mother Andrea Heron and submitted by RSC Michele Edwards with Reading Foundation

Prior to this program, getting Deya to go to school was a constant battle. Now I have a willing participant who is taking responsibility for his learning as he has the adequate level of support he needs. He says he enjoys it because they take the time to explain things to him and he understands. He said “actually mom, the best part about it is that I’m actually learning.”

From the bottom of my heart, mahsi – thank you. I can’t accurately articulate how much this means for Deya and to our family...his life is forever altered profoundly for the better, there truly are no words...

It’s going on week two and I’m still crying tears of joy for my son every time I pick him up. I honestly feel like my son never had a chance before and now with this gift from Jordan’s Principle.
A loving horse can make all the difference: Makelti White Bear (8 years old)

As told by mother, Stephanie, and submitted by Peggy Minde: Equine Therapy

In the spring of 2019, my daughter, Makelti, was finally diagnosed with ADHD-Inattentive. She struggled with peer relationships, focusing in school, and acting before thinking. We began a medication routine, but her paediatrician recommended other therapies to support her in her areas of need.

**Because of Peggy and her supervisor’s dedication, my daughter received funding for 16 weeks of Equine Therapy (the entire winter season) and will have the opportunity to access these funds again next winter.**

Due to her ability to focus much better now, she has advanced from an end of Grade 1 reading level to an end of Grade 4 reading level in only 6 months! Makelti has also been able to make good, lasting friendships. She was invited to her first birthday party this year (as well as others!) I do not think she could have had this much growth without Equine Therapy (provided by Humblehorse Ranch).

I could not have provided access to my daughter without the help of Jordan’s Principle. Peggy was instrumental in securing funding for Makelti.

She helped with the acquiring of various forms of paperwork and documentation needed, compiled it all, and pursued it even after being denied at the national level. I am beyond grateful for Peggy’s dedication, as well as the support of the entire Calgary area office.
A new mattress is all it took:
(male, 17 years old)

As told by Krista Tailfeathers, RSC

In January 2020 a single mother reached out to the First Nations Health Consortium looking for help in getting her 17 year old son a new mattress. The child was admitted to the hospital due to respiratory problems. After several diagnostic tests the doctor determined that the child had a rare disorder and that the mold in the child’s mattress was causing his condition to flare up significantly. Following the doctor’s diagnosis, the mother threw away the child’s mattress.

He was then forced to sleep on the couch, until the mother found a cot at a local second-hand store. At the time of the call the mother had just withdrawn from post-secondary because she could not keep up with her studies while simultaneously caring for her son.

The child’s father was also unable to meet the child’s needs because he was not financially stable. The mother requested to have a mattress and box spring covered through Jordan’s Principle. In late February 2020 the child was approved for a new queen-sized mattress and box spring.

The child’s mother was very thankful, stating that it was his first brand new bed set since he was a young child.

She never failed to mention how grateful she was to have been approved through Jordan’s Principle, and that it had a remarkable improvement on the child’s quality of life.
Stories from Northern Alberta

Family Story 7

“I had someone who would help my little boy get what he needed”

As told by RSC and caregiver; submitted by Jaspreet Atwal, RSC

The work we do is important, because we learn to understand the needs for the child and how to assist in ensuring those needs are being met. It takes time, as sometimes we ourselves have to navigate different systems, and learn how those services meet the needs of a child.

One of the stories that stands out for me, is about a 7-year-old boy, who has multiple complex medical needs and is non-verbal. He is a child who cannot walk or share what he is thinking or feeling. He is fully dependent on his Caregiver to take care of him. When I first connected with his Caregiver, he required different types of equipment that would not only help him, but also help his Caregiver to provide the best care for him on a daily basis. It was difficult for his Caregiver to get this equipment, as he is under the care of Children Services. The Caregiver shared the challenges they had with the Case Worker and the communication breakdown, with everyone involved on his care team.

As Regional Service Coordinators, we become involved for many different reasons; to help navigate systems, connect families to resources and most importantly identify gaps in services.

I connected with his Occupational Therapists, and the Delegated First Nation Children Services Agency Director and Case Worker in explaining what needed to happen, in order for him to receive the equipment he needed. After many conversations, phone calls and emails, I was able to work with a Vendor, when it came to ordering this equipment. They accessed funding through Non-Insured Health Benefits and I submitted a request to Jordan’s Principle for the remaining costs for his medical equipment. At this point in time, we are still working together in ensuring the equipment is effective and fitted to meet his needs.
Without the support of our First Nations Health Consortium Team, and the Alberta Jordan’s Principle Focal Point Team, nothing we do would be possible.

This is the story as told by the caregiver

Jas reassured me that he would have everything he needed and she would help him get it. When she said that, I was comforted in knowing, I had someone who would help my little boy get what he needed.

Jas got it done. She worked tirelessly to make sure his needs were met, as what he needed was being denied by his Legal Guardian.

Jas has never even met him before. If it wasn’t for Jas, he would continue to suffer and we would never get the equipment he so desperately needs.

I could never thank her enough for the countless hours she has put in for our family. Thank you Jas for being the biggest fighter in his corner. Thanks to you he will finally get the safety measures in place to help him through his day. I cannot even say how much help this will be in keeping him with us, his family who loves him so desperately and just want him safe. We could never thank her enough and I am sure if he could talk that is the first thing he would say.
Family Story 8 Easing the pain of a teenager diagnosed with cancer

As told by Jen Hilditch, RSC

A family was seeking support for their 16 year old diagnosed with cancer. The common treatments were not successful for this child and the medical team changed the treatment plan to CBD oils and capsules and to monitor for a period of a year. Medical Marijuana is not covered by most health benefits and this family was struggling to pay approximately $2000.00 a month for months to fulfill the prescription from the Doctor.

The family went through their savings, held bottle drives, and reached out to community resources but felt like they had reached out to every option for help.

When the request came to the FNHC we worked hard with the family to get all supporting documents, from teachers, doctors, social workers and other hospital staff. The work to gather these documents was priority as this was the first Medical Marijuana request in Alberta and was requested to fight a child’s cancer.

When I received the approval and called the family, I was met with tears. They had earlier that day been ready to give up. They prayed to Creator, and then received the approval phone call the same afternoon.

The family says they can now focus on their child’s health without the panic of trying to figure out a way to purchase and order these medications. After the approval our enhanced service coordination was able to continue to support the family with signing up for the online profiles, sending the medical documents and setting up billing so that the family was able to access the online dispensaries with ease!
Creating a better quality of life for a toddler

As told by Tammy Island, RSC

In the Fall of 2019, I initiated an intake file for a family with an 18 month old girl. During infancy and shortly after birth, their baby girl was diagnosed with dysplasia of the left hip, and her hip was dislocated. It was determined that she would require surgery to fix her hip, but it would take some time before the surgery could be performed. The mother shared that it took a full 14 months before the surgery was done.

**During a time when a young toddler should be experiencing many milestones and firsts, instead she was met with a time that left her in hardship and with difficulty to move.**

The family faced struggles with moving and transporting her because they didn’t have a proper sized stroller to allow for the space for the body casting. As well, she didn’t have an adequately sized bed; this added to her pain and discomfort. The mother shared that many times they missed out on opportunities such as participating in community events, visiting with family, even getting to and from important appointments or shopping for essential needs for the family was a very stressful and daunting task.

When it was decided that she would need another surgery by Spring of 2020, the mother reached out to several agencies to apply for funding or services to fill the specialized needs for her child. She was faced with denials; there wasn’t funding available for her requests. Fortunately, the mother received a referral to Jordan’s Principle; they referred the family to First Nations Health Consortium to assist with an application in the Fall of 2019. She was in hopes that we could assist with her child’s specialized needs.

*I am very elated to share that the family received the items they need based on the approval of the application.*
Family Story 10

Saving a youth’s life

As told by the parents of a 16 year old girl in Calgary, Alberta

We first reached out to the First Nations Health Consortium - Jordan’s Principle in May 2019. We needed urgent financial assistance to obtain a private Fetal Alcohol Spectrum Disorders (FASD) clinical assessment for our daughter, who was not eligible to access the FASD assessment through Alberta Health Services. We were assigned a Caseworker right away, who supported us and gently walked us through all of the necessary steps to submit a funding request. It did not take long and our request was approved - Jordan’s Principle fully funded the private FASD assessment. We again reached out to First Nations Health Consortium later in 2019 for additional funding for counselling services; and then once again for further funding for our daughter to attend long term intensive drug rehabilitation treatment program.

We were at a terrible point in our lives, and our daughter’s life was hanging in the balance due to our limited financial means, her urgent mental health needs, and the community’s inability to provide any real assistance.

We are very thankful every single day for the lifeline of hope and for all of the help that has provided to our family.
Working together with service providers is key to our success

Service providers across the province are also committed to a child’s success. FNHC has established meaningful and helpful relationships with a variety of service providers who work hard to provide children with the services, support and equipment they need.

Like the staff of FNHC, their work is rewarding when they see the benefits, growth and development experienced by a child. Following are some of the testimonials given by some service providers we worked with over the past year. We are grateful for their support and exceptional service.

Service Provider 1

How true collaboration helps students with complex needs

As told by Sue Humphry, Registered Psychologist #2102

In my role as a Psychologist, I have had the opportunity to provide services through the First Nations Health Consortium. I was contracted to complete psychological assessments of school age clients. My experience with the Enhanced Service Coordination of the psychological assessments has been outstanding. The communication was prompt and all interactions were positive and professional. The school team and parents received the required paperwork as part of the assessment process and this paper work was ready at the time of the assessment. The school teams were welcoming, flexible and appreciative of the conferencing prior to and following the assessment. The efficiency of this process enabled me to complete the assessment with the student, prepare the report and conduct post conference sessions with parents and school team within a short time frame (4-5 weeks).

This provided the opportunity for students to have access to services and supports targeted to the students needs, without delay.

The students who were served through the First Nations Health Consortium were students with complex needs, requiring immediate support. It has been my pleasure to be contracted through this Consortium to provide support to families and school teams.
Friendly expert knowledge quickly helped a child in need

Kirstin Taylor BSW RSW, Case Management/Social Worker II, Audiology and Children’s Allied Health Services

I contacted Jordan’s Principle for help funding a medication that was not covered for a child I was working with.

Everyone I had contact with, from intake to the local service rep Beatrice, and the southern Alberta team lead for the FNHC, was friendly and efficient and took my concerns seriously, including the urgency of the request.

Beatrice Little Mustache, RSC, let me know what documents were needed to support the request so that time wasn’t wasted getting information that wasn’t needed. Working together the family was able to get coverage approved in only two days.

Horsemanship: enriching youths’ cultural knowledge and experience

Cultural Program submitted by Tyrone Potts

I would first of all thank Jordan’s Principle and all the staff for what you all have done for the Piikani Youth Riding Program in their period of 2019/2020. We have had approximately 300 kids come through the program in the past year.

We have had our Elder Morris Little Wolf teach all the children about our culture and heritage along with the history to reconnect our Blackfoot Traditions of man and horse.

The Piikani Youth Riding Program had 30 horsemanship sessions along with a mini rodeo, two trail rides, 4 roping and barrel racing clinics. We hosted a community Christmas banquet and a year-end banquet which was very well attended.
Supporting multiple needs and making learning possible

Submitted by Anna Mullback, School Family Liaison, Early Learning & Area 3, Calgary Board of Education

As a School Family Liaison worker, I work with many families that are struggling to access services and support to meet their children’s needs in all areas of their life. Often these families have moved a lot and switched schools which has resulted in them not always being able to access supports and services.

A number of complex kids have received a psychological/educational assessment which has enabled their schools to put additional supports in place to support their learning, or enabled them to access a specialized setting, providing them with more one on one support and services.

One student was on a severely modified day due to the complexity of his behaviour. Following an assessment accessed through Jordan’s Principle, the school was able to gain a proper understanding of this student’s support and learning needs. As a result, he was moved into a specialized program with a smaller class and additional supports in place to meet both his educational and emotional needs.

Since this transition to a new school setting, he was able to attend full days and receive extra one on one support for his learning. The school has seen a great improvement in his attendance, academics and his mental health.

Another student received an assessment to understand his learning needs, as he was below grade level at school despite lots of interventions with his learning. Following an assessment through Jordan’s Principle, a learning disability was identified. As a result, he now receives more targeted learning to support his needs and has been receiving additional accommodations to help him be more successful.

Jordan’s Principal has also assisted families in receiving external speech supports enabling them to receive more comprehensive, targeted supports outside of school to help them improve their receptive and expressive language skills. This has a huge impact on their learning and engagement at school and home.

Another student had significant hearing loss and needed a specialist hearing device that was not covered by NIHB or Alberta Health Care. This specialist device was accessible through Jordan’s Principle, which in turn enabled this student to participate in learning as a regular student in a class would with no hearing loss.

Each time I contacted the FNHC I spoke to professional, friendly and supportive staff, who provided me with up to date information, going out of their way to assist both the family and myself access support through Jordan’s Principle.
The long-term impact of this cannot be underestimated as it reduced the chance of frustration with school and a student dropping out.

Thank you for all you do at FNHC.

Service Provider 5

1st Canadian Medical Supplies and Equipment: efficient and reliable

Told by Tina Littlechild, RSC, Maskwacis

1st Canadian Medical Supplies and Equipment are used all the time. As a vendor they are efficient and reliable in obtaining the supplies and/or equipment a child might need.

Children with ADHD and autism have benefited from weighted blankets and vests that help to calm behaviour and enable kids to sleep better. Sensory toys such as squishy and bouncy balls, swing hammocks, and chewy toys are frequent requests for children with autism. Room heaters, air purifiers and humidifiers are frequently provided in homes where children are experiencing respiratory problems. A generator was also provided for a child dependent on tube feedings that are automatically provided whenever the need arises.

Other beneficial equipment included a C-Pen for a child to assist with reading and learning and Libres for children with diabetes, a diabetes monitoring system that eliminates the need for finger pricks and finger stick calibration. Most recently chromebooks were provided to about 22 children who were unable to attend school due to COVID-19 so they could continue their education online at home.
Breaking the barriers to help children with multiple needs

Submitted by Pauline Cardinal, MSW, RSW, Indigenous Pediatric Social Worker, Stollery Awasisak Indigenous Health Program

This program has provided another outlet to families who have felt powerless and inadequate as parents.

*When parents with children diagnosed with complex medical needs continue to be bombarded by barriers from the current systems in place for Indigenous families, FNHC has provided a safety net.*

Whether it is providing the services, finding the services or being the needed advocate, FNHC is an essential service to our Indigenous families.

Thank you to the team for being amazing and empowering change within a complex system.

Helping a school student achieve most improved award

Submitted by Derek Hatch, Principal, St. Mark Catholic Junior High School

*During this school year, we were able to provide educational supports to an FNMI student through a grant from Jordan’s Principle.*

A large part of this grant was used to hire an Educational Assistant who worked with this student, as well as other students. The Educational Assistant was able to help, guide and support the student and his family.

*Today at our awards ceremony, we acknowledged the student as the most improved student for Grade 7.*

This success story is largely due to the one-on-one support that we were able to offer. We have a district goal of success for First Nations, Métis, and Inuit (FNMI) students and we receive extra financial resources for FNMI students but with the current funding structure and cutbacks this year, we are not able to provide the one on one support that these struggling students need. I want to acknowledge Jordan’s Principle for their financial support of some of our most struggling students.
Navigating a maze of complex service systems to help children with complex needs

As told by Shannon Smith, Director of Student Services, Aspen View Public School Division

R, a 7 year old child, had not attended school when he arrived at Vilna School with a number of unaddressed medical and personal care issues including severe mobility challenges in September 2018. R’s complex medical and educational needs were compounded by his mother’s muscular dystrophy diagnosis (which includes diminished endurance and compromised executive function).

Thanks to collaboration with the First Nations Health Consortium and Aspen View Public Schools, the family was transported to and from the Stollery for a second appointment by transportation through the Saddle Lake Health Care Centre on February 22nd.

Our Occupational Therapist agreed to meet the mom and child at the appointments at the Stollery to advocate for them and to provide an explanation of what was being said about his condition. The family challenges exceeded typical parameters for service. While at the appointment, the mother indicated that they would not wait for the second consultation as they had no money for lunch or gas. The OT bought lunch and paid for gas to ensure that R was able to be seen at his appointments.

Without the cooperation and dedication of school staff and the FNHC, the family would not have had the support they require to attend important specialized medical appointments with R. Not finding ways to assist them as they struggle to maneuver through the maze of medical services would exacerbate their already complex needs and widen significant gaps.
Our work requires a strong interdisciplinary team of people supported by effective processes and strong infrastructure. Over the past year we made some important strides in strengthening our ability to be effective as well as efficient in serving families and their children. In January 2020, our first Human Resources Administrator, Glenda Galger, was hired.
Strengthening our dedicated team

We all come together as an intricate system of people whose skills make the work of FNHC a success

Our team is diverse in professional backgrounds and work experience: social work, nursing, business, psychology and child and youth care mixed with varied backgrounds in education, administrators, government, oil and gas, organizers, and planners.

Wondering how we’re all organized? See Appendix A for our organizational chart.

Our future human resource priorities

Keeping our staff competent and up to date is one of our human resources priorities. Training and development are critical to the health and safety of our staff as well as our clients. We are focusing on occupational health and safety, employee relations and employee benefits. Internally we’re developing a performance review system to promote communication, guide working relationships, and to review employee performance. We are committed to being and doing the best we can.

Glenda Galger
Human Resources Administrator

18 Additional staff across the province since January
30 Active staff serve children across Alberta
13 Locations cover the Alberta region
Improving how we do our work

The policies, procedures, and processes we use in our work help us to be more effective and efficient. Having an office added in Edmonton is a major asset for our central and northern Alberta staff.

Policies and Procedures

Continue to develop and fine-tune our policies and procedures so we can be more flexible in responding to needs

Office Infrastructure

Added an office in Edmonton to increase support to central and northern Alberta staff
Enhancing the funding process

Bringing some of the federal funding function inside FNHC

On June 1, 2019, Indigenous Services Canada (ISC) transferred partial responsibility to the First Nations Health Consortium as a pilot project, to administer “individual” ISC approved payments under Jordan’s Principle, Alberta Region, to expedite payments to families, vendors and service providers in a timely manner. This pilot project will continue until March 31, 2021.

FNHC identified this need in early 2018 due to delays in the payment process, with delays being as long as six to eight weeks, and in the case of some vendors and clients, the delays were six months or longer. In order to uphold the legislative requirements, the FNHC leadership moved forward with a proposal to Indigenous Services Canada to administer the funds through SARF (Service Access Resolution Fund) in the Alberta Region. Four objectives were the drivers behind the motion:

1. Expedite delivery of services and support to families and their children.
2. Reduce the delay in payments to vendors and reimbursements to clients.
3. Build and rebuild relationships with existing and new vendors that provide services to families and their children.
4. Be able to follow up with clients regarding any payment questions they may have.

Julia Knott
Manager, SARF Administrator
The pilot project has enabled FNHC to not only process payments more quickly but also provide wrap-around services to the families. Wrap around services include reaching out to families to see if the services have been received, inform clients and vendors when approvals are close to completion; and if the service provider is no longer available to provide the service or the family needs more guidance.

The project and its successes in various stages are largely due to the strong commitment and collaboration between FNHC and ISC Alberta Region. The trust and commitment between our organizations have already demonstrated our ability to work well together. This pilot project is an excellent example of how we are always looking at ways to better serve our First Nations children.

The FNHC SARF team is led by Julia Knott; Kayla Klatt joined in October 2019; then Kathy Brazel and Chi Thai joined in March 2020.
Stories get at the heart of the difference we’re making. Numbers also have an important story to tell. The following highlights show at a glance the difference we’re making. Detailed statistics can be found in Appendix B.

### Bringing it altogether

#### The numbers show our success

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total requests to meet needs on and off reserve</td>
<td>1,219</td>
</tr>
<tr>
<td>April 1, 2019 to March 31, 2020</td>
<td></td>
</tr>
<tr>
<td>Total health and health-related needs</td>
<td>333</td>
</tr>
<tr>
<td>April 1, 2019 to March 31, 2020</td>
<td></td>
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<tr>
<td>Total approvals for SARF funding</td>
<td>1,614</td>
</tr>
<tr>
<td>June 1, 2019 to March 31, 2020</td>
<td></td>
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<tr>
<td>Total SARF funds spent</td>
<td>$5,790,691</td>
</tr>
<tr>
<td>June 1, 2019 to March 31, 2020</td>
<td></td>
</tr>
</tbody>
</table>

Continually improving our Processes
Connecting Through Communications

Deanna Wolf Ear
Communications Officer

Heather Wolf Ear
Youth Engagement Coordinator
Helping to improve lives through compelling communications

Communications are about human connections — connecting to our First Nations families, their children, service providers and communities. The quality of our communications impacts the quality of lives of the families and children we serve. We’re focused on ensuring our Communications Department is consistently and continually coordinated within our organization and externally with those we serve and work with. To that end, our goals are clear:

• **Meaningful and user-friendly communication** that supports our purpose in helping families and children improve their quality of lives.

• **Clear information** for our communities, service providers and vendors about how to access enhanced service coordination across Alberta.

• **Responsive communication** that helps our service providers and vendors provide families and children with the services and supports they need.

• **Collaborative communications** with all our stakeholders to support the needs of families and their children now and into the future.

To accomplish this, we are committed to the ways in which we do our work:

• Providing opportunities for learning, understanding, creating awareness, networking, building relationships, and working collaboratively with communities, organizations, institutions, individuals and families alike.

• Enhancing work relationships given the diversity of our workplace. How we talk and listen to clients, partners, and all organizations affects how we improve the lives of First Nations children, youth and families.

• Collaborating with transparency and feedback, to help set up our clients, families, and partners for success. Working alongside our partners, clients, families and educators we learn how to best access and use available resources and keep moving forward.

• Participating in meetings and providing education and information on Jordan’s Principle to a range of organizations across Alberta, such as the University of Calgary and others serving Indigenous peoples.

We’re about real people engaging in real conversation based on our real desire to serve First Nations families and their children. The quality of their lives is the reason we’re here and we’ll continue to make that message loud and clear in all we do.

Deanna Wolf Ear
Communications Officer
Helping prepare youth for their adult journeys

Youth are adults in the making... that’s why their needs, rights, and experiences must be understood and taken seriously to prepare them for the next steps in their journey. FNHC believes in youth, having their voices heard, and giving them learning opportunities to help shape a hopeful world. FNHC’s commitment to youth was fulfilled with the creation of my position as Youth Engagement Coordinator in September 2019.

Our main priority is reaching out and working with Indigenous youth, an often overlooked and underserved population. Oftentimes these youth do not get heard, not because they lack an opinion, they often lack an adult who will listen. Relating to someone closer to their age can be less intimidating than with someone who has extensive life experience.

Our work involves multiple “hands on” approaches that help to build personal trust in gaining support and helping youth to meet their needs and, at the same time, promotes a positive and helpful image of FNHC.

- Meeting and talking to youth in middle and high schools For example, at the Strathmore High School, a ‘personal hygiene’ program was developed to help First Nations girls learn about personal hygiene and basic coping mechanisms. In one situation the information learned about oral hygiene led to a request for orthodontic services under Jordan’s Principle.

- Creating and managing social media for FNHC such as Facebook, Instagram, Twitter, LinkedIn, and most recently, TikTok. All of these types of social media provide other effective ways to reach the youth and those people serving the youth through the use of technology.

Not only do we change the life paths for many youth, but we also experience the satisfaction of giving youth a hand to raise awareness about First Nations’ reality. We want Indigenous youth to understand and know the gifts they are and the gifts they bring to their homes and communities. That’s why this position is so important.

Heather Wolf Ear
Youth Engagement Coordinator
Our regional enhanced service coordination model is being shared nationally.
Montreal, Quebec, November 2019
Assembly of First Nations – Nov. 13-14, 2019

“The theme of this inaugural event is Building Connections. We are in an era of change, and we must work together to see the full scope and meaning of Jordan’s Principle become a reality for our children. This gathering is one part of the AFN’s efforts to build connections and spread information to ensure that Service Coordinators are well supported in their essential work with First Nations children and families.”

National Chief, Perry Bellegarde

The First Nations Health Consortium received an invitation to speak at the meeting and participate in the panel which highlighted some of the best practices around the country related to Jordan’s Principle Service coordination and different innovative coordination models. Dyan Harke and Lorinda Patterson were panel speakers.

Vancouver, British Columbia, January 2020
Our Gathering – Jan. 21-23, 2020

Jordan’s Principle – Exploring a New Model of Service Coordination in BC. This session engaged with First Nations leadership and sought their views on an enhanced model of service coordination for Jordan’s Principle in BC. Information was shared regarding new investments in service coordination and a forthcoming Expression of Interest to determine interest in hosting a community based service coordinator.

The First Nations Health Consortium received an invitation from Madhvi Russell, Manager, Jordan’s Principle, Indigenous Services Canada on behalf of the First Nations Leadership Council and Indigenous Services Canada and Crown-Indigenous Relations and Northern Affairs Canada to present the FNHC Service Coordination – Alberta Region Model and share information on ‘What Enhanced Service Coordination Is’ from an Alberta perspective. Lorinda Patterson was the FNHC speaker.
Fulfilling the Memorandum of Understanding (MOU) with the Canadian and Alberta Governments.
One of the most exciting developments, a first across Canada, was the signing of a Memorandum of Understanding with Indigenous Services Canada and Alberta Health and Alberta Children’s Services ministries in November 2018. This MOU was the first agreement in Canada rooted in a tripartite approach. Each of the signatories to the Memorandum, including FNHC, affirmed their commitment to carrying out the beliefs and actions to improve the health and well-being of Indigenous children in Alberta.

Why the MOU is critical

The MOU gives FNHC the opportunity to apply the overall objectives underlying Jordan’s Principle by reinforcing the importance of the child-first principle - that all children receive equitable programs and services and the same quality of services as non-First Nations children and youth. The MOU provides the framework for Alberta and Federal Governments and FNHC to continue to work in partnership to coordinate services in Alberta, address gaps and share information, so that when a child needs support there are no unnecessary delays.

“The MOU is the first and, up to this point, only agreement of its kind in Canada, and we are proud that others regard the MOU as a ‘best-practice’ model for Jordan’s Principle implementation.”

Government of Alberta

“Commitment and action from decision-makers is a hallmark of the MOU and what may be achieved through it.”

Indigenous Services Canada
“In our every deliberation, we must consider the impact of our decisions on the next seven generations. By teaching our children to share, we instill in them a value of health, wellness, belonging and identity.”

*Tyler White, CEO*
*Siksika Health Services*

“When who you are and where you live no longer defines what and who you can benefit from, Jordan’s spirit will be truly honored – no child will be forgotten. If honored by all parties, the MOU can get us there. Is an MOU bigger than a handshake? It is a commitment made - a commitment to uphold Jordan’s Principle and honor his spirit - that means the world to me.”

*Kirsten Sware, Director of Health*
*Kee Tas Kee Now Tribal Council*

**Committing to action is critical for an effective MOU.**

Each of the signatories affirmed their intention to put the MOU into action by building on the spirit of trust that has defined the work to date, and, continuing to participate at senior levels of each organization. Specific highlights mentioned:

- Adhering to our common goal and ensuring that our priority remains as no delay in services and supports for First Nations children
- Following and sustaining the principles outlined in the MOU
- Recognizing the importance of drawing upon the expertise and wisdom of First Nations communities and partners to ensure we are responsive to the unique needs and circumstances of First Nations children.
- Identifying and empowering those with technical expertise to resolve specific barriers children face in accessing services, a regional enhanced service coordination model that has been working well

**With continued commitment and action**

The barriers to accessing services for First Nations children will be removed. When barriers are removed, First Nations children will experience streamlined and greater access to health, education, and social services, which in turn will lead to improved learning and health outcomes with improved well-being overall.
Dealing with continuing challenges and barriers

While much has been accomplished under Jordan’s Principle, some major challenges and barriers continue to affect how well we can meet the needs of children. In this section we highlight areas where more work needs to be done.

Increase in education-related applications

FNHC has seen a surge in service requests from provincial schools for First Nation students to receive Psych Educational Assessments based on limited allocation of these assessments per school. Applications for Educational Assistants in the classroom typically result from recommendations made in psychological assessments and the lack of school funding to provide one-to-one student support as recommended.

Education related applications have increased due to limited resources. This is creating a challenge for both the school and the parents who want to provide the recommended supports for their children to succeed.

This is a strong reminder to the Government of Alberta and Government of Canada, as signatories to the Memorandum of Understanding, with the agreed objective, “to work collaboratively and expeditiously to ensure First Nations children in Alberta residing on and off-reserve have access to all government services, without limitation or discrimination receiving care and/or supports equivalent to other Albertans.”

Gloria Fraser, Health Director
Bigstone Health Commission

The volume of education-related Jordan’s Principle applications tells us there are unmet needs for First Nations students attending Alberta schools.
Dealing with continuing challenges and barriers

Increase in dental and vision care needs

Applications for dental and vision care needs have also increased. Currently these needs are not supported because of the limited coverage parameters of Non Insured Health Benefits (NIHB), yet dental and medical professionals are referring children who need these services. Families denied NIHB services are being referred to Jordan’s Principle in hopes their child’s needs will be met. This ‘denial and referral dance’ must only be considered a temporary solution to the greater systemic issue regarding NIHB coverage policies.

The Memorandum of Understanding serves First Nations children through the “recognition and acknowledgment of Treaty, as specified in the medicine chest clause in the commitment between FNHC, Government of Canada and Government of Alberta to support the seamless coordination of access to programs and services needed by First Nations children on and off reserve.”

Randy Littlechild, CEO
Maskwacis Health Services
Group requests need attention

Group requests address the needs of multiple children in a community. One group request identified the need for Speech and Language Pathology (SPL) in a community 60 km away from a major city. Any SPL service provided to the child required that the parents drive the child to the nearest service in the city. Many parents lack the transportation means and NIHB has limited funds to support this type of request. Speech/Language Pathologists are in high demand and this community has not had these professionals in their school for the last five years.

A significant level of effort was required to obtain approval for a service involving a small funding request.

As it turned out 45 children were identified as needing assessment and/or treatment after speaking to teachers from K – Grade 9. The total cost of this request to carry out 10 speech language assessments over two days, with expenses included, was $1,654. In order for this group proposal to be approved, letters of support through community service directors, Chief and Council or Band Council Resolutions had to be gathered. The money after approval, is flowed through an existing Health Funding Agreement. A significant level of effort was required to obtain approval for a service involving a small funding request.

The rules for Group requests have changed since the example above, requiring more stringent eligibility criteria and making it harder to access services through Jordan’s Principle. While some of the funding requirements remain the same, such as explanation of community needs, gaps in service and explanation of how the group request will resolve the need, the family of the children identified must now provide information pertaining to their eligibility, i.e. consent and personal/health information. The SPL example above did not require any assessments or personal information. However, the process for new applications will be more time consuming as each child will require consent and compiling of supporting documentation.
Funding guidelines and practices are not always consistent

Focal Points are staff hired by Indigenous Services Canada to review applications and approve funding to meet children’s needs under Jordan’s Principle. In general, the complexity of enhanced service coordination done by the FNHC has increased over the last two years when dealing with Indigenous children having multiple unmet needs. The relationship between the Regional Service Coordinators (FNHC) and the Alberta Region Focal Points (ISC) requires close collaboration in making Jordan’s Principle requests. Standard operating procedures for responding to Jordan’s Principle requests are not consistent with Focal Point staff having some individual discretion in managing the request process. Some of this is due to a rapidly evolving and changing context in which decisions are being made, but this situation often results in delays or denials in services. A request approved one month may be denied the next month. For example, decisions regarding many orthodontic cases are not being made regionally (Alberta) and are being escalated to ISC’s national office in Ottawa.

Steps have been taken to help streamline the request process. However, growing caseloads and Health Canada staff turnover along with insufficient staff have contributed to delays in case processing. To address these delays, efforts have recently been made to appoint rotating individual Focal Points as “point persons” dealing directly with FNHC regional service coordinators and FNHC files. With some of the Focal Point staff now designated for FNHC, wait times are being reduced and answers to questions around supporting documents are more readily available.
Strategic planning focuses our future direction

Over the past year, we have re-learned the importance of planning, especially strategic planning. With short notice, our world can be totally turned upside down and the best of plans need to change. But, our focus on the needs of the child is never lost.

The FNHC has always adhered to the idea that we must know and understand what we are striving to achieve, and how we will get there. Hence, we hold an annual leadership forum and get clear direction as to what is important to the elected Chiefs and Councillors representing our Consortium partners. Unfortunately, our Leadership forum scheduled for March this year has had to be delayed until the fall.

Of course, we need to follow the mandated conditions of our Agreement. But lessons learned from our work need to be examined so we can become more proficient in what we do and, also understand what can be done differently to further enhance the service coordination between the child that needs the service and the service providers. To accomplish these things, we set goals and objectives that we believe will advance a child’s health status for the long term.

The Board of Directors and senior management used the direction they received from the Leadership and created a three year strategic plan. We are pleased that many of the priorities given to us have been completed. But we still have more to do. Our plan enables us to focus on current and emerging priorities that are important to carrying out our work. Highlights of our progress to date on our three-year strategic plan is given on the following ‘Strategies moving forward’ pages.
Strategies moving forward

1. Develop a communication plan by gathering and using client stories and targeting relevant information and messages to a range of stakeholders.

   This year’s annual report will provide Leadership, Government bodies, and service providers with information that can be used to improve services and narrow the gap in health inequities.

2. Continue to make the case for full Focal Point co-location in FNHC offices.

   FNHC believes that improvement in the process could and would be made if the Focal Points and Regional Service Coordinators (RSC) were co-located.

   Although co-location has not happened yet, improvement has occurred in communications between the two organizations. A Regional Focal Point is assigned to FNHC files and deals directly with the RSC to assure compliance. We believe that this first step will prove that the focused relationship between Client, RSC, and Focal Point will improve understanding and turnaround time between application and decisions.

3. Continue to make the case for managing SARF.

   The FNHC took over the responsibility for payment of approved invoices on June 1st. This change has aided in relationship building with service providers.
Changes had to be made due to changing guidelines, but others had to be made to make the IM system easier to use. Both objectives have been met and our robust system provides our workforce with quality tracking capability and tabulates results.

The changes were made, and we are proud of the fact that the payment process now ensures that service providers are paid well within the conditions. For example, 80% of service providers receive payment within 5 business days and 100% of providers who have invoiced and provide EFT authorizations are paid in accordance with the guidelines (15 days).

The FNHC offered to host the National Information system tracking data related to Jordan’s Principle and/or to work with the National design team to ensure that either interoperability or interconnectivity was possible. Neither opportunities were accepted resulting in different data collection systems being developed and the data from each system not matching.

Work on this priority was paused due to both a Federal and Provincial election and department mandate changes. The MOU provides all three levels of government the opportunity to work together and improve the coordination of programs. Work has resumed and more progress will be achieved over the next year.

Improved communications, community presentations, and an increase of RSC’s working more closely with the communities has improved relationships. Our results in helping with community applications and personal requests continues to secure the trust relationship between parties.
Our enthusiastic staff always focused on helping children

How do staff feel about the work they do to help families and their children? These words say it all!

An Executive Director manages our organization, supported by a core management team consisting of an Executive Assistant, a Human Resources Administrator, a Communications Officer, 2 Regional Services Leads, and a SARF Administrator. Our Frontline Team consists of 19 Regional Service Coordinators, 3 Access Workers, 3 SARF Payment Officers, 2 Communications Officers, and 2 Office staff.
“Life is a journey filled with stories, lessons, challenges, celebrations and special moments. At the First Nations Health Consortium, we become participants in our families’ journeys and share in their special celebrations and moments. The work we do is important, because we learn to understand the needs for the child and how to assist in ensuring those needs are being met.”
Our focused leadership will take us forward

The First Nations Health Consortium is led by the Chiefs and Councils and governed by a Board of Directors, all representing four First Nations health organizations in Alberta that founded the Consortium: Bigstone Health Commission, Kee Tas Kee Now Tribal Council, Maskwacis Health Services and Siksika Nation Health & Wellness Centre.

Bigstone Health Commission

Gloria Fraser
Health Director, Bigstone Health Commission
Director, FNHC

Chief Silas Yellowknee
Bigstone Cree Nation

Siksika Health Services

Tyler White
Health Director, Siksika Health Services
Director, FNHC

Chief Ouray Crowfoot
Siksika Nation
Chief Leonard Standing on the Road  
Montana First Nation

Chief Irvin Bull  
Louis Bull First Nation

Randy Littlechild  
CEO, Maskwacis Health Services  
Director, FNHC

Chief Vernon Saddleback  
Samson Cree Nation

Chief Craig Mackinaw  
Ermineskin Cree Nation

Kirsten Sware  
Director of Health, KTC  
Director, FNHC

Chief Albert Thunder  
Whitefish Lake First Nation #459

Chief Billy Joe Laboucan  
Lubicon Lake Band

Chief Gladys Okemow  
Peerless Trout First Nation

Chief Ivan Sawan  
Loon River First Nation

Chief Isaac Laboucan-Avirom  
Woodland Cree First Nation

Maskwacis Health Services

This image has been altered. Original photo courtesy of Ponoka News.

Kee Tas Kee Now Tribal Council

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Appendices
Detailed Statistics
Appendix A:
FNHC Organizational Chart

FNHC ORGANIZATION STRUCTURE

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FNHC Annual Report 2019 - 2020
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Appendix B: Detailed Statistics, two sets of data are included in the Annual Report

1 Enhanced Service Coordination:
   a. Type and Number of Needs Requested both On and Off reserve

2 Service Access Resolution Fund (SARF):
   a. Number of SARF Approvals from June 2019 when the FNHC assumed the SARF funding function, to March 31, 2020
Needs Requested through Enhanced Service Coordination

Observations (Note: One child may have one or more needs):

- 1,219 needs were requested through FNHC Enhanced Service Coordination
- Health needs requests were the highest at 333 requests, or 27% of all requests
- 234 needs or 19% involved “Other”. Other included services related to Treaty Registration, vision, mental health, medication.
- 203 needs or 17% involved dental care

- 201 needs or 16% involved education
- Lowest number of requests involved child protective services, culture supports/services, and income/food
- With the exception of educational needs, children living on reserve had more needs requests.
- Number of requests for health needs were similar on and off reserve
Comparison of Needs Requested On And Off Reserve

Observations: over a two-year period for children on reserve:

- Requests increased for some service needs: dental services (28%), housing/infrastructure (133%) and transportation (96%).
- Requests decreased by 33% for “Other” needs. Requests decreased by 26% for Income and Food needs.
- Lowest number of requests involved Child Protective Services and Culture Supports/Services.
- Requests for health needs were approximately at the same level each year, still among the highest of all needs.
Comparison of Needs Requested Off Reserve

Observations: over a two-year period for children off reserve:

- Requests increased for some services needs: education (42%), health services (30%), and dental (13%).
- Housing/infrastructure and Transportation needs requests were approximately at the same level each year, lower than those for children on reserve.
- Requests decreased for Income and Food needs (86%), for Respite/Social Supports needs (34%) and “other” needs (21%).
- Lowest number of needs involved Child Protective Services and Culture Supports/Services.
Number of Approvals

Observations:

- 1,614 requests were approved for funding under SARF
- 66% of the payments were single payments; 34% recurring payments
- Highest number of SARF funding approvals occurred in March 2020 (270), followed by January 2020 (207) and October 2019 (201)
- Lowest number of SARF funding approvals occurred in June (60), followed by July (92). Requests started to climb in August and continued with small dips occurring in December and February.
Funds Processed

SARF

SARF Funds Processed by Month, June 1, 2019 to March 31, 2020

Observations:

- $5,790,691.69 SARF funds were processed from June 2019 to March 2020
- The level of SARF funds processed steadily increased by month to a high of $2,287,485.84 in March 2020, with a dip in December.
Our final word to all of you

Thank you for your support and belief in FNHC!