



First Nations Health Authority
Health through wellness



JOINT PROJECT BOARD: Year in Review 2014-15

May 2015

MESSAGE FROM THE Co-CHAIRS

This year has been one of learning, development and successes for the Joint Project Board (JPB). The partnership between the Ministry of Health and the First Nations Health Authority (FNHA) continues to grow stronger at all levels, as the regional health directors and FNHA health directors work together to bring ideas from community to fruition through the JPB commitments and the support of the senior level leaders. The JPB is a truly unique opportunity to support the identification and removal of policy barriers and to align strategies for more effective and efficient health service delivery to First Nations people. Joint work planning between the ministry and FNHA will help to address identified gaps in community-level primary care service delivery, and should lay a foundation for more accessible patient-centered care to all First Nations and Aboriginal people across British Columbia.

Currently in the second year of the Agreement Regarding Payments in Lieu of Medical Services Plan Premiums on behalf of First Nations people resident in the Province of British Columbia (MSP Agreement), a variety of new and innovative projects are gaining traction, and funding has been provided to support services in communities. Each of the projects are specifically targeted to an identified need in the region and community, with the potential to make significant impact, and put the needs of the patient first. For example, a mobile support team is being developed to address mental wellness and substance use in the North; a wrap-around model of care will support complex care management in Vancouver Coastal; and community patient care navigator positions are being developed to support culturally safe discharge planning on the Island.

With 17 projects approved, one approved in principle and up to nine more projects under development, Joint Project Board is still in its early days. As the many projects across the province move out of the planning stage and into the implementation stage, we will truly start to see a difference in our communities. Projects will require room for adaptation as they evolve, but ultimately the foundation that is being laid today will be the basis of a stronger, healthier future for First Nations and Aboriginal people throughout the province.

Co-Chairs, Joint Project Board

Richard Jock, Chief Operating Officer, First Nations Health Authority

Arlene Paton, ADM, Population and Public Health Division, Ministry of Health

BACKGROUND

The shared commitment to improve the quality of life of First Nations and Aboriginal people, and to strengthen the relationships among the First Nations in B.C., the federal and the provincial governments, has developed and grown from a series of key agreements: *Transformative Changes Accord* (2005); *Transformative Change Accord: First Nations Health Plan* (2006); *Tripartite First Nations Health Plan* (2007); *British Columbia Tripartite Framework Agreement on First Nation Health Governance* (2011); the *Health Partnership Accord* (2012); and the Agreement Regarding Payments in Lieu of Medical Services Plan Premiums on behalf of First Nations people resident in the province of British Columbia (MSP Agreement, 2013).

The Joint Project Board (JPB) was established in 2012 and is a senior bilateral forum between the assistant deputy ministers of the B.C. Ministry of Health, the chief operating officer, and the vice-presidents of the First Nations Health Authority (FNHA). A primary focus of JPB is to enhance primary care services and delivery through: advancing strategic priorities; overcoming policy barriers; supporting priorities and strategies of the regions; and supporting integration of services and strategies of the Province and FNHA.

The key priority of the JPB for 2014/15 has been the regional investment of funding available through the MSP agreement. Effective July 2, 2013, Health Canada transferred the funds they had historically used to pay the MSP premiums on behalf of First Nations resident in B.C. to the First Nations Health Authority – a total contribution of \$61.3 million over three years (July 2, 2013-March 31, 2016). Of this transfer, 25% of the financial contribution amount (or \$15.33 million over three years) was set aside by the FNHA in support of JPB projects and strategies related to MSP services.

Joint Project Board lays the framework to provide strategic level support for regional and community based partnerships to facilitate joint projects, share innovative approaches, provide communication and information sharing tools, and support the integration of health services to better meet the regional health and wellness needs of First Nations and Aboriginal people. Supporting primary health care projects and the building upon health actions work underway through the Tripartite Committee on First Nations Health, this alignment will help regional and provincial partnerships to work effectively together, and to utilize collective impact to meet the common goal of improved health outcomes for First Nations and Aboriginal people.

JOINT PROJECT BOARD PROGRESS AND ACCOMPLISHMENTS

ENGAGEMENT and PARTNERSHIPS

The Joint Project Board is an example of the solid partnership between the Ministry of Health and the First Nations Health Authority in the post-transfer environment, as further supported by the work of the health partnership accord tables. The collaborative approach to each project goes beyond the ministry and FNHA as each project is developed, submitted and/or implemented in partnership with the regional health authorities, the FNHA regional directors, and local community organizations. Each project plan must outline how the project will work with local partners, such as the regional health authority, local Division of Family Practice, university/college, B.C. Association of Aboriginal Friendship Centres or other non-profit organization, as well as showcase how the project will foster collaboration between First Nation communities. Many projects, upon implementation, are bringing together multi-disciplinary care teams to both improve access to primary care, and to ensure the best patient-centered care for that region. Collaboration at all levels is integral to having the collective impact that is the vision of Joint Project Board, improving the health and well-being of First Nations people in British Columbia.

PROGRESS TO DATE

Process: Joint Project Board Co-Chairs

The success of the Joint Project Board is due in large part to the commitment from the executives from both the First Nations Health Authority and the Ministry of Health. Planning meetings with FNHA, regional health authorities and the ministry ensure a collaborative approach to a unified vision which is further supported by the First Nations regional health and wellness plans, the ministry Service Plan 2014/15-2015/16, and the ministry's policy papers developed in 2014/15. The 2014/15 mandate letter contained specific direction to the regional health authorities to collaborate with FNHA and the regional caucuses in support of planning and service delivery to support the needs of the First Nations population. Furthermore, FNHA is now a participant at Leadership Council and the new Standing Committee on Health Services and Population Health, which supports integration and alignment of health service delivery.

The health actions evaluation was finalized and will assist with the review/renewal of the health actions implementation approach and the evolution of the health actions strategy tables. With the previous strategy tables at various points of activation (ceased meeting, on hold or continues to meet), the JPB secretariat has been working to identify critical interaction points to determine how the strategy table model may develop for 2015/16, to: 1) bring closure to some tables that are no longer active; 2) transition to advisory and technical support tables; and 3) maximize the work in progress with remaining tables.

Over the past year, FNHA has provided regional funding envelopes to support health actions investments. Criteria on the use of these funds has since been established and made available to the regions to support collaborative planning and implementation of health services projects, while ensuring alignment with Joint Project Board and Medical Services Plan investments.

Information Management and Information Technology

The Telehealth Expansion Project has seen assessments completed with 15 First Nations health service organizations (FNHSOs), representing 20 communities. The analysis of the outcomes of readiness will support mapping and matching work.

B.C. is leading Panorama implementation across Canada with respect to First Nations communities – nine FNHSOs support 30 users to provide services to over 22,000 clients in approximately 40 First Nation communities. An additional 20 FNHSOs are in progress of achieving active deployment, which will provide services to an additional 35 First Nation communities. The Ministry of Health has been working with the Panorama Data Governance Forum to ensure privacy and security of data, and clinical workflow integration with the FNHSOs and regional health authorities.

Population and Public Health

Suicide Prevention and Crisis Response

The Hope, Health, and Healing Toolkit has been completed and supports First Nations communities in preventing and responding to suicide. Communities, nations, and sub-regions will be supported in developing collaborative crisis prevention, intervention and post-vention plans using this toolkit as a guide. The first collaborative planning forum is planned with the Health Directors Association in April 2015.

Maternal and Child Health

Maternal and child health has remained a very active Health Actions Strategy Table, with a focus on the oral health strategy and the Early Years Strategy. The oral health strategy focuses on children and perinatal women. After extensive stakeholder consultation, the *Healthy Smiles for Life – B.C.'s First Nations and Aboriginal Oral Health Strategy*, was finalized in March 2014. With the FNHA identifying leads for each pillar of the strategy, a staged implementation has now been initiated.

The Early Years Strategy has focused on identifying promising practices from the Early Years Centres pilot sites while improving the co-ordination of early years programs. Planning, strategic communication, and discussions for upcoming funding are still in the early stages, however, the ministry and FNHA have organized a series of presentations to FNHA nursing staff, maternal and child health program areas, and the UBC Learning Circle audience in an effort to build awareness about the Early Years Strategy and Early Years Centres.

Healthy Living and Public Health

A review across the Health Families BC (HFBC) strategies and the FNHA wellness plans and activities has allowed for identification of shared opportunities, such as adapting HFBC resources that can be tailored for B.C. First Nations. Collaboration with the FNHA has supported the development of an upstream approach to be the platform for FNHA's strategies in chronic disease prevention or management, primary health care and public health. FNHA has hired a manager to support this work, and has undertaken significant advances this past year in health promotion through Day of Wellness grants, Beefy Chiefs 2.0, regional tobacco sessions, partnering with provincewide Elders and youth gatherings, and the introduction of a new personal wellness map template. The regional health authorities, FNHA and the ministry have come together with a social marketing working group to conduct an asset inventory of all the projects and programs under way to further define areas for collaboration and development of action plans. For example, in 2014 FNHA and the ministry released the BC Elders' Guide, which is a support tool to ensure that Elders, their families and caregivers have access to information about the programs, services, and resources they need.

The First Nations and Aboriginal population has been identified as a targeted focus area for the physical activity strategy and healthy eating strategy under the HFBC portfolio, both of which have action plan teams supported by the ministry, FNHA and our partners. The action plan teams for each strategy have been working to identify focused actions for the next three years – including timelines, roles and responsibilities, successes indicators and financial implications – and will move towards implementation of these actions in the 2015/16 fiscal year. The respecting tobacco framework further supports the HFBC portfolio, and is a strategy being developed by FNHA to support First Nations in respecting the traditional uses of tobacco.

Health Benefits

Discussion between FNHA and the Ministry of Health's Medical Beneficiary and Pharmaceutical Division have been underway to explore opportunities for FNHA participation and alignment with B.C. PharmaCare with regards to the drug benefits list, exploring how issues could be raised and managed, and reviewing supplementary coverage options to see how PharmaCare enrolment in the province and current plan enrolment by FNHA members might align in the coming years.

Health Services

Primary Care Improvements

Primary care improvement projects are well underway with MSP Agreement funded projects now approved in each region, as well as through Provincial Health Services Authority. Projects have focused on support for nurse practitioner implementation, mental wellness and substance use, maternal and child health, and creating/expanding interdisciplinary care teams.

A policy document is under development to specify the policy approach to these investments, as well as related reporting, monitoring and evaluation as we progress in the coming years. As of March 31, 2015, there are 18 projects with approved funding as outlined in further detail in Appendix 01.

Mental Wellness and Substance Use

FNHA and the ministry are working collaboratively to support 500 new beds as announced in the 2013 Liberal campaign platform document *Strong Economy, Secure Tomorrow*. The addition of 500 addiction spaces by 2017 has been integrated into the Joint Project Board and work occurring at the regional levels. While progress has been made in the past year, this work will continue on into 2015/16 fiscal year. FNHA is developing the mental wellness and substance use strategy which reflects on the *A Path Forward* 10 year plan (2012) and is supported by the input of regional and national-based forums, as well as community engagement sessions. This strategy will outline actions to guide the work in the next five years, leading up to 2020.

Rural and Remote Health Strategy – Human Resources

Rural and remote First Nations face added challenges of having adequate, timely, access to primary care in their communities. While conversations with the Ministry of Advanced Education are working towards strategies to increase the number of Aboriginal students in the health sciences, discussions between the Ministry of Health, FNHA, and the regional health authorities are looking at how to support and/or enhance existing programs to further assist these communities. The NP4BC program committed \$22.2 million over three years to support nurse practitioner positions in B.C. by fiscal year end 2015. Of the 159 awarded nurse practitioner contracts, 39 support First Nations communities. Collectively, the FNHA, the Ministry of Health, regional health authorities, and the community have supported nurse practitioner positions in these communities through additional funding or other supports. The certified remote nursing strategy has also been working to develop short and long term strategies to meet both current and future workforce needs. A review of the rural physicians policy will assist in identifying opportunities to further support recruitment and retention of physicians in rural and remote communities.

PRIMARY CARE PROJECTS

FUNDING STATUS TO DATE

As of March 31st 2015, eighteen (17) projects have been approved (See Appendix 01 for details). Table 1 outlines the 2013/14 allocation. As can be seen in the table and corresponding graph, a portion remains unspent, but projects for which are under development and it is anticipated that the remaining funds will be spent in the upcoming fiscal year.

TABLE 1

2013/14 Allocation	
Total Funding Available	\$ 4,000,000.00
Project	Funding allocated
Fraser Sto:lo	\$ 278,450.00
Fraser Seabird	\$ 234,500.00
Island Coast Salish Teamlet	\$ 819,341.00
Vancouver Coastal MWSU Team	\$ 914,783.00
Carrier Sekani Family Services	\$ 308,911.00
Shuswap Carrier Chilcotin Mobile Program	\$ 172,185.00
North Regional Project	\$ 67,926.00
Interior Regional Project	\$ 257,200.00
TOTAL ALLOCATED	\$ 3,053,296.00
Remaining	\$ 946,704.00

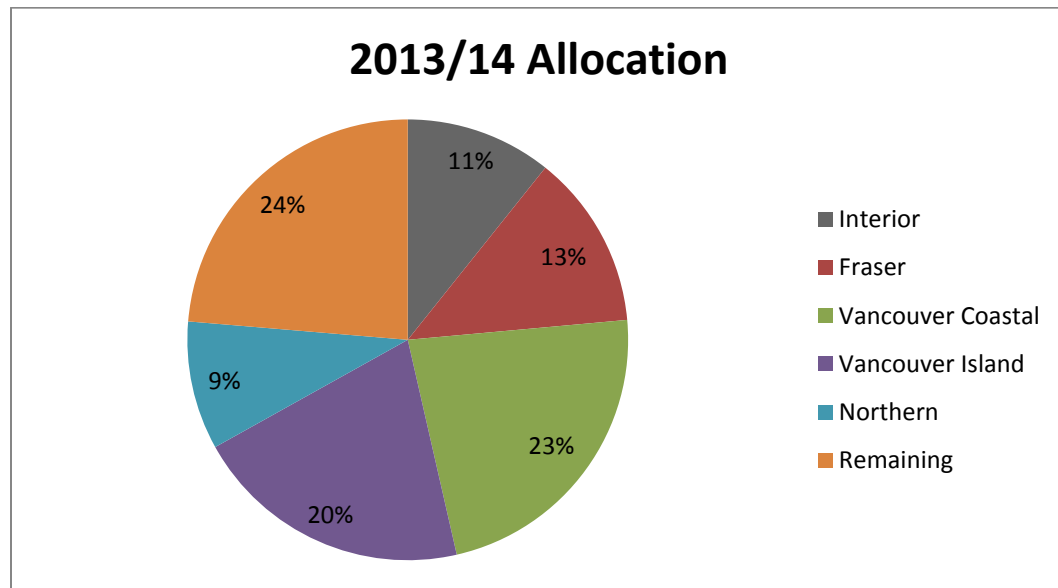




Table 2 outlines the 2014/15 allocation. Some regions did not allocate all their funds, primarily due to the challenges outlined below. Some regions' plans accounted for the 2015/16 allocation in addition to the 2014/15 allocation—which is why there may appear to be a deficit. It is also important to note that remaining amounts seen in the table are estimations as they are the annualized amounts that have been allocated and are not monies spent. In addition, the annualized amounts do not include one-time start-up costs. With many project plans in the planning stages, it is anticipated that all remaining funds will be spent in the upcoming year.

TABLE 2

2014/15 Allocation	
Total Funding Available:	\$5,550,000.00
FRASER SALISH (8%)	\$444,000.00
Wellness System Navigators	\$257,300.00
Youth Suicide PIP Co-ordinator	\$150,000.00
Riverstone Home/Mobile Detox and Daytox Expansion	\$442,300.00
TOTAL ALLOCATED	\$849,600.00
Remaining	(-\$405,600.00)
INTERIOR (23%)	\$1,276,500.00
Interior Nation Health Services Phase 1: Mental Health Clinicians and Nurse Practitioners	\$1,533,700.00
Total Allocated	\$1,533,700.00
Remaining	(-\$257,200.00)
VANCOUVER ISLAND (23%)	\$1,276,500.00
Hul'qumi'num LPN	\$70,000.00
Kwakwaka'wakw Primary Maternal, Child and Family Health Collaborative Team	\$224,493.00
Nurse Navigators (1. Kwakwaka'wakw; 2. Nuu-chah-nulth; 3. Coast Salish)	\$370,500.00
TOTAL ALLOCATED	\$664,993.00
Remaining	\$611,507.00
NORTHERN (35%)	\$1,942,500.00
Nurse Practitioner Project	\$748,549.00
Primary Health Care Teamlet	\$664,820.00
MWSU Mobile Support Teams	\$2,620,057.00
TOTAL ALLOCATED	\$4,033,426.00
Remaining	(-\$2,090,926)
VANCOUVER COASTAL (11%)	\$610,500.00
We are Related (Jeh Jeh) Circle of Care – Complex Care Management	\$252,132.00
Flagship Project Budget Adjustment	\$18,663.00
TOTAL ALLOCATED	\$270,795.00
Remaining	\$ 339,705.00
Total Funding Allocated	\$7,352,154
Total Funding Remaining	(-\$1,802,514)*

* The approximately \$1.8 million deficit reflects projects initiated with funds covering two fiscal years. The funding allocation for 2015/16 is an additional \$5.78 million. As such, with this apparent deficit, the project funding is well within the three year allocation of \$15.33 million outlined in the *Agreement Regarding Payments in Lieu of Medical Services Plan (MSP) Premiums on behalf of First Nations People Resident in the Province of British Columbia*.



PROJECT FUNDING ELIGIBILITY FRAMEWORK

The following table outlines services and supports that are eligible for funding and funding priorities. Regulated health professionals who directly deliver primary care, maternal and child health, mental wellness and substance use, and oral health care are considered first priority for funding, with supplementary health service providers and supports as secondary priority. All regulated health professionals and supports listed in the following table are eligible for funding under the conditions that regulated health professionals must demonstrate academic standing/qualification, demonstrate recognized membership in a regulating body, and are able to carry professional liability insurance for their practice.

Project Priority Areas	Priority Health Professionals	Supplementary Health Professionals	Supports and Service Delivery Enablers
Projects must provide direct service delivery to First Nations in one of the following areas:	Regulated health professionals that currently directly deliver care in the four priority areas:	Regulated health professionals directly delivering care to support service delivery in the four priority areas:	Supports and service delivery enablers required to facilitate the delivery of health care in the four priority areas:
1. Primary Care 2. Maternal & Child Health 3. Mental Wellness & Substance Use 4. Oral Health	Dental Hygiene Dental Technology Dentistry Mental Health & Addictions Midwifery Nursing (Licensed Practical) Nursing (Registered) Nursing (Registered Psychiatric) Nurse Practitioner Physician Services Psychology Registered Social Workers	Chiropractic Denturism Dietetics Emergency Medical Assisting Massage Therapy Naturopathic Medicine Occupational Therapy Opticianry Optometry Pharmacy Physical Therapy Podiatric Medicine Speech & Hearing Professionals	<ul style="list-style-type: none"> Administrative supports and direct service-related operational and supply costs¹ Travel and accommodation for service delivery in remote locations Costs related to accessing electronic medical records Continuing education costs for regulated health professionals Enhancements to existing rural programs Incentives for health care providers to provide ongoing care to under-served communities Travel and lodging benefits for health care providers who provide ongoing care to under-served communities Health care providers to staff mobile services Scholarships for health providers wanting to practice in First Nation communities Mentorship/training programs for health care providers Student loan forgiveness

¹ Administration, support and supply costs cannot exceed 20% of overall eligible costs of the service delivery program or project.

CHALLENGES

As with any new programming or substantial change in service delivery, challenges are met along the way. With the Joint Project Board (JPB), collaborative development of the work plan ensures that identifying and settings targets are in alignment with the deliverables of both FNHA and the Ministry of Health, and as such requires proper, continuous representation from all program areas within each organization. Working with changes in membership on the committee, at all levels, can slow the process as new members familiarize themselves with the materials and the ever changing landscape of the JPB.

The primary challenges of the JPB primary care projects are three-fold. First is in the development of the policy and procedures as we grow with the process. This includes identifying approval, authorization and organizational structures, funding mechanisms of the various components and oversight of the projects themselves. The development of a policies and guidelines document has helped to identify and alleviate these challenges through development, and will become a place of reference as we move forward.

Second are the logistical challenges of moving the project from approval to implementation, resulting in delays in funding. The initial outlined that FNHA would cover the first year of implementation, and the ministry would then cover the annualized cost to follow. Irregular start times and challenges with fiscal year alignment have led to revisions of this model as we work to provide an equitable model to meet the needs of both partners.

The third challenge is due to the underestimation of time required for project development within the regions and identifying the appropriate human resources to support this work. Given the greater than anticipated time commitment thus far, the FNHA will be hiring additional staff to ensure the projects have the support, monitoring and accountability in place to yield success.

Ongoing communication among the members of the JPB and the JPB secretariat have supported early detection of possible challenges, collaborative trouble shooting when issues arise, and planning on how to mitigate potential future risks.

MEASURING OUTCOMES

The Joint Project Board (JPB) is committed to a process of evaluation of both JPB as a whole, inclusive of process and outcomes, and of the primary care projects. This will support JPB in improving its outcomes and processes, ensure projects are meeting objectives and inform future project improvements.

While an external contractor will be hired to complete the overall JPB evaluation processes and outcomes, it is the responsibility of the JPB to regularly monitor and update the JPB work plan to ensure the deliverables are being met and new activities are added as required to reflect new and changing direction. Each component of JPB, as outlined in the Progress and Accomplishments section above, has identified deliverables and targets that are referred to and monitored on a monthly basis. Each fiscal year, the vice-presidents of FNHA and assistant deputy ministers of the Ministry of Health are to outline

their key deliverables for the upcoming fiscal to incorporate into the work plan to ensure continued growth and movement.

The external evaluation will go to a Request for Proposal, with an anticipated completion of the evaluation framework for the fall of 2015. The evaluation will target completion in 2018/19 to inform the next stages of planning.

The primary care projects monitoring and evaluation will be based on three approaches to evaluation: informed quarterly status updates; annual financial and activity reports; and a summative evaluation which is currently in development. Documenting our progress, analyzing our accomplishments and learning as we implement projects will be integral to the success of these projects. The evaluation will measure against identified key performance indicators that can be used for all projects. For example, has the Joint Project Board increased access and sustainability health services for First Nations people? Are these services being provided in a culturally safe environment? Are the innovative, patient centered and delivered collaboratively with regional partners?

The progress of the primary care projects monitoring and evaluation will be reported out annually in this annual report with a completed summative evaluation targeted for completion in 2018/19.

LOOKING FORWARD

The layers of work that fall under the Joint Project Board are vast, from service delivery to information management / information technology, and of course planning policy review and corporate development. With great strides in setting the foundation and initiating a number of primary care projects, the hardwiring of First Nations health and wellness to all provincial programming is rapidly gaining strength and momentum.

The vice-presidents of the First Nations Health Authority and the assistant deputy ministers of the Ministry of Health are currently working collaboratively to develop deliverables and indicators of success for the 2015/16 fiscal year. It is through these identified priorities that the next iteration of the Joint Project Board work plan will be developed to ensure continued growth and success of all JPB projects as they support the Ministry of Health service plan and identified priority areas over the upcoming year.

The upcoming third year of the MSP agreement, and Joint Project Board, will continue to show growth and evolution. As projects move from approval to the implementation stage, we will start to have a better understanding of where to direct efforts for improvements and growth. A number of projects will be receiving funds for implementation in 2015-16 and, through this transition, the vision of supporting the improvement of health outcomes for First Nations and Aboriginal People² and supporting the health

² In support of the Health Partnership Accord, Framework Agreement on First Nation Health Governance, Tripartite First Nations Health Plan, and Métis Relationship Accord.

and well-being of British Columbians is starting to be realized.³ The strong partnerships within and between communities and regional health authorities, and across the ministry and FNHA will be at the forefront of these improvements and efforts.

³ Ministry of Health's goal 1 (2015/16-2017/18 Service Plan).



Appendix 01 - Projects on-going as of March 31, 2015

Region	Project Title	Project Outline	Stage ⁴	Annualized Funding
Fraser Salish	Primary Health Care at Stò:lô Nation Health	1.0 FTE physician and administrative supports	Implementation	\$278,450.00
	Primary Health Care at Seabird Island	Subsidize primary care services	Implementation	\$234,500.00
	Wellness System Navigators	Two new health and wellness practitioners who will work with individuals specifically living with chronic conditions	Approved	\$257,300.00
	Youth Suicide PIP Co-ordinator	The co-ordinator will plan, coordinate, implement, monitor, and evaluate project plans ensuring effective systems, practices, policies and timelines met	Approved	\$150,000.00
	Riverstone Home/Mobile Detox and Daytox Expansion	The program delivers mobile detox or withdrawal management services to clients living in communities located in eastern Fraser Valley including Mission, Abbotsford, Agassiz-Harrison, Chilliwack, Hope and Boston Bar	Approved	\$442,300.00
Interior	Shuswap Carrier Chilcotin Community Mobile Treatment Program	Funding will allow for the expansion of Nenqayni Wellness Centre's mobile treatment program to serve additional communities (15 total) and increase wages of clinical counsellors to improve staff satisfaction and retention	Implementation	\$172,185.00
	Interior Nation Health Services Phase 1: Mental Health Clinicians and Nurse Practitioners	Funding for nurse practitioner (NP) service enablers and travel to maximize NP's clinical time and support service delivery in communities. Mental health clinicians operating through an outreach hub and spoke model will provide direct services and clinical support to community mental health and substance use workers.	Approved	\$1,533,700.00
Vancouver Coastal	First Nations Regional MWSU Specialist Services Community Assessment and Planning	Development of a MWSU specialist community assessment team to provide services to an additional 200 clients with counselling needs and reduce risk (especially suicide risk).	Implementation (partially)	\$933,446.00
	We are Related (Jeh Jeh) Circle of Care – Complex	An innovative wrap-around model of care using a complex care management approach. Two new care manager positions will weave Tla'Amin and Sechelt	Approved	\$252,132.00

⁴ **Stages:**

- 1) Approved: Project plan approved, pending the start of implementation
- 2) Implementation: Funds delivered, project being implemented on the ground
- 3) Sustained: Project in place, maintaining service delivery



	Care Management	Health Centre services, VCH services, family physicians, and specialists together to create a comprehensive circle of care for clients		
Vancouver Island	Coast Salish Teamlet	Interdisciplinary primary care teamlet model at Ts'ewulhtun Health Centre. Works with dedicated panels of clients and their families to promote health and wellness and to help restore health and balance when needed	Approved	\$819,341.00
	Hul'qumi'num LPN	The licensed practical nurse will enhance the capacity of the nurse practitioner and will work to ensure client integration with the Coast Salish teamlet	Approved	\$70,000.00
	Kwakwaka'wakw Primary Maternal, Child and Family Health Collaborative Team	The North Island Aboriginal birthing program will provide high quality, culturally safe, accessible care that is close to home for women and families in Vancouver Island North.	Approved	\$224,493.00
	Nurse Navigators 1. Kwakwaka'wakw 2. Nuu-chah-nulth 3. Coast Salish	Three community patient navigator positions remove barriers and improve health outcomes by providing co-ordinated, culturally safe discharge planning and access to supports, services and resources for First Nations people.	Approved	\$370,500.00
Northern	CSFS Primary Care Expansion Project	Expansion of primary care delivery through funding supports and enablers, including medical office assistants (MOAs) and primary care co-ordinator salaries, travel for nurse practitioners (NPs), MOAs and primary care co-ordinator, and supplies for NPs and co-ordinator	Implementation	\$308,911.00
	Nurse Practitioner Project	Providing supports and service delivery enablers (e.g. medical office assistant support, travel, professional development) for 14 nurse practitioners serving First Nations communities	Approved	\$748,549.00
	Primary Health Care Teamlet	This project will establish a multidisciplinary primary health care teamlet in the Northwest. The focus of the work is to support the underserved populations of the frail elderly, people with mental health and substance use challenges, and people with chronic diseases in all of the First Nations coastal communities	Approved	\$664,820.00
	MWSU Mobile Support Teams	Mobile support teams will provide a continuum of services such as: prevention and promotion activities intervention activities; consultation for urban Aboriginal populations on cultural interventions; and crisis response when communities are impacted by critical events.	Approved	\$2,620,057.00
PHSA	An Aboriginal Child Complex Care Team for BC Children's Hospital	The project seeks to address access to specialized health services and co-ordination of care for children. Two new positions in BC Children's Hospital will support families of children with complex health, developmental, and social challenges from community to specialized care and back.	Approved in principle	TBD
	17 Projects Approved, plus 1 in Principle (PHSA)		TOTAL ALLOCATION	\$10,080,684



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