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Subject: Jordan's Principle: Parallel work with HC

Hi Mary,

This is follow up to our discussion and email exchange about identifying the 'gaps' in service between INAC and HC, or the province, to First Nation children and families (normally resident on-reserve). I hope this list and note is helpful and we can find a way to capitalize on the "renewed relationship" with HC to assess the possibility of further work to resolve some long-standing differences between our respective departments.

Linda Stiller and Kim Louie provided all the content on the issues and I described the context. I decided not to use a briefing note format at this point because it really depends on what you want to do with this.... if anything. This list is strictly from the perspective of BC Region INAC.

My thanks to Linda and Kim for their insights and experience.

Let me know if I can be of any further assistance.

Bill

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INAC and Health Canada First Nation Programs

Gaps in Service Delivery to First Nation Children and Families in BC Region

The intent of this note is to equip policy decision-makers in both departments with clear information on apparent gaps in health-related service delivery to First Nations children and families resident on reserve.

An opportunity has been created by the federal government's commitment to support Jordan's Principle, along with observations and recommendations made in the Auditor General's Report on INAC Child and Family Services programming, in May 2008¹. That opportunity could involve developing a joint plan to resolve long-standing policy and authority issues between the two departments, differences that continue to have an impact on service delivery to First Nation children and families.

The work of the two departments on Jordan's Principle has highlighted what all of us knew from years of experience: that there are differences of opinion, authorities and resources between the two departments that appear to cause gaps in service to children and families resident on reserve. The main programs at issue include INAC's Income Assistance program and the Child and Family Services program; for Health Canada, it is the Non-Insured Health Benefits program.

The suggestion is that, once we describe the various gaps in service delivery, it would enable ADMs from both departments to get a clear understanding of the obstacles to service delivery for children and families, both within the federal scope of Jordan's Principle and beyond. It may then help both departments consider, in a practical way, if and how they might proceed to tackle these issues possibly on a parallel track to complement the federal scope of Jordan's Principle.

The following scenarios are from first-hand experience by BC Region INAC officials and reports from Executive Directors of BC First Nations Child and Family Services (FNCFS) agencies.

1. FNCFS cannot recover the costs of Non-Insured Health Benefits from Health Canada if the Guardianship Social Worker is involved; services are denied because the child is in care and Health Canada deems that there is another source of coverage. Health Canada is the payer of last resort

¹ The Auditor General's Recommendation 4.42: *Indian and Northern Affairs Canada should resolve the fundamental differences with Health Canada related to their respective funding responsibilities for services to First Nations children in care.*

according to its policy. However, INAC's Income Assistance and other social programs do not provide authority to pay for the medical-related expenditures.

2. FNCFS and First Nations individuals are denied basic dental care even in emergency situations under NIHB because pre-approval for the dental procedure wasn't obtained. If pressed, Health Canada advises clients to appeal the decision and it may be over turned. When a child-in-care is involved however, the FNCFS agency has no choice but to pay for the work. This is particularly difficult for seniors as well, as they need dental care but don't know about the appeal process.
3. Generally there is confusion in how to access NIHB e.g. where to get the forms and where to send the forms; who to call if there are questions. The official website doesn't give contact information e.g. phone numbers such as a 1-800 would be helpful.
4. More and more, dentists and other care providers refuse to deal with Health Canada directly because of very long delays in receiving payment from NIHB. They will provide the Standard Dental Claim form however Social Assistance recipients or seniors will go without service because they don't know how to contact Health Canada or to appeal a denial. There is many times that the cheque for reimbursement from NIHB for the service will go to the care provider and not the client who actually paid which can create further delays.
5. Children in care are not accessing Mental Health services due to service delays and limits to funding and time limits to the service. The FNCFS program often must pay for the service entirely or pick up the extra costs. We can expect continued scrutiny from the BC Child and Youth Representative (Mary Ellen Turpel-La Fond) who is reviewing outcomes for children in care. If these children cannot get necessary mental health service which include assessment for FAS/FAE and special needs, they are unable to access other services from education or other programs. Children in Care (CIC) have access to the same processes as adults: funding is limited to specific time limits and there are significant wait times. Bands must choose between children or adults needs. FNCFS must then pay any unfunded costs for CICs. There is lack of integration/cooperation between HC funded Health Directors, and FNCFS agencies

HC funded Mental Health Services is for short term mental health crisis, however CIC's have ongoing mental health needs and receive limited funding/support from the Province, and services are not always available to FN children and families

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Psychological testing for FAS/FAE: School based programs for children with special needs require assessments/ diagnosis by psychologists. Costs are significant and wait times are long.

6. Family Court judges are ordering drug testing of parents as part of care plans when parents seek the return of their children from care. NIHB will not cover costs and FNCFS must do so in order to meet court requirements and to return children home.
7. Different definitions of on/off reserve residency in relation to service delivery: Children in care of First Nations Child and Family Services may be placed (temporarily) in a foster home located off reserve. These children are considered to be resident on reserve and so funded by INAC. Health Canada won't fund some services as this is considered off reserve or they will limit NIHB. N.B. * Minor children do not legally "establish residence", their parent or guardian does. (Is there a federal legal opinion on the issue of children and defining 'resident on reserve'?)
8. NIHB coverage for medical equipment: None for basic equipment e.g. hospital bed for CICs. FNCFS is left to fund.
9. Travel for medical appointments: CIC's and guardians aren't eligible for coverage of travel for essential medical services
10. Food replacement: for children with medical conditions that restrict their diet to liquid protein supplements there is no funding or partial coverage for supplement or no coverage for delivery costs.
11. Addictions: Many CIC require addiction services, yet INAC continues to pay per diems for residential treatment.
12. Orthodontia: there is some limited accessibility for CIC but the process is cumbersome and often requires agency to appeal 2 times, and full coverage is rarely provided over the full plan of care.
13. Medications: costs for certain medication for ADHD (e.g. Concerta) are not covered even though the Paediatrician has prescribed the medication for the child's condition.

From the point of view of INAC BC Region, when its CFS program Advisors review annual audits of First Nation CFS agencies, it is apparent that they are paying for NIHB eligible expenditures in some cases. It is difficult to determine a cost of these services for FNCFS agencies because, by definition, they are not an eligible expense for reimbursement by INAC for maintenance of children in care.

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