

PROVINCIAL ABORIGINAL LHIN REPORT 2014/15

APPENDIX A: Narrative Activity Reports by LHIN



PROVINCIAL ABORIGINAL LHIN REPORT 2014/15

APPENDIX A: Narrative Activity Reports by LHIN

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Provincial Aboriginal LHIN Network (PALN) – Annual Report Supplement: Key Aboriginal Activities by LHIN (2014/2015 – current)

LHIN Name: Erie St. Clair LHIN

Highlights:

The Erie St. Clair region is home to five First Nation communities and has a significant First Nation and Metis population living within our urban and rural areas. Ensuring that Aboriginal people have access to health care, including culturally safe primary care, is essential. To help improve this, the ESC LHIN continues to make new investments, develop partnerships, and participate in initiatives, including the following:

- Aboriginal Lead was hired and is a shared position with the ESC LHIN and the Chatham-Kent Community Health Centres (CK CHC). Through this new resource the Aboriginal Lead was able to build relationships and developed an action plan and protocol agreement to strengthen the relationship between the CK CHC and the Walpole Island.
- Re-engaged the ESC Aboriginal Health Planning Committee. Committee membership includes First Nations community representatives, Urban Aboriginal Population representatives, other Aboriginal health service stakeholders, and ESC LHIN staff/management. The committee established priorities for the ESC LHIN, which includes increasing access to primary care, supporting patient navigation, and developing Aboriginal cultural training for local health service providers.
- Working with Southwest Ontario Aboriginal Health Access Centre (S.O.A.H.A.C.) and the Windsor-Essex CHC, the ESC LHIN was able to support the hiring of an Aboriginal nurse practitioner to work from the CanAm Indian Friendship Centre to provide primary care.
- ESC LHIN staff and board members took part in Indigenous cultural competency training, hosted by SOAHAC. Following the education session several ESC LHIN staff and board members individually continued their Indigenous cultural competency training by participating in an 8 hour online training course. The course was also made available at no cost to ESC LHIN-funded health service providers.
- The Aboriginal Lead provided aid and support to health service providers to implement traditional healing methods in their health and client care practices.
- Community-based needs assessments for next fiscal will become the framework for the three-year Aboriginal health strategy. Planning continues in the development of an ESC LHIN Aboriginal Health Strategic Plan for 2015-16 fiscal year.

Provincial Aboriginal LHIN Network (PALN) – Annual Report Supplement: Key Aboriginal Activities by LHIN (2014/2015 – current)

LHIN Name: South West LHIN

Highlights:

Indigenous Cultural Competency (ICC) Online Training

- The South West LHIN, in partnership with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC), launched the Ontario Indigenous Cultural Competency (ICC) online training in May 2014
- This training has been identified as a best practice: The province of British Columbia, who's ICC Training has partnered with SOAHAC to develop Ontario's training program, has started to measure some significant improvements in patient care for Indigenous people. As a result of this ICC Training, the South West LHIN hopes to enable similar success in the local health system.
- With the ultimate goal of building system capacity to address the needs of the region's Indigenous population, the South West LHIN has provided \$250,000 in one-time funding for the initial implementation of ICC Training. To ensure the sustainability of Cultural Competency Training, the LHIN will continue our support of SOAHAC through annual base funding allocations, so that we may help enable training for South West care providers for years to come
- The South West LHIN covers the cost of the training for Health Service Providers funded by the South West LHIN.
- The South West LHIN has developed an obligation under both the MSAAs and HSAAs requiring each LHIN funded HSP to develop an annualized training plan and tracking the number of staff that take ICC training each year

Enhancing Aboriginal culture-based care and primary care services in the South West

In 2014/15, The South West LHIN made several key investments (\$676,000 base; and \$130,000 onetime) to enhance and expand services for Aboriginal communities across the South West including:

- 1) Enhanced Aboriginal Integrated Care Coordination (\$376,000 – base allocation): For the enhancement and implementation of integrated care teams in three sites of the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) to enhance care coordination for Aboriginal peoples in the South West LHIN
- 2) Specialized Aboriginal Addictions (\$200,000 – base allocation): To expand and enhance specialized Aboriginal mental health and addictions services to include a trauma-based, family care based model of care for Aboriginal peoples in the South West LHIN
- 3) Traditional Healing Services (\$100,000 – base allocation): For expanding and enhancing specialized Aboriginal Traditional Healing Services for the London and surrounding area

The South West LHIN also commissioned reports to support a number of priorities including:

- 1) Aboriginal Health Links Data report and recommendations (\$40,000 – one time): the collection, review and identification of data sources, limitations and recommendations that can be used to support and inform Aboriginal inclusion and planning in Health Links
- 2) Aboriginal Patient Journey Report (\$25,000 – one time): for integrating Aboriginal patient experiences into improvement processes of each local Health Link, inclusive of hospice palliative care, as part of the Health Links program implementation
- 3) Aboriginal Diabetes Current State and Needs Assessment Report (\$50,000 – one time): the completion of an environmental scan report containing best/ promising practices for Aboriginal diabetes education, prevention and management models of care
- 4) Aboriginal Training and Education Report (\$15,000 - one time): the completion of a report detailing educational and training opportunities to support Aboriginal community service providers

Other Highlights:

- The South West LHIN meets bi-monthly with the Aboriginal Health Committee in order to inform key actions, priorities with respect to Aboriginal engagement and planning within the region, as well as to provide oversight to key initiatives and new investments
- The South West LHIN has coordinated meetings to support Aboriginal Home and Community Care with the CCAC in efforts to address some gaps and inconsistency of service
- The South West LHIN has been working closely with the Aboriginal communities to enhance equity and Aboriginal supports within both the Health Links planning model and the development of the South West Hospice Palliative Care System

Provincial Aboriginal LHIN Network (PALN) – Annual Report Supplement: Key Aboriginal Activities by LHIN (2014/2015 – current)

LHIN Name: Waterloo Wellington LHIN

Highlights:

Advancing Cultural Competency Training:

Over the last year, the WWLHIN has been promoting Aboriginal Cultural Competency training both internally and with all HSPs. To date, 95% of our HSPs have participated in some form of training and are requesting a more advance phase of the training.

Community Engagement:

We continue to develop a trusting relationship with the Aboriginal community in Waterloo Wellington and the leadership team met with a group of respected elders within the community to seek their advice on the best way to meet the needs of the community given the lack of Aboriginal health care professionals in our area and the suggestion of bringing experienced people from established area is being followed. We consult with this group of elders on an on-going basis and we have enlarged the number of participants in this process by including elders from different municipalities.

The Aboriginal Health and Wellness advisory circle just completed the terms of reference and is working in partnership with the Community Health Centre Aboriginal Health program. Staff and leadership team members from the LHIN have attended numerous Aboriginal social events such as drum circles, spring feast, universities' student centres and celebration ceremonies.

The WW LHIN continues to explore and define who the Aboriginal community in our geographic area is since the community is dispersed on a wide territory in the rural area.

Mental Health and Addiction:

In the fall of 2014, the Region of Waterloo published the data on the rate of homelessness in the region and it was identified that more than 15% of them were members of the Aboriginal community. After consultation with the Aboriginal community, the WWLHIN decided to establish a multi-sectorial solution table to address the issue which is highly related the determinants of health. The implementation of this table is on the way following a preliminary plan of action developed by the Aboriginal community with the participation of the following sectors: health, education, housing, employment, children and youths services and community services.

Palliative Care:

In addition to addressing the issue of end of life support for the Aboriginal community at the Palliative Care Council, we have two hospices that are providing good culturally appropriate services to the Aboriginal community.

This past January, one of the hospices identified an issue that boards of education had with aboriginal children from the North who were in foster care in the area. The school boards didn't know how to deal with the children's grieving process when their parents died while they were

away. The WWLHIN supported the development of a program which would bring together Aboriginal children mental health program and palliative care program to foster knowledge exchange and benefit those children.

Support Aboriginal Engagement in Diabetes:

Over the last few years, the WWLHIN has been supporting the activities of SOADI within our region by facilitating numerous workshops to educate the Aboriginal community on managing diabetes. We now finance an Aboriginal Diabetic program throughout Waterloo Wellington which will deliver culturally designed diabetic teaching and management in partnership with SOADI. The program is designed to fully support the community in attending those sessions and include transportation, babysitting and meals. The program is also partnering with the regional diabetic program to ensure that clients who need regular follow-up have access to it.

Provincial Aboriginal LHIN Network (PALN) – Annual Report

Supplement: Key Aboriginal Activities by LHIN (2014/2015 – current)

LHIN Name: Hamilton Niagara Haldimand Brant LHIN

Highlights:

- The HNHB LHIN’s primary mechanism for planning and engagement is through HNHB LHIN’s Aboriginal Health Network (AHN) comprised of 18 Aboriginal health and social service providers from across HNHB region. Input from the AHN enables the development of culturally safe and inclusive health care environments that translate into improved patient experiences and positive outcomes.
- The AHN meets monthly to share expertise, convey local health issues, and provide input to the HNHB LHIN regarding approaches to planning, community engagement, and system performance.
- Each year the AHN hosts a large community engagement session. In December 2014, the AHN hosted a community engagement session titled, “Traditional Healing in Today’s Health System”. The outcome of this session was an improved understanding of the barriers and gaps to accessing Traditional Healing services and recommended strategies to improve the Aboriginal patient’s experience in mainstream health care settings.

Provincial Priority Areas

Advancing Cultural Competency Training

- In 2013-14 the HNHB LHIN invested in Ontario Federation of Indigenous Friendship Centre cultural sensitivity training for 235 health professionals including health care leaders, emergency department staff, urgent care center staff, and emergency medical services staff.
- During 2014-15 an additional 70 health professionals, including 16 HNHB LHIN staff, completed the Ontario Indigenous Cultural Competency Training for Health Professionals.
- The HNHB LHIN continues to support the need for broader expansion of cultural competency training and values the education these offer as a contributor to providing the best care possible for Aboriginal Peoples in a manner that considers and respects their culture and beliefs.
- Next steps in 2015-16 include collaborating with hospitals to identify and initiate a plan for ongoing training opportunities for health care professionals working in the hospital setting.

Alignment of Mental Health and Addictions

- The HNHB LHIN Mental Health Advisory Working Group maintains Aboriginal representation from a member of the AHN. This individual liaises with the AHN and the LHIN Aboriginal Health lead to ensure that regional Mental Health & Addictions planning incorporates the unique needs of our Aboriginal peoples living both on and off-reserve.
- The LHIN Aboriginal Health lead has begun participating in regular meetings with the Mental Health strategy team to explore opportunities for alignment and coordination between the Mental Health & Addictions and Aboriginal Health Portfolios, particularly in the area of early intervention and crisis response.

Hospice Palliative Care (HPC) Planning

- The LHIN Aboriginal Health lead connects regularly with the LHIN Hospice Palliative Care Lead and is involved in reviewing and creating a plan to enact the Hospice Palliative Care Ontario’s Declaration and Commitment to Action regarding First Nation communities and Aboriginal peoples living off reserve.

- The Regional HPC Council is consulting with the AHN to aid in identifying an Aboriginal representative to join the council.

Support Aboriginal Engagement in Diabetes

- The LHIN Aboriginal Health lead connects regularly with the LHIN Diabetes lead, as well as participates in bi-monthly Leaders in Diabetes Committee meetings. This committee includes members from two Aboriginal DEPs and Southern Ontario Aboriginal Diabetes Initiative.
- Currently the LHIN is working with a local hospital and an Aboriginal DEP to explore strategies for expanding access to specialized services for individuals living on reserve.

HNHB LHIN Priority Areas

Mental Health & Addictions

- In 2014-15, the LHIN supported the training of 45 individuals in Safe Talk Suicide Prevention, 26 individuals in Applied Suicide Intervention Skills Training (ASIST), and 103 individuals in mental Health First Aid.

Chronic Disease Priority

- In 2014, 16 members of the AHN committed to the Walk the Talk Health and Wellness Program which includes a framework for promotion of healthy diets, tobacco cessation, physical activity, and stress management in Aboriginal organizations.

Cultural Sensitivity Training

- See Provincial Priority Areas.

Patient Navigation

- The HNHB LHIN currently funds three full-time Aboriginal Patient Navigator positions and two full-time Child and Youth Aboriginal Mental Health Navigators. These five positions are distributed across three LHIN zones: Hamilton, Brantford and Niagara.
- The Aboriginal Patient Navigator role is intended to work with Aboriginal and mainstream health and social service organizations, the HNHB Community Care Access Centre (CCAC) and hospitals across the HNHB LHIN to help Aboriginal clients, caregivers and their families navigate the health care system after admission to hospital.
- From February 2014 to December 2014, 1,318 individuals from across the HNHB LHIN have received improved access to culturally appropriate services as a result of this program. Aboriginal Patient Navigators participate in discharge planning meetings, offer essential resource support and referrals, and assist patients in their transition from hospital to community.

Traditional Healing

- In response to the recommendations provided at the AHN's Community Engagement session in December 2014, the LHIN plans to develop a protocol for referrals from LHIN hospitals to Traditional healing services or community support programs and engage with the AHN to explore opportunities to increase access Traditional Healing.

Provincial Aboriginal LHIN Network (PALN) – Annual Report Supplement: Key Aboriginal Activities by LHIN (2014/2015 – current)

LHIN Name: Central West LHIN

Highlights:

- In order to expand the LHIN’s understanding of the health issues facing the local Aboriginal community and to improve relations with local Aboriginal organizations
 1. The LHIN partnered with the Credit River Métis Council and the Mississauga Halton LHIN on a traditional medicine walk held at the Crawford Lake Conservation Area with 4 walks held over 2 days with an average of 40 participants at each walk
 2. The LHIN partnered with the Credit River Métis Council, the Mississauga Halton LHIN and the Peel Committee Against Women’s Abuse in hosting the Sisters in Spirit Vigil on October 4th
 3. Credit River Métis Council hosted an education and training session for a combined LHIN Board and Staff forum with the session covering Métis culture and local Métis community health needs.
- The LHIN exceeded targets for LHIN staff completion of the online Indigenous Cultural Competency training with 6 staff members, including the CEO, completing the program.

Provincial Aboriginal LHIN Network (PALN) – Annual Report Supplement: Key Aboriginal Activities by LHIN (2014/2015 – current)

LHIN Name: Mississauga Halton LHIN

Highlights:

The Mississauga Halton LHIN continued to reach out to Aboriginal stakeholders in our region including the Credit River Métis Council, the Peel Aboriginal Network and Métis Nation of Ontario's Health and Wellness branch. Cultural awareness training of the unique needs of Aboriginal people was put in place for LHIN staff and Board members. The MH LHIN has met the following Aboriginal Cultural Competency/Awareness Training targets:

- # of Staff Trained: 33/35 (94.3%)
- Board Members Trained: 5/6 (85.7%)

MNO & System Access Model - we've been in consultation with the Metis Nation of Ontario on the development of a System Access Model that will provide information, referral, assessment and navigation function and features for the mental health and addiction sector in our LHIN.

MNO & Telepsychiatry - the Métis Nation of Ontario has also provided consultation to our LHIN on their telepsychiatric mental health service supports model. MNO representative is a member of the MH LHIN Telemedicine Advisory Committee

Provincial Aboriginal LHIN Network (PALN) – Annual Report

Supplement: Key Aboriginal Activities by LHIN (2014/2015 – current)

LHIN Name: Toronto Central LHIN

Highlights:

TORONTO INDIGENOUS HEALTH ADVISORY CIRCLE (TIHAC)

Reducing Indigenous health inequities falls within the mandates of both the Toronto Central LHIN and Toronto Public Health. Both organizations currently offer and fund various Indigenous health programs and services although much more needs to be done. There are also a number of health services provided by Indigenous and other non- Indigenous organizations in Toronto. This collaborative approach to planning will ensure that health services are comprehensive, coordinated and responsive to the needs of Indigenous people in this city. TCLHIN supported the ceremonial launch of the Toronto Indigenous Health Strategy this year. This circle is based on a medicine wheel model which incorporates vision, relationship, knowledge and action. The circle has a youth and elders council, a reference table to provide expert advice on priorities identified through community engagement and Indigenous data knowledge from Well Living House.

TIHAC mandate

1. Provide oversight, guidance and advice to the TC-LHIN and TPH in the identification planning, implementation, funding, research and evaluation of culturally based, culturally secure; health programs and services for the diverse Indigenous community in Toronto.
2. To influence public policy that impacts Indigenous health outcomes

CULTURAL COMPETENCY TRAINING

TCLHIN has funded in-person cultural competency training for the past three years and has identified the need for ongoing support for this kind of training on an ongoing basis. TCLHINS has committed a further year of funding to support in- person training by the Ontario Federation of Indigenous Friendship Centres and will be working with the Toronto Indigenous Health Advisory Circle to advise on the kind of training that TCLHIN will be investing in next year. A business model that will offer both on line training as well as in person training is currently being developed by SW LHIN and TCLHIN.

INDIGENOUS KNOWLEDGE PRODUCTS

TCLHIN is investing in the creation of a data sharing agreement for the Aboriginal health data set within the larger Measuring Health Equity Project. Given that socio-economic determinants of health are the most important factors influencing health status and outcomes, identifying and addressing health disparities starts with connecting equity data with health outcome data, and the collection of socio-demographic information is an indispensable first step. Previously,

there was no consistent comprehensive equity data collection across TC LHIN hospitals and other providers. To address this gap, the LHIN committed to collecting equity data and developing equity indicators. The collection of standardized equity data, which is voluntary for patients to comply, is being rolled out across all TC LHIN hospitals as well as Community Health Centres (CHCs).

ABORIGINAL YOUTH MENTAL HEALTH AND ADDICTIONS

TC LHIN has invested in a three year pilot project to provide Aboriginal youth with MHA, housing and support through the *ESHKINIIGJIK NAANDWECHIGEGAM* “A Place of Healing for our Youth” , an Aboriginal focused housing project. This project has recently been moved into base funding and will provide ongoing transitional housing for street affected youth. In addition to this investment, TCLHIN is supporting a community model for Aboriginal transitional aged youth at Native Child and family Services of Toronto.

Provincial Aboriginal LHIN Network (PALN) – Annual Report Supplement: Key Aboriginal Activities by LHIN (2014/2015 – current)

LHIN Name: Central LHIN

Highlights:

- Central CCAC updated the Central Healthline to include an Aboriginal section

Central LHIN allocated one-time funds for Aboriginal Cultural Competency training for 180 health service provider staff. Training was targeted to staff working in mental health and addictions, diabetes education programs, Community Health Centres, CCAC and hospitals

Provincial Aboriginal LHIN Network (PALN) – Annual Report Supplement: Key Aboriginal Activities by LHIN (2014/2015 – current)

LHIN Name: Central East LHIN

Highlights:

The Central East LHIN has established two Aboriginal Health Advisory Circles with the cooperation and support of the Aboriginal Communities located within the LHIN. Both of these Health Advisory Circles: the Central East LHIN First Nations Health Advisory Circle, and the Central East LHIN Metis, Non-Status, Inuit Health Advisory Circle met on a quarterly basis throughout Fiscal Year 14/15.

Each of the Circles has identified Cultural Safety, Mental Health and Addictions and relationships with the CCAC as priority areas. In 2012, the Central East LHIN Board of Directors passed a Motion requiring all Health Service Providers to demonstrate that they offer Culturally Safe Services to the Aboriginal Peoples that they serve. The Board requested that the Health Advisory Circles establish a monitoring process that would permit the Board to ensure the Motion was adhered to. At the conclusion of the Fiscal Year, each Circle had identified the elements of this process and instructed Central East LHIN Staff to develop a monitoring template.

Members of both Circles met with Mental Health and Addictions Service Providers in September and December to discuss the establishment of a collaborative working relationship. A small group of Members from both Circles was formed to plan and implement additional meeting dates and agendas that are to take place in the 2015/16 Fiscal Year. The intent of these meetings is to discuss common issues and develop working relationships. Late in the Fiscal Year, the LHIN funded two Aboriginal Outreach positions: one each for the Durham and Northeast Clusters. These positions were placed with existing Mental Health and Addictions Health Service Providers who were provided with clear funding criteria regarding the development, implementation and evaluation of the positions. It is expected that the providers will work in partnership with the Aboriginal communities they serve to develop the job description and deliverables for these positions that will meet the needs of these communities. The Central East LHIN Mental Health and Addictions Physical Lead have been travelling throughout the LHIN to meet with the Aboriginal Communities in order to establish a working relationship and understand their needs.

The Central East CCAC has one Memorandum of Understanding, (MOU) with the Alderville First Nation. Each of the three remaining First Nations has requested an MOU of their own with the CCAC. As of the end of the Fiscal Year, the Curve Lake First Nation has undertaken this process. The Annual Joint Circle Meeting was held in Peterborough on October 29, 2014. The meeting was very well attended and included presentations from Cancer Care Ontario and each of the Aboriginal Health Advisory Circles.

The Central East LHIN Aboriginal lead maintained a close working relationship with the Cancer Care Ontario Aboriginal Navigator via regular meetings and conference calls. The CCO

Aboriginal Navigator is an active participant in the Central East LHIN Palliative Care Network and meets regularly with the Palliative Care Planning Coordinator.

In summary, Fiscal Year 2014/15 saw a deepening relationship between the LHIN and the Aboriginal Communities that we serve. We look forward to further strengthening and enriching these relationships in Fiscal Year 15/16.

Provincial Aboriginal LHIN Network (PALN) – Annual Report Supplement: Key Aboriginal Activities by LHIN (2014/2015 – current)

LHIN Name: South East LHIN

Highlights:

Indigenous Cultural Competency (ICC) Training

The South East LHIN is committed to ensuring Indigenous residents in the region receive health services that are characterized by cultural safety. The LHIN has adopted a variety of strategies to further the same in the region. At this time, more than 70% of LHIN staff and 50% of LHIN board members have received ICC training. The LHIN has been in discussions with the Mohawks of the Bay of Quinte (MBQ) to organize a series of Indigenous Cultural Competency training sessions for Health Service Providers. The proposed model would enable the MBQ to inform the development and implementation of these sessions. Further work on these sessions will be undertaken in the 15/16 FY. The LHIN is continuing to explore the use of the online ICC training through SOAHAC.

Engagement with Indigenous Communities

The LHIN has continued to engage with key Indigenous stakeholders in the region. The LHIN leadership has been meeting with the MBQ Chief and Council on a regular basis. The LHIN provided one-time funding to the MBQ to address start-up costs related to the development of an Indigenous health engagement group in Tyendinaga. It is hoped that this partnership will provide key insights on advancing Indigenous health in the region. A key milestone was the indigenous-specific engagement sessions that were organized to inform the Addictions and Mental Health Redesign initiative in the South East. Enhancing the health of Indigenous communities was a key priority that was identified in our Integrated Health Service Plan 3. Targeted and project-specific engagement has been ongoing.

Advancing PALN Priorities

The LHIN has been working towards advancing the other PALN priorities. To this end, The LHIN's Aboriginal Lead continues to liaise with team members that hold key portfolios in this regard (Addictions and Mental Health, Hospice Palliative Care, Chronic disease, etc). The intent of the same is to ensure that planning work related to these areas adequately addresses Indigenous health needs.

Review of access to services for Mohawks of the Bay of Quinte

The LHIN, in partnership with the MBQ has started to undertake an environmental scan that will examine the access to health services in the MBQ reserve. The focus of the same is to identify key gaps and explore possible mitigation strategies. This work will be completed in September 2015.

Provincial Aboriginal LHIN Network (PALN) – Annual Report Supplement: Key Aboriginal Activities by LHIN (2014/2015 – current)

LHIN Name: Champlain LHIN

Highlights:

- Hired a full-time Aboriginal Engagement Specialist to foster engagement and participation of AHCF member organizations in AHCF identified community engagement and planning activities
- Conducted engagement sessions with the Aboriginal community in the Champlain region to identify priorities for palliative care and bereavement. This feedback will assist the Champlain Hospice Palliative Care Program with identification of priorities to better address needs of Aboriginal people
- Launched the My Life My Wellbeing Executive Summary. This research which is a culmination of three years of efforts, focused on identifying the needs of Aboriginal youth for mental health and addictions services
- Advanced cultural competency training through the development of a coordinated plan to expand the training to include mental health service providers, Health Links and LHIN board and staff

Provincial Aboriginal LHIN Network (PALN) – Annual Report Supplement: Key Aboriginal Activities by LHIN (2014/2015 – current)

LHIN Name: North Simcoe Muskoka LHIN

Highlights:

Collective work in the Aboriginal Circle and committees in NSM LHIN:

- On-going work with community partners (LHIN, CMHA, CAS, School Boards, Waypoint, Health Links
- Ambe Tigadaw: Indigenous Community Garden Collective
- Regional training and implementation of a common assessment for children and youth (CANS), and the development of a culturally appropriate addendum. Field-testing the addendum is currently underway with good results. The CANS tool currently being used by FNMI Child and Youth Mental Health and Addictions Workers.
- Development of a common Initial Contact Sheet, to be used by Aboriginal service providers in our region to facilitate referrals and follow-up
- Tools that support Cross-cultural awareness and training such as the “Culture Card” and DVD/Video of our Elders, also available on-line
- On-going and consistent Cross-cultural training, using an established curriculum, which has laid the foundation for change across our region, by increasing awareness and support for Aboriginal Health.
- Development of a “Cultural Well Being Framework” which will guide our Traditional Healing Policy and support the traditional healing work in our communities
- Expanded FNMI participation in health planning, and decision-making LHIN councils and committees which ensures inclusion of FNMI perspectives and concerns.
- Funded Health Links Coordinator position. This commitment from the LHIN ensures FNMI connection to primary care and that we have input into the planning and development of emerging models of care within each of the five Health Links in our region. Connecting our communities to primary care.
- The foundation of this work has been in strengthening the relationships we have with each other and our communities, including “mainstream” partners.
- In this fiscal year, this has resulted in 294,000 of new resources & services in our region for mental health and addictions services. This includes:
 - **FNMI Community Capacity Building** by training FNMI Front Line Workers in Trauma and also Relapse Prevention (Red Road Program), upgrading electronic information management systems, developing Phase II of CCAT Curriculum, and development of a culturally effective suicide prevention curriculum.
 - **Improving Delivery of Services** by upgrading electronic info management system for the Aboriginal mental health and addictions service (Enahtig), offering two sessions of the Red Road Program, an additional CCAT training session, increase of professional fees for counseling/assessments, and providing peer support for FNMI service providers
- In this fiscal year, funding was allocated towards a feasibility study and business plan for the development of an Indigenous Residential Treatment Centre.

- For next fiscal year 15/16, funding for mental health and addiction services will:
 - Add 4 new positions for treatment to our region: therapist, 2 MHA Counselors, 1 Traditional Healer
 - Provides on-going funding to support FNMI Service Provider Peer Support, and the Red Road Program.
 - The 4 positions will be relocated to the Treatment Centre once operational funding is secured.
 - Building relationships and partnerships amongst ourselves and with our mainstream partners has strengthened our community. e.g. regional training for Front Line Workers with Jane Middleton Moz, protocol development with CAS and Catholic District School Board, expansion of FNMI self-identification practices, implementation of smudging policy at Royal Victoria Hospital, hiring of FNMI Patient Navigator at Midland Hospital, inclusion of FNMI needs in the development of Health Links Care Coordination Tools, & Traditional Healer position at CMHA.

- The NSM LHIN in collaboration with Chigamik, and other community partners, the annual Aboriginal Health Circle. This event helps inform the AHC and where it needs to go. It has been a catalyst for change.

- Funded Health Links Coordinator position. This commitment from the LHIN ensures FNMI connection to primary care and that we have input into the planning and development of emerging models of care within each of the five Health Links in our region. Connecting our communities to primary care.

Provincial Aboriginal LHIN Network (PALN) – Annual Report Supplement: Key Aboriginal Activities by LHIN (2014/2015 – current)

LHIN Name: North East LHIN

Highlights:

The NE LHIN has an extensive record of engagement and collaboration with Aboriginal/First Nation/Métis people living in Northeastern Ontario. The LHIN's efforts have been consistently focused on improving access to services and the health status of Aboriginal people living within its geographic boundaries. The input received through ongoing engagements has been a key component in NE LHIN decision making on health care initiatives to increase access to care for this population group.

In order to achieve this objective, the NE LHIN relies on the expertise of our Local Aboriginal Health Committee (LAHC) which advises the NE LHIN Board of Directors on health service priorities and opportunities for integration within Aboriginal/First Nation/Métis urban and rural communities.

The NE LHIN invests \$38.5 million each year in 37 different Aboriginal health service providers including:

- One Hospital
- One Long-Term Care facility
- One Community Health Centre
- 34 Community Support Service Providers
- Six Mental Health and Addiction Providers

The NE LHIN has a specific priority related to the Aboriginal population in its Integrated Health Service Plan. The main objective for targeting the needs of this population group is to improve health status and health outcomes, however, through extensive engagement efforts three goals under this priority emerged. A number of initiatives have been supported in the past year to meet these goals.

Goal: Enhance access to health care services that are linguistically and culturally appropriate

- Through a continued partnership with the Red Cross provided culturally appropriate PSW training in First Nation communities along the James and Hudson Bay Coasts, resulting in 24 PSW graduates. Another cohort of 10 participants from Fort Albany began the program in November 2014.
- 164 participants were trained in the Indigenous Cultural Competency on-line training including NE LHIN staff and health service provider staff.
- In cooperation with relevant stakeholders, lead staff from Behavioural Supports Ontario (BSO) and NE LHIN an Aboriginal NE BSO strategy was developed and implemented. The purpose of the strategy is to ensure that the Aboriginal/First Nation population are informed about BSO services and are able to recognize the signs and symptoms of dementia/Alzheimer's through training ; that BSO staff are able to provide service to this specific population in a culturally appropriate manner; that BSO staff possess the core

competencies to provide culturally competent/safe care; and that the tools and assessments used are respectful of the Aboriginal/First Nation history, values and culture.

Goal: Increase system navigation, service coordination and access to care

- Supported First Nation specific Assisted Living for High Risk Seniors programs: Mamaweswen, North Shore Tribal Council: 15 high risk seniors from 7 First Nation communities across the north shore; 10 high risk seniors from Nipissing First Nation; 5 high risk seniors from Moose Cree First Nation
- Planned and coordinated additional Specialized Geriatric Clinics with local partners on the James Bay Coast. A team of geriatricians and allied health professionals spent three days in Moosonee and Moose Factory and carried out 41 Geriatric assessments; 22 full diabetic assessments; 45 chiropody assessments. There was a total of 117 assessments completed (some patients received assessments from all three disciplines).
- Supported First Nation providers to be trained and provide Exercise and Stand Up! Programs in their communities.

Goal: Increase access to mental health and substance abuse services

- Through membership on advisory or steering committees to three mental health and addiction Health Service Integration Fund Projects (HSIF) at Mamaweswen, North Shore Tribal Council, United Chiefs and Councils of Mnidoo Mnising (UCCMM) and WAHA, work has been completed to create a seamless continuum of care among mental health and addiction service providers.
- In partnership with Health Canada and MOHLTC, supported two Community Wellness Development Teams located at Ngwaagan Gamig Recovery Centre and Sagashtawao Healing Lodge. The teams provide mental health and addictions expertise and planning support to First Nation communities seeking assistance in addressing prescription drug abuse and the underlying mental health issues that impact substance abuse and addiction.
- Supported the Benbowopka Treatment Centre to enhance capacity for treatment of complex clients with opiate/drug withdrawal and follow up aftercare services allowing the treatment centre to better meet the needs of clients by shifting to a harm reduction model. Further, supported OTN equipment which will facilitate psychiatric/physician consultations and allow patients to connect with family.
- Provided support to Mamaweswen, North Shore Tribal Council to enhance existing mental health services to meet demand through increased capacity, and create coordinated access through centralized intake of Aboriginal mental health services.

Provincial Aboriginal LHIN Network (PALN) – Annual Report Supplement: Key Aboriginal Activities by LHIN (2014/2015 – current)

LHIN Name: North West LHIN

Highlights:

- MCYS Service System Forum -The focus of the Forum will be to examine case management practices\options leading to improved model(s) of collaboration that will better meets the needs of children and youth in our area (instead of having to send children and youth outside of our district to receive services).
- Meeting with Dilico on Long Term Care Planning – discussions on Dilico’s plans on Long Term Care for the First Nations in their catchment area.
- Meeting with Red Cross to discuss PSW training initiative in the North West region.
- Ring of Fire Coordination Committee meetings - In order to better manage skills development, training priorities, and related human capital activities across governments and among the multiple departments, the Ring of Fire Coordination Committee (RFCC) was created.
- Home and Community Care –NRRT First Nations Policy Working Group: The purpose of the small working group will be to provide the Northern Reference Table with information and advice on the following activities related to implementation of the provincial policy in First Nation communities.
- Lead Role with Health Services Integration Fund (HSIF) projects: Close collaboration with the project coordinator to identify opportunities for integration of services and programs, alignment of practice and work towards integrating those services with federally-funded services through a service agreement. Six out of the Eight Projects in the NW region deal with MHA.
- Diabetes: The North West LHIN now has responsibility for improved coordination and integration of existing diabetes services across the region.
- Diabetes: The LHIN has successfully engaged with several remote fly-in communities about the benefits of Point of Care Testing (PoCT). We have established a testing site in Eabametoong First Nation and are currently working with Kee-Way-Win to establish a site there. Across the LHIN, 20 First Nation communities as well as urban aboriginal populations in 3 major municipalities have access to Diabetes PoCT.
- Diabetes: The LHIN is conducting an environmental scan of primary prevention services across the region, including in-depth interviews (via phone or in-person) with First Nation communities and Aboriginal Health Service Providers. The LHIN has also conducted in-person engagement in each IDN region with Aboriginal HSPs and select communities around clinical diabetes services. This latter engagement is informing our Regional Diabetes Strategy.

- The LHIN is currently in a joint initiative with the Ministry of Children and Youth Services, the Ministry of Community and Social Services, and the First Nations and Inuit Health Branch to create a comprehensive inventory of services offered within First Nation communities in our region. This will be used for service planning and crisis response coordination.