



**NIHB Subcommittee Meeting via Teleconference
June 4, 2020**

Co-Chairs:

Kash Shade, First Nation Co-chair, Treaty 7
Jack Kennedy, FNIHB Co-chair

HCoM:

Erin Solway (Recorder)

Members:

Bernadette Crowchild, Treaty 7(SNTT)

Jackie Alook, Treaty 8

Liaisons:

Anne Bird, Treaty 6(YTC)
Laurie Belcourt, T8
Summer Big Smoke, T7(BFC)

Presenters:

Corey Leyte, NIHB
Tamara Elm, NIHB

Observers:

Dr. Deborah Pace, Blood Tribe
Amber Hamilton, Treaty 8
Tessy Big Plume, Treaty 7(SNTT)

Regrets:

Colleen McDonald, Treaty 6(ECN)
Tracy Potts, Treaty 6(YTC)

Documents Provided via email: HCoM NIHB teleconference agenda; HCoM Mental Health Counselling Query June 2020 PPT; 20191120 ESC NIHB Navigators PPT; Email circulated from Corey Leyte, FNIHB "Mental Health Provider Inquiry" dated June 4, 2020

1. Opening Prayer

Dr. Deborah Pace

2. HICPS 30 Update

Jack Kennedy, FNIHB

- Projected to have HCIPS 3.0 transitioned by the end of June, start of July 2020. Status of application: In Process.
- New version of HICPS application, demonstration of the website. Focus is to help with providers and will improve client service delivery.
- Q: Will this website allow Navigators to login to see how they can assist members when they called in and needed something?
- A: Yes, through express scripts. Helping providers help clients. Streamline the process of pharmacy providers.
- Throughout the past year, there have been concerns expressed to the region on the number of providers.
- Mental health counselling process. Process was started prior to COVID 19, we started to get some feedback. Call out to regulatory bodies was made and a posted ad was sent out to recruit to have as much providers available.
- COVID 19 call-out for providers who are interested in telepsychology. Providers are interested in working with us and FNIHB has had a number of providers that they were able to add to the list. Currently working through the requirement issues and the requirement for 2 support letters from a First Nation.

3. Mental Health Counselling

- From the January 2015 NIHB Subcommittee meeting minutes, there was a requirement instilled to have providers submit 2 support letters from First Nation(s). This was not an official requirement from NIHB and not a part of the policy. There are pieces that cannot change, there is a policy that NIHB must follow. If the region would like to support the requirement of having 2 support letters, or have a different approach, NIHB should be able to accommodate it.
- Open Q. Does the Subcommittee feel that the letters are effective? There may be other alternatives the Subcommittee can look at. Are they creating an obstacle?
- Would be under the Mental Health benefit. Providers have an interest to enroll, most providers who enroll would be:
 1. Fee-For-Service (Edmonton & Calgary).



2. Contract & Contribution holders.

Question for the subcommittee: (Slide #5 of HCoM MHC Query June 2020 PPT):

- Do we wish to continue with the requirement for two letters of support?
- Would we allow for alternatives such as completion of a cultural awareness program or course?
- Would we consider a probationary period for new providers who did not have the required letters?
- Are there other options that could be enacted?

Subcommittee and observer comments:

- Cultural Safety Training needs to be considerate and properly communicated, emphasising on First Nation (FN) Indigenous people within health services.
- Providers should have a strong partnership with Indigenous organizations.
- Reaching out will be more successful on recovery journey.
- Letters of support are more validating to indicate that they have worked with FN's on treating and caring for our membership.
- Client association with treaty area should be taken into consideration. The requirement is that the provider to be trained and supported by FN communities with added criteria. The FN's community mental health counsellors are more culturally aware to treat other treaty members.
- Jack informed the subcommittee that the Contribution holders have the option to do fee-for-service. The challenge is tracking the funding. Willing to look into that increased utilization, be able to add to agreements.
- Suggestion to potentially change the requirements for mental health providers. Ideally, we want to ensure that providers are culturally aware.

Action Item 3.1: Subcommittee requested from FNIHB, a list of enrolled providers and the application requirements.

- Q: Are there references that can go along with the letters?
- A: The 2 letters requirement is not a part of the application/requirement for the NIHB benefits.
- Comment: It is a requirement that providers have background training through cultural awareness programs at the University level. Need to look at how do the providers conceptualize a case? Should be a question from the interviewer, to determine how the provider understands the difference between FN members on & off reserve and FN members from different treaty areas. Our worldview is different, we do not have mental health in our language. Ex: cognitive behavioural approach was developed for the upper middle-class society.
- Comment: Cultural awareness is broad. Geared for diff tribes and treaty areas throughout AB. Red Crow College has developed sacred spaces, they are trying to understand how to work with mental health. Blood tribe is spiritual and physical based.
- Suggestion to incorporate a 1-year supervision vs. probation period for new hires. Cases will vary on difficulty levels.

Referenced email from Corey Leyte, FNIHB – Mental Health Provider Inquiry Email June 4, 2020

- Regulatory bodies – benefit to provide services.

Fee-For-Service – provider that is under contract travelling to one or more FN's.

- In regard to per diems there is more of an opportunity to focus on the predominant culture. Could be more than one culture existing on the reserves. There would be an opportunity for that Nation to come up with options and a process that is specific that would be available for fee-for-service. There could be a provider who has had experience with working with FN's, they could have an interest and would enroll, but do not yet have a client. Also, there can be a provider who provided the 1st or 2nd client who was not registered, due to being unable to obtain the 2 support letters, this creates an obstacle.



- Provide a service that is culturally aware. Providing a safe quality service. Problematic, where the provider has experience with FN but do not have support letters. If they only have 1 client, do we want to enroll them? Different options for fee-for-service.
- Contribution Agreement holders may be an opportunity to have options in place that would be difficult for fee for service providers.

Subcommittee Comments:

- Suggestion to omit the 2-letter requirement. There needs to be in place a program/training to understand history and how some of these issues came about such as generational trauma.
- There is a 12-week program through videos from the University of Alberta, Indigenous Canada.
- FNHIB cannot provide funding for cultural training for mental health providers. They can look at other options. Ex: Funding their own training
- Creates an extra barrier for mental health for the people that are getting care from a provider who is not enrolled. Who is paying for that service?
- Suggestion to offer free online module program developed by the community. The service provider could use this training as their cultural training.
- Jack indicated that there is a restriction in providing funding. Outlining would be an alternate requirement/option.
- Jack to send slide deck that provides information on contribution agreement process terms. Is open to working with Health Director's and Nations to discuss different opportunities and possibilities that are Nation specific.
- Suggestion to create a module for all of AB, with the consideration of different cultures. Module can be tailored to be specific to the Nation that has a contribution agreement.
- Suggestion to develop a program through education funding, which can also be utilized with the mental health program and adopted in the process.
- Recommendation to have mandatory culturally sensitivity training with the providers of mental health. Some Nations are developing their own specific criteria/training modules. Each tribe has a different approach to mental health. MH in FN underlying conditions are at times the same, if we have a broad model to follow that nations can make specific to each tribe.
- There needs to be an identifier that specifies individuals that have cultural awareness and have background training.
- The recommendation was made to have the Mental Health Subcommittee Co-chair(s) join the next NIHB Subcommittee teleconference to determine funding ideas. Mental health has become a greater concern during the COVID 19 pandemic.

Action Item 3.2: Invitation to be sent to the Mental Health Subcommittee Co-chairs to join the discussion on funding at the next NIHB Subcommittee teleconference.

- If the provider is not comfortable meeting face to face, there is the option to use telehealth. Recognizing that there are restrictions put in place by tribal council and to keep in mind travel restrictions into the communities.
- Professional bodies – provide rehab service in our community and communities. One of the things that we came across, the rehab team, they are on rotation and service multiple groups/Nations. ½ day in two comm. Had to make changes to one allow one comm./day. YTC body – protocols.
- Need a process that is 100% effective to ensure cultural awareness. They can look at more than one option. Is it possible to have more than one option?
- Suggestion for the Nation to identify Elders. Elders to work with mental health providers.
- This issue could advocate for policy change through short term or planning for long term.
- Look at alternatives to training and cultural awareness such as a certification program. Can this be used as an alternative to submit for enrollment?



- Comment: Look at UNDRIP, there is a statement that FN have the right to develop holistic health and medicine. This would fit into the Truth and Reconciliation Commission recommendations. Develop models to help these providers understand the different worldviews and assist them on how to offer quality service. Suggestion to have a 1-year supervisory period to consist of mentorship with therapists on the reserve. Continue to look at unique ways.

Action Item 3.3: Jack Kennedy to follow up on service provider requirements, to be sent to subcommittee members.

Meeting Adjournment at 2:26 pm

DRAFT