Jordan’s Principle
Service Coordination
in the Alberta Region

FIRST NATIONS
HEALTH CONSORTIUM
About the First Nations Health Consortium

The First Nations Health Consortium (FNHC) is made up of 4 progressive First Nations health organizations with representation from all Treaty areas (6, 7 and 8);

- Bigstone Health Commission
- Kee Tas Kee Now Health Commission
- Maskwacis Health Services
- Siksika Health Services

- The Consortium represents over 30% of the Alberta First Nations population and provides a Regional coordinated approach to enhanced service coordination.

- Building on the collective strengths and relational networks of the founding Partners, FNHC developed a service coordination model that has evolved to respond to client needs by increased engagement in outreach to service providers and community members across the province.
FNHC Strategic Plan, Phase 1, focused on the development and implementation of the new FNHC organization and the development and implementation of Jordan’s Principle Enhanced Service Coordination model for Alberta’s First Nations families and children.

During the first two years of operations the following accomplishments were realized:

- **Strategic Direction #1 Goal**: Improve and help navigate access to health, social and educational services needed by First Nations children and their families.

- **Strategic Direction #2 Goal**: Demonstrate fiscal and organizational accountability and sustainability in all financial and operational functions.

- **Strategic Direction #3 Goal**: Build and sustain mutually satisfying and productive relationships to ensure Jordan’s Principle is honoured.

- **Strategic Direction #4 Goal**: Build an organizational culture that promotes positive relationships and work excellence.
**Alberta’s Service Coordination Model**

**FAMILY/SERVICE PROVIDER CALLS TOLL FREE 1-844-558-8748**

**FNHC ACCESS WORKER GATHERS INFORMATION, IDENTIFIES NEED’S AND OBTAINS GUARDIAN CONSENT**

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**Pathway #1**

- General Enquiry
  - FNHC Access Worker refers caller to another service provider (community, provincial, federal)
  - Provides information to resolve request

- Call follow-up
  - FNHC follows up with caller (within 3-6 weeks after initial call)

- More info needed
  - Yes: FNHC Access Worker initiates In-take file to forward to a RSC
  - No: FNHC Access Worker documents follow-up in data base

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**Pathway #2**

- RSC engages to support Family
  - FNHC Access Worker gathers information and completes In-take and refers to a Regional Service Coordinator (“RSC”)
  - RSC connects with Family to discuss information gathered to determine action required

- If service denial/delay/disruption, follow Pathway #1
  - Provides resources for services/support to address Family concerns and Child’s needs

- FNHC Access Worker documents action taken and resolution in data base.

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**Pathway #3**

- Service Delay, Disruption or Denial
  - FNHC Access Worker gathers information and completes In-take and refers to a Regional Service Coordinator (“RSC”)
  - RSC contacts the family and gathers additional information and discusses Jordan’s Principle Application

- Application Approved?
  - Yes: Focal Point reviews application
  - No: RSC supports appeal process

- Focal Points advise RSC, the RSC informs family and service providers of the decision and process moving forward

- RSC documents action taken and resolution in data base.

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**Pathway #4**

- A combination of Resource connecting and Jordan’s Principle Application(s)
  - FNHC Access Worker gathers information and completes In-take and refers to a Regional Service Coordinator (“RSC”)
  - RSC contacts the family and gathers additional information and may determine available existing resources and Jordan’s Principle Application for more than one identified need

- Existing Resources?
  - Yes: RSC connects to existing resources to meet Child’s needs
  - No: RSC submits multiple Applications to the Focal Points to meet Child’s needs

- More than one need requiring Jordan’s Principle Application
  - Yes: RSC supports appeal process
  - No: RSC documents action taken and resolution in data base.
Expanding the Vision: Access to Service

- FNHC has quickly expanded the number and placement of Access Workers and Regional Service Coordinators to better meet the needs province-wide.

- Through the strategic placement of Access Workers in high-population communities, we address the on reserve barriers by providing “walk-in” intake services.

- The FNHC team shares knowledge of existing resources across the province. This allows us to not only connect First Nation families to service providers, but to all individuals requiring resource links.

Source: www.teachers.ab.ca
FNHC engages First Nation communities to strengthen relationships by providing in-person intakes at various community events, Health Fairs and Teddy Bear Fairs. Active participation and networking with service professionals enables the FNHC team to better support the family in meeting the child’s need(s).

Developing and strengthening relationships is essential to our service coordination model.
Collaboration: FNHC & Focal Points

To facilitate transparency around shifting guidelines, FNHC and the Focal Points work collaboratively through the following:

• Regular face-to-face meetings that provide opportunity to enhance connection and strengthen relationships
• Efficient communication with specific cases including the status of individual and group requests
• Information sharing of existing Alberta resources

As an innovative approach to addressing provincial divisions, the FNHC has proposed to co-locate Focal Points within FNHC’s office space to better facilitate working relationships and expedite effective service coordination in the province of Alberta.
**Data is Key**

We are a Regional Organization, this provides us the opportunity to collect meaningful data and correlate it with other relational information (distance/needs/access) to get the whole picture to influence policy change and program development.

- If we really want to be able to tell the story of where the gaps and inequalities exist, and identify where the services don’t exist, we have to do it with real facts. Without data we cannot identify short comings of our current programs and services. Good decisions come from knowing all the of the facts, and facts impact policy change.

- Identifying gaps in services through data enables us to confidently influence government policy in terms of closing the gaps either through new programs or amendments to existing programs and the implementation of innovative processes.

- Data collection supports decisions that will improve the quality of services and best practice.
Understanding barriers to accessing services is an integral part of service coordination. Distance, isolation, language, lack of transportation, and time away from community are just a few of the factors when supporting families to meet their children’s needs.

System navigation is a significant barrier both for families as well as service providers. FNHC’s Access Workers and Regional Service Coordinators bring diversity, knowledge and varied skill sets that enhance our service coordination model.

<table>
<thead>
<tr>
<th>Service</th>
<th>On Reserve</th>
<th>Off Reserve</th>
<th>Total Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protective Service</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Cultural supports/services</td>
<td>6</td>
<td>15</td>
<td>21</td>
</tr>
<tr>
<td>Dental</td>
<td>196</td>
<td>134</td>
<td>330</td>
</tr>
<tr>
<td>Education</td>
<td>119</td>
<td>184</td>
<td>303</td>
</tr>
<tr>
<td>Health</td>
<td>304</td>
<td>251</td>
<td>555</td>
</tr>
<tr>
<td>Housing/infrastructure</td>
<td>84</td>
<td>31</td>
<td>115</td>
</tr>
<tr>
<td>Income/food</td>
<td>54</td>
<td>49</td>
<td>103</td>
</tr>
<tr>
<td>Other</td>
<td>390</td>
<td>161</td>
<td>551</td>
</tr>
<tr>
<td>Respite care/social supports</td>
<td>48</td>
<td>64</td>
<td>112</td>
</tr>
<tr>
<td>Transportation</td>
<td>79</td>
<td>51</td>
<td>130</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,285</strong></td>
<td><strong>945</strong></td>
<td><strong>2,230</strong></td>
</tr>
</tbody>
</table>

Health:
- Assessments
- Mental Health
- Medical Equipment
- Medication
- PT/OT/SLT

Other:
- Treaty Registration
- Vision

*This chart does not include either the Community Applications nor direct Focal Point contact information.
How do we tell Alberta’s story

With data we can identify where there are unmet needs, as well as take into consideration the overall cost of providing the service to meet the needs.
Service Access Resolution Fund: SARF

- The complexity, rules and regulations of the federal system for administering payment creates lengthy delays in children’s access to equitable services.

- In order to facilitate more timely reimbursement to First Nations families, Indigenous Services Canada, Alberta Region transferred partial responsibility for administration of processing individual payments to the First Nations Health Consortium.

- FNHC began the pilot project with ISC-Alberta Region for the implementation of payments for individual requests to provide better wrap around service coordination for our clients.

- The project came into effect June 1, 2019.
Number of days from Case Approval to Payment (June 2019 to September 2019)

86% Target Reached within 15 Days

What Delays Payments
- Documents from Clients
- Invoices from Vendors
- Service not yet completed
- On going monthly Payments
The First Nations Health Consortium (FNHC) partner organizations partnered in the development of an unending Memorandum of Understanding recognizing and acknowledging Treaty, as specified in the medicine chest clause in the commitment between FNHC, Government of Canada and Government of Alberta to support the seamless coordination of access to programs and services needed by First Nations children on and off reserve.

**Whereas** the objective of this MOU is for the Parties to work collaboratively and expeditiously to ensure First Nations children in Alberta residing on and off-reserve have access to all government services, without limitation or discrimination receiving care and/or supports equivalent to other Albertans.

Signed November 15, 2018.
First Nations Health Consortium

Because we can...
FNHC will help to restore and sustain our People’s health and wellbeing for generations to come.