

Jordan's Principle - Child First Initiative

Presentation to the
Mi'kmaq – Prince Edward Island – Canada
Health Policy and Planning Forum and the
Child and Family Services Policy and Planning Forum

October 12, 2016

Wade Were, Senior Policy Analyst
First Nations and Inuit Health Branch, Atlantic Region



Outline

- What is Jordan's Principle?
- Federal Approach to Jordan's Principle – Then and Now
- Three Components:
 - Service Coordination
 - Service Access Resolution
 - Engaging Partners
- Status of Implementation in the Region/Next Steps

Background

- In December 2007, Jordan's Principle (JP) was passed in the House of Commons in honour of Jordan River Anderson;
- In 2008, Indigenous and Northern Affairs Canada (INAC) and Health Canada (HC) were tasked with implementing JP:
- In January 2016, a complaint from First Nations Child and Family Caring Society of Canada (FNCFCSC) and Assembly of First Nations (AFN) was substantiated by the Canadian Human Rights Tribunal (CHRT). The Government of Canada was ordered to cease applying its narrow definition of JP, and take measures to implement its full meaning and scope;
- In July 2016, the Government of Canada announced up to \$382M in new funding for a new approach to JP A Child-First Initiative (JP-CFI).

A New Approach: JP-CFI

Immediate:

- Ensure First Nations children with a disability or interim critical condition living on reserve have access to needed health and social services within the normative standard of care in their province/territory of residence.

Longer-Term:

- Over three years (2016 - 2019), track health and social service needs and requests as well as work with First Nations partners and provincial/territorial governments to develop a long-term approach aligned and integrated with health and social services across jurisdictions.

Then and Now

2008 - 2016	2016 - 2019
<ul style="list-style-type: none">• <i>Dispute-based</i>, triggered after declaration of a dispute over payment for services within Canada, or between Canada and a province	<ul style="list-style-type: none">• <i>Needs-based</i>, child-first approach to ensure access to services without delay or disruption due to jurisdictional gaps
<ul style="list-style-type: none">• First Nations child living on reserve or ordinarily resident on reserve	<ul style="list-style-type: none">• Still First Nations child on reserve or ordinarily resident on reserve
	<ul style="list-style-type: none">• Are within the age range of “children” as defined in their province/territory of residence
<ul style="list-style-type: none">• Child assessed with:<ul style="list-style-type: none">• multiple disabilities requiring multiple providers	<ul style="list-style-type: none">• Children assessed with needing health and/or social supports because of:<ul style="list-style-type: none">• a disability affecting activities of daily living; OR• an interim critical condition affecting activities of daily living
<ul style="list-style-type: none">• Child required services comparable to provincial normative standards of care for children off-reserve in a similar geographic location	<ul style="list-style-type: none">• Child requires services comparable to provincial normative standards of care, AND requests BEYOND the normative standard will be considered on a case-by-case basis

Goal of New Approach

- The goal is to help ensure that children living on reserve with a disability or interim critical condition have equitable access to health and social services comparable to children living off reserve.
- Examples of services:
 - Allied health services, medical supplies & equipment, medical/health related transportation services, medically recommended nutritional supports
 - Meal programs, day programs, attendant care services, short term respite care, minor home adaptations related to accessibility.

Components of the JP-CFI

On July 5th, the Federal Government announced a new response to Jordan's Principle supported up to \$382M over three years.

There are 3 components of the Initiative:

1. Enhanced Service Coordination
2. Service Access Resolution
3. Engagement with First Nations and Provinces

1. “JP Fund” - Eligibility Determination Checklist

1. Is the request for a child as defined by provincial law? YES NO
2. Is the child a Registered First Nation individual? YES NO
3. Does the child live on reserve or ordinarily lives on reserve? YES NO
4. Does the child have a disability that impacts his/her activities of daily living at home, school or within the community, OR has an interim critical condition requiring health or social services or supports? YES NO
5. Has the child undergone an assessment by a health or social professional? YES NO
6. 2 parts:
 - a. Does the request fall within the normative standard of care the province or territory of residence? If NO or UNKNOWN, see 6b. YES NO Unknown
 - b. If the requested service or support is not within the normative standard, or the normative standard cannot be determined, should this request be considered an exception (ie. assessed by a professional as critically needed) under the JP-CFI? If YES, detail the reason. YES NO
7. Have you sought access to services or support through existing programs within HC, INAC, or the provincial government? If yes, is the request: denied?, unresolved / pending , involved in a dispute, other? YES NO

2. Enhanced Service Coordination

Client - First Nations Child

Local Service Providers

- Client assessment
- Care planning
- Case management

Service Coordinators

- Assist in proactive identification of cases
- Make referrals to professionals for assessment
- Help navigate through system
- Liaise within system to identify service gaps
- Support care planning and case management
- Make referrals to regional JP Focal Point
- Collect and report on client utilization and service data

Regional JP Focal Point

- Liaise within system to facilitate access
- Assess requests against JP-CFI criteria & provincial standard

3. Engaging Partners

- First Nations Engagement
 - Atlantic FNs Health Partnership re: Service Coordination
 - Sharing at tripartite tables (NS, PEI, Innu)
- Provincial Engagement
 - Each province has named a key contact to liaise on Jordan's Principle related matters.
 - HC & INAC are looking to meet with representatives from Health, Social Services, and Aboriginal Affairs in each province to discuss:
 - Establishing provincial standards of care
 - Working with the province on enhanced service coordination
 - Collaborating to address identified service gaps
 - Processing potential future disputes

Contacting the Jordan's Principle Focal Point

The vast majority of service needs can be resolved through the expertise available at the local level with or without the support of Service Coordinators. But if not, the regional JP Focal Point may be contacted in one of three ways:

1. Health Canada – ATL

Toll Free 1-866-225-0709

Fax (902) 426-1300

2. INAC – ATL

Toll Free 1-800-567-9604

Fax (902) 661-6237

3. INAC public enquiries referral telephone line:

Toll Free 1-800-567-9604 or

Email: InfoPubs@aadnc-aandc.gc.ca

Implementation Points

1. Cases may be referred to regional JP Focal Point.
2. Each community is being contacted to identify unmet respite care and allied health service needs for children.
3. Conducting a province by province gap analysis of health and social services for on-reserve children with disabilities.
4. In November, the Health Partnership Chiefs are deciding on an organizational model (and selection process) for the enhanced Service Coordination function in the region.
 - Health Technicians are proposing principles and criteria to aide in decision making.
5. Service Coordination to be implemented in 2016-17.