

CANADIAN HUMAN RIGHTS TRIBUNAL

BETWEEN:

**FIRST NATIONS CHILD AND FAMILY CARING SOCIETY OF CANADA
and ASSEMBLY OF FIRST NATIONS**

Complainants

- and -

CANADIAN HUMAN RIGHTS COMMISSION

Commission

- and -

**ATTORNEY GENERAL OF CANADA
(representing the Minister of Indigenous Services)**

Respondent

- and -

**CHIEFS OF ONTARIO, AMNESTY INTERNATIONAL
and NISHNAWBE ASK NATION**

Interested Parties

**FIRST NATIONS CHILD AND FAMILY CARING SOCIETY OF CANADA
COMPENDIUM RE COMPENSATION PROCESS SUBMISSIONS**

April 30, 2020

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**CANADIAN
HUMAN
RIGHTS
TRIBUNAL**

**TRIBUNAL
CANADIEN
DES DROITS
DE LA PERSONNE**

Docket: T1340/7708

BETWEEN:

FIRST NATIONS CHILD AND FAMILY
CARING SOCIETY OF CANADA and
ASSEMBLY OF FIRST NATIONS

Complainants

and

CANADIAN HUMAN RIGHTS COMMISSION

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ATTORNEY GENERAL OF CANADA,
(representing the Minister of Indian and Northern Affairs)

Respondent

and

CHIEFS OF ONTARIO and
AMNESTY INTERNATIONAL

Interested Parties

BEFORE:

Sophie Marchildon
Edward Lustig
Réjean Bélanger

Panel Chairperson
Member
Member

2013/04/30
Ottawa, Ontario
Volume 57

APPEARANCES

Daniel Poulin
Sarah Pentney

Canadian Human Rights
Commission

Michael Sabat

First Nations Child and
Family Caring Society
of Canada

Melissa Chan
Nicole Arsenault

Attorney General of Canada

Stuart Wuttke

Assembly of First Nations

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1 resume.

2 MS ARSENAULT: And did you create
3 this document?

4 MS BAGGLEY: Yes, I did.

5 MS ARSENAULT: Is it the most
6 recent version of your resume?

7 MS BAGGLEY: Yes, it is.

8 MS ARSENAULT: Okay. Great. So
9 if you could please describe your work history
10 starting with your most recent.

11 MS BAGGLEY: Okay, I'd be pleased
12 to. So I am currently a Manager with Employment
13 and Social Development Canada. I've been in this
14 position for -- well, this is my third week. I
15 am working on supporting and managing the
16 negotiation of labour market agreements with
17 provinces and territories, sort of -- they're
18 titled the "Canada Job Fund". So that is a
19 recent position that I started in April.

20 Previous to that I spent 14 years
21 at Aboriginal Affairs and Northern Development
22 Canada. For about seven years, so from about
23 2007 to 2014 I was the Senior Policy Manager in
24 the Children and Family's Directorate of the
25 Social Policy and Programs Branch and I was

1 responsible for managing the Family Violence
2 Prevention Program and two initiatives,
3 Aboriginal Women's Issues and Jordan's Principle.

4 Previous to that experience I
5 worked in the Education Branch for a period of
6 three years from 2003 to 2006 and I worked on the
7 First Nations and Inuit Youth Employment Strategy
8 as a policy analyst, and then I worked as a
9 senior policy analyst on the Elementary Secondary
10 Education Program.

11 And previous to that I started at
12 Aboriginal Affairs in 2000, so for three years I
13 worked as a policy analyst supporting the reform
14 of the Income Assistance Program.

15 MS ARSENAULT: Okay, thank you.

16 If we could just go back briefly
17 to your latest position with Aboriginal Affairs
18 as a senior policy manager. You mentioned that
19 you managed two initiatives and one program; is
20 that correct?

21 MS BAGGLEY: That's correct.

22 MS ARSENAULT: What was the
23 program?

24 MS BAGGLEY: So the program is
25 the Family Violence Prevention Program. So this

1 commitments that are outlined in that mandate to
2 the best -- you know, to the best extent
3 possible.

4 MS ARSENAULT: Great, thank you.

5 --- Pause

6 MS ARSENAULT: Generally, could
7 you explain what focal points do?

8 MS BAGGLEY: Focal points, it's
9 our term, it's government's term. Focal points
10 are individuals, either program specialists or
11 program advisors who work in our regional office
12 who work on one or all of -- or many of the
13 programs that are implicated in Jordan's
14 Principle, and they are essentially the point of
15 contact for service providers to bring cases to,
16 and they also have a responsibility to initiate
17 case conferencing if they are the first point of
18 contact.

19 They also have a responsibility
20 to engage and to support the engagement efforts
21 as well. They played a really big role in the
22 federal-provincial and First Nations discussions,
23 organizing meetings, participating at meetings,
24 drafting documents. They also have a
25 responsibility through their existing work where

1 they attend workshops or meetings to also, if
2 asked to present on Jordan's Principle, to
3 communicate and update people on their efforts.

4 MS ARSENAULT: Is it similar in
5 all provinces and territories?

6 MS BAGGLEY: Yes.

7 So we have focal points for
8 Aboriginal Affairs and Health Canada in every
9 single province and in the Yukon, and then we
10 also have provincial contacts in every province
11 that those focal points would turn to.

12 It may be that that provincial
13 contact isn't the right person right away, but
14 they are a point of contact into the province and
15 that person would be responsible to bring the
16 necessary experts or program analysts or whatever
17 it may be to a case conference.

18 The same thing for our focal
19 points, they may not necessarily be the expert on
20 that issue, but they would know to turn to and
21 bring into case conferencing that expert.

22 MS ARSENAULT: Were you involved
23 in the focal points?

24 MS BAGGLEY: In their case
25 conferencing?

1 reimbursement from the province.

2 MS ARSENAULT: From the province?

3 MS BAGGLEY: Yes, because if it's
4 a dispute, then ultimate -- well, it's possible
5 that ultimately Aboriginal Affairs or Health
6 Canada could be seen as the ones responsible for
7 the service, and then at that point the program
8 that is implicated could potentially have to pay
9 back the fund, but if it was deemed to be a
10 provincial responsibility then we would need to
11 invoice the province and then we would need to
12 use that money to reimburse the fund.

13 MS ARSENAULT: Is it or was it
14 possible to apply for Jordan's Principle funding?

15 MS BAGGLEY: No.

16 It is -- as I explained earlier,
17 it's not a program, so like the other programs we
18 have across the federal family, there are no
19 Terms and Conditions, there are no eligible
20 beneficiaries, eligible recipients, eligible
21 expenditures identified, it is very much a policy
22 initiative and it is very much a process that is
23 used to resolve cases.

24 MS ARSENAULT: Great. Thank you.

25 If I could just have a moment?

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WE HEREBY CERTIFY that this transcript is a true and accurate transcription to the best of our abilities of this proceeding before the Canadian Human Rights Tribunal.

Proceedings were recorded and provided by the Canadian Human Rights Tribunal and we accept no responsibility for any events that occurred during the above proceedings, for any inaudible and/or indiscernible responses by any person or party involved in the proceeding or for the content of the recording provided.

Jean Desaulniers

Beverley Dillabough

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HUMAN
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Edward Lustig
Réjean Bélanger

Panel Chairperson
Member
Member

2014/05/01
Ottawa, Ontario
Volume 58

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1 that was secret and subject to Cabinet
2 confidence.

3 We had to seek the mandate to
4 engage, and once we received that mandate we did
5 engage with provinces, initially from Minister to
6 Minister, but part of that engagement process did
7 include First Nations where there was a
8 willingness to do so, and an interest to do so.

9 And you can see through some of
10 the agreements that we have developed and some of
11 the work that we have done, that we do have First
12 Nations participating in some of those processes.

13 MR. POULIN: But there is no
14 First Nation -- my understanding is there is no
15 First Nation agreement on the definition that is
16 used by the federal government.

17 MS BAGGLEY: Well, it's a federal
18 definition, as I have explained, and we didn't go
19 out seeking agreement with our definition, and we
20 certainly do acknowledge in any documents that we
21 develop through the agreements for example, if
22 there are other definitions that the parties are
23 working with, we do acknowledge and reference
24 those.

25 MR. POULIN: So you looked at --

1 well.

2 MR. POULIN: Because the only
3 province where there is some publicity appears to
4 be New Brunswick, where you have a pamphlet.

5 MS BAGGLEY: Yes.

6 MR. POULIN: But otherwise there
7 is no publicity of who these people are.

8 MS BAGGLEY: Yeah, that wasn't
9 within our mandate when we implemented Jordan's
10 Principle to publicize the approach. We had a
11 communications strategy in place that was more
12 reactive, so we weren't really permitted to
13 publicize, you know, the -- where to bring
14 Jordan's Principle cases to.

15 MR. POULIN: It's interesting you
16 mention your website, because there is no list on
17 your website --and I cannot print the entire
18 website and produce it -- but there is no list on
19 the website of who these focal points are.

20 MS BAGGLEY: Yeah, we had to --
21 not to get into details about how we can publish
22 things on our websites, because that is a whole
23 other process in and of itself. We have to be
24 very careful identifying the names of people, and
25 especially because the focal points may change.

1 So what we have on our website is
2 a number for the regional office of Aboriginal
3 Affairs or Health Canada in that region. It is a
4 link that brings you to those numbers, so at
5 least there is a general number into the
6 department, and they are set up so that if there
7 is a Jordan's Principle issue they have the
8 contact name of the person in that department to
9 bring the issue to for response.

10 MR. POULIN: Yeah, my
11 understanding is that it's a general number for
12 the --

13 MS BAGGLEY: It is.

14 MR. POULIN: -- for the
15 department.

16 MS BAGGLEY: It is.

17 MR. POULIN: It is the general
18 number for the -- so whoever is at the receiving
19 end would need to know who the Jordan's Principle
20 focus point is?

21 MS BAGGLEY: Yes. And that is
22 some work that we have done internally to -- you
23 know, when public inquiries come in to the
24 department, they have a list of who to refer
25 those inquiries to.

1 MR. POULIN: How are they chosen,
2 these focal points?

3 MS BAGGLEY: Well, I don't
4 really -- I don't know what the selection process
5 was, it was before my time, but certainly when I
6 look at who our focal points are, they were
7 definitely chosen as people who have expertise in
8 one or some of the programs that are implicated
9 in Jordan's Principle.

10 MR. POULIN: And are they all
11 employees of AANDC or they employees of Health
12 Canada?

13 MS BAGGLEY: They are both.

14 MR. POULIN: They're both.

15 MS BAGGLEY: Yeah, they are both,
16 they are employees within the regional office for
17 both departments.

18 MR. POULIN: Okay.

19 And how do they -- and do they
20 receive any special training, to your knowledge,
21 about how to handle these issues?

22 MS BAGGLEY: Special training,
23 no. I don't know what you mean by special
24 training. Certainly -- but I will answer and
25 hope that I get at your question -- certainly, a

1 big part of our efforts as we implemented the
2 motion was we brought all of the focal points
3 together, either through face-to-face meetings
4 for both departments.

5 So that it wasn't called
6 training. You know, it would be a national
7 workshop and a national meeting where we would
8 discuss a number of issues and where we would
9 talk about what Jordan's Principle is, what it
10 isn't, how to communicate, how to track cases and
11 how to work jointly together. So we had a number
12 of workshops over the years.

13 And then we would also have
14 regular, you know, conference calls with all of
15 the focal points where we would provide updates
16 and share information.

17 MR. POULIN: But these -- but the
18 focal points may have changed in the meantime.

19 MS BAGGLEY: They --

20 MR. POULIN: I think you
21 indicated earlier -- I'm sorry, I interrupted
22 you, but I think you indicated earlier that they
23 might have -- some of them might have changed.

24 MS BAGGLEY: Yes, absolutely.
25 You know, there has been some changes in focal

1 MR. WUTTKE: Yes.

2 MS BAGGLEY: Okay. Would you
3 like me to read that, or...?

4 MR. WUTTKE: Sure. If you could
5 take a moment to read it just to refresh your
6 memory.

7 MS BAGGLEY: Oh, okay. Okay.

8 MR. WUTTKE: Okay. Back in 2009
9 it states that:

10 "...there were bilateral
11 meetings at the Director's
12 level between Health Canada
13 and INAC and will continue to
14 provide Jordan's Principle's
15 update through existing
16 forums." (As read)

17 On the action follow-up there is
18 a suggestion that a letter will be sent to
19 Jonathan Thompson who is the -- at the time, the
20 Director of Health for the Assembly of First
21 Nations. Would that be correct?

22 MS BAGGLEY: Are you asking if
23 the letter was sent, or...?

24 MR. WUTTKE: Well, first of all,
25 was the letter sent?

1 MS BAGGLEY: Honestly, I'm not
2 sure.

3 MR. WUTTKE: I see.

4 MS BAGGLEY: I don't know if I
5 was on the file -- I was on the file at this
6 time, but I was just starting, so I can't
7 remember if the letter was sent and why we were
8 sending a letter, to be perfectly honest. It's a
9 while ago.

10 MR. WUTTKE: Okay.

11 If I were to suggest the letter
12 was never sent, would that sound right?

13 MS BAGGLEY: Yes, it could be
14 possible. I think certainly the relationship
15 that we have with the AFN and with Jonathan
16 Thompson in particular, it could have been that
17 it was maybe too formal of an approach to take
18 and that perhaps it was a discussion or a
19 follow-up or a telephone call. Many things could
20 have happened, or just the situation could have
21 changed. It's really hard to say.

22 MR. WUTTKE: Okay, thank you.
23 Now, it also states that a list of Focal Points
24 for the regional contacts will be provided to the
25 AFN. Are you aware of that taking place?

1 MS BAGGLEY: If my memory serves
2 me correctly, I believe that Health Canada did
3 provide a list of Focal Points to the AFN, yes.

4 MR. WUTTKE: And would it sound
5 right if I suggested that that list actually
6 came, but three years later, 2012?

7 MS BAGGLEY: Maybe that's
8 possible, yes.

9 MR. WUTTKE: All right, thank
10 you. And with respect to the bilateral
11 discussions you had with the Assembly of First
12 Nations, was there ever an attempt to include the
13 Assembly of First Nations as a member of the
14 Focal Point Committee?

15 MS BAGGLEY: I don't think the
16 intent was there federally to include the AFN.
17 We were very much focused on ensuring that our
18 Focal Points were those in our regional offices.
19 We could only appoint those that worked for us
20 and worked for the federal government.

21 We did indicate, however, that
22 service providers in communities can bring to the
23 case conferencing process who they choose and if
24 they wanted to include a representative of the
25 AFN they could do that, or of another

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Jean Desaulniers

Beverley Dillabough

Examination No. 17-0109.1A

Court File No. T1340/7008

VOLUME I

CANADIAN HUMAN RIGHTS TRIBUNAL

B E T W E E N:

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Complainants

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(representing the Minister of Indigenous and Northern Affairs
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Respondent

- and -

CHIEFS OF ONTARIO and AMNESTY INTERNATIONAL CANADA
Interested Parties

CROSS-EXAMINATION OF ROBIN BUCKLAND, ON AN AFFIDAVIT sworn
January 25, 2017, pursuant to an appointment made on consent
of the parties, to be reported by Gillespie Reporting
Services, on February 6, 2017, commencing at the hour of
10:10 in the forenoon.

APPEARANCES:

David P. Taylor,	for the Complainant, Caring Society
Anne Levesque,	for the Complainant, Caring Society
Stuart Wuttke,	for the Complainant, AFN
Violet Ford,	for the Complainant, AFN
Daniel Poulin,	for the Commission
Samar Musallam,	for the Commission
Jonathan D. N. Tarlton,	for the Respondent
Melissa Chan,	for the Respondent
Maggie Wente,	for the Interested Party, COO
Julian N. Falconer,	for the Interested Party, NAN
Akosua Matthews,	for the Interested Party, NAN

This Cross-Examination was reported by Gillespie Reporting Services at Ottawa, Ontario, having been duly appointed for the purpose.

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DATE TRANSCRIPT ORDERED: February 8, 2017

DATE TRANSCRIPT COMPLETED: February 13, 2017

1 this can work itself out, regardless of whether we agree on
2 the actual black letter of the law.

3 MR. TARLTON: Thank you very much, I appreciate
4 that.

5 MS. WENTE: And I think Chiefs of Ontario is agreed
6 as well.

7 MR. TARLTON: AFN?

8 MR. WUTTKE: As is AFN.

9 MR. TARLTON: Mr. Poulin?

10 MR. POULIN: I think it's a great outcome. As you
11 know, I don't have any questions to ask the witnesses, but
12 I do have an interest in the process, so...

13 MR. TAYLOR: On that basis, I'll go back to my
14 further request which is RB-3.

15 MR. TARLTON: Yes.

16 MR. TAYLOR: That's the July 6th, 2016, letter
17 which is also addressed to a distribution list. And so the
18 request there would be, much as it was for RB-4, to have a
19 copy of the distribution list.

R

20 MR. TARLTON: Thank you. As I say, I won't take
21 that as, obviously, as an undertaking, but again we will
22 certainly make our best efforts to fulfill your request.

23 MR. TAYLOR: Thank you very much.

24 BY MR. TAYLOR:

25 226. Q. Now, Ms. Buckland, I'd like to go back to the

1 service access resolution fund which we were discussing
2 before we broke for lunch. Now, I understand that there's
3 a service access resolution fund specific intake process or
4 intake form. Is there also -- is that the only form that's
5 used as intake when a Jordan's Principle case comes into
6 contact with the focal point Health Canada-INAC apparatus?

7 A. I believe so.

8 227. Q. When was that form created?

9 A. I'm sorry, I don't remember exactly when it was
10 created.

11 228. Q. Is it a newly created form since the
12 child-first initiative began or is it a pre-existing form?

13 A. No, newly created.

14 229. Q. Newly created, okay, thank you. So, some time
15 since January 26, 2016?

16 A. Yes.

17 230. Q. Thank you. Now, paragraph 8 of your affidavit,
18 it may be helpful to go there. Now, this first sentence
19 here says Canada is also improving the process for case
20 resolution. And I'm wondering, is that the cumulative
21 effect of the enhanced service coordination and the service
22 access resolution fund is this improvement of the process
23 or are there other components to that as well?

24 A. I would say that, yes, that's a fair statement.
25 So we're improving case resolution through both the service

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WE HEREBY CERTIFY THAT the foregoing was
transcribed to the best of our skill and ability.

.....

G R S / R. Eliot, A.C.T.

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(representing the Minister of Indian and Northern Affairs)

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CHIEFS OF ONTARIO, AMNESTY INTERNATIONAL CANADA and

NISHNAWBE ASKI NATION

Interested Parties

HEARD BEFORE: Ms. Sophie Marchildon, Panel Chairperson

Mr. Edward P. Lustig, Panel Member

PLACE HEARD: Ottawa, Ontario

DATE HEARD: Wednesday, October 31, 2018

APPEARANCES: Dr. Cindy Blackstock

Mr. David Taylor

Ms. Sarah Clarke

For First Nations Child and Family

Caring Society of Canada

Mr. Stuart Wuttke

Mr. Thomas Milne

For the Assembly of First Nations

Mr. Daniel Poulin

Ms. Jessica Walsh

For the Canadian Human Rights Commission

Mr. Robert Frater, Q.C.

Ms. Patricia MacPhee

For the Attorney General of Canada

APPEARANCES: Ms. Maggie Wente
Ms. Sinead Dearman
For the Chiefs of Ontario

Ms. Akosua Matthews
For the Nishnawbe Aski Nation

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Canadian Human Rights Tribunal

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I N D E X O F P R O C E E D I N G S P A G E N O .

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Ex-1	A document from the First Nations Child and Family Caring Society of Canada, consisting of 15 tabs, with an additional Tab 16 provided as looseleaf.....	152
Ex-2	An 18-page document entitled "Jordan's Principle and The Child First Initiative Guide on Advanced Payments" provided by Ms. Matthews on behalf of Nishnawbe Aski Nation.....	178

1 that I recall.

2 Q. As I said, a high level paraphrase is
3 fine, thank you. Now, just in terms of past cases, so, I
4 understand, from reviewing your Affidavits, as well as Mr.
5 Perron's Affidavits, that the number of past cases that
6 came forward from Indigenous Services' internal review was
7 quite small, in -- I mean, relatively speaking, numbering,
8 I think, less than 200?

9 A. No, I think it was over 200, but less
10 than 300.

11 Q. Less 300? So, in the ---

12 A. Yeah.

13 Q. In the low hundreds we could agree?

14 A. I think it was 266 by October 31st, but
15 I could be wrong on that front.

16 Q. And given the number of unaddressed
17 service needs that you've seen since July of 2016, and
18 particularly since the May Orders in 2017, you'd agree it's
19 highly unlikely that there are only 200-and-some
20 individuals who had had asked ---

21 A. Unmet needs, and cost.

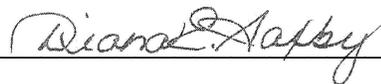
22 Q. Unmet needs prior to? Yes.

23 A. I would say it's highly unlikely, yes.

24 Q. Now, would you agree that Dr. Blackstock
25 has brought your attention to the cases of, in the past,

CERTIFICATE OF COURT TRANSCRIBER

I, Diana E. Saxby, Court Transcriber, hereby certify that I have transcribed the foregoing and it is a true and accurate transcript of the partial evidence given by **DR. VALERIE GIDEON** in this matter, **FIRST NATIONS CHILD AND FAMILY CARING SOCIETY OF CANADA** and **ASSEMBLY OF FIRST NATIONS** (Complainants), **CANADIAN HUMAN RIGHTS COMMISSION** (Commission), **ATTORNEY GENERAL FOR CANADA, (REPRESENTING THE MINISTER OF INDIAN AND NORTHERN AFFAIRS)** (Respondent) and **CHIEFS OF ONTARIO, AMNESTY INTERNATIONAL CANADA and NISHNAWBE ASKI NATION** (Interested Parties), taken by way of electronic recording on Wednesday, the 31st day of October, 2018, given the poor quality of electronic recording and the absence of detailed log notes.



Certified by Diana E. Saxby

Court Transcriber (Reg. No. 2006-14)

Halifax, Nova Scotia

Thursday, December 20, 2018

JORDAN'S PRINCIPLE CHART DOCUMENTING CASES JUNE 8

From:

Corinne Baggley <corinne.baggley@ainc-inac.gc.ca>

To:

Joel Baxter <joel.baxter@ainc-inac.gc.ca>

Cc:

Jacob Krolczyk <jacob.krolczyk@ainc-inac.gc.ca>

Date:

Mon, 31 Aug 2009 09:12:01 -0400

Attachments:

NCR-#2303917-v1-

JORDAN_S_PRINCIPLE_CHART_DOCUMENTING_CASES_JUNE_8.DOC (66.05 kB)

First Nations' Children with Disabilities Cases

Case and Community	Contact with region and method	Nature of Disability (ies)	Nature of Dispute	Federal/Provincial dispute	Departments/ service providers involved	Financial Information	Resolution, Timeliness, Date Case Resolved, and Outcome)
MB BED Cross Lake Band Manitoba	Initial contact: October 2007: request from parent for HC to provide a hospital bed May 14, 2008 with regional FN/IB and Parent to resolve NIHB matter Contact June 4, 2008 by MP Jean Crowder to Minister of Health	Child diagnosed with Batten Disease, a fatal inherited disorder of the nervous system (disease progressively causes loss of sight, speech, motor skills and respiratory distress) Services required includes: medical equipment; medications; respile and hospital bed Child must be inclined at 30 degrees to avoid respiratory failure/distress	Dispute: <i>who is responsible to pay for the hospital bed?</i> HC confirmed in a letter from Regional Director in November 2007 that coverage for hospital beds does not fall within mandate of NIHB or HCC and referred family to INAC	Federal/Federal	Primary Manitoba INAC Secondary: HC and province of Manitoba		Family eligible for funding to purchase bed under INAC's "Assisted Living Program" This matter went back and forth between HC and INAC for a number of months. INAC then noted that the community was "transferred" and they had no role HC suggested that INAC contact the FN and urged them to work with the family Decision: Bed delivered to family in Summer 2008 (confirmed by INAC) Response to MP August 11, 2008

6 October 2013

First Nations' Children with Disabilities Cases

Case and community	Contact with region and method	Nature of disability (ies)	Nature of Dispute	Federal/Provincial dispute	Departments/ service providers involved	Financial Information	Resolution Timelines (Date Case Resolved, and Outcome)
MB-Diabetic, in care Island Lake First Nations, Manitoba	December 8, 2008: email to MB HC from MB INAC	16 yr old girl with type 1 diabetes is in temporary placement care of an agency service provider (FNCS) in Winnipeg. Her needs cannot be met in her First Nations community Services required includes: insulin injections and monitoring of blood sugar levels 2x/day, and constant supervision as child has suicidal and self harm tendencies	Dispute: who will pay for the cost of the nursing component? Service provider concerned about liability issues to administer her injections and monitoring blood sugar levels. A Registered Nurse attends to her 2x/day <u>Differing perspectives:</u> INAC: Believes HC should pay for this since this is in relation to medical Health: Believes HCC does not have authority to provide services off-reserve and INAC has the authority to pay. HC's believes that INAC can canvass the province since they are responsible for children in care, and province would potentially cover the nursing cost if the child was under provincial care	Child in-care (off-reserve)	Primary: INAC-FNCS/Child and Family Services Secondary: NIHB, HCC, Winnipeg Service Provider (Macdonald Youth Services)	Cost of nurse: daily cost is \$124.50	Email discussions between MB HC and INAC and national December 10-11, 2008 Case conferencing never took place at the Federal level or with the province. Decision: INAC paid for the service
BC-Boost Squamish First Nations- BC	Summer of 2008 Second contact December 1, 2008- It appears this case resurfaces after discussions around payment of Boost Email discussions between INAC, HC from December 2-5 Clarifications on parameters of NIHB Program	19 year old male with cerebral palsy requiring food supplement "Boost" at 1500 calories/day Since turning 19 he is now eligible for disability income and residing on reserve Services required: N/A	Dispute: Neither the Provincial or Federal government are willing to pay the cost of the "Boost" supplement Case was brought to INAC's and HC's attention summer of 2008 and involved discussions between INAC, NIHB Comparability: person would not receive coverage through the province if he resided off reserve	Federal/Provincial	Primary: INAC, HC-NIHB, Province of BC Secondary: N/A	Receives disability income amount of \$600.00/month Cost of 'Boost' is \$4,000/year	INAC's position was that NIHB was responsible for payment for the supplement (based on input from Penny) INAC has reaffirmed its position that it has no authority to provide what is perceived as a health benefit to this individual and that the person's disability

6 October 2013

First Nations' Children with Disabilities Cases

65 and community	Contact with region and method	Nature of disability (ass)	Nature of Dispute	Federal/ Provincial dispute	Departments/ service providers involved	Financial Information	Resolution Timelines (Date Case Resolved, and Outcome)
BC-Splatsin Nations community- BC	regarding nutritional supplements December 5	14 year old girl residing in a foster home located off reserve was diagnosed at birth with Spina Bifida Due to the severity of the illness, she has multiple disabilities including paralysis from SB, which impacts mobility, use of bladder and bowel control. Child also has a mental handicap Services required includes: Nursing services; Occupational therapy; Physical Therapy; Social development Personal care aid for child and family. There has been an additional recent need for psychological counselling for the child Provincial health authority currently provides care and occupational therapy in the school setting	Dispute: Original question: <i>which service provider should pay for personal care services on an on-going basis</i> Some services accessed through Health Canada's HCC program but services only available when child returns to the reserve. (FN community has been paying to ensure child receives needed care) Situation assessed and province has stated quite clearly that they would not be paying for this level of service to a child off-reserve. Conclusion was reached through assessment that care does not require to be performed by a health care professional. Several attempts made in recent months by regional office and the province to engage the community in a discussion to explore other options, with no success to date. Payment is still	The child receives a level of care which exceeds provincial or federal jurisdiction	Primary: HC- HCC INAC BC Ministry of Child and Family Development Secondary: BC Health BC Aboriginal Affairs Community Living BC FN community health director, education director, social worker, nurse First Nations Leadership	INAC provides \$250,00/day for care (equivalent to group home rate). It is not known how much of this is paid to the foster parent Seeking approval for 145 K for 2008-2009 FY to cover ongoing over-expenditure from the community's HCC	Reimbursement of Overpayment 2007-2008 was completed for an amount of \$65K Case conferencing has yet to take place with community despite attempts by BC regional office and province to engage them Province has proposed a plan of care which is similar to the care now in place but replacing expensive nursing care and associated mileage with training and care by a non-professional

6 October 2013

First Nations' Children with Disabilities Cases

Case and community	Contact with region and method	Nature of disability (ies)	Nature of Dispute	Federal/ Provincial dispute	Departments/ service providers involved	Financial Information	Resolution Timeliness (Date Case Resolved, and Outcome)
SASK - Aldurazyme	In Jan 2008, NIHB received a request to fund the cost of an experimental drug Based on Ministerial direction and a proposal from Saskatchewan, province and HC shared cost of supplying drug (50/50) to the child for 6-month basis (until April 2009) till jurisdictional responsibilities were sorted out	Saskatchewan First Nations child diagnosed with Hurler-Scheie syndrome, which is a very rare genetic disease. Treatment is using an expensive drug called 'Aldurazyme', which (total of 14 children are receiving the drug across Canada) Aldurazyme is delivered to patients via IV infusion, under close medical supervision in a hospital (clinical setting)	Dispute: <i>should province or federal government (or either) pay the cost for the drug Aldurazyme?</i> <i>Health:</i> Believes all P/Ts should determine if all residents are eligible to receive Aldurazyme and other similarly administered drugs. This is consistent with CHA requiring provinces to fund medically necessary drugs to all residents (including First Nations and Inuit) in a hospital setting	Federal/Provincial	Primary: HC- NIHB, Saskatchewan Secondary:	Current annual cost is \$320K but can rise to \$1M as the child grows (cost is based on dosage)	Saskatchewan and NIHB agreed to fund drug for child for 6 months (ending in April 09) Decision: xxxxx
			oustanding The situation is complicated by a by-law of the FN which retains authority for this child in foster care off reserve. The Band has itself determined the level of care and contracted service providers		Council		(as is now done in the school) Province is taking the lead to initiate a case conference as soon as possible. HC believes that an agreement on the ongoing care is prerequisite to reimbursing the outstanding deficit

6 October 2013

REGION	CASES	HC/INAC IMPLICATED PROGRAM AREAS						Provincial Involvement	CASE DESCRIPTION	
		HCCP	NIHB	CFS	HCSE	IHCP	IA			
BC (3)	1		YES				YES	YES	19 y/o male diagnosed with cerebral palsy who required the food supplement denied coverage and dispute ensued between P/F government to cover p supplement.	
	2	YES		YES				YES	14 y/o residing in a foster home off reserve diagnosed with Spina Bifida. Dispute between the F/P and FN Band regarding funding and payment for person on an ongoing basis.	
	3		YES	YES				YES	FN CFS requested province to cover funding balance for a child's wisdom Province contacted HC regarding eligibility to appeal, as maximum dental was reached and policy restricts appeal. Province contacted INAC CIC request would cover over limit costs on an individual basis as part of maintenance stance is that through the Coordination of Benefits framework over-limits r status FN	
AB (4)	1	YES	YES					YES	Parents commute to visit 1 ½ y/o medically fragile child diagnosed with condition who remains in Edmonton hospital since birth, requiring substantial medication the child's condition has stabilized, doctors have agreed to the child's discharge to community with expectation that FNIH nursing services and NIHB (medical transportation) would cover costs. Key issues raised by FNIH concern the community and required resources, as child is ventilator dependent with a number of issues	
	2		YES				H19		2 y/o diagnosed with Spastic Quadriplegia (type of Cerebral Palsy) who requires a non-generating communication device to be able to communicate. The assistive device excluded under NIHB MS & E benefit list and the child was denied	
	3		YES						Child (7-12 y/o) diagnosed with severe sensorineural permanent hearing loss. I recommended wireless FM system to improve hearing. This is not a registered device under NIHB MS & E benefit list and the child is not eligible to receive provincial funding	
	4	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	20 year old adult - NEED MORE INFORMATION FROM FOCAL POINT
	5	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	4 yr old child with bilateral sensorineural hearing loss, global delay with expressive speech language. Primary concern was the ability for the child to access the school attending a school off-reserve and in the interim attend Aboriginal Head Start
SK (5)	1		YES					YES	FN child diagnosed with Hurler-Scheie Syndrome requiring expensive drug Aldurazym. F/P dispute ensued over responsibility for payment coverage. FN does not normally pay for drugs that are not covered by other public drug plans	
	2		YES					YES	1 1/2 yr old child who was scheduled to undergo surgery in Edmonton (surgical SK). Child resided on reserve however was never registered with required health services (Health, INAC or FNIHB). Immediate concern was ensuring that the child receive necessary surgery. Second issue regarded who would pay the travel and accommodation for the caregiver and mother to travel to Edmonton	
	3			YES	YES			YES	17 y/o deaf youth who requested to attend a school for the deaf located on the border of neighbouring province of MB. Key issue regarded who was responsible for the costs of tuition transfer reimbursements, INAC, SK or MB?	
	4	YES		YES					Infant whose Mother was requesting respite since she also had other small children	
	5		YES						Child with complex case of ADHD and anxiety. Ritalin was prescribed and was successful. As an alternative option, Concerta was prescribed and was successful. Concerta not listed under NIHB drug coverage list	
MB (10)	1		YES				YES	YES	9 y/o diagnosed with Batten disease who required electric nursing bed. Dispute regarding responsibility over authority for payment for the bed between INAC and P/F	
	2	YES						YES	3 y/o diagnosed with Triple H Syndrome. The child is wheel chair bound and had not been receiving either services. Ensuing issue pertaining to the provision of OT/PT services. HCCP program has limited funding for OT/PT as it is not a service element.	
	3	YES			YES				10 y/o, diagnosed with Ullrich's Muscular Dystrophy. Request for physiotherapy sent by physiotherapist to INAC for approval for	
	4			YES				YES	15 y/o with Conduct Disorder, ADHD, aggression/violence, OCD, FASD. FNIH requested care in a specialized foster home 24/7. Ensuing issue regarding who pays for services while youth is off-reserve in specialized foster home	
	5	YES		YES				YES	17 y/o old with diabetes who also demonstrated self injurious behaviour. FN requested specialized nursing services for insulin injections and behaviour management. Dispute between CFS and HCCP, regarding the provision of funding for nursing services to administer insulin injection twice a day.	
	6	YES						YES	18 month infant diagnosed with neuro degenerative disorder. Child and family resident on reserve, however relocated near Children's Hospital so child can receive treatment. Parents were seeking additional services for the family in the area	
	7	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	New Democrat MPs Niki Ashton, Jean Crowder and Carol Hughes brought attention to the death of six-month old infant who had to be medivaced to Winnipeg to undergo surgery

									treatment for meningitis that went undetected at local nursing station. MP's attention to "inadequate and inaccessible health care services" and Jordan
	8		YES	YES				YES	7-12 y/o old child diagnosed with oral facial digital. Child has been in care funding is provided through the CFS program for child's care costs. Area c the provision of communication device. Agency submitted a request to IN/ renewal (annually) and communication device. Ensuing dispute over fundi the provision of a communication device
	9	TBD	TBD	TBD	TBD	TBD	TBD	TBD	9 y/o diagnosed with FASD, currently in 6 month voluntary placement with that they are required to live off reserve in order to access services for chi family that as child ages, he will not be able to access Government of Mar supports
	10	TBD	TBD	TBD	TBD	TBD	TBD	TBD	7 y/o child diagnosed with a congenital condition, autism, ADHD, global de Family claim while child is residing on reserve, the GoC is not willing to tal assist with funding disability related supports and services which are nece had the child resided off reserve they would have access to resources to e living
ON (0)									0
QB (2)	1		YES						Infant diagnosed with allergy to bovine and soya based protein allergy, no unable to tolerate standard products and required Nutramigen (infant form management). NIHB program policy does not provide coverage for cases supplements are considered "food."
	2		YES				YES		Family of child (7-12 y/o) with severe congenital neurological impairments remote community to city for access to services unavailable in community covering 'temporary family lodging' costs under the Medical Transport Pro not cover lodging costs beyond 3 months. Province may not provide same housing and adapted living expenses
ATL (4)	1	YES	YES	YES	YES			YES	Case conferencing approach was used to respond to a child diagnosed w discuss child's multiple needs. The parents, rehab specialists, education a teachers, community nurse, local Child and Family Services social worker representatives, were involved in the case conferencing process.
	2		YES					YES	F/P jurisdictional issues related to the approval of an insulin pump (Lantus infusion pumps are not covered as a regular benefit under NIHB, but are c exceptional basis when blood sugar is hard to regulate. The insulin infusic provided under the provincial drug plan nor the provincial social assistanc
	3		YES	YES				YES	Child (age range 0-6) diagnosed with neurological disorders and mobility i team recommended the pedi-craft canopy bed (enclosed crib hospital bed community does not have a funding source to provide the bed, which cost \$9000. NIHB does not have the authority to fund hospital beds, and the specialized beds such as the Pedi-craft canopy bed that the hospital recor child. Although the child is not in care, the Director of the CFS agency in tl contacted INAC and asked if coverage for the bed could be provided throu advised that this would not be an eligible expenditure, and the CFS direct a JP case. The provincial Department of Social Development would provic reserve through their Community Based Services for Speical Needs Child could not provide the bed to a family on-reserve.
	4	YES					YES		The family of a FN teenager (16 yrs of age) diagnosed with cerebral palsy funding to support 24 hour in home care services for the child. The FN ban funding to continue providing 24 hour care. The community have referred and have requested that AANDC and HC commit to funding the full cost o supports. Home and Community Care Program is providing personal care child. The Assisted Living Program is providing respite care services for tl care to provide light housekeeping and meal preparation for the mother. 2 eligible under either program, and the band is therefore providing services the program terms and conditions. The FN community insists that a highe needed, and that a service gap exists if all the child's needs cannot be me preferred environment.
TOTAL	27	8	14	7	3	0	2	15	

CONFIDENTIAL: Federal Focal Points Tracking Tool Reference Chart – Manitoba Region – January 2013

Case	Community								Province Involved?	Date Initiated/Case Description	Case Outcome	TT Submitted
	Health	HCCP	NIHB	CFS	HCSE	IA	I & H	AL				
1 Cross Lake	√		√			√				2008? - 9 y/o diagnosed with Batten Disease who required electric nursing bed. Ensuing dispute between AANDC and HC regarding responsibility/authority to pay for bed.	AANDC covered medical equipment costs through IA program under special needs component. (closed)	√
2 Brochet		√								3 y/o diagnosed with Triple H Syndrome. Child wheel chair bound and required OT and PT. Was not in receipt of any services. Issue related to funding provision of OT/PT. HCCP program has limited funding for OT/PT as it is not an essential service element.	Regional Health Authority was able to provide OT and PT. Moved to St. Amant Centre. (closed)	√
3 Brochet		√			√					10 y/o diagnosed with Ullrick's Muscular Dystrophy. Request for PT at band school level sent by PT to AANDC for approval.	Awaiting update from D. Scott. Family relocated to Lynn Lake. (closed)	
4 Swan Lake				√						15 y/o with Conduct Disorder, ADHD, aggression/violence, OCD, FASD. Permanent ward of FNCFS who required care in a specialized foster home 24/7. Issue regarding who pays for services while youth is off-reserve in specialized foster home.	This is an ongoing case where the child being a permanent ward requires a specialized foster home with 24/7 supervision including nursing services. The youth was placed in a foster home that is not recognized as not being eligible for licensing under provincial foster care home legislation. Efforts are being made to secure licensing of the specialized foster home. Dec 2010: AANDC approved Level 5 funding to Oct 2011. Transitional planning in place with DOCFS. No further info.	√
5 St. Theresa Point		√		√						17 y/o with diabetes demonstrating self harm behavior. Medical requirements included specialized nursing services for insulin injections and behavior monitoring. Dispute between CFS and HCCP, regarding the provision of funding for nursing services to administer insulin injections twice daily.	Due to serious nature of the issue and client's potential danger of self harm, AANDC made decision to fund nursing services on a one-time basis.	√
6 York Landing		√	tbd	tbd	tbd	tbd		tbd	√	18 m/o infant diagnosed with neuro degenerative disorder. Child and family are ordinarily resident on reserve however relocated near Children's Hospital so child could receive medical treatment. Parents were seeking respite for the family.	The WRHA provided the family with 8 hours of respite every 2 weeks. Deceased 2011. Mother relocated to York Landing and was expecting again. (closed)	
7 Norway House			√	√					√	7 – 12 y/o child diagnosed with oral facial digital syndrome. Child has been in care since 2002 where funding is provided through the CFS program for child's care costs. Are of dispute involved provision of communication device. Agency	Since receipt of funding renewal request and communication device, the information was forwarded to the Province of Manitoba for Level 5 approval. A meeting occurred with the FNIHB on	√

CONFIDENTIAL: Federal Focal Points Tracking Tool Reference Chart – Manitoba Region – January 2013

Case	Community								Province Involved ?	Date Initiated/Case Description	Case Outcome	TT Submitted
	Health	HCCP	NIHB	CFS	HCSE	IA	I & H	AL				
										submitted a request to AANDC for funding renewal (annually) and communication device. Dispute over funding responsibility for the communication device.	March 8, 2010 with ongoing meetings with the agency and Health Canada. The case is currently active with ongoing meetings with the CFS agency and FNIHB.	
8 Brochet		√				tbd		tbd		18 y/o diagnosed with Leukodystrophy. Parents are requesting \$5200 to travel to Winnipeg for an orientation session at the resource centre for individuals with developmental disabilities and autism. Family also requires assistance to travel to Winnipeg once a spot becomes available at the centre.	Tbd – case is currently active . On wait list for St. Amant Centre.	√
9 Sandy Bay		√	√				√	√	√	Nov 2012: Healthy 4 y/o girl suffered cardiac arrest during routine dental extraction resulting in anoxic brain injury. Total dependence for all activities of daily living. Specialized hospital bed and mattress required before discharge to community. Ceiling track, formula, incontinent supplies, home modifications and assistance from HCC/IHC are required.	Hospital bed provided by Medical Director, Children’s Hospital and identified as “private donor”. NIHB providing formula, portable hooyer lift, bath frame, wheelchair. FN working with CMHC to seek approval for home modifications. Child discharged from hospital on December 19, 2012. Mom expecting another child in January 2013.	√
10 Wasaga mack					√		√		√	Oct 2012: School age child (gr.2) without upper limbs requires ramps, handrails at both schools as well as modified desk.	TPM working with school and band to get ramps, handrails and modified desk in place.	
11 Little Sask		√	√	√	√	√				Oct 2009: 16 y/o male residing in Winnipeg with mother to access services. Child attends school full time and has full time EA. Child has special needs, diet needs, adult diapers, in a wheelchair and wears a helmet. CFS is providing some respite. Mom employed and has other children residing on-reserve. Seeking financial assistance to cover his special needs.	Referred to Mary Brown and NIHB for assistance. NIHB looking into what is being provided. No further update. (case closed - child is age of majority) .	
12 Norway House				√ KSMA					√ WRHA Home Care Program	Oct 2010: Child with tracheostomy tube and tube fed in Children’s hospital. Parents required in Winnipeg for 2 months to be trained on how to care for child. Request from parents for medical respite. HCC does not provide services off reserve. Provincial home care program does not provide services for on-reserve clients.	Nov 2011 WRHA Home Care program agreed to provide home care/respite services to the family on child’s discharge. This will continue until parents are trained to care for child and child returns to community. Family decided to remain in Winnipeg.	√
13 Oxford House		√						√ IHC		July 2009: Requesting guidance and/or funding for respite services in letter to Oxford House, Health Director. Health Canada copied. Unknown nature of disabilities.	FNIHB, Manitoba region informed health director that medical respite may be available through HCC based on needs assessment by health professional and subject to availability of financial and human resources of community’s HCC program. INAC IHC	√

CONFIDENTIAL: Federal Focal Points Tracking Tool Reference Chart – Manitoba Region – January 2013

Case	Community								Province Involved ?	Date Initiated/Case Description	Case Outcome	TT Submitted
	Health	HCCP	NIHB	CFS	HCSE	IA	I & H	AL				
											program also identified as possibility for non medical respite. Contact information provided on both programs. No further update or contact.	
14 Rolling River			√	√					√ MB FSH Child Protection	Aug 2010: Unknown nature of disabilities. Issue concerning purchase and installation of Vangator II lift (\$8550.00)	MB FSH approved one-time costs for purchase and installation of the Braun Vangator II Left. Exceptional circumstances funding. NIHB advised it is beyond the scope of NIHB program and ineligible for coverage. Province paid for vehicle modification. No further update available.	√
15 St. T Point			√		√		√	√	MLA seeking funding assistance for family to attend conference.	2012: 9 y/o with Angelman Syndrome in wheelchair who attends school in community with no resources, no ramp at home, no respite. Mom single parent and would like to attend conference in Alberta (with child) specific to Angelman Syndrome in July 2012.	Approval and access to supplies, equipment, medication and transportation to specialist appointments through NIHB. Contact made with Don Scott, HCSE Specialist who informed child would benefit from one-to-one TA while attending school as considered high needs. The family received funding approval from the Province of Manitoba to attend the Angelman conference.	√
16 Garden Hill							√	√		Nov 2011: 9 y/o with Angelman Syndrome. Family is seeking financial assistance to attend Angelman conference in Alberta (July 2012). Also seeking respite at community level and needs a ramp at home.	Client receiving supplies, equipment, medication and transportation to specialist appointments through NIHB. Family received funding approval from the Province of Manitoba to attend the conference.	
17 Black River	√ Health Centre	√	√	√	√				√ Mb Health, FS&L, St. Amant, MB Education	Jan 2013: 14 y/o boy with severe global developmental delay. Severe physical/speech/cognitive issues. Ambulatory, not toilet trained. Requires 24/7 individual support.	Discussion took place with provincial key contacts. Provincial contacts communicated with St. Amant Centre to follow up on eligibility and admission policy. St. Amant policy does not differentiate between children/youth living on or off-reserve in Manitoba. Mother and Education Resource Teacher were informed and provided with policy. Mother has met with the FN CFS agency to discuss placement out of the community. Plans are in place to hold a case conference with the CFS agency, school and other providers to determine next steps.	
18 Black River	√	√	√	√	√				√ Mb Health, St. Amant, FS&L, MB	Jan 2013: 16 y/o boy with global developmental delay, sub arachnoid cysts. Severe physical/speech/cognitive needs. Not toilet trained. Requires 24/7 individual support. Episodes of	Discussion took place with provincial key contacts. Provincial contacts communicated with St. Amant Centre to follow up on eligibility and admission policy.	

CONFIDENTIAL: Federal Focal Points Tracking Tool Reference Chart – Manitoba Region – January 2013

Case	Community Health	HCCP	NIHB	CFS	HCSE	IA	I & H	AL	Province Involved ?	Date Initiated/Case Description	Case Outcome	TT Submitted
									Education	physical violence towards his EA and mother. Efforts were made to arrange visit to St. Amant. When St. Amant was informed the family resided on-reserve, told no help available.	St. Amant policy does not differentiate between children/youth living on or off-reserve in Manitoba. Mother and Education Resource Teacher were informed and provided with policy. Mother has met with the FN CFS agency to discuss placement out of the community. Plans are in place to hold a case conference with the CFS agency, school and other providers to determine next steps.	

HCCP – Home & Community Care Program
IA – Income Assistance

NIHB – Non Insured Health Benefit Program
I & H – Infrastructure and Housing

CFS – Child & Family Services
AL – Assisted Living

HCSE – High Cost Special Education Program

First Nations Children with Disabilities Tracking Tool for Focal Points

Name of Region: **Manitoba 16 year old sibling**

Child/youth is under 18 and ordinarily resident on-reserve or on reserve	YES	NO	The Child/Youth			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Age of Child/Youth: 0 - 6 <input type="checkbox"/> 7 - 12 <input type="checkbox"/> 13 - 18 <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Name of Community: Black River First Nation	Child/youth is receiving services from a Child and Family Services Agency YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NIHB has been accessed: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NIHB Benefits denied: YES <input type="checkbox"/> NO <input type="checkbox"/>

Child/youth is assessed as having multiple disabilities and requires multiple provi	YES	NO	Assessment			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nature of Disability: Physical, communication/cognitive,	Assessment/Diagnosis YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If yes by whom: Diagnosis: Global Developmental Delay, Bilateral Arachnoid Cysts (benign). Diagnosis from Child Development Clinic, Children's Hospital.	Case management <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes by whom: Education Resource Teacher	Has service/benefit been identified in a plan of care? YES <input type="checkbox"/> NO <input type="checkbox"/>

A FED/PROV funding dispute exists over funding services/benefits	YES	NO	Department/Service Providers Involved & Nature of Dispute			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Federal: Health Canada, AANDC,	Provincial: Manitoba Health, Family Services and Labour, St. Amant Centre	First Nation: Manitoba First Nation Education Resource Centre	Area of Dispute: No out of school community services. No services once child is out of school. No long term assistive living or sheltered workshop services in community.

The services/benefits in question compare to provincial standard of care for a child/youth residing off reserve with similar needs and geographic location	YES	NO	Provincial Standard of Care			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chronology of case history (both local and Focal Point level): Important meetings; describe with whom and status of case: December 11, 2012 - Health Canada and AANDC focal points Informed of two cases by MFNERC. April 25, 2013 Conference call with Black River FN Education Resource Teacher and MFNERC Hi Cost Special Ed Specialist to discuss details of service needs/requests. May 1, 2013 Federal and Provincial key contact discussion on case. Request for clarification on St. Amant Centre detail of service and respite provided to family. May 7, 2013 conference call with MFNERC and Resource Teacher. Parents not available. May 9, 2013 follow up discussion with federal, provincial and FN key contacts. Provincial policy on eligibility to St. Amant Centre provided by provincial reps. May 17, 2013, St. Amant Centre admission policy provided to Resource Teacher. MFNERC to follow up with mom and see if still interested in pursuing placement for two boys. May 13, 2013 - mom signs consent Form for CFS involvement. Southeast CFS Agency informs case conference is to take place with the school.	Have appropriate agencies/departments been approached for services? Explain: Home & Community Care program staff have been engaged and they provided clarification on respite services provided to the family. Provincial contact for St. Amant Centre contacted to seek clarification on eligibility admission policy for First Nation children on reserve.	Is there a disruption in service? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Explain:	

Case outcome: **Active** **Closed**

Additional comments: (Should you have any additional comments please include them here) Informed by the Resource Teacher that mom is feeling she can't handle the two boys any longer. She was employed full time and operated a catering business. She is now unemployed and on medical leave. Update from Southeast Child and Family Service Agency pending.

Once completed please forward to:
 Valerie Hisko: Valerie.Hisko@aandc-aadnc.gc.ca (819-934-9636)
 WINNIPEG#1135982 - v1

CANADIAN HUMAN RIGHTS TRIBUNAL

BETWEEN:

FIRST NATIONS CHILD AND FAMILY CARING SOCIETY OF CANADA
and ASSEMBLY OF FIRST NATIONS

Complainants

and

CANADIAN HUMAN RIGHTS COMMISSION

Commission

and

ATTORNEY GENERAL OF CANADA
(representing the Minister of Indian and Northern Affairs)

Respondent

and

CHIEFS OF ONTARIO and AMNESTY INTERNATIONAL CANADA

Interested Parties

RESPONDENT'S FURTHER SUBMISSIONS ON REMEDY

Jonathan Tarlton, Melissa Chan & Patricia MacPhee
JUSTICE CANADA
Atlantic Regional Office
5251 Duke Street, Suite 1400
Halifax, NS B3J 1P3

- **Jordan's Principle:** INAC and Health Canada have begun discussions on the process for expanding the definition of Jordan's Principle, improving its implementation and identifying other partners who should be involved in this process. Over the next two to three months, Canada will begin engaging First Nations and the provinces and territories in these discussions. Beyond this, INAC will work with Health Canada and continue to engage with Indigenous peoples as partners to make real progress on the issues most important to them including health and mental health care.

SUBMISSIONS IN RESPONSE TO THE MARCH 31, 2016 REPLY SUBMISSIONS

10. Canada provides the following comments in response to the March 31, 2016 reply submissions of the Complainants, Commission and Chiefs of Ontario.
11. Any future National Advisory Committee discussions could include how best to determine the role of regional tables, links to First Nations organizations and provincial/territorial officials, as well as guiding principles and terms of reference similar to the previous iteration of the National Advisory Committee.
12. Canada's proposed approach to legal fees is appropriate and defensible in that it is the primary approach in determining the rates for counsel in cases where the federal government is ordered to pay for counsel. However, given the concerns raised in the Chiefs of Ontario and Caring Society submissions, Canada is willing to discuss additional options.
13. INAC has revised the Jordan's Principle section of its website reflecting that the federal response is under review in light of the Tribunal decision.
14. Canada will invite all parties to an information sharing session on its costing analysis for the immediate relief measures and will provide the relevant materials for this session.