



Record of Decision

Jordan's Principle: Federal-Provincial Exploratory Meeting
February 18, 2010 (1:00pm-3:45pm) – Halifax, NB

Participants:

Ernest Walker, Director of Policy, Office of Aboriginal Affairs, Executive Council, NS
Ian Bower, Executive Director, EHS and PHC, Department of Health, NS
Lisa Grandy, Director, Primary Health Care, Department of Health, NS
Debra Keays-White, Regional Director, FNIH, Health Canada, Atlantic Region
Odette Johnson, Director, Social Programs Reform Branch, INAC
Corinne Baggley, Senior Policy Manager, Social Policy & Programs Branch, INAC
Barbara Robinson, Manager, Social Programs, INAC, Atlantic Region
Sarah Archer for Carolyn Harrison, Director, Children and Youth Division, FNIHB, Health Canada
Louise Cholock, A/Director, Non-insured Services, FNIH, Health Canada, Atlantic Region
Wade Were, A/Senior Advisor, Policy & Strategic Planning, FNIH, Health Canada, Atlantic Reg.

1. Welcome

Debra welcomed the group. A round of introductions was made.

2. Agenda

The meeting was chaired by Wade. He reviewed the agenda that had been previously circulated. It was agreed that the tone of the meeting would be informal and that the sequencing of the agenda items could be altered as the conversation developed.

3. Overview

Federal Officials provided the context with respect to evolution of JP including background to Jordan Anderson and the subsequent motion. Federal Officials gave an overview of events leading up to provincial bilateral meetings such as Ministers' letter to provinces and their response. The Federal Government is now trying to close the loop with provinces who it has not yet met with bilaterally on the topic of JP implementation.

4. Provincial Government View

Ernest said that provincial government departments have met to discuss Jordan's Principle, and the point of attending this federal-provincial bilateral meeting is to gather more information so that the province can better prepare to respond.

Ernest indicated that JP has generated a new conversation among First Nations about gaps in services. He noted that the Department of Health is working on the developing of an Aboriginal Health Policy Framework with funding from Health Canada (AHTF). The province sees this as a good place for federal-provincial engagement.

The province has identified access issues in such areas as early intervention services and home care on reserve. Steps have been taken to resolve these matters.

5. Federal Response

Federal Officials described the federal response to Jordan's Principle including information on scope, guiding principles, dispute resolution/avoidance, lead department, regional focal points.

The federal scope would classify a situation as a Jordan's Principle case if there was a payment dispute declared between the federal and provincial governments, and the following 4 components were present:

- a. The First Nations child is normally resident of a reserve
- b. The Child has multiple disabilities
- c. Multiple service providers need to be involved in the care of the child
- d. The services sought would be available to a child living off reserve in a similar geographic location.

Under JP, the service provision would continue by the primary funder/point of first contact, and the payment dispute would not affect continuity of service to the child. The federal and provincial governments would agree to "back-stop" the community in situations where the costs of continuing to provide care become a significant budget challenge for community agencies.

The scope of services is restricted to health and social but includes special education. It does not include: education more broadly, recreation, or housing.

It was acknowledged that some provinces want to use terms other than "multiple disabilities" such as "intensive needs" and "medically complex".

It was recognized that others have broader interpretations of Jordan's Principle, but the federal government is interested in moving forward with its scope to make progress for the most vulnerable. A two phased approach was outlined where first a process is put in place to avoid and resolve JP cases, and second there is a broader look at addressing the gaps in services to children with disabilities (egs. Autism services, rehabilitation services like PT/OT.S<, respite care). A "case conferencing" approach was advocated to avoiding/resolving potential JP cases.

It was noted that JP was not a "program" or "service" and that no new funding was available to support implementation. Odette provided an update on the Human Rights Complaint alleging discrimination based on FN child welfare underfunding. She indicated that JP was a component of this complaint that is expected to be heard in April.

The province was interested in knowing how many times JP has been invoked. It was noted that the federal government has not had a JP case – cases have been resolved before there was a formal payment dispute. Others claim there are JP cases numbering in the thousands but they have not been brought forward to the federal government. The cases that the federal government have received usually involve a gap in service that simply requires the sharing of information and service navigation advice to resolve. To resolve complex unique cases, the federal government takes a "case-by-case" approach where decisions are not viewed by the federal government as precedent setting. A couple of examples were offered involving high cost drugs and injection monitoring for a suicidal diabetic teen, and a palliative child needing a specialized bed & supplies.

6. Province by Province Update on JP Implementation

Federal Officials briefly described the status of implementation in each province. Most activity is occurring in Manitoba, Saskatchewan, and BC. In SK, the province, FNs, and Canada have developed a plan called "Interim Implementation of Jordan's Principle in Saskatchewan" that includes interim measures and an agenda for longer term implementation. This document was given to provincial representatives.

While Departments that are responsible for Aboriginal Affairs have generally been the initial coordinating department on JP, other Departments such as Social Services or Health are very much involved in implementation.

There was some discussion around developing tools or information packages for families and services providers to navigate certain services highlighting sources of need by speaking with Joan Gloade (Mi'kmaq Child and Family Services director), the IWK FN Liaison Officer, and the Confederacy of Mainland Mi'kmaq's Child and Youth AHTF project.

There was also discussion around the importance of communicating with First Nations and being transparent in our bilateral engagements. The Tripartite Forum's health and social committees were thought to be a good place to provide updates and to gauge whether more information sharing was necessary.

The province asked whether JP cases were more likely in certain provinces where population size is higher, jurisdictional issues elevated, and tripartite relations were less advanced. It was noted by Odette that Joan Gloade has indicated that JP was not an issue in Nova Scotia. Ernest indicated that there is a mechanism within the province-wide Mi'kmaq Child and Family Services Agreement for resolving JP type issues.

7. Programs and Services to Children with Disabilities

Louise provided an overview of Health Canada funded programs/services that bands administer on reserve in NS. Barbara provided an overview of INAC funded programs/services that bands administer on reserve. Barbara indicated that she would be providing Leonard Doiron (Provincial Department of Community Services) a copy of the INAC program descriptions when she meets with him next week.

Ian noted that on the provincial side, service provision varies from District to District. Other than Home Care and Early Intervention Services, he noted that Healthy Beginnings (DHPP), and midwifery services were other areas where gaps may exist.

8. Next Steps

A) Provincial Response – The Office of Aboriginal Affairs will coordinate the development of a common recommendation to go to senior management in each of the potentially affected Departments (HPP, IGA, Health, Community Services, & OAA). The province will communicate next steps for implementation to Carolyn Harrison (Health Canada) and Odette Johnson (INAC).

B) Focal Points - The federal focal points for Jordan's Principle are: Wade Were (Health Canada) and Barbara Robinson (INAC). The province will consider providing the

name(s) for provincial focal point(s) as "go to" individuals to conference on complex cases should they arise.

C) **References** - Sarah and Odette will provide the federal and provincial focal points copies of agreements, plans, and/or committee terms of reference (in particular from QC, MB and SK).

D) **Record of Decision** – Wade will send a draft copy to Ernest who will confirm its accuracy on behalf of the province.