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COVID-19 Response and Supports for Indigenous Communities in BC

TOPIC

The Ministry of Health, First Nations Health Authority (FNHA), Indigenous Services Canada (ISC), and Emergency Management BC are the lead agencies for support to Indigenous communities for COVID-19 mitigation, preparedness, response, and recovery.

CURRENT SITUATION

First Nations Impact

- As of March 30, 2022, FNHA has identified a total of 20,071 First Nations cases of COVID-19, including 8,588 confirmed COVID-19 cases in or near BC First Nations communities¹.
- Where requested, regional emergency operations calls are set up with local leadership, regional health authorities FNHA and Emergency Management BC staff, to support a collaborative response.

COVID-19 Vaccine Roll-out

- BC's COVID-19 Immunization Plan² was released in January 2021 with an initial prioritization of Indigenous Peoples in remote and isolated communities.
- As of March 31, 2021, all Indigenous peoples aged 18+ were eligible to receive a vaccine, and the Province worked in partnership with FNHA, BC Association of Aboriginal Friendship Centres, and Métis Nation BC to reduce vaccine hesitancy and support culturally safe vaccine opportunities.
- As of March 30, 2022³, FNHA has reported:
 - More than 121,100 First Nations people in BC 18+, and over 20,100 First Nations people aged 5-17 have received at least one dose of a COVID-19 vaccine.
 - More than 111,000 First Nations people age 18+, and 15,400 First Nations people aged 5-17, have received a second dose of the vaccine (over 126,400 First Nations people age 5+).
 - About 58,200 of First Nations people aged 5+ have received a third dose of the vaccine.
 - 79.4% of all status and status eligible First Nations people aged 5+ have received at least one dose of vaccine, compared to 90.8% of all eligible people in BC aged 5+.

Structural Integration and Partnerships

- FNHA is embedded into the provincial health system response to ensure full integration.
- The Office of the Provincial Health Officer (PHO) is working very closely with the FNHA Office of the Chief Medical Officer in planning and response, including data surveillance and monitoring.
- BC ministries have supported political and health focused tables with First Nations Leadership Council, Nations, and communities to discuss and address First Nations interests.
- The Province and regional partners have also supported the BC Association of Aboriginal Friendship Centres and Métis Nation BC (MNBC) to address COVID-19 needs.

Rural and Remote First Nations and Indigenous Framework

- The Framework⁴ was established to ensure people living in rural/remote or First Nations communities have access services during the COVID-19 pandemic and beyond, and was developed collaboratively by FNHA, Northern Health Authority, and the Provincial Health Services Authority (PHSA).
- The Framework supports medical transportation, isolation supports, testing, contact tracing and access to mental health supports in communities.
- Regional implementation plans were collaboratively developed with Indigenous partners.

¹ <https://www.fnha.ca/Documents/FNHA-COVID-19-Public-Health-Response-Community-Situation-Report-April-4-2022.pdf>

² <https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/vaccines>

³ <https://www.fnha.ca/Documents/FNHA-COVID-19-Public-Health-Response-Community-Situation-Report-April-4-2022.pdf>

⁴ <https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/rural-and-remote-covid-19-response-framework.pdf>

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FINANCIAL IMPLICATIONS

- COVID-19 funding to Indigenous communities has mainly been led through the federal Indigenous Community Support Fund, with BC allocations of \$145,922,873.⁵
- In 2019/20, the Ministry provided:
 - \$80,000 in bridge funding through PHSA⁶ to MNBC to meet immediate needs related to pandemic planning including sanitizers and supplies.
- In 2020/21, the Ministry provided FNHA with:
 - \$1.23 million to support the implementation of a public health response for COVID-19; and,
 - \$41.464 million to support a Rural, Remote, Collaborative Framework response for COVID-19.
 - \$2.6 million to support additional staffing requirements for contact tracing of COVID-19.
- Per 2021/22 Post Final Funding Letter, the Ministry provided the FNHA with:
 - \$5.88 million to support Contact Tracers program; and,
 - \$10.8 million to support a Rural, Remote, Collaborative Framework response for COVID-19.

KEY FACTS

Outbreak Management and Security from a Health Perspective

- COVID-19 case/outbreak management is led in a collaborative way between the health authority medical health officer, FNHA, and the appropriate health leads within the Nation.
- The partners ensure measures are taken to support that outbreak management, including security measures, are made at the collaborative direction and recommendation of the partners.
- Positive cases experienced to date have demonstrated these teams coming together to enact immediate public health response, to minimize the impact of the outbreak.

Regarding Data Access/Information Sharing

- The details of another's care are confidential under the *Freedom of Information and Protection of Privacy Act*. Care staff are not permitted to discuss a person's health information.
- When a positive COVID-19 status First Nations case is identified in a First Nations community, the regional medical health officer is notified, who will in turn work with the FNHA Chief Medical Officer on a coordinated response.
- Notification and supports for the client, as well as contact tracing, are done in partnership between the regional health authority and FNHA Communicable Disease/health care teams.

Office of the Information Privacy Commissioner (OIPC) Request

- An information sharing request was formally submitted by Nation Counsel to the OIPC on September 14, 2020, requesting 3 items: 1) location (not the personal identity) of *proximate* presumptive and confirmed COVID case; 2) whether proximate case involves travel to one of the Nations, within the last 14 days; and 3) name of a person infected by COVID-19, who is a member of one of the Nations.
- On December 17, 2020, the OIPC concluded "COVID-19 creates a risk of significant harm to the public and to the complainants' communities, section 25(1)(a) does not in the circumstances require the Ministry to disclose the information that the complainants argue must be disclosed" and "sufficient information is already available to the complainants and to the public..."⁷
- The BC Centre for Disease Control provides weekly updates on cases by local health area to assist in local and regional planning and added transparency while maintaining confidentiality.⁸
- In parallel, the PHO, supported by the Ministry, developed an information sharing agreement to give Nations the information they need to make informed decisions for travel and safety measures.

⁵ Indigenous Community Support Fund: allocations to communities and organizations (sac-isc.gc.ca)

⁶ http://www.phsa.ca/about-site/Documents/Supplier%20Payments%20Exceeding%2025,000_2020.PDF

⁷ <https://www.oipc.bc.ca/orders/3494>

⁸ BC COVID-19 Data (bccdc.ca)

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- An information sharing agreement has now been signed with nine First Nations communities in this pilot phase, and data is flowing. Expansion of information sharing agreements to other communities will be visited once we have a better understanding of phase one implementation.

Culturally Safe Contact Tracing

- The Ministry approved funding for FNHA to allocate 97 community liaison positions to support culturally safe contact tracing with community expertise.
- Of the liaisons hired to date, many have been helping to support self-isolation in community for individuals who are isolating, including doing daily monitoring of low complexity cases.

LAST UPDATED

The content of this fact sheet is current as of April 6, 2022, as confirmed by Diana Clarke.

APPROVALS

2022 02 09 - Eric Larson obo Martin Wright, Health Sector Information, Analysis and Reporting Division

2022 04 06 - Diana Clarke, Indigenous Health and Reconciliation

2022 05 06 - Peter Klotz obo Philip Twyford, Finance and Corporate Services Division

2022 05 09 - Dawn Thomas, Indigenous Health and Reconciliation

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First Nations Social Determinants of Health - Mental Health and Wellness

TOPIC

The Government of BC, including the Ministry of Health, has committed to advancing a social determinant of mental health and wellness approach in partnership with BC First Nations and the Government of Canada.

CURRENT SITUATION

- In July 2018, the First Nations Health Council (FNHC), the Province, and Canada signed the Memorandum of Understanding (MoU) – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness.
- A tripartite senior executive forum (the Mental Health and Wellness Table) provides leadership, direction, and key decision-making in the implementation of the investment and planning approach.
- The implementation of the MoU was extended until March 31, 2022, through mutual agreement, and final planning is underway for a further 18-month extension to continue actioning projects and initiatives that were impacted by the pandemic and major weather events over the past year.

FINANCIAL IMPLICATIONS

- The Province, through the Ministry of Indigenous Relations and Reconciliation (MIRR), provided \$1.9 million over 2 years (2016/17 – 2017/18) in support of the engagement process to develop a shared 10-year social determinants strategy as per the 2016 MoU.
- The Ministry provided the First Nations Health Authority (FNHA) \$5.0 million in 2018/19 and 2019/20 to support the Tripartite Partnership to Improve Mental Health and Wellness. This funding represents the government's \$10 million commitment to support planning and implementation of Nation-based plans and initiatives; Indigenous Services Canada, FNHA and the Province of BC have each committed \$10 million (originally over 2 years) to support implementation of the 2018 MoU, totalling \$30 million.
- The funding provided by the Ministry represents contributions from the Ministries of Health, Mental Health and Addictions (MMHA), Children and Family Development (MCFD), and MIRR.
- In 2019, the Province provided \$20 million (matched by FNHA, for a total of \$40 million) to build and revitalize First Nations treatment centres across the Province.

KEY BACKGROUND

- A social determinants of health approach to First Nations health and wellness has been advanced through:
 - 2011 *British Columbia Tripartite Framework Agreement on First Nation Health Governance* demonstrates commitment to build an integrated health system that reflects First Nations traditional knowledge and approaches; and to engage in discussions about the social determinants of health;
 - 2015 *Protocol on the Social Determinants of Health*, signed by the First Nations Leadership Council and the FNHC, confirms a shared commitment to improve health and wellness outcomes through engagement and cross-sector collaboration;
 - 2016 bilateral MoU – *A Regional Engagement Process and Partnership to Develop a Shared Ten-Year Social Determinants Strategy for First Nation Peoples in BC* laid the foundation for 2 years of regional engagement sessions between provincial social ministries and First Nations leadership, culminating in a tripartite MoU; and
 - 2018 tripartite MoU – *Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* confirmed provincial support through 4 Ministers' signatures: The Ministers of Health, MMHA, MCFD, and MIRR.
- The 2018 MoU supports Nation-rebuilding and health through a community-driven, Nation-based approach to the design, planning, and delivery of mental health/wellness services and supports. This is implemented through flexible funding to meet the needs and priorities of the Nation and its communities, with success measured by outcome indicators as determined by the Nation.
- The MoU implementation plan is supported by a tripartite governance structure, recognizing the different roles of the FNHC, FNHA, the Province, and Canada.

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- Funding guidelines and supporting documentation, including FAQs, are publicly available for interested communities and Nations on FNHA's website¹.
- The Mental Health and Wellness Table (co-Chaired by FNHA and MMHA) reviews and approves Nation-based Statements of Readiness to access the funding. The Mental Health and Wellness Table has enabled 171 communities to support 52 initiatives, with \$22.7 million allocated (as of March 15, 2022). FNHA is administering the funding to Nations.
- The 2018 MoU recognizes a need to build, repair, renovate, and expand several First Nations treatment centres across BC, funded separately from the \$30 million commitment. In 2019, the Province and FNHA provided \$10 million each, for a total of \$20 million, to support First Nations treatment centres; Budget 2021 enables the Government of Canada to match this with a \$20 million commitment toward the MoU treatment centre investment². This work continues to advance with FNHA and MMHA as leads.
- The 2018 MoU also includes the intention to explore a 10-year tripartite strategy that facilitates a whole-of-government approach for addressing the social determinants of health and wellness.
- The tripartite partners recognize some of the MoU progress to advancing a 10-year social determinants of health strategy has not yet been achieved due to implementation delays and the COVID-19 pandemic.
- FNHC is currently undertaking an engagement process to seek direction from BC First Nations leadership on its continued approach to the social determinants of health mandate, roles, and responsibilities over an 18-month period.
- It is anticipated direction from First Nations leadership and FNHC to further refine or evolve the social determinants strategy commitment may occur after the next Gathering Wisdom forum (expected September 2022).
- In November 2021, FNHA raised through the Mental Health and Wellness Table, their perspective on sustainability projections that would allow continuation of MoU projects past the end of 2021/22 fiscal year end. This FNHA financial analysis and proposal would entail a new investment from tripartite partners and has not yet achieved collaborative agreement. MMHA, as the Mental Health and Wellness Table, is the provincial lead to coordinate provincial perspective on this sustainability proposal.

LAST UPDATED

The content of this fact sheet is current as of April 6, 2022, as confirmed by Diana Clarke, Executive Director, Indigenous Health and Reconciliation.

APPROVALS

2022 04 06 - Diana Clarke, Indigenous Health and Reconciliation

2022 04 12 - Dawn Thomas, Indigenous Health and Reconciliation

2022 04 27 - Peter Klotz obo Philip Twyford, Financial and Corporate Services Division

¹ [https://www.fnha.ca/about/news-and-events/news/fnha-to-administer-new-\\$30-million-mental-health-and-wellness-fund](https://www.fnha.ca/about/news-and-events/news/fnha-to-administer-new-$30-million-mental-health-and-wellness-fund);

² <http://www.fnha.ca/about/work-with-us/funding-opportunities>

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'In Plain Sight' Report Recommendations Implementation

TOPIC

Dr. Mary Ellen Turpel-Lafond's independent report, 'In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in BC Health Care' (IPS), was released publicly on November 30, 2020, and includes 24 recommendations to address systemic Indigenous-specific racism in the provincial health system.

CURRENT SITUATION

Recommendation #1 - The Minister of Health issued an apology statement to Indigenous people on November 30, 2020. On December 1, 2020, a joint written apology on behalf of all Board Chairs and CEOs from regional health authorities and Provincial Health Services Authority (PHSA) was issued. On May 11, 2021, written apologies were also issued by the BC College of Nurses and Midwives, the College of Physicians and Surgeons of BC, the College of Dental Surgeons of BC and the College of Pharmacists of BC.

Multiple legislation priorities are underway specific to IPS recommendations including:

Cabinet Confidences; Advice/Recommendations

- **Recommendation #2** – On May 2, 2022 the Province announced the new Anti-Racism Data Act¹. The Act aligns with the IPS recommendation to enact legislation to mandate the collection, use and disclosure of disaggregated demographic data for social change with Indigenous institutions and governments in support of self-determination and sovereignty as recommended in the Office of the Human rights Commissioner report, *Disaggregated demographic data collection in British Columbia: The grandmother perspective*.

Cabinet Confidences; Advice/Recommendations

- **Recommendation #2** - A cross-government approach has been initiated to enact legislation to mandate the collection, use and disclosure of disaggregated demographic data as recommended in the Office of the Human Rights Commission report, 'Disaggregated demographic data collection in BC: The grandmother perspective'. Anti-Racism Data Act being led by Ministry of Citizen Services (CITZ). (Note: CITZ is targeting Spring 2022 session to table Bill).
- **Recommendation #2**- The Human Rights Code was amended in November 2021 to include Indigenous identity as a ground for discrimination.
- **Recommendation #11** - In July 2021, the Province announced the *Public Interest Disclosure Act* will be applicable to employees of health authorities in June 2023, supporting "Speak Up Culture".

Recommendation #5 - Safe and supportive complaints processes have been identified as a priority for the Ministry of Health and health authorities. A provincial Patient Care Quality Safety Collaborative has been established and brings together key change leaders to share promising practices and support improvements with patient complaints. A Task Team Complaints Working Group has been initiated to guide the implementation, supported by the Indigenous Health team at the Ministry. A full day Complaints workshop with Indigenous leaders, system experts and partners was held on January 27, 2022, to help map the priorities moving forward.

Recommendation #7 - Métis Nation BC (MNBC) has established an internal table to support their work with the Task Team and advance the recommendations from In Plain Sight. MNBC received an additional \$625,000 (for a total of \$825,00) and \$811,000 in one-time funding to strengthen their capacity and work on implementing the recommendations from In Plain Sight. Work is underway to re-convene senior leadership of MNBC, the Ministry of Mental Health and Addictions, and the Ministry in the spring of 2022.

Recommendation #8 - A draft Cultural Safety and Humility organizational standard has been developed by a BC Indigenous-led Technical Committee, sponsored by the First Nations Health Authority, in partnership with the Health Standards Organization. The draft standard was available for public review/feedback across Canada from

¹ <https://news.gov.bc.ca/releases/2022PREM0027-000673>

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June 23, 2021, through September 23, 2021. The Technical Committee is working through the 1,100 comments received during the review and the final standard is expected to be published in May 2022 and introduced at the 2022 BC Quality Forum.

Recommendation #13 - In January 2021, Dawn Thomas was appointed to the newly created position of Associate Deputy Minister of Indigenous Health and Reconciliation to lead the implementation of the recommendations in collaboration with Indigenous, health system, and provincial ministry partners. Dawn became the first Indigenous person to be appointed as an Associate Deputy Minister in the public service.

Recommendation #14 - All health authorities now have at least 2 Indigenous Board members. All health authorities including PHSA and Providence Health Care have established new Vice President, Indigenous Health positions.

Recommendations #18, 21, 22 and 23 – The Ministry is working with the Ministry of Advanced Education and Skills Training on a collaborative process to advance implementation of the Recommendations specific to post-secondary education institutions. Discussions have also been initiated with the Ministry of Education on Recommendation 22 and opportunities for collaboration and coordination.

Recommendation #19 - The Ministry has provided \$550,000 for 5 years of support to the National Collaborating Center for Indigenous Health (NCCIH) as a centre for anti-racism, cultural safety and trauma-informed standards, policy, tools, and leading practices. NCCIH is working with the VPs of Indigenous Health to schedule a series of learning webinars highlighting regional activities and initiatives to address Indigenous-specific racism and hardwire cultural safety and humility.

Recommendations #20 and 21 - The VPs Standing Committee on Indigenous Health has endorsed a Cultural Safety and Humility and Anti-racism Key Learnings tool supporting implementation of key elements of both IPS recommendations. This tool is intended to support and inform the work of educators, practitioners, policy makers and leaders within the health system.

Recommendation #24 - A Task Team was formed and launched on May 12, 2021, with Métis Nation, First Nations Health Authority, First Nations Health Council, First Nations Leadership Council and system partners who hold expertise in the BC health care system, cultural safety and humility, knowledge and experience with Indigenous engagement and addressing Indigenous-specific anti-racism.

FINANCIAL IMPLICATIONS

Budget 2021 provides \$45 million over 3 years (\$15 million annually) to support culturally safe health services and more Indigenous liaisons in each regional health authority to improve health access and services for Indigenous peoples.

KEY BACKGROUND

- In June 2020, the Minister of Health appointed Dr. Mary Ellen Turpel-Lafond to lead an independent review into allegations of racism in the BC emergency department setting, as well as the broader health system.²
- The review concluded with both a full and summary report and a subsequent data report released in February 2021.³
- On the 1-year anniversary of the release of IPS, Dr. Turpel-Lafond made public statements⁴ acknowledging progress on 10 of the Recommendations and highlighting areas that should be prioritized moving forward.
- In 2020, parallel to the independent review, the Ministry actively worked to mobilize health system and cross-government partners for a coordinated provincial response. This short-term work was led by a former CEO of the Interior Health Authority and guided by an Advisory Committee of Indigenous Board members of health authorities, to focus on opportunities to affect meaningful change at the point of care.

² <https://news.gov.bc.ca/releases/2020HLTH0198-001115>

³ [Addressing Racism in BC Health Care \(gov.bc.ca\)](https://www2.gov.bc.ca/assets/gov/health/addressing-racism-in-bc-health-care)

⁴ <https://www2.gov.bc.ca/assets/gov/health/conducting-health-research/ips-statement.pdf>

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- The IPS findings and recommendations align with the provincial response suggested actions, including the need to enhance recruitment and retention of Indigenous healthcare professionals, move cultural safety training upstream into medical school and the kindergarten to Grade 12 systems, coordinate with regulatory colleges and professional associations, and ensure strong governance, leadership, and accountability.
- Additional immediate steps that have been taken, in alignment with IPS and provincial response, include:
 - 5 new Indigenous health liaison positions are being funded in each regional health authority and PHSA, plus 2 additional positions at Providence Health Care, for a total of 32 new positions. As of March 2022, over 20 of these positions have been filled and the rest are in the recruitment process. (Note: follow up needed re clarity between Indigenous Liaison and Indigenous Navigator positions)
 - Medical bylaws are under review by the Ministry, and revisions will be implemented collaboratively, for consistent cultural safety and humility standards for medical staff privileges.
- The independent review 1-800 number and email address has been transferred to the Office of the Ombudsperson and will be maintained as a reporting resource in the coming months, while processes for effective system complaints processes are strengthened.

LAST UPDATED

The content of this fact sheet is current as of May 5, 2022, as confirmed by Diana Clarke, Executive Director, Indigenous Health and Reconciliation.

APPROVALS

2022 04 06 - Diana Clarke, Indigenous Health and Reconciliation

2022 04 19 - Peter Klotz obo Philip Twyford, Finance and Corporate Services Division

2022 05 05 - Dawn Thomas, Indigenous Health and Reconciliation

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Indigenous Health Funding

TOPIC

The Ministry of Health allocates annual funding to health authorities, the First Nations Health Authority (FNHA), the BC Association of Aboriginal Friendship Centres, Métis Nation BC (MNBC), and Nations and communities to support the advancement of Indigenous health and wellness initiatives.

CURRENT SITUATION

The Ministry provides ongoing financial supports for Indigenous-specific health and wellness initiatives through mandated Ministry service planning and its legal obligations including:

- the *Tripartite Framework Agreement on First Nation Health Governance* (2011);
- the *Memorandum of Understanding – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* (2018); and
- Funding to health authorities and other organizations for Indigenous health services and initiatives including implementation of the *In Plain Sight* (IPS) recommendations on systemic Indigenous-specific racism in the health system.

FINANCIAL IMPLICATIONS

In 2021/22 the Ministry committed the following funding as identified above to support Indigenous Health:

- \$64.482 million to the FNHA,
- \$10.4 million to the health authorities.
- \$200,000 to the BC Association of Aboriginal Friendship Centres.
- \$2.011 million to Métis Nation BC.

KEY FACTS

Health Authorities

- Incremental base funding of \$4.9 million was provided to health authorities (HAs) for an additional 32 Indigenous Health Liaison positions commencing in 2020/21.
- In 2021/22 an additional \$5.5 million was allocated to HAs for priorities aligned with the IPS Sight recommendations including 1) Indigenous recruitment and retention; 2) improving the complaints system and 3) furthering Cultural Safety and Humility.

FNHA

- The Ministry supports the *Tripartite Framework Agreement on First Nations Health Governance* (2011) with contributions to FNHA of \$100 million from 2006/07 to 2019/20. In addition to the full amount of funding related to the agreement, the Ministry provided a further lump sum of \$22 million to further support the FNHA in 2019/20.
- Initially developed in support of the 2013 “Agreement in Lieu of Medical Services Plan (MSP) Premiums on Behalf of First Nations People Resident in the Province of BC” the Ministry commits up to \$15.33 million annually to support 27 primary care projects across the Province overseen by the Ministry-FNHA Joint Project Board.
- Additionally, starting from 2019/20, The Ministry provides annual funding of \$595,000 to support the enhancement of cultural safety and humility through the implementation of the Change Leadership Strategy.
- The Ministry provided FNHA \$3.6 million in 2021/22 for Doctor of the Day programs and for Substance Use and Psychiatry programs and service delivery.
- The FNHA funding letter supports the partners’ annual Letter of Mutual Accountability (LMA). The next iteration of the LMA is under discussion and will cover the period from April 1, 2022, to March 31, 2023.
- Provincial funding to FNHA in 2020/21 included funding to support Aboriginal Land-based substance use services, Aboriginal Suicide and Critical Incident Response Team Expansion, and Indigenous health and culturally appropriate services as part of *A Framework For Action: Responding to the Toxic Drug Crisis for First Nations*.

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- The Ministry also committed \$1.0 million per year to FNHA starting in 2021/22 through 2023/24 for the development and implementation of a Traditional Healing and Wellness Strategy and to support continued efforts identified in the Letter of Mutual Accountability and the implementation of the In Plain Sight recommendations.
- In 2020/21 The Ministry Provided FNHA \$1.23 million for the COVID-19 Pandemic Response. In 2021/22, The Ministry provided FNHA \$16.68 million COVID-19 Funding, including \$5.88 million to support COVID-19 Contact Tracers, and \$10.8 million to support Rural Remote Collaborative.

BC Association of Aboriginal Friendship Centres

In fiscal 2021/22, The Ministry provided the BC Association of Aboriginal Friendship Centres with a grant of \$200,000 to support projects and initiatives benefiting urban and off-reserve Indigenous populations, including partnership development and networking to improve the accessibility and quality of services, communication, and engagement with partners and communities; direct programming including harm reduction and peer support programs; and programming to improve quality of life including the Doulas for Aboriginal Families Grant program and gender-based violence, human trafficking and sexual exploitation awareness initiatives.

MNBC

- The Ministry provided MNBC with a grant of \$825,000 and another of \$811,000 in 2021/22 to support health and wellness initiatives benefiting Métis peoples and communities in BC, including partnership development; supporting the Métis Public Health Surveillance Program to help monitor health status of Métis peoples; facilitating Métis participation across the spectrum of Indigenous engagement, access, decision-making, and working relationships with health partners and participation in the provincial response to the findings of the *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care* report with a focus on building human resource capacity to strengthen MNBC capacity for Métis engagement on *In Plain Sight* recommendations including primary care, mental health, and cultural safety initiatives.
- The Ministry provided an additional \$375,000 in 2021/22 to support the MNBC Cultural and Safety Wellness Curriculum.

National Collaborating Centre for Indigenous Health (NCCIH)

The Ministry provided \$550,000 in 2020/21 to support the NCCIHs work with health system partners in the development of tools, strategies, training, and resources to enhance culturally safe service delivery and practices across the BC health system, particularly focusing on identifying and addressing gaps to create new BC-specific tools and resources, leveraging federally allocated funds. Support for the NCCIH aligns with Recommendation #19 from the *In Plain Sight* report. The Ministry has provided additional funding in 2021/22 of \$1.050 million to the NCCIH through the University of Northern BC to work with the VPs of Indigenous Health and health system partners to advance initiatives related to the implementation of the new Cultural Safety and Humility standard, Indigenous Cultural Safety measurement and education and training.

Memorandum of Understanding (MOU) on the Determinants of Health and Wellness

- The 2018 tripartite *MoU – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* provides provincial support through the Ministry, Ministry of Mental Health and Addictions (MMHA), Ministry of Children and Family Development (MCFD), and Ministry of Indigenous Relations and Reconciliation (MIRR).
- The Ministry provided the FNHA \$5.0 million in 2018/19 and 2019/20 to support the Tripartite Partnership to Improve Mental Health and Wellness. This funding represents the Government of BC's \$10 million commitment to support planning and implementation of Nation-based plans and initiatives. The funding provided by the Ministry represents contributions from the Ministry, MIRR, MCFD, and MMHA. The implementation of this funding was extended until March 31, 2022. A further extension request to September 30, 2023 to continue actioning MoU initiatives is being finalized.

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- In 2019, the Province provided \$20 million (matched by FNHA, for a total of \$40 million) to build and revitalize First Nations treatment centres across the Province. Budget 2021 provided an additional \$20 million from the Government of Canada to support this initiative.¹

LAST UPDATED

The content of this fact sheet is current as of April 7, 2022, as confirmed by Diana Clarke.

APPROVALS

2022 04 07 - Diana Clarke, Indigenous Health and Reconciliation

2022 04 07 - Dawn Thomas, Indigenous Health and Reconciliation

2022 04 27 - Peter, Klotz, Finance and Corporate Services Division

¹ Indigenous Services Canada. (2021, August 14). *Government of Canada highlights funding for Indigenous communities to support critical infrastructure*. Retrieved September 15, 2021 from: <https://www.canada.ca/en/indigenous-services-canada/news/2021/08/government-of-canada-highlights-funding-for-indigenous-communities-to-support-critical-infrastructure.html>

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Provincial Commitments to Reconciliation – Ministry of Health

TOPIC

The Government of BC has committed to true and lasting reconciliation with Indigenous peoples, and the Ministry of Health (MoH) has demonstrated significant action toward this commitment through established collaboration with key Indigenous partners.

CURRENT SITUATION

- The Government of BC has passed legislation to establish the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) as a framework for moving toward true and lasting reconciliation as per the Truth and Reconciliation Commission of Canada.
- The Government of BC has initiated a Declaration Act Secretariat which will support the development of guidelines to Section 3, Alignment of Laws.
- The Ministry of Indigenous Relations and Reconciliation (MIRR) has coordinated the development of a Declaration Act Action Plan¹ which was released March 30, 2022.

FINANCIAL IMPLICATIONS

The MoH provided the following funding to support provincial commitments to reconciliation:

- \$100 million to the First Nations Health Authority (FNHA) from 2006/07 to 2019/20 to support the Tripartite Framework Agreement on First Nations Health Governance. In addition to the full amount of funding related to this commitment, the MoH provided a further lump sum of \$22.0 million to further support the FNHA in 2019/20.
- Up to \$15.33 million annually in partnership with FNHA to support provincial primary care projects.
- \$10 million from 2018/19 to 2019/20 to support the Tripartite Partnership to Improve Mental Health and Wellness. The \$10 million represents contributions from the MoH, MIRR, the Ministry of Children and Family Development, and the Ministry of Mental Health and Addictions (MMHA).
- \$20 million in 2019 to FNHA (matched by FNHA, for a total of \$40 million) to support the building and revitalization of First Nations treatment centres across the Province.
- \$550,000 in 2021 to support the National Collaborating Centre for Indigenous Health (NCCIH) in Prince George to work with health system partners in the development of tools, strategies, training, and resources to enhance culturally safe service delivery and practices across the BC health system, focusing on identifying and addressing gaps to create new BC-specific tools and resources as per the In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care report (IPS) recommendation #19. The MoH also provided one-time funding of \$1.050 million to the NCCIH to advance initiatives supporting implementation of the new BC Cultural Safety and Humility standard (recommendation 8), Indigenous cultural safety measurement (recommendation 9) and a provincial approach to education and training (recommendations 20 and 21).
- In 2021/22, the MoH provided the Metis Nation BC (MNBC) with a grant of \$825,000 and additional one-time funding of \$811,000 to support health and wellness initiatives benefiting Métis peoples and communities in BC, including partnership development; supporting the Métis Public Health Surveillance Program; facilitating Métis participation across the spectrum of Indigenous engagement, access, decision-making, and working relationships with health partners; MNBC's participation in the provincial response to the findings of the IPS report with a focus on building human resource capacity to strengthen MNBC capacity for Métis engagement on IPS recommendations including primary care, mental health, and cultural safety initiatives.
- \$200,000 was provided to the BC Association of Aboriginal Friendship Centres in 2021/22 to support projects and initiatives benefiting urban and off-reserve Indigenous populations, including partnership

¹ https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/indigenous-relations-reconciliation/declaration_act_action_plan.pdf

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development and networking to improve the accessibility and quality of services, communication, and engagement.

- The MoH provided \$550,000 to UBC (through the Ministry of Advanced Education and Skills Training) to support core elements of UBC's proposal for expanding their Indigenous Cultural Safety program in response to the Truth and Reconciliation Commission's Calls to Action #23 & #24.

Budget 2021 committed \$45 million over 3 years (\$15 million annually) to support culturally safe health services and more Indigenous liaisons in each regional health authority to improve health access and services for Indigenous peoples.

KEY BACKGROUND

The MoH alignment with the commitments to Reconciliation as indicated in the Action Plan and specific to Health:

- 3.7 Implement recommendations made in the *In Plain Sight: Addressing Indigenous-specific racism and discrimination in B.C. health care* report, striving to establish a health care system in BC that is culturally safe and free of Indigenous-specific racism.
- 4.7 Demonstrate a new and more flexible funding model and partnership approach that supports First Nations to plan, design and deliver mental health and wellness services across a full continuum of care and to address the social determinants of health and wellness (MoH, MMHA).
- 4.8 In alignment with the tripartite health plans and agreements, continue to strengthen and evolve the First Nation health governance structure in BC to ensure First Nations are supported to participate as full and equal partners in decision-making and service delivery at local, regional, and provincial levels, and engage First Nations and the Government of Canada on the need for legislation as envisioned in the tripartite health plans and agreements (MoH, MMHA).
- 4.10 Prioritize the implementation of Primary Care Networks, the First Nations-led Primary Health Care Initiative, and other primary care priorities, embedding Indigenous perspectives and priorities into models of care to increase Indigenous Peoples' access to primary care and other health services, and to improve cultural safety and quality of care (MoH).
- 4.11 Increase the availability, accessibility, and the continuum of Indigenous-led and community-based social services and supports that are trauma-informed, culturally safe, and relevant, and address a range of holistic wellness needs for those who are in crisis, at-risk or have experienced violence, trauma and/or significant loss (Ministry of Public Safety and Solicitor General, MoH, MMHA).
- 4.13 Increase the availability and accessibility of culturally safe substance use services, including through the renovation and construction of Indigenous-run treatment centres and the integration of land based and traditional approaches to healing (MoH, MMHA).
- 4.14 Increase the availability and accessibility of resources to Indigenous partners in COVID-19 pandemic health and wellness planning and response, including the implementation of the Rural, Remote, First Nations and Indigenous COVID-19 Framework² to ensure access for all Indigenous Peoples to immediate and culturally safe and relevant care closer to home (MoH, MMHA).
- 4.26 Strengthen the health and wellness partnership between Métis Nation BC, MoH, MMHA and support opportunities to identify and work to address shared Métis health and wellness priorities (MoH, MMHA).

Ongoing work that supports the implementation of Tripartite and other Indigenous Health commitments include:

- Collaborative implementation of the *British Columbia Tripartite Framework Agreement on First Nations Health Governance* (2011).
- Signing of the *Declaration of Commitment to Cultural Safety and Humility in Health Services* (2015) and supporting the implementation of the change leadership strategy to embed cultural safety in the provincial health system.

² <https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/rural-and-remote-covid-19-response-framework.pdf>

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- Supporting community-driven, Nation-based initiatives to improve mental health and wellness through the *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* (2018).
- Engaging Indigenous partners in health system planning and implementation processes, including working to integrate First Nations team-based supports into regional/provincial health care systems (e.g., Elders and traditional healers), and establishing First Nations Primary Health Care Initiative sites (e.g., Lu'ma Medical Centre).
- Partnering with the Office of the Provincial Health Officer, FNHA, and Métis Nation BC to enhance population health and wellness monitoring and reporting through the Population Health and Wellness Agenda, the baseline report³ of which was released publicly on June 3, 2021. The Métis Public Health Surveillance Program Baseline Report⁴ was released on February 3, 2022.

LAST UPDATED

The content of this fact sheet is current as of April 6, 2022, as confirmed by Diana Clarke, Executive Director, Indigenous Health and Reconciliation.

APPROVALS

2022 04 06 - Diana Clarke, Indigenous Health and Reconciliation

2022 04 06 - Dawn Thomas, Indigenous Health and Reconciliation

³ <https://www.fnha.ca/Documents/FNHA-PHO-First-Nations-Population-Health-and-Wellness-Agenda.pdf>

⁴ https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/annual-reports/pho_metis_report_2021c_f3.pdf

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Agencies, Boards, and Commissions Appointments

TOPIC

The recruitment, selection and appointment of members to serve on the boards of Agencies, Boards, and Commissions (ABCs) is the joint responsibility of the Ministry and Crown Agencies and Board Resourcing Office (CABRO).

CURRENT SITUATION

- There will be approximately 75 appointments required by June 30, 2022, and there are currently 7 vacancies across 5 ABCs. Some ABCs have multiple vacancies and challenges include ensuring quorum and board constitution requirements in legislation are met.
- The Ministry is responsible for facilitating the appointment of approximately 323 public members, for about 43 ABCs serving the health sector.
- ABCs include the 6 health authority boards, 18 professional college boards, the BC Emergency Health Services, the Emergency Medical Assistants Licensing Board, the Medical Services Commission, the Drug Benefit Council, the Data Stewardship Committee, the BC Patient Safety and Quality Council, the BC Health Care Occupational Health and Safety Society, the Health Care Practitioners Special Committee for Audit Hearings and 6 Patient Care Quality Review Boards.

FINANCIAL IMPLICATIONS

Remuneration Guidelines for Appointees to Crown Agency Boards are outlined in Treasury Board Directive (TBD) 2/20. TBD 2/20 sets out the maximum rates, principles and general policies for the administration of appointee remuneration. It also specifies numerous policy objectives, one of which is to support a comprehensive framework for appropriate and consistent appointee remuneration and expense reimbursement. Remuneration paid to all board members is disclosed annually ensuring information is accessible and transparent to the public.

KEY BACKGROUND

- The Ministry communicates with the various boards and works with CABRO to address upcoming vacancies, appointees' willingness to be considered for reappointment, and possible new candidates for appointment consideration.
- CABRO and the Ministry collaborate in handling the process for the recruitment, appointment and orientation of board members to ensure that governing ABCs have the necessary expertise and membership.
- Recruitment of board members is the joint responsibility of the Minister, CABRO, program areas, and boards, with boards identifying potential new candidates for appointment consideration. In order to ensure diversity, all boards aim to have balanced gender, Indigenous, ethnic and geographical representation.
- The Ministry communicates with ABCs on appointees' willingness to continue to serve, and determines the need for new appointments to be made.
- CABRO considers potential candidates' qualifications and experience and consults with the Minister on appointments. CABRO is also responsible for orientation and providing guidance on governance to boards.
- Upon the Minister's approval, the Ministry prepares the necessary appointment documentation, including Orders in Council or Ministerial orders as determined by the governing legislation, and correspondence confirming appointments.
- Good governance and strong leadership by ABCs across the health sector is critical to ensuring continued excellence in the BC health system and accountability to the citizens of the province.

LAST UPDATED

The content of this fact sheet is current as of January 18, 2022 as confirmed by Katherine Thiessen-Wale, Executive Director, Legislation.

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APPROVALS

2022 01 18 - Katherine Thiessen-Wale, Legislation, Deputy Minister's Office

2022 01 18 - Peter Klotz, obo Philip Twyford, Finance and Corporate Services Division

2022 01 20 - Holly Moulton, Deputy Minister's Office

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Canada BC Home and Community Care and Mental Health and Addictions Services Funding Agreement

TOPIC

Status of the Canada-BC Home and Community Care (HCC) and Mental Health and Addictions (MHA) Services Funding Agreement (Bilateral Agreement), including Safe Long-term Care Fund (SLTCF) amendment.

CURRENT SITUATION

- Fiscal year 2021/22 is the fifth year of the five-year term Bilateral Agreement.
- As of mid January 2022, the federal government has initiated renewal discussions, that is, for a second five-year term. Advice/Recommendations; Intergovernmental Communications
Premiers' consensus "for the federal government to increase its share of provincial-territorial health care costs through the Canada Health Transfer (CHT) to 35%."¹ (Emphasis added.)
- In August 2021, BC and Canada agreed to amend the Bilateral Agreement to include SLTC funding. The federal government has committed \$1 billion (nationally) to the provinces and territories based on a \$2 million base plus per capita allocation formula. The April 2021 federal budget proposed additional funding of \$3 billion over 5 years (nationally) for Long-Term Care (LTC) standards, i.e., 2022/23 through 2026/27, allocated based on a \$1.2 million base plus per capita.

FINANCIAL IMPLICATIONS

- From 2017/18 to 2021/22 the Ministry has received over \$674 million from the Bilateral Agreement (\$404.64 million for HCC and \$207.01 million for MHA).
- In 2021/22 the Bilateral Agreement was amended, committing \$134.9 million in funding to BC for the SLTCF. The Ministry has received \$66.962 million² of the funding with the balance to be paid upon BC providing a report back to Health Canada.
- BC's funding for the next five years of the Bilateral Agreement will be confirmed once negotiations are completed.

KEY BACKGROUND

- Federal funding for health care is primarily provided through the CHT.
- Since 2017, the CHT growth rate/escalator has been based on Gross Domestic Product growth (with a floor of 3%).
- Currently, the federal government's contributions through the CHT make up approximately 22% of provincial and territorial health spending nationally (22.4% in 2021/22 in BC).³
- In 2022/23, the CHT will total \$45.21 billion, of which BC's share is expected to be \$6.19 billion⁴.
- In addition to the CHT, in 2017 the federal government committed to provide BC with targeted HCC and MHA funding through the Bilateral Agreement.
- The 2017/18 to 2021/22 Bilateral Agreement and accompanying action plan specify how BC will use the federal funding in alignment with the Common Statement of Principles on Shared Health Priorities, which was released with agreement from all Federal, Provincial and Territorial Health Ministers on August 21, 2017.⁵ The August 2021 amendment includes an action plan detailing how the SLTCF will be used.

¹ *Premiers committed to a renewed health care partnership for all Canadians* (Dec 9, 2021): https://www.canadaspremiers.ca/wp-content/uploads/2021/12/COF_news_release-Dec9_2021.pdf

² Email from Health Canada (September 15, 2021).

³ Based on BC's 2nd Quarter Report: <https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/government-finances/quarterly-reports/2021-22-q2-report.pdf>

⁴ Federal Department of Finance website: <https://www.canada.ca/en/department-finance/programs/federal-transfers/major-federal-transfers.html#BritishColumbia>

⁵ *Canada-British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement* and Health Canada website: <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/principles-shared-health-priorities.html>

