

**Annual Report**  
**First Nations and Inuit Control**  
**1999-2000**

Program Policy  
Transfer Secretariat and Planning Directorate  
Health Funding Arrangements

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Table of Contents

Message from The Director General ..... 1

Major Accomplishments ..... 3

- Policy Papers
- Publications/Other Documents
- Proformae
- Joint FNIHB/DIAND Efficiencies and Effectiveness Initiatives
- Special Interchange Arrangement
- Information Systems
- Communication
- First Nations Self-Government Initiatives
- The Organization for the Advancement of Aboriginal Peoples' Health

Priorities 2000/2001 ..... 7

- Response to the Auditor General's Report due in October 2000
- Policy Papers/Issues
- Development/Revision of Publications and other Documents:

Challenges ..... 7

- Health System Renewal
- Accountability
- Health Plan Development
- Transition to Self-Government

Statistical Overview -First Nations and Inuit Control ..... 10



## List of Figures and Tables

Figure 1 - Transfer of the Wanaki Treatment Centre .....	1
Figure 2 - Status of First Nations and Inuit Control Activity .....	2
Figure 3: Treatment Services Transfer Agreements as of March 31, 2000 .....	2
Figure 4: Transfer of Odanak .....	5
Figure 5: Funding to Support First Nation and Inuit Control .....	9
Figure 6: Trends in First Nation and Inuit Control .....	9
Table 1: First Nations and Inuit Control Activity - First Nations/Inuit Communities .....	10
Table 2: First Nation and Inuit Population by Community Type .....	10
Table 3: Current and Projected Transfers - Communities .....	11
Figure 7: Single and Multi-Community Transfers .....	11
Figure 8: Funding to Support First Nation and Inuit Control .....	12
Figure 9: Resources Under First Nation & Inuit Control .....	12
Table 4: Transfer Agreements as of March 31, 2000 .....	13
Table 5: Pre Transfer activity as of March 31, 2000 .....	14
Table 6: Integrated Agreements as of March 31, 2000 .....	14
Table 7: New Transfer Agreements - Fiscal Year 1999 - 2000 .....	15
Table 8: New Pre-Transfer Agreements - Fiscal Year 1999-2000 .....	16
Table 9: New Integrated Agreements - Fiscal Year 1999-2000 .....	18
Table 10: National Summary Reporting Requirements as of March 31/2000 .....	19
Table 11: Transfer Agreement Renewal Schedule - Fiscal Year 2000/2001 .....	20
Table 12: Upcoming Health Transfer Bridge/Discussions - Fiscal Year 2000-2001 .....	23



### Message from The Director General

This annual report on First Nations and Inuit control, covers the period April 1, 1999 - March 31, 2000. The annual report identifies activities that follows on the heels of the first 10 years of the transfer initiative, and future renewal activities leading to the creation and maintenance of a sustainable First Nation and Inuit health delivery system.

This annual report provides information on accomplishments and activities of the past year. The report also gives a one year snapshot on the communities who have undertaken activities in attaining control of health delivery services through the signing of Transfer and Integrated funding arrangements, as well as those communities who are in the pre-transfer process.

Finally, this report will focus on challenges, when met, will create a sustainable First Nation and Inuit health delivery system. Meeting these challenges will require the participation of not only, the First Nations and Inuit but other stakeholders such as the provinces and territories. Working in partnership will be the key to the success of creating a sustainable First Nation & Inuit health delivery system.

I hope that you will find this annual report useful in communicating progress being made on First Nations and Inuit control of health services and that you will share this report with others who may be interested in such information.



A handwritten signature in cursive script.

RICHARD JOCK, Director General,  
Program Policy Transfer Secretariat  
and Planning,  
First Nations and Inuit Health

### Figure 1 - Transfer of the Wanaki Treatment Centre



*The Wanaki Treatment Centre, situated by Pockanoc Lake, (centre photo) celebrates as the first treatment centre in Canada to receive their Accreditation. The photo on the left is of the staff, from left to right, front row: Monique Chabot, Lyne Buckshot, Belinda Whiteduck, Joyce McDougall, back row: Edward Decontie, Daniel Printup, Patrick Dumont, Christopher McOnini, those absent: Renée Tissot, Jonathan Whiteduck, Viviane Commanda. The photo to the right is of the large Wanaki tipi which resides next to the treatment centre and serves to offer residents a sampling of spirituality and traditional customs.*

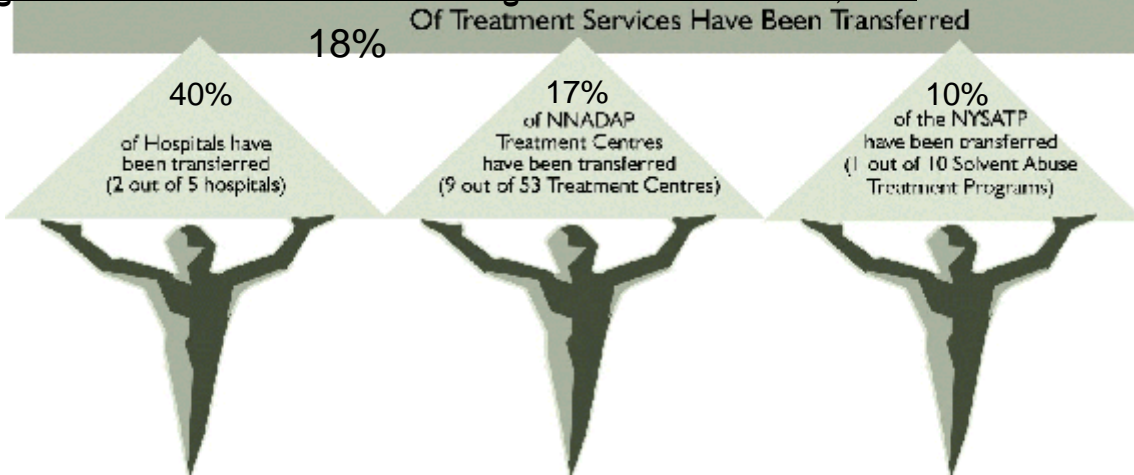
**Figure 2 - Status of First Nations and Inuit Control Activity**



Agreement Type	# of	# of Communities
Transfer Agreements	138	276 (7 Inuit
Integrated Community-Based Health Services	99	128
Pre-Transfer	57	83

Note: In addition, 7 First Nations in the Yukon (north of 60°) have signed Integrated Agreements, and 8 communities are in Self Government arrangements. A total of 599 communities are eligible to enter into the transfer process.

**Figure 3: Treatment Services Transfer Agreements as of March 31, 2000**



Agreement Type	# of Agreements
National Native Alcohol and Drug Abuse Program (NNADAP) (3 of the 53 are outpatient centres)	9
National Youth Solvent Abuse Treatment Program	1
FNIHB Hospitals*	2

\*Note: As of March 31, 2000, First Nation & Inuit Health Branch operates 3 hospitals: (Sioux Lookout Zone Hospital, Norway House Hospital and Percy E. Moore Hospital). Blood Indian Hospital closed October 1999.

## Major Accomplishments

### Policy Papers

During the fiscal year 1999/2000 the Branch dealt with new issues as well as revisiting existing policies to ensure that they reflect the current fiscal and health services delivery environment:

Investment in Transfer Activities - The Branch reviewed its planning and funding requirements to support various First Nations & Inuit control activities. A significant accomplishment has been the development of a strategy for the redirection of resources to support a continued process in achieving a full community-based transfer environment;

Treaty Land Entitlement - The Branch has developed plans to ensure that it will have a process to deal with Treaty Land Entitlement (TLE) issues, both in Saskatchewan and nationally;

Evaluation Funding Guidelines - The Branch has revisited and updated its existing guidelines to provide information on the options for the evaluation plan and evaluation report funding in transfer agreements;

Transfer of First Nations and Inuit Health Branch Hospitals - This updated policy paper provides information on the transfer of hospital services;

Reporting and Auditing Guidelines - The purpose of these Guidelines is to describe the reporting and auditing requirements for transfer agreements.

### Publications/Other Documents

Ten Years of Health Transfer First Nation and Inuit Control - This report summarizes the activities and accomplishment of the first ten years of First Nation and Inuit control initiatives (1989- 1999). The report is available on our Internet website at: [http://www.hc-sc.gc.ca/msb/pptsp/hfa\\_e.htm](http://www.hc-sc.gc.ca/msb/pptsp/hfa_e.htm).

Human Resource Guidelines for the Management of First Nations and Inuit Health Programs - These guidelines synthesize and update information formerly offered to First Nations and Inuit health authorities in the following Health Canada publications:

- P Personnel Guidelines for First Nation Health Boards;
- P Pensions and Other Benefits: A Guide for First Nation Health Boards;
- P What First Nation Health Boards Should Know About Insurance.

These guidelines summarize key human resource considerations and provide references to internet websites managed by various organizations. This publication is available on our Internet website.

### Proformae

First Nation and Inuit Health Branch (FNIHB) strives to ensure clarity and consistency in our health funding arrangement agreements with all First Nations and Inuit in Canada. FNIHB has developed and revised agreement templates (known as proformae) over the past several years in order to deal with new issues, provide clarity on some existing clauses, and to improve accountability requirements. The following transfer agreement templates have been revised to better address the concerns of all participating parties:

- P Health Services Transfer;
- P 2<sup>nd</sup> and 3<sup>rd</sup> Level Services;
- P Canada First Nations Funding Agreement (CFNFA);
- P National Native Alcohol & Drug Abuse Treatment Programs;
- P National Youth Solvent Abuse Treatment Programs, and
- P Consolidated Contribution Agreement for Transferred Communities.

Issues such as unforeseen circumstances, confidentiality and medical records, intervention, dispute resolution process, reporting requirements, and growth are addressed in the templates. The templates also include clauses where applicable on the issue of treaty and aboriginal rights, and fiduciary relationship.

Joint FNIHB/DIAND Efficiencies and Effectiveness

## Initiatives

With the rapid pace of First Nations' desire to increase control over their own health services and programs, there is an increasing demand on Health Canada and Indian and Northern Affairs Canada to co-ordinate how business is conducted and to explore what actions could be taken to streamline funding mechanisms and instruments. As a result the Efficiencies and Effectiveness Initiative was established to explore opportunities for administrative cooperation in the management of federal funding arrangements with First Nations and Inuit such as:

- P simplify the operating environment of First Nations and Inuit, through the use of consistent authorities and management systems;
- P reduce administrative burden on First Nations and Inuit and the federal government;
- P reduce the volume of diversity of terms and conditions faced by First Nations and Inuit, to bring into focus essential accountability requirements within a single comprehensive funding agreement;
- P improve accountability with respect to the collective impact of federal funding on the well-being of First Nations and Inuit.

A multi-departmental funding agreement was jointly developed by Health Canada and Indian and Northern Affairs Canada and the Department of Justice for implementation during fiscal year 1999/2000. This funding mechanism, the Canada/First Nations Funding Agreement (CFNFA), is a new funding mechanism which may be used by First Nations who wish to have one agreement that includes several federal departments' programs, resulting in a reduced number of agreements and less administrative burden for both Bands and Federal Departments, thus these agreements generally cover a wider range of Federal programs.

The first CFNFA was signed in April, 1999, with Canim Lake in British Columbia. Canim Lake is a non-isolated community located in the south eastern part of the province. The community has a population of 466 and a Health Station.

First Nations and Inuit Health Branch is committed to jointly develop further streamlining measures. Some of the joint work that is currently underway includes a:

- P CFNFA Instructional Handbook;
- P Handbook for Remediating Recipients Difficulties;
- P Federal Intervention Policy;
- P Federal Credit and Solvency Policy;
- P Federal Allegations Policy; and
- P Joint Population Reporting System.

## Special Interchange Arrangement

In 1988, the Public Service Commission (PSC) and Treasury Board (TB) approved a Special Interchange Arrangement for Health Canada to support the health program transfer initiative of First Nations and Inuit Health Branch. Under this arrangement the branch could assume the legal liability and indemnification responsibility for community health nurses performing in an expanded scope of practice and Dental Therapists who, as a result of a program transfer, become employees of a First Nations health employer through a Special Interchange Arrangement (SIA).

The SIA, which is excluded from certain policy provisions of the Interchange Canada program, enables First Nations entering into Health Services Transfer Agreements with First Nations and Inuit Health Branch to provide day-to-day direction to Dental Therapists, and community health nurses performing in an expanded scope of practice. The SIA is necessary due to the absence in many provinces of applicable legislation for Dental Therapists, and in some provinces where the legislation governing professional nursing practice does not cover practice for nurses under an expanded scope. In these provinces, Dental Therapists cannot be hired directly by First Nations, and community health nurses performing in an expanded scope of practice would not be covered for liability under a First Nations direct employment. These services provided are considered essential services, particularly in isolated communities.

FNIHB has received Treasury Board approval for an



indefinite extension of the Special Interchange Arrangement, as of December 1999, until such time that the remaining provincial jurisdictions governing professional nursing practice, cover the practice of community health nurses in an expanded scope of practice, and all provinces have applicable legislation for Dental Therapists.

### Information Systems

The planned Community Planning Management System (CPMS) is a fully-integrated information system to support the FNIHB programs responsible for the delivery of essential health services to First Nations and Inuit communities and to facilitate the transfer of existing health resources to these communities. The first component of the Community Planning Management System (CPMS), the Community Workload (CW) Component was completed in May 2000. This concludes Phase I of CPMS and we will be moving into Phases II and III: The Financial Module and Community Profile Module.

All FNIHB staff are able to access the system online as a visitor which allows viewing and printing of reports generated by the system. FNIHB staff can access the system from their PC using the standard Health Canada Netscape Browser @ <http://msbprod-nt.hc-sc.gc.ca/cpms/plsql/cpms.startup>.

The First Nations and Inuit Health Branch (FNIHB) has maintained the system to monitor population growth and workload impacts, provide analysis for existing and new programs and to allocate additional resources if and when resources become available.

### Communication

Our website, ([http://www.hc-sc.gc.ca/msb/pptsp/hfa\\_e.htm](http://www.hc-sc.gc.ca/msb/pptsp/hfa_e.htm)) has a new design and has been updated to include valuable information to assist Regions as well as communities on the transfer of control of health programs to First Nations and Inuit Communities. Some publications/information of interest are:

- P 10 Years of Health Transfer - FN/I Control
- P Transfer Handbooks;
- P A Guide for First Nations on Evaluating Health Programs;
- P A Guide to Health Management Structures;
- P Transfer Status;
- P Auditing & Reporting Guidelines;
- P Outside Links page

### Figure 4: Transfer of Odanak



*Richard Legault, then Regional Director Québec Region (currently A/RD Manitoba region) presenting Chief Gilles O'Bomsawin a commemorative transfer plaque for the Odanak community based transfer, May 1<sup>st</sup>, 1999.*

## **First Nations Self-Government Initiatives**

Health Canada actively supports negotiations involving health. To-date, over 80 framework agreements have been signed across the country. During 1999/2000, four Agreements-In-Principle (AIPs) involving health programs and services were concluded, forming the basis for negotiation of final agreements.

Unless otherwise noted, the following AIPs are tripartite (i.e., involving the province):

- P Labrador Inuit Association - Atlantic Region
- P Meadow Lake Tribal Council - Saskatchewan Region
- P Sioux Valley First Nation - Manitoba Region
- P United Anishnaabeg Councils (bilateral negotiations with Canada) - Ontario Region

Planned self-government agreement - to be signed fiscal year 2000/2001.

- P Westbank First Nation (Bilateral negotiations with Canada) - Pacific Region.

Health has also been actively involved in the tripartite negotiations, referred to as the "Made-in-Saskatchewan" process, with the Province of Saskatchewan and the Federation of Saskatchewan Indian Nations (FSIN). Initiated in 1996, the "Common Table" provides a forum for developing new governance and fiscal relationships, based on the treaty relationship, between Canada and First Nations in Saskatchewan, with Saskatchewan. It is supported in its work by the bilateral (FSIN/Canada) Exploratory Treaty Table, the Fiscal Relations Table and the Governance Table, all of which involve Health Canada representatives.

Over the past year, the Fiscal Relations Table: organized an Accountability Conference (April 1999), compiled data on First Nations expenditures and demographics, and developed models of funding mechanisms to move funds to First Nations Governments. At the Governance table, the FSIN

tabled its preliminary report outlining a unified vision of governance.

This served to achieve common understandings on a number of important issues, including: common interests, principles of intergovernmental relations, and options and models for First Nations governance. Sectoral agreement negotiations in health are planned to begin in 2002/03.

At the national level, Health Canada has actively contributed to policy development in support of the National Table on Fiscal Relations. Initiated in 1999, this joint AFN-Canada partnership has been focusing on: data and statistics; transfer formula options; First Nation public debt financing and revenue raising options; taxation issues; financial management and financial institution development.

## **The Organization for the Advancement of Aboriginal Peoples' Health**

(formerly the "Aboriginal Health Institute")

The Organization for the Advancement of Aboriginal People's Health was incorporated on March 10, 2000. The Organization will analyse and disseminate information and research on Aboriginal health; utilize information and research strategically to improve Aboriginal health, and work with partners to focus on Aboriginal health issues. Advisory Committees have been created to focus on the key priorities identified by Aboriginal people during consultations:

- P "Traditional Health and Healing",
- P "Health Research and Health Information", and
- P "Policy, Capacity Building and Public Education."

Three centres have also been created within the Organization to address health issues specific to First Nations, Inuit and Métis.

## Priorities 2000/2001

Some of the priorities for 2000/2001 include the following:

### Response to the Auditor General's Report due in October 2000

The Report of the Auditor General of Canada, Health Canada - First Nations Health, Chapter 13 was released in October 1997. This report examined the way Health Canada manages health programs delivered to status Indians and Inuit. The October 2000 report is a follow up to the 1997 report and will determine the progress made by Health Canada in taking the necessary action required with respect to observations and recommendations made in the 1997 report on First Nation and Inuit Health. An action plan will be developed to respond to any recommendations.

### Policy Papers/Issues

- P Implementation of Investment Strategy for Transfer activities;
- P Treaty Land Entitlement: Guidelines for Health Impacts;
- P Moveable Assets Reserve; Policy for 2<sup>nd</sup> & 3<sup>rd</sup> Level Services;

- P Unionization Policy for Transferred communities;
- P Pensions/Benefits Guidelines;
- P Guidelines for Liability and Property Insurance - Transfer communities;
- P Mediation Guidelines;
- P Sustainability Policy Implementation - Transfer Agreements;
- P Criteria on the creation of new communities.

### Development/Revision of Publications and other Documents:

- P Revise "A Guide for First Nations in Developing a Community Health Needs Assessment" publication;
- P Information Guides for Transfer and Integrated Approaches;
- P Update Transfer Handbooks;
- P Transfer Brochure;
- P Annual Transfer Report.

## Challenges

Changes are taking place. The future will be very important and challenging for First Nation and Inuit peoples and for the First Nations and Inuit Health Branch. The challenges ahead include Health System Renewal, accountability, the implementation of a Health Plan, and the transition to Self-Government.

### Health System Renewal

In line with the Federal Government's *Gathering Strength* initiative, FNIHB has adopted the following Branch objectives:

- P Developing sustainable First Nations and Inuit systems that are well-integrated into the Canadian health system; and
- P Building effective partnerships leading to a

meaningful change in the health system.

Priorities include identifying a strategic long term approach to improving health and seeking additional resources to address critical health issues. Budget 2000 provided an initial short term step towards the renewal process through the infusion of \$50 million for both the current and next fiscal year to address fiscal pressures caused by a First Nation and Inuit population growth rate twice that of the Canadian population and rapidly rising health care costs.

In the longer term, the next few months will see the establishment of a national coalition of First Nation and Inuit, provincial/territorial and federal stakeholders to identify options and strategies for

change in areas such as integration, sustainability, capacity development and accountability. This will be followed by a year long process involving:

- P broad-based consultations;
- P identification of innovative models; and
- P the creation of long-term strategies for renewed health systems.

This portion of the process will conclude with development of a five year framework for a renewed full health system and implementation plan.

### Accountability

Accountability is the obligation to take and demonstrate responsibility for performance based on agreed expectations and within the limits of budgets and existing authorities. Essentially, accountability is about ensuring a formal commitment to responsibilities by First Nations and Inuit Health Branch and First Nations and Inuit community members. As program delivery moves from federal direct delivery through Contribution, Integrated, Transfer and Self-Government Agreements, other perspectives on accountability become important: the accountability of Chief and Council to community members; the accountability of Chief and Council to the Minister of Health, the accountability of the Minister of Health to First Nation and Inuit communities, and the accountability of the Minister of Health to Parliament. It is very evident that accountability is an important issue for all levels of government, including First Nations and Inuit, and for the Canadian public.

Today First Nations and Inuit manage a large portion of program funds and Chiefs and Councils have a dual accountability for its use. This primary accountability is towards their own membership for the effective management of programs and funds to meet community needs. They are also accountable to the government, transferring the funds, for the use of those funds to meet community needs.

As First Nations and Inuit Health Branch continues to transfer services and resources to First Nations and Inuit, there is a need for both parties to take a closer look at how they are adapting to this change. There is a need to demonstrate stronger

accountability for services and resources.

The current accountability mechanisms for community-based programs, NNADAP Treatment programs and Solvent abuse centres are as follows:

- P Community Health Plan & Updates;
- P Community Emergency Preparedness Plan;
- P Annual Report;
- P Audit Report;
- P Training Plan;
- P Evaluation Plan;
- P Evaluation every five years;
- P Intervention in emergencies when the responsible health authority cannot or does not act;
- P Accreditation of Treatment Centers;
- P Annual Mandatory Program Report;
- P Participation in National First Nation & Inuit Treatment Program Network;
- P Management Information System for treatment programs, (currently it is the "Substance Abuse Information System").

### Health Plan Development

An integral part of the FNIHB accountability initiative is the development of a health plan process for all communities. Once, this "living document" health plan is developed it may be used as a health planning and management tool by all communities, regardless of the funding arrangement they are operating under (i.e. Transfer, Integrated, Individual Contribution Agreement, Self-Government).

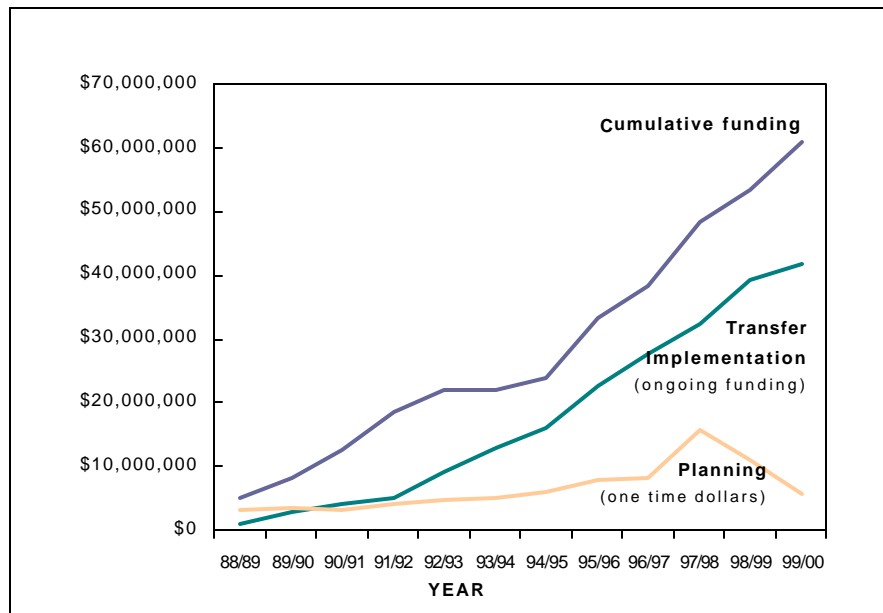
The health plan will be comprised of a number of components and will incorporate a number of tools such as a compendium of programs that a community may consider in formulating their health program delivery. The health plan will identify set program goals and will use indicators to determine whether the identified goals were met and desired outcomes achieved. The challenge will be to design a health plan template and process that is **flexible enough for use by all communities**, not just transferred communities.

### Transition to Self-Government

There are many challenges for First Nations and Inuit and First Nations and Inuit Health Branch during the transition from administrative agreements to the Self-Government negotiations. Some of these challenges concern the accountability mechanisms, the treaty relationship, jurisdiction and program authorities and the fiscal capacity of First Nations and Inuit.

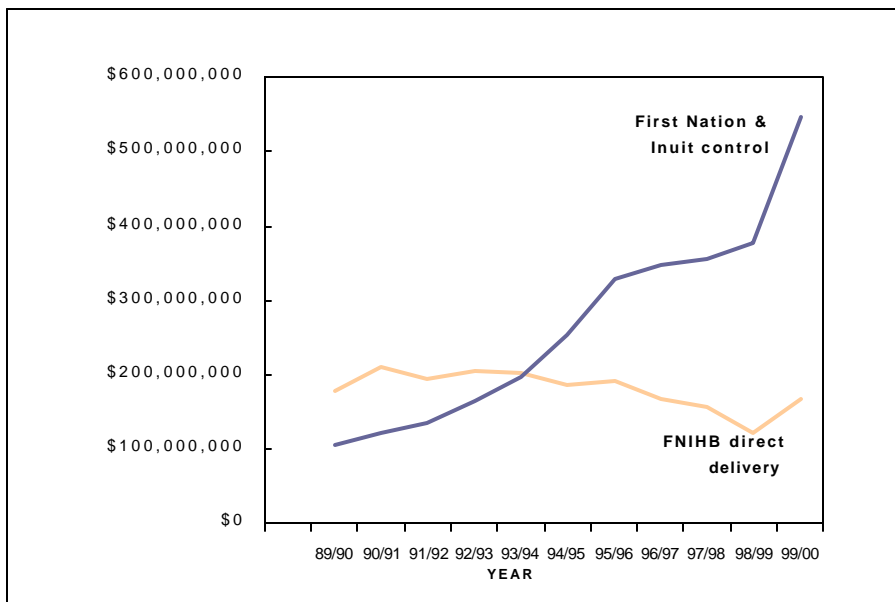
**Figure 5: Funding to Support First Nation and Inuit Control**

This figure shows the increase in funding available for First Nation and Inuit communities. As of March 31, 2000, A total of \$61 million was the cumulative amount, \$41.8 million in transfer implementation funding, and \$5.8 in pre-transfer planning funding.



**Figure 6: Trends in First Nation and Inuit Control**

This figure shows the trend over the years of the steady decline of direct service delivery by the Branch, as First Nation and Inuit assume greater control of health services, through regular Contribution, Integrated, and Transfer Agreements (Contribution include NIHB contributions and NIHB pilots). As of March 31, 2000, the total amount of funding under First Nation and Inuit control was \$546 million. FNIHB direct delivery costs include: O & M, salaries, and minor capital. (Fiscal Year 99/00 experienced a small increase in direct service delivery due to the infusion of new resources included in the 1999 and 2000 budgets).



## Statistical Overview - First Nations and Inuit Control

The following tables/charts provide a more detailed summary of the status of First Nations and Inuit control activity.

**Table 1: First Nations and Inuit Control Activity - First Nations/Inuit Communities**

(as of March 31, 2000)

Region	Self-Government	Transfer	Pre-Transfer	Integrated	Other*
Atlantic		20**	4	10	6
Quebec		23	2	2	1
Ontario		38	15	39	32
Manitoba		33	18	3	8
Saskatchewan		60	5	7	11
Alberta		4	16	34	4
Pacific	1	98	23	26	56
Yukon	7	-	-	7	1
<b>Total</b>	<b>8</b>	<b>276</b>	<b>83</b>	<b>128</b>	<b>119</b>

\* Other, not currently participating in transfer or integrated process

\*\* Includes 7 Inuit Communities.

**Table 2: First Nation and Inuit Population by Community Type**

This table shows the distribution of population by community type, and those transferred. The total population of eligible FN/I communities is 388,712, of which 193,092 or 46% are living in transferred communities.

Nationally	Total # of Communities	Population of Communities	Total # of Communities Under Transfer	Population Under Transfer	% of Communities Transferred	% of Total Population Transferred
Non-Isolated	400	257,897	192	134,393	48%	52%
Semi-Isolated	86	40,040	39	18,448	45%	46%
Isolated	93	83,618	38	37,110	41%	44%
Remote-Isolated	20	7,157	7	3,141	35%	44%
<b>Total</b>	<b>599</b>	<b>388,712</b>	<b>276</b>	<b>193,092</b>	<b>46%</b>	<b>50%</b>

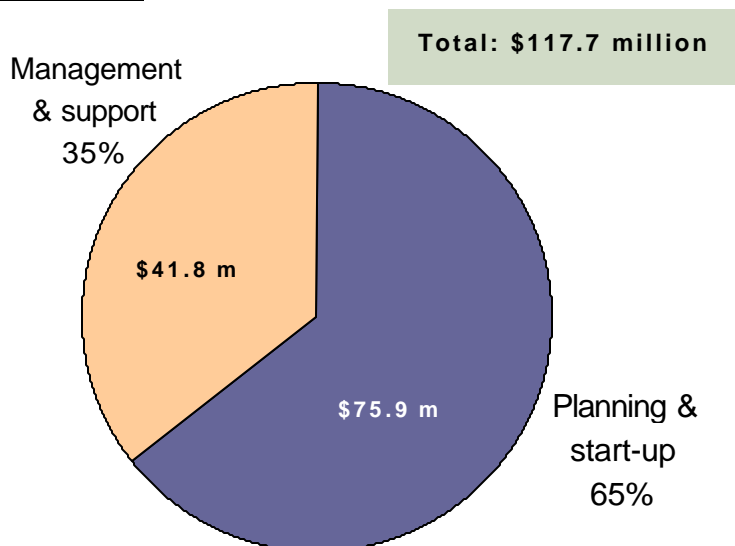
**Table 3: Current and Projected Transfers - Communities**

This table shows the status of transferred communities as of March 31, 2000 and the projected uptake to the year 2005. The total number of eligible First Nations/Inuit communities is 599. As of fiscal year end 1999/2000, 276 (46%) of these communities have signed a Health Services Transfer Agreement. This represents an increase of 32 communities or 5% from fiscal year 1998/1999.

Transfers by Region/Communities					
Region	Total Eligible Communities	Transferred as of March 31, 2000		Projected to March 31, 2005	
	Number	Number	% Total	Number	% Total
Atlantic	40	20	50	36	90
Quebec	28	23	82	28	100
Ontario	124	38	31	57	46
Manitoba	62	33	53	52	84
Saskatchewan	83	60	72	68	82
Alberta	58	4	7	10	17
Pacific	204	98	49	109	53
<b>Total</b>	<b>599</b>	<b>276</b>	<b>46</b>	<b>360</b>	<b>60</b>

**Figure 7: Single and Multi-Community Transfers**

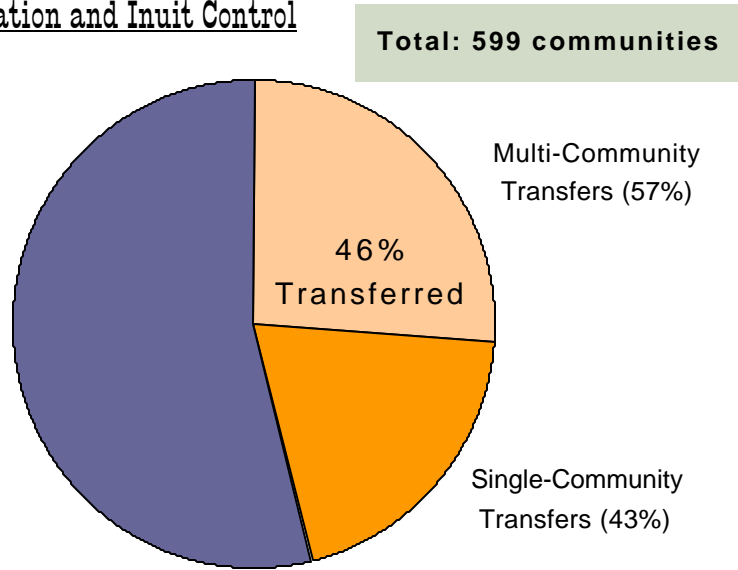
This figure shows as of March 31, 2000, out of the 276 communities that have signed Health Services Transfer agreements, 158 were multi community transfers and 118 were single community transfers (the transfer initiative has authorities for those FN/I communities south of the 60th parallel, making the total number of communities eligible for transfer 599, out of 638 communities across Canada).





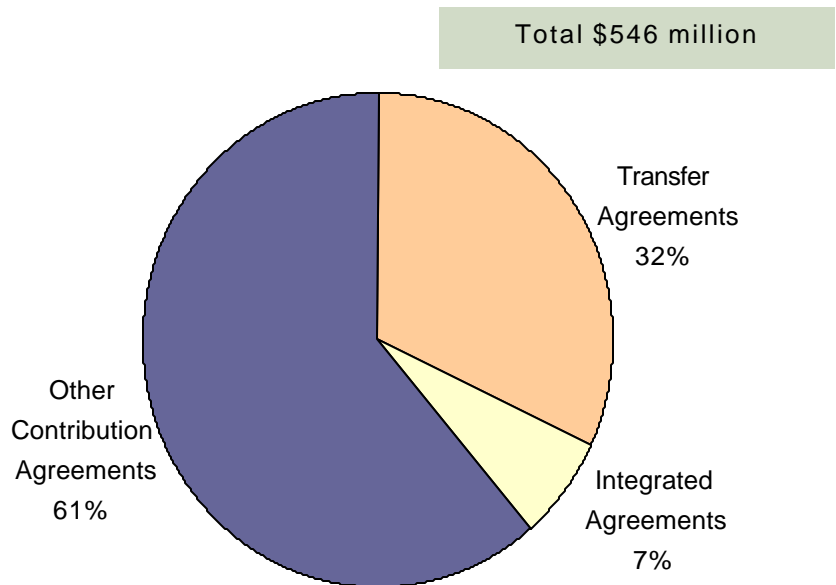
**Figure 8: Funding to Support First Nation and Inuit Control**

As of March 31, 2000 FNIHB has provided FN/I communities and organizations with \$75.9 million for planning, capacity building and start-up costs involved with the Transfer and Integrated approach. Ongoing funding in the amount of \$41.8 million was spent globally by FNIHB to support Transfer and Integrated Agreements.



**Figure 9: Resources Under First Nation & Inuit Control**

This figure shows the total amount of funding in FN/I control as of March 31, 2000 (\$546.2 million). "Other Contributions" include Non Insured Health Benefit (NIHB) contributions and NIHB pilots. As more FN/I move towards Transfer and Integrated the "Other Contributions" percentage will decrease. Since this time last year the "Other Contributions" have decreased by 3%.



**Table 4: Transfer Agreements as of March 31, 2000**

Table 4 summarizes the total number of transfer agreements to date, and includes the new transfer agreements signed in fiscal year 1999/2000. As a result, 13 single community transfer agreements were signed and 3 multi-community transfer agreements, for a total of 16 new transfer agreements by the end of the fiscal year 1999/2000.

Region	New Agreements 1999-2000	Total # Transfer Agreements to Date	# of Communities Represented	Total # of First Nations & Inuit Communities Eligible
Atlantic	3	15	20	40
Quebec	3	23	23	28
Ontario	2	24	38	124
Manitoba	3	29	33	62
Saskatchewan	-	22	60	83
Alberta	-	5	4	58
Pacific	5	32	98	204
<b>Total</b>	<b>16</b>	<b>150</b>	<b>276</b>	<b>599</b>

Type of Transfer Agreement	Quantity
AFA/Health Transfer Agreements (DIAND/FNIHB)	2
FTA/Health Transfer Agreements	11
Canada First Nations Funding Agreement (CFNFA)	1
Community-Based 1 <sup>st</sup> Level Transfer Agreements	120
2 <sup>nd</sup> & 3 <sup>rd</sup> Level Transfer Agreements	3
3 <sup>rd</sup> Level Transfer agreement	1
National Native Alcohol and Drug Abuse Program (NNADAP)	9
Hospitals	2
National Youth Solvent Abuse Treatment Program (NYSATP)	1

**Table 5: Pre Transfer activity as of March 31, 2000**

Region	Total # of Pre-Transfer Projects to date	Total # of First Nations & Inuit Communities represented
Atlantic	5	4
Quebec	3	2
Ontario	12	15
Manitoba	12	18
Saskatchewan	4	5
Alberta	12	16
Pacific	9	23
<b>Total</b>	<b>57</b>	<b>83</b>

**Table 6: Integrated Agreements as of March 31, 2000**

Region	Total # Integrated Agreements to date	Total # of First Nations & Inuit Communities Represented
Atlantic	10	10
Quebec	2	2
Ontario	37	39
Manitoba	3	3
Saskatchewan	7	7
Alberta	20	34
Pacific	13	26
Yukon	7	7
<b>Total</b>	<b>99</b>	<b>128</b>

**Table 7: New Transfer Agreements - Fiscal Year 1999 - 2000**

Band Name/Authority	Community Name	Community Type	Band #	Transfer Date	# of Communities Represented
<b>Atlantic Region</b>					
Bear River Indian Bd.	Bear River	Non-Isolated	21	Dec. 1, 1999	1
Red Bank Indian Bd.	Red Bank	Non-Isolated	14	Dec. 1, 1999	1
Buctouche Indian Bd.	Buctouche	Non-Isolated	4	April 1, 1999	1
<b>Quebec Region</b>					
Mohawk Council of Kahnawake(FTA)	Kahnawake et Doncaster	Non-Isolated	70	April 1, 1999	1
Abénakis de Wôlinak	Wôlinak	Non-Isolated	71	May 1, 1999	1
Odanak	Odanak	Non-Isolated	72	May 1, 1999	1
<b>Ontario Region</b>					
Algonquins of Pikwakanagan	Golden Lake	Non-Isolated	163	Aug. 1, 1999	1
Henvey Inlet First Nation	Henvey Inlet	Non-Isolated	231	Aug. 1, 1999	1
<b>Manitoba Region</b>					
West Region Tribal	Crane River	Semi-Isolated	279	May 1,	6
	Gamblers	Non-	294		
	Keeseekoowenin	Non-	286		
	Pine Creek	Non-	282		
	Rolling River	Non-	291		
	Ebb & Flow	Non-	280		
Waterhen First Nation	Waterhen	Semi-Isolated	281	Aug. 1, 1999	1

Band Name/Authority	Community Name	Community Type	Band #	Transfer Date	# of Communities Represented
Red Sucker Lake First Nation	Red Sucker Lake	Isolated	300	Oct. 1, 1999	1
<b>Pacific Region</b>					
Southern Stl'Atl'Imx	Samahquam	Semi-	567	April 1,	5
	Mount Currie	Non-	557		
	D'Arcy	Semi-	556		
	Douglas	Semi-	561		
	Skookumchuck	Semi-	562		
Chehalis Indian Band	Chehalis	Non-Isolated	559	July 1, 1999	1
Iskut First Nation	Iskut	Isolated	683	Sept. 1, 1999	1
Kwakiult District	Comox	Non-	624	Oct. 1,	8
	Da'naxda'xw	Non-	635		
	Kwiakah	Non-	628		
	Mamlilikulla-Qwe'Qwa'Sot'Enox	Non-Isolated	629		
	Tlatasikwala	Non-	632		
	We Wai Kai	Non-	623		
	Wei Wai Kum	Non-	622		
	Fort Rupert	Non-	626		
Tsawout First Nation	Tsawout	Non-Isolated	654	Nov. 1, 1999	1

**Table 8: New Pre-Transfer Agreements - Fiscal Year 1999-2000**

Band Name/Authority	Community Name	Community Type	Band #	# of Communities Represented
<b>Atlantic Region</b>				
Sapujivik Treatment Centre	N/A	N/A	N/A	N/A
<b>Ontario Region</b>				
Dilico Treatment Centre	N/A	N/A	N/A	N/A
Ngwaagan Gamig Recovery Centre Inc. (Rainbow Lodge Treatment Centre)	N/A	N/A	N/A	N/A

Band Name/Authority	Community Name	Community Type	Band #	# of Communities Represented
<b>Manitoba Region</b>				
Southeast Resources Development Council	Bloodvein	Isolated	267	7
	Brokenhead	Non-Isolated	261	
	Buffalo Point	Non-Isolated	265	
	Hollow Water	Non-Isolated	263	
	Little Black River	Non-Isolated	260	
	Little Grand Rapids	Isolated	270	
	Pauingassi	Isolated	327	
Island Lake Tribal Council	Red Sucker Lake	Isolated	300	4
	Garden Hill	Isolated	297	
	St. Theresa Point First Nation	Isolated	298	
	Wasagamack	Isolated	299	
Poplar River	Poplar River	Isolated	277	
<b>Pacific Region</b>				
Inter-Tribal Health	Cowichan Lake	Non-Isolated	643	8
	Esquimalt	Non-Isolated	644	
	Church House	Non-Isolated	552	
	Hopetown	Remote-	627	
	Gilford Island	Isolated	625	
	Nanoose	Non-Isolated	649	
	Kingcome Inlet	Isolated	636	
	Tyseycum	Non-Isolated	655	

**Table 9: New Integrated Agreements - Fiscal Year 1999-2000**

Band Name/Authority	Community Name	Community Type	Band #	# of Communities Represented
<b>Quebec Region</b>				
Timiskaming First Nation	Timiskaming	Non-Isolated	64	1
<b>Ontario Region</b>				
New Slate Falls	New Slate Falls	Remote Isolated	259	1
Mohawks of Bay of Quinte	Tyendinaga	Non-Isolated	164	1
Wabauskang First Nation	Wabauskang	Semi-Isolated	156	1
<b>Manitoba Region</b>				
Birdtail Sioux First Nation	Birdtail Sioux	Non-Isolated	284	1
<b>Alberta Region</b>				
Sturgeon Lake	Sturgeon Lake	Non-Isolated	455	
<b>Pacific Region</b>				
Hartley Bay Village Council	Hartley Bay	Isolated	675	1
Lax kw'alaams	Port Simpson	Isolated	674	1
Qualicum First Nation	Qualicum	Non-Isolated	651	1
Moricetown Band	Moricetown	Non-Isolated	530	1
Inter-Tribal Health Authority Society	Cowichan Lake	Non-Isolated	643	8
	Esquimalt	Non-Isolated	644	
	Church House	Non-Isolated	552	
	Hopetown	Remote-	627	
	Gilford Island	Isolated	625	
	Nanoose	Non-Isolated	649	
	Tseycum	Non Isolated	655	
	Kingcome Inlet	Non-Isolated	636	

**Table 10: National Summary Reporting Requirements as of March 31/2000**



Summary of Reports	Quebec	Atlantic	Ontario	Manitoba	Sask.	Alberta	Pacific	National Total
<b>Audit Report</b>								
Total Reports Due	101	44	66	91	109	11	72	494
Reports Received	98	44	64	77	81	11	50	425
Reports Outstanding	3	0	2	14	28	0	22	69
% of Reports Received	97	100	97	85	74	100	69	86
% of Reports Outstanding	3	0	3	15	26	0	31	14
<b>Annual Report</b>								
Total Reports Due	101	44	66	91	109	11	72	494
Reports Received	84	44	63	69	41	11	32	344
Reports Outstanding	17	0	3	22	68	0	40	150
% of Reports Received	83	100	95	76	38	100	44	70
% of Reports Outstanding	17	0	5	24	62	0	56	30
<b>Evaluation Report</b>								
Reports Due	23	4	8	10	17	1	8	71
Reports Received	19	4	4	6	6	1	1	41
Reports Outstanding	4	0	4	4	11	0	7	30
% of Reports Received	83	100	50	60	35	100	13	58
% of Reports Outstanding	17	0	50	40	65	0	88	42
<b>Transfer Agreements/Communities</b>								

Total # of Agreements	23	15	24	29	22	5	32	150
Total # of Communities	23	20	38	33	60	4	98	276

**Table 11: Transfer Agreement Renewal Schedule - Fiscal Year 2000/2001**

<b>Transfer Agreements "to be Renewed" - Fiscal Year 2000/2001</b>		
Band Name/Authority	Community	Band #
<b>Atlantic Region</b>		
Kingsclear	Kingsclear	11
Tobique	Tobique	16
<b>Quebec Region</b>		
Wapan NNADAP Treatment Centre	N/A	N/A
Innu Takuaikan Uashat Mak Mani-Utenam	Maliotenam	80
	Uashat	80b
La Nation Innu Matimekush - Lac John	Le Conseil des Montagnais de	87
Le Conseil de Bande Abitibiwinni	Pikogan	55
Le Conseil de Bande de Betsiamites	Betsiamites	85
Le Conseil de Bande d'Odanak	Odanak	72
Le Conseil des Montagnais du Lac-Saint-Jean	Masheuiatsh	76
Le Conseil des Montagnais des Montagnais Essipit	Communauté Montagnaise Essipit	86
Le Conseil de Bande des Atikamekw d'Opitciwan	Opitciwan	79
<b>Ontario Region</b>		
Big Grassy	Big Grassy	124
Mississauga	Mississauga	200
Sagamok Anishnawbek	Spanish River	179
Whitefish Lake	Naughton	224
Mohawks of Akwesasne	Akwesasne	159
M'Chigeeng First Name	West Bay	181
<b>Manitoba Region</b>		
Mathias Colomb	Granville Lake	311a
	Pukatawagan	311b
Sioux Valley	Sioux Valley	290
St. Theresa Point First Nation	St. Theresa Point	298

Band Name/Authority	Community	Band #
<b>Saskatchewan Region</b>		
Beardy's & Okemasis	Beardy's Okemasis	369
Carry The Kettle	Carry the Kettle	378
Cowessess	Cowessess	361
James Smith	James Smith	370
Kawacatoose	Kawacatoose	393
Keeseekoose Band	Keeseekoose	367
Meadow Lake Tribal Council	Big C	401
	Buffalo River	398
	English River	400
	Canoe Lake	394
	Flying Dust	395
	Makwa Sahgaiehcan	396
	Ministikwan	397a
	Mudie Lake	397a
	Turnor Lake	403
Waterhen Lake	402	
Montreal Lake	Montreal Lake	354
Onion Lake	Onion Lake	344
Peter Ballantyne	Deschambault	355a
	Opawakoscikan	355b
	Pelican Narrows	355c
	Sturgeon Land	355d
	Southend	355
Piapot	Piapot	385

Band Name/Authority	Community	Band #
Saskatoon Tribal Council	John Smith	371
	Kinistin	377
	Mistawasis	374
	Moose Woods	372
	Muskeg Lake	375
	One Arrow	373
	Yellowquill	376
Saulteaux Band	Saulteaux	347
Sturgeon Lake	Sturgeon Lake	360
Shoal Lake of the Cree Nation	Shoal Lake	357
Thunderchild Band	Thunderchild	349
<b>Alberta Region</b>		
Blood	Standoff	435
<b>Pacific Region</b>		
Cowichan Band	Cowichan	642
Gitxsan Treaty Society	Gitanmaax	531
	Glen Vowell	533
	Kispiox	532
	Kitwancool	537
	Kitwanga	536
Lake Babine Nation	Fort Babine	607a
	Tachet	607b
	Woyenne	607c
Nisga'a Valley Health Board	Gingolx	671
	Gitwinksihlkw	679
	Gitlakdamix	677
	Lakalzap	678

**Table 12: Upcoming Health Transfer Bridge/Discussions - Fiscal Year 2000-2001**

<b>Upcoming Health Transfer Bridge/Discussions 2000/2001</b>		
Band Name/Authority	Community	Band #
<b>Atlantic Region</b>		
Eel River Bar	Eel River Bar	8
Fort Folly	Fort Folly	9
Membertou	Membertou	26
<b>Quebec Region</b>		
Mawiomi Treatment Centre Inc.	N/A	N/A
Ka-Uauitshiakanit Inc. (Malioténam TC)	N/A	N/A
<b>Ontario Region</b>		
Kasabonika First Nation	Kasabonika	210
Chippewas of Kettle & Stoney	Kettle & Stoney Point	171
Chippewas of Rama	Mnjikaning	139
Big Island	Big Island	125
Dilico Ojibway Child & Family Treatment Centre	N/A	N/A
NgawaaGan Gamig Treatment Prevention Centre	N/A	N/A
Alderville	Alderville	160
Beausoleil	Christian Island	141
Chippewas of Sarnia	Chippewas of Sarnia	172
Walpole Island	Walpole Island	170
<b>Manitoba Region</b>		
Garden Hill First Nation	Garden Hill	297
Hollow Water	Hollow Water	263
Keeseekoowenin	Keeseekoowenin	286
Oak Lake Sioux	Oak Lake Sioux	289
Pine Creek	Pine Creek	282
Rolling River	Rolling River	291

<b>Upcoming Health Transfer Bridge/Discussions 2000/2001</b>		
Band Name/Authority	Community	Band #
Keewatin Tribal Council	Brochet	308
	Taboule Lake	303
	Bird	305
	God's River	302
	God's Lake	296
	Lac Brochet	317
	Shamattawa	307
	Ilford	323
	York Landing	304
<b>Pacific Region</b>		
The Cariboo Tribal Council	Canoe Creek	723
	Dog Creek	723
	Soda Creek	716
	Williams Lake	719
Inter-Tribal Health Authority	Cowichan Lake	643
	Esquimalt	644
	Church House	552
	Hopetown	627
	Gilford Island	625
	Nanoose	649
	Kingcome	636
	Tseycum	655
Nak'azdli	Nescoslie	614
Shuswap N.T.C.S.	Bonaparte	686
	Kamloops	688
	Neskonlith	690
	Skeetchestn	687
	Clinton	702

