

## **Terms of Reference**

### **Atlantic First Nations Health Partnership Mental Wellness Committee**

#### *Medical Transportation Working Group*

### **1. Mandate and Approach**

#### **1.1 Mandate**

The *Medical Transportation Working Group* was established by the Mental Wellness Committee of the Health Partnership. For more information about the Health Partnership and the work of the Mental Wellness Committee, see Appendix 1.

This working group will provide strategic advice to the Mental Wellness Committee and the NIHB Committee on *improving NIHB medical transportation policies and practices to better support access to mental health and addiction services in the Atlantic region*. The Mental Wellness Committee will take the advice of the working group under advisement and make final recommendations to the Health Partnership Chiefs.

#### **1.2 Approach to the work**

*Understand how NIHB medical transportation policies and practices work, define what we do and do not have influence over and the process required for change*

1. Clarify:
  - a. The specifics of NIHB medical transportation policies and practices.
  - b. What can and what cannot be changed according to FNIHB Terms and Conditions.
  - c. The specific approach needed to request changes to NIHB policies and practices.
  - d. Who else is working on this issue (regionally and nationally), what they have recommended for changes, the processes underway for change and the status of these requests.

*Understand barriers and challenges in accessing mental health services due to NIHB medical transportation policies and practices*

2. List needs and opportunities for improving medical transportation policies and practices based on:
  - Stakeholder perspectives embedded in reports from the region
  - Data/evidence, if/where available
  - Recommendations for change requested/underway via the NIHB committee of the Health Partnership
  - Recommendations for change requested/underway via the Eldercare Working group.
  - Recommendations for change requested/underway via the national/AFN level.
  - Best practice from other regions, if/where available

This needs to consider similarities and differences within all four provinces.

*Suggest ways to improve medical transportation policies and practices*

3. Draft recommendations for change.
4. Present and seek feedback on draft findings and recommendations to Health Directors, Treatment Centre directors, the Mental Wellness Committee and the NIHB Committee. Make changes based on feedback from partners.
5. Share final recommendations with the Mental Wellness Committee and NIHB Committee.

## **2. Membership, Guests, Roles and Responsibilities and Conflict of Interest**

### **2.1 Membership**

The *Medical Transportation Working Group* strives for membership that supports informed decision-making with respect to:

- First Nations cultural knowledge and healing practices.
- The diversity of First Nations communities across all provinces in the region.
- The strengths, experience and needs of medical transportation at the First Nations community level, from the perspective of clients, drivers, coordinators and other informed voices.

Representation will reflect the commitment to demonstrate a First Nations-led, strengths-based change process that keeps First Nations people at the centre of all initiatives. The Mental Wellness committee will review the working group membership and representation based on these factors, not by member names.

In 2016, this working group will be made up of a maximum of 7 people. One FNIHB staff will officially sit on this Working Group. Supporting members of the working group include:

- The Mental Health and Addiction Policy Analyst and secretarial staff from APC,
- The working group facilitator.

### **2.2 Guests**

Additional FNIHB staff may be invited depending on the focus of discussion or to perform ceremonies. An Elder or knowledge keeper may be invited to participate in the meeting, share knowledge or perform ceremonies. The Elder is free to provide guidance and take part in discussions. At the discretion of APC, the invited Elder will be reimbursed for travel expenses.

### **2.3 Roles & Responsibilities of Members**

All the working group members OR their designated alternates will:

- Attend regularly scheduled meetings;
- Review materials prior to meetings;
- Be prepared to participate in discussions;
- Carry out specific assigned tasks

APC secretariat support includes:

- Organizing meeting logistics;
- Providing advice on the development of meeting agendas with the facilitator;
- Preparing and disseminating meeting packages and materials in advance of meetings;
- Remunerating First Nations members of the working group, according to APC financial policies;
- Recording meeting decisions and actions, and preparing and distributing minutes;
- Providing general policy and procedural support.

## **2.4 Conflict of Interest**

Each member must ensure that he/she does not personally benefit in any way from their official action as a member of the working group. Any member, whose participation in a discussion could lead to a conflict of interest, real or perceived, will declare the potential conflict of interest and the member will excuse himself/herself from the discussion.

## **3. Decision-making, Attendance and Record of Decisions**

### **3.1 Decision-making**

This is a working group, not a committee. Whenever possible, decisions will be made by consensus. Meetings will be facilitated, supported by dialogue and collaborative processes. Decisions will be proposed by the group through these processes with consensus confirmed by the facilitator among group members.

In the event that consensus is not possible, differing voices will be shared in the record of meeting. Group members are asked to designate an alternative. The designated alternate will attend the meeting if the regular member cannot.

### **3.2 Attendance**

A quorum is required for the meeting to proceed and for decision-making. This is defined, in this case, as 50% of working group members. Should challenges to attendance limit decision-making, the quorum requirement or the working group membership will be reviewed. Meeting dates will be set and shared in advance to assist with participation.

Members who miss two (2) consecutive meetings without proper notice, valid reason and who have not sent an alternate will be contacted in writing by the APC working group's secretariat requesting clarification of participation. If three consecutive meetings are missed the APC secretariat will request the member be replaced.

### **3.3 Record of Decisions**

A record of discussion and summary of decisions and actions will be compiled by the secretariat and shared with group members, the Mental Wellness Committee and the NIHB Committee within two weeks of meeting, whenever possible.

The Mental Wellness Committee reserves the right to not implement a decision of the working group. In the case where a decision of the working group cannot be

implemented, the Mental Wellness Committee will share this rationale back to the working group.

#### **4. Tasks and Timelines**

The Terms of Reference (TORs) for this working group will be shared with the Mental Wellness Committee and a decision made as to their acceptance. A summary of meeting activities and key deliverables will be shared with the Mental Wellness Committee by the end of May, 2016 for acceptance, in writing. A maximum of four meetings will be held within the fiscal year. Three of these will be face-to-face whenever possible. Participants may join in by phone (if necessary) and one meeting can be held via teleconference.

#### **5. Approval and Amendment**

Terms of Reference amendments must be approved by the Mental Wellness Committee.

## **Appendix 1: Atlantic Health Partnership and Mental Wellness committee**

**The Health Partnership's purpose** is to improve the health and wellbeing of Atlantic First Nations through participation of First Nations in the planning, management, and delivery of programs and services funded or delivered by FNIHB Atlantic.

**The Mental Wellness Committee's work** is focused on the following programs:  
Mental Health and Suicide Prevention

- Brighter Futures
- Building Healthy Communities
- National Aboriginal Youth Suicide Prevention Strategy

Substance Abuse Prevention and Treatment

- National Native Alcohol and Drug Abuse Program
- Drug Utilization Prevention and Promotion (DUPP)
- Canada Drug Strategy / National Anti-Drug (NAD) Strategy
- Prescription Drug Abuse Program

Indian Residential Schools Resolution Health Support

In this work, the Mental Wellness Committee discusses the planning, management, and delivery of specified programs and services. When the matter is within the authority/discretion of FNIHB Atlantic and within the Health Partnership's scope of decision making, the committee may recommend decisions related to:

- Providing input to the development of FNIHB Atlantic's annual program work plan(s);
- Allocating FNIHB resources (including the development of funding criteria and project proposal solicitation processes, and funding distribution);
- Submitting regional input on national policy/program design;
- Evaluating FNIHB Atlantic programs;
- Determining areas of focus and approach for capacity development;
- Developing strategic action plans to address Atlantic Chiefs health priorities;
- Collaborating with external partners;
- Formulating regional procedures/processes (that adhere to national policy) for access to FNIHB programs and services; and
- Developing regional communication mechanisms to ensure that clients and communities (including health staff and political leadership) are informed about the FNIHB programs/services and associated changes, and have opportunities to shape them.