

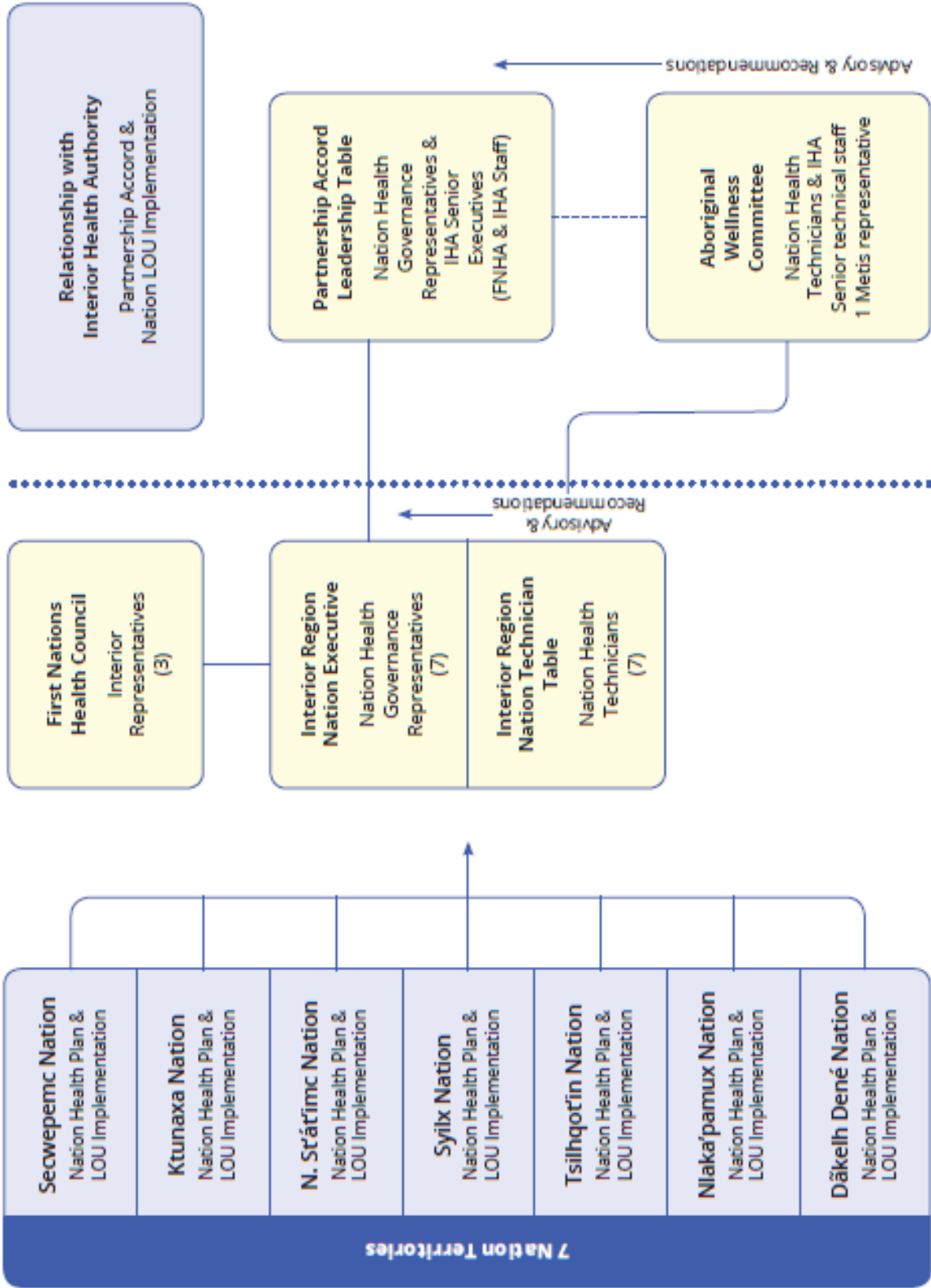
## **INTERIOR REGION HEALTH GOVERNANCE ENTITIES**

### **TERMS OF REFERENCE**

***Approved March 18, 2014 by Interior Region Caucus  
Amended November 5, 2014 by Interior Region Caucus  
Amended November 5, 2015 by Interior Region Caucus  
Amended October 26, 2016 by Interior Region Caucus  
Amended November 15, 2018 by Interior Region Caucus***



Interior First Nations Health Caucus - 54 Communities



## **Interior First Nations Health Governance Entities**

### **Interior Regional Caucus:**

The Interior Region First Nations Community Health Caucus table provides a forum for the 54 First Nations of the Interior Region to engage with each other for purposes of planning, priority setting and decision-making related to regional health matters. The Health Caucus provides guidance to the Interior Region Nation Executive, Partnership Accord Leadership Table and provides advice and recommendations to the FNHC, FNHA and FNHDA along with approval of region specific documents.

### **7 Interior Nations:**

The province is broken down into five geographic regions for the purposes of health care service delivery. The Interior Region coincides with the boundaries of the Interior Health Authority and is comprised of 7 distinct Nations: Dākelh Dené, Ktunaxa, Secwepemc, Syilx, St'át'imc, Tsilhqot'in and Nlaka'pamux. Each of the 7 Nations has a Nation Health Plan and Letter of Understanding with Interior Health. Issues or interests that are common to the Nations are addressed in a collaborative manner.

### **Interior Region Nation Executive:**

The Interior Region Nation Executive Table is comprised of one representative from each of the 7 Nations of the Interior Region, and acts as an Executive body to the Interior Region Caucus, carrying out directions in between Caucus sessions. The Executive Table offers a more equitable decision-making capacity for Interior First Nations and gives regional direction to the First Nations Health Council.

### **First Nations Health Council Interior Representatives:**

The FNHC is comprised of 15 members, with 3 members appointed by the First Nations resident in each of the 5 geographic Health Authority regions of the province. The 54 First Nation Communities of the Interior Region, through the Caucus, appoint their 3 representatives to the Health Council from amongst the 7 Nation representatives who form the Interior Region Nation Executive.

### **Interior Region Nation Technicians Table:**

The Interior Region Nation Technicians Table is comprised of one representative from each of the 7 Nations of the Interior Region and acts as an advisory body to the Interior Region Nation Executive providing recommendations to the Interior Region Nation Executive Table on concerns common to the region.

### **Partnership Accord Leadership Table:**

The Partnership Accord Leadership Table is comprised of Senior Officials from Interior Health Authority along with the 7 Nation representatives of the Interior Region Nation Executive. The Partnership Accord Leadership Table is a decision-making body that provides direction and oversees the implementation of the Partnership Accord. The Table serves as a senior and influential forum for partnership, collaboration, and joint efforts on First Nation and Aboriginal priorities, policies, budgets, programs and services in the Interior Region.

### **Aboriginal Wellness Committee:**

The Aboriginal Wellness Committee is comprised of Senior Management from Interior Health Authority, First Nations Technicians appointed by the 7 Nations of the Interior Region and one Metis Representative. The Aboriginal Wellness Committee provides advice and recommendations to Interior Health Authority and the Partnership Accord Leadership Table on matters pertinent to the improvement of health and health services for Aboriginal people.

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## Preamble:

- A. In 2010, Interior First Nations signed the Unity Declaration to affirm each Nations' commitment to work together for the betterment of the health, safety, survival, dignity and wellbeing of our peoples.
- B. In May 2011, First Nations in BC adopted *Resolution 2011-01* and the *Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement*. With this decision, First Nations in BC endorsed the *Tripartite Framework Agreement on First Nation Health Governance* and set out the standards and instructions for a new health governance arrangement.
- C. In November 2012, Interior First Nations and the Interior Health Authority entered into the Interior Partnership Accord. The Accord affirms a commitment to work together to establish a coordinated and integrated First Nations health and wellness system in the Interior region. An evaluation was completed on the first Partnership Accord and informed the renewal of the Accord for an additional five years.
- D. First Nations of the Interior region have committed to regional structures and processes to better coordinate the planning, design and delivery of health programs and services. These structures and processes are described in greater detail in these Terms of Reference.

## Purpose:

- A. The purpose of these Terms of Reference is to describe the roles, responsibilities and accountabilities of each entity operating within the health governance structure of the Interior region. These entities include:
  - Interior Region First Nations Community Health Caucus (54 Communities – *Interior Caucus*)
  - Interior Nation Health Assemblies (7 Nations – *Assemblies*)
  - Interior Region Nation Executive Table (Executive – *Regional Table*)
- B. These Terms of Reference define reciprocal accountability as a shared responsibility to achieve common goals – each entity operating within the health governance structure is responsible for reporting on progress, sharing information, and developing common positions and perspectives to advance.
- C. These Terms of Reference define a Community-Driven and Nation-Based Engagement and Approval Pathway to ensure decisions of Interior Nations are informed and consensus-based.
- D. These Terms of Reference describe the relationship of each entity operating with the health governance structure as it relates to information sharing, consensus-building, decision-making and the provision of advice on the planning, design and delivery of health programs and services.
- E. To promote the principles and purposes of the Unity Declaration.

## Our Values, Principles and Directives:

The Nations of the Interior will work together in ways which promote our values of collaboration, trust, inclusion, celebration and innovation.

The Nations of the Interior have entered into a Declaration of Unity that sets out principles for Interior Nations to work together for the betterment of the health, safety, survival, dignity and wellbeing of our peoples (See *Appendix A*).

The Nations of the Interior have endorsed the 7 Directives that describe the fundamental standards for First Nations health governance in BC (See *Appendix B*).

## Parties, Roles and Responsibilities:

### A. Interior Region First Nations Community Health Caucus (54 Communities – Interior Caucus)

The Interior Caucus provides a forum for the 54 First Nations of the Interior region to share information, develop common positions, perspectives and priorities, set direction on regional health matters, nominate and appoint representatives to regional and provincial bodies, coordinate Nation and regional health and wellness planning, and set direction for the implementation of the Interior Partnership Accord.

- I. **Caucus Mission:** We will assure the development of a comprehensive and inclusive Health Governance Framework that leads to the establishment of a people first, community driven and nation based BC First Nation Health Authority.
- II. **Caucus Membership:** The 54 First Nation communities of the Interior region (as listed in *Appendix C*) are members of the Interior Caucus with one vote per First Nation community. There will be one political representative or proxy and one technical representative per First Nation community as determined by the community. The decision rights rest with the designated First Nation representative or proxy as determined by the community.
- III. **Meetings:**
  - a. **Meeting Frequency:** The full Interior Caucus will meet two times per year.
  - b. **Quorum:** A quorum of the Interior Caucus will be those First Nation communities present.
  - c. **Proxy:** In the event a First Nation leader is unable to attend and would like to have representation at the meeting, the First Nation must send a letter or copy of a resolution to be presented at time of registration with a designated representative that has the authority to make decisions at the caucus meeting on behalf of their First Nation. A proxy holder may represent more than one First Nation.
  - d. **Decision-Making:** The Interior Caucus will work to achieve consensus on issues identified and discussed – no common position or action is claimed unless caucus members can support the position or action. When consensus is not possible, the meeting minutes will reflect the dissenting points of views. If a decision is required, decisions will be made by a majority of votes of those First Nation communities present and follow the decision-making framework described in *Appendix D*. In the event of a dispute, the affected parties will seek to resolve the dispute in accordance with processes described in these Terms of Reference or other processes determined by the affected parties following appropriate political protocol or custom.

- e. **Meeting Records:** The meeting minutes will include a record of decisions, action items and summary minutes to be distributed to members of the caucus and provided to the Interior Region Nation Executive for follow-up.
- f. **Reimbursement:** The travel costs for one political representative and one technical representative from each First Nation will be covered by the First Nations Health Authority in accordance with **applicable** community travel policies.
- g. **Meeting Dates and Agendas:** The meeting dates and agendas will be set by the Interior Region Nation Executive and notices provided to caucus members at least one month in advance of the meeting dates.
- h. **Appointment of Chair and Alternate Chair:** The IRNE selects a Chair and Alternate Chair from amongst the seven appointed Nation representatives. See Appendix F for Roles and Responsibilities. The IRNE shall appoint a Chair and Deputy Chair from amongst its members at a duly convened meeting, as follows:
  - i. An IRNE member will nominate another member to serve as Chair or Alternate Chair
  - ii. Each nominee either accepts or refuses the nomination
  - iii. Should only one IRNE member be nominated for the role of Chair or Alternate Chair, the IRNE shall move, second, and pass a motion appointing that individual to the office of Chair or Alternate Chair for the term of two years.
  - iv. Should more than one IRNE member be nominated for the role of Chair or Alternate Chair, the nominees will be afforded an opportunity to speak to the IRNE and following, the IRNE members present will vote by show of hands or verbally in roundtable for the nominees; the IRNE will then move, second, and pass a motion to appoint the successful candidate to the office of Chair or Alternate Chair for a two year term.
  - v. In the event that the Chair or Alternate Chair ceases to serve as an IRNE member prior to the end of the term, the IRNE shall undertake an appointment process for the position of Chair or Alternate Chair.

IV. **Purpose:**

- a. To engage with each other as First Nations and to reach out to First Nations of the Interior to ensure that all communities achieve the same level of participation in meetings and achieve the same level of readiness.
- b. To receive reports from the FNHC, FNHDA, FNHA and IHA.
- c. To review, amend and approve the Interior Region Health and Wellness Plan.
- d. To apply the Interior investment principles to ensure resources are used in the most effective and efficient manner possible.
- e. To provide guidance on the redesign of community and regional health programs and services.
- f. To provide direction to the IRNE and representatives of the FNHC.
- g. To provide direction to the PALT in the implementation of the Interior Partnership Accord.



- h. To elect three members from the IRNE to serve as Interior region representatives to the FNHC for a term to be determined at the time of appointment.
- i. To nominate candidates for the regionally representative FNHA board member position.
- j. To share good practices and progress towards achieving health and wellness outcomes.
- k. To promote the Interior Unity Declaration.
- l. To establish and sustain effective communication with all Interior First Nations.
- V. **Dispute Resolution:** In the event of a dispute, the affected parties will seek to resolve the dispute in accordance with processes described in *Appendix E*.
- VI. **Appointment of FNHC Representatives:** The Interior Caucus undertakes a process to appoint its Interior region representatives to the FNHC, per the selection process guidelines in *Appendix G*.

## B. Interior Nation Health Assemblies (7 Nations – Assemblies)

In accordance with the Unity Declaration in *Appendix A*, the 54 First Nations of the Interior region have agreed to work under a model that is Community-driven and Nation-based. The Dākelh Dené, Ktunaxa, Secwepemc, Syilx, St'át'imc, Tsilhqot'in and Nlaka'pamux will develop Nation Health and Wellness Plans, host Nation Health Assemblies, appoint a representative to the Interior Region Nation Executive, and work collaboratively on issues of common interest.

- I. Each Nation will host a Nation Health Assembly to ensure member communities are engaged in health and wellness planning, priority-setting and consensus-building processes of the region and to ensure that no community is left behind.
- II. Each Nation will develop a Nation Health and Wellness Plan that builds on community health plans and, where possible, proposes areas for alignment with the Interior Region Health and Wellness Plan. The Nation Health and Wellness Plan will be reviewed by member communities and approved at a Nation Health Assembly.
- III. In accordance with Nation processes, each Nation will appoint a representative to the IRNE for a term to be determined at the time of appointment. The FNHC will be provided a Nation resolution signed by member communities confirming the appointment.
- IV. **Meetings:**
  - a. **Meeting Frequency:** Assemblies will be held a minimum of two times per year.
  - b. **Voting:** Each of the First Nation communities belonging to the Nation (as listed under *Appendix C*) will have one vote at an Assembly. The Assembly participants will work to achieve consensus on issues identified and discussed. If a decision is required, decisions will be made in accordance with procedures determined by the Nation.
  - c. **Meeting Dates and Agendas:** The meeting dates and agendas will be set by the Nation and notices provided to caucus members at least one month in advance of the meeting dates. When possible, Assemblies will be held in advance of caucus meetings.
- V. **Purpose:** Each Nation will define the purpose of Nation Assemblies in accordance with Nation processes and guided by the general purposes described below:
  - a. To engage with each other as Nation member communities to confirm common positions, priorities and perspectives.

- b. To identify and discuss health-related issues that their Nation member communities may have and to, when unable to resolve issues within the Nation, bring the issue forward through their Nation representative for further discussion by the IRNE or Interior Caucus.
  - c. To review, amend and approve Nation Health and Wellness Plans.
  - d. To appoint a Nation representative to the IRNE.
  - e. To provide direction to the Nation representative to the IRNE.
  - f. To receive reports from the Nation representatives on the implementation of the Letter of Understanding with IHA.
  - g. To share good practices and progress towards achieving health and wellness outcomes.
  - h. To promote the Interior Unity Declaration.
- VI. Where communities are located on/near Regional Health Authorities boundaries, or Nations whose territories encompass more than one Regional Health Authority, effected Regional Health Authorities are encouraged to meet with Nations annually to ensure an appropriate level of service delivery.

### **C. Interior Region Nation Executive Table (Executive – Regional Table)**

Due to the large size of the Interior Region and the high number of First Nation communities resident within the Region, the IRNE has been established by the Dākelh Dené, Ktunaxa, Secwepemc, Syilx, St'át'imc, Tsilhqot'in and Nlaka'pamux – this table will function as the 'regional table'.

The scope of the IRNE encompasses strategic direction that is intended to address the needs of Interior First Nations. The IRNE provides leadership and guidance in resolving health program and service policy issues. The IRNE functions as a governance forum to facilitate the achievement of Interior First Nation's wellness plan priorities related to policy, programs, services, capacity and resources.

- I. The IRNE acts as an executive body to the Interior Caucus by:
  - a. Carrying out directions in between caucus meetings
  - b. Ensuring that the FNHC is accountable and responsive to regional issues
  - c. Interfacing with Interior health director representatives
  - d. Interfacing with IHA through PALT in the implementation of the Interior Regional Partnership Accord
  - e. Consistently attending meetings
- II. Executive Membership consists of one member from each Nation, selected in accordance with Nation-approved processes and appointed through resolution, signed by authorized Nation representatives (Tribal Council Motion or Resolution).
- III. IRNE Members are expected to attend all IRNE meetings, and be punctual. Attendance will be recorded in the minutes of each IRNE meeting. Any IRNE member that meets one of the following conditions will be referred back to the Nation:
  - a. Has two un-notified absences in a row;
  - b. Has three notified absences in a row; or
  - c. Misses one-third of the total number of IRNE meetings in a twelve-month period

- IV. In order to ensure that full participation is maintained at the Executive Table, Nations may choose an Alternate representative to the Executive Table to attend meetings when the designated representative is unable to attend, provided the alternate is an official that has been designated with the authority to make decisions at this table, on behalf of the Nation.
- V. When an Alternate is chosen, a resolution or motion will be provided to the Executive Table informing them of the expanded representation and the Alternate will from that point forward, receive all communications that Executive members receive, related to this role.
- VI. Members and Alternates are responsible for bringing forward issues of concern to their Nation and for reporting back to their Nations on the activities of the IRNE, PALT and FNHC within a timeframe agreed upon by their Nation.
- VII. **Meetings:**
  - a. Executive Meetings will be held a minimum of 4 times per year, and may be either in person, or through video or teleconference.
  - b. Quorum at Executive meetings will be 5 Members.
  - c. The Executive members will attempt to achieve consensus on all matters requiring a decision.
  - d. If voting occurs, a resolution will pass with a minimum of 4 of those members present, voting in favor of the resolution.
  - e. Each of the Members belonging to the Executive will have 1 vote at meetings.
  - f. Funding will be provided to cover the travel and accommodation costs for one appointed Nation representative from each of the seven Interior Nations except when there is a change in Nation representation where both members may attend up to two consecutive meetings to ensure an informed transfer of duties.
  - g. Technical support to the table will be provided by the Interior Regional Office. Funding will be provided to cover the travel and accommodation costs for one technician invited to the table by their Nation.
  - h. **Meeting Records:** The meeting minutes will include a record of decisions, action items and summary minutes to be distributed to Interior Chiefs following each meeting.
  - i. **Meeting Dates and Agendas:** The meeting dates and agendas will be set by the Executive Members.
  - j. **Appointment of Chair and Alternate Chair:** The IRNE selects a Chair and Alternate Chair from amongst the seven appointed Nation representatives. See Appendix F for Roles and Responsibilities. The IRNE shall appoint a Chair and Deputy Chair from amongst its members at a duly convened meeting, as follows:
    - i. An IRNE member will nominate another member to serve as Chair or Alternate Chair
    - ii. Each nominee either accepts or refuses the nomination

- iii. Should only one IRNE member be nominated for the role of Chair or Alternate Chair, the IRNE shall move, second, and pass a motion appointing that individual to the office of Chair or Alternate Chair for the term of two years.
- iv. Should more than one IRNE member be nominated for the role of Chair or Alternate Chair, the nominees will be afforded an opportunity to speak to the IRNE and following, the IRNE members present will vote by show of hands or verbally in roundtable for the nominees; the IRNE will then move, second, and pass a motion to appoint the successful candidate to the office of Chair or Alternate Chair for a two year term.
- v. In the event that the Chair or Alternate Chair ceases to serve as an IRNE member prior to the end of the term, the IRNE shall undertake an appointment process for the position of Chair or Alternate Chair.

**VIII. Purpose:**

- a. To receive reports from the Interior representatives to the FNHC.
- b. To provide direction to the Interior representatives to the FNHC.
- c. To develop a regional work plan.
- d. To review and provide direction to the development of the Interior Regional Health and Wellness Plan.
- e. To receive reports from the FNHA and provide direction to the Interior Regional Office.
- f. To receive reports from IHA and provide direction to the implementation of the Interior Partnership Accord.
- g. To share good practices and progress towards achieving health and wellness outcomes.
- h. To identify and discuss health-related issues that a member Nation may have, and when unable to address the issue within the region, bring the issue forward through their representatives to the FNHC for resolution.

**Interior Engagement and Approvals Pathway:**

The Nations of the Interior will work to build consensus on health matters in a manner that is Community-driven and Nation-based. The health governance structure of the Interior region enables us to engage with each other as First Nations to confirm common positions, priorities and perspectives. If a decision will have an impact on all Nations in the region, the leadership of each of those Nations will have the opportunity to participate in the decision. The decisions made at the Interior Caucus are based on consensus – each First Nation leader has the opportunity to consider the decision and provide feedback to that decision.

Through the Pathway, the Interior region is able to use the extensive community engagement network to enact the Community-driven, Nation-based directive. The Pathway enables community guidance to inform Nation perspectives that in turn inform regional strategic direction. At each stage of the Pathway, we gather feedback and begin to build consensus on specific issues, themes and decisions of the Interior region.

### **Amendments and Review of Terms of Reference:**

The terms of reference may be reviewed at least once per year at a regular meeting of the Interior Caucus. The terms of reference will be maintained as a living document. Any member of the Interior Caucus may submit a formal motion for an amendment of these terms of reference. The formal motion for amendment shall be presented to the Interior Caucus for review and approval. Such amendments shall apply following the approval of the motion.

## Appendix A – Unity Declaration:

**Whereas**, the First Nations of the Interior of British Columbia endorse the UN Declaration on the Rights of Indigenous People which affirms that *Indigenous peoples have the right to the lands, territories and resources which they have traditionally owned, occupied or otherwise used or acquired*; and that

*Indigenous peoples have the right to maintain and strengthen their distinct political, legal, economic, social and cultural institutions, while retaining their right to participate fully, if they so choose, in the political, economic, social and cultural life of the State*; and further that

*Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development; and ...in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs; and*

**Whereas**, the title and rights of First Nations of British Columbia have been intact since time immemorial and remain intact, despite numerous attempts by other governments to disregard or otherwise extinguish these rights; and

**Whereas**, historically, First Nations of the Interior acknowledged each other's autonomy, collectively stating in a letter to Sir Wilfred Laurier in 1910 that *...they found the people of each tribe supreme in their own territory, and having tribal boundaries known and recognized by all* and more recently reaffirmed this spirit and intent in the All Our Relations accord of 2007; and

**Whereas**, the Nations of the Interior of British Columbia: Okanagan, Secwepemc, Tsilhqot'in, Nlaka'pamux, St'át'imc, Ktunaxa and Southern Carrier of the Interior wish to reaffirm and build upon these historic agreements; and

**Whereas**, the Nations of the Interior continue to recognize the sovereignty of each Nation and their inherent rights for their citizenry, which includes the right to plan for and respond to their specific social, cultural, economic and environmental realities with support and investment, not interference, from outside sources; and

**Whereas**, the First Nations of the Interior of British Columbia, as Indigenous Nations, each assert their authority to govern over both their lands (territorial jurisdiction) and their peoples (personal jurisdiction) and to relate Nation-to-Nation with the government of Canada and government-to-government with the government British Columbia; and

**Whereas**, the Nations have stated their desire to establish and maintain a desired level of *capacity* in the areas of health research, health career development, health service delivery (including traditional practices), information management and *governance* (health planning, administration, policy/program design and implementation and...), in order to achieve their individual and collective Nation visions.

**THEREFORE**, the Nations of the Interior hereby declare that we will respectfully work together, collaborating for the betterment of the health, safety, survival, dignity and well-being of all of our peoples; and further

**THAT** we will be guided by the following principles while working together:

- Health and Wellness Outcomes and Indicators will be defined by each Nation
- Partnerships will be defined by each Nation
- Agreements will be negotiated and ratified by the Nations
- No Nation will be left behind; needs are addressed collectively
- The federal fiduciary obligation must be strengthened, not eroded
- Services will be provided to all of our people regardless of residency/status
- Adequate funding will be provided for our corporate structure(s)
- Socio-economic indices will be incorporated into planning and projections – plan for 7 Generations
- Negotiations will be interest based - not position based (Nations define)
- Community hubs will be linked to the health governance process
- Documents will be kept simple and understandable
- The Interior Leadership caucus will meet regularly
- Liability will be minimized; the Nations will inherit no liability from other entities
- Celebration will be included in all activities
- The speed at which development occurs will be determined by the Nations
- The authority to govern rests with each Nation, as does the responsibility for decision-making

## **Appendix B – Seven Directives:**

### **Directive # 1 – Community Community-Driven, Nation-Based**

- The Community-Driven, Nation-Based principle is overarching and foundational to the entire health governance arrangement.
- Program, service and policy development must be informed and driven by the grassroots level.
- First Nations community health agreements and programs must be protected and enhanced.
- Autonomy and authority of First Nations will not be compromised.

### **Directive # 2 – Increase First Nations Decision-Making and Control**

- Increase First Nations influence in health program and service philosophy, design and delivery at the local, regional, provincial, national and international levels.
- Develop a wellness approach to health including prioritizing health promotion and disease and injury prevention.
- Implement greater local control over community-level health services.
- Involve First Nations in federal and provincial decision-making about health services for First Nations at the highest levels.
- Increase community-level flexibility in spending decisions to meet their own needs and priorities.
- Implement the OCAP (ownership, control, access and possession) principle regarding First Nations health data, including leading First Nations health reporting.
- Recognize the authority of individual BC First Nations in their governance of health services in their communities and devolve the delivery of programs to local and regional levels as much as possible and when appropriate and feasible.

### **Directive # 3 – Improve Services**

- Protect, incorporate and promote First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into all health programs and services that serve BC First Nations.
- Improve and revitalize the Non-Insured Benefits program.
- Increase access to primary care, physicians, nurses, dental care and other allied health care by First Nations communities.
- Through the creation of a First Nations Health Authority and supporting a First Nations population health approach, First Nations will work collectively to improve all health services accessed by First Nations.
- Support health and wellness planning and the development of health program and service delivery models at local and regional levels.

### **Directive # 4 – Foster Meaningful Collaboration and Partnership**

- Collaborate with other First Nations and non-First Nations organization and governments to address social and environmental determinants of First Nations health.
- Partnerships are critical to our collective success. First Nations will create opportunities through working collaboratively with federal, provincial, and regional partners.



- Foster collaboration in research and reporting at all levels.
- Support community engagement hubs.
- Enable relationship-building between First Nations and the regional health authorities and the First Nations Health Authority with the goal of aligning health care with First Nations priorities and community health plans where applicable.

#### **Directive # 5 – Develop Human and Economic Capacity**

- Develop current and future health professionals at all levels through a variety of education and training methods and opportunities.
- Result in opportunities to leverage additional funding and investment and services from federal and provincial sources for First Nations in BC.
- Result in economic opportunities to generate additional resources for First Nations health programs.

#### **Directive # 6 – Be Without Prejudice to First Nations Interests**

- Not impact on Aboriginal Title and Rights or the treaty rights of First Nations, and be without prejudice to any self-government agreements or court proceedings.
- Not impact on the fiduciary duty of the Crown.
- Not impact on existing federal funding agreement with individual First Nations, unless First Nations want the agreements to change.

#### **Directive #7 – Function at a High Operational Standard**

- Be accountable, including through clear, regular and transparent reporting.
- Make best and prudent use of available resources.
- Implement appropriate competencies for key roles and responsibilities at all levels.
- Operate with clear governance documents, policies, and procedures, including for conflict of interest and dispute resolution.

## Appendix C – Interior First Nations:

Nation	Member Communities
Dǎkelh Dene	Lhoosk'uz Dene' Nation*, Lhtako Dene Nation*, Nazko First Nation and Ulkatcho Indian Band
Ktunaxa	Akisiq'nuk First Nation, Lower Kootenay Indian Band, St. Mary's Indian Band, Tobacco Plains Indian Band
Secwepemc	Adams Lake Indian Band, Bonaparte Indian Band, Canim Lake Indian Band, Esketemc First Nation, High Bar Band, Little Shuswap Lake Indian Band, Neskonlith Indian Band, Stswecem'c Xgat'tem, Shuswap Indian Band, Simpcw First Nation, Skeetchestn Indian Band, Splatsin, T'kemlups Indian Band, Whispering Pines/Clinton First Nations, Williams Lake Indian Band, Xatsull First Nation and (Ts'kw'aylaxw First Nation)
Syilx	Lower Similkameen Indian Band, Okanagan Indian Band, Osoyoos Indian Band, Penticton Indian Band, Upper Nicola Band, Upper Similkameen Indian Band, and Westbank First Nation
St'át'imc	Xwisten, Sekw'el'was, Tsalahh, <b>Tsal'alh</b> , T'it'q'et, Xaxli'p, and (Ts'kw'aylaxw First Nation)  <b>Note:</b> Lil'wat, N'Quatqua, Samahquam, Skatin, and Xáxtsa are also part of the Nation but are located in the Vancouver Coastal Region.
Tsilhqot'in	?Esdilagh*, Tl'esqox, Tl'etinqox Government, Tsi Del Del, Yunesit'in Government, and Xeni Gwet'in First Nation Government
Nlaka'pamux	Ashcroft Indian Band*, Coldwater Indian Band, Cooks Ferry, Kanaka Bar Indian Band, Lower Nicola Indian Band, Lytton First Nation, Nicomen Indian Band, Nooaitch, Oregon Jack Creek, Shackan, Siska, and Skuppah Indian Band  <b>Note:</b> Boothroyd Indian Band, Boston Bar First Nation, and Spuzzum First Nation are also part of the Nation but are located in the Fraser Region. Boothroyd Indian Band participates in the Fraser Region-FNHA Process

\*these two communities fall in the Northern Health region

## Appendix D – Interior Decision-Making Framework:

### Scope of Decision-Making Authority:

The Interior Caucus undertakes discussions and decisions on issues along a spectrum from local to provincial levels:

- To **provide support locally** the Interior Caucus may call upon the IRNE or FNHC representatives to support or advocate on local issues.
- To **provide direction regionally** the Interior Caucus may provide guidance to the IRNE and the PALT, amend and approve the Interior Health and Wellness Plan, develop or amend regional governance structures and processes, confirm regional positions or priorities, and provide direction to region-specific initiatives.
- To **provide influence provincially** the Interior Caucus nominates a regionally representative director to the FNHA board and appoints and provides direction to FNHC representatives. In addition, the Interior Caucus provides influence provincially in the following ways:
  - When a decision is required on province-wide governance standards, structures, processes or agreements, the Interior Caucus participates in the Engagement and Approvals Pathway to ensure decisions are made at Gathering Wisdom for a Shared Journey are informed and consensus-based.
  - In certain cases, the Interior Caucus may discuss and provide direction on issues, positions or priorities that require further discussion amongst Chiefs in Assembly at the Union of BC Indian Chiefs, First Nations Summit and Assembly of First Nations.

### Tools for Decision-Making:

The Interior Caucus has different tools to make decisions depending on the type of issue, how broadly the issue affects or applies to the Interior region and Interior Caucus, who holds responsibility for implementation, and the expected timeframe for resolving the issue.

The Interior Caucus will work to achieve consensus on issues identified and discussed. If a decision is required, decisions will be made by a majority of votes of those First Nation communities present. The Interior Caucus acknowledges that many issues can be resolved through regular communication and correspondence, community and regional planning, and working with the regional office, a more formal form of decision-making may be required to address or advance consensus positions, priorities or issues.

In these cases, the next step in the decision-making process is to identify potential solutions – these include:

- **Advocacy and Relationships:** Sharing information with appropriate representatives of the IRNE, PALT, FNHC and FNHDA for clarification and advancement.
- **Letter or Briefing Note:** An approved memorandum from the Interior Caucus that may contain analysis and advice and solutions, recommendations and specific courses of action. An approved memorandum is shared with the FNHA, IHA or other organizations as a means to support planning and decision-making.
- **Motion:** A motion is defined as a verbal proposal that is less formal than a resolution and generally more procedural and administrative in nature.

- **Resolution:** A resolution is defined as a written statement that provides advice and direction on region-specific issues – it has broad-based impact across the Interior region and serves as the mandating process on issues within the purview of the Interior Caucus.

### **Resolution Policy:**

The Resolution Policy provides a framework for formal decision-making of the Interior Caucus. As resolutions have broad-based impact, a resolution must be based on common perspectives, positions and priorities. A resolution applies to issues within the purview of the Interior Caucus – this includes:

- The adoption of region-specific documents
- The provision of regional advice
- The nomination and/or appointment of individuals to regional and provincial bodies:
  - Interior Region Nation Executive
  - Regional First Nations Health Authority Board nominations
  - First Nations Health Council regional representatives
  - Interior Health Authority Board of Directors

### *Eligibility:*

- Voting members (Chiefs or proxies) of the Caucus, as described in the Terms of Reference, are eligible to propose, move, or second resolutions at the Caucus, in accordance with this policy.
- All caucus resolutions are subject to this policy.
- Resolutions are intended to advance the work and interests of the region.

### *Form and Submission:*

- A resolution is for the purpose of addressing important or complex issues in a formal way. Resolutions must always be provided in writing. If an issue is presented orally, it becomes a motion, not a resolution.
- It is desirable and preferable that a resolution be made up of two parts. The first part called the “Whereas” section is a statement of the problem or decision to be addressed, relevant and factual background information, and the reason(s) for the resolution. The second part is the “Therefore Be It resolved” section of the resolution, and states what is desired to bring about possible resolutions of the problem or decision to be addressed.
- Voting members (Chiefs or proxies) of the Caucus may submit resolutions for consideration of the regional Caucus to the Interior Regional Director.

### *Review of Resolutions:*

- The IRNE will review resolutions submitted in order to:
  - Ensure all resolutions are eligible, correctly written, and in the proper form.
  - Take steps to clarify and research resolutions received, including requesting clarification from the resolution proponent in terms of wording, intent, background information, or other matters as required.
  - To work with the resolution proponent to include additions, make amendments or combine with other resolutions (if resolutions are of similar topic and intent).
  - Support the drafting of resolutions as needed to productively advance and guide the work of the Caucus.
  - Determine the order that the resolutions will be considered at the Caucus.

- Make copies of the resolutions available to the voting members of the Caucus.

*Deadlines and Distribution:*

- **One month** prior to any scheduled Caucus meeting is the deadline for the submission of resolutions by any proponents. A resolutions committee or designated body, supported by staff, will review all draft resolutions submitted and if needed, correspond with the resolution proponent about any further information required.
- **Two weeks** prior to any scheduled Caucus meeting, all resolutions received for that meeting would be circulated to Caucus members, to allow them to review these documents and prepare for the discussion.
- Resolutions submitted following the deadline will not be circulated to Caucus members in advance of the Caucus meeting; they will instead be provided at the meeting, and Caucus members will determine whether to consider the resolutions submitted after the deadline or defer them to the next Caucus meeting.

*Debate and Discussion:*

- Resolutions submitted for consideration of the Caucus shall be handled in accordance with the appropriate agenda item, or if unrelated to an agenda item of the Caucus, in numerical order as submitted by proponents.
- The Caucus Chair shall read the “Therefore Be It resolved” portion of the resolution into the record, and call for a mover and a seconder.
- Each resolution shall be moved and seconded.
- The Chairman shall call on the mover to speak, then call the person that seconded the resolution to speak, followed by anyone else wishing to speak to the resolution. Speakers are encouraged to keep their comments to five minutes or less, and focused on their position on the resolution or proposed amendments. All speakers to any given resolution may only speak once to that resolution, with the exception of the mover and seconder, who may also speak to any amendments proposed to the resolution.
- The mover and seconder shall agree to any proposals to amend the resolution.
- Only voting members (Chiefs or proxies) of the Caucus, as described in the Caucus Terms of reference, are eligible to move, second, or speak to resolutions; however, the Chair may recognize a non-voting participant of the Caucus for the purpose of providing clarification to any resolution under discussion.
- All resolutions are passed or defeated by a simple majority of votes by the voting members (Chiefs and proxies) attending a duly convened meeting of the Caucus, in accordance with the Caucus Terms of reference.

*Finalization and Follow-up:*

- Resolutions carried at Caucus meetings will be formatted by the designated staff supporting the Caucus, circulated to the members of the Caucus and reviewed at the next meeting of the IRNE.
- The IRNE is responsible for working with appropriate staff and partners to coordinate and report to the Caucus on follow-up associated with Caucus resolutions.

## Appendix E – Dispute Resolution:

In the event of a dispute within the Interior Caucus, the dispute resolution process will be guided by the traditional values, customs and protocols appropriate to the affected parties. If the dispute cannot be resolved by this means, a more formal dispute resolution process will be applied. Nations will determine appropriate dispute resolution processes and may wish to follow the procedures described below:

- The affected party will issue a notice of potential dispute to the other party.
- The notice of potential dispute will include information on the dispute and solutions for resolution.
- If information exchange does not resolve the potential dispute, an initial meeting between the affected Parties will take place at a mutually beneficial time and location.
- Each will bring to the initial meeting all resources that will be required to clarify and resolve the potential dispute, including Elders, cultural, oral history, and written documentation.
- If resolution through these devices is not achievable, the matter will be brought to the attention of the IRNE and an alternative dispute resolution process will be considered and mutually agreed upon with support from the IRNE.
- Time and commitment to the resolution of such potential disputes is considered to be of essence to the spirit of this protocol.
- Upon resolution of the dispute, the Parties will mark the occasion in ceremony.
- Future consideration to expand Dispute Resolution to be inclusive of relationships outside of the Interior Caucus

## **Appendix F – Interior Region Nation Executive Roles and Responsibilities of the Chair and Alternate Chair**

### **ROLE OF THE CHAIR**

- Preside over all regular and special Interior Region Nation Executive Meetings;
- In collaboration with all Nation Representatives and the Regional Director, set any and all Interior Region Nation Executive meeting agendas;
- In collaboration with all Nation Representatives and the Regional Director, to review and provide input to meeting minutes and records of decisions;
- In collaboration with all Nation Representatives and the Regional Director, set any and all Interior Caucus meeting agendas;
- Assist in moderating Interior Caucus Meetings

Serve as the lead contact for the Interior Region Nation Executive;

### **ROLE OF THE ALTERNATE CHAIR**

- As required, take on the responsibilities of the Chair
- Other duties as may be assigned by the IRNE

### **KEY WAYS THE CHAIR AND ALTERNATE CHAIR WILL RESPECT THE MEETING PARTICIPANTS**

- Start and adjourn the meeting on time;
- Encourage full participation by facilitating roundtable discussions;
- Help participants identify their interests, not just their positions;
- Respect the views of others by listening carefully and helping participants feel valued;
- Acknowledge and use differences of opinions to enrich the group process;
- To keep the group from endless debate, agree to a time limit on discussion before decisions are made;
- Restrain overlong speeches that need to be closed in a way that respects the speaker's feelings;
- Redirect side-tracked discussion or peripheral issues by summarizing what was said, politely direct them back to the agenda, and move on;
- Discourage anyone who interrupts and instruct them to wait until called to speak;
- Respectfully identify contradictions in what people say, by way of encouraging them to determine ways to resolve those contradictions;
- Remain neutral in disputes, making sure the more vocal representatives of the group don't dominate the discussion;
- Handle difficult situations by keeping antagonistic participants in check by encouraging a healthy respect for the facts and establishing zero tolerance for disrespectful behavior;
- Check in periodically with how the group feels about the progress on their purpose.

## Appendix G – First Nations Health Council (FNHC) Representative Selection Process Guidelines-Interior Region

### 1.0 Purpose

The purpose of this policy and procedures document is to provide guidelines to the Interior Region Caucus (Chief and/or Proxy) and the FNHC/FNHDA Shared Secretariat on the voting process, eligibility, and policy for appointing/selecting the Interior Region representatives to the FNHC.

The Interior Region (Chief and/or Proxy) will appoint three (3) FNHC representatives from amongst the following seven (7) Interior region Nations encompassing of 54 First Nations communities:

- Nlaka’pamux
- Ktunaxa
- Tsilhqot’in
- St’at’imc
- Syilx
- Secwepemc
- Dakelh Dené

### 2.0 Notification of Meeting

The FNHC/FNHDA Shared Secretariat will send written notification on behalf of the FNHC, to the Interior Region (Chiefs) at least 14 days in advance of a scheduled appointment/selection process.

#### 2.1 Delivery of Notice

Notice may be transmitted by electronic email, mail (if required) or facsimile transmission (if required).

### 3.0 Eligibility

#### Candidate Eligibility

Only Interior Region Nation Executive representatives can be eligible to be a FNHC Interior representative.

- Important note: The members of the FNHC also serve a dual role as members of the First Nations Health Authority and as members of the FNHA the members need to abide by the FNHA Constitution and bylaws; and, the FNHA members may not be (per section 3.4):
  - an employee of the FNHA; or
  - a First Nations Health Director

#### Voter Eligibility

Only Interior Region Chiefs or Proxies may nominate, second a nomination and vote. The Interior Region Chiefs shall have the right to vote in person or represented by proxy.

#### Proxy Eligibility & Voting

An Interior Region Chief may appoint a proxy holder to attend, act and vote for him/her. The proxy must have a signed proxy form by the appointing Chief and must submit the form to the Regional Office prior to the election.

### 4.0 Election Procedures

The FNHC/FNHDA Shared Secretariat will inform the Regional Office of the conclusion of any FNHC representative’s terms and will distribute written notice of the selection process (this document) to IRNE and Chiefs at least 14 days in advance.



- The FNHC/FNHDA Shared Secretariat will first send notice to IRNE informing them of the conclusion of the FNHC term(s) and will ask for any interested representatives that would like to let their names stand for the upcoming FNHC position. The FNHC/FNHDA Shared Secretariat will work with the Regional Office to ensure the IRNE have enough time to make a decision prior to the appointment/selection process.
- The FNHC/FNHDA Shared Secretariat will then send notice to the Interior Regional Chiefs. The notice will provide the date, location and time of election and will include a copy of this selection process document.

At the meeting, the FNHC/FNHDA Shared Secretariat will read out these procedures.

Nominations of all interested IRNE candidates in attendance will be taken on the floor at the meeting. A formal motion to collectively accept all interested and eligible IRNE representatives as candidates will be presented to the Interior Caucus for consideration and approval.

Should only one, two or three FNHC representatives positions open match the number of eligible IRNE representatives, that/these individual(s) will be appointed by acclamation. The FNHC/FNHDA Shared Secretariat will then inform the Interior Region by electronic email, mail (if required) or by facsimile transmission (if required) that a vote is not required and that the appointed FNHC Interior representative(s) is/are appointed by acclamation.

If a vote is required, a ballot election process will follow:

- Each Chief or Proxy from the Interior Region will be eligible to cast one ballot.
- Names of interested IRNE individuals will be prominently displayed in the meeting room.
- The distribution of empty name ballots to voting members.
- A ballot box will be made available and open until all present eligible members vote.
- Eligible voters will write the name of the IRNE candidate they are supporting on ballot provided, and the FNHC/FNHDA Shared Secretariat in attendance will tally the results.
- The IRNE candidates with the most votes will be determined the successful candidates.
- In the event there is a tie in the number of votes for one or more of the FNHC representative position(s) and it is not possible to declare the successful candidate(s), each Chief or Proxy will cast a second ballot to break the tie between those candidates. In a tie breaker, the candidate(s) receiving the lowest number of votes will be retired from the ballot and the candidate(s) receiving the higher number of votes will be determined the successful candidate(s). This process will be repeated until the three FNHC representative positions have been filled.

## 5.0 Term

The term of the Interior FNHC Representatives will be two (2) years, effective the day of appointed/selected.

A representative of the FNHC will cease his or her representation, requiring an Interior Region appointment/selection process as described above, if she/he:

- Resigns from the FNHC by delivering his or her resignation in writing to the FNHC Chair or FNHC/FNHDA Shared Secretariat.

- Assumes an employment position with the First Nations Health Authority or as a First Nations Health Director.
- If he or she is no longer a IRNE representative.

#### Filling Temporary Vacancies

If a FNHC Interior Representative term should end prior to the two (2) year term, the IRNE shall appoint another IRNE representative to the FNHC for a temporary position until the next Interior Regional Caucus.

## **6.0 Counting of Votes**

### Role of the Vote Counters

There will be two vote counters responsible for collecting completed ballots from participants and one assigned Witness. The Vote Counters will be required to perform the following steps:

- One vote counter will collect all collected ballots and tabulate results for nominated candidates. The counting will be done in the presence of the second vote counter, and an assigned witness who is appointed by the electoral officer (role of witness outlined below).
- Once the initial counting is complete, the ballots are to be handed to the second vote counter for a second verification. Ballots are to be counted for nominated candidates and recorded for comparison.
- After the second count, both vote counters are to compare results to ensure the results are correct and consistent.
- Vote results are to be written down on the Interior Region Selection Process Vote Collection Form as per the attached vote collector form.

### Role of the Witness

- After voting results are officially tabulated by the official Vote Counters, the results and signatures are to be witnessed by the appointed witness.
- Once they have been signed off, the FNHC/FNHDA Shared Secretariat will announce the results.

### Notification of Results

- Voting results are to be announced immediately to the Interior Regional Caucus, once they have been verified by the vote counters.
- Results will be captured in the official meeting minutes.
- An election summary report will be created and distributed electronically to the Interior Regional Caucus.
- The FNHC/FNHDA Shared Secretariat will notify the FNHC and will update official records accordingly.

### Destruction of Ballots

If no request to challenge the voting decision is received, the FNHC/FNHDA Shared Secretariat will look to the Interior Region Caucus to pass a motion to destroy the ballots immediately following the election.

## VOTE COLLECTION FORM

### SELECTION PROCESS FOR FNHC INTERIOR REPRESENTATIVE

#### VOTE COLLECTION FORM

Poll Location: \_\_\_\_\_

We, the undersigned, state that in the Interior Region FNHC Representative

selection process, the following voting results were tabulated as follows:

- I.       The number of eligible voters entitled to vote  
          was \_\_\_\_\_
- II.       \_\_\_\_\_ ballots were cast in favour of candidate \_\_\_\_\_
- III.       \_\_\_\_\_ ballots were cast in favour of candidate \_\_\_\_\_
- IV.       \_\_\_\_\_ ballots were cast in favour of candidate \_\_\_\_\_
- V.        \_\_\_\_\_ ballots were cast in favour of candidate \_\_\_\_\_
- VI.       \_\_\_\_\_ ballots were cast in favour of candidate \_\_\_\_\_
- VII.       \_\_\_\_\_ ballots were spoiled

Therefore, be it resolved the Interior Region select the following:

\_\_\_\_\_,

\_\_\_\_\_,

\_\_\_\_\_, as the FNHC Interior Representatives

effective \_\_\_\_\_ for a two (2) year term.

*Date*

I declare that, to the best of my ability, the above recorded voting results are true and accurate, as recorded at

\_\_\_\_\_ in the Province of British Columbia, \_\_\_\_\_ day of \_\_\_\_\_ 20  
this \_\_\_\_\_

**Vote Collector 1**

\_\_\_\_\_ *Print Name*

\_\_\_\_\_ *Signature*

Witnessed by:

\_\_\_\_\_ *Print Name*

\_\_\_\_\_ *Signature*

**Vote Collector 2**

\_\_\_\_\_ *Print Name*

\_\_\_\_\_ *Signature*