

2018/19 Gwa'sala-'Nakwaxda'xw Health & Family Services Annual Report



An account of the activities of the Gwa'sala-'Nakwaxda'xw Health & Family Services from April 1st, 2018 to March 31st, 2019.

Prepared by Acting Health Director Dean Wilson

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Introduction

The intention of this report is to be accountable and transparent with the community about the services being developed. Each year we complete a report to our funder (The First Nations Health Authority) regarding our results, and we provide similar information to the community.

We gather information throughout the year to ensure that necessary work is being done. We also use data to make sure that things are improving, or look for areas where we need to re-allocate resources to better meet needs.

This document will contain two types of information:

- 1) Narrative reports about the work that has been done; and
- 2) Statistical data regarding numbers of clients being provided various services (in order to preserve confidentiality, no identifying information is provided).

Acting Health Director Dean Wilson



Gilakasla friends and family! I hope this annual report on health services finds you in good health at this time.

Most of my time is spent supervising teams, developing and monitoring budgets, managing quality assurance, conducting meetings with staff, taking part in committees, preparing reports to funders and others, and taking part in First Nations Health Authority meetings to plan services. Programs must be reviewed to ensure they are delivering services effectively. The Health Director does not see clients directly but oversees all programs. This report combines the Health and the Child & Family Services departments as I supervised both of them. The report also identifies when we have been working to meet the goals of the Gwa'sala-'Nakwaxda'xw Comprehensive Community Plan (CCP).

The past three years have seen big increases in services and that trend continues. The number of total contacts our staff had with community members (Counseling appointments, home visits, by attending a group, etc.) is **9,392 client contacts!** This does not include community events that we put on.



Tim Bird, Office Manager/Reception, is another key member of our Health Administration team. Tim manages the building, oversees office communications and procedures, greets visitors and ensures information is processed correctly. Tim is also responsible for collecting signed patient travel documents when they arrive. Tim prepares our bi-weekly newsletter and runs our Facebook page as well.



Andrea Andrews, Health Planning Coordinator. Andrea has been working on the development of our 10 year Community Health Plan. Andrea also worked to support the Community Health team to organize events with her extensive knowledge and skills. Events she supported will be found in the Community Health Team section below.

General Overview from 2018/19:

The following information is about cross-program initiatives. There are further details of program specific services and activities under each program section.

- **10 year Community Health Plan** - Andrea and I are almost finished development of our 10 Year Health Plan. The previous data collected from the 251 community members who completed our survey was put into a report and used to determine what services should look like. We also met with programs to review their data and the goals of their program. Andrea will also be setting up meetings with Elders, Youth and other groups to have input into what health services should look like for the next 10 years.
- **First Nations Health Authority** - The FNHA has been in existence for 6 years now. FNHA took over responsibility for all First Nations health funding from the federal government. Now there is increased control in the hands of First Nations in BC, in fact this is the only province in the country to take this step. Now each Health Director and Chief attends meetings and the Chief votes on behalf of the community to provide direction to the FNHA. Myself and Chief Paddy (or another council member as his proxy if he has a scheduling conflict) attend a Kwakwaka'wakw sub regional caucus meeting (typically 4/year). This then winds up into 2 regional Caucus meetings/year, composed of representative from each First Nation on Vancouver Island. Senior FNHA staff are there to present information, and seek input or direction. There is a Board that receives the motions and feedback from all the 5 regions that make up the province, and then decisions are made. There is also an annual gathering of representatives of First Nations in BC, called Gathering Wisdom, and this is every 18 months. We continue to be active participants in these meetings as decisions that will impact every First Nations individual in BC are being made there.
- **Patient Travel** - Once again I am happy to report that we have a very high compliance rate with this program. Christy works hard to ensure that we comply with all policies from the First Nations Health Authority and they have complimented her excellent management of this program. At the same time we acknowledge that the program does not meet all the needs of families traveling for medical reasons, and community members sometimes don't understand decisions that are made. We met with Paul Clairmont in the summer, and he indicated that FNHA believes our Patient Travel program is being run extremely well. A printed copy of our entire Patient travel policy is in our office lobby for anyone to review. Any complaints can now be received by myself to review; and if someone feels they are still unhappy with the decision there is information in the appendix to this report on how to contact FNHA directly to appeal a decision. Due to the excellent administration of this program, FNHA has allowed us to expand our services to provide Patient Travel to off reserve members in the Port Hardy area, as of October 2018! We are one of only a handful of communities in BC that have done this.
- **Elder's Lunch and activities supports** - Staff from various Health & Family Services programs assisted with Elder's Lunches and other activities on the following dates: April 10, May 16, 23,

30, June 4, 6, 20, July 11, 23, August 13, 27, 29, September 5, 12, 26, October 10, 11, 24, 31, November 7, 28, December 4, 5, 6, 17, 18, January 9, 23, February 13, March 6, 13, 28

- **KUU-US Crisis Line** - KUU US is a First Nations Crisis Line that is available to anyone in BC. - we have a protocol with KUU US Crisis Line to support community members who need help outside of work hours. The crisis line will talk to people who need emotional support, and will get help for them in an immediate emergency situation (e.g. if someone is suicidal). If the caller is willing to identify themselves as community members who needs follow up services, the Crisis Line will alert us so that the next work day we can follow up. (CCP Health Goal 1)

KUU-US CRISIS LINE 1-800-588-8717

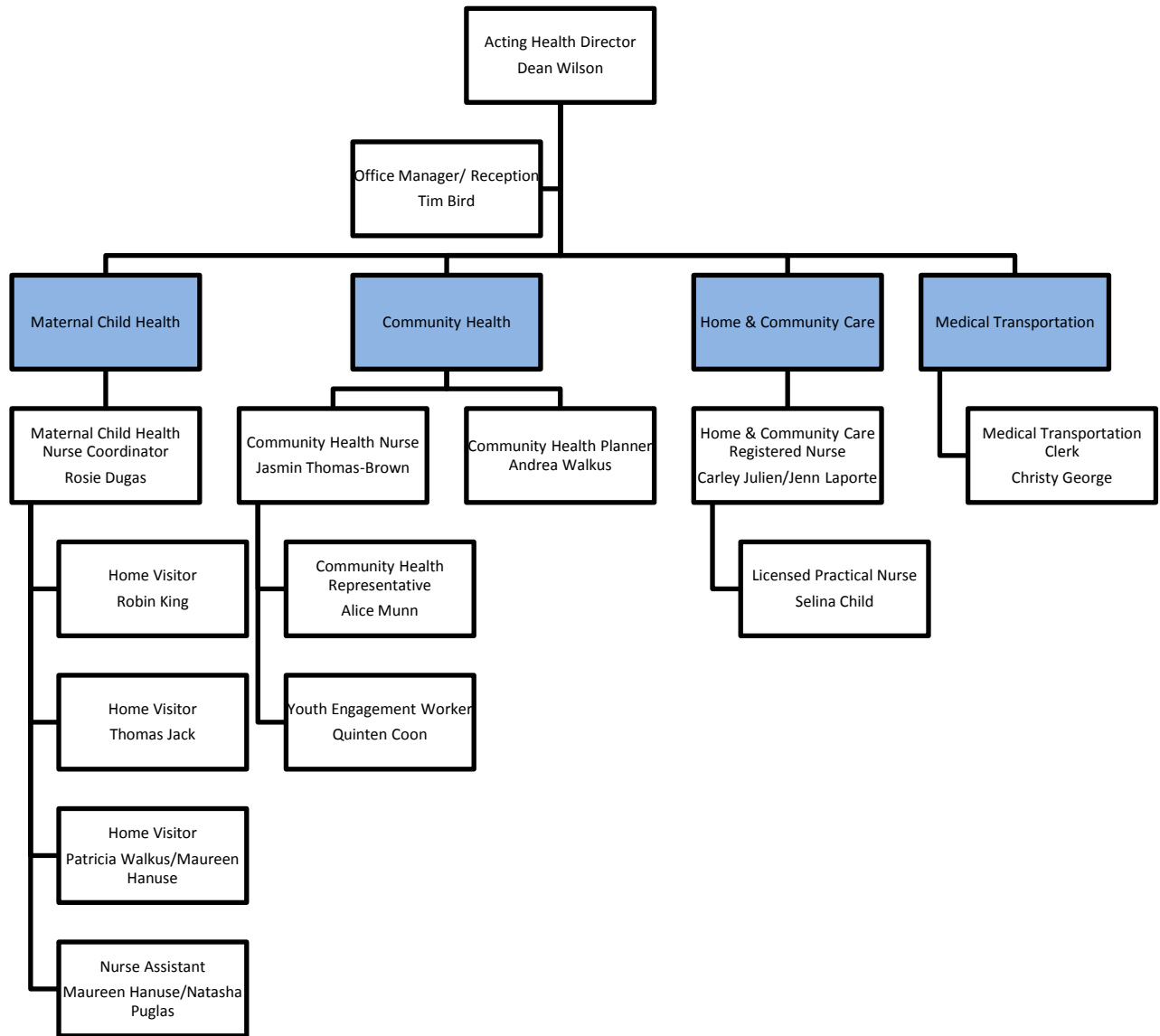
- **Youth Engagement Worker** - Quinten Coon continued in his work as our Youth Engagement Worker. Quinten has worked with our other health staff to develop and deliver youth health activities:
- **Opioid overdose strategy** - provincially, and locally, there have been increased concerns about overdoses. Both First Nations Health Authority and Island Health have made this a priority. We issue advisories in our newsletter and on Facebook. Staff were previously trained in how to deliver Naloxone use to save lives and delivered this training several times in the community. We have also provided training to Gwa'sala-'Nakwaxda'xw school staff, and Chief and Council. We also have Naloxone kits we can give to people who have been trained. (CCP Health Goal 1)
- **Pandemic Plan review** - We are revising our community pandemic health plan. This work is ongoing (CCP Social Issues Goal 4)
- **Birthing Services** - We continue to meet with VIHA and FNHA to advocate for full birthing services to return to the North Island, including midwifery care. On April 23rd we attended a meeting with VIHA staff where Dr. Kotaska provided excellent information on managing risk in rural births.
- **Community Picnic** - June 27, 2018 - Health & Family Services staff assisted the school to run the end of school year picnic at Tayagut (Stories Beach).
- **Gift of Life (December 16, 2018)** - In partnership with Building Blocks we held this event at the Building Blocks site. This is a traditional uplifting ceremony to assist those families who have survived suicide experiences. (CCP Health Goal 1)
- **Indigenous Forum on Harm Reduction (March 6 & 7, 2019)** - staff took part in assisting our partner agency Sacred Wolf Friendship Centre to plan and run this event

- **Domestic Violence Community Meeting (June 6, 2018)** - Our Wellness Team coordinated a focus group discussion on the issue of Domestic Violence and sought input into community responses.
- **Indian Horse supports (September 27, 2018)** - in partnership with the Gwa'sala-'Nakwaxda'xw school, our Wellness Team attended the viewing of the Indian Horse movie and facilitated a group discussion afterwards on the impacts of the Residential School experience.
- **Honour our Women (February 14, 2019)** - in honour of the Murdered and Missing Indigenous Women, our staff facilitated a march and community event honouring the role of women.
- **Family Violence Community Feast (March 22 & 23, 2019)** - partnered with Social Development department to present this community event to focus Family Violence awareness and supports.

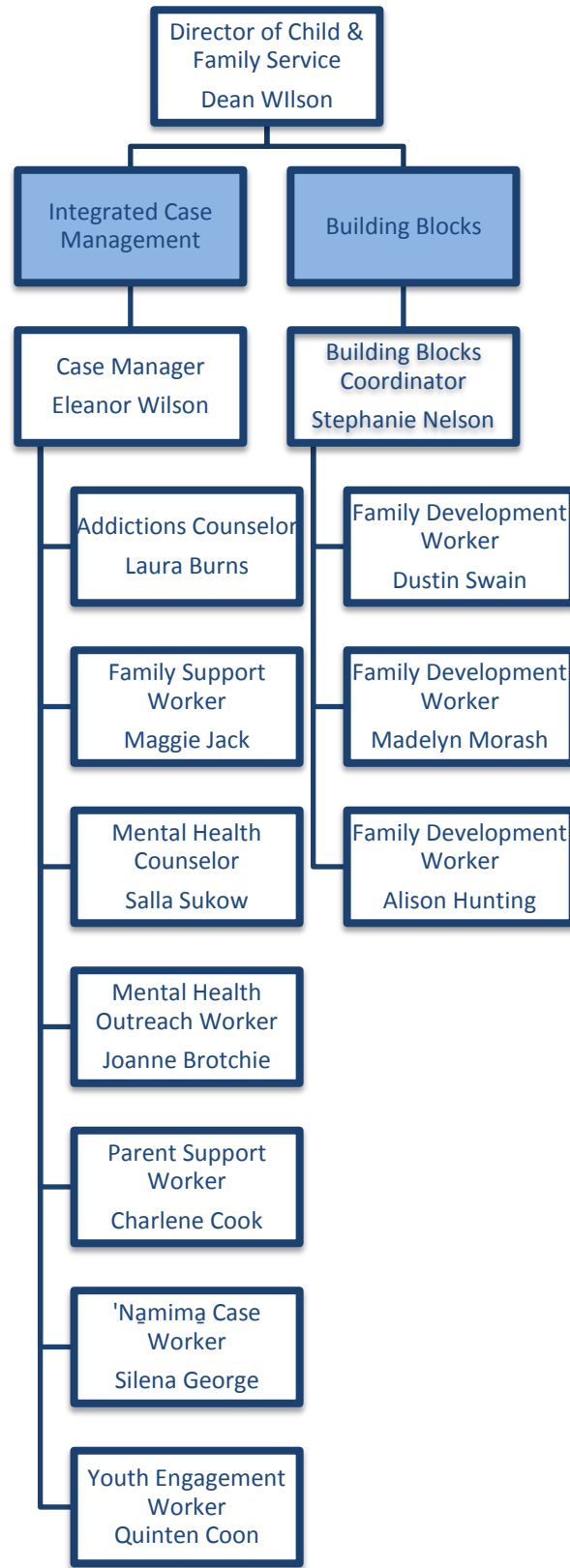
Partnerships - We work closely with the new ICM Team from Mental Health to case manage community members who have high needs due to addictions and/or Mental Health issues. During this time our key partners included:

- **Sasamans** - the Aboriginal Family Navigator, **Jane Watts-Ellens**, is a Sasamans employee who works out of our office. Jane supports families dealing with MCFD.
- **First Nations Health Authority**
- **Vancouver Island Health Authority**
 - ICMT, Mental Health/Substance Use, Port Hardy Hospital, Home Care
- **Sacred Wolf Friendship Centre**
- **Salvation Army**
- **North Island Crisis & Counseling Centre**
- **MCFD**
- **RCMP**
- **Committees** - Our team members take part in a variety of committees to ensure that we can find resources to better support the community. We are a part of the following committees:
 - North Island Executive Directors Meeting - agency directors collaborate on training, network, fundraising, etc.
 - North Island Suicide and Critical Incident Response Network (NISCIRN) - collaborative, cross agency committee that works on joint responses to completed suicides and other critical incidents.
 - Cultural Safety - work with FNHA & VIHA to try and ensure that VIHA hospitals can better meet the needs of aboriginal patients
 - Mt. Waddington Addictions Recovery Network - ensure that our community members are included in all regional planning

1. Health Department organizational Chart



2. Child & Family Services Department Organizational Chart



Community Health Team



The community health team is led by the Community Health Nurse, **Jasmin Thomas Brown**, and includes **Alice Munn** (CHR), and **Christy George** (Medical Transportation). Andrea Walkus supported a lot of these activities as well.

Our Community Health department held:

- **Immunizations of pre-school children** - ongoing throughout the year (CCP Health Goal 3)
- **Immunizations of school aged children** - ongoing throughout the year (CCP Health Goal 3)
 - **Total of 124 immunizations**
- **School Head checks and Nurse visits to school** - ongoing throughout the year (CCP Health Goal 5)
- **Vision Clinic** - October 20, 2018 (CCP Health Goal 3)
- **TB Testing** at the clinic for individuals (and follow up tracking & medication administration if required) (CCP Health Goal 3)
 - **Community TB Dinner** - This year, the community health nurse met with the Elder's council to further discuss the cultural historic context of TB in community and discuss the barriers to high risk individuals seeking care. The Elder's council suggested that the community hold a large gathering to address this issues and barriers and bring TB conversation back out of the darkness. The community health nurse partnered with FNHA TB services, who supported and sponsored a community dinner for TB awareness on Nov 8, 2018. There were over 130 community members present. This powerful event had community member, Edward Walkus, two-time TB survivor, as a speaker, and acknowledged all Boon Family descendants, as a way of shedding light on the impact of TB in community. (CCP Health Goal 3)



Figure 3 TB Community Dinner

- CHN attended TB Champions Workshop in Prince George, BC.
- TB screening for GN School grades 1 and 6 - April 2018
- High Risk TB Screening Event - March 2019
- **Coordinating weekly appointments with the Nurse Practitioner and Physicians** in our office (CCP Health Goal 3)

Doctor's and Nurse Practitioners had 207 appointments with community members in our Health Clinic

- **Youth Health Fair** (April 3, 2018) at Wakas Hall. (CCP Health Goal 3)
- **Hand hygiene program** in GN School (all grades) - April 2018
- **Vaccine's for Elder's** presentation - May 2018
- **GN School reproductive education** - May 2018
- **Safe Sex Workshop** (evening program) - July 2018
- **Healthy Kids Fair** - September
- **Weekly visits to GN School** - teachers/staff refer children of concern to community health nurse for assessment - continuous throughout year, with the exception of school breaks, on Wednesdays
- **Weekly visits to Eke me-xi Learning Centre for Youth Clinic** - a variety of health services offered (including sexual health program, health education, counselling) - continuous throughout year, with the exception of school breaks, on Thursdays
- **Addictions Outreach** - community health nurse would often attend on Thursdays
- **International OD awareness event at outreach program** - August
- **Youth Clinics** - Mondays from 3:30-5pm. Drop in confidential services for Healthy Life Choices, Pregnancy testing & Counseling, PAP tests, male & female STI testing, birth control, emergency contraception. 207 appointments with youth. (CCP Health Goal 3)
- **Chronic Pain Management Group** - run by Alice Munn and Selina Child. 5 sessions were held and 31 people attended.
- **Walk/Run program** - partnership with Building Blocks



Figure 4 Walk/Run Participants & Fitness Classes

- **Weekly Fitness classes** - run by Andrea Walkus
 - 52 fitness classes and 196 participants
 - **Elder's Aquafit group** - 4 sessions held and 14 people attended.
 - **Asist Training** - January 24 & 25 - Nurse Jasmin attended Suicide Intervention training
 - **Flu shot clinics** (Elders, community, staff) - October 18-20, 24 2018 (CCP Health Goal 3)
 - 6mths – 17yrs: 32
 - 18yrs – 64yrs: 55
 - 65+: 16
- Total= 103 Flu immunizations**

Table 1: Diabetic clients 2017/18

Activity	Number
Diabetic screens	15
Clients of Diabetic services program	22

Diabetes Self management groups with Andrea and Selina, and cooking with Alice Munn

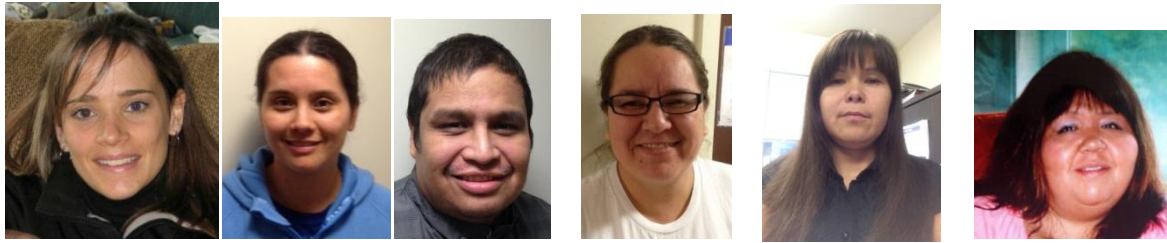
April 9, 16, May 7, 11, 22, August 14, Sep 10, 24 – a total of 69 people attended for the lunch and session.

Patient Travel

As noted above, due to the confidence from FNHA in the administration of this program, we were allowed to take over providing Patient Travel services to the off reserve band members in the Port Hardy area. Great Job Christy! The Appendix has info on how to appeal patient travel decisions.

Total # of people who received patient travel supports to attend their appointments	500
People who did not show up to their appointments	13

Maternal Child Health Team



The MCH team is composed of a Nurse Coordinator (**Rosie Dugas**) and three Home Visitors (**Robin King, Thomas Jack and Patricia Walkus**), and the Nurse Assistant (**Maureen Hanuse**). Patricia is presently on maternity leave and Maureen has replaced her, **Natasha Puglas** is replacing Maureen.

MCH is responsible for (CCP social issues 2):

- Pre-natal education
- Nutrition during pregnancy education
- Support for birth planning
- Infant Development assessments
- Referrals to specialized support services when required
- Child development support
- Education/Support for breastfeeding
- Nutrition for young children education

These activities were carried out during the 2018/19 year:

- Pre-natal group (Every Tuesday from 1-3 at the MCH facility in the mezzanine in Wakas Hall) (CCP social issues 2)
 - 31 groups held
 - 18 moms attended
 - 7 dads attended
 - 4 grandparents
 - 3 attended grocery store tour
- Baby Steps (Every Wednesday from 1-3 at the MCH facility in the mezzanine in Wakas Hall) (CCP Culture goal 3)
 - 22 groups held
 - 24 moms attended
 - 10 dads attended
 - 5 grandparents
- Group Kitchen (CCP social issues 2)
 - 7 groups held
 - 8 moms attended
- Culture Group 1 group held
- Healthier Living workshop 1 group held
- First Aid workshop - February 8th, 9 people attended
- Clam digging 3 moms attended



Figure 5 MCH Clam digging workshop Mar 25 and Bowling Night

- 5yr old Health Fair Sept 10, 2018 6 children attended
- Family Bowling night 16 people attended
- October 3-5, 2018 - MCH staff attended the provincial Conference
- Distributing food to pre-natal mothers (CCP social issues 2)
- Individual parent/family visits (CCP social issues 2)
- Ages & Stages Child Development assessments (CCP social issues 2)
- Family Bonding Camping Trips - June 27-29, 2018 at Clint Beek, and July 25-27, 2018 at Woss Lake



Figure 6 MCH Family Bonding Camping Trip at Clint Beek and MCH Christmas Brunch Fun

- Group with KIYA counseling, September 17-21 - 7 people attended

Table 2: Births and client data for MCH services

MCH Activity	Number
Number of births in 2017/18	14
Number of clients who received Home Visits and/or Case Management	61 (12% increase) (pre-natals and new parents)

Children's Oral Health Initiative (COHI)

The MCH staff also deliver the COHI program which consists of providing varnishing to children's teeth as a measure to prevent tooth decay. The program also brings up a dental hygienist periodically to examine teeth. Referrals are made for dental care if needed. This is done for children attending our Gwa'sala-'Nakwaxda'xw school. (CCP social issues 2)

Table 3: Children served by COHI program 2018/19

Age	Total children receiving COHI services
Under age 5	64 (increase of 2 from 2017/18)
Between age 5 and 7	44
Total children receiving services	108



Figure 7 receiving a fluoride varnish

Home & Community Care Team



The Home & Community Care Team (HCC) is staffed by our full time Licensed Practical Nurse (LPN), **Selina Child**, who returned to work from her maternity leave (welcome back Selina), and our Registered Nurse (RN), **Carley Julien**, who was in 1 day a week to provide oversight of the program and also provide direct nursing. Carley left us in January of 2019 to move to Victoria and is definitely missed. We are happy to report that we now have **Jenn Laporte** (RN) as her replacement - welcome aboard Jenn! (CCP Health Goal 3)

Table 4: H&CC Client data 2017/18

Home & Community Care Data	
Foot Care clients	40
Home & Community Care Clients	65 (29% increase over 2017/18)
Completed Care Plans	65
Total Home Visits	915
Footcare Appointments	216 (162% increase over 2017/18)

Other Highlights:

- November 27 - 29 - Nurses attended the Nurses Education Forum
- Nurses attended the Port Hardy Nurses meeting
- January 21 & 22 - Selina upgraded her 1st Aid and CPR

Elder's Program



Cassidy Walkus is the Elder's Coordinator. The Elder's program had previously been run through Treaty, but has been moved to the Health department to ensure a stronger connection to services like nursing. This will allow for more coordination of services. Cassidy is our employee, but she takes direction on programming from the Elder's Council, who are elected by the Elders.

Present Elder's Council: Willie Walkus, Don Felkey, Mary Johnson, Doug Johnny, Mary Rufus

This year the Elder's Program provided the following activities:

- 42 Elder's Lunches



Figure 8 Elders Lunch and Gertie Walkus and Richard Charlie drying seaweed

- Seaweed harvesting we purchased from Bella Bella. April 28 2018
- Tri-band luncheon in Cluxewe August 15 2018



Figure 9 Triband Elders Luncheon at Cluxewe and Staff and Volunteers shucking clams

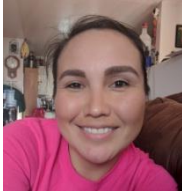
- Shucking clams that we harvested the night before. January 1st 2019
- Indian Residential School Retreat in Quadra February 19-22 2019



Figure 10 Elders Gertie and Kathy with CHR Alice Munn and Scooter Safety workshop

- Orange shirt day and breakfast at the Gwa'sala Nakwaxda'xw School
- Scooter Safety with Constable Starr August 18 2018

Integrated Case Management Team



This team is responsible for providing Addictions Counseling, Mental Health Counseling, Mental Health Outreach, referrals to treatment centres, Suicide Responses, support during MCFD investigations, follow up teaching/education/supports to families with MCFD involvement, etc.

The staff are: **Eleanor Wilson** (Case Manager), **Maggie Jack** (Family Support), **Charlene Cook** (Parent Support), **Laura Burns** (Addictions Counselor then moved to Wellness Counselor), **Charlotte (Salla) Sukow** (Wellness Counselor - Salla left us in October and Laura switched to the Wellness Counselor position), **Joanne Brotchie** (MH Outreach), and in October we added **Silena George** as our new 'Nānimā Case Worker - welcome Silena! **Quinten Coon** is our Youth Engagement Coordinator. This team works regularly with our partner, **Jane Watts-Ellens** (Navigator from Sasamans Society). Jane is not our employee but has an office in our health centre.

The work of this team is primarily individual counseling, supports and advocacy, and as a result is very confidential. There are some community based programs as well. The work is primarily:

- One on one counseling (CCP Health Goal 1).
- Couple counseling (CCP Health Goal 1).
- Family counseling (CCP Health Goal 1).
- Group counseling (CCP Health Goal 1).
- Referrals to treatment or other programs (CCP Health Goal 1).
- Case management (CCP Health Goal 1).
- Suicide interventions (CCP Health Goal 1).
- Parent Training support (CCP Education Goal 2, Infrastructure 1, Social Issues 2)
- Support during MCFD investigations
- Support and advocacy in planning meetings with MCFD, RCMP or other agencies
- Support and advocacy for planning for Children in Care of MCFD
- Support and Advocacy on Court days
- Liaison with off-reserve Addictions, Mental Health & Hospital services (CCP Health Goal 1).
- Weekly Addictions Group Outreach (CCP Health Goal 1).
- Daily Mental Health Outreach (CCP Health Goal 1).

Trip to Ba'as (June 21-22, 2018) - the Port Hardy Ministry for Children & Family Development office and Health & Family Services staff, coordinated a trip for Gwa'sala-'Nakwaxda'xw youth who have never had the opportunity to visit the homelands before to take a trip to **Ba'as on June 21st**, and **Takush on June 22nd**, in order to understand their connections. We wish to thank MCFD for the funding for this project.



Figure 11 MCFD and GNHFS trip to Ba'as

Self Defense Class (September 25, 2018) - held at Wakas Hall

International Overdose Awareness Day, September 1, 2018. Naloxone training workshop at the Health & Family Services building and the Outreach program provided individual training downtown and Naloxone kits were distributed at both locations. (CCP Health Goal 1)

Naloxone training provided by Laura and Jasmin to help learn how to save lives in an overdose emergency. Council and Gwa'sala-'Nakwaxda'xw school staff were all trained. Training is also done on an individual basis with clients.

Naloxone Kits - We also have free naloxone kits to distribute to anyone who has been trained to use them. (CCP Health Goal 1)

National Addictions Awareness week (November 26-30, 2018, CCP Health Goal 1)

- Monday, Nov 26th (Informational Road Block at Tsulquate Bridge)
- Tuesday, Nov 27th - Family Swim and Skating
- Wednesday, Nov 28th - Community Lunch and Health Fair at Wakas Hall
- Thursday, Nov 29th - Street Outreach, and Naloxone training at Wakas Hall
- Friday, Nov 30th - Community Dinner and Dance at Wakas Hall

Outreach Program - in partnership with the Men's Support Group. Our A&D Counselor, representatives from the Men's Support Group, and other Health Staff (e.g. Community Health Nurse, Mental Health Outreach Worker, Community Health Representative, Youth Engagement Worker, depending on availability), and community volunteers, provide weekly outreach to street involved people. This group goes into Port Hardy and distributes food, and offers support to community members, and others, who are dealing with addictions, mental health and other concerns. Referrals are made for more supports when needed. (CCP Health Goal 1)



Figure 12 Weekly Outreach activities

Alcoholics Anonymous - (CCP Health Goal 1) There is a community AA meeting that meets every Thursday at the Health & Family Services Building. This is a volunteer support group that we support. The numbers have grown over the past 4 years since it started:

662 people attended AA during 2018/19 (40% increase)

In 2018/19 the Child & Family Services department Integrated Wellness Team provided services as follows:

Table 5: Wellness Services for 2018/19

Service	# of contacts with clients (% increase over previous year - if applicable)
Suicide Intervention	9
Counseling (Addictions, Mental Health, etc.)	710
Mental Health Outreach	622
Court Support	46 days (48% increase)
Referrals for Mental Health or Addictions (Treatment, detox, other counseling, etc.)	7 (100% attended)
Family Support (MCFD, parenting, meetings, etc.)	813 (41% increase)
NNADAP Outreach	2880 (20% increase)
Totals	5087 (overall increase of 4%)

Suicide Responses

In 2012 we developed a new suicide response process that resulted in a 90% reduction in suicide concerns. The low numbers continued overall, although we had a completed suicide and a resulting community crisis response (see details in the Overview section at the beginning of this report).

The following chart shows our incidents of suicidal ideation and completed suicides since implementing our new response system. The new system also focuses on intervening on all suicide concerns and assisting those willing to get help to access counseling services. The result has also been a significant decrease in individuals being triggered into suicide (CCP Health Goal 1).

The trend of reducing suicidal ideation in the community continues. Despite this there was a completed suicide that took place in 2017/18 that triggered a community crisis response.

Table 6: Suicide Interventions in GN Community

Year	Interventions	Suicides
2011/12	140	0
2012/13	62	0
2013/14	12	0
2014/15	11	0
2015/16	8	0
2016/17	6	0
2017/18	5	1
2018/19	9	0

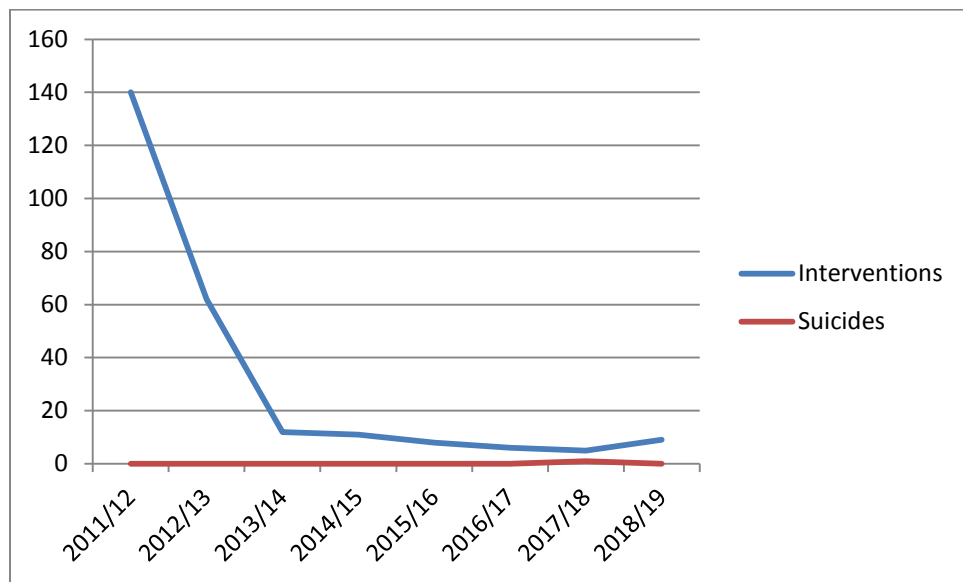


Figure 13: Suicide Interventions in GN Community

Youth Engagement Program

Quinten Coon is the worker for this program that supports the team in providing activities for youth for healthy living.

This year the program provided the following activities:

- Ba'as grade 7 camping trip May 2018 - partnership with Gwa'sala-'Nakwaxda'xw school

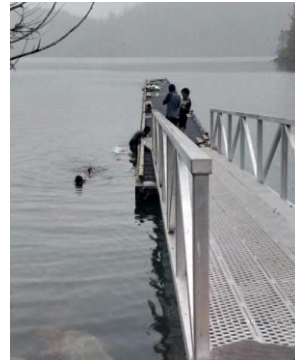


Figure 14 Grade 7 trip to Ba'as and Youth Trip to Ba'as

- Takush youth camping trip August 2018
- Safe Sex Workshop August 2018



Figure 15 Safe Sex Workshop

- Day of Hope workshop (Suicide Prevention) November 2018
- Day of Hope workshop 2 February 2019



Figure 16 Youth at Day of Hope Workshop in November

- Gathering Our Voices provincial youth conference March 19-22, 2019 - we had the largest group of youth in the province.



Figure 17 GN Youth at GOV Provincial Conference

- Swim days throughout the year
- Stick/ice times for youth March 2019



Figure 18 various recreational activities through the year take place

Appendix 1: How to appeal Patient Travel or other Health Benefits

Dental, Medical Supplies & Equipment, Medical Transportation Benefits, Mental Health & Vision

A Client has the right to appeal the denial of a medical transportation benefit under the Non-Insured Health Benefits (NIHB) Program. There are three levels of appeals available. **Appeals must be submitted in writing and can be initiated by the Client, legal guardian or interpreter.**

The recipient or parent/ guardian should forward their letter of appeal and supporting documentation by mail. There are three levels of appeal available which only the recipient or parent/ guardian can initiate. In order for a case to be reviewed as an appeal, a letter from the recipient or parent/ guardian, accompanied by supporting information from the provider or prescriber must be forwarded to the Health Benefits program.

This information includes:

- The condition for which the benefit is being requested
- The diagnosis and prognosis, including what other alternatives have been tried
- Relevant diagnostic test results (ex: dental x-rays)
- Justification for the proposed treatment and any additional supporting information

The recipient or parent/ guardian should forward their letter of appeal and supporting documentation by mail, clearly marked **“APPEALS - CONFIDENTIAL”**.

For more information on the appeal process or the status of your appeal, please contact the FNHA Health Benefits office at **1.800.317.7878**.

APPEAL Level 1

Director, Health Benefits
Operations
First Nation Health Authority
#540 - 757 West Hastings St
Vancouver, BC - V6C 1A1

APPEAL Level 2

FNHA Health Benefits Appeal
Review Committee
Attention: Vice President,
Health Benefits
#540 - 757 West Hastings St
Vancouver, BC - V6C 1A1

APPEAL Level 3:

CEO
First Nations Health
Authority
#501 – 100 Park Royal South
West Vancouver, BC - V7T
1A2

At all levels of the appeal process, the Client will be provided with a written explanation of the decision taken.