



## Labrador-Grenfell Health

February 3, 2017

Annie Picard  
Health Coordinator  
Innu Round Table Secretariat  
c/o Sheshatshiu Innu First Nation  
P.O. Box 160  
Sheshatshiu, NL A0P 1M0

**RE: The Coordination of Innu Health Services in Schools**

Dear Ms. Picard;

On behalf of the Mental Health & Addictions department, Labrador-Grenfell Health, please accept this letter of support for the Integrated Youth Health Services for the Innu Schools.

Several of the project objectives are directly related to mental health and addictions, such as inhalant abuse, alcohol and drug abuse, and treatment and aftercare for youth; therefore, we would be very interested in collaborating with you and other agencies to develop a model for the delivery of integrated health services to youth in both Innu schools.

Within our existing resources, the capacity exists to collaborate and offer educational and clinical services for many of the issues that were highlighted in the 2016 Innu Youth Health reports.

We look forward to working with you in anticipation of securing funding for this project.

Sincerely,

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Sandy Penney  
Regional Director  
Mental Health and Addictions



# Innu Youth Health Service Model

## *Project Proposal*

**Submitted to:**  
Health Systems Integration Fund  
c/o Kate Gray-Mews  
Email: [kate.graymews@hc-sc.gc.ca](mailto:kate.graymews@hc-sc.gc.ca)

**Submitted by:**  
Annie Picard, Health Coordinator  
Innu Round Table Secretariat  
Email: [apicard@irtsec.ca](mailto:apicard@irtsec.ca)

**Date:** February 9, 2017

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IRT Secretariat Proposal: Innu Youth Health Service Model



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## Section A: General Information

### A1. Project Title:

Innu Youth Health Service Model

#### Project summary:

For the Labrador Innu, our relationship to the land, *Nutshimit*, has shaped our identity, health, and wellness since the dawn of our existence. It defines who we are as Innu people and has provided for all the physical, emotional, mental, and spiritual aspects of our lives giving us what we need to survive and be healthy.

Our relationship with the land has much to offer Innu youth to enable them to live healthier lifestyles and deal with modern day challenges. According to Innu elders, our relationship to the land creates four paths to health and healing: mental, spiritual, physical, and emotional. Restoration of our health and healing must be rooted in our Innu culture, in particular through the four paths to health and our relationship to the land.

The purpose of this project is to develop an Innu youth health services delivery model to be piloted within the two Innu schools in Labrador. Development of the model will begin by examining the Innu's relationship to the land, how that relationship supports wellbeing, and how it can inform the health services delivery model for youth. Based on this examination, the model will establish culturally safe supports and services for youth in both schools for mental, spiritual, physical, and emotional health.

The model will be designed through careful planning and engagement of appropriate stakeholders. Using project partners' existing resources, and based on the strength of their shared commitment, a coordinated model of delivery through the four paths to health and healing and rooted in our relationship with the land will be developed.

The project will include an implementation plan for the 2018 school year. In addition, the model will be designed to be flexible so that it may be shared and implemented by other sites to reach Innu children who go to school outside the community and/or Innu youth who are not in school.



## A2. Recipient

<b>Name of Organization:</b> Innu Round Table Secretariat
<b>Address:</b> c/o Sheshatshiu Innu First Nation, P.O. Box 160, Sheshatshiu, NL A0P 1M0
<b>Contact Name:</b> Annie Picard
<b>Title:</b> Health Coordinator
<b>Telephone:</b> (709) 497-3855 Ext 239 Cell: (709) 897-4593
<b>Fax:</b> (709) 497-3881
<b>e-mail:</b> <a href="mailto:apicard@irtsec.ca">apicard@irtsec.ca</a>

## A3. List of Key Partnering Organizations

- Mamu Tshishkutemashutau Innu Education
- Mushuau Innu First Nation Health Commission
- Sheshatshiu Innu First Nation Primary Health
- Sheshatshiu Innu First Nation Social Health
- Labrador Grenfell Health, Mental Health

## A4. Funding Requested

	2017-18	2018-19
Funding Requested from HSIF	\$114,400.00	\$49170.00
Other Funding Sources and Amounts:	\$10,000 (in-kind staff time from the IRT Secretariat \$5000.00 (in-kind SIFN Social Health staff time and meeting space) \$5000.00 (MIFN Health Commission)	\$5000.00 (in-kind staff time from the IRT Secretariat \$2500.00 (in-kind SIFN Social Health staff time and meeting space) \$2500.00 (MIFN Health Commission)
<b>Total Project Budget (by fiscal year):</b>	<b>\$134,400.00</b>	<b>\$59,170.00</b>

## A5. Duration of Project:

April 2017 to August 2018



## A6. Overall Objective(s) of the Project

To develop a sustainable and integrated health services delivery model that is rooted in Innu culture, our relationship to the land (*Nutshimit*), and our knowledge of health and healing. The model will facilitate the delivery of culturally safe health services to youth in the two Innu schools in Natuashish and Sheshatshiu, Labrador.

## Section B: Project Information

### B1. Executive Summary

Innu youth are often living between a modern world that they are ill equipped to handle due to the traumas of settlement on their parents and grandparents, and a traditional Innu culture that, for many, is no longer a lived experience. Our relationship with the land has much to offer Innu youth to enable them to live healthier lifestyles and deal with modern day challenges. According to Innu elders, our relationship to the land creates four paths to health and healing: mental, spiritual, physical, and emotional. Restoration of our health and healing must be rooted in our Innu culture, in particular through the four paths to health and our relationship to the land.

What exists now for youth in Natuashish and Sheshatshiu is a variety of programs and services being offered in isolation, in silos with little formal collaboration. Youth are often on their own to navigate the health care system, to access existing resources, and to create their own path to health.

In partnership with other health service providers, we want to develop an Innu way to deliver health services to our youth to enable them to live healthier lives and to contribute to re-building healthy, sustainable, and resilient Innu communities. This project will bring the tools and lessons of *Nutshimit* and to create innovative health services delivery model for youth. The model will focus on youth ages 12 and up that are in school however it will be designed to be flexible so that it may be shared and implemented by other sites to reach Innu children who go to school outside the community and/or Innu youth who are not in school.

This project will produce an integrated model for the delivery of health services in both Labrador Innu schools. The model will lay out culturally rooted and easy to follow paths to health – mental, spiritual, emotional and physical – for youth. There will be increased integration among all partners, a team of culturally competent health care practitioners



work together, share information, and provide coordinated, holistic support to youth. The result is healthier youth and ultimately a healthier and more resilient Innu population.

## B2. Project Description

The 2014 Innu Healing Strategy, a long-term vision adopted by the Labrador Innu communities of Natuashish and Sheshatshiu, states: “there is consensus that the forced transformation of the Innu from nomadic hunters into sedentary residents of communities within one generation is the starting point for most of the social and health ills of the Innu”. Since this forced settlement in the 1960s, our relationship to the land has changed dramatically and has adversely affected all aspects of our individual and communal health. There is abundant evidence demonstrating this impact: life expectancy is 46-47 years; suicide and infant mortality rates continue to be high. The growing population in our communities and our young demographic profile, which contrasts to the aging population in most other areas of Newfoundland and Labrador, highlight the need for innovative, collaborative policy and programs to address youth concerns including health.

While almost everyone in our communities has been negatively impacted by settlement life, our communities’ youth are particularly hard hit as a result of the sudden disconnect from the land. Innu youth are often living between a modern world that they are ill-equipped to handle due to the traumas of settlement on their parents and grandparents, and a traditional Innu culture that, for many, is no longer a lived experience. In Natuashish and Sheshatshiu, youth ages 12-30 old make up over 40% of the Labrador Innu communities’ population. Improving their health will inevitably result in better health outcomes in our communities.

The registered population of Natuashish is 911 people (February 2016). Of these 911 Mushuau Innu, 565 (or 70%) are under the age 30. Approximately 390 (43%) are between age 12 and 30. The population in Sheshatshiu is similarly very young. In 2014, of the population of 1597 (SIFN Primary Health Community List), 40% (642) were youth between the ages of 11 and 30.

The work and wisdom of the Innu Care Model developed by the Innu for Child, Youth, and Family Services is leading the way in naming *Nutshimit* at the heart of an Innu approach. It is the foundation for operational CYFS program delivery (practices, activities, social work, community placements, group homes). There is recognition that the model, when combined with the healing strategy, delivers a powerful message to



practitioners, government officials and service providers in all areas of health services dealing with children and youth.

This project will draw on this work, and continue to make connections between the tools and lessons of *Nutshimit* to an innovative health services delivery model for youth. In partnership with other health service providers, we want to develop an Innu way to deliver health services to our youth using existing resources to enable them to live healthier lives and contribute to re-building healthy, sustainable, and resilient Innu communities.

The model development will focus on youth ages 12 and older who are in school – 233 in the Sheshatshiu Innu School and approximately 150<sup>1</sup> in the Mushuau Innu Natuashish School – however the model will be designed to be flexible so that it may be shared and implemented by other sites to reach Innu children who go to school outside the community and/or Innu youth who are not in school.

The model will build on work our communities completed in the spring of 2016, when two youth health reports brought youth's voices and concerns as well as their ideas and solutions. Both the MIFN Youth Engagement Report and the SIFN Youth Health Report (see [www.irtsec.ca](http://www.irtsec.ca)) identified similar youth concerns about health. In Natuashish the youth identified gas sniffing, drugs, and marijuana smoking as their top three health concerns. They recommended: in-community support to help youth deal with trauma, mental health, and addictions; the promotion of a broader definition of health in school that focuses on wellness and healthy living; support for new moms/parents; and promotion of education. In Sheshatshiu, youth identified drugs, alcohol, and bullying as the top three hardest things for them, and they recommended: presentations in school to talk about healthy behaviours; education and support for quitting smoking; education on drugs and alcohol; treatment and support options including aftercare programs for youth; more youth counselors and people to talk to one-on-one in the community; information on healthy relationships, safe sex; and prevention of bullying. These are the voices of youth from both our communities clearly stating the help and support they need to live healthier lives while the voices of our elders are reminding us that health for the Innu is rooted in going to *Nutshimit*.

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<sup>1</sup> At the time of the writing of this proposal, the Internet service was out in Natuashish, so an exact number of students is not available.





### **Priority Area**

The 2014 Innu Healing Strategy that was adopted by both communities emphasizes the importance of a focus on Innu youth and their critical role in rebuilding healthier Innu communities. Every aspect of the Healing Strategy represents issues that impact youth now and into the future. The breadth and scope of the issues addressed in the strategy combined with the high youth population within both Natuashish and Sheshatshiu highlight the need to ensure that the voice and perspective of Innu youth continue to be heard with the implementation of the Healing Strategy.

The voices of youth ages 12-18 were well represented in the two youth health reports previously referenced. Youth shared their feelings on the importance of school in their lives – of youth staying in school, and of having the supports they need to return to school. This project will connect these priorities identified by youth to health, and health to schools. The Mamu Tshishkutemashutau Innu Education School Board's report "Mishishtiani: Schooling in Sheshatshiu and Natuashish: A report on community consultations 2013, states: "a number of people in both communities had ideas of how the schools could work more with community organizations. They could regularly invite health workers to talk about sex education or addictions workers to talk about alcohol and drugs." This project will bring together the priorities and interests of project partners and provide an integrated way of bringing health services to youth in the community in a culturally safe and accessible way.

Furthermore, the Mental Health and Addictions department, Labrador-Grenfell Health is committed to delivering accessible mental health and addictions services to all residents of Labrador. Their educational and clinical services are in line with several priority areas identified by Innu youth and leaders: inhalant abuse, alcohol and drug abuse, and treatment and aftercare for youth, and they are committed to collaborating on this project.

### **"Before and after" picture**

What exists now for youth in Natuashish and Sheshatshiu is a variety of programs and services being offered in isolation, in silos with little formal collaboration. Youth are, on a lot of occasions, on their own to navigate the health care system, to access existing resources, and to create their own path to health.

What will exist in the future as a result of this project is an increased level of integration among all partners, a system that lays out paths to health – mental, spiritual, emotional and physical – for youth. These paths are culturally rooted and easy to follow. A team of



culturally competent health care practitioners work together, share information, and provide coordinated, holistic support to youth. The result is healthier youth and ultimately a healthier and more resilient Innu population.

### Partner role and contribution

Partner Organization	Contact	Commitment
Innu Round Table Secretariat	Annie Picard, Health Coordinator Other support to project: Lyla Andrew, CYFS Community Liaison and June Fry, Innu Child Health Coordinator	Coordination and management of the project
Mamu Tshishkutemashutau Innu Education	Elena Andrews, Director of Education, Sheshatshiu Katie Rich, Director of Education, Natuashish	Commitment of staff to the design of the model
Mushuau Innu First Nation Health Commission	Kathleen Benuen, MIFN Health Director Sonja Piwas, Youth Coordinator	Commitment of staff to the design of the model Staff time to support project coordination in the community
Sheshatshiu Innu First Nation Primary Health	Mary Pia Benuen, SIFN Primary Health Care Director	Commitment of staff to the design of the model Staff time to support project coordination in the community
Sheshatshiu Innu First Nation Social Health	Jack Penashue, Social Health Director Amanda Rich, Youth Manager	Commitment of staff to the design of the model Staff time to support project management
Labrador Grenfell Health, Mental Health	Sandy Penney, Regional Director, Mental Health & Addictions	Commitment of staff to the design of the model

### Partners' capacity and readiness

Since its incorporation in 2014, the IRT Secretariat has demonstrated its capacity and readiness to manage and implement projects that involve the achievement of results as identified by the communities of Natuashish and Sheshatshiu. The IRT has provided



support and coordination for these efforts through good working relationships with its external partners.

The Innu Health Coordinator, Annie Picard, has successfully managed several health projects over the past year including: the IMC Health Planning Forum; the Youth Health Reports; the Diabetes Strategy. In March 2017, Annie will graduate with her Advanced Leadership Certificate in Community Management from the University of Prince Edward Island (UPEI). Through this program she has learned skills in project management, work planning and implementation, communications, and partnership development. Ms. Picard will work closely with the project manager to manage this project to ensure that the desired outcomes are achieved.

This project will also rely on the existing relationships and partnerships through the Innu Minuinnuin Committee (IMC), a subcommittee of the IRT, that brings together Innu health leaders, and Innu education directors with their federal and provincial partners. The IMC has grown in strength over the past few years and has successfully collaborated on initiatives and projects. All project partners are members of the IMC, which meets 6-7 times per year.

Furthermore, many of the representatives from the Innu project partners are participants or graduates of the Leadership Certificate in Community Management. Through this program they have developed excellent skills in planning, budgeting, collaboration, management and leadership. With their involvement, along with committed federal and provincial partner, the project steering committee will be a real strength with this project.

### **Risk Assessment**

Partner engagement: The success of the project is dependent on the ongoing engagement on the part of project partners. There is a risk that partners may become disengaged. This risk will be mitigated by careful planning, ongoing, clear and open communication, and a shared vision and commitment to improving access to culturally-safe health care services for youth in Natuashish and Sheshatshiu in both schools.

Coordination of so many partners with their own 'work cultures' could be also challenging. This risk will be mitigated by strong leadership, Annie Picard's skills in building relationships and bridging cultures, and the commitment of partners to work together.



Need for consultation will require travel and weather could cause delays (and potentially increase costs or schedule delays). To manage or prevent this risk from having an impact on the success of the project we will build in sufficient time to reschedule.

### **Sustainability plan**

Sustainability is built into the core of the project as key project stakeholders – partners, community, parents/guardians, and youth, and the Innu school board – will be involved in the governance of the project, the design and piloting of the model, and the development of an implementation plan. As part of the implementation planning, service delivery partnership agreements will be initiated based on existing resources – making the best use of what we have – to better serve our youth in both Innu schools.

Partners have a clear understanding of their role in the project and the opportunity this project offers to strengthen access, quality, and safety of health services across a continuum of care for youth. Existing programs will be strengthened, linkages between programs will be created and maintained, and our Innu health organizations will continue to grow in our capacity to lead collaborative planning and health service delivery.



### Approach to measuring

The end result of this project is an integrated model for the delivery of health services in both Labrador Innu schools. This model will lead to increased access to health care services for Labrador Innu youth, which will ultimately contribute to improved health outcomes.



**Immediate outcomes: Increased capacity and commitment** among stakeholders to deliver culturally appropriate, integrated and sustainable health services to youth in both Innu schools. Achievement of this outcome will be assessed through an analysis of capacity: number of staff directly involved in the delivery of services during the pilot, types of services delivered as part of the pilot, adaptations made to services based on the model, number of youth who access services during the pilot, satisfaction among youth who access health services; and commitment: number of partners who assisted in the design of the model, number of youth who participated in the project, number of parents/guardians engaged in the project; number of teachers who support the project, etc.

Strengthened partnerships (number of partners, quality of participation, number of service delivery agreements initiated)

#### ***Intermediate outcome: Increased access to health care services for Innu youth***

Using existing data, the steering committee will assess youth's access to health care services in each community (e.g. number of youth access current available health services, number of youth who go to *Nutshimit*, number of youth taught traditional stories, number of youth who eat a traditional diet, the number of youth accessing health care services during the pilot, their satisfaction with the quality of the services, confidence and capacity of service providers to provide culturally safe health care services to youth).



***Ultimate outcome: Improved health outcomes for Innu youth ages 12 to 19 in Natuashish and Sheshtashiu.***

To understand the longer term goal to which this project will contribute, the project steering committee will assess baseline educational and social context and experiences of youth in the both Innu schools/communities by drawing on available statistics (Health Status reports, youth health reports, school board data) to explore how healthy Innu youth are and what factors affect their health in both communities (living conditions, health behaviours, socio-economic factors, environmental factors). Reporting results on this outcome will not be possible within the scope of this 18-month project, but the outcome will serve as an anchor and focus for the work.

***Reporting***

Given the scope of this project, the project manager and steering committee will match anticipated immediate and intermediate outcomes with appropriate indicators to measure increased quality of the health services as a result of the project. Baseline data will be drawn from available sources, as well as established through the pilot project.

### B3. Work Plan

#### Ongoing project governance and partner commitment

Activity	Output	Measure of Success	Timeline	Lead
Recruitment of a project manager to manage the activities of the project and coordinate participation of the project partners	Project manager hired	Regular feedback between Health Coordinator and steering committee and the project manager	April/May (recruitment) June 2017 to August 2018 contract	IRT Health Coordinator
Establishment of a project steering committee with one representative from	Project steering committee will provide direction to the	Early on, each partner commits to certain	May 2017	IRT Health Coordinator and



Activity	Output	Measure of Success	Timeline	Lead
<p>each project partner to ensure ongoing communication and ownership by both communities and partners:</p> <ul style="list-style-type: none"> <li>• IRT Secretariat Health Coordinator</li> <li>• Mamu Tshishkutemashutau Innu Education, Directors</li> <li>• SIFN Social Health Youth Manager</li> <li>• SIFN Primary Health, to be determined</li> <li>• MIFN Health Commission, to be determined</li> <li>• LGH, to be determined</li> <li>• FNIHB, to be determined</li> <li>• School representation</li> <li>• Youth Representation from both communities</li> </ul>	project and ensure clear communication and ownership with both Innu communities and partners	actions, behaviours, roles within the steering committee and in their home organizations to support the success of the project. Self-assessment against commitment at key moments or at least mid-point and end of project		project manager
Development of work plan to guide the project work ensuring that the efforts of all partners remain focused on the achievement of the desired end results	Written work plan and timeline approved by steering committee	Quarterly monitoring	May – June 2017	Project manager and steering committee
Regular meetings of the project coordinator and the project steering committee (for example, once per month) to establish, strengthen and solidify relationships amongst the	Meeting minutes / records of decisions	Meeting records of decision show shared understanding of youth needs and existing resources	May 2017 to August 2018	IRT Health Coordinator and project manager



Activity	Output	Measure of Success	Timeline	Lead
project partners and to complete and monitor the activities of the project.				
Development of an implementation plan for the model	Implementation plan	Implementation plan shows a shared understanding of partner roles and a commitment to long-term service delivery in schools based on the model	October 2017 – August 2018	Project manager and steering committee

**Phase 1: Research and planning**

Activity	Output	Measure of Success	Timeline	Lead
Scan and analysis of Innu documents, resources and approaches including: <ul style="list-style-type: none"> <li>- Innu Care Approach</li> <li>- Health Information Management work on Innu knowledge of health and cultural indicators</li> <li>- Cultural resources (stories, legends, etc.)</li> <li>- School board reports</li> </ul> Research of best practices in Indigenous youth health in schools	Best practices report	Best practice report reflects a balance of Innu and non-Innu approaches and resources.	September – December 2017	Project manager and IRT Health Coordinator





Activity	Output	Measure of Success	Timeline	Lead
Planning and design of the stakeholder engagement process	A stakeholder engagement process	Schedule is flexible with time built in for unexpected delays as a result of travel or other	September 2017 – October 2018	Project manager with facilitation team

### Phase 2: Engagement of stakeholders in the development of the model

Activity	Output	Measure of Success	Timeline	Lead
<p>Implementation of a facilitated stakeholder engagement process in each community, Natuashish and Sheshatshiu. The process will include meeting with at least 10 representatives from each community (youth, parents/guardians, elders).</p> <p>During the process we will examine why “going to Nutshimit is health” according to elders (Innu Cultural Indicators Report 2013), and what can be learned from the Innu’s relationship to the land:</p> <ol style="list-style-type: none"> <li>1. The land and cultural/spiritual health</li> <li>2. The land and physical health</li> </ol>	<p>A report capturing an understanding of our relationship to the land as Innu and the paths to mental, spiritual, emotional and physical health it creates</p> <p>Documentation of feedback received and/or updates to the model</p>	An evaluation at the end of the process shows that partners feel the model reflects Innu culture and supports desired health outcomes	October 2017 – January 2018	Project manager, IRT Health Coordinator with facilitation team



Activity	Output	Measure of Success	Timeline	Lead
3. The land and mental health 4. The land and emotional health				
<ul style="list-style-type: none"> <li>A review of the information and recommendations from the 2016 Innu youth health reports</li> <li>A review of the health services and resources each project partners currently provides for youth in the communities of Natuashish and Sheshatshiu and how the services are provided</li> <li>Identification of current gaps and needs related to coordinated health services to youth in Natuashish and Sheshatshiu</li> </ul>	<p>A list of the health services and resources each project partners currently provides for youth in the communities of Natuashish and Sheshatshiu and how the services are provided</p> <p>A list of current gaps and needs related to coordinated health services to youth in Natuashish and Sheshatshiu</p>	Project steering committee has a shared understanding of the recommendations in the youth health report, the available resources, and how the needs of youth in both communities	October 2017 – January 2018	Steering committee with project manager
A final facilitated consultation that will include representation from all partners along with community representatives to review and validate the model design	An integrated and sustainable youth health services model that coordinates existing resources of all project partners and focussed delivery of health services to youth within the schools of the Mushuau and Sheshatshiu Innu First Nations	<p>Validation of model by stakeholders: youth, parents/guardians, elders, key partner organizations</p> <p>Surveys following meeting indicate that participants feel the model is on track to draw on existing resources</p>	February – March 2018	Project manager, IRT Health Coordinator with facilitation team



**Phase 3: Planning, benchmarking and monitoring**

<b>Activity</b>	<b>Output</b>	<b>Measure of Success</b>	<b>Timeline</b>	<b>Lead</b>
Educate service providers on the model through training  Service providers identify how their services need to be adapted to align with the model	Training delivered	Services providers attend training and identify how their (adapted) services can be part of the implementation of the model	April 2018	Project manager, IRT Health Coordinator with facilitation team
Planning and scheduling for the pilot project in each school (Natuashish and Sheshatshiu)	Pilot project schedule for delivery of health services in both Innu schools	All partners/providers fully participate in the model	February - April 2018	Project manager with steering committee
Implementation of the pilot project, establishing baseline through tracking of services delivered	Pilot project implemented and baseline established	All partners/providers make necessary adjustments and commit to continuing delivery model	May – June 2018	Project Manager
Modification of the model based on learning from the pilot	Final health services delivery model completed		July – August 2018	Project manager with project steering committee



**Project Schedule**

	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug
Recruitment of project manager	█																
Establish project steering committee		█															
Work plan		█	█														
Monthly project meetings	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Develop implementation plan							█	█	█	█	█	█	█	█	█	█	█
Best practice research						█	█	█									
Planning for stakeholder engagement						█	█										
Engagement of stakeholders						█	█	█	█	█							
Review of report; services; gaps							█	█	█	█							
Final consultation to validate model											█						
Training sessions													█				
Schedule											█	█	█				
Pilot project														█	█		
Final modifications																█	█



**B4. Budget**

Activity	2017-2018	2018	Total
Personnel			
- <i>Project manager and facilitators</i>	\$50,000.00	\$34,000.00	\$84,000.00
- <i>Honorariums</i>	\$4000.00	\$1000.00	\$5000.00
Supplies & Services	\$5000.00	\$2500.00	\$7,500.00
Professional Fees	\$0.00	\$0.00	\$0.00
Travel & Accommodation	\$31,000.00	\$6200.00	\$36867.00
Equipment & Office Rental Cost	\$10,000.00		\$10,000
- <i>Rental of space and equipment for consultations</i>			
Communication & Dissemination	\$4000.00	\$1000.00	\$5000.00
Training & Staff Development	\$0.00	\$0.00	\$0.00
Other	\$10,400.00	\$4470.00	\$14,870.00
<i>Administration fee (10%) see Appendix 1</i>			
Personnel	\$20,000.00	\$10,000.00	\$30,000.00
- <i>In-kind staff from IRT Secretariat, Sheshatshiu Social Health, Mushuau Innu Health Commission</i>			
<b>Total</b>	<b>\$134,400.00</b>	<b>\$59,170.00</b>	<b>\$193,570.00</b>



## Conclusion

There are many reasons why this project is needed in our communities. There are many reasons why the time is right for this type of project to succeed and make a lasting change in the health and lives of our communities' youth. Youth have given clear direction on what they need to be healthy. Elders in our community hold the wisdom of teachings of *Nutshimit* and want to share those teachings. Project partners in health and education are ready to work together to build an integrated and collaborative way of delivery health services in both Innu schools in Labrador. We look forward to hearing you in response to our proposal. Thank you. Tshinashkumitin.



**Appendix 1: Administration fee defined**

**Administration Fee 2017-18 Fiscal year**

<b>Administration Budget</b>			
<b>Administration Budget Breakdown</b>	<b>Total Admin Cost</b>	<b>Total Per Budget Line</b>	<b>Notes</b>
	\$ 10,400.00		1
Financial Administration (50%)		\$ 5,200.00	2
Contract Management (30%)		\$ 3,120.00	3
Audit Cost (10%)		\$ 1,040.00	4
Communication Cost (5%)		\$ 520.00	5
Miscellaneous Expenses (5%)		\$ 520.00	6
<b>Total</b>		<b>\$ 10,400.00</b>	
<b>Notes</b>			
1) The administration surcharge of 10% is applied to all projects and is consistent with allowable expenses as proposed by Federal and Provincial partners.			
2) The IRT Secretariat applies a surcharge for the financial administration of project funds. This surcharge is used to cover the additional administrative cost associated with financially managing the project resources including those related to processing of invoices, payments, financial reporting and administrative cost. This represents a total of 50% of the administration cost.			
3) Contract Management expenses are applied to each project as each project often requires separate and/or multiple contracts with detailed provisions, monitoring and processing which often requires a time commitment of organizational staff above and beyond their regular duties. This represents 30% of administration cost.			
4) The Auditing Contribution covers cost associated with completing yearly auditing activities required in most contribution agreements, and as due course for community financial management practices, and agreements with funding partners. This represents 10% of administration cost.			
5) Communication includes cost associated with project communication including telecommunications, in-person conferencing and limited specialty (posters, invitations) printing. This represents 5% of administration cost			
6) Miscellaneous Expenses are applied to the general use of office equipment (printer & paper) and supporting the hard cost of maintaining and operating the office (rent, utilities) so that the project can be delivered. This represents 5% of administration cost			





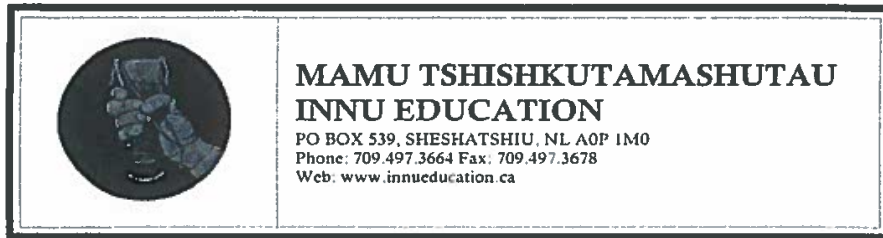
**Administration Fee 2018-19 Fiscal year**

<b>Administration Budget</b>			
<b>Administration Budget Breakdown</b>	<b>Total Admin Cost</b>	<b>Total Per Budget Line</b>	<b>Notes</b>
	<b>\$ 4,470.00</b>		<b>1</b>
Financial Administration (50%)		\$ 2,235.00	2
Contract Management (30%)		\$ 1,341.00	3
Audit Cost (10%)		\$ 447.00	4
Communication Cost (5%)		\$ 223.50	5
Miscellaneous Expenses (5%)		\$ 223.50	6
<b>Total</b>		<b>\$ 4,470.00</b>	
<b>Notes</b>			
1) The administration surcharge of 10% is applied to all projects and is consistent with allowable expenses as proposed by Federal and Provincial partners.			
2) The IRT Secretariat applies a surcharge for the financial administration of project funds. This surcharge is used to cover the additional administrative cost associated with financially managing the project resources including those related to processing of invoices, payments, financial reporting and administrative cost. This represents a total of 50% of the administration cost.			
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## Appendix 2: Letters of support



February 1, 2017

Annie Picard  
Health Coordinator  
Innu Roundtable Secretariat  
C/o Sheshatshiu First Innu Nation  
P.O. Box 160  
Sheshatshiu, NL A0P-1M0

RE: Letter of Support

**PROJECT NAME: An Integrated Health Services Delivery Model for Youth in Innu Schools**

Dear Mrs. Picard,

I, Elena Andrew, Director of Education, for the Sheshatshiu Innu School, support the Integrated Health Services Delivery Model for Innu Youth proposed by the Innu Roundtable Secretariat.

I believe this project is very well suited for the Sheshatshiu Innu School due to its focus on the Innu's relationship to the land, and the supports it plans to set in place for encouraging mental, spiritual, physical and emotional health for students. On a daily basis we deal with far too many kids who suffer from suicidal thoughts, who have been taken into care by CYFS, who are struggling with relationship problems and many, many other health related issues. With this Innu driven project I think we can reach and help far more many youth than we currently are.

I understand that this program will take a lot of time and commitment to get off the ground (the planning/consultation stage) but I am more than willing, along with other school staff, to be part of the steering committee and attend regular meetings to develop a joint work plan for the project. The Sheshatshiu Innu School is also willing to provide a space to pilot the project from April to June 2018.

1 of 2



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If you have any further questions, concerns regarding this project, please do not hesitate to contact me. My number at the Sheshatshiu Innu School is (709) 497-3533, ext. 233, and my email address is eandrew@innueducation.ca. I look forward to hearing from.

Regards,

  
Elena Andrew, Director of Education  
Sheshatshiu Innu School

2 of 2



**Mushuau Innu Natuashish School****P.O. Box 189, Natuashish, NL****Phone: 709-478-8972 Fax: 709-478-8989**

MINS Administration

1 Rich Street

Natuashish, NL

AOP 1A0

**February 03, 2017**

Annie Picard

Innu Round Table Secretariat

Sheshatshui, NL

AOP 1M0

**Re: Youth Health Services: Synopsis**

Dear Ms. Picard,

Our understanding of Youth Health Services in Schools is that it is a holistic approach to the well-being of our youth; mental, spiritual, physical and emotional health. Mushuau Innu Natuashish School is absolutely dedicated to being a partner in this endeavor. We will persevere to form cooperative partnerships with interagency organizations to effectively achieve the goals and objectives outlined in the scope and sequence of our model. Throughout the planning stages and thereafter, our steering committee will meet to identify attainable objectives; objectives that will sustain our holistic model for Youth Health Services in Natuashish.

We feel that mentally healthy students are more likely to go to school ready to learn, actively engage in school activities, have supportive and caring connection with adults



and young people, use appropriate problem-solving skills, respect one-another and add to a positive school and community culture. The promotion of Innu culture, language, traditions and values must be the foundation for the implementation of this model.

**Current Programs for Youth Health Services at MINS**

- Weekly land-based cultural activities
- School setting- Creating a culturally definitive atmosphere-display cases, wall art,etc
- After school guidance program
- After school traditional cooking class
- Vibrant after school/evening gym program
  - \* Volley Ball-Grades 7-12
  - \* Girls Volley Ball Night
  - \* Boys Volley Ball Night
  - \* Community Volley Ball Night
  - \* Family Volley Ball Night
  - \* Movie Night-Students
  - \* Movie Night-Students and Parents
  - \* Floor Hockey-Grades 4-12
- Discipline Model- Holistic policies supported through conflict resolution and in-school programming- individual, small group, and school wide programming.
- Buddy reading mentoring program-K-12- to support school spirit through Innu language integration.
- Nutritious breakfast and Snack programs to promote healthy living.

Yours in education,

MINS Administration



**Mushuau Innu Health Com.**  
Tel: (709)478-8871 Fax: (709)478-8821



P.O. Box 188, Natuashish  
Labrador, NL A0P 1A0

**Mushuau Innu Government Vision Statement**

To provide good government, that responds to the needs of the people and fosters unity, understanding and fairness to the Mushuau Innu

Re: Coordination of Youth Health Services in Innu Schools

I am writing this letter of support for the project submitted by IRT Secretariat on behalf of Sheshatshit and Natuashish communities targeting youth from both communities in the schools and developing a integrated health model to deliver health services.

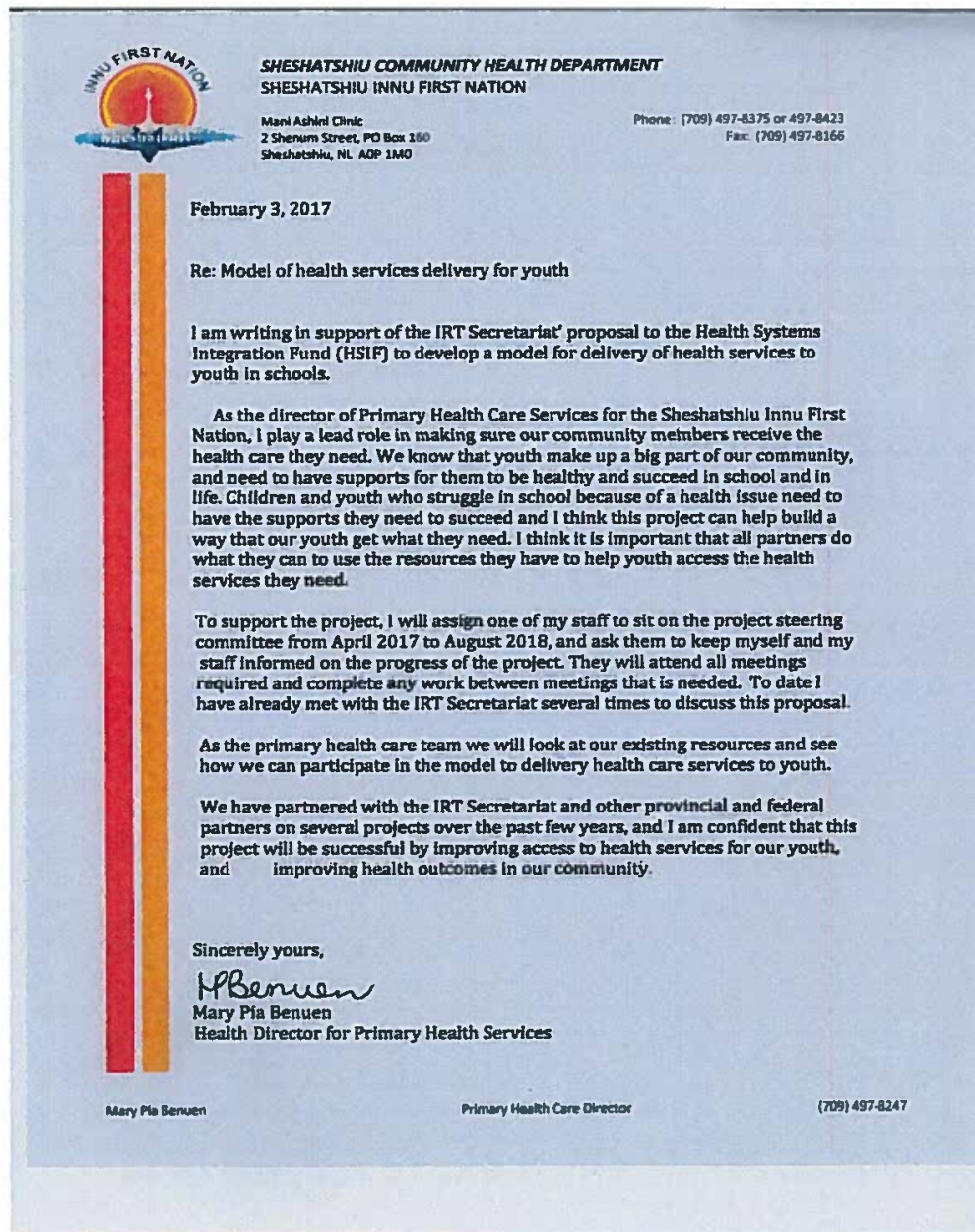
The pilot project will benefit the youth who are our future leaders. The plan to combine input from all agencies and youth voices to make this a success is the right direction. We need to start implementing concerns and fill in gaps to help shape our youth for brighter opportunities where in the past they lost out. The information will bridge the gap where youth are not accessing health services right now.

As the health director for the Mushuau Innu First Nation, I am committed to supporting the project in whatever way I can. We will assign a representative to sit on the project steering committee, Sonja Piwas. When the project manager comes to the community we will help them connect with members of our community (elder, parents, teachers, youth) to learn from them, and help make any logistical arrangements. Making bridges to healthy lifestyle.

Sincerely,

Kathleen Benuen  
Health Director







## Sheshatshiu Innu First Nation

### Social Health Department

P. O. Box 160  
Sheshatshiu, Labrador  
AOP 1M0

Bus: (709) 497-8231  
Fax: (709) 497-8973

February 3, 2017

To whom it may concern;

Re: Model of health services delivery for youth

On behalf of the Sheshatshiu Innu First Nations Social Health department, I am writing this letter to show our support for the development of a model for the delivery of health services in schools for youth in our community.

Our department is responsible for the Mental Health and Addictions programing and service delivery, which includes referrals and counselling. We also advocate and support Innu clients dealing with Child Youth and Family Services. As part of our work with Child Youth and Family Services (CYFS), I led a working group that developed an Innu Care Approach that is designed to guide all CYFS activities. I believe the Innu Care Approach will be a helpful resource for the project steering committee of this project, and I will share what I can to help them learn from our work. Our approach delivers a clear message to all who are providing services youth. *Nutshimit*, our life on and connection to the land, is the starting point where health and wellbeing begins.

Amanda Rich, our Youth Outreach Worker and Youth Centre Manager will sit on the project steering committee from April 2017 to August 2018. She will represent Social Health and work to keep all our staff informed and engaged in the project. We will also provide meeting space for community consultations and steering committee meetings in Sheshatshiu when needed. As part of the project, we will look at our existing resources and see how they can be integrated into the model that is developed.

Youth in our community make up a large percentage of our population. We heard their voices clearly in the SIFN Youth Report in 2016 and they asked for more health services. We need to bring health services closer to where they are and I think this project can do that.

Thank you, /s/

Jack Penashue BSW  
Social Health Director

