

Hunt, Deanne

From: MacDonald, Sheree P.
Sent: Monday, July 18, 2011 3:00 PM
To: Hunt, Deanne
Subject: FW: Innu Round Table
Importance: High
Attachments: Chiefs' letter to Ministers July 2011 Page 1.jpg; Chiefs' letter to Ministers July 2011 Page 2.jpg; Roundtable Proposal for Canada July 8 2011.doc

pp

From: Dutton, Sean
Sent: July 14, 2011 11:57 AM
To: MacDonald, Sheree P.; Rose, Baxter; Cooper, Bruce; Burrage, Don
Subject: Fw: Innu Round Table
Importance: High

This is just for your information - Innu proposal to the federal government on the Innu Round Table. There are subcommittees proposed on CYFS, income support, health/healing, and justice/policing.

Sean

Sent Via BlackBerry

From: Harvey, Brian
To: Nippard, Melissa; Dutton, Sean; Gover, Aubrey
Sent: Wed Jul 13 14:43:38 2011
Subject: Fw: Innu Round Table

Melissa, please log.
Best,
Brian

Brian RM. Harvey
Director, Policy & Planning (A) - Aboriginal Affairs
Department of Labrador & Aboriginal Affairs
Government of Newfoundland and Labrador
(709) 729-1487 (w)
(709) 693-1612 (c)

Sent Via BlackBerry

From: John Higham <John.Higham@chignectogroup.com>
To: Harvey, Brian
Sent: Wed Jul 13 14:37:24 2011
Subject: FW: Innu Round Table

7/18/2011

BRIAN

I noticed when preparing to send the message below that the provincial Minister was left off the list, with yourself as the sole provincial contact. Rather than try to get it rectified and secure approval from the Chiefs again, I went ahead with distribution as it was.

I trust that you will be able to deliver materials to the appropriate Minister(s). When doing so please convey my apologies for not ensuring the correct protocol was followed on this.

If you prefer I can send a follow-up note directly to whichever Official(s) you suggest in the provincial government. Let me know how best to proceed.

Thanks,

John Higham
Chignecto Consulting Group
14 Weldon Street
Sackville NB
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From: John Higham [mailto:John.Higham@chignectogroup.com]
Sent: July-13-11 1:51 PM
To: 'john.duncan@parl.gc.ca'; 'leona.aglukkaq@parl.gc.ca'
Cc: Sebastien Benuen (chiefsbenuen@sifn.ca); Simeon Tshakapesh (simeon@mushuau.ca); Simeon Tshakapesh (stshakapesh@gmail.com); Josef Riche (jriche@innu.ca); George Rich (grich@innu.ca); Dougal MacDonald (MacDonaldC@inac-ainc.gc.ca); 'simon.dentremont@hc-sc.gc.ca'; Debra.Keays-White@hc-sc.gc.ca; 'Steven Joudry'; Harvey, Brian
Subject: Innu Round Table

Ministers Duncan and Aglukkaq:

The Innu Chiefs of Labrador asked me to transmit the attached package on their behalf to your offices and to those others noted on the cover letter. A hard copy has also been FAXED to both of your parliamentary offices today.

As you will see it is in follow-up to earlier exchanges about refining the former Main Table process to better fit the new stage of the relationship between the Innu, Canada and Newfoundland and Labrador, and it proposes a new approach called an Innu Round Table.

If you have any issues with transmission of this material please contact me. All other questions can be directed to the signators of the attached, Chief Simeon Tshakapesh (Mushuau Innu First Nation) and Chief Sebastien Benuen (Sheshatshiu Innu First Nation).

(For others receiving electronic copies of this message, please know that no follow-up hard copies will be provided.)

Sincerely,

7/18/2011

John Higham
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Mushuau Innu First Nation

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July 7, 2011

The Honourable Leona Aglukkaq
Minister of Health
Fax: (613) 996-9764

The Honourable John Duncan
Minister of Aboriginal Affairs and Northern Development
Fax: (613) 996-3306

RE: Innu Round Table

As the Minister of Health noted in her December 2010 letter, it is important that the Innu and Canada work together to secure the gains made in community health and healing during the Labrador Innu Comprehensive Healing Strategy (LICHHS). We appreciate the extension of funding for that purpose and the need for finding methods to secure progress until 2015.

However, as we noted in our March 2011 letter to both Ministers, Innu leadership felt that the approach proposed by Canada was insufficient to meet the recommendations contained in the evaluation report on LICHHS. We asked for some time to prepare another approach and offer it as an alternative. That approach—the Innu Round Table approach—is contained in this package.

The Innu Round Table approach is proposed to better address the main recommendations of the LICHHS evaluation for: larger Innu roles and responsibilities, a planning context, progress measurement, and strengthening capacity for future self-government. It is a fully tripartite process with these key features:

- Adoption of community-based healing plans to guide delivery of A Base services, identification of priority investments, and implementation of case management procedures.
- Operating within the same envelope of funds Canada has committed to the process.
- Acting under tripartite consensus for all major investment, devolution, and health decisions.
- Innu management and administration of the process and Innu accountability for those tasks.
- Secretariat services to the process to be supplied through an Innu Tribal Council.

We have built the Innu Round Table approach to not only better meet our mutual health and development goals, but also to be as compatible as possible with what we know of INAC and HC's authorities. However, we understand that this approach is easier for INAC to implement than for Health Canada. IN that light we do recall the Minister of Health's point that after the needs assessment is complete, that she would be have to return to central agencies for authority to continue activities through to 2015.

It seems to us that this offers an implementation path for the Innu Round Table as follows.

- An immediate acceptance in principle of the approach;
- Innu Completion of two community-based healing plans over the next three months;
- Isolation of first year activities that focus on health planning, mental health, children's health and addictions treatment by fall;
- Direction for staff to operate with as much flexibility as possible within existing authorities;
- Later this year a merger of the community- based healing plans with the needs assessment results to identify what Health Canada may wish to take to central agencies;
- Implementation of subsequent years' activities through existing INAC and new HC authorities.

We trust that the enclosed material provides sufficient information on the round table process for your purposes. However, we are more than happy to come to Ottawa to go over it in more detail with one or both of you. Please note that we are copying regional officials in both your departments to ensure they can advise on the proposed approach as well, and have sent a copy to the contact of this file in Aboriginal Affairs in the Province of Newfoundland and Labrador.

Thank you for your consideration of our proposal for an Innu Round Table.



Chief Sebastien Benuen
Sheshatshiu Innu First Nation



Chief Simeon Tshakapesh
Mushuau Innu First Nation

Copies to:

Grand Chief Josef Rich
Deputy Grand Chief George Rich
INAC Atlantic ARDG D. Macdonald
HC Atlantic RDG S. D'Entremont
HC Atlantic NIHB D. Keays-White
HC & INAC Integrated management Steve Joudry
Aboriginal Affairs N&L B. Harvey

Innu Healing Roundtable Proposal June 2011

Introduction

Canada has undertaken several steps to address the longstanding health and social issues impacting the Innu of Labrador. Many activities were included in its Labrador Innu Comprehensive Healing Strategy (LICHS) which was evaluated in 2009. That report found:

"... strong evidence of a need for long-term, government supported Innu healing in order to address unresolved social, health, safety and economic issues and to maintain and build upon healing progress."

Among its recommendations were to:

" ensure that the next phase of the Strategy is community-based and supportive of Innu capacity and self-government."

" incorporate an Innu perspective, ... on what approach should be developed and what activities should be included as healing initiatives." And

" provide a solid evidence base for the ongoing healing of the communities and to track changing healing needs and accomplishments."

Canada's response to the report was to: place what had been "INAC healing strategy" funds into the Region's A Base; encourage access to proposal-based funding; provide temporary authority for Health Canada's additional funding for healing to continue in two specified fields and; to continue the Main Table as a tripartite discussion forum.

Innu leaders indicated that keeping a similar level of funding level was acceptable. However, operating without a community-based strategy that built Innu capacity, and without acceptance of Innu Healing priorities, was not. In that light continuing the Main Table was not desirable either.

The Innu Chiefs served notice in a March 2011 letter to the Ministers that the Innu considered Canada's proposed approach inappropriate given the evidence provided through the LICHS evaluation. The Innu suggested a modified approach that better addressed the evidence and the recommendations of the LICHS evaluation, but still functioned within the same funding envelope. The Chiefs asked the ministers for some time to flesh out an Innu Round Table and provide a more detailed proposal. That is the purpose of this document.

The Innu Round Table Approach

The Roundtable will incorporate a series of tripartite structures that will guide the approval, funding and implementation of the Healing Strategy planned by the Innu. The Roundtable is based on six pillars:

- 1) Innu priority setting, service integration, and Community-based healing
- 2) Tripartite oversight and discussions
- 3) Tripartite consensus on implementation, workplans & budgets
- 4) Professional oversight, administration and transparency
- 5) Responsible funding and;
- 6) progress measurement and full accountability

- 2 -

Each of these Pillars is summarized below and an illustration of the whole Innu Round Table system is provided in Figure two. Additional information on each Pillar is supplied in Appendices one through six.

Pillar One Innu priority setting, service integration, and Community-based healing.

Each community will refine and adopt an integrated and comprehensive community-based healing plans. This set of objectives, strategies, activities and measurements will guide decision making in the community over the next three to five years. The plan will: be a framework for integration of A-Base services in the community; guide development of case management structures and; identify priority unfunded activities requiring additional investment. Priority activities and projects above A-Base services, will be implemented through Round Table resources.

The Innu are presently considering their past community healing proposal submissions. These will be made current over the next three months and a target for adoption is early fall. The Round Table Secretariat (see below) will assist in Healing plan development and the four chiefs will act as a steering committee to encourage collaboration on services and with external agencies.

Community-based Healing Plans are the key product for this pillar. The approach for Innu community based healing plans is illustrated in figure one, and their place in the overall Round Table process is shown in figure two. Additional information on community based healing plans is found in Appendix one

Pillar Two Tripartite oversight and discussions

Tripartite consensus is essential for progress and it underlies all elements of the Innu Round Table approach. The Innu Roundtable will be overseen by a political level tripartite committee. This is to be comprised of the four Innu Chiefs, two Ministers of Canada (Indian Affairs & Health), and two Ministers of Newfoundland and Labrador (Aboriginal Affairs & Health). This body would meet once a year while the Innu Roundtable operates. It will be mandated to deal only with strategic issues associated with the Round Table process and measures of its progress. Operational matters will not be allowed on the agenda which must be approved by all parties.

The Principals Roundtable is the forum for demonstrating commitment to the tripartite nature of issues, the need for consensus on actions, and the support for the Innu Round Table process at the highest levels of each government. The Principals Round Table place within the overall Innu Round Table, is illustrated in figure two and additional information is found in Appendix Two.

Pillar three Tripartite consensus on implementation, workplans & budgets

Supporting the Principals Round Table is an Implementation Round Table comprised of senior officials from each of the three governments. This body will be very familiar with Innu healing plans and priorities, the A-Base services available to the communities, and the nature of devolution discussions and capacity development needs.

- 3 -

The Implementation Round Table will ensure operational consensus on major activities, set a practical time horizon for implementation, and establish all working committees. Carrying through the tripartite consensus approach, it will set annual budgets for each category of activities, and approve workplans proposed by roundtable committees. The Implementation Roundtable will seek to maximize access to and collaboration with all federal and provincial programs and services, ensure measurement and reporting of progress, and bring new actors and information to the process as events require. It is expected this group will meet four times a year. Meetings will be facilitated by a person appointed by the Innu Chiefs.

The Implementation Round Table will establish committees and set goals and terms of reference, as required. All Committees will have tripartite representation, develop workplans and budgets for Implementation Round Table approval, and set its own operating procedures. The following Working Committees—CYFS Devolution, Income Support Devolution, and Health and Healing-- with similar representation as those involved under the Main Table process, will be created immediately. The Innu will ask the Implementation Roundtable to consider Policing & Justice, and Capacity Development Working Committees as priority additions.

Implementation Roundtable and Working Committees are the two main structures associated with Pillar three. The place within the overall Innu Round Table is illustrated in figure two. Additional information on the Implementation Round Table and working committees is found in Appendix Three.

Pillar Four Professional oversight, administration and transparency

Complex intergovernmental work requires professional management and administration. A new group consisting of professional contract staff hired to assist with implementation of Committee work, transition of devolution, facilitation of capacity building, and administration of the Innu Round Table process and funding, is needed. An Innu Tribal Council is currently being incorporated and will house a Round Table Secretariat. As per federal policy the Innu Tribal Council will be governed by a Board of Directors from the two First Nation communities the Tribal Council will service.

The Round Table Secretariat will be managed by a senior official with recognized knowledge and experience. Other staff will be engaged as approved through working committee requests and budget approvals. The secretariat will be accountable for all healing funding, major documents, meetings, and reports. The secretariat's mandate will cease when the Innu Round Table is completed. But it is expected that the Innu Tribal Council will carry on for many years thereafter.

Roundtable Secretariat is the main structure associated with Pillar four. Its place within the Innu Round Table approach is illustrated in figure two. Additional information on the Round Table Secretariat is found in Appendix four.

Pillar Five Responsible funding

The retention of resources by Canada and the development of federal capacity rather than Innu capacity, were linked to many concerns about the LICHS. The LICHS evaluation strongly supported the transfer of resources from Canada to the Innu as part of additional support. It states that the government and the Innu need to:

- 4 -

"...agree together how best to realign resources currently allocated to the LHS in Goose Bay so that the funds flow directly to the communities and utilize Innu expertise to the extent possible. The overarching rationale is to better serve the community according to their identified needs."

Consistent with this recommendation, an equivalent funding level to that invested and managed by Canada in the previous years is to be continued. This total includes all funds for specific "healing" above A-Base funds and services. For the past few years these have included items such as Mental health, maternal health, addictions treatment, office O&M, salaries, devolution, travel, and the special federal representative. To be clear A-Base funding and services should continue to be dispersed to the communities or through the applicable Federal-provincial agreement, and is not part of the funding of the Innu Round Table.

Innu Round Table funds will be transferred to the Roundtable Secretariat with authorization for expenditure on the budget categories approved by Implementation Roundtable resolution including Committee workplans, healing projects, capacity investments, funding management, communications, and meetings. This approach ensures both the Innu and Canada will be appropriately responsible for funding decisions and will improve the reporting and transparency on expenditures and results.

Funding. The structures associated with funding management under the Innu Round Table process are illustrated in figure two. Additional information on funding is found in Appendix five.

Pillar Six Progress measurement and full accountability

One of the Innu's conclusions from participating in the LICHS evaluation was the lack of evidence for results of the investments.

"...the Strategy has not invested enough time and energy on measuring outcomes. What little data has been collected has tended to document the number of participants and the number of programs offered rather than reporting on actual healing outcomes..."

The end result is that while the evaluation found evidence for continuation of the assistance to the Innu, it turned to various other indices to suggest evidence for measuring the success or progress of LICHS. As a result one of the main recommendations was that additional support should:

"...provide a solid evidence base for the ongoing healing of the communities and to track changing healing needs and accomplishments." ... "with the end objective to have solid evidence to monitor progress, with evaluation and monitoring data owned by the Innu, with continued support from partners."

The Innu Comprehensive community-based healing plans will lay out the framework for measurements. In addition the Implementation Round Table will be asked to consider an overall measurement framework and the Principals Round table to monitor overall progress. Finally, each committee will be asked to consider how it proposes to measure its progress.

All of this activity will be monitored and collected through the Secretariat to form an integrated measurement system managed by the Innu. The Secretariat will provide reports on progress and on funding management to all parties. In addition it will be filing reports as

- 5 -

required by terms of funding transfers and assisting Committees in documentation around their workplans and results. Finally, as an incorporated body, the Tribal Council will also provide annual reports on all of its activities to the board and the two communities.

This approach will leave a significant legacy including an Innu owned data base, a program evaluation framework to guide future community development, and precedents of comprehensive community reporting and accountability.

The measurement and accountability approach flows through all the structures of the Round table as outline in figure two. Additional information is found in Appendix six.

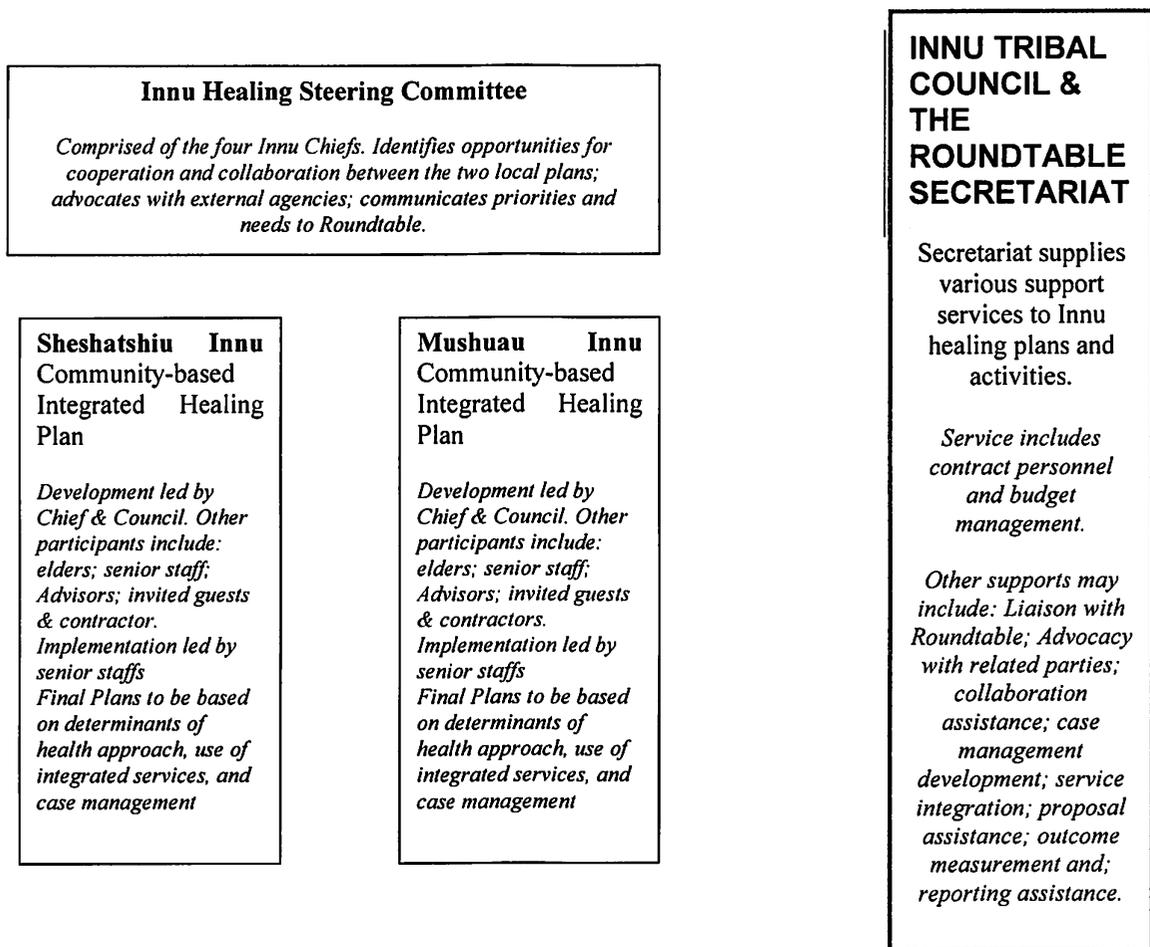
- 6 -

Federal decisions required:

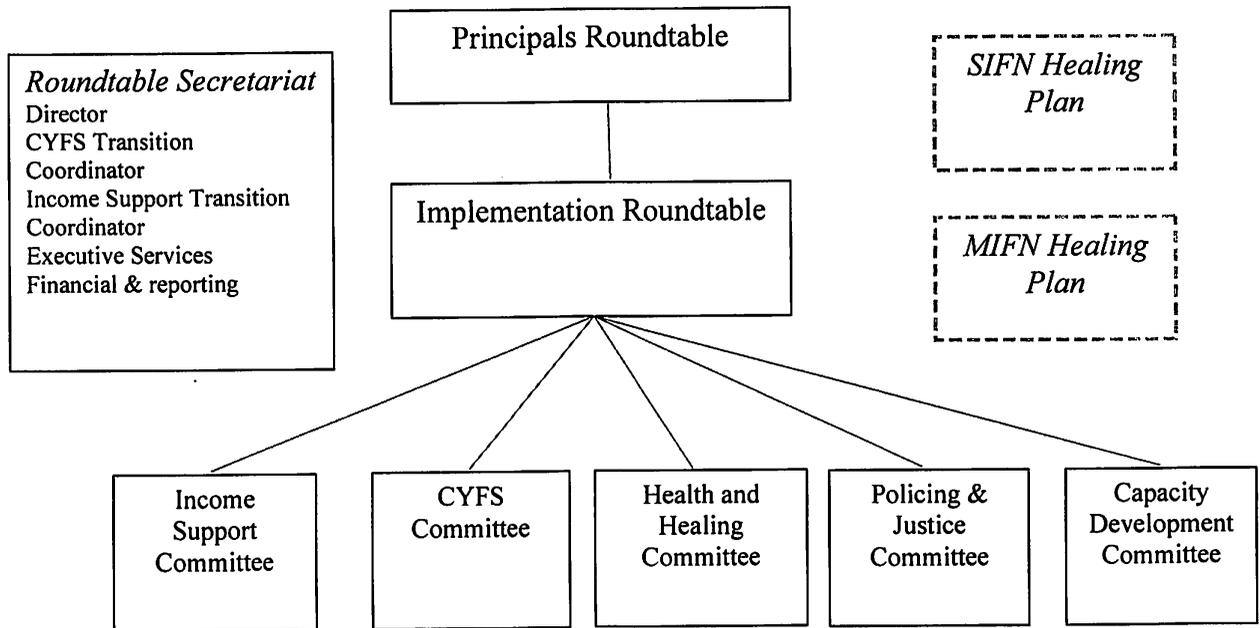
1. Endorse a political level Committee that will mandate and guide the Innu Round Table process.
2. Appoint senior federal Regional and HQ staff to sit on the Implementation Round Table to participate in tripartite decision making on budgets, plans, and projects.
3. Transfer all Health Canada and INAC “additional” funding for Innu to the Round Table Secretariat for professional management under the consensus approval of the Implementation Round Table.
4. Authorize and direct participating federal staff to exercise maximum flexibility under the existing authorities to enable progress this fiscal year.
5. Consider how revised Health Canada authorities for the Innu may better support the process in the next few years and take this into consideration when assessing the results of the needs assessment.
6. Support establishment of the Innu Tribal Council and capacity building to enable devolution of agreed upon health services to Innu.
7. Endorse the Innu Round Table approach as proposed in this paper as a method of achieving Canada’s overall goals for the Innu.

Figure One

Integrated Community-Based Healing Plans



**Figure Two
Innu Healing Roundtable Components**



- 9 -

Appendix One Innu Healing Plans and Priorities

Each community will adopt an integrated and comprehensive community healing plan. This set of objectives, strategies, activities and measurements will guide decision making in the community. The plan will: be a framework for integration of A Base services in the community; guide development of case management structures and; identify the priority unfunded activities requiring additional investment. Priority activities and projects above A-Base services, will be implemented through Round Table resources.

BACKGROUND

After reviewing the literature and practices of Healing, the LICHS evaluation noted that a *“key concern with respect to the application of healing principles is how the federal partners operationalize the concept of ‘community healing’ and about whether the comprehensive nature and scope of healing is actually reflected in the funded healing initiatives. This implementation approach is often not reflective of Innu concepts of healing.”*

In other words past healing decisions were made by federal officials under their own view of what constitutes community healing, and what their particular department could support. True healing is not imposed, but comes from within.

To be successful, a healing strategy must be developed and implemented by the Innu. The Innu know their history, their culture and their issues. It is the firm belief of the Innu leadership that an Innu-developed plan, supported by the active participation of both Canada and Newfoundland and Labrador, is the best path forward.

This pillar of the Innu Round Table is consistent with the LICHS evaluation and recommendations. The Innu propose a structure that is soundly based on the literature and theory of effective healing and places the accountability for progress squarely with the Innu.

The LICHS evaluation provides useful insight into the quality of healing plans proposed by the Innu in the past. While it was clear that Canada chose its own views of healing over the Innu’s plans in the past, the LICHS evaluation noted that the Innu’s plans found in Canada’s files were:

“..highly compatible with the key factors that enhance success of comprehensive healing approaches:

- 1) A population health/social determinants of health framework;*
- 2) A community development framework;*
- 3) An intersectoral/partnership approach to planning and implementation;*
- 4) Culture-based or culturally competent services;*
- 5) Case management and collaboration;*
- 6) ‘Readiness’ of individuals and communities to pursue healing; and*
- 7) Building in sustainability of outcomes.”*

In sum, independent commentators conclude that the Innu have consistently proposed a sound basis for an integrated and comprehensive approach to healing. Pillar one of the Innu

- 11 -

APPENDIX TWO

Principals Roundtable

The Innu Roundtable will be overseen by a political level tripartite committee. This is to be comprised of the four Innu Chiefs, two Ministers of Canada (Indian Affairs & Health), and two Ministers of Newfoundland and Labrador (Aboriginal Affairs & Health). This body will meet once a year while the Innu Roundtable operates. It will be mandated to deal only with strategic issues associated with the renewal process and measures of its progress. Operational matters will not be allowed on the agenda which must be approved by all parties.

BACKGROUND

The former Main Table process began with a direct link to the Prime Minister's office through the federal special representative. The Innu understand that line of authority was replaced with one of reporting to the Ministers of Indian Affairs and Health which continued until dissolution of the Main Table.

Mandate Outline

The purpose of the Principals Round Table will be a forum to develop consensus strategic direction to the Round Table process, establish targets for outcomes, monitor progress, and discuss and implement solutions to any substantive issues that may arise in the Round Table process.

The Principals Round Table is not an operational forum.

The Principals Round Table is expected to meet once a year. The agenda must be set in advance and agreed to by all members.

The Eight Members shall be comprised of:

Innu: The Four Innu Chiefs;

Canada: Minister of Health and Minister of Aboriginal Affairs ;

Newfoundland and Labrador: Minister of Aboriginal Affairs and Minister of Health

The Principals Round Table will be supported by an Implementation Round Table (see appendix three) which will be supported by working groups established by the Implementation Table.

The Principals Round Table meeting agenda will be facilitated by a person appointed by the Innu members and agreed to by the other members.

Costs of the meeting shall be borne by each party. Innu and Chairperson costs will come from the Principals Round table portion of the overall Innu Round Table budget.

- 12 -

APPENDIX THREE

Implementation Roundtable

The Implementation Round Table supports the Principals Round Table and directs working committees to address consensus issues. It is comprised of senior officials from each of the three governments, who are very familiar with Innu healing plans and priorities, A-Base services in the communities, the nature of devolution discussions, and of capacity development needs. While appointment is the prerogative of each agency, the Innu suggest a membership of 16 along these lines:

Innu: Four Chiefs; Two Deputy Chiefs; and four advisors;
Canada: INAC Region; INAC HQ.
Health Canada: Atlantic Region; HC HQ.
Public Safety: One
Justice: One
Newfoundland and Labrador: Up to four members of its choice

The Implementation Round Table will ensure consensus on major activities, set an appropriate time horizon for implementation based on the workplans provided by the working Committees it establishes.

Operating by consensus the Implementation Round Table will set annual budgets for each category of activities, and approve annual workplans for working committees. It will also lay out outcomes, targets, and methods of measuring progress so that it can monitor progress.

The Implementation Roundtable will seek to maximize access to and collaboration with all federal and provincial programs and services, ensure measurement and reporting of progress, and bring new actors and information to the process as events require. It is expected this group will meet four times a year.

Meetings will be facilitated by a person appointed by the Innu Chiefs. Costs of federal and provincial participation are to be covered by the operating budgets of each department. Innu participation costs will be an approved budget item and managed through the Round Table Secretariat.

Working Committees

The Implementation Round Table will establish working committees with goals and terms of reference, as required. All Committees will have tripartite representation, develop workplans and budgets for Implementation Roundtable approval, and operate on consensus. The Round Table Secretariat will support the Committee to fulfil its mandate.

CYFS Devolution and Income Support Devolution Working Committees -- with similar representation as those involved under the Main Table process, will be created immediately. The Innu will ask the Implementation Roundtable consider Health and Healing (with a revised mandate), Policing & Justice, and Capacity Development Working Committees as priority additions.

- 13 -

APPENDIX FOUR Roundtable Secretariat

The LICHS evaluation strongly supported the transfer of resources from Canada to the Innu in the next stage. It states that the government and the Innu need to:

“...agree together how best to realign resources currently allocated to the LHS in Goose Bay so that the funds flow directly to the communities and utilize Innu expertise to the extent possible. The overarching rationale is to better serve the community according to their identified needs.”

The retention of resources by Canada and the development of federal capacity rather than Innu capacity were linked to concerns of: funds going to administration instead of healing; federal priorities taking precedence; no community focus; little service integration; and a lack of financial transparency and progress measurement. To help address all these shortcomings the Innu propose its own secretariat.

This new secretariat will consist of professional contract staff hired to assist with implementation of Committee work, transition of devolution, community-based service integration and healing actions, facilitation of capacity building, and administration of the Innu Round Table process, funding and reporting. An Innu Tribal Council is currently being incorporated and will become the home for this group of professionals. As per federal policy, the Innu Tribal Council will be governed by a Board of people from the two First Nation communities the Tribal Council will serve.

The Round Table Secretariat will be managed by a senior official with recognized knowledge and experience on the Innu files. The secretariat will be accountable for all healing funding, major documents, meetings, and reports. The secretariat's mandate will cease when the Innu Round Table is completed. But it is expected that the Innu Tribal Council will carry on for many years thereafter.

BACKGROUND

Canada agreed to support an Innu tribal Council in 2003 but funding remained an issue as the standard funding formula generates insufficient funds to deliver the required services in remote Labrador. Canada has requested a detailed business plan, while the Innu requested Ontario Region's enhanced tribal council funding method as the basis for comparable funding.

The Innu are establishing an incorporated tribal Council. Consistent with federal policy this will be governed by and accountable to, a Board of Directors appointed by the Innu. The Round Table Secretariat will work within this legal structure. While the secretariat will focus on the Innu Round Table, there will also be the opportunity to build tribal Council roles and responsibilities and resolve the long term funding issues. Success will leave a lasting legacy of professional capacity and increased services in the Innu communities.

- 14 -

APPENDIX FIVE

Round Table Funding

The Innu Round Table is to operate within the same funding envelope as Canada has used. It does not include A- Base services or funding, but does include items identified as Healing such as:

- Capacity building
- Devolution
- Maternal Health
- Community Health Planning
- Addictions
- Mental Health
- Travel and accommodations
- Salaries and benefits and;
- Office O&M

The LICHS evaluation report shows that INAC's share of the non A-Base expenditures in the Innu Communities in fiscal year 2009-2010 was about \$1.82 million, and Health Canada's was \$6.6 million.

While some of these expenditures may be A Base-like and better transferred directly to the communities, the intent is to transfer the non A-Base amounts to the Round Table Secretariat for management. Expenditures will be authorized by Implementation Round Table approval of budget categories and the Secretariat will file the required reports for funding.

The Table below illustrates the increasing A Base funding and declining "healing" funding under LICHS. It also identifies the intended sources and totals of funds for the Innu Round table process.

- 15 -

Table 2: LICHs Program Elements and Budget (2005/06-2009/10)

INAC	FTEs	2006/06	2008/07	2007/08	2008/08	2009/10	Totals
Shehatahu School Design		\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.00
Education		\$2,262,600.00	\$2,340,000.00	\$3,075,000.00	\$3,485,000.00	\$3,635,000.00	\$14,797,600.00
Child, Youth & Family Services		\$5,570,800.00	\$5,571,000.00	\$5,571,000.00	\$5,571,000.00	\$5,571,000.00	\$27,854,800.00
Income Support		\$438,100.00	\$1,308,000.00	\$1,358,000.00	\$1,508,000.00	\$1,508,000.00	\$6,120,100.00
Electrification - Nacuashish		\$2,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$6,000,000.00
Airport Agreement - Nacuashish		\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00	\$500,000.00
A-BASE/A-BASE LIKE		\$10,471,600.00	\$10,819,000.00	\$11,104,000.00	\$11,884,000.00	\$11,814,000.00	\$65,372,600.00
Facilities O&M Capacity Building		\$900,000.00	\$900,000.00	\$750,000.00	\$600,000.00	\$450,000.00	\$3,600,000.00
Housing Capacity Building		\$295,000.00	\$245,000.00	\$60,000.00	\$0.00	\$0.00	\$600,000.00
LTS Capacity Building		\$420,000.00	\$420,000.00	\$320,000.00	\$120,000.00	\$120,000.00	\$1,400,000.00
Reserve Creation		\$220,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$220,000.00
Devolution Planning and Transition		\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00	\$750,000.00
New Paths (Outpost)		\$200,000.00	\$200,000.00	\$200,000.00	\$200,000.00	\$200,000.00	\$1,000,000.00
Strategies for Learning		\$555,000.00	\$400,000.00	\$400,000.00	\$400,000.00	\$400,000.00	\$2,155,000.00
Planning and Consultation		\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00	\$500,000.00
Safeshouses		\$100,000.00	\$100,000.00	\$400,000.00	\$400,000.00	\$400,000.00	\$1,400,000.00
HEALTH		\$2,940,000.00	\$2,516,000.00	\$2,380,000.00	\$1,970,000.00	\$1,820,000.00	\$11,626,000.00
Sub-total INAC Grants & Contributions		\$13,411,600.00	\$12,894,000.00	\$13,484,000.00	\$13,894,000.00	\$13,894,000.00	\$68,997,600.00
Salaries	9.0	\$540,000.00	\$540,000.00	\$540,000.00	\$540,000.00	\$540,000.00	\$2,700,000.00
EBP		\$109,000.00	\$108,000.00	\$108,000.00	\$108,000.00	\$108,000.00	\$540,000.00
Accommodations		\$70,200.00	\$70,200.00	\$70,200.00	\$70,200.00	\$70,200.00	\$351,000.00
Housing Capacity Building		\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00	\$750,000.00
Printing and Consultation (CFN)		\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00	\$750,000.00
Local Agent for reserve creation		\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,000.00
Departmental Operations		\$520,300.00	\$347,800.00	\$347,800.00	\$347,800.00	\$347,800.00	\$1,911,500.00
Sub-total INAC Integrated Management	9.0	1,688,600.00	1,388,000.00	1,388,000.00	1,388,000.00	1,388,000.00	7,062,600.00
TOTAL INAC	9.0	15,000,200.00	14,200,000.00	14,860,000.00	16,000,000.00	16,000,000.00	74,060,200.00
Health Canada	FTEs	2006/06	2008/07	2007/08	2008/08	2009/10	Totals
Addictions/Mental Health		\$2,411,000.00	\$2,520,000.00	\$2,550,000.00	\$2,550,000.00	\$2,550,000.00	\$12,581,000.00
Maternal/ Child Health		\$705,000.00	\$630,000.00	\$655,000.00	\$655,000.00	\$655,000.00	\$3,300,000.00
Community Health Planning		\$225,000.00	\$200,000.00	\$225,000.00	\$225,000.00	\$225,000.00	\$1,100,000.00
Management and Support		\$175,000.00	\$125,000.00	\$95,000.00	\$95,000.00	\$95,000.00	\$585,000.00
Sub-total HC Grants & Contributions		\$3,516,000.00	\$3,475,000.00	\$3,525,000.00	\$3,525,000.00	\$3,525,000.00	\$17,686,000.00
Salaries	20.0	\$1,056,700.00	\$1,056,700.00	\$1,056,700.00	\$1,056,700.00	\$1,056,700.00	\$5,283,520.00
EBP		\$211,300.00	\$211,300.00	\$211,300.00	\$211,300.00	\$211,300.00	\$1,056,500.00
Other Operating		\$578,600.00	\$619,600.00	\$569,600.00	\$569,600.00	\$569,600.00	\$2,907,600.00
Sub-total HC Integrated Management	20.0	\$1,846,600.00	\$1,887,600.00	\$1,837,600.00	\$1,837,600.00	\$1,837,600.00	\$9,247,020.00
Accommodation Costs		\$137,400.00	\$137,400.00	\$137,400.00	\$137,400.00	\$137,400.00	\$687,000.00
TOTAL HEALTH CANADA	20.0	\$5,500,000.00	\$5,600,000.00	\$5,600,000.00	\$5,600,000.00	\$5,600,000.00	\$27,600,000.00
GMHC	FTEs	2006/06	2008/07	2007/08	2008/08	2009/10	Totals
Safe houses		\$0.00	\$80,000.00	\$150,000.00	\$0.00	\$0.00	\$390,000.00
TOTAL GMHC		\$0.00	\$80,000.00	\$150,000.00	\$0.00	\$0.00	\$390,000.00
TOTAL SUBMISSION		\$20,430,000.00	\$20,430,000.00	\$20,430,000.00	\$20,430,000.00	\$20,430,000.00	\$102,148,000.00

[Source: INAC. (2009). Annex A: LICHs Program Elements: LICHs Budget Received by Region. INAC Regional Office. Amherst, N.S.]

- 16 -

APPENDIX SIX

Progress Measurement and Accountability

One of the Innu's conclusions from participating in the LICHS evaluation was the lack of evidence for results of the investments.

"...the Strategy has not invested enough time and energy on measuring outcomes. What little data has been collected has tended to document the number of participants and the number of programs offered rather than reporting on actual healing outcomes..."

The end result is that while the evaluation found evidence for continuation of the assistance to the Innu, it turned to various other indices to suggest evidence for measuring the success or progress of LICHS. As a result one of the main recommendations was that additional support should:

"..provide a solid evidence base for the ongoing healing of the communities and to track changing healing needs and accomplishments." ... "with the end objective to have solid evidence to monitor progress, with evaluation and monitoring data owned by the Innu, with continued support from partners."

The Innu Comprehensive community-based healing plans will lay out a framework for measurements consistent with the determinants of health approach taken in the past by the Innu. In addition the Implementation Round Table will be asked to develop an overall measurement framework and the Principals Round table is to actively monitor overall progress. Finally, each committee will be asked to consider how it proposes to measure and report on its progress and on what it recommends.

Integration of Components

All of this activity will be monitored and collected through the Secretariat to form an integrated measurement system managed by the Innu. The Secretariat will provide reports on progress and on funding management to all parties. In addition it will be filing reports as required by terms of funding transfers and assisting Committees in documentation around their workplans and results. Finally, as an incorporated body, the Tribal Council will also provide annual reports on all of its activities to the board and the two communities.

Under the Innu Round Table approach, measurements of progress will be introduced. It will cover all aspects of investments and activities, be coordinated and compared. The use of professional staff will allow a second level of analysis from all the elements of renewal. As the results will be shared among parties and with the communities, all parties should be able to meet any other reporting or accountability needs from the Innu data. It is a far more detailed accountability framework than exists to date, and will be useful far into the future.

This approach will leave a significant legacy including an Innu owned data base, a program evaluation framework to guide future community development, and precedents of comprehensive community reporting and accountability. All of this will be a sound base for Innu self-government.