

# Contribution Funding Framework and Health Planning Process

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May 2007

FNIH, BC Region



# Presentation Overview

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- Introduction to the new Health Funding Arrangements (HFA)
- Clustering – the new FNIHB Program Authority Structure
- Details of the new HFA
- Health Planning Process
- Timelines and Transitioning



# Introduction: Goals of New HFA

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- ❑ Increase First Nations control over design and implementation of health programs
- ❑ Focus on health planning process
- ❑ Increase community capacity
- ❑ Streamline reporting
- ❑ Support communities to incrementally increase the number of programs they design/deliver
- ❑ Create plans for health that are tailored to the needs of communities
- ❑ Support long-term planning and stable funding



# Introduction:

## Sources of Input into new HFA

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- ❑ Auditor General Reports on Horizontality, Grants and Contributions
- ❑ Accountability Act
- ❑ Treasury Board Review/Directive of Aboriginal Transfer Payments
- ❑ National Evaluation Report on Transfer
- ❑ Lessons learned from Health Plan Demonstration Projects

# Clustering

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Updated FNIHB Program Authority Structure

# Clustering

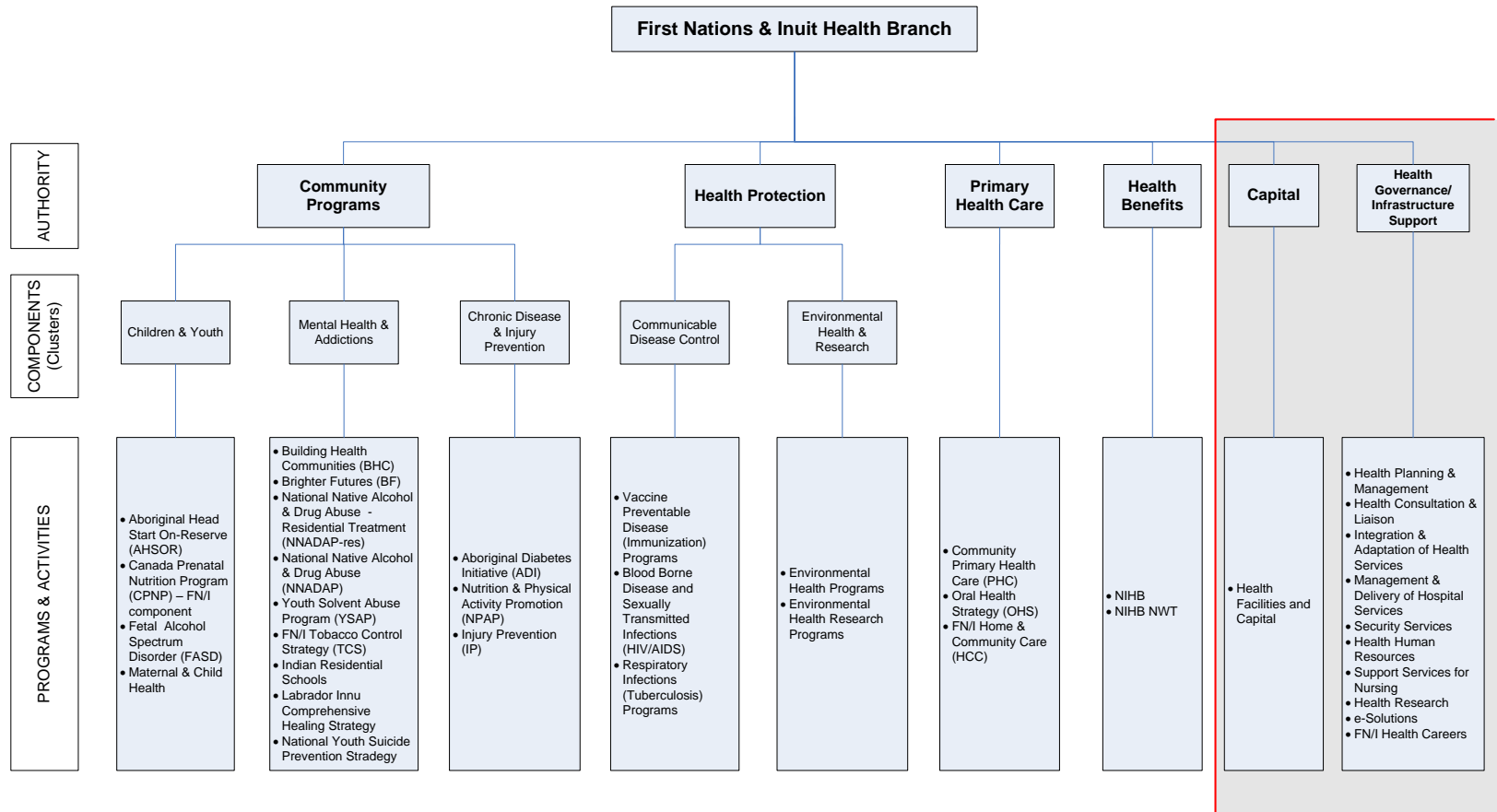
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## GOALS

- ❑ Linking programs that are similar to “break down the silos”
- ❑ Promoting holistic, integrated health planning
- ❑ Streamlines financial and program reporting (cluster-based reporting templates)

*The cluster model also has impacts on the flexibilities possible under the new HFA*

# FNIHB Program Authority Structure



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# Sample of Cluster: Mental Health And Addictions

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- The Program Authority is: Community Programs
- The Component (Program Cluster) is: Mental Health and Addictions
- The current programs and services include: Brighter Futures, Building Healthy Communities (Mental Health and Solvent Abuse), NNADAP

# New Health Funding Arrangements

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Details on the new HFA

# New Health Funding Arrangements

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- Health planning is based on an assessment of community capacity and readiness
  - Governance, Administrative and Service Delivery
- Increased flexibilities
  - Financial
  - Reporting (streamlined, and according to clusters)
  - Harmonizing across departments (internally and externally)
- Communities can incrementally assume more responsibilities as their capacity increases
- Collaborative partnership between communities and FNIH

# Funding Arrangements

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## PREVIOUSLY

- Three defined stages of Agreement to move through, and many elements (e.g. community size) determine whether the community may proceed to the final phase
  - General
  - Integrated
  - Transfer

## NEW HEALTH FUNDING ARRANGEMENTS

- Single funding agreement with various funding models based on community capacity and readiness
  - Set
  - Transitional
  - Flexible
  - Flexible Transfer



# Description

## Set Funding Model

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- ✓ Recipient establishes a multi-year Program Plan, based on terms and conditions for programs identified in the schedules of the agreement
- ✓ Agreement is up to 3 years in duration
- ✓ Mandatory programs usually provided by FNIHB:
  - ✓ Communicable Disease Control
  - ✓ Environmental Health
  - ✓ Treatment Services (if applicable)
- ✓ Funds may be redirected among activities within single components (or clusters) upon obtaining written approval of the Minister
- ✓ Recipient provides interim and annual reports according to national templates



# Description

## Transitional Funding Model

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- ✓ Recipient establishes a Multi-Year Work Plan to guide program delivery
- ✓ Agreement is 2-5 years in duration (generally 3-5 years to support long-term planning)
- ✓ Mandatory programs may be provided in combination with FNIHB
- ✓ Funds can be redirected among components (or clusters) within authorities upon obtaining written approval of the Minister
- ✓ Ability to carry forward funds to the next fiscal year with plan and approval
- ✓ Recipient reports include annual financial audit, annual national reporting templates, and indicators identified in Multi-Year Work Plan



# Description

## Flexible Funding Model

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- ✓ Recipient establishes a Health Plan to guide program development and delivery
- ✓ Agreement is 5 years in duration
- ✓ Recipient delivers mandatory programs as applicable
- ✓ Funds can be redirected across authorities according to priorities identified in the Health Plan
- ✓ Recipient able to retain surplus for reinvestment in health priorities indicated in the Health Plan
- ✓ Recipient reports according to annual financial audits, annual national reporting templates, indicators identified in Health Plan and completes an evaluation every 5 years



# Description

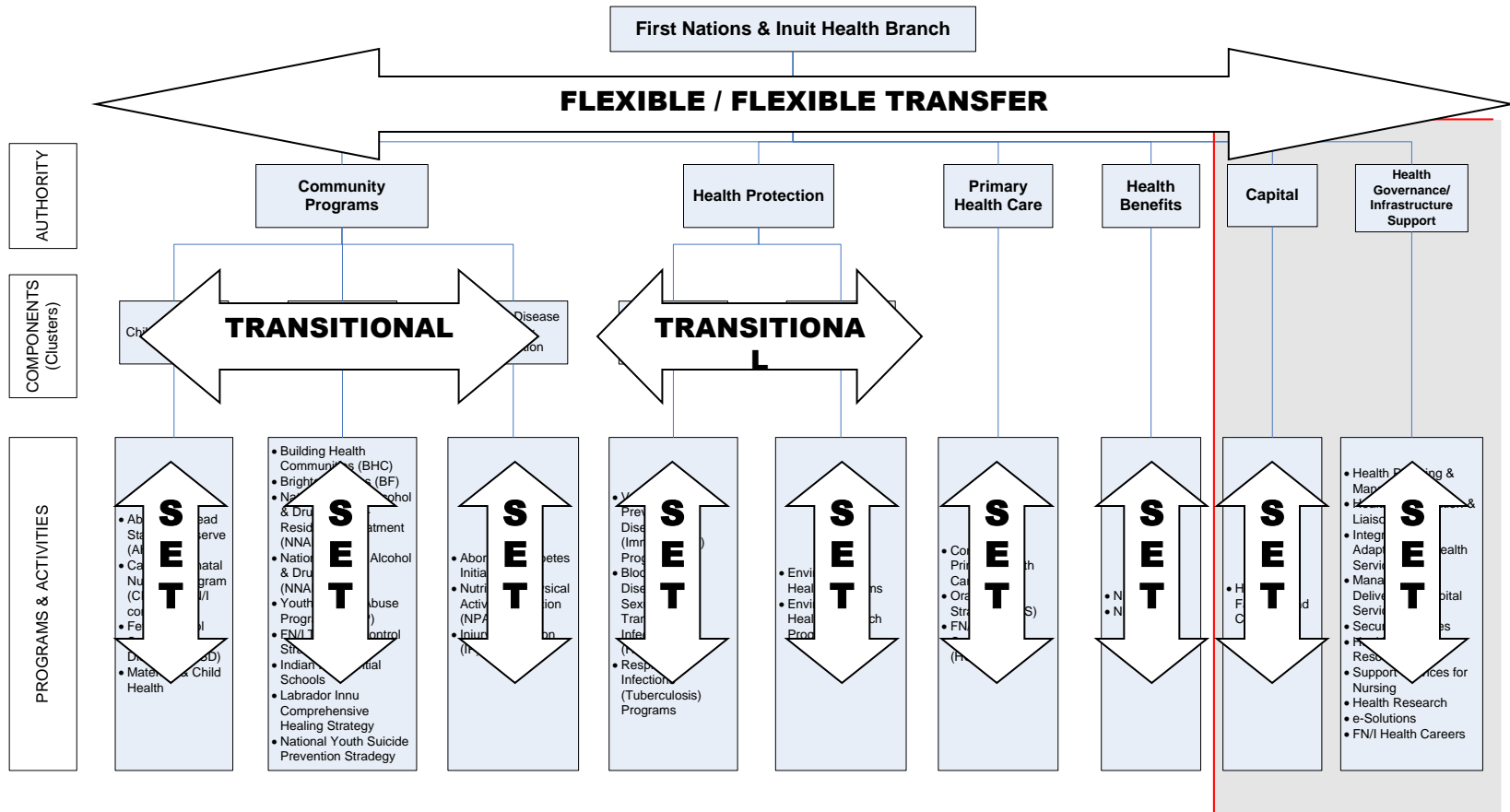
## Flexible Transfer Funding Model

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- ✓ Recipient must deliver all mandatory programs
- ✓ In addition to the provisions under the flexible funding model, this model allows for:
  - ✓ The ability to foster integration initiatives with flexible approaches and inter-governmental arrangements
  - ✓ Professional advisory functions
  - ✓ Program advisory functions
  - ✓ Redesign of non-mandatory programs

# Funding Models

## Financial Reallocation Flexibilities



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*Note: NIHB and Indian Residential Schools will always remain in the Set funding model*

# Funding Model Comparison

| Set   | Transitional   | Flexible  | Flexible Transfer   |
|---|--|---|---|
| Recipient establishes multi-year program plan   | Recipient establishes multi-year work plan including a health management structure   | Recipient establishes a health plan including a health management structure                                     | In addition to the Flexible model, this model allows for: <ul style="list-style-type: none"> <li><input type="checkbox"/> The ability to foster integration initiatives with flexible approaches and inter-governmental arrangements</li> <li><input type="checkbox"/> Professional advisory functions</li> <li><input type="checkbox"/> Program advisory functions</li> <li><input type="checkbox"/> Redesign of non-mandatory programs</li> </ul> |
| Recipients only able to reallocate funds within the same component (program cluster), on written approval by the Minister within the fiscal year reporting period | Recipients able to reallocate funds in the same Program Authority with approval  | Recipients able to reallocate funds across authorities (with the exception of specifically identified programs) |   |
| Duration up to 3 years  | Duration 2 to 5 years *  | Duration 5 years  | Duration 5 to 10 years  |
| Interim and final (year end) financial reports;<br>Non-Insured Health Benefits Program requires a minimum of three reports  | Annual year end audit report   | Annual year end audit report  |   |
| Annual report as per cluster performance indicators;<br>Non-Insured Health Benefits Program requires a minimum of three reports                                   | Annual report as per program cluster performance indicators  | Annual report to recipient's members and to the Minister based on annual reporting guide                        |   |
| No Evaluation Report  | No Evaluation Report   | Evaluation Report every 5 years   |   |
| No retention of surplus and no carry forward of funds into the next fiscal year   | Recipient, with the approval of the Minister, is able to carry forward program funding for reinvestment in the following fiscal year within the same Program Authority | Recipients able to retain surpluses to reinvest in health priorities  |   |

**ALL MANDATORY PROGRAMS MUST BE DELIVERED**

**\*Transitional agreements usually run for 3 – 5 years to support long term planning needs at the community level**

# Planning & Reporting Requirements

| <b>Planning Requirements</b><br>(beginning of each year of Agreement) | <b>Set Funding Model</b> | <b>Transitional Funding Model</b> | <b>Flexible Funding Model</b> | <b>Flexible Transfer Model</b> |
|---|--------------------------|-----------------------------------|-------------------------------|--------------------------------|
| Program Plan<br>(Annual & multi-year)                                 | ✓                        |                                   |                               |                                |
| Multi-Year Work Plan  |                          | ✓                                 |                               |                                |
| Health Plan   |                          |                                   | ✓                             | ✓                              |
| <b>Reporting Requirements</b>   |                          |                                   |                               |                                |
| Annual Year End Auditor's Report                                      |                          | ✓                                 | ✓                             | ✓                              |
| Report on Health Program Expenditures                                 | ✓                        |                                   |                               |                                |
| Statement of Moveable Asset Reserve                                   |                          |                                   | ✓                             | ✓                              |
| Report on the Provision of Mandatory Programs                         | ✓                        | ✓                                 | ✓                             | ✓                              |
| Annual Report on Programs   | ✓                        | ✓                                 |                               |                                |
| Annual Report to Recipient Members and to the Minister                |                          |                                   | ✓                             | ✓                              |
| Evaluation Report every 5 years                                       |                          |                                   | ✓                             | ✓                              |

# Recipient Reporting Schedule

| Funding Model                   | Financial Reporting  | Program Reporting  | Plans  |
|---------------------------------|--|--|--|
| Set                             | One interim and one final report due July 29 <sup>th</sup> *                             | Annual Report as per Annual Reporting Requirements due July 29 <sup>th</sup> * | Multi-Year Program Plan before commencement of agreement and updated as required |
| Transitional                    | Annual Audit Report as per Auditing and Reporting Requirements due July 29 <sup>th</sup> | Annual Report as per Annual Reporting Requirements due July 29 <sup>th</sup>   | Multi-year Work Plan - before commencement of agreement, updated as required     |
| Flexible, and Flexible Transfer | Annual Audit Report as per Auditing and Reporting Requirements due July 29 <sup>th</sup> | Annual Report as per Annual Reporting Requirements due July 29 <sup>th</sup>   | Health Plan- before commencement of agreement, updated as required               |

❑ Where there is a single contribution agreement consisting of multiple funding models, the Annual Program Report and Annual Audit Report are due within 120 days after the end of the fiscal year.

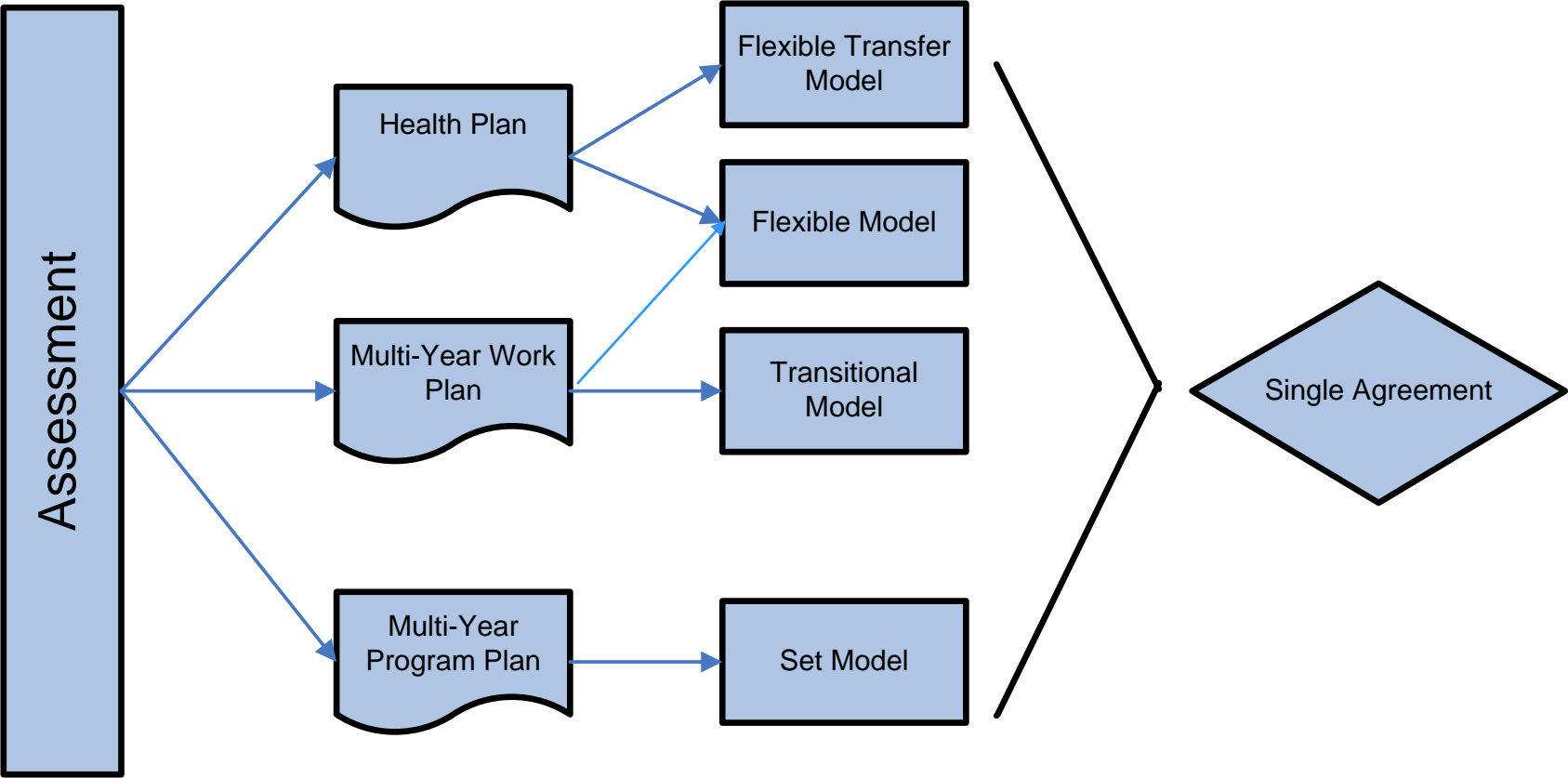
❑ The Non-Insured Health Benefits and Indian Residential Schools programs can only be funded through a SET funding model

# Health Planning Process

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Updated process to reflect new HFA

# Health Planning Process





# Health Planning Process

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- Timeline of approximately 2.5 years from start to finish
- Increased involvement of regional program managers in health planning and review
- Work Plans and Health Plans must be reviewed by HQ
- The number and specific communities in BC chosen to begin the process will depend on interest, capacity assessments, and regional capacity

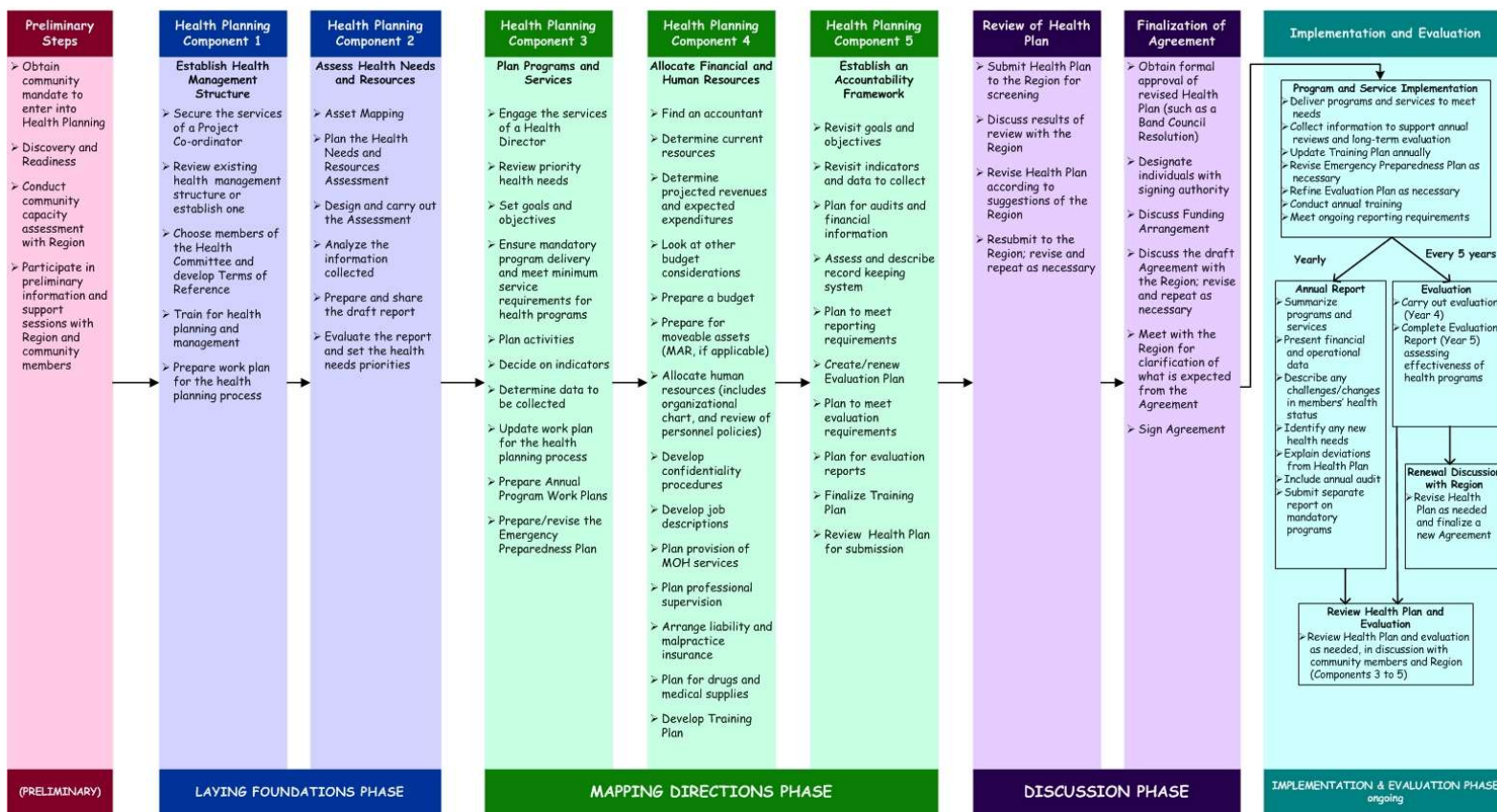
# Health Planning Process

## Health Plan

At every stage of the process:

- ❖ Document all steps taken
- ❖ Hold meetings regularly/as needed with Region
- ❖ Check back with the community

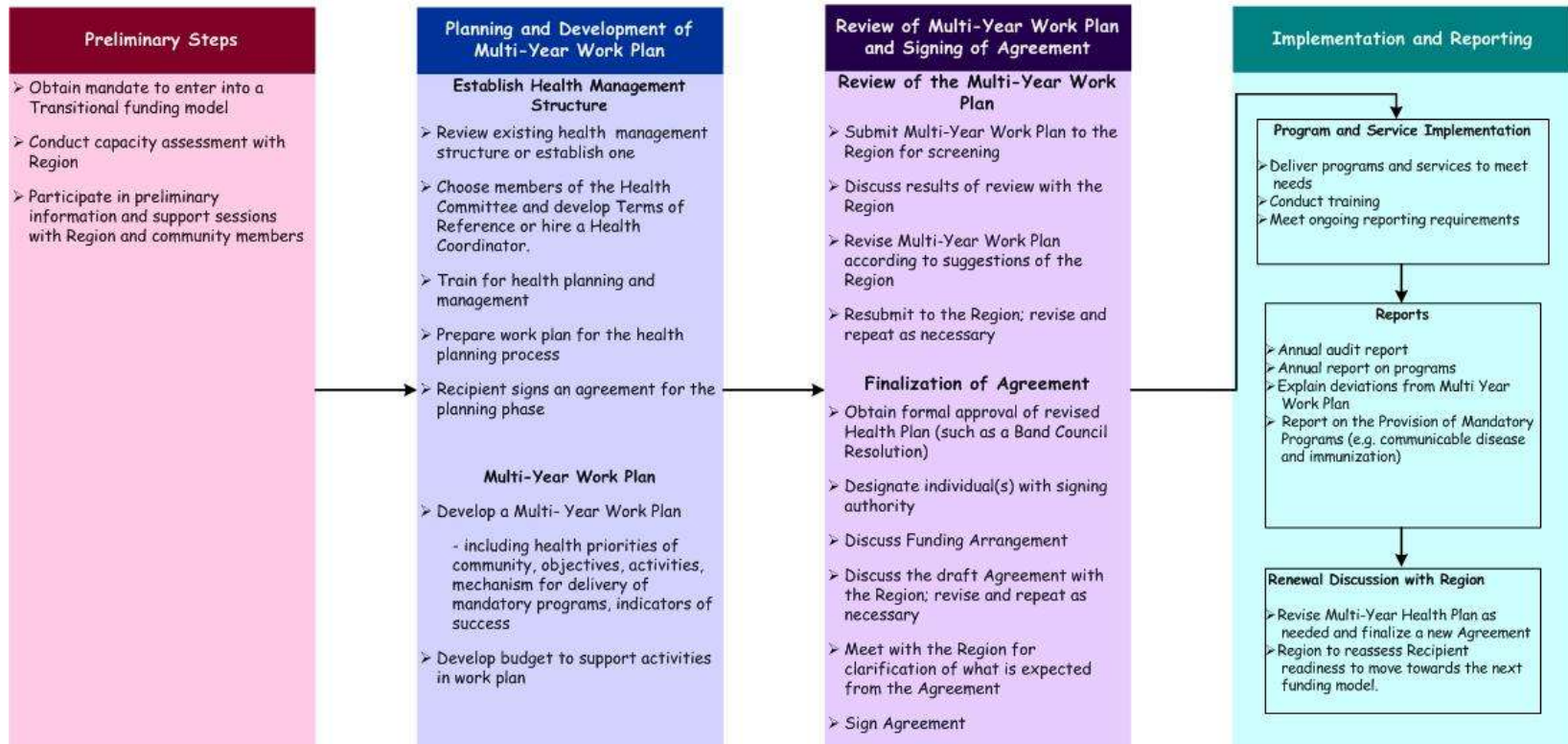
Health Planning and Implementation Summary Chart



# Health Planning Process

## Multi-Year Work Plan

### Multi-Year Work Plan Implementation Guide



# Health Planning Tools

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- ❑ FNIHB Contribution Funding Framework – Overview
- ❑ FNIHB Contribution Funding Framework - User Manual
- ❑ Developing and Implementing a Health Plan – A Guide
- ❑ Health Planning and Implementation Summary Chart
- ❑ Assessing a Health Plan – A Regional Guide
- ❑ A Guide to Preparing a Multi-Year Work Plan
- ❑ Strengths First – a Guide on Asset Mapping
- ❑ Emergency Preparedness Planning – Sample Guide
- ❑ Regional Routing Slip – Health Plan Review (sample form)
- ❑ Presentation: CFF and HP Process (with speaker notes)
- ❑ FNIHB Program Authority Structure Chart
- ❑ Timelines for National Implementation of the New Funding Models
- ❑ Contribution Funding Framework – What’s Different?
- ❑ Questions & Answers – Contribution Funding Framework

# Timelines and Transitioning

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How BC Region intends to move forward

# Timelines

| <b>2007/2008</b>   | <b>2008/2009</b>  |
|--|---|
| <ul style="list-style-type: none"><li>▪ Orientation and Training for regional staff and community health staff/leadership on cluster-based reporting and new health funding arrangements</li><li>▪ Finalization of guidelines, tools, agreement schedules, and national cluster-based reporting template</li><li>▪ Begin health planning with communities wishing to transition into new funding arrangements, according to interest, community capacity assessments and regional capacity</li></ul> | <ul style="list-style-type: none"><li>▪ All new agreements will include cluster-based reporting through the national template</li><li>▪ All General agreements will become Set agreements</li><li>▪ Phase in the implementation of agreements using the new health funding arrangements based on approved work/health plans</li><li>▪ Communities may move to 3 year agreements</li></ul> |

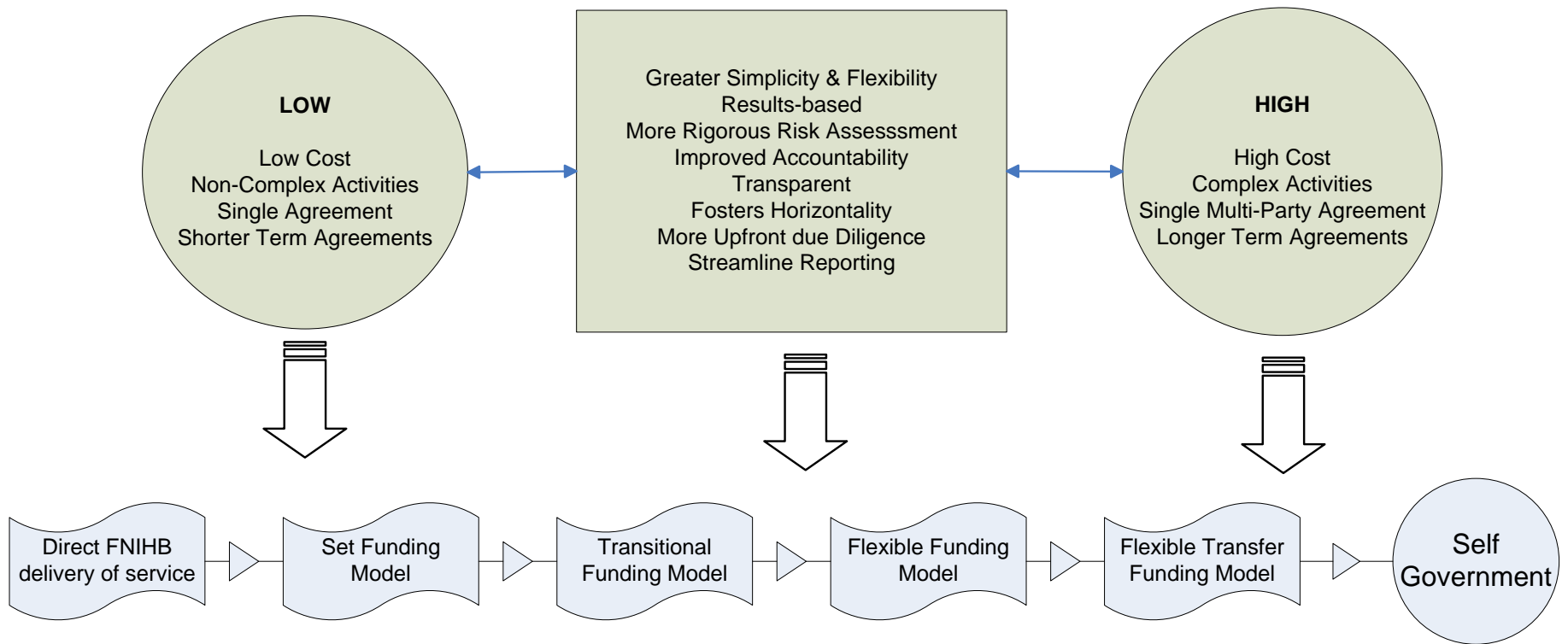


# Transition Process

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- ❑ The new health planning process has already started with demonstration projects
- ❑ The existing agreements and new HFA will run concurrently for a period of time
- ❑ Transition to the new process will be based on capacity and desire of First Nations, as well as regional capacity to engage in the health planning process
- ❑ All agreements will transition to the new HFA within the next 4 years

# The Recipients Continuum of Control





# Questions?

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- Contact your program officer: