Audit of the Mental Wellness Program

Internal Audit Report

Prepared by: Audit and Assurance Services Branch

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Indigenous Services Canada
Services aux Autochtones Canada
Canada

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Acronyms

DCIs	Data Collection Instruments
FNHA	First Nations Health Authority
FNIHB	First Nations and Inuit Health Branch
ISC	Indigenous Services Canada
KPIs	Key Performance Indicators
MWCL	Mental Wellness Cluster Leads
MWP	Mental Wellness Program
NO	National Office

Executive Summary

With an approximate annual investment of $650 million in 2022-23, the Mental Wellness Program (MWP) provides funding that is flexible to meet the immediate mental wellness needs of communities by supporting Indigenous-led, culturally-relevant community-based mental wellness promotion, on-the-land initiatives, suicide prevention, life promotion, crisis response, and substance use treatment and prevention services in Indigenous communities. This funding also supports the provision of essential cultural, emotional and mental health supports to Survivors of Indian Residential Schools and Federal Indian Day Schools and families of former students, as well as those affected by the issue of Missing and Murdered Indigenous Women, Girls, and 2SLGBTQI+ people. The First Nations and Inuit Health Branch (FNIHB) of Indigenous Services Canada (ISC) provides services and funding for health and heath related services, including the Mental Wellness Program, to Indigenous communities and people. The MWP National Office (NO), as well as seven (7) regional offices are responsible for overseeing the program and related policies and funding.

Budget 2021 announced $597.6M over three years for a distinctions-based mental wellness approach for First Nations, Inuit, and Métis. This includes renewed funding to continue essential services such as crisis lines and mental health, cultural, and emotional support to former Indian Residential Schools and federal Day Schools students and their families as well as those affected by the issue of Missing and Murdered Indigenous Women and Girls. Budget 2022 provided $227.6 million over two years, beginning in 2022-23, to maintain trauma-informed, Indigenous-led, culturally-appropriate services to improve mental wellness, and to support efforts initiated in Budget 2021. Further, Budget 2024 proposes to provide $630.2 million over two years, starting in 2024-25, to support Indigenous people's access to mental health services, including through distinctions-based approaches to mental wellness.

The objective of the audit was to provide assurance on the effectiveness of key aspects of the MWP, specifically:

1. the governance framework and monitoring activities;
2. processes and tools to appropriately allocate funding to regions;
3. mechanisms to gather and incorporate feedback from Indigenous communities; and
4. proactive risk mitigation strategies.

The scope of the audit was focused on the assessment of the framework, processes, and procedures of the Mental Wellness Program, and did not include an assessment on the efficiency and effectiveness of the program from an operational perspective. The outcomes of the projects and services that Mental Wellness Program funding supports, as well any activities performed by non-ISC stakeholders, were not included in the scope of this audit.

The audit found strong collaboration and communications strengths between the MWP, Indigenous partners and communities, as well as increased flexibility in funding and reporting. The audit also identified areas for improvement within the MWP. It was found that the program has established governance and oversight structures but lacks consistent documentation of roles, responsibilities, and key meeting functions and outcomes. Additionally, formal feedback

mechanisms to incorporate feedback from Indigenous partners and communities and lessons learned conducted by MWP, were not formally documented and implemented. While the program utilizes funding arrangements used by several programs across First Nations and Inuit Health Branch (FNIHB), providing flexibility in allocation and reporting, this increased flexibility has resulted in decreased visibility over the project funding allocation and progress by the MWP. Additionally, reporting tracking processes and tools are not consistently established and implemented at the MWP National Office (NO)/ Headquarters-National Capital Region (HQ-NCR), as well as the MWP Regions. Standardized Data Collection Instruments (DCIs) and Key Performance Indicators (KPIs) are in place for performance measurement, but there is a lack of documented progress to reflect the adaptation of indicators to more appropriately align with Indigenous partners and community priorities.

Overall, the program displays strengths in governance, reporting and funding flexibility. However, there are opportunities for improvement such as enhancing documentation practices, establishing and implementing consistent reporting tracking mechanisms, incorporating feedback mechanisms, and demonstrating clearer alignment with the needs of Indigenous partners and communities.

The audit resulted in the following five (5) recommendations:

1. It is recommended that the Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch consider formalizing documentation related to key governance activities at the Mental Wellness Program (MWP).
2. It is recommended that the Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch consider documenting clear guidance related to the roles and responsibilities of employees of the Mental Wellness Program (MWP).
3. It is recommended that the Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch, co-develop with Indigenous partners, revised Mental Wellness Program performance measures, indicators and logic model that speaks to the existence, availability, accessibility and quality of services for Indigenous partners and communities.
4. It is recommended that the Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch consider establishing a structured feedback mechanism to incorporate feedback from key stakeholders of the Mental Wellness Program (MWP).
5. It is recommended that the Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch establishes, in consultation with partners, an approach to funding recipient reporting that incorporates integrated analysis and clear tracking mechanisms. This will support transparency, effectiveness, and accountability in program operations, facilitating understanding by partners and stakeholders and enabling the scaling up of successful community-led practices.

Statement of conformance

The audit conforms with the Institute of Internal Auditors' International Standards for the Professional Practice of Internal Auditing and the Government of Canada's *Policy on Internal Audit*, as supported by the results of the Quality Assurance and Improvement Program.

Management's Response

Management is in agreement with the findings, has accepted the recommendations included in the report, and has developed a management action plan to address them. The management action plan has been integrated into this report.

1. Context

Mental Wellness Program Overview

The Mental Wellness Program (MWP) funds Indigenous communities and organizations to provide mental wellness services primarily to First Nations individuals living on reserve and Inuit communities with the goal of improving mental wellness outcomes. Investments in mental wellness support Indigenous-led, culturally relevant community-based mental wellness promotion, on-the-land initiatives, suicide prevention, life promotion, crisis response, and substance use treatment and prevention services in First Nation and Inuit communities. Funding also supports the provision of essential cultural, emotional, and mental health supports to Survivors of Indian Residential Schools and Federal Indian Day Schools and families of former students, as well as those affected by the issue of Missing and Murdered Indigenous Women, Girls, and 2SLGBTQI+ people.

Indigenous Services Canada (ISC) works closely with Indigenous partners and is guided by Indigenous-led documents such as the First Nations Mental Wellness Continuum Framework, Honouring Our Strengths: A Renewed Framework to Address Substance Use Among First Nations People in Canada, the National Inuit Suicide Prevention Strategy, and We Matter's Pathfinding Towards a Flourishing Future: Awareness and Advocacy Guide.

Budget 2021 announced that $597.6M would be available over three (3) years to support distinctions-based approaches to mental wellness for First Nations, Inuit, and Métis. This investment renewed funding for trauma-informed supports to Survivors of Indian Residential Schools and Federal Indian Day Schools and families of former students, as well as those affected by the issue of Missing and Murdered Indigenous Women, Girls, and 2SLGBTQI+ people. Budget 2021 was also a first-time investment for Métis specific approaches to mental wellness.

The 2021 Fall Economic State announced $107.3 million in 2021-22 to Indigenous Services Canada to increase access to trauma-informed health and cultural support.

Budget 2022 provided an additional $227.6 million over two (2) years to maintain trauma-informed, Indigenous-led, culturally appropriate services to improve mental wellness, and to support efforts initiated in Budget 2021 to co-develop distinctions-based mental health and wellness approaches. Budget 2024 proposes to provide $630.2 million over two years, starting in 2024-25, to support Indigenous people's access to mental health services, including through distinctions-based approaches to mental wellness.

The department's ability to continue to make progress on improving mental wellness for First Nations, Inuit and Métis could be impacted by key corporate risks including redirection of health and social services resources and challenges in making timely and informed funding decisions. This audit will seek to provide assurance on the effectiveness of key aspects of the Mental Wellness Program, specifically:

1. the governance framework and monitoring activities;
2. processes and tools to appropriately allocate funding to regions;
3. mechanisms to gather and incorporate feedback from Indigenous communities, and

4. proactive risk mitigation strategies.

Timeline of the Mental Wellness Program (MWP)

The MWP has undergone significant changes since its inception. The following table provides an overview of key milestones and dates in the evolution of the program.

Timeline item	Year	Description
Inception of the National Native Alcohol and Drug Abuse Program (NNADAP) Network	1970s/1980s	Start of the NNADAP with the goal to set up and operate treatment programs to reduce and prevent problematic alcohol, drug, and solvent use in Indigenous communities. The program's goal is to help fund First Nations and Inuit-run initiatives.
Inception of Health Canada	1990s	Inception of Health Canada and development of the MWP, through Brighter Futures and Building Healthy Communities investments. The program received funding from the Government of Canada and continued to evolve.
Building Healthy Communities	1994	Assists communities and territorial governments in developing community-based approaches to mental health crisis management. Funding allocated was $24.6M annually and flows from regions.
Brighter Futures	1994	Improves quality of and access to culturally appropriate, holistic, and community-directed mental health, child development, and injury prevention services to create healthy families and communities. Funding allocated was $50M annually and flows from regions.
Royal Commission on Aboriginal Peoples' Final Report	1996	Report includes call for community based, culturally- grounded healing
Establishment of the Aboriginal Healing Foundation (AHF)	1998	Federal government's statement of Reconciliation, Gathering Strength, includes $350M to establish the Aboriginal Healing Foundation with an 11 year mandate. AHF ultimately closed in 2012.
Launch of the National Resolution Framework on Indian Residential Schools	2003	The framework includes litigation strategy, health supports, and the establishment of a toll-free National IRS Crisis Line.
National Youth Aboriginal Suicide Prevention Strategy	2005	Supports community-based activities to improve mental wellness among Indigenous youth, families, and communities by strengthening protective factors and decreasing risk factors. Funding allocated was $65M over five (5) years and flows from regions.
Ratification of the Indian Residential Schools Settlement Agreement (IRSSA) and Funding for the Indian Residential Schools Resolution Health Support Program (IRS RHSP)	2006	Approval of the IRSSA formalizes the process for the Truth and Reconciliation Commission, compensation, the IRS RHSP, and continuation of the National IRS Crisis Line. The IRS RHSP provides access to emotional and cultural support services as well as professional mental health counselling for Survivors of Indian Residential Schools and their families to allow them to safely navigate the IRSSA claims process. Funding expanded or renewed in Budgets 2009, 2010, 2012, 2016, 2018, 2021, and 2024.

Timeline item	Year	Description
Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada	2011	Honouring the Strengths is a key guiding document for First Nations and Inuit Health Branch (FNIHB) investments as it outlines a continuum of care to support strengthened community, regional, and national responses to substance use issues through a culturally grounded approach.
Publishing of First Nations and Inuit Health Branch Regionalization Process	2012	FNIHB's Strategic Plan was published in 2012 when FNIHB was part of Health Canada. FNIHB introduced regionalization, a process outlined in FNIHB's Accountability Framework and aligned with the Strategic Plan. The framework outlines roles and responsibilities between FNIHB's National Office (NO) and regional offices as well as the structure and processes to support communities.
Launch of First Nations Mental Wellness Continuum Framework (FNMWCF)	2015	The FNMWCF is a key guiding document for FNIHB investments as it outlines important priorities for First Nations mental wellness through a holistic and culturally grounded approach.
Truth and Reconciliation Commission (TRC) Final Report	2015	Submission of the Final Report of TRC. Announcement of plans to engage with partners to develop and implement a National Reconciliation Framework.
Launch of Inquiry Into Missing and Murdered Indigenous Women and Girls (MMIWG)	2015	Launch of Inquiry into MMIWG and establishment of the toll-free Missing and Murdered Indigenous Women and Girls Crisis Line.
Launch of National Inuit Suicide Prevention Strategy (NISPS)	2016	NISPS is a key guiding document for FNIHB investments as it outlines important priorities for Inuit mental wellness through a holistic and culturally grounded approach with a focus on the social determinants of health.
Launch of Hope for Wellness Helpline	2016	Launch of the Hope for Wellness Helpline in response to suicide and mental health crises in some Indigenous communities. Ongoing funding received through Budget 2017.
Launch of MWP Alignment	2016-ongoing	MWP alignment supports more flexibility to recipients in set agreements to develop their programming and use their funding in a way that best meets their mental wellness needs and priorities.
Creation of Indigenous Services Canada	2017-19	Indigenous Services Canada was created in November 2017, bringing First Nations and Inuit health services (delivered through FNIHB formerly with Health Canada) together with education, essential social services, child and family services programs, lands and economic development, housing and infrastructure programs from the Department of Indigenous and Northern Affairs Canada. ISC was established through the Department of Indigenous Services Act, which came into force in July 2019 with a mandate to implement the gradual transfer of these services to Indigenous organizations in support of self-determination.

Timeline item	Year	Description
MMIWG Health and Cultural Support Program	2018	In response to the Interim Report of the National Inquiry, funding announced for MMIWG health supports during the Inquiry. Funding renewed in Budgets 2020, 2021, and 2024. MMIWG health and cultural support services mirror those available through IRS RHSP, and are available to survivors, family members, and all those affected by the issue of Missing and Murdered Indigenous Women and Girls.
Indian Day Schools Health and Cultural Support Program	2020	Funding for health and cultural supports for former students of federal Indian Day Schools and their family members announced following ratification of Federal Indian Day Schools Settlement Agreement. Funding renewed in Budgets 2021 and 2024. Indian Day Schools health and cultural support services mirror those available through IRS RHSP, and are available to former students of historic Federal Indian Day Schools and their family members.
Impacts of the COVID-19 pandemic	2020-23	The COVID-19 pandemic stretched the capacity of existing health systems in Canada to meet increased demands for health services during this period and led to a renewed focus on priority health areas, including mental wellness and substance use. Many mental wellness services continue to be accessible with some experiencing breaks in service, shifts in service delivery, or new innovative approaches to reach community members.
Additional trauma-informed health and cultural supports	2021	In 2021, in response to confirmations of unmarked burials at the sites of former Indian Residential Schools, additional investments were made to expand access to trauma-informed health and cultural supports to those most affected by the legacy of Indian Residential Schools.
Key Present Priorities	2023 - Ongoing	Departmental and program efforts stay focused on working closely with First Nations, Inuit and Métis partners and ensuring continued access to mental wellness services and supports (including efforts to renew program funding provided by Budget 2021 and 2022), implementation of distinctions-based mental wellness initiatives and continued provision of trauma-informed health and cultural supports for Survivors of Indian Residential Schools and Federal Indian Day Schools and families of former students, as well as those affected by the issue of Missing and Murdered Indigenous Women, Girls, and 2SLGBTQI+ people.

Governance and Oversight Structure

The MWP falls under the First Nations and Inuit Health Branch (FNIHB). The National Office (NO) and seven (7) regional offices (Atlantic, Ontario, Quebec, Manitoba, Saskatchewan, Alberta, and Northern region) that report into regional directorates. They collaborate closely with each other, as well as with Indigenous partners that represent First Nations, Inuit, and Métis communities that benefit from the MWP funding.

British Columbia Tripartite Framework Agreement on First Nation Health Governance (Annex B) created a province wide First Nations Health Authority (FNHA) which in 2013 assumed direct leadership role for the design, delivery and management of health programs and services (including mental wellness) for First Nation communities in British Columbia. The tripartite partners work closely together to improve health outcomes for British Columbia First Nations communities through a First Nations health governance structure that addresses health and other inequities experienced by First Nations and works to find opportunities for stronger coordination with provincial programs and services. In 2023, Canada renewed its 10-year funding agreement to continue to support the FNHA in its work to improve health outcomes for First Nations in British Columbia.

There are various mechanisms in place, such as, partnership discussions, and roundtables, to facilitate the flow of information between the National Office (NO), the seven (7) Regions, and their internal and external partners, communities, and other stakeholders.

2. About the Audit

The Audit of the Mental Wellness Program was included in Indigenous Services Canada's Risk-Based Audit Plan for 2023-2024 to 2024-2025, which was presented to the Departmental Audit Committee and approved by the Deputy Minister on May 25, 2023.

2.1 Why it is important

The audit team identified several critical factors underscoring the importance of assessing the Mental Wellness Program (MWP). These factors directly align with overarching objectives, accountability frameworks, and the fundamental commitment to supporting effective mental wellness services and supports for Indigenous communities. The significance of the audit stems from the following key considerations:

1. **Governance and Oversight Effectiveness**: There may be a risk that the effectiveness of the program's governance and oversight structures could be compromised due to potential limitations in accessing timely, comprehensive, and quality-controlled reporting and data. This limitation could potentially hinder the program's ability to make evidence-based decisions, adequately manage risks, and fulfil its governance responsibilities effectively.
2. **Performance Measurement:** There may be a risk that the program does not have robust and consistent performance measurement mechanisms. Without adequate Key Performance Indicators (KPIs) in place, it could be challenging to assess whether the program is effectively

meeting its objectives and realizing its intended outcomes. This could impact the program's capacity for continuous improvement, accountability, and effective decision-making based on performance data.

3. **Financial Management and Resource Allocation:** There may be a risk that the existing funding allocation model and financial management practices may not accurately represent or address the evolving and diverse needs of Indigenous communities. Inadequacies in these areas could restrict the program's ability to provide fair, equitable, and sufficient access to mental wellness services and supports per the Government of Canada (GoC)'s policy objectives and strategic directions.

In summary, the audit serves as a tool for identifying gaps and areas needing improvement within the Program. These insights can then be reviewed and acted upon by the Program to address evolving community needs, maintain distinctions-based approaches, and enhance supports for the delivery of effective mental wellness services and supports for Indigenous communities. By addressing these concerns, the audit may contribute to the program's resilience, adaptability, and overall success in fulfilling its mandate.

2.2 Audit Objective

The objective of the audit was to provide assurance on the effectiveness of key aspects of the Mental Wellness Program, specifically:

1 the governance framework and monitoring activities;
2 processes and tools to appropriately allocate funding to regions;
3 mechanisms to gather and incorporate feedback from Indigenous communities; and
4 proactive risk mitigation strategies.

2.3 Audit Scope

The scope of the audit included an assessment of the Mental Wellness Program's lines of oversight and monitoring, including the formal establishment of roles and responsibilities at the national and regional levels. It also encompassed an assessment of the program's funding and allocation, financial management, and performance measures. The period in scope for this audit was fiscal years 2021-22 to 2023-24.

The audit did not assess areas outside the responsibility of Indigenous Services Canada (ISC), such as the service delivery processes or the compilation of project reporting, which are the responsibility of service providers and external partners.

2.4 Audit Approach and Methodology

The audit was conducted in accordance with the requirements of the Treasury Board (TB) *Policy on Internal Audit* and followed the *International Standards for the Professional Practice of Internal Auditing*. Sufficient, relevant evidence was examined, and sufficient information was obtained to provide a reasonable level of assurance in support of the audit conclusion.

The audit fieldwork was performed from June 2023 to March 2024 and consisted of three phases: planning, conduct and reporting.

The main audit techniques used included:

- Interviews with key stakeholders involved in the governance and oversight, financial management, and performance measurement processes of the MWP;
- Interviews with Directors and Managers of the MWP at the National Office, as well as the seven (7) regional offices to assess their roles and responsibilities related to the program, as well as any processes related to the drafting and approval of funding agreements, disbursement of funding, and tracking of reporting;
- Attendance of a key MWP-led meeting that serves as an open forum for the National Office (NO) and all seven (7) regional offices to discuss updates and challenges related to their portfolios. Internal Audit attended this meeting via Teams, to get a better understanding of the nature and subject matter of these meetings (e.g., discussion on risks and challenges of the program, establishing on action plans and followed-up, etc.);
- Documentation review including review of existing processes, procedures, tools, and templates related to governance and oversight, financial management, and performance measurement functions, to identify if sufficient documentation and mechanisms are in place and to assess whether processes were effectively carried out at the program;
- Documentation review including review of agendas and meeting minutes from key MWP-led and partner-led meetings, to identify if communications between the MWP offices, as well as communications with Indigenous partners and communities are adapted to the program and its goals to promote community-based mental wellness and support distinctions-based approaches; and
- Sampling and testing of funding arrangements funded through the MWP from five (5) of the eight (8) MWP offices. As part of testing, twenty-five (25) funding arrangements were selected from the National Office, as well the Atlantic, Ontario, Manitoba, and Quebec Regional Offices. A comprehensive sampling technique was used to request and test documentation related to samples, starting with agreements, all the way to the submission of required reporting by recipients, sampled between the fiscal year 2021-2024.

The approach used to address the audit objectives included the development of audit criteria, against which observations and conclusions were drawn. The audit criteria can be found in Annex A.

3. Key Findings and Recommendations

3.1 Governance and Oversight Effectiveness

Background

The focus of this audit was to assess the effectiveness of governance and oversight concerning the Mental Wellness Program (MWP), particularly in relation to the establishment and implementation of clear roles and responsibilities. These roles and responsibilities are crucial for

effectively overseeing, monitoring, and adapting the program to enhance community-based mental wellness and support distinctions-based approaches.

Key expectations:

- Established roles and responsibilities that provide effective support, oversight, and monitoring of the MWP, covering all aspects including fund utilization and decision-making processes;
- Existence of robust processes and procedures to support the design, delivery, and management of transfer payments within the program;
- Adequate communication channels within the governance structure, ensuring efficient information flow from top-down and bottom-up levels; and
- Effective collaboration between MWP offices at the National Office (NO) and regions, as well as with Indigenous partners and communities, to advance the objectives of the program.

These expectations serve as benchmarks against which the governance and oversight mechanisms of the MWP were assessed to ascertain if they are promoting community-based mental wellness and supporting distinctions-based approaches.

Risk #1

There may be a risk that there is a potential compromise of the MWP's governance and oversight structures. This could occur due to challenges in accessing timely, comprehensive, and quality-controlled reporting and data. Such limitations may impede the program's ability to make evidence-based decisions, adequately manage risks, fulfill governance responsibilities effectively, and hinder program activities and processes from functioning optimally to meet its objectives and mandate.

Findings

#1 Continuous communication and collaboration among Mental Wellness Program offices

The audit found that organizational structures and regular meetings were in place in the Mental Wellness Program (MWP). In interviews with the MWP offices, several regular meetings are consistently scheduled between National Office and regional offices (e.g., Annual 2-Day face-to-face meeting, Annual Bi-lateral meetings between National Office and each regional program, monthly Mental Wellness Cluster Leads (MWCL) and Focal Point meeting). This was further confirmed through the review of sample meeting minutes, when available, as well as by Internal Audit's attendance of one (1) of the MWCL monthly meetings, a key MWP-led meeting that serves as an open forum for the National Office (NO) and all seven (7) regional offices to discuss updates and challenges related to their portfolios. This suggested continuous collaboration and communication between key stakeholders of the program to raise updates, risks, and challenges of the program, in a timely manner.

#2 Lack of formal governance documentation and meeting minutes

The audit found that MWP offices attended several committees, partnership discussions, and roundtables, hosted by Indigenous partners and communities. Several of these meetings were deemed “informal”. However, they served key purposes, such as planning, monitoring, and oversight, and are sources of key decision-points related to the program and funding decisions. Manually written listings of attendees for some key committees, partnerships, and roundtables were provided for MWP-led meetings. However, Terms of Reference (TOR) and formal process documentation were not available for most of the MWP offices sampled. Additionally, documented evidence of meetings was not available for most of the MWP-led meetings. Through interviews with all the MWP offices sampled, it was further confirmed that formal documentation pertaining to key MWP-led meetings, such as agendas, meeting minutes, and/or Records of Decision (RoD) were not consistently documented.

In interviews with MWP offices, it was further confirmed that agendas, meeting minutes, and RoD were not consistently documented due to limited resources and time constraints during the pandemic and were not reinstituted after the pandemic. During these interviews, it was also noted that some meetings were not captured in the form of meeting minutes as the subject matter can be sensitive. MWP offices noted that some meeting attendees may not be as forthcoming if they knew that meetings were being documented.

A lack of formal governance process documentation, related to MWP-led governance structures and meetings, could result in loss of accountability and transparency and result in misunderstandings, misalignment, and inconsistent execution of processes due to a lack of clear and MWP tailored roles and responsibilities by those charged with governance roles. This finding could also result in negative effects on collaboration and strategic alignment, resulting in hinderances to the program’s ability to adapt to changing needs and circumstances within the community-based mental wellness landscape caused by a lack of clear alignment on program-wide goals and objectives. The finding may result in increased risk of inefficiency and ineffectiveness caused by a lack of governance documentation articulating who is to complete certain tasks and how and potentially leading to duplicated efforts, overlooked tasks, or conflicting priorities.

Additionally, limited documentation of key meetings could result in increased risk of misaligned operations caused by lack of consistent capturing and tracking of meeting minutes. There is a risk of losing valuable insights and information discussed during these meetings, such as evidence related to key decisions, action items, and follow-up activities. This lack of tracking and documentation may hinder the program’s ability to accurately assess progress, identify areas for improvement, and make informed decisions. Lastly, results could also include the loss of institutional knowledge caused by lack of record-keeping and recent turnover, resulting in the inability of recalling what was discussed, what tasks were assigned, and what deadlines were set.

#3 Insufficient clarity on roles and responsibilities for governance and oversight functions of the Mental Wellness Program

The audit found that there are generic job descriptions in place and reviewed them for the sampled MWP offices. Internal Audit acknowledged that the Government of Canada (GoC) Directive on Classification outlines the necessity for departments to include, at a minimum, Generic Job descriptions. While the MWP offices had adopted the Generic GoC job descriptions from the National Occupational Classification (NOC) website, these descriptions were not tailored to the program's evolving mandate. The job description for the new role of DG of the MWP is in development with EX classification. There may be an opportunity to further refine and customize these descriptions as well as advance detailed workplans to clearly articulate the roles and responsibilities of individuals within the MWP offices.

Over the past three fiscal years (2021-22 to 2023-24), new positions and turnover at different levels has occurred, resulting in continued vacancies and posing challenges in maintaining effective operational capacity. Particularly, key roles, such as the DG of the MWP was created on November 6, 2023, to replace the Mental Wellness division reporting to the DG Office Of Population & Public Health (OPPH), as well as staffing changes for two (2) Regional Directors, among others. Role changes and turnover were brought forward in interviews with the National Office and the regions, as well as at the Mental Wellness Cluster Leads (MWCL) meeting that Internal Audit attended. It was noted that each region generally has two (2) representatives at MWCL and focal point meeting to facilitate information sharing. However, the vacancies along with the lack of updated organizational chart and tailored job descriptions, could create challenges in assessing if the program has adequate staff to continue operating effectively, and who is responsible for what responsibilities within the MWP.

Additionally, for most of the MWP offices sampled, training materials and guidance were not consistently available and/or implemented. It is uncertain if all responsibilities are being performed as there is no operational manual, training materials, nor specific job guidance established, which could provide a baseline for comparison.

During interviews, it was also noted that MWP offices have faced considerable time and resource constraints due to the pandemic and other on-going emergencies. Some MWP offices reported that they were overburdened with the amount of work and did not have time and resources to keep up with documentation and key administrative and organizational tasks.

Limited guidance documentation, such as lack of updated organizational charts, MWP-tailored job descriptions, and training materials, could result in (1) loss of talent and institutional knowledge and an increase in the program's vulnerability to disruptions in Program operations in case of turnover. The finding could lead to (2) increased risk of errors caused by a lack of clear policies, procedures, and job responsibilities to guide employees. Furthermore, it could lead to (3) reduced clarity and consistency around the roles and responsibilities of new employees of the MWP, resulting in tasks not being appropriately allocated and executed by new employees of the program.

Recommendation

1. It is recommended that the Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch consider formalizing documentation related to key governance activities at the Mental Wellness Program (MWP).
2. It is recommended that the Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch consider documenting clear guidance related to the roles and responsibilities of employees of the Mental Wellness Program (MWP).

3.2 Performance Measurement

Background

The MWP's performance measures plays a role in ensuring it is achieving the program's targets and provide insights into areas for improvement. It is a means of monitoring progress and assisting the MWP to stay aligned with its objectives.

Key expectations:

- Accurate reflection of the program's objectives in established Key Performance Indicators (KPIs), particularly regarding the shift towards a distinctions-based or community-oriented approach;
- Regular review and adaptation of KPIs and Data Collection Instruments (DCIs) based on performance outcomes and evolving Program objectives to maintain relevance;
- Analysis of performance measurement results to identify and address Program challenges, fostering continuous improvement and guiding decision-making;
- Implementation of mechanisms to gather and incorporate feedback from Indigenous communities and other stakeholders; and
- Effective response to oversight findings, demonstrating adaptability and responsiveness through necessary changes and issue resolution.

Risk #2

There may be a risk that potential inadequacy of performance measurement mechanisms within the MWP, which could impede its progress towards a distinctions-based or community-based approach, hinder assessment of effectiveness in meeting mental wellness objectives, limit capacity for continuous improvement and accountability, and overlook valuable input from Indigenous communities.

Findings

#4 Continuous communication and collaboration between Mental Wellness Program offices and Indigenous partners and communities

The audit found that that Mental Wellness Program (MWP) offices attend several committees, partnership meetings, and roundtables which include representation from Indigenous partners

and communities. Attendance of these regular meetings was outlined during interviews with all MWP offices sampled. Additionally, select attendee listings, agendas, and meeting minutes from these Indigenous partner-led meetings were reviewed, when provided. This suggested open communication channels between the MWP offices and Indigenous partners and communities which could allow for a free exchange of information and increased collaboration.

#5 Lack of data collection instruments (DCIs) and key performance indicators (KPIs) that better represent measures of success in Indigenous communities.

The audit reviewed the data collection instruments (DCIs) and key performance indicators (KPIs) that are currently used across the Mental Wellness Program (MWP). It was found that standardized performance measures were in place and are used throughout FNIHB. However, these DCIs and KPIs were not developed with Indigenous partners and were not adapted to specifically reflect measures of success as defined by the communities that the program services. In interviews, all MWP offices acknowledged the need for more community specific DCIs/KPIs, however, there are currently no updates to these templates underway.

In interviews with all MWP offices, it was also noted that the Indigenous partners they collaborate with have been developing KPIs and DCIs that better represent the needs of their communities. Samples of DCIs and KPIs created by and for Indigenous communities were reviewed to validate this.

One of the challenges around adapted performance measures is that tailoring DCIs/KPIs to the distinct Indigenous communities that program serves, could reduce consistency and standardization across funding arrangements. Lack of standardization makes it difficult to assess and compare results on a wholistic level for the MWP. MWP offices are responsible for their own annually mandated reporting which requires the inclusion of data requested in existing, standard DCIs/KPIs. As such, this could be a challenge from a reporting perspective.

The absence of Key Performance Indicators (KPIs) that have been specifically adapted to the individual needs of Indigenous communities, as well as a lack of set indicators in flex funding requirements, may result in inaccurate assessment of funding progress and effectiveness. Without tailored indicators that reflect the unique characteristics and priorities of Indigenous communities, the assessment may fail to capture the full extent of project or service outcomes and impact. As the MWP is the funder, not the service provider, the date received is the key driver for any assessments made on projects and services provided. This deficiency is particularly pronounced due to the diverse nature of Indigenous communities served by these projects, where indicators of success may vary significantly based on unique cultural, social, and environmental contexts. This finding may also result in potential disconnection from community needs caused by assessments that inadvertently overlook or misinterpret the unique needs and aspirations of Indigenous communities. This disconnect may result in interventions that fail to address underlying systemic issues or adequately empower community members, limiting the long-term sustainability and relevance of project interventions. If the finding was not corrected, this could potentially lead to decreased stakeholder confidence caused by the inability to effectively measure project success which may erode stakeholder confidence in the program's ability to achieve its objectives. Without clear evidence of Program outcomes, stakeholders may question

the value and relevance of the program, potentially leading to decreased support and investment over time.

#6 Lack of a formally documented process to incorporate feedback from Indigenous communities, as well as a lack of a formal process to capture lessons learned from a program perspective.

The audit found that there was no formally documented process to periodically request, retrieve, collect, analyze, synthesize, and action on feedback from Indigenous Communities, as it relates to the MWP. However, MWP offices noted that there were several meetings in which verbal feedback from Indigenous partners and communities were sought. Additionally, the FNIHB Mental Wellness Cluster Leads (MWCL) Face-to-Face (F2F) Meeting was outlined as a meeting in which the MWCL meet to discuss progress, barriers, and potential solutions to barriers are outlined.

Notes from a sample MWCL F2F were reviewed. This document included a summary of feedback/barriers, as well as sample solutions. However, there was no clear indication of the responsible parties, action items, and/or timelines to complete any of the updates. Additionally, no documentation was presented to confirm if the barriers outlined were actioned on and if changed were made to the MWP. Due to a lack of detailed, formal documentation, it could not be assessed if a holistic review of the funding arrangements in the MWP was conducted to make improvements to the activities of the MWP. No other lessons learned documentation was available for the period 2021-2024.

In interviews, it was outlined that meetings are used to discuss feedback from Indigenous communities and to reflect on the activities of the MWP. As noted, some of these discussions occur at scheduled meetings, however, these meetings are currently not consistently documented in the form of meeting minutes. It was also noted that some meetings are not documented as the subject matter can be extremely sensitive. Some meeting attendees may not be as forthcoming if they knew that meetings were being documented. ISC also noted that surveys are not executed by ISC but that ISC provides funding to Indigenous partners to execute surveys. As such, documented feedback was limited, and the lessons learned process could not be formally evidenced.

MWP is guided by the First Nations Mental Wellness Continuum Framework which include the commitment to Indigenous-led frameworks, programs, and services (e.g., Honouring Our Strengths, the National Inuit Suicide Prevention Strategy, and Pathfinding Towards a Flourishing Future Awareness and Advocacy Guide, etc.), which were developed through strong community engagement. While the foundation of the MWP includes Indigenous-led frameworks, a lack of a formally documented feedback mechanism and lessons learned process, could deter the MWP from reaching its objectives.

In absence of formal feedback requests led by MWP offices, and limited, documented communications between MWP and Indigenous communities (e.g., meeting minutes, RoD, etc.), the extent to which stakeholder input has been requested, collected, processed, cannot be clearly assessed. Furthermore, there is no documented evidence indicating the incorporation of stakeholder feedback into program adjustments which could result in failure to uphold principles of reconciliation. Reconciliation requires meaningful engagement, respect for Indigenous rights

and perspectives, and a commitment to addressing historical injustices. Without documentation of these efforts, it may not be clear how Indigenous knowledge, experiences, and priorities are being considered. Another result of this finding may be diminished community engagement. Without documented guidance for soliciting and acting on feedback, community engagement may reduce with the MWP, and other government endeavors aimed at enhancing mental wellness. Without robust community engagement, the potential for achieving positive outcomes and fostering lasting change becomes constrained, hindering progress towards shared goals of mental wellness and reconciliation. The finding may also result in undermined trust and engagement due to a lack of tangible evidence of genuine engagement or responsiveness to community input. Additionally, the inability to demonstrate a systematic approach to feedback utilization may raise concerns about the program's accountability and adherence to ISC mandates and policies on Indigenous engagement and reconciliation.

Limited documentation related to the lessons learned process may result in missed opportunities for learning and improvement which are essential for advancing mental wellness outcomes and achieving its reconciliation objectives. A lack of a formalized process for collecting and acting on feedback, may raise uncertainty regarding the program's adaptive capacity to address community needs. Additionally, the finding may result in limited effectiveness in addressing mental wellness needs. Without structured feedback mechanisms, including the implementation of changes, the MWP may struggle to adequately address the diverse and nuanced mental health needs of Indigenous communities. Consequently, the effectiveness of interventions may be compromised, hindering efforts to improve mental wellness outcomes.

Recommendations

3. It is recommended that the Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch, co-develop with Indigenous partners, revised Mental Wellness Program performance measures, indicators and logic model that speaks to the existence, availability, accessibility and quality of services for Indigenous partners and communities.
4. It is recommended that the Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch consider establishing a structured feedback mechanism to incorporate feedback from key stakeholders of the Mental Wellness Program (MWP).

3.3 Financial Management and Resource Allocation

Background

Financial Management and Resource Allocation within the MWP are critical aspects involving the establishment, implementation, and adaptation of financial management tools and processes at both program and regional levels.

Key expectations:

- The program's flexibility and adaptability in funding allocation and reporting to meet the evolving needs of Indigenous communities.

- The establishment and communication of efficient processes, tools, and templates supporting comprehensive financial management and the transition towards a more flexible funding approach.

Risk #3

There may be a risk that insufficient oversight of financial management and resource allocation could hinder the program's ability to provide equitable access to mental health services, impede progress towards a distinctions-based or community-focused approach, and limit its capacity for evidence-based decision-making and effective risk management.

Findings

#7 Flexibility in funding allocations through increased use of Flexible and Block Funding approaches

The audit found increased flexibility in funding reallocation and surplus management within the MWP, through the use of Flexible and Block Funding approaches. Through interviews and review of Government of Canada Policies, and sample funding agreements, the adoption of Flexible and Block Funding approaches was confirmed. These approaches, available across various programs within FNIHB, empower recipients to exercise greater control in the management of their funding. Flexible Funding allows recipients to reallocate funds in the same Program Authority, carry over program funding annually for the duration of their agreement, with reimbursement of unspent funds from the recipient to the government at the expiry of the agreement. Block Funding is additionally flexible, in that recipients may reallocate funds across authorities (except for specifically identified programs), as well as retain surpluses to reinvest in other priorities. Funding arrangements can contain a mix of funding with different funding approaches as well as multiple projects. The proportion of Mental Wellness funding flowed through Flexible or Block Funding has continuously increased in the MWP, from 68% in 2021-22 to 77% in 2023-24, as identified in MWP project listings that outlined the approaches in which the projects were funded, allowing MWP recipients to take advantage of the flexibility they offer.

Similarly, with respect to funding allocations, the audit found that there was increased flexibility in the submission of reporting mandated by Block Funding approaches. Through interviews, review of Government of Canada Policies, and reporting for project samples, more flexible reporting was confirmed for MWP funding recipients. Recipients that receive their funding through Block Funding approaches may provide uniquely created reports to their MWP regional office or NO, instead of following the rigid reporting required by the other funding approaches. However, Block funding recipients are required to submit an annual report to the Minister (DCI HC-P001 Annual Report for Block) that covers multiple programs and replaces the DCI reporting requirements for those programs.

8 Inconsistent tracking of reporting and limited visibility over projects

The audit reviewed existing reporting tracking mechanism and found that the majority of the Mental Wellness Program (MWP) offices sampled had no clear and consistent processes to track mandated reporting from its recipients. Agreements between the MWP offices and their recipients

clearly outline reporting requirements for all funding recipients. Reporting may vary in its frequency and format, depending on the funding agreement and approach used, however, it is a requirement for recipients to submit reporting to continue their eligibility to receive funding. It is the responsibility of the MWP offices in collaboration with other FNIHB teams to follow-up with the recipients if reporting is missing and/or if there are any errors or issues related to the reporting received.

All MWP offices have access to the Grants and Contribution Information Management System (GCIMS), a repository that houses documentation such as mandated recipient reporting. However, only a few of the MWP offices used this repository, along with communications with the recipients, to create their own manual tracking tools, note missing reporting, note reasons for missing report, note errors in reporting, and/or note issues regarding the reporting that could impact recipients' eligibility to receive funding. In the instances that manual tracking tools existed, within the tracking documents available, there was no clear indication of who tracked the reporting, if reporting was reviewed and who reviewed it, nor if missing reporting or errors and/or issues with reporting was followed up on.

Notably, reporting expectations during the pandemic were removed to allow service providers to deal with emergencies and to focus on their operations first. Therefore, reporting between 2021-22 and 2022-23 was not consistently submitted. During this time, reporting deficiencies were also attributed to resource and timing constraints. It was noted that MWP offices prioritized their relationships and communication with the Indigenous communities, with reporting becoming a secondary activity.

Additionally, Block Funding requirements became more flexible to accept any reasonable form of report and/or update from clients (e.g., verbal phone calls, site visits, alternate reporting, among others). While this approach was used to adapt to the needs of Indigenous communities, it was noted in interviews that this approach impedes the programs' ability to compare different projects as the reporting can differ significantly. Submitted recipient reporting from sample projects under Block Funding approaches was reviewed and it was confirmed that the formatting and content varied among the majority of the samples.

A lack of systematic tracking and review of partners' community reporting by the regions, combined with the inconsistent use of GCIMS reporting, may result in challenges in monitoring and assessment of projects, resulting in the inability to clearly track missing reporting and eligibility/ineligibility for funding. The funding may also result in a lack to track progress, risks, challenges, and lessons learned throughout the fiscal year. The finding could also lead to limited visibility into project progress caused by inherent flexibility of reporting requirement of Block Funding approaches, causing potential hinderances on the program's ability to make informed decisions and adjustments to optimize outcomes, as well as to intervene in a timely manner, if needed. Without mitigation, the issue may lead to a lack of oversight regarding the alignment between projects and program objectives. This could result in difficulties in monitoring and assessing projects to ensure their outcomes effectively align with program goals and priorities.

Recommendations

5. It is recommended that the Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch establishes, in consultation with partners, an approach to funding recipient reporting that incorporates integrated analysis and clear tracking mechanisms. This will support transparency, effectiveness, and accountability in program operations, facilitating understanding by partners and stakeholders and enabling the scaling up of successful community-led practices.

4. Conclusion

In conclusion, the assessment revealed several strengths and opportunities for improvement within the Mental Wellness Program (MWP). The program has established governance and oversight structures but lacks consistent documentation of roles, responsibilities, and key meeting functions and outcomes. Additionally, formal feedback mechanisms, to incorporate feedback from Indigenous partners and communities, as well as lessons learned conducted by MWP offices have not been formally documented and implemented. While the program utilizes funding approaches used by several programs across First Nations and Inuit Health Branch, providing flexibility in allocation and reporting, this increased flexibility has resulted in decreased visibility over projects by the MWP offices. Additionally, reporting tracking processes and tools are not consistently established and implemented at all MWP offices. Standardized Data Collection Instruments and Key Performance Indicators are in place for performance measurement, but there is a lack of adapted indicators to align with Indigenous partners' and communities' needs. Overall, the program demonstrates strengths in governance, funding flexibility, and performance measurement. However, there is room for improvement in establishing and retaining more robust documentation, creating, and implementing consistent reporting tracking processes and tools, incorporating feedback mechanisms, and demonstrating clearer alignment with the needs of Indigenous partners and communities.

5. Management and Action Plan

Context

Indigenous Services Canada and the First Nations and Inuit Health Branch recognizes the continued priority of mental health and substance use policies in Canada and the need to continue to address health inequities for Indigenous people.

As part of this recognition and in order to further advance mental wellness for Indigenous people, we will be seeking approval on a transformational and modernization agenda for the Program in fall 2024, which will look at the breadth and scope of the Mental Wellness program and will eventually lead to renewed governance, indicators and reporting mechanisms. This modernization will look at improving the access and quality of mental health and substance use supports for Indigenous peoples. This audit is timely as it points to actions that this transformation will address.

In addition to this, the Mental Wellness Program is currently in the midst of advancing a dedicated focal point and team to meet these national priorities and to ensure the voices of indigenous peoples are reflected across federal initiatives, with completion planned in fiscal year 2024-25. The team will provide policy advice, and will engage, and collaborate across all levels of government in order to raise the bar for mental wellness for Indigenous peoples. This dedicated team will help ensure that Indigenous voices are embedded in other government department's engagement so that there are no siloed decision making.

Background

Many factors influence mental wellness for Indigenous peoples in Canada. For Indigenous people especially, historical determinants, such as the traumatic legacy of colonization, residential schools, confirmation of unmarked graves and the ongoing crisis of Missing and Murdered Indigenous Women, Girls, and 2SLGBTQI+ people, have shaped the mental health of Indigenous peoples.

These historical determinates have led to several calls to actions, which seek to improve health outcomes for Indigenous people. These have been brought forward through both national and international forums. As a result, the federal government must respond to these calls to actions, and continue to fulfill its legal obligations under various settlement agreements. Examples include:

- Calls to actions and Calls to Justice from
    - The Truth and Reconciliation Commission of Canada; and
    - National Inquiry into Missing and Murdered Indigenous Women and Girls.
- United Nations Declaration on the Rights of Indigenous Peoples Act;
- Indian Residential School Agreement;
- Various Senate and House committees studies;

- Final settlement agreement on Compensation and Agreement-in-Principle for long-term reform of First Nations Child and Family Services and Jordan's Principle;
- Coroners reports and inquiries; and
- Incident inquiries (ex. James Smith Cree Nation).

The federal government is also advancing national and federal strategies and frameworks, which provide direction and scope of activities that must be undertaken to support Canadians, including indigenous peoples such as:

- Supporting on the implementation of partner developed distinction-based strategies:
  - Mental Wellness Continuum Framework;
  - Honouring our Strengths; and
  - National Inuit Suicide Prevention Strategy.
- Supporting on the implementation of federal strategies:
  - Canadian Drugs and Substances Strategy;
  - National Suicide Prevention Action Plan;
  - Federal Framework on Posttraumatic Stress Disorder (PTSD);
  - Reaching Home: Canada's Homelessness Strategy;
  - Chronic Pain Action Plan;
  - Pan-Canadian Health Human Resource Strategy (HHRS);
  - Anti-Indigenous racism in Canada's health systems; and
  - Distinctions-based Indigenous health legislation.

In addition to these calls to actions, strategies and frameworks, the Ministerial mandate letters include specific mention of the continued need to move towards a path of reconciliation with First Nations, Inuit and Métis Peoples and to "achieve equity, by continuing to collaborate with Indigenous partners, by working together to close socio-economic gaps and improve access to high-quality services". Coupled with specific mandate commitments to advance Truth and Reconciliation from the Ministers of Health, Mental Health and Addictions and Indigenous Services Canada, prioritizing Indigenous health and mental wellbeing remains at the forefront of the Government of Canada's policies and programs.

In order to further advance mental wellness for Indigenous people, we will also be seeking approval on a transformational agenda in fall 2024, which will look at the breadth and scope of the Mental Wellness program and will eventually lead to renewed governance, indicators and reporting mechanisms. This modernization work will ultimately seek to improve the access to quality mental health and substance use supports for Indigenous people.

Recommendations	Management Response / Actions	Responsible Manager (Title)	Planned Implementation Date
1. It is recommended that the Senior Assistant Deputy Minister (SADM) of the First Nations and Inuit Health Branch (FNIHB) consider formalizing documentation related to key governance activities at the Mental Wellness Program (MWP).	As part of the MWP modernization, clear mapping of all governance tables and related action plans and implementations plans will be developed.	SADM FNIHB supported by DG, Mental Wellness	March 31, 2025
2. It is recommended that the Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch consider documenting clear guidance related to the roles and responsibilities of employees of the Mental Wellness Program (MWP).	Clear workplans and strategic plans are underway to define the role and scope of teams, which will then be used to develop employee roles. The team workplans will be shared with the rest of FNIHB in order to make others aware of the priorities of MWP. As part of the creation of a dedicated directorate, the work descriptions of executives is under review. Following the review of executive positions, non EX will be reviewed.	SADM FNIHB supported by DG, Mental Wellness	September 30, 2024 March 31, 2025 March 31, 2026
3. It is recommended that the Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch, co-develop with Indigenous partners, revised Mental Wellness Program performance measures, indicators and logic model that speaks to the existence, availability, accessibility and quality of services for Indigenous partners and communities.	Work is now underway to seek approval in fall 2024 on a modernization proposal to meet current and future needs of Indigenous partners and communities. As part of this work, logic models and indicators will be updated. These items will be co-developed and improve our ability to understand the quality and effectiveness of	SADM FNIHB supported by DG, Mental Wellness	March 31, 2025

	programming and to support partners in achieving better health outcomes. Work is underway to update the performance information profiles (PIPs). These exercises take on average 18-24 months to complete.		March 31, 2026
4. It is recommended that the Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch consider establishing a structured feedback mechanism to incorporate feedback from key stakeholders of the Mental Wellness Program (MWP).	As work is underway to create the dedicated team, we are in the process of developing a mental wellness program narrative on how we have, are or will fulfill our legal obligations against these Ministerial priorities, including clear roles and responsibilities, as per recommendation 2, which will be shared with partners in order to enable a feedback loop. Related to recommendation 1, as we map of all governance tables and related action plans and implementations plans, feedback mechanisms will be developed as part of this work.	SADM FNIHB supported by DG, Mental Wellness	September 30, 2025 March 31, 2025
5. It is recommended that the Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch establishes, in consultation with partners, an approach to funding recipient reporting that incorporates integrated analysis and clear tracking mechanisms. This will support transparency, effectiveness, and accountability in program operations, facilitating understanding by partners and stakeholders and enabling the scaling up of successful community-led practices.	As mentioned in recommendation 3, work is now underway to seek approval to modernize the program, after which we will be revising indicators. Partners will be asked to report against these new indicators, with clear reporting and track mechanisms in place.	SADM FNIHB supported by DG, Mental Wellness	March 31, 2026

Annex A: Audit Criteria

To ensure an appropriate level of assurance to meet the audit objectives, the following audit criteria were developed to address the objectives.

Audit Criteria	Audit Sub-Criteria
1. The Mental Wellness Program (MWP) funding allocation adapts to the evolving needs of the respective regions consistently and effectively.	1.1 The process and formula to allocate funding to the regions is consistently applied throughout the MWP across all regions, reflecting the diverse and evolving needs of the Indigenous communities. 1.2 The MWP demonstrates flexibility and adaptability in funding allocation to support the changing needs of Indigenous communities.
2. Financial management tools and processes have been effectively established, implemented, and adapted at the program and regional levels.	2.1 The MWP has established and communicated efficient processes, tools, and templates that facilitate comprehensive financial management of the program and support its shift towards a more flexible funding approach. 2.2 Adjustments and improvements to financial management tools and processes are made based on feedback and the evolving needs of the program.
3. The Mental Wellness Program (MWP) has established and implemented clear roles and responsibilities to effectively oversee, monitor, and adapt the program.	3.1 Established roles and responsibilities provide effective support, oversight, and monitoring of the MWP, encompassing all elements including use of funds, decision making, and adherence to Treasury Board (TB) reporting requirements. 3.2 Service Level Agreements (SLAs) in place between Indigenous Services Canada (ISC) and service providers are consistent, clear, and effectively facilitate coordination of efforts and outline clear requirements to be met. 3.3 The program effectively addresses issues and implements necessary changes based on oversight findings, demonstrating adaptability and responsiveness. 3.4 Adequate communication channels exist within the governance structure, ensuring efficient information flow from the top-down and bottom-up. 3.5 Effective collaboration exists between the MWP at the National Office (NO) and regions, and partnerships and Indigenous communities to support the MWP objectives.
4. Performance measurement indicators have been established, utilized, and	4.1 The established Key Performance Indicators (KPIs) accurately reflect the objectives of the MWP,

Audit Criteria	Audit Sub-Criteria
adapted in alignment with Mental Wellness Program (MWP) objectives to facilitate continuous improvement of the program.	including the shift to a more distinctions-based or community-based approach. 4.2 Results of performance measurement activities are analyzed and used to identify and address Program challenges, facilitate continuous improvement, and guide decision-making. 4.3 KPIs and Data Collection Instruments (DCIs) are regularly reviewed and revised as necessary based on performance outcomes and evolving Program objectives, ensuring their continued relevance and usefulness. 4.4 The performance measurement system effectively captures both short-term outputs and long-term outcomes with established baseline data and results framework to provide a holistic view of the program's performance. 4.5 Mechanisms are in place to gather and incorporate feedback from Indigenous communities and other key stakeholders.

Annex B: The British Columbia First Nations Health Governance Structure Components

The British Columbia First Nations Health Governance Structure includes four components:

- The First Nations Health Authority (FNHA): responsible for planning, management, service delivery and funding of health programs, previously provided by Health Canada's First Nations Inuit Health Branch Pacific Region.

- The First Nations Health Council: provides political leadership for implementation of Tripartite commitments and supports health priorities for BC First Nations.

- The First Nations Health Directors Association: composed of health directors and managers working in First Nations communities. Supports education, knowledge transfer, professional development and best practices for health directors and managers. Acts as a technical advisory body to the First Nations Health Council and the FNHA on research, policy, program planning and design and the implementation of the Health Plans.

- The Tripartite Committee on First Nations Health: the forum for coordinating and aligning programming and planning efforts between the FNHA, BC Regional and Provincial Health Authorities, the BC Ministry of Health and Health Canada Partners.