Joint Project Board (JPB) Projects
Annual Report Results for Fiscal Year (FY) 2018-2019

October 2020

We acknowledge the traditional territories upon which the JPB projects are being delivered, as well as the efforts of the many staff, clinicians and partners involved in establishing and implementing the vision of these initiatives.

JPB Annual Report Outline

Summary of Key Findings

Approach to Analysis

- Method
- JPB Narrative Report Submission

Financial Review

- JPB Funding
- JPB Expenditures
- JPB Unused Funds

Project Implementation Progress

- Project Implementation Progress
- Direct Service Delivery Positions
- Implementation Barriers and Mitigation Strategies

Service Delivery Progress

- Accessibility of Services
- Service Delivery Barriers and Mitigation Strategies

Summary of Key Findings (FY 2018-2019)

Financial: In total there were **27 JPB projects** with **$18.0M available** in project funding **JPB projects spent 58%** of available funding (mainly due to unfilled positions)

- Of $15.0M annual budget, $9.7M or 65% was spent
- Of $3.0M carry forward from prior years, $0.8M or 27% was spent
- First Nations Organizations spent **77%** of their allotted JPB project funds; Health Authorities spent **47%**; and the FNHA **38%**

Implementation: All JPB projects with known implementation status were operational; about one-half **(48%) were fully operational**

- **65% of Direct Service Delivery positions were filled**
- JPB projects implemented strategies and provided suggestions to address key barriers including recruitment, retention, and infrastructure

Service Delivery Innovation: JPB projects improved access to care by adapting services and supporting individuals

Reporting: Missing and inconsistent JPB project reporting to FNHA for both the narrative and financial reports, as well as follow up of unused funds, have been an issue

Approach to Analysis

Method

Analysis of JPB Funded Projects

- The current report presents overall findings for fiscal year (FY) 2018-2019
- The analysis also covers trends from FY 2016-2017

Data Sources

- FNHA JPB financial data for FY 2018-2019
- JPB narrative reports for FY 2018-2019
- JPB funding arrangements, tracking and summary reports for FY 2018-2019
- Previous JPB Annual Reports

Joint Project Board

Joint Project Board Project
2018/19 Annual Report

Thank you for filling out last year's JPB report.

In order to reduce reporting burden, we have removed some questions and re-worded others.

Please submit one annual report template per JPB project.

This annual report is in addition to your annual financial report.

This report is due on July 29th, 2019.

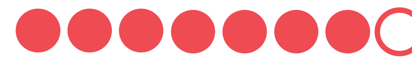
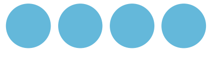
Completed reports and any questions can be sent to: fnha.reports@fnha.ca.

1. General Project Information

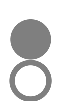
Project Title:	
Region:	
Date:	
Submitted by (Name):	
Organization:	
Email:	
Role in Project:	

VERSION: April 30, 2019

JPB Narrative Report Submission

Region	FY 2016-2017	FY 2017-2018	FY 2018-2019
Fraser Salish	●●●●○	●●●●●	●●●●●
Interior	●●●●●●●●	●●●●●●●●	 ●●●●●●●○
Northern	●●○○	●●●●	 ●●●●
Vancouver Coastal	●●●○○	●●○○○	●●●●○
Vancouver Island	●●●●	●●●●	●●●●
Provincial Project	●	●	●
	Total 22 / 27 projects	Total 24 / 27 projects	Total 25 / 27 projects

Legend



JPB Report submitted
JPB Report not submitted

Numbers reflect projects with at least one unique JPB Annual Report submission

For a JPB project with multiple components, one unique report could be submitted for each component. For FY 2018-2019, 57 unique reports could be submitted; 48 were received (**84%**). A JPB project is considered 'reported' when at least one unique report is received (despite # of project components).

Report submission delays

Slightly over half of JPB projects (n=16) met the July 2019 report submission deadline. Additional reports were submitted as late as eight months following this deadline.

Financial Review

Key Messages on JPB Funding (FY 2018-2019)

* Financial data extracted on September 11, 2020

In total there were **27 JPB projects** with **$18.0M** available.

44% of JPB projects had annual project funding of less than $400K.

Spending: JPB projects **spent $10.5M or 58% of available funding** (mainly due to unfilled positions)

- Of $15.0M annual budget, $9.7M or 65% was spent.
- Of $3.0M carry forward from prior years, $0.8M or 27% was spent.

Total unused funds were $7.5M (representing 42% of total JPB project funding), of which **$3.5M** (**47%**) **was carried forward** to FY 2019-2020.

Recipients: About **43%** of total JPB project funding was allotted to First Nations Organizations; **39%** to Health Authorities; and **18%** to the FNHA

First Nations Organizations spent **77%** of their allotted JPB project funds; Health Authorities spent **47%**; and the FNHA **38%**

JPB Projects by Funding Level and Region

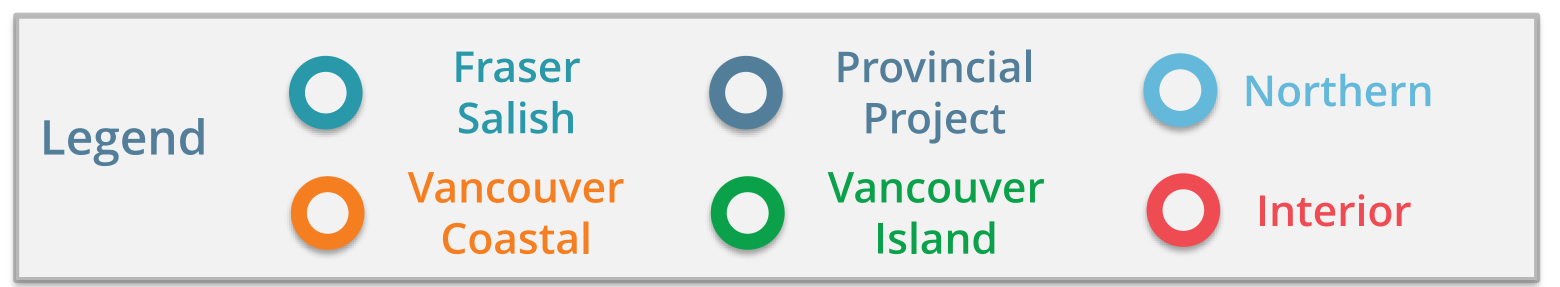
<= $ 400,000
12 Projects

$ 400,000 to $1M
11 Projects

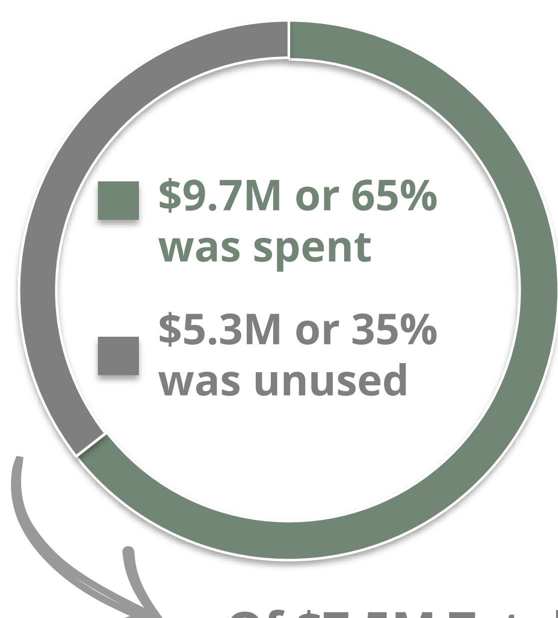
$1M to 1.6M
3 Projects

$3.5 M
1 Project

In total there were 27 JPB projects with $18.0M available for FY 2018-2019. 44% of JPB projects had annual project funding (budget and carry forward combined) of less than $400K.



JPB Financial Flows



Of Prior Years' Carry Forward $3.0M

Of $7.5M Total Unused Amount

- **$3.5M or 47%** was carried forward to 2019-2020
- $1.2M was recovered to FNHA
- $2.7M was to be confirmed

JPB Funding and Expenditure by Region

	Total JPB Project Funds Allotted (out of $18.0M Total Funds)	$ Amount (%) Expended
Provincial	$0.49M	$0.43M (88%)
Fraser Salish	$1.73M	$1.38M (80%)
Interior	$3.66M	$2.90M (79%)
Vancouver Island	$3.59M	$2.15M (60%)
Vancouver Coastal	$2.20M	$1.25M (57%)
Northern	$6.32M	$2.37M (38%)

JPB Funding and Expenditure by Funding Recipient

Funding Recipient	Total JPB Project Funds Allotted (out of $18.0M Total Funds)	$ Amount (%) Expended
First Nations Organizations	$7.8M	$6.0M (77%)
Health Authorities	$7.0M	$3.3M (47%)
FNHA	$3.2M	$1.2M (38%)

Key Messages on JPB Expenditures (FY 2018-2019)

* Financial data extracted September 11, 2020

Of the $10.5M in JPB project expenditures:

- **77%** was spent on **Direct Service Delivery**
- **19%** was spent on Supports and Enablers
- **4%** was spent on Start Up activities

Overall, across all JPB-funded projects, **top expenditure categories** included:

- Nursing **($1.8M)**
- Mental Health and Wellness **($1.7M)**
- Administration **($1.6M)**
- Medicine **($0.7M)**
- Travel **($0.7M)**
- Other Therapy **($0.2M)**
- Capital **($0.2M)**
- Nutrition **($0.1M)**

JPB Project Expenditures ($Millions)

Category	Item	Expenditure ($Millions)
77% Direct Service Delivery	Other	$1.90
	Nursing	$1.79
	Mental Health & Wellness Therapy	$1.74
	Additional Info Required	$0.78
	Medicine	$0.71
	Travel	$0.65
	Other Therapy	$0.24
	Nutrition	$0.12
	Project Mgmt	$0.09
	Dental	$0.01
19% Supports And Enablers	Admin	$1.59
	Other	$0.27
	Training	$0.08
	Travel	$0.07
	Telecomm & Info Tech	$0.02
4% Start Up	Capital	$0.24
	Project Mgmt	$0.11
	Minor Equipment	$0.03
	Recruitment	$0.02
	Admin	$0.02
	Prof Development	$0.01
	Start Up	$0.01
	Travel	$0.00

Millions

$0.0 $0.5 $1.0 $1.5 $2.0

Key Messages on JPB Unused Funds (FY 2018-2019)

*Financial data extracted September 11, 2020

- Of the $7.49M in unused funds, **$5.31M** associated with **annual budget** and **$2.18M** associated with prior years' **carry forward (CF)**

- Of the $7.49M in unused funds, **$4.32M or 58%** associated with **direct service delivery**, due to staff vacancies, including:
  - Nursing, $2.12M (Budget: $1.90M; CF: $0.23M)
  - Mental Health and Wellness, $1.24M (Budget: $1.13M; CF: $0.11M)
  - Social Worker, $0.96M (Budget: $0.91M; CF: $0.05M)
  - Other Allied Health Professionals, $0.40M (Budget: $0.18M; CF: $0.22M)
  - General Practitioner sessions, $0.36M (Budget: $0.26M; CF: $0.10M)

- **Overhead** costs accounted for $1.78M or 24% of unused funds
  - (Budget: $0.89M ; CF: $0.89M)
- **Travel** accounted for $1.38M or 18% of unused funds
  - (Budget: $0.84M ; CF: $0.54M)

JPB Project Unused Funds Breakdown ($Millions)

	Annual Budget	Prior Years' Carry Forward	Total Unused
Nursing	$1.90	$0.23	$2.12M
Travel	$0.84	$0.54	$1.38M
Mental Health & Wellness	$1.13	$0.11	$1.24M
Social Worker	$0.91	$0.05	$0.96M
Administrative Support	$0.55	$0.11	$0.66M
Operational and Other	$0.12	$0.38	$0.50M
Other Allied Health Professional	$0.18	$0.22	$0.40M
General Practitioner	$0.26	$0.10	$0.36M
Recruitment	$0.04	$0.26	$0.30M
Professional Development	$0.19	$0.01	$0.20M
Capital	$(0.01)	$0.13	$0.12M
Other Staff	$(0.79)	$0.03	($0.76M) deficit

Direct Service Delivery
$4.32 Million (58%)

Overhead
$1.78 Million (24%)

Travel
$1.38 Million (18%)

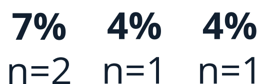
Project Implementation Progress

Implementation Progress (FY 2016-2017-2018-2019)

FY 2016-2017

FY 2017-2018

FY 2018-2019



	FY 2016-2017	FY 2017-2018	FY 2018-2019	Definition
Unknown	7% n=2	4% n=1	4% n=1	Not enough information to determine implementation status
Not Operational	11% n=3	0% n=0	0% n=0	No clinicians on the team hired / no clients being seen
Partially / Mostly Operational	44% n=12	44% n=12	48% n=13	Some / most clinicians on the team hired and seeing clients
Fully Operational	37% n=10	52% n=14	48% n=13	All clinicians on the team hired and seeing clients

By the end of FY 2018-2019:

All JPB projects *with known implementation status* were operational

96% of JPB projects were operational - partially / mostly / fully combined (26 / 27)

48% of JPB projects were fully operational (13 / 27)

Celebrating Implementation Success

RESPONSIVENESS
Implemented JPB projects continued to evolve as required to respond to local-level needs

"[...] *we continue to tweak our primary care model based on evaluation and lessons learned"*

PARTNERSHIP
Multiple partners continued to work together to ensure JPB projects were successfully implemented

"We are working very closely with the Division of Family Practice [...] *to find more recruits and have submitted an 'ask' to the MoH"*

IMPLEMENTATION
Several JPB projects experienced successful implementation (e.g. were fully staffed; delivered as designed; regularly seeing clients).

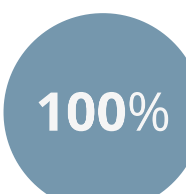
"The clinic is fully operational in regards to being fully staffed and seeing clients on a regular basis"

RECRUITMENT
During FY 2018-2019, hiring activities for clinicians continued for JPB projects that were not fully operational.

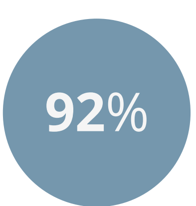
"There are significant efforts [...] *on recruitment and retention in the North. Recruiting NPs is an area of focus. This has included working with universities - with programs that graduate NPs"*

-JPB Narrative Report Respondents

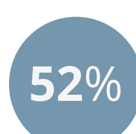
Populations Served



of JPB projects service **status First Nations** (25 / 25)



of JPB projects service **Indigenous People** (Metis, Inuit, and / or non-Status First Nations) (23 / 25)



of JPB projects service **other residents** (non-Indigenous residents) (13 / 25)

Service Location

of JPB projects provide **on-reserve** services (25 / 25)

of JPB projects provide away-from-home / **off-reserve** services (17 /25)

"We provide services to status First Nations people and other residents with our outreach services. We do this by offering regularly scheduled drop-ins to communities that request this service. [...] As there are many non-Aboriginal individuals who are connected with First Nations communities, we are open to helping all those who can benefit from our services"

-JPB Narrative Report Respondent

Key Messages on Direct Service Delivery Positions (FY 2018-2019)

- **65%** of **direct service delivery positions were filled** in FY 2018-2019; recruitment and retention remained a challenge
- Fraser Salish showed the highest % of filled positions (**93%**); Northern (**45%**) and Vancouver Coastal (**52%**) showed the lowest
- **39%** of JPB direct service delivery staff self-identified as Indigenous

Direct Service Delivery Positions by Region

Region	% Filled	# Filled	# Vacant	# Not Reported
All projects	65%	93	45	4
Fraser Salish	93%	14	1	
Interior	86%	24	4	
Vancouver Island	69%	22	10	
Provincial Project	67%	2	1	
Vancouver Coastal	52%	17	12	4
Northern	45%	14	17	

Direct Service Delivery Positions by Profession

Profession	% Filled	# Filled	# Vacant	# Not Reported
Nurse	71%	22	9	
General Practitioner	70%	7	2	1
Miscellaneous Health Professional	78%	7	1	1
Other Allied Health Professional	68%	17	8	
Mental Health & Wellness Staff	60%	26	15	2
Social Worker	58%	14	10	

Direct Service Delivery Position by Funding Recipient Group

39% of staff self-identified as Indigenous

Funding Recipient	% Filled	# Filled	# Vacant	# Not Reported
FNHA	65%	15	8	
First Nations Organization(s)	65%	54	25	4
Health Authorities	67%	24	12	

Key Messages on Implementation Barriers and Mitigation Strategies (FY 2018-2019)

Key barriers to JPB project implementation pertained to

- **Recruitment and retention**: lack of trained candidates in specialized areas of practice; lack of qualified local candidates; length of time to hire candidates
- **Infrastructure**: lack of office / clinical space; persistent IT issues; lack of short-term provider accommodations
- **Provider logistics** (e.g. travel costs are high) and **project planning** (e.g. time to plan / implement projects)

JPB projects implemented **several strategies** to address these barriers:

- Utilizing recruitment agencies, community-based referrals and advertising widely to support staffing
- Building relationships with communities to facilitate access to local-level infrastructure and to support project planning

Implementation Barriers by Theme

Retention
9%
(n=16)

Project Planning and Implementation
17%
(n=30)

Recruitment
24%
(n=44)

Infrastructure
31%
(n=57)

Funding
5%
(n=9)

Provider Logistics
14%
(n=26)

Top Reported Implementation Barriers

Recruitment and Retention	Infrastructure	Provider Logistics	Project Planning / Implementation
48% - Lack of trained candidates in specialized areas of practice (n=12)	60% - Lack of physical office space (n=15)	32% - Provider travel costs are too high (n=8)	28% - Amount of time to plan / implement project (n=7)
44% - Lack of trained candidates locally (n=11)	56% - Lack of confidential clinical space (n=14)		
32% - Length of time to hire candidates (e.g. time to develop job description; advertise position; sign contract; onboard staff) (n=8)	52% - IT issues (e.g. insufficient Bandwidth; limited access to Electronic Medical Records (EMRs) (n=13)		
28% - Provider burnout (n=7)	44% - Lack of short-term housing / accommodation (n=11)		
28% - Lack of interest by local qualified candidates (e.g. salary; benefits; level of seniority) (n=7)			

Highlights

11 JPB project implementation barriers were cited by over one quarter of JPB projects.

- Recruitment and Retention
- Infrastructure
- Provider Logistics
- Project Planning / Implementation

Top Implementation Barriers by Funding Recipient

First Nations Organization (10 projects)	**FNHA** (2 projects)	**Health Authorities** (6 projects)	**Multiple Funding Recipient** (7 projects)
Lack of physical office space (n=7)	All categories below received an equal # of responses (n=1)	Lack of short-term housing / accommodation (n=3)	Lack of physical office space (n=6)
Lack of confidential clinical space (n=7)	• Unable to attract local qualified candidates • Length of time to hire • Union matters • Lack of trained candidates locally	IT issues (e.g. Bandwidth, EMR) (n=3)	IT issues (e.g. Bandwidth, EMR) (n=5)
IT issues (e.g. Bandwidth, EMR) (n=5)		Lack of trained candidates in specialized areas of practice (n=3)	Lack of confidential clinical space (n=5)
	• Lack of short-term housing / accommodations • Lack of physical office space	Lack of trained candidates locally (n=3)	Provider travel costs too high (n=5)
			Lack of trained candidates in specialized areas of practice (n=5)
	• Project planning / start-up taking a significant time		Lack of trained candidates locally (n=5)

Legend:

- **Recruitment and Retention**
- **Infrastructure**
- **Provider Logistics**
- **Project Planning / Implementation**

Trends for Top Five Implementation Barriers

What We Heard from Narrative Reports about Recruitment and Retention

Strategies (employed/planned)

- Utilizing **recruitment agencies, community-based referrals** and advertising widely
- Adjusting position **qualifications** to access a larger pool of candidates
- Offering other **employment arrangements** (e.g. tele-work; rotational in/out of community)
- Encouraging **local youth** to pursue health careers
- 'Laddering' **community members** into positions
- Building **local staff housing** options to reduce travel time and/or attract full-time staff

Suggestions (to Joint Project Board)

- Secure additional funding to support **competitive salaries, benefits and pension** packages
- Allow **both flexible and full FTE arrangements** to accommodate communities' unique needs
- Support **flexible position qualifications** and provide HR support
- Support **staff housing** within community

What We Heard from Narrative Reports about
Infrastructure

Strategies (employed/planned)

- **Building relationships with communities** to facilitate access to local-level infrastructure
- **Utilizing alternative spaces** where feasible and appropriate (e.g. a trailer for mobile support team)
- **Restructuring existing spaces** as required to better support service delivery
- **Staggering service times**/ manage bookings to ensure clinical facilities and space are optimally utilized

"The lack of physical office space has been addressed as best [as] it can be by trying to stagger provider schedules so there is available office space, this is not always a viable solution."

Suggestions (to Joint Project Board)

- Secure additional **funding** to **establish additional confidential clinical or office spaces**, and/or to modify existing spaces

"The Office Space issue is that Clinicians are sharing offices in communities and this makes it difficult [to] provide safe care…. We have moved offices but still don't have room to expand."

"Unless more funding is secured to move forward with the proposed renovations and/or building move, the spacing issue will likely be unresolved."

- JPB Narrative Report Respondents

What We Heard from Narrative Reports about

Provider Logistics / Project Planning

Strategies (employed/planned)

- **Building relationships** with First Nations communities to generate creative solutions
- Building **local staff housing** options to reduce travel time and enable overnight stays
- Implementing **scheduling, tracking, and documentation protocols** to efficiently conduct needs assessments and deliver community-specific programming
- **Including communities, partners, and physicians** in project planning and implementation to build **buy-in and shared understanding of project goals** among the parties

Suggestions (to Joint Project Board)

- **Secure senior level champions** to build consensus across professions and support system change
- **Create/designate a team lead position** to support coordination and communication
- More funding for **admin support** to free service delivery staff from administrative tasks
- FNHA to support **recruitment** and **policy development**

Comments on Implementation Barriers

RECRUITMENT

- *" Some* [physicians] *are available, but not a* [good] *fit"*
- *"...the new base salary standard for* [nurses] *is $114,000 and the amount we are receiving is significantly below that amount"*

RETENTION

- *"Some clinicians have been hired for this team; however, have also since resigned"*
- *"The second clinician was not able to generate a consistent caseload* [...] *resigned four months into the new fiscal year"*

INFRASTRUCTURE

- *"There is currently a lack of short term housing/ accommodation* [...] *this has been an issue for recruiting and retaining outside professionals for many years"*

PROJECT PLANNING

- *"Multiple EMRs are not integrated"*
- *"Trying to integrate this service into four communities is challenging* [...]*"*
- *"*[...] *it can be difficult to build the relationships needed to move complex changes forward without a champion or navigator"*

- JPB Narrative Report Respondents

Service Delivery Progress

Celebrating Service Delivery Success

FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS
Implemented JPB projects have incorporated the First Nations Perspective on Health and Wellness across various levels of service

"We provide [...] education and mini wellness talks within a culturally sensitive and wholistic approach"

TWO-EYED SEEING
JPB projects have adopted two-eyed seeing approaches to wellness that draw on strength, wisdom and value from both traditional and western health and wellness knowledge and practices

"[We've] spent the past year delivering community-specific programming that combines traditional Medicine Wheel teachings with Western addictions treatment practices [...]"

ACCESS
JPB projects improved access to care by adapting services and supporting individuals

"One of our most successful strategies...was giving honorariums to community members [for clients to share experiences in talking circles and provide support/info to potential clients]. They played a huge role in recruiting potential clients and ensuring that clients consistently attended the sessions"

-JPB Narrative Report Respondents

Key Messages on Accessibility of Services (FY 2018-2019)

- JPB projects improved access to care by adapting services and supporting individuals
- There were **55,821 client visits** across reported JPB projects during 2018-2019, representing an increase from previous reporting periods
- As a result of JPB projects, the majority of respondents agreed that **wellness had been integrated** into the delivery of care and **cultural safety and humility of care had improved**
    - However, recruitment challenge, staff shortages and work intensity were impacting the progress of improvement
- Ability to recruit and retain healthcare workers was identified as the area with least improvement

Strategies employed by JPB projects to address access barriers within a continuum of healthcare access

JPB projects' **Adaptations to *Health Services*** (*push*)

Health Services' Approachability	Acceptability	Availability and Accommodation	Affordability	Appropriateness
E.g. Creating welcoming, non-clinical spaces and programming; long-term employees	*E.g. Staff characteristics, experience and training; adopting client-driven approaches*	*E.g. Increased geographical availability and diversity of services; flexible location' modality and hours of operation*	*E.g. Supporting sustainable financial models; supporting efficient use of health care resources*	*E.g. Adapting services to need; addressing cultural safety and humility; increasing quality of care and QI initiatives*

Individuals' continuum of healthcare access and needs*

Health Care Need → Perception of need and desire for care → Health Care Seeking → Health Care Reaching → Health Care Utilization → Health Outcome

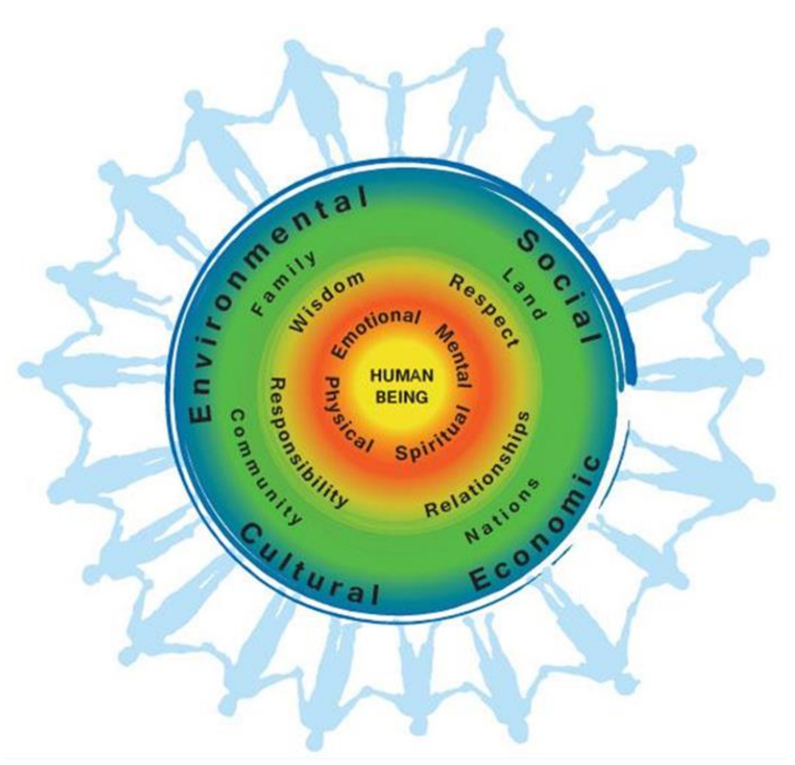
Individuals' Ability to perceive	Ability to seek	Ability to reach	Ability to pay	Ability to engage
E.g. Health fairs, health screening *Visibility in community*	*E.g. Resource lists, pamphlets on services & rights*	*E.g. Driving to appointments, Navigating FNHB MT program, Assisting with paperwork, Babysitting*		*E.g. Advocacy* *Self-management* *Cultural safety supports*

JPB projects' **Supports for *Individuals*** (*pull*)

Levesque, J., Harris, M., Russell, G. (2013). "Patient-centred access to health care: conceptualising access at the interface of health systems and populations." International Journal for equity in health. 12:18.

Total Client Visits

Integrating a Wellness Approach

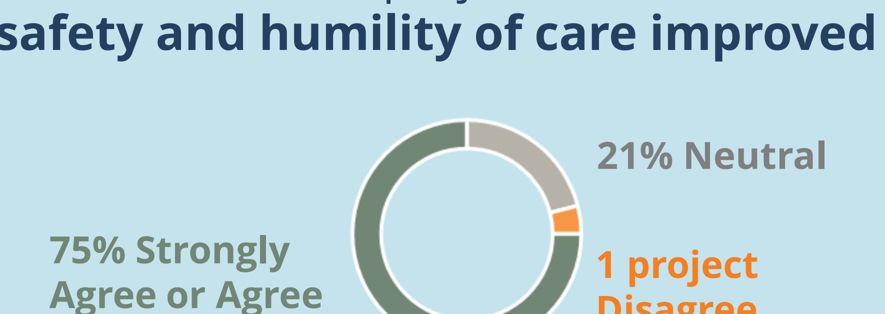


As a result of the project, **wellness was integrated** into the delivery of care

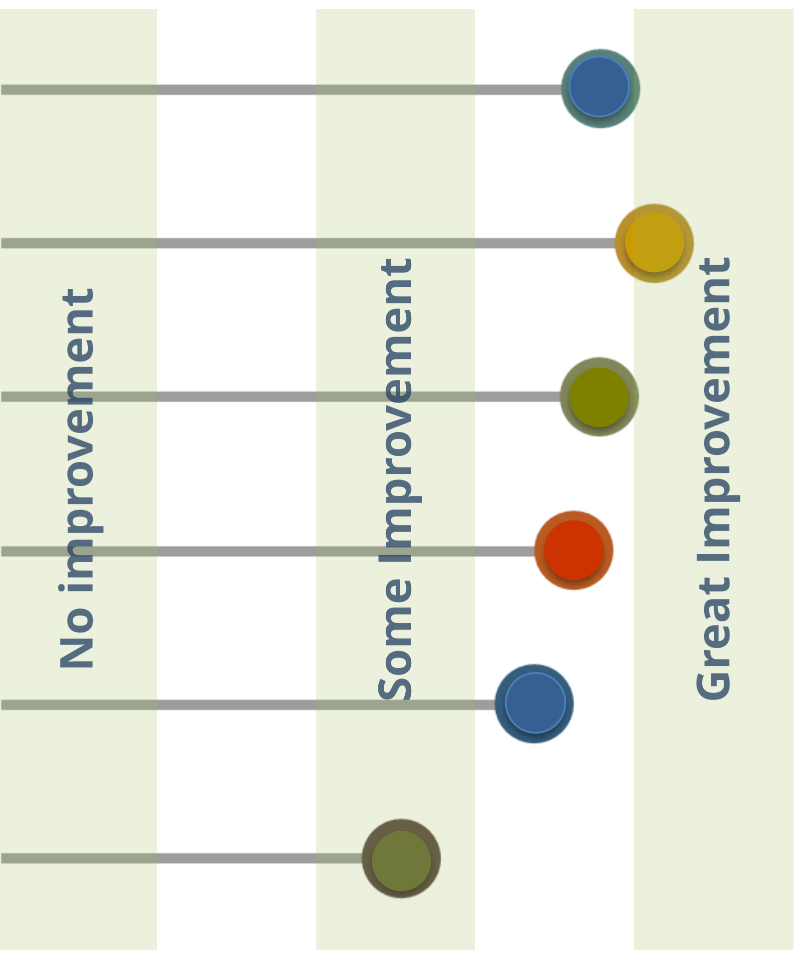
12% Neutral

88% Strongly Agree or Agree

As a result of the project, **cultural safety and humility of care improved**



Improvements in Service Accessibility



Key Messages on Service Delivery Barriers and Mitigation Strategies (FY 2018-2019)

- Coordination of Care, Service Utilization, and Technology Integration remained key barriers to JPB project service delivery
  - **Coordination of Care**: client record / charting issues and difficulty in reaching clients for follow–up
  - **Service Utilization:** restricted provider availability; clients unaware of services
  - **Technology Integration**: Lack of access to health authority EMR; multiple EMRs that are not integrated

- JPB projects implemented several strategies to address these barriers:
  - Building relationships with other local health facilities and staff
  - Peer referrals and involvement to increase uptake of services
  - Exploring other options for medical record management to access health authority EMRs

Top Reported Service Delivery Barriers

Coordination of Care	Service Utilization, Access, Availability	Technology Integration
Client record/charting issues (other than lack of EMR) **(44%)**	Restricted provider hours/availability **(56%)**	Lack of access to health authority EMR **(44%)**
Clients difficult to reach for follow-up **(40%)**	Clients unaware of services **(48%)**	Multiple EMRs that are not integrated **(40%)**
Lack of communication between service delivery organizations **(36%)**	Clients don't trust/know the providers yet **(44%)**	No EMR implemented in community **(32%)**
Lack of clarity concerning roles and responsibilities between service delivery organizations **(36%)**	Location of service difficult for clients to get to **(24%)**	
Confusion over coordination of services or resources among multiple funding recipients **(32%)**	Clinicians not working to their full scope of practice. **(24%)**	

Top Service Delivery Barriers by Funding Recipient

First Nations Organization(s) (10)	FNHA (3)	Health Authority (6)	Projects with Multiple Recipients (6)
Lack of access to health authority EMR **(50%)**	Multiple EMRs that are not integrated **(67%)**	Restricted provider hours (e.g. only available in daytime) **(67%)**	Clients unaware of services **(100%)**
Restricted provider hours **(40%)**	Clients don't trust/know the providers yet **(67%)**	Clients don't trust/know the providers yet **(50%)**	Restricted provider hours **(83%)**
Lack of communication between service delivery organizations **(40%)**	Lack of clarity concerning roles and responsibilities between service delivery organizations **(67%)**	Integration of EMR/ health information systems with other systems **(50%)**	Lack of access to other health information systems. **(83%)**
			No EMR implemented in community **(83%)**
			Perceived privacy barrier to info sharing **(83%)**
			Client record / charting issues **(83%)**

Legend
Coordination of Care
Service Utilization, Access, Availability
Technology Integration

What We Heard from Narrative Reports about

Coordination of Care

Strategies (employed/planned)

- **Building relationships** between project staff, service providers and partners in local health facilities and organizations
- **Integration** with other local health service providers and organizations
- **Team-based approaches** (e.g. collaboration between multiple disciplines and traditional healers informs appropriate mental wellness approaches and substance use treatments)
- **Strengthening partnerships** with health authorities

Suggestions (to Joint Project Board)

- **Fund / create multi-disciplinary teams** with traditional healers, social workers, and psychiatrists to provide appropriate mental health and substance use services
- Establish a '**crisis' fund to address urgent situations**, transportation, and social determinants of health

"The establishment of clinical team meetings afforded clinicians (counsellors, NP/GPs, nurses) the opportunity to collaborate and discuss challenging clients, polypharmacy, treatment options, as well as develop communication and client-flow pathways."
-JPB Narrative Report Respondent

What We Heard from Narrative Reports about

Service Utilization

Strategies (employed/planned)

- **Peer referrals and involvement** to increase uptake of services (e.g. community member clients share experiences in talk circle and provide support / info to potential clients)
- Ensuring services are **culturally safe, protect confidentiality and establish trust** with clients
- Integrating **community voices** into service delivery
- Using a **combination of in-person and virtual** service delivery
- Setting appointments at the **same time every week and sending reminders** for upcoming sessions to establish routine and encourage service utilization

Suggestions (to Joint Project Board)

- Funding to **increase flexibility of services** (e.g. funding to provide out-of-business-hour services)
- FNHA to **voice interests of rural and remote communities** that are not served well by current model
- **Mental health needs assessment** at the community level

"[Peers] played a huge role in recruiting potential clients and ensuring that clients consistently attended the sessions."

-JPB Narrative Report Respondent

What We Heard from Narrative Reports about

Information Management / Information Technology (IM / IT)

Strategies (employed/planned)

- **Exploring other options** for charting / medical records management to access Health Authority EMR (e.g. purchasing MedAccess, Meditech)
- Working to gain **access to EMR through local health authority**
- Providing physicians with **satellite-enabled laptops** to enhance access to EMRs within remote communities
- Developing **charting system / tools / procedures**

Suggestions (to Joint Project Board)

- **Fund EMR-related expenses** / provide all primary care providers with health authority EMR access
- **Full Integration** of EMR systems

"Multiple EMRS that are not integrated … [Staff are] having to do duplicate charting (hospital chart, physician EMR and program records/ patient file). This is time consuming."

-JPB Narrative Report Respondent

Appendix: JPB Project Evaluations

JPB Project Evaluations: Status Update

Evaluations Completed to Date (results still to be released)

- Kwakwaka'wakw Primary Maternal, Child and Family Health Collaborative Team – *Vancouver Island Region*
- Riverstone Home/Mobile Detox and Daytox Expansion - *Fraser Salish Region*

Evaluations for Possible Future Consideration by the Regions

- Northern St'át'imc Shared Services - *Interior Region*
- Mental Wellness and Substance Use Virtual Team and Opioid Funds - *Vancouver Coastal Region*
- Coastal Tsimshian Primary Health Care Team - *Northern Region*
- Mental Wellness Substance Use Mobile Support Teams - *Northern Region*