Background

- The dual public health emergencies of the COVID-19 pandemic and BC's overdose crisis have deeply affected BC First Nations communities.
- Early in the pandemic, health care operations in a number of communities were reduced or closed.
- In 2020, the rate of overdoses and OD deaths in BC spiked drastically, with disproportionate representation in the First Nations population.
- Early feedback from FNVDoD strongly reinforced the need for increased and improved access to substance use and mental health specialty supports.
- In urgent response, the FNHA launched the First Nations Virtual Doctor of the Day and the First Nations Virtual Substance Use and Psychiatry Service.
Overview: FNHA Virtual Health Services

1. First Nations Virtual Doctor of the Day (FNVDOD)
   - Primary Care Service: Family Practice
     General Practitioners (GPs)
   - Self-referral by client
   - 7 days/wk, 8:30-16:30
   - Zoom or Phone
   - Launched in April 2020
   - 1-855-344-3800

2. *New* First Nations Virtual Substance Use and Psychiatry Service (FNVSUPPS)
   - Specialty Service: Physician Specialists in Addictions Medicine and Psychiatry
   - Referral from Health and Wellness Provider
   - 5 days/wk (Mon-Fri)
     - Psychiatry: 10:00-15:00
     - Substance Use: 13:30-17:30
   - Zoom (strongly preferred) or phone
   - Launched in August 2020
   - 1-833-456-7655

Both services are available to all First Nations people and their families living in BC
First Nations Virtual Doctor of the Day (FNVDOD)
The purpose of FNVDOD is to:

1. To improve access to, timeliness and quality of culturally safe, integrated primary health care services both virtually and closer to home;

2. To develop primary health care that is designed, led and delivered by and with First Nations

3. To improve and establish key partnerships that promote innovation and transformation of health and wellness services with First Nations
FNVDOD Service Overview

The program is:
- Virtually-delivered culturally safe primary care medical services (GPs) including assessment, referral, treatment, & follow-up
- Can provide longitudinal care
- Available through self-referral
- Regional coverage model

The program is not:
- An emergency or acute crisis response service
- A replacement service for where successful pathways already exist
Our Current FNVDOD Team:

Our continually growing team currently has:

- 36 Physicians (GPs)
- 4 Medical Office Assistants (MOA)
First Nations Virtual Doctor of the Day

The First Nations Virtual Doctor of the Day program enables members of BC First Nations with limited or no access to their own doctors to make virtual appointments. The intent of the program is to enable more First Nations people and their family members to access primary health care closer to home.

If you do not have a doctor of your own, or have lost access due to the COVID-19 pandemic, call 1-833-555-0000 to book an appointment. Medical office assistants are available to help you seven days per week from 8:30 a.m. to 4:30 p.m.

This is a unique service for First Nations people in BC and their family members, even if those family members are non-status. The program includes doctors of indigenous ancestry, and all doctors are trained to follow the principles and practices of cultural safety and humility.

+ Podcasts, Posters, & more!
First Nations Virtual Substance Use and Psychiatry Service (FNVSUPS)
Introduction

- The purpose of the service is to:
  1. Provide virtual access to addictions specialists and psychiatric care for First Nations people and their family members living in BC
  2. Provide addictions medicine and psychiatry services where every client encounter is aligned with the principles and practices of cultural safety and humility
  3. Provide addictions medicine and psychiatry services where collaborative care planning and wraparound care services are integral to all client encounters
FNVSUPS Service Overview

- **The program is:**
  - Virtually-delivered, culturally safe specialty substance use and psychiatry services including assessment, case planning, treatment, & follow-up
  - Able to provide longitudinal care
  - Designed to work closely with the client’s circle of care
  - Available through referral from a health and wellness provider
  - Referring provider plays key role in appointment & care planning
  - Available for provider to provider consultation
  - Province-wide coverage model supported by MOA and Care Coordinator

- **The program is not:**
  - An emergency or acute crisis response service
  - A replacement service for where successful pathways already exist
## Service Availability (Phase 1)

### Substance Use
- **Mon-Fri 1:30-5:30pm (Oct 1 – 8hrs/day)**
- 12yrs+
- Consultation, assessment & diagnosis
- Care, treatment planning & follow-up
- Withdrawal management and access to risk mitigation treatment or “safer” supply
- OAT induction and maintenance
- Additional care related to alcohol, substance use, and commercial tobacco concerns.
- Participation in ongoing wraparound care in collaboration with client’s identified circle of care
- Prescribe and evaluate medication profile as necessary
- Other related supports

### Psychiatry
- **Mon-Fri, 10:00am-3:00pm (Oct 1 – 8hrs/day)**
- 16yrs + (some capacity for 12ys+ in Phase 1)
- Consultation, assessment & diagnosis
- Care, treatment planning & follow-up
- Concurrent disorder management
- Participation in ongoing wraparound care in collaboration with the client’s identified circle of care
- Prescribe and evaluate medication profile as necessary
- Connection and referral to other regional and provincial mental health services as appropriate
- Other related supports

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Care planning will always take into account available pharmacy, staffing & other support resources, as well as ensuring the client’s situation is assessed to be safe to manage the proposed treatment.
Our Current FNvSUPS Team:

Our continually growing team currently has:

• 17 Physicians:
  • 10 Addictions Medicine Specialists
  • 7 Psychiatrists

• 3 Medical Office Assistants (MOA)

• 2 Care Coordinators

• 1 Director, Mental Wellness Clinical Services
Workflow

Referral (call) to the 1-800 number is made by a health provider the client’s Circle of Care, preferably with the client present. **Clients cannot self-refer to this service.**

The client will be connected to a Medical Office Assistant (MOA) & Care Coordinator (CC). The MOA and the CC will support initial intake & assessment, work to identify client’s circle of care, and coordinate pre-apptointment safety planning.

Appointment will be scheduled

Client attends appointment with physician, accompanied by their referring provider. If referring provider is not present, they must be available for the duration of the appointment.

Following the appointment, the FNvSUPS Team ensures care continuity by coordinating appropriate connection and information sharing back into the client’s regular circle of care.
Referral & Intake

- Make referral call in to 1-833-456-7655, preferably with client present
- Work with **Care Coordinator** & client to identify referral reason, client history, and circle of care supports
- Assist client & Care Coordinator to develop safety plan, identify community resources in case of emergency
- Plan appointment time when referring provider can be present or available
**All other providers will work through this info by phone in real time with the Care Coordinator**

**Table:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Contact</th>
<th>Type of info to share</th>
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**Additional Notes:**

May include: Notable family and community factors, relevant recent events (individual, family, community), etc.
My Wellness Guide:  
Part of safety & wellness planning for the client during intake process

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
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<tbody>
<tr>
<td>How do I know that it’s time to seek support? (thoughts, images, mood, situation, behavior)</td>
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<td>1)</td>
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<td>What three things can I do to calm myself until I can access my supports? (ceremony, relaxation techniques, physical activity)</td>
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<td>1)</td>
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<td>Who from my circle of care can I call when I'm not feeling well? (physically, emotionally, spiritually, or mentally)?</td>
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<tr>
<td>1) Name: ___ Phone: ___</td>
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<tr>
<td>2) Name: ___ Phone: ___</td>
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<tr>
<td>Who can I call if I don’t feel better after talking with my circle? (elder, priest, or community health representative)</td>
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<tr>
<td>1) Name: ___ Phone: ___</td>
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<tr>
<td>2) Name: ___ Phone: ___</td>
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<tr>
<td>Where can I go that I feel safe? (sacred spaces on land or water, my home, friend or family homes)</td>
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<tr>
<td>1)</td>
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<td>2)</td>
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<tr>
<td>What local health care professional can I call or go see? (physician, counsellor, peer support worker)</td>
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<tr>
<td>1) Physician Name: ___ Phone: ___</td>
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<td>2) Counsellor Name: ___ Phone: ___</td>
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<tr>
<td>3) Peer Support Name: ___ Phone: ___</td>
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<tr>
<td>4) Local Urgent Care Services:</td>
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<tr>
<td>Urgent Care Services Address: ___</td>
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<tr>
<td>Urgent Care Services Phone: ___</td>
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<td>5) KUU-US Crisis Line Society 1-800-KUU-US157 (1-800-588-8717)</td>
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<tr>
<td>What does wellness look like to me? (engaged with family, restarting hobbies, laughing or having fun)</td>
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<tr>
<td>Is there anything else you feel is important about your wellness, for your team to know?</td>
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</tbody>
</table>

Thank you for taking the time to help me understand what is important to you, please feel free to share your Wellness Guide with the important people in your life.
- Attend appointment with client.
- If client prefers to attend alone, the referring provider is required to be available for the duration the appointment to assist with local resource questions as needed.
- Note that for all initial substance use appointments, clients must be accompanied by the referring provider.
- Following the appointment, the referring provider helps to bridge the care planning between the FNvSUPS team and the local circle of care.
Referral Guide for Health and Wellness Providers

First Nations Virtual Substance Use and Psychiatry Service

The First Nations Virtual Substance Use and Psychiatry Service provides responsive, quality access to addictions medicine and psychiatry for First Nations people and their family members living in BC (even if those family members are non-status). The service is an additional tool to help build community health team capacity and enhance existing wraparound care closer to home for substance use and mental health challenges.

1. What is the purpose of the First Nations Virtual Substance Use and Psychiatry Service?
   - To provide direct virtual access to addictions and psychiatric care for First Nations people and their families.
   - To provide addictions medicine and psychiatry services where every client encounter is aligned with the principles and process of cultural safety and humility.
   - To provide addictions medicine and psychiatry services where collaborative care planning and wraparound care services are integral to all client encounters.

2. Who is eligible for the service?
   This is a referral-based service and is available at no cost to all First Nations people and their family members living in BC. Clients cannot self-refer to this service and are encouraged to ask a provider in their circle of care for a referral.
   Health and wellness providers can also call for a referral to support their clients who are facing addictions or mental health challenges.

3. Who can refer clients to the service?
   Health and wellness providers who can refer clients to the service include:
   - General practitioners
   - Nurse practitioners
   - Registered Nurses, Licensed Practical Nurses, and Registered Psychiatric Nurses
   - Addictions workers
   - Wellness workers
   - Traditional medicine specialists
   - Mental health counselors
   - Community health partners
   - Treatment centre staff

4. How does it work?
   Health and wellness providers can call 1 833 456 7655, preferably with the client present. A Medical Office Assistant (MOA) begins the intake process. If the referring provider is not a general practitioner or nurse practitioner, the MOA will be joined by a Care Coordinator with the First Nations Virtual Substance Use and Psychiatry Service to work through the intake process. The Care Coordinator is a unique and key role to help support intake, assessment, collaborative care planning, education, navigation, and connection to the service in a manner that is culturally safe and trauma informed.
   The service is delivered through Zoom for Healthcare at a scheduled time that works for the provider and client. Attending an appointment on Zoom is simple. Clients and providers click the link in the invitation email to them by the MOA to launch the appointment.

5. What are the technical requirements for video conferencing?
   Providers and clients will need access to a personal computer, laptop, tablet, or smartphone. Although most computer devices can launch Zoom, it works best with:
   - An internet connection: broadband wired or wireless (30 or 50 Mbps)
   - A microphone and a headset
   - A stable internet connection
   - On average, a video call on Zoom uses bandwidth from 500 to 1,500 kbps

6. What are the service hours?
   The service will run on weekdays, with a goal to expand to weekends as need and capacity increase.
   - Substance Use / Addictions Medicine: Monday to Friday, from 10:00 am to 4:00 pm
   - Mental Health: Monday to Friday, from 10:00 am to 2:00 pm

7. When can I access this service?
   The service will be open for referral from community providers starting at 9:00am on Monday August 24th, 2020.

8. Why do clients need to attend appointments with their provider?
   With this client contact, the service ensures to the referring provider or another community health support person to attend the specialist appointment with the client. This ensures that local knowledge is available to the specialist for care planning and that there is community-based continuity of care for the client.
   Clients can work with their care providers to choose a location that works best for them. This may include a private room in a health centre or the client’s home. Clients and providers can attend sessions together on Zoom without having to be in the same room.

9. What if a client does not have a computer or internet access?
   For reasons related to client safety, all initial contacts for this service must be by video. Following the first appointment, specialists prefer to continue with virtual appointments; however, phone appointments may be arranged for clients who cannot visit a health centre or do not have easy access to video conferencing and have consented to have a support person attend for the duration of the call.

Health and wellness providers call 1 833 456 7655 for assistance or referral.
Frequently Asked Questions

- How is cultural safety built into the service?
- How will the service support continuity of care?
- I am worried about how much time it will take for me as a provider to attend appointments with my client.
- What if there is an emergency during the appointment?
- Pharmacy access is an issue in many rural and remote communities. How will FNvSUPS address this?
- Will FNvSUPS include prescription “safer supply”, or what we are now calling “risk mitigation treatment”?
- Does the psychiatry service include child assessments?
Contact:

FNVSUPS@fnha.ca
Thank You!

Gayaxsixa (Hailhzaqvla)
Huy tseep q’u (Stz’uminus)
Dun’kwu (Haida)
Gila’kasla (Kwakwaka’wakw)
Kleco Kleco (Nuu-Chah-Nulth)
kʷukʷstéyp (Nlaka’pamux)
Snachailya (Carrier)

Mussí Cho (Kaska Dena)
Tooyksim niin (Nisga’a)
Kukwstsétsemc (Secwepemc)
čečehaθec (Ayajuthem)
Sechanalyag (Tsilhqot’in)
kw’as hó:y (Halqeméylem)
T’oyaxsim nisim (Gitxsan)