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
**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.

**JPB Narrative Report Submission**

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Fraser Salish</td>
<td>🟢apist</td>
<td>🟢apist</td>
<td>🟢apist</td>
</tr>
<tr>
<td>Interior</td>
<td>🟢apist</td>
<td>🟢apist</td>
<td>🟢apist</td>
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<tr>
<td>Northern</td>
<td>🟢apist</td>
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<td>🟢apist</td>
</tr>
<tr>
<td>Vancouver Coastal</td>
<td>🟢apist</td>
<td>🟢apist</td>
<td>🟢apist</td>
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<tr>
<td>Vancouver Island</td>
<td>🟢apist</td>
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<td>🟢apist</td>
</tr>
<tr>
<td>Provincial Project</td>
<td>🟢apist</td>
<td>🟢apist</td>
<td>🟢apist</td>
</tr>
</tbody>
</table>

**Legend**
- 🟢apist: 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).
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%**
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.
Of Annual Budget
$15.0M

- $9.7M or 65% was spent
- $5.3M or 35% was unused

Of Prior Years’ Carry Forward
$3.0M

- $2.2M or 73% was unused
- $0.8M or 27% was spent

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Total JPB Project Funds Allotted (out of $18.0M Total Funds)</th>
<th>$ Amount (%) Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial</td>
<td>$0.49M</td>
<td>$0.43M (88%)</td>
</tr>
<tr>
<td>Fraser Salish</td>
<td>$1.73M</td>
<td>$1.38M (80%)</td>
</tr>
<tr>
<td>Interior</td>
<td>$3.66M</td>
<td>$2.90M (79%)</td>
</tr>
<tr>
<td>Vancouver Island</td>
<td>$3.59M</td>
<td>$2.15M (60%)</td>
</tr>
<tr>
<td>Vancouver Coastal</td>
<td>$2.20M</td>
<td>$1.25M (57%)</td>
</tr>
<tr>
<td>Northern</td>
<td>$6.32M</td>
<td>$2.37M (38%)</td>
</tr>
</tbody>
</table>
# JPB Funding and Expenditure by Funding Recipient

<table>
<thead>
<tr>
<th>Funding Recipient</th>
<th>Total JPB Project Funds Allotted (out of $18.0M Total Funds)</th>
<th>$ Amount (%) Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Nations Organizations</td>
<td>$7.8M</td>
<td>$6.0M (77%)</td>
</tr>
<tr>
<td>Health Authorities</td>
<td>$7.0M</td>
<td>$3.3M (47%)</td>
</tr>
<tr>
<td>FNHA</td>
<td>$3.2M</td>
<td>$1.2M (38%)</td>
</tr>
</tbody>
</table>
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)

77% Mental Health & Wellness Therapy
Direct Service Delivery

19% Additional Info Required
Supports and Enablers

4% Start Up
Start Up

Other
Nursing
Other Therapy
Medicine
Travel
Other Therapy
Nutrition
Project Mgmt
Dental
Admin
Other
Training
Travel
Telecomm & Info Tech
Capital
Project Mgmt
Minor Equipment
Recruitment
Admin
Prof Development
Start Up
Travel

$0.01
$0.09
$0.12
$0.24
$0.65
$0.24
$0.12
$0.09
$0.01
$1.59
$0.27
$0.08
$0.07
$0.02
$0.24
$0.11
$0.03
$0.02
$0.02
$0.01
$0.01
$0.00

$0.0
$0.5
$1.0
$1.5
$2.0

Millions
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)

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

**Direct Service Delivery** $4.32 Million (58%)  
**Overhead** $1.78 Million (24%)  
**Travel** $1.38 Million (18%)
Project Implementation Progress

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>7% n=2</td>
<td>4% n=1</td>
<td>4% n=1</td>
</tr>
<tr>
<td>Not Operational</td>
<td>0% n=0</td>
<td>0% n=0</td>
<td>11% n=3</td>
</tr>
<tr>
<td>Partially / Mostly Operational</td>
<td>44% n=12</td>
<td>44% n=12</td>
<td>37% n=10</td>
</tr>
<tr>
<td>Fully Operational</td>
<td>48% n=13</td>
<td>52% n=14</td>
<td>48% n=13</td>
</tr>
</tbody>
</table>

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).


- **Unknown**: Not enough information to determine implementation status.
- **Not Operational**: No clinicians on the team hired / no clients being seen.
- **Partially / Mostly Operational**: Some / most clinicians on the team hired and seeing clients.
- **Fully Operational**: All clinicians on the team hired and seeing clients.
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

- 100% of JPB projects service status First Nations (25 / 25)
- 92% of JPB projects service Indigenous People (Metis, Inuit, and / or non-Status First Nations) (23 / 25)
- 52% of JPB projects service other residents (non-Indigenous residents) (13 / 25)
- 100% of JPB projects provide on-reserve services (25 / 25)
- 68% of JPB projects provide away-from-home / off-reserve services (17 / 25)

Service Location

“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

<table>
<thead>
<tr>
<th>Region</th>
<th>% Filled</th>
<th># Filled</th>
<th># Vacant</th>
<th># Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>All projects</td>
<td>65%</td>
<td>93</td>
<td>45</td>
<td>4</td>
</tr>
<tr>
<td>Fraser Salish</td>
<td>93%</td>
<td>14</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Interior</td>
<td>86%</td>
<td>24</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Vancouver Island</td>
<td>69%</td>
<td>22</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Provincial Project</td>
<td>67%</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Vancouver Coastal</td>
<td>52%</td>
<td>17</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Northern</td>
<td>45%</td>
<td>14</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>
Direct Service Delivery Positions by Profession

<table>
<thead>
<tr>
<th>Profession</th>
<th>% Filled</th>
<th># Filled</th>
<th># Vacant</th>
<th># Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>71%</td>
<td>22</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>General Practitioner</td>
<td>70%</td>
<td>7</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Miscellaneous Health Professional</td>
<td>78%</td>
<td>7</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other Allied Health Professional</td>
<td>68%</td>
<td>17</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Mental Health &amp; Wellness Staff</td>
<td>60%</td>
<td>26</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Social Worker</td>
<td>58%</td>
<td>14</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>
### Direct Service Delivery Position by Funding Recipient Group

<table>
<thead>
<tr>
<th>Funding Recipient</th>
<th>% Filled</th>
<th># Filled</th>
<th># Vacant</th>
<th># Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>FNHA</td>
<td>65%</td>
<td>15</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>First Nations Organization(s)</td>
<td>65%</td>
<td>54</td>
<td>25</td>
<td>4</td>
</tr>
<tr>
<td>Health Authorities</td>
<td>67%</td>
<td>24</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

39% of staff self-identified as Indigenous
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

- Recruitment: 24% (n=44)
- Funding: 5% (n=9)
- Provider Logistics: 14% (n=26)
- Infrastructure: 31% (n=57)
- Retention: 9% (n=16)
- Project Planning and Implementation: 17% (n=30)
# Top Reported Implementation Barriers

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

### Highlights
11 JPB project implementation barriers were cited by over one quarter of JPB projects.
## Top Implementation Barriers by Funding Recipient

<table>
<thead>
<tr>
<th>First Nations Organization (10 projects)</th>
<th>FNHA (2 projects)</th>
<th>Health Authorities (6 projects)</th>
<th>Multiple Funding Recipient (7 projects)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of physical office space (n=7)</td>
<td>All categories below received an equal # of responses (n=1)</td>
<td>Lack of short-term housing / accommodation (n=3)</td>
<td>Lack of physical office space (n=6)</td>
</tr>
</tbody>
</table>
| 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 short-term housing / accommodations  
• Lack of physical office space | 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  
• Project planning / start-up taking a significant time | Lack of trained candidates locally (n=3) | Provider travel costs too high (n=5) | |
| Recruitment and Retention               |                   | Health Authorities (6 projects) | Multiple Funding Recipient (7 projects) |
| Infrastructure                          |                   | Health Authorities (6 projects) | Multiple Funding Recipient (7 projects) |
| Provider Logistics                      |                   | Health Authorities (6 projects) | Multiple Funding Recipient (7 projects) |
| Project Planning / Implementation       |                   | Health Authorities (6 projects) | Multiple Funding Recipient (7 projects) |
Trends for Top Five Implementation Barriers

- **IT Issues** (n=13) 48%
- **Lack of trained candidates locally** (n=10) 37%
- **Lack of confidential clinical space** (n=8) 30%
- **Lack of short term provider accommodation** (n=3) 11%
- **60% Lack of physical office space** (n=15)
  - 56% (n=14)
  - 52% (n=13)
  - 44% (n=11)
  - 44% (n=11)

Fiscal Year 2016-2017 | Fiscal Year 2017-2018 | Fiscal Year 2018-2019
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

**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

“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.”
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**
  - 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

**Health Services’ Approachability**

- **Acceptability**
- **Availability and Accommodation**
- **Affordability**
- ** Appropriateness**

**Health Care Need**

**Perception of need and desire for care**

**Health Care Seeking**

**Health Care Reaching**

**Health Care Utilization**

**Health Outcome**

**Individuals’ continuum of healthcare access and needs** *

- **Individuals’ Ability to perceive**
  - E.g. Health fairs, health screening
  - Visibility in community

- **Ability to seek**
  - E.g. Resource lists, pamphlets on services & rights

- **Ability to reach**
  - E.g. Driving to appointments, Navigating FNHB MT program, Assisting with paperwork, Babysitting

- **Ability to pay**
  - E.g. Advocacy
  - Self-management
  - Cultural safety supports

- **Ability to engage**
  - E.g. Health fairs, health screening
  - Visibility in community

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

Total Client Visits

All Projects 55,821 client visits

- Northern 15,675 client visits
- Fraser 13,813 client visits
- Interior 8,378 client visits
- Vancouver Coastal 7,857 client visits
- Vancouver Island 5,977 client visits
- Provincial Project 4,121 client visits

FY 2015-2016
FY 2016-2017
FY 2017-2018
FY 2018-2019

# of JPB projects that reported 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.

21% Neutral
75% Strongly Agree or Agree
1 project Disagree
Improvements in Service Accessibility

Degree to which services can be easily identified, understood and navigated

Overall accessibility of services

Availability of services (geographic proximity)

Flexibility of services to accommodate client needs

Timeliness of services

Ability to recruit and retain healthcare workers

No improvement

Some Improvement

Great Improvement
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

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

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

**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
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