



Yuutu?it?ath

Department of Social Services, Healthcare,
and Education

Full Report

Fiscal Year 2021-2022

Memo

Date: 10 September 2022

Dept. of Social Services:

The following has been achieved by the Department of Social Services from the period commencing from November 12, 2019.

Our leadership has been extremely supportive of our efforts and nurturing to our employees and others. A special expression of gratitude to our leaders President Charles McCarthy, Ms. Lorri Touchie, Ms. Jenny Touchie, Mr. Richard Mundy, Mr. Al McCarthy, and Ms. Jeneva Touchie.

A special mention goes to Ms. Suzanne Williams for providing continuous support to our team.

Please note that all the credit for the good work goes to every individual within the Dept. of Social Services. They, along with other employees, departments, internal and external stakeholders, contribute to the operating and development of this department and the organization.

The programs and other activities mentioned here are evaluated on weekly/ monthly and/or quarterly basis to provide knowledge related to progress and development.

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Chapter 1:Healthcare:

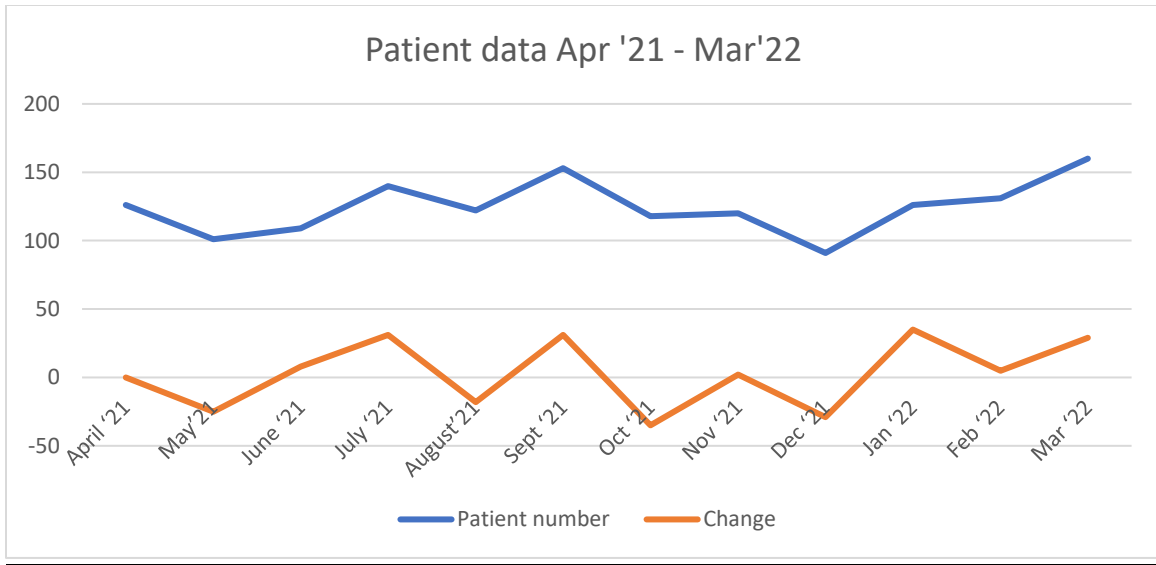
1. Dr. Carrie Marshall's clinic began in April 2021. The clinic has continued with full capacity week over week with 2 or 3 people waitlist on a weekly basis. The average wait time has been reduced significantly over the last 3 months. The clinic has been used by community members and others within a driving distance who may need support. Further negotiations are being undertaken to increase and/or standardize health services within UFN.

Data analysis based on the number of patients reveal an average monthly patient concentration of 123.83 per month and 30.95 per week.

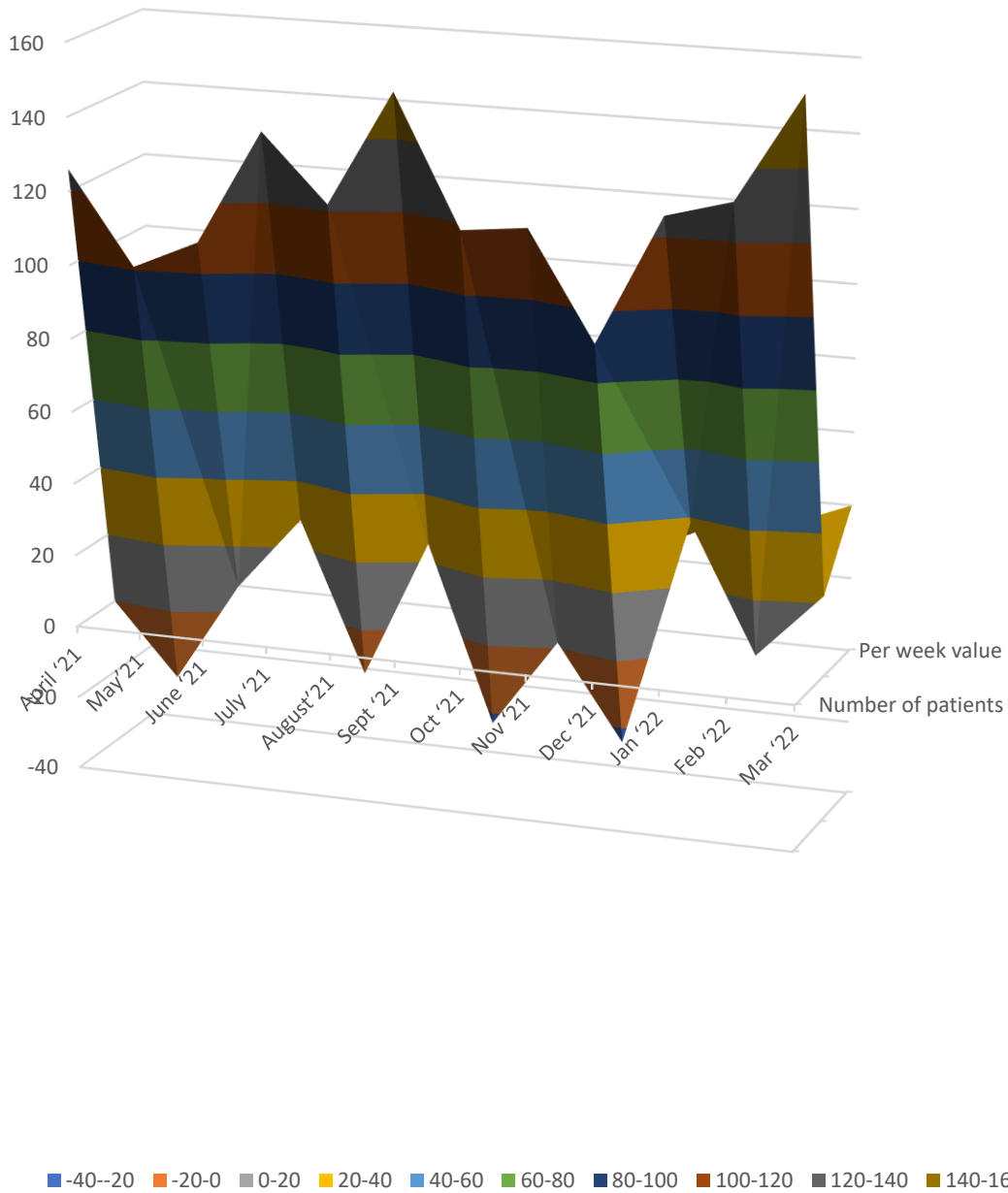
Box 1

Number	Month	Number of patients	% Change month over month	Per week value
1	April '21	126	0.00	31.50
2	May'21	101	-19.84	25.25
3	June '21	109	7.92	27.25
4	July '21	140	28.44	35.00
5	August'21	122	-12.85	30.50
6	Sept '21	153	25.40	38.25
7	Oct '21	118	-22.87	29.50
8	Nov '21	120	1.69	30.00
9	Dec '21	91	-24.16	22.75
10	Jan '22	126	38.46	31.50
11	Feb '22	131	3.96	32.75
12	Mar '22	160	22.13	40.00
	Total	1497		31.18

Presented below is the graphical analysis of the patient flow within UFN for Doctor's clinic.



Box 1 graphical analysis



Additional data analysis reveals that other than expected seasonal decreases of patient flow, no other aberration has been observed. Percentage changes in patient flow reveals the biggest

reduction in patient flow in the month of December 2021, expected due to social gatherings and other public holidays. The biggest percentage gain observed has been seen in January 2022, which coincides with an average gain of almost 10 patients per week.

The biggest impact of this has been observed in patient wait times. Patient wait times are an important indicator of:

- Efficiency: A consistent or continually reduced patient wait time is an indication that efficiency in diagnosis and/ or treatment has been improving.
- Patient satisfaction: Longer wait times usually correspond to reduction in patient satisfaction. It also indicates in certain circumstances that patient diagnosis may have taken longer than expected and/or multiple patient entry.
- Staff burnout: longer patient wait times usually lead to increased number of back logs and also increased documentation which may take precious time away from patients. This leads to staff burnout which if persists can lead to shortages.
- Planning and delivery: Longer patient times in most occasions indicate longer planning and delivery of care for patients, which in turn, might correlate with the points mentioned above.

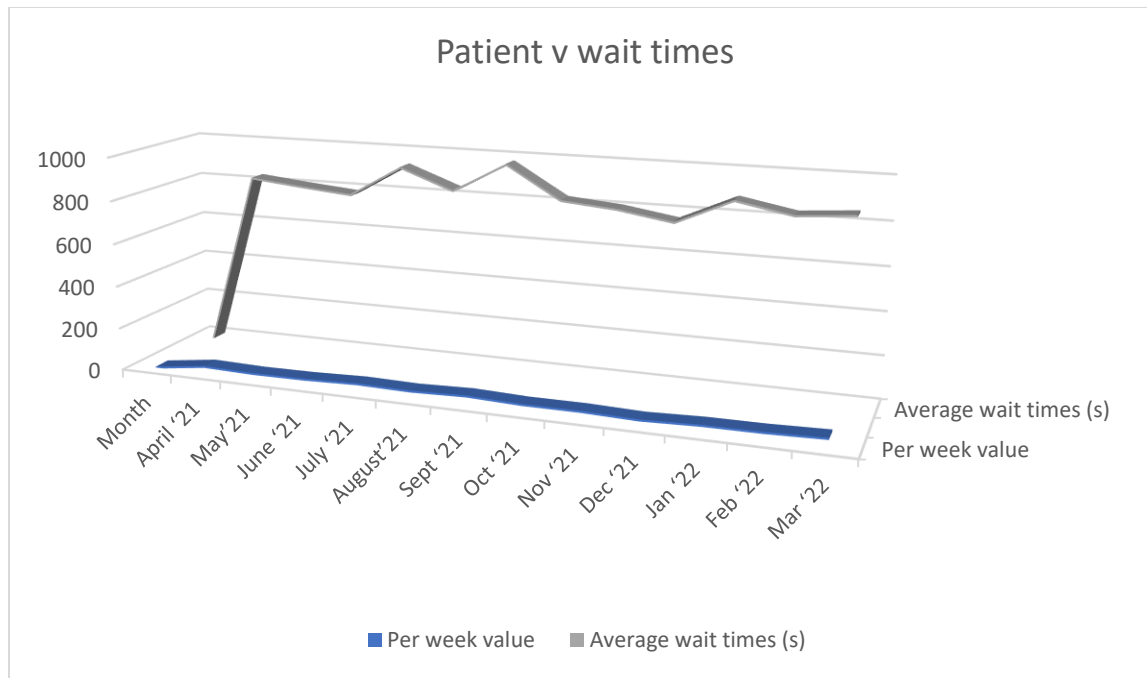
The box below indicates average patient wait times each month corresponding to the average patient value per week.

Month	Per week value	Average wait times (s)
April '21	31.50	827
May'21	25.25	802
June '21	27.25	780
July '21	35.00	925
August'21	30.50	833
Sept '21	38.25	970
Oct '21	29.50	822
Nov '21	30.00	800
Dec '21	22.75	760
Jan '22	31.50	875
Feb '22	32.75	827
Mar '22	40.00	846

The average wait time has been consistent within UFN and has only been impacted by external reasons, like

- Weather
- Road conditions
- Travel time

Staff and other internal considerations had minimal impact.



Gender based patient flow analysis provides no difference in the overall efficiency of the workflow. UFN clinic has been open to both male and females living within a travelling distance that may require immediate support.

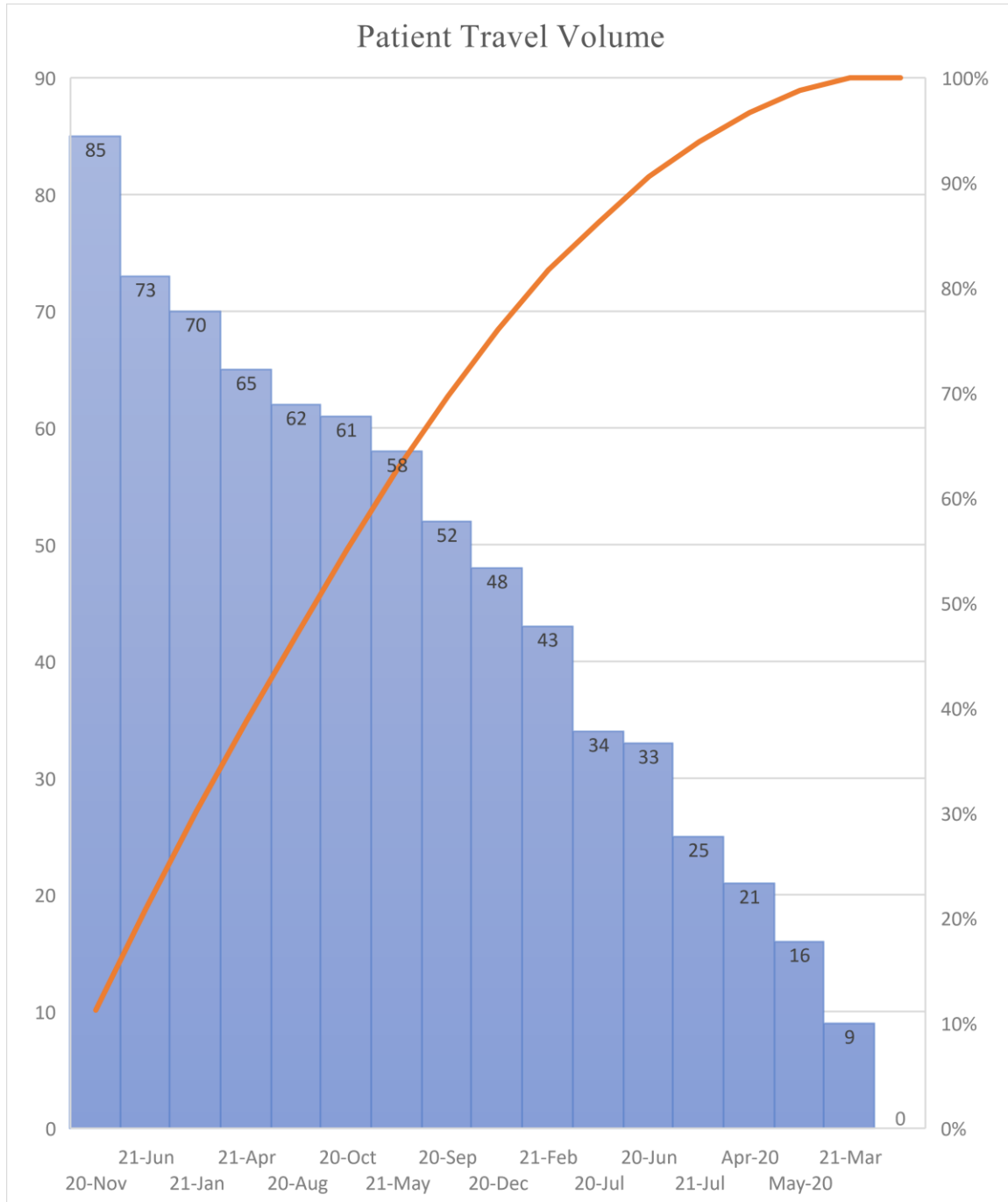
Services available in the clinic currently include but is not limited to:

- Diagnosis
- Treatment
- Referral
- Adjuvant care and support
- Nursing care
- Footcare
- Specialized services
- Scheduling and reporting
- Disability support

These services and others are provided by UFN with support from Island Health, FNHA and our regional, provincial and federal partners.

2. Patient Travel in UFN

Graphical explanation

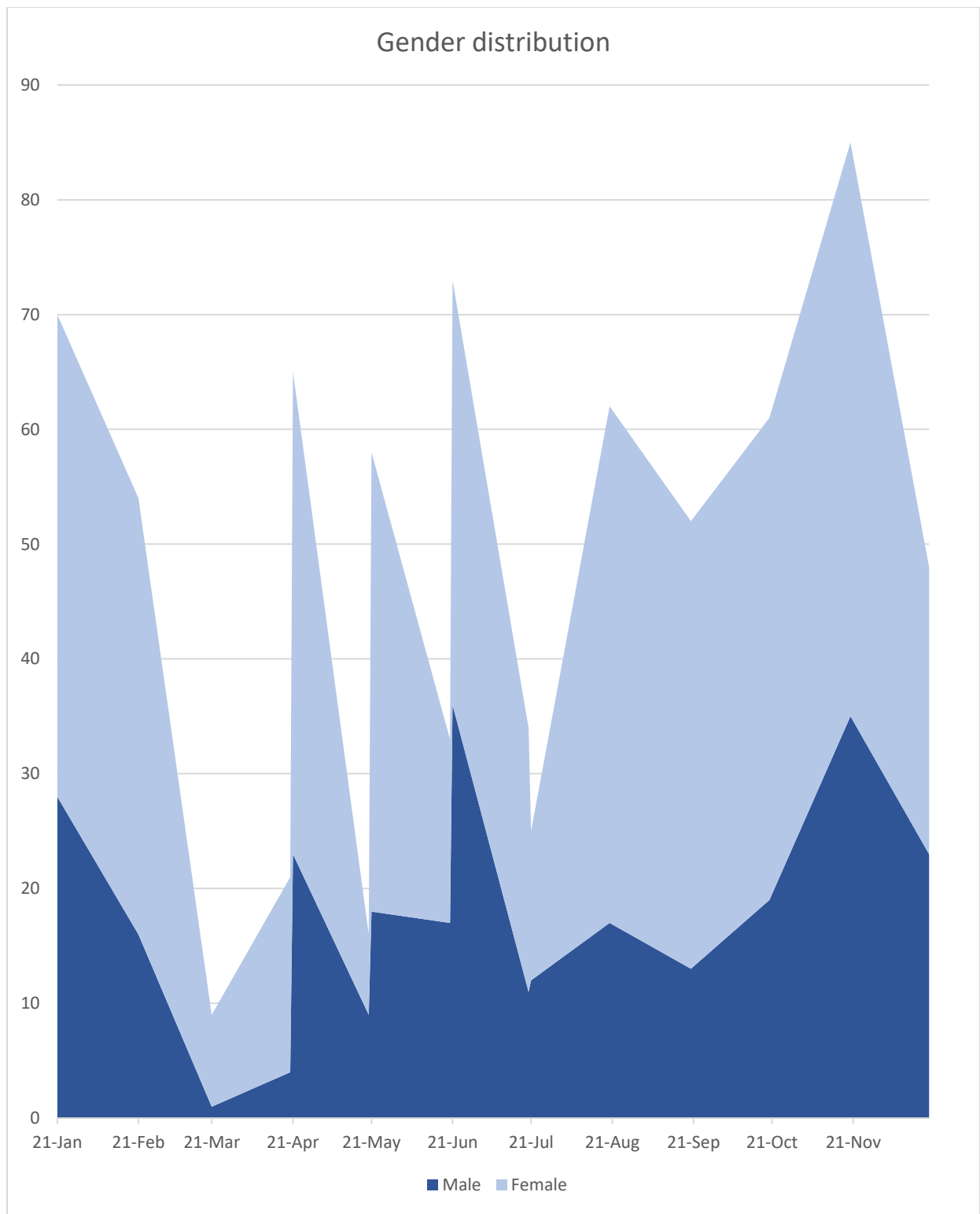


Month	Patient volume (PV)	% Change MM to MM	% Change annual
April 2020	21	-	-
May 2020	16	23.8	-
June 2020	33	106.25	-
July 2020	34	3.03	-
August 2020	62	82.35	-
September 2020	52	16.12	-
October 2020	61	17.3	-
November 2020	85	39.34	-
December 2020	48	43.52	-
January 2021	70	45.83	-
February 2021	43	38.57	-
March 2021	9	79.0	-
April 2021	65	622.2	67.69
May 2021	58	10.76	72.41
June 2021	73	25.86	54.79
July 2021	25	65.75	-26.47

Data analysis:

1. Month by month mean variance below par
2. Absolute value varies with age, sex, need and pandemic
3. Annual change variance shows comparative increase.
4. Pandemic based increase observed.
5. About 72% repeat and/or continued patients.
6. Geriatric cases highest, followed by chronic conditions.
7. Peak cases in summer and autumn

Gender based graphical analysis of Patient Travel

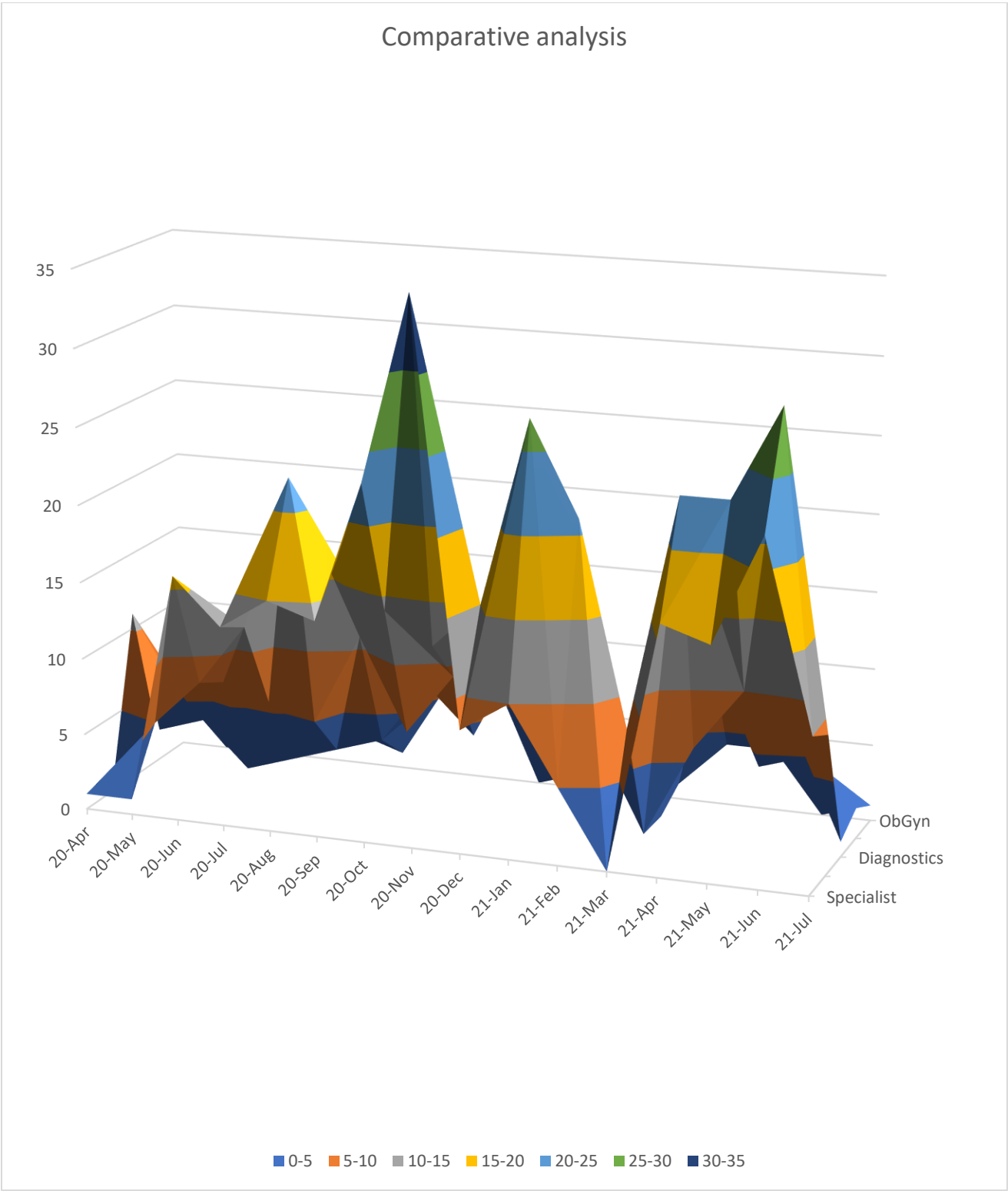


Month	Male	Female	Difference	% Change
April 2020	4	17	13	61.90
May 2020	9	7	2	12.50
June 2020	17	16	1	3.03
July 2020	11	23	12	35.29
August 2020	17	45	28	45.16
September 2020	13	39	26	50.00
October 2020	19	42	23	37.70
November 2020	35	50	15	17.64
December 2020	23	25	2	4.16
January 2021	28	42	14	20.00
February 2021	16	38	22	51.16
March 2021	1	8	7	77.77
April 2021	23	42	19	29.23
May 2021	18	40	22	37.93
June 2021	36	37	1	1.36
July 2021	12	13	1	4.00

Data analysis:

1. Female patients more than males.
2. Chronic conditions prevalent.
3. Gynecological visits are frequent.
4. Urological visits are rare.
5. Seasonal changes observed.
6. Pandemic based changes observed.
7. June/ July annual differences are consistent.
8. Vaccine travel not included.

Graphical analysis of cause

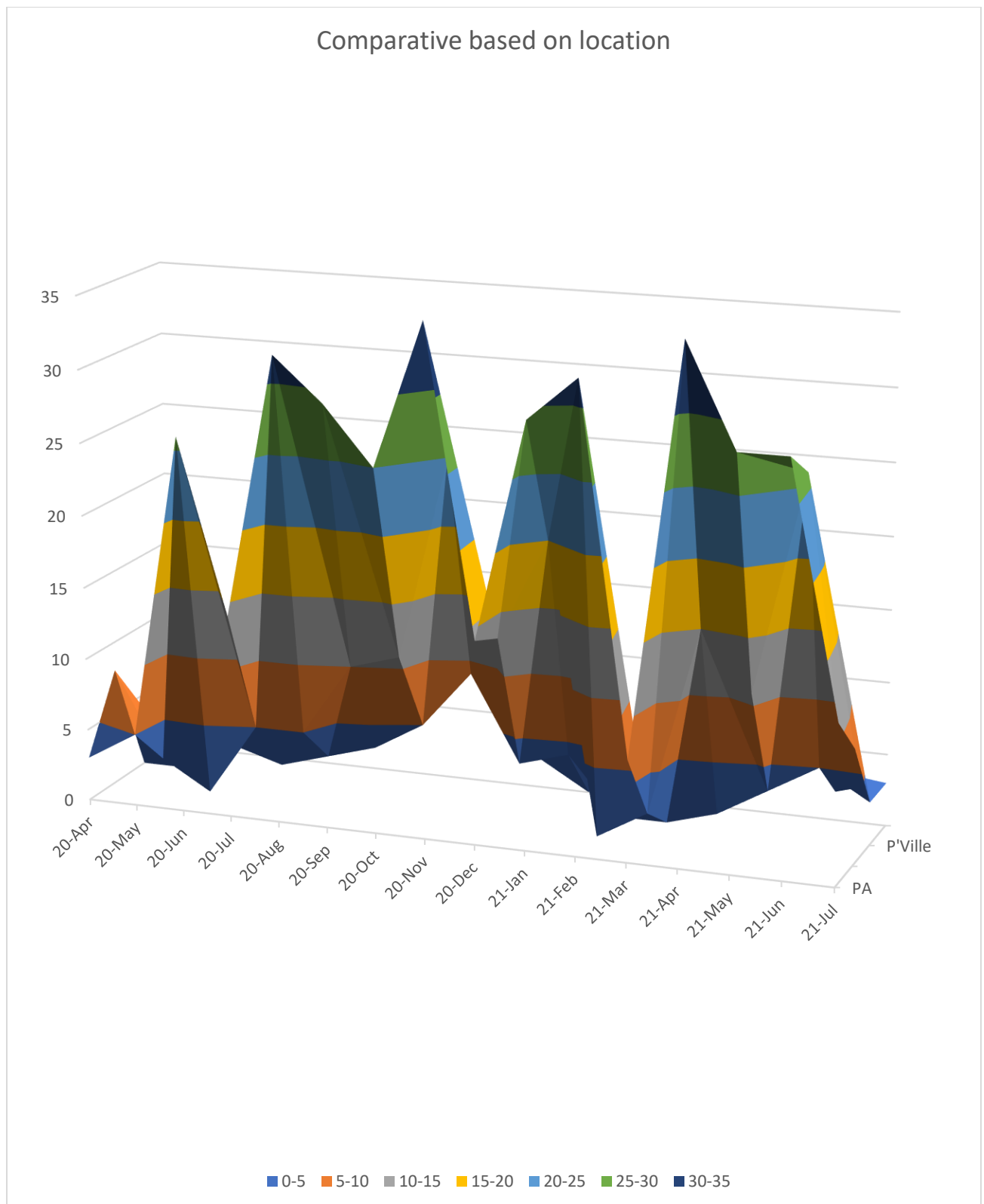


Month	Specialist	Dental	Diagnostics	Emergency	Ob/Gyn
20-Apr	1	0	11	2	7
20-May	1	5	6	3	0
20-Jun	16	8	7	0	0
20-Jul	13	12	6	1	2
20-Aug	15	22	5	2	2
20-Sep	14	17	11	3	1
20-Oct	23	14	5	7	6
20-Nov	35	12	9	4	7
20-Dec	8	15	9	10	0
21-Jan	10	27	18	9	1
21-Feb	5	21	6	2	0
21-Mar	0	8	0	0	1
21-Apr	16	23	6	11	4
21-May	15	23	10	4	4
21-Jun	22	29	8	5	0
21-Jul	10	9	1	2	1

Data analysis:

1. Specialists include all cases that are beyond the scope of GP.
2. Dental includes dentist, denturist, oral surgery and other combined dental/oral expertise.
3. Diagnostics include invasive and non-invasive lab based, radiological and/or pathological procedures.
4. Emergency is unforeseen visit to emergency department.
5. Obs-Gyn include all obstetrics, gynecological and/or prenatal confinement.
6. Emergency travel increased in winter and spring.
7. Dental need imminent.
8. No GP visit observed whatsoever.
9. Only 2 MH visit out of UFN.
10. Pandemic based variation negligible.
11. Nursing needs and requirements in-house.
12. Specialists follow up increase observed after emergency.
13. Ob-Gyn need lowest in comparison.
14. Monthly variance observed.
15. Geriatric and chronic diseases frequently observed.
16. Infection, other than pandemic not observed.
17. Patient inflow and outflow observed.

Graphical analysis based on location



Month	PA	Nanaimo	Parksville	Others
20-Apr	3	8	0	3
20-May	5	2	0	1
20-Jun	26	0	2	3
20-Jul	14	5	1	10
20-Aug	32	5	2	9
20-Sep	29	10	3	3
20-Oct	25	11	5	16
20-Nov	35	25	9	8
20-Dec	14	13	3	2
21-Jan	29	20	4	0
21-Feb	32	0	0	4
21-Mar	7	2	0	0
21-Apr	35	15	1	3
21-May	28	11	3	7
21-Jun	28	26	5	2
21-Jul	11	8	3	3

Data analysis:

1. Most common destination PA
2. Others include Victoria, Vancouver, Duncan and other farther areas.
3. Tofino and Ucluelet not included in analysis due to proximity.
4. Parksville and Nanaimo travels mostly coincide.
5. PA travel variance observed.
6. Pandemic based variation negligible.
7. More Speciality cases in Nanaimo than PA.
8. Day trips to all location possible.
9. Day trips outside not advised at this time.
10. Repeat patient travel observed frequently.
11. Geriatric cases most frequent.
12. No age-based variation in emergency.

3. Two new EMR systems have been included as part of the working protocol of UFN Health. UFN has received COMPLIANT certification regarding both EMRs. Due to certain unforeseen technical issues the EMR deployment got delayed but it is expected to continue smoothly.

3.1. Panorama

Panorama is an integrated, electronic public health records system. The system is used in UFN and BC public health by health professionals to support the management of communicable diseases, outbreaks, immunizations, and vaccine inventory.

First Nations Panorama Program

The First Nations Panorama Program allows public health partners like UFN to share and manage public health information and support clients' circle of care more effectively.

Working closely with BC provincial partners, the Panorama Implementation and Support Team, UFN works to ensure that the needs of nurses in UFN are represented at every level of care delivery system across the province.

Through the Panorama Public Health System, UFN and the FNHA is working to ensure that there is timely, accurate and useful public health and CD surveillance, and research and data collection systems for First Nations. This and other electronic systems are designed to improve decision-making and, ultimately, lead to better health care and health outcomes for UFN citizens.

For a complete description of program objectives and components, see Panorama Public Health System Implementation and Supports in the FNHA Programs and Services Guide.

3.2. Accuro

Accuro EMR meets the immediate productivity needs of today, and the growing connectivity demands of tomorrow - a flexible solution that delivers your workflows, your way.

While other systems require multiple screens for various tasks, Accuro EMR users can perform almost any task from any screen within a click or two. Accuro's time saving workflows streamline basic functions and eliminate manual processes.

Every practice is unique and so is how it works. With inputs from Specialist and Primary Care providers across Canada, Accuro is built to be easily configurable to support each clinic's specific roles and workflows.

By continuously innovating on a single-platform EMR, clients have access to a singular, powerful network. Together within this environment, Accuro connects UFN Healthcare Providers to information, their patients, and to each other.

3.2.1. Medical patient charting simplified

Accuro allows health professionals within UFN to spend less time charting about patients and more time with them. Our nurses don't need to spend valuable time scanning multiple screens to

analyze patient data or to perform routine tasks. Accuro delivers the patient data and insight you need all from one Patient Chart screen.

It all starts with just one click of the mouse. From there, Accuro will lead you to where you need to be – quickly and efficiently. Users can complete encounter notes in seconds, and they can take instant action directly from the patient’s chart.

Designed to maximize revenues through improved efficiency and billing accuracy. Save time and hassle by executing all essential billing functions from one screen, and without the need to print anything.

Streamlined: Provide direct submissions to provincial government billing

Accurate: Efficiently manage daily claims, find errors, and resubmit without any printing

Convenient: Full submission, reconciliation, and resubmission functionality – all from one screen

Versatile: Support for multiple physicians with a full range of billing types

3.2.2. Increase Scheduling Efficiencies

Having a flawless appointment scheduling system is important for UFN healthcare patient’s wellbeing and bottom line.

Accuro’s reliable and efficient medical appointment scheduling system is vital for UFN to manage patient and staff communications, no-shows, waitlists and reduce valuable administration time spent on scheduling.

3.2.3. Efficient Medical Labs and Image Handling

Reduce time spent searching through multiple documents to monitor and analyze patient test results. Accuro EMR software brings you the data and insights you need the most to complete clinical duties all from one screen.

3.2.4. Electronic Interfaces

Accuro has many interfaces with local provincial health authorities, hospitals, and private testing services that allow downloads of lab results, diagnostic imaging, and many hospitals’ patient reports directly into Accuro, to ensure that UFN patients’ results are at your fingertips.

UFN clinic’s medical forms can be digitized and imported right into Accuro EMR. Customizable data input by adding electronic check boxes, calculations, drop-down lists, and/or text boxes that will automatically populate both patient and Physician demographics, saving time, energy and improving accuracy.

3.2.5. Powerful Letter Generation

By leveraging templates, macros and Clickable Words technology you can design medical letter templates that are extremely fast to fill out.

Letters for consults, requisitions, and referrals automatically fill in patient and Physician demographics and are saved directly to the patient's chart for future access. Valuable time doesn't need to be wasted when using Accuro's medical letter generation.

3.2.6. Fast electronic prescriptions and Pharmacy messaging

It's vital that nurses have a full picture of your patients' medical and drug history, to ensure dosages are correct and interactions are avoided. AccuroEMR has ePrescribing support tools built in to ensure that you can write prescriptions fast and accurately, as well as communicate directly with Pharmacists.

Prescription clarification with Pharmacies gets even easier with the secure, email-style messaging of Accuro ePrescribe's tool. Send electronic prescriptions to pharmacies that use Accuro's ePrescribe's tandem application, FreedomRx. Stop playing telephone tag with pharmacists or wrestling with fax machines. Answer pharmacist questions or give quick clarifications with secure Pharmacy Messaging.

3.2.7. Visual Room Management

With Accuro's Traffic Manager, you can see a visual map of the clinic to virtually manage exam rooms. Through the connected dashboard, easily drag and drop patient names into the various exam rooms to keep track of where patients are during their visit.

From the waiting room to exam room, to conclusion of their visit, Traffic Manager makes it simple to assess and take action.

Run a report on all the diabetic patients who haven't been seen in three months, or simply check clinic throughput. Generating reports from your EMR is considered essential for today's practice. With the Query Builder in Accuro Providers can generate reports that help optimize the health of their patients and manage the wellness of their business.

3.2.8. Medical Data Reports

Accuro's medical clinic reporting system can positively affect your clinic's workflows and preventative care by enabling you to run reports and perform actions en-masse, such as tasks, appointments, billing, referral letters and more. Export your query reports to Excel and you can create charts and graphs to analyze your data further.

4. COVID 19 vaccination process was undertaken with success. In our first vaccination process in February 2021 supported by NTC, almost 84.6% of the community was vaccinated with no side effects whatsoever. In our second round of vaccination process in May 2021 supported by FNHA and VIHA, approximately 86% of the community was vaccinated. Some adverse reactions and side effects were observed and expected but they were immediately supported with appropriate measures. As of now, a third round of booster doses/ vaccinations have been undertaken in line with BC guidelines.

A vast majority of UFN have been completely vaccinated. UFN vaccination has put our community in line with province of BC's guidelines for COVID 19 and related regulations. For anyone seeking to get COVID 19 vaccination, please get in touch with UFN Health staff at the Huupatu building.

Vaccine date	Type	% Community	Notes
Feb, 2021	Spikevax	>85%	No side effects
May, 2021	Spikevax	>90%	No side effects

These two were the first and second doses of COVID 19. Third doses were being given in the community through our community nurses as required. Booster doses were given to community members as per the need of the community members. After UFN SSD received confirmation about vaccination for age groups 5 – 11 years, a special vaccination drive was arranged. As of August 2022, almost all citizens of UFN are completely vaccinated and many have been boosted as well. There has been no short term or long term adverse effects or consequences observed.

UFN had faced challenges related to COVID 19 due to which emergency operations were undertaken. Measures were taken to provide adequate support to UFN community members. UFN also has Rapid Tests available for community members and others to use as directed. Patients may contact UFN health staff to receive their rapid tests.

For more information about COVID 19 and related topics, please feel free to reach out to UFN SSD department. Please find below some useful links for COVID 19 and other topics:

<https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus>

<https://www.islandhealth.ca/learn-about-health/covid-19>

<https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/data>

<https://travel.gc.ca/travel-covid>

<https://www.ufn.ca/covid/>

For any personal inquiries please contact UFN SSD nurses directly.

5. UFN Health launched UFN Healthy Meals Program in July 2021. The program was a Pilot project with funding from VIHA. The project has been initiated, developed, and operated by LPN Simblejeet Gill to provide an effective depiction of the impact of indigenous food habit and lifestyle changes on patients with chronic conditions. The project oversight has been RN Judy Gleeson with regular monitoring and data collection. The Pilot project has since ended with positive results. Based on the overwhelmingly positive result, funding in the project has been continued and increased. The new program criteria have been created to effect expansion and extension of the project.

PROGRAM ACTIVITIES REPORT

5.1 Service outline

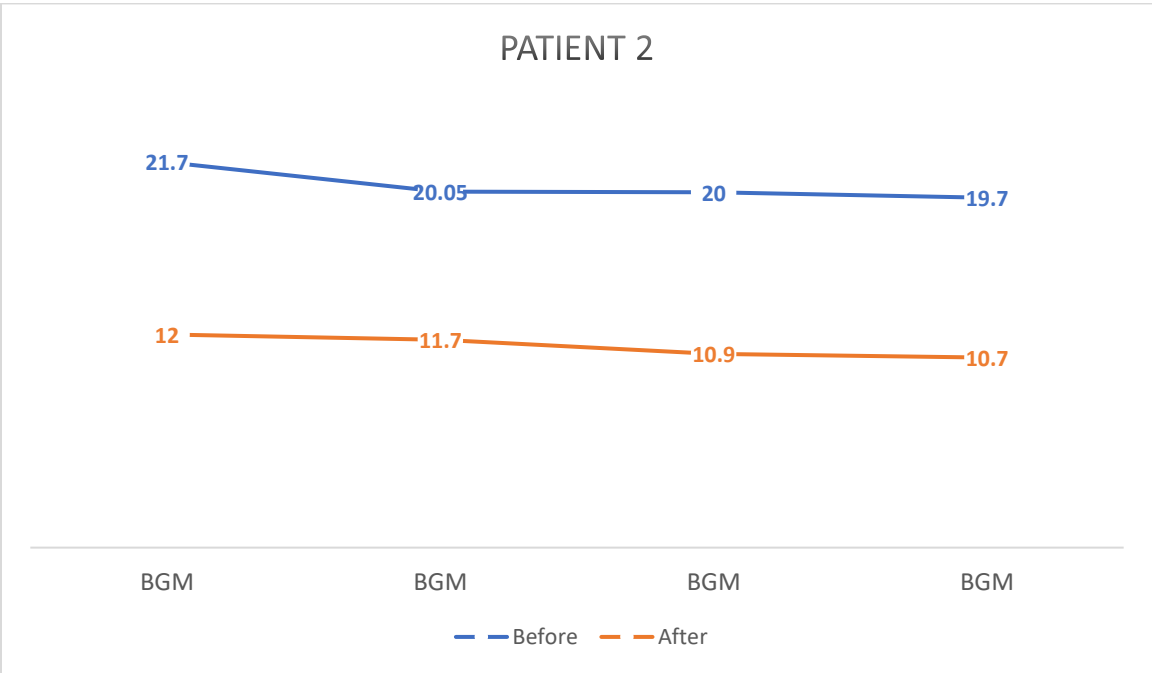
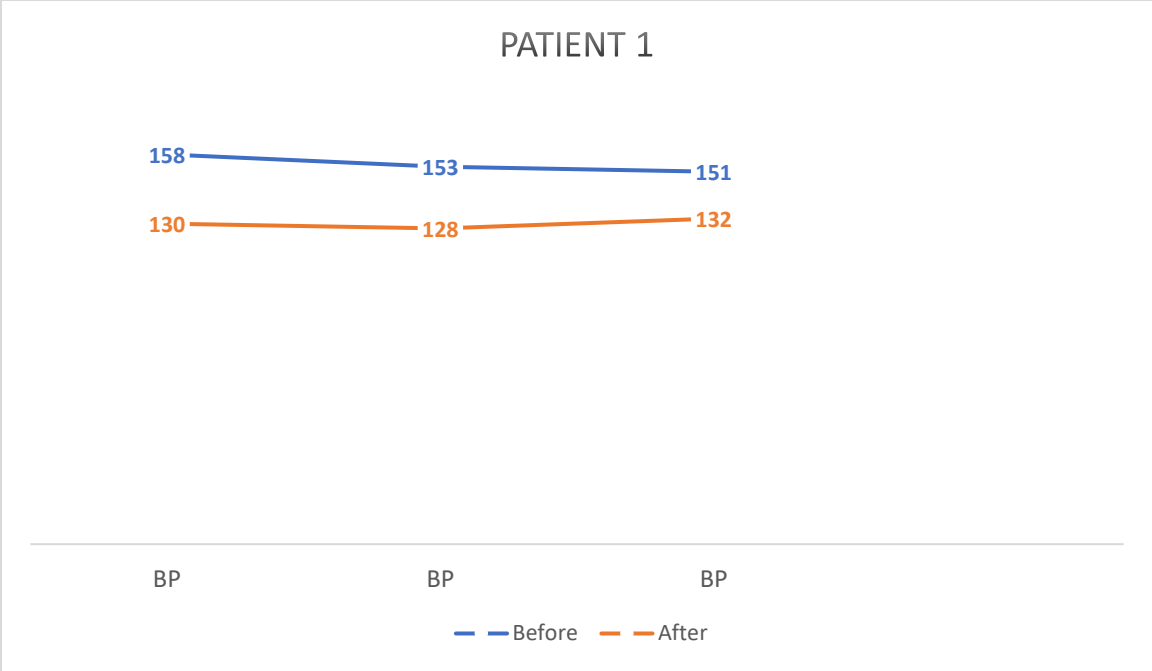
Project Objectives	Project services	Project outcomes	Target population
Create and maintain initiative to support optimal nutrition for specific populations (with chronic diseases or prenatal patients) and their nutrition needs increasing healthy eating knowledge.	Clients were provided with daily lunch and dinner meals using healthy traditional recipes mentioned in NTC Cookbook (NTC, no date, Healthy eating on a budget cookbook for diabetes and diabetes prevention).	Improved awareness of nutrition, engagement in healthy eating and access to healthy traditional foods.	15 + participants including elders and older adults living with chronic conditions.
Supporting increased access to nutritious foods and helping develop skills in selecting and preparing healthier recipes.	We partnered with YFN lands and resources team to forage local seafood, fish, and shellfish. Additional seafoods (crabs) were sourced from local businesses.	Improved access to nutritious local seafood and better eating choices.	One local business, One YFN department and 15 + Participants.

5.2	Optimal Clinical nutritional services for community.	Challenges and plans to address them: Only one canning workshop (from FNHA) took place but our goal is to increase the frequency of such events and collaborations (for example, dieticians and diabetes educators). Another goal for future is to partner up with Lands and Resources team's community Garden project where participants will volunteer to grow and harvest locally grown produce during summer.
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5.3	Collaborations with other organizations.	Community Partners other organizations, physicians, VIHA, FNIH, community members (youth, family, elders, etc): We partnered up with FNHA for workshops such as Canning. We also collaborated with YFN Lands and Resources team to forage seafoods. Local pharmacists with diabetes education background provided knowledge to the community members and staff.
5.4	Reduced risk factors related to nutrition related diseases and disorders	Evaluation Activities: <input type="checkbox"/> Verbal feedback from participants (enjoyed the choices of meals provided, reported increased access to veggies and fruits through the program than previously, stated they feel “healthier” since being on the program, mentioned improved food security). <input type="checkbox"/> Nursing team and Family physician noticed improved overall health status and well-being amongst many clients. (For example, a participant with chronic hypertension, showcased near to optimal vital sign readings after being on the program) <input type="checkbox"/> Social inclusion – Participants living alone mentioned that they appreciated the daily contact with the staff during deliveries. <input type="checkbox"/> Collaborative practice – For example, Food delivery staff informed Nursing team when there were wellbeing concerns amongst participants.

Due to confidentiality reasons, please find below 2 case studies that were undertaken during this period. Patient 1 was an elderly patient who suffered from Arterial Hypertension and was part of the research cohort with positive results. Patient 2 was an elderly patient with Diabetes type II, who was part of this program. The changes reflected were absolute changes after continuous support within the program over a 3-month period. Graphical analysis follows.

Daily Vital Signs readings before using Healthy meals program services	Patient	Daily Vital Signs readings after using Healthy meals services for 3 months
BP 158/92 BP 153/92 BP 151/91	Patient 1	BP 130/85 BP 128/80 BP 132/82
BGM 21.7 BGM 20.05 BGM 20.0 BGM 19.7	Patient 2	BGM 12.0 BGM 11.7 BGM 10.9 BGM 10.7



6. Dr. Ted Altar has been spearheading our mental health team for over 2 years now.

Dr. Altar started his career in mental health by doing volunteer work for such organizations as the Vancouver Mental Patients Association, and the UBC Student Counselling Services. Dr. Altar obtained his B.A. in Psychology from UBC, then worked a few years at Vancouver General Hospital, one year for the Richmond Crisis Centre and then ran a project (Home Aid Resource Team) for the elderly and infirm in Vancouver. He later obtained his Masters in Psychology from the University of Regina and worked at the Regina Mental Health Clinic for three years and at the University Counselling Centre for two years. Dr. Altar returned to school to obtain his Doctorate degree from the Simon Fraser University in 1994.

He first taught for UNBC full time for two years and then part-time till 2003. He worked full time as a Registered Psychologist for the Nisga'a Nation as their Community Psychologist for six years and he continues to provide part-time psychological services for the Nisga'a people in Terrace and in their own communities to 2019. From 1998 to 2005 Dr. Altar was the visiting treatment Psychologist for the Haisla drug & alcohol treatment centre in Kitimat Village. Dr. Altar first taught for Coast Mountain College in 1995 and then became regular faculty and Head of the Psychology Department in 2003 till 2020.

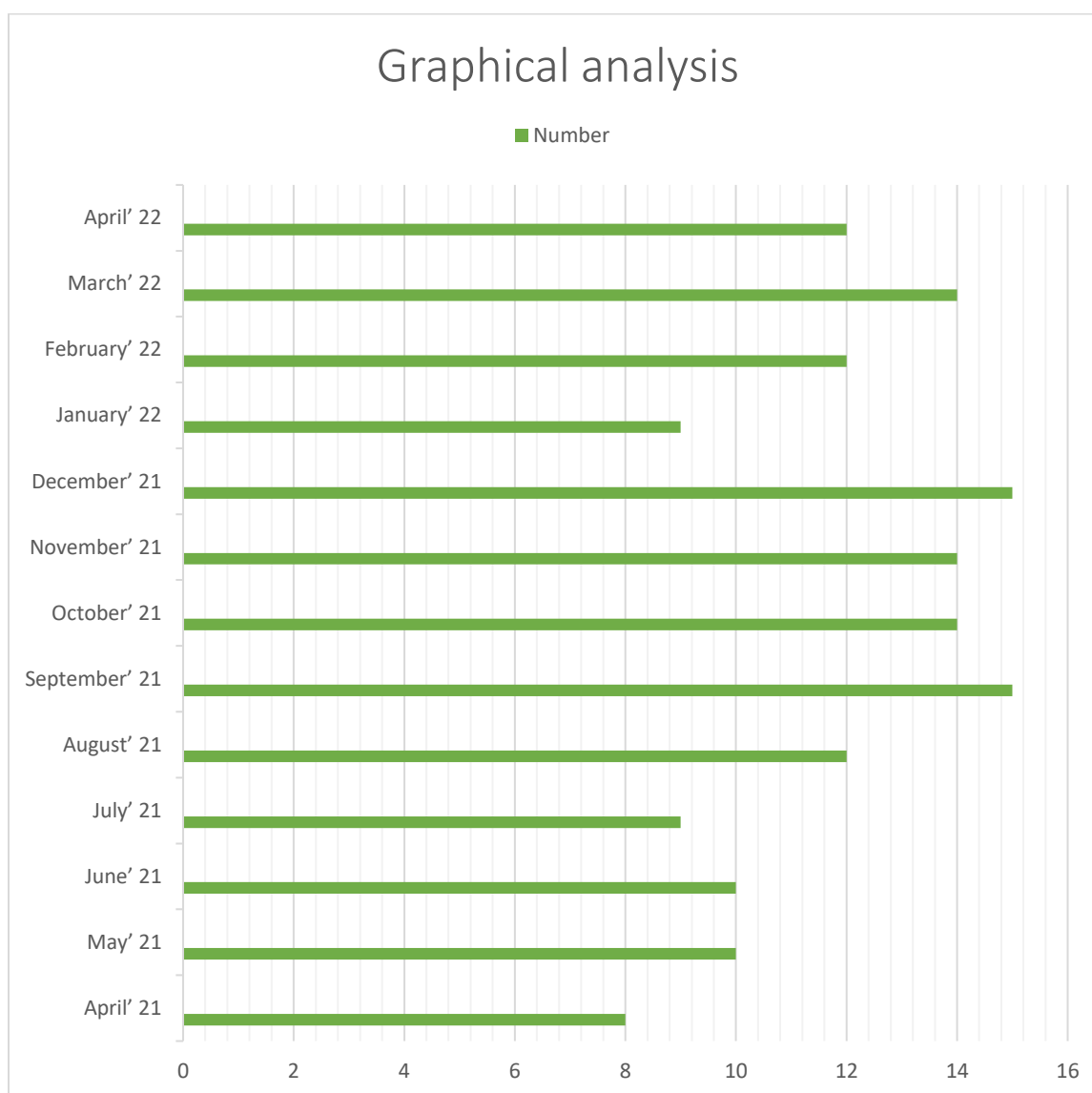
Dr. Altar worked as a Registered Psychologist, providing contracted services for such organizations as Work safe, the RCMP, the Ministry of Children and Family Development, and First Nations and Inuit Health. He was past President and is still currently serving as a Board Member of the British Columbia Psychological Association and has published articles for their newsletter and listserv.

As a rural Psychologist, Dr. Altar had to become a generalist and treat for a great variety of problems. The orientation that he takes in his work is predominantly cognitive-behavioural, psychoeducational and evidence-based. Since every person is unique in his or her life problems and strengths, Dr. Altar sees his role to be that of helping people to increase self-understanding and improve their coping. His goal is to help people help themselves by overcoming distorted ways of thinking and undoing ineffective ways of acting. The philosophical orientation that guides his practice is Existential, which affirms our freedom to make choices and define our lives. His Master's thesis was actually a philosophical work on the issue of free will: The Concept of Self-Determined Freedom in Psychology (a conceptual analysis of perceived freedom and an exposition of Paul Ricoeur's phenomenological description of human willing). His doctorate work was both a philosophical and empirical study called, The Expression of the Self and Conversational Context: A Pragmatic Theory of Discourse about the Self [External Examiner: Professor Anthony Greenwald].

Month	No. of patients (Active= 44)	Notes
April' 21	8	
May' 21	10	
June' 21	10	
July' 21	9	
August' 21	12	
September' 21	15	1 emergency case

October' 21	14	
November' 21	14	
December' 21	15	
January' 22	9	
February' 22	12	
March' 22	14	2 emergency cases
April' 22	12	

The total active number of patients for Dr. Altar has been 44 for 2021-22 with many patients choosing virtual consultations due to COVID 19 or other restrictions. These considerations have improved the care delivery process by increasing attachment and reducing social constraints. The number reflected above are patients with in person consultation.



7. UFN Health has undertaken regular Optometry clinics to provide support to patients within community. We were able to streamline the booking process through our Admin Asst. to avoid unnecessary gathering. Additionally, a full set of state-of-the-art equipment for optometry has been set up within the Huupatu building from the BC college of optometry to be used on a regular monthly optometry clinic, as a central hub to provide all communities around the area with optometry support.







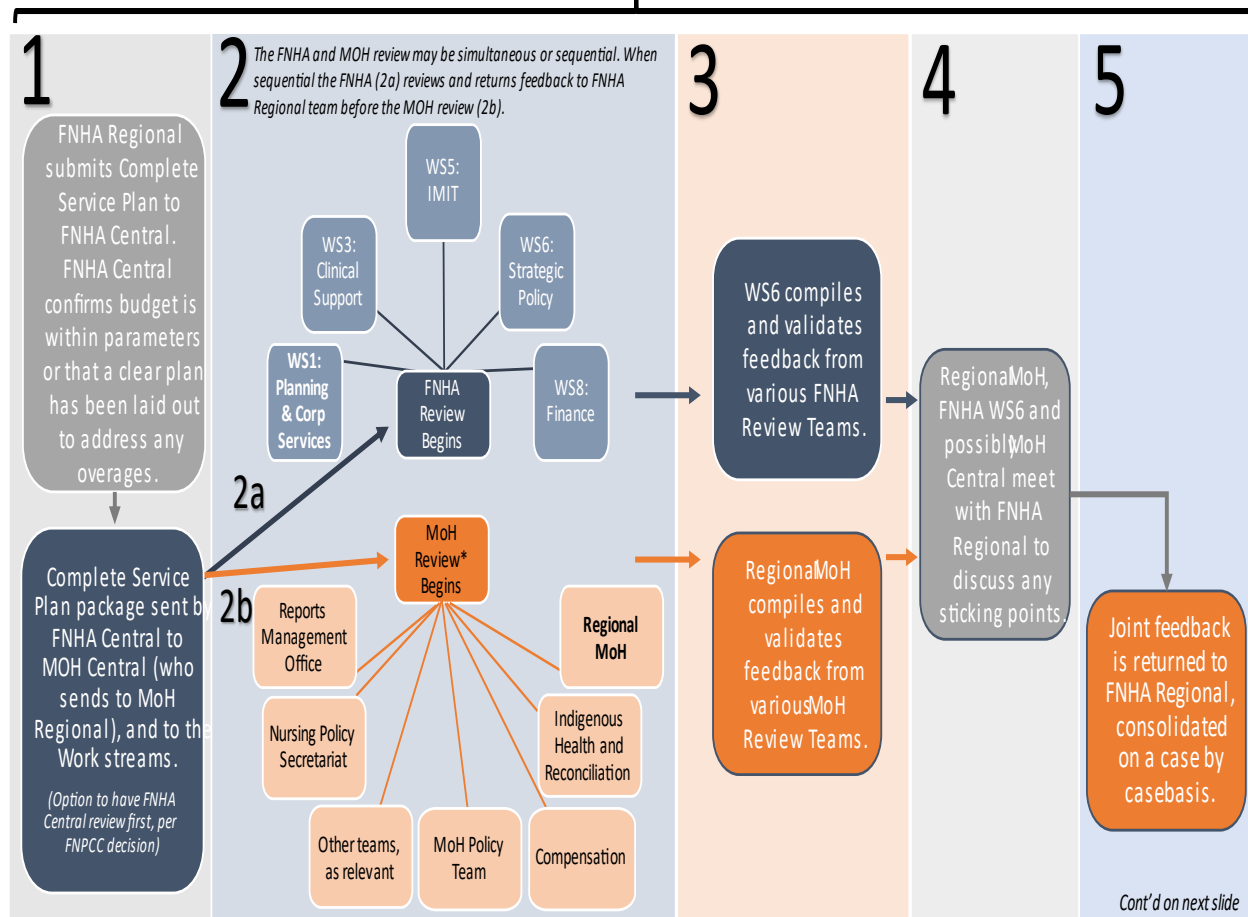
8. UFN Health has undertaken regular Podiatry clinics through LPN to provide support to patients within community. We were able to streamline the booking process through our Admin Asst. to avoid unnecessary gathering.
9. UFN and FNHA are successfully collaborating on the FNPCI project which would provide a comprehensive coverage to UFN members and other FN patients across Tofino and Ucluelet. UFN has been chosen as the central hub for delivery of services and will be undergoing developments to accommodate appropriately. FNHA has agreed to proceed with the PCI project with the hiring of a PCI Coordinator position that would be posted soon. The position would be working with FNHA and would liaise with all the nations involved within the FNPCI project. The FNPCI project would involve increased connectivity patients and healthcare professionals within all the nations in Ucluelet-Tofino corridor.

Simultaneous Review of Service Plans

Review process

Process includes ongoing meetings between FNHA Regional and review teams, as requested by FNHA/MoH regional teams

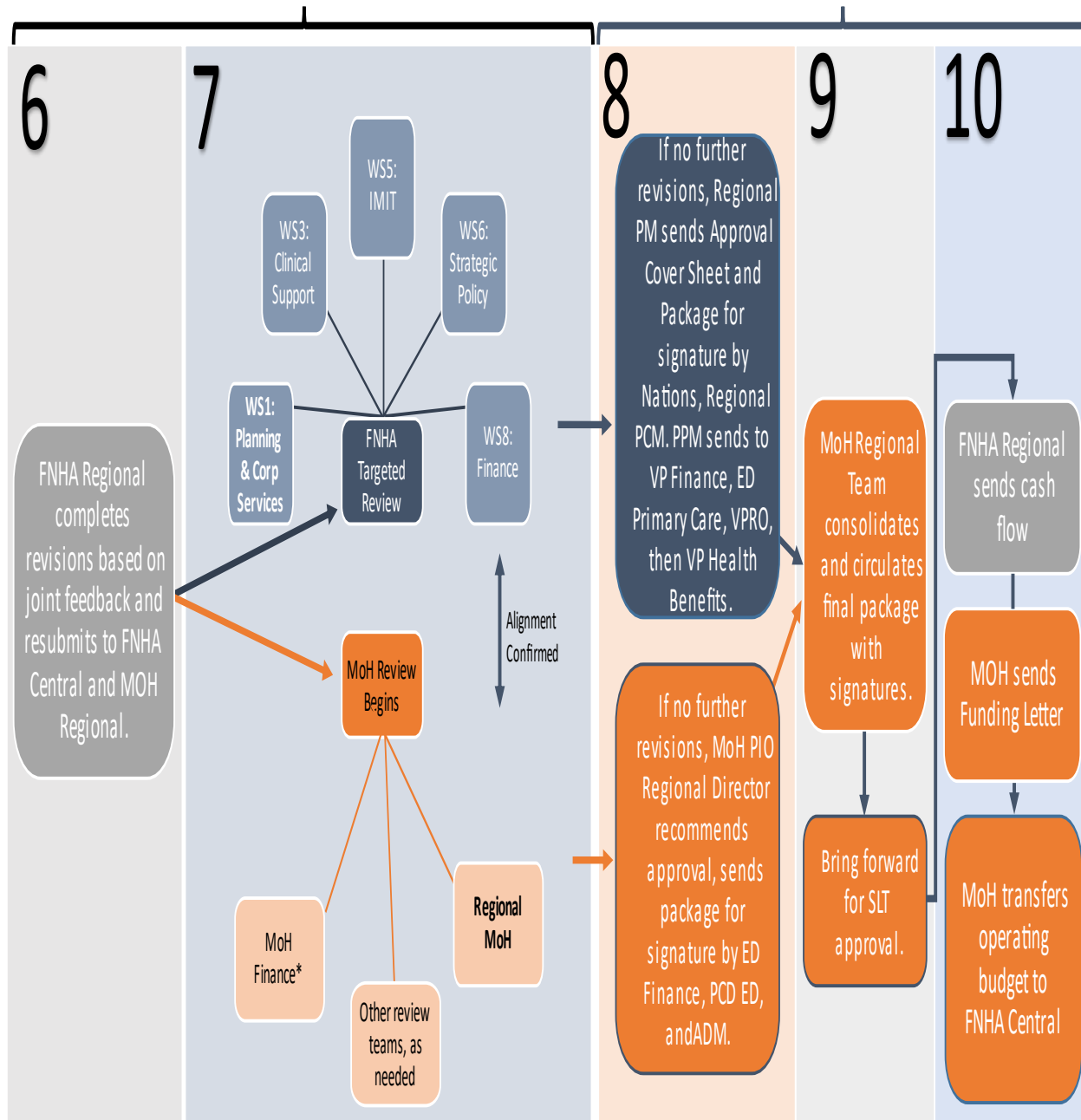
*MoH Finance review will be in step 7 after all potential changes to budget have been integrated



Simultaneous Review & Approval of Service Plans(cont'd)

Review process

Approval process



10. UFN has been in touch with various stakeholders especially Island Health to create a holistic mental health approach within Ucluelet to provide support to such patients who need it. The initial conversation has been overwhelmingly positive.

The various services provided through this program are:

- Referrals to mental health & substance use services: Intake helps you access adult mental health and substance use services you require in your community.
- Referrals to youth & family substance use services: Island Health provides a network of counselling, prevention, residential care and treatment services across Vancouver Island for youth (ages 13-19) and their families.
- Addiction medicine consult service: The Addictions Medicine Consult Service (AMCS) will support admitted patients regardless of their primary condition.
- Anscomb outpatient services: Supporting children, youth and their families by evaluating and planning treatment for significant emotional, behavioural, psychological and psychiatric symptoms.
- Anxiety disorders clinic: Serving the greater Victoria area, The Anxiety Disorders Clinic (ADC) has been established for patients where a primary anxiety disorder is the primary focus of concern.
- Assertive community treatment (ACT): The Assertive Community Treatment (ACT) Team focuses on recovery for clients with serious mental illnesses who have significant functional impairments.
- Child & youth tele mental health service: The Mental Health & Substance Use (MHSU) Tele Mental Health Program provides support to patients who may require it.
- Crisis & emergency services: Services may include 24 Hour crisis lines, mobile crisis outreach, critical incident stress management, walk-in crisis counselling and emergency room psychiatric consultation.
- Developmental disability mental health team: Assessment and consultation services available to children, youth, and adults with developmental disabilities experiencing non-crisis mental health concerns.
- Discovery youth & family substance use services: Discovery offers free community-based counselling services and access to residential care and treatment for youth ages 13-19.
- Early psychosis intervention: Early Psychosis Intervention (EPI) services focus on early recognition and intervention for young people who appear to be experiencing a decline in function related to early psychosis.
- In Hospital care: Assessment and treatment services to stabilize acute symptoms in a safe environment as well as short term care for patients in crisis, at risk, or in severe distress.
- Integrated Mobile Crisis Response Team (IMCRT): Providing rapid, mobile, community-based response to children, youth and families in crisis.
- Mental health & substance use team in our community: Please connect with Dr. Altar or SSD staff about the mental health and substance use in our community.

- **Opioid Agonist Therapy:** Opioid agonist therapy (OAT) is an effective treatment for addiction to opioid drugs such as heroin, oxycodone, fentanyl, and Percocet. In conversation with Island Health and other stakeholders currently.
- **Outpatient treatment for mental health:** short term assessment and treatment programs provide specific therapy to deal with acute mental health issues.
- **Outpatient treatment for substance use:** For adults and family members affected by drug and alcohol problems.
- **Overdose prevention services:** Overdose prevention and supervised consumption services are locations where people can use illegal drugs under supervision by trained staff. This is only a concept currently and here is no plan to deploy it whatsoever.
- **Recovery Addiction Support (RAS):** Recovery Addiction Support (RAS) is an abstinence-based program for individuals recovering from substance use addiction offering daily psycho-educational groups covering a great variety of topics related to recovery, mental health, and wellness. Provided by our nurses and Dr. Altar.
- **Psychosocial Rehabilitation:** For people with severe and persistent mental illness and co-occurring substance use disorders.
- **Psychiatric Emergency Services:** PES is accessible 24 hours/day, 7 days/week to provide specialized emergency psychiatric and substance use care to adults (17-75 years) experiencing emergent mental health and substance use-related crises, in alignment with legislative requirements of the Mental Health Act. Currently undertaken with our nurses in SSD.
- **Referrals to child youth & family mental health:** Child youth and family mental health provides tertiary services to children, youth and their families throughout UFN. The concept works with at risk youth and provides support through our childcare division.
- **Substance Use Rapid Follow Up Team (SURF):** This outreach team works with individuals who have experienced a recent opioid overdose and are not connected to a case management or substance use team. Currently provided through BC ambulance and Tofino hospital. UFN is in conversation to expand the role to assist community members who need services.
- **Withdrawal & Detox Services:** Assisting people at different stages of their alcohol and drug recovery. Currently under conversation as part of OAT clinic as described previously.
- **Tertiary Care:** Inpatient services are accessed through your family doctor, psychiatrist or through emergency services. UFN doctor's clinic and other services used.

11. UFN has a Physiotherapist in community for 5 days a week since October to accommodate the growing need among the population in UFN. The physio will take cases directly and will be booked by UFN health front desk. Due to certain unforeseen circumstances, we had a break in services but we have since made arrangements to bring the service back and continue.
12. RMT services will also be provided to the community every other Tuesday of the month to accommodate the needs of some patients. Patients are requested to make their own appointment directly online. Some patients who have been deemed as priority will be supported by UFN to receive extra services to improve their health. In case support is required, patients may call UFN Health for more information.
13. Special patient support programs and measures are being undertaken UFN SSD and Administration jointly to provide support to UFN community members in dire need. Supports a range of needs from social, financial and medical etc. Varied supports to UFN community members have been extended through:
 - SEAP
 - Elder care
 - Community care
 - Special programs
14. Various job openings have been posted for applications to provide support to our growing roster of services within UFN. Interested members are requested to apply asap. Especially homecare services have been part of our biggest concern. SSD continued to provide direct patient services and since then has acquired homemakers who will actively work with individuals and families that need support. Along with that, these hybrid position will include COHI support as well to streamline and standardize services across various channels.
15. Healthcare services are looking at possible expansion for off TSL residents into PA. Evaluation is being made and further information would be provided soon.
16. TB testing can be undertaken within UFN from March 2022. UFN has become completely equipped for diagnostic testing and resulting. Patients who require these tests may choose to contact UFN health staff and they will be supported.
17. Patients of all ages can now also get their immunizations and vaccinations at the huupatu. SSD nurses have trained and acquired the required qualification in this regard. This will not only reduce travel and/or wait times but will increase efficiency and monitoring.
18. Prenatal education and wound care expansion is being undertaken and community members would be supported a required.

Chapter 2: Community Services:

1. CSIP program annual analysis was done. The program got an engagement of 76% from participants and has grown to accommodate more members. The program has mixed representation from both genders.
2. Vocational training courses are going to be introduced for the members of the CSIP program and after initial success it will be expanded to other members of the community. Currently on hold with limited activity due to pandemic prevention.





3.



4. Parks Canada Junior Guardian Program is being initiated for its second consecutive year. After the successful initiation of the program last year this year Parks Canada is working with us to create a program to provide more opportunities to the community.





5. UFN members have been successful in acquiring job opportunities within Parks Canada with the support from UFN SSD. The members work with PC to understand various aspects for the job and the organization and provide best results for the organization.
6. UFN will be undertaking CCBI, which is a community beautification initiative to remove unwanted items and/or equipment from UFN administered grounds and private land (upon request only). The program would also provide services to elderly UFN members with any requested support as required. The program will begin with a Phase 1 operation which would include the Community Cleanliness and Beautification Contest (CCBC). CCBC will begin on June 15 for a 30-day period for residents within UFN to clean and/or beautify their property. The top 3 winners will receive attractive prizes. CCBC would exclude leaders of the community and non-FN employees. The participants would be allowed to ask for help and/or personnel and/or equipment from UFN to achieve the best result possible.
7. First Aid training was successfully undertaken for members of the community in the end of July. The youth are given priority for this program to provide urgent First aid support to community members as required. The program is expected to return soon for new applicants and for next level training as well.
8. SSD and Assets are jointly discussing the creation of a sporting facility that will include a skating rink in UFN. Possible locations are being scouted at this point. Finances and other considerations to ensue. Currently on hold with limited activity due to pandemic prevention.
9. UFN Fitness Centre has been created in collaboration with Assets department to improve the health of UFN residents. It will be open to all UFN residents 24/7 to support their healthy lifestyle journey.



Chapter 3: Social Services:

1. Parenting classes were initiated for set/s of parents who need parenting related support. Some have successfully completed the training and have also signed up for more training based on their needs.
2. Summer program showed overwhelming support from community members. Even during the pandemic, UFN was able to provide summer programming aimed at different age groups and some programs will be continued in the future. This year similar programs and supports are expected to be present.

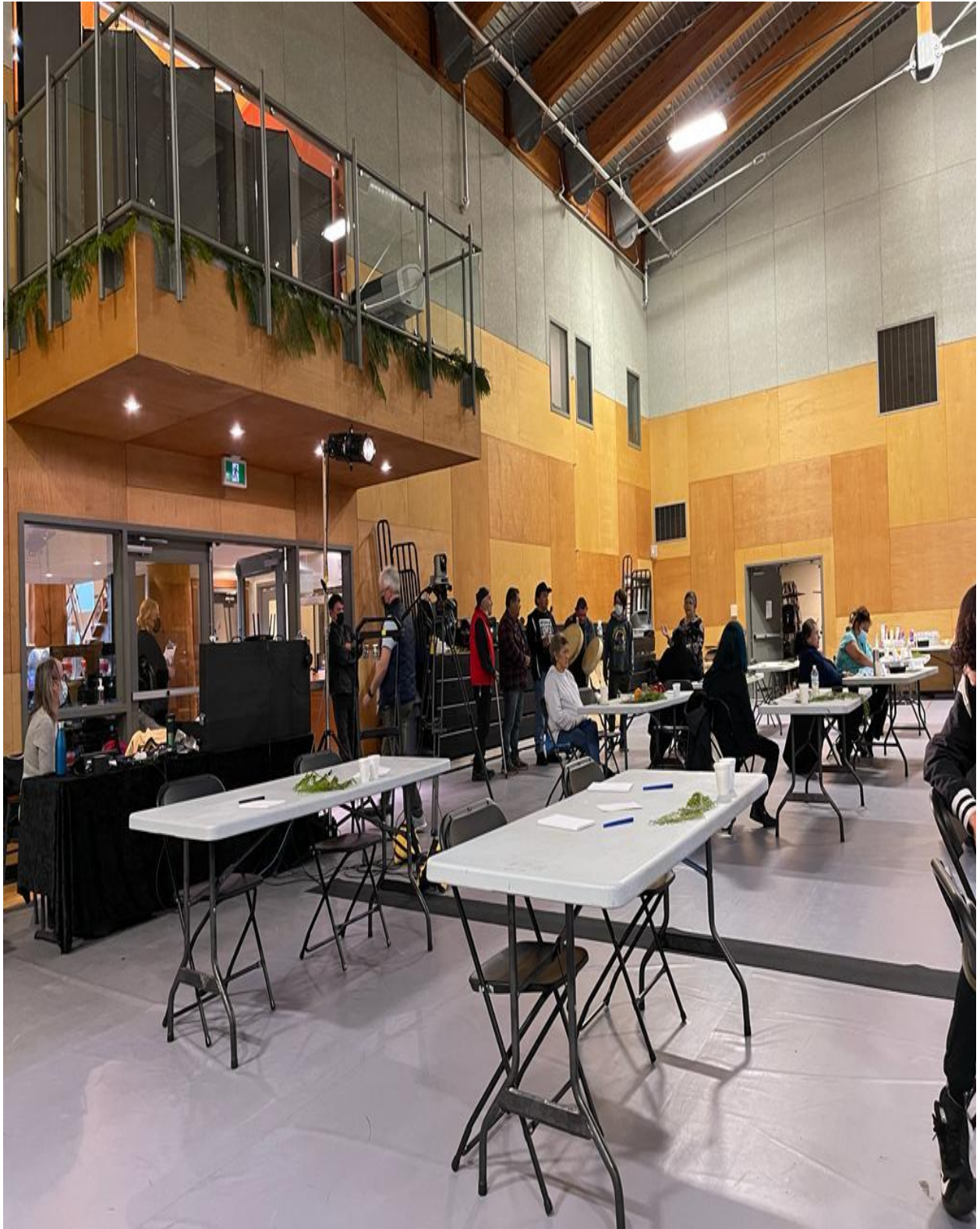


3. Special parenting support were set up and provided to parents by Gloria. The support was customized based on the needs of the members and will continue for any parent who need it.
4. Skylene Patrick has been instated as the Daycare Manager. She has been instrumental in providing proper leadership to the daycare and improve their services.
5. The daycare area is being kept under strict hygienic guidelines to maintain standards. It is requested that parents and others who are going to use premises during or after hours may

uphold the safety and cleaning standards. For further questions please connect with the daycare.

6. MCFD based community and social support have been provided to specific families who may need them. The support provided are customized to the recipient and is intended to provide absolute support.
7. Indigenous knowledge-based training with Jane Middleton Moz was arranged for UFN community members by Gloria. The program took place in Feb-Mar 2022 and was well received by the community. Similar programs and services are expected to be part of UFN this year. The logistics and support of the program was done by Gloria Valentine to provide and nurture indigenous leadership within UFN.













8. UFN is looking concept protocols to create/re-instate a UFN based diet support program. The program is still in preparation stage and is expected to be undergoing analysis soon.

Chapter 4: Education:

1. Adam Gleeson has been promoted to the position of Manager of Educational Services with unanimous recommendations from both Personnel committee and Education committee. He has provided his expertise to UFN and developed our student-oriented programs. He has since retired from his position in July 2022. UFN expresses its gratitude for his support and assistance to the community through thick and thin. Karen Severinson has since been appointed in that position and we hope to achieve even more successes in the future.
2. Under his support the number of PS students has increased further with more emphasis on higher and trade-based education platforms.
3. Individuals interested in Trade based program are requested to connect with UFN education department to receive further support.
4. UFN education department in conjunction with Assets department is looking to improve certification and/or provide support to community members to create in house job pool with emphasis on Journeyman programs and development.
5. UFN education department is hoping to arrange and create a Education Gathering to felicitate UFN graduates and inspire future leaders. Further details to follow.



6. UFN education department to create a Job Fair 2022 for all to match current or perspective job opening with interested candidates to create a talent pool.



7. UFN and SD have worked closely to develop programs that will benefit the children of UFN. The programs are aimed at providing an education base for children to pursue proper education.
8. SD70 and UFN have also been in constant dialogue to promote and create a healthy life for our children. A large part of this have been COVID awareness and support that has been instrumental for the safety of the young member of UFN.
9. To provide more support, improve attendance and promote indigenous knowledge, a SEC has been appointed. The SEC will pay close attention to high needs children in the community and provide appropriate support. Many UFN students will receive weather appropriate gear soon due to our SEC's vigilance and constant thirst for improvement of services. A key example was provision allotment for children who would need protection from the elements.



10. STEM based summer programming has been initiated in the UFN Huupatu Education hub. The program includes members of SD70 and UFN who would work with children providing actual skills like web designing, 3D printing, prototyping and other exciting activities. It has

been extended to accommodate the needs of the community. The program is going to be continued this year and an Art based program could be included as well.





11. Homework club was initiated last year and since grown to accommodate more children from the community. There has been significant improvement with interest, engagement, sustainability, and attachment.
12. A Learning Coordinator has been appointed to provide education-based support to UFN community members. Her position is aimed at education continuity, student support and skills development.