Virtual Indigenous Health and Substance-Use Service:
An Approach to Bridging Correctional and Community Care in Interior BC

Yasmeen Sandhu

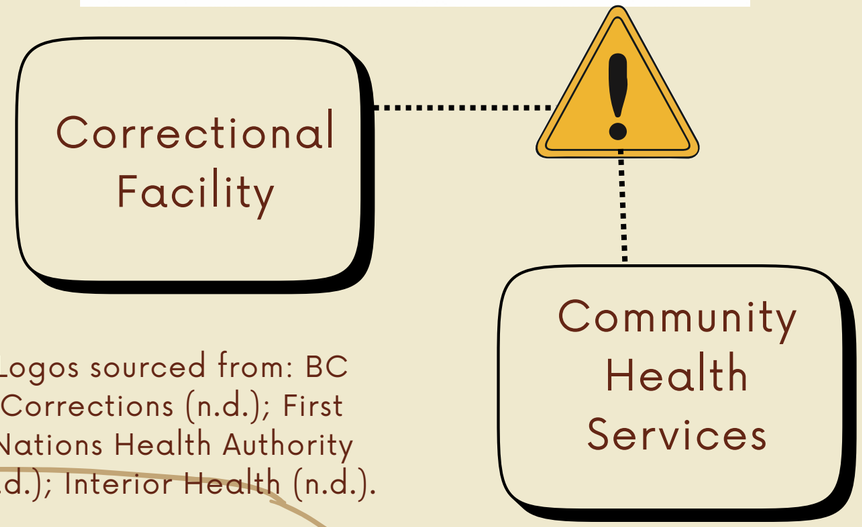
Existing Local Services and Gaps

Existing Local Services

- Interior Health offers virtual and in-person care (no correctional access)
- FHNA provides a Virtual Substance Use & Psychiatry Service (community-based)
- Telemedicine is BC Corrections is limited to basic medical consults.
- No Indigenous-specific virtual health programs in custody.

Gaps Identified

- Weak connection between correctional and community care.
- Lack of culturally safe, trauma-informed support in custody.
- Loss of treatment continuity after release.



Logos sourced from: BC Corrections (n.d.); First Nations Health Authority (n.d.); Interior Health (n.d.).

Virtual Indigenous Health and Substance-Use Service for Indigenous Peoples in Custody

Purpose

- Bridge correctional ↔ community care through secure telehealth.
- Provide culturally safe substance-use and mental-health support in custody and post-release.

Core Features

- Virtual sessions with Indigenous counsellors, Elders, and addictions specialists.
- Continuity of care pre- and post-release.
- Integrates clinical treatment with traditional healing and language supports.

Evidence

- Builds on Interior Health and FNHA virtual-care infrastructure.
- Aligns with WHO definition of eHealth.
- Supported by international evidence: telehealth improves prison care continuity (Tian et al., 2021) and culturally grounded virtual models strengthen Indigenous wellness (Fitzpatrick et al., 2023).

(Interior Health, 2022; FNHA, 2023; WHO, 2016; Tian et al., 2021; Fitzpatrick et al., 2023)

Why the Virtual Indigenous Health & Substance-Use Service Works

Strengths:

- Builds on proven models: Ontario's eConsult improved prison care access and continuity (Goulet et al., 2023).
- International studies show telehealth reduces delays and enhances patient satisfaction in correctional care (Tian et al., 2021).
- Indigenous-led virtual models increase engagement and trust (Fitzpatrick et al., 2023; FNHA, 2023).
- Leverages existing IH and FNHA virtual-care infrastructure across Interior BC (Interior Health, 2022).
- Reduces post-release relapse and re-incarceration risks by ensuring continuity of care (CCSA, 2017).

Rationale:

- Responds to systemic fragmentation between correctional and community health systems.
- Extends existing, culturally safe virtual networks into correctional settings.
- Aligns with WHO (2016) principles of secure, cost-effective eHealth delivery.
- Represents a feasible, equity-driven approach grounded in real Canadian evidence.

(Goulet et al., 2023; Tian et al., 2021; Fitzpatrick et al., 2023; FNHA, 2023; Interior Health, 2022; CCSA, 2017; WHO, 2016)

Implementation & Challenges

Planning & Partnerships

- Co-design with Tk'emlúps te Secwépemc and FNHA.
- Develop MOU between BC Corrections, Interior Health, and FNHA.
- Secure pilot funding and complete privacy assessments.

Infrastructure Setup

- Install secure telehealth pods at KRCC and OCC.
- Integrate with Interior Health's Virtual Care Network.
- Train correctional staff and Indigenous navigators.

Pilot Implementation

- Deliver virtual counselling and addictions support pre-release.
- Include Elder-led cultural sessions.
- Collect data on engagement, access, and satisfaction.

Community Transitions

- Link participants to FNHA's Virtual Substance Use & Psychiatry Service post-release.
- Offer virtual cultural circles and ceremonies with Elders.

Evaluation & Expansion

- Measure continuity of care, relapse, and re-incarceration rates.
- Expand to other Interior correctional facilities if successful.

Challenges

- **Privacy & Security:** Ensuring encrypted digital networks and confidentiality.
- **Connectivity**: Addressing rural bandwidth and equipment gaps.
- **Training**: Preparing staff to support virtual care in custody.
- **Trust & Cultural Safety**: Building relationships with Indigenous participants.
- **Sustainable Funding & Policy Coordination:** Aligning governance across agencies.

(FNHA, 2023; Goulet et al., 2023; Tian et al., 2021; Fitzpatrick et al., 2023; IH, 2022; OCI, 2022; WHO, 2016)

Feasibility & Future Impact

Feasibility Factors

- **Existing Infrastructure:** Interior Health already has a robust virtual care platform and privacy framework (IH, 2022; CIHI, 2023).
- **Local Partnerships:** FNHA and Tk'emlúps te Secwépemc support aligns with BC's Indigenous Health and Wellness Strategy (FNHA, 2023).
- **Cost Efficiency:** Virtual programs reduce transportation, hospital, and re-incarceration costs (Goulet et al., 2023).
- **Policy Alignment**: Supports BC's commitment to Truth and Reconciliation Calls to Action and the First Nations Justice Strategy (BC Gov, 2024).

Future Impact

- **Improved Continuity of Care:** Seamless support before and after release.
- **Enhanced Cultural Safety:** Indigenous-led virtual care grounded in ceremony and language.
- **Reduced Relapse and Re-Incarceration:** Evidence from virtual models in Ontario and Australia.
- **Systemic Change:** Shifts the justice–health relationship toward long-term healing and reconciliation.

(Goulet et al., 2023; FNHA, 2023; CIHI, 2023; BC Gov, 2024)