Leadership Gathering on Complex Service Delivery

Agenda-Building Webinars
Webinar 5: Thursday, November 4th – 11:00 am to 12:30 pm Pacific Time (Canada)
"Working Across Sectors to Focus on the Person: North American Examples"

SUMMARY

The inaugural *Leadership Gathering on Complex Service Delivery*, to be held June 6 – 7, 2022, contingent on health guidelines, will engage decision-makers, thought leaders, and service providers in British Columbia on key policy issues directly impacting services to those with complex needs. To build the agenda for the event during the pandemic, the organizers have arranged a series of focused web-based discussions on several core themes.

Previous discussions have focused on the theme of complex service delivery and the path to holistic, person-centered service; the reality of seeking services according to those with lived experience in British Columbia; and issues around substance use, service delivery, and service eligibility. Video and summaries of these discussions may be found here.

On November 4th, our discussion continued to explore how to bridge differing mandates and structures within the health, justice, and social sectors to bring the person's holistic needs and outcomes into focus. This webinar focused on two examples: the **Peer Assisted Crisis Team (PACT)** program developed by the Canadian Mental Health Association BC Division (CMHA-BC), developed as an auxiliary or alternative to police response to people in a mental health crisis in the community; and the **Massachusetts Community Justice Project (MCJP)** led by the Executive Office of the Trial Court of Massachusetts. MCJP brings together local criminal justice, treatment, recovery, crisis, healthcare, and social service partners to identify local resources and gaps in services and create an action plan to enhance collaboration and reduce the risk of justice involvement and recidivism for people with problematic substance use and/or people experiencing a mental health crisis. The discussion was facilitated by Allan Castle, coordinator of the webinar series on behalf of Connective, and featured a panel of experts closely associated with these initiatives:

PANEL

- Jonny Morris, Chief Executive Officer, Canadian Mental Health Association BC Division
- Amelia Hamfelt, Director of Policy, Canadian Mental Health Association BC Division
- Marisa R. Hebble, MPH, Manager, Massachusetts Community Justice Project
- Dr. Jenna Savage, Deputy Director, Office of Research Development, Boston Police Department

THE MASSACHUSETTS COMMUNITY JUSTICE PROJECT

The Massachusetts Community Justice Project is a statewide sequential intercept mapping project which works at both the community and state levels to bridge gaps and make connections between systems to address clients with complex needs. Its implementation has been led by the Trial Court of Massachusetts. The role of the judiciary has been a key element of the success that the project has enjoyed, given the unequaled convening power of judges to get the right players to the table.

The project engages communities leading to the conduct of multidisciplinary, multi-agency two-day workshops comprised of sequential intercept mapping and action planning. The process participants work through is straightforward. The flow of the criminal justice system, and its interaction with other systems in the community, are analyzed to identify key points for community intercepts. The goal is to make these interdependent systems more person-centered, which should, in turn, lead to enhanced outcomes at the individual and community levels. Through the process of sequential intercept mapping, both existing resources and current gaps are identified. Subsequently, participants build an action plan.

The City of Boston has applied this approach with Boston Police Department as champions of the methodology. The mapping process initially brought together a cross-section of agencies such as police, prosecutors, public defenders, crisis clinicians, emergency medical services, and homeless shelters. The group agreed on the top priorities, with a multidisciplinary committee structure established to oversee adherence to the plan's priorities.

The need in Boston for such an approach has been significant, with over 10,000 calls a year explicitly related to mental health. The primary operational manifestation of the approach is having clinicians who ride with police officers. This has added another more flexible dimension to response, beyond the traditional choices of hospital, arrest, or release without services. External events have underscored the rationale for this approach. Over time co-response has been broadly accepted and institutionalized within the police department, and demand for clinicians continues to grow.

PEER ASSISTED CRISIS TEAM

The Peer-Assisted Crisis Team (PACT) model is a CMHA-BC initiative in partnership with local communities, police, and other community services. It has been developed since 2021 in several communities, including the District of North Vancouver, the City of North Vancouver, and the district of West Vancouver. Current development work is taking place in the City of Victoria and the City of New Westminster.

Crises can manifest in many forms – such as safety risks, threats of harm to self or others, or a range of health risks like an active attempt related to suicide, psychosis, or overdose – and there are many drivers that can lead to crisis. These drivers can include housing insecurity or precarity, loss of housing, loss of employment, conflict at home, depression, anxiety, and other factors.

PACT contemplates tackling crisis in a particular kind of way, by enhancing what can be done in communities around both immediate responses but also making vital connections

(the "warm handoff" to services). Due to the logic of British Columbia's *Mental Health Act*, police currently serve as the default mental health responder, carrying the legal responsibility to apprehend and convey people in mental health crisis who meet certain criteria. Under earlier, now well-established innovations, integrated mobile crisis response teams (such as, e.g., "Car 87") have been the leading approach for decades.

PACT is an alternative auxiliary service to the police response to crisis calls related to mental health, intended to address layers of crisis such as housing, food insecurity, conflict, or depression, and keep people connected to communities. PACT is structured differently than a co-response model: no police officers are normally present, and each team pairs a mental health professional with a trained peer crisis responder.

The design of the approach has evolved as PACT models have been implemented. Earlier approaches combined system (*i.e.*, institutional/agency) planning tables with community tables. In Victoria and New Westminster, it was determined that these two sources of knowledge and inspiration needed to be separated to allow the voices of lived experience to be centered and for there to be trust among key stakeholders. CMHA-BC has acted as the convener and has worked to maintain accountability and communication between the community design and systems level tables.

VIEWER QUESTION PERIOD

When should police be involved in mental health crisis response, and how do we do that in a good way? And how do we balance that with the recent tensions over the use of force which have spilled over into many discussions?

In the United States, the past two years have been complex and challenging years to be working in the criminal justice system, particularly for law enforcement and particularly around issues concerning race. Having pre-established relationships and partnerships between police, health, and community groups has been vital to ensure that productive dialogue and action could continue. There was significant pressure on health and community groups to disengage as it was.

In Canada, it has proven very important in the community design process to engage activists and people who are social justice-minded, even when they have strong positions against formal systems and system actors. There are strong factions within the community that are very anti-police, and anti-government, and seek greater levels of community autonomy. However, we need to create space not only for the community to have a voice but also for system actors to have a voice. For CMHA-BC, functionally holding the two tables accountable to each other as a way to engage a diversity of opinions.

A different operational model does NOT mean disengagement, but rather a different form of alignment. The training and capacity of dispatch is key in creating the most effective and appropriate dispatch decisions. Could we have someone with a PACT background team co-located in a police dispatch room? Similarly, it is important to have lived experience at the table, people who understand the impact of involuntary commitment. The more coexistence and co-alignment we can create, the more productive the relationship between the activist and system environments.

For police, regardless of model police attention is on moderate to severe cases where there is a high degree of uncertainty. Limiting the deployment of police resources into those environments is the key to success, but in some circumstances, police are entirely necessary to keep clinicians safe. Those responsible for police attendance to mental health crises are also able to point to the statistical rarity of harmful outcomes in the many thousands of such incidents annually.

What current or wished-for legislative changes are relevant to our discussions today?

In Massachusetts, new legislation emphasizes de-escalation to avoid unnecessary Section 12 involuntary admissions. While this makes sense, some pieces are missing. Health care providers are concerned that there is now a gap in service, because police de-escalation may simply have the effect of leaving the person in the community with no connection to services. The law has not fully articulated liability and responsibility: for example, is it acceptable for a psychiatric doctor to tell a police officer when to use force? This is currently the subject of considerable debate.

In BC, there may be merit in looking at the *Mental Health Act* which was drafted many decades ago. We may seek to include more explicit language around where people can be taken for care, and who is to convey them. We may also benefit from reopening the discussion concerning extended leave.

The complete video of this event is available here.

In 2022, the organization of the Leadership Gathering returns to planning for an in-person dialogue on June 6 – 7 in Vancouver. For more information, please contact events@connective.ca with the subject line "Leadership Gathering."