# Connective Leadership Gathering

## Improving the coordination and outcomes

## of complex service delivery

### REPORT OF PROCEEDINGS

### Introduction

On October 28, 2022, Connective convened the inaugural Leadership Gathering on complex service delivery in British Columbia. Discussions took place at Simon Fraser University’s Harbour Centre campus, and were facilitated by Jonny Morris, CEO of the Canadian Mental Health Association BC Branch.

The Leadership Gathering is designed as a recurring, multi-sectoral dialogue across the social, health and justice sectors focused on improving delivery and uptake of services to shared clients. It also serves to create an opportunity for learning, promoting collaboration, coordination, and continuous improvement of complex service delivery. In addition to the immediate substance of the agenda, the Gathering as a series is also intended to create regular connections amongst leaders in these three sectors which commonly share service users, but which too infrequently get together to explore common challenges and build connection.

Attendees were drawn by invitation only from executives, experienced operational leaders, those with lived experience, and other experts across the three sectors. To encourage free, candid, and constructive dialogue, the event proceeded on a non-attributed basis, and this report summarizes themes of discussion rather than reflecting individual statements. The report was circulated to participants for their review and comment before being finalized in its current form.

### Event governance and design

The 2022 Leadership Gathering was designed and guided by a Steering Committee comprised of subject matter experts and representatives of the following bodies:

* Canadian Mental Health Association, BC Branch
* Ministry of Mental Health and Addictions
* Ministry of Social Development and Poverty Reduction
* BC Corrections, Ministry of Public Safety and Solicitor General
* Correctional Service of Canada
* Native Courtworker and Counselling Association of BC
* Royal Canadian Mounted Police
* Aboriginal Housing Management Association
* TRES Community Solutions

Originally set for May 2020, the Gathering was delayed by the onset of the pandemic. As the Committee saw importance in creating personal connections, the event was moved to 2022. The Committee took the opportunity to advance the agenda during the pandemic by convening a series of virtual webinars to have preliminary explorations of key themes. These included complex service delivery, stigma, lived experience of service delivery, and comparative approaches to person-centred service from international and domestic perspectives.

Participants were welcomed to the Gathering by Connective at a reception on October 27, which featured remarks from the Honourable Sheila Malcolmson, Minister for Mental Health and Addictions. The dialogue on October 28 focused specifically on the task of overcoming silos and specific mandates to deliver genuinely person-centered service. Participants then applied these ideas to a contemporary inter-sectoral approach, Complex Care Housing, following an executive update from the Ministry of Mental Health and Addictions. In the final part of the day, participants considered how to work across mandates to ensure the success of this and similar initiatives.

While speakers were featured, the Gathering was designed as a dialogue rather than a conference. As such, participants were expected to contribute to the discussion based on their professional experience and perspective. In addition, participants were encouraged to contribute based on their personal views and experience, rather than reflecting their organization’s established policies or positions.

A copy of the agenda is appended to this report.

### Morning discussion: Placing the person at the centre

Participants were welcomed to the traditional unceded territories of the Musqueam, Squamish and Tsleil Waututh by Elder Glida Morgan. In the welcome session, Mark Miller of Connective, the facilitator Jonny Morris, and the event coordinator Allan Castle reflected on the development of the Leadership Gathering as the collective effort of an organizing committee which appreciated that we were discussing challenges that could only be solved by our three sectors working together. It was also noted that the room was comprised of equal thirds justice, health, and social sector leaders, a significant achievement in itself.

### Panel 1

To frame the conversation, an introductory panel moderated by Howard Sapers, and featuring Amy Matthias of the Native Courtworker and Counselling Association of BC, and Ruth Elwood Martin of the UBC School of Population and Public Health, considered what it means to put the person at the centre. Ruth spoke from her experiences working as a prison clinician in Alouette Correctional Centre, developing participatory health research. The most significant lesson for her was how women in the Centre were able to identify factors important to health not considered by earlier research design, specifically having to do with family and relationships. This discovery led to remarkable levels of engagement of women in the research, with the identification of nine separate health goals, and a more profound connection between researchers and clients. Amy spoke from her experience as a manager of single room occupancy hotels in the Downtown Eastside. For her, culture and an individual understanding of clients’ needs were the keys to good service. These principles also applied well when working with staff and allowing them to thrive in their work.

In the following dialogue with participants, two factors emerged as important in sustaining a focus on the person. The first was the importance of humanizing the client and maintaining empathy. The second factor, closely related, was the need for self-care and support of workers in what can be very emotionally taxing work. Employee turnover has a huge ripple effect, and open dialogue with employees helps to promote longevity.

### Panel 2

A second panel discussed current service delivery and person-centred services, featuring cross-sectoral perspectives from Angus Monaghan of the Provincial Health Services Authority, Amanda Butler of Simon Fraser University, Daryn Martyniuk of the Ministry of Social Development and Poverty Reduction, and Gary Goller of RCMP Surrey Detachment.

In dialogue with participants, panellists noted that person-centred service is missing in many areas. We say the clients’ needs are complex, but this is often a reflection of the inflexibility of our own services. We require a paradigm shift which not only places the person at the centre, but includes attention to accountability to the person. With that said, incremental improvements cannot stall while we arrive at a paradigm shift.

It emerged from discussion that accountability in service delivery, both politically and professionally, is elusive. Clients’ needs are interwoven but services are offered in isolation, which often results in key services not being taken up. Our ability to help clients is sometimes hampered by the need to classify according to certain criteria, or due to arbitrary lines between essential and nonessential healthcare. It is not clear, currently, whose job it is to resolve these service shortcomings.

Finally, the discussion identified stigma as an enduring and significant inhibitor of progress. This manifests itself in many ways. Clients will commonly self-stigmatize having been defined as complex, creating additional barriers to services. It is also likely that despite ongoing changes in drug policy, those who use drugs will continue to be criminalized. Issues of stigma are also exacerbated by significant gaps in communication between social services and policing, and addressing these is an important part of the collaboration needed to transform service delivery.

### Small group discussion and plenary report-out

This general discussion was followed by a period of conversation in small groups amongst participants. Following the small group discussions, participants reported out in plenary. Key themes of the plenary include the following.

* Our philosophical differences pull us in different directions and need to be acknowledged and managed for progress to occur. Deep-rooted cultures and systems are holding us back from solutions. Problems in service delivery coordination can sometimes relate to real philosophical differences in approach. If we ignore these, our challenges will continue. How can we come to grips with and resolve these differences?
* Sustainable policy change is only possible through sustained collaboration**.** Collaboration sometimes emerges naturally on the front line but needs to occur at all levels. The interdependence of our clients’ needs and our own services must be acknowledged for sustainable policy change, which itself is something we can only understand and achieve collectively. We managed to do this during COVID, and the social crisis we are confronting here may be no less significant.
* Peer design is crucial, and should not be trumped by bureaucratic efficiency.We need to ask questions and then design and align services, not the other way around. Person-centred service may be at odds with ease and simplicity from a bureaucratic perspective. Moreover, how the government organizes itself should not impact the client. A brokerage model is preferable to having to deal with 20 offices to get services.

### Afternoon discussion: Complex Care Housing and conditions for success

Having had a general conversation about person-centred service, participants then turned to a specific policy question: the implementation of the provincial government’s Complex Care Housing initiative, and the conditions needed to make that initiative a success.

### Panel 3

To frame the conversation, participants heard from a panel featuring Tricia Poilievre of the Ministry of Mental Health and Addictions, Jena Weber of the Aboriginal Housing Management Association, Liz Vick of Connective, Carrie McCulley of BC Corrections, and Dena Kae Beno of Tres Community Solutions.

Tricia provided participants with an overview of the Complex Care Housing initiative. The project required an initial intensive phase of scoping, definition, and an environmental scan to find the best fit for the intended service. Tricia noted that the term ‘complex’ refers not to people, but to the systems serving them.

The clients for whom CCH is intended include adults who have mental and substance use issues, commonly having experienced childhood and/or multigenerational trauma. The program is intended to address a variety of overlapping challenges, including the need to provide ongoing care, the difficulties of caring for clients with a violent history, the prevalence of substance use and the dangers associated with opioid poisoning, the likelihood of escalating needs, the lack of housing space, and the inconsistent provision of supports.

The CCH strategy includes principles of accessibility, culturally responsivity, respect for the person’s agency, equity, and holism. The model includes three stages of care:

1. Intensive Supportive Housing: With congregate and distributed site options and robust services.
2. Transitional & Stabilization or Respite Service: Intended as a short term, respite, stabilization, step down or step up measure.
3. Highest Intensity Housing: Highest intensity health focused model, with a home like setting, and a low resident to staff ratio.

Complex care housing is voluntary and health-led housing, with specifically trained staff, no end date for service users, and housing eligibility being maintained during temporary absences. The overall objectives of CCH are to improve housing stability, reduce involvement with the criminal justice system, reduce the need for acute care, improve community inclusion, and improve health outcomes.

Phase 1 of CCH includes Health Authority-led implementation of some services in 2022. Capital funding and new housing are not currently available, and so CCH has had to work with existing spaces. Indigenous led projects have been funded over 3 years. This model is being tested, understanding it will vary by community. Phase 2 will include more communities and service delivery variations, with selection being regionally led.

Conversation amongst the panel and participants yielded a number of insights. In terms of policy and legislation, highest intensity housing is understandably the most challenging to design and implement. More broadly, it has been a challenge to determine the boundaries between complex care housing and supportive housing. Some services approximating CCH were already being delivered in certain places, and there is an advantage to formalizing these arrangements and creating clear pathways. Finally, the voluntary nature of CCH does not resolve the question of the population in mandated care. Currently the only way to support this population is in hospital and the challenge is to determine how to offer these services in the community.

In considering requirements for success, the panel noted the importance of continuing openness between government and key stakeholders, which has so far been a strength of the initiative. Other factors seen as important included prioritizing Indigenous-led conversations, developing the flexibility and trust to challenge the status quo, and the enduring relevance of information sharing in effective case planning.

The panel and participants collectively noted the challenge of public perception and the potential for divided public opinion on complex care housing. Enduring attitudes and stigma make the introduction of CCH inherently challenging in many communities. Some community agencies have concerns in doing this work, as they do not have the tools to deal with media and public scrutiny. A blend of non-profit and health authority staff may or may not ameliorate this challenge. It is also true that many smaller municipalities may feel CCH is only for bigger cities and that to implement CCH is to invite the social issues CCH is intended to address. In mitigation, municipal governments are in a unique position to convene people and find locally viable and supported solutions, and therefore it is important to engage small communities directly, openly, and flexibly to create conditions for success.

Participants expressed interest in how CCH would interact with the leave provisions of the Mental Health Act. CCH is intended to be voluntary and living in CCH is not intended to be a condition of Mental Health Act leave. The practicalities of aligning leave under the MHA with services such as CCH, and police awareness of a person’s status, remain challenging.

### Small group discussion and plenary report-out

This discussion was followed by a period of conversation in small groups amongst participants. Following the small group discussions, participants reported out in plenary. Key themes of the plenary include the following.

* The success of complex care housing depends on strong relationships to build community and cultural support. We all must build relationships and connections for this to work. It is very important to have community advisory groups to engage the community in work being done. Overcoming cultural resistance is key, and it was noted that this could occur in many ways – one example was school programming where youth build tiny houses, receiving an education in the trades but also building empathy.
* Training, information-sharing, and resourcing across sectors are key factors in successful CCH implementation. CCH is not business as usual, and requires the support, cooperation, and collaboration of many different organizations and professionals. To ensure that we do not lapse into business as usual and undermine implementation, addressing the training, information, and resource needs for existing programs is of great significance.
* Resource competition may undermine prospects for success.Many of the different non-profit agencies and government services are competing for the same scarce staffing resources. Knowing what we do about the damage lack of continuity can do to service provision, is there a better way to organize and resource this work?
* There is a need for an informed discussion around mandated care, the Mental Health Act, and Complex Care Housing. Notwithstanding the voluntary commitment of CCH, participants were interested in a discussion around mandated CCH in future, as well as a more general clarification of how the MHA in its current form does / does not assist in this work
* Person-centred care requires us to focus on what motivates people to engage with services such as CCH and thrive. In providing the important services and supports associated with CCH, we cannot lose track of the importance to clients of healthy relationships with children and families as a point of connection and as a powerful force for change.

At the conclusion of the discussion, Mark Miller thanked participants and organizers. Participants were asked if they had felt the day was a useful and productive dialogue, and if they were interested in attending a subsequent Leadership Gathering on related themes. The response to both questions was overwhelmingly positive.

The next Leadership Gathering will occur in October 2023. Organizations and individuals interested in learning more are invited to contact Connective at [info@connective.ca](mailto:info@connective.ca).