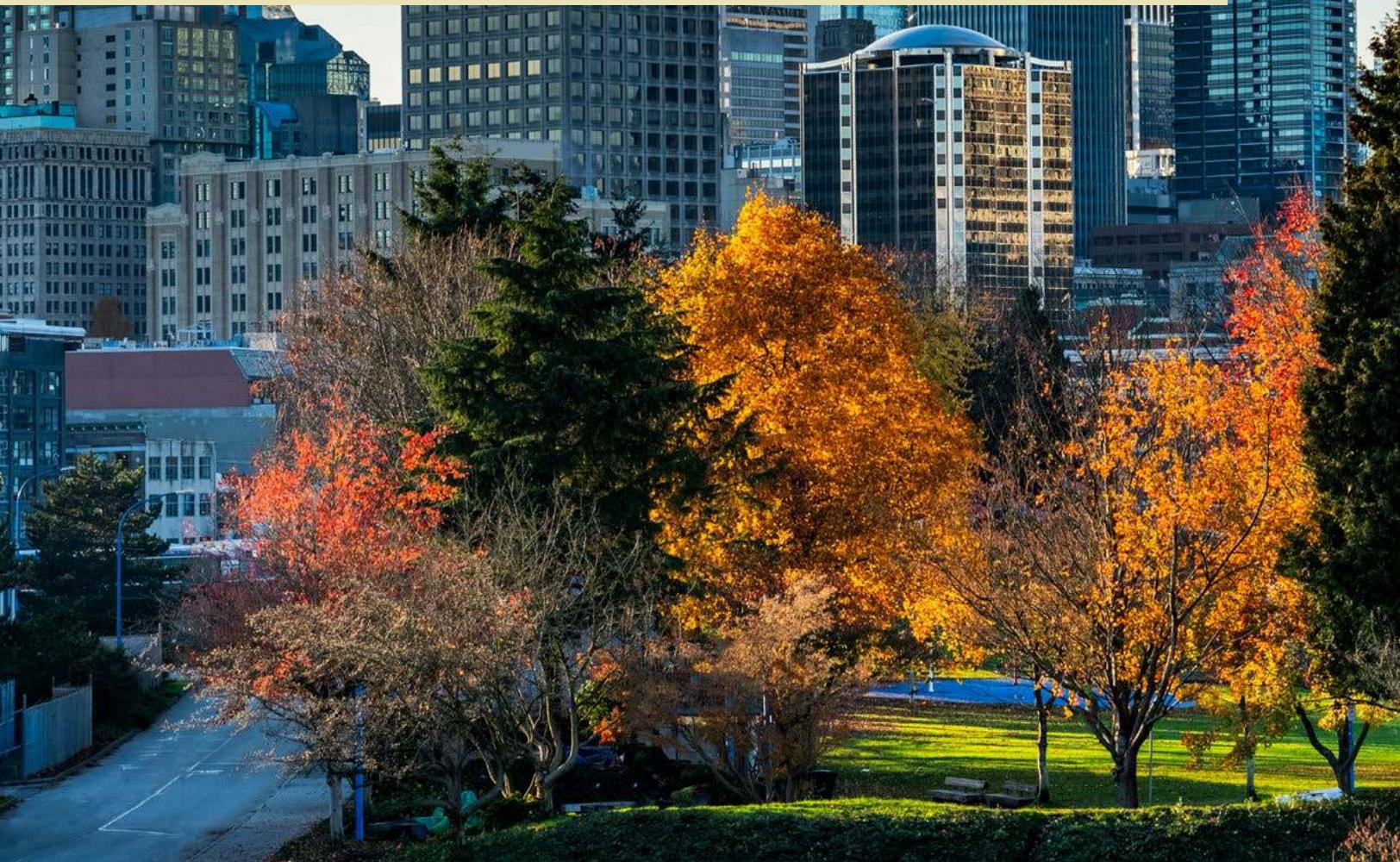
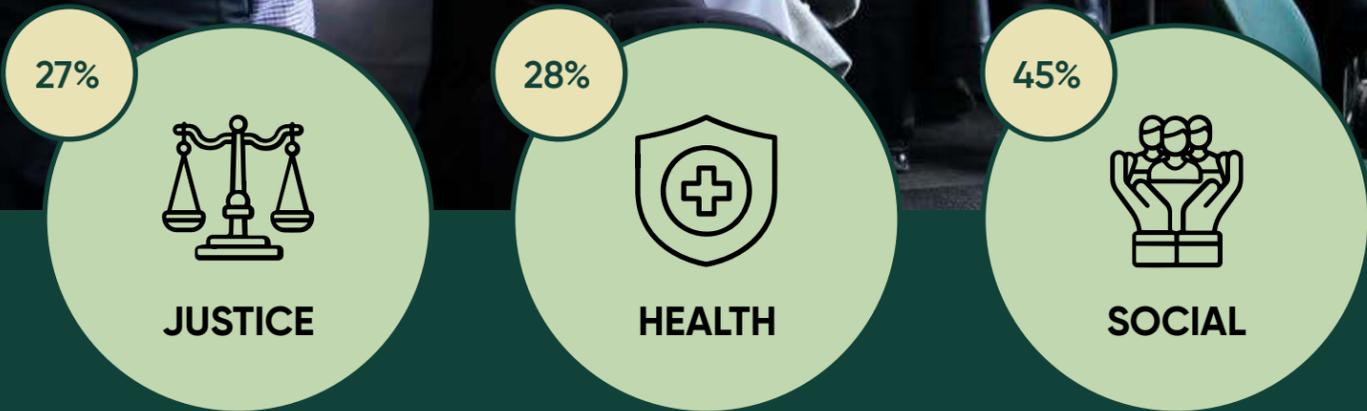


Connective Leadership Gathering

Improving the Coordination and Outcomes of Complex Service Delivery





Leadership Gathering participants by sector type

Introduction

For British Columbians facing complex challenges, navigating and receiving the services that they need can be a challenge in and of itself – one that too often leaves them to struggle without basic supports.

For our communities, addressing the barriers, gaps, and disconnects in service and support for British Columbians living with complex challenges is – well, complex. And for the people who work in these support systems, the frustrating reality is that the systems themselves can get in the way of helping those who need it most.

An exploration of all of that was the impetus for the Connective Leadership Gathering on October 28, 2022, which brought together people from the justice, health, and non-profit social services sector for a day-long dialogue on improving the way people facing complex challenges are served.¹

The inaugural Leadership Gathering on Complex Service Delivery – originally scheduled for May 2020 but delayed by the pandemic – was designed as a multi-sectoral dialogue aimed at improving the coordination and outcomes of complex service delivery to vulnerable populations.

We put the two years of delay to good use, holding eight virtual panel presentations over that time to explore topics and set the stage for the in-person Gathering that finally took place in October. Attended by more than 80 people from all relevant sectors serving people facing complex challenges, October’s dialogue builds on critical work generated by those eight panels.

This paper summarizes the key themes that emerged from the October dialogue and is a companion piece to Dr. Allan Castle’s policy paper that was developed from that same Gathering.

As we move forward from the Leadership Gathering, we hope that these summaries can capture some of the energy and inspiration that was so present in the room that day. It is important for us to keep that momentum going as we work to improve the coordination of complex service delivery.

¹People participated in this dialogue with a guarantee that their comments would not be attributed. This report is attaching names only to those who participated in one of three panels on this day and agreed to be quoted.

Context of complex service delivery in BC



A maze of systems and services

There isn't much in the way of "one-stop shopping" for people facing complex challenges in BC. Those in need of support typically must access services from multiple sectors and systems, depending on the needs they are trying to meet. Those systems frequently have policies, procedures, and even philosophies that are at odds with each other, adding to the challenge.

An initial point of contact for an individual might be an emergency room visit, or a period of incarceration. It might start with an arrest, or a connection with a non-profit or an outreach team for help finding housing. This initial interaction may

provide support in one area, but there are often additional systems that people must navigate to find support for all their needs.

Because of this absence of an integrated service response, what happens next – for the person as well as the systems about to bump up against each other – can be unpredictable, unpleasant, frustrating, and discouraging.

Although the interdependence of federal, provincial, and municipal social support systems is well-known, truly integrative approaches have been slow to appear. Improving the coordination of complex service delivery in BC remains a work in progress.

Shifting toward the individual

BC has historically taken several different approaches to complex service delivery, from the large institutions of old for people with mental illnesses or developmental disabilities that imposed significant limitations on people's rights to refuse service, to the much more individualized and choice-based collection of community-based services that exist today.

A number of complexities have emerged in the individualized model.

An absence of coordinated planning between the sectors delivering services is chief among them. As well, a long history of tenuous funding for the community-based agencies that contract with government to deliver social services has a major impact.

And while the work of these agencies is very much affected by decision-making and policy in the health and justice sectors, too often there is no culture of working together. The sectors frequently have conflicting goals, and no capacity for formal collaboration or partnership.

Those realities are all problematic for the systems themselves. But they are truly monumental barriers for the people they were set up to serve.

An example: People with developmental disabilities, who in previous eras were mandated to institutions or group homes, can

now live freely in community. That's a major win for human rights, and for those who were denied agency over their lives in years past.

But the inadvertent trade-off is that they may also be more vulnerable. That in turn can increase their risk of homelessness, street entrenchment, harmful drug use, or being victimized by the predatory behaviour of others. They are at risk of being coerced into petty crime and ending up in jail, or of being left on their own to manage chronic health conditions while unable to find a doctor.

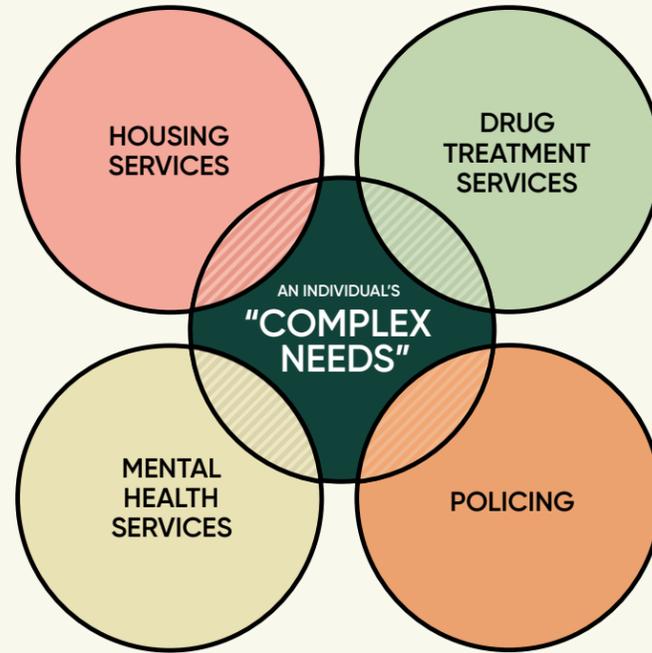
To ensure that people's needs are still being met, the shift toward personal agency and choice must be met by an equal shift in our support systems.

Decades on, however, this has not yet been fully realized. Ongoing changes in government and the philosophy and approach to social care continue to get in the way of the original vision of independence, support, and true community inclusion.

Demystifying 'Complexity'

Complicating things further is the reality of social services emerging, changing, and fading away over time – no matter how well-used and effective the services are. Without a cross-sectoral framework, consistent funding, or the capacity for organizations and institutions to collaborate around processes and policies, the service landscape remains in constant flux. For those facing complex challenges, it can be extremely difficult to navigate.

Meanwhile, the services that we do have largely remain in silos based on specific needs: Housing services; drug-treatment services; mental health services; policing. Unfortunately, people's needs don't exist in isolated silos. Those deemed to have "complex needs" typically tick multiple boxes in terms of the services they need, but come up against these silos of care that in too many cases shut them out of any services at all.



"This word 'complexity' is really being applied to a group of people who our system isn't built for"

University of BC Department of Psychiatry researcher Dr. Amanda Butler told the Leadership Gathering.

Speakers at the Leadership Gathering noted that "complex" has become a stigmatizing term for the people labelled with it – one that they hear so often as a reason for why they are not able to access a service, secure housing or employment, or receive the services they need that they start to believe there's no help for them.

The addiction treatment centre can't take someone with a developmental disability, or a mental illness. The mental health service can't take someone who is homeless, or who has a brain injury complicating their behaviour. A subsidized apartment is available but lacks the wrap-around supports that would allow someone with multiple needs to live there. A struggling mother needs mental health services but hides that need out of fear that if it were known, it could trigger a child protection order.

Not surprisingly, unsupported needs can manifest at times as frustration, anger, and violence, putting insufficiently resourced front-line workers at risk as they try to help people whose needs can't be met with current service delivery design.

Too often, this leaves the police and the justice system as the defaults for dealing with people whose needs intensify and build on each other as time passes without sufficient help. Jail or the streets becomes the de facto destination for many people facing complex challenges.

"We often define complexity by our own failings," said Butler. "We are not meeting people's needs because the system is not designed for this. So, WE are the ones establishing what 'complex' means, and we think that because people move between sectors, they are 'complex.' In truth, they should be able to move smoothly between health, justice, community services, any sector."



Looking Ahead

Dialogue at the Leadership Gathering clarified that while the transformation of systems and services for people with complex needs will ultimately require a paradigm shift, much can be done in the meantime to address current problems and better coordinate services.

Looking ahead to future gatherings and topics, participants emphasized the need to talk about the issue of mandatory care for people certified under the Mental Health Act, regardless of whether government has chosen not to include it as part of its draft [Complex Care Housing Framework](#).

Speakers stressed the importance of building on existing successes and identifying comparatively simple fixes while at the same time, working on a bigger plan for systems transformation.

Some people can only do well in the safety of a mandated environment, said some participants. In his policy paper, Dr. Castle recommended a clarification of how the Mental Health Act does and does not assist in the work of delivering complex care services now.

Person-centred, peer-designed

The Expertise of Lived Experience

People with lived experience must be involved at all stages of complex care development, if supports are to be truly effective for those they're intended to serve, emphasized speakers and presenters. From service design to service delivery, people who have "been there" have an expertise that is essential.

People with lived experience bring passion, understanding, and empathy to the work, and their own experiences allow them to better identify and avoid barriers, roadblocks, and potential problems when designing and delivering services that work for people facing complex challenges.

As well, **those being served must be recognized as the experts of their own lives and invited to prioritize for themselves which of their needs they need to pay attention to first**, noted Dr. Ruth Elwood Martin, from the UBC School of Population Health. She shared the story of leading a prison-wide forum for inmates at the Burnaby Correctional Facility for Women, to seek their support and priorities for a participatory health project.

Those at the forum came back with 21 areas of focus for the project, which were then narrowed to five: life skills and re-entry; children, family, and relations; HIV/Hep C; mental health; and health care in prison.

Martin brought those five back for a vote. She expected that HIV/Hep C would be the one chosen, as that's where she saw the most value. Instead, the women picked children, family, and relations – and Martin got an early lesson in not presuming to know what matters most to people needing support.

Family connection was also emphasized at October's Leadership Gathering, as a powerful motivator when people are seeking help. That

highlights the importance of considering the support needs of family members as they step up for a loved one. One participant noted that whatever else emerges from rethinking complex care services in BC, it all has to start from an understanding that the **people being served live in "the centre of a universe full of familial and social relationships, and services are just one little piece of that."**

Building on the lesson learned by Dr. Martin, those attending October's Leadership Gathering agreed that services designed by those with lived experience – and wherever possible, delivered by them as well – are more effective and sought-after for people facing complex challenges. Amy Matthias, Manager with the Native Courtworker and Counselling Association and front-line service provider, told the group that she preferred to work with front-line staff with lived experience because "you never hear 'That's not in my job description' from them."

Defining 'Person-Centred'

This was reflected in small-table discussions at the dialogue that explored what is meant by "person-centred care" – participants emphasized that this work must start from the premise that

The one who knows the most about their needs is the person living with those needs.

"Person-centred care is about meeting people where they are at in their life; it's the first step to success, but often the last thing we think of," said one participant. "A lot of excuses are made around policy, but if we can't do exactly what is needed, how can we at least do the best we can?"

"There's a near-universal instinct across so many sectors to respond to people with complex needs by moving them along when problems start." That must change to achieve true person-centred care.

"The moving around starts in the foster system and carries on from there. We're taking away the grounding. How do you equip communities and families to support people, not to displace? You've got all these people in the system who don't know what to do anymore, and the typical reaction is to move the person, expel them, isolate them. Are there better ways to serve people without moving them? Can we try to put the service where the person is rather than keep moving them?"

Defining Success

The Gathering sparked discussion around how success is defined, and whether the various sectors and organizations involved in the lives of people facing complex challenges even have a common definition.

"How do we define success? Is it a success that a certain number of people have received a service?" asked one participant. "Is relapse automatically 'unsuccessful'? It's the key

performance indicators that matter, not that we created 1,000 units of housing. Yes, somebody hit THEIR target by creating those units, but did it solve the problem?"

Another suggested that the best definition of success "might be that the individual always has a hand touching them. It might not be the same hand, but there's a hand on them."

There is a tendency in systems to use efficiency as the measure of success, and person-centred services are commonly presumed to be less efficient than more generalized services. But if person-centred care is in fact more effective in terms of better support for individuals, then that is obviously measurable success, said several participants.

Some questioned whether it's even accurate to presume that person-centred services are not as efficient.

"We have this belief that it's inefficient, but in what sense?" asked one participant. "Is our system efficient right now, and who is defining this? Efficiency is a fundamental aspect of a system of care, but we are not good at understanding 'person-centred' and how it works for different people. 'Efficient' does not need to be contradictory with person-centred care, we just need to measure that properly."

As well, service providers need to have the capacity, time, and training to work in more person-centred ways.

"We know it's important to listen first, but that's loaded," noted a participant. "You need time to be able to do that, a certain communication style, a way of listening, and to know whether the person feels safe or not."



Collaboration and cultural alignment are crucial

Breaking Down Silos

Improving the delivery of services to those facing complex challenges is going to take careful consideration and collaboration. Often, what looks like a problem at the service delivery level is actually based in philosophical differences in approach at the agency level.

As Dr. Castle notes in his complementary report on the Leadership Gathering, "deep-rooted cultures and systems are holding us back from solutions." Addressing these issues will require digging deep and working together.

Individual organizations and institutions have come a long way in shifting their thinking around complex care, said Surrey RCMP Staff Sergeant Gary Goller, who heads up the Police Mental Health Outreach Team.

"There's hope in community policing," he told the Gathering. "I'm in my 34th year, and it's not like it used to be. We help to get someone's cheque; get the medication they need. As incidental as those things may seem, those small changes make huge difference for clients."

Daryn Martiniuk, Executive Director of the Social Development and Poverty Reduction's Community Integration Services Branch, said that the fact that there's even a branch dedicated



to community integration speaks to a growing understanding that collaboration across ministries and sectors is essential.

"I'm a community integration specialist, and that shows how there's a breakdown of silos," he said. "There are still more unfortunate days than there are successes. But that we're seeing \$630 million for mental health and addictions for our team means a big expansion, and that's very positive."

Martiniuk emphasized that the Ministry of Social Development and Poverty Reduction (SDPR) is well-positioned to be a key access point for people, because SDPR manages BC's income assistance program. People living with complex challenges are often motivated for financial reasons to stay connected to SDPR even if they are pulling away from contact elsewhere in government systems.

"While people may cut off access in other areas where they connect to government, income assistance always matters to them," noted Martiniuk.

Rethinking Systems

Addressing complex challenges more effectively requires a major rethink across systems, participants said. The incremental changes in collaboration and culture within specific institutions and departments must expand across systems to create networked services with shared values, processes, policies, and expectations that align with and complement each other, rather than conflict.

That includes addressing the urgent need to find a way through privacy concerns and database differences, to be able to share data openly. One participant noted that the lack of data-sharing is

The fact that there's even a branch dedicated to community integration speaks to a growing understanding that collaboration across ministries and sectors is essential.

not just problematic for planning, but puts front-line workers at risk when they are not given all the information they need on a client with a violent history.

In the discussion following a presentation on the government's new framework for complex care housing, participants emphasized the importance of strong relationships in building community and cultural support for the success of that framework.

The draft framework released in February provides strategic direction to the health, housing, and social sector on enhanced housing services for a key population in BC that is currently underserved: people facing significant challenges with mental health, substance use, or other complexities.

Getting the community on board for that work and everything to do with complex care services is an essential piece of the puzzle and can happen in many ways.

Staff Sgt. Goller put forward the idea of youth under the supervision of tradespeople building "tiny homes" for people at risk of homelessness. Such a project would engage the community, shift the perspective of the young participants, provide tradespeople with a meaningful mentoring experience, and build homes for people who need them – a four-way win.

Commit to a paradigm shift, but start where we can now

Building Incremental Changes

Current systems will have to be significantly changed to achieve goals for effective, timely, and person-centred complex care services, agreed participants and panelists at the Leadership Gathering.

But it's equally essential to be constantly changing things in small ways that incrementally move services toward a vision of truly person-centred care, the group stressed.

"I am inspired by the goals of this conversation, how to cross borders," panelist and participant Dr. Amanda Butler told the group. **We fundamentally need a paradigm shift, but we can't stop tinkering in the meantime.**"

In other words, incremental change and a paradigm shift are not mutually exclusive. However, the work that needs to happen cannot be "business as usual."

"How do we start the incremental change on a daily basis?" one participant asked. "Is it five minutes of being nice? Is it making that extra phone call that gets a person their cheque?"

Panel presenter Angus Monaghan, Director of Forensic Community Clinics for the Provincial Health Services Authority, answered that his personal mindset is around system reform to

address issues in service, but noted that **individual workers "perhaps being prepared to go outside their mandate" was also going to be needed.**

Other participants expanded on that point, highlighting the importance of allowing people who work in these systems to have the freedom to tailor support to best serve the people coming through an agency's doors. "Remember: The person is complex for **us**. This is an 'us' problem – system and service provider," noted one participant.

Finalizing and implementing an effective Complex Care Housing Framework for BC is part of needed systems change. But successful change across our support systems will require the cooperation and collaboration of numerous organizations and professionals.

Toward a Larger System Shift

There are significant issues getting in the way of changing the many systems that interact in an issue like complex care. As noted by Dr. Castle in his report on the Leadership Gathering, resource competition undermines prospects for success, as does competition among non-profits and government for skilled staff. Exploring better ways to organize and resource this work will be essential.

Facilitator Jonny Morris, CEO of the Canadian Mental Health Association BC, brought into the room the many enlightening lessons of the COVID-19 pandemic. As rough as the pandemic has been for BC's non-profits, it brought brilliant insights as to how quickly the social sectors and government can collaborate in times of crisis. "Now is the time to use those lessons to address other crisis in our communities," said Morris.

"How do we make sure that what happens next are not 'choose your own adventure' solutions but rather, things that stick?" Morris asked the group. **"COVID was a shared crisis, and we collaborated in such different ways. How do we replicate that same sense of a shared crisis?"**

Creating more collaboration between sectors and service providers could save service users from having to tell the story of their lives over and over again, to different providers. Currently, services are designed to serve the needs of the funder and service providers first.

"When we put a constellation of services around a person, we basically ask them to manage a huge group of people, tell their story over and over," said one participant. "We need to look at that management model, and have someone who acts as a broker for that person."

As Dr. Castle shared in his Leadership Gathering reflections, "It should not matter to the client how government organizes itself. A brokerage model is preferable to having to deal with 20 offices to get services."

"We are not necessarily asking the right questions for these people in the first place," said one participant. "We chase the problem, but the program that was developed doesn't fit, the housing we're trying to put somebody in doesn't fit."

If those receiving services are to finally be the experts of their own, then they also need to be part of the service design process, participants at the Gathering stressed. Incorporating the perspectives of those with lived experience will be vital to creating a truly person-centred system.



Engage the community

Building Understanding, Education, and Trust

We have all witnessed the “Not in My Backyard” phenomenon – NIMBY – in action in BC. A community is demanding that their local and provincial governments address homelessness or visible substance use, for instance, but rejects housing or service proposals that might affect their own neighbourhood.

The result: Public debate rages about the problem until eventually, land, a repurposed building, or a service provider is found. But people living near the proposed service or housing facility rally to stop what they see as a negative thing that could bring problems to their neighbourhood. A nervous municipal council puts a halt to the project.

Efforts to engage community at all stages are essential to the work of improving complex care services and creating housing that fits people’s needs. Dr. Castle highlights in his report that stigma and stereotyping of the people needing services harm community efforts.

Involving the community is thus a key part of bringing to fruition a vision of better complex care. But too often, a proposal for services for people living at risk of homelessness, mental illness, and addiction ends up in conflict, with arguments for and against polarized between project supporters and community members fearing that their neighbourhoods will soon be full of social issues.

That has to change, participants said. “Outside of this room of informed voices, there’s a lot to be done to bring the public up to speed and to win their support and trust for change,” noted one participant.



Time and again, the real losers of those community battles are the people who are left either with no services because the project doesn't proceed or who are vilified by an angry community when the project does go forward against the opposition.

Giving Power to Communities

Community involvement is also essential for ensuring that services fit a particular community’s situation and social needs. Opportunities to replicate effective projects and scale up promising services across the province are important, but a restructured complex care system must also allow for communities to solve their own problems in their own way, said participants. This is not cookie-cutter work.

Even establishing what is meant by “community” is work that has to happen, noted one participant.

“Who is ‘the community’ that’s engaged? Do we ensure we hear the right voices and accurately interpret their words?”

Municipal governments are vital partners in this work, said panelist Dena Kae Beno, of TRES Community Solutions. “They are in a unique position because they can convene people. There’s an opportunity to have these conversations grounded in fact, and to have land use informed by social process. Local government is an enabler and needs to be at the table.”

Where do we go from here?

The Leadership Gathering was based on the understanding that the delivery of services to individuals shared by several different systems is inherently complex, and requires a common commitment to collaboration, continuous improvement, and learning that transcends traditional mandates. The 2022 event is the first in a series, focusing on practical and systemic issues in service delivery.

This will not be an easy journey. But the diversity of sectors and participants at this first Gathering, and the passionate dialogue that ensued, underlines the commitment to this work among so many of us.

A number of presenters and participants emphasized the importance of finding hope, celebrating successes, and looking after each other along the way.

Panelists at the day's second panel were asked where they find hope themselves. Angus Monaghan and Daryn Martiniuk agreed that they find it in the individual stories of success.

“Hope for me is a person identified as a prolific offender who then goes on to become a peer employee - the value and inclusion of people with lived experience in decision making”

said Monaghan, prompting facilitator Jonny Morris to recall a time when people with incarceration experience wouldn't have even been allowed in the room for the dialogue.

Martiniuk said it's easy to get despondent when looking out at “the immense amount of need,” but

hope lives on in the small one-off success stories of people's lives being changed.

The day's dialogue inspired participants but also made it clear how far we have left to go.



We know that there are challenges, and that approaches need to change. It will be difficult work. But we also know the profound impact that coordinated interventions can have. Together, we have the expertise and experience needed to enable them.

We are at our strongest and most effective when we are working from a place of collaboration, toward positive outcomes for those we serve. The hope is that all the positive, exciting, and inspiring discussions that came out of the Leadership Gathering can inform all our work across the sectors in the weeks and months to come, and that this momentum can be maintained.

Thank you for reading!

We encourage you to share this report with your networks. This conversation about complex care must go far beyond the informed dialogue that took place at October's Leadership Gathering. Broad readership for these two reports is crucial to our collective path forward.

Looking further ahead, we are committed to a continuation of this dialogue, and another Leadership Gathering in October 2023.

Got questions on the Leadership Gathering or the content of this report?

Reach out to Connective at info@connective.ca and let's keep this conversation going.

Appendix A: Agenda

October 27

312 Main St

Welcoming Reception

Remarks from the Honourable Sheila Malcomson, Minister of Mental Health & Addictions

October 28

SFU Harbour Centre · Joseph & Rosalie Segal Centre · Rm. 1400

Opening Remarks

Elder Glida Morgan

Mark Miller, CEO, Connective

Jonny Morris, CEO, Canadian Mental Health Association BC

Session 1 · Placing the Person at the Centre

Dr. Allan Castle, Leadership Gathering Coordinator

Our Path to Today: A Brief Summary of Key Themes of Dialogue Sessions Held in Preparation for the Leadership Gathering

Howard Sapers, former Correctional Investigator of Canada

Moderated conversation and discussion, with:

- Dr. Ruth Elwood Martin, UBC School of Population and Public Health
Placing the Person at the Centre
- Amy Matthias, Native Courtworker and Counselling Association of BC
Comment From a Frontline Perspective

Session 2 · Current Service Delivery and Person-Centered Services

A Conversation on Current Service Delivery for Populations with Complex Needs, facilitated by Jonny Morris

- Angus Monaghan, Director, Forensic Community Clinics, Provincial Health Services Authority
- Dr. Amanda Butler, Research Fellow, UBC Department of Psychiatry
- Daryn Martiniuk, Executive Director, Community Integration Services Branch, Service Delivery Division, Social Development and Poverty Reduction
- S/Sgt Gary Goller, NCO i/c Police Mental Health Outreach Team, Surrey RCMP

Session 2 · Small Group Discussions

Session 2 · Report Out and Discussion

Report out on key insights from small group discussions, followed by a facilitated plenary discussion

Session 3 · Case Study: Necessary Conditions for the Success of Complex Care Housing Implementation

Tricia Poilievre, A/Executive Director, Complex Care Housing and Adult Mental Health, Ministry of Mental Health and Addictions

A summary of the strategy, architecture, and key achievements of the Complex Care Housing (CCH) to date, including future objectives

Conversation, chaired by Jonny Morris, reflecting on CCH and what is required from different sectors and from a cultural perspective to enhance successful implementation, using a person-centred service lens. Jonny and Tricia will be joined by:

- Jena Weber, Policy Manager, Aboriginal Housing Management Association
- Carrie McCulley, Director, Programs and Interventions, Strategic Operations, BC Corrections
- Liz Vick, Vice President, Strategy, Connective
- Dena Kae Beno, TRES Community Solutions

Session 3 · Small Group Discussions

Session 3 · Report Out and Discussion

Report out on key insights from small group discussions, followed by a facilitated plenary discussion

Closing session

Open Mic: An opportunity to suggest future dialogue and themes

Closing Remarks and Appreciation

Mark Miller

Adjourn

Appendix B: Participant List

Agnes Tao - Ministry of Children and Family Development

Dr. Allan Castle - Castle Consulting Corporation

Dr. Amanda Butler - University of British Columbia

Amy Matthias - Native Courtworker Counselling Association of British Columbia

Andrew Ferguson - Connective

Angus Monaghan - PHSA – BC Mental Health and Substance Use Services

Barb Van Vugt - Correctional Service of Canada

Bruce Kirk - BC Borstal

Caitlin Etherington - Vancouver Coastal Health

Carrie McCulley - BC Corrections

Catherine Talbott - Ministry of Children and Family Development

Chris Kinch - Connective

Constance Hourie - Correctional Service Canada

Courtney Devane - Vancouver Coastal Health

Curtis Hart - Island Health

Dan Jack - Correctional Service of Canada

Dr. Daniel Vigo - Vancouver Coastal Health

Darryl Shackelly - Native Courtworker and Counselling Association of BC

Daryn Martiniuk - Ministry of Social Development and Poverty Reduction

Dave Ward - Lu'ma Native Housing Society/LDM

Dena Kae Beno - TRES Community Solutions Ltd.

Dominic Flanagan - Consultant

Dr. Galib Bhayani - RCMP

Dr. Ruth Elwood Martin - University of British Columbia, Retired

Elder Glida Morgan - Vancouver Coastal Health

Emin Dhaliwal - Connective

Erin Gunnarson - BC Corrections

Esteban Valencia - University of British Columbia

Gary Goller - RCMP

Gary Housty - First Nations Health Authority

George Sartori - Community Living BC

Greg Fortnum - Correctional Service of Canada

Heidi Hartman - BC Housing

Howard Sapers - Consultant

Jai Birdi - Community Living BC

Jayce Allen - Connective

Jen Hirsch - Connective

Jena Weber - Aboriginal Housing Management Association

Jessica Baird - Correctional Service of Canada

Jill Atkey - BC Non-Profit Housing Association

Jody Patterson - Paterson Communications

John Horn - Connective

Jonny Morris - Canadian Mental Health Association - BC Branch

Kaila de Boer - Government of Yukon

Keir Macdonald - Coast Mental Health

Kristelle Heinrichs - Fraser Health Authority

Leah Squance - Ministry of Social Development and Poverty Reduction

Lindsay Lord - Connective

Lisa Bayne - Correctional Service Canada

Liz Vick - Connective

Lorraine Copas - SPARC BC

Lyne Codrre - Connective

Mark Fassina - Ministry of Public Safety and Solicitor General

Mark Miller - Connective

Marko Markovic - The Hub Pharmacies

Matt Lang - BC Corrections

Max Weselowski - InnerVisions Recovery Society

Meagan Coman - Vancouver Coastal Health

Melissa Toews - Connective

Nick Blackman - MPA Society

Noha Sedky - CitySpaces Consulting

Pamela Young - Unlocking the Gates Services Society

Paul Sandhu - BC Prosecution Service

Piotr Majkowski - Vancouver Coastal Health

Robert Clark - Correctional Service of Canada

Rose Anne Van Mierlo - Ministry of Children and Family Development

Ryan Becker - Interior Health

Simon Glen - BC Community Corrections

Dr. Sofia Bartlett - British Columbia Centre for Disease Control

Steven Lamothe - Ministry of Social Development and Poverty Reduction

Tamara Speiran - Lookout Housing and Health Society

Tammi Cail - Connective

Tracey Valmassoi - Correctional Service of Canada

Tricia Poilievre - BC Government, Ministry of Mental Health and Addictions

Vishal Kumar - Connective

Prof. Yvon Dandurand - International Centre for Criminal Law Reform

With special thanks to Elder Glida Morgan

Appendix C: Steering Committee

The 2022 Leadership Gathering was designed by Connective 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



Connect with us

 info@connective.ca

 [@ConnectiveCommunity](https://www.instagram.com/ConnectiveCommunity)

 [@ConnectiveCommunity](https://www.facebook.com/ConnectiveCommunity)

 [Connective](https://www.linkedin.com/company/Connective)

 [connective.ca](https://www.connective.ca)