JohnHoward
SOCIETY PACIFIC

Leadership Gathering on Complex Service Delivery

Webinar 1: January 27, 2021

"Towards a whole-system, person-centered approach to complex service delivery"

Summary

The JHS Pacific *Leadership Gathering on Complex Service Delivery* seeks to engage decision-makers, thought leaders, and service providers across the health, justice, social and non-profit sectors in British Columbia on key policy issues regarding complex service delivery to vulnerable populations.

On January 27, the series began by focusing on the theme of complex service delivery itself. This event featured an expert panel, comprised of **Dan Mistak**, Director of Health Care Initiatives for Justice-Involved Populations, Community Oriented Correctional Health Services (Honolulu, HI); **Professor Patricia Janssen**, C&W Hospital and UBC School of Population and Public Health; and **Jonny Morris**, Chief Executive Officer, Canadian Mental Health Association BC. The moderator, **Dr. Allan Castle**, invited the panel to make initial remarks describing their own work as it related to the following questions:

1. Can we imagine a model of person-centered service and corresponding public sector objectives not confined by organizational mandates and sector boundaries?
2. Is there an incremental path to this new paradigm – can our current structures and institutions in BC evolve and deliver? Or is a new direction and approach required?
3. What can we learn from existing attempts to create person-centered objectives that cross-sectoral boundaries?

Panel Presentations

Jonny Morris began the discussion by identifying a number of obstacles that inhibit us from imagining a world of person-centered service. In particular, despite past efforts to develop integrated approaches, there are still significant ways in which systems – such as the non-profit, mental health, and correctional systems – fail to understand each other. Ironically, the crisis of the pandemic has increased mutual understanding due to the urgent need to cooperate; can we capitalize on this going forward?

As a practical model of a more integrated manner of working, Mr. Morris gave the example of the Crisis Care Concordat in the UK. This multilateral model of crisis response based on national-level agreements was directed at ensuring mental health crises were considered equal to physical health crises, with incentives to ensure that regardless of the initial responding agency (e.g., police, fire, or

paramedics) the person would be channelled to treatment rather than custody. Closer to home in BC, the practice of evidence-based employment supports for those with persistent multiple barriers to employment has shown promise; improvements in the integrated delivery of health care in correctional settings have been very beneficial; it is also clear that there are significant benefits from rapid-access counselling within primary care, and the provision of mental health and substance use (MHSU) treatment information in workplaces.

Looking forward, the forthcoming report of the BC Justice Summit on alternatives to custody should bring additional insights. The potential benefits of a national agreement around the provision of mental health care may be significant. And at the community level, partnerships between police agencies and MHSU service providers continue to propagate, as does the Law Enforcement Assisted Diversion approach.

Question: *Are the structures we have today up to the task of adapting to create a person-centered approach?*

We have seen the advantages of revising our structures to respond to new circumstances, such as with the creation of the Ministry of Mental Health and Addictions. But overall, adhering to our organizational status quo and incentive system will not be an advantage. The pandemic has taught us the benefits to cooperate more closely – how can we sustain that in a non-crisis situation?

Professor Janssen discussed her work with a cohort of incarcerated women in BC, of whom 70 percent were reincarcerated within two years, mostly for offences related to drugs or economic survival. When asked about their priorities, the women identified factors such as reconnection with family, access to health and dental care, feeling as if they were contributing, adding job skills and education, and stronger spiritual connection. Following their release, successful reintegration was exhibited by those with better health, better nutrition, improved spiritual health, and better access to medical and dental care; those with children and with some post-secondary education; and those who had been incarcerated for drug offences as opposed to other offences.

The two most important predictors of successful reintegration in the study population were spiritual health and nutritional health. It is clear that our attention must be directed to taking care of these primary needs. It was also clear that such interventions brought benefits into women's lives which had rarely been present before. One comment which captured the experience of many women in the study was: "I haven't ever lived a normal life before; I am integrating, not reintegrating."

Question: *What practical steps can we take to apply these findings?*

We need a task force to tackle the issue of how to manage people moving in and out of the prison system, from the perspective of continuity of care and wellbeing. We cannot focus strictly on physical health but act on the broader needs noted above.

Some targeted interventions in criminal justice which are inherently cross-sectoral can have significant secondary benefits radiating out from the intervention cohort. A recent small, inexpensive program at Alouette Correctional Facility for new mothers and babies targeted parenting, childcare, and self-care skills of incarcerated women, but had many positive spillover pro-social effects on the non-mothers in the institution and on those who had children in the community, effects which were likely to be carried with many of the women on release.

Dan Mistak described his organization, COCHS, the objective of which is to build a system of care for people involved in the justice system to improve health and public safety. There are obvious differences between the US and Canadian correctional and health systems. In recent years, the Affordable Care Act has assisted the correctional population in getting previously unavailable basic healthcare coverage. However, the US correctional system itself has significant structural issues dating from its origins in Reconstruction-era systems of racial and class control, which mitigate against justice-health collaboration.

In terms of an integrated approach, COCHS has created Certified Community Behavioral Health Clinics to provide re-entry services. Health Homes, which integrate primary, acute, and behavioral health services for Medicaid recipients and link patients and families to non-medical services, have been incentivized through COCHS programming to assist clients in avoiding future incarceration. COCHS also promotes diversion efforts, works to include the correctional population in state-level health policy and planning, promotes correctional clients' enrolment in Medicaid, and applies technology to allow health and corrections information-sharing.

Question: *How well does has cross-sectoral incentivization of health care providers and insurers to assist in preventing negative justice outcomes worked?*

Not as well as it could. The US doesn't have the systems it needs, particularly given the health insurance companies' role in the health system. They have never been incentivized to care about this population.

General Discussion

Question: *To what extent have private corrections impeded progress on integrating health and correctional systems in the US?*

The private system has been a problem from the start, creating the wrong incentives. But a return to an entirely publicly funded system is no silver bullet, as the culture of the correctional system is still largely the one that seeks to immiserate its clientele.

Question*: Release planning has been discussed for years, but still falls short of what we need. What are the barriers to good release planning?*

Short sentences, which are very common, make it hard to plan. We need a continuum of care regardless of sentence, a holistic approach that assists the person in making progress regardless of where they are (i.e., in or out of jail).

Question: *There is a big culture gap between criminal justice and health care. What has COCHS done to address unconscious bias?*

It's not sufficient to try and lead people to recognize their own system's biases. Instead, COCHS speaks directly about racism and how it is baked into the justice system. There is also substantial bias against those with intellectual disabilities, which must also be named to be addressed.

Question: *What did the Crisis Care Concordat in the UK actually entail on the ground?*

The Concordat was established as a national strategy to focus on the perspective of those who were at risk of experiencing a mental health crisis in the community. The strategy included a central vision, involving paramedics, police fire, and health service providers. The approach has not survived subsequent administrations. In looking for integrative models, we might also look at alternatives to top-down coordination, such as social bonds and impact investing which link the provision of housing, primary care, and justice outcomes.

Question: *There is a huge diversity in the approaches of US states. Is anywhere getting it right?*

There are some places getting it less wrong. California for example has created "whole person care," using their health system to wrap around individuals with high needs. However, due to the division between federal and state authority, much of this was halted under the most recent presidential administration. Reform is also hampered by the fact that constitutionally, the federal government is not allowed to pay for any services inside the jail walls, which acts as a major structural disruption of the continuity of care.

Question: *Often, plans for collaborative cross-sectoral work at the community level are hampered by the provincial funding process which incentivizes Ministries to seek funds for their own core business; collaborative approaches fall by the wayside. What can be done to prioritize cross-sectoral applications to Treasury Board?*

There are some positive developments in that area. Ministers' mandate letters in the BC Government's most recent budget cycle have numerous cross-over provisions, which lend themselves to joint Treasury Board and Cabinet submissions.

Question: *Are research granting and philanthropic granting agencies ahead of or behind the government in thinking laterally?*

Research granting agencies for the most part are still focused on narrow criteria for awards. There is a good case to make these issues known to the governing boards of the major social and health

research foundations. There is a growing awareness amongst philanthropic agencies around the need for integrative operational approaches, particularly in the area of mental health, which has been "democratized" due to the levels of stress experienced by many during the pandemic. There is a growing awareness of the linked nature of outcomes.

Question: *What can we do on a practical level to address stigma in operational settings?*

All of us need to engage with the often underexamined origins of our institutions, which often have their roots in racial, social, or economic control. What is "the ghost in the machine" which has hard-wired stigma? We must also create more opportunities for people with lived experience to tell their stories and take them out of hiding. Finally, we need to build an understanding of the effects of our systems, particularly those aspects invisible to the general public, on the people they serve. We must also consider how institutional interests, such as unions, are incentivized to protect the status quo, and ensure the interests of their members are taken into account when considering any transitional steps.

The complete video of this event is available **here.** (Password: U6D&Lm^N)

The next webinar is scheduled for **Wednesday, February 24, 2021** from 11am to 12:30pm PST, and will focus on "Lived Experience – Connections and Gaps."

For more information, please contact events@jhspacific.ca with the subject line "Webinar"