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## **PHSA Assumption of Correctional Health Services Update**

July 2017

### **New Model of Care Strengthens Connections to Community**

BC Mental Health and Substance Use Services (BCMHSUS) is committed to supporting clients with evidence informed, best practice care. This commitment will soon extend to the approximately 18,000 new clients entering BC's ten provincial correctional centres each year. As BCMHSUS prepares to assume operational responsibility for health services provided in correctional facilities October 1, a new Model of Care is being developed to meet the complex needs of this vulnerable population during their time in custody and as they transition back to the community.

With a planning framework that reflects priorities for cultural competency and trauma informed practice, the BCMHSUS Correctional Health Services Clinical Team focused on understanding the needs of clients across the province, including the unique requirements of specialized populations such as women, Indigenous peoples, aging and transgendered people. Many of these clients have complex medical, mental health and substance use challenges.

### **Guiding Principles**

To guide this planning process and the delivery of quality, client-centred care, some of the guiding principles in the model of care include:

- **Autonomous** – Correctional Health Services will be operated by the health sector and be independent from BC Corrections, recognizing that Corrections has legal responsibility for people in custody.
- **Collaborative** – Correctional Health Services and BC Corrections will work together to ensure client needs are addressed within the security requirements of the environment.
- **Integrated** – Health care services for clients in correctional centres will be integrated with those provided by PHSA, the Regional Health Authorities, and the First Nations Health Authority to support seamless, continuous care as clients in custody transition to and from the community.

### **Improving Access and Consistency**

An initial assessment of existing services identified opportunities for enhanced care and more standardized services and supports available in provincial correctional centres. The Model of Care encompasses clinical requirements, programming priorities, a staffing model, practices and procedures, quality and safety, and risk management. Clinical services include: primary health care; mental health and substance use services; emergency response; urgent dental care, imaging and lab services; and, other health care services as required.

A complex and diverse client population, located in facilities across the province presents challenges for consistent service delivery. This will be addressed through integrated inter-professional health care teams located in each centre and supported by innovative technologies such as Telehealth.

Several new positions are being added to Correctional Health Services. Interdisciplinary teams will include physicians, nurses, mental health and substance use professionals, who will work together to

assess, screen, triage, treat and transition clients back to the community. This includes working with community-based providers to maintain a continuum of services for clients as they enter and when they leave correctional facilities.

### **Complex Clients, Coordinated Care**

“There are many unique challenges to providing healthcare services in correctional centres. I look forward to addressing these opportunities with our experienced inter-professional teams in partnership with our BC Corrections Partners,” said Trevor Aarbo, Regional Director of Correctional Health Services. “We will provide high quality services and programs in primary care, mental health and substance use programming keeping in mind the needs of this vulnerable incarcerated population.”

### **Commitment to Quality**

The BCMHSUS assumption of Correctional Health Services is aligned with the World Health Organization best practice recommendations for correctional health. All services and programs provided by BCMHSUS Correctional Health Services are based on best practices outlined by national, international and local standards, in particular Accreditation Canada Provincial Correctional Health Services Standards. The Model of Care will include a Quality Framework that identifies key performance indicators, and evaluation metrics to monitor results and support continuous improvement.

### **Leadership Update**

The Correctional Health Services leadership team continues to grow with two recent announcements. Richard Singleton assumes his role as Regional Director starting July 17 and Maureen Sexsmith starts her new role as Director, Professional Practice on August 4. Richard has almost 20 years of health care experience, most recently, as Operational Manager of the BC Operational Stress Injury Clinic. In his new role Richard will be responsible for health services provided in provincial correctional centres in Victoria, Nanaimo, Kamloops, Oliver, and Prince George. With a Master’s Degree in Nursing, Maureen brings 30 years of health care experience, most recently at Vancouver Coastal Health where she helped lead the development of a new Integrated Health Services Model of Care in the Downtown Eastside. In her new role, Maureen will collaborate with colleagues to enhance the quality of nursing and interdisciplinary care.

### **Recruitment Update**

Many clinical manager positions have now been filled and will be announced shortly. Response to recent unionized job postings was strong, with more than 1,000 resumes submitted. The recruitment teams have started interviews and expect to communicate results to candidates by early August. The Request for Information process for psychologists has also resulted in a number of applicants.

### **Contact us**

For general information, visit [www.bcmhsus.ca](http://www.bcmhsus.ca).

For career-related information, visit [www.phsa.ca/careers](http://www.phsa.ca/careers).

If you have any questions about this project, please direct them to [feedback@bcmhs.bc.ca](mailto:feedback@bcmhs.bc.ca).