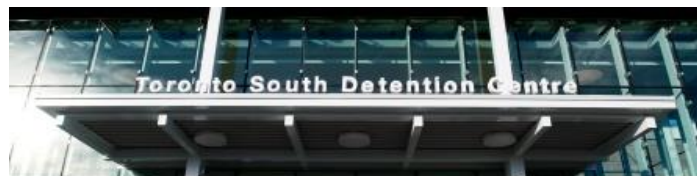


INKH: INMATE COMMUNITY HEALTH PROJECT

CONTINUITY IN CARE FOR INMATES WITH COMPLEX CONDITIONS

**HUMAN SERVICE AND JUSTICE COORDINATING
COMMITTEE**

JANUARY 5TH 2017



HealthLink
South Etobicoke Health Link
Let's Make Healthy Change Happen



JohnHoward
SOCIETY OF TORONTO
Prevention Intervention Reintegration



PARTNERS

INKH is a 12 month pilot project designed by 4 core agencies:

- John Howard Society of Toronto
- Mississauga Halton (MH) CCAC
- LAMP Community Health Centre
- Toronto South Detention Centre (TSDC)

This partnership is developed and led by **the South Etobicoke Health Link**. Health Links are an initiative of the Ministry of Health and Long Term Care targeting complex patients, or high users of the province's healthcare system.

COLLABORATORS

The following agencies have committed to supporting INKH clients:

- Peel Addiction Assessment and Referral Centre Parkdale Community Health Centre
- South Riverdale Community Health Centre
- Davenport-Perth Neighbourhood and Community Health Centre
- Rexdale Community Health Centre
- St. Michael's Hospital Academic Family Health Team
- Etobicoke Medical Centre Family Health Team
- Inner City Health Associates
- Cota
- Canadian Mental Health Association of Toronto
- Jean Tweed Centre for Women and Families
- Sound Times
- TC CCAC
- And more

PREMISE

INKH approaches incarceration as an opportunity to improve health outcomes for the most medically and socially complex individuals in detention at TSDC, in particular when they are released in the community.

INKH ensures that:

- New types of support are available while in detention to develop a care plan and coordinate care
- Attachment to primary care (family doctors, nurse practitioners) in the community to support when inmate is released
- A circle of care made that coordinates, is integrated and focused on helping the patient meet his self-defined goals

TORONTO SOUTH DETENTION CENTRE (TSDC)



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- Remand facility- men are awaiting legal proceedings and serving sentences of 2 years less a day for the most part
- Both expected and unexpected releases
- Capacity for 2000 men, currently 900 men
- Men at TSDC have been arrested and charged in the city of Toronto
- TSDC opened in 2014, replacing Don Jail, Mimico and West Toronto Detention Centres
- Located at Kipling and Horner (just south of QEW)
- TSDC is the largest maximum security prison in Canada
- TSDC has a Medical Housing unit, a central pharmacy, telemedicine and many clinical services

OVERVIEW

INKH targets inmates at Toronto South Detention Centre who are living 3 specific units:

- **Medical Housing Unit**
- **Special Needs Unit**
- **Mental Health Unit**

INKH is a **12 month pilot project** running from October 2016-October 2017 and aims to involve approximately **80 inmates** over the course of the year.

OVERVIEW

- Provides a CCAC Care Coordinator, Addictions Case Manager and a John Howard Society Peer Worker to inmates identified by TSDC Managers and Front Line nurses and social workers as extremely complex
- The INKH team works with the inmate to define his goals, understand his situation and develop a Care Plan together with him
- INKH team works with the inmate to create a plan in case of unexpected release so that he can meet immediate needs and reconnect with the project
- The INKH team engages external providers and works with the inmate to ensure he receives the support he needs in the community

RATIONALE

Why did we develop INKH?

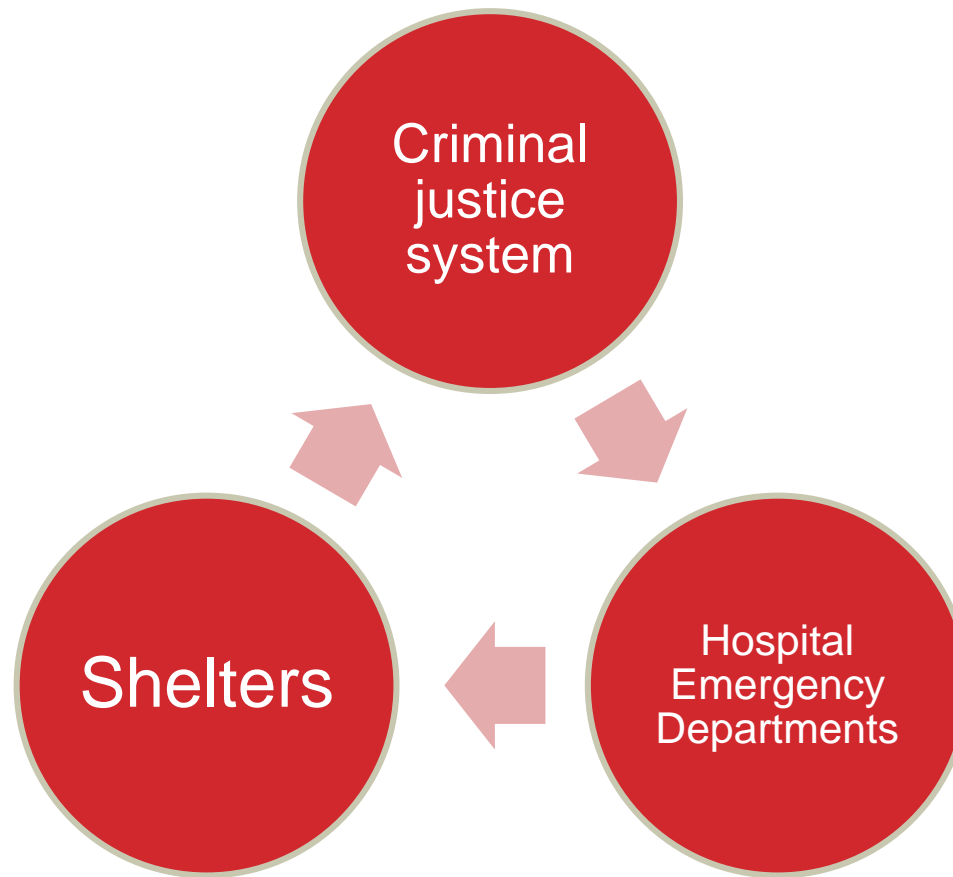
- MOHLTC Health Link's initiative is focused on improving quality and efficiency of healthcare for the highest users of the healthcare system
- In South Etobicoke, many of these individuals are involved in the criminal justice system, have no fixed address and cycle in and out of TSDC
- We know that these individuals experience multiple and interconnected challenges similar to other complex patients in the province, such as...

RATIONALE

- Very high rates of chronic disease, mental health and addictions
- Health conditions that have been poorly managed and/or misdiagnosed, high rates of injury, low screening rates for disease
- Lack of attachment to primary care and over-reliance on Emergency Departments
- A history of trauma and past negative experiences with providers
- Transience and homelessness
- Challenges accessing key social determinants of health

All of which lead to a negative cycle...

CURRENT CYCLE



NEW CYCLE



IDENTIFYING CLIENTS AT TSDC

INKH those living in the Medical Housing, Special Needs and Mental Health of TSDC with a combination of:

- 4+ chronic or high cost conditions
- 4+ chronic medications
- Mental health and addictions challenges

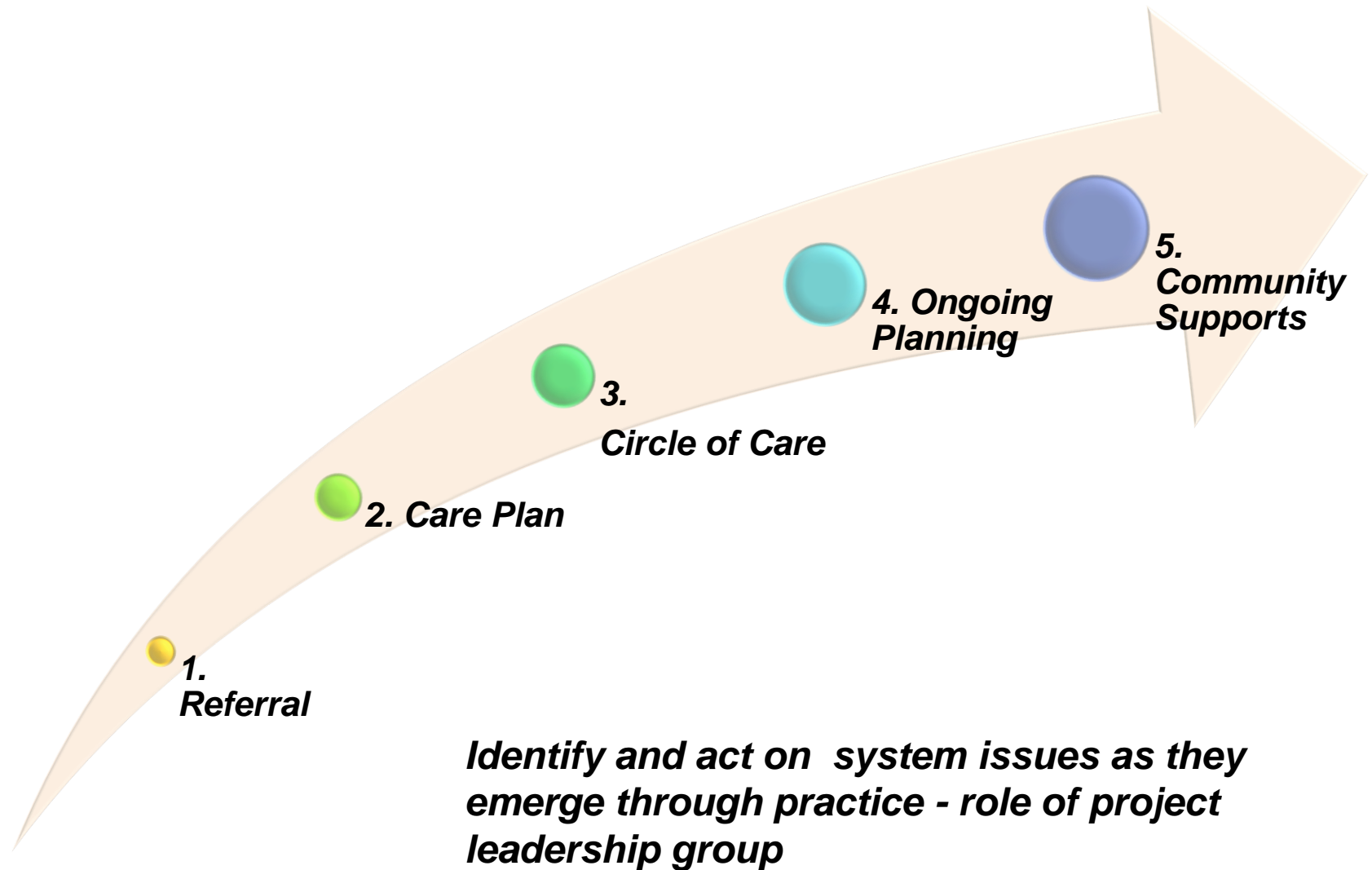
Plus:

- Social complexity or barriers to the social determinants of health i.e. income, employment, housing, coping skills, education/literacy, social support networks, access to healthcare.

And a:

- High likelihood of being unable to navigate and coordinate their health care in the community without additional support once they are released

INKH PROCESS



STEP 1: REFERRAL

TSDC Health Service Provider identifies clients

- Identify inmates who meet the Health Links criteria in the 3 units and obtain their consent (use brochure)
- Fill out a referral form and fax to MH CCAC Central Access, along with the medical assessment and/or internal care plan. (use INKH Health Links referral form)
- MH CCAC channels the referral to a designated Care Coordinators for INKH (Jason Darnell, Raymond Vong + Ermilio DiLisa at PAARC)

STEP 2: CARE PLAN

Care Coordinator and Peer Worker build a relationship with the inmate:

- Conduct an **initial visit**
- Elaborate an “INKH Passport” in case of **unexpected release**, leave on person, in property and at John Howard Reintegration Centre across the street from TSDC
- Initiate the **Coordinated Care Plan (CCP)**

STEP 3: CIRCLE OF CARE

Care Coordinator engages providers:

- Depending on the goals of the inmate, existing and/or new providers are engaged in the circle of care
- Expedited access to a provider at INKH partner organizations allows for participation at the right time and place

STEP 4: ONGOING CARE PLANNING

Care Coordinator develops Care Plan and conducts ongoing visits:

- Organizes care conferences to discuss goals/plan while the inmate is still in detention, **using Telemedicine where possible and relevant**
- Coordinated Care Plan is developed collaboratively w external providers and shared with all members in the circle of care following care conference.
- After the initial visit, ongoing visits are held weekly- monthly **for 30-90 days, with a re-assessment at 90 days.**
- At **15 days and 7 days prior to expected release**, the Care Coordinator visits the inmate and updates the Care Plan and “passport” and shares these with circle of care.

STEP 5- COMMUNITY SUPPORTS

Ensure support once released:

- ❑ Community providers are engaged early on through INKH in the development of the Care Plan. They are aware of the inmate's needs and the other providers involved, and are updated just prior to his expected release.
- ❑ In case of unexpected release, inmates use their INKH passport to know where to go to meet their basic needs and re-engage with INKH, ideally at what become "Beacon" sites.
- ❑ A post-release care coordination lead is identified and engaged early on to ensure plans are enacted in the community. These individuals are supported by peers who have been involved with the inmate since the initial visit.

EVALUATION

We are evaluating 4 key outcomes:

- Uptake of initiative among partners
- Continuity and access to care for participants post-release
- Change in health status of participants (physical, mental, social)
- Recidivism of participants

Expected project benefits include:

- Care will be easier for providers to manage
- Increased system efficiency as multiple sectors are coordinating; less duplication and gaps in care
- Reduced overall costs, i.e. less emergency department visits and justice system expense
- Improved public health
- Improved public safety

POTENTIAL

- Adoption of INKH model at TSDC and in other correctional facilities in Ontario, if established as a leading/best practice
- INKH as an ongoing **platform for advocacy and partnership** on key system challenges, such as:
 - Availability of transitional housing and affordable housing
 - Investment in a social services infrastructure in areas surrounding super jails such as TSDC
 - Access to alternative income sources and employment for individuals with justice system involvement
 - Barriers to accessing healthcare and community services for individuals with justice system involvement

QUESTIONS