DEAN'S FORUM

FOLLOW-UP REPORT & SUMMARY NOTES

ON EXPANDING ENGAGEMENT: CREATING CONNECTIONS BETWEEN DELIVERY OF JUSTICE & HEALTH SERVICES

FROM THE FIFTH ANNUAL DEAN'S FORUM MEETING
UNIVERSITY OF SASKATCHEWAN – COLLEGE OF LAW
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EVAN HUTCHISON
ALY SPARKS
KELLIE WUTTUNEE

UNIVERSITY OF SASKATCHEWAN
College of Law
LAW.USASK.CA

I. Introduction

The afternoon session of the March 1, 2017 meeting of the Dean's Forum consisted of the topic, "Expanding Engagement: Creating connections between delivery of justice and health services". The afternoon started with a brief introduction by Dean Martin Phillipson of the College of Law. We acknowledged the traditional territory of Treaty Six and the homeland of the Metis. We introduced ourselves to the group and presented our policy discussion paper on creating connections between justice and health service delivery. After our group presentation, the participants of the Dean's Forum were split into break-out groups to engage in more in-depth discussions of the topic. Each break-out session had a facilitator and recorder. Each student that participated in the breakout sessions recorded the discussions and helped with facilitation. Once the group reconvened, Professor Michaela Keet facilitated a large group discussion. During the large group discussion, goals and principles were identified, as well as options for next steps. Dean Martin Phillipson concluded the day with remarks of gratitude for those who participated in the Dean's Forum and the opportunity to bring together stakeholders to discuss changes that can be taken to improve access to justice.

Our policy discussion paper was grounded in the Cromwell Report on *Access to Justice in Civil and Family Matters* and the Canadian Bar Association's *Reaching Equal Justice Report*. Our consultations with various stakeholders informed the direction of our policy discussion paper. Below we have identified common themes that arose throughout the day, goals and principles that were identified to help guide reform, and some options for next steps in moving forward with the initiative.

II. Common Themes that Arose Throughout the Day

1. **The focus of all collaborations should be on how they may benefit patients or clients.** This includes considerations about cultural sensitivity as well as ways in which we can integrate, for example, Indigenous ways of knowing into collaborations.
2. **Much more research must be done** regarding the connections between health and justice and the types of collaborations best able to serve patients and clients. Students and professionals can both play a role in conducting this research. The CREATE Justice Centre will be an important partner moving forward. While theoretical research and data are important, we should also begin moving forward with collaborative pilot projects, from which we will be able to glean a lot of information.
3. **The interdisciplinary education of students and active professionals should be prioritized.** It will create organic change and be an effective way of breaking the ice between the professions.

III. Goals/Principles

The Forum brainstormed goals and principles during the large group discussion, which mainly focused on:
· Client-centeredness – initiatives which will benefit clients (principles included

development of trust and safe spaces).
- · Improving inter-departmental collaboration in government and with government.
- · Creating education initiatives for students and professionals.
- · Moving ahead with a pilot project and learning from it.
- · Investing in student education to model the collaboration.
- · Involving police, social workers, teachers, and others in the process of collaboration since they are the front line workers to the public.
- · Opening up certain changes in technology.
- · Taking into account cultural nuances – e.g. traditional medicine.
- · Identifying resources needed – considering funding and capacity.
- · Being aware that confidentiality is a challenge.

IV. Moving Forward – Options for Next Steps

1. Build on and learn from existing multi-disciplinary services and obvious issue areas like addictions, family law; and consider rotating specialists in clinics (see e.g. St. Mary's Clinic in school; the Collaborative Professionals of Saskatchewan interdisciplinary training for professionals; and collaborative law model and inter-professional, problem-based learning series – include law students?).
2. Consider social determinants of health in law school.
3. Explore options for joint medical-legal professional development conferences and/or courses for credit.
4. Use current "teaching sites" (e.g. in law, through dispute resolution courses and in law or health, through clinical education) to bring collaborative approaches to case planning/client needs (especially in different cultural contexts) and referral roles in legal processes (reports, evidence, etc.).
5. Consider overlap in skills being taught across disciplines (e.g. communication, interviewing, negotiation), and build on points of intersection.
6. Develop course(s) on common and overlapping problems in medical/health/legal contexts.
7. Research who is impacted and how – include student involvement in this around a specific site (e.g. West Side Clinic).
8. Build an information base on referrals – who to refer to and when, and use a team approach to reinforce.
    a. Domains on addictions, housing, end-of-life decision making, occupational health, family law, child and elder abuse, immigration.
    b. Use "legal/health check-up" templates.
9. Use remote mechanisms (e.g. tele-health services) as a point of contact with 'clients' and build on those in law.

V. Break-out Group Summary Notes

The following is a list of discussion question that were considered throughout the day, as well as a more detailed summary of the themes that emerged on the topic of creating connections between the delivery of justice and health services in Saskatchewan.

Question Posed for Justice and Health Breakout Discussions:

1. Of the options described in the paper what programming would you most like to see developed and how do you see your role in that development moving forward?
2. What attainable goals can be set both in the short term and medium term for the implementation of programming?
3. How would you prefer to see the success of any new program measured?
4. What other actors should we try to include in the process going forward?

Break-Out Group Discussions:

Group 1: ROOM 254
Key Points:
· Education is the logical starting point to educate professionals already practicing as well as students. This can have some immediate positive outcomes which helps to encourage expanding collaboration.
· More collaboration needs to happen in terms of doing research on what the goals of collaboration are.
· Start a professional joint meeting that occurs annually, to keep the conversation going between both legal and medical professions.
· Start with education encouraging both medical and legal professions to collaborate and recognize overlapping issues.

Group 2: Room 85
Key Points:
· Want to see some of the ideas picked up and implementation worked out more concretely.
· Principle, next process step: being aware of the people's needs.
· Want specific action on one or more of their ideas.
· We don't even know what we don't know – so need to improve connections in order to establishing collaboration.
· Institutionalization so that it is not so person dependent.
· Medical-Legal partnerships are key, breaking the ice between both professions, establishing trust and creating a safe place.

Group 3: Room 211
Key Points:
· A provincial strategy would be useful. Coordination between the Ministries would be important- and other stakeholders. We should develop a coherent plan-then build on strengths that exist.

- Before interprofessional education can be effective, we need a culture shift. Building on strengths and blue-skying-what can health do for law and vice versa.
- Negotiation-simulated negotiation of personal injury dispute. Involve students from health faculties, need commitments from both Medicine and Law colleges.
- Rural and Remote Memory Clinic-range of legal needs arise-lawyers and students can be involved-put a psychiatric nurse resident at CLASSIC. Students are key-once education is finished they can practice in an interdisciplinary setting.
- Long term goal-building mutual respect, interprofessional education, other people who ought to be involved – Indigenous traditional medicine.

Group 4: Room 228
Key Points:
- Pilot projects should be considered, test for a year and learn from it. Gather information, articulate what the issues are and learn from it.
- Navigator in hospital could change the access to justice from patient perspective, an opportunity for CREATE justice to conduct further research.
- Hold a forum of medical and legal professionals and include a member of the public into the discussions.
- Responding to the Truth and Reconciliation Calls to Action would drive a response, it would make more sense, to break down the silos from the Ministries to make it more community led.
- The legal education must look at the social determinants of legal needs. Especially in Saskatchewan because being Indigenous there is a chance to being involved more in the judicial system.
- Pilot project of one lawyer in St. Paul's hospital or Royal University Hospital would elevate the user as the central focus in the collaboration with their needs and interests (e.g. domestic violence cases). By providing information, more likely to collect data to focus on the next steps.

Group 5: Room 74
Key Points:
- Short term barriers can be overcome – collaborate in community service learning. We can build a connection between CLASSIC and SWITCH – make legal advice available at SWITCH a few nights a month, which would create connections between students as well. Allows for referrals.
- Setting up a system of collaboration that will actually help people.
- Frame projects in terms of research – addictions identified as a priority area to focus on in collaboration; intersections between health and justice issues and a lack of knowledge in medical and legal profession.
- Creating connection points for lawyers and health care professionals, something more than a blind referral-more like an immediate referral-someone in health context being able to speak almost immediately to a lawyer-have a lawyer on call.

Group 6: Room 30
Key Points:
- Interconnectedness of education, collaboration, and using existing technologies.
- There are so many options.

- Interest in courses that cover common links between health and legal problems.
- Need for more research - to better understand steps forward.
    - Research = data = money.
- Referrals + ensure the services exist to refer to.
- Capacity / funding.
- Telehealth – pilot projects using telehealth would be a start.

Assigned Break-Out Groups:

Room 254
Facilitator: Joel Janow, Executive Director, Public Legal Education Assoc.
Recorder: Aly Sparks, Law Student
- Dr. Tamer Qarmout, Postdoctoral Research Fellow, Int'l Centre for N. Gov & Dev.
- Chief Judge Plemel, Provincial Court
- Barbra Bailey, Policy Counsel, Law Society
- Charmaine Panko, Collaborative Lawyer & Mediator
- Erin Wolfson, Community Engagement Specialist, Division of
  Social Accountability, College of Medicine

Room 85
Facilitator: Miles Waghray, Lawyer
Recorder: Ashley Falk, Law Student
- Amanda Dodge, Lawyer & Coordinator, Systemic Initiatives
  Program, CLASSIC
- Lisa Yeo, Administrative Coordinator, Division of Social
  Accountability, College of Medicine
- Glen Luther, Professor, College of Law
- Meredith Maloof, Native Law Centre, College of Law

Room 211
Facilitator: Martin Phillipson, Dean, College of Law
Recorder: Evan Hutchison, Law Student
- Dr. Preston Smith, Dean, College of Medicine
- Dr. Lorna Butler, Acting Executive Director, Int'l Centre for N. Gov & Dev. / Senor Strategist, VP Research Office, U of S
- Michaela Keet, Associate Professor, College of Law
- Gerald Tegart, QC, Chair, Access to Legal Services Committee,
  Law Society

Room 228
Facilitator: Sarah Buhler, Associate Professor, College of Law
Recorder: Kellie Wuttunee, Law Student
- Janelle Anderson, Crown Counsel, Innovation Division, Ministry

of Justice
- Gabe Lafond, Director, First Nations & Metis Health
- Nicole Saurer, MLA Regina Douglas Park, Critic for Justice
- Erin Kleisinger, President, Law Society

Room 74
Facilitator: - Evert van Olst, QC, Legal Counsel, Saskatoon Reg. Health Auth.
Recorder: Michelle Korpan, Law Student
- Kara-Dawn Jordan, Executive Director, Pro Bono Law Sask.
- Dr. Edward Rooke, Acting Director, Social Accountability Division,
  College of Medicine
- Heather Heavin, Associate Dean Research & Graduate Studies,
  College of Law
- Leah Howie, Executive Director, Law Reform Commission

Room 30
Facilitator: Chantelle Johnson, Executive Director, CLASSIC
Recorder: Noah Wernikowksi, Law Student
- Dr. Megan O'Connell, Clinical Psychologist, Rural and Remote
  Memory Clinic
- Doug Surtees, Associate Dean Academic, College of Law
- Tim Brown, Executive Director, Law Society
- Justice Barrington-Foote, Court of Queen's Bench

VI.   A Copy of the Presentation Slides

Expanding Engagement

CREATING CONNECTIONS BETWEEN THE DELIVERY OF JUSTICE AND HEALTH SERVICES IN SASKATCHEWAN
EVAN HUTCHISON, ALY SPARKS, KELLIE WUTTUNEE

Creating New Connections between delivery of justice and health services

- Justice and health needs overlap and interrelate

- Individuals in rural, remote and northern communities face distinctive, acute needs
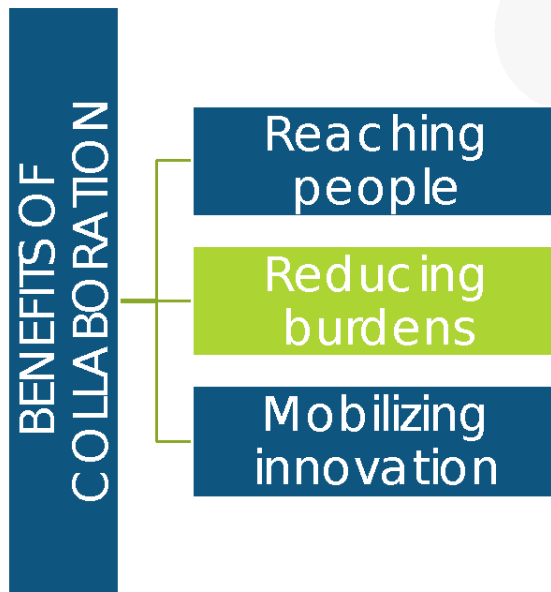
- Collaboration and education are linked

Collaboration

Three Paths to Collaboration

1. Building on existing programs and partnerships

2. Adapting existing health infrastructure and technology

3. Creating new connections

BENEFITS OF COLLABORATION

Reaching people

Reducing burdens

Mobilizing innovation

- Distributing legal information
    - New outlets
    - Enhancing awareness

- Referrals
    - Avoiding information overload
    - Improving confidence

Adapting Health Infrastructure and Technology: Remote Presence Technology

Attending to the context: needs in rural, remote and northern communities

- Remote presence technology for service delivery

    - Providing legal services and advice

    - Hearings and court

The MLP Model

- Collaborative service provision between HCPs and legal service providers

Focused Partnerships

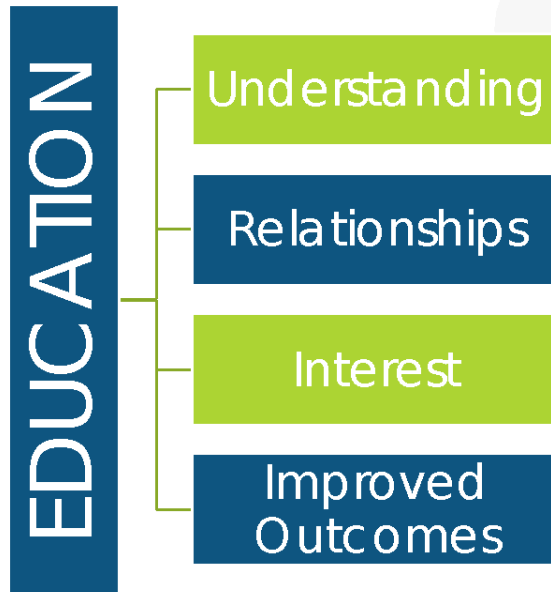- Focused on discrete legal and health needs: easier to initiate

Broad Partnerships

- Avoiding referral fatigue: a one-stop shop

Opportunities and Challenges

1. Enhancing access to justice through collaboration

2. Meeting challenges through education

EDUCATION

- Understanding
- Relationships
- Interest
- Improved Outcomes

Co-Professional Education

☐ What would this look like?

☐ How do we get there?

Professional Training Education

The links between professions are only growing, and so it is important to begin forging relationships and understanding between professionals early in their careers.

- Interdisciplinary classes for students in professional colleges

  - For credit

  - Not for credit

Remote presence technology for use in education

Collaboration…

| Must be broad | Is linked with education | Must be sustainable |

Conclusion: Two Themes

1. Collaboration

2. Education

"Opening a dialogue, not saying the last word."

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Attributions

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