

# **How do People Experience the MOSH Justice Program? A Community-Based, Narrative Study**

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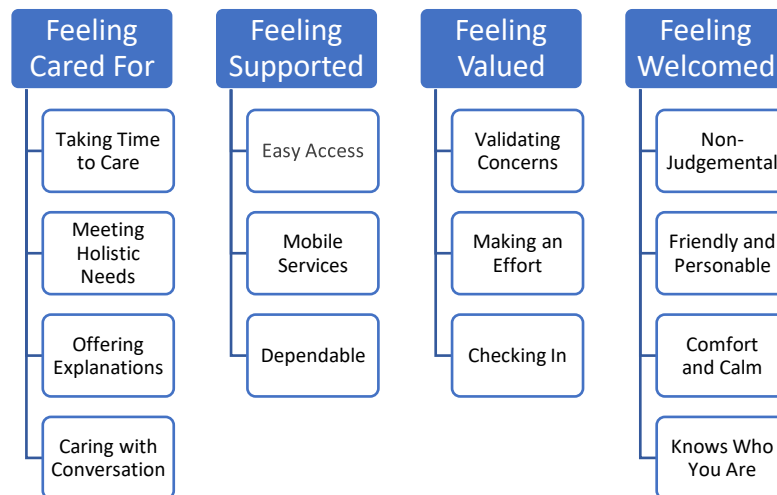
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## Executive Summary

Mobile Outreach Street Health (MOSH) is a primary healthcare team embedded in the North End Community Health Centre that serves the Halifax Regional Municipality. The research described in this report explores people's experiences with receiving services from the MOSH Justice program. The researchers used a community-based, narrative research approach to elicit and examine service users' narratives about the MOSH Justice program. A community research team worked alongside the academic researchers.

Fourteen in-person interviews were conducted at the North End Community Health Centre in Halifax, Nova Scotia in mid-2023. The interviews gathered general information about the participants, experiences with the broader healthcare system and with the MOSH Justice program, general impressions with the MOSH Justice program, and socio-demographics.

Most experiences with MOSH Justice were positive and most with the mainstream system were negative. Most negative healthcare experiences were about feeling ignored, dismissed, or judged. Positive narratives were about feeling comfortable, safe, and informed. We identified several themes in the interview data and several subthemes illustrated below.



The report provides details on each theme and concludes by showing how MOSH Justice has reduced barriers to accessing healthcare for the population being served. Taken together, the themes show that the program reduces barriers by applying a patient-centred, holistic, and strength-based approach to delivering healthcare services. The contrast between MOSH Justice encounters and those in the mainstream healthcare system illustrate the importance of working from a strength-based and patient-centred approach. Our research shows how much this matters to those who have experienced incarceration, intersecting forms of marginalization, and negative experiences in the mainstream healthcare system.

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## **MOSH Justice**

Mobile Outreach Street Health (MOSH) is a primary healthcare team embedded in the North End Community Health Centre that serves the Halifax Regional Municipality. MOSH provides a continuum of services to people who are underserved by the healthcare system, including people who are houseless, street-involved, and living in poverty. MOSH often delivers services to people who have experienced various forms of marginalization, criminalization, and involvement with the criminal legal system.

MOSH partnered with the Coverdale Justice Society to develop and implement an outreach program called MOSH Justice that launched in April 2023. This initiative focused on decreasing barriers to primary healthcare services to meet the specific needs of women and gender-diverse people with criminal legal involvement who are living in the community either independently or in transitional housing (i.e., alternatives to incarceration). The MOSH Justice program includes a designated nurse, an occupational therapist, and a physician who provide office-based and outreach services to people meeting the program's admission criteria. The MOSH Justice program operates in partnership with agencies that provide transitional housing to women and gender diverse people who are subject to correctional supervision (e.g., bail, conditional sentence) in the community.

## **Purpose**

This study was designed to learn about people's experiences with receiving services from the MOSH Justice program. The results of the current study are intended to complement the findings of a program evaluation that was completed in May 2023.

## **Method**

### **Design**

We used a community-based, narrative research approach to elicit and examine service users' narratives about the MOSH Justice program. Community-based research establishes a role for people with lived/living experiences to be involved in the research process. For this study, a community research team worked alongside the academic researchers. The community research team was comprised of 6 to 8 service providers with relevant personal and professional experiences who were working in various roles (e.g., harm reduction support, housing support, peer support) at agencies funded by the North End Community Health Centre. Over several months, the community research team met regularly with the academic researchers to co-design the study, including the overall methodological approach, the ethical procedures, and the interview questions. Narrative

research was used to gather stories about people's specific encounters with the broader healthcare system as well as the MOSH Justice program.

## **Recruitment**

A flyer that described the project was circulated by email to the MOSH Justice program staff. The MOSH Justice program staff reached out to people who met the eligibility criteria, provided information about the study, and invited people to participate. The MOSH Justice program staff also coordinated and scheduled the interviews. Appendix A includes the recruitment flyer and information sheet.

## **Data Collection**

In-person interviews were conducted at the North End Community Health Centre in Halifax, Nova Scotia in mid-2023. The original research plan was for the community researchers to conduct the interviews; however, this became unfeasible, so the interviews were conducted by an academic researcher (Dr. Jamie Livingston) using the interview guide co-developed by the community research team. The interviews lasted an average of 35 minutes, ranging from 20 to 67 minutes. The interviews were audio recorded and transcribed. Each participant was paid an honorarium of \$50 cash.

The interview was comprised of a series of open-ended questions that were structured around five main sections. The first section was used for building rapport and invited participants to share information about themselves. The second section gathered information about the participants' experiences with the broader healthcare system, asking them to describe (in detail) an encounter with a healthcare provider that really stood out for them. The third section was used to gather information about the participants' experiences with the MOSH Justice program, asking them to describe (in detail) up to two specific encounters they had with service providers in the MOSH Justice program. The fourth section gathered information about the participants' general impressions with the MOSH Justice program, asking them to describe aspects of the MOSH Justice program that were working well or needed to change. The fifth section surveyed socio-demographic information about the participants. Appendix B includes the interview guide.

## **Data Analysis**

The qualitative data were analyzed using two approaches: thematic analysis and narrative analysis. Using these two approaches added rigour and depth to the analysis. The thematic and narrative work teased out overlapping themes and underlying messages

reinforcing the findings and adding nuance to our understanding of what the participants told us about their experiences.

The thematic analysis was performed by Dr. Jamie Livingston. Thematic analysis involves a careful reading of the interview transcripts, developing categories (called codes), placing passages of text into relevant categories, and then combining and linking codes based on their similarities (called themes). The goal is to create a small set of themes that provided a robust representation of the participants' views and experiences in relation to the research questions.

The narrative analysis began with one of the researchers, Dr. Diane Crocker, extracting specific narratives from the interviews. Each narrative described a specific, time-bounded interaction with a service provider and something that happened in that encounter. Then, a small workshop was organized and involved one researcher (Crocker), two student research assistants, and one person from the original community-based research team. The workshop participants read a selection of narratives and identified their topics and underlying messages. The topics identify, in a word or two, what the narratives were about (e.g., prescription renewal). The messages describe, in a few words or short phrase, what the storyteller seems to be saying about the topic (e.g., doctors don't like prescribing to people who use illegal drugs). The narratives were then organized in clusters based on their commonalities and were labelled. After the workshop, a researcher (Crocker) reviewed each cluster to identify common threads that shed some light on the research questions.

## **Ethics**

The community researchers contributed to our ethics application and helped ensure that our protocols were guided by a deep sense of lived experience rather than rigid academic standards. Approval was obtained from the Saint Mary's University Research Ethics Board. All participants provided written informed consent prior to participating in the study.

## **Participant Profile**

Interviews were conducted with 14 people who had interacted with a MOSH Justice service provider at least once.

- 10 (71%) participants identified as women and 4 (29%) identified as men.
- 11 (79%) participants identified as heterosexual, 2 (14%) as bisexual or pansexual, and 1 (7%) chose not to answer.
- The average age was 40 years, including 3 (21%) participants in their 20s, 3 (21%) in their 30s, 3 (21%) in their 40s, and 3 (21%) in their 50s.

- 9 (64%) participants identified as white, 3 (21%) as multiracial, and 2 (14%) as another racialized identity.
- 9 (64%) participants attained a high school diploma or equivalence (GED), including 3 (21%) who also attained a post-secondary degree or diploma.
- 7 (50%) participants were living in transitional or supported housing (e.g., Caitlan's Place, Holly House, The Overlook), 3 (21%) were renting an apartment, 2 (14%) were living with family, and 2 (14%) were houseless (e.g., living in a shelter).
- When asked to rate on a 3-point scale how sure they felt about having housing in the future, 3 (21%) participants were 'very sure', seven (50%) were 'somewhat sure', 3 (21%) were 'not at all sure', and 1 (14%) chose not to answer.
- 10 (71%) participants reported prior experience with being incarcerated, including 7 (50%) who were most recently released from a provincial institution and 3 (21%) from a federal institution.
- 11 (79%) participants were under a community supervision order (e.g., conditional sentence, probation).

## **Narrative Profile**

The researchers extracted 31 narratives from the interviews. Seventeen related to MOSH Justice and 14 described something that happened in the mainstream healthcare system. Most of the narratives involved physicians and happened in a hospital setting or a doctor's office. Most related to diagnosis or treatment. Some involved having prescription renewed or being referred to a specialist.

The narratives relating to MOSH Justice were almost all positive while those relating to the mainstream healthcare system were mixed but typically negative. Almost all these positive narratives came from encounters involving MOSH Justice. The positive stories from MOSH Justice had a lot in common with the positive stories in the mainstream healthcare system—the topics and underlying messages overlapped considerably.

## **Findings**

In what follows, we describe what the participants' narratives were about. These details provide insight into the kinds of experiences the participants had with the healthcare system, including MOSH Justice. We go on to explore patterns extracted from both the thematic and narrative analyses. We found considerable overlap which lends support to the salience of these themes and their importance to the research participants. Below, we describe what each theme or message "looks like" to give concrete examples of more abstract ideas.

## **Narrative Topics**

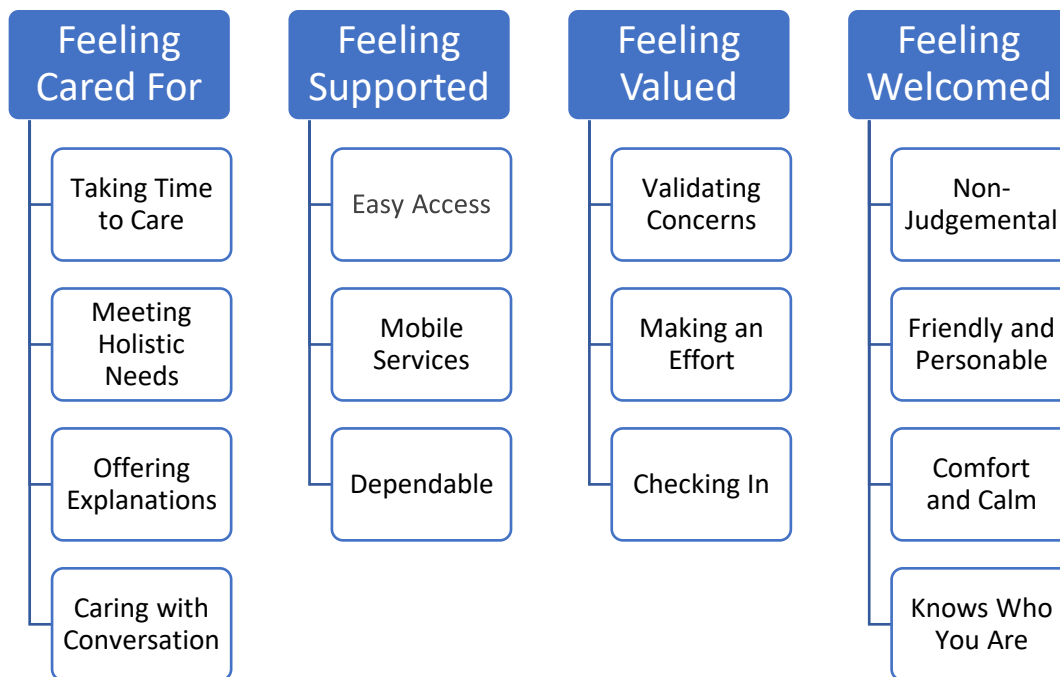
Many narratives were about feeling ignored, dismissed, or judged. The most negative experiences came from the mainstream healthcare system. In these narratives, the participants experienced feeling, in one research participant's words, "brushed away" and having their concerns invalidated or ignored. These narratives tended to involve long wait times, stigmatizing comments about participants' drug use, or having concerns or questions dismissed. A few stories also involved having to describe symptoms more than once to more than one person. Ultimately, these experiences undermined trust in the healthcare system and, in the words of one participant, "[m]akes you feel like you're not important enough."

Positive narratives were about feeling comfortable, safe, and informed. In some cases, the positive stories were about the participants learning about their illness from a healthcare provider and being asked if they had questions. The positive stories tended to be about a healthcare provider who was kind, caring, and empathetic. Most of the positive stories about the participants' healthcare experiences came from encounters with service providers working in the MOSH Justice program.

## **Themes About Positive Experiences**

The participants' descriptions of their encounters with the MOSH Justice program as well as the broader healthcare system pointed to the importance of the following four interrelated themes: (a) feeling cared for, (b) feeling supported, (c) feeling valued, and (d) feeling welcomed. The 4 themes and 16 subthemes are depicted in Figure 1.

**Figure 1.** Overview of Themes and Sub Themes



The themes are described below along with supporting quotes from the participants. The quotes have been gently edited (e.g., speech errors or fillers removed, punctuation added) to enhance their clarity and readability without altering the meaning. Some details have been omitted (e.g., names of people and places) to protect confidentiality. Additionally, examples of how the MOSH Justice program or the broader healthcare system made the participants feel uncared for, unsupported, devalued, or unwelcomed are provided.

***Theme 1. Feeling Cared For: “It felt great to know that someone actually cares”***

The participants discussed how the MOSH Justice program worked to identify and address their health needs and to improve their overall well-being. They emphasized four main ways that the MOSH Justice service providers made them feel cared for: (a) taking the time to understand and address people’s needs, (b) delivering holistic care that is responsive to people’s diverse and unique needs, (c) providing information and explanations to increase people’s understanding and capacity to self-care, and (d) engaging people in conversation.

***Taking Time to Care***

The participants spoke about how the MOSH Justice providers took time with their clients. In some cases, the participants described how MOSH Justice providers asked questions and looked carefully into their patients’ health issues. The participants discussed how not feeling rushed by healthcare providers contributed to them feeling cared for:

“I finally made an appointment with [MOSH-J provider] and ... she took the time to actually run tests ... and actually took the time to, like, look into me and see what was going on and so that’s how we found out, like, that I had [a health condition] but I had gone to, like, outpatient five times or more and they just kept brushing me away ... [The MOSH Justice staff] are the only two that took me seriously.”

“Most of the people that work here [MOSH Justice] take their time to help and they’ll actually sit there and talk to you and ask what’s going on and ask if there’s anything else you need.”

“I don’t feel like I’m rushed out the door, or like, ‘come on next patient, next patient’. They [MOSH-J provider] sit there and ... they take an hour or whatever. They’ll sit and talk to you, right. You’re not rushed out the door. You’re not just a number standing in a line up, type of deal.”

“I feel like when you’re not being rushed, when you’re scared of something already it definitely helps you feel better, because you don’t feel like you’re bugging them [MOSH-J provider].”

Not only did these experiences feel like care, one participant described how taking time was healing: “She [MOSH-J provider] just sits with you for a second and, like, breathes.” Another participant described a time when a MOSH Justice provider took the time to support her after seeing that she was angry and upset in the community:

“She [MOSH-J provider] comes over to me and sits down ... she kind of got me laughing. She got me out of the depression and the crying, but she actually got me laughing ... So she kinda picked me up ... we just started laughing and talking about going for a walk around the public gardens or the Commons just to have some fresh air in our lungs and just discuss things that have been going on.”

### *Meeting Holistic Needs*

Participants also felt cared for when the MOSH Justice staff met their holistic needs. The MOSH Justice service providers addressed a range of issues and provided emotional support, assistance with finding housing and employment, grief counselling, accessing various supports, and navigating systems:

“They [MOSH-J providers] look after you ... whatever you’re going through ... whether it’s a work problem, whether it’s a mental health problem, whether it’s you need a prescription problem ... it’s just a whole span of whatever areas in your life that you need help with ... They go out of their way to do it [help] so I just think it’s pretty cool – it’s amazing”

‘She [MOSH-J provider] helped me get funding for my phone and special diet through community services”

“I was homeless ... I was trying to find out a way to get my stuff out of a storage unit; it was costing me 200 dollars a month and I was being broke. So, I talked to [MOSH-J provider] ... she said “let me deal with that” ... And the next day, I got a phone call; she says ‘I got great news for ya ... they’re coming to get your stuff out of storage” [...] I could call [MOSH Justice staff] any time – crying, happy, whatever – she’s there for me”

“I’m planning on going for my GED and she’s [MOSH-J provider] like, ‘well, go for it’. They sent me an email for a place I can get it done for free.”

“She [MOSH-J Providers] helped me sweep my floor. She helped me pick up shit and put it in the garbage. She just helped me [...] She did a good job helping me clean up.”

These quotes make it clear that the MOSH Justice staff demonstrate concerns for their clients’ holistic well-being that extended beyond their specific medical issues. This was further illustrated by examples of being able to bring more than one concern into an appointment. Several participants mentioned this flexibility, which was summed up well by one participant:

“What I really liked was the fact that I could talk to her [MOSH-J provider] about multiple things during an appointment ... Especially when I first came in, she was like ‘what do you need?’ and I was able to express to her, ‘I need A, B, C, D, E’ and she’s like, ‘okay we’ll get all that done today and then I’ll get you your results as soon as they come back from the lab’ ... So that was really nice because conventionally when you go to a walk-in clinic or something or ... the family doctor, you can only typically talk to them about one thing [...] I was able to get all the things that I had been neglecting for years to talk to her about all of that in one appointment, so that was super helpful for me because I didn’t have to come back-and-forth [...] At the time I didn’t have a vehicle so ... it made my life more convenient and I felt like it was actually more efficient”

These experiences contributed to the participants’ sense of feeling cared for and that they were seen as full people – not simply medical problems. Part of that holistic approach also included care to facilitate access to culturally appropriate services:

“She [MOSH-J Provider] referred me to the [Indigenous service provider]. [...] That was really helpful experience [...] giving me a lot of tools in a culturally appropriate way [...] I feel like she [Indigenous service provider] understands because she knows cultural protocols and the way that we view things from an Indigenous perspective so I don’t feel like I have to explain things to her.”

### *Offering Explanations*

The participants discussed how the MOSH Justice service providers explained medical issues to them. They liked the direct communication and felt the service provider was listening and cared that their patients understood. One participant described the importance of eye contact. In another case, the MOSH Justice service provider used diagrams to explain something to a participant who also stated that the healthcare provider's "heart's in it" and that they're "really trying" or "taking an initiative" to identify the problem, help the patient, and make the problem better. Explanations helped the participants feel empowered about their care:

"Nobody really ever explained to me ... this whole psychosis thing [...] And, she [MOSH-J provider] had explained to me, and she had mentioned to me that ... 'you may experience those symptoms when you're actually clean and sober. That might happen again so don't be worried' [...] She told me that other people have experienced it and ... that just totally levels me out. It calmed me down, you know. And she just sat there and talked to me ... helped me go through the whole wave of it and ... got up after and, like, gave me a hug. You could just tell that she was concerned, she was genuine, you know? [...] She took the time and it was great."

The information and explanations also helped reduce trauma and stress associated with medical interventions. One participant described an experience getting blood drawn where the MOSH Justice service provider was sensitive to their prior experience:

"The first time I met her [MOSH-J provider] I automatically felt safe [...] She really cared and she made me feel comfortable and explained everything and she did everything super great [...] From my experience, I feel like she's quite trauma informed so at any point if I felt uncomfortable or she noticed I was starting to get uncomfortable, she would talk to me about that a little bit and she would explain things quite thoroughly. Like, I didn't feel like I was talking to a nurse; it felt like I was just talking to a person which was super helpful [...] I'm also a survivor of domestic violence, like sexual assault, so [STI] testing can be kind of uncomfortable just because [of] trauma. She made me feel super comfortable in that and explained it all to me before it happened, so I knew what to expect and, yeah, it was good [...] I think it was really important for her to make sure we all felt comfortable [...] Yeah, just the way she explained ... the process and everything. Just being super empathetic; yeah, just the empathy that she carried with everything ... it was good."

These experiences suggest that participants felt cared for when they received explanations and that this also enhanced their trust in the care they were receiving.

## *Caring with Conversation*

The nature of the explanations described above was also an important part of the care. The participants discussed how they valued that MOSH Justice providers engaged them in conversation in a way that seemed less transactional and more personal or casual than they had experienced during other healthcare interactions. As one person said, the MOSH Justice providers “can just come and shoot the shit.”

The MOSH Justice providers made personal connections in their conversations with clients. These conversations showed empathy and lightheartedness that eased clients’ stress and worry:

“It was a good interaction [...] Just the way they [MOSH-J Provider] treat ya ... [It’s] not ‘don’t talk to me while I’m doing this [drawing blood], I don’t need you to interrupt me while I’m doing this’. She knew what she was doing. We talked and ... it’s just a good experience”

“It was funny because she [MOSH-J Provider] was just joking with me and laughing with me the whole time. And then she referred me to where I had to go. But every appointment is kind of like that with her. She’ll joke with you and laugh with you and talk with you [...] Other doctors I had would just go: ‘Okay, here’s your thing you need. You can leave now’. They don’t connect with you and they don’t even try to have a conversation with you”

“Most of the people that work here [NECHC] take their time to help. They’ll actually sit there and talk to you and ask you what’s going on and ask if there’s anything else you need”

These informal conversations were yet another way for the MOSH Justice service providers to show that they care. One participant summed it up like this: “There’s a difference between someone really caring and somebody [who acts] almost like a robot.”

## ***Theme 2. Feeling Supported: “I feel like I’m more connected”***

The participants spoke about how the MOSH Justice program facilitated access to services and helped their clients succeed. They emphasized four main ways that the MOSH Justice providers made them feel supported: (a) providing direct and easy access to healthcare providers; (b) bringing mobile services to where people are in the community; and (c) providing dependable, reliable, and consistent support.

## *Easy Access*

Several participants spoke about the importance of having direct access – by phone or text – to the MOSH Justice providers. It decreased barriers for accessing care and enhanced the connection between the participants and the providers. Access was further enhanced by the ability to schedule appointments quickly and easily and use different modes of communication (e.g., phone calls, texts):

“Even if I have a simple question ... she’ll [MOSH-J Provider] message me back and say ‘try this or do that or if it’s really bothering you, come in [and] we’ll make a spot for you’ ... they’re very one-on-one. It’s not waiting for months for an appointment or waiting in emergency rooms [...] They know I don’t use my phone much so they’re nice enough to take the time to text me personally [...] It almost feels like I got my own personal nurse. Of course, she don’t text me back that second, but she always gets back to me. I feel more connected with them. It’s almost like a friend that can help me”

“I like that I don’t have to call a receptionist to try and book an appointment. I can just text whoever [is] on duty which is super, super helpful because I feel like sometimes I get phone anxiety ... being able to text her ... it’s nice to have that option”

“It’s not hard to get an appointment ... It’s up to me to get myself there so that’s the hardest part”

Many participants suggested that short wait times were critical to making access to healthcare easy:

“Once you’re a patient, you get an appointment. You’re not waiting six months to see a doctor which is really nice”

“When you book an appointment at a family doctor’s office, you have to wait a few weeks. Now, I called [MOSH-J] and said ‘I’m having symptoms again’ and this was a Friday and they were like ‘yeah, that’s fine, can you come in Monday morning and we’ll take care of it?’ I didn’t have to wait that long”

## *Mobile Services*

A unique feature of the MOSH Justice program is that it often brings care and support to the people in the community, such as having regular times for service providers to be at select transition houses. The participants described the importance of this mobile service which facilitated routine visits to the transition houses or helping people get to appointments.

“I didn’t have the means to travel over here [NECHC] for my appointment ... She [MOSH-J provider] actually came and did my blood work in the MOSH van at [transition house] [...] I felt like that was a very good thing”

“What’s working well [with MOSH-J] is that they come to us – they come to [transition house]. Sometimes I’m bad for appointments or I’ll miss them. It’s just taking the time to come here and wait around. She [MOSH-J Provider] comes in here ... I think that’s really cool so that people don’t have to go out, or maybe they don’t like going out ... She comes ... so I think that’s really great”

“I like that the nurse comes to you rather than having to go out. The service is right there. Otherwise [in] the regular healthcare system, I have to ... wait in triage eight hours [...] It’s very convenient [...] I do like that she comes to the house and checks bloodwork and follows up every Friday. That’s really nice.”

*The participants suggested that having a physical and regular presence at the transition houses and in the community has helped the MOSH Justice providers connect with new people who have unmet health needs, promptly identify emergent issues among existing clients, mitigate a variety of barriers to care (e.g., lack of motivation, travel difficulties, time constraints), and build rapport by facilitating interactions in a non-clinical setting.*  
*Dependable, Reliable and Consistent Support*

The participants described the MOSH Justice service as dependable, reliable, and consistent. Their comments suggested that this support happened in several ways, such as MOSH Justice staff following up, providing reminders, and getting in touch about test results. One participant contrasted this support with the traditional healthcare system:

“I feel like with the traditional healthcare system, you’re always waiting for a reply and then you don’t get it and you have to look up on it and then they lost your information or it still hasn’t come back yet ... But it’s not like that with MOSH. I find that they’re very organized and I feel like they’re also very thorough too. Their actual intention is to get to the root cause, not just the side effects of things.”

“I ended up doing a little bit of jail time and when I got out, the MOSH team was there to help me [...] A lot of places when you just come out of jail, you don’t get your meds ... so if you got into the hospital a lot of places are very judgemental [...] whereas MOSH was like ‘oh, you just got out and you don’t have your meds. We can give you x amount to get you by until you can see the doctor.’”

“She [MOSH-J Provider] does everything for everybody. She’s never let anyone down. She barely knew me and she just helped me because that’s her nature. She’s got a big heart. She helps everybody – if she can, she will.”

These experiences made people feel supported as they try to address their health needs. Some participants with a tendency of missing appointments expressed their appreciating for the continued support: “They know I might not make the appointment but ... they’ll keep pushing until I show up.” The participants spoke about how the MOSH Justice program made them feel that they had someone to turn to in times of need, which gave them a sense of security and of being supported.

In this area, the participants expressed some concerns about whether this level of support – that they clearly believe is valuable and important – may stretch the MOSH Justice providers too thin:

“If you text [MOSH-J Provider] ... she’ll get back to you. She’s busy so it’s obviously not always right away but I feel like to improve they could have another nurse that is also there to help so that it’s not all on [MOSH-J Provider] ... They have a lot of people that they are helping and I feel like if they had another person maybe sometimes [they] would be a little bit quicker [...] I know a couple people that messaged [MOSH-J Provider] and they’ve gotten upset because it’s been taking so long or she hasn’t gotten back right away [...] I just feel like maybe that would be something that could be improved.”

“She’s [MOSH-J Provider] amazing but it probably wouldn’t hurt to have ... someone to take a bit of the load off of her [...] She’s just a little over worked and I think it’s a shame because she’s so good – you don’t want to lose her.”

### ***Theme 3. Feeling Valued: “They really listen to you”***

The participants discussed how the MOSH Justice program made them feel valued. They emphasized three main ways that the MOSH Justice providers made them feel valued: (a) validating people’s concerns and experiences, (b) making a real effort to help, and (c) proactively checking in with people.

#### ***Validation and Listening***

Validation and listening were critical to helping people feel valued during their time with the MOSH Justice providers. The participants described times when a healthcare provider validated their feelings, concerns, and experiences. In one case, the MOSH Justice provider acknowledged negative experiences that a participant had in the past with other healthcare providers:

“I had shared my concerns with [MOSH-J Provider] and she had agreed that wasn’t how things should have been going. She talked to [another MOSH-J Provider] and she agreed that’s not how things should be working.”

The participants also described ways that they felt listened to. In some cases, feeling validated and heard sometimes involved having the service provider ask questions and show curiosity about the person and their needs.

“All I ask from anybody, any doctor ... is that they listen to you. That’s all. That they really listen to you and they take a genuine ... a good look at ... what your illness is or what ever.”

“I think she [MOSH-J provider] went really in-depth with the intake interviews [...] I think she got a broad collection of all the mental and physical things that she would have needed to know to ask further questions or suggestions. So, that was really good. She was good at listening to my needs and then coming up with suggestions.”

### *Making an Effort*

The participants felt valued when a healthcare provider demonstrated that they were making an effort and also when they did things unrelated to the medical care:

In relation to helping sort out an employment situation: “She’s [MOSH-J provider] amazing ... she didn’t have to do that stuff ... she took the time out of her schedule to ... do shit, do the hard stuff for me ... to make it easier.”

One participant described a time that this happened in the mainstream healthcare system:

“I was over in the hospital ... I was so messed up and I just wanted a popsicle and there were no popsicles. The nurse when across the street with her own money and brought me a few frozen popsicles. I thought that was extremely nice [...] She even cleaned all my clothes too ‘cause there was blood all in them and she washed them twice for me. I remember that too, which was really nice [...] That popsicle meant a lot to me that day honestly. For her to go out of her way and do that on her lunch break, I thought that was pretty go of her [...] It made me feel like she cared.”

### *Checking In*

The participants spoke about feeling valued when the MOSH Justice service providers checked in with them. They described times when MOSH Justice service providers reached out or came to see them outside the MOSH Justice space:

“I’ve even had calls from [MOSH-J Providers] when I know they’re not at work -- like [a] ‘how’re you doing [name]’ text ... a text like ‘how’s things going? Just checking in on you.’ You were thinking about me. So, therefore, that shows me that I’m on your mind ... you do have my best interest in mind [...] It makes me feel hopeful that I have people that are ... looking out for me a little.”

“She [MOSH-J Provider] comes every other week to [transition house] to do checks on all of us, to talk to use, make sure we’re doing good – we’re all healthy and everything like mentally and physically. If we have any concerns or anything, we can talk to her about them [...] So even them taking that little bit of time out of their day to go around and do a check on people ... It might not seem like much but it’s a lot especially for people just getting out [of jail] because you don’t have anybody and they guys [MOSH-J] are still going to help you even if you can’t come to them. They want to make sure you’re okay.”

The act of checking in indicated to the participants that the service providers were thinking about them and cared enough about their well-being to proactively reach out.

#### ***Theme 4. Feeling Welcomed: "They make you feel like you belong"***

The participants described how the MOSH Justice program created a welcoming environment. They emphasized four main ways that the MOSH Justice providers made them feel welcomed: (a) being open and non-judgemental; (b) using a friendly and personable approach; (c) creating a comfortable, calming, and safe space; and (d) getting to know their clients.

##### *Non-Judgemental*

Having a non-judgemental healthcare provider created the conditions in which MOSH Justice clients felt welcomed and safe. In some cases, simply being polite helped create a welcoming space. In others, participants described how MOSH Justice providers inquired about their drug use in a matter-of-fact way or did not hold the fact that they had been incarcerated against them:

“I felt safe with [MOSH-J Provider] because she was asking me if I was still using [drugs] and I felt safe enough and that she was not judging me that I was able to be honest with her.”

“MOSH is a lot less judgemental than your normal hospital. They’re a lot more understanding and polite when it comes to literally anything [...] When you just come out of jail ... a lot of places are very judgemental [...] whereas MOSH [...] actually want to help you rather than just watch you suffer”

“It’s just nice to know that there’s someone there ... regardless of your flaws and all my flaws – they’re still there to support me ... and help make things better.”

“She [MOSH-J Provider] just asked me if I had been using [drugs] and I was honest with her [...] I just felt like she was being real with me ... and she was very

professional and ... I felt like I could trust her [...] It was just ... the words she chose and the way she spoke ... I didn't feel like she was being aggressive at all ... I just felt that she was easy going and I just felt I could trust her."

Several participants commented that this sense of being welcome allowed them to be more honest about their health issues and other issues they were facing. In contrast, feeling judged discouraged disclosure and honesty, which, in turn, they are less likely to be honest and, therefore, less likely to receive good healthcare.

### *Friendly and Personable*

In a similar vein, participants described MOSH Justice service providers as friendly and personable. Service providers' friendly demeanour made them approachable and trustworthy. One participant said that staff were always smiling, another commented that they "remember you" and another liked that staff seems to have a high level of energy. One participant summed it up well:

"I like her [MOSH-J Provider]. I find she's very bubbly [...] I find that you connect with people here. They always have smiles on their faces, and they always talk to you and have a conversation. I had two different family doctors before [MOSH-J] and both clinics that I went to ... nobody would look at you, nobody would have a conversation, not a smile on their face. I find this place very different. They make kind of people feel welcomed."

All these experiences helped MOSH Justice clients feel welcomed, no matter the challenges they were facing. Several contrasted this experience with what happens in the mainstream healthcare system where staff are, at times, unfriendly.

### *Comfort and Calm*

Participants described the MOSH Justice program as providing a comfortable and calm space. They described how staff made intentional efforts to make them comfortable like being polite and asking permission for clinical students to be present during appointments. They also noted less direct characteristics of the MOSH Justice program that made it comfortable and calm including that the space is well organized and clean:

"I find that they [MOSH-J Providers] also try their best to make you feel comfortable when you're there ... they ask you if you need anything, or ... some of the times I came here there was a student and they're kind of like 'I have a student here do you mind if they're in the room or not?' ... Doctors' offices before that I went to, they never even asked you if it was okay or if you wanted them [students] to leave or stay."

“Sometimes, you go to the doctor’s offices ... the garbage cans are overflowing because it was something that was missed or whatever. But, I’ve never come here [NECHC] and had any bad experience with it being dirty. The floors are always very clean, they’re always swept, their beds are always clean, their desks are cleared off, nothing is cluttered or over-flowed – the garbage cans aren’t overflowing. It’s just a well-kept area.”

Several other participants described how MOSH Justice staff are generally relaxed and calm:

“What I’ve noticed [is] they’re [MOSH-J Providers] not as stressed out or fatigued as, like, an emergency set of nurses or doctors [...] I think that they’re more relaxed but it’s still taken seriously. They’re less stressed out – that’s just what I’ve observed.”

“MOSH is definitely calmer about everything. They’re a lot more put together, like organized-wise, than most. They’re extremely clean [...] Like, coming into the office ... it’s relaxed ... their waiting room is not overwhelming ... I just find their layout to be more calmer [...] You don’t get that wave of anxiety [from] people running around making you nervous.”

These positive experiences make it easy for the participants to return to access care when they need it rather than being deterred by how it feels being in the space.

### *Knows Who You Are*

Participants felt welcome at MOSH Justice because they felt that the staff know who they are and understand their individual needs: “You’re not just another number.” Many participants described how much it mattered that staff knew them and that this made it easy to come back. One described MOSH Justice as a community where people know your name and are interested in your well-being.

The level of empathy from staff can run quite deep:

“I find she’s [MOSH-J Provider] able to put herself into your shoes. She seems to understand. She kind of puts her mind into yours and, when you talk to her, she’s like ‘okay, yeah I do understand that’. It’s almost like she lived it too. That’s the kind of people I like to talk to; someone that can actually put their mind to it and actually think they were going through the same problem as the person they’re talking to.”

“They [MOSH-J Provider] treat you like a human being. You live on the streets ... you might be scuzzy looking ... but they don’t treat you like you that ... That’s what I like about them. They know your name when you come up [for an appointment] ... that’s cool.”

## Themes About Negative Experiences

### *Theme 1. Feeling Uncared For*

Although reports of uncaring interactions with the MOSH Justice program were rare, such negative experiences were common in interactions with the broader healthcare system. For instance, the participants discussed experiences in which they believe that healthcare appointments were rushed, medical examinations were incomplete, or treatment was neglected:

“I feel like he [doctor] didn’t believe me [...] It’s almost like he wanted to get me out of there [office] like he was in a rush to get somewhere.”

“He [doctor] didn’t send me for x-rays. He didn’t really check it [injury]. But, he made me move it [arm]; made sure it wasn’t broke. [...] They wouldn’t give me any pain killers for it or nothing, so it’s like just suffering with the pain ... I don’t like going to my doctor.”

These experiences left people feeling disempowered and disillusioned:

“It just felt like, to me, that he wasn’t taking initiative to help me the way that he could, you know what I mean? He was telling me everything not to do, but not telling me anything that I could do to better myself – to help myself.”

“I feel like with the traditional healthcare system, you’re always waiting for a reply and then you don’t get it and you have to look up on it and then they lost your information or it still hasn’t come back yet ... but it’s not like that with MOSH.”

Traumatic healthcare encounters generated fear and shame that increased the risk of experiencing an adverse event and deterred some people from seeking healthcare services:

“That’s terrible when ... you’re scared to go to a doctor because you don’t want to lose your medications that you’ve been on.”

“I had a suicide attempt and ended up getting transported via ambulance to the [hospital] ... my experience with that [hospitalization] was actually quite traumatizing [...] they discharged me and it was like probably 4:30 in the morning. I had no clothes because they had to cut me out of my clothes, so I was wearing a hospital gown. I didn’t have a wallet. I didn’t have a cell phone. I didn’t have a vehicle ... I had fuck all. And, so they discharged me after all of this and I was still on drugs at the time, so I had no idea how I was going to get home [...] I called my family friend

to come pick me up [...] If it wasn't for him ... I would've fucking walked to the ... bridge and jumped off it."

None of these stories came from encounters with the MOSH Justice program. But, the participants did mention two concerns: (a) sensing that, sometimes, the MOSH Justice staff were rushed, and (b) an experience in which a participant felt like a MOSH Justice service provider did not care enough.

## ***Theme 2. Feeling Judged***

The participants frequently felt judged when receiving care in the mainstream healthcare system. They felt stigmatized because of their drug use or history of incarceration, and they believed that service providers felt justified being rude because of that. Speaking about their previous family doctor, one participant said that:

"He was rude towards me after [getting out of jail] – just like 'I don't want to deal with you. I don't want you to be my client' type of thing. He was just ignorant after I got out [of jail] ... He was basically accusing me of just wanting to get high... I just feel like that was very judgmental from a doctor's point of view just because somebody was incarcerated for a little bit."

In some cases, the participants felt that such judgement led to their medical care being withheld or inadequately provided:

"He [doctor] said ... 'yeah, well I told you [that] you should stop smoking' ... it's like, just because I smoke, it doesn't mean you can't give me the proper medication."

Several participants describe how staff in the mainstream healthcare system often assume they were drug-seeking:

"Hospital experiences are not good ... because I hear them [hospital staff] talking to ... street people and it's, like, right away they treat them bad because they think they're there for drugs."

An Indigenous participant talked about her frustration with interacting with a service provider in the broader healthcare system who didn't understand her cultural views:

"I didn't connect with her because I felt like she was treating me like a textbook case and I don't think anybody is. That started to get really frustrating and I felt like I had to constantly explain my cultural views ... When you take a look at all of the trauma that has been inflicted on our people, I feel like I shouldn't be needing to explain why I feel that way ... She didn't have the tools to help me with my mental health at the time."

Not only did these experiences make participants feel bad, but they also made it less likely that people would seek medical help in the mainstream healthcare system when they needed it.

## **Underlying Messages**

### ***Message 1. Caring connections are necessary for good medical care***

As described earlier, feeling cared for was a central theme in the interviews. The research participants described how the MOSH Justice program made them feel cared for by taking time, delivering holistic care, providing information, and engaging in conversation:

“She [MOSH-J provider] listens. Not many people will sit there with you for 15 to 20 minutes and just have a nice little conversation. She knows I’ve been stressed out, I’ve been upset ‘cause things ain’t going right, but she’s always there. Like, she’ll listen to me no matter what it is.”

Similarly, our analysis of underlying messages from the narratives shows that caring connections were the main characteristic of positive healthcare encounters. Caring connections manifested in the narratives as the participants’ feeling like they were treated as someone who needed care and support rather than a medical problem to be solved.

While some of these positive encounters happened in the broader healthcare system, most of the positive experiences involved the MOSH Justice service providers. The stories shared a common characteristic: the healthcare provider did or said something to indicate that they valued and understood the person and their needs. This led to better medical care. Stories absent this connection ranged, at best, from encounters in which the patient did not feel seen as a person who needed care, to worst, being explicitly seen as trouble. The participants described such negative experiences as taking place in the broader healthcare system, but not the MOSH Justice program.

### ***Message 2. Being dismissed or judged is more than just bad care—it’s medically harmful***

The most common negative stories about the mainstream healthcare system involved experiences of being dismissed and judged. As noted earlier, these themes came through in the thematic analysis. Our exploration of the narratives showed that participants felt hurt when healthcare providers dismissed or judged them, but also that the quality of the medical care they received suffered as a result and deterred participants from seeking help in the future – this underscores the importance of having a service, like the MOSH Justice program, available to people who are reluctant to engage with traditional healthcare systems that have hurt and harmed them in the past.

## Discussion

It seems clear from this research that the MOSH Justice program has reduced barriers to accessing healthcare for the population being served. The program does this in several concrete ways. The mobile unit provides easy access. Appointments are easy to make and usually people do not experience long wait times. MOSH Justice also reduces barriers in other less concrete ways. These include their willingness to listen and validate their clients' experiences while showing that they care for their clients as people. These characteristics reflect both a strength-based and patient-centred approach to healthcare service delivery.






MOSH Justice works from a strength-based perspective by building people up so that they can access appropriate care. Staff provide a holistic service, something that exemplifies strength-based approaches in healthcare. Earlier, we provided examples of clients describing how staff helped them with employment and housing, for example. In these and other examples, the MOSH service providers address the social determinants of health. MOSH Justice also exemplifies a strength-based approach by empowering their clients, which is accomplished by listening carefully to their clients and by asking and answering questions. Such encounters contrast with the disempowering experiences in the broader healthcare system that were produced by judgemental and disrespectful interactions with healthcare providers.

MOSH Justice also exemplifies patient-centred care. They show a high level of respect for clients through validation and care. They provide easy access with their mobile clinic, short wait times, direct access through phone and text, and easy appointment making. In examples provided earlier, the participants described MOSH Justice as welcoming in their physical space and in their attitudes. This enhanced access illustrates their patient-centred approach. Another key characteristic of being patient-centred emerged in the examples of MOSH Justice staff providing information and educating clients about their medical conditions. Finally, patient-centred care was evidenced in the emotional support and the empathy provided. The characteristics of patient-centred care were among the most salient for our research participants.

The contrast between MOSH Justice encounters and those in the mainstream healthcare system illustrate the importance of working from a strength-based and patient-centred approach. Everyone can benefit from medical care that is strength-based and patient-centred. But our research shows how much this matters to those who have experienced incarceration, intersecting forms of marginalization, and negative experiences in the mainstream healthcare system.

## Appendixes

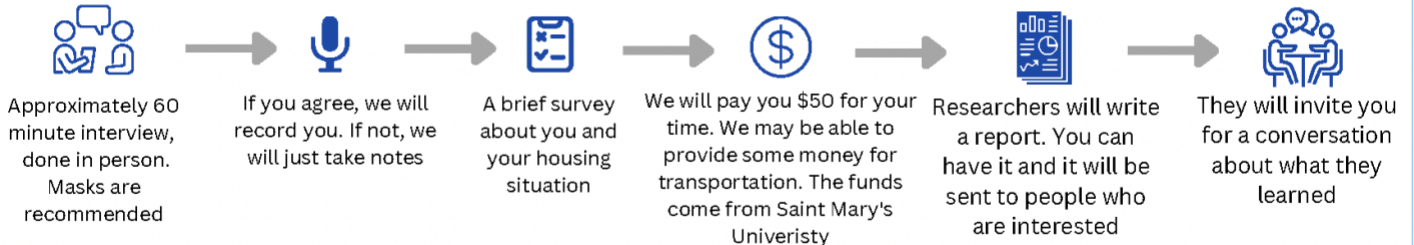
### Appendix A. Recruitment Flyer and Consent Information Sheet

<p><b>Have you recently been released and are working with nurse Brittany or nurse Jessi or Dr. Tiffany or OT Rachel at MOSH?</b>  <b>Are you interested in sharing your experiences with them?</b>  <b>Are you interested in sharing some other experiences you have had trying to get healthcare?</b></p>			
<p>If so, then you might want to do an interview with some researchers who want to learn about your experiences. They want to learn about MOSH Justice and how it may be different from other times you have looked for healthcare.</p>			
<p><b>If this sounds interesting, here are some things you should know:</b></p>			
	About one hour, in-person interview		\$50 cash for your time and we may be able to pay for some transportation
	Questions about MOSH justice and other times you have looked for healthcare		You can skip any interview questions you don't like or don't want to answer
	North End Community Health Centre		Masks will be recommended for your protection and the interviewer's protection. We can give you a mask if you don't have one but it's OK if you prefer not to wear one.
<p>If you would like more information or to set up an interview, email <a href="mailto:crocker.research@smu.ca">crocker.research@smu.ca</a>, contact 902-420-5875 or let MOSH staff know you are interested.</p> <p>The researchers are from Saint Mary's. They are working with MOSH Justice and staff at the Overlook to design this research.</p> <p><b>Meeting the Primary Health Needs of MOSH Justice Clients</b>          The research has been reviewed by Saint Mary's University Research Ethics Board (File #23-053)          Contact <a href="mailto:ethics@smu.ca">ethics@smu.ca</a> or call if you have concerns 902-420-5728          Contact one of the researchers, Diane Crocker, with questions <a href="mailto:diane.crocker@smu.ca">diane.crocker@smu.ca</a> or 902-420-5875</p>			

## Meeting the Primary Health Care Needs of Justice-Involved People

You have been invited to participate in research about experiences using MOSH Justice and how it may be different from other times you have gotten healthcare.

### What will happen if I agree to participate?



The interview can take place at the North End Community Health Centre



#### What if I change my mind about participating?

At the end of the interview, you can decide that we can't use your interview. We will delete the recording. It may not be possible to withdraw later. But, you can reach out to us and ask. We will let you know if it's too late. You can keep the money even if you change your mind. You can also skip any question you don't want to answer



#### What good will this research do?

The research might help service providers deliver services better. We hope to improve how MOSH Justice works and help improve it. We hope to learn about how health care can work better for people moving to the community after being in jail.



#### Are there any risks?

Some of your experiences with health care might be upsetting. Or, they might remind you of a difficult time in your life. You don't have to tell us about anything upsetting if you don't want to.

Please let us know if you have any worries about participating.



**How will you keep the information I give you safe?**

Any information you give us will be stored on password protected computers owned by Saint Mary's University. We will use a secure university computer and an encrypted portable hard drive. Anything on paper will be stored in a locked cabinet at Saint Mary's University. No one except the researchers and research assistants working under their supervision will be able to access any of this information, including interview transcripts



**Can I remain anonymous?**

We can do our best. We will not put information in our reports that identify you. But we can't be sure that no one will recognize something about you in our report. We will do our best to prevent that from happening.

**Do I have to remain anonymous?**

**No.** If you would like to be identified by name in the report as a participant, you can make that choice. We will need it confirmed in writing and will discuss risks before doing that.

Whatever you decide, only the researchers and people working for them will hear the recording. We will destroy our list of contacts as soon as the interviews are over (December 2023 at the latest). Only the researchers and their research assistants will be able to read the complete transcripts.

**Here are some things we can do to keep your identity hidden, if that's what you prefer:**

- Remove any names or specific locations you use in the interviews
- Remove details about you like how many children you have, where you grew up etc.
- We will not tell anyone that you participated or share any information you give us without your permission



**You should know about one exception to the privacy promise—we do have to report child abuse. If you tell us anything that suggests a child is being abused or is at risk, we will need to report this to authorities**

**Who will be doing the interview?**

Jamie Livingston. He is a Criminology professor at Saint Mary's University.

**Who are the researchers at Saint Mary's University?**

Diane Crocker, Jamie Livingston, and Colleen McCarthy. They are in the Department of Criminology at Saint Mary's University. You can reach them at [crocker.research@smu.ca](mailto:crocker.research@smu.ca) Or call 920-420-5875

The Saint Mary's University Research Ethics Board has reviewed and cleared this project. (File # 23-053)  
If you have questions or concerns about ethics, you can contact the Board at [ethics@smu.ca](mailto:ethics@smu.ca) or call 902-420-5728  
This research has been funded by the Change Lab Action Research Initiative  
<https://actionresearch.ca/>

## Appendix B. Interview Guide and Questionnaire

### Section 1. Opening

I'll begin the interview by asking a few questions about you. Then, I'll move to general questions about your experiences with healthcare. Then, I'll ask you some questions about your experience with the MOSH Justice Program.

There are no right or wrong answers to these questions; I just want to learn about your experiences.

[turn audio recorder on if they have agreed to be record]

1.1. First off, can you tell me a little bit about yourself?

1.2. Was there something about this topic that interested you to participate?

[INTERVIEWER NOTE: revise next question as needed depending on what they said in 1.2]

1.3. Often, people participate because they have something specific that they want to talk about. Is there something about healthcare that you want to share with me?

### Section 2: Stories about Healthcare Experiences

2.1. I'd like to start by learning about an experience with healthcare services. It could be an encounter with a nurse or a doctor or someone else. Can you tell me about a time you accessed a healthcare provider, a time that really stood out. It could have been a good or bad experience. What happened?

I'm interested in hearing about everything that happened during that specific encounter.

[INTERVIEWER NOTES Once the person has told their story, you can ask the next two questions to help get some more details. If they share more than one story, ask them to pick one to give more details]

2.1.1. Is there anything else that you remember?

2.1.2. Can you remember any more detail about ... [if you need to clarify facts about what happened during the encounter]

Thanks for sharing that.

2.1.3. What was it about that time that stood out?

2.1.4. How did that experience make you feel at the time?

2.1.5 How do you feel about it now?

2.1.6. [NOTE: the “throw some balls in the air” question ] Do you have thoughts on how that experience could have been better? Or how it affected your life? Did you learn anything or take any lessons from the experience?

### **Section 3: Stories about MOSH Justice Experiences**

Now let's talk about your experience with MOSH Justice.

3.1. I'd like to start by learning about your experience with MOSH Justice. It could be an encounter with Tiffany, the doctor, Rachel, the occupational therapist, Brittany the nurse or Sam the case manager. Can you tell me about a time when one of those people provided you with health care? It could have been a good or bad experience. What happened?

I'm interested in hearing about everything that happened during that specific encounter.

[INTERVIEWER NOTES Once the person has told their story, you can ask the next two questions to help get some more details]

3.1.1. Is there anything else that you remember?

3.1.2. Can you remember any more detail about ... [if you need to clarify facts about what happened during the encounter]

Thanks for sharing that.

3.1.3. What was it about that time that stood out?

3.1.4. How did that experience make you feel?

2.1.5 How do you feel about it now?

3.1.6. [NOTE: the "throw some balls in the air" question ] Do you have thoughts on how that experience could have been better? Or how it affected your life? Did you learn anything or take any lessons from the experience?

3.2. Please tell me about another important encounter that you have had with any of the MOSH Justice service providers. Again, it could have been a good or bad experience.

[INTERVIEWER NOTES Once the person has told their story, you can ask the next two questions to help get some more details]

3.2.1. Is there anything else that you remember?

3.2.2. Can you remember any more detail about ... [if you need to clarify facts about what happened during the encounter]

Thanks for sharing that.

3.2.3. What was it about that time that stood out?

3.2.4. How did that experience make you feel?

2.2.5 How do you feel about it now?

3.2.6. [NOTE: the “throw some balls in the air” question ] Do you have thoughts on how that experience could have been better? Or how it affected your life? Did you learn anything or take any lessons from the experience?

#### **Section 4: General Impressions of the MOSH Justice Program**

We will change gears a bit now and I'd like to get ideas about what MOSH Justice is doing well and how it might change for the better.

4.1. Can you tell me about what's working well with MOSH Justice?

4.2. Can you tell me about what you think needs to change with MOSH Justice?

4.3 How would you describe the difference between your experience with MOSH Justice and other health care services?

Thanks so much. I appreciate the input.

#### **Section 5: Demographics**

We would like to know a few things about you like age and gender. This will help us see any patterns and have a sense if we missed interviewing some groups of people using MOSH Justice.

I have a short questionnaire on this tablet with some questions about you, like age. Would you be willing to have a look and answer the questions you are comfortable answering? You can do this privately or I can walk you through it. If you do fill this out, it can be completely anonymous. We will not be able to know what you answered.

#### **Section 6: Closing**

6.1. Before we end the interview, is there anything else that you think is important for me to know about your experiences?

6.2. Do you have any questions for me?

6.3 Are there any parts of the interview that you might not want us to use?  
(INTERVIEWER NOTE: you might remind them bit of the topics they covered)

6.4 Do you think you said anything that might identify you or someone else?  
(INTERVIEWER NOTE: prompt them with anything you think might be identifying)

We are coming to the end of the interview. I just have one last question about your experience doing this interview and participation in this study.

6.5 How do you feel about participating in this research study, now that you have completed the interview? If you knew what it was going to be like, would you have still agreed? Would you like to share any feedback on the process with the research team?

[turn off audio recorder]

We have come to the end. We appreciate you taking the time to share your experiences and insights for this study.

[INTERVIEWER NOTE go back to the consent form to confirm everything]

Give them the list of supports and check in that they are OK

## DEMOGRAPHIC QUESTIONNAIRE to be administered with Qualtrics

For your information:

The data collected here are sent to the researchers anonymously. Only the researchers will have access. The software we are using is called Qualtrics and they do not share data collected with anyone. In any case, no one can tell you that you filled this out because we have not asked you to identify yourself.

But, remember you can skip any question you don't want to answer.

What year were you born?

What is your gender identity?

What pronouns do you use?

What is your sexual orientation?

How would you describe your race?

Are there any other ways that you identify that you would like to share?

What your highest level of education?

Were you recently released from federal prison or provincial jail?

Federal ☐

Provincial ☐

Are you currently under any supervision such as probation or parole?

Yes ☐

No ☐

Can you describe your housing situation at this time?

How sure are you that you will have housing in the future?

Very sure ☐

Somewhat sure ☐

Not at all ☐

Can you describe your housing situation before you went to prison/jail

Now that you have completed the survey, is there anything about you that you do not want us to report?

That may seem like an odd question, but here's why we are asking.

If you are the only person we interviewed who was, for example, released from a federal prison, we would normally not report that because you are the only one. We would be afraid that someone could identify you if you are the only one. It's not likely but not impossible.

But, it may be that you want this part of your identity reported. It may be that you want people to know that one person from federal prison was interviewed.

With that said, is there anything about you that don't want us to report unless you are in a group of other with the same characteristic?

Yes, please report my answers above even if I am the only one. ☐

No, I don't want anything above reported unless I am in a ☐  
group with others so can't be identified

By clicking submit, you agree to our using the data in the questionnaire for research. You will not be able to withdraw after you submit because the data will be anonymous.

**SUBMIT**