REGIONAL HUMAN SERVICE AND JUSTICE COORDINATING COMMITTEE

August 10, 2018 – 9AM TO 11AM
HPS MOUNTAIN STATION
400 RYMAL ROAD

ATTENDEES: Cindy Kemp-Wenzo, Gwen Piller, Liane Taylor, Lori Dunne (chair), Terry McGurk, Trevor Tymchuk, Brent McLeod (guest presenter), Sherry Lewis (Recorder)

REGRETS: Crystal Burning, Dana Vladescu, Deborah McGrath, Deirdra Burke, Jacqueline Strecansky, Jamie Corneil, Jill Pollock, John Ranger, Kelly Falconer, Laura Walsh, S. Yake, Shawn Blaj, Tom Archer, V. Pepper

1) **WELCOME:**
   - Lori welcomed everyone and went around the table with introductions
2) **ADDITIONAL AGENDA ITEMS**
   - Lori – Fiona Kouyoumdjian has resigned from the committee
   - Trevor – wants to make name change on terms of reference before it goes on the site – Trevor is working with Lori to have the TOR and Minutes put on the Provincial website-he is happy to do this for other locals – he would like the approved minutes for posting
     - Cindy – Some people don't like to have their names on the minutes but don't mind their agency being included
       - Cindy will change minutes so it includes the agency and not individual names
   - Lori - Dana from the BSO will start joining this meeting
3) **REVIEW OF MINUTES:**
   - Lianne Taylor approved the minutes & Trevor Tymchuk seconded it
4) **EMS PRESENTATION – BRENT MCLEOD:**
   - Update on what's happening in the paramedic world (bill 160) and how it relates to other EMS
   - Hamilton trying to set up a detox
   - Niagara implementing 4 different teams – freeing up the other units to deal with health related emergencies
     - EMS & MHW – for mental health issues
     - Falls team – EMS with Occupational Therapist – special tools on the truck to help lift the person
     - Can triage at a more acute level
     - 70% of calls are hot calls (lights & sirens) – Ontario

    - Niagara – only 50% go out with lights & sirens
    - Different treat and release programs
    - Warm hand-off to MCRRT team in the field
- Difference between each of the regions
    - Working relationships – Hamilton – requires a lot of red tape with Union
    - Niagara – they do it and ask for forgiveness afterwards
    - Niagara in a great position because they've had the highest 911 calls, so it's a good place to start
    - Brent will send us the stats
- Hamilton has some great programs
    - One program – paramedics are receiving updates for patients who are sent home with a monitoring device, reducing the need for these patients to return to hospital because as things change, paramedics know and the patient's issues can be dealt with without going to hospital
    - Terry – are paramedics doing patient transfer – depends on the region
    - Lianne – is there expansion of Social Navigator planned for Hamilton – yes
        - Niagara? Looking at it there but there are other challenges in Niagara
        - Social Navigator is being looked at in other regions
    - Terry – relationship with MCRRT – are there going to be different protocols?
        - Looking at it in Hamilton and Halton – see if we can tap into what they're doing – will move faster in Hamilton
        - Lori – In Niagara they are starting to look at how they can work together to help divert from hospital
        - Big piece in Niagara is the violence piece – the paramedics will not attend without the police
        - Terry – tracking?
            - Lori – yes – working with Brent & Joe – waiting for approval
            - Linked to SJHH QIP better referral system between MCRRT/COAST and paramedics
                - All referrals going to CP's and triaged to most appropriate referrals
                - Checking that we're able to support the clients

        - Creating proposal for continuing educations for all paramedics – will be part of their upgrading and continuing education – advanced paramedics can choose to take this
      - Niagara connected with Mac and the UK about what they're doing – need to ensure it's recorded for what is working and what's not
      - Eventually paramedics going from 2 year program to 3 and hoping to get some mental health training in there
  - MCRRT person will be helping with project – Aug 30th to start this proposal
- Cindy – what's happening in Brant?
  - Currently have home visit programs and run programs in seniors buildings and remote patient monitoring across the LHIN, except for Haldimand
  - Being smaller, there is less opportunity
  - Haldimand has nothing
  - Norfolk has one paramedic
- Lori – Healthlinks wondering if they should join this table
  ACTION ITEM: Lori will put it out in email to see if the committee thinks this is appropriate
- Terry – individuals having a lot of issues – maybe Social Navigator could help with this
- Clinical Connect – working on getting other agencies on Clinical Connect
- Info presented to hospital monthly – Healthlinks, EMS program, DBT group at Charlton
- Lori – asking if there are action items we could take on at this table
  ACTION ITEM: Lori will send out a reminder

5) **UPDATES:**

a. Update on the EMS project – Lori

- Handoffs to MCRRT at the Ministry level for approval due to change in government, this will take time.
- Have trained CP's about COAST and MCRRT referrals.
- Creating a CIT (ish) training for EMS continuing education-proposal stage. Working with a frontline MCRRT worker.
- COAST referrals are coming in. This is part of the hospital QIP's (Lori is co-chairing with Holly), falling under the 30 day readmit project. Once a month Lori reports on the number of referrals we get.
- We continue to do data analysis on the cases that come through.

b. Update from Provincial HSJCC – Lori

- Red Envelope-Distant court - No status update - a lot of action items on hold right now due to the election.
- Police/Hospital Transfer protocol:
  - New information in regards to existing protocols across the province has been collected (20 updates provided).
  - It appears that there is enough information to move forward.
  - Due to the need for a protocol, many communities have just gone ahead with their own protocol. Often, police have touched based with HSJCC for direction; therefore we know the protocol is required.
    - Lori has created a PowerPoint with information regarding the transfer of care paperwork for some hospitals in the LHIN
    - Terry – incident of police officer being challenged as to why they're using this language and where they got their information – worried about healthcare workers taking the police diagnosis as being accurate on mental health screener
    - Lori – no health professional involved in coming up with the brief mental health screener – 5 minutes of training – video – not meant to be a diagnosis – should be a communication tool to start a discussion between health care provider and police
    - LHIN's perspective is that the mental health screener isn't going anywhere as some police services are happy with it, others are not
    - Trying to find better ways to use the tool – because it can cause the health care workers to go in the wrong direction at the hospital
    - Hospitals don't like it for the most part, but also do not understand the form and the purpose0implemntation issues
    - Terry – one good thing is that there is more communication between police and hospital
    - If it's being used in the region, all officers are supposed to use it at the scene – not all are using it and often they do it after the fact
  - However, this project is on hold due to the election.
- Aging population and the justice system:
  - HSJCC is looking into creating a guidebook
  - HSJCC provincial completed a systems scan to find out more about this population and who is working on it.

        - Lots of agencies stated that it's on the radar, but not much has been done. This is a focus of the next work plan.
        - There was a webinar about this population on May 29.
        - Presentation done by Haven House speaking about the gap in the system for this population.
            - One suggestion that was made by Haven House was that a shelter is not a good release plan. It is difficult to monitor bail conditions and for the individuals to follow their conditions in the shelter system.
            - Another gap discussed was that you cannot apply for ODSP until you are in the community, thus this is a barrier (no money).
    - Reviewed political platforms.
    - Trevor – A lot of things are on hold because there are a lot of new ministers building their teams – it will take months for them to be ready to look at this. The only thing that might be helpful is that the current government is very "law & order", so if it has to do with the police, they may act faster.
        - Hoping for a very visual guidebook.
        - A webinar was done but was not distributed to be used later because they were concerned about having a public record of this information.
        - Plan is that, in the fall, we will try to introduce ourselves to the ministers.
- Trevor - Any ideas for webinars, please let us know – hoping to have a webinar ready for the CTO stuff
- Also discussed at previous meeting, a way to have the HSJCC website host and archive webinars – you will need to do everything yourself but it's a great system
- Current website can be updated quite easily instead of having to pay developers but Trevor is working on it and hoping it will be fully functional by the end of the year.

c. COAST/MCRRT Standardization updates – Lori

- InterRai and BMHS meetings
- MOU-regulations
    - Created template
    - Roles and responsibilities of police and clinicians
    - Some will be prescriptive

        - Some will be recommendations and suggestions
    - Police and hospitals at the table in September re: MCRRT and COAST
        - How we are collecting data?
    - 2nd review with different stakeholders
    - Job descriptions – developed based on gathering everything across the LHIN
    - HQO conference – Lori, Jenn & Terry are going to be doing a poster presentation
    - Would like some interview questions for MCRRT & COAST – suggestions rather than prescriptive
    - Refresher training - CIT with the worker and with MCRRT teams – might work well working with the LHIN

d. Crisis Beds – Lori

- Beginning April 2018, eight (8) programs were provided funding for 4-6 crisis beds each.
- Programs which previously didn't have crisis beds will now have beds.
- Next year another 9-10 beds will be added.
- Barrett centre currently has 10 crisis beds and will have an additional 5.
- The 5 additional beds are intended to support police services, rapid response and COAST.
- Clients would be seen at hospital and, if not admitted, go to Barrett Centre
- Length of stay can be up to 30 days:
    - Barrett Centre has decided a 30 day length of stay would be challenging for bed flow.
    - Length of stay at Barrett Centre is to be determined; however five (5) to seven (7) days is being considered.
    - During stay, clients would be stabilized, provided support and then discharged with referral resources set up.
    - Dependant on need, a client's stay could be extended.
- Ministry Criteria:
    - Client is agreeable to stay.
    - No violent tendencies.
    - SI with intent would not be admitted and receive treatment elsewhere.
- Some construction is needed at Barrett Centre to accommodate the additional beds.
    - Construction is scheduled to begin the end of July 2018.

        - This will delay the availability of these beds until November 2018.

6) **CWSO CONFERENCE - LORI**
   - Closing date for registrations was July 25, 2018 to get the early Bird.
   - 22 people registered

7) **LHIN OFFICE - LORI**
   - As of the end of July, the LHIN office has moved to 211 Pritchard Rd in Hamilton (LHIN homecare office)

8) **MEMBERSHIP ENGAGEMENT PLAN - LORI**
   - BSO has agreed to join the team, however could not be here this meeting.
   - Healthlinks is another service that is looking to join the local, however any thoughts on the regional-tied to the 30 day readmits?
   - Who else should be at this table?
     - Lianne – Corrections?
     - Trevor – Youth?
     - Cindy – Probation?
     - Terry – Patty Moore?

9) **BUDGET - ALL**
   - Skeleton budget
     - Over $15k spent on conferences
     - Need another update

10) **COMMITTEE MEMBER UPDATES**
   - Cindy
     - Haldimand Norfolk – met June 4th
       - Want to do another training session or workshop
       - Meeting on September 10th
     - Brant – nothing to report since last meeting
     - Looking for suggestions for how deep to go with report and activities
       - Trevor – if it's working, you don't need to do anything until membership engagement drops
       - Terry – do you recruit – do you have an orientation package
       - Lori has a presentation package that could be posted on the website

11) **LOCAL UPDATES**
   a. Niagara
   b. Haldimand Norfolk
   c. Hamilton
      - Client table changes – very minimal

        - Always trying to get consent. If you cannot get it, then it must be at acutely elevated risk
        - More open communication is done by case conference
        - Referrals to the chair/co-chair de-identified
        - Database
        - No client handouts
        - The clients on the table were vetted
        - Confidentiality forms signed once a year - keeping track
        - Resource binder
        - Ad hoc membership
        - Orientation package
    - Had RAAM, Crisis Beds and EMS do presentations.
        - Next month the implications of marijuana on clinical practice - CD/CPC manager
            - **ACTION ITEM: Lori will look into parking pass for people to go to the seminars and not have to pay for parking**

d. Brantford
e. Halton

Next meeting – November 9th

<u>NOTE</u>: People need to consider what action items we should be doing