

**HUMAN SERVICES AND JUSTICE CO-ORDINATING COMMITTEE
CHAMPLAIN REGIONAL MEETING
MINUTES, MAY 7, 2013**

In Attendance:

Taylor Bowes	Lanark County MH	tbowes@lanarkmentalhealth.com	
Tania Breton	Youth Services Bureau	tbreton@ysb.on.ca	613-738-2104 x 224
Lisa Davis	Renfrew County M.H.	ldavis@pemreghos.org	613 281-0518
Sheila Deighton	Schizophrenia Society	sdeighton@schizophrenia.on.ca	613-722-6521x 7775
Claudine Girault	Federal Crown	Claudine.girault@ppsc-sppc.gc.ca	613 948-1330
Daryl Grant	Probation-Ottawa Centre	Daryl.grant@ontario.ca	613 239-1445
Jacqueline Grenon	MCSCS Probation/Parole Ottawa East/South		
Sheri Hatherly-Reichelt	CMHA, Lanark, Leeds & Grenville Youth M.H. Division		
Sophie Lamontagne	CNSC	slamontagne@solution-s.ca	
Colleen MacPhee	Mobile Crisis Team & Safe Beds, TOH	cmacphee@toh.on.ca	
Steve Mann	Ottawa Police MH Unit		
Hilary McCormack	Crown Attorney	Hilary.mccormack@ontario.ca	
Paul McIntyre	Ottawa Family Advocacy		
Susan Morris	Duty Counsel		
Katie Ratcliffe	CSC	Katie.Ratcliffe@CSC-SCC.GC.CA	
Dave Roberts	Crown Attorney	David.Roberts@ontario.ca	
Chantal Surgeson	Elizabeth Fry Society		
Audrey Tedford	CMHA	atedford@cmhaottawa.ca	613-737-7791

Regrets: Bryonie Baxter, Adam Cameron, Joan Dervin, Donna Eastwood, Heather Perkins-McVey, Gail Steeds, Michelle Veillette, Helen Ward

Guest: Ryan Fritsch, Policy Counsel, Mental Health Strategy, Legal Aid Ontario

Audrey Tedford chaired the meeting in the absence of Joan D and Heather PM.

1.0 Call to order, introductions, review and approval of minutes: *March 5, 2013*
Motioned by Claudine Girault to accept the minutes as circulated carried.

2.0 Approval of Agenda & Additions
Approved as circulated

3.0 Updates from Regional Committees in Champlain District
Deferred to be done at same time as round table

4.0 Ryan Fritsch, Policy Counsel, Mental Health Strategy, Legal Aid Ontario
Ryan stated that LAO is interested in collaborating with the Champlain HSJCC, he is the designated seat for youth justice collaborative for Ontario.

LAO's strategy timeline to date was reviewed as well as the strategy framework via a slide presentation (copies were handed out). Highlights are:

- Research affirmed the need for a provincial LAO strategy
- 73% of LAO certificate clients are on ODSP, OW or have no income; mental illness is known in 60% of ODSP recipients, 25% of OW recipients and 40%+ of homeless.

- Clinics are largely focused on ODSP and housing issues in which mental illness play a part in 40%+ of cases
- In April 2013 the Board of Director approved a framework for developing the Mental Health Strategy.
- The strategy is seen as multi-year, province wide, not just in the GTA.
- If the mental health client is put at the centre of the system, how do we develop a referral pathway from the client's perspective, so as not to shoehorn people into a particular model, look at who the client is and what their needs are.
- There is no single definition of mental illness
- Stakeholder conferences have started in the last few months to look at key design issues example: face to face services, call in line. The call centre gets 1800 calls a day and offers service in many languages; however mental health clients often need face to face service.
- Looking at:
 - Who needs service and where can it be provided
 - Building relationship with clients, getting away from "referral carousel", a single point of contact to help navigate and continuity of counsel representation.
 - Every access point be the right access point, mental health clients have an intersection of issues, access to housing, immigration, criminal, etc.
- Serving clients who don't have access, they may never go to a clinic so maybe providing LAO services through outreach/community, go to drop in centres, shelters, etc.,
- Relaxed eligibility, getting away from strict guidelines.
- 5 year priority: improves access to mental health LAO, Strengthen LAO's capacity to provide mental health services, strengthen the capacity of external service providers (Private Bar and Clinics), Policy and Research Development.
- Proposed priorities for 2013/14:
 - Improve Access (relaxed eligibility, expand services-para legal's)
 - Strengthen LAO capacity, (training lawyers/staff serving mental health clients, defining mental illness within LAO so clients can be identified and triaged, enabling the same eligibility criteria be applied)
 - Strengthen external capacity, (involving private bar lawyers & clinics, "hub model" offices near social service office so it's "one stop shopping", Social Workers integrated as part of the legal service in order to make community connections).
 - Policy & Research Development (to understand better who the population is)
- Age requirement for access to LAO: 12 and up, under 18 charged under YCJA, parent needs to attend if they live with the parent in order to do a financial assessment, if no parent involvement, youth can walk in and apply as an individual.
- Continuity of care: Will the individual still have right to choose counsel. There will be no constricting, the aim is to strengthen the service to clients at whatever point and however they want to access it. LAO wants to ensure private bar lawyer have the resources to service clients, with current system there is less access.
- More funding? Yes this is a big commitment for LAO, pilot projects are being launched to prove what they plan to do. There is not a lot of good evidence based information on the justice side of things as to what works, they will be able to track client outcome.
- Pilot Project: Tell him what works locally, especially people on the youth side of things. They are thinking about a project around financial eligibility, can they prove 6 months down the road a good outcome for clients, if services are provided at outreach/shelter do clients get connected to services, if works it can be expanded within the province. Does pairing up with a Social Worker work. There will be a community advisory board then a paper will be released to the province.
- Site drop in from youth perspective would be good. Right now staff completes paperwork for youth, youth should be doing it themselves it would mean accountability and they would be part of the process.

- Connecting Ottawa is a new service, lawyer and s.w. providing support to clients, not necessarily for mental health issues, they provide escorting to/from legal appointments, it's based on volunteers. Suggested that Ryan connect with them.
- Mental Health Court should connect with Ryan as well. Dave reviewed the process in MHC and indicated that lawyers put in a tremendous amount of work following up for clients (getting reports from physicians, tracking background information needed to make an informed resolution which helps determine outcome) and often is non-compensated. Discussion about a specialization in mental health being developed for lawyers. Often the police/lawyer is the first point of contact for a family. Police are often asked for lawyer recommendations by families but cannot recommend but could post a list. Discussion of a project through MHC around identifying lawyers with mental health specialty, some way to accredit them then families involved in MHC would be able to identify lawyers that meet their needs. This would be a good project with lawyers that are interested, have a working group of private bar lawyers developing a specialty mental health designation, LAO would monitor and enforce.
- Problem with rural areas is no compensation/disbursements for lawyers. Barrier is travel time to outlying areas. Compensation for producing record and reviewing of it and for support of client. Social workers can be a buffer for clients and be in contact with the lawyer.
- Confidentiality: If family member is not in court they may not know what the release conditions are due to confidentiality so its difficult to offer support.

Ryan was thanked for his presentation. We can brainstorm and bring forth any ideas to the next HSJCC meeting. We have Ryan's contact information. Ryan said there is no deadline, however if we want to be the seat for pilot projects the sooner the better to get in touch with him, the projects will start to be rolled out in late fall.

5.0 Updates

5.1 Youth Sub-Committee – T.Breton/H.Perkins-McVey

Terms of Reference have been developed. A meeting was held on April 23rd and it was decided to await the outcome of the Youth Justice Project before scheduling any more. Has there been clarification on the age group for the collaborative yet? No, it will be identified at the larger stakeholder group. The focus on the aboriginal population is a priority and they consider youth up to 29.

Youth Mental Health Court – D.Eastwood

Donna sent regrets. Tania updated. They meet monthly; the youth mental health court pamphlet has been finalized. A stakeholder meeting will be held in the next few months, waiting to hear from collaborative.

5.2 Release from custody – J. Grenon

Meeting was held on April 11th at OCDC, the Terms of Reference was finalized. Meetings are quarterly and they clarified who should be on committee. There is a lot of interest but limited one person per agency unless they get a specific request. The Deputy Superintendent of programs, Peter Plouffe informed them that they are looking at having a special needs unit in the future. Preliminary sessions and talks are starting and might help with the level of service for higher need inmates. The red bag program is discussed at every meeting. There has been a change of staff at OCDC; they have been brought up to date. One glitch is that clients are not being hooked up with CMHA. OCDC has hired a multicultural liaison officer primarily working with the Muslim community and Elizabeth Fry looking at providing aboriginal services for women. Lisa stated that their protocol with OPP has been solidified. Joanne Renaud CMHA Prescott-Russell branch is involved with Montfort and Embrun/Limoges.

ACTION: Jackie to send Ann the minutes for circulation.

- 5.3** Provincial HSJCC – J. Dervin: no report
- 5.4** Mental Health Court Committee – D. Roberts
Meeting next Tuesday. Presentation from Montfort Renaissance regarding French language services be integrated into MHC, adult court. In speaking with Dr. Howell & Dr. Ward, French speaking physicians will be coming on staff which will enhance services for francophone's. In March/April there were delays with access to beds, a wait time of 2-3 weeks, however that has been resolved. The large stakeholder meeting is on May 28th, he will speak with Dr. Howell about chairing the meeting. Any info anyone around the table has and would like to provide to him in terms of what your agency does, he is willing to read it and get up to speed. The core committee meets every month, except over the summer, the larger stakeholder committee meets twice yearly. Colleen reported that TOH is looking at having a point person from their team be in MHC 3 days a week starting in July with regards to the crisis beds.
- 5.5** Education Sub-Committee-Committee/H.Ward
Sheila/Audrey provided the update. A ½ day forum was being planned however some presenters were unavailable and only one had been booked, so the decision was made to postpone the forum. At the next meeting they will look at other items that came out of the survey. **ACTION: Schedule meeting**
- 6.0** **Quality of Life Report – Paul McIntyre**
Discussion forums are complete, Champions have been identified. Action plan will be completed by the end of May. Paul reviewed information that came out of the various forums and some of the solutions. There was a discussion regarding education/family support, merging Ontario works and ODSP, recovery, housing in the context of recovery. In Cornwall there was concern about wait times, the family members have developed a web site and have surveyed wait times. They are looking at the possibility of coordinating with the 3 counties. He asked for permission from this group to 1) develop an action plan in partnership with the champions and report back to us, 2) can he share the report, he has shared with Joan. It's approximately 80 pages, he did not change what people said, it's their words. The champions will make the action items happen. He would like to take the report to other communities, and share with other organizations, example public health, CADA. One of the barriers to access to medication is lack of information. Finally he would like to take the report to Members of Parliament at the Federal and Provincial level so they know family members have concerns, especially concerns about what happens to their loved ones when they have passed on. He will share the report before month end. There is fantastic work going on in each of the rural areas, Renfrew County identified 2 priorities in terms of family education and a higher profile in high schools part of Sheila's mandate with her organization. It was pointed out that permission is not required from this table to share the report, Paul is a resource to us, he is not speaking on behalf of the HSJCC, therefore he is free to share the report with whomever he wishes. They are thinking of a family forum in the fall, so he may request our help at that time.
- 7.0** **Workplan – All**
Audrey has a suggestion for more specific knowledge exchange, our HSJCC spot on the website needs more information and updated information. There could be a one/two person team that would work on it and look at projects; TOR, Workplan, Membership, etc. Defer to next meeting and put it at the beginning of Agenda. E-mail your ideas! The term Severe Mental Illness, should it simply say mental illness? SMI/diagnosis discussion, symptomology, they may not have an illness yet. Do we want to clarify for the TOR or take it out? The term was developed in the late 80's early 90's and there has been no direction to change the language. A lot of agencies use it from the DSM/mandate for services for health. Bring back to the next meeting.

ACTION: Everyone is to go through the document and bring recommendations to the September meeting.

8.0 Terms of Reference – All

No recommendations/changes

9.0 Update: Pamphlet – H.Perkins-McVey/H.Ward

No update

10.0 Pressure Issues-Roundtable & Education – Report from Ottawa Local Committee

Taylor Bowes – Lanark

Things are good and steady. Duty counsel is giving a lot of referrals.

Lisa Davis – Renfrew

Their HSJCC meeting was yesterday, they meet again in the fall. A Youth Crown may join them in the fall which is timely. Pembroke police merger with OPP still going through. Business as usual.

Steve Mann – Ottawa Police Service

The pilot project with psychiatrist going out with them is still ongoing; it's usually residents that are supervised by a psychiatrist. They work with the Mobile crisis team.

Colleen MacPhee – The Ottawa Hospital

They will have a point person for mental health court. With the redistribution of money, once sorted out, it should be in place by the fall which should improve linkages with CMHA.

Katie Ratcliffe – CSC

She usually participates in the Kingston HSJCC, but has a caseload in Ottawa so will sit at our table.

Dave Roberts – no additional report, things are good.

Audrey Tedford – CMHA

They are in collective bargaining, hopefully will be settled soon. There is a new member on the court team, so that are back to full 6 at MHC. There are a high number of referrals from the STU. The wait list in the Ottawa region is 174 for case management.

Jacqueline Grenon – Probation/Parole

If an individual goes through MHC and ends up on probation, they get the police record, is there any way of sharing this record with the ROH? If the person is referred by them (probation) to the ROH, usually the ROH will ask for more information, ex: the police report. They share the pre-sentence report with them but they are unable to share the police report. The accused or their lawyer get a copy, the ROH could get it that way. Steve said the OPS have a circle of care agreement with the mobile crisis team. There is a core committee meeting next Tuesday, crown/judges are there, Dave will look into. Protocol with mental health is that probation is allowed to share with psychiatrist. Bring back for further discussion to develop a working protocol for people at this table. If they come through MHC as a client and are sent for an assessment or Section 21, the hospital already has that info; the psychiatrist receives it from MHC. The main issue is not people coming out of MHC its sexual offenses, etc.

11.0 Next Meeting Dates: September 10, 2013, November 12, 2013, January 14, 2014, March 11, 2014, May 13, 2014. All are on Tuesday's from 12:00 – 2:00 p.m. in the 4th Floor Crown's Boardroom, 161 Elgin Street.