

**Northwest Regional Centre of Responsibility (COR)
FASD/Justice System Working Group Minutes**

Mon, Jan 16 2023

9:00am – 10:00am CST/10:00 am – 11:00 am EST

Present: Alice Bellavance (BISNO) – Co-Chair, Derek West (TBPS) – Co-Chair, Alexis Trepanier (Children’s Centre Thunder Bay), Maureen Parkes (Norwest Community Health Centre), Jennifer Esterreicher (Youth Probation Sioux Lookout), Chandralal Majuwana (CMHA Kenora), Claire Thiessen (CMHA Thunder Bay), Natasha Vaughan (CMHA Kenora), Sara Dias (CMHA Kenora), Taylor Sundin (CMHA Kenora), Obinna Egbuchulam (Nokiiwin Tribal Council) , Rooke Pitura (Kenora Association for Community Living)

Regrets:

1. Welcome & Introductions

- Alice led introductions. New members Claire and Alexis were introduced, along with others who joined later in the meeting.

2. Approval of Agenda and Previous Minutes

- Jenny provided a summary of what was included in the meeting package, including a copy of briefing notes with 3 recommendations for provincial HSJCC. Agenda and minutes approved by Alice.

3. Follow up from PHSJCC meeting held on Nov 15/22

- Jenny summarized the discussion of the questions compiled by Erin Paquette, Policy Analyst of the Provincial HSJCC Secretariat and the outcome of discussion from the PHSJCC meeting. Erin is going to do more research on travel for getting assessments and other barriers to getting assessed. Alice mentioned KPMG Municipal of Affairs and Housing report should be coming out this year. Our group should look at providing feedback to ensure the FASD population be included in this process. Consultations were conducted for this report but unsure if FASD was highlighted. Sara thankful that this issue has continued to be brought forth to PHSJCC despite some resistance.

4. Discussion/feedback from FASD and the Justice System Webinar and Norwest FASD training

- Jenny mentioned there is a replay link on their website, and Jenny sent it out with the meeting link, along with the slides. She will send it out again after today’s meeting
- Jenny provided an overview of the webinar: it offers perspectives on why having an FASD diagnosis makes a difference for navigating the justice system, how to support an

individual with FASD with the justice system, how a person with FASD might take something literally or be misled by responding to questions positively, even if it is not accurate. Derek will look into whether this is currently covered in police training. The webinar also covered bail conditions and other creative solutions

- Alice sent out provincial research on cognitive diversity and communication – will be circulated again for additional training to understand communication issues (Complete)
- Maureen described the implications of language and how this fits into assessment: language can be an impairment for people with FASD, but can be hard to realize – comprehensive language is now involved in assessments (with speech/language pathologist), not necessarily a requirement for diagnosis, but assesses whether language is an impairment. Could impact the outcome of the assessment
 - Sara asked what barriers might be in place? Maureen responded: when people are incarcerated, neural psychologist will not go to the correctional centre or jail. Has to be done in person.
 - Maureen provided an overview of an effort to make the appointment for assessment when the person was discharged, but this effort was met with little success
- Jenny mentioned how the Community Reintegration Planning Tables might play into this. Community reintegration planning tables are meant to flag people who are incarcerated who fall into the high risk categories. These tables could help facilitate referrals for FASD assessments upon discharge from custody. FASD workers/assessors should be included in the broader network of CRPT's.
- Would be good to streamline the process of getting high risk individuals in for assessment at the Community Health Centre as soon as they are released from the justice system
 - Maureen – once a person comes in once, a great number of assessments can be done all in one place – diagnostic clinic within one structure. The assessment is done with the person, so the burden is not on the individual to go around and seek various assessments
- Sara – recommends including more information in the PHSJCC memo regarding the barriers to assessment and the multiple layers involved. Jenny will consult with Maureen and bring forward to Erin at PHSJCC. Norwest CHC can help facilitate assessment processes because they have a diagnostic clinic in-house. How does Firefly access theirs?

Kenora has their own diagnostic clinic which includes assessments for adults. Firefly does diagnostic for Kenora district. Look for supporting medical within their own community. Alice sent email with articles. Dysmorphic facial features is uncommon, especially in children. This should not be a main criteria for being assessed

5. Exploring connections with CAMH and CAN FASD to advocate for updated definition of FASD

- Stemming from discussion to include an updated definition of brain injury. In the current definition, it's anything occurring after birth – automatically excludes FASD. The Ministry of Health and World Health organizations need to re-visit their definition of Acquired Brain Injuries (ABI) to include 'before birth'. People with FASD require similar supports to someone with ABI. Rooke commented that historically, many people were being accepted through DSO despite IQ levels and noted the inconsistency with this. Higher range of IQ normally gets denied now.
 - Around 80% of people with FASD do not qualify for DSO
 - There was a time when people with FASD were able to access DSO
 - Inconsistency in who qualifies

6. Next Meeting Date

- March 23, 10:30 EST
- Action items:
 - Bring barriers to assessment issue forward to Erin (PHSJCC)
 - Looking into meeting agenda # 5: advocating for updating definition of brain injury and potential collaborations with CAMH and CAN FASD

7. Adjournment at:

- 10:45am