

Four Year Review/ Follow-up Report:

HNHB Regional and Local HSJCC

Human Services & Justice Coordinating Committees

(April 1, 2010 to March 31, 2014)

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Four Year Review/ Follow-up Report

HNHB Regional and Local HSJCC

Human Services and Justice Coordinating Committees

(April 1, 2010 to March 31, 2014)

EXECUTIVE SUMMARY

Following the establishment of the Human Services and Justice Coordinating Committees (HSJCC) by the Ministry of Health and Long Term Care in 2005/06, the Regional HNHB (Hamilton, Niagara, Haldimand-Norfolk & Brant) HSJCC determined the need for a second four-year review of its progress. The first report reviewed the time-line of April 1, 2006 to March 31, 2010. The current time-line is April 1, 2010 to March 31, 2014. The primary purpose of the committees is to ensure effective communication and service integration planning in serving a defined target population – individuals who are in conflict with the law, with priority to individuals with mental health, developmental, brain injury, addiction and fetal alcohol issues.

The evaluation process was premised upon the use of each committee's Logic Model (which was completed during the first consultation process). Each committee's minutes were summarized and coded according to functional components, process objectives and outcomes. The committee's activities were examined according to their alignment with Provincial HSJCC priorities and key provincial/ national literature. The collective data allows for a wide breadth of interpretation, which is translated to several "Key Messages," "Alignment with Provincial Direction" and "Suggestions for Consideration" – pages 39 to 44.

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(April 1, 2010 to March 31, 2014)

Section I

INTRODUCTION

In May 2005 the Ministry of Health and Long Term Care (MOHLTC) formalized the structures of the Human Services and Justice Coordinating Committees (HSJCC) at the provincial, regional and local levels. This new structure marked the beginning of the government's commitment to follow the policy directions and recommendations as identified in the provincial framework titled, *A Provincial Strategy to Coordinate Human Services and Criminal Justice System in Ontario* (1997), and the report of the Forensic Mental Health Services Expert Advisory Panel titled, *Assessment, Treatment and Community Reintegration of the Mentally Disordered Offender* (2002). Both documents highlighted the importance of inter-ministerial cooperation and support to ensure effective communication and service integration planning in serving a defined target population – individuals who are in conflict with the law, with priority to individuals with mental health, developmental, brain injury, addiction and fetal alcohol issues.

The HSJCCs are recognized as a joint collaboration between the following five Ministries: Ministry of Health and Long Term Care (MOHLTC); Ministry of Community and Social Services (MCSS); Ministry of Children and Youth Services (MCYS); Ministry of the Attorney General (MAG); and Ministry of Community Safety and Correctional Services (MCSCS). The Provincial Human Services & Justice Coordinating Committee (PHSJCC), which is comprised of Regional Chairs and ex-officio Ministry representatives, functions as a provincial planning body actively supporting the work of the regional and local committees (refer to Appendix A for updated PHSJCC Terms of Reference). Provincial support mechanisms have included annualized financial resources, numerous reference materials through the HSJCC Website and access to policy consultants whose focus is to provide policy support to the committees.

During the 2005/06 fiscal year, the operations began with the establishment of the Provincial HSJCC, along with fourteen (14) Regional HSSCCs and forty-two (42) Local HSJCCs. Within the Central South Region, the four Local HSJCCs (Hamilton, Niagara, Haldimand-Norfolk, Brant) were established under the leadership of the Regional HSJCC. The Regional committee's boundary originally included the City of Burlington and was titled, LHIN4. However, in 2013 the City of Burlington was realigned to the Halton HSJCC. Hence, the Regional HSJCC title has now been changed from LHIN4 to HNHB – Hamilton/ Niagara/ Haldimand-Norfolk/ Brant (refer to Appendix B for HNHB Terms of Reference).

The first consultation report began during the fall of 2009. The identified time-line was April 1, 2006 to March 31, 2010. The consultant's first evaluation process was premised upon the following three analytical tools: (1) Rifkin Community Participation Scale: which focused on committee operations; (2) Collaboration Continuum: which focused on membership relationships; and (3) The Logic Model: which focused on committee process and outcomes. Over an 8 month process of gathering both qualitative and quantitative data, the consultant prepared a 75-page report (June 2010) which concluded with twelve (12) "*Key Messages*" along with ten (10) "*Suggestions for Consideration*" (Refer to Appendix C for summary).

The second consultation report began November 2014. The identified time-line is April 1, 2010 to March 31, 2014. A follow-up report, from the same writer, allows for a reflection of the previous analytical interpretations plus an adaptation of new Provincial HSJCC directions. The current pronounced message from the Provincial HSJCC is **ALIGNMENT** – the alignment of Regional and Local HSJCC activities with the priorities of the Provincial HSJCC including provincial/ national literature.

The purpose of this report is:

- 1) To analyze the **alignment** of the HNHB Regional and four Local HSJCCs with the Provincial HSJCC over the past four years (April 1, 2010 to March 31, 2014); and
- 2) To provide suggestions for future HSJCC activities to ensure they continue their alignment with the Provincial HSJCC directions.

The current method of analysis is built upon:

- Identification of Provincial HSJCC priorities and key pieces of literature;
- Each respective HSJCC's Logic Model (which was prepared by each committee during the previous consultation process);
- A detailed summary and coding of ALL the Regional and Local HSJCC Meeting Minutes over the four year period, according to each committee's respective Logic Model;
- A review of the Provincial HSJCC Annual Reports over the four year period; and
- Feedback from the respective HNHB HSJCC Chairs.

The report will begin with an overview of the Provincial HSJCC direction, followed by an overview of the selected evaluation tool – the Logic Model. The foundation for the analysis will build upon the coding summaries for each of the five HSJCCs as interpreted according to each committee's respective Logic Model. The analysis will focus on the consultant's interpretation of how the committees have demonstrated areas of alignment – specifically how the Regional and Local HSJCC's activities over the past four years have followed the Provincial HSJCC's priorities, direction and key literature. An interpretation of the findings will be summarized according to "Key Messages," "Alignment with Provincial Direction" and "Suggestions for Consideration."

Section II

PROVINCIAL HSJCC DIRECTION

The starting point of analysis begins with an understanding of the Provincial HSJCC funding body. Although HSJCCs are recognized as a joint collaboration between five (5) provincial Ministries, the Ministry of Health and Long-Term Care (MOHLTC) is identified as the lead Ministry in overseeing this provincial initiative. As outlined in the Provincial HSJCC Terms of Reference (Appendix A), the two primary areas of emphasis for the committees are:

- 1) To provide a planning table to bring together service providers to find solutions to the problem of the criminalization of people with the defined unique needs; and
- 2) To develop a model of shared responsibility and accountability in dealing with this group of individuals at points of intersection with the justice system.

The goal of the Provincial HSJCC is to provide a provincial leadership mechanism to support the implementation of the Ontario government's policy framework (1997) for people who come into contact with the justice system and who have needs that are appropriate to be met by one of more of the provincial human services systems. The Provincial HSJCC objectives and key PHSJCC literature are summarized as follows:

Provincial HSJCC Objectives

- To support the individual and collective efforts of Regional and Local Committees.
- To identify provincial service and policy issues and make recommendations to address such issues to appropriate government and other bodies as determined by the nature of the issues.
- To identify solutions to systemic problems.
- To promote consistency of approach across Ontario, while recognizing regional diversity.
- To enhance the engagement of the HSJCC Network (which includes the Provincial, Regional and Local Committees).
- To share information across the HSJCC Network and beyond (knowledge transfer).
- To provide a structure for accountability for the HSJCC Network.



KEY PHSJCC LITERATURE
(To guide committee direction)

Needs Assessment (2009)

CMHA prepared an inventory of potential policy projects for the HSJCC. Based on the results of a needs assessment, a list of outstanding provincial issues was generated as follows (p.2):

Priority Populations:

- Clients with concurrent disorders
- Clients with dual diagnosis
- Forensic clients
- Youth
- Clients who are labeled “high risk”
- Clients from the federal justice system

System Development and Coordination:

- Need for establishing provincial standards for human services and justice initiatives
- Need for improving human services and justice coordination
- Need for expanding SMI (serious mental illness) criteria
- Need for increasing available information about probation orders
- Need for expanding research initiatives on human services and justice systems

Service Issues:

- Need for expanding police/ mental health initiatives
- Need for expanding mental health courts
- Need for establishing standard protocols for client release from court custody
- Need for increased access to and availability of Psychiatrists and psychiatric assessments
- Need for expanding bail support programs
- Need for expanding pre-charge diversion initiatives

Social Determinants of Health:

- Lack of access to and availability of housing
- Lack of culturally competent human services and justice initiatives
- Lack of access to and availability of transportation

HSJCC Response to “Every Door is the Right Door” (2009)

Key Messages:

- 1) Inter-sectoral collaboration, which includes participation of community mental health and addiction agencies, is highly recommended.

Act Early

- 2) Support the development of early identification and early intervention initiatives.

Meet People on Their Terms

- 3) Pleased that the impact of the social determinants of health – specifically housing shortage – is addressed.

Transform the System

- 4) Client needs have exceeded system capacity.
- 5) Alternative pathways and more appropriate points of access must be developed outside of hospitals i.e., ER visits.
- 6) Creative police/ mental health initiatives must be supported.
- 7) Pre-charge and diversion programs must be expanded.
- 8) Further enhancement of court support programs are required to expand to individuals with concurrent disorders and/ or dual diagnosis.
- 9) Increased collaboration between the federal and provincial justice systems is required to address the high risk federal offenders.
- 10) Ongoing infrastructure for research and development is necessary.

Strengthening the Mental Health and Addictions Workforce

- 11) Developing an integrated mental health and addictions strategy requires increased training for mental health and addictions workforce.
- 12) Need for cultural competency training.

Stop Stigma

- 13) Need to address the negative impact of stigma of offenders attempting to access mental health and addiction services.

Create Health Communities and Build Community Resilience

- 14) New investments must be made to help build capacity for Aboriginal and ethno-racial communities.



Annual Report (2011)

Accomplishments:

- Ex-officio members of 6 provincial ministries included: Connex Ontario, Ontario Association of Chief of Police, Ontario Provincial Police, Corrections Canada, Canadian Mental Health Association & Community Networks of Specialized Care.
- Key work: Development of ***Police/ Mental Health Collaboration Report***; organized ***Police/ Mental Health Advisory Committee*** to support project; surveyed Local and Regional HSJCCs re: involvement with police/ mental health collaboration; and disseminated Final Report (which raised 15 key issues).

- Responded to special request from MOHLTC re: Court Support programs. Surveyed Court Support workers/ systems across province. Shared Final Report with MOH.
- Provincial HSJCC Steering Committee proposed restructuring of PHSJCC network to increase the capacity of the Provincial Committee and enhance its effectiveness. Steering Committee also recommended establishing a Provincial HSJCC Secretariat to increase staff support for the HSJCC network.

PRIORITIES (2012): Reviewed *HSJCC Needs Assessment* (2009). Top 5 provincial priority issues: (1) clients with complex needs; (2) access to psychiatrists/ psychiatric assessments; (3) youth; (4) release from custody; (5) Mental Health Courts.



Annual Report (2012-13)

Accomplishments:

- Responded to request by Inter-Ministerial Mental Health & Justice Director' Group to lead project re: improving police handoffs of people experiencing a mental health crisis in the Emergency Department. Working group prepared *Information Guide: "Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario."*
- Delivered 2 webinars through grant from CAMH's Evidence Exchange Network (EENet): (1) Information Guide: *"Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario"* and (2) Information Guide: *"Strategies for Community Service Providers for Engaging in Communication with Correctional Facilities in Ontario."*
- Purchased Adobe Connect and is in the process of redesigning website.
- Invited to present Information Guide: *"Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario"* to Think Tank (March 2013).
- Presented findings from Police & Mental Health project to Minister of Community Safety & Correctional Services (May 2012).
- Wrote letter (Oct. 2012) to Federal Minister of Justice re: review of "NCR on Account of Mental Disorder." Invited to speak to Minister on topic.
- Submitted recommendations to Ministry of Attorney General *JOT Bail Expert Table* re: ways to improve bail process. Preparing report to submit to Bail Experts Table.
- Produced Provincial HSJCC Newsletter (quarterly).
- Ongoing discussions with Justice Service Collaboratives re: issues of mutual interest. Toronto & Champlain HSJCC are partnering on projects in their regions.
- Planning for upcoming 2013 Provincial HSJCC Conference.

PRIORITIES (2013-14): (1) Maintain HSJCC Database; (2) Identify HSJCC promising & exemplary practices; (3) Share information across HSJCC network & beyond; (4) Evaluate: (5) Identify solutions to systemic problems; (6) support provincial policies & directions; (7) Organize & deliver HSJCC Provincial Conference; (8) Prepare annual report; & (9) Seek funding for Secretariat.

Annual Report (2013-14)

Accomplishments

- Sponsored PHSJCC Conference (Nov 25-27/13). Keynote presentations included: “*Mindful Resilience: The Human Curriculum for Thriving*” and “*Overcoming Obstacles and Finding Oneself*.”
- Delivered 3 webinars through support of Evidence Exchange network (EENet): “*HARM Tool*,” “*Stranded Without Personal Belongings*,” & “*Special Populations Primer*.”
- Also assisted local HSJCCs in adding webinar component to Lunch and Learns.
- Renewed Adobe Connect licence for webinars & updating website.
- Continued with Stage 2 of “*Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario*.” Conducted key informant interview which resulted in brief report/ protocols for inter-Ministerial Mental Health and Justice Directors’ Group.
- Letter submissions included: final recommendations to Attorney General’s *JOT Bail Expert Table*; follow-up to Federal Minister of Justice re: Bill C-14 NCR Reform Act; pre-budget submission on housing to Ontario Minister of Finance; and recommendations to **Legal Aid Ontario’s Mental Health Strategy**.
- Produced Provincial HSJCC (bi-monthly).
- Submitted funding proposal “*Building Capacity*” to Inter-Ministerial Directors’ Group.
- Areas of Priority: (1) Release from custody; (2) Court services; (3) Special populations; (4) Geriatric populations; (5) Interactions of Youth; (6) Aboriginal communities; (7) Prisoner belongings; (8) Emergency Department issues; (9) Training needs.

PRIORITIES (2014-15): (1) Share information across HSJCC network and beyond; (2) Maintain HSJCC membership database; (3) Support provincial policies & directions; (4) Specialized Courts and Court Support Programs Project; (5) Project on seniors who have come into contact with the law; (6) Planning PHSJCC Conference; (7) Annual report.



ADDITIONAL PROVINCIAL/ NATIONAL LITERATURE
(To guide committee direction)

Key Messages (pp. 4-8):

- 1) There is more awareness of and access to crisis and court support services in Ontario.
- 2) Involvement between police and people with mental illness is substantial, and the number of interactions has increased over time.
- 3) Police play a role in transportation for individuals in crisis in rural communities.
- 4) People experience long wait times in hospital Emergency Departments while assisting people in crisis.
- 5) Outcomes for clients have improved as a result of enhanced court support services.
- 6) Court Support Workers are playing a boundary-spanning role by providing information and support to many stakeholders in the criminal justice system and the community mental health system more broadly.
- 7) While more people have been able to access court support and crisis services, the programs have a limited capacity to serve all those in need.
- 8) People with mental illness and involvement with the justice system face barriers when transitioning on to community services.



Select Committee on Mental Health and Addictions (2010)

Justice Issues: The Select Committee Recommends (p.14):

- 17) The services of court mental health workers should be made widely available across all regions of Ontario, in order to divert more individuals with a mental illness or addiction out of the justice system and into appropriate mental health and addictions services and supports.
- 18) Additional Mental Health, Drug Treatment, and Youth Mental Health Courts should be created across all regions of Ontario, to provide more appropriate services for individuals with a mental illness or addiction.
- 19) The Ministry of Community Safety and Correctional Services should direct police forces across the province to provide training for officers who may encounter people suffering from mental illnesses and addictions.

20) The core basket of mental health and addictions services should be available to the incarcerated population, and discharge plans for individuals with a mental illness or addiction should be expanded to include the services of a system navigator and appropriate community services.

Building Bridges: Mental Health and the Justice System (2011)
A Symposium to Promote Collaboration

Federal/ Provincial/ Territorial (FPT) Ministers Responsible for Justice created a symposium of expert-level practitioners and policy makers in mental health, criminal justice and social policy, from within and outside of government to lay a foundation for an action plan for building and sustaining partnerships among responsible ministry, orders of government and stakeholders.

Summary of Recommendations (pp.15-16)

Long Term:

- 1) Eligibility for transitional housing be improved to allow for better access to forensic clients with mental health and addictions needs.
- 2) Partnerships and shared understanding be enhanced among community resources, including corrections, housing, mental services, and Non-Governmental Organizations.
- 3) Integrated teams of police and mental health professionals be expanded and endorsed as a best practice.
- 4) Jurisdictions undertake similar inter-ministry collaboration in a way that suits the capacity and needs of their jurisdiction.

Short Term:

- 5) The lack of data on mental health issues be addressed and the potential for inter-ministry discussions regarding data-sharing be explored.
- 6) A research report should be commissioned on how the interaction of privacy legislation and policy complicates the issue of mental health service delivery in the justice system.
- 7) The Compendium of FPT initiatives be updated every three years and made available as part of cross-jurisdictional resource of best practices, maintained in a database and accessible on-line.
- 8) A review should be commissioned of the available evaluations of Mental Health Courts (both Canadian and international).
- 9) A rigorous evaluation should be commissioned of Canadian Mental Health Courts to determine if therapeutic courts are achieving their goals.
- 10) A national conference or meeting of Mental Health Court service providers should be developed.

- 11) Deputy Ministers Responsible for Justice engage their FPT Health, and Social Services counterparts with a view to the creation of a new FPT forum on the issue of mental health and its impact on the criminal justice system. FPT Deputy Ministers in these sectors should meet to discuss and establish current mandates, issues of mutual interest and how they can better collaborate in the area of mental health.
- 12) A business case model should be developed to demonstrate that public safety could be more efficiently and effectively addressed through ministries other than the justice system, particularly with respect to the long-term benefit of inter-ministry collaboration.
- 13) A legislative exemption should be considered from mandatory minimum sentences and other restrictions on sentencing options in certain cases involving offenders with mental health problems and illnesses in situations where public safety is not at risk and where programs exist in the province or territory that the offender can be referred to.
- 14) Deputy Ministers Responsible for Justice create a stronger link to the Mental Health Commission of Canada to determine how the FPT Justice community can contribute to reducing stigma within the justice system.



Changing Directions Changing Lives (2012) **The Mental Health Strategy for Canada**

The scope of the Strategy is broad and its recommendations are grouped into six key Strategic Directions. Each Strategic Direction focuses on one critical dimension and together they combine to provide a comprehensive blueprint for change. The six Strategic Directions (p.11) are noted as follows, along with selected “**PRIORITIES**” and “**Recommendations for Action**” that apply to **areas of justice**:

1. Promote mental health across the lifespan in homes, schools, and work-places, and prevent mental illness and suicide wherever possible.
2. Foster recovery and well-being for people of all ages living with mental health problems and illness, and uphold their rights.
3. Provide access to the right combination of services, treatments and supports, when and where people need them.
4. Reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities and Northerners.

5. Work with First Nations, Inuit, and Metis to address their mental health needs, acknowledging their distinct circumstances, rights and cultures.
6. Mobilize leadership, improve knowledge, and foster collaboration at all levels.

PRIORITY 2.3: Uphold the rights of people living with mental health problems and illnesses (p.45).

- 2.3.2. Stop disclosure in ‘police records checks’ of apprehensions by police under mental health acts.
- 2.2.3 Review and, where necessary, update legislation and revise policies across jurisdictions and sectors to achieve alignment with the UN Convention on the *Right of Persons with Disabilities*.
- 2.3.4 Develop and implement recovery-oriented, trauma-informed alternatives to the use of seclusion and restraint, with a view to reducing and eventually making these practices virtually unnecessary.

PRIORITY 2.4: Reduce the over-representation of people living with mental health problems and illnesses in the criminal justice system, and provide appropriate services, treatment and supports to those who are in the system (p.49).

- 2.4.1. Increase the availability of programs to divert people living with mental health problems and illnesses from the corrections system, including mental health courts and other services and supports for youth and adults.
- 2.4.2 Provide appropriate mental health services, treatments and supports in the youth and adult criminal justice system, and ensure that everyone has a comprehensive discharge plan upon release into the community.
- 2.4.3. Address critical gaps in treatment programs for youth and adult offenders with serious and complex mental health needs.
- 2.4.4. Increase the role of the ‘civil’ mental health system in providing services, treatment, and supports to individuals in the criminal justice system.
- 2.4.5 Provide police, court and corrections workers with knowledge about mental health problems and illnesses, training in how to respond, and information about services available in their area.

Conclusion (p. 12):

- FASD was defined in 1973; forty years later there is still no coordinated response in Ontario. There is however awareness of FASD among developmental and health services and in the justice system.
- This includes an emerging understanding of the implications of FASD on an individual's capacity to make reasoned, informed and considered decision as well as the need for accommodation and support.
- Access to a fair and impartial legal system requires that family, civil and criminal systems consider the neurodevelopmental disability when evaluating parental capacity and rights, access to financial supports and social services, and when considering the moral blameworthiness of individuals.
- The survey found that individuals with FASD comprise a significant portion of clients in the mental health and justice sectors and confirm FASD as a risk factor for involvement in the legal system.
- Many organizations understand the vulnerabilities innate to those living with FASD and the need for and value of a coordinated institutional and community response. Training may change individual practice, but has not translated into system-wide FASD-informed interventions from the court docket or institutional or community settings.
- Respondents identify the need for cross-sector collaboration as the most effective approach to stopping the revolving door of victimization and criminalization of individuals with FASD.
- Policy & protocols are needed to encourage and support FASD-informed programming.
 - There are multiple opportunities to screen for the diagnosis. Identification of the disability early informs service delivery, uses resources more effectively and improves outcomes.
 - Professional development/ training in FASD need to extend to programs, policies and practice.
 - Cross-sector FASD-sensitive programming is needed to provide for the lifelong needs of clients. Local FASD networks are an effective approach to addressing local priorities. Ministry leadership, engagement and coordination can accelerate research, evaluation, and program innovation and address the systemic gaps that are barriers to better service delivery and outcomes.
- FASD falls across the mandates of agencies and ministries. The survey responses not only identify a systemic challenge, but a readiness and willingness to address the

complex issues faced by youth and adult services, health and mental health, and justice and corrections to innovate programs toward meaningful and effective supports for those living with FASD.



Bail Experts Table Recommendations (2013)

Community Service Organizations (pp.14-15)

This committee recognizes the important role that community and social services organizations play in the fair and effective administration of bail court. Organizations based in many courthouses provide services such as public transportation passes, spiritual support to accused persons and contacting sureties. Local bail committees should ensure there is an awareness of such agencies and their respective services.

RECOMMENDATION #13: Community support services that are available to accused persons often vary between jurisdictions. This committee recommends that a member of each local committee responsible for implementing change at the bail phase should be assigned the responsibility of compiling, maintaining and distributing a list of available community supports for accused persons, especially those that provide support to members of marginalized communities and/ or persons with mental health concerns. The information distributed should include contact information, details of the support provided and program capacity.

In most locations, across the province, there is an opportunity to further involve community service organizations in processes related to bail, where appropriate, to increase the effective and efficient functioning of bail court.

RECOMMENDATION # 14: The committee recommends that justice participant groups, especially Crown Attorneys and duty counsel, work with community and social services organizations to maximize their effective use. It may be appropriate in some instances to integrate community services into local bail practices. Organizations that are very active in the bail phase should also be included in the local bail committee.

RECOMMENDATION # 15: This committee recommends that community service organizations operating at the same courthouses collaborate to share information and streamline processes. There is also an opportunity for organizations to work together to improve client service. For example, an organization interacting with an accused person could inform him/ her about supportive services provided by other organizations.

Section III

OVERVIEW OF FIVE HSJCC LOGIC MODELS

The primary tool that was selected to assist in the analysis of the HSJCCs is the Logic Model. Logic Models are recognized as a beneficial evaluation tool, with an ability to facilitate effective planning, implementation, evaluation and improvement for various levels of stakeholders. Although most commonly associated with the evaluation of programs, the Logic Model can be adapted to address a specific area of focus i.e., program, organization, committee, as well as modified according to various types i.e., outcomes, activities and theories.

As a starting point, according to W.K. Kellogg (1998), the Logic Model is defined as,
.... a picture of how your program works – the theory and assumptions underlying the program. A program logic model links outcome (both short- and long-term) with program activities/ processes and the theoretical assumptions/ principles of the program. This model provides a roadmap of your program, highlighting how it is expected to work, what activities need to come before others, and how desired outcomes are achieved.
(p.35)

By defining the logic of how a committee/ program is intended to operate, it becomes feasible to establish appropriate monitoring and evaluation systems.

There are multiple benefits to the development and use of a Logic Model, as outlined by W.K Kellogg (1998). First, the design itself keeps the underlying program/ committee assumptions at the forefront, and assists staff/ committee members to stay focused on linking activities and process to the desired outcomes. Secondly, the foundation established provides an effective approach to evaluating and charting activities and complex initiatives with intangible outcomes i.e., community participation. Thirdly, there is tremendous value in the process of developing a Logic Model, as stakeholders are required to work together to clarify the rationale and conditions of success for the program/ committee, as well as identify gaps in activities, outcomes, etc. Of most significance, the process facilitates clarity of thinking and creates a sense of ownership among the stakeholders (p. 36).

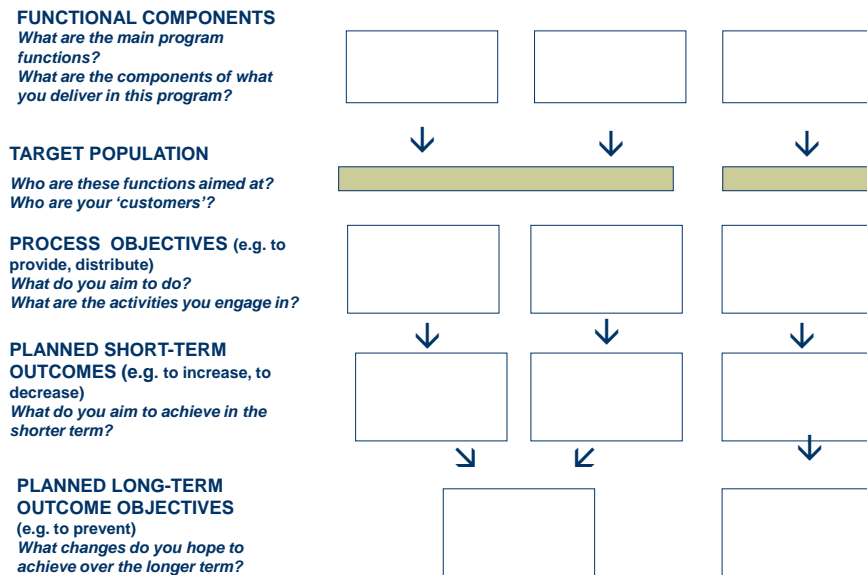
On May 10, 2010, all the HNHB HSJCC committees had undergone the exercise of creating a Logic Model for each HSJCC. The exercise was facilitated by Al Cudmore, who outlined the key elements as follows:

Process Objectives describe the activities that take place in each component of the program/ committee. Objectives are written in the language of “doing” i.e., to teach, to facilitate, to provide, to refer, to support, to empower

Outcome Objectives describe the desired changes that will occur as a result of implementing the process objectives. Objectives are written in the language of “change” and will translate into indicators i.e., to increase, to decrease, to improve, to modify, to prevent, to reduce

In addition, all the objectives should follow the SMART acronym – specific, measurable, achievable, realistic and identified within a time-frame. By interweaving feedback into the established structure, a healthy culture and attitude towards evaluation is created.

Basic Program Logic Model Structure



Through the HSJCC group planning exercise, the identified functional components were premised upon the Regional HSJCC's Terms of Reference (Appendix B) which outlines the following Regional and Local Goals and Objectives:

1. Expand and enhance services
 - 1.1 To increase justice system specialization including courts, police and correctional facilities.
 - 1.2 To develop enhanced housing options including long-term housing, crisis beds, supplemental rent and increased monitoring.
 - 1.3 To improved system access to housing, pensions, employment, health and other necessary services.
2. Build system capacity
 - 2.1 To ensure delivery of consistent training.
 - 2.2 To establish a seamless system for clients from pre-charge to post-release.
 - 2.3 To develop more formal and informal relationships among agencies, Ministries, service providers and educational institutions.
3. Develop awareness and support
 - 3.1 To explore systemic issues and demonstrate the effectiveness of multi-level collaboration.
 - 3.2 To develop a communication plan.
 - 3.3 To develop an advocacy strategy.

Objectives

1. Facilitate communication through effective linkages among health, criminal justice and social service sectors, and between local committees.
2. Identify issues with respect to service delivery and capacity.
3. Address issues such as access to and duplication of services.
4. Consult with local committees to determine predominant issues.
5. Coordinate regional training opportunities for all sectors involved in serving the target population.
6. Provide informed input and advice concerning research, system design, planning, program implementation, and resource allocation to the partner ministries.

A listing of each HSJCCs Logic Model is referenced as follows:

- Logic Model – Regional HSJCC (Appendix D)
- Logic Model – Hamilton HSJCC (Appendix E)
- Logic Model – Niagara HSJCC (Appendix F)
- Logic Model – Haldimand-Norfolk HSJCC (Appendix G)
- Logic Model – Brant HSJCC (Appendix H)

Coding of each HSJCC Meeting Minutes according to their respective Logic Model is referenced as follows:

- Coding of Committee Minutes /Logic Model – Regional HSJCC (Appendix I)
- Coding of Committee Minutes /Logic Model – Hamilton HSJCC (Appendix J)
- Coding of Committee Minutes /Logic Model – Niagara HSJCC (Appendix K)
- Coding of Committee Minutes /Logic Model – Haldimand-Norfolk HSJCC (Appendix L)
- Coding of Committee Minutes /Logic Model – Brant HSJCC (Appendix M)

Current membership of each HSJCC is referenced as follows:

- Membership – Regional HSJCC (Appendix N)
- Membership – Hamilton HSJCC (Appendix O)
- Membership – Niagara HSJCC (Appendix P)
- Membership – Haldimand-Norfolk HSJCC (Appendix Q)
- Membership – Brant HSJCC (Appendix R)

The evaluation process will consist of determining the areas of alignment. Specifically, how the activities of each HSJCC, as demonstrated through their minutes/ Logic Models, is aligned with the provincial/ national direction. Comments of membership attendance, representation and movement will also be noted.



Section IV

DATA FINDINGS FOR EACH COMMITTEE

The data findings for each of the five HNHB HSJCCs (Regional, Hamilton, Niagara, Haldimand-Norfolk and Brant) will be presented per committee. The summaries reflect the consultant's interpretation of the alignment, along with input from the committee Chairs.

Regional HSJCC

The Regional HSJCC continues to serve as a key point of information flow, disseminating information downward from the provincial HSJCC as well as reporting Local HSJCC highlights upward. In addition, the Regional Chair provides clarity to the Local HSJCCs regarding provincial expectations, forwards highlights from other regions/ locals from across the province and summarizes provincial policy documents which are shared at the provincial level.

The Regional HSJCC has an ongoing commitment to ensure ongoing Knowledge Exchange from each local HSJCC, providing a common planning table to share local updates and find solutions to identified community needs. The meetings serve as an atmosphere of collegiality and support to the Local Chairs, assisting one another to address their local community challenges. Through this support mechanism, local activities at times become collaborative shared activities between Local HSJCCs i.e., educational training and workshops.

Membership (Appendix N): Over the past 4 years (2010 to 2014), there has been significant change with the Regional HSJCC membership. Only five members (38%) currently remain from the "original" thirteen members established in 2006. Some key changes include the chairs of the Brant, Niagara and Regional HSJCCs. New representatives from Brant and Niagara have come forward – Kirsten Brooks and Kelly Falconer. Terry McGurk currently carries a dual role; he serves as co-chair of the Hamilton HSJCC plus moved forward as the new chair of the Regional HSJCC since December 2012. Representatives from the Hamilton Police, Forensic Service and Developmentally Delayed have continued to serve on the committee. New representation includes Addictions and a consumer representative.

Frequency of Meetings: Quarterly. From April 1, 2010 to March 31, 2014, the Regional HSJCC met on nine (9) occasions.

Coding of Regional HSJCC Minutes According to Logic Model (Appendix I):

Upon a detailed review of the Regional HSJCC minutes from 2010 to 2014, the discussions were matched and coded according to Regional Logic Model (Appendix D). The coding of minutes shows that the majority of the agenda items were focused to process objectives, primarily areas that addressed Service Enhancement.

Highlights

Over the past four years, the Regional HSJCC initiated three major projects/ activities which were carried across the four Local HSJCCs. Highlights of the committee's work is summarized and referenced (aligned) with provincial HSJCC direction as follows:

Regional HSJCC
Activity I:

Research/ Evaluation Project re: Mental
 Health Court Support Programs

Regional HSJCC initiated research across Region
 Completed Report: “*Program Evaluation on Mental Health Court Support Program and
 Dual Diagnosis Justice Case Management Program within LHIN4*” (2013)
 by research consultant Beth Anne Currie

ALIGNMENT (x6)

<p><i>PHSJCC Needs Assessment</i> (2009) <u>Addresses “System Development & Coordination”</u> Need for expanding research initiatives on human services and justice systems.</p>
<p><i>HSJCC Response to “Every Door is the Right Door”</i> (2009) <u>Evidence to Support “Key Message – Transform the System”:</u> (8) Further enhancement of court support programs are required to expand to individuals with concurrent disorders and/ or dual diagnosis.</p>
<p><i>PHSJCC Annual Report</i> (2011) <u>Response to “Special Request”</u> From MOHLTC re: Court Support programs.</p>
<p><i>PHSJCC Annual Report</i> (2012-13) <u>Addresses “Future Priorities”</u> (4) Evaluate.</p>
<p><i>PHSJCC Annual Report</i> (2013-14) <u>Addresses “Areas of Priority”</u> (2) Court services.</p>
<p><i>SEEI Building Bridges</i> (2009) <u>Follows “Key Messages”:</u> (1) There is more awareness of and access to crisis and court support services in Ontario. (5) Outcomes for clients have improved as a result of enhanced court support services. (6) Court Support Workers are playing a boundary-spanning role by providing information and support to many stakeholders in the criminal justice system and the community mental health system more broadly. (7) While more people have been able to access court support and crisis services, the programs have a limited capacity to serve all those in need.</p>

Regional HSJCC
Activity II:

COAST/ MRRT
(Mobile Rapid Response Crisis Team)

Advocated and initiated pilot project
(which became the starting point for future MRRT across the Region)

ALIGNMENT (x7)

<p><i>PHSJCC Needs Assessment (2009)</i> <u>Addresses “Outstanding Provincial Issue”:</u> Need for expanding police/ mental health initiatives.</p>
<p><i>HSJCC Response to “Every Door is the Right Door” (2009)</i> <u>Follows “Key Message”:</u> (6) Creative police/mental health initiatives must be supported.</p>
<p><i>PHSJCC Annual Report (2011)</i> <u>Supports “Accomplishment”:</u> Development of “<i>Police/ Mental Health Collaboration Report.</i>”</p>
<p><i>PHSJCC Annual Report (2012-13)</i> <u>Supports “Accomplishment”:</u> Preparation of Information Guide: “<i>Strategies for Implementing Effective Police Emergency Department Protocols in Ontario.</i>” + <u>Supports “Future Priorities”:</u> (5) Identify solutions to systemic problems.</p>
<p><i>PHSJCC Annual Report (2013-14)</i> <u>Supports “Priorities”:</u> (8) Emergency Department issues.</p>
<p><i>SEEI “Building Bridges (2009)</i> <u>Addresses “Message”:</u> (4) People experience long wait times in hospital Emergency Departments while assisting people in crisis.</p>
<p><i>Building Bridges: A Symposium (2011)</i> <u>Addresses “Long-Term Recommendation”:</u> (3) Integrated teams of police and mental health professionals be expanded and endorsed as a best practice.</p>

Regional HSJCC
Activity III:

Organized Specialized Workshops
(Extended across the Region)

- a) AIS (Aggressive Incidents Scale) and HARM (Hamilton Anatomy Risk Management) Tool – to address high risk individuals. Also incorporated plan to integrate the HARM tool across the region; and
- b) Mental Health & Law 101/ 201

ALIGNMENT (x4)

<i>PHSJCC Needs Assessment (2009)</i> <u>Addresses “Outstanding Provincial Issue”:</u> Priority populations: Forensic clients & clients labelled “high risk.”
<i>PHSJCC Annual Report (2011)</i> <u>Supports “Future Priorities”:</u> (1) Clients with complex needs.
<i>PHSJCC Annual Report (2013-14)</i> <u>Supports “Priorities”:</u> (3) Special populations & (9) Training needs.
<i>Building Bridges: A Symposium (2011)</i> <u>Addresses “Long-Term Recommendation”:</u> (2) Partnerships and shared understanding be enhanced among community resources, including corrections, housing, mental services, and Non-Governmental Organizations.

In addition to the three key activities, monies have also been utilized for the purpose of sponsoring HSJCC members to attend conferences plus providing emergency funds for clients i.e., transportation, food vouchers, clothing, obtaining ID, etc. This pattern of money distribution is followed across ALL the local committees as well.

Examples of Provincial HSJCC information/literature/ evaluation disseminated through the Regional HSJCC included:

- Coroner’s Inquest of 2007 inmate death;
- PHSJCC restructuring;
- Recidivism report;
- Housing issue/ response to Ministry survey;
- PHSJCC Conferences; and
- Justice & Mental Health System Map (adult & youth) (produced by CMHA).

Hamilton HSJCC

The Hamilton HSJCC truly functions as the “centre-hub” for the Regional and Local HSJCCs. The committee has a very large membership of both front-line and managerial staff from various sectors. From this core group, numerous sub-groups/ committees have unfolded. Many of the topics, projects, training and research initiated from this group transcends across to the Local HSJCCs as well as upward to the Regional and Provincial HSJCCs.

A portion of every meeting is clinically focused. The members function as a community outreach clinical team, identifying clients who are defined as complex/ “high risk” and are in conflict with the law. The committee has well established policy guidelines, which includes pledges of confidentiality. Collectively, the members review the risk factors and outline a clinical treatment/ safety plan based upon the services that the various agencies can offer. To assist with the monitoring of clients and demonstration of clinical/ legal outcomes, the committee has established its own database of clinical indicators.

Membership (Appendix O): Over the past 4 years (2010 to 2014), the membership has continued to maintain a large presence (35+) with strong attendance. Although there has been a significant change in members (54% are new), the organizational representation is upheld. The commitment from each respective organization to ensure a representative is present attests to the community support. Terry McGurk has maintained his role as chair for 10 years, since the committee’s establishment in 2005 when it began as the “Mentally Disordered Working Group.” Terry’s leadership is clearly a core foundation for this committee.

Frequency of Meetings: Monthly. From April 1, 2010 to March 31, 2014, the Hamilton HSJCC met on forty-eight (48) occasions.

Coding of Regional HSJCC Minutes According to Logic Model (Appendix J):

Upon a detailed review of the Hamilton HSJCC minutes from 2010 to 2014, the discussions were matched and coded according to Hamilton Logic Model (refer to Appendix E). The coding of minutes shows that the majority of the agenda items were focused to process objectives, primarily areas that addressed Service Enhancement and Develop Awareness and Support.

Highlights

Over the past four years, the Hamilton HSJCC facilitated five major projects/ activities. Highlights of the committee’s work is summarized and referenced (aligned) with provincial HSJCC direction as follows:

Hamilton HSJCC

Activity I:

Inter-Agency Client Case Review
(For High Risk Mental Health Clients Leaving

Facilitate monthly review of complex clients who have a mental illness
leaving Hamilton Wentworth Detention Centre (HWDC).
Collectively participate in community treatment and safety plan development & follow-up.

ALIGNMENT (x8)

<p><i>PHSJCC Needs Assessment (2009)</i> <u>Addresses “Outstanding Provincial Issue”:</u> Priority populations: clients labelled “high risk” + Need for improving human services and justice coordination</p>
<p><i>HSJCC Response to “Every Door is the Right Door” (2009)</i> <u>Follows “Key Message”:</u> (1) Inter-sectoral collaboration, which includes participation of community mental health and addiction agencies, is highly recommended</p>
<p><i>PHSJCC Annual Report (2011)</i> <u>Supports “Areas of Priority”:</u> (4) Release from custody</p>
<p><i>PHSJCC Annual Report (2013-14)</i> <u>Supports “Areas of Priority”:</u> (1) Release from custody</p>
<p><i>PHSJCC Annual Report (2012-13)</i> <u>Supports “Future Priorities”:</u> (2) Identify HSJCC promising & exemplary practices.</p>
<p><i>SEEI “Building Bridges (2009)</i> <u>Addresses “Message”:</u> (8) People with mental illness and involvement with the justice system face barriers when transitioning on to community services.</p>
<p><i>Building Bridges: A Symposium (2011)</i> <u>Addresses “Long-Term Recommendation”:</u> (4) Jurisdictions undertake similar inter-ministry collaboration in a way that suits the capacity and needs of their jurisdiction.</p>
<p><i>MHCC “The Mental Health Strategy for Canada” (2012)</i> <u>Follows “Recommendations for Action”</u> (3) Provide access to the right combination of services, treatment and supports, when and where people need them. (4) Reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities and Northerners. + <u>Follows “Priorities”</u> 2.4.2 Provide appropriate mental health services, treatments and support in the youth and adult criminal justice system, and ensure that everyone has a comprehensive discharge plan upon release into the community.</p>

Hamilton HSJCC

Activity II:

ABI Correctional Working Group
(For Special Needs Population at HWDC)

Identified ABI clients in the Special Needs population at HWDC +
Selected HELPS Model – ABI screening tool +
Advocated to Corrections for implementation of study at HWDC – successful.

ALIGNMENT (x3)

<i>PHSJCC Needs Assessment (2009)</i> <u>Addresses “Outstanding Provincial Issue”:</u> Priority populations: clients with dual diagnosis + Need for expanding research initiatives on human services and justice systems.
<i>PHSJCC Annual Report (2011)</i> <u>Supports “Areas of Priority”:</u> (1) Clients with complex needs.
<i>MHCC “The Mental Health Strategy for Canada” (2012)</i> <u>Follows “Priorities”</u> 2.4.3 Address critical gaps in treatment program for youth and adult offenders with serious and complex mental health needs.

Hamilton HSJCC

Activity III:

Facilitating Community Supports
(For Mental Health Clients Leaving HWDC)

New efforts at coordinating CTOs + ACTT
New efforts at coordinating Form 1 Assessments at SJHH

ALIGNMENT (x8)

<i>PHSJCC Needs Assessment (2009)</i> <u>Addresses “Outstanding Provincial Issue”:</u> Priority populations: clients labelled “high risk” + Need for improving human services and justice coordination
<i>HSJCC Response to “Every Door is the Right Door” (2009)</i> <u>Follows “Key Message”:</u> (5) Inter-sectoral collaboration, which includes participation of community mental health and addiction agencies, is highly recommended

<p><i>PHSJCC Annual Report (2011)</i> <u>Supports “Areas of Priority”:</u> (4) Release from custody</p>
<p><i>PHSJCC Annual Report (2013-14)</i> <u>Supports “Areas of Priority”:</u> (2) Release from custody</p>
<p><i>PHSJCC Annual Report (2012-13)</i> <u>Supports “Future Priorities”:</u> (6) Identify HSJCC promising & exemplary practices.</p>
<p><i>SEEI “Building Bridges (2009)</i> <u>Addresses “Message”:</u> (8) People with mental illness and involvement with the justice system face barriers when transitioning on to community services.</p>
<p><i>Building Bridges: A Symposium (2011)</i> <u>Addresses “Long-Term Recommendation”:</u> (4) Jurisdictions undertake similar inter-ministry collaboration in a way that suits the capacity and needs of their jurisdiction.</p>
<p><i>MHCC “The Mental Health Strategy for Canada” (2012)</i> <u>Follows “Recommendations for Action”</u> (7) Provide access to the right combination of services, treatment and supports, when and where people need them. (8) Reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities and Northerners. + <u>Follows “Priorities”</u> 2.4.2 Provide appropriate mental health services, treatments and support in the youth and adult criminal justice system, and ensure that everyone has a comprehensive discharge plan upon release into the community.</p>

Hamilton HSJCC
Activity IV:

Residential Treatment Proposal
(For Dual Diagnosis Individuals in Conflict with the Law
with Serious Behavioural Management Challenges)

Identified individuals not capable of living in society, taking up chronic care beds
Need for specialized facility – similar to facility in Penetanguishene/ Community Living
Identified facility on Bethesda property not in use that could accommodate up to eight clients.
Created working group (Corrections, Mental Health, DD, SJHH, HWDC) to create proposal

ALIGNMENT (x 7)

<p><i>PHSJCC Needs Assessment (2009)</i> <u>Addresses “Priority Population”:</u> Clients with Dual Diagnosis</p>
<p><i>HSJCC Response to “Every Door is the Right Door” (2009)</i> <u>Follows “Key Message”:</u> (1) Inter-sectoral Collaboration</p>
<p><i>PHSJCC Annual Report (2011)</i> <u>Addresses “Priorities”:</u> (1) Clients with complex needs</p>
<p><i>PHSJCC Annual Report (2012-13)</i> <u>Addresses “Priorities”:</u> (5) Identify solutions to systemic problems</p>
<p><i>PHSJCC Annual Report (2013-14)</i> <u>Addresses “Areas of Priority”:</u> (3) Special Populations</p>
<p><i>Building Bridges: A Symposium (2011)</i> <u>Addresses “Long-Term Recommendation”:</u> (4) Jurisdictions undertake similar inter-ministry collaboration in a way that suits the capacity and needs of their jurisdiction</p>
<p><i>MHCC “The Mental Health Strategy for Canada” (2012)</i> <u>Follows “Priorities”</u> 2.4.3 Address critical gaps in treatment programs for youth and adult offenders with serious and complex mental health needs</p>

Hamilton HSJCC

Activity V:

Shared Local Mental Health/ Police
Initiative with PHSJCC

Presented results of “Wait Times of Officers in ER” to Provincial HSJCC
Collaboration Between Hamilton Police Service &
St. Joseph’s Healthcare Hamilton.

ALIGNMENT (x 4)

<p><i>PHSJCC Needs Assessment (2009)</i> <u>Addresses “Outstanding Provincial Issue”:</u> Need for expanding police/ mental health initiatives</p>
<p><i>HSJCC Response to “Every Door is the Right Door” (2009)</i> <u>Follows “Key Message”:</u> (6) Creative police/ mental health initiatives must be supported.</p>
<p><i>SEEI “Building Bridges” (2009)</i> <u>Addresses “Message”:</u> (4) People experience long wait times in hospital Emergency Departments while assisting people in crisis.</p>
<p><i>MHCC “The Mental Health Strategy for Canada” (2012)</i> <u>Follows “Justice Priorities”</u> 2.2.3 Review and, where necessary, update legislation and revise policies across jurisdictions and sectors to achieve alignment with the UN Convention on the <i>Right of Persons with Disabilities</i>.</p>

Over the four year period, meeting topics and/ or presentations at the Hamilton HSJCC have included:

- Dual Diagnosis proposal
- Wesley Centre (emergency shelter) closing
- SURCH (Substance Use Related Crime in Hamilton) Committee – funding completed
- Forensic Program group
- Youth in Transition Toolkit
- Ontario Common Assessment of Need (OCAN) initiative
- Developmental Services Ontario (DSO) Hamilton-Niagara (started July 1, 2011)
- PHIPPA privacy issues – breaking down barriers to access information/ service
- Barriers to Referral to CPS/ CSS
- Vicarious trauma
- Hamilton Suicide Prevention Community Council
- Complex Care System Planning Table
- Bill C-14 Not Criminally Responsible (NCR) Reform Act

Niagara HSJCC

The Niagara HSJCC reflects patterns of growth, energy and lull that are common characteristics of committee evolution. While the committee experienced inconsistent attendance and lengthy gaps in meetings, there is a clear commitment and demonstration of accomplishments. Issues identified in the previous reporting period (2006 – 2010) i.e., the need for Niagara COAST and concerns re: handling of mental health and dementia clients in court, were addressed in the current reporting period. A 2-day FASD and Adult population information conference was also sponsored. Letters of advocacy and program proposals were collectively addressed. A recent new development was the re-established Niagara Mental Health Committee (NDC) focused at discussing cases to explore service options when released from Detention.

Membership (Appendix P): Over the past 4 years (2010 to 2014), there has been a significant change in membership. While the committee size has recently expanded to twenty-three, there are only five members (31%) who exist from the previous committee of sixteen. In April 2011, the minutes reflect concerns regarding a significant drop in membership. Surveys were quickly distributed to identify reasons. The resignation of the committee's longstanding chair George Kurzawa (April 2013) also resulted in a loss of momentum, with two attempts of a new chair. Despite this fluctuation, the committee currently shows signs of new stability.

Frequency of Meetings: Quarterly. From April 1, 2010 to March 31, 2014, the Niagara HSJCC met on seven (7) occasions.

Coding of Regional HSJCC Minutes According to Logic Model (Appendix K):

Upon a detailed review of the Niagara HSJCC minutes from 2010 to 2014, the discussions were matched and coded according to Niagara Logic Model (refer to Appendix F). The coding of minutes shows that the majority of the agenda items were focused to process objectives, primarily areas that addressed Service Enhancement and Develop Awareness and Support.

Highlights

Over the past four years, the Niagara HSJCC helped to support three major projects/ activities. Highlights of the committee's work is summarized and referenced (aligned) with provincial HSJCC direction as follows:

Niagara HSJCC

Activity I:

Establishment of Dementia Protocol

Response to community concern re: dementia clients arrested for minor infractions.
Assisted with proposal preparation and advocating letters to Law Society.

ALIGNMENT (x4)

PHSJCC Needs Assessment (2009)

Addresses "Service Issues":

Need for establishing standard protocols for client release from court custody.

<p><i>HSJCC Response to “Every Door is the Right Door” (2009)</i> <u>Follows “Key Message”:</u> (13) Need to address the negative impact of stigma of offenders attempting to access mental health and addiction services.</p>
<p><i>PHSJCC Annual Report (2013-14)</i> <u>Supports “Areas of Priority”:</u> (4) Geriatric populations + <u>Supports “Areas of Future Priorities”:</u> (9) Project on seniors who have come in contact with the law.</p>
<p><i>Building Bridges: A Symposium (2011)</i> <u>Addresses “Short-Term Recommendation”:</u> (12) A business case model should be developed to demonstrate that public safety could be more efficiently and effectively addressed through ministries other than the justice system, particularly with respect to the long-term benefit of inter-ministry collaboration.</p>

Niagara HSJCC
Activity II:

Launch of COAST Niagara

Assisted in proposal submission for a regional COAST Niagara program.

ALIGNMENT (x6)

<p><i>PHSJCC Needs Assessment (2009)</i> <u>Addresses “System Development and Coordination”:</u> Need for improving human services and justice coordination.</p>
<p><i>HSJCC Response to “Every Door is the Right Door” (2009)</i> <u>Follows “Key Message – Transform the System”:</u> (5) Alternative pathways and more appropriate points of access must be developed outside of hospitals i.e., ER visits.</p>
<p><i>PHSJCC Annual Report (2012-13)</i> <u>Supports “Future Priorities”:</u> (5) Identify solutions to systemic problems.</p>
<p><i>PHSJCC Annual Report (2013-14)</i> <u>Supports “Areas of Priority”:</u> (8) Emergency Department issues.</p>
<p><i>SEEI “Building Bridges” (2009)</i> <u>Addresses “Key Message”:</u> (3) There is more awareness of and access to crisis and court support services in Ontario.</p>

MHCC “The Mental Health Strategy for Canada” (2012)

Follows “Recommendations for Action – Areas of Justice”

1. Promote mental health across the lifespan in home, schools, and work-places, and prevent mental illness and suicide wherever possible.

Niagara HSJCC

Activity III:

Supported Establishment of Niagara
Treatment Court

Actively participated in proposal development.

ALIGNMENT (x5)

<i>PHSJCC Needs Assessment (2009)</i> <u>Addresses “Service Issues”:</u> Need for expanding mental health courts.
<i>PHSJCC Annual Report (2011)</i> <u>Supports “Future Priorities”:</u> (5) Mental Health Courts.
<i>PHSJCC Annual Report (2013-14)</i> <u>Supports “Areas of Future Priorities”:</u> (4) Specialized Courts and Court Support Programs.
<i>MOHLTC Select Committee on Mental Health and Addictions (2010)</i> <u>Follows “Justice Recommendation”:</u> (18) Additional Mental Health, Drug Treatment, and Youth Mental Health Courts should be created across all regions of Ontario, to provide more appropriate services for individuals with a mental illness or addiction.
<i>MHCC “The Mental Health Strategy for Canada” (2012)</i> <u>Follows “Justice Priorities”</u> 2.4.1 Increase the availability of programs to divert people living with mental health problems and illnesses from the corrections system, including mental health court and other services and supports for youth and adults.

Over the four year period, meeting topics/ presentations at the Niagara HSJCC included:

- Leger Records Management
- Legal Aid Services – Niagara North
- Youth Justice Collaborative
- Urgent Care Opioid Program
- Glen Boscke Inquest

Haldimand-Norfolk HSJCC

Haldimand-Norfolk HSJCC continues to have a dual focus – first serving as an advisory committee for the CMHA Mental Health and Court Diversion Program and secondly following the HSJCC ministry mandate. Meetings are frequently supplemented with presentations from different sectors which are of interest to the membership. Despite fluctuations in demand, the Mental Health Legal Clinic has continued to serve as a cornerstone activity providing legal services/ advice to individuals with outstanding legal matters.

In addition to providing funds for client emergency needs i.e., food vouchers, transportation, and providing funds to members for educational opportunities, the HSJCC took a leadership role in the development and delivery Mental Health Law courses titled, 101 & 201. Attendance was well received across the Region. An announcement for the amalgamation of CMHA Haldimand-Norfolk and CMHA Brant was shared at the February 2014 meeting, with the anticipated transition Fall 2015. Updates of this organizational change have been routinely shared with the committee membership.

Membership (Appendix Q): Over the past 4 years (2010 to 2014), there has been an expansion of members from twelve to sixteen, with 6 members (50%) maintaining their involvement on the committee. Karen Valade, has served as a cornerstone of the Haldimand-Norfolk HSJCC serving as chair from its onset – specifically 10 years. New representation includes Acquired Brain Injury, Ontario Provincial Police and Crown Attorney's Office.

Frequency of Meetings: Quarterly. From April 1, 2010 to March 31, 2014, the Haldimand-Norfolk HSJCC met on ten (10) occasions.

Coding of Haldimand-Norfolk HSJCC Minutes According to Logic Model (Appendix L): Upon a detailed review of the Haldimand-Norfolk HSJCC minutes from 2010 to 2014, the discussions were matched and coded according to Haldimand-Norfolk Logic Model (refer to Appendix G). The coding of minutes shows that the majority of the agenda items were focused to process objectives, primarily areas that addressed Service Enhancement and Develop Awareness and Support.

Highlights

Over the past four years, the Haldimand-Norfolk HSJCC help ed to support three major projects/ activities. Highlights of the committee's work will be summarized and referenced (aligned) with provincial HSJCC direction as follows:

Haldimand-Norfolk HSJCC

Activity I:

Mental Health Law 101/201
Planning Committee & Workshop

Planned and hosted workshop facilitated by Mary Jane Dykeman.
Registration was open across LHIN4. Over 200 attendees.

ALIGNMENT (x3)

<p><i>PHSJCC Needs Assessment (2009)</i> <u>Addresses “System Development and Coordination”:</u> Need for increasing available information about probation orders.</p> <p>+</p> <p><u>Addresses “Service Issue”:</u> Need for establishing standard protocols for client release from court custody. Need for expanding bail support programs. Need for expanding pre-charge diversion initiatives.</p>
<p><i>HSJCC Response to “Every Door is the Right Door” (2009)</i> <u>Educates re: “Key Message – Stop Stigma”:</u> (13) Need to address the negative impact of stigma of offenders attempting to access mental health and addiction services.</p>
<p><i>Building Bridges: A Symposium (2011)</i> <u>Supports “Long-Term Recommendation”:</u> (2) Partnerships and shared understanding be enhanced among community resources, including corrections, housing, mental services, and Non-Governmental Organizations.</p>

Haldimand-Norfolk HSJCC

Activity II:

Sub-Committee
Re: Prisoner Belongings

Follow-up to Regional HSJCC Teleconference
Important issue: Clients transported to Hamilton HWDC
Yet, no public transportation.

ALIGNMENT (x4)

<p><i>PHSJCC Needs Assessment (2009)</i> <u>Addresses “Service Issues”:</u> Need for establishing standard protocols for client release from court custody</p> <p>+</p> <p><u>Addresses “Social Determinants of Health”:</u> Lack of access to availability of transportation.</p>
<p><i>PHSJCC Annual Report (2012-13)</i> <u>Supports “Areas of Future Priorities”:</u> (5) Identify solutions to systemic problems.</p>
<p><i>PHSJCC Annual Report (2013-14)</i> <u>Supports “Areas of Future Priorities”:</u> (7) Prisoner belongings.</p>

MAG Bail Experts Table Recommendations (2013)

Supports “Recommendation”:

14. The committee recommends that justice participant groups, especially Crown Attorneys and duty counsel, work with community and social services organizations to maximize their effective use.

Haldimand-Norfolk HSJCC

Activity III:

Advisory Committee to
Mental Health Court Support Program (CMHA)

HSJCC also serves as Advisory Committee to MH Court Support Program.
Maintain ongoing role in monitoring program.

ALIGNMENT (x5)

<p><i>PHSJCC Needs Assessment (2009)</i> <u>Addresses “Service Issue”:</u> Need for expanding pre-charge diversion initiatives.</p>
<p><i>HSJCC Response to “Every Door is the Right Door” (2009)</i> <u>Addresses “Key Message – Transform the System”:</u> (5) Pre-charge and diversion programs must be expanded.</p>
<p><i>PHSJCC Annual Report (2013-14)</i> <u>Supports “Future Priorities”:</u> (3) Supports provincial policies and directions.</p>
<p><i>SEEI “Building Bridges (2009)</i> <u>Addresses “Key Message”:</u> (7) While more people have been able to access court support and crisis services, the programs have a limited capacity to serve all those in need.</p>
<p><i>MAG Bail Experts Table Recommendations (2013)</i> <u>Supports “Recommendation”:</u> # 14. The committee recommends that justice participant groups, especially Crown Attorneys and duty counsel, work with community and social services organizations to maximize their effective use.</p>

Over the four year period, meeting topics/ presentations at the Haldimand-Norfolk HSJCC included:

- External accreditation peer- review process (CMHA)
- Changes to Restorative Justice Program
- Changes to DSO (Developmental Services Ontario) criteria
- Challenges with prisoner belongings when transported to court and detention.

Brant HSJCC

Brant HSJCC continues to serve as a planning table for Brant agencies, facilitating sharing of statistical and clinical data pertinent to the defined target population, as well as discussing issues which impede upon service delivery. The members have collectively reviewed such documents as “Out of the Cold,” Police & Mental Health Report and the Evan Jones Inquest, incorporating and/ or directing recommendations as appropriate to various organizations. Guest speakers have been invited to attend, addressing such topics as Brain Injury Services and the newly formed Justice Clinic. Issues identified in the previous reporting period (2006 – 2010) i.e., the need to develop inter-agency protocols and agreements were addressed in the current reporting period.

One topic which carried through the entire four-year time period was the Fetal Alcohol Spectrum Disorder (FASD) strategy. Extensive inter-agency planning occurred through the Brant HSJCC leadership. A second long-standing topic has been the planning for the anticipated closure of the Brantford Detention Centre. Specific target dates by the Ministry have continually been delayed which has resulted in ongoing monitoring and planning with stakeholders.

Membership (Appendix R): Over the past 4 years (2010 to 2014), there has been an expansion of members from eighteen to thirty, with eight members (44%) maintaining their involvement on the committee. Some of the expansion is the result a “built-in” organizational back-up where one or two representatives attend each meeting. Peg Purvis served as a cornerstone of the Brant HSJCC, serving as chair from its onset in 2006 (for 8 years) until her retirement in 2014. New representation includes Housing Resource Centre, Woodview Mental Health & Autism Services and Six Nations Mental Health Services.

Frequency of Meetings: Quarterly. From April 1, 2010 to March 31, 2014, the Brant HSJCC met on sixteen (16) occasions.

Coding of Regional HSJCC Minutes According to Logic Model (Appendix M):

Upon a detailed review of the Brant HSJCC minutes from 2010 to 2014, the discussions were matched and coded according to Brant Logic Model (refer to Appendix H). The coding of minutes shows that the majority of the agenda items were focused to process objectives, primarily areas that addressed Service Enhancement and Develop Awareness and Support.

Highlights

Over the past four years, the Brant HSJCC helped to support three major projects/ activities: Highlights of the committee’s work is summarized and referenced (aligned) with provincial HSJCC direction as follows:

Brant HSJCC

Activity I:



Planning for Pending Closure of
Brantford Detention and Transition to Maplehurst

Monitoring and resolving issues related to the institutional transition.
Issue has been addressed on an ongoing basis for 3+ years.

ALIGNMENT (x5)

<p><i>PHSJCC Needs Assessment (2009)</i> <u>Addresses “Social Determinants of Health”:</u> Lack of access to availability of transportation.</p>
<p><i>PHSJCC Annual Report (2012-13)</i> <u>Addresses “Areas of Future Priorities”:</u> (5) Identify solutions to systemic problems.</p>
<p><i>PHSJCC Annual Report (2013-14)</i> <u>Addresses “Areas of Future Priorities”:</u> (7) Prisoner belongings.</p>
<p><i>Building Bridges: A Symposium (2011)</i> <u>Supports “Long-Term Recommendation”:</u> (4) Jurisdictions undertake similar inter-ministry collaboration in a way that suits the capacity and needs of their jurisdiction.</p>
<p><i>MHCC “The Mental Health Strategy for Canada”</i> <u>Follows “Recommendations for Action – Areas of Justice”</u> 3. Provide access to the right combination of services, treatments and supports, when and where people need them.</p>

Brant HSJCC
Activity II:

Supported Community Efforts in Proposal
Development to Advocate for Supervised Housing

Monitored and supported strategies to advocate proposal to LHIN + City of Brantford.
Initial need identified through Brant-Haldimand-Norfolk Mental Health Advisory Committee.
Other agencies included: City of Brantford, Region of H-N.

ALIGNMENT (x3)

<p><i>PHSJCC Needs Assessment (2009)</i> <u>Addresses “System Development and Coordination”:</u> Need for improving human services and justice coordination. + <u>Addresses “Social Determinants of Health”:</u> Lack of access to availability of housing.</p>
<p><i>HSJCC Response to “Every Door is the Right Door” (2009)</i> <u>Supports “Key Message – Meet People on Their Terms”:</u> (3) The impact of the social determinants of health – specifically housing shortage is addressed.</p>

Building Bridges: A Symposium (2011)

Supports “Long-Term Recommendation”:

- (1) Eligibility for transitional housing be improved to allow for better access to forensic clients with mental health and addiction needs.
- +
- (4) Jurisdictions undertake similar inter-ministry collaboration in a way that suits the capacity and needs of their jurisdiction.

Brant HSJCC
Activity III:

Supported Community Efforts to Participate alongside Hamilton FASD Working Group and Coordinate FASD Training (Across Region)

Monitored and supported partnership with Hamilton to coordinate regional FASD workshop.
Future PLANS of FASD Working Group: To establish FASD cross-sector consultation teams and develop FASD strategies for agencies.

ALIGNMENT (x4)

<p><i>PHSJCC Annual Report (2011)</i></p> <p><u>Supports “Future Priorities”:</u></p> <p>(1) Clients with complex needs.</p>
<p><i>PHSJCC Annual Report (2012-13)</i></p> <p><u>Supports “Future Priorities”:</u></p> <p>(3) Share information across HSJCC network & beyond.</p>
<p><i>PHSJCC Annual Report (2013-14)</i></p> <p><u>Supports “Future Priorities”:</u></p> <p>(1) Share information across HSJCC network & beyond.</p>
<p><i>ONE FASD and Justice: Summary of Activity in Ontario (2013)</i></p> <p><u>Address “Conclusions”:</u></p> <p>Confirm FASD as a risk factor for involvement in the legal system.</p> <p style="text-align: center;">+</p> <p>Need for cross-sector collaboration as the most effective approach to stopping the revolving door of victimization and criminalization of individuals with FASD.</p>

Over the four year period, meeting topics/ presentations at the Haldimand-Norfolk HSJCC included:

- External accreditation peer- review process (CMHA)
- Changes in Crisis Stabilization Bed Program (CMHA)
- Changes to Restorative Justice Program
- Changes to DSO (Developmental Services Ontario) criteria
- Challenges with prisoner belongings.

Section VI

INTERPRETATION OF FINDINGS

With the completion of the data findings for each of the five HNHB HSJCCs (Regional, Hamilton, Niagara, Haldimand-Norfolk and Brant), there is an opportunity to reflect upon the alignments of each respective committee according to the provincial HSJCC direction as well as to examine the alignments as a collective group.

The consultant interpretation of findings will be summarized according to “Key Messages,” “Alignment with Provincial Direction” and “Suggestions for Consideration.”

Key Messages

1. Each of the five HNHB Human Services and Justice Coordinating Committees (Regional, Brant, Haldimand-Norfolk, Hamilton, Niagara) have continued to follow the ministry’s direction as intended.
2. The HSJCC three-tiered structure has continued to serve as an excellent means of communication flow, both upward and downwards to the provincial, regional and local levels.
3. The membership within each of the five HSJCCs continues to reflect inter-ministerial cooperation across the five Ministries: Ministry of Health and Long Term Care (MOHLTC); Ministry of Community and Social Services (MCSS); Ministry of Children and Youth Services (MCYS); Ministry of the Attorney General (MAG); and Ministry of Community Safety and Correctional Services (MCSCS).
4. Each HSJCC committee experienced challenges and/or changes with membership. While there were patterns of growth and expansion of representation, a large percentage of members transitioned both “off” and “on” each committee.
5. Three committees, Regional, Brant and Niagara HSJCCs, saw the resignation or retirement of their longstanding chairs. Change occurred with the Regional HSJCC in 2012, Niagara HSJCC in 2013 and Brant HSJCC in early 2014.
6. Two committees, Hamilton and Haldimand-Norfolk HSJCCs, have BOTH been able to maintain their chairs since each committee’s onset of 8+ years.
7. Several committees had more than one organizational representative, often reflecting both front-line and managerial roles as well as serving as a back-up mechanism to ensure organizational representation.
8. Upon coding each of the HSJCCs minutes in accordance to their respective Logic Model, each of the five HNHB HSJCCs has demonstrated ongoing progress in meeting their identified process objectives.

Specifically,

- a) The Regional HSJCC's activities primarily addressed the functional components of Service Enhancement and System Capacity;
 - b) The Hamilton HSJCC's activities primarily addressed the functional components of Service Enhancement and Awareness and Support; and
 - c) The Brant, Haldimand-Norfolk and Niagara HSJCC's activities equally addressed the functional components of Service Enhance, System Capacity and Awareness and Support.
9. The structure of the HSJCC has continued to serve a purposeful role as both an independent and a collective voice in identifying and advocating services in need, as well as addressing system challenges. Program proposals have either been submitted and/ or endorsed from each HSJCC, to the local LHIN with demonstration of various levels of success. Examples of successfully funded program proposals under the leadership of the HSJCC have included: Additional Supervised Housing (Brant), COAST (Niagara) and pilot project COAST/MRRCT (Hamilton).
 10. The positive results of HSJCC proposals with the local LHIN demonstrates the great strides that the Regional and Local HSJCCs have obtained in creating greater visibility and credibility in their community. This new trend addresses the concern previously identified in the *Johnston Consulting report* (2009), which the consultant also noted in her previous report (2010) "Key Message" 12 (p.5).
 11. EACH committee has demonstrated significant strives to address the eighth Key Message (pp. 7-8) in the *SEEI Building Bridges report* (2009) – "people with mental illness who have had involvement with the justice system face barriers when transitioning to community services." For example, both the Brant and Haldimand-Norfolk HSJCCs have set up committees to address challenges with prisoner belongings. In addition, the Hamilton HSJCC monthly case reviews establish clinical treatment/ safety plans to address community challenges and barriers to ensure mental health supports are in place for high risk individuals once released from detention.
 12. The Hamilton HSJCC demonstrated leadership in following one of the Provincial HSJCC Objectives – to share information across the HSJCC Network. Specifically, a local exemplary initiative between St. Joseph's Healthcare Hamilton and the Hamilton Police Service titled, "Wait Time for Officers in ER" was shared and presented to the Provincial HSJCC.
 13. The Hamilton HSJCC continues to serve as an "engine of activity" for the Regional and Local HSJCCs. With the very large membership (35+), the commitment to monthly meetings, combined with a focus on clinical community treatment/ safety planning of high risk clients, there is a clear shared investment by agencies to find creative solutions and address systemic challenges upfront. From this core group, numerous sub-groups/ committees have unfolded. Many of the topics, projects, training and research initiated from this group have transcended across to the Local HSJCCs as well as upward to the Regional and Provincial HSJCCs.

Alignment with Provincial Direction

14. According to the *Provincial HSJCC Needs Assessment* (2009), the **priority populations** (specifically, concurrent disorders, dual diagnosis, forensic, youth and “high risk”) have been addressed by one or all of the committees. The one exception is federal inmates.
15. According to the *Provincial HSJCC Needs Assessment* (2009), the identified needs for **system development coordination** have been addressed as follows:
- a) Improving human services and justice coordination:
Clear signs of inter-agency coordination across sectors and ministries are evident in the minutes of committee meetings.
 - b) Expanding SMI (serious mental health illness) criteria:
Brant, Niagara and Haldimand-Norfolk are able to be more flexible with the SMI criteria specific to Mental Health Court Support Programs, with Hamilton more specific to Axis I diagnoses.
 - c) Increasing available information about probation orders:
With Probation representation on the committees, information specific to probation orders can easily be addressed.
 - d) Expanding research initiatives on human services and justice systems:
The Regional HSJCC undertook the leadership to set up an evaluation of all the Mental Health Court Support Programs.

GAP: Provincial standards for human services and justice coordination.

16. According to the *Provincial HSJCC Needs Assessment* (2009), the identified need for **service issues** have been addressed as follows:
- a) Expanding police/ mental health initiatives:
The Hamilton pilot COAST/ MRRCT proposal has led to the recommendation for expansion of COAST/ MRRCT proposals across the local LHIN.
 - b) Expanding mental health court:
Niagara established a Treatment Court in 2013 and Hamilton established a Drug Treatment Court in January 2014.
 - c) Establishing standard protocols for client release from court custody:
Client release from court custody protocols have been addressed through discussion of cases. In addition, with managerial representatives on many committees, they are able to take policy issues to their respective organization.
 - d) Increased access to availability of Psychiatrists and psychiatric assessments:

Extensive coordination and effort is attempted by representatives from the Hamilton hospital and detention centre to ensure that individuals who are clinically unwell following release from custody are quickly linked for psychiatric assessment. In addition, significant linkages are created with ACTT and CTOs.

GAP: Expanding bail support programs and pre-charge diversion activities.

17. According to the *Provincial HSJCC Needs Assessment* (2009), the identified need to address **Social Determinants of Health** have been addressed as follows:

- a) Access to and availability of housing:
Extensive planning, evaluation and coordination was taken by Brant HSJCC which led to the successful proposal for Additional Supervised Housing.
- b) Culturally competent human services initiatives:
Aboriginal representation exists across the HSJCCs.
- c) Access to and availability of transportation:
Haldimand-Norfolk routinely addresses this issue as clients are required to be detained out of their jurisdiction.

18. According to the *HSJCC Response to "Every Door is the Right Door"* (2009), the HSJCCs demonstrated activities which aligned themselves with the following: (3) housing; (5) alternatives to ER visits; (6) creative police/ mental health initiatives.

GAP: Expansion of pre-charge, diversion and court support; collaboration between federal and provincial justice systems; infrastructure for research; integrated mental health and addictions strategy; cultural competency training; negative impact of stigma; build capacity for Aboriginals.

19. According to the *Provincial HSJCC Annual Report* (2011), the HSJCCs demonstrated activities which aligned themselves with the following priorities: (1) clients with complex needs; (2) access to psychiatrist/ psychiatric assessments; (3) youth; and (4) release from custody.

GAP: Mental Health Courts. Youth also requires more attention.

20. According to the *Provincial HSJCC Annual Report* (2013-14), the HSJCCs demonstrated activities which aligned themselves with the following areas of priority: (1) release from custody; (2) court services; (3) special populations; (4) geriatric populations; (5) interactions of youth; (7) prisoner belongings; (8) Emergency Department issues; and (9) training needs.

GAP: Aboriginal communities.

21. According to the *Provincial HSJCC Annual Report* (2012-13), the HSJCCs demonstrated activities which aligned themselves with the following priorities: (1) maintain HSJCC database; (2) identify promising & exemplary practices; (3) share information across HSJCC network and beyond; (4) evaluate; (5) identify solutions to systemic problems; and (6) support provincial policies & directions.
22. According to the *Provincial HSJCC Annual Report* (2013-14), the HSJCCs demonstrated activities which aligned themselves with the following future priorities: (1) share information across HSJCC network and beyond; (3) support provincial policies & directions; (4) specialized courts and court support programs project; (5) project on seniors who have come into contact with the law.

GAP: Maintain HSJCC membership database.

Suggestions for Consideration

In light that each HSJCC carries its own unique characteristics and strengths, it is the consultant's view that the Suggestions for Consideration are to be examined as a whole, not specific to any one committee. It would be the suggestion that the Regional HSJCC, along with input from the collective membership, determine the most appropriate avenue for the assignment and distribution of tasks and leadership.

Suggestions Involving Committee Structure

- I. To expand the communication mechanisms across all committees, in particular share the volume of information from the Hamilton HSJCC to the Local committees i.e., share minutes with the respective chairs. The timeliness of sharing would allow for all HSJCC members to be quickly abreast of activities occurring across the Region and would potentially allow for HSJCC members to offer their skill sets/ resources with other committees/ subgroups as needs are identified.
- II. To build an administrative infrastructure within the committee's budget for the purposes of updating the HSJCC Website database, research and consulting projects as well as other administrative supports as required.
- III. To develop stronger linkages with the federal justice system and develop mechanisms of collaboration between the federal and provincial justice systems, to address high risk offenders entering the community.
- IV. To develop stronger linkages with the Aboriginal community to help build capacity for Aboriginal and ethno-racial communities. The stronger linkages would potentially lead to greater inter-governmental collaboration with services delivery.

Suggestions Involving Service Delivery Issues

- V. To examine mechanisms at expanding and aligning the local bail support programs, pre-charge diversion and court support programs across the Region (*PHSJCC Needs Assessment – Service Issue*, 2009 and *MAG Bail Experts Table Recommendations* 2013).
- VI. To develop mechanisms for enhancing service delivery/ coordination for youth and federal offenders (*PHSJCC Needs Assessment – Priority populations*, 2009).
- VII. To align SMI (serious mental illness) criteria across all the court support programs (*PHSJCC Needs Assessment – System Development & Coordination*, 2009).
- VIII. To expand and align the data reporting for court support programs with the client outcomes identified in the “*Building Bridges: A SEEI Supplemental Report*” (2009) – which includes client functioning/ housing, legal outcomes and hospitalization rates (p.6). This additional data may prove to be very helpful in advocating and preparing proposals for expansion of court support programs.
- IX. To focus education/ training/ professional development activities in the areas of: integrating mental health/ addictions; cultural competency; and addressing stigma of offenders attempting to access mental health and addiction services (*PHSJCC Needs Assessment – Social Determinants of Health*, 2009).
- X. To enhance access and availability of transportation and housing across the Region (*PHSJCC Needs Assessment*, 2009).
- XI. To not only share committee successes, but to utilize information, recommendations, strategies, etc. to the other HSJCCs. For example, find ways to build upon the extensive work of Brant HSJCC regarding FASD strategy to other jurisdictions.

Suggestions Which Require Provincial Leadership/ Support

- XII. To participate in establishing provincial standards for human services and justice initiatives (*PHSJCC Needs Assessment*, 2009).
- XIII. To participate in the development of an integrated mental health and addictions strategy (*PHSJCC Response to “Every Door is the Right Door,”* 2009).
- XIV. To participate in establishing Mental Health and Youth Mental Health Courts (*Select Committee on Mental Health and Addictions*, 2010 and *PHSJCC Annual Report* 2011).

Section VII

CONCLUDING REMARKS

At the conclusion of the second four year review, the HNHB Regional and four Local HSJCCs (Hamilton, Niagara, Haldimand-Norfolk and Brant) all portray clear signs of maturity and growth. As outlined in the 1997 provincial strategy, a major goal of Coordinating Committees is to find local solutions to local problems through more effective service coordination (p.ii). There are numerous success stories all across the five HNHB HSJCCs that demonstrate the strong commitment to collaborate across agencies, sectors and ministries. Each committee has experienced the excitement that comes with various successful initiatives, while at the same time each has faced the challenges of significant changes in membership, particularly key leadership roles. As each committee moves forward in their respective community, it is the intent of this consulting report that the “Key Messages,” “Alignment to Provincial Direction” and “Suggestions for Consideration” offers the Regional and Local HSJCCs with some helpful guidance in meeting their ongoing challenges.

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Provincial HSJCC Terms of Reference

(Approved May 13, 2014)

Background

The Ontario government's policy framework for people with clinical needs who come in conflict with law, A Provincial Strategy to Coordinate Human Services and Criminal Justice Systems in Ontario, was approved in June 1997.

Further, the report of the Forensic Mental Health Services Expert Advisory Panel entitled, *Assessment, Treatment and Community Reintegration of the Mentally Disordered Offender* (2002), recommended that:

“the four partner Ministries (Ministry of Health and Long-Term Care, Ministry of Community, Family and Children's Services, Ministry of Public Safety and Security, and Ministry of the Attorney General), with the Ministry of Health and Long-Term Care being the lead Ministry, equally endorse and fund the establishment of local and regional forensic coordinating committees, a key mechanism as per the inter-ministerial report, *A Provincial Strategy to Coordinate Human Services and Criminal Justice System in Ontario* (Human Services and Justice Coordination Project, 1997).

It is further recommended that a formal commitment be made by each of the four Ministries to recreate the Provincial Coordinating Committee to provide support and oversee the work of the Human Services and Justice Coordinating Committees throughout the Province. Local and Regional Human Services and Justice Coordinating Committees must liaise with the Ministry of Health and Long-Term Care as the lead Ministry.”

Human Services and Justice Coordinating Committees (HSJCCs) were established in response to a recognized need to coordinate resources and services, and plan more effectively for people who are in conflict with the law. Priority consideration will be made for people with a serious mental illness, developmental disability, acquired brain injury, drug and alcohol addictions, and/or fetal alcohol syndrome. The committees are a cooperative effort of the Ministries of the Attorney General, Children and Youth Services, Community and Social Services, Community Safety and Correctional Services, and Health and Long-Term Care.

The two primary areas of emphasis for the committees are:

- To provide a planning table to bring together service providers to find solutions to the problem of the criminalization of people with the defined unique needs, and;
- To develop a model of shared responsibility and accountability in dealing with this group of individuals at points of intersection with the justice system.

Regional committees were established to coordinate communication and service integration planning between health, criminal justice and developmental service organizations within specific regions. Local committees are formed as required in each Region.

Goal

The goal of the Provincial HSJCC is to provide a provincial leadership mechanism to support the implementation of the Ontario government's policy framework (1997) for people who come into contact with the justice system and who have needs that are appropriate to be met by one of more of the provincial human services systems.

Provincial HSJCC Objectives

- To support the individual and collective efforts of Regional and Local Committees.
- To identify provincial service and policy issues and make recommendations to address such issues to appropriate government and other bodies as determined by the nature of the issues.
- To identify solutions to systemic problems.
- To promote consistency of approach across Ontario, while recognizing regional diversity.
- To enhance the engagement of the HSJCC Network (which includes the Provincial, Regional and Local Committees).
- To share information across the HSJCC Network and beyond (knowledge transfer).
- To provide a structure for accountability for the HSJCC Network.

Provincial HSJCC Membership

1.1 Classes of Members

There shall be two classes of members for the Provincial HSJC; Regional and Ex-officio. All members shall be individuals who are informed of and supportive of the goals and objectives of the HSJCC Network. All ex-officio members, excepting government representatives, shall be reviewed and if approved by the Provincial HSJCC Steering Committee, they may be entered into the HSJCC Membership Database.

1.2 Regional Members

A Regional Member shall consist of a member from each of the following Regional HSJCCs which represent the Local HSJCCs:

Regional HSJCCs:

Hamilton/ Niagara/ Brant/ Haldimand/ Norfolk Regional HSJCC

- Brant Local HSJCC
- Haldimand - Norfolk Local HSJCC
- Hamilton Local HSJCC
- Niagara Local HSJCC

Champlain Regional HSJCC

- Pembroke Local HSJCC
- Stormont - Dundas - Glengarry Local HSJCC

Durham Regional HSJCC

Haliburton/ Kawartha Lakes/ Pine Ridge Regional HSJCC

- Haliburton Local HSJCC
- Kawartha Lakes Local HSJCC
- Northumberland Local HSJCC
- Peterborough Local HSJCC

Halton Regional HSJCC

North East Regional HSJCC

- Algoma District Local HSJCC
- Cochrane District Local HSJCC
- Nipissing District Local HSJCC
- Parry Sound District Local HSJCC
- Sudbury - Manitoulin District Local HSJCC
- Temiskaming District Local HSJCC

North West

- Kenora Local HSJCC
- Thunder Bay Local HSJCC

Peel Regional HSJCC

- Dufferin Local HSJCC

Simcoe/ Muskoka Regional HSJCC

- Barrie Local HSJCC
- Collingwood Local HSJCC
- Midland Local HSJCC
- Orillia Local HSJCC

South East Regional HSJCC

- Frontenac Local HSJCC
- Hastings - Prince Edward County Local HSJCC
- Lanark Local HSJCC
- Leeds - Grenville County Local HSJCC
- Lennox - Addington Local HSJCC

South West Regional HSJCC

- Elgin - Middlesex Local HSJCC
- Grey Bruce Local HSJCC
- Huron and Perth Local HSJCC
- Lambton - Kent Local HSJCC
- London Local HSJCC
- Oxford Local HSJCC
- Windsor - Essex Local HSJCC

Toronto Regional HSJCC

- Downtown Toronto Local HSJCC
- North York Local HSJCC
- Scarborough Local HSJCC
- West Toronto Local HSJCC

Waterloo/ Wellington Regional HSJCC

- Cambridge Local HSJCC
- Guelph - Wellington Local HSJCC
- Kitchener Local HSJCC

York/ South Simcoe Regional HSJCC

One designate from each Regional HSJCC may attend all meetings of the Provincial HSJCC, shall have the right to hold office and to vote.

All Regional and Local Committees must submit to the Steering Committee their Terms of Reference, work plan and membership list on a regular basis.

1.3 **Ex-officio Members**

An Ex-officio member shall consist of representative(s) from:

- Corrections Service of Canada
- Ministry of the Attorney General
- Ministry of Children and Youth Services
- Ministry of Community and Social Services
- Ministry of Community Safety and Correctional Services
- Ministry of Health and Long-Term Care
- Other representatives from provincial organizations
(as determined by the Provincial HSJCC)

An Ex-officio Member may attend all meetings of the Provincial HSJCC, but they shall not have the right to vote. Ex-officio Members may share their knowledge and expertise; however, they function within an ex-officio capacity.

Organizations that are interest in becoming members of the Provincial HSJCC are encouraged to do so at the Local and Regional HSJCCs at first. Organizations must (i) be publicly funded, (ii) represent a provincial viewpoint that is focused on practical solutions and (iii) not already be represented at the table to join the Provincial HSJCC.

1.4 **Termination of Membership**

All efforts will be made to engage with the Regional HSJCC or ministry to ensure representation on the Provincial HSJCC.

Membership in the Provincial HSJCC terminates,

- i. If the Regional or Ex-officio Member resigns with written notice; or
- ii. If the Regional or Ex-officio Member fails to attend at least 50% of the meetings or arranging for an alternate to attend, or acts in a way that is inconsistent with the goals and objectives of the HSJCC, and is removed by the adoption of a resolution passed by a two-thirds majority of the Regional Members voting at any meeting of the membership.

Provincial HSJCC Meetings

2.1 **Meetings**

A minimum of **four** in-person meetings of the membership will be scheduled annually by the Co-Chairs of the Provincial HSJCC. Additional meetings can be called by the Co-Chairs with adequate notice and may be held in-person or by using available technology.

2.2 **Notice of Meetings**

- i. Members will be notified in writing by e-mail of the time and location of where the meeting is to be held.

2.3 **Quorum**

- i. At each meeting the presence of 50 percent plus one of the Regional members shall constitute a quorum for the transaction of business. Regional members attending by teleconference or video conference count as “in attendance” for the determination of quorum.

2.4 **Attendance and Voting**

- i. Each Regional HSJCC declared a member in good standing shall be entitled to **one** vote.
- ii. At a meeting of members, voting is invested in the Chair/ Co-Chair of the regional HSJCC who may delegate someone from their HSJCC.
- iii. Ex-officio members and other representatives of member agencies may attend all meetings of members, and may have the privilege of the floor, but shall have no vote.

2.5 **Rules of Order**

The Rule of Order and Procedure set forth in *Robert's Rules of Order* shall prevail at all meetings of the Provincial HSJCC.



LHIN 4 Regional Human Service and Justice Coordinating Committee
***DRAFT* Terms of Reference (May 17, 2006) REVISED NOVEMBER 2010**

Preamble

The Ontario government's policy framework for people with clinical needs who come in conflict with the law, *A Provincial Strategy to Coordinate Human Services and Criminal Justice Systems in Ontario*, was approved in June 1997.

Human Services and Justice Coordinating Committees were established in response to a recognized need to coordinate resources and services, and plan more effectively for people who are in conflict with the law.

The two primary areas of emphasis for the committees are:

1. to provide a planning table to bring together service providers to find solutions to the problem of the criminalization of people with the defined unique needs, and;
2. to develop a model of shared responsibility and accountability in dealing with this group of offenders at points of intersection with the justice system.

A provincial, regional and local committee structure is mandated by the the Interministerial Working Group, and the Ministry of Health and Long-term Care. A Provincial Human Services and Justice Coordinating Committee will address provincial service and policy issues, identify solutions to systemic problems and make recommendations to appropriate Ministries. The LHIN 4 Regional committee was established on June 22, 2005 in response to ministry requests and the voluntary commitment of all local committee chairs. Local committees reporting to the regional committee included Hamilton, Halton and Niagara. Brant and Haldimand Norfolk were examining complimentary local committees at the time of this protocol.

The LHIN 4 Regional committee is established to coordinate communication and service integration planning between health, criminal justice developmental service organizations and local committees within specific regions.

The mandate and function of this regional committee is to

- conduct research
- gather statistics
- share information
- identify gaps in service
- conduct evaluations
- address policy issues
- develop performance measures
- develop work plans

Goal

To develop an integrated, coordinated and seamless service delivery system that meets the needs of this client population and supports community safety.

Objectives

7. Facilitate communication through effective linkages among health, criminal justice and social service sectors, and between local committees.
8. Identify issues with respect to service delivery and capacity.
9. Address issues such as access to and duplication of services.
10. Consult with local committees to determine predominant issues.
11. Coordinate regional training opportunities for all sectors involved in serving the target population.
12. Provide informed input and advice concerning research, system design, planning, program implementation, and resource allocation to the partner ministries.

Membership

The LHIN 4 Regional Human Services and Justice Coordinating Committee will be comprised of a minimum of one representative from each Local committee.

In addition, the Regional Committee will include representatives from the ministries involved in this initiative: Ministry of Health and Long-term Care, Ministry of Community and Social Services, Ministry of Children and Youth Services, Ministry of the Attorney General, Ministry of Community Safety and Correctional Services. The committee will also include representation from the Forensic Program of a designated facility. Additional members will be considered by the committee as the needs are identified. This may include representatives identified with the court system and particular populations such as native, Francophone, priority disability groups and other's.

The chair will be selected annually, by the committee. **Membership will be reviewed every two years by the committee.**

Membership recruitment will be the responsibility of the committee. A membership task group will be formed for the purpose of committee membership recruitment.

Chair

Chairperson/ co-Chairs will be voted for a two year term and reviewed annually.

Frequency of Meetings

The Regional committee will meet at least quarterly throughout the year.

Managing the Committees' Work

The Committee will develop an annual work plan, and review those of the local committees (??? **Has this ever been done?**) to identify opportunities for sharing of best practices and innovative service solutions. Work plans will be reviewed annually to identify outcomes, work that has been completed, and projects that will be continued in the next year.

The Regional Committees will review the committee structure for that region and will determine the need for additional local committees. (**How often should this be done?**)

The work plans will be submitted to the Provincial Committee for information purposes and to identify provincial opportunities for sharing of best practices and innovative service solutions. **CREATION OF SUB COMMITTEES/TASK GROUPS – ie Research, Membership, Committee Governance, Communication, Training**

Reporting Relationship

The Local Committees will develop work plans and budgets¹ and will submit those to the Regional Committees. The Regional Committees will develop a work plan and budget² for the Region (encompassing all local and regional plans), which will be submitted to the regional designated transfer payment agency. The transfer payment agency will submit budgets and work plans to the MOHLTC Regional Office for approval.

Terms of Reference Review

The terms of reference will be reviewed annually with an evaluation of the committee. (**Who is responsible for ensuring this is done?**)

¹ Local committees may allocate budgets to administrative costs, meeting costs, travel, training and special projects.

² Regional committees may allocate budgets to administrative costs, meeting costs, travel, regional training and special projects.

EXECUTIVE SUMMARY
(Consultant's 2010 Report)

Kindiak, D.H. (2010). *Four Year Review of LHIN4 Regional and Local Human Services and Justice Coordinating Committees*. Kindiak & Associates, pp. 4-6.

Key Messages

1. Each of the five LHIN4 HSJCCs (Regional, Brant, Haldimand-Norfolk, Hamilton, Niagara) has followed the Ministry's direction as intended.
2. The HSJCC three-tiered structure has served as an excellent means of communication flow, both upward and downwards to the provincial, regional and local levels. As the roles of each level have evolved, the lines of responsibility and accountability could benefit from greater clarity.
3. The start-up, direction and focus of each LHIN4 HSJCC reflects the characteristics, strengths and needs within the region and each local community. The Hamilton and Niagara HSJCCs built upon pre-existing committees, while the Brant, Haldimand-Norfolk and Regional LHIN4 HSJCCs started new.
4. The self-ratings of the Rifkin Community Participation Scale demonstrated some common themes - the early years (2006 - 2008) were focused to assessing needs within their respective communities and the latter years (2008 – 2010) were focused to developing the committee's leadership. The one variation was Haldimand-Norfolk, which had focused its early years on resource mobilization.
5. Upon review of the Collaboration Continuum, the common theme was that each of the HSJCCs showed signs of "networking," "coordinating," "cooperating" and "collaborating" and demonstrated moderate levels of trust in their working relationship with their community stakeholders. The one variation was Hamilton HSJCC, which had demonstrated a higher level of trust.
6. Upon coding each of the HSJCCs minutes in accordance to their respective Logic Model, each of the five LHIN4 HSJCCs has demonstrated significant progress in meeting their identified process objectives and early stages of progress in meeting their short-term outcome objectives. Outcome measurements need to be identified.
7. Since the establishment of the five LHIN4 HSJCCs "there is more community awareness of and access to crisis and court support services" across the region, which follows the first key message of the System Enhancement Evaluation Initiative (SEEI) titled, ***Building Bridges Between the Community Mental Health and Justice Sectors: A Work in Progress*** (2009).

8. The unique structure and clinical focus of the Hamilton HSJCC is built upon the eighth key message in the SEEI Building Bridges report (2009) - “people with mental illness who have had involvement with the justice system face barriers when transitioning to community services.”
9. Two LHIN4 Local HSJCCs have been successful in demonstrating outcomes which follow the outlined “Suggestions for Improvements” within the SEEI Building Bridges report (2009). Hamilton HSJCC has built a HSJCC database (suggestion 1). Haldimand-Norfolk HSJCC has temporarily expanded court support (suggestion 5) and expanded the use of police mobile crisis teams in rural communities (suggestions 2).
10. The structure of the HSJCC has served a purposeful role as both an independent and a collective voice in identifying and advocating services in need, as well as addressing systemic challenges. Program proposals are being forwarded to the local LHIN with acknowledgement of HSJCC input and support. Brant HSJCC is currently advocating for a safe-bed program and Niagara HSJCC is advocating for a COAST program.
11. The current analysis of the four LHIN4 Local HSJCCs reinforces some of the key findings regarding provincial trends of Local HSJCCs, as noted in the report from Johnston Consulting (2009) titled, *Review of Ontario’s Human Services and Justice Coordinating Committees: Final Report*. The Local committees are considered effective vehicles for “on-the-ground” problem-solving, yet experience a lack of effectiveness for “escalating” issues that cannot be resolved locally.
12. The current analysis of the LHIN4 Regional HSJCC reinforces some of the key findings regarding provincial trends of Regional HSJCCs, as noted in the report from Johnston Consulting (2009). One of the greatest challenges is finding visibility and credibility to their local LHIN.

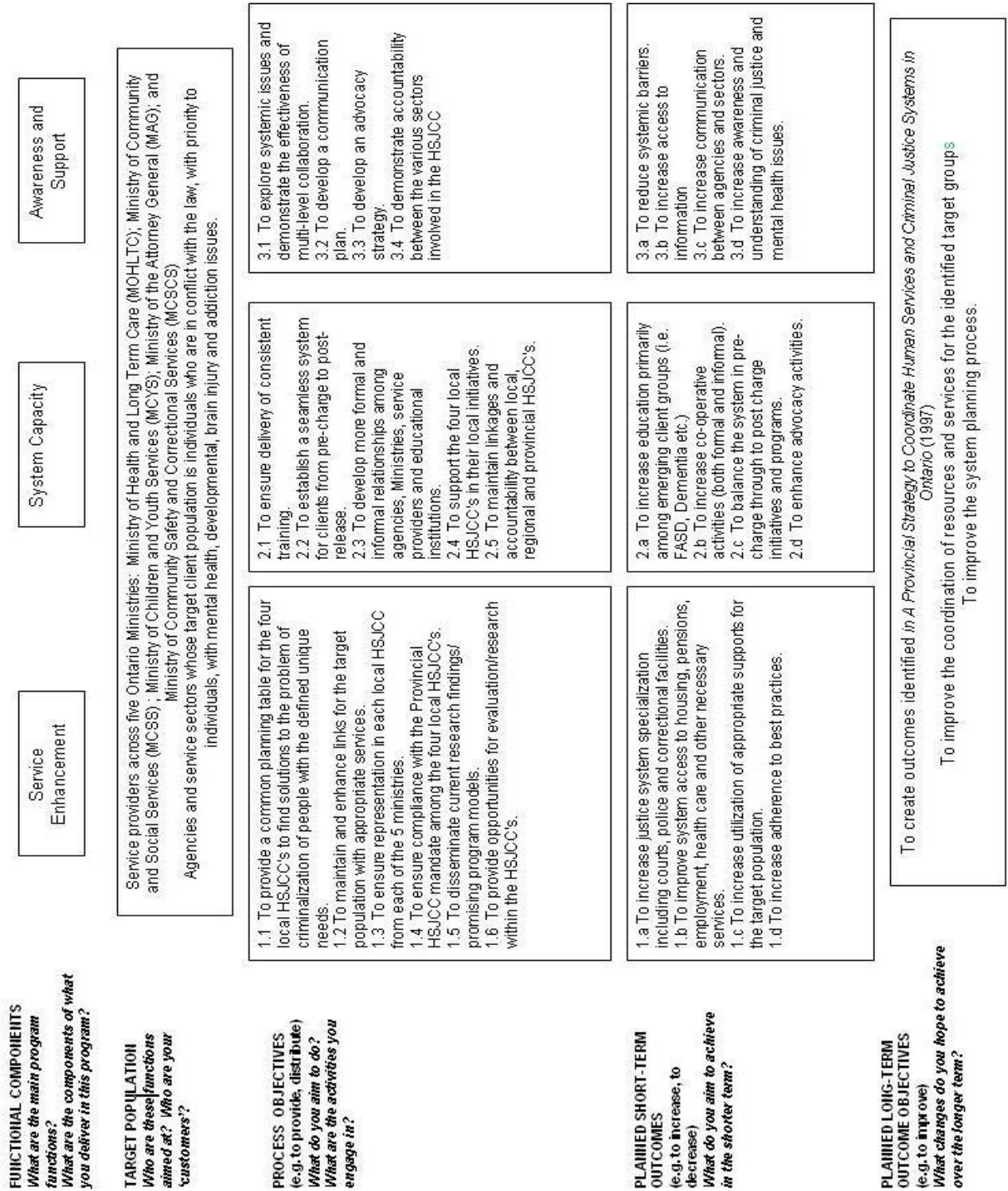
Suggestions for Consideration

1. THAT each of the five LHIN4 HSJCCs reviews their committee structure, reporting relationships and membership to ensure that each committee has the required skill sets to fulfill the ministry mandate, their respective roles and ongoing changing needs.
2. THAT each of the five LHIN4 HSJCCs work towards developing and tracking indicators in accordance to their newly established Logic Model, along with a method of reporting committee progress.
3. THAT the role between the local LHIN and the HSJCCs be clarified and the visibility of the LHIN with the HSJCCs be increased, which follows one of the recommendations of the Johnston Consulting Report (2009).
4. THAT the Hamilton HSJCC database be considered as an initial template for sharing data collection across sectors and ministries.

5. WHERE system issues cannot be addressed at the Local HSJCC, that the issue be formally “flagged” and forwarded to the Regional HSJCC for determination as to which system level can best address the issue i.e., regional, LHIN, provincial, or a partnership between two Local HSJCCs.

Committee Specific

6. THAT the Regional HSJCC develops a strategy to address mezzo-system issues that have had little progress at the local level. This process may include the development of issue specific subcommittees.
7. THAT the Brant HSJCC develop a strategy to demonstrate challenges and difficulties in meeting identified goals and objectives, which would thereby bring an issue forward to the Regional HSJCC for assistance. This process may include a documentation protocol, which will also serve of assistance to the other Local HSJCCs.
8. THAT the Haldimand-Norfolk HSJCC focuses on conducting a local needs assessment, which would assist in directing future activities.
9. THAT the Hamilton HSJCC develops a means of integrating local system planning and sharing resources with their regional partners. It is acknowledged that Hamilton’s resource pool includes tertiary services, and thereby needs to incorporate the needs of its Local HSJCCs into decision-making processes.
10. THAT the Niagara HSJCC focuses on mobilizing resources to ensure greater access across the Region of Niagara.

Logic Model – Regional HSJCC**LHIN 4 Regional HSJCC**

Logic Model – Hamilton HSJCC

Hamilton HSJCC Logic Model

Service
Enhancement

System Capacity

Awareness and
Support

Service providers across five Ontario Ministries: Ministry of Health and Long Term Care (MHLTC); Ministry of Community and Social Services (MCSS); Ministry of Children and Youth Services (MCYS); Ministry of the Attorney General (MAG); and Ministry of Community Safety and Correctional Services (MCCSCS)

Agencies and service sectors whose target client population is individuals who are in conflict with the law, with priority to individuals with mental health, developmental, brain injury and addiction issues.

1.1 To ensure representation in each local HSJCC from each of the 5 ministries via represented sector agencies.
1.2 To identify high risk clients who are in conflict with the law who have mental health issues and are not receiving services in the community due to systemic barriers.
1.3 To maintain treatment and monitoring for individuals who are considered high risk within the community and/or who have frequent contact with the criminal justice system.
1.4 To disseminate current research findings/promising program models (ie. Best practices).
1.5 To provide opportunities for evaluation/research within the HSJCC.
1.6 To develop a case review process with the goal of providing a more comprehensive and coordinated treatment plan for hard to serve complex clients.
1.7 To maintain a database of referred clients.

2.1 To enhance discharge planning from CJS into community.
2.2 To link court support worker, diversion activities and release of custody staff with other key stakeholders.
2.3 To develop a seamless circle of care that is determined by the level of risk to the individual and the community.
2.4 To improve access to supports and services.
2.5 To identify system gaps.
2.6 To create a network of multidisciplinary members who would identify and address the complex needs of the client and develop a community treatment plan.

3.1 To explore systemic issues and demonstrate the effectiveness of multi-level collaboration.
3.2 To be proactive in providing treatment and support through the identification and implementation of best practices.
3.3 To establish measures of accountability for the various sectors involved in the HSJCC.
3.4 To forward systemic recommendations at an organizational policy level.

1.a To improve justice system specialization including courts, police and correctional facilities.
1.b To improve system access to housing, legal/forensic support, employment, health care, financial assistance and other necessary services.
1.c To increase utilization of specialized supports outside of legal system for the target population.
1.d To increase adherence to best practices.

2.a To improve linkages/integration between justice, mental health and social services.
2.b To increase quality of life through improved access to determinants of health (i.e. housing, employment, income, social supports, community integration).
2.c To reduce barriers to supports and services for individuals in conflict with the law.
2.d To reduce the number of people with MH/A from entering the CJS.
2.e To increase responsiveness, coordination and adaptation of all sectors and services.
2.f To increase availability and provision of community MH/A services to individuals who are in custody.

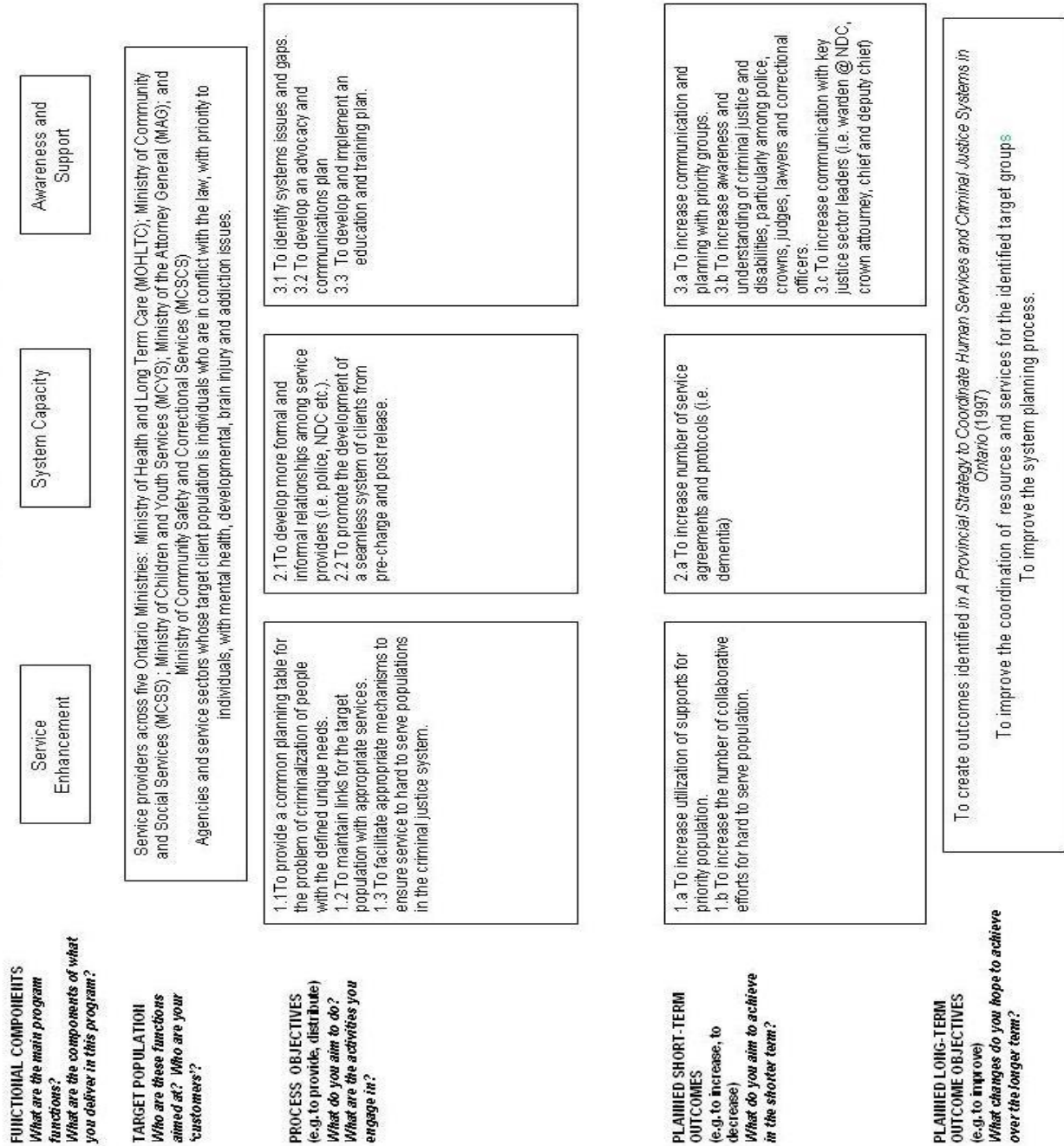
3.a To improve linkages with community stakeholders, thus enhancing discharge planning from the criminal justice system into the community.
3.b To improve access to the community resources.
3.c To decrease the number of occasions of incarceration.
3.d To increase the client's ability to engage with community supports.
3.e To reduce the number of crisis responses from various agencies.

To improve mechanisms the support the implementation of *A Provincial Strategy to Coordinate Human Services and Criminal Justice Systems in Ontario* (1997)

To improve the coordination of resources and services for the identified target group
To improve the system planning process.

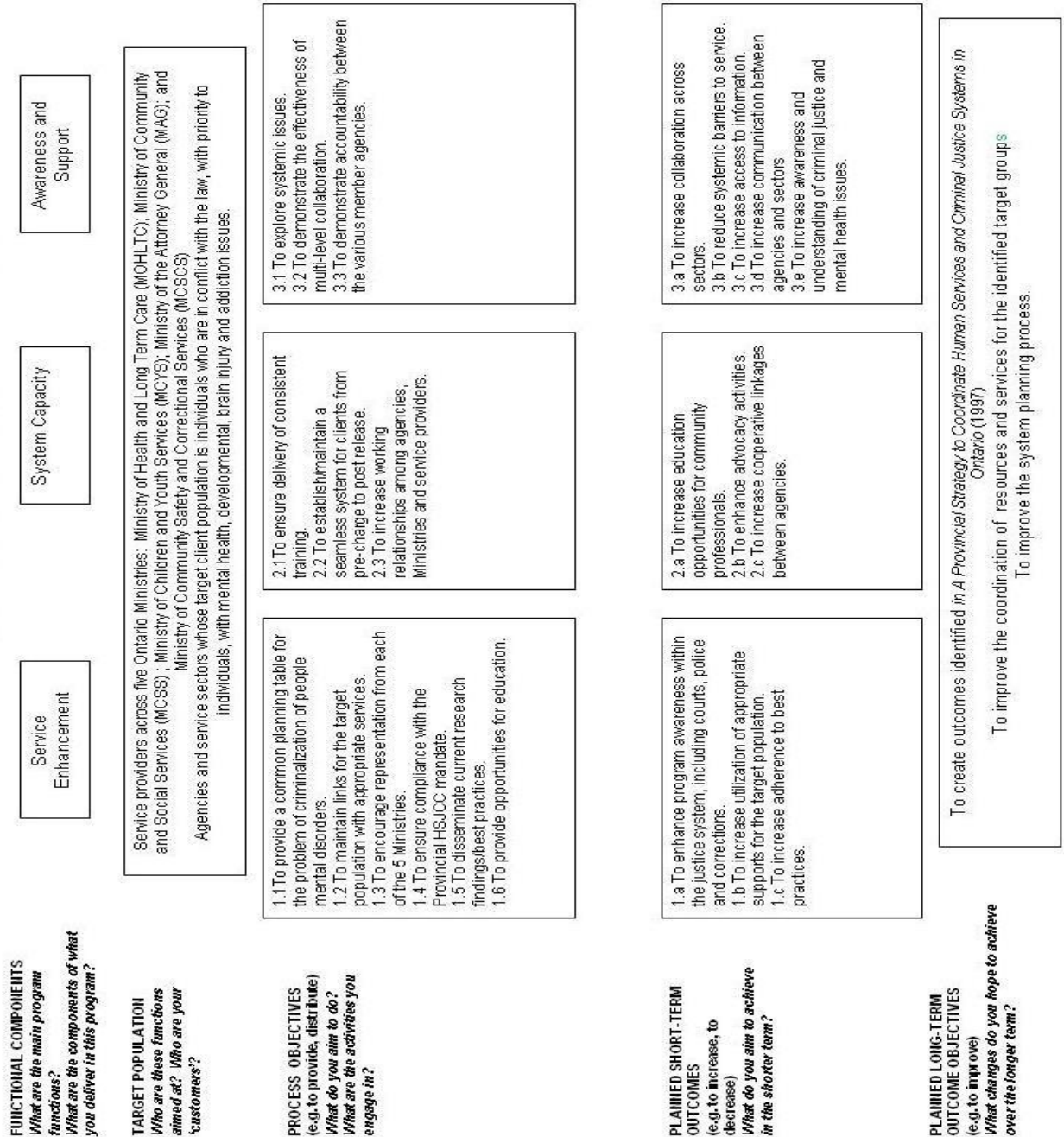
Logic Model – Niagara HSJCC

Niagara HSJCC Logic Model



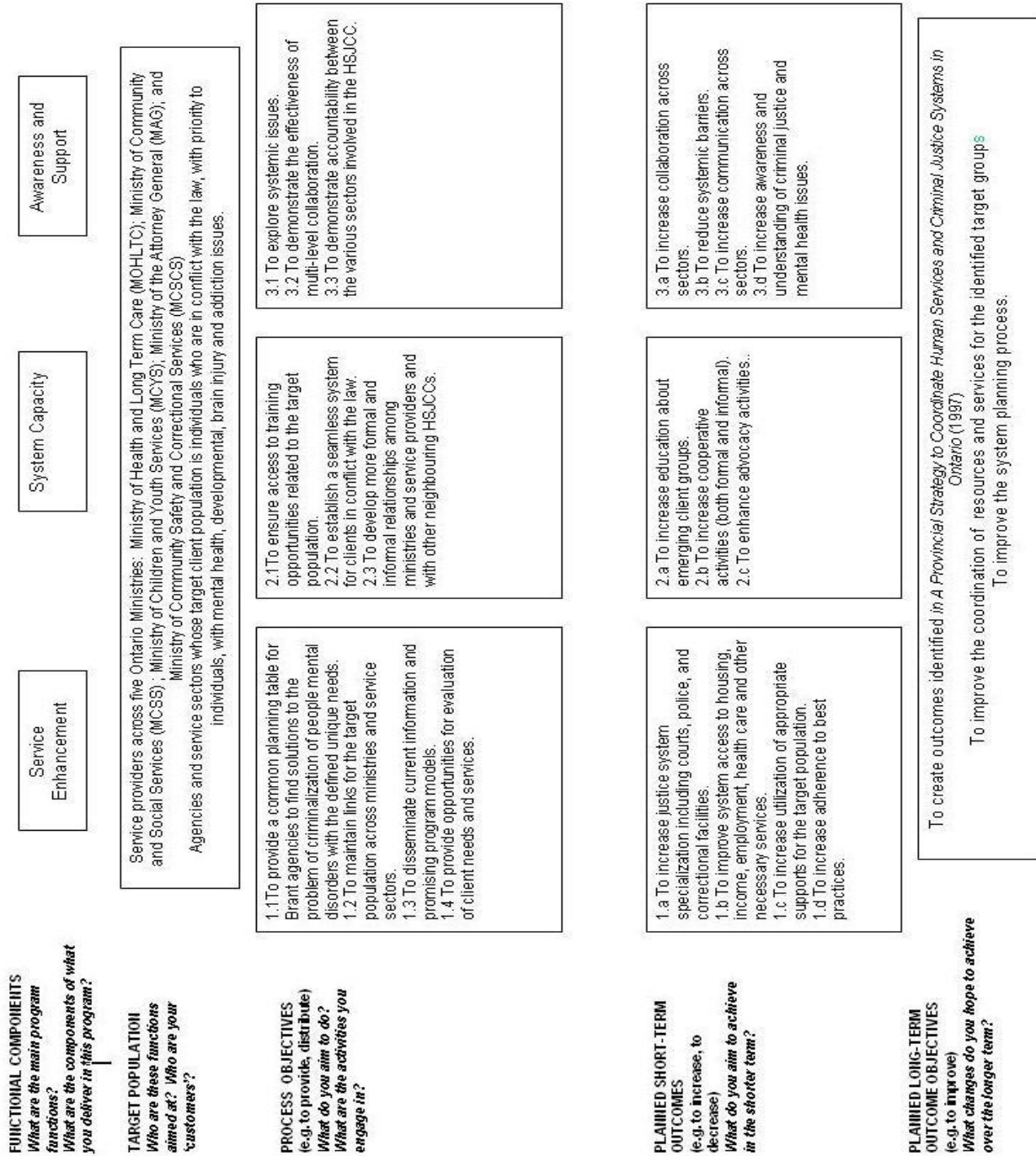
Logic Model – Haldimand-Norfolk HSJCC

Haldimand-Norfolk HSJCC Logic Model



Logic Model – Brant HSJCC

Brant HSJCC Logic Model



HNHB Regional HSJCC Committee
Coding of Committee Minutes According to Logic Model

Meeting Date	Highlights of Topics Discussed	Functional Component	Objective
2010 Jun 16	Presentation by consultant, Darlene Kindiak of report titled, “ Four Year Review of LHIN4 Regional and Local Human Services and Justice Coordinating Committee. ” D. Kindiak presented powerpoint presentation outlining highlights of 75page report which included an analysis of the Regional + 4 Local committees (2006 to 2010) along with general + committee specific “suggestions” for future consideration.	1	1.4 1.5 +Address long-term objectives
2010 Nov 24	Presented revised Terms of Reference which included committee structure changes + name change to HNHB (Hamilton Niagara Haldimand Brant) Regional Committee.		long-term objectives
	Reviewed DRAFT committee Work plan which included: research topic for diversion clients; Rifkin re-assessment; best practice literature; funding allotment for conference + questionnaire for Crowns and Judges.	1 2	1.6 1(d) 2.3
	Established role/ activities + funding plan for potential Research Coordinator.	1	1.6
	Feedback/ recommendations given for Forensic Report.	2	2.3
2011 May 18	Feedback canvassed re: series of questions from Provincial HSJCC.	1	1.4
	Reviewed committee Work plan which included: Seniors Diversion Program survey, Dual Diagnosis Research Study + addition of Crown representative to committee.	1 2	1.6 2.3
	Disseminated “recidivism” report – how to reduce re-offending.	1	1.5
	Changes in committee membership i.e., adding Crown representative	2	2.3
	Reviewed funding allotment/ requests for upcoming provincial HSJCC Conference.	2	2(a)
	Provided education from Provincial HSJCC – Coroner’s Inquest of 2007 inmate death.	1	1.5
	Local HSJCC reports/ updates.	2	2.4
2011 Nov 25	Presentation by Linda Daly, Catholic Family Services re: Seniors Diversion Project	2	2(a)
	Continued discussion of committee Work plan which included: planning an education event, developing a regional survey re: potential need for COAST services, assessing need for on-line video police training + identification/ dissemination of tasks.	2 1	2(a) 1.6
	Further discussion of “recidivism” report. Awaiting feedback from local committees.	1	1.5
	Committee membership expanded to include local Crown. Invitation will be sent.	1	1.3
	Local HSJCC reports/ updates.	2	2.4
	Reviewed committee budget + identified potential needs i.e., conference, training.	1	1.1
2012 May 10	Reviewed 2011 Work plan + identified 2012 Work plan which included: monitoring Brantford jail closure, potential proposals of Therapeutic Courts, ongoing evaluation of Court Support & Diversion programs + development of Logic Model by Research Committee + selecting highlights to address at upcoming Provincial HSJCC.	3 1 2	3.1 1.1 + 1(a) 1.6 (x2) 2.5
	Budget: Allocated 2012 budget i.e., \$4,000. per committee, research, conference, etc.	1	1.1
	Discussion re: Provincial HSJCC restructuring – new Secretariat role. Identified strengths + queried function & funding. Plan: Feedback to be forwarded by Chair.		long-term objectives
	Development of survey to assist with membership attendance.	1	1.4
	Local HSJCC reports/ updates.	2	2.4
2012 Dec 12	Election of new Regional Chair + co-Chair	1	1.4
	Budget: Requested Local HSJCCs to submit & finalize 2012 expenses. Discussed ideas of 2013 funds for future training workshops i.e., risk assessment tools. Confirmed topic, “Mental Health Law 101.”	1 2	1.4 2(a)
	Presentation by Beth Anne Currie, Research Consultant, who’s conducting an Evaluation of Court Support/ Court Diversion Programs. She shared survey	1	1.6

	information requesting feedback from the committee members. Information on monthly websites, research papers + other links were also shared.		
	Education/update from Terry re: ER/Police protocols, specifically reducing the time police spend in the ER Department. Following a 1.5 yr. collaborative, have developed a new risk management form whereby nurses can sign-off for the police to depart.	3	3(a)
	Local HSJCC reports/ updates.	2	2.4
2013 Mar 6	Presentation/ update by Beth Anne Currie, Research Consultant. Summary of Phase 1 was provided with special thanks to steering committee. Discussed feedback received from survey and various geographical challenges. Offered input to next Phases 2 & 3. Identified need for steering committee to come up with broader strategy.	1	1.6
	Update from Provincial HSJCC . Encouraged attendance at upcoming provincial conference. Identified “share point”/ message board as a means of facilitating communication. Positive feedback from Hamilton HSJCC presentation re: decreased waiting-times in ER by police. Youth & justice collaborative starting in Toronto & Champlain. Looking to reduce meetings to quarterly.	2	2.5
	Budget: Anticipating increase in participants for “Mental Health & Law 101.” Directed local Chairs to submit expenses asap. Discussed plans for remaining year-end dollars.	1	1.4
	Local HSJCC reports/ updates. Six Nations representative identified concerns that Provincial HSJCC has no native/ aboriginal content.	2	2.4
	Educational conferences confirmed: Provincial HSJCC Conference (Nov. 25-27, 2013) + SJHH Risk & Recovery Conference (April 25-26, 2013). Funds have been allocated.	2	2(a)
	Community updates: SJHH new facility opening in Hamilton.	1	1.2
	Clinical updates: Standardized suicide prevention tool being considered as a model for the development of violence towards self/ others assessment tool.	2	2.1
2013 Sep 4	Presentation/ update by Beth Anne Currie, Research Consultant . Discussed inconsistency with referral process and plan to use OCAN tool for consistency. Members provided researcher community feedback on local challenges with study. Full report will be presented at upcoming Provincial HSJCC.	1	1.6
	Risk Management Workshop confirmed (Oct. 16, 2013) focused at introducing the HARM tool. Lead psychiatrist from Ottawa.	2	2(a)
	Hamilton ABI Working Group has reviewed literature and is currently developing screening tool – potentially to be used upon admission at HWDC. Upcoming workshop.	1	1(a)
	Finalized attendees at Provincial HSJCC Conference (Nov. 25-27, 2013).	2	2(a)
	LHIN proposals: Updates provided.	2	2(b)
	Budget: Reviewed 2013-14 expenses to date.	1	1.4
	Local HSJCC reports/ updates.	2	2.4
	Chair to circulate local & Regional Work plans for future review.	1	1.4
2014 Jan 6	Highlights from the Provincial HSJCC Conference were shared.	2	2(a)
	Highlights from the Provincial HSJCC Meeting . Funding proposal for Provincial HSJCC Secretariat requires revision & resubmission before fiscal year-end 2014.	3	3.4
	Workplan discussions focused on new project to address recommendations for court and bail + examining individuals with developmental disorders interacting with justice.	1	1(a)
	Draft “ Justice & Mental Health System Map ” circulated to members for feedback. The webpage “Communication & Knowledge Transfer” outlining membership lists MUST be updated by each respective Chair – otherwise, risks funding.		1.2
			3(b)
			1.4
	Local HSJCC reports/ updates.	2	2.4
	Housing issue being addressed by Provincial HSJCC. Request for numbers from all local HSJCCs so that a pre-budget can be submitted for additional funding.	2	2(b)
	Budget: Request for expenses to date. Need to finalize monies before fiscal year-end.	1	1.4
	Update by Beth Anne Currie, Research Consultant. Report ready to be circulated.	1	1.6

	Request input re: location i.e., website, LHIN rep. + distribution to judge/ crown?		
	Highlights of <i>LHIN proposals</i> i.e., DBT program, COAST/MRRCT (mobile rapid response crisis team) which includes Mental Health worker + uniformed officer.	1	1(c)
	Regional and Local Work plans were reviewed – to be forwarded to Provincial HSJCC.	1	1.4
	Education update on ABI workshop (Oct. 22, 2013).	2	2(a)
	Discussed need for follow-up AIS/ HARM Workshop to address high risk individuals. Identified need to train a lead CMHA rep. Discussed dissemination of tasks.	1	1(a)
	<i>Youth Justice Collaborative</i> in Niagara – notes to be distributed.	3	3(c)
	Community Updates: Aboriginal Court opens January 7, 2014 in Brantford. First Drug Treatment Court opens January 8, 2014 in Hamilton.	1	1(a)

Hamilton HSJCC Committee
Coding of Committee Minutes According to Logic Model

Meeting Date	Highlights of Topics Discussed	Functional Component	Objective
2010 Apr 29	Quality Improvement Approach (presentation): T. McGurk provided summary of QIA community discussions. The challenges in healthcare resulting from system processes. Change in processes of care requires 4 steps (system mapping; change concepts; quality improvement methodology; and improvement tools) + support to sustain.	1	1.4
	Hamilton HSJCC Logic Model: Discussed development of committee Logic Model.		long term
	Update on Dual Diagnosis Proposal: Meeting set for end of May.	3	3.4
	Risk & Recovery Forensic Conference: Well attended.	1	(a)
	CIT (Crisis Intervention Team) Conference: Well attended.	1	(c)
	Community Psychiatric Service: Discussed feedback from CPS staff re: whether individuals with more than minor offenses should receive outpatient services from CPS vs. forensic. PLAN: To set up presentation at CPS re: role/ mandate of HSJCC.	2	2 (c)
	Client Case Review:	1	1.6
2010 May 27	Hamilton HSJCC Logic Model: D. Kindiak (Consultant) discussed background and focus of HSJCC Report and assignment of developing Logic Model.		long term
	Offenders with Dual Diagnosis (presentation): L. Smith presented learning materials.	3	3 (b)
	Client Case Review:	1	1.6
2010 Jun 24	Wesley Centre Closing (presentation): Suzanne Swanton presented overview of Hamilton's 2 year plan re: Emergency Shelter Services. 1 st phase to reduce ~ 100 beds from 4 men's shelters (Wesley, Mission, Good Shepherd & SA) and increase community supports i.e., Transitions to Home & affordable housing options.	3	3.1
	Regional HSJCC Review: T. McGurk discussed rationale for Regional HSJCC review & purpose of consultant report. Informed re: 3 analytical evaluation tools.		long term
	Client Case Review:	1	1.6
2010 July 29	Final HJSCC Consultant Report: Shared consultant's report of regional & local recommendations. PLAN: To circulate to select individuals at SJHH.		long term
	Client Case Review: Identified lack of services for individuals with complex dual diagnosis. PLAN: Discuss issue with Southern Network of Specialized Care rep.	2	2.5
2010 Aug 26	Final HJSCC Consultant Report: Discussed report findings and recommendations.	3	3.3
	Blueprint for Emergency Shelter Services: Noted that shelters at capacity and individuals sleeping on the streets. Plan for Wesley Centre to return to daily drop-in.	2	2.4
	Client Case Review:	1	1.6
2010 Sep 30	Report to Provincial HSJCC: G. Kurzawa currently preparing report of Regional & local committees – to be forwarded to Provincial HSJCC.	3	3.3
	"Repeat Unplanned ER Visits for Mental Health/ Substance Abuse Conditions": Discussed results of LHIN presentation. PLAN: T. McGurk to obtain information on individuals with excessive ER visits & determine possible community resources.	3	3.2
	Client Case Review:	1	1.6
2010 Oct 28	SURCH (Substance Use Related Crime in Hamilton) Committee Update (presentation): D. Burke presented program overview including client suitability, the court process and the possible areas of flexibility of an individual's sentence following completion of a 6 month Plan of Care. Pilot funding (beginning Oct. 2008) from City of Hamilton is now ended. The project is extended for 2 yrs. with Trillium Funding.	3	3 (a)
	Client Case Review:	1	1.6

2010 Nov 25	Regional HSJCC Update: Terms of Reference, mandate, committee structure & subcommittees were updated. Regional committee will decide one common macro system issue & tracking indicator to be received twice/ year from local HSJCCs. Identified community still unaware of HSJCC. Brainstormed ideas for educating judges/ crowns, etc. Suggestion: conduct survey.	3	3.4
	New Initiative: New efforts at coordinating CTO/ ACTT from HWDC.	1	1 (b)
	Client Case Review:	1	1.6
2010 Dec 16	Client Case Review:	1	1.6
2011 Jan 27	SJHH New Hospital Site: Ground Breaking Ceremony Feb. 2/11. Scheduled tours.	3	3 (a)
	Forensic Program Group: Working on developing program for developmental delay individuals who are in conflict with the law. Program will be in London modeled around St. Lawrence Valley Program. Forthcoming presentations will be made	3	3.1
	Youth in Transition Toolkit: To assist service providers working with youth with developmental disability (between 16 & 25 yrs.). Available for purchase or website (Community Networks of Specialized Care – Southern Network – Resources).	1	1 (c)
	Hamilton Addiction & Mental Health Collaborative: Seeking members for Education Subcommittee. Committee meets monthly. Contact: Dierdra Burke	1	1 (c)
	Request for HSJCC Support: Discussed strategy/ input/ letters re: advocating for individual to be sent to St. Lawrence Valley. PLAN: Troy to set up case conference.	1	1 (b)
	LHIN Plan re: Diverting ER Visits: Terry outlined LHIN plan to conduct thorough analysis (including chart review) of top “5” individuals in each area (Hamilton, Niagara, Haldimand-Norfolk & Brant). Case conference will be set up with client/ family/ community services to determine what steps need to be taken.	2	2 (e)
	Ontario Common Assessment of Need (OCAN): Terry outlined new initiative which will be mandated to all outpatient mental health services – a standardized, consumer-led decision making tool featuring a self-assessment process. One-time monies avail.	1	1 (c)
	Client Case Review:	1	1.6
2011 Feb 24	Brain Injury Services: Upcoming presentation March 31 st .	2	2.6
	SJHH Risk & Recovery Conference (April): HJSCC will be sponsoring 12 members.	3	3.1
	CIT Conference (May): Hamilton Police Services & COAST are hosting 2 nd CIT Conference. Topics: partnerships with police & mental health; trained negotiators.	3	3.1
	Community Treatment Orders: Identified that CTOs are underutilized. Discussed barriers of some professions. PLAN: To set-up a CTO presentation with HSJCC.	1	(d)
	Follow-up re: Request for HSJCC Support: The goal of having an individual sent to St. Lawrence Valley was successful.	1	1 (b)
	Client Case Review:	1	1.6
2011 Mar 31	Brain Injury Services of Hamilton (presentation): Candy Sarraf presented an overview i.e., residential/ assessment/ group services/ community resource services.	1	1 (c)
	Developmental Services Ontario (DSO) Hamilton-Niagara: Starting July 1 st applying for supports for developmental services will connect with DSOs – 9 across province.	1	1 (c)
	SJHH Inpatient Updates: Effective April 4 th A2 patients located H1; B2 located on A2	3	3.1
	Client Case Review:	1	1.6
2011 Apr 27	Community Treatment Orders (presentation): Dr. Todd Hastings. Lots of discussion.	1	1 (d)
	CIT Conference (May): Regional HSJCC sponsored 1 MH worker + 1 police officer.	3	3.2
	PHIPA Privacy Issues: Topic for next meeting.		
	Client Case Review:	1	1.6
2011 May 26	Community Treatment Orders (presentation): Dr. Siekierski provided CTO overview – challenges & ongoing supports required. Hamilton does 20% of all Ontario CTOs.	1	1 (d)
	Client Case Review:	1	1.6

2011 Jun 30	HNHB ABI Service and Systems Navigator (presentation): Veronica Pepper outlined role of ABI Systems Navigator – developed in response to provincial analysis. Goal is to improve access to services & serve as a resource. It's NOT a case manager.	1	(b)
	Barrier to Referrals to CPS/CSS: Noted that individuals with pending or past criminal charges have difficulty obtaining services. PLAN: Liane & Terry to educate.	2	2 (c)
	Mental Health Supports for Child/ Youth: D. Burke outlined new monies (20 M) allotted for Mental Health & Addiction Strategy. For details: http://news.ontario.ca .	1	1 (c)
	Re-orientation to Privacy Legislation (presentation): Terry presented "Privacy Guidelines". Powerpoint will be distributed in minutes.	1	1.4
	Client Case Review:	1	1.6
2011 July 28	Scheduling Presentation at CPS: PLAN: Terry will schedule presentation in Sept. Focus: To provide overview of HSJCC – challenges serving target population.	3	3.1
	HSJCC Terms of Reference: Updated and approved.	3	3.3
	Client Case Review:	1	1.6
2011 Aug 25	ACTION: Addressing Crime Trends in our Neighbourhoods (presentation): PC Kim Walker from Hamilton Police talked about new ACTION team & Social Navigation Project. ACTION team created as a city-wide initiative to reduce violence, improve safety and enhance quality of life in vulnerable neighbourhoods. Through partnerships at-risk & repeat offenders are connected to agencies. PLAN: To invite members to attend HSJCC to discuss difficult clients.	1	1 (c)
	HWDC – Process for Discharging Clients: Discussed difficulty with client being released and need for psychiatric assessment (FORM 1). PLAN: Will address issue with HWDC medical staff & determine potential for psychiatrist role. Will report back.	3	3.1
	Client Case Review:	1	1.6
2011 Sep 29	ACTION: Addressing Crime Trends in our Neighbourhoods: PC Kim Walker & Anne Reid discussed 2 success stories. Today was last day of pilot project due to funding issues. PLAN: HSJCC to forward Letter of Support.	3	3.4
	HWDC – Process for Discharging Clients: Andrea Green & Evelyn Wilson spoke with HWDC psychiatrist Dr. Epelbaum. Feedback: The problem is not assessing/ forming when in detention; but, the Hospital does not keep individuals because they're not "Medically Clear." PLAN: Set up meeting with HWDC, SJHH EPT/ Inpatient.	2	2.1
	High Risk Youth Justice Program: Program is going to refocus services to help high risk youth receive services faster as Child & Adolescent Services are very backed up.	1	1 (b)
	Client Case Review:	1	1.6
2011 Oct 27	ACTION: Addressing Crime Trends in our Neighbourhoods: Draft letter was reviewed by HSJCC. Terry signed letter & forwarded to Chief of Police (x4)	3	3.4
	HWDC – Process for Discharging Clients: Scheduling meeting still in progress.	2	2.1
	New Mental Health Committee: Meeting held Oct 24. Two Justices of Peace attended.	2	2 (d)
	Client Case Review:	1	1.6
2011 Nov 17	ACTION: Addressing Crime Trends in our Neighbourhoods: Letter well received. Possible new funding. Initiative must be partnership with EMS & a social worker.	3	3.4
	Program Updates: Suicide Prevention Community Council of Hamilton: Information kits to be a resource for families where a loved one has died by suicide. (x 9)	2	2 (a)
	Client Case Review:	1	1.6
2011 Dec 15	ACTION: Addressing Crime Trends in our Neighbourhoods: Funding was approved. Titled Social Navigation Project. Team consists of EMS, social worker + Police officer	3	3.4
	Complex Care Resolution Table: Proposal submitted for creation of a "Frequent ED Visitor Program" consisting of healthcare professionals meeting monthly to develop, review & revise individualized patient care plans.	3	3.1
	HSJCC Response to Crime Bill Sent to Prime Minister: HSJCC recommended that	2	2 (c)

	Bill C-10 be amended and not include mandatory minimum sentences. Concerns re: impact of individuals served through Mental Health Diversion/ Court Support.		
	Client Case Review:	1	1.6
2012 Jan 26	SJHH Risk & Recovery Conference: HSJCC will sponsor committee members.	1	1.4
	Community Treatment Orders: Joe Kovacich is attending a meeting in Milton re: CTOs in the Halton/ Milton court system. PLAN: To share update at next meeting.	1	1 (a)
	Dialogue with Police: Terry met with Chief DeCaire. Discussed suicide prevention training, police involvement with Assist Training, meeting with SJHH CEO Dr. Higgins re: wait times police encounter at the Hospital.	2	2 (c)
	Client Case Review:	1	1.6
2012 Feb 23	SJHH Risk & Recovery Conference: Forward names requesting sponsorship.	1	1.4
	East Region Mental Health Services: Terry & Liane conducted presentation at ERMHS re: HSJCC. Feedback: Concerned about doing assessments for court.	3	3.1
	CTOs From HWDC: Reviewed challenges of 2 individuals released from HWDC & directly admitted to Hospital to initiate a CTO. First went well; second did not.	1	1.3
	Dual Diagnosis Resource Manual: Hard copy available (\$40.) or via website - Southern Network of Specialized Care.	1	1.4
	Client Case Review:	1	1.6
2012 Mar 29	HSJCC Corrections Info Guide: Focus is building trust between community organizations & correctional facilities. Discussed that Hamilton has a good connection.	1	1.4
	Client Case Review:	1	1.6
2012 Apr 26	SJHH Risk & Recovery Conference: Feedback was positive.	1	1.4
	Mandated Review of CTOs: Taking place soon. On-line survey sent for all participate	1	1 (d)
	Community Information Workshop – “Oxy”: The Hamilton Addiction & Mental Health Collaborative (HAMHC) Education Working Group providing education on the transition from OxyContin to OxyNeo. Date: May 24. Includes diverse panel.	2	2.3
	Frequency of ER Visits: Initial proposal will now work within recovery-based client centred approach. New Healthcare System Navigator (HSN) hired for 1 year.	3	3.2
	Behavioral Service Ontario (BSO): New initiative at COAST consists of 3 new staff who deal with older adults with complex and cognitive behaviours. BSO staff referred to as IGSEWs (Intensive Geriatric Service Workers).	3	3.2
	Client Case Review:	1	1.6
2012 May 31	Healthcare System Navigator (presentation): Robert Cosby & Claire Kislinsky provided overview. Goal is to work with high users & develop a community care plan. Electronic Red Flag system will be developed across Hamilton hospitals.	3	3 (d)
	Wait Times for Police & COAST: There’s been a series of meetings with COAST, Police, ER staff. The goal is to release officers after 60 minutes. EDP forms track.	3	3.1
	Vicarious Trauma: Discussion re: whether committee interest in presentation – the process of change that results overtime from witnessing/ hearing other’s suffering.	3	3.2
	Threats/ Risk Assessments & Trauma Response: Keith Anderson presented highlights of 4-day training with Cdn Centre for Threat Assessment & Trauma Response.	3	3.2
	Client Case Review:	1	1.6
	Vicarious Trauma: Liane gathering information of details.	3	3.2
2012 Jun 28	Complex Care System Planning Table: Kim Walker discussed her role & changes.	3	3 (b)
	Suicide Prevention Community Council of Hamilton (SPCCH): Members met with The Spectator to discuss recent community events & concerns re: how media reports.	2	2 (e)
	Client Case Review:	1	1.6
2012 Jul 26	Innovative Law Enforcement Strategies for interacting with People with Mental Illness that Frequently Require Emergency & Crisis Service (Webinar): Outlined programs to work more effectively with individuals with mental illnesses who	1	1.4

	frequently come in contact with law enforcement & emergency services.		
	<i>Vicarious Trauma:</i> Details of options to obtain presenter (flight/ hotel, etc).	3	3.2
	<i>COAST Update:</i> Hiring 6 Child & Youth workers (6 mth contract) to work with PES.	2	2.3
	<i>Client Case Review:</i>	1	1.6
2012 Aug 30	<i>Suicide Prevention Council SPCCH (presentation):</i> Cecilia Maria Flynn presented overview. Educational courses + conference (Oct/ 12). Planning Town Hall meeting.	2	2 (a)
	<i>Vicarious Trauma:</i> Cheryl Green booked Oct 11/12. Accommodate 30 (x3) sessions.	3	3.2
	<i>Request for Proposals:</i> Discussed proposals being submitted to LHIN. 3	3	3.4
	<i>Client Case Review:</i>	1	1.6
2012 Sep 27	<i>HSJCC Committee Membership:</i> Noted membership changes.	3	3.3
	<i>Vicarious Trauma Update:</i> Courtyard Marriott has been booked. Waiting list.	3	3.2
	<i>Client Case Review:</i>	1	1.6
2012 Oct 25	<i>Vicarious Trauma Update:</i> Overwhelming response. Workshop well received.	3	3.2
	<i>CBC Town Hall Meeting re: “Crisis of Youth Mental Health”:</i> Interviews were conducted at various community agencies + panel of speakers.	3	3.1
	<i>Suicide Prevention Community Council of Hamilton (SPCCH):</i> Tickets for fund-raising event – play called “ <i>Next to Normal</i> .”	2	2 (c)
	<i>Survey for Court Support Workers:</i> LHIN 4 putting together survey.	3	3.4
	<i>Proposals to LHIN:</i> 98 proposals were submitted. 1 FTE CTO Coordinator approved.	2	2 (f)
	<i>Client Case Review:</i>	1	1.6
2012 Nov 22	<i>Violence Threat Risk Assessment Conference:</i> Terry attended & reported that excellent tool. PLAN: Terry to explore teaching potential with Regional HSJCC.	1	1.4
	<i>Client Case Review:</i>	1	1.6
2012 Dec 13	<i>Regional HSJCC:</i> Terry agreed to take on role as Chair; Dennis DeSalvo as co-Chair. Discussed remaining budget & selected Mental Health Law 101 as next workshop.	1	1.1
	<i>Special Needs Offender:</i> Beth Anne Curtis gave an update on research. PLAN: To forward update (powerpoint presentation) to Regional & Hamilton HSJCCs.	1	1.4
	<i>Police & ER Wait Times:</i> PHSJCC sent out questionnaires. PLAN: Terry/ Jodi will present to PHSJCC progress & policy changes to accommodate officers in ER Dep’t.	3	3.1
	<i>Client Case Review:</i>	1	1.6
2013 Jan 31	<i>Provincial HSJCC:</i> Highlights: Provincial conference; membership database/ website; Police/ ER Protocol presentation; Justice Service collaborative; restructuring comm.	3	3.3
	<i>Mental Health Law 101:</i> Workshop organized by Regional HSJCC for March 8/13.	1	1 (a)
	<i>SJHH Risk & Recovery Conference:</i> Regional HSJCC will sponsor members.	1	1 (a)
	<i>Community Collaboration re: Breaches:</i> Discussed when Probation Orders identify services & the client not following Discussed consequences – need for feedback.	2	2 (a)
	<i>Client Case Review:</i>	1	1.6
2013 Feb 28	<i>Mental Health Law 101:</i> Great response. Registration CLOSED.	1	1 (a)
	<i>SJHH Risk & Recovery Conference:</i> Reminder re: registration.	1	1(a)
	<i>Client Case Review:</i>	1	1.6
2013 Mar 28	<i>Mental Health Law 101:</i> Positive feedback.	1	1 (a)
	<i>Provincial HSJCC Conference:</i> Scheduled for Nov. 25-27/13. Encourage attendees.	1	1 (a)
	<i>Client Case Review:</i>	1	1.6
2013 Apr 18	<i>Multicultural Awareness Fair:</i> Celebration of multicultural communities coming together to discuss mental health illness. Agency information booths + music + food. Scheduled May 11 th , 11:00 am to 3:00 pm, Cathedral High School.	2	2 (e)
	<i>Client Case Review:</i>	1	1.6
2013 May 30	<i>Provincial HSJCC:</i> To continue funding each Local HSJCC will need to provide updated membership lists + work plan + yearly accomplishments. Terry shared	3	3.3

	submission of Hamilton HSJCC accomplishments i.e., workshops, review of CTOs, etc		
	Mental Health Law 201: Nancy Hall shared ideas of new curriculum i.e., focus on children/ youth & mental health; new role of nurses in schools; transition from youth to adult services. PLAN: To identify funding potential with MAC.	1	1 (a)
	Client Case Review:	1	1.6
2013 Jun 27	Risk Assessment/ Risk Management Training Day: Dr. Chaimowitz discussed at Regional HSJCC HARMS tool created by Forensic Service. Tool includes 3 parts: patient history, current state & plan of action. Half-day training offered Oct 16/13.	1	1.4
	HSJCC Youth Justice Collaborative: Ontario's Comprehensive MH/A Strategy committed to creating 16 service collaboratives in Ontario. Transition Independent Program Model (TIP) chosen. Coach will come to each community to guide workers.	1	1 (c)
	Mental Health Law Update: Change in funding; possibly available child/ youth prog.	1	1 (a)
	Member Updates (x 12): i.e., seeing more non reporting Probation Orders. Automatic breach when "no show." Huge conflicts between probation criteria & bail criteria.	2	2.3
	Client Case Review:	1	1.6
2013 Jul 25	SNSC Justice Proposal Update: Hamilton Dual Diagnosis Forensic Program Working Group developing proposal. PLAN: Members to review & feedback next meeting.	1	1 (b)
	Aggressive Incident Scale (AIS): Need to assess community need for workshop.	3	3.2
	HARM (Hamilton Anatomy of Risk Management): Discussed challenges of ratings i.e., differing views of aggression + hard to "delete" high risk label over time.	3	3.2
	Forensic Clients: Discussed challenges obtaining outpatient support for individuals discharged from Forensics, detention or court. PLAN: To organize working group.	1	1 (b)
	ABI Working Group: Discussed challenges of individuals who do NOT fit criteria of available program. Need for service collaboration. PLAN: Focus on HSJCC referrals.	1	1 (c)
	Client Case Review:	1	1.6
2013 Aug 29	ABI Working Group (Update): Working on standardized referral screening tool. PLAN: To discuss clients referred to HSJCC diagnosed with ABI.	1	1 (c)
	Psychiatric Follow-up: Discussed need to "attach" individuals to a psychiatrist before being released from detention. SJHH management supports working group to discuss.	3	3.2
	Proposals to LHIN: Discussed various agency proposals (x8) submitted.	3	3.4
	Community Risk Assessment Workshop: 12 attendees welcome from local HSJCCs.	1	1 (d)
	Provincial HSJCC: Conference tuition cost will be covered.	3	3.3
	Mental Health 201: Ministry Children/ Youth forwarded \$1000. which covers fees.	1	1 (a)
	HSJCC Work Plan (2013-14): Reviewed goals/ objectives for local & regional comm.	3	3.3
	Client Case Review:	1	1.6
2013 Sep 26	Provincial HSJCC Update: 8-page Information Handout available. Proposals TB appr.	3	3.3
	SNSC Justice Proposal Update: PLAN: Terry to forward Letter of Support.	1	1 (b)
	Community Risk Assessment Workshop: Openings still available.	1	1 (d)
	Regional HSJCC: Completed DDJCM Report & Court Support Services Tool. Reports available for distribution.	3	3.3
	Client Case Review:	1	1.6
2013 Oct 31	AIS HARM Workshop: Helpful workshop; needed more time to use the tool. Concerns re: labelling & impact on discharge plans. PLAN: COAST to pilot tool for few months.	1	1 (d)
	New SJHH Hospital: Transfer from "old" to "new" building Feb. 9/14.	1	1 (b)
	ABI Working Group: Reviewed 3 screening tools; HELPS Model was chosen as pilot at HWDC. Before proceeding proposal need to be submitted for approval.	1	1.3
	COAST New Initiative: Proposal was accepted. PLAN: To invite LHIN rep. to HSJCC	3	3.4
	Psychiatric Follow-up Meeting: Scheduled Nov. 6/13.	3	3.2
	Crisis Plan Launch: Hamilton Service Delivery Network invites all Nov. 20/13 am.	1	1 (b)

	Client Case Review:	1	1.6
2013 Nov 27	Psychiatric Follow-up Meeting: Received positive feedback. Discussed need for specialized service/ access for difficult to serve individuals. PLAN: Terry to set up meeting with SJHH Intake/ Case Management.	3	3.2
	ABI Working Group Update: Proposal for 6 month pilot project submitted. PLAN: Awaiting approval from authors of HELP Tool; modifying tool to include HARM.	1	1.3
	COAST New Initiative: Mental Health Worker (COAST) will work out of Central Police Station (Mon-Fri). GOAL: To reduce number of individuals brought to ER.	3	3.4
	Crisis Plan Launch: Successful. PLAN: COAST will “house” all crisis plans.	1	1 (b)
	Client Case Review:	1	1.6
	Yard Hamilton: Gang Reduction Intervention Program modelled by Calgary Police Service program. Team of community agencies involved. PLAN: Forward details.	3	3.2
2013 Dec 19	ABI Working Group Update: Screening tool not yet approved. Terms of Ref complete	1	1.3
	HSJCC Provincial Conference: Shared highlights.	3	3.3
	Housing Numbers for Pre-Budget Submission: Provincial HSJCC requesting info. from local HSJCCs re: individuals with mental health issues in housing programs.	2	2 (b)
	Intensive Case Management: Discussed need for representation on committee.	1	1.1
	Opening New Hospital: Discussed opening & dates of tours of new building.	1	1 (b)
	Client Case Review:	1	1.6
	ABI Working Group Update: Waiting for Corrections to approve Pilot Project. Need for Housing stakeholder on committee. Adjustments made to referral form.	1	1.3
2014 Jan 30	Housing Numbers for Pre-Budget Submission: Letter from Provincial HSJCC will be sent to Minister. Hamilton’s housing numbers were included. Report available.	2	2 (b)
	Bill C-14 Not Criminally Responsible Reform Act: Letter from Provincial HSJCC sent to Hon. MacKay. Requested more consultation with stakeholders.		long term
	Intensive Case Management: Overview of program provided by Alisha Thorton.	1	1.1
	Client Case Review:	1	1.6
	Inpatient Concurrent Disorder Program: Overview of program provided by Holly Raymond. 20-bed inpatient treatment centre for mental health/ addiction issues.	1	1 (c)
2014 Feb 27	SJHH Risk & Recovery Forensic Conference: HSJCC will sponsor comm. members.	1	1 (a)
	LAO Mental Health Strategy Consultation Paper: HSJCC forwarded letter to Ryan Fritsch, LAO Mental Health counsel re: how to better serve population.	3	3.4
	Speakers on Special Populations (Webinar): Provincial HSJCC is doing a webinar on special populations and invited speakers. Nancy Hall (FASD) & Veronica Pepper (ABI Navigator) were forwarded from local area to be speakers on this topic.	2	2 (e)
	SJHH Mental Health Morning: Awards Committee looking for nomination (person, group or organ) for annual <i>Spirit of Hope Award</i> presented at MH Breakfast May 8.	3	3.3
	ABI Working Group Update: HWDC has agreed to begin using HELPS ABI Screening Tool on 3-A Unit. Also considering development of ABI Resource Guide.	1	1.2
	Client Case Review:	1	1.6
	PHSJCC Webinar: “A Conversation with Deputy Chief Federico, Toronto Police”	1	1 (a)
2014 Mar 27	Hamilton Drug Treatment Court: Presentation by Beth Bromberg, Hamilton Criminal Lawyer. Outlined criteria for admission – non-violent drug addicted offenders, facing charges which stem from addiction. Must apply, be screened and if accepted, plead guilty to offences. Rather than sentence, a strict treatment plan is imposed. If compliant “graduate” from court; if client fails to follow tx, they face regular sentence. No funding, but lots of community partnering. Court session: must appear weekly.	1	1 (a)
	SJHH Risk & Recovery Forensic Conference: April 24-25	1	(a)
	Letter to Chief of Family Medicine: Letter was drafted inviting member to attend.	1	1.1
	Client Case Review:	1	1.6

Niagara HSJCC Committee
Coding of Committee Minutes According to Logic Model

Meeting Date	Highlights of Topics Discussed	Functional Component	Objective
2010 Jun 9	Advocacy Letter to Legal Aid Ontario: Reviewed draft letter prepared by G. Kurzawa re: concerns that clients “forced” to plead guilty and not accessing appropriate supports	3	3.2
	Establishment of Dementia Protocol: Shared minutes (May 13/ 10) between CMHA & Dementia Service Providers re: When Dementia Issues are Identified in Court. Also shared statistics i.e., types of offences involving seniors with Dementia. PLAN: (1) To maintain agenda item to monitor issue & respond with research/ specialized team protocols/ access to appropriate diagnosis. (2) To research Halton senior’s programs.	2	2 (a)
	COAST Proposal: No response from LHIN re: COAST proposal. PLAN: G. Kurzawa to organize media forum including MPP’s, COAST Hamilton, proposal partners.	1	1 (b)
	Youth Issues: New Niagara Children & Youth Services Intensive Treatment Team. PLAN: To present at next HSJCC meeting.	2	2.1
	Draft Logic Model: Draft Model to be developed by 2 committee members. PLAN: To share final Model at next meeting.		long-term
	Provincial HSJCC: Police mental health has been identified as a priority.		long-term
	CMHA Report: Committee approval of \$1000. for training aboriginal conference.	3	3.3
2010 Oct 13	Advocacy Letter to Legal Aid Ontario: PLAN: Letter to be sent. (NOTE: At appears that many of the concerns since issue was raised have been addressed).	3	3.2
	COAST Proposal: There is active follow-up on COAST proposal. NHS is forwarding issue through their public relations. Suggestion: Approach MPP Jim Bradley	3	3.2
	Youth Issues: Presentation by N. Wallace re: Youth Committee initiative – development of systems response to providing support to youth in difficulty.	3	3.1
	Draft Logic Model: Draft Model was reviewed. PLAN: G. Kurzawa to contact Hamilton Crown, Catherine Livingston re: ensure following Justice on Target.		long-term
	Clients Between NHS & NDC: Discussed the challenges when clients with mental health/ behavioural issues are taken to NDC. PLAN: To explore system integration at a future meeting and invite suggested contacts.	3	3.1
	TAMI (Talking About Mental Illness) Conference: Niagara HSJCC has been approached by TAMI re: coordinating upcoming conference; requesting monies in adv.	3	3.3
2011 Apr 14	Glen Boscke Inquest (Presentation): Slide presentation of the Inquest results were circulated. CMHA Ontario/ CMHA Niagara/ Provincial HSJCC have all responded to specific recommendations. A Task Group has been established at the Prov. HSJCC.	1	1.3
	Provincial HSJCC: Directed all local & regional HSJCCs forward their areas of priority. The members identified: (1) access to psychiatry; (2) Diversion (for Dementia clients); (3) Mental Health Courts; (4) eligibility criteria for Diversion/ other services. PLAN: Chair will canvass absent members & forward input to Provincial HSJCC.		long-term
	COAST Proposal: In preparation of anticipated funding, scheduling a partner’s meeting (NRP/ NHS/ CMHA/ Distress Centre) to discuss staffing/ funding details	2	2 (a)
	Work Plan: Reviewed accomplishment of COAST proposal & challenges with goal of Mental Health Court. PLAN: To follow-up with Crowns.	3	3.1
	Membership: It was noted that membership has drastically fallen. PLAN: Chair will distribute survey to identify reasons for lack of attendance.	1	1.2
2012 Mar 14	Leger Records Management (Presentation): Heather McCafferty presented on new Mental Health Guidelines – revised checks for Police Criminal Record, Police	1	1.3

	Information & Vulnerable Sector. Concerns expressed re: data of suicide attempts & stayed charges (from Diversion) that would remain on Vulnerable Sector Check.		
	CMHA Report: Diversion statistics from Mental Health Court Support Program were noted for the past 8 years (2005 to 2013).	2	2.2
	Regional HSJCC Research Project: A research project examining Diversion in the LHIN area has been initiated. Researcher from Southern Network.	1	1.3
	Niagara Health System: Focus groups are in progress re: potential merger between Withdrawl Management & Safe Beds.	2	2.2
	Provincial Update: Communication Guidelines between social agencies & detention centres have been release – available on the provincial HSJCC website.	1	1.3
	COAST Niagara: Distributed statistics i.e., mobile visits, taken to hospital. PLAN: Partnership with Seniors Specialty team & Pathstone.	2	2.1
	New Chair & Secretary: Search for new Chair & Secretary.	1	1.1
2013 Apr 3	Treatment Court: Shaun Baylis presented new Niagara Treatment Court. PLAN: To return in 6 months for a 1 year review.	2	2.1
	Niagara North Community Legal Assistance: Jennifer Pothier presented program & background on Legal Aid services.	2	2.1
	Local Updates: Program descriptions were presented for: COAST, Urgent Care.	3	3 (b)
	Seniors Issues: Concerns re: seniors charged with violence & other offences. PLAN: Agenda item will return. Jennifer Pothier will discuss further with seniors committee.	3	3.2
	Election: G. Kurzawa stepped down as Chair. New co-chairs = Bob Barkman, Manager CMHA Niagara & Andrea Green, NDC Deputy Superintendent.	1	1.1
2013 Sep 11	Welcome: Members were asked to share what they see committee doing.	1	1.1
	Youth Justice Collaborative (Presentation): Presenters from CAMH + Pathways presented overview (initiated June 2013) between 6 Ministries + CAMH's role – to provide support implementation & evaluation. PLAN: To provide further updates.	2	2 (a)
	Regional HJSCC Update: HARM/ AIS Behavioral Risk Tool being developed with roll-out workshop (Oct 16/ 13) in Hamilton. Provincial HSJCC Conference Nov. 25 – 27/ 13 in Toronto. Financial support available from Regional committee.	3	3.3
	LHIN4 Service Proposals: LHIN4 releasing 4% over current funding for new initiatives. Meeting was held April 2013 to identify priorities.	1	1.1
	Urgent Care Opioid Program: Overview of Urgent Service Action Team (USAT) + CMHA Urgent Support Service (USS).	1	1 (a)
	COAST Niagara: Provided clarification re: new service & Niagara Crisis Services.	1	1.2
	Work Plan 2013-14: Open discussion re: committee work plan. Suggestion for monies (\$4,000.) included FASD training + combining NDC and community service training. Identified need to bring client specific cases/ issues to this group. Suggested on-going reporting/ progress of Youth Justice Collaborative. PLAN: Members came forward to further develop work plan – specifically for community training/ information.	1	1 (b)
2014 Jan 8	Agenda only:		
	Client Service – Case Study	1	1.3
	Youth Justice Collaborative Report (Lee-Ann Standish)	2	2.1
	Bail Experts Report (Deb Alder)	2	2.1
	Community Education (Nancy Hall, Bob Barkman)	3	3.3
	Provincial HSJCC Report		long term
	Justice Worker Program	2	2.1

Haldimand-Norfolk HSJCC Committee
Coding of Committee Minutes According to Logic Model

Meeting Date	Highlights of Topics Discussed	Functional Component	Objective
2010 Apr 19	Regional HJSCC Update: Overview provided of <i>Consultant Report</i> (D. Kindiak). PLAN: Final presentation + report will be presented June 2010.		Long-term objectives
	HSJCC Logic Model: Completed exercise of developing local Logic Model as part of Consultant's preparation of analysis/ report.		Long-term objectives
	FASD Update: Working group preparing education event for Oct 1/10.	2	2.1
	Budget: Outlined expenses i.e., Legal Clinic, education, committee dinners.	1	1.4
	Community Updates (x7) i.e., boycott Mark Dresser is over; ORB Appeals proceeding	1	1.2
	Mental Health Courts: Discussed advocacy in place which supports initiative.	2	2 (b)
	Reports (CMHA + Legal Clinic): Statistics showed 12 referrals/mth + next clinic date.	1	1.1
2010 Nov 29	Regional HJSCC Update: Outcome of Logic Model to be completed.	1	1.4
	Training/ Education: Discussed cancellation of Jonathan Rudin event. Poor response. Debriefed possible reasons i.e., CPD credits not incorporated. Explored new ideas.	2	2 (a)
	Budget: Reviewed budget allocations i.e., dinner meetings, Legal Clinic, conferences.	3	3.3
	Mental Health Legal Clinic: Cut from 2/mth to as needed. Reduced demand.	2	2 (b)
	Community Updates (x6) i.e., <i>Social Inclusion Act</i> replaces <i>Development Act</i>	3	3 (d)
	CMHA Report: Statistics showed increase in referrals from HWDC.	3	3.3
2011 Feb 28	H-N HSJCC Logic Model: Collectively reviewed Logic Model. Input requested.	1	1.4
	FASD Training: Discussed upcoming training & whether CPD compliant.	2	2 (a)
	Risk & Recovery Conference: Dollars available through Regional HSJCC.	2	2 (a)
	CIT Conference: Circulated upcoming literature.	2	2 (a)
	Community Updates (x1) i.e., REACH operating Adult Diversion – Simcoe + Cayuga	2	2.3
	CMHA Report: Statistics Dec/ Jan/ Feb 2011 – ranged between 8 – 11/ mth.	3	3.3
2011 May 9	Quality Improvement/ Outcome Measures: A request was made for quality improvement measures. Shared contacts available i.e., Terry + Liz re: gov't stats.	2	2 (c)
	FASD Training: Great event. Lack of attendees. Justice website available for info.	2	2 (a)
	Risk & Recovery Conference: Shared updates from the 2-day conference.	2	2.1
	Budget: Reviewed budget allocations i.e., Legal Clinic, conferences, host of event	3	3.3
	Role of HSJCC Committee for 2011: Are we missing anything?	1	1.4
	Community Updates (x6) i.e., changes in referral process for Developmental Services because of new <i>Social Inclusion Act</i> . Now referrals through Development Services Ont	3	3.1
	CMHA Report: Provided 2010/11 fiscal year summary.	3	3.3
2011 Sep 19	FASD Event: Law Society credited the Jonathan Rudin event CPD hrs.	1	1.6
	Quality Improvement/ Outcome Measures: Deferred for further clarification.	--	---
	Provincial HSJCC Conference: FASD event info. will be shared at conference.	1	1.5
	Role of HSJCC Committee for 2011: Acknowledge there are gaps in services & cross District issues. PLAN: Will refer/ review Niagara Terms of Reference for assistance.	1	1.4
	Community Updates (x4) i.e., upcoming Research Forum: While waiting for services.	3	3.1
	CMHA Report: Statistics May/ June/ July/ Aug – ranged between 11 – 18/mth. Legal Clinic booked when there's a need. Criminal = M. Dresser; Family = R. Yanch	3	3.3
2012 Feb 27	Training/ Education: HSJCC has budget to assist with conferences. Details circulated.	2	2 (a)
	Budget: Reviewed allocations. Received extra monies (\$1000) from a proposal.	3	3.3
	Community Updates (x3) i.e., REACH – new Youth MH Worker + new Crisis Worker	3	3.2

	CMHA Report: Statistics 6 mth summary (Sept/11 - Feb/12); Low stats in Cayuga	3	3.3
2012 Nov 5	Research Proposal (Southern Network Specialized Care): Developing “LHIN4 Court Support Program Evaluation Survey” for Crown Attorneys & lawyers. Survey designed to highlight differences/ similarities + provide feedback re: improvements.	1	1 (c)
	Budget: Reduced cost for MH Clinic = more monies for education endeavors.	3	3.3
	Provincial HSJCC: Quarterly newsletter recently distributed.	1	1.4
	Community Updates (x7) i.e., Restorative Justice Program: major cuts + ABI System Navigator Role: to assist with accessing services as no identified pathway - handout distributed + New ABI Pilot Project: to integrate ABI into Hamilton jail system + CMHA-HN: undergoing accreditation external peer review + expanding CMHA Crisis Stabilization Bed Program (from 1 to 6 guests) + changes in Duty counsel services.	3	3.2
	CMHA Report: Statistics 7 mth summary (Mar – Oct/12). Provided more details i.e., geography, diagnosis.	3	3.3
	Mental Health Law 101: Workshop – very helpful. For local future consideration.	2	2 (a)
	Mental Health Law 101: Workshop – very helpful. For local future consideration.	2	2 (a)
2013 Apr 15	Education/ Training: Shared educational information from “Risk & Recovery” + “Provincial HSJCC Conference” + “Mental Health Law 101”	2	2.1
	Regional HSJCC Updates: Evaluation completed on 4 MH Court Support Programs (LHIN4). Summary circulated. Findings presented at Provincial HSJCC Conference.	1	1.5
	Budget: Reviewed allocation i.e., MH Clinic (as needed) + vouchers for new Releases	3	3 (a)
	CMHA Report: Referral source tracking chart (6 yrs – 2006 to 2012). Asked for input re: future statistical reports i.e., completed/ withdrawn Diversions, graph showing trends across time, % of DD, recidivism rates for new &/ or repeat clients.	3	3.3
	Community Updates (x4) i.e., reduction in youth court Diversions. Barriers continue in Cayuga Youth Court. PLAN: To discuss with Haldimand Crown. New E-Forum for Youth Court workers – communicate employment experiences on secure network.	3	3.2
	Risk Assessment Workshop: Shared Risk Assessment Tools – applicability.	1	1(c)
2013 Nov 4	Upcoming Provincial HSJCC Conference: Discussed attendees.	2	2 (a)
	Mental Health Law 201: Agreed to financially support – 175 registrations.	1	1.6
	Regional/ Provincial HSJCC Updates: Interest in Bail programs. Regional need exists	3	3 (a)
	Mental Health Legal Clinic: (Work plan activity) Continue as needed.	2	2 (b)
	Emergency Food Vouchers: (Work plan activity) \$400. vouchers available	2	2 (c)
	CMHA Report: Statistics 6 mth summary (Apr – Oct/13). Cayuga gradually increasing – reflective of regular presence in Cayuga Court. Discussed concept of non-reg. clients	3	3.3
	Community Updates (x6) i.e., OPP receiving 3-Day workshop on MH awareness; change in DSO criteria – more than IQ, now an “adaptive” part of the criteria.	3	3.2
	Risk & Recovery Conference: HSJCC dollars available for distribution.	1	1.6
2014 Feb 10	St. Leonard's 4th Annual Addiction & MH Forum: Discussed attendees Nov 21/14	2	2 (c)
	Teleconference: LAO Mental Health Strategy: Shared information re: LAO current consultation process towards the development of Mental Health Strategy.	3	3.2
	Mental Health Law 201: Workshop was well received.	2	(a)
	Provincial HSJCC Update: Requested input for Ontario's 2014 budget. Identified need for housing MH clients. Currently lack of provincial dollars.	1	1.1
	Regional HSJCC Update: Prisoner Belongings (teleconference Jan 29/14). Huge issue as inmates often released with no clothing/shoes/money. Brainstormed ideas.	3	3(b)
	2013/14 Work Plan: Draft completed for review. Further discussion required re: bail programs. PLAN: Individuals to meet in future to brainstorm ideas.	3	3.2
	CMHA Report: Statistics 3 mth (Nov – Jan/14). New column – “outreach”	3	3.3
	Community Updates (x7) i.e., CIT conference (Orillia) – 2 officers attending. Discussion re: youth Mental Health Diversion. Amalgamation of CMHA Haldimand-Norfolk + CMHA Brant. Both agencies will continue in individual locations.	3	3 (d)
	Community Updates (x7) i.e., CIT conference (Orillia) – 2 officers attending. Discussion re: youth Mental Health Diversion. Amalgamation of CMHA Haldimand-Norfolk + CMHA Brant. Both agencies will continue in individual locations.	3	3 (d)

Brant HSJCC Committee
Coding of Committee Minutes According to Logic Model

Meeting Date	Highlights of Topics Discussed	Functional Component	Objective
2010 Apr 15	FASD Strategy: Discussed facilitating round table; reviewed <i>Interim Report</i> from <i>Select Committee</i> on Mental Health & Addictions; shared strategy of Ministry of Community & Social Services; & circulated upcoming FASD conference	2	2 (a)
	Need for Adult Safe Beds: Shared/ discussed community feedback. Information from “ <i>Out of the Cold</i> ” indicated “no need” – individuals in mental health crisis attended to in Emergency. Brant Community Healthcare System identified benefits for individuals with mental health & developmental disorder. However, specialized supports + housing after safe bed would be difficult to attain. Research completed. No further action.	3	3 (1)
	Finalized outcomes of 2009/10 work plan.	1	1.4
	Budget: Reviewed HSJCC 2009/10 budget + use of funds.	1	1.4
	Work plan: Reviewed & approved DRAFT 2010/11 work plan.		long-term
	Budget: Allocated 2010/11 budget + use of funds.	1	1.1
	Update from Regional HSJCC – Development of Logic Model for each committee.		long-term
	Local Community Updates (x7) i.e., special needs units, supportive housing units.	1	1.3
2010 Sep 16	FASD Strategy: Shared/ discussed <i>Final Report</i> from <i>Select Committee</i> on Mental Health & Addictions – specifically comment, “orphaned by the system;” agreed for need to develop local strategy. Plan: To organize round table discussions.	1	1.1
	Presentation by Todd Stewart, Brant Outreach Services. Topic: Brain Injury Services.	2	2 (a)
	Work plan: Reviewed/ updated 2010/11 work plan.		long-term
	Review of consultant’s “Four Year Review” report. Plan: To review in detail next mtg.		long-term
	Regional HSJCC Update: New research proposed for repeat offences among dual diagnosis population. Local input being requested – more time required. Discussed role of <i>Justice High Risk Committee</i> (Police, Crown, probation) & their linkages to resources for coordination of offender management.	2	2 (b)
	Local Community Updates (x6) i.e., youth beds, court diversion, case management.	1	1.3
2010 Nov 18	Report on Special Needs Offenders Conference: Distributed information packages & discussed themes. Discussed local challenges of obtaining psychiatric assessments following release from custody. Plan: To invite CMHA, Halton to discuss discharge planning from Maplehurst & Vanier.	2	2 (a)
	FASD Strategy: Planning of inter-agency round table discussions for 2011.	1	1.1
	Brainstorming for Regional HSJCC: Discussed/ identified local issues for person in conflict with the law. Plan: Chair to forward feedback to Regional HSJCC.	2	2 (b)
	Court Support Protocol/Agreement: Outlined protocol between CMHA/St. Leonard’s.	2	2.2
	Local Community Updates (x5) i.e., court diversion, Southern Network.	1	1.3
2011 Jan 19	Presentation by Dr. Sharma. Topic: Justice Clinic. Reviewed mandate + referral criteria. Plan: To share information with Brantford psychiatrist – how to make referrals.	2	2.2
	FASD Strategy: Roundtable event confirmed.	3	3.1
	Work plan/ Budget: Reviewed/ updated Brant work plan + financial report	3	3.3
	Local Community Updates (x5) i.e., youth safe beds, “Youth in Transition Toolkit”	1	1.3
2011 Apr 21	FASD Strategy: Shared highlights of FASD Roundtable (March 11). Plan: To establish ad hoc working group to explore next steps in developing FASD strategy for agencies.	3	3.2
	Work plan: Reviewed/ finalized outcomes of 2010/11 work plan.	3	3.3
	Discussed new DRAFT 2011/12 work plan.		long term

	Budget: Reviewed 2010/11 final expenses + discussed DRAFT 2011/12 expenses.		long term
	Inquest Recommendations discussed. Plan: follow-up communication with jail staff	1	1 (d)
	Local Community Updates (x5) i.e., court diversion, youth safe beds.	1	1.3
2011 Sep 15	FASD Strategy: Reviewed FASD Working Group recommendations. Plan: To proceed with 1-day workshop on FASD (March 2012).	2	2 (a)
	Budget: approved 2011/12 budget.	3	3.3
	Inquest Recommendations: Brantford Jail is now utilizing new Critical Information Form – information is shared between facilities.	2	2.2
	Regional HSJCC Update: Planning to allocate monies for regional research project.	1	(d)
	Provincial HSJCC Conference: Scheduled Nov. 2011.	2	2.3
	Local Community Updates (x7) i.e., Special Needs Units, new funding for housing.	1	1.3
2011 Nov 17	FASD Strategy: Discussed details of upcoming workshop. Outlined FASD Assessment Clinic & observational training protocols. Plan: To determine whether there's interest with Twin Lakes and Grand River Community Health Centre to pursue training.	2	2.1
	Youth Justice Initiative: New funding to St. Leonard's. Plan: To invite to meeting.	2	2.3
	Communication Protocol: To prepare DRAFT Communication protocol between CMHA, St. Leonard's & Brantford Jail + share for discussion.	2	2.2
	Regional HSJCC Update: Held video-teleconference to determine research question.	1	1.4
	Local Community Updates (x3) i.e., Case Management	1	1.3
2012 Jan 19	FASD Strategy: Distributed flyers for upcoming FASD Workshop (March 28). Discussed barriers to developing a FASD Assessment Clinic in Brantford. Discussed need for partnerships and training. Plan: To further discuss.	2	2 (a)
	Communication Protocol: Continuing to be developed. Plan: To present at next mtg.	2	2.2
	Regional HSJCC Update: Planning to conduct an evaluation of Mental Health Court Support Programs across the region.	1	1.4
	Police & Mental Health Report: Discussed PHSJCC report and patterns followed by Brantford Police with offenders experiencing mental health issues. Noted Canadian Guidelines are not being followed. Plan: To share literature.	1	1 (d)
	Local Community Updates (x7) i.e., Supportive Housing, youth Safe Beds	1	1.3
2012 Apr 19	FASD Workshop: Reported on evaluation results from workshop March 28 th . Highlights: 29 attendees were interested in further training.	2	2 (a)
	Closure of Brantford Jail (summer 2013): Planning communication protocols.	2	2.2
	Provincial HSJCC restructuring: Update re: Establishment of a Secretariat.	2	2.3
	Local Community Updates (x5) i.e., new Youth Mental Health Worker (St. Leonard's)	1	1.3
2012 Sep 20	FASD Strategy: Seeking follow-up re: interest to participate on FASD consultation/education team for Brant. (Twin Lakes, Woodview, Brant Family Counselling Centre).	2	2 (b)
	Closure of Brantford Jail: Q & A Session scheduled tomorrow. Date not confirmed.	2	2.2
	Research Project (Regional HSJCC): Proceeding with evaluation of Court Support Services across the LHIN. Anticipate surveys to be circulated.	1	1 (d)
	Evan Jones Inquest: Recommendations from the Inquest were shared. Several organizations have been instructed to respond.	3	3.1
	Training Needs: Planning for future training needs. Funds available.	2	2.1
	Need for Additional Supervised Housing: PLAN: To develop collective proposal for Brantford – ACTT, CMHA, BCHS, St. Leonard's & Adult Probation.	3	3.2
	Local Community Updates (x4) i.e., clinical updates	1	1.3
2012 Nov 15	FASD Strategy: PLAN: To organize cross-sector FASD Consultation Meeting in 2013.	3	3 (a)
	Closure of Brantford Jail: Closure date still unknown. Awaiting movement between Toronto & Maplehurst facilities – to accommodate Brantford inmates.	1	1.3
	Research Project (Regional HSJCC): On-line survey of MH Court Support has begun.	1	1.4

	Other key informants i.e., Crowns, Justice of the Peace, will be interviewed by phone.		
	Evan Jones Inquest: Members requested agency responses to recommendations.	3	3.1
	Training Needs: Yet to be determined. PLAN: To consider joint training/ education with Haldimand-Norfolk or use dollars (HSJCC funding) for staff training needs.	2	2 (a)
	Schedule of Meetings (2013): Agreed to meeting dates for 2013.		
	Local Community Updates (x5).	1	1.3
2013 Jan 17	FASD Strategy: Discussed upcoming cross-sector Working Group Meeting (Jan 28)	3	3 (a)
	Closure of Brantford Jail: Still no closure date. Transition Committee Meeting held Jan 15 – outlined new superintendent, protocols for high risk/ sex offenders.	3	3.3
	Evan Jones Inquest: Shared responses from CMHA + St. Leonard's.	3	3.3
	Training Needs: Outlined subsidy of staff to Risk & Recovery workshop + future training topics i.e., threat assessment/ Mental Health Act 101.	2	2 (a)
	New Funding St. Leonard's: New MH Housing Programs: (a) 10 beds transitional for young men (18-24) + (b) 8 units of rent supplement housing for adults in recovery.	1	1.3
	Local Community Updates (x7) i.e., wait list challenges – collective input.	3	3.1
2013 Apr 18	FASD Strategy: Update on new FASD Working Group: developed Terms of Reference	1	1.2
	Closure of Brantford Jail: Still no closure date. Update from Transition Committee – outlined how inmates will be accommodated. Tours of Maplehurst are available.	1	1 (a)
	Research Project (Regional HSJCC): Research proceeding.	1	1.4
	Evan Jones Inquest: Follow-up with BCHS & Brantford Police. Awaiting responses.	3	3.3
	Work plans & Budget: Reviewed 2012/13 + drafted 2013/14.	3	3.3
	Local Community Updates (x5) i.e., Six Nations new funds: 8 supportive housing units	1	1.3
2013 Sep 19	FASD Strategy: Outlined Working group objectives – to develop a diagnostic/ resource team, education/ training and supports/ coordination.	3	3.2
	Closure of Brantford Jail: Still no closure date. New Deputy Superintendent named. Five Fitness Assessments have been completed since April – 3 inmates found Unfit.	1	1 (a)
	Research Project (Regional HSJCC): Evaluation of Mental Health Court Support Programs completed. PROBLEM: Safe housing for youth under 16 yrs. if unable to return to family and not in need of protection by CAS. PLAN: Forward issue to Regional HSJCC for discussion/ resources or solutions.	1	1.4
	Communication Across Sectors: Discussed complex cases with individuals connecting with hospitals + Police. PLAN: (a) To obtain input from Brant-Haldimand-Norfolk Mental Health & Addiction Network – working on a complex case resolution process. (b) To share client safety plans (via Brant Service Delivery Network) with Police.	3	3.2
	Local Community Updates (x8) i.e., Aboriginal Court will open in Brantford Jan 2014.	1	1.3
	FASD Strategy: Working Group proceeding with outlined objectives	3	3.2
2013 Nov 21	Closure of Brantford Jail: Still no closure date. Jail is overcapacity – taking inmates from Toronto. Six Fitness Orders since September.	1	1(a)
	Brant Housing Stability Plan: Shared City's housing plan which includes City staff doing community work with houseless persons using "Housing First" approach. PLAN: To connect Hamilton Good Shepherd HOMES Program with City staff - presentation	3	3.2
	Local Community Updates (x6) i.e., new funding re: Dual Diagnosis case manager.	1	1.3
	FASD Strategy: Working Group received input from Family Support Groups (other areas) re: fees/ sliding scales re: consultations.	2	2 (b)
2014 Jan 16	Closure of Brantford Jail: Still no closure date. Decommissioning process is ongoing.	1	1.3
	Housing Issues: Collectively summarized current housing issues i.e., youth, students, banning from shelters. PLAN: To research Eviction Prevention Program (Kitchener) + To push forward time-line for a complex case resolution process via MH/Add Network	3	3.2
	Local Community Updates (x7) i.e., Youth Justice Initiative – positive outcomes (fewer on Probation) from more early intervention + case management with youth.	1	1 (a)

Membership – Regional HSJCC

	NAME	HSJCC ROLE	ORGANIZATION	MINISTRY
1	McGURK, Terry	Chair Regional HSJCC + Co-Chair, Hamilton HSJCC	St. Joseph's Healthcare Hamilton – COAST	MOHLTC
2	DeSALVO, Dennis	Co-Chair, Hamilton HSJCC	Canadian Mental Health Association – Hamilton	MOHLTC
3	SELSEK, Helen	Administrative Support	St. Joseph's Healthcare Hamilton – COAST	MOHLTC
4	ANDERSON, Jamie		Hamilton Police Service	Municipal
5	BROOKS, Kirsten	Chair, Brant HSJCC	Canadian Mental Health Association – Brantford	MOHLTC
6	BURKE, Diedre		T.A. Patterson & Associates – Addictions	Addictions
7	FALCONER, Kelly	Chair, Niagara HSJCC	Canadian Mental Health Association – Niagara	MOHLTC
8	FROESE, Liz		Southern Network of Specialized Care	MCSS
9	KOVACICH, Joe		St. Joseph's Healthcare Hamilton – Forensic	MOHLTC
10	MARTIN, Kevin		Six Nations Mental Health	Federal/ Aboriginal
11	TYMCHUK, Trevor	Member, PHSJCC	Person with lived experience	_____
12	VALADE, Karen	Chair, Haldimand-Norfolk	Canadian Mental Health Association – Haldimand-Norfolk	MOHLTC

Membership – Hamilton HSJCC

	NAME	HSJCC ROLE	ORGANIZATION	MINISTRY
1	McGURK, Terry	Co-Chair, Hamilton HSJCC + Chair, Regional HSJCC	St. Joseph's Healthcare Hamilton – COAST	MOHLTC
2	DeSALVO, Dennis	Co-Chair, Hamilton HSJCC	Canadian Mental Health Association – Hamilton	MOHLTC
3	SELSEK, Helen	Administrative Support	St. Joseph's Healthcare Hamilton – COAST	MOHLTC
4	ADJEI-NFRAMAH, Evans		Hamilton-Wentworth Detention Centre	MCSCS
5	ALLISON, Olenka		Correctional Services: Community Mental Health	MCSCS
6	ANDERSON, Keith		Hamilton Brant Behavior Services	MCSS
7	BURKE, Diedre		T.A. Patterson & Associates – Addictions	Addictions
8	BRYAN, Nicole		Banyan Youth Community Services	MCYS
9	COSBY, Robert		St. Joseph's Healthcare Hamilton – ACT II	MOHLTC
10	EMERY, Kristen		Developmental Services Ontario	MCSS
11	FRASER, Craig		Crown Attorney's Office	MAG
12	GIBSON, Marni		Probation & Parole – Hamilton	MCSCS
13	GREENSPAN, Ruth		Probation & Parole – Hamilton	MCSCS
14	JEWELL, Marilyn		Canadian Mental Health Association – Hamilton	MOHLTC
15	KENNEDY, Shirley		Hamilton-Wentworth Detention Centre	MCSCS
16	KIBOR, Peter		Barrett Centre for Crisis Support	MOHLTC
17	KOUYOUMDJIAN, Fiona		St. Michael's Hospital (Postdoctoral Fellow)	MOHLTC
18	KOVACICH, Joe	Member, Regional HSJCC	St. Joseph's Healthcare Hamilton – Forensic	MOHLTC
19	LEE, John		HOMES Program/ Good Shepherd	MCSCS

20	MAURER, Wil		Hamilton-Wentworth Detention Centre – MH Nurse	MCSCS
21	MELLIGAN, Gale		St. Joseph's Healthcare Hamilton – CTO Coordinator	MOHLTC
22	MONETTA, John		St. Joseph's Healthcare Hamilton – Comm Tx Team	MOHLTC
23	PADGETT, Heather		St. Joseph's Healthcare Hamilton – EPT	MOHLTC
24	POLLOCK, Jill		Canadian Mental Health Association – Hamilton	MOHLTC
25	RAYMOND, Holly		St. Joseph's Healthcare Hamilton – ACTT II	MOHLTC
26	REID, Anne		St. Joseph's Healthcare Hamilton – Street Outreach	MOHLTC
27	ROBERTSHAW, Lee		Hamilton Police Services	Municipal
28	SANSALONE, Jenn		St. Joseph's Healthcare Hamilton – Schizophrenia	MOHLTC
29	SAUNDERS, Heather		St. Joseph's Healthcare Hamilton – Schizophrenia	MOHLTC
30	SIERIERSKI, Dr. Michal		St. Joseph's Healthcare Hamilton – Psychiatrist	MOHLTC
31	SNOW, Peter		St. Joseph's Healthcare Hamilton – EPT	MOHLTC
32	STAM, David		John Howard Society – Hamilton/ Burlington	MAG + MCYS
33	TARANTINO, Gina		Probation Officer	MCYS
34	UCHIDA, Gina		Hamilton Health Sciences – Acquired Brain Injury	MOHLTC
35	VanDokkumburg, Wil		Probation & Parole – Hamilton	MCSCS
36	WINSHIP, Lina		Catholic Family Services	MCSS
37	WRIGHT, Linda		St. Joseph's Healthcare Hamilton – COAST	MOHLTC

Membership – Niagara HSJCC

	NAME	HSJCC ROLE	ORGANIZATION	MINISTRY
1	FALCONER, Kelly	Chair, Niagara HSJCC	Canadian Mental Health Association – Niagara	MOHLTC
2	ALDER, Debbie		Canadian Mental Health Association – Niagara	MOHLTC
3	ALDER, Elisabeth		Probation & Parole	MCSCS
4	ANDERSON, Tarryn		Supported Independent Living Team, Niagara Region (at-risk seniors)	MOHLTC
5	BANNING, Marla		Pathstone Mental Health ~ Youth Justice Collaborative (CAMH)	MYCS
6	BEATON, Sarah		Canadian Mental Health Association – Niagara	MOHLTC
7	BEVAN, Andrea		Niagara Detention Centre	MSCSC
8	COPPOLINO, James		Crown Attorney	MAG
9	CLEMENTS, Laurie		CCAC	MOHLTC
10	FROESE, Liz	Member, Reg. HSJCC	Southern Network of Specialized Care	MCSS
11	KURZAWA, George		Canadian Mental Health Association – Niagara	MOHLTC
12	MacISAAC, Marie		Brain Injury Community Re-Entry Niagara	MCSS
13	McALLISTER, Kim		Niagara Regional Police	MCSCS
14	PANG, Grace		Assistant Crown Attorney	MAG
15	PIZZINGRILLI, Barb		Niagara Health System	MOHLTC
16	POTHIER, Jennifer		Niagara North Community Legal Assistance	LAO
17	SLOGGETT, Kathy		Aboriginal Court Support Worker	Federal
18	STANDISH, Lee-Ann		Pathstone Mental Health ~ Youth Justice Collaborative (CAMH)	MYCS
19	STEINBACH, Tanya		Niagara Regional Native Centre Three Fires	Federal/ Aboriginal
20	STROMSKI, Samantha		Bethesda Services	MCSS

21	TALARICO, Joe		Brain Injury Community Re-Entry Niagara	MOHLTC
22	TYLER, Dee		COAST Niagara	MOHLTC
23	TYMCHUK, Trevor	Member, PHSJCC	Person with lived experience	_____
24	WHITE, Cindy		Niagara Regional Police	MCSCS

Membership – Haldimand-Norfolk HSJCC

	NAME	HSJCC ROLE	ORGANIZATION	MINISTRY
1	VALADE, Karen	Chair, Haldimand- Norfolk	Canadian Mental Health Association – Haldimand-Norfolk	MOHLTC
2	BEDFORD, Gwen		Adult Protective Services, REACH	MCSCS
3	BLAKE, Robert		Legal Aid Ontario, Supervisor Duty Counsel	MAG
4	CUMING, Susan		Alzheimer's Society	MOHLTC
5	DRESSER, Mark		Defense Counsel	_____
6	HALL, Nancy		Southern Network Specialized Care	MCSS
7	HAMILTON, Danielle		Bethesda Services	MCSS
8	HIBBETT, Alison		Dual Diagnosis Justice Case Manager	MCSS
9	HOGETERP, Danielle		Mental Health Court, Case Manager	MOHLTC
10	HOLDEN, Peggy		Community Living Access Services, Manager	MCSS
11	MARTINDALE, Laurie		Adult Probation	MCSCS
12	O'KEEFE, Tracie		Release from Custody, Case Manager	MOHLTC
13	PEPPER, Veronica		Acquired Brain Injury	MOHLTC
14	ROMANO, Gracie		Assistant Crown Attorney, Norfolk	MAG
15	SHAW, Kelly		Youth Diversion REACH	MCSS
16	WAGENAAR, Brandon		Ontario Provincial Police	MCSCS

Membership – Brant HSJCC

	NAME	HSJCC ROLE	ORGANIZATION	MINISTRY
1	PURVIS, Peg	Chair (retired 2014) Brant HSJCC	Canadian Mental Health Association – Brantford	MOHLTC
2	BROOKS, Kirsten	New Chair (2014) Brant HSJCC	Canadian Mental Health Association – Brantford	MOHLTC
3	ANDERSON, Keith		Family Counselling Centre of Brant	MCSS
4	BAK, Andrew		St. Leonard's Community Services	MOHLTC
5	BROMBY, Faith		Youth Justice Services	MCYS
6	BROWN, Jody		Housing Resource Centre	Municipal
7	BRYSON, Sarah		Housing Resource Centre	Municipal
8	BURWELL, Ron			MCYS
9	DuSABLON, Danielle		Probation & Parole	MCSCS
10	EMMONS, Elana		Brantford Police Services	MCSCS
11	FERGUSON, Nancy		Brantford Police Services	MCSCS
12	FREEMAN, Joy		Nova Vita Women's Services	Municipal
13	GARDNER, Brook		Woodview Mental Health & Autism Services	MCYS + MCSS
14	HAMILTON, Danielle		Bethesda Services	MCSS
15	HARRIS, Helen		Brant Assertive Community Treatment Team	MOHLTC
16	HOUSTON, Michelle		Brant ACTT – St. Joseph's Healthcare Hamilton	MOHLTC
17	HUISMAN, Troy		Bethesda	MCSS
18	KINDON, Robert		Crown Attorney's Office	MAG
19	LAVOIE, Jennifer		Wilfred Laurier University, Brantford Campus	MOE
20	MARTIN, Kevin		Six Nations Mental Health Services	Federal

21	MAZZAWI, Raghida		Nova Vita Women's Services	Municipal
22	MOORE, Patti			MCYS
23	PEPPER, Veronica		Brain Injury Services	MOHLTC
24	PEREIRA, Jim		Ontario Provincial Police	MCSCS
25	POTVIN, Marsha		Housing Resource Centre	Municipal
26	RUFF, Barb		St. Leonard's Community Services	MOHLTC
27	SMITH, Linda		Southern Network of Specialized Care	MCSS
28	VanGEMEREN, Terri		Brantford Detention Centre	MCSS
29	WHITHAN, Colleen		Brant Community Healthcare System – Brantford General Site	MOHLTC
30	WOODWARD, Kim		St. Leonard's Community Services	MOHLTC