

**LHIN 4 REGIONAL
HUMAN SERVICE AND JUSTICE COORDINATING COMMITTEE (HSJCC)**
Minutes of June 3rd, 2015

ATTENDANCE

Present:

Terry McGurk (COAST, Hamilton) Chair

Recording Secretary:

Helen Selsek

Karen Valade (CMHA Haldimand Norfolk)

Kirsten Brooks (CMHA Brant)

Kevin Martin, Six Nations, Mental Health

Liz Froese, Southern Network of Care

Kelly Falconer (CMHA Niagara)

Liane Taylor, Forensic, SHJ

Darlene Kindiak

Regrets:

Deirdra Burke (Hamilton)

Joe Kovacich

Trevor Tremchuk

Jamie Anderson

1.0 WELCOME AND INTRODUCTIONS

2.0 AGENDA – ADDITIONS/DELETIONS

Approval of March 6th, 2015 minutes - motioned by Kirsten Brooks and seconded by Karen Valade.

2.0 Consultant, Darlene Kindiak

Previously, reviewed the minutes of the Regional and Local HSJCC minutes from 2006-2010 and developed a report around these findings. Objective is to review the previous analysis for each committee, review 2010-2014 minutes, committee membership, logic models, annual reports and objectives. Obtain feedback and look at the future direction of each committee locally, regionally and provincially.

It is all about outcomes that have to be submitted to the ministries and the LHIN.

Detailed findings for each committee were handed out and reviewed.

Terry to forward Iacobucci report and ? report to Darlene to refer to.

Regional

Knowledge exchange

Sponsored many workshops and conference over the year

Hamilton-inter agency of client case reviews (high risk clients),

Information sharing of community agencies/services

ABI Committee

Focus on CTO's

Increased membership depending on the need of the community

Justice Group – Southern Network of Care
Privacy issues

Breaking down barriers to access of service

Niagara – need for establishing standards

Launch of COAST MCRRT

Establishment of drug treatment court

Haldimand Norfolk

Mental Health 101 & 201 became a regional initiative

Sponsoring workshops, vouchers (read handout for details if needed)

Brantford

Closing of the jail is an ongoing issue

FASD Working Group

Elements of outcomes for court support services

1 housing

2 legal outcomes

3 hospitalization rates

4 expanding mental health court

5 incorporate aboriginal stakeholders

(Hamilton needs to look into getting aboriginal representation)

6 integrating the federal inmates who are released into the committee in custody they have access to everything and then are released and have nothing.

7 youth representation

8 structure of the committee – it is a very onerous task to keep it functioning look at getting a support staff to help run the committee (like a Helen)

9 precharge diversion – police identify the individual before they arrest them and try to divert them instead of charging them but will charge if they do not follow through. They must follow procedure or they will be charged.

4.0 Request from Nancy Hall – FASCETS Canada East MOU

Restructuring Southern Network of Care mandate is shifting so Nancy is no longer with us.

Terry – Nancy had put in a proposal at the last meeting for a speaker David Boulding for a fall conference and we supported this and gave her some funds, so one where did the funds go and she is now doing her own consulting and we could pay her.

Her company now is FASCETS Canada so do we have her organize the event or have SNofC organize it.

PLAN: Decision was to have Nancy organize the event. She will send a contract and it will be signed by Regional Chair, Terry and Kelly, local Chair.

5.0 Regional Budget Planning/Update 2015/2016

To date have spent money on the Risk & Recovery Conference for this year.

Need to talk to each local to see who is going to attend the Provincial HSJCC

Send out to all the Local HSJCC the registration forms and payments and then they need to send a list back of how many will be attending so we have numbers and dollar totals.

Terry reviewed this year and last year's budget and where the money was spent

6.0 MCRRT Update and MCRRT Webinar

There is going to be a webinar in June on the MCRRT through HSJCC

All the managers from the different community who have MCRRT teams are going to be meeting regularly to discuss and talk about the program and the processes.

7.0 LHIN Rep

Spoke with Sue from the LHIN and yes she will be a LHIN rep at the meetings

8.0 Work plan for last quarter/Surveys

Each local needs to submit their work plan for the last quarter.

Terry – did everyone complete – yes!!

9.0 Local HSJCC Updates

Haldimand Norfolk

One meeting this year another one in 3 weeks

Would like to do an educational event, looking at an ABI workshop

Expand committee membership (CAMH, Crown)

We do not want to do actual case discussions but we slip in cases with no names to give people an idea of the issues we are dealing with. For example an ABI client denied CPI because of FASD, there is no addiction services for clients with developmental issues.

Brant

Met once since last meeting

Terry did a presentation about presenting cases at a meeting. Also, had a presentation from ACTT and still figuring out what our work plan for the year is going to be

Niagara – new group came together this year and had meetings in January, February, March and June of this year

Looking at the health plan of cases, systematic, looking at the gaps and issues and bring them to the table to discuss. This is a good way to discuss system issues and gaps. This is part of our goal.

FASD training

Looking at youth transitioning to adult services ages 16-18 years old

Court outcome project

Educating staff on forensics to try and stop this charging of staff on patients. Liane/Joe could come and do a presentation about Forensics. Would like to bring this issue forward to the regional and provincial committee

Niagara system providing a forum on a discussion of the strengths and problems between hospital and community (HSJCC will sit on this committee)

Cannot get a doctor to put someone on a CTO in Niagara and the need is there

Hamilton – Community agencies are doing presentations about their programs to educate all of the committee members.

Fiona Kouyoumdjian, MD - 'Access to Primary Care for Persons at HWDC'

Discussed the results of her study and the following comments were made:

Could/should we use time in custody to link persons with primary care in the community?

How can we support people at release in following up for primary care?

Big concern for youth being released from custody

By the time a referral is made and they are seen, it is so long that in many cases they are incarcerated again

•HSJCC could design and put together a booklet/pamphlet with key information that would be relevant to an inmate. This booklet could be given to them while they are in custody. All stakeholders involved would need to be on board so that if a client reaches out and contacts a service provider they are not shut down or not taken because they were just released from custody.

- A group of people who have a vested interest in this population and a good understanding of the system need to come together to work on this.
- The process needs to be made simple and accessible for them.
- Health links-primary interest is linking patients to primary care and divert from hospital.
- Navigators-would they play a big role with this population at the jail level?

Action Item: Plan a meeting with Primary Care and Health Links to discuss further.

Jill Pollock also did a presentation on CMHA

Heather & Mike will be presenting at Prov on CTO and Terry on MCRRT

Kevin Martin

Huge influx of referrals these past few months ie 21 in two weeks from police, doctors or walk ins is anyone else experiencing this?

Youth navigator

Submitted a proposal around a pain program and subscription miss use

Traditional healer – learning from her on using non medicinal meds

Presentation at schools on justice, mental health (Kevin to do a presentation on his role)

Liane- Forensics hospital is supposed to be a secure facility like Waypoint. Generally, assessment unit is full and but secure unit has some beds.

10.0 Other

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11.0 NEXT MEETING - September 16thTH, 2015

12:00pm - 3:00pm

Lunch will be served

Location: Southern Network/Twin Lakes Clinical Services Office

550 Fennell Ave, Hamilton