

**LHIN 4 REGIONAL
HUMAN SERVICE AND JUSTICE COORDINATING COMMITTEE (HSJCC)**

Minutes of October 15, 2015

Present:

Terry McGurk (COAST, Hamilton) Chair

Recording Secretary:

Sandra Rodwell

Karen Valade (CMHA Haldimand Norfolk)

Kirsten Brooks (CMHA Brant)

Kevin Martin (Six Nations, Mental Health)

Kelly Falconer (CMHA Niagara)

Liane Taylor (Forensics, SJH)

Regrets:

Liz Froese

Tom Archer

Jill Pollock (CMHA)

Deirdra D. Burke

Jamie Anderson

Trevor Tymchuk

Joe Kovacich

1. Introductions / Welcome

- Terry noted that there are 27 registrants for the November conference, plus 1 more will be coming
- To accommodate changes/revisions to the meeting minutes, we will be sending out a draft copy of the minutes in future

2. Review of the Minutes of September 16, 2015

- Approval of September 16, 2015 minutes motioned by Karen Valade and seconded by Kirsten Brooks
- Province is looking to determine what value they are getting in exchange for funding
- Regional HSJCC is required to do a SWOT analysis & put forward 3 priorities to Ministry
- Info to be sent to the Ministry by October 20th > Local HSJCC Committee members agreed that Terry will do the submission for the Region to ensure consistent

3. Review of Agenda

a. Review P-HSJCC Mandate (does it need to be adjusted?)

- Liane suggests "health system" be added to the Mandate 2nd primary area of emphasis, so it reads: "2. To develop a model of shared responsibility and accountability in dealing with this group of individuals at points of intersection with the justice *and health systems*."
- We do not have the representation from number of services identified in the TOR of Regional Committee's. Need to put this in our work plan.
- Terry > Terms of Reference to be sent out again to the committee

b. SWOT Analysis

- Terry > would like to standardize & use situation table in Hamilton, but local committee is too large & would take too long to get through; would be a full-time job & would have to take place more than 2x/wk
- Issues identified: committees need to have an Annual Work Plan; should share info, minutes with other local committees; should review Terms of Reference annually; takes considerable amount of time, but need to consider how to manage this.
- New reporting requirements are coming from the Province > local and Regional committees to follow same structure as the Province to standardize the reporting templates
- Province wants to know where local committee funding comes from and how much each local receives
- Regional Budget: \$ 55,712 annually > \$ 4,000 for each local committee & \$ 7,000 for Hamilton; Hamilton pays more to cover Regional administrative cost. This past year Regional funding targeted Darlene Kindiak Report, some to CMHA for administration, some for Trevor's mileage and other related Regional activities. Terry proposed to continue the \$ 4,000/\$ 7,000 split again this year for the Provincial reporting and next year there will be no conference so we consider an alternative budget split.
- Kindiak Report identified some gaps:
 - Pre-charge Diversion Program > people who aren't charged due to MH issues are developed a Diversion Plan & if they don't follow program they will be charged. Could be expanded.
 - Bail > SNP ended up as a MH Bail Program in Haldimand-Norfolk
 - Mental Health Court for Youth > do screening for MH at youth court & make referrals
 - Aboriginal court services go through Brantford system; need representation from Urban areas too
 - No HSJCC coordinating Regional database > Terry to remove from Weaknesses
- Liane > objectives in Mandate aren't very action-oriented; would like to see more action orientated; we could do better by referring some issues to Regional or Provincial committees for help
- Better process necessary to identify system issues/local barriers & bring to Regional or Provincial committees, (i.e. CTOs not used across region)
- Kevin > shelter wouldn't take client from jail – what is root cause & how can we solve it to improve process?
- Can't move forward with objectives until local issues are dealt with

Brant

Strengths:

- has MCRRT
- strong linkages with Aboriginal reps
- planning table for Maplehurst transition
- situation table
- support FASD working group

Weaknesses:

- resignation of chairs and figuring out objectives moving forward

Threats:

- closure of Brantford jail
- change culture, environment
- transportation & belongings
- relationships will change
- reduction in service for clients

Haldimand-Norfolk

Strengths:

- advisory committee to MH support program
- MCRRT
- Crisis table
- Met objectives of Mandate

Weaknesses:

- Lack of transportation
- No bail program
- No psychiatric facility in the area
- No plans for belongings

Opportunities:

- Bail program
- CMHA merge between Brant & Haldimand-Norfolk

Threats:

- Uncertainty surrounding CMHA merge between Brant & Haldimand-Norfolk

Niagara

Strengths:

- Dementia protocol
- MCRRT
- Supported Niagara Treatment Court
- Met objectives

Weaknesses:

- Challenging relationship with Niagara Detention Centre
- Lack of psychiatric follow-up

Opportunities:

- Pathway Advisory Committee to work on hospital transitions

Hamilton

Strengths:

- Met objectives
- Stable committee chair
- Complex review process
- ABI Working Group
- CTOs
- MCRRT

Weaknesses:

- Detention Centre not sending clients to ABI Group

Opportunities:

- Situation table
- Re-involve Hamilton Detention Centre

c. Any new initiatives impacting the work of our HSJCC?

No new initiatives identified.

d. Top 3 Issues in our community:

1. Ongoing supportive & appropriate housing.

Brantford: No emergency/transitional housing within local area; no way to get there (transportation); waiting list is years long.

Niagara: Clients with aggressive/behavior issues are not welcome & not able to be housed; long wait lists for LT housing.

Haldimand-Norfolk: Long wait list for LT housing; nothing available for disruptive clients.

Hamilton: Shortage of appropriate housing.

2. CTO's.

Lack of psychiatrists to support them; can family doctors be trained to do CTO's?

3. Psychiatric Follow-up.

Need something quickly and also to follow-up.

e. What are the 3 initiatives that our Regional HSJCC have identified for the Provincial Committee?

1. Ongoing supportive housing for those who have behavioural, aggressive and ongoing conflict
 - a. Brantford: No emergency housing in Brantford, have to use Crisis Beds in Simcoe, this poses a transportation issue for client as there is no bus availability from Simcoe to Brantford. There is years of waiting list for geared to income housing or supportive long term housing.

- b. Niagara: No emergency shelter beds as those who have behavioural/Aggressive issues are at risk to vulnerable population in Safe Bed Program. This contributes to individuals reoffending. Long wait lists geared to income housing for long term supportive housing.
 - c. Haldimand/Norfolk: Long wait lists for geared to income housing and long term supportive housing and can only stay for 3 days in the crisis beds.
 - d. Hamilton: Crisis beds are frequently full, long wait lists for geared to income housing and supportive housing
2. Community Treatment Orders
- a. Not utilized to any extent in Brantford, Niagara and Haldimand Norfolk, identified lack of psychiatrist committed to using CTO's. Is there an opportunity for training General Practitioners to take on the CTO role?
 - b. Hamilton has been very successful in utilizing the CTO process, probably about 150 CTO's are in place, supported by COAST /Mobile Crisis Response Teams/ Police using form 47 when CTO plan is not followed.
3. Psychiatric Consultation and Follow-up
- a. Constant challenge across the entire LHIN, very little, to no psychiatrists available to take on this role
 - b. Need is for quick access to a psychiatrist as psychiatrists are not available to see clients leaving detention in a timely manner, consequently clients are poorly supported in the community leading to reoffend.
- f. What support do we want to receive from the Provincial HSJCC to achieve Mandate? Not identified.**

4. Additions to the Agenda

No additions were made to the agenda.

5. Please NOTE: Next Meeting will be held Tuesday, January 12, 2016 at 3:00 pm

Sue Kennedy from the LHIN will be in attendance.

Location:

Southern Network/Twin Lakes Clinical Services Office
550 Fennell Ave., Hamilton