

# **REGIONAL HUMAN SERVICE AND JUSTICE COORDINATING COMMITTEE**

November 9, 2018 9AM-11AM

HPS MOUNTAIN STATION

400 RYMAL ROAD

**ATTENDEES:** Cindy Kemp-Wenzo, Gwen Piller, Lori Dunne (chair), Deirdra Burke, Jacqueline Strecansky, Jamie Corneil, Patti Moore, Shawn Blaj, Tom Archer, Trevor Tymchuk, Jill Pollock (Recorder)

**REGRETS:** Deborah McGrath, Liane Taylor, Kelly Falconer, Terry McGurk, V. Pepper, Sherry Lewis

**ABSENT:** Crystal Burning, Dana Vladescu, John Ranger, Laura Walsh, S. Yake

## **1) WELCOME:**

- Lori welcomed everyone and went around the table with introductions

## **2) NEW MEMBERS:**

- Healthlinks (Kelly Cimek and Linda Hunter) will join the table on an ad hoc basis
- Liz Coccia, Deputy Superintendent Programs - HWDC, is retiring
- Patti Moore, Program Supervisor – Ministry of Children, Community and Social Services has joined the table
- Franklin Lyons – Hamilton Centre Probation and Parole will join the table

## **3) ADDITIONAL AGENDA ITEMS:**

- Hamilton Drug Strategy - Deirdra
- Human Trafficking Training - Tom
- Provincial HSJCC Work Plan SWOT Analysis

## **4) REVIEW OF MINUTES:**

- Trevor Tymchuck approved the minutes & Cindy Kemp-Wenzo seconded it

## **5) NEW DATES/LOCATION FOR MEETING:**

- Member availability was canvassed. Monday afternoons was suggested as a potential new date for future meetings

## 6) UPDATES:

### a. Update from Provincial HSJCC – Lori

- Trevor and Lori attended a visioning session (what are we doing well, areas of improvement, etc....)
- Next meeting in November; Trevor will attend
- Summary of this visioning session will be distributed
- An ad hoc executive committee will be struck to determine areas of focus (administrative items, membership engagement, role of Secretariat, etc....)
- No other provincial updates

### b. Healthlinks – Lori

- HNHB LHIN has adopted the Healthlinks model. Goal of Healthlinks is to reach more individuals with complex needs. Healthlinks or Coordinated Care Management is a model of care and focuses on system transformation consistent with 'Patients First'. Resources have been put in place until 2020 to support the spread and scale of this model of care.
- The Hospital to Home Program at Hamilton Health Sciences and the Coordination and Transition Team (CAT Team) through SJHH are completing Coordinated Care Plans. The CAT Team will focus more on engaging individuals who are not connected to services and in need of assistance to help them engage successfully with services.

### c. COAST/MCRRT Standardization updates – Lori

- Health Quality Ontario conference October 16, 2018; poster presentation completed
- COAST/MCRRT Standardization group will be looking at the continuum of care and standardization of these programs across province
- This group will meet with key stakeholders
- Created job descriptions and templates for MOUs
- Sending out request for feedback from target populations
- Same process of standardization will occur for Withdrawal Management Services across the province; this standardization process is currently at the research stage (exploring models of care in other provinces/countries, best practices, etc....)

- EMS education: Lori and MCRRT crisis worker have developed a Crisis Intervention Training (C.I.T.) Lite program for paramedics; 6 sessions with advanced paramedics will be held as a 'pilot'

**d. Crisis Beds – Lori**

- Barrett Centre Crisis Beds: expansion includes funding for 5 additional crisis beds intended for police services, COAST and MCRRT use
- 2 beds are currently open
- Construction issues have delayed the project; hopefully the remaining 3 beds will open in early 2019
- no catchment restrictions for use of these crisis beds.
- Of note, Niagara is also adding crisis beds
- Peter Kibor has left Barrett Centre; card sent on behalf of HSJCC Regional and Local committees

**7) CWSO CONFERENCE - Lori**

- Cindy informed the table that an HSJCC Brant member attended and spoke very highly of the content of this conference
- Table supported 22 attendees

**8) MEMBERSHIP ENGAGEMENT PLAN - Lori**

- Healthlinks, Ministry of Children, Community and Social Services as well as Hamilton Centre Probation and Parole have joined the table
- Suggestion made to reach out to Youth Probation as a new member

**ACTION ITEM: Lori to extend invitation to Youth Probation**

**9) GAP ANALYSIS - Lori**

- Niagara has completed a Gap Analysis, a small working group comprised of members from their local HSJCC table
- Gap Analysis purpose: to identify the gaps that currently exist where vulnerable individuals come into contact with, enter or exit the criminal justice system
- 4 questions to analyze:
  - (1) What is the current state of our system as it relates to vulnerable individuals coming into contact with, entering or exiting our criminal justice system?
  - (2) What is the desired future state of our system that would achieve optimal wellness for the individual, fair treatment and an overall reduction of contact with the criminal justice system for this vulnerable population?

- (3) What are the barriers preventing us from getting from the current state to the future state?
- (4) What do we need in place that we do not have currently in place to address these barriers?
- Results will be shared with Niagara anchor tables
- Haldimand-Norfolk also completed the same Gap Analysis; Hamilton and Brantford will each complete their own Gap Analysis
- In Hamilton, a small sub-committee will be formed to work on this task
- Comparison between regions will then be discussed

## **10) BUDGET - ALL**

- Some money left over
- bus tickets and other misc. programming items usually purchased with remaining budget
- Any ideas for conferences or workshops to be brought forward

## **11) COMMITTEE MEMBER UPDATES**

- See 'Local Updates' section

## **12) LOCAL UPDATES**

- a. Niagara: deferred
- b. Haldimand-Norfolk
  - met on September 10, 2018; next meeting will be early December
  - would like to organize another training session or workshop in the Winter. A working group will be formed to discuss educational needs and generate ideas
- c. Hamilton
  - Upcoming Vicarious Traumatization and Self-Care workshop will take place on December 13, 2018. Sixty-Five people have registered. SJHH Auditorium can accommodate 180 people. Workshop is open to any professional: Police and EMS among those attending. Carpooling is encouraged due to limited parking space. See Lori re: parking passes, and/or transportation barriers
  - Local committee is trying to arrange for guest speakers during their monthly HSJCC meetings. Educational topics thus far have included: Legalization of Marijuana and Implications for Clinicians, as well as Human Trafficking. An LGBTQ community guest speaker will be attending the November meeting to discuss Trans Inclusion language, best practices, and resources
  - Orientation Package has been finalized and will be distributed to new HSJCC members

- New Hamilton Members: Healthlinks, SJHH Youth Wellness, Contact Hamilton Children's and Developmental Services

d. Brantford

- Next meeting on November 15, 2018.
- Indigenous Justice Program out of Six Nations (bail programs, Victim Services, etc...) requires mental health training to support their staff. Request for in-service was brought forward to local HSJCC, and as a result an in-service will be developed
- Will also be starting a Gaps Analysis
- Question raised today: how to include Persons with Lived Experience (PWLE) in committee work. Suggestions offered: reach out to HOPE Organization - a peer driven group. HOPE will have community contacts of who would be interested in this type of specialized volunteer work. Consideration must be given to find PWLE who are interested/engaged, can work within the parameters of the group, and able/healthy to participate in a way without driving their own agenda, and who have an appreciation for slow progress of agenda/action items. Suggestion made to utilize social media platforms when seeking PWLE committee members
- Cindy was approached by Brant/Brantford Drug Strategy: Justice Pillar working group. A member of the Drug Strategy will now sit on Brant HSJCC. This new partnership is exciting and may lend itself to a new Drug Strategy/addictions focus for the Brant HSJCC cttee.

**13. HAMILTON DRUG STRATEGY - Deirdra**

- four pillars and priorities have been identified
- sub-ideas will now be generated
- larger group will work on identified areas
- continuous momentum has been happening
- Brantford also working on a Drug Strategy

**14. HUMAN TRAFFICKING TRAINING - Tom**

- Human Trafficking training 2-day workshop, presented by Salvation Army Anti-Human Trafficking Programs
- November 19<sup>th</sup> & 20<sup>th</sup>, 2018
- Four Points Sheraton, Niagara
- Tom distributed registration details following today's meeting
- Workshop details prompted a discussion of the climate in Niagara, including support for victims, difficulty prosecuting cases, etc...

- TA Patterson has changed their screening assessment questions to address human trafficking

**ACTION ITEM: Deirdra to share these screening questions with the table**

## 15. HSJCC PROVINCIAL WORK PLAN SWOT ANALYSIS - Lori

- The Provincial HSJCC is developing a new three-year work plan, and they are asking Regional and Local tables to identify priorities to inform this work plan. Regional and Local tables have been asked to answer the following 5 questions:

### 1. SWOT Analysis

#### **Strengths:**

- A lot of services available
- Growing HSJCC membership
- Multi-disciplinary (different Ministries at the table)
- Willingness of community partners to work together when an individual is leaving detention

#### **Weakness:**

- Services are not coordinated
- Knowledge is not always shared, services not known to broader community
- Clients have difficulty navigating the system
- Lack of resources – housing, food/clothing, doctors, healthcare, access to basic needs
- Adequate housing options available to meet the needs of individuals with behavioural needs who are leaving detention
- Individuals remaining in custody longer due to lack of adequate housing options
- Time constraints/work load
- Waitlists for service
- Referral process to programs can be cumbersome
- Duplication of services

#### **Opportunity:**

- Create a service industry/Centralized access (can be both pro/con). Examples provided: One-Link in Halton, HERE 24/7 in Waterloo (Crisis and First Access to Service), Centralized Assessment for addiction services in Hamilton in the past (screening tool now follows the individuals where they need to go), SJHH Youth Wellness has created an app (Be Safe), possibility to partner with Connex as a starting point
- Opportunity to share knowledge

- Opportunity for Provincial HSJCC to provide financial support for individual to spearhead/coordinate initiatives
- Possible community collaboration to address complex issues and hard to serve individuals

**Threat:**

- Lack of adequate resources to address complex issues and complex individuals

**2. What new initiatives are occurring in your environment that are impacting the work of your HSJCC? How are these initiatives changing or shaping the HSJCC's role in your community?**

- Gap Analysis
- Focus on addictions and opioid crisis; bigger focus at the local committees
- Standardization work that the LHIN is doing (concentrating on the barriers to get into service)
- New Safe Injection sites open in Niagara and Hamilton
- Healthlinks?
- Hamilton Police received new funding for Anti-Human Trafficking education sessions and partnership with Indigenous Services
- Provincial funding for Justice Transition Beds for developmentally delayed individuals
- Salvation Army shelter beds for Social Navigator
- SJHH Forensic Beds
- Barrett Centre crisis beds

**3. What are the top three issues or challenges in HSJCC in your community?**

- Attendance, time, being able to give
- Brant and Haldimand- Norfolk: both communities have experienced significant changes from housing providers that are greatly impacting these communities. Example given of persons staying in custody due to lack of an address to release to; Niagara and Hamilton echoed challenges with housing crisis as well as how this impacts release from custody. John Howard Society enhancement of services has been able to somewhat alleviate this burden. Table also identified a lack of staffing/human resources to support people during the day on bail
- Preventative youth education; mental health and drug education; school board has changed protocol of who is coming into the schools and it has slowed down drug education
- Lack of housing (at local levels)
- Community wait lists (at local levels)
- Need for transitional case management for people being released from custody (identified by Niagara DDJCM)

**4. What are the top three initiatives that your Local/Regional HSJCC will be leading over the next year?**

- Gap Analysis
- Create working groups to work on issues
- Mental Health Court being set up in Niagara
- Youth Hubs in Niagara
- Will be improving Niagara Detention Centre staff awareness of mental health issues and addiction issues (identified by Niagara DDJCM)
- Brant: supporting and liaising with Indigenous/Six Nations Program
- Older Adults in the Criminal Justice System (advisory committee)
- Discharge and warm transfers to service organizations (from detention to community)

**ACTION ITEM: Kelly will be asked to talk about the progress being made in Niagara at the next Regional meeting**

**5. What support would your Local/Regional HSJCC like to receive from the Provincial HSJCC to achieve your mandate?**

- Funding for lived experience and/or admin. support (Trevor)
- Lobby inter-ministerial support
- Advocate for each jurisdiction to increase or introduce coordination of services/system navigation/social navigator
- Break down silos between services
- Systems navigation
- Support for advocating for local HSJCC initiatives (identified by Niagara DDJCM)
- HSJCC webinars are identified as beneficial and table would like these to continue

**Next meeting – February 8, 2018**