



## HSJCC Meeting Minutes: January 12<sup>th</sup>, 2016

**Present:** Will Scutt, Chair, Kenora Crown's Office  
Bob Bernie, Community Mobilization Officer, OPP  
Carol Peterson, Nurse Manager, Kenora District Jail  
Sara Dias, Executive Director, CMHA Kenora Branch  
Nan Normand, Northwest Legal Clinic  
Deborah Hatfield, Rehabilitation Facilitator, BISNO  
Nancy Hendrickson, Ontario Review Board Transitional Case Manager, Thunder Bay Regional Health Sciences Center  
Derek Laffin, Forensic Case Manager, CMHA Kenora Branch  
Michelle Ott, Youth Diversion Worker, Firefly  
Tina Copenace, Manager Community Support Team, WW Creighton Centre  
Sheri Norlen, Manager, William Creighton  
Sharon Scharfe, Lawyer, Legal Aid Ontario  
Estelle Cains, Assessor/Navigator, Developmental Services Ontario Northern Region (OTN)  
Gina Clark, Regional Implementation Coordinator, CAMH  
Brad Peterson, ACT Team, CMHA Kenora Branch  
Sean Scally, Red Lake Community Counselling & Addiction Services (via OTN)  
Kelly Alcock, Sioux Lookout Community Counselling & Addiction Services  
Claudine Longboat-White, Northwestern Ontario FASD Diagnostic Clinic  
Nicholas Rhone, Sioux Lookout Ontario Provincial Police Service  
**Guest: Maureen Parkes, NorWest Community Health Centres, Fetal Alcohol Spectrum Disorder Program (via OTN)**

**Regrets:** Katherine Kinger, Regional Manager, Ministry of Corrections and Community Safety  
Miranda Duggan, Abuse Issues Liaison, OPP  
Mike Goold, Deputy Supervisor, Kenora District Jail  
Greg Iwasiw, Defense Counsel  
Gail Wetendorf, Pre-Arrest Diversion, Kenora Chiefs Advisory  
Stephen Mitchell, Youth Probation, Ministry of Children and Youth Services  
Dave Allen, Kenora Crown's Office  
Arthur Huminuk, Grand Council Treaty #3  
Steve Walker, Superintendent, Kenora District Jail  
Kyla Storry, Director, Crisis Response Services  
Adam Ward, Anishinabie Abinoojii Child & Family Services  
Christi Ousineau, Case Manager, CMHA Fort Frances (OTN)  
Kevin Berube, Manager of Sioux Lookout & Community Counselling & Addiction Services  
Colette Surovy, Executive Director, Women's Place Kenora

Alastair Greig, Mental Health Diversion Worker, CMHA Kenora Branch  
 Patti Dryden-Holmstrom, Mental Health & Addictions Programs Manager, LWDH  
 Colleen Arch, Team Lead, Kenora Chiefs Advisory  
 Sherry Baum, Acting Executive Director, Community Living Dryden-Sioux Lookout  
 Bill Michaud, Regional Access Coordinator, Community Living Dryden-Sioux Lookout  
 Laura Dowdell, Manager, Victim Witness Assistance Program, Ministry of Attorney General  
 Kim Humphrey, Supervisor, Firefly  
 Diane Pelletier, KACL Director of Adult Services  
 Barb Jackson, Atikokan Community Counselling & Addiction Services (via OTN)  
 Debbie Everley, Executive Director, Kenora Association for Community Living  
 Chad English, Youth Probation Manager  
 Chantal Bedard, Case Manager, Dryden Mental Health & Addiction Services  
 Michelle Queen, Executive Director, Changes Recovery Homes  
 Charlene Strain, Mental Health Diversion/Case Manager, CMHA Fort Frances Branch (OTN)  
 Ellie Tucker, Classification and Discharge Planner for the Fort Frances Jail (OTN)  
 Kris Miclash, Constable with Treaty Three Police Service

<p>Introductions</p>	<p><b>The following guest was introduced:</b></p> <p>Maureen Parkes - , NorWest Community Health Centres, Fetal Alcohol Spectrum Disorder Program</p> <p><b>New Committee Members were introduced:</b></p> <p>Kris Miclash – Constable with Treaty Three Police Service</p> <p>Nicholas Rhone – Sioux Lookout Ontario Provincial Police Service</p> <p>Claudine Longboat-White – Northwestern Ontario FASD Diagnostic Clinic</p> <p><b>Removal Committee Members:</b></p> <p>Peter Kirby – Defence Council</p>	<p><b>SARA:</b> Will update HSJCC Distribution List and website to include new members</p> <p><b>SARA:</b> Will update HSJCC Distribution List and website</p>
<p>Approval of agenda</p>	<p>By consensus</p>	
<p><b>Presentation: <i>NorWest Community Health Centers: Fetal Alcohol Spectrum</i></b></p>	<p><b>Presentation: <i>Fetal Alcohol Spectrum Disorder; Maureen Parkes</i></b></p> <p><b>Highlights from the presentation were as follows:</b></p>	

<p><b>Disorder Program</b></p>	<p><b><u>Services they offer:</u></b></p> <p>Primary Role is clinical services.  They have two vehicles that provide primary care to individuals in rural areas (this is only for Thunder Bay and surrounding District)  Provide education  Have early childhood educators  Provide primary health care to people within their homes</p> <p><b><u>FASD Program:</u></b></p> <p>Have been in existence for about 12 years  Have monthly diagnostic clinics  There is no age restriction  If client has no doctor they will provide this service  They have an 8 week caregiver program  Provide FASD trainings in the schools  They run a 4 day program with child and youth program at Confederation College  Have community kitchen for those with FASD  Run a 6 week self-esteem program with individuals with FASD  Adults can be referred to the program from the Kenora Rainy River District  Initial referral consultation is done via OTN  There are no jurisdiction borders to access services  There is always follow-up after diagnosis  Individuals are included in their care plan  They have clinicians on the team which include:</p> <ul style="list-style-type: none"> <li>• Two physicians</li> <li>• Nurse Practitioners</li> </ul> <p>Neuropsychological Assessments can be accessed but are referred out  Speech is only touched upon in the neuropsychological assessments and this is not enough on what is required for the new guidelines for FASD that is required for a diagnosis.  Anyone that requires a neuropsychological assessment is referred to St. Joseph's Care Group where the assessment is free but there is a 6-12 month wait list. Other individuals have referred themselves to a private clinic but is a fee for service.  The program will combine appointments if the individual is coming from outside of Thunder Bay  If there is a suspicion of FASD a referral can be made to the program  There are discretionary funds in both the youth and adult system that can be used for payment for a neuropsychological assessment as this has been used in the past and Ontario Works has paid for these assessments in the past  The program is unsure if the social assistance programs on First Nation communities</p>	<p><b>SARA:</b> will send out new guidelines</p>
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	<p>will cover the cost of the system as these programs are delivered differently than the provincial based social assistance programs. Currently the program does not travel to communities.</p> <p><b><u>The benefits for identifying FASD in individuals are:</u></b></p> <p>Long-term disability which will allow for access to employment supports, and ensure guaranteed income. Require different type of supports, and how to support these individuals.</p> <p><b><u>Estelle Cains from Developmental Services Ontario indicated the following:</u></b></p> <p>Developmental Services Ontario is available for individuals 16 years of age and older Within the assessments they look for cognitive and adaptive assessments and the neuropsychological assessments do not answer these questions that are required for the criteria of Developmental Services Ontario as they have certain criteria that needs to be followed. There only needs to be deficits in adaptive functioning areas for someone to qualify for Developmental Services Ontario if their full-scale intelligence score is above 70. This criteria is allowed as the DSM-V has allowed for the adaptive functioning areas to be a part of the diagnosis.</p> <p><b>Estelle has a checklist from Developmental Services Ontario that outlines the criteria that the DSO is required to follow.</b></p>	<p><b>ESTELLE:</b> will provide a brief presentation around the checklist for the next meeting.</p>
<p>Approval of minutes of September 22<sup>nd</sup>, 2015</p>	<p>The minutes were adopted by consensus.</p>	
<p>Business arising out of the minutes</p>	<p><b>Constable Bob Bernie &amp; Constable Nicholas Rhone to follow-up on the information below:</b></p> <p>Sara followed up with information shared by Kyla Storry on the numbers of calls received by police which was the following:</p> <p>In 2014 there was 55 calls from police (this includes Treaty 3, OPP, Dryden Police Service and NAPS). Kyla did indicate that this is not a true picture of how many calls are from police as they do not collect information on secondary service involvement or referral sources. It is anticipated that over 50% of referrals for individuals that come to the Dryden Regional Mental Health Center are brought in by police. In 2014 the Kenora Rainy River District Crisis Response Services received 559 referrals from the hospitals in the Kenora Rainy River District.</p>	

The police, hospitals and the crisis program collaborated on at least 300 of those calls

**Based on this information the committee would like more information from the OPP in Kenora on mental health contacts and will request that Constable Bob Bernie provide this to the committee.**

**Bob Bernie provided the following information on how many police contacts the OPP had that were mental health related which is reported from April 2015- November 2015 which is 88. Bob will be looking into more specific data on how many times the Crisis Response Services were contacted.**

**Constable Rhone indicated that there is way to run reports related to mental health calls that are district wide.**

Some committee members indicated that they were having some difficulties in accessing the services of the Kenora Rainy River District Crisis Response Services. There was discussion about the mental health bed in Kenora being located at the Detox Center as individuals wanting to access this bed indicate that they do not want to due to its location.

There was discussion on if this bed could be a possible “virtual bed”.

It was indicated that members of the committee have had success in accessing the mental health bed as well as services through the Kenora Rainy River District Crisis Response Services when they:

1. Speak about having a mental health issue
2. That they do not indicate that they are calling about being homeless

**It was indicated that the committee would like the follow information to be looked into for the next meeting:**

1. A sub-committee to be struck to discuss access to the mental health bed in Kenora and ongoing issues. This committee was identified as Diane Pelletier, Patti Dryden- Holmstrom and Kyla Storry

This meeting occurred with the following individuals: Patti Dryden-Holmstrom, Diane Pelletier, Kyla Storry, Bruce Siciliano, Donna Indian & Sara Dias. As the current bed is currently placed at the Morningstar Detox Center as this is an economically feasible location the strategies identified by all parties was to engage in awareness activities for organizations and staff around the Morningstar Detox Center to assist in reducing the stigma related to individuals perceptions around the facility. Strategies will be identified

**BOB & NICHOLAS** to provide the committee with data from the OPP for the next meeting

to the committee once identified.

**Patti provided the following strategies that are being put in place to assist in addressing the stigma related to access of the mental health bed at the Morningstar Detox Center:**

**It was indicated that the Community and Service providers have been in the center accessing the following:**

**Education Events**

**To access our OTN site, for assessments, education and meetings**

**Participation in Fall Fast**

**They are also planning Drug Awareness Week activities**

**They had a visit on October 21 on site from the Accreditation Team**

**Hosted a student from Confederation College**

**2. Patti Dryden-Holmstrom to provide the committee with utilization numbers for usage of the bed for the next meeting**

**3. Patti & Diane will request intake criteria for bed utilization for the mental health bed to be presented at the next meeting**

**Crisis bed admission for Kenora and Fort Frances was provided to the committee and reviewed there are some questions that the committee would like some clarification on which are the following:**

**Exclusionary criteria:**

**Having a primary diagnosis of organic brain syndrome: Does this include FASD?**

**Have severe physical health problems: Need some more information around this item.**

**PATTI:** to provide committee with numbers of the bed utilization for the next meeting. **This was tabled for next meeting as Patti was not in attendance.**

**SARA:** will follow-up with Kyla around these questions from the committee identified for the next meeting as **Kyla did not respond since the last meeting as requested**

	<p>Have convictions of assault (excluding spousal assault, charges that occurred more 10 years ago or more, and/or alcohol-related convictions): If there is a risk assessment or risk management completed will these convictions be considered?</p> <p>Are currently under the influence of drugs or alcohol (not applicable to Kenora admissions): Does being admitted to the Detox for 72 hours prior and then transferred to the mental health bed address this criteria?</p> <p>Does the exclusionary criteria apply to all individuals or is this criteria flexible and examined for each case.</p> <p>The committee has also requested to know number of individuals that have been accepted since April 1<sup>st</sup>, 2015 for both the Kenora &amp; Fort Frances bed and number of individuals who have not been accepted based on the exclusionary criteria. As well is there a pattern of usage at all for both beds.</p> <p>It was indicated by Sharon Scharfe that there has been some inquiries of some individuals who have had their names published within the media on websites that have received mental health diversions etc. and they are not able to remove their names from the media publication. Uppala has indicated that she will be able to follow-up with this and Sharon will provide this information to Uppala.</p> <p>Sara also indicated that how does the non-disclosure of mental health apprehensions affect assessments being completed by the forensic mental health system as this information is important when completing the assessments. Uppala indicated that she would follow-up with this inquiry and provide a response</p> <p>There was an inquiry if the Dryden Police Service &amp; the Treaty 3 Police are following the Guidelines.</p> <p>Sara follow-up with Treaty 3 Police who have indicated that they do utilize these Guidelines.</p>	<p><b>SARA &amp; SHARON:</b> Sara has provided the information to Uppala and will follow-up to see if there has been any updates.</p> <p><b>SARA:</b> to follow-up with Uppala around this inquiry to see if there are any updates.</p> <p><b>CHANTEL:</b> will follow-up with the Dryden Police Service. This was tabled as <b>Chantel was not present at the meeting.</b></p>
<p><b>Presentation: Urgent Response Complex Case</b></p>	<p>This was tabled as Diane Pelletier and Debbie Everley were not present today.</p>	<p><b>SARA:</b> to place on the next agenda</p>

Management Role		
<p>Review of Work Plan for 2014-2016</p>	<p><b>Developmental Services Ontario:</b></p> <p>Sara will provide the numbers of individuals to the committee for the next meeting on how many individuals with a cognitive disability are a part of the Mental Health Diversion/Court Support Program at CMHA Kenora Branch. Sara will request the same information from CMHA Fort Frances, Court Diversion/Court Support Program.</p> <p><b>Information Sharing Network Development:</b></p> <p>Currently Memorandum of Understanding is at its final stages and a final review of the LOGIC MODEL will be conducted by the committee in January 2016. Once signatures are received by the end of February the identified sub-committee will be requested to meet to review the agreement.</p> <p>Flowcharts for both navigating the adult and youth criminal justice system in Kenora have been developed. The youth map still requires a few changes before finalizing.</p> <p><b>Mental Health Court Evaluation Follow-Up</b></p> <p>The request for funding for an additional Mental Health Diversion Worker for the Northern Integrated District Network has been submitted and the Local Health Integration Network has indicated that this was scored high and the proposal will stay on file for up to 2 years and will be reviewed again if funding becomes available.</p> <p><b>Complex Needs Committee Development</b></p> <p>Presentation today from the Adult Protection Worker on their role as this position is now a contract position from Firefly to the Kenora Association for Community Living. This workplan item will need to be changed to reflect the changes on the delivery of the position.</p> <p>Presentation for the Urgent Response Complex Case Management Role will be set for the next meeting and workplan items will be changed to reflect the changes with this new role and its delivery.</p>	<p><b>SARA:</b> to provide numbers for CMHA Kenora Branch <b>CHARLENE:</b> to provide numbers for CMHA Fort Frances</p> <p><b>SARA, DEBBIE &amp; DIANE:</b> to have KACL review the workplan item and makes changes according to changes with delivery of position</p> <p><b>SARA:</b> to place this on the next agenda for presentation to the</p>



	<p><b>Dual Diagnosis Committee Development</b></p> <p>The Dual Diagnosis Bed Project is still meeting around the Memorandum of Understanding between CMHA Kenora Branch &amp; the Kenora Association for Community Living. There is a further meeting in January of 2016 to review the final sections of the agreement. Services are currently being shared with the Occupational Therapist between both organizations that would be supporting the individuals within the Dual Diagnosis Bed at the Kenora Supportive Housing Program. Behavioural Supports are being looked into for support of this population as a behavioural plan will be required for anyone admitted to the bed.</p> <p><b>ALL IDENTIFIED COMMITTEES WITHIN THE WORKPLAN WILL REVIEW ALL FINAL DOCUMENTS FOR APPROVAL TO SEND TO THE DISTRICT Hsjcc COMMITTEE FOR DISSEMINATION.</b></p>	<p>committee.</p> <p><b>SARA &amp; DIANE:</b> to provide an update for the next meeting</p>
<p><b>District Items of Discussion</b></p>	<p>a. Treaty 3 Police: Crisis Services – Kris Mclash</p> <p>This was tabled as Constable Mclash was not present at the meeting</p> <p>b. Sioux Lookout OPP: Crisis Services – Nicholas Rhone</p> <p>Constable Rhone indicated that there are large gaps in the system They are working towards a 3 month pilot project out of their office that will have a mental health counsellor provide support Sioux Lookout has the highest per capita charges per officer They will be looking at putting in a proposal for a grant to hire a task force mental health coordinator as Kenora has They have developed a triage system and MOU with the emergency department at Meno Ya Win Health Center that has been working</p> <p>c. Thunder Bay Pilot Model for Mobile Crisis Outreach – Sara Dias</p> <p>Sara spoke to Sharon Petawanqueb, CEO from CMHA Thunder Bay who has indicated that the chief of Police requested a meeting with the LHIN about looking a innovative models to address mental health crisis situations within</p>	<p><b>SARA:</b> to place under District Items for Discussion for the next meeting</p> <p><b>NICHOLAS:</b> to provide update on these initiatives for the next meeting and identify what are the gaps within the system that may require support from the Hsjcc network moving forward.</p> <p><b>SARA:</b> will coordinate a presentation with CMHA Thunder Bay not for the next meeting but the meeting in the fall</p>

	<p>Thunder Bay.  The strategy at the present time will be to look at re-designing the mobile crisis outreach offered through CMHA Thunder Bay. They will be creating a new partnership and building capacity within the police system. They will be looking and training nurses within the emergency department just as CMHA Sudbury completed within their region. They will then have an experiential learning piece where they will utilize Pat Deegan’s work and provide simulated learning on how to respond to someone with mental health symptoms. They will then be bringing up CMHA Sudbury to complete the training with all parties involved. This will develop a train the trainer model where police will then complete the training annually.  The hope is then to create a Thunder Bay Model that they will pilot for one year.  The first step will be to train the OPP officers.</p> <p>Sara requested to know if Sharon would be open to completing a presentation to the Kenora District HSJCC once the pilot has been up and running and she indicated she would be. The committee has indicated that they would be interested in this presentation.</p> <p>d. Sioux Lookout: “Wrap around services could be solidified to better facilitate communication and coordination for those being identified for diversion” – Kelly Alcock</p> <p>Kelly indicated that Sioux Lookout is finding it difficult to have time to have these coordinated conversations around mental health diversions as they have limited resources.</p> <p>e. Patient Advocate Role – Derek Laffin</p> <p>There is a concern that the role of the patient advocate office is not extended to outpatient clients who are in the community. The committee has indicated they require clarification on this.</p> <p>f. Protocols between correctional institutions and hospitals for people release from jail with a Form 1 – Sara Dias</p> <p>There was a request in October of 2015 from the Provincial HSJCC on any protocols between correctional institutions and hospital for inmates released at warrant expiry with Form 1 issued by the jail psychiatrist, and inmates sent to</p>	<p>as the pilot is just starting.</p> <p><b>KELLY:</b> will continue to update the committee on issues faced within Sioux Lookout for coordination of services.</p> <p><b>SARA:</b> will contact the Patient Advocate Office to request a presentation for the next meeting</p> <p><b>SARA:</b> will set up sub-committee meeting prior to the next meeting to review this issue.</p>
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	<p>court (usually remand folks) with a Form 1 accompanying them should they be released. As a result the police are bringing these folks to the hospital (as per Form 1) with little information and coordination. There was a request to know if there are any protocols in place in the province.</p> <p>Carol Peterson indicated that a sub-committee should be formed to discuss this issue with Dr. Zahlan, Carol Peterson &amp; Steve Walker to look into a protocol from the Kenora District Jail to the Lake of the Woods District Hospital.</p> <p>g. First Place Clinic Services – Sara Dias</p> <p>CMHA Thunder Bay has requested to know if there have been any access issues or process issues with the Regional First Place Clinic Program through CMHA Thunder Bay. It was indicated that the only concern is around how clients are accessing primary care as this is a part of their alumni process as access to primary care is difficult within the Kenora Rainy River District. There was also comments on delays in late 2015 as it was indicated that there was not any psychiatry support at the program which delayed any referrals.</p>	<p><b>SARA:</b> will provide feedback to CMHA Thunder Bay.</p>
<p><b>Standing Program &amp; Committee updates</b></p>	<p>a. <b><u>Youth Mental Health Court Worker</u></b></p> <p>No updates</p> <p>b. <b><u>Mental Health Court Diversion/Support Workers</u></b></p> <p>No updates as both were not present at today's meeting.</p> <p>c. <b><u>Mental Health Court</u></b></p> <p>There is a lack of availability of forensic assessment that the court is finding which is causing delays within the court.</p> <p>The Mental Health Court Stakeholders Group will be working on a Form 2 Protocol with the Lake of the Woods District Hospital. A presentation will be occurring in February of 2016 with the Waterloo Crown's Office.</p> <p>d. <b><u>Drug Court</u></b></p> <p>There have been some processes issues that the court is working on The correct screening is occurring and the right clientele are being diverted to the court.</p> <p>e. <b><u>Youth Service Collaborative</u></b></p>	

The collaborative is wrapping up on the previous work  
Early spring they will be reaching out to other communities  
There will be a trauma workshop in June of 2016  
Gina has been asked to sit on a panel with Osgoode Hall in February of 2016  
and this is related to her Master's Work completed.  
The committee is looking at innovative programming in the youth justice sector

**f. FASD NW Ontario Regional Network Update**

Tabled as Sherry was not at the meeting today.

**g. Substance Abuse & Mental Health Task Force**

In November 2015 the Task Force launched their community safety and well-being plan which can be downloaded from their website <http://ksamhtf.ca/>.  
The coordinator is no longer in the position.  
The goal is to work on the long-term strategic plan moving forward.

**h. Healthy Community Task Force**

This is a version of the Kenora Substance Abuse & Mental Health Task Force that is in existence in Kenora that is in Sioux Lookout.  
They are looking for funding for a coordinator.  
There has been increased information sharing amongst the partners at the table.

**i. Risk Table**

RISK stands for: Rapid Intervention Services Kenora  
Training has been completed  
It is a 4 filter approach  
There will be a provincial risk data tracking occurring as there is an excel data sheet that is to be completed once the table is launched.  
They will be coming out with standardized training  
Terms of Reference & Facilitator Script is being completed by the Steering Committee

**j. Forensic Services for Children & Youth in Ontario**

There have been a few Form 48 assessments completed. The one issue has been who will pay to bring the youth in for the assessment. It was requested

**SARA:** to discuss this issue at the Regional

that this issue be brought forward to the Regional & Provincial HSJCC to provide input as this has been a barrier.  
There also is no budget for s.34 assessments to be completed for individuals who require to be brought in to Kenora to complete.  
OTN has been accessed for assessments but this has posed great difficulties as client's presentation is not true to what is occurring as these clients are outpatient and not in custody.  
The Form 48 assessments for youth are being directed to Firefly which needs to be going to Nancy Hendrickson. This will be brought up at the Mental Health Stakeholders Group to provide some clarification.

**k. Regional HSJCC**

There is a meeting on January 27<sup>th</sup>, 2016 and updates will be provided for the next meeting.

**l. Provincial HSJCC**

**i. New reporting requirements for Local and Regional HSJCC Committees**

The information was provided by the Provincial HSJCC on November 13<sup>th</sup>, 2015 which indicates that they would like to enhance reporting process by initiating the use of a new, comprehensive, standardized reporting template for local and regional HSJCC's. The new reporting template will build on the past reporting process with the purpose of simplifying, standardizing and increasing accountability for HSJCCs across the province.

The benefits for committees is that the template can be used for multiple purposes such as: reporting outcomes/outputs to LHINs and other HSJCCs in our area, contributing to the Provincial HSJCC Annual Report development, and a work plan for each committee to use to help plan and keep track of their work.

The outcomes and outputs of the initiatives will allow us to tell the provincial story of the impact of the HSJCC Network for Ontarians in each community using clear measures of success.

The new template records how the work of the HSJCCs at a local, regional and provincial level is aligned with the 10 year Mental Health and Addictions Strategy, and the Treasury Board Secretariat Mandate to prioritize accountability, transparency and transfer payment reform.

HSJCC to bring to the Provincial HSJCC for input and feedback.

**SARA:** to place item on the Mental Health Court Stakeholders Meeting agenda in February 2016.

The Annual Workplans will be due March 1 of each year for regional and local HSJCs to the Provincial HSJCC. Therefore the first Workplan is due March 1<sup>st</sup>, 2016 to outline the anticipated work for the committee for 2016-2017.

The Annual Report Submissions will be due June 1 of each year for regional and local HSJCCs to the Provincial HSJCC. The first Annual Report submission will be due June 1<sup>st</sup>, 2016 for the 2015-2016 years accomplishments.

**ii. Provincial Work Plan 2016-2019**

Sara provided the feedback from the Kenora District HSJCC prior to January 1<sup>st</sup>, 2016.

**iii. 2015 Provincial Conference**

The individuals that attended the conference indicated that they found the conference to be very well organized and full of great presenters.

The one feedback that participants had indicated that the Kenora Rainy River District partners are well ahead of what is occurring around the province and the work that all committees are doing needs be recognized more.

**iv. Robb Nash Event – Sara Dias, Gina Clark, Michelle Ott, Sheri Norlen**

It was indicated that the prevention pillar of the Substance Abuse & Mental Health Task Force will be discussing coordinating this event in Kenora and it was indicated that an invitation needs to go out to all committees: Justice Collaborative, and the Kenora District HSJCC to identify a sub-committee that is interested in coordinating the event as this is a community effort by all committees.

**v. Transfer Payment Agency**

The writer has received correspondence from CMHA Ontario requesting to know by February 15<sup>th</sup>, 2016 what the recommendation would be for the most appropriate agency in our region who should be the holder of the funds for our respective area. It was indicated that currently CMHA Thunder Bay holds the funds for the District Thunder Bay Committee and the Regional HSJCC and CMHA Kenora Branch holds the funds for the District HSJCC.

The committee has requested to know more information on how the logistics of this change would be. Would our committee receive a lump sum or would we need to expense all items etc.

**MICHELLE OTT:** will send out an invitation to all committees to request participation within the sub-committee that will be created.

**SARA:** will follow-up with CMHA Ontario Division and CMHA Thunder Bay around these questions.

**New Business:**



<p><b>d. Developing a Trauma-Informed Youth Justice System in Kenora Rainy River: Recommendations and Next Steps</b></p> <p><b>e. Ministry of Children &amp; Youth Services: FASD Roundtable Report</b></p> <p><b>f. New financial eligibility guidelines for Legal Aid for clients experiencing domestic violence</b></p> <p><b>g. Developmental Services Ontario Stakeholder Engagement and Communications Strategy, January 28<sup>th</sup>, 2016 at 3:30 p.m. EST</b></p> <p><b>h. Police Services Act consultations around police street checks</b></p>	<p>Gina provided her Executive Summary to the group. The summary indicates that a trauma-informed approach facilitates identification of trauma-response in clients and service providers, and avoids practices or policies that could be re-traumatizing. The finds are:</p> <ul style="list-style-type: none"> <li>• Trauma is common but its impacts are still not clearly understood</li> <li>• Aboriginal trauma must be acknowledged in a trauma-informed justice system</li> <li>• Justice partners need to be better informed about trauma and its impacts</li> <li>• Practice-Policy feedback is needed to secure funding and change the system</li> </ul> <p>An education model that educations and advocates regionally, has the highest probability of success.</p> <p>The report was completed as there was a mandate letter from Premier Wynne in September 2014 to the Minister of Children &amp; Youth Services that development and implementation of strategies that will improve the experiences and outcomes for children and youth with complex and special needs. The development of a provincial Fetal Alcohol Spectrum Disorder Strategy is needed. The report was provided to all committee members prior to the meeting for review.</p> <p>Legal Aid Ontario is making it easier for people experiencing domestic violence to get from a family lawyer by expanding the financial eligibility guidelines for this vulnerable group.</p> <p>The information for this session was disseminated to the committee for all of those who can attend. Information will be forwarded prior to the meeting by the DSO.</p> <p>There have been numerous consultations around the province to help develop standards and clear rules required to ensure police officers across the province to conduct street checks in a manner that is effective, unbiased and respects fundamental rights and freedoms, while they work to keep communities safe. There are proposed regulations under the Police Services Act. The streets checks result in the creation of mental health police records and other non-conviction records, and these records often include detailed information about an individual, including information about their mental health disability. The disclosure of this information can negatively impact a person's mental health and</p>	
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<p><b>i. Crisis Response Services Business Card</b></p>	<p>wellness and impede their recovery. Such as barriers to accessing employment, volunteer, schools and school-related placements and securing professional qualifications. Place barriers as well on accessing housing, services, facilities and travel.</p> <p>The recommendations being put forward are the following:</p> <ol style="list-style-type: none"> <li>1. Defining Street Checks</li> <li>2. Placing Standards for conducting street checks</li> <li>3. What is the oversight to the street checks</li> <li>4. There needs to be a clear public complaints process identified</li> <li>5. There needs to be regulations around the management and information collected from police street checks</li> <li>6. Research should be looked into to examine police checks in Ontario to better understand the utility of the practice, it's effectiveness and the impact that the practice has on Ontarians, especially marginalized populations such as racialized communities, Aboriginal communities and individuals with mental health disabilities.</li> </ol> <p>This was tabled for the next meeting as Steve Walker was not in attendance at the meeting today.</p> <p>.</p>	<p><b>SARA:</b> to place on the next agenda.</p>
<p><b>Next meeting date</b></p>	<p><b><u>Adhoc meeting to brainstorm for new Workplan for 2016-2017</u></b></p> <p><b>The committee will meet on February 18<sup>th</sup>, 2016 at 1:30 p.m.-3:30 p.m. to develop Workplan that is required to be submitted to the Provincial HSJCC by March 1<sup>st</sup>, 2016.</b></p> <p><b><u>Regular Meeting</u></b></p> <p><b>Next meeting date is set for May 19<sup>th</sup>, 2016 at 11:00 a.m.-2 p.m.</b></p> <p><b>Location for both meetings is Firefly and OTN will be available for those that are unable to travel. Please indicate if teleconference is also required</b></p>	<p><b>Please forward agenda items to Sara</b></p>

