THIS AGREEMENT made as of the 1st day of April 2016 (the "Agreement")

BETWEEN:

Lake of the Woods District Hospital

-and-

Canadian Mental Health Association Kenora Branch

-and-

Kenora Association for Community Living

-and-

Kenora Chiefs Advisory

-and-

Brain Injury Services of Northern Ontario

-and-

FIREFLY

-and-

Developmental Services Ontario

-and-

Changes Recovery Homes

Whereas:

A. Lake of the Woods District Hospital (LWDH) is a public hospital and operates through funding received from the North West Local Health Integration Network (NWLHIN) and the financial support of various granting organizations and donors. LWDH is the sponsor of Mental Health & Addictions Programs, an extra global program of the hospital providing a range of mental health and addictions programming.

B. Canadian Mental Health Association (CMHA) Kenora Branch is an incorporated registered charitable not for profit organization which operates through funding received from the North West Local Health Integration Network (NWLHIN) and the Ministry of Health and Long Term Care (MOHLTC).

C. Kenora Association for Community Living is an incorporated registered charitable not for profit organization which operates through funding provided by the Ontario Ministry of Community and Social Services, the North West Local Health Integration Network (NWLHIN), the Ministry of Health and Long Term Care, The Ministry of Children and Youth, Kenora District Services Board and the financial support of various granting organizations, members and donors.

D. Kenora Chiefs Advisory's Mental Health and Addictions program is mandated to provide mental health and addiction services for 13 First Nations in the Kenora and Dryden area. The age mandate for mental health services is 16 and up and for addiction services 12 and up. The program operates within a case management model providing: culturally safe services, voluntary and direct counseling to clients and their families, pre arrest diversion services, education on substance abuse and mental health issues, linking client to the appropriate professional and/or service agency and to provide crisis response services. Children's Mental Health provides services for families with children and youth between the ages of 0-18 who are experiencing social, emotional or behavioural challenges, specifically for the communities of Wabaseemoong and Asubpeeschoseewagong Netum Anishinabek (Grassy Narrows). All referrals are received through our daily assigned intake worker and/or program assistant.

E. BISNO was founded in 1983 as a response to the gap that existed in services for individuals requiring ABI rehabilitation and/or life-long support services. In 1991, the organization was successful in obtaining funding from the Ministry of Community and Social Services, Ministry of Health, Ministry of Housing and the Ministry of Northern Mines and Development for the establishment of the Transitional Learning Centre. Following the launch of this residential rehabilitation program, funding from the Long Term Care Division of the Ministry of Health in 1992 resulted in the development of Community Rehabilitation and Outreach Services. Additionally, in response to the expressed needs of survivors living in district communities for education, support and rehabilitation services, the Kenora/Rainy River Outreach Program was initiated with funding from the Ministry of Health and Long Term Care.

Soon after, the organization expanded its range of services to include the provision of Case Management Services for individuals with access to third party funding, long term support services via the Supportive Housing Program (1996, Ministry of Health and Long Term Care), and the provision of an adaptable service via the Variable Support Services Program (2000, Ministry of Health and Long Term Care), intended to meet the unique, diverse and changing needs of survivors. The organization continues operation through funding received from the North West Local Health Integration Network (NWLHIN) and the Ministry of Health and Long Term Care (MOHLTC).

F. FIREFLY is an incorporated registered charitable not for profit organization which operates through funding provided by the Ministry of Children and Youth Services, the Ministry of Community and Social Services, the Ministry of the Attorney General, Health Canada, Kenora District Services Board and the Ministry of Education. FIREFLY provides physical, emotional, developmental and community services throughout the FIREFLY region.

Services include intake and case management, children's mental health, child development, child care, rehabilitation services, Early Years support services, adult protective services, Canada pre-natal and nutrition programs, Best Start Hubs, respite, FASD assessment clinics, supervised access and youth justice programs.

G. DEVELOPMENTAL SERVICES ONTARIO NORTHERN REGION (DSONR) is the central point of access for adults with developmental disabilities the DSO can help find services and supports in your community.

H. Changes Recovery Homes
Is a Residential Addictions Supportive Treatment (level 1) Service. These services are defined as housing and related recovery/support services such as lifestyle counselling, coaching for activities of daily living, community reintegration, vocational counselling and mutual aid, provided to clients who require a stable, supportive environment prior to, during, or following treatment, which is accessed elsewhere.

This supportive program is for substance dependent men and woman of Ontario, 18 years and older who identify a need to develop a lifestyle free of addictions. We have two facilities one male one female. The male residence Del-Art Manor houses up to 18 men. While our female residence Clarissa Manor houses up to 10 women.

I. **The purpose of this Agreement is to facilitate services to individuals who have been identified within the criminal justice system as being in need of mental health or addictions services, developmental services, or acquired brain injury services within the Kenora Court District for the purpose of their safe reintegration into the community. This Agreement will:**

i. Clarify the roles and responsibilities of Mental Health & Addictions Programs at the Lake of the Woods District Hospital, CMHA Kenora Branch, and KACL's developmental, dual diagnosis and mental health services, BISNO, FIREFLY, Kenora Chiefs Advisory, Developmental Services Ontario & Changes Recovery Homes.

ii. Define the accountability relationship between the parties to the agreement as identified above and individuals identified as being in need of the services identified in A-H above, and

iii. Set out protocols for communication and information exchange and working relationships that support the accountability relationship.

NOW THEREFORE IN CONSIDERATION OF the premises and the mutual covenants and agreements hereinafter contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. Descriptions of Terms Used in this Agreement

In this Agreement, unless the context otherwise requires, the following terms have the meanings set forth below:

Lake of the Woods District Hospital

1.1 District Post Custody Enhancement Program – Mental Health & Addictions Programs of Lake of the Woods District Hospital

This program is part of a comprehensive continuum of service for mental health, and addictions clients released from custody. This program is the result of an identified gap in services between court diversion, incarceration, and release and post custody. The program is to provide short term intensive case management with the goal of improving access and coordination to community resources and improve client outcomes. Services include short term case management, assessment and referral, discharge planning, help with housing, financial supports, resources in home communities, connections with individuals prior to release or on release to facilitate access to community services, liaison with partners

involved in the criminal justice system. People 16 and over with mental health and /or addiction problems who have been released from custody. The program provides:

- Short-term case management services
- Assessments and referrals
- Discharge planning
- Help with housing, financial supports, etc
- Access to resources in home communities
- Connections with clients prior to release or on release to facilitate access to appropriate community services.
- Liaison services with partners involved in the criminal justice system

Responsible Personnel: Manager Mental Health & Addictions Services

1.2 <u>Mental Health Rent Supplement Program Community Mental Health Support Services/Kenora Association for Community Living in partnership with Problematic Substance Use Supportive Housing Subsidy</u>

Housing First is a recovery-oriented supportive housing approach that operates on the principle that homeless people living with mental illness/addictions should be offered immediate access to rent supplements so they can live in the same kinds of permanent independent apartment's that are typically available to people without mental illness or problematic substance use, and that the rent supplements should be provided without requiring participation in psychiatric or substance use treatment. The program will provide:

- Support that is flexible and variable depending on client needs
- Service that is built on existing service system links to on-going community support services.
- Collaboration with partners for service delivery to clients
- Services that are based on a harm reduction and recovery model

Responsible Personnel: Staff responsible for client Housing Subsidy

1.3 <u>Cross Cultural Coordinator</u>

The goal of the Native Healer Coordination Program is to provide access to traditional Anishinaabe medicine and health practices for anyone in the Treaty #3 area requiring this service. The program provides:

- Social support and advocacy for patients/clients and families while in hospital
- Mediation of complaints/conflicts between the hospital and First Nation Peoples.
- Provide cultural awareness education to hospital staff
- Provide access to an elder for traditional services
- Support for person receiving housing subsidy
- Provides interpreter services in Ojibwa and some Oji-cree
- Provides outreach services to First Nations Communities within the Treaty #3 area and inform First Nation Communities what services are provided in the hospital.

Responsible Personnel: Cross Cultural Coordinator staff member

1.4 Morningstar Center

We are a residential, non-medical care and observation unit for men and women in an acute state of intoxication or withdrawal state from alcohol and /or chemical abuse. If medical attention is required, it is provided through the Lake of the Woods District Hospital, Emergency Department. Any individual 16 years and older seeking assistance for alcohol or chemical abuse. Morningstar Center provides:

- 24 hour/7 days a weeks, everyday of the year care.5 day stabilization Program
- Compassionate and safe management of chemical withdrawal
- Effective support and motivational counselling
- Referrals to treatment centres
- We co-ordinate individual counselling and group activities through the addiction system
- Telephone support and crisis relapse prevention

Responsible Personnel: Morningstar Manager

1.5 Recovery Support Program

Individuals 16 years and older, with chronic alcohol and /or drug use, including opioids, such as heroin, Morphine, codeine, oxycodone (OxyContin, Percocet, hydromorphone, fentanyl Vicodin etc. The program provides:

- Detox morning groups at the Morningstar centre

- Addiction screenings and referrals to residential treatment centers
- Case management services and supports to assist individuals in accessing resources including transportation, wellness activities, nutritional education, self help groups and navigate the Health care System etc.
- Outreach and the ability to meet individuals in the community
- Education related to substances and their use
- Drop In support at a non-threatening environment that will protect and respect individual's rights to access quality care.

Responsible Personnel: Morningstar Centre Manager

1.6 Youth Addictions Programs

Addictions Services Kenora is a community based out-patient service that provides treatment to individuals, families, and support for other professionals. We service communities within a 1 ½ hour commute. Individuals 12-24 years of age who are concerned about their own alcohol and /or drug use or are affected by someone else's substance abuse. Provides the following service:

- Addiction assessments and referral
- Community –based treatment
- Individual and group counselling
- School based programs
- Relapse prevention support
- Support for family members or persons affected by the addictions of others
- Workshops and community presentations
- Information services to other agencies, schools, and medical professionals.
- Parents consultation
- Support to clients in the criminal justice system

Responsible Personnel: Youth Addictions Manager

1.7 Adult Addictions Programs

Provides addiction assessment and referral, community –based treatment, individual and group counselling, relapse prevention support, harm reduction strategies, support for family members or person affected by the addictions of

others, workshops and community presentations, information services to other agencies, employers, school and medical professionals.

Responsible Personnel: Adult Addictions Manager

1.8 M.E.C.C.A (Medically Enhanced Co-ordinated care for addictions) Methadone Program

Program provides a harm reduction treatment team approach if you are physically dependant on at least one form of opiate (like heroin, codeine, morphine, oxycontin,) and you have tried other possible treatments and have been unsuccessful. Program Provides:

- Comprehensive medical assessment
- Psychosial assessment
- Multidisciplinary treatment planning
- Counselling/support/case management
- Referral services
- Residential stabilization for initial treatment coordinated with Morningstar when required
- On-going treatment

Responsible Personnel: MECCA Manager

Canadian Mental Health Association, Kenora Branch

1.9 District Mental Health Diversion/Court Support Services – CMHA Kenora Branch

Diversion/Court support services are part of a comprehensive continuum of mental health supports and services. In order to meet client needs and facilitate access to the range of supports and services required to provide the core functions, services and supports are linked across and within the mental health, criminal justice and social service systems. The following service functions include services and supports that are provided directly to clients, i.e. crisis services, court support, intensive case management as well as services that are not provided directly to the client, i.e., inter jurisdictional coordination, staff training/education. The provision of both direct and indirect functions is essential in ensuring a seamless system of effective appropriate services and supports is available as an alternative to incarceration for people with mental health needs who would benefit from them.

Responsible Personnel: Court Programs Lead

1.10 Mental Health Case Management (forensic) for Kenora – CMHA Kenora Branch

Intensive Case management was included in phase 2 of the Service Enhancements to keep people with Mental illness out of the Criminal Justice System and receive the care and support as close to home as possible. These services are intended for persons whose offense is considered low risk and whose mental illness can be appropriately managed through eservices in the community. Intensive case management service is short term, up to four consecutive months, as a transitional support to longer term treatment or other mental health services as required. It is focused on four specific populations; persons with concurrent disorders, transitional age youth with serious mental illness, persons with a mental illness being released from provincial custody and persons with a dual diagnosis. Case mangers provide at minimum, individualized assessment and planning, service co-ordination, monitoring and evaluation of services, system advocacy/resource coordination, and supportive housing and Community Treatment Order coordination.

Responsible Personnel: Court Programs Lead

Kenora Association for Community Living

1.11 Mental Health Rent Supplement Program – CMHSS/KACL

Supportive Housing funding in the form of rent subsidies as provided to agencies under Phase 1 and 2 of Service Enhancements to Keep People with Mental illness Out of the Criminal Justice System. The Rent subsidies were intended to provide affordable supportive housing for individuals with a serious mental illness and/or problematic substance use who are financially unable to obtain affordable housing on the private market. All rent supplements are based on a housing first model.
Housing First is a recovery-oriented supportive housing approach that operates on the principle that homeless people living with mental illness/addictions should be offered immediate access to rent supplements so they can live in the same kinds of permanent independent apartment's that are typically available to people without mental illness or problematic substance use, and that the rent supplements should be provided without requiring participation in psychiatric or substance use treatment. The program will provide:

- Support that is flexible and variable depending on client needs
- Service that is built on existing service system links to on-going community support services.
- Collaboration with partners for service delivery to clients
- Services that are based on a recovery model

Responsible Personnel: Director, Adult Services

1.12. Dual Diagnosis Coordination-CMHSS/KACL

Community Mental Health Support Services (CMHSS) provides dual diagnosis services to adults and their families in the community of Kenora and in the Kenora/Rainy River District. A dual diagnosis refers to the co-existence of an intellectual disability and a mental illness.

Services are provided based on the following principles: Person-centred planning that is the least restrictive and the least intrusive for an individual; access to services as close to home as possible, with coordinated and effective linkages to community partners.

Dual Diagnosis Services include: access to specialists via videoconferencing and in-person consultation; support for families and front line staff; advocacy for individuals and their families to receive needed services; psychological education for individuals, families, caregivers, and service providers; development of strategies to effectively support individuals in the community; and support for accessing resources to improve quality of life.

1.13 Kenora Association for Community Living (KACL) Adult and Transitional age Youth Services

Options for Adults (OFA) offer a variety of person-centred and community-based supports and services to adults with intellectual disabilities. As we recognize and respect each person's individuality, the types of supports provided are tailored to each of the 80-100 people we work for throughout the year.

Currently we offer supports for daily living through two programs: 24 Hour Intensive Support Residences (ISR) and Alternative Accommodations and Community Participation. 24 Hour Intensive Support Residences is its own program and is the only OFA program that offers a 24 hour staffing model. Alternative Accommodations and Community Participation includes: Enriched Supported Independent Living (ESIL), Host Family, Employment Services, and Community Participation Services and Supports, which includes the Adult Literacy Centre, Arts Hub, and Fitness Friends.

We receive newly referred adults to our programs through Developmental Services Ontario.

Responsible Personnel: Director of Adult Services

1.14 Intensive Case Management

Intensive Case Management Services offers flexible, individualized, ongoing support that varies in intensity, which is based on consumer choice, and focuses on an individual's strengths, talents, and abilities. We encourage people to become

involved in activities that develop supportive relationships, which establish valued roles through participation in our community.

The priority population for intensive case management services is people aged 18 and over, who have a serious mental illness. Participation is voluntary. Once a person has been accepted into the program, the individual meets with a Community Consultant to jointly develop a support plan that assists persons to realize his or her personal recovery goals.

Support services are flexible, based in the community, and tailored to the expressed needs of the individuals we serve. Levels of support vary greatly from person to person. Our services are available 7 days a week. Daily hours can vary based on individual needs, crisis, or emergent situations.

Intensive Case Management Services offers a wide range of support options to people, in an effort to assist people in any foreseeable way. We assist people in finding and maintaining affordable housing. Community Consultants assist people to manage their finances, which includes budgeting and personal banking strategies, in addition to accessing available funding. We offer assistance in time management skills to support people with making and keeping appointments, being on time for work or for social obligations, and with providing reminders for maintaining a medication schedule, as prescribed by a physician. We assist people in managing their illnesses, learning about their medications, eating nutritiously, and using public transportation to explore available opportunities within the community. We assist people in finding and securing competitive and/or meaningful employment, which may include skill-building, resumé development, and interview strategies. We encourage people to pursue their interests and to engage in recreational activities. And we strongly advocate on behalf of the people we support.

Funding for Intensive Case Management Services has been provided by the North West Local Health Integration Network (LHIN).

Responsible Personnel: Director of Adult Services

1.15 Adult Protective Services

The Adult Protective Services Worker program supports adults, aged 18 and over, with a developmental disability who are living on their own and have limited or no significant social supports. The program workers assist individuals to live as independently, safely and securely as possible in community while ensuring that the individual's right are protected and respected. This program is available throughout the Kenora and Rainy River Districts. Referrals are received through Developmental Services Ontario (DSO).

Responsible Personnel: Director of Adult Services

Developmental Services Ontario

1.16 DEVELOPMENTAL SERVICES ONTARIO

To apply for services and supports funded by the Ministry of Community and Social Services an individual must have eligibility confirmed through the DSO. Confirmation of eligibility requires documents that show that the individual has a developmental disability (as defined by legislation) is 18 years of age and is a legal resident of Ontario.

If eligible, DSO staff will discuss with the individual their needs and goals. They will meet with the individual to complete the provincial application package and provide information about community services and resources.

After the application package has been completed, the individual will be informed by the DSO if ministry funded supports are available based on current resources and individual needs.

Responsible Personnel: To make a referral to Developmental Services Ontario Northern Region contact: 1-855-376-6673 or for more information visit our website at www.DSOntario.ca

Brain Injury Services of Northern Ontario

1.17 Brain Injury Services of Northern Ontario (BISNO)

Offers a comprehensive range of services for individuals who live with the effects of an acquired brain injury, and their families. Services provided in all programs are person-centered and relevant to the individual's priorities and goals for rehabilitation and/or support services. In accordance with BISNO's holistic approach to rehabilitation and recvery, all individuals who identify a need for staff facilitation to foster and/or maintain spiritual or cultural connections will receive such support**.**

The organization refrains from duplicating services. Rather, we remain committed to developing and maintaining credible partnerships with multiple health service providers, family members and significant others, thereby considerably enhancing our resourcefulness when serving those with more complex needs. Programs and services available at BISNO are offered through Community Rehabilitation & Outreach Services, or Assisted Living Services.

Community Rehabilitation & Outreach Services (CROS) include:

- Community Services (PSIT - Personal Support and Independence Training)
- District Services (PSIT - Personal Support and Independence Training)
- Homelessness Initiative Project, Phase II (HIP II) in partnership with Alpha Court and Canadian Mental Health Association, Thunder Bay
- Healthy Life Styles Group (HLSG)
- Individual & Family Counselling
- BRAINWISE

Responsible Personnel: Mr. Cal Rankin, Manager, CROS

Assisted Living Services programs include:

- Transitional Learning Centre
- Andras Court
- McKellar Place

Responsible Personnel: Ms. Betty Romu, Manager, TLC
Ms. Betty Romu, Manager, McKellar Place
Ms. Karlee Grant, Manager, Andras

FIREFLY

1.18 Youth Justice Counselling

Youth Justice counselling is available to youth aged 12 to 17 who have been identified as a young offender in a Youth Court. Services are provided on an individual, family and/or group basis to address social, emotional and/or behavioural challenges.

Responsible Personnel: Director - Children's Mental Health

1.19 Youth Mental Health Court Worker Program

The Youth Mental Health Court Worker program assists youth who are considered appropriate for diversion to access mental health services and other community supports.

Where the Crown believes the youth is experiencing a mental health issue and would benefit from community-based services, the Crown may withdraw the changes after the youth completes a mental health diversion program which addresses their needs and increases access to community treatment and support.

Responsible Personnel: Director - Quality, Planning and Development

1.20 Child and Youth Mental Health

The Child & Youth Mental Health program is for families with children and youth who are experiencing social, emotional and/or behavioural challenges. A range of interventions are offered including assessment, individual, group and family counselling, consultation and parent education.

Responsible Personnel: Director – Children's Mental Health

1.21 FASD Diagnostic Services

FASD diagnostic services are provided to youth who have been identified as young offenders or high risk youth as referred by probation services and community partners. Clinics are held in Fort Frances, Kenora and Sioux Lookout for the catchment area of the Kenora and Rainy River Districts as well as the 28 First Nation Communities north of Sioux Lookout.

The essential clinical components include medical, psychometry, psychology, speech-language pathology, occupational therapy, cultural liaison services and clinic coordination.

Responsible Personnel: Director – Rehabilitation Services

1.22 Changes Recovery Homes

Is a Residential Addictions Supportive Treatment (level 1) Service. These services are defined as housing and related recovery/support services such as lifestyle counselling, coaching for activities of daily living, community reintegration, vocational counselling and mutual aid, provided to clients who require a stable, supportive environment prior to, during, or following treatment, which is accessed elsewhere.

This supportive program is for substance dependent men and woman of Ontario, 18 years and older who identify a need to develop a lifestyle free of addictions. We have two facilities one male one female. The male residence Del-Art Manor houses up to 18 men. While our female residence Clarissa Manor houses up to 10 women.

Services included:

- Supportive Case Management
- Individual and Group Counselling
- Relapse Prevention and Stabilization Support
- Coaching and Life Skills
- Healthy Leisure and Recreational Activities
- Managing and Dispensing of Medications
- Group Educational Programming on Addictions
- Relationship Building and Crises Intervention
- Cultural Awareness and Support
- The Twelve Steps Programming
- On and Off Site Accesses to Wellness Activities
- Assistance for Reintegration within the Community
- Discharge Planning
- Workshops and Community Presentations
- Ongoing Community Partner Collaboration

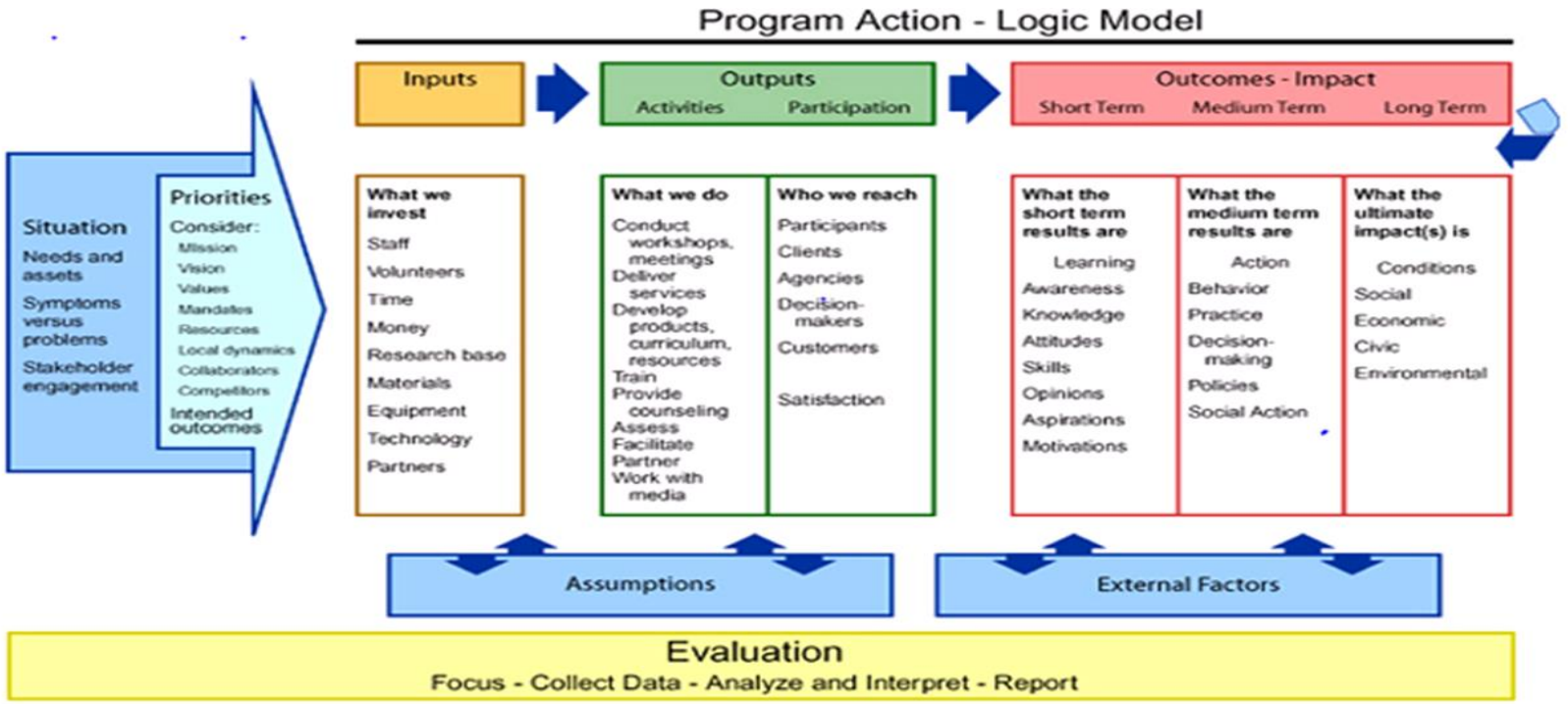
Responsible Personnel: Changes Recovery Homes Counselling Team

1.23 <u>Statement of common philosophy:</u>

Parties to this agreement agree in principle to the philosophy treatment as close to home as possible and of repatriation when it is feasible based on the individuals clinical needs and if there are suitable resources within their home community.

1.24 Care Pathways – Utilization of the Logic Model

The agreement proposes to utilize the Logic Model. This will provide understanding of program inputs, client pathways through programs that include activities and participation, outcomes and impacts and evaluation processes. Provision for outcomes and evaluation will be appended to the agreement.



1.25: Inputs:

Each agency has agreed to provide a designated employee for each program listed within the agreement and ensure culturally appropriate services are delivered when identified by the individual being served.

The Seven Teachings reflect in both decision making and service delivery by each agency which are the following:

1. Honour and respect the beliefs, traditions and values of the Indigenous people who we provide services to
2. Respect Confidentiality
3. Adhere to all policies and procedures within each respective organization
4. Each organization will promote and maintain at all times, “THROUGH MY ACTIONS AND WORDS”
5. Avoid conflict of interests between work and personal affairs
6. Encourage fairness and diversity of all backgrounds and experiences in the workplace

1.26: Outputs:

Each program will provide the services listed in the descriptions of each program listed in 1.1 - 1.11 within the agreement.

In order to provide the services listed within the agreement the worker for each program will utilize the APIC Model (Assess, Plan, Identify, and Coordinate) adopted from the Center for Addiction & Mental Health and can be located at http://eenet.ca/wp/content/uploads/2014/04/APIC-summary-addendumMarch2014.pdf. This model recommends that providing intervention should occur to those who are detained in custody for less than **48 hours** promptly as this will assist individuals on connecting to resources upon release.

Assess, Plan, Identify, and Coordinate (APIC) Model

ASSESSMENT	**A**ssessment of needs and risks
PLANS	**P**lans for treatment
IDENTIFICATION	**I**dentification of services
COORDINATION	**C**oordination of the transition plan via linkages to community supports

Assess & Plan:

- Workers will ensure that Assessment & Planning are carried out within the time frame listed within the intake process or *as early as possible* upon entry into the justice /correctional system.
- Screening and assessment should be related to all needs/risks, utilizing standardized tools and processes that are also culturally sensitive, client centered and trauma informed
- Obtain client, and family, input when creating transition plan so that that approach is tailored to the client and incorporates their lessons about what worked / did not work in the past
- Address all potential & basic needs in the transition plan, including clothing, food, transportation, healthcare, shelter, etc., and begin to identify where to refer

Identify & Coordinate:

- Ensure that workers are aware of all community services within the district
- Communicate and share information, practices, processes, and referral packages across sectors
- Ensure that copies of the transition plans or summaries are distributed to the client and all staff and community providers involved with appropriate consent. This will help with seamless Coordination of the plan and *continuity of care* from the justice system to the community.

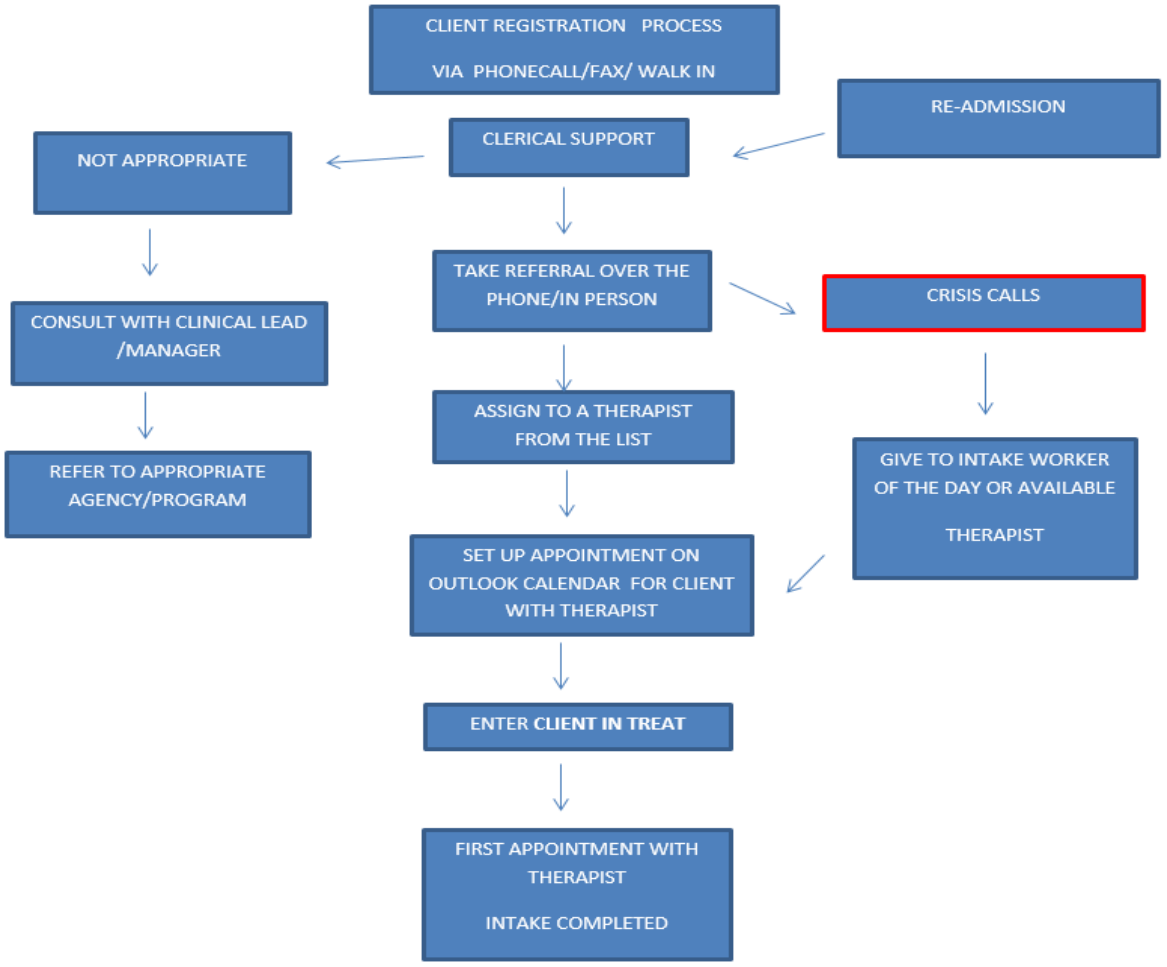
1.27: <u>Outcomes & Impact:</u>

1. Timely identification and connection to community services
2. Client and staff education to make informed choices
3. Alternative to correctional strategies
4. Developing partnerships and protocols
5. Adapting to wider mandates
6. Addressing issues as they arise
7. Enhance and build capacity within each organization listed in the agreement which in turn will enhance the system
8. Evaluation of Partnerships

Lake of the Woods District Hospital

REFERRAL PROCESS

MENTAL HEALTH & ADDICTIONS PROGRAMS



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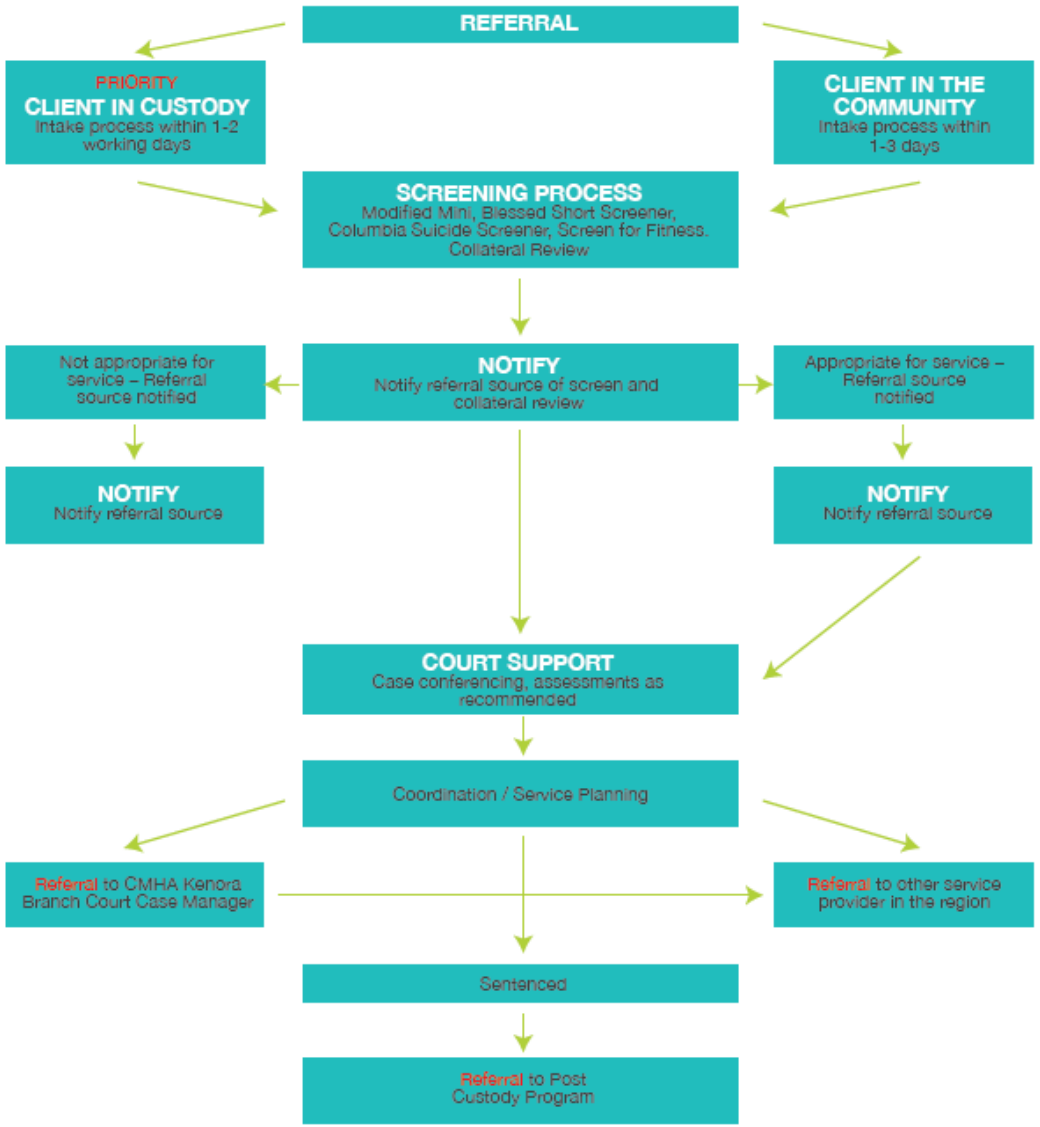
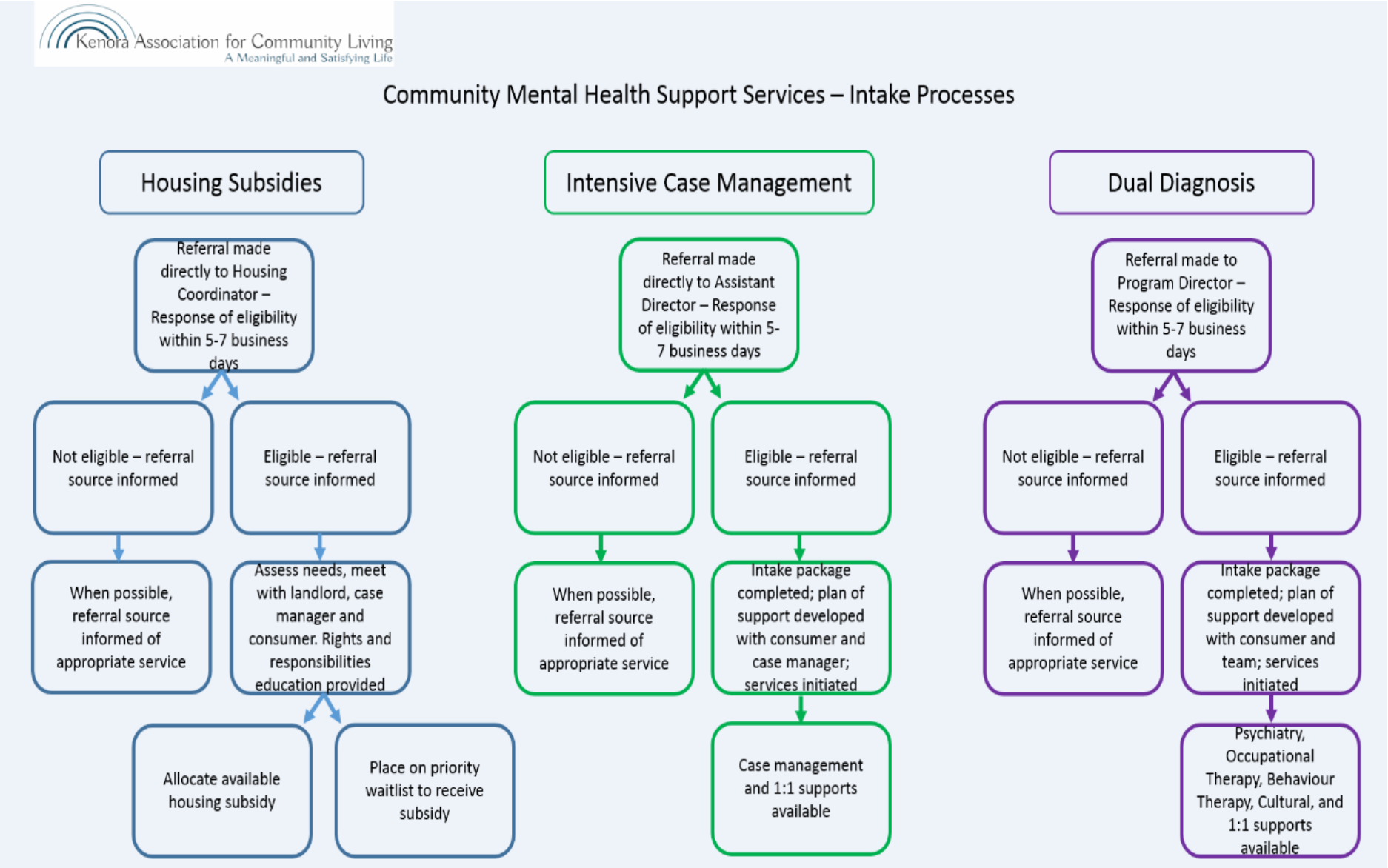
Canadian Mental Health Association Kenora Branch

Intake Process for Mental Health Court



Kenora Association for Community Living



Kenora Association for Community Living

Intake Process for the Kenora Association for Community Living (KACL) Adult and Transitional age Youth Services

All referrals to the Adult and Transitional age Youth Services are initiated through an application process with the D.S.O

Kenora Association for Community Living

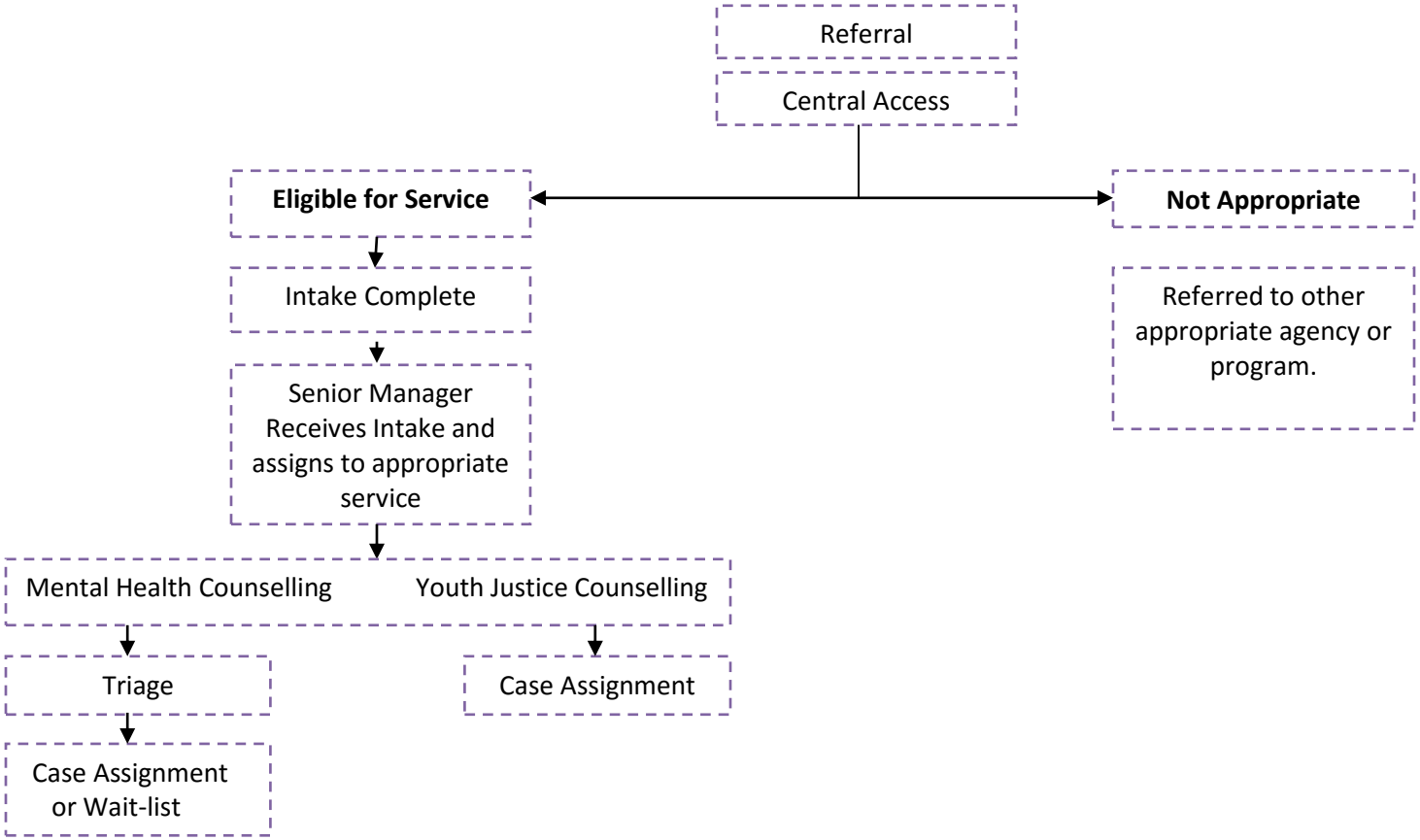
Intake Process for Adult Protective Services Worker Program

All referrals to the APSW Program are initiated through an application process with the D.S.O

FIREFLY

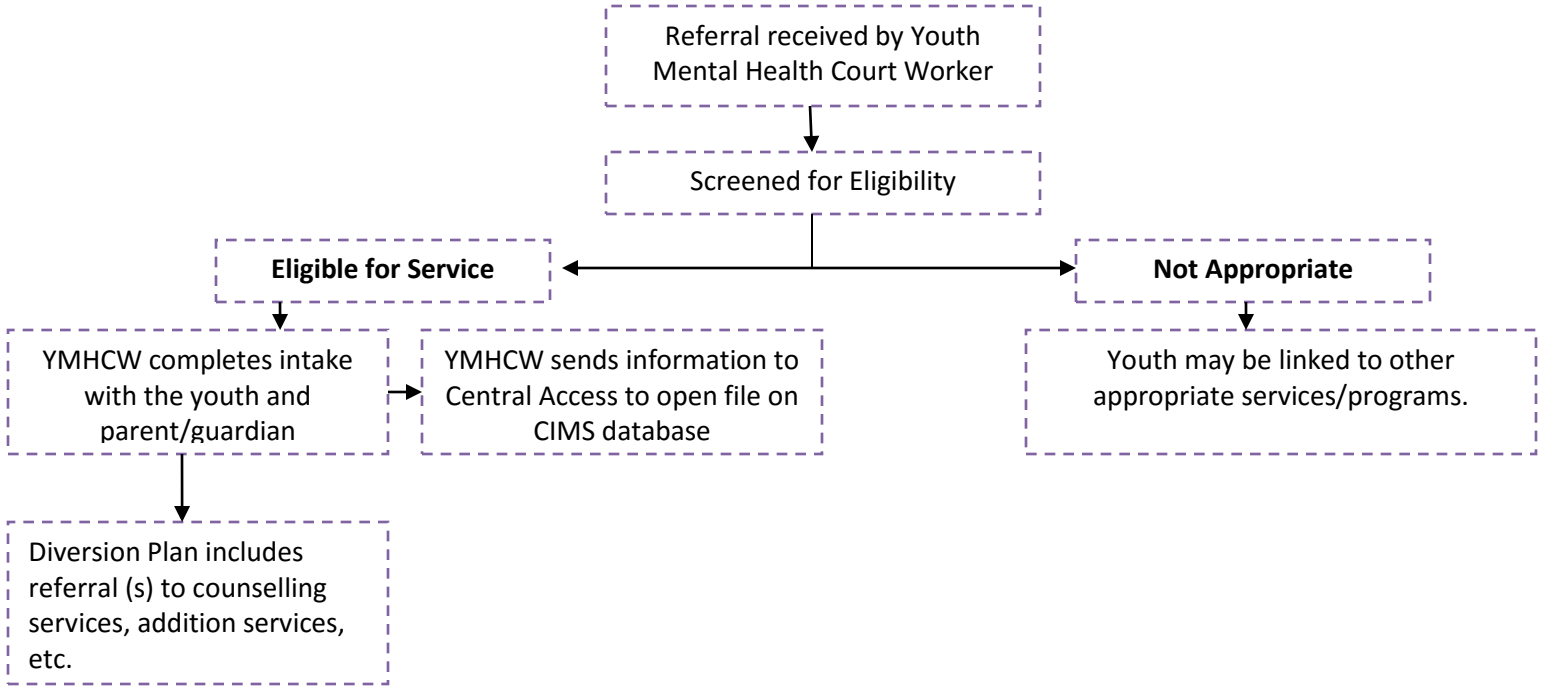
FIREFLY

Intake Process for Children's Mental Health and Youth Justice Counselling Program

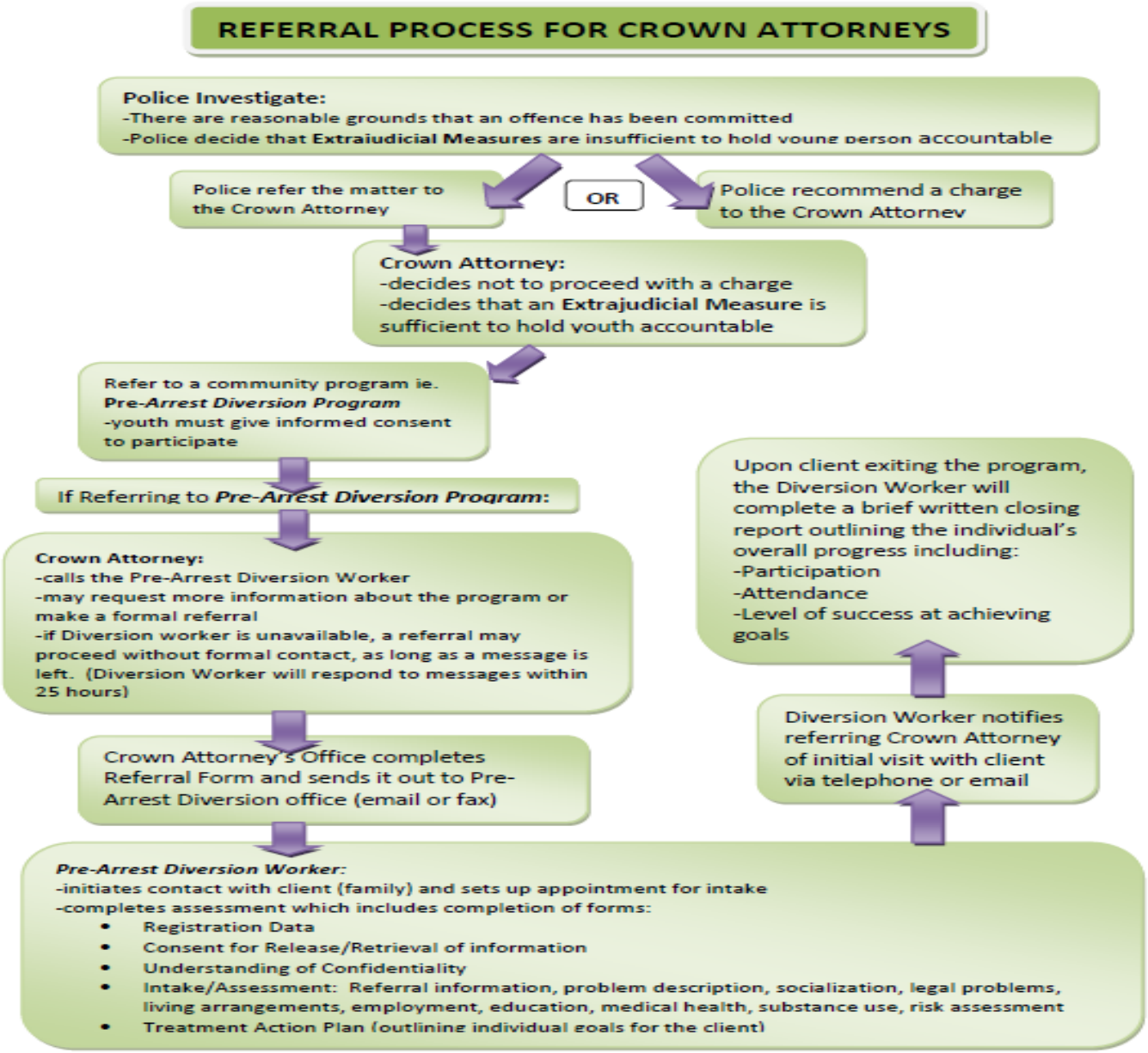


FIREFLY

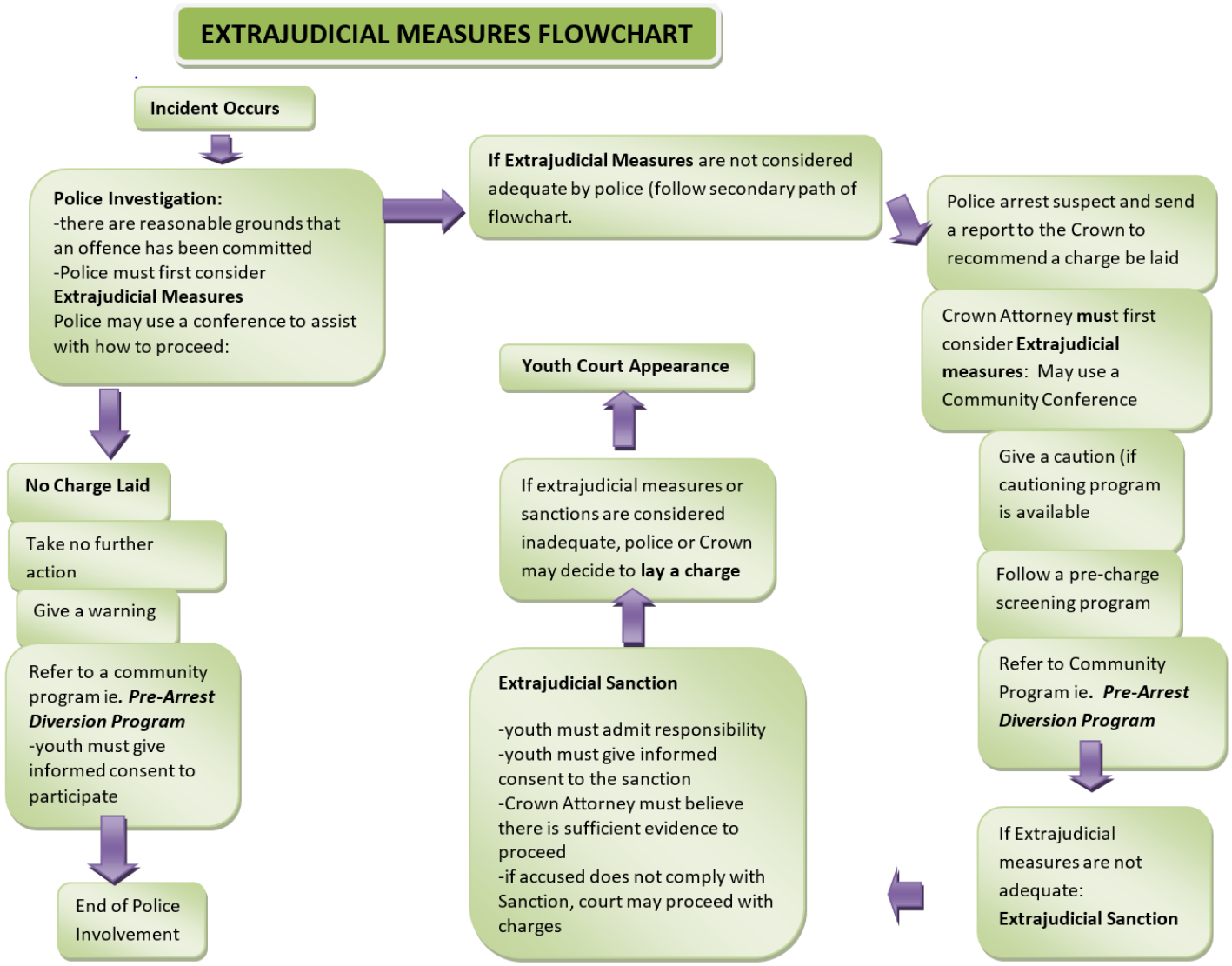
Intake Process for Youth Mental Health Court Worker Program



Kenora Chiefs Advisory: Flowchart 1:



Kenora Chiefs Advisory: Flowchart 2



APPLICATION FOR SERVICE FLOW PATH

Intake & Waitlist

Role of Intake Coordinator

The Intake Coordinator (IC) is the first point of contact for any individual accessing services through BISNO. All Applications for Service must be vetted through the IC. Any and all inquiries regarding the application process must be forwarded to the IC for follow up and response.

All applicants must complete the Application for Service form (AFS) prior to being considered for or accepted into any of BISNO's services. Incomplete applications will be returned to the applicant or referring agent. Please note we require that the AFS be signed by the applicant or the Substitute Decision Maker. It is helpful when specific rehabilitation goals and needs are identified on the form. Whenever possible, provide relevant collateral information or at minimum, details as to where this information may be obtained. Once an AFS is received, the IC completes an initial screening and gathers relevant, required collateral information.

ADMISSIONS COMMITTEE

The IC presents a profile of the applicant to BISNO's Admissions Committee, which includes external community service providers. This committee meets the first Friday of every month. The Admissions Committee then reviews the application and provides recommendations regarding approval for service.

DECLINED FOR SERVICE

An applicant may be declined for services, should the individual not meet eligibility criteria. The Chair of the Admissions Committee (the CEO) will notify applicants of this decision and provide details regarding BISNO's appeal process.

APPROVED FOR SERVICE

The Chair of the Admissions Committee (the CEO) will notify applicants of this decision. The individual is then placed on our waitlist until services can be initiated. The IC remains the central point of access for any/all updates, follow up inquiries and/or changes in application status.

COMMUNITY REHABILITATION & OUTREACH SERVICES

This team offers titrated support and case management services to facilitate an individual's optimum level of functioning for full participation in meaningful life roles.

Programs & Services

- Community Services
- District Services
- Homelessness Initiative Project, Phase II (HIP II)
- Healthy Life Styles Group (HLSG)
- Individual & Family Counselling
- BRAINWISE

TRANSITIONAL LEARNING CENTRE (TLC)

The TLC is a 9-bed assisted living site located in Thunder Bay, offering 24-hour support.

ANDRAS COURT

This team offers a wide range of services to individuals in their home environment and/or their community, and at BISNO's location in R.K Andras Court, which is a 15-bed assisted living site located in Thunder Bay, offering 24-hour support.

MCKELLAR PLACE

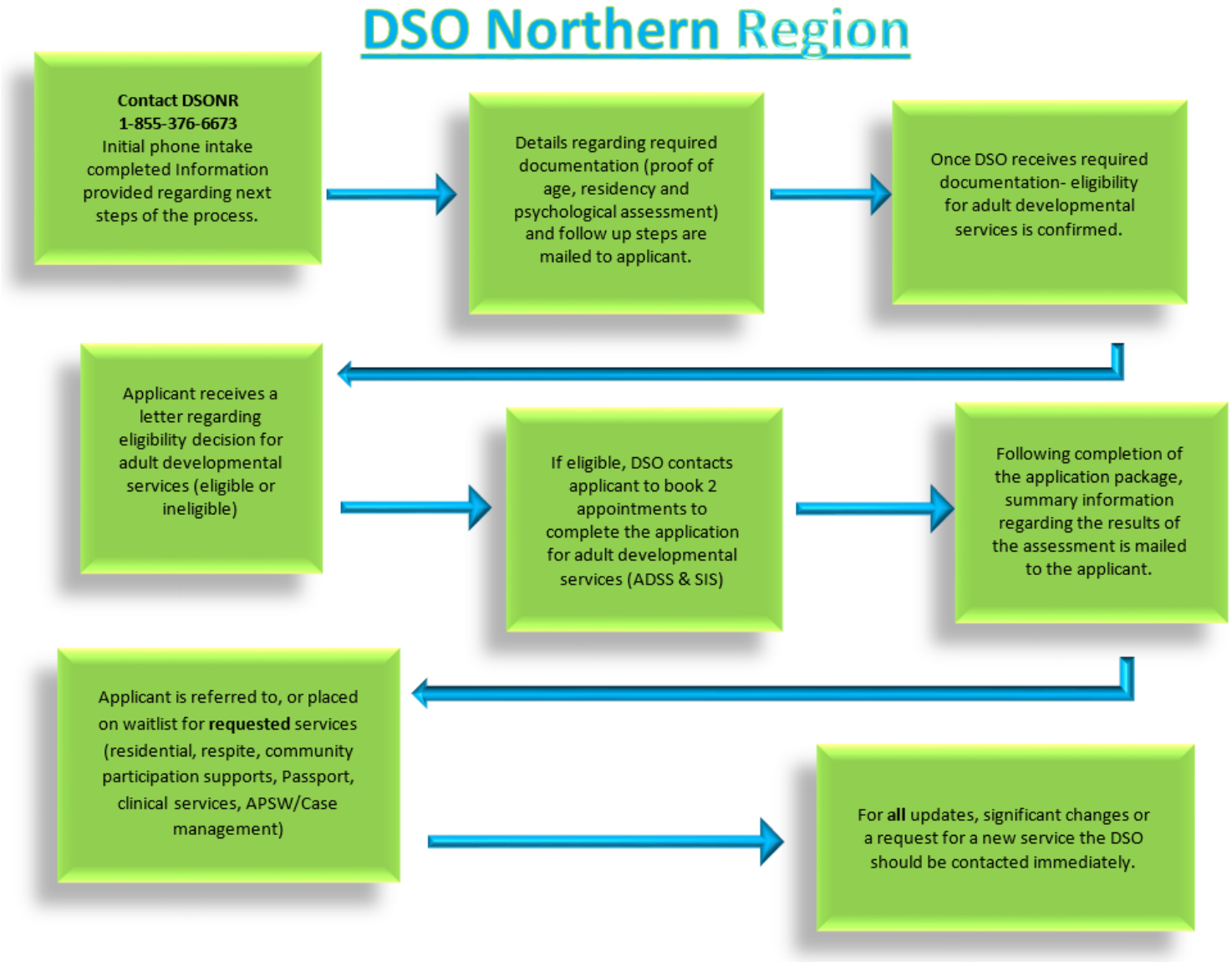
McKellar Place is a 6-bed assisted living site located in Thunder Bay, offering 24-hour support.

TIME FRAME	PHASE	SERVICES & DOCUMENTATION
1 Week	**Initial Contact and Screening**	• The Application for Service (AFS) package is sent within 7 days of a request being received by the Intake Coordinator (IC) or designate. • Should the IC be unavailable to respond to a request, the Chief Executive Officer (CEO) or designate will follow up. • Initial screening for eligibility criteria (in accordance with *Admissions Criteria* and *Waitlist Management* guidelines).

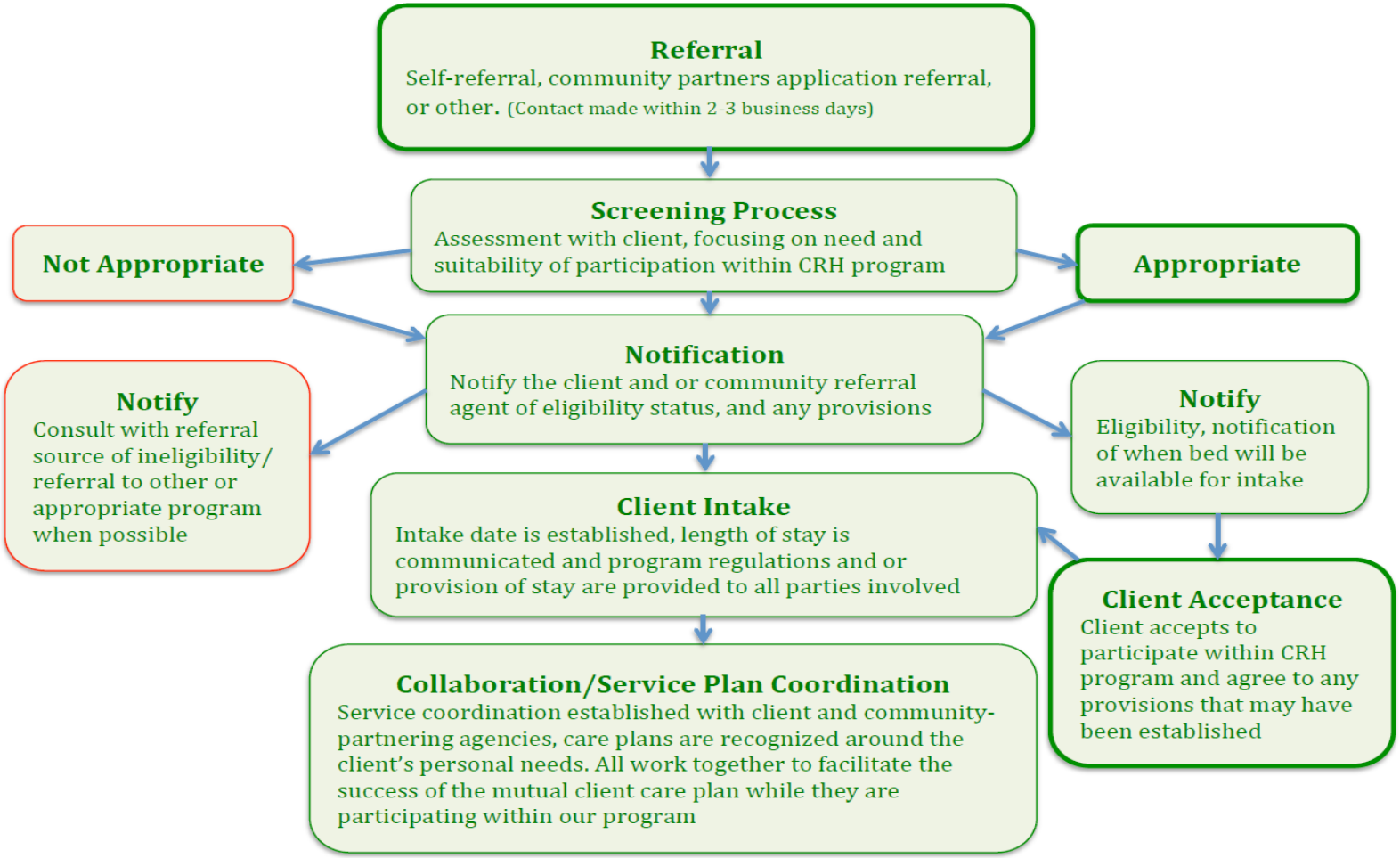
1 – 4 weeks	**Intake Meeting & Presentation to Intake Clinical Committee and Admissions**	• The IC or designate will schedule a meeting with the individual and/or referral source.
		• The IC or designate will complete the Application for Service (AFS) with the individual, if required.
		• ***Specific to Physicians***: A one-page referral form may be completed. Once received, the IC will arrange to complete the full AFS, including relevant consents (i.e. requesting collateral from Physician and related health service providers).
		• When an AFS is completed by an individual and/or referral source, a meeting will be scheduled to review the request and discuss services.
		• The IC will present the AFS at monthly Admissions meeting, including:
		  ○ recommendations for approval and/or collaboration
		  ○ on-hold status, if applicable
		  ○ questions for the Admissions Committee
		• If it is recommended the AFS be declined, an ad hoc intake clinical will be arranged for further discussion and to reach a consensus prior to Admissions.
		• Following approval at Admissions, the Chair signs a letter to the individual identifying their status (declined, approved or on hold).
		• The IC will provide ongoing relevant updates re: waitlist and identifying community partners.

1 – 4 months	**Program Readiness**	• When required, resources for neuropsychological assessments can be provided with the approval of the admissions committee. Additional resource information may be provided to support the referral process for NW- CCAC, HaGi, St. Joseph's Care Group, mental health services, etc.
Variable	**Waitlist & Monitoring**	• The IC or designate will provide an annual letter re: waitlist status and to follow up regarding the applicant's continued desire to access service. • The IC will provide limited case coordination support while an individual is on the waitlist, specific to program readiness.
Variable	**Transfer to Service**	• Discuss waitlist movement/updates at monthly Community Rehabilitation and Outreach Services leadership meetings. • Update at next Admissions that the file has been transferred. • Attend the next program clinical meeting following transfer of file to provide relevant updates (when required).
District AFS		• District AFS will be completed in collaboration with the Rehabilitation Facilitator in the District (phone, email, mail, teleconference, videoconferencing).

DEVELOPMENTAL SERVICES ONTARIO NORTHERN REGION



Intake Process for Changes Recovery Homes



Accountability Relationship

1. Managers and staff of programs that are party to this agreement will meet **twice annually** and / or as required or as called upon by the responsible personnel in the agreement to assess services, facilitate changes or augmentation to services, with the goals of
    a. enhancing the partnership
    b. identifying gaps in service
    c. review client satisfaction (each partner will utilize their respective client perception of care tool)
    d. develop strategies to address gaps in service and address client concerns
    e. address respective organizational (program) concerns and outstanding issues
    f. formulate an annual report to the Kenora District Human Services and Justice Coordinating Committee
    g. develop tracking process and outcome measures annually

Appendix A:

Canadian Mental Health Association
Kenora
Mental health for all

TERMS OF REFERENCE
KENORA RAINY RIVER DISTRICT HUMAN SERVICE & JUSTICE COORDINATING COMMITTEE

BACKGROUND

The Ministries of Health and Long Term Care, Community Safety and Correctional Services, Community and Social Services, Attorney General, Children and Youth Services, Housing, among others have initiated a Provincial Strategy to Coordinate Human Services and Criminal Justice Systems in Ontario that was approved in June of 1997. The Strategy was established in response to recognize the pressures that have been escalating in sectors such as the police, courts, corrections, and hospital emergency rooms due to a lack of access to community base mental health services and other community social services. The expected outcomes of the Strategy was to included enhanced public safety, improved resource utilization and greater access to quality services for people

PURPOSE

- To identity both service and service coordination gaps at the local level;
- To establish a delivery model of care through ongoing partnership agreements and protocols;
- To coordinate resources and services and plan more effectively for people who are in conflict with the law
- To provide a planning table to bring together service providers to find solutions to the problem of the criminalization of people with serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, fetal alcohol spectrum disorder and/or dual diagnosis
- To develop a model of shared responsibility and accountability in dealing with individuals with serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, fetal alcohol spectrum disorder

and/or dual diagnosis at points of intersection with the justice system

- To develop creative local solutions to problems or issues through more effective service coordination
- Share best practices
- Provide informed input and advice to relevant bodies concerning research, system design, planning, program implementation, and resource allocation

OBJECTIVES

- To review existing protocols with HSJCC member agencies and establish new protocols where identified
- To identify and advocate for changes to improve the experience of individuals who come into contact with the criminal justice system
- To identify systemic problems and submit to the Regional Committee
- To promote education and training for committee members and community partners
- To monitor progress and promote opportunities for collaboration within the Mental Health Court & Drug Court
- To share information from the provincial and regional committees to local committee members and community partners
- To promote collaboration between the police and mental health and human resources
- To identify challenges within areas of serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, fetal alcohol spectrum disorder dual diagnosis, locally and within the District

REPORTING RELATIONSHIP

- Committee members report to the organizations they represent and are accountable to their existing funders
- Committee members bring relevant information regarding their organizations to the committee
- District HSJCC reports to the Northwest Regional HSJCC which in turn provides regional updates to the Provincial Committee
- Where required, sub-committees or working groups will be formed to achieve objectives. These subcommittees or working groups will be giving specific mandates and will be expected to make recommendations to the District HSJCC

OPERATING PROCEDURES

1. **Chairperson**
   The committee will elect a Chair person on a bi-annual basis with possibility of renewal. The Chair or delegate will represent the local committee on the Northwest Regional HSJCC

2. **Co-Chair**
   The Co-Chair will be a representative to the Canadian Mental Health Association, Kenora Branch as they sponsor the District HSJCC and will represent the local committee on the Northwest Regional HSJCC

3. **Meetings**
   Meetings will be held on a quarterly basis, or at the call of the Chair. Decisions of the Committee will be made by consensus or the majority vote

   Funding received to the local committee, through the LHIN to CMHA Kenora Branch will support the work of the committee including minute taking, email notifications, and travel for out of town committee members, other meeting costs, resources and training.

ACCOUNTABILITY & RESPONSIBILITY

Each participating member is responsible for:

- Regular and active participation at meetings, and identifying designated alternates when unable to attend
- Communicating issues affecting the other stakeholders in a timely & proactive manner
- Working collaboratively towards common goals
- Sharing relevant information/policies/resources where able
- Assigning staff or resources to HSJCC activities as required

Each participating member is also accountable for bringing information back to their respective

Ministries/Organizations/ planning groups for information, and further input or consultation.

The Committee will develop a bi-annual work plan to identify solutions and opportunities to local and district issues involving criminalization of people with serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, and/or fetal alcohol spectrum disorder

MEMBERSHIP

1. **District HSJCC**

- The Committee may include individuals representing the judiciary, legal system, police, corrections, community mental health organizations, community social service agencies, community developmental services, consumers and families
- The Committee will ensure that all District Communities are represented (Red Lake, Dryden, Sioux Lookout, Kenora & Fort Frances)

2. **Sub-Committees**

- Sub-committees will be established as required

CONFLICT OF INTEREST & RESOLUTION

- Members will be asked to identify themselves as being in a conflict of interest on any relevant topic, either actual or perceived, and will absent themselves from the decision-making on that topic.
- It is expected that members will ensure that when conflicts arise that this will not impede the work of the committee. Members will be respectful and open regarding any disagreement on issues relating to the committee's purpose or process, and will follow through on mutually agreed outcomes. It is expected that inter-personal conflict will be resolved quickly and positively through a brief, conversational interchange outside of the committee

APPROVAL: Terms are to be reviewed and re-approved annually.

Approval: January 29th, 2015	Revisions/Re-Approval

Appendix B:

TERMS OF REFERENCE
NORTH WEST REGIONAL HUMAN SERVICE JUSTICE COORDINATING COMMITTEE

PURPOSE

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.

Regional 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 with human service needs 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 spectrum disorder (FASD). The committees are a cooperative effort of the Ministries of the Attorney General, Community and Social Services, Children and Youth Services, Health and Long-term Care, and Community Safety and Correctional Services.

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 offenders at points of intersection with the justice system.

Regional committees are established to coordinate communication and service integration planning between health, criminal justice and developmental service organizations within specific regions.

It is understood that the Terms of Reference will apply primarily to Regional Human Services and Justice Coordinating Committees.

The Regional Human Services and Justice Coordinating Committee will address regional service and policy issues, identify solutions to systemic problems and make recommendations to appropriate Ministries.

OBJECTIVES

- Assist in supporting an integrated, coordinated and seamless service delivery system that meets the needs of this client population and supports community safety.
- Facilitate communication through effective linkages among Ministries of Health and Long Term Care, Criminal Justice,

Adult/Youth mental health services and Social Service Sectors, and between the district committees.

- Identify issues with respect to service delivery and capacity.
- Identify issues such as access to and duplication of services.
- Support and consult with district committees to determine challenges and local issues.
- Coordinate regional training opportunities for all sectors involved in serving the target population.
- Share promising best/emerging practices
- Provide informed input and advice to relevant bodies concerning research, system design, planning, program implementation, and resource allocation

DECISION MAKING PROCESS AND AUTHORITY

Each participating member has accountabilities to their existing funders as well as to the HSJCC that is responsible for decision-making with respect to the planning, development and coordination of the human services in the Region. Therefore, each member will need to discern for themselves whether recommendations

made by the HSJCC need to be reviewed and endorsed by their district HSJCC or whether there is sufficient authority to proceed with recommendations regarding system planning and collaboration efforts. It is expected that agency/ministries appoint representatives with sufficient authority to move issues forward without undue delay.

Every effort will be made to achieve consensus on issues requiring a decision. In the event that consensus cannot be reached, the members may resort to a vote. No decisions will be executed unless there is quorum present (simple majority of 50% +1) and of quorum present 66% or 2/3 are in favour of the decision.

Where required, sub-committees or working groups will be formed to achieve objectives. These subcommittees or working groups will be given specific mandates and will be expected to make recommendations to the HSJCC.

ACCOUNTABILITY AND RESPONSIBILITY

Each participating member is responsible for:

- Regular and active participation at meetings, and identifying designated alternates when unable to attend.
- Communicating issues affecting the other stakeholders in a timely & proactive manner
- Working collaboratively towards common goals

- Sharing relevant information/policies/resources where able
- Protecting information that is shared in confidence
- Assigning staff or resources to HSJCC activities as required

Each participating member is also accountable for bringing information back to their respective Ministries/Organizations/ planning groups for information, and further input or consultation.

The Committee will develop a bi-annual work plan, and review those of the district committees to identify opportunities for sharing of best practices and innovative service solutions. Work plans will be reviewed biannually to identify outcomes, work that has been completed, and projects that will be continued in the next plan. The work plans is a living document that informs the work of the committee.

The Regional Committees will review the committee structure for that region and will determine the need for additional local committees.

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.

REPORTING RELATIONSHIP

The Regional Committee will develop a work plan and budget for the region. The work plan will take into consideration needs identified by the two district committees. The committee sets and monitors the budget. The flow through agency (CMHA) submits financial reports to the LHIN on behalf of the committee. The Local Committees will develop work plans and budgets and will keep the Regional Committee informed.

CONFLICT OF INTEREST

Members will be asked to identify themselves as being in a conflict of interest on any relevant topic, either actual or perceived, and will absent themselves from the decision-making on that topic.

CONFLICT RESOLUTION

Disagreement is unavoidable in groups and group process. It is expected that members will ensure that disagreements, and conflicts if they arise, will not impede the work of the Group. Members will be respectfully open regarding any disagreement on issues relating to the Group's purpose or process, and will follow through on mutually agreed outcomes. It is expected that inter-personal conflict will be resolved quickly and positively through a brief, conversational interchange outside of the Group.

MEMBERSHIP

The Regional Human Service Justice Coordination Committee will be comprised of representatives from each of the local district committees, Ministries and interest groups or an alternate:
Members represent their sector and geographical area
Chief Executive Officer, CMHA Thunder Bay as the flow through agency
Chair, Thunder Bay District
Chair. Kenora Rainy River District
Service Providers with Regional Interest:
Ministry of Community Safety and Correctional Services/Adult Community Services/Adult Institutional Services
Ministry of Community and Social Services
Ministry of Children and Youth Services/Youth Justice Services
North West Local Health Integration Network (NWLHIN)
Thunder Bay Regional Health Sciences Centre – Forensic Program
Northern Network Specialized Care
The St. Joseph's Care Group
Centre for Addiction and Mental Health
Ministry of Attorney General – Regional Representative
North Network of Specialized Care
Consumer/Survivors or people with lived experience
Family Member Representation
Corrections Services Canada
Thunder Bay Police, NAPS
Ontario Provincial Police
Francophone Representation
Aboriginal Representation
Judicial Representation
Psychiatric Patient Advocate Office
People Advocating for Change through Empowerment (PACE)
Representative from Legal Aid Ontario

LEADERSHIP

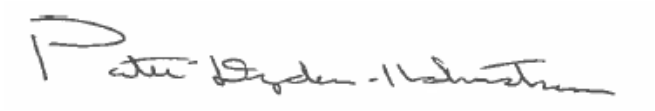
The Human Service Justice Coordination Committee will elect the Chair, who will serve a 2 yr. term with possibility of renewal. For continuity purposes the terms of the Chair should where possible, be staggered. The Chair is the official spokesperson & signing authority for the Committee. The Chair is responsible for developing the agenda and circulating minutes. The recording secretary function will be provided by CMHA – Thunder Bay. Draft minutes are forwarded by the recording secretary to the Co-Chairs for review and circulation.

FREQUENCY OF MEETINGS

Meetings will be held five (5) times a year and are usually held in Thunder Bay at noon (12 p.m.)

APPROVAL: Terms are to be reviewed and re-approved bi-annually, commencing in January 2013.

Approval	Revisions/Re-Approval
Approved January 21, 2015	



Lake of the Woods District Hospital

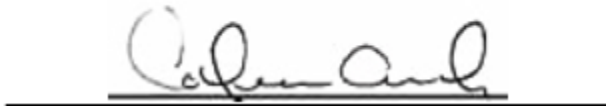
April 1, 2016
Date

Canadian Mental Health Association, Kenora Branch

April 1, 2016
Date

Kenora Association for Community Living

April 1, 2016
Date



Kenora Chiefs Advisory

April 15, 2016
Date

Brain Injury Services of Northern Ontario

April 12, 2016
Date

Developmental Services Ontario

April 1, 2016
Date

FIREFLY

April 4, 2016
Date

Changes Recovery Homes

May 9th, 2016