



HSJCC Meeting Minutes: May 10th, 2016

Present:

Will Scutt, Chair, Kenora Crown's Office
Bob Bernie, Community Mobilization Officer, OPP
Carol Peterson, Nurse Manager, Kenora District Jail
Brenda Robertson, Mental Health Nurse, Kenora District Jail
Sara Dias, Executive Director, CMHA Kenora Branch
Nan Normand, Northwest Legal Clinic
Nancy Hendrickson, Ontario Review Board Transitional Case Manager, Thunder Bay Regional Health Sciences Center
Derek Laffin, Forensic Case Manager, CMHA Kenora Branch
Tina Copenace, Manager Community Support Team, WW Creighton Centre
Sheri Norlen, Manager, William Creighton
Sharon Scharfe, Lawyer, Legal Aid Ontario
Michelle Queen, Executive Director, Changes Recovery Homes
Patti Dryden-Holmstrom, Mental Health & Addictions Programs Manager, LWDH
Max Libman, Legal Aid Summer Student
Kim Humphrey, Supervisor, Firefly
Eagle White, Student, Grand Council Treaty #3
Robert Nelson, Grand Council Treaty #3
Beverly Williamson, Grand Council Treaty #3
Alastair Greig, Mental Health Diversion Worker, CMHA Kenora Branch
Guest: Rory Bellin, John Howard Society, Bail Verification 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
Marcel Penner, Director, Crisis Response 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
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
 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
 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 Mclash, Constable with Treaty Three Police Service
 Deborah Hatfield, Rehabilitation Facilitator, BISNO
 Michelle Ott, Youth Diversion Worker, Firefly
 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

Introductions	<p>The following guest was introduced:</p> <p>Rory Bellin: John Howard Society: Bail Program</p> <p>New Committee Members were introduced:</p> <p>Ginette Achneepineskum – Treaty 3 Police Derek Mclean – OPP Fort Frances Dave Poulin – Nodin Counselling Marcel Penner – Kenora Rainy River Crisis Response Services</p> <p>Removal Committee Members:</p> <p>Karen Lewis – Legal Aid Ontario Jennifer Marquis – Kenora District Jail Mike Goold – Kenora District Jail</p>	<p>SARA: Will update HSJCC Distribution List and website to include new members</p> <p>SARA: Will update HSJCC Distribution List and website</p>
Approval of agenda	Agenda was approved with the following added item;	

	I. Justice & Housing Community of Interest	
Mental Health Leads	<p>The committee indicated that the new positions of Mental Health Leads should be sent an invitation to sit on the committee as it would be beneficial to the work of the committee.</p> <p>The committee also indicated that representation from Anishinabee Abinojii Family Services and the Kenora Rainy River Child & Family Services would be beneficial to the work of the committee.</p>	<p>SARA: will send out invitation letters</p> <p>SARA: will send out invitation letters.</p>
Review of current membership list	The committee has indicated that they would like to know which members on the distribution list are still interested in sitting on the committee as there are many members who have not shown up for some time.	SARA: will send out an email requesting to know who would like to continue to sit on the committee.
Presentation: <i>John Howard Society: Bail Verification Program</i>	<p>Presentation: <i>John Howard Society: Bail Verification Program – Rory Bellin</i></p> <p>Highlights from the presentation were as follows:</p> <ul style="list-style-type: none"> • The program has demonstrated to be more cost effective to the system versus incarceration. • The program is about compliance. • Referral process is through legal counsel. • The Crown will screen the file to determine if they will be appropriate for the program. • The John Howard will inform the Crown's Office on what conditions would be adequate for supervision. • The John Howard Society in Thunder Bay currently has a residence attached to their organization. They have 47 rooms and they are the only John Howard Society in Ontario that has this. • It has been identified that mental health issues are a significant factor for individuals participating within the program. • There is a currently waitlist for the residence in Thunder Bay. They are attempting to advocate for a transitional housing component in Thunder Bay however rent is very expensive and individuals cannot afford what the rent costs are currently. • The program has very strict reporting structures. 	SARA: will send out presentation once received.

	<ul style="list-style-type: none"> • There is significant conversation on if abstain conditions are added to individuals release conditions and this needs to be looked at when developing a program within Kenora as there are individuals that this condition would set them up for failure. • The John Howard Society in Thunder Bay also has 8 beds that are mandated for federal inmates. • Individuals can normally obtain access to a bed within a week. • They normally have 55 clients at a time and close files within a month 	
Approval of minutes of January 12th, 2016	The minutes were adopted by consensus.	
Business arising out of the minutes	<p>Constable Bob Bernie & Constable Nicholas Rhone to follow-up on the information below:</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.</p> <p>In 2014 the Kenora Rainy River District Crisis Response Services received 559 referrals from the hospitals in the Kenora Rainy River District.</p> <p>The police, hospitals and the crisis program collaborated on at least 300 of those calls</p> <p>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.</p> <p>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.</p> <p>Constable Rhone indicated that there is way to run reports related to mental health calls that are district wide.</p>	<p>BOB & NICHOLAS to provide the committee with data from the OPP for the next meeting</p>

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 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**

Sara received this information from the Dryden Crisis Response Services, Marcel Penner which indicated the following:

- **Fort Frances Admission: 7 with 23 days of use**
- **Kenora Admission: 8 with 24 days of use**

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?

It does not. We have had clients here with FASD and continue to admit.

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

This would be regarding an individual that would require hospitalization for stabilization. Perhaps they have acute wound care needs that cannot be adequately managed by our staff. Our staff do not have medical training there are no doctors or nurses on site.

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?

PATTI: will be following-up with Marcel on the responses provided on the questions listed.

If a person has had a history of assault recorded as a conviction within the past 10 years and were not intoxicated at the time of the assault. Exceptions are made based on the situation and this will be left up to the process of assessment at the time of consideration of admission.

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?

Yes a 72 hour detox may address this criteria however as crisis is self-determined and time limited we are speaking here about the immediate time of intervention. If they want to attend to the unit for crisis stabilization they must be sober at that time. Perhaps there may be circumstances where we could admit them into our own detox program if substances are on board and then transfer them to the crisis bed, of course after medical clearance.

Does the exclusionary criteria apply to all individuals or is this criteria flexible and examined for each case.

As mentioned previously there is always room for discretion and addressing client's needs on a case-by-case basis.

The committee has also requested to know number of individuals that have been accepted since April 1st, 2015 for both the Kenora & 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.

I cannot tell you how many people have not been admitted due to exclusionary criteria, though that is a very interesting question. Perhaps there is a way I can figure this out with the data base but I will need a bit more time to learn how.

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

MARCEL: to report on this item once this is figured out within the database.

SARA & SHARON: Sara has provided the

	<p>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 & the Treaty 3 Police are following the Guidelines.</p> <p>Chantel has provided a response indicating that the Dryden Police Service does follow the Guidelines.</p> <p>Estelle Cains from Developmental Services Ontario indicated the following:</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.</p> <p>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>Estelle has a checklist from Developmental Services Ontario that outlines the criteria that the DSO is required to follow.</p> <p>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>information to Uppala and will follow-up to see if there has been any updates.</p> <p>SARA: to follow-up with Uppala around this inquiry to see if there are any updates.</p> <p>ESTELLE: will provide a brief presentation around the checklist for the next meeting.</p> <p>SARA: will contact the Patient Advocate Office to request a presentation for the next meeting</p>
Presentation: Urgent Response Complex Case	This was tabled as Diane Pelletier and Debbie Everley were not present today.	SARA: to place on the next agenda

Management Role		
<p>Review of Work Plan for 2016-2017</p>	<p>Developmental Services Ontario:</p> <p>The following are the number of individuals involved within the Court Diversion/Court Support Program who have a cognitive disability:</p> <p><u>In 2015:</u></p> <p><u>In Quarter 1:</u></p> <p>10 individuals waiting for Diagnosis 8 individuals who have the assessor report complete and waiting services 11 individuals were receiving services</p> <p><u>In Quarter 2:</u></p> <p>9 individuals waiting for Diagnosis 1 individual on the Developmental Services Ontario waitlist 9 individuals who have the assessor report complete and waiting services 18 were receiving services</p> <p><u>In Quarter 3:</u></p> <p>12 individuals waiting for Diagnosis 2 individual on the Developmental Services Ontario waitlist 9 individuals who have the assessor report complete and waiting services 18 were receiving services</p> <p><u>In Quarter 4:</u></p> <p>9 individuals waiting for Diagnosis 3 individual on the Developmental Services Ontario waitlist 4 individuals who have the assessor report complete and waiting services 21 were receiving services 7 were identified as Urgent Response</p> <p>Sara will request the same information from CMHA Fort Frances, Court Diversion/Court Support Program.</p>	<p>CHARLENE: to provide numbers for CMHA Fort Frances</p>

	<p>The Collaboration Agreement is currently being negotiated and will be presented to the committee once signed by both the Kenora Association for Community Living & the Canadian Mental Health Association, Kenora Branch.</p> <p>Information Sharing Network Development:</p> <p>The agreement has been finalized and the navigation maps for the agreement are finalized. Once all signatures are received the agreement will be presented to the HSJCC committee and tracking tool will be implemented by the service providers to provide an update to the HSJCC committee.</p> <p>Mobile Crisis Model Reviews:</p> <p>Presentations will be coordinated around different models within Northwestern Ontario that are being developed to support mobile police crisis services. The models to review are the following:</p> <ul style="list-style-type: none"> • Sioux Lookout OPP • Thunder Bay Police Service with CMHA Thunder Bay <p>.</p> <p>Forensic Training:</p> <p>The sub-committee will be meeting to discuss the topics, and presenters within the next month. This committee will provide an update for the next HSJCC meeting.</p> <p>Inventory of mental health & addiction resources available within First Nation Communities within the NorthWest LHIN:</p> <p>Sara has approached CMHA Thunder Bay to request their current inventory that they have created for the First Place Clinic for resources. Once this is received further follow-up on this item will be discussed with the sub-committee.</p> <p>Review of bail programs within the NorthWest LHIN:</p> <p>The sub-committee will meet to gather the data to support the development of a bail program within Kenora to send to the John Howard Society to assist with their application.</p>	<p>SARA & DIANE: to provide an update for the next meeting.</p> <p>SARA: will send out agreement and all navigation maps to the committee once agreement has been signed by all parties.</p> <p>SARA: will follow-up with CMHA Thunder Bay to request a presentation on the current development of their model with the Thunder Bay Police Service for the next HSJCC meeting.</p> <p>SUB-COMMITTEE: to provide an update for the next meeting.</p> <p>SARA: to follow-up with CMHA Thunder Bay in regards to their inventory list.</p> <p>SUB-COMMITTEE: will follow-up with data tracking tool to send to the John Howard Society.</p>
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	<p>Form 2 Protocol:</p> <p>Sara is currently waiting on Form 2 navigation map and resource sheet from the printer to review with the Mental Health Court Stakeholders Group and the Lake of the Woods District Hospital. Once received the information will be discussed again with the Lake of the Woods District Hospital to discuss the development of a Protocol within our area.</p> <p>Form 1 Agreement Development:</p> <p>Currently the sub-committee has not met as not all parties have been available an on holidays. The sub-committee will look at meeting prior to the next HSJCC committee meeting to provide an update.</p> <p>ALL IDENTIFIED COMMITTEES WTIHIN THE WORKPLAN WILL REVIEW ALL FINAL DOCUMENTS FOR APPROVAL TO SEND TO THE DISTRICT HSJCC COMMITTEE FOR DISSEMINATION.</p>	<p>SARA: to follow-up with the printer on this and provide an update to the committee.</p> <p>SUB-COMMITTEE: will meet prior to the next meeting to provide an update.</p>
District Items of Discussion	<p>a. Treaty 3 Police: Crisis Services – Kris Miclash</p> <p>This was tabled as Constable Miclash 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>This was tabled for further discussion as Constable Rhone was not present at the meeting.</p>	<p>SARA: to place under District Items for Discussion for the next meeting</p> <p>NICHOLAS: 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>SARA: to place under the District items for an update for the next meeting.</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 Thunder Bay.</p> <p>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.</p> <p>The hope is then to create a Thunder Bay Model that they will pilot for one year.</p> <p>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. 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>Sara has received an update from the Psychiatric Patient Advocate Office in Thunder Bay around the above and it has been clarified that rights advise services are only to inpatient mental health Schedule 1 hospitals and to clients on Community Treatment Orders in hospital or community. There are no other rights advice services. There is a responsibility for a health practitioner to provide “rights information” if declaring a person incapable for treatment, admission long-term care etc. as to their college directive.</p> <p>The committee would like clarification on if rights advice is offered to individuals who are to be admitted to a long-term care facility.</p>	<p>SARA: will coordinate a presentation with CMHA Thunder Bay not for the next meeting but the meeting in the fall as the pilot is just starting.</p> <p>SARA: will contact the Patient Advocate Office to request a presentation for the next meeting</p> <p>SARA: will request clarification on this area</p>
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	<p>The committee would also like to have a presentation and dialogue around this for an upcoming meeting.</p> <p>CMHA Kenora Branch as coordinated a session with a Dr. Buckingham at the Lake of the Woods District Hospital Ground Rounds to review the Substitute Decisions Act and how this is applied on an outpatient basis.</p> <p>e. 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 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 & Steve Walker to look into a protocol from the Kenora District Jail to the Lake of the Woods District Hospital.</p> <p>The committee has not met to date as parties identified above were on holidays. The committee will look at meeting prior to the next meeting.</p>	<p>and report to the committee.</p> <p>SARA: will send out the invitation to the committee for those who are interested in attending.</p> <p>SUB-COMMITTEE: will coordinate a meeting prior to the next meeting.</p>
<p>Standing Program & Committee updates</p>	<p>a. <u>Youth Mental Health Court Worker</u></p> <p>No updates as Michelle was not present at the meeting.</p> <p>b. <u>Mental Health Court Diversion/Support Workers</u></p> <p>CMHA Kenora Branch provided the following update:</p> <p>115 individuals are involved within the Mental Health Court in Kenora 18 individuals indicated they did not want to participate in the Mental Health Court and are still being supported by the Court Diversion/Court Support Program 17 individuals are on a Mental Health Diversion 3 individuals have been approved for Mental Health Diversion and a plan is</p>	

currently being developed
8 individuals are awaiting a mental health diversion assessment to determine eligibility through the Forensic Psychiatry Program
10 individuals have successfully completed their Mental Health Diversion Plan

CMHA Fort Frances did not provide an update as they were not present at the meeting today.

c. Mental Health Court

Communication Protocol has been developed between the Forensic Psychiatry Program at CMHA Kenora Branch and the Thunder Bay Regional Health Sciences Center.

The Mental Health Court Stakeholders Group will be working on a Form 2 Protocol with the Lake of the Woods District Hospital.

d. Drug Court

Complexity of cases being seen within the court is increasing and development of comprehensive plans are underway.

The committee that oversees the court has incorporated having clients speak to the committee to discuss the positive changes that they have made with the intervention of the court and the resources available to them.

There is a peer support group that has been developed for this population.

e. Youth Service Collaborative

Policy framework training will be occurring in June of 2016 in Kenora.

Some committee members will be attending the Implementation Science training that is occurring in June 2016.

Youth Criminal Justice System Navigation Map is currently being finalized.

Trauma Informed Protocol is being reviewed and signed by agencies interested in participating.

f. FASD NW Ontario Regional Network Update

Tabled as Sherry was not at the meeting today.

g. Substance Abuse & Mental Health Task Force

The city of Kenora has endorsed the Community Safety Plan.

h. Healthy Community Task Force

This was tabled as Constable Rhone was not present at the meeting today.

i. Risk Table

The table is up and running and meets twice a month.

Referrals are to be sent to Constable Bob Bernie.

Steering Committee will be meeting to discuss any logistical issues that the committee brings forward.

Presentations are occurring with agencies and individuals interested in learning more about the table.

Co-Chairs for the Steering Committee are Constable Bob Bernie and Sara Dias.

j. Forensic Services for Children & Youth in Ontario

There have been no new referrals in the last few months.

k. Regional HSJCC

i. Meeting of March 23rd, 2016

Sara attended the meeting above and there was a presentation on the Hub and Four Filter Process by Sergeant Derek West provided from the Thunder Bay Police Service.

There was a request to know who from the Regional HJCC wanted to participate in the Steering Committee

ii. New table developments

There will be a discussion at the next Regional HSJCC on the focus of the table and workplan items moving forward. Information will be provided to the KRRDHSJCC once received.

I. Provincial HSJCC

i. **Transportation issues in relation to court ordered assessment for children and youth**

Sara presented the information to the committee that was in the briefing

SARA & WILL: to provide updates as meetings occur.

SARA: to provide information to the table has it is received from the other District tables

	<p>note dated February 25th, 2016. The committee indicated that they would be taking the information back to their district tables for discussion and provide the KRRDHSJCC with any information that they may have around this area.</p> <p>Ryan Baird from the Ministry of Children & Youth Services indicated that if a youth is currently under a services there may be potential for some assistance from their ministry. Ryan indicated that he would be discussing this with Chad English from our region to provide an update.</p> <p>ii. Improving Police-Hospital Transitions for Ontarians: An opportunity for children and youth framework and action plan to reduce wait times for police accompanied visits to hospital emergency department in Ontario.</p> <p>This webinar occurred on March 30th, 2016 which provides a framework for police services and hospitals in communities across Ontario with the tools necessary to establish effective police-hospital transition protocols for individuals experiencing a mental health or addictions-related crisis that have been apprehended by police officers under the <i>Mental Health Act</i> and subsequently accompanied to a hospital emergency department for assessment and care. This framework applies to non-criminal situations where a Mental Health Act apprehension has been made.</p> <p>The intent of the framework is to support communities to:</p> <ol style="list-style-type: none"> 1. Improve outcomes for individuals experiencing a mental health and addictions-related crisis; 2. Improve transitions between police officers and hospital workers; and 3. Improve coordination and collaboration among partners involved in the transition. <p>It was indicated that Sioux Lookout, Kenora and Fort Frances all have signed protocols with the local hospitals within their areas. The goal within these areas is to have individuals brought in by police to be seen within 30-60 minutes as the previous wait times were approximately 2.5. Hours. This has not been transferred to the Treaty 3 Police service to date.</p> <p>iii. Annual Reports for 2015-2016 due June 1st, 2017</p> <p>Annual report information for the committee is due June 1st, 2017. This will be</p>	<p>within the province.</p> <p>CHAD: to provide an update on the conversation with Ryan.</p> <p>SARA: will complete this information and send to the Regional</p>
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	completed and sent to the Regional HSJCC to submit to the Provincial HSJCC.	HSJCC to submit to the provincial committee.
<p>New Business:</p> <p>a. HSJCC Training/Webinars</p> <p>The following training/webinars have been provided by the Provincial HSJCC which is archived for those to review if not able to attend the session. These can be found on the HSJCC website located at www.hsjcc.on.ca.</p> <ol style="list-style-type: none"> 1. Webinar on Traumatic Brain Injury and the Criminal Justice System 2. Webinar on Addressing Compassion Fatigue 3. Webinar on Improving Police-Hospital Transitions for Ontarians <p>b. Robb Nash Event</p> <p>It was indicated that the Mental Health Leads within the school systems would like to participate within the coordination of this event. Sue Devlin from the Kenora Catholic District School Board will be contacted in order to assist with coordination of this event.</p> <p>c. Crisis Response Services Business Card</p> <p>This was tabled as Steve Walker was not present at today's meeting.</p> <p>d. OPP Mental Health Strategy</p> <p>The Strategy focuses on the importance of the following:</p> <ul style="list-style-type: none"> • Collecting accurate data on police interactions with people with mental health issues; • The need for increased officer training • The need for policy and protocols relating to crisis intervention that address the issues of transfer of care and transportation of people with mental health issues; and; • The need for collaborative police/community mental health response models <p>e. Kenora Community Safety & Well-Being Plan</p> <p>The plan has been endorsed by the City of Kenora. Currently there are huge issues related to the closure of the Fellowship Center that will be occurring this summer. The Task Force is working to assist with this issue. All pillars are working to implement the plan.</p>		<p>MICHELLE GUITARD: will touch base with Sue Devlin on this event.</p> <p>SARA: to place on the next agenda for discussion by Steve Walker</p>

f. Police Acts Reform Updates

Police record checks reform legislation steps forward to its second reading in Ontario Legislature on Tuesday, September 29th, 2015. The highlights are the following:

- Police record checks are to be requested, provided and disclosed only as permitted in the Act.
- Anyone can obtain a copy of their police record check.
- Written consent must be given by the individual in order for the police to disclose record check information to a third party (an employer or volunteer organization).
- The disclosure of information related to Mental Health Act apprehensions is prohibited.
- Non-conviction information can be disclosed in exceptional circumstances only when stated.
- Procedures for reconsideration and correction of information provided in a police record check must be outlined by police services.

The legislation is meant to protect Ontarians from having their personal information, such as dropped criminal charges or mental health interactions, shared with a potential employer, volunteer organization or peer.

g. Ministry of Community Safety launches consultations for a Safer Ontario

Public consultations across the province to help develop the Strategy for a Safer Ontario have begun. The consultation will seek input on the strategy's key pillars, which include:

- Enhancing accountability and strengthening civilian governance of police services boards as well as how to ensure police oversight bodies are effective and have clear mandates.
- Improving interactions between police and vulnerable Ontarians, including enhancing frontline responses to those in crisis.
- Clarifying police duties, modernize training programs and deliver services using a range of public safety personnel.
- Developing a provincial framework to ensure equitable and culturally responsive policing for the province's First Nations communities.

Public meeting will be held in Cobourg, London, Newmarket, Hamilton, Thunder Bay, Ottawa, Sault Ste. Marie, and Toronto. A survey has also been set up to collect feedback online.

<p>h. Ontario's First Responders Act legislation</p>	<p>The proposed legislation would create a presumption that PTSD diagnosed in first responders is related to their work. Based on this presumption, once a first responder receives a diagnosis of PTSD they would receive faster access to WSIB benefits by removing the need to prove a link between PTSD and the workplace.</p> <p>This presumption would apply to police officers, firefighters, paramedics, workers in correctional institutions and secure youth justice facilities, dispatchers of police, firefighter and ambulance services, and First Nations emergency response teams.</p>	
<p>i. Bill 122-The Mental Health Statue Law Amendment Act, 2015</p>	<p>If passed this will make technical amendments to the <i>Mental Health Act</i> to provide the Consent and Capacity with new powers regarding the criteria and length of time a patient can continue to be held as an involuntary patient in a psychiatric facility. These amendments are designed to strengthen patient rights. Patients will have more opportunities to appear before the Consent and Capacity Board to question the criteria under which a psychiatric facility can hold a patient as an involuntary patient.</p>	
<p>j. The Mental Health Strategy for Legal Aid Ontario</p>	<p>The Strategy is to strengthen the capacity of lawyers, front-line workers, and management, to better advocate for clients with mental illnesses. This is a multi-faceted, multi-year strategy that will improve access, increase capacity, and build on Legal Aid Ontario's current client services.</p> <p>Sharon Scharfe indicated the strategy is to assist in improving mental health service delivery and issue certificates for clients who require the service who may not be eligible due to financial issues.</p> <p>Legal Aid Ontario is looking a rolling out a mental health training for lawyers that will be rolled out in September of 2016.</p>	
<p>k. Kenora Rainy River Youth Justice Service Collaborative: Trauma-Informed Agency Protocol</p>	<p>The purpose of the Trauma-Informed Agency Protocol is to:</p> <ul style="list-style-type: none"> • Promote understanding that trauma experiences are common and are predictors of increased risk of physical and behavioural health issues, and that trauma can be triggered by a wide range of experiences; however, response to trauma is unique and individual for each person; • Mitigate the effects of trauma exposure response in system workers; • Improve awareness that the inter-generational, historical, cultural trauma experienced by some First Nation, Inuit and Metis populations are a distinct form of complex trauma; • Establish universal screening for mental health and substance use in youth justice populations to assist trauma recovery through a strengths-based approach; • Increase access to effective and appropriate services for those who have experienced trauma by improving system navigation and referrals. 	

I. Justice & Housing Community of Interest	<p>Nan Normand will be sitting on the provincial committee Currently the committee is looking for how many individuals are relocating to the Kenora District for housing. The Ministry of Attorney General will be meeting with the Kenora District Services Board to discuss this issue. They would like to have a paper developed by the end of June of 2016 to submit. It has been indicated that 38-40% of individuals within shelters in NorthWestern Ontario are here waiting on court or for medical treatments and 40% were under the age of 25.</p> <p><u>Please submit any information that you have on the above to Nan to assist with the paper.</u></p>	<p>ALL: to submit information if they have to Nan Normand.</p>
Next meeting date	<p>Next meeting date is set for <u>August 30th, 2016 at 11:00 a.m.-2 p.m.</u></p> <p>Location for meetings Firefly and OTN will be available for those that are unable to travel. Please indicate if teleconference is also required.</p>	<p>Please forward agenda items to Sara</p>