



HSJCC Meeting Minutes: August 30th, 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
Derek Laffin, Forensic Case Manager, CMHA Kenora Branch
Sharon Scharfe, Lawyer, Legal Aid Ontario
Michelle Queen, Executive Director, Changes Recovery Homes
Patti Dryden-Holmstrom, Mental Health & Addictions Programs Manager, LWDH
Dave Poulin, Supervisor, Nodin Counselling
Diane Pelletier, KACL Director of Adult Services
Estelle Cains, Assessor/Navigator, Developmental Services Ontario Northern Region
Gina Clark, Regional Implementation Coordinator, CAMH
Laura Dowdell, Manager, Victim Witness Assistance Program, Ministry of Attorney General
Sarah Stevenson, Kenora District Services Board
Selma Poulin, Community Mental Health Worker
Sean Scally, Red Lake Community Counselling & Addiction Services (via OTN)
Chantal Bedard, Case Manager, Dryden Mental Health & Addiction Services (via OTN)
Lindsay Gillett, Manager, Sioux Lookout Community Counselling & Addiction Services (via OTN)
Charlene Strain, Mental Health Diversion/Case Manager, CMHA Fort Frances Branch (via OTN)
Mike Webb, Community Support Worker, CMHA Fort Frances Branch (via OTN)
Sherry Baum, Executive Director, Community Living Dryden-Sioux Lookout
Jessica Gilbertson, Court Diversion/Court Support Worker, CMHA Kenora Branch

Regrets:

Greg Iwasiw, Defense Counsel
Arthur Huminuk, Grand Council Treaty #3
Steve Walker, Superintendent, Kenora District Jail
Marcel Penner, Director, Crisis Response Services
Barb Jackson, Atikokan Community Counselling & Addiction Services (via OTN)
Chad English, Youth Probation Manager
Deborah Hatfield, Rehabilitation Facilitator, BISNO
Michelle Guitard, Youth Diversion Worker, Firefly
Brad Peterson, ACT Team, CMHA Kenora Branch
Kelly Alcock, Sioux Lookout Community Counselling & Addiction Services

Nancy Hendrickson, Ontario Review Board Transitional Case Manager, Thunder Bay Regional Health Sciences Center
 Tina Copenace, Manager Community Support Team, WW Creighton Centre
 Sheri Norlen, Manager, William Creighton
 Kim Humphrey, Supervisor, Firefly
 Leslie Shields, Supervisor, Brain Injury Services of Northern Ontario
 Henry Wall, CEO, Kenora District Services Board
 Sue Devlin, Mental Health Lead for the Kenora District Catholic School Board

<p>Introductions</p>	<p>New Committee Members were introduced:</p> <p>Jessica Gilbertson – Court Diversion/Court Support Worker for CMHA Kenora Branch Leslie Shield – Supervisor for Brain Injury Services of Northern Ontario Henry Wall – CEO for Kenora District Services Board Sue Devlin – Mental Health Lead for the Kenora District Catholic School Board</p> <p>Removal Committee Members:</p> <p>Ashley Stamp – FIREFLY Brad Mesich – Adult Probation Manager, Ministry of Community & Social Services Christi Cousineau – Case Manager, CMHA Fort Frances Claudine Longboat-White – Northwestern Ontario FASD Diagnostic Clinic Colleen Arch – Team Lead, Kenora Chiefs Advisory Dave Allan – Kenora Crown’s Office Debbie Everley – Executive Director, Kenora Association for Community Living Ellie Tucker – Classification & Discharge Planner for the Fort Frances Jail Ginette Achneepinesknm – Treaty 3 Police Katherine Kinger – Regional Manager, Ministry of Corrections and Community Safety Kelly O’Brien – Developmental Services Ontario Kris Miclash – Treaty 3 Police Service Marilyn Reckford – Legal Aid Ontario Nicholas Rhone – Sioux Lookout OPP Stephen Mitchell – Youth Probation, Ministry of Children & Youth Services Troy Neil – Community Support Team Sharon Bak – Brain Injury Services of Northern Ontario</p> <p>Discussion of what other membership needs to be represented at the table:</p> <ul style="list-style-type: none"> • Adult Protection Worker – Diane Pelletier indicated that she would discuss with 	<p>SARA: Will update HSJCC Distribution List and website to include new members</p> <p>SARA: Will update HSJCC Distribution List and website</p> <p>DIANE: will update the</p>
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	<p>her agency to determine which programs would be presented at the table for the Kenora Association for Community Living</p> <ul style="list-style-type: none"> • Mental Health Lead for Public Board – Invitation letter was sent out with no response • Kenora Patricia Child & Family Services – Invitation letter was sent out with no response • Treaty 3 Police Service – Bob Bernie will follow-up to request representation on the committee • Anishinabee Abinojii Family Services – Invitation letter was sent out with no response 	<p>committee at the next meeting</p> <p>SARA: will follow-up again SARA: will follow-up again BOB: will update the committee at the next meeting SARA: will follow-up again</p>
<p>Approval of agenda</p>	<p>Agenda was approved</p>	
<p>Presentation: <i>Developmental Services Ontario Northern Region – Estelle Cains</i></p>	<p>Presentation: <i>Developmental Services Ontario Northern Region – Estelle Cains</i></p> <p>Highlights from the presentation were as follows:</p> <ul style="list-style-type: none"> • Once a referral is received to Developmental Services Ontario they have 20 days to respond • If there is an urgency on a case it is easiest to pick up the phone and call Developmental Services Ontario to identify this urgency as they will accommodate as best they can to address the urgent situation <p>The committee indicated that they would like a presentation on Passport Funding</p> <p>The committee indicated that there needs to be more education around the process of Developmental Services Ontario to the far north and that this presentation will need to occur through OTN so that KO OTN can provide the information to the far north</p>	<p>SARA: will send out presentation once received from Estelle</p> <p>SARA: will coordinate with Estelle a presentation on Passport Funding for a future meeting</p> <p>SARA: will follow-up with the Provincial HSJCC on this request to see if a training webinar can be developed</p>

	<p>Lindsay Gillett indicated that Sioux Lookout Community Counselling & Addiction Services uses a checklist that was developed for the physicians in regards to screening for mental health issues and this form is used internally. The form is then submitted to Sioux Lookout Community Counselling & Addiction Services to ensure follow-up is completed.</p>	<p>LINDSAY: will provide the checklist to Sara to disseminate to the group</p>
<p>Presentation: <i>Urgent Response Complex Case Management Role – Diane Pelletier</i></p>	<p>Diane indicated that currently this program is under review. Therefore this was tabled to discuss at the next meeting.</p>	<p>SARA: to place on the next agenda for review and discussion</p>
<p>Approval of minutes of May 10th, 2016 minutes</p>	<p>The minutes were adopted by consensus.</p>	
<p>Business arising out of the minutes</p>	<p>Constable Bob Bernie & Marcel Penner 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>	

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

Bob Bernie indicated that a meeting has been set up with Marcel Penner from the District Crisis Response Services to discuss the above.

BOB & MARCEL: to provide the committee with updates on the meeting

Patti Dryden-Holmstrom & Marcel Penner will follow-up on the information below:

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.

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

PATTI: also indicates there is a meeting with partners to discuss high risk youth that will occur on September 9th, 2016 and will provide an

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?

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

update at the next meeting.

	<p>number of individuals who have not been accepted based on the exclusionary criteria. As well is there a pattern of usage at all for both beds.</p> <p>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.</p> <p>Sara will follow-up with the information below:</p> <p>It was indicated by Sharon Scharfe that there has been some inquiries of some individuals who have had their names published within the media on websites that have received mental health diversions etc. and they are not able to remove their names from the media publication. Uppala has indicated that she will be able to follow-up with this and Sharon will provide this information to Uppala.</p> <p>Sara will follow-up with the information below:</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>Sara will follow with the information below:</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>MARCEL: to report on this item once this is figured out within the database.</p> <p>SARA: Sara has provided the 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>SARA: will contact the Patient Advocate Office to request a presentation for the next meeting</p>
<p>Presentation: Urgent Response Complex Case Management Role</p>	<p>This was tabled as Diane Pelletier and Debbie Everley were not present today.</p>	<p>SARA: to place on the next agenda</p>

Review of Work Plan for 2016-2017

Presentation on the Information Sharing Network Development: Criminal Justice Service Agreement & Navigation Maps

The agreement has been signed by all those agencies identified within the agreement. At the present time the agencies within the agreement are working at identifying the data that will be collected and reported to the KRRDHSJCC. There have been numerous meetings with the agencies within the agreement on identifying how the indicators identified will be tracked the same by all organizations. Once this is completed the data will be collected.

The navigation maps have been finalized and shared with all stakeholders. The maps can be found on the Canadian Mental Health Association, Kenora Branch's website at www.cmhak.on.ca if anyone would like copies.

Developmental Services Ontario:

The following are the number of individuals involved within the Court Diversion/Court Support Program who have a cognitive disability:

In Quarter 1 for 2016:

- 9 individuals waiting for Diagnosis**
- 3 individual on the Developmental Services Ontario waitlist**
- 2 individuals who have the assessor report complete and waiting services**
- 11 were receiving services**

Sara will request the same information from CMHA Fort Frances, Court Diversion/Court Support Program.

The Dual Diagnosis Collaboration Agreement has been signed and currently CMHA Kenora Branch is waiting on hearing from KACL on a shared program for staff to document in for clients admitted under the agreement conditions.

Mobile Crisis Model Reviews:

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:

- Sioux Lookout OPP

SARA, DIANE, MICHELLE & PATTI: will update the committee at the next meeting.

CHARLENE: to provide numbers for CMHA Fort Frances

SARA & DIANE: to provide an update for the next meeting.

SARA: will follow-up with CMHA Thunder Bay to coordinate the presentation on the current development of their model with the

- Thunder Bay Police Service with CMHA Thunder Bay

The presentation with the Thunder Bay Police Service with Thunder Bay was postponed as the presenter was unable to attend today.

Forensic Training:

The sub-committee has been meeting regularly and the dates for the training have been set for May 3rd & 4th, 2007 in Dryden, Ontario. The topics for the training are the following:

- Trauma Informed Practice, Human Trafficking & Trauma-Exposure Response
- Risk Management Models within First Nation Communities

Inventory of mental health & addiction resources available within First Nation Communities within the NorthWest LHIN:

Sara has approached CMHA Thunder Bay to request their current inventory that they have created for the First Place Clinic for resource however there is no current resource. A volunteer at CMHA Kenora Branch has begun the process of collecting this information and Sara is requesting some committee members to assist with this workplan item as there is currently no committee representation for this activity.

The following individuals have indicated that they will assist with this workplan item:

- Sharon Scharfe
- Dave Poulin
- Diane Pelletier

Sara will coordinate a meeting with above committee members to review was has been completed to date and move forward with this item.

Review of bail programs within the NorthWest LHIN:

A tracking tool has been developed and sent to the OPP to collect data for review to send to the John Howard Society for information to assist with the development of a bail program in Kenora. At the present time the committee is waiting on his information from the OPP as well as the Kenora District Jail to submit to the John Howard Society.

Thunder Bay Police Service for the next HSJCC meeting.

SUB-COMMITTEE: to provide an update for the next meeting.

SARA: to coordinate meeting with committee members and update for the next meeting.

SARA: will follow-up with the OPP & Steve on the data information

	<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 WITHIN THE WORKPLAN WILL REVIEW ALL FINAL DOCUMENTS FOR APPROVAL TO SEND TO THE DISTRICT HSJCC COMMITTEE FOR DISSEMINATION.</p>	<p>SUB-COMMITTEE: will meet prior to the next meeting to provide an update.</p> <p>SUB-COMMITTEE: will meet prior to the next meeting to provide an update.</p>
<p>District Items of Discussion</p>	<p>a. Treaty 3 Police: Crisis Services – Kris Miclash</p> <p>This was tabled as Constable Miclash is no longer on the committee. The committee will require representation from Treaty 3 Police on the committee to address the identified issue above.</p> <p>Will Scutt have indicated that he will follow-up with Treaty 3 Police for representation.</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 is no longer on the</p>	<p>WILL: will contact Treaty 3 Police and provide an update for the next meeting.</p> <p>BOB: will contact Sioux Lookout OPP and provide an update for the next meeting. SARA: will coordinate with Lindsay on presenting on this pilot project for an upcoming meeting.</p>

committee.

Bob Bernie has indicated that he will follow-up with The Sioux Lookout OPP for representation.

Lindsay indicated that the a Pilot Project was completed with Crisis Counsellors and the Sioux Lookout OPP where a full time crisis counsellor was hired for 3 months. This worker worked 8 hours a day and there were the following referrals and contacts for that period:

- 40 Referrals
- 250 Contacts

c. Thunder Bay Pilot Model for Mobile Crisis Outreach – Sara Dias

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.

The strategy at the present time will be to look at re-designing the mobile crisis outreach offered through CMHA Thunder Bay. They will be creating a new partnership and building capacity within the police system. They will be looking and training nurses within the emergency department just as CMHA Sudbury completed within their region. They will then have an experiential learning piece where they will utilize Pat Deegan's work and provide simulated learning on how to respond to someone with mental health symptoms. They will then be bringing up CMHA Sudbury to complete the training with all parties involved. This will develop a train the trainer model where police will then complete the training annually.

The hope is then to create a Thunder Bay Model that they will pilot for one year.

The first step will be to train the OPP officers.

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.

This was coordinated for today's meeting however cancelled last minute due to the presenter's availability was. This will be rescheduled for the next meeting.

SARA: will follow-up with CMHA Thunder Bay to notify them of the next meeting date to see if they can present on the model for the next meeting.

	<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 advice 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. The committee would also like to have a presentation and dialogue around this for an upcoming meeting.</p> <p>Sara has received further information from the Psychiatric Patient Advocate Office in regards to the above and it has been indicated that they do not provide rights advice for individuals found incapable for long-term care admissions They only provide rights advice to individuals in Mental Health, Schedule 1 Psychiatric Units or individuals on Community Treatment Orders for treatment incapacity.</p> <p>The Psychiatric Patient Advocate Office provided the following an article on Consent and Long-Term Care that was provided to the committee prior to the meeting for review.</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. 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>SARA: will contact the Patient Advocate Office to request a presentation for the next meeting</p> <p>SUB-COMMITTEE: will coordinate a meeting prior to the next meeting.</p>
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	<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>f. Stakeholders issues from Sioux Lookout – Henry Wall</p> <p>Sarah Stevenson from the Kenora District Services Board indicated that there was a housing forum that occurred in Sioux Lookout where Ministry representation was present. Sarah indicated that additional funding is coming to the area and there will be support moving forward for the shelters. Currently there is a large waitlist for housing through the Kenora District Services Board and there is no turnover.</p> <p>Sara will request that CMHA Thunder Bay attend a meeting to review their Housing First project that they have embarked on in Thunder Bay with the Thunder Bay District Services Board.</p>	<p>SARA: will coordinate a presentation from CMHA Thunder Bay on this model for an upcoming meeting.</p>
<p>Standing Program & Committee updates</p>	<p>a. <u>Youth Mental Health Court Worker</u></p> <p>Michelle Guitard indicated that since April 1st, 2016 there have been 11 S.34 assessments ordered and 3 supplemental cognitive reports. Currently the program is supporting 5 youth.</p> <p>b. <u>Mental Health Court Diversion/Support Workers</u></p> <p>CMHA Kenora Branch provided the following update:</p> <ul style="list-style-type: none"> • 61 individuals participating in Mental Health Court • 5 individuals supported through Court Program but not participating in Mental Health Court • 2 individuals entered into Mental Health Diversion • 1 individual approved for Mental Health Diversion • 7 individuals awaiting Diversion Assessment through Forensic Psychiatry Program at CMHA Kenora Branch to determine eligibility • 5 individuals successfully completed Diversion • 24 individuals awaiting a Forensic Assessment 	

CMHA Fort Frances did not provide an update as they had left the meeting at this time.

c. Mental Health Court

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

Sharon Scharfe indicated that there has been a decision by the Supreme Court of Canada (S v. Jordan) that indicates that cases cannot have an unreasonable delay in decisions in court. Will Scutt has indicated that the Mental Health Court cases do not fall under this decision as they have been exempt for the Justice on Target Stats.

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

e. Youth Service Collaborative

Gina is coordinating a date to speak about the work of the Justice Collaborative to see if they would like to proceed with the same work in their area.

GAIN-SS Training link was sent to partners to review which provides training on the Short Screener

There will be a Justice KE Event in Kingston on Trauma Informed Practice.

There will be support for travel if needed

The Collaborative is working on a webinar that will be launched on the work completed in January of 2017.

The Gambling Project for Kenora is underway and this is through the Problem Gambling Institute which has a 10 year contract for research. A casino will be moving forward in Kenora and these forums being coordinated is the opportunity for stakeholders to offer any opinions and recommendations.

The Collaborative completed a deputation to City Council in June 2016 to get them on board with the work of the Collaborative.

f. FASD NW Ontario Regional Network Update

Sherry indicated that the Network will be having their gathering next week.

There is also a FASD Training occurring in Red Lake, Ontario.

g. Substance Abuse & Mental Health Task Force

The AGM will be in November of 2016 and the theme has not been confirmed to date.

The Task Force has completed video links in regards to binge drinking and drinking and driving that have been released.

h. Healthy Community Task Force

This was tabled as there was no representation at the meeting to date.

i. Risk Table

There have been almost 30 referrals to date.

In October 2016 the Steering Committee will be reviewing the current data collected to see what trends are existing.

j. Forensic Services for Children & Youth in Ontario

This was tabled as Nancy was not present today.

k. Regional HSJCC

i. Meeting of May 25th, 2016

The meeting consisted of the following:

- Redirection of Priorities – Decision Making to merge the Community Mobilization Hub and Four Filter Process and Situation Table
- Revision of Terms of Reference and Regional Work Plan
- Transfer Payment Agency Correspondence and financial procedures update
- New representation on committee
- Chair and Co-Chair Role
- Annual Report Submission
- Forensic Training update for the KRRDHSJCC

ii. New work plan being developed

As the Regional Committee moves forward with the redirection of priorities and the Regional HSJCC becomes the Center of Responsibility for this Situation Table a

SARA & WILL: to provide updates as meetings occur.

new work plan is being developed for the committee.

j. 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 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.

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.

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

CHAD: to provide an update on the conversation with Ryan.

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.

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 *Mental Health Act* 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.

SARA: will provide update on this as they are received from the Provincial HSJCC

iii. Recent Accomplishments & Upcoming Activities of the HSJCC Network

This documents was disseminated to the committee members of review which highlights the work of all committees within the province.

iv. Meeting of May 17th, 2016

	<p>The meeting consisted of the following:</p> <ul style="list-style-type: none"> • Review of Regional and Local Workplans • Presentation on the new HSJCC Website that is being developed • Updates on the Provincial HSJCC Conference that will be occurring in November of 2016. • Webinar updates • Community of Interests will be developed for the following: <ul style="list-style-type: none"> - HSJCC - Housing and Justice ○ Mental Health Court Project Update ○ Police-ED Protocol Initiative ○ Presentation from John Howard Society on Ontario: <i>Unlocking Change: Decriminalizing Mental Health Issues in Ontario</i> <p>v. New issues identified to take to the Provincial HSJCC</p> <p>The Mental Health Court Stakeholders have identified the following issues that they have requested be reviewed and responded to by the Provincial HSJCC:</p> <ol style="list-style-type: none"> 1. The Kenora District Jail indicated that there has been an ongoing issue of increased time that accused persons are waiting in custody for a bed available for assessment. They indicated that there is a current accused who has been found NCR and there has been a bed available as of August 8th, 2016 and there is confusion on who is responsible on transferring the accused to the facility. The police service that laid the charge indicates that they are not responsible and that it is the correctional institution is responsible for transfer. 2. The Thunder Bay Regional Health Sciences Center has indicated that there is an ongoing issue of transfer of individuals who are under the ORB system who have been detained at another hospital and they need to be transferred to the hospital that holds jurisdiction of their matters. There is a discrepancy and uncertainty on who is responsible for this transfer. 	<p>SARA: will provide updates on these two issues as the information is received from the Provincial HSJCC and discussed at the Mental Health Court Stakeholders Group.</p>
<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> <ul style="list-style-type: none"> i. Webinar on Discharge from Court Protocol ii. Webinar on Assessments 101 iii. Webinar on Improving Police-Hospital Transitions: A Framework for Ontario iv. Webinar on Men Reintegrate into the Community After Being Released from the Justice System v. Webinar on Legal and Psychosocial Perspectives on Immigration and Refugee Law vi. Webinar on Accomplishments and Upcoming Activities of the HSJCC Network vii. Webinar on Fetal Alcohol Spectrum Disorder and the Criminal Justice System viii. Webinar on the Hamilton Acquired Brain Injury Corrections Working Group: Integrating Multiple Sectors for Better Complex Case Management ix. Webinar on Supporting Youth through their Transition to Adult Services 	
<p>b. Robb Nash Event</p>	<p>It was indicated that the Mental Health Lead Sue Devlin is coordinating this event for the Kenora Catholic District School Board. The committee will request an update on this for the next meeting.</p>	<p>SARA: to place on the agenda for the next meeting.</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>SARA: to place on the next agenda for discussion by Steve Walker</p>
<p>d. Justice & Housing Community of Interest</p>	<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>

<p>e. Northwest District Advisory Committee Meeting: May 13th, 2016</p> <p>f. Northwestern Ontario FASD Diagnostic Clinic Updates</p> <p>g. Bill 113: <i>Police Records Check Reform Act</i></p> <p>h. Crisis support team expands to Caledon: Partnership between CMHA Peel, the OPP and the Central West Local Health Integration Network</p>	<p>Sara has been requested to sit on this Advisory Committee for Legal Aid Ontario. The first meeting occurred and there have been updates on the following:</p> <ul style="list-style-type: none"> • Legal Aid's Mental Health Strategy • Aboriginal Justice Strategy • Expanded Legal and Financial Eligibility for service levels. • Thunder Bay is coordinating an Indigenous Court in Thunder Bay <p>It was indicated that the clinic for September 4th, 2016 and Dr. Keightley has rejoined the FASD clinical team.</p> <p>Bill 113 identifies what can be disclosed by police officers and police records and regulates how police record checks information can be requested, conducted and disclosed.</p> <p>It is recommended that this legislation explicitly state that the disclosure by police of any records of mental-health related interactions or information be clearly prohibited.</p> <p>This is a 24.7 Crisis Support Peel team.</p> <p>The response team in Peel is made up of plain-clothed police officers that are trained in mental health crisis support and health care professionals including social workers, mental health workers and nurses. Assistance is provided through phone calls and the team members may provide a follow-up visit for an individual, arriving in an unmarked car.</p> <p>This service is available to people that are 16 years and older experiencing a mental health and addictions crisis, having difficulties coping and also provides support to family, caregivers and friends throughout crisis situations.</p> <p>The 24.7 Crisis Support Peel Team consists of 20 full-time staff that handle 60 to 100 crisis calls a day.</p> <p>The Peel Regional Police support the crisis team members for mental health related calls with their officers.</p>	<p>SARA: will request Legal Aid Ontario present at upcoming meetings of the information listed.</p>
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Next meeting date	Next meeting date is set for <u>December 6th, 2016 at 11:00 a.m.-2 p.m.</u> Location for meetings Firefly and OTN will be available for those that are unable to travel. Please indicate if teleconference is also required.	Please forward agenda items to Sara