



HSJCC Meeting Minutes: December 6th, 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
- Patti Dryden-Holmstrom, Mental Health & Addictions Programs Manager, LWDH
- Gina Clark, Regional Implementation Coordinator, CAMH
- 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)
- Jessica Gilbertson, Court Diversion/Court Support Worker, CMHA Kenora Branch
- Deborah Hatfield, Rehabilitation Facilitator, BISNO
- Michelle Guitard, Youth Diversion Worker, Firefly
- Nancy Hendrickson, Ontario Review Board Transitional Case Manager, Thunder Bay Regional Health Sciences Center
- Sheri Norlen, Manager, William Creighton

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
- Brad Peterson, ACT Team, CMHA Kenora Branch
- Kelly Alcock, Sioux Lookout Community Counselling & Addiction Services
- 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
- Michelle Queen, Executive Director, Changes Recovery Homes
- Dave Poulin, Supervisor, Nodin Counselling
- Diane Pelletier, KACL Director of Adult Services

Estelle Cains, Assessor/Navigator, Developmental Services Ontario Northern Region
 Laura Dowdell, Manager, Victim Witness Assistance Program, Ministry of Attorney General
 Sarah Stevenson, Kenora District Services Board
 Sean Scally, Red Lake Community Counselling & Addiction Services (via OTN)
 Chantal Bedard, Case Manager, Dryden Mental Health & Addiction Services (via OTN)
 Sherry Baum, Executive Director, Community Living Dryden-Sioux Lookout

<p>Introductions</p>	<p>New Committee Members were introduced:</p> <p>Troy Neil – Community Support Team Mike Webb – Community Support Worker, Canadian Mental Health Association, Fort Frances Branch Barb Brazao - Manager of Court Operations Bill Leonard – Executive Director, Kenora-Rainy River Districts Child and Family Services Sean Spencer – Anishinabee Abinojii Family Services</p> <p>Removal Committee Members:</p> <p>Tina Copenace – Manager Community Support Team WW Creighton Centre</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 her agency to determine which programs would be presented at the table for the Kenora Association for Community Living • Mental Health Lead for Public Board – Invitation letter was sent out with no response • Treaty 3 Police Service – Bob Bernie will follow-up to request representation on the committee 	<p>SARA: Will update HSJCC Distribution List and website to include new members</p> <p>SARA: Will update HSJCC Distribution List and website to include new members</p> <p>DIANE: will update the committee at the next meeting</p> <p>SARA: will follow-up again BOB: will update the committee at the next meeting</p>
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Approval of agenda	Agenda was approved	
Presentation: <i>Urgent Response Complex Case Management Role – Diane Pelletier</i>	Diane indicated that currently this program is under review. Therefore this was tabled to discuss at the next meeting.	SARA: to place on the next agenda for review and discussion
Presentation: <i>Collaborative Mental Health Response with Sioux Lookout Ontario Provincial Police and the Sioux Lookout Meno Ya Win Health Center – Lindsay Gillett</i>	<p>Lindsay Gillett provided an update on the report she provided to the group in regards to the Collaborative Mental Health Response (C.M.H.R).</p> <ul style="list-style-type: none"> • The project was a collaboration between the Sioux Lookout Ontario Provincial Police and the Sioux Lookout Meno Ya Win Health Center. • This was an opportunity to reach out and connect with high risk clientele (Forensic, and complex co-occurring addictions and mental health needs, homeless, or transient) who may not access using formalized pathways. • A Mental Health and Addictions Program counsellor was assigned exclusively to work out of the Sioux Lookout OPP detachment. • This counsellor was paired with an Officer if responding to calls for service or conducting follow up with a high risk client. • Goal was to ensure effective support, referrals, and proactive interventions for persons with mental health and/or addiction issues who normally or potentially may interact with police. This included affected family members, victim or witnesses. • Stats showed the following from January 2016-March 2016: <ul style="list-style-type: none"> - Referrals Received via OPP: 39 - Counselling Contacts (includes daily check-in of incarcerated clients: 280 - Individual Counsellor Therapeutic Sessions: 29 - Contacts with Community Agencies-Shared Care: 6 - Average of 3.5 Clients seen daily <p>As this was a pilot further funding is required to continue the pilot. Program saw a decrease of resources needed from the Crisis Response Service provided to Meno Ya Win Health Center ER. Clients were connecting and maintaining supports through the proper follow up agencies.</p> <p>It was indicated that if a support letter was required by the KRRDHSJCC to assist in</p>	LINDSAY: will notify Will & Sara if a supporting letter from the committee is required to assist with advocating for funds for the pilot.

	supporting further advocacy for funding that Lindsay would inform the committee and this would be drafted.	
Approval of minutes of August 30th, 2016	The minutes were adopted by consensus.	
Business arising out of the minutes	<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 has contacted the Provincial HSJCC about this request and they will be looking into this.</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>This will be discussed in the New Business under items h.</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: will provide the checklist to Sara to disseminate to the group</p>

Constable Bob Bernie & Marcel Penner to follow-up on the information below:

Sara followed up with information shared by Kyla Storry on the numbers of calls received by police which was the following:

In 2014 there was 55 calls from police (this includes Treaty 3, OPP, Dryden Police Service and NAPS). Kyla did indicate that this is not a true picture of how many calls are from police as they do not collect information on secondary service involvement or referral sources. It is anticipated that over 50% of referrals for individuals that come to the Dryden Regional Mental Health Center are brought in by police.

In 2014 the Kenora Rainy River District Crisis Response Services received 559 referrals from the hospitals in the Kenora Rainy River District.

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

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

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

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

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

Bob Bernie indicated that a meeting occurred last week at FIREFLY and there have been 24 kids under the age of 16 that have accessed the Kenora Rainy River District Crisis Response Services. They are looking at an interim solution to be implemented until the end of March 2017 with the collaboration of the following agencies:

- OPP
- FIREFLY
- Kenora Chiefs Advisory
- Kenora Rainy River Child & Family Services
- Anishinabee Abinoojii Child & Family Services
- Kenora Rainy River District Crisis Response Services
- Lake of the Woods District Hospital

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

They will then be looking at funding for sustainability on the solution they develop.

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.

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

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 update at the next meeting.

Both of these items were tabled until the next meeting as Patti does not have the information at this time.

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 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.

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

This has been tabled as Sara has not heard from Marcel to date. Follow-up will occur for the next meeting.

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.

Sara will follow-up with the information below:

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.

Sara will follow-up with the information below:

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

Both of these items were follow-up with the Provincial HSJCC who have indicated that at this time there are no updates as the regulations of the *Police Records Check Reform Act* have not yet been released. It is understood that there will be another round of consultations before the regulations are finalized so there will another opportunity for input and can raise these issues at that time.

Sara will follow with the information below:

Patient Advocate Role – Derek Laffin

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.

Sara will follow-up with this once there is time in the agenda for coordination of this presentation.

SARA: Sara has provided the information to Uppala and will follow-up to see if there has been any updates.

SARA: to follow-up with Uppala around this inquiry to see if there are any updates.

SARA: will contact the Patient Advocate Office to request a presentation for the next meeting

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.

Northwest District Advisory Committee Meeting: May 13th, 2016

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:

- 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

SARA: will request Legal Aid Ontario present at upcoming meetings of the information listed.

Stakeholders issues from Sioux Lookout – Henry Wall

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.

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.

SARA: will coordinate a presentation from CMHA Thunder Bay on this model for an upcoming meeting.

Review of Work Plan for 2016-2017

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

The indicators have been finalized by the parties that have signed onto the agreement and Quarter 1 Data has been submitted and now Quarter 2 Data will be submitted. A report will follow after all 4 Quarters of data have been submitted. This report will be completed by the fall of 2017 to be presented to the KRRDHJSCC.

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 2 for 2016:

**6 individuals waiting for Diagnosis
4 individuals awaiting assessor report
4 individuals completed assessor's report and are waiting services
16 individuals 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 training will be occurred with CMHA Kenora Branch on a shared program for staff to share ongoing high risk behaviours and other information in a consistent and efficient way

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
- Thunder Bay Police Service with CMHA Thunder Bay

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

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:

Meeting with the sub-committee has taken place and discussions are being had around what information for the resource will be of benefit.

Further updates will be provided for the next meeting.

Review of bail programs within the NorthWest LHIN:

Indigenous Bail Program Debrief/Discussion occurred on November 14th, 2016 with Danny Morton, Legal Counsel with the Aboriginal Justice Division with the Ministry of Attorney General with the KRRDHJSCC. The committee provided feedback into the proposed model, agencies who have been identified as potential candidates to provide service to this population. It has been identified that the group would like to see a program in Kenora and Pikangikum First Nation.

The tracking tool that has been developed in collaboration with the OPP and with the Kenora District Jail has been populated and sent to Danny for review.

Sara has sent Danny a notification that the KRRDHJSCC is willing to assist with any further data collection that is required to support the launch of these projects.

Sara has also sent a request to the Provincial HSJCC to request that Danny be able to present to the committee.

Form 2 Protocol:

Form 2 Navigation Map and information was approved by the Mental Health Court

Service for the next HSJCC meeting.

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

SARA, SHARON, DIANE & DAVE: will provide updates for the next meeting.

SARA: will provide any updates to the group as they are received from Danny and partners on the committee.

	<p>Stakeholders Group and has been disseminated to the Justice of the Peace's, community agencies, clients and families. The navigation map can be found on the Canadian Mental Health Association, Kenora Branch's website for future reference at www.cmhak.on.ca.</p> <p>There was 1 inquiry on what occurs if someone is not admitted on a Form 1 after being sent to the hospital on a Form 2. It was indicated that:</p> <ul style="list-style-type: none"> - For Non-First Nation individuals medical services transport individuals - For First Nation individuals non-insured health benefits will transport <p>Form 1 Agreement Development:</p> <p>Currently the sub-committee has not met as not all parties have been available on holidays. The sub-committee will look at meeting prior to the next HSJCC committee meeting to provide an update.</p> <p>It was indicated by Carol & Brenda that the reason the committee has not met to date as there are new developments occurring around psychiatry access at the jail. There is an agreement with the Royal Ottawa Hospital to use OTN services for access to psychiatric services. Dr. Zahlan would be the chief psychiatrist. This agreement starts December 7th, 2016 and the psychiatrist via OTN will prescribe and can Form 1 to the Lake of the Woods District Hospital. The process of how the Doctor will Form 1 an individual will be discussed with Dr. Zahlan and will be reported to the committee for the next meeting.</p> <p>This pilot is being started in Kenora and then Fort Frances and will occur every Wednesday.</p> <p>Dr. Zahlan will be meeting with the sub-committee to discuss the above process.</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>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</p>	<p>WILL: will contact Treaty 3 Police and provide an update for the next meeting.</p>

representation.

b. Sioux Lookout OPP: Crisis Services – Nicholas Rhone

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

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.

d. Patient Advocate Role – Derek Laffin

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.

BOB: will contact Sioux Lookout OPP and provide an update 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.

SARA: will contact the Patient Advocate Office to request a presentation for the next meeting

	<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 an article on Consent and Long-Term Care that was provided to the committee prior to the meeting for review.</p> <p>e. <u>NEW ISSUE:</u> Lack of access of Sexual Assault Kits in communities – Sioux Lookout</p> <p>Sioux Lookout partners have identified a gap in service for women who have been sexually assaulted. These women are not able to have the Sexual Assault Kits done in the community.</p> <p>It was indicated that a meeting occurred on November 7th, 2016 with all the directors of the North and Lindsay would be providing the group with an update from what was discussed at this meeting. Once this is received the committee will discuss next steps to assist in addressing these issue.</p>	<p>LINDSAY: to provide an update for the next meeting.</p>
<p>Standing Program & Committee updates</p>	<p>a. <u>Youth Mental Health Court Worker</u></p> <p>Michelle Guitard indicated that since the last meeting there have been 7 scheduled s.34 assessments, 5 youth are currently in the program and there are 2 youth who are being screened for eligibility to the program. There is one client that is undergoing the Developmental Services Ontario process for application.</p>	

b. **Mental Health Court Diversion/Support Workers**

CMHA Kenora Branch provided the following update:

- 56 individuals participating in Mental Health Court
- 12 individuals supported through Court Program but not participating in Mental Health Court
- 11 individuals entered into Mental Health Diversion
- 1 individual approved for Mental Health Diversion
- 2 individuals awaiting Diversion Assessment through Forensic Psychiatry Program at CMHA Kenora Branch to determine eligibility
- 12 individuals successfully completed Diversion
- 13 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**

Will Scutt indicated that he is a part of a Mental Health & Justice Advisory Committee and has been providing information on the Mental Health Court to this committee.

d. **Drug Court**

It was indicated that currently this court does not have any clients participating. The number of cases are small as cases are complex. The discussion has been how the court can support withdrawal of clients appropriately. Meth is an ongoing program currently and the length of time it takes to withdraw from this poses difficulty in engaging clients in the process as clients during withdrawal become paranoid. **The question has been how service providers within addictions can educate the courts on this process and what the appropriate length of stay needs to be.**

The members will be having a meeting with the working group on how they will be addressing this.

PATTI & BOB: to provide an update for the next meeting on this issue.

e. Youth Service Collaborative

Currently evaluation data is being collected and there is an evaluation meeting occurring in January 2017.

There is a webinar on January 11th, 2017 on the Trauma-Informed Protocol.

f. FASD NW Ontario Regional Network Update

This was tabled as Sherry Baum was not present at the meeting today.

g. Substance Abuse & Mental Health Task Force

AGM occurred on November 23rd, 2016 with the following presentations:

- Push for Change
- Update on the Kenora OPP Drug Unit
- Selkirk START Program
- Information on the Thomas Sill Foundation
- History of the Kenora Substance Abuse and Mental Health Task Force
- Emergency Shelter Update
- Siloam, Youth Campaign

h. Healthy Community Task Force

This was tabled as Lindsay did not have the information for this meeting.

i. Risk Table

There have been 48 cases referred to date.

There is a desire to move a Situation Table in Sioux Lookout forward as well as in Thunder Bay.

j. Forensic Services for Children & Youth in Ontario

There have been few referrals to date for outpatient assessments.

k. Regional HSJCC

- i. Meeting of the Working Group of November 23rd, 2016

The meeting consisted of the following:

SARA & WILL: to provide updates as meetings occur.

- The Regional Table would become the Core of Responsibility for the Situation Table in Thunder Bay and the District Table would become the situation table.
- Key roles, responsibilities and qualifications of the Coordinator/Consultant.
- Recommendation for Lead Organization: CMHA Thunder Bay would be willing to take the LEAD however the Working Group would remain the key “go to”.
- HSJCC Expense Report
- In Kind Resources Needs for sustaining the Situation Table.
- Roles of District and Consumer Survivor Committees

ii. Project Coordinator for Center of Responsibility for Situation Table

The committee is in the process of recruitment of a project coordinator. The add for this position was sent out and disseminated to all committees.

iii. Workplan submitted

The workplan was submitted for review and there will be further discussions at the next meeting.

I. Provincial HSJCC

i. HSJCC Secretariat Team updates

Lawrence Blake is the new HSJCC Network Coordinator replacing Joseph Szamuhel.

Kashfia Ala has a new title of Engagement and Education Officer.

Joseph Szamuhel is the Project Manager

Seble Makonnen is the Policy Advisory to the HSJCC

ii. Meeting of November 22nd, 2016

The meeting consisted of the following:

- Mid-Year Workplan update
- Conference Planning Committee updates
- Knowledge Exchange updates
- Operational Stress Injury updates
- Ministry of Health & Long-Term Care: Ontario’s Opioid

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

	<p style="text-align: center;">Strategy</p> <ul style="list-style-type: none"> ○ Issues Management Session: Patient Transfer Issues <p>iii. January of 2017 new Workplans will need to be submitted</p> <p style="padding-left: 40px;">All committees will need to begin to work on their workplans for submission prior to March 1st, 2017.</p> <p>iv. Operational Stress Injury</p> <p style="padding-left: 40px;">CMHA Ontario has provided a new training module into their Mental Health Works program that is a social enterprise initiative for CMHA Ontario. This was developed as there have been numerous inquiries in regards to Operational Stress Injury to committee members for police, first responders etc. CMHA Ontario is looking into having a special discounted rate for HSJCC members to be trained in this new component.</p> <p>v. Consultation with the Ministry of Health & Long-Term Care: Ontario's Opioid Strategy</p> <p style="padding-left: 40px;">There are numerous strategies that are occurring within the addiction and jail sector. The different strategies will be presented by: Patti-Dryden Holmstrom, Lindsay Gillett, Carol Peterson & Brenda Robertson for the next meeting to know what is occurring locally.</p> <p>vi. Issues Management Session: Patient Transfer Issues</p> <p style="padding-left: 40px;">Michael Feindel, Assistant Crown Attorney and ORB Crown Attorney presented on the different legislations that compile client/inmate and patient transfers both from correctional facilities to hospitals and hospital to hospital. Currently the Forensic Directors Network Group will be meeting to discuss these issues and provide an update to the Provincial HSJCC.</p>	<p>PATTI, LINDSAY, CAROL & BRENDA: to update the committee on the local strategies for the next meeting.</p> <p>SARA: will provide updates on this issues as they are received from the Provincial HSJCC.</p>
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<p>New Business:</p> <p>a. HSJCC Training/Webinars</p> <p>b. Robb Nash Event</p> <p>c. Crisis Response Services Business Card</p> <p>d. Justice & Housing Community of Interest</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> <p>k. Webinar on Overview of Developmental Services in Ontario ii. Webinar on Forensic Early Intervention Services iii. COMING UP: Webinar on Communicating with People with Mental Health Disabilities: New Resource for Professionals Working in the Justice Sector</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>This was tabled as Steve Walker was not present at today's meeting.</p> <p>Nan indicated that transportation issues have been identified as ongoing issues for the population as well as ongoing bail transportation issues.</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>SARA: to place on the agenda for the next meeting.</p> <p>SARA: to place on the next agenda for discussion by Steve Walker</p> <p>NAN: to keep committee informed of developments from this group.</p>

**e. Northwest District
Advisory Committee
Meeting: November 18th,
2016**

Meeting took place and Sara was in attendance the following were areas discussed:

i. Legal Aid Ontario Mental Health Strategy updates

Strategy is underway and focuses on 3 Pillars:

1. Rights:

- Legal Aid has a special responsibility as a leading mental health rights advocacy organization in Ontario
- Need to expand financial and legal eligibility to deal with more mental health rights advocacy matters
- Recognize growing need for civil mental health rights advocacy in areas like police records, driver's license suspensions, etc.

2. Access:

- Relationships are transactional, services are siloed, assistance is reactive and hard to find, and that legal needs are multiple and intersectional
- Developing more embedded community-based services to increase trust, ease access to justice and provide continuity and connection across multiple legal services
- Partnering with trusted intermediaries to expand access to legal services
- Exploring development of more flexible, open-ended certificates to better address multiple and intersecting legal issues

3. Sustainability

- Too many mental health initiatives are one-offs that don't sustain change
- Introducing province-wide mental health training program in November 2016
- Expand mental health rights advocacy capacity around the province with greater mentorship and specialized services
- Foster great voice for clients
- Commit to long-term changes
- Continue the conversation

ii. Mental Health District Leads

Sharon Scharfe has been identified as the Mental Health District Lead for

SARA: will request Legal Aid Ontario present at upcoming meetings of the information listed.

SHARON: will provide updates at the next meeting on

<p>f. Northwestern Ontario FASD Diagnostic Clinic Updates</p> <p>g. Police Record Checks Legislation Updates</p> <p>h. Crisis Discharge Summary & Interdisciplinary Progress Summary Forms used at Meno Ya Win Health Center</p>	<p>Northwestern Ontario for Legal Aid Ontario. LEADS are asked to update the training manual and create communities of practice within their districts. Intake Tools for lawyers are to be localized and developed with community partners.</p> <p>iii. "Core Training" for lawyers</p> <p>Sharon indicated that Legal Aid is advocating for base training for lawyers. Mental Health Leads will have access to the forensic bed registry</p> <p>iv. New intake tools for lawyer</p> <p>Sharon indicated they will be discussing intake tools at their next meeting and this will be unique to each district/region.</p> <p>Patti indicated that the Clinic is meeting their performance indicators and presentations about the clinic have been occurring regularly.</p> <p>Bob indicated that no police force is disclosing any mental health records or apprehensions.</p> <p>Lindsay provided this information to the committee prior to the meeting. These forms are used to communicate with physicians. The forms were developed internally with community providers to assist in sending mental health information to physicians in a simplified way. These forms are faxed to nursing stations as well as the patient/clients discharge summary. The interdisciplinary forms are used to ensure consistent follow-up.</p> <p>The forms provided were the following:</p> <ul style="list-style-type: none"> - Crisis Discharge Summary - Interdisciplinary Progress Summary 	<p>developments. SARA: will make this a standing agenda item for the committee moving forward.</p> <p>BOB: will provide updates to the committee as they are received.</p>
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<p>i. Housing Youth Workshop in February focused on transitional youth</p> <p>j. New Help Line launched by Health Canada: The First Nations and Inuit Hope and Wellness Help Line</p>	<p>Nan indicated that there is a sub-committee working on a workshop to be held in February of 2017 on a focus on transitional aged youth.</p> <p><u>The toll-free phone number for the line is 1-855-242-3310.</u> The purpose of the Help Line is to provide immediate culturally competent telephone-based crisis intervention counselling to First Nations and Inuit young people and adults experiencing distress. Help lines will be answered by experienced crisis intervention counsellors, and service will be available in English and French. Callers may also ask about the availability of service in Cree, Ojibway, and Inuktitut.</p>	<p>NAN: will provide information to the group as the workshop is developed.</p>
<p>Next meeting date</p>	<p>Next meeting date is set for <u>March 7th, 2017 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>