



HSJCC Meeting Minutes: March 7th, 2017

Present:

Bob Bernie, Community Mobilization Officer, OPP
Carol Peterson, Nurse Manager, Kenora District Jail
Sara Dias, Executive Director, CMHA Kenora Branch
Nan Normand, Northwest Legal Clinic
Derek Laffin, Forensic Case Manager, CMHA Kenora Branch
Sharon Scharfe, Lawyer, Legal Aid Ontario
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
Michelle Queen, Executive Director, Changes Recovery Homes
Dave Poulin, Supervisor, Nodin Counselling
Chantal Bedard, Case Manager, Dryden Mental Health & Addiction Services (via OTN)
Estelle Cains, Assessor/Navigator, Developmental Services Ontario Northern Region
Ashley Hendy, Director, FIREFLY
Candice Kerkermeir, Mental Health Lead, Keewatin Patricia District School Board
GUEST: Claudine Longboat-White, Northwestern Ontario FASD Diagnostic Clinic, Bimose Tribal Council

Regrets:

Will Scutt, Chair, Kenora Crown's Office
Brenda Robertson, Mental Health Nurse, Kenora District Jail
Patti Dryden-Holmstrom, Mental Health & Addictions Programs Manager, LWDH
Gina Clark, Regional Implementation Coordinator, CAMH
Lindsay Gillett, Manager, Sioux Lookout Community Counselling & Addiction Services
Charlene Strain, Mental Health Diversion/Case Manager, CMHA Fort Frances Branch
Mike Webb, Community Support Worker, CMHA Fort Frances Branch
Sheri Norlen, Manager, William Creighton
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
 Diane Pelletier, KACL Director of Adult Services
 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)
 Sherry Baum, Executive Director, Community Living Dryden-Sioux Lookout

<p>Introductions</p>	<p>New Committee Members were introduced:</p> <p>Carrie Webb – Crisis Worker with Kenora Rainy River Crisis Response Services Candice Kerkermeier – Mental Health Lead, Keewatin Patricia District School Board</p> <p>Removal Committee Members:</p> <p>None at this time</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 • 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>DIANE: will update the committee at the next meeting</p> <p>BOB: will update the committee at the next meeting</p>
<p>Approval of agenda</p>	<p>Agenda was approved</p>	
<p>Presentation: <i>Northwestern Ontario FASD Clinic Reports – Claudine Longboat-White, Clinic Coordinator for Northwestern Ontario FASD</i></p>	<p>Claudine Longboat-White provided the following update in regards to the Northwestern Ontario FASD Clinics:</p> <ul style="list-style-type: none"> • A Northwestern Ontario FASD Clinic Referral Process map was shared with the group and this information is for internally use only and is not provided to 	<p>CLAUDINE: will provide all information</p>

<p>Diagnostic Clinic</p>	<p>families but to service providers</p> <ul style="list-style-type: none"> • There have been 10 clinics that have been completed • In October of 2017 additional funds were received to completed 10 further assessments in addition to what was received for funding • Youth justice clients get moved ahead of everyone on the list • There has been a decrease in the number of individuals diagnosed • Reasons for this decrease are because of the new guidelines as some people would have received a diagnosis with the old guidelines • Previously the clinic was seeing the most serious cases • Now the clinic only needs to have a confirmation from a reliable resource of consumption of alcohol in utero • The clinic has partnered with FASD for research and will be contributing to a national and international database • The added pieces to the diagnosis can now prolong the assessment being completed. Now affect regulation determination has be assessed and this will prolong the assessment • ***Manitoba uses a screening tool specific to FASD*** • Non-Insured will not fund transportation for assessments in the far north • FIREFLY has supported these costs and child welfare organizations as well • Police can make referrals to the program and these referrals are normally being received once the individual has been to the RISK Table and there is confirmation of alcohol exposure 	<p>provided to the committee via email to Sara to disseminate to the committee.</p> <p>CLAUDINE: will obtain this screening tool and forward to the Sara to disseminate to the committee.</p>
<p>Presentation: Urgent Response Changes – Kelly O’Brien, BA Psych, HBSW, Program Manager for Developmental Services Ontario Northern Region</p>	<p>Kelly O’Brien provided the following update in regards to the changes within the urgent response process:</p> <ul style="list-style-type: none"> • This is used for short-term to mitigate risk • Process changes is that urgent response is a directive of the DSO to perform under directive 6 • The process is that they look at if individuals are working with the family to try and support the individual • Individuals are considered high risk due to the following: <ul style="list-style-type: none"> - Family is unable to continue to provide care - The individual is at risk of having no residence - Current arrangements are going to breakdown and/or are not sufficient <p>When there is a <u>change in the individuals circumstances</u> this triggers the process for the DSO to look at the urgent response</p>	

	<p>Kelly will provide the group with the DSO flowchart that explains the process.</p> <ul style="list-style-type: none"> - There are complex case managers in some communities and the DSO will attempt to link the individuals to these case managers - If complex case management is not enough the DSO will refer the individual to the urgent response committee - From here temporary funding can be accessed. ***Funding must be linked to the urgent response*** - Person does not need to be eligible for services to access urgent response - If the individual is being released from custody with no services or placement this is a conversation to be had with the DSO in regards to activation of urgent response - The DSO is still working on how to process and work with this complex population - The Urgent Response Committee looks at existing resources and how they can support the organization and work with the host agency - Once urgent response has reached the cap of their funding they will have to go back to the ministry for further funding - The urgent response committee can ask for one month or up to 6 months for funding - Long-Term solutions are not funded consistently 	<p>KELLY: to provide flowchart to Sara to disseminate to the committee.</p>
<p>Approval of minutes of December 6th, 2016</p>	<p>The minutes were adopted by consensus.</p>	
<p>Business arising out of the minutes</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>SARA: will send out presentation once received from Estelle</p> <p>SARA: will coordinate with Estelle a</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

Sara has contacted the Provincial HSJCC about this request and they will be looking into this.

This webinar has occurred through the Provincial HSJCC and was sent out to all committee members

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.

presentation on
Passport Funding for a
future meeting

SARA: will follow-up with the Provincial HSJCC on this request to see if a training webinar can be developed

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

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

Bob indicated that the conversation has been ongoing and there is currently a funding proposal being discussed with the District Crisis Response Services. This proposal is looking at a mobile crisis response model for both youth and adults.

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

BOB & MARCEL to provide ongoing updates around the proposal

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?

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-

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 was not in attendance at the meeting today.

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.

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.

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.

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

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

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.

Chad provided the following response:

Youth Justice would only be part of funding transportation if the client is actively assigned to a Probation Officer. If the youth is in detention being held in one of our facilities, we will most certainly cover the cost of the transportation. If the youth is within 30 days of a release from detention (undertaking etc.) we can still look at funding. However, once 30 days passes, the youth is no longer under the Youth Justice supervision and therefore no mechanism to fund for transport.

The committee indicated that this is still a problem for s.34 assessments being ordered for youth who are out of custody. OTN is not the ideal option and without any adjudication there is no funding available for these use to obtain transportation to get to the assessment. The Psychologist comes to Kenora to complete the assessments.

The committee has requested that the above response and issue be sent to the Regional and Provincial HSJCC for further comments.

Northwest District Advisory Committee Meeting: May 13th, 2016

Sara has been requested to sit on this Advisory Committee for Legal Aid Ontario. The

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.

SARA: to follow-up with the Regional and Provincial HSJCC on the further information received.

SARA: will request Legal Aid Ontario

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

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.

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

present at upcoming meetings of the information listed.

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

SARA: will request Legal Aide Ontario present at upcoming meeting of the information listed.

	<p>increase trust, ease access to justice and provide continuity and connection across multiple legal services</p> <ul style="list-style-type: none"> - 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 <p>3. Sustainability</p> <ul style="list-style-type: none"> - 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 <p>Mental Health District Leads</p> <p>Sharon Scharfe has been identified as the Mental Health District Lead for 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>ii. 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>SHARON: will provide updates at the next meeting on developments.</p> <p>SARA: will make this a standing agenda items for the committee moving forward.</p>

Updates on the Work Plan for 2016-2017

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 3 Data is currently being requested to 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 3 for 2016:

- 8 individuals waiting for Diagnosis**
- 3 individuals awaiting assessor report**
- 6 individuals completed assessor's report and are waiting services**
- 12 individuals receiving services**
- 3 individuals who have accessed urgent response**

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 has occurred with CMHA Kenora Branch staff in regards to the shared program for staff to assist with communication in regards to ongoing high risk behaviours and other information in a consistent and efficient way.

There currently is one individual who has been admitted to the Dual Diagnosis Bed at this time.

It was identified that there is a transitional coordinated position through Developmental Services that assists youth who have a developmental disability who are transitioning from youth services to adult services. This position was indicated works with Child

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.

Welfare organizations to assist with coordinating a transition plan.
The committee would like a presentation on this position moving forward.

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

The presentation with the Thunder Bay Police Service with Thunder Bay was postponed as the presenter was unable to attend today. This presentation will be coordinated for the next meeting.

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

Registration is open for the training and the Save the Date has been sent out. Please share with your contacts. The Registration link is the following:
<https://forensictrainingkenora.evenbrite.ca>

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. A meeting has occurred with Connex Ontario with the sub-committee and updates will be provided at the next meeting.

SARA: will connect with Kelly O'Brien to coordinate a presentation at a future 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 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.

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.

An update on where this program is at will be scheduled for the next meeting with Danny Morton, Legal Counsel with the Aboriginal Justice Division with the Ministry of Attorney General.

Form 2 Protocol:

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

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:

- For Non-First Nation individuals medical services transport individuals
- For First Nation individuals non-insured health benefits will transport

At this time the Mental Health Court Stakeholders Group will be requesting follow-up from the Lake of the Woods District Hospital in regards to setting up a formal protocol with the Kenora Courts. This will be discussed in the next coming year at the meetings and updates will be provided to the KRRDHSJCC.

Form 1 Agreement Development:

Currently the sub-committee has not met as not all parties have been available an on

SARA & HENRY: will coordinate Danny attending the next meeting to provide an update to the group.

SUB-COMMITTEE: will meet prior to the next meeting to provide an

	<p>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>update.</p>
<p>New Work Plan 2017-2018: Sub-Committees Discussion</p>	<p>The new workplan for 2017-2018 was disseminated to the group and it was requested that members please identify which items they would like to engage in as sub-committees are being formed for the new year.</p>	<p>SARA: will disseminate the workplan to all members to allow members to identify which sub-committees they would like to engage with.</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>Bob Bernie has indicated that he will follow-up with The Sioux Lookout OPP for</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</p>

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.

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

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

provide "rights information" if declaring a person incapable for treatment, admission long-term care etc. as to their college directive.

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.

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.

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.

e. Lack of access of Sexual Assault Kits in communities – Sioux Lookout

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.

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.

f. **NEW ISSUE:** Transportation Costs for Individuals involved within the criminal justice system.

The committee was notified that the Kenora Rainy River District Mental Health & Addictions Network is currently looking at accumulating costs associated with transportation needs of individuals within the mental health & addictions network. The committee has requested to know how much funds are being spent on individuals within the criminal justice system in regards to the following areas:

- Ongoing transportation issues for those individuals being released from custody.
- Lack of connections within communities for ongoing transportation.
- Difficulties with transitions of clients between transportation types especially for clients with disabilities.

LINDSAY: to provide an update for the next meeting.

ALL: Committee members to send Sara this information as she will accumulate this and send to the KRRDMHAN.

- No same day medical appointments to Winnipeg for individuals to attend which poses great difficulties for clients in regards to coordination of accommodation etc.
 - Bus access/times are not accommodating for clients or service providers to assist.
 - Clients have had to rely on emergency services to transport to another community for access to care (such as the schedule one facility)
 - Some communities have no bus service and rely on police service to transport clients for access to care (such as the schedule one facility)
 - There are ongoing Northern Travel Grant restrictions for specialized treatment that require provincial policy changes
- g. **NEW ISSUE:** Psychological Assessment Access within Correctional Institutions.

Derek Laffin has indicated that Surrey Place in Toronto who completes the majority of the psychological assessments for clients who have been referred to Developmental Services Ontario has indicated that they will not complete any assessments when individuals are in custody.

The committee has requested that Surrey Place attend the next meeting to discuss the issue for further information.

- h. **NEW ISSUE:** Detox Utilization by clients involved within the criminal justice system.

It has been identified that service providers are utilizing the Morningstar Detox Center as a housing unit for individuals involved within the criminal justice system who are not appropriate for the service.

This issue will be tabled to be discussed when Patti Dryden-Holmstrom and Richard Hoppe are present to discuss the issue.

- i. **NEW ISSUE:** Post Custody Enhancement Program areas of support that committee can assist with.

It has been identified that there are ongoing issues around individuals being adjudicated in court who have significant mental health and addictions issues without the Post Custody Enhancement Program being aware of their adjudication and not being able to assist properly.

SARA: will connect with Surrey Place to have them attend the next meeting to discuss the issue identified.

SARA: will have this item remain on the agenda to be discussed when Patti and Richard are present.

SARA & PATTI: will update the committee once the meeting has occurred with the Kenora Crown's Office.

	<p>Sara will be setting up a meeting with the Kenora Crown’s Office to discuss the above issue and develop a service agreement with the Kenora Crown’s Office where appropriate.</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 is 1 individual scheduled for a s.34 assessment, and 4 youth who are currently in the program.</p> <p>.</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"> • 52 individuals participating in Mental Health Court • 13 individuals supported through Court Program but not participating in Mental Health Court • 2 individuals entered into Mental Health Diversion • 4 individual approved for Mental Health Diversion • 5 individuals awaiting Diversion Assessment through Forensic Psychiatry Program at CMHA Kenora Branch to determine eligibility • 6 individuals successfully completed Diversion • 20 individuals awaiting a Forensic Assessment <p>CMHA Fort Frances did not provide an update.</p> <p>c. <u>Mental Health Court</u></p> <p>It was indicated by Sharon Scharfe that there seems to be fewer Mental Health Court dates on the docket.</p> <p>This will be discussed at the Mental Health Court Stakeholders table for follow-up.</p> <p>d. <u>Drug Court</u></p> <p>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</p>	<p>SARA: to place this item on the agenda for the Mental Health Court Stakeholders meeting.</p> <p>PATTI & BOB: to provide an update for the next meeting on this issue.</p>

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.

It was also indicated that currently there are 2 individuals within this court.

e. Youth Service Collaborative

Webinar occurred on January 11th, 2017 on the Trauma-Informed Protocol. Members of the collaborative were in Kingston in February 2017 for Trauma Informed Justice Conference. Justice Video has been launched.

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

As of March 31st, 2017 the Trillium Grant has been completed and there will not be a coordinator after this date. There has been a submission made to the City of Kenora by the Co-Chairs for assistance with this funding for the coordinator.

h. Healthy Community Task Force

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

i. Risk Table

i. Data Review: The Steering Committee has met to review the next data and it has been identified that the majority of cases are youth from the ages of 12-15 who are involved with the child welfare system. The Co-Chairs have indicated that they see meaningful interventions for those cases being brought forward.

ii. Information Session for Community around RISK Table (annual report review): Once the annual report has been completed an Information Session will be put together for the community and organizations to attend and receive

SARA & BOB: will notify the KRRDHSJCC once the annual report has been completed and the information session booked.

the information from the data collected.

j. Forensic Services for Children & Youth in Ontario

There have been no new referrals for assessments since the last meeting.

k. Regional HSJCC

i. Center of Responsibility Updates (Center of Responsibility Executive)

Currently the committee is developing the templates for their situation table and the Executive Center of Responsibility is overseeing this work.

Sara currently is the Co-Chair for the Executive Center of Responsibility with Sharon Pitawanakwat from CMHA Thunder Bay.

ii. Northwest Community Mobilization: One Hour Educational Session via SKYPE

These sessions have been booked and disseminated to the committee. For those who would like to attend please register as it will provide more information on the changes to the Regional HSJCC that have been discussed.

iii. Workplan submission for Regional and Situation Table

The workplan for the Regional and Situation Table for Thunder Bay has been submitted to the Provincial HSJCC.

l. Provincial HSJCC

i. New launch of HSJCC Website

The HSJCC website has been launched and is found at the same site address: www.hsjcc.on.ca. The HSJCC Secretariat has been working diligently to make this new site a comprehensive resource for the HSJCC Network.

ii. Meeting on January 17th, 2017

There was a provincial meeting on this date and the following was discussed:

- Provincial HSJCC Conference Planning Committee Update
- 2016-2017 Provincial HSJCC Mid-Year Workplan Update

SARA & WILL: to provide updates as meetings occur.

- Consultation with the Ministry of Community Safety and Correctional Services : Strategy for a Safer Ontario
- Issue Management Session: Opioid

iii. Ministry of Community Safety and Correctional Services: Strategy for a Safer Ontario

Plan is to create a more proactive focus on social development and prevention by

Addressing the following:

- Changing nature and complexity of crime
- Increased demands on public safety personnel
- Increased demands and challenges regarding human rights and civil liberties
- Update outdated policing framework: Police Services Act

This will be done by addressing the following Pillars:

Pillar One: Plan is to engage in Community Safety and Well-Being Planning

Plan is to look at Community Safety and Well-Being Planning by improving community safety and well-being at the local level and improve police interactions with vulnerable individuals.

Pillar Two: Define Core Police Services

Enhance opportunities for alternative entities and a continuum of community safety personnel to perform community safety functions
Enhance professionalism, education and training

Pillar Three: Increase Accountability to the Public

Enhance governance and civilian oversight of police services
More active Ministry role in the oversight of police services/community safety personnel

Pillar Four: Ensure Sustainability of First Nations Policing

Legislative basis, service delivery and funding

Iv: Ontario's Opioid Strategy

	<p>Strategy highlights include:</p> <ul style="list-style-type: none"> • a provincial coordinator (Dr. David Williams) • Developing standards for appropriate prescribing • Delisting high strength opioids as of January 1st, 2017 • Investing \$17 million into Ontario’s chronic pain network and expansion of the lower back pain strategy • Expanding access to Naloxone, including distribution to at-risk individuals in the justice system • Increase access to Suboxone • Working with Indigenous mental health and addictions initiatives • Working with experts to develop a harm-reduction framework, including needle exchange and supervised injection sites • Expansion of the Fentanyl Patch Program 	
<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. Legal Aid Ontario Mental Health Strategy Updates</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>i. Overview of Addiction and Substance Misuse ii. The Opioid Crisis</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>i.”Core Training” for lawyers ii. New intake tools for lawyers</p> <p>Sharon indicates that she is currently working on the above and will provide updates at</p>	<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>SHARON: to provide updates at the next meeting.</p>

<p>e. Changes to Ontario's Street Check Regulations as of January 1st, 2017</p> <p>f. Northwest Community Legal Clinic Updates</p> <p>g. Northwestern Ontario FASD Diagnostic Clinic Updates</p> <p>h. Police Record Checks Legislations Updates</p> <p>i. Crisis Intervention Training for Ontario Provincial Police</p> <p>j. Kenora Shelter update and Future</p>	<p>the next meeting.</p> <p>As of January 1st, 2017, a new regulation is in force to address situations commonly known as “carding” or “street checks”, in which police officers collect, or attempt to collect, identifying information from members of the public outside of criminal investigations and procedures such as arrest, warrants, traffic stops and detention. The new regulation lays out rules police must follow when they ask someone to identify themselves and in what situations these rules apply.</p> <p>These regulations:</p> <ul style="list-style-type: none"> • Will apply to certain circumstances • Will require police to inform an individual of their right not to provide identifying information • Will require police to provide a reason for requesting the identifying information • Will require police to provide documentation of the interaction to the individual, including their name, badge number and contact details for the Office of the Independent Police Review Director. <p>Nan indicated that the Kenora District Services Board has a portable housing subsidy forum that is being hosted. The City of Kenora has released their state of housing report that is now available for review.</p> <p>Patti indicated that in order to assist in completing the FASD Assessments having access to s.34 assessments is important, however these are very difficult to obtain. The questions is how can this be released as the clinic requires these assessments.</p> <p>There are no updates at this time.</p> <p>This training is ongoing for the OPP and follows the COAST Model.</p> <p>This update was tabled as Henry Wall was not present at the meeting.</p>	<p>SARA: will request Legal Aid Ontario present at upcoming meetings of the information listed.</p> <p>MICHELLE GUITARD: will follow-up with this and provide an update at the next meeting.</p> <p>SARA: will place this item on the next</p>
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<p>k. Discharge from Court Protocol</p>	<p>The overall goal fo the court discharge program from the Ottawa-Carleton Detention Center is to help keep individuals with a mental illness out of the criminal justice system.</p> <p>The partnership with CMHA Champlain East ensures individuals with mental illnesses are assessed properly and are able to participate in the proper discharge planning strategies. In order to participate in the court discharge program, the individual must be 8 years or older, have a mental health disorder and must have been incarcerated at the Ottawa-Carleton Detention Center.</p> <p>Upon admission to the Detention Center, at team of health professionals, including a psychologist, and a mental health nurse are available to assess the individual. The court discharge program provides the proper support individuals with mental illness need to navigate the justice system.</p> <p>The objective of the court discharge program are the following:</p> <ul style="list-style-type: none"> • Provide ongoing services for inmates with mental illness prior ot discharge • Ensure personal property is released properly for inmates who live with a mental illness • Identifying gaps in services in court discharge processes. 	<p>agenda.</p> <p>SARA: will have a presentation on this protocol at an upcoming meeting as this is a recorded webinar.</p>
<p>I. Emerging Adults Conference Update</p>	<p>Nan indicated that a final report will be available in a month and will be disseminated to the group.</p>	<p>NAN: to provide report to the group once available.</p>

Next meeting date	Next meeting date is set for <u>June 13th, 2017 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