



HSJCC Meeting Minutes: July 5th, 2017

Present: Sara Dias, Executive Director, CMHA Kenora Branch
Nan Normand, Northwest Legal Clinic
Deborah Hatfield, Rehabilitation Facilitator, BISNO
Michelle Guitard, Regional Implementation Coordinator, Center for Addiction & Mental Health
Nancy Hendrickson, Ontario Review Board Transitional Case Manager, Thunder Bay Regional Health Sciences Center
Chantal Bedard, Case Manager, Dryden Mental Health & Addiction Services (via OTN)
Ashley Hendy, Director, FIREFLY
Arthur Huminuk, Grand Council Treaty #3
Barb Brazao, Manager of Court Operations, Kenora Courthouse
Brenda Robertson, Mental Health Nurse, Kenora District Jail
Diane Pelletier, KACL Director of Adult Services
Patti Dryden-Holmstrom, Mental Health & Addictions Programs Manager, LWDH (via phone)
Sean Scally, Red Lake Community Counselling & Addiction Services (via OTN)
Sarah Stevenson, Kenora District Services Board
Jeff Duggan, OPP Manager, Ontario Provincial Police
Kyle Holmstrom, Forensic Case Manager, Canadian Mental Health Association, Kenora Branch
Jennifer Reimer, Social Worker, Kenora District Jail
GUEST: Jennifer Hyslop, Director of Program Services for the Canadian Mental Health Association, Thunder Bay Branch

Regrets: Will Scutt, Chair, Kenora Crown's Office
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
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
 Laura Dowdell, Manager, Victim Witness Assistance Program, Ministry of Attorney General
 Sherry Baum, Executive Director, Community Living Dryden-Sioux Lookout
 Bob Bernie, Community Mobilization Officer, OPP
 Carol Peterson, Nurse Manager, Kenora District Jail
 Derek Laffin, Forensic Case Manager, CMHA Kenora Branch
 Jessica Gilbertson, Court Diversion/Court Support Worker, CMHA Kenora Branch
 Sharon Scharfe, Lawyer, Legal Aid Ontario
 Michelle Queen, Executive Director, Changes Recovery Homes
 Estelle Cains, Assessor/Navigator, Developmental Services Ontario Northern Region
 Candice Kerkermeir, Mental Health Lead, Keewatin Patricia District School Board

<p>Introductions</p>	<p>New Committee Members were introduced:</p> <p>Trish Hancharuk: Director of Treatment Services for Sioux Lookout First Nations Health Authority, Nodin Child & Family Intervention Services</p> <p>Amy Stamp: Youth Diversion Worker, FIREFLY</p> <p>Michelle Guitard: Regional Implementation Coordinator, CAMH</p> <p>Removal Committee Members:</p> <p>Dave Poulin: Supervisor, Nodin Counselling</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 • Ontario Disability Support Program – It was identified that the committee needed representation from ODSP. 	<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>JEFF: will update the committee at the next meeting</p> <p>SARA: will follow-up with ODSP and provide an update for the next</p>
----------------------	---	--

		meeting
Approval of agenda	Agenda was approved	
<p>Presentation: <i>Thunder Bay Pilot Model for Mobile Crisis Outreach – Jennifer Hyslop, Director of Program Services for the Canadian Mental Health Association, Thunder Bay Branch</i></p>	<ul style="list-style-type: none"> • There were numerous mental health calls that police were intervening on through the Crisis Response Services in Thunder Bay and increased pressures on police services • There were increased pressures on the hospital • The benefits of the joint mobile crisis response: <ol style="list-style-type: none"> a. ED diversion for select mental health patients b. Improve clinical information at hand over report c. Improved client experience and support for individuals experiencing a mental health crisis d. Decriminalize mental illness • Numerous barriers were identified to the project • Based on the Crisis Outreach and support team (COAST) Hamilton Model • Looked at the Mobile Crisis Response Sudbury Model • Soft launch of pilot has occurred • Current Elements of Success of the pilot seen so far are: <ol style="list-style-type: none"> a. Integrating Team Members: Sharing of both police and health information when necessary. b. Training mental health professionals. c. Training uninformed officers. d. Availability of an ED/Emergency Psychiatric Service as partner in the process. e. Leadership & Front line buy in is essential <p>It was indicated that next year CMHA Thunder Bay would be in a better position discuss further findings on this project.</p> <p><u>Discussion</u></p> <p>It was indicated that in Kenora through the proceeds of crime grant that a pilot project for individuals 12-18 years of age was submitted and the working group is waiting on a response for this grant.</p>	<p>SARA: to send out powerpoint to the committee.</p> <p>SARA: to invite Jennifer back to the committee in 2018 for further information on the pilot.</p> <p>ASHLEY, JEFF, BOB: to provide further updates on this for the next meeting.</p>

	<p>It was also indicated that other diversion models for adults are being looked into. It was noted that this is a work plan item for the KRRDHSJCC and any discussions needs to incorporate those on this working group to not duplicate current efforts.</p> <p>Further discussion on this topic will be completed at the next meeting</p>	<p>PATTI: to include committee members on these discussions moving forward. These members are: Chad English, Michelle Guitard, Sara Dias, Diane Pelletier</p> <p>SARA: to place this item on the next agenda for discussion.</p>
<p>Update: <i>Indigenous Bail Program, Danny Kazuo Morton, Legal Counsel with the Aboriginal Justice Division with the Ministry of Attorney General (via telephone)</i></p>	<p>Ne-Chee Friendship Center will have a worker, Pikangikum First Nation will have a full time worker which will be working with Nishnawbe-Aski Legal Services, and there will be a worker in Grand Council Treaty 3.</p> <p>The position in Pikangikum will be a bail liaison position which will approve individuals for bail.</p> <p>One barrier identified is how to ensure services are available to individuals within remote communities.</p> <p>Logan Henney is the Bail Manager who has been hired for the Ne-Chee Friendship Center and will be coordinating all the positions.</p>	<p>LOGAN: will provide further updates at the next meeting.</p>
<p>Approval of minutes of March 7th, 2017</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 presentation on Passport Funding for a</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

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
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

BOB & MARCEL to provide ongoing updates around the proposal

	<p>stigma related to individuals perceptions around the facility. Strategies will be identified to the committee once identified.</p> <p>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:</p> <p>It was indicated that the Community and Service providers have been in the center accessing the following:</p> <p>Education Events To access our OTN site, for assessments, education and meetings Participation in Fall Fast</p> <p>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</p> <p>2. Patti Dryden-Holmstrom to provide the committee with utilization numbers for usage of the bed for the next meeting</p> <p>Sara received this information from the Dryden Crisis Response Services, Marcel Penner which indicated the following:</p> <ul style="list-style-type: none">• Fort Frances Admission: 7 with 23 days of use• Kenora Admission: 8 with 24 days of use <p>3. Patti & Diane will request intake criteria for bed utilization for the mental health bed to be presented at the next meeting</p> <p>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:</p> <p><u>Exclusionary criteria:</u></p> <p>Having a primary diagnosis of organic brain syndrome: Does this include FASD?</p> <p>It does not. We have had clients here with FASD and continue to admit.</p>	<p>PATTI: will be following-up with Marcel on the responses provided to the questions PATTI: also indicates</p>
--	---	---

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-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.

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.

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.

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.

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

	<p>Ryan Baird from the Ministry of Children & Youth Services indicated that if a youth is currently under a services there may be potential for some assistance from their ministry. Ryan indicated that he would be discussing this with Chad English from our region to provide an update.</p> <p>Chad provided the following response:</p> <p>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.</p> <p>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.</p> <p><u>The committee has requested that the above response and issue be sent to the Regional and Provincial HSJCC for further comments.</u></p> <p>Northwest District Advisory Committee Meeting: May 13th, 2016</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>NorthWest District Advisory Committee Meeting: November 18th, 2016</p> <p>Meeting took place and Sara was in attendance the following were areas discussed:</p> <p>i. Legal Aid Ontario Mental Health Strategy updates</p> <p>Strategy is underway and focuses on 3 Pillars:</p>	<p>CHAD: to provide an update on the conversation with Ryan.</p> <p>SARA: to follow-up with the Regional and Provincial HSJCC on the further information received.</p> <p>This has been sent to the Provincial HSJCC Charis. Sara will provide a follow-up at the next meeting.</p> <p>SARA: will request Legal Aid Ontario present at upcoming meetings of the information listed.</p> <p>SARA: will request Legal Aide Ontario present at upcoming meeting of the information listed.</p>
--	--	---

	<div>1. Rights:<ul style="list-style-type: none">- 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.</div> <div>2. Access:<ul style="list-style-type: none">- 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</div> <div>3. Sustainability<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</div> <div>Mental Health District Leads<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></div>	<div>SHARON: will provide updates at the next meeting on developments.</div> <div>SARA: will make this a standing agenda items for the committee moving forward.</div>
--	---	--

Sharon indicated that Legal Aid is advocating for base training for lawyers.
Mental Health Leads will have access to the forensic bed registry

ii. New intake tools for lawyer

Sharon indicated they will be discussing intake tools at their next meeting and this will be unique to each district/region.

Claudine Longboat-White provided the following update in regards to the Northwestern Ontario FASD Clinics:

- 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 families but to service providers
- 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

Northwestern Ontario FASD Diagnostic Clinic Updates

Patti indicated that in order to assist in completing the FASD Assessment having access to s.34 assessments is important, however these re very difficult to obtain. The

CLAUDINE: will obtain this screening tool and forward to the Sara to disseminate to the committee.

	<p>question is how this can be released as the clinic requires these assessments.</p> <p>Michelle Guitard indicated that the report needs to be release by the court to the FASD clinic directly.</p> <p>Discharge from Court Protocol</p> <p>The overall goal of 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, a 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 to discharge • Ensure personal property is released properly for inmates who live with a mental illness • Identifying gaps in services in court discharge processes. 	<p>SARA: will have a presentation on this protocol at an upcoming meeting as this is a recorded webinar.</p>
Review of Work Plan 2016-2017 Annual Report Submission to the Provincial HSJCC	<p>The submission was reviewed by the committee.</p> <p>i. Forensic Training May 3rd & 4th, 2017 Dryden, Ontario Evaluations</p> <p>The Training evaluations were forwarded to the committee for review.</p>	
Updates on the Work Plan for 2016-2017	<p><u>Information Sharing Network Development: Criminal Justice Service Agreement & Navigation Maps</u></p> <p>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</p>	<p>SARA, DIANE, MICHELLE & PATTI: will update the committee at the next meeting.</p>

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 4 for 2016-2017:

**8 individuals waiting for Diagnosis
10 individuals waiting for completion of the Developmental Services Ontario Application Package
5 individuals completed Developmental Services Ontario Application Package and are waiting services
12 individuals receiving services
0 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 Welfare organizations to assist with coordinating a transition plan. The committee would like a presentation on this position moving forward.

CHARLENE: to provide numbers for CMHA Fort Frances

SARA & DIANE: to provide an update for 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

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

Presentation occurred at today's meeting and discussion will follow for the next meeting.

Forensic Training:

The sub-committee will need to begin to meet to coordinate the next training for 2017-2018 fiscal year. The topics identified were the following:

- *FASD within the criminal justice system*
- *Concurrent Disorders and models of intervention*
- *Trauma-Informed Care*
- *Housing Models for individuals with mental health, developmental disabilities, dual diagnosis, brain injuries, FASD & concurrent disorders involved within the criminal justice system*
- *Mental Health Awareness & Screening Tools for lawyers involved with individuals with mental health, developmental disabilities, dual diagnosis, brain injuries, FASD & concurrent disorders.*

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: to place this item on the next agenda for Discussion and request the Kenora Rainy River District Crisis Response Services attend the next meeting to discuss.

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

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

	<p>Connex Ontario has indicated that they would like to support this work by incorporating the following into their dashboard:</p> <ul style="list-style-type: none">• Nursing Stations• Nursing Stations which have OTN capability• Residential Treatment Centers that are on First Nations Communities <p>The working group will continue to move forward to develop the directory via electronic and paper and will continue to engage in discussions with Connex Ontario on the above and provide further updates.</p> <p>The current template has been sent to the developer and once completed this will then be shared with Connex Ontario.</p> <p>Review of bail programs within the NorthWest LHIN:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Sara has also sent a request to the Provincial HSJCC to request that Danny be able to present to the committee.</p> <p>Danny Morton provided an update to the group along with the Ne-Chee Friendship Center.</p> <p>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.</p> <p>Form 2 Protocol:</p> <p>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.</p> <p>The navigation map can be found on the Canadian Mental Health Association, Kenora</p>	<p>SARA: will place this as a program item for future agendas to continue to receive updates.</p> <p>SUB-COMMITTEE: will meet prior to the next meeting to provide an update.</p>
--	--	---

	<p>Review proposal submitted regarding Enhanced Mobile Crisis Services for at risk youth and consider opportunities to support submission and implementation</p> <p>There was a minor change in wording in this workplan item requested by the committee member. This was completed and forwarded to the Regional and Provincial HSJCC committee.</p> <p>The amended workplan was provided to the committee for review with this change.</p> <p>Development of Post Custody Enhancement Program Collaboration Agreements</p> <p>A meeting has occurred between CMHA Kenora Branch and the Lake of the Woods District Hospital to identify the issues around release of individuals from Mental Health Court. A further meeting was set up with the Kenora Crown's Office to discuss and a follow-up meeting is occurring in August 2017 with the Court User's Group.</p> <p>A presentation on the Red Bag Program within the province of Ontario will be set up for the committee.</p> <p>Rapid Intervention Services Kenora (RISK) data review and system issues identified and discussed with Regional & Provincial HSJCC Committees</p> <p>Currently the RISK Table is being trained on the new data entry system by the Ministry of Community Safety & Correctional Services. Once the training is completed the Steering Committee will be coordinating a date in to complete a community session to update the community on the data that the table has accumulated as well as provide further education on the table.</p> <p>The Regional HSJCC will now be changing to be the Northwest Center of Responsibility where issues identified within the system will be shared with the Regional Table and if it cannot be resolved at this level it will then be sent to the Provincial HSJCC Table.</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>PATTI & SARA: will provide updates from this meeting</p> <p>SARA: to coordinate this for a future meeting.</p> <p>SARA, BOB, ASHLEY & MICHELLE QUEEN: will provide the group with further updates for the next meeting.</p>
District Items of Discussion	a. Treaty 3 Police: Crisis Services – Kris Miclash	WILL: will contact Treaty 3 Police and

	<p>This was tabled as Constable Mclash 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 representation.</p> <p>c. Patient Advocate Role – Derek Laffin</p> <p>There is a concern that the role of the patient advocate office is not extended to outpatient clients who are in the community. The committee has indicated they require clarification on this.</p> <p>Sara has received an update from the Psychiatric Patient Advocate Office in Thunder Bay around the above and it has been clarified that rights advise services are only to inpatient mental health Schedule 1 hospitals and to clients on Community Treatment Orders in hospital or community. There are no other rights advice services. There is a responsibility for a health practitioner to provide “rights information” if declaring a person incapable for treatment, admission long-term care etc. as to their college directive.</p> <p>The committee would like clarification on if rights advice is offered to individuals who are to be admitted to a long-term care facility. 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>provide an update for the next meeting.</p> <p>BOB: will contact Sioux Lookout OPP and provide an update for the next meeting.</p> <p>SARA: will contact the Patient Advocate Office to request a presentation for the next meeting</p>
--	---	--

	<p>d. 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>e. Transportation Costs for Individuals involved within the criminal justice system.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. • 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 <p>f. Psychological Assessment Access within Correctional Institutions.</p> <p>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</p>	<p>LINDSAY: to provide an update for the next meeting.</p> <p>ALL: Committee members to send Sara this information as she will accumulate this and send to the KRRDMHAN.</p> <p>SARA: will connect with Surrey Place to have them attend the next meeting to discuss the issue identified.</p>
--	--	---

	<p>The Kenora District Services Board indicated that if there is anything related to clients who are a part of the KDSB that they can assist with the transitioning planning.</p> <p>A meeting will be set up with the Court User's Group at the Kenora Courthouse to discuss the above. The following individuals have identified wanting to attend this meeting:</p> <ul style="list-style-type: none"> • Brenda Robertson • Sarah Stevenson • Jennifer Reimer • Sara Dias • Jessica Gilbertson • Kylie Holmstrom 	
<p>Standing Program & Committee updates</p>	<p>a. <u>Youth Mental Health Court Worker</u></p> <p>No updates at this time as Amy Stamp will provide this for the next meeting as she is just transitioning into the new role.</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"> • 48 individuals participating in Mental Health Court • 15 individuals supported through Court Program but not participating in Mental Health Court • 12 individuals entered into Mental Health Diversion • 3 individual approved for Mental Health Diversion • 2 individuals awaiting Diversion Assessment through Forensic Psychiatry Program at CMHA Kenora Branch to determine eligibility • 4 individuals successfully completed Diversion • 10 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</p>	<p>SARA: to place this item on the agenda for the Mental Health Court</p>

	<p>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 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. <u>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.</u></p> <p>The members will be having a meeting with the working group on how they will be addressing this.</p> <p>It was also indicated that currently there are 7 individuals within this court.</p> <p>e. <u>Youth Service Collaborative</u></p> <p>No further meeting has occurred to date. This will occur in the fall.</p> <p>f. <u>FASD NW Ontario Regional Network Update</u></p> <p>This was tabled as Sherry Baum was not present at the meeting today.</p> <p>g. <u>Substance Abuse & Mental Health Task Force</u></p> <p>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.</p> <p>h. <u>Healthy Community Task Force</u></p> <p>This was tabled as Lindsay did not have the information for this meeting.</p> <p>i. <u>Risk Table</u></p> <p>i. Data Review: Currently the training on the new database is occurring and</p>	<p>Stakeholders meeting.</p> <p>PATTI & BOB: to provide an update for the next meeting on this issue.</p>
--	---	--

	<p>therefore no further data has been reviewed. This will occur in September 2017.</p> <p>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 the information from the data collected.</p> <p>iii. New Data Dashboard onboard with the Ministry of Community Safety & Correctional Services: There is a new dashboard for the data that is being rolled out by the Ministry of Community Safety & Correctional Services. Kenora will be trained in this new dashboard.</p> <p>iv. Training date to occur in August of 2017: The training for the new dashboard will occur in August of 2017</p> <p>j. <u>Forensic Services for Children & Youth in Ontario</u></p> <p>There currently is one youth being managed by the program.</p> <p>k. <u>Regional HSJCC</u></p> <p>i. Center of Responsibility Updates (Center of Responsibility Executive)</p> <p>Currently the date for the launch of the Situation Table is being discussed. Membership packages have been sent out and partnership agreements are being signed. Members of the table are completing the Online Training from Wilfrid Laurier University Centre for Public Safety and Well-Being (WLU) Communication Strategy is being discussed and engagement strategy.</p> <p>ii. Training dates in July 11th & 12th, 2017 for the North Community Mobilization Table</p> <p>The dates above have been set to train the Situation Table.</p> <p>iii. Funding for Coordination Position granted for one year</p> <p>The Funding for the Coordination Position for the North West Community Mobilization Worker has been approved for one year</p>	<p>SARA & BOB: will notify the KRRDHSJCC once the annual report has been completed and the information session booked.</p> <p>SARA & BOB: will provide updates on this for the next meeting.</p> <p>SARA & WILL: to provide updates as meetings occur.</p>
--	---	---

	<p>through the Proceeds of Crime Grant.</p> <p>I. <u>Provincial HSJCC</u></p> <p>i. Meeting of March 21st, 2017</p> <p>There was a provincial meeting on this date and the following was discussed:</p> <ul style="list-style-type: none"> • Mental Health Court Project Outcomes: Forum occurred on April 24th, 2017 • Issues Management Session: Focus was on Developmental Services • Conference November 20th & 22nd, 2017: “Walking the Path: Finding the Way to Wellness” • Police-Hospital Transition Project • Indigenous People’s Interactions with the Justice System <p>ii. Meeting of May 16th, 2017</p> <p>There was a provincial meeting on this date and the following was discussed:</p> <ul style="list-style-type: none"> • Red Envelop Initiative provincial expansion of the Ottawa-based program • Issues Management Flowchart and Process discussed • Provincial HSJCC Terms of Reference amended to reflect addition to issues management flowchart • New Community Justice Centers being proposed for Ontario • Northwest Regional HSJCC updates to the Provincial Committee 	
<p>New Business:</p> <p>a. HSJCC Training/Webinars</p> <p>b. Robb Nash Event</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. Operational Stress Injury and Post Traumatic Stress Disorder</p> <p>It was indicated that the Mental Health Lead Sue Devlin is coordinating this event for the Kenora Catholic District School Board. The committee will request an update on this for the next meeting.</p>	<p>SARA: to place on the agenda for the next meeting.</p>

c. Crisis Response Services Business Card	<p>The committee was informed that the Kenora Rainy River District Crisis Response Service Cards are provided to inmates upon release from custody and this has been occurring for months.</p>	<p>SHARON: to provide updates at the next meeting.</p>
d. Legal Aid Ontario Mental Health Strategy Updates	<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 the next meeting.</p>	
e. Northwestern Ontario FASD Diagnostic Clinic Updates	<p>Release of s.34 assessments to the clinic.</p> <p><i>Please see above under business arising from the minutes Northwestern Ontario FASD Diagnostic Clinic Updates</i></p>	
f. Kenora Shelter update and Future	<p>It was indicated that the Red Lake Shelter will be relocated It was indicated that the Kenora Shelter has received numerous complaints around individuals urinating in public. No one has been denied access to the shelter. It was indicated the Sioux Lookout Shelter is currently in transition</p> <p>The discussion on the future of the Shelter for Kenora will be deferred until Henry Wall is present to discuss.</p>	
g. Discharge from Court Protocol	<p>The overall goal of 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 18 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, a 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</p>	<p>SARA: will have a presentation on this protocol at an upcoming meeting as this is a recorded webinar.</p>

<p>h. Correctional Reform in Ontario: Release of the interim report by the Independent Advisory (Howard Sapers) on Corrections Reform released May 4th, 2017</p> <p>i. Charter Challenge to Brian's Law</p>	<p>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>The report speaks to the misuse of solitary confinement and recommendations to address this issue.</p> <p>This was tabled as Steve Walker was not at the meeting to discuss further.</p> <p>This charter case examined involuntary committal under the Mental Health Act and community supervision orders and looked at s.7 (right to life, liberty, security of the person), s.9 (right against arbitrary detainment and imprisonment) , s.10(b) (right to Counsel), s.1 (reasonable limits), s. 15(1) (equality rights) of the Charter and upheld the Mental Health Act as it stands.</p>	<p>STEVE: to provide updates for the next meeting.</p>
--	---	---

Next meeting date	<p>Next meeting date is set for <u>October 17th, 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>