

## HSJCC Meeting Minutes: February 6<sup>th</sup>, 2018

**Present:**

- Sara Dias, Executive Director, CMHA Kenora Branch
- Nan Normand, Northwest Legal Clinic
- Michelle Guitard, Regional Implementation Coordinator, Center for Addiction & Mental Health
- Nancy Hendrickson, Ontario Review Board Transitional Case Manager, Thunder Bay Regional Health Sciences Center
- Barb Brazao, Manager of Court Operations, Kenora Courthouse (via Audio)
- Patti Dryden-Holmstrom, Mental Health & Addictions Programs Manager, LWDH (via Audio)
- Tammy Zurkan for Sarah Stevenson, Kenora District Services Board (via Audio)
- Kylie Holmstrom, Forensic Case Manager, Canadian Mental Health Association, Kenora Branch
- Amy Stamp, Youth Mental Health Court Worker, FIREFLY
- Barb Jackson, Atikokan Community Counselling & Addiction Services (via Audio)
- Derek Laffin, Forensic Case Manager, CMHA Kenora Branch
- Jessica Gilbertson, Court Diversion/Court Support Worker, CMHA Kenora Branch
- Patti Fairfield, Executive Director, Ne-Chee Friendship Center
- Ashley Hendy, Clinical Manager, FIREFLY
- Bob Bernie, Community Mobilization Officer, OPP
- Charlene Strain, Mental Health Diversion/Case Manager, CMHA Fort Frances Branch
- Deborah Hatfield, Rehabilitation Facilitator, BISNO
- Jeff Duggan, OPP Manager, Ontario Provincial Police
- Josh Brodhagen, Probation Manager, Kenora Rainy River District, Youth Services for the Ministry of Children & Youth Services North Region (via Audio)
- Charlotte Caron for Laura Dowdell, Manager, Victim Witness Assistance Program, Ministry of Attorney General
- Michelle Queen, Executive Director, Changes Recovery Homes

**Regrets:**

- Will Scutt, Chair, Kenora Crown's Office
- Lindsay Gillett, Manager, Sioux Lookout Community Counselling & Addiction Services
- Mike Webb, Community Support Worker, CMHA Fort Frances Branch
- Greg Iwasiw, Defense Counsel
- Chad English, Youth Probation Manager
- Brad Peterson, ACT Team, CMHA Kenora Branch

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  
 Sherry Baum, Executive Director, Community Living Dryden-Sioux Lookout  
 Carol Peterson, Nurse Manager, Kenora District Jail  
 Sharon Scharfe, Lawyer, Legal Aid Ontario  
 Estelle Cains, Assessor/Navigator, Developmental Services Ontario Northern Region  
 Candice Kerkermeir, Mental Health Lead, Keewatin Patricia District School Board  
 Jennifer Reimer, Social Worker, Kenora District Jail  
 Arthur Huminuk, Grand Council Treaty #3  
 Diane Pelletier, KACL Director of Adult Services  
 Brenda Robertson, Mental Health Nurse, Kenora District Jail  
 Marcel Penner, Director, Crisis Response Services (via OTN)  
 Sheri Norlen, Manager, William Creighton  
 Steve Walker, Superintendent, Kenora District Jail  
 Logan Haney, Bail Verification/Supervision Program and Case Manager  
 Louise Marston, ODSP Manager, Ministry of Community and Social Services, Ontario Disability Support Program  
 Kelly Hall, Sergeant for the OPP in Red Lake

<p>Introductions</p>	<p><b>New Committee Members were introduced:</b></p> <p>Jana-Rae Dewson, Kenora Crown's Office</p> <p>Charlotte Caron, Acting Manager for Victim/Witness Assistance Program (covering for Laura Dowdell's maternity leave)</p> <p>Jennifer Derosier, Clinical Manager for Sioux Lookout First Nations Health Authority</p> <p>Inspector Daniel Davidson, Sioux Lookout Detachment Commander</p> <p><b>Removal Committee Members:</b></p> <p>None at this time.</p> <p><b>Discussion of what other membership needs to be represented at the table:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Treaty 3 Police Service – Bob Bernie will follow-up to request representation on</li> </ul>	<p><b>SARA:</b> Will update HSJCC Distribution List and website to include new members</p> <p><b>DIANE:</b> will update the committee at the next meeting</p> <p><b>BOB &amp; JEFF:</b> to</p>
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	<p>the committee</p> <p>This was completed by Bob &amp; Jeff and they are waiting to hear from who this representative will be.</p> <ul style="list-style-type: none"> <li>• There was a discussion that the following may be representation that is required at the table: <ul style="list-style-type: none"> <li>- Dr. Zahlan</li> <li>- Kenora Chiefs Advisory</li> </ul> </li> </ul>	<p>provide an update for the next meeting.</p> <p><b>SARA:</b> will follow-up with both and report for the next meeting.</p>
Approval of agenda	Agenda was approved	
Workplan Discussion for 2018-2019	<p>The workplan that was submitted to the MOHLTC for 2018-2019 was discussed. This will be monitored for each meeting moving forward.</p> <p>Sara will set up meetings with each sub-committee to continue working on each identified workplan item.</p> <p>Sara will also request membership for workplan items that require a sub-committee to be established.</p>	<p><b>SARA:</b> to follow-up with sub-committees and with the entire committee where needed.</p>
<p><b>Presentation: <i>Connex Ontario Health Services Information:</i></b>  <b>Ron Stewart, Health Data Liaison for LHIN areas: Champlain, North Simcoe Muskoka, North East, North West</b></p>	<p>Ron indicated the following:</p> <ul style="list-style-type: none"> <li>- In April of 2018 Connex Ontario will be moving to one number for all services (mental health, addictions, gambling) and there will not be 3 separate phone lines.</li> <li>- Ron indicated that in regards to the workplan item Inventory of mental health &amp; addiction resources available in First Nation Communities within the Northwest LHIN the following can be created for the group in Connex Ontario:</li> </ul>	<p><b>SUB-COMMITTEE:</b> will follow-up with Ron on developing the dashboard.</p>

	<ul style="list-style-type: none"> <li>- Identify services by population, age range, Indigenous</li> <li>- Can match the needs of clients to services</li> <li>- Can track availability of services</li> <li>- Can create a secure log for users and this would allow for tracking of who is accessing the information</li> <li>- Can create the system which is open to the public so anyone can search the information</li> <li>- Depending on which approach is chosen by the committee this can be changed at a later time</li> <li>- This information in the system would be reviewed yearly and therefore kept up to date</li> <li>- Connex Ontario could connect to nursing station to update information</li> </ul> <p>The committee indicated that they would like to develop a dashboard that is available to the public and is not password protected.</p>	
Approval of minutes of October 17th, 2017	The minutes were adopted by consensus.	
Business arising out of the minutes	<p><b><u>Discussion</u></b></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>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><b>ASHLEY, JEFF, BOB:</b> to provide further updates on this for the next meeting.</p> <p><b>PATTI:</b> to include committee members on these discussions moving forward. These members are: Chad English, Michelle Guitard, Sara Dias,</p>

**Presentation: *Developmental Services Ontario Northern Region – Estelle Cains***

**Highlights from the presentation were as follows:**

- 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

The committee indicated that they would like a presentation on Passport Funding

**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.

Diane Pelletier

**SARA:** to place this item on the next agenda for discussion.

**SARA:** will coordinate with Estelle a presentation on Passport Funding for a future meeting

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.

Bob indicated that the District Crisis Response Services has been completing shift briefings with their officers and a collaborative protocol is being put in place for all police services in the province

**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:

**BOB & MARCEL will provide an update on the collaborative protocol for the next meeting.**

1. Speak about having a mental health issue
2. That they do not indicate that they are calling about being homeless

**It was indicated that the committee would like the follow information to be looked into for the next meeting:**

1. A sub-committee to be struck to discuss access to the mental health bed in Kenora and ongoing issues. This committee was identified as Diane Pelletier, Patti Dryden- Holmstrom and Kyla Storry

This meeting occurred with the following individuals: Patti Dryden-Holmstrom, Diane Pelletier, Kyla Storry, Bruce Siciliano, Donna Indian & Sara Dias. As the current bed is currently placed at the Morningstar Detox Center as this is an economically feasible location the strategies identified by all parties was to engage in awareness activities for organizations and staff around the Morningstar Detox Center to assist in reducing the stigma related to individuals perceptions around the facility. Strategies will be identified to the committee once identified.

Patti provided the following strategies that are being put in place to assist in addressing the stigma related to access of the mental health bed at the Morningstar Detox Center:

It was indicated that the Community and Service providers have been in the center accessing the following:

Education Events

To access our OTN site, for assessments, education and meetings

Participation in Fall Fast

They are also planning Drug Awareness Week activities

They had a visit on October 21 on site from the Accreditation Team

Hosted a student from Confederation College

2. Patti Dryden-Holmstrom to provide the committee with utilization numbers for usage of the bed for the next meeting

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

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

3. Patti & Diane will request intake criteria for bed utilization for the mental health bed to be presented at the next meeting

Crisis bed admission for Kenora and Fort Frances was provided to the committee and reviewed there are some questions that the committee would like some clarification on which are the following:

**Exclusionary criteria:**

Having a primary diagnosis of organic brain syndrome: Does this include FASD?

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

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

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

Have convictions of assault (excluding spousal assault, charges that occurred more 10 years ago or more, and/or alcohol-related convictions): If there is a risk assessment or risk management completed will these convictions be considered?

**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?

**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 9<sup>th</sup>, 2016 and will provide an update at the next meeting.



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

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

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

The committee has also requested to know number of individuals that have been accepted since April 1<sup>st</sup>, 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.

**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

**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 25<sup>th</sup>, 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.

The Provincial HSJCC Committee has requested that this be sent to the Regional HSJCC (NCOR)

This issue has been taken to the NWCOR and is moving through their issues management process.

**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:** will provide updates for the next meeting.

**SARA:** will request

**Northwest District Advisory Committee Meeting: May 13<sup>th</sup>, 2016**

Sara has been requested to sit on this Advisory Committee for Legal Aid Ontario. The first meeting occurred and there have been updates on the following:

- Legal Aid's Mental Health Strategy
- Aboriginal Justice Strategy
- Expanded Legal and Financial Eligibility for service levels.
- Thunder Bay is coordinating an Indigenous Court in Thunder Bay

**NorthWest District Advisory Committee Meeting: November 18<sup>th</sup>, 2016**

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

i. Legal Aid Ontario Mental Health Strategy updates

Strategy is underway and focuses on 3 Pillars:

1. Rights:

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

2. Access:

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

3. Sustainability

- Too many mental health initiatives are one-offs that don't sustain change

Legal Aid Ontario present at upcoming meetings of the information listed.

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

- 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

**Mental Health District Leads**

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.

iii. “Core Training” for lawyers

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.

Sharon has indicated that she has completed training internally for staff and that full training will be coordinated for the spring.

**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

**SHARON:** will provide updates at the next meeting on developments.  
**SARA:** will make this a standing agenda items for the committee moving forward.

- 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 question is how this can be released as the clinic requires these assessments.

Michelle Guitard indicated that the report needs to be release by the court to the FASD clinic directly.

#### **Treaty 3 Police: Crisis Services – Kris Miclash**

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.

Will Scutt have indicated that he will follow-up with Treaty 3 Police for representation.

**Bob has indicated that he has followed up with this and a representative will be provided for the committee.**

#### **Sioux Lookout OPP: Crisis Services – Nicholas Rhone**

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

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

**BOB:** will provide an update on this for the next meeting.

	<p>The representative is Inspector Daniel Davidson who has been added to the distribution list.</p> <p><b>Patient Advocate Role – Derek Laffin</b></p> <p>There is a concern that the role of the patient advocate office is not extended to outpatient clients who are in the community. The committee has indicated they require clarification on this.</p> <p>Sara has received an update from the Psychiatric Patient Advocate Office in Thunder Bay around the above and it has been clarified that rights advice services are only to inpatient mental health Schedule 1 hospitals and to clients on Community Treatment Orders in hospital or community. There are no other rights advice services. There is a responsibility for a health practitioner to provide “rights information” if declaring a person incapable for treatment, admission long-term care etc. as to their college directive.</p> <p>The committee would like clarification on if rights advice is offered to individuals who are to be admitted to a long-term care facility. The committee would also like to have a presentation and dialogue around this for an upcoming meeting.</p> <p>Sara has received further information from the Psychiatric Patient Advocate Office in regards to the above and it has been indicated that they do not provide rights advice for individuals found incapable for long-term care admissions They only provide rights advice to individuals in Mental Health, Schedule 1 Psychiatric Units or individuals on Community Treatment Orders for treatment incapacity.</p> <p>The Psychiatric Patient Advocate Office provided an article on Consent and Long-Term Care that was provided to the committee prior to the meeting for review.</p>	<p><b>SARA:</b> will contact the Patient Advocate Office to request a presentation for the next meeting</p>
<p>Updates on the Work Plan for 2016-2017</p>	<p><b><u>Information Sharing Network Development: Criminal Justice Service Agreement &amp; Navigation Maps</u></b></p> <p>The indicators have been finalized by the parties that have signed onto the agreement and Quarter 4 Data is currently being requested to be submitted. A report will follow after all 4 Quarters of data have been submitted. <b>This report will be completed by the fall of 2018 to be presented to the KRRDHJSCC.</b></p>	<p><b>SARA, DIANE, MICHELLE &amp; PATTI:</b> will update the committee at the next meeting.</p>

The navigation maps require some updating which will be made within the next few months. The maps at the present time can be found on the Canadian Mental Health Association, Kenora Branch's website at [www.cmhak.on.ca](http://www.cmhak.on.ca) if anyone would like copies.

**Developmental Services Ontario:**

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

**In Quarter 1 for 2017-2018:**

- 4 individuals waiting for Diagnosis**
- 2 individuals waiting for completion of the Developmental Services Ontario Application Package**
- 4 individuals completed Developmental Services Ontario Application Package and are waiting services**
- 7 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.

The sub-committee has met and reviewed the first year data and will continue to track the indicators identified.

**SARA, JESSICA, KYLIE & DEREK:** will be meeting with Ne-Chee Friendship Center to review the navigation maps and make changes where appropriate based on new services available.

**CHARLENE:** to provide numbers for CMHA Fort Frances

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

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.

**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.

**Sub-Committee has been struck and is currently reviewing feedback from the committee as well as data.**

**Forensic Training:**

The sub-committee has begun to meet to discuss the topic for the next training that will be occurring in September of 2018 in Kenora. The following are the topics for the conference:

- *FASD within the criminal justice system*
- *Concurrent Disorders and models of intervention*

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

Meeting with the sub-committee has taken plan 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.

**MARCEL:** to provide updates at the next meeting in regards to the work the sub-committee is completing.

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

**SARA, SHERI, NANCY, NAN:** to provide an update for the next meeting on developments of the conference.

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



Connex Ontario has indicated that they would like to support this work by incorporating the following into their dashboard:

- Nursing Stations
- Nursing Stations which have OTN capability
- Residential Treatment Centers that are on First Nations Communities

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.

The current template has been sent to the developer and once completed this will then be shared with Connex Ontario.

Follow-up to this workplan item occurred at today's meeting with Connex Ontario.

The completed printed copy of the inventory was provided to those committee members present and for those not present or for future reference the inventory can be found on the CMHA Kenora Branch website at [www.cmhak.on.ca](http://www.cmhak.on.ca) under the KRRDHSJCC tab.

**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](http://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:**

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

**CAROL, BRENDA & STEVE:** to provide an

Currently the sub-committee has not met as not all parties have been available on holidays. The sub-committee will look at meeting prior to the next HSJCC committee meeting to provide an update.

It was indicated by Carol & Brenda that the reason the committee has not met to date is due to new developments occurring around psychiatric 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 complete Form 1 to the Lake of the Woods District Hospital. The process of how the Doctor will complete Form 1 on an individual will be discussed with Dr. Zahlan and will be reported to the committee for the next meeting.

This pilot is being started in Kenora and then Fort Frances and will occur every Wednesday.

Dr. Zahlan will be meeting with the sub-committee to discuss the above process.

The committee is waiting to hear from the Kenora District Jail on how to move forward with this item.

There was some discussion on if psychiatric evaluations around formability under the Mental Health Act can occur over video or OTN.

The Form 1 Collaborative Agreement was sent to all parties for review and is waiting on signing.

**Review proposal submitted regarding Enhanced Mobile Crisis Services for at risk youth and consider opportunities to support submission and implementation**

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.

The amended workplan was provided to the committee for review with this change.

It was indicated that this pilot has been up and running with the Kenora Chiefs Advisory and the pilot is doing well and is seeking further funding. It was indicated that the pilot has had great outcomes of reducing pressures on the emergency department as well as been responsive to the needs of youth in the community in crisis.

**Development of Post Custody Enhancement Program Collaboration Agreements**

update for the next meeting.

SARA: to coordinate a presentation on this pilot by the OPP and KCA for an upcoming meeting.

	<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>This occurred at today's meeting.</p> <p><b>Rapid Intervention Services Kenora (RISK) data review and system issues identified and discussed with Regional &amp; Provincial HSJCC Committees</b></p> <p>The data is being reviewed by the RISK Steering Committee and a meeting has been set up with FIREFLY and a meeting has been requested with KCA. Information from this meeting will be shared with the committee at the next meeting. Specifically the focus of the meetings are to provide the data that indicates that 12-17 years of age are the highest age demographics of cases being presented to the table at 64%.</p> <p><b>ALL IDENTIFIED COMMITTEES WITHIN THE WORKPLAN WILL REVIEW ALL FINAL DOCUMENTS FOR APPROVAL TO SEND TO THE DISTRICT HSJCC COMMITTEE FOR DISSEMINATION.</b></p>	<p><b>SARA, BOB, ASHLEY &amp; MICHELLE QUEEN:</b> will provide the group with further updates for the next meeting.</p>
<p><b>PRESENTATION: <i>Discharge from Distant Court Protocol</i>, Khatija Laloo, Corporate Lead Institutional Services Ministry of Community Safety and Correctional Services</b></p>	<p>Khatija Laloo provided the following highlights:</p> <ul style="list-style-type: none"> <li>• Criteria for the DDCP are: Inmates, 18 years or older, who will be released from a distant court and are identified as vulnerable, with no ability to retrieve essential property from the facility and when released at the distant court. It is up to the local institution to define what a distant court is.</li> <li>• Vulnerable persons who have a diagnosis or symptoms of altered mental capacity.</li> <li>• Process is that the gap in service for the inmate is identified.</li> <li>• The institution has an internal process that is followed.</li> <li>• The DDCP will be implemented to all institutions who house remand inmates across the province of Ontario over 2018. This will be a phased approach with sites in the province.</li> <li>• Proposed sites: <ul style="list-style-type: none"> <li>- Easter Region – OCDC expansion and OPP OTP</li> <li>- Central Region – Vanier Centre for Women and OPP OTP</li> </ul> </li> </ul>	<p><b>BRENDA:</b> to provide an update for the next meeting.</p>

	<p>- Western Region – South West Detention Center (SWDC) expansion and OPP OTP  - Norther Region – North Bay Jail and OPP OTP</p> <p>The presentation slides will be forwarded to the committee for review.</p> <p>Brenda Robertson will follow-up with Steve Walker from the Kenora District Jail to discuss this program and provide an update to the committee for the next meeting.</p>	
<p><b>District Items of Discussion</b></p>	<p><b>a. Lack of access of Sexual Assault Kits in communities – Sioux Lookout</b></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 7<sup>th</sup>, 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>Jeff Duggan indicated that he has followed up on this issue and the individual is flown out by orange so they don't complete the kits in the community. Cases are not closed.</p> <p>It was indicated that there has been resistance from nurses to complete kits and follow-up with Donna Wolack is being discussed on this issue by the OPP.</p> <p><b>b. Transportation Costs for Individuals involved within the criminal justice system.</b></p> <p>The committee was notified that the Kenora Rainy River District Mental Health &amp; Addictions Network is currently looking at accumulating costs associated with transportation needs of individuals within the mental health &amp; 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"> <li>• Ongoing transportation issues for those individuals being released from custody.</li> <li>• Lack of connections within communities for ongoing transportation.</li> <li>• Difficulties with transitions of clients between transportation types especially for clients with disabilities.</li> <li>• No same day medical appointments to Winnipeg for individuals to attend which</li> </ul>	<p><b>LINDSAY &amp; DAN:</b> to provide an update for the next meeting.</p> <p><b>ALL:</b> Committee members to send Sara this information as she will accumulate this and send to the KRRDMHAN.</p>

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

Jeff Duggan indicated that the OPP system has another code in their system that identifies mental health calls however does not break this out into cost.

#### **c. 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.

Derek Laffin indicated that this issue has been dealt with and can be removed from future agendas.

#### **d. 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.

Patti indicated that there are many individuals who are at the Detox facility who are there because they are waiting a bed in a long-term care facility.

There are other individuals who need access to a capacity assessments and can't afford this and then are admitted to the Detox Facility to then have their capacity assessed.

The committee would like to know how other communities are managing these two issues.

**SARA:** to remove this items for the next agenda.

**SARA:** will connect with Provincial HSJCC on this and provide an update.  
**PATTI:** to provide further updates to the committee on this issue.

Patti indicated that acute care beds at the Morningstar Detox Center are being used at times for individuals waiting to be admitted to long-term care or for individuals being released from custody through the Post Custody Enhancement Program.

**e. 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 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.

This meeting will be occurring within the next few months and the group will also be meeting with the Court Users Group.

This meeting took place and information sharing has begun and further follow-up will be requested as issues arise.

**f. Discharge of clients from jail without medication**

It was identified that there are a large number of individuals who are being released from custody without proper discharge planning and communication with the Kenora District Jail.

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.

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:

- Brenda Robertson
- Sarah Stevenson
- Jennifer Reimer
- Sara Dias
- Jessica Gilbertson
- Kylie Holmstrom

**PATTI:** will provide an update on any further developments for the next meeting.

**BRENDA:** to provide an update for the next meeting.

	<p>This meeting occurred and communication has begun amongst service providers to mitigate the issue and will be monitored within the next few months.</p> <p><b>g. <u>NEW ISSUE: Discharge Protocols</u></b></p> <p>There was discussion around the lack of consistency around discharge protocols of individuals from mental health court from the jail. Discussions have been had and the court office will be following up with the jail. There were discussions on the realities of not being able to predict what happens in court for clients which disrupts any seamless discharge process. Lawyers and the courts have indicated that they will do their best to ensure that communication of discharges be discussed with service providers.</p>	<p><b>JESSICA, KYLIE, BRENDA &amp; MICHELLE QUEEN:</b> to provide updates for the next meeting.</p>
<p><b>Standing Program &amp; Committee updates</b></p>	<p><b>a. <u>Youth Mental Health Court Worker</u></b></p> <p>Amy Stamp provided the following update:</p> <ul style="list-style-type: none"> <li>- 5 Individuals supported by the program</li> <li>- 2 individuals on diversion</li> <li>- 2 individuals up for a potential diversion</li> <li>- 4 new referrals</li> <li>- 3 s.34 assessments</li> </ul> <p>.</p> <p><b>b. <u>Mental Health Court Diversion/Support Workers</u></b></p> <p>CMHA Kenora Branch provided the following update:</p> <ul style="list-style-type: none"> <li>• 36 individuals participating in Mental Health Court</li> <li>• 8 individuals supported through Court Program but not participating in Mental Health Court</li> <li>• 2 individuals entered into Mental Health Diversion</li> <li>• 2 individual approved for Mental Health Diversion</li> <li>• 3 individuals awaiting Diversion Assessment through Forensic Psychiatry Program at CMHA Kenora Branch to determine eligibility</li> <li>• 3 individuals successfully completed Diversion</li> <li>• 15 individuals awaiting a Forensic Assessment</li> <li>• 14 Number of Dual Diagnosed Clients</li> </ul> <p>CMHA Fort Frances did not provide an update.</p>	

**c. Mental Health Court**

Issues identified through the court were identified under Districts Items for Discussion above in items h and i.

There was a discussion of having an information update on the Youth Mental Health Court Position through FIREFLY as there is some confusion on the edibility of the program.

**d. Drug Court**

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

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

It was also indicated that currently there are 5 individuals within this court.

This is a new workplan item for 2018-2019 and training on the Drug Court Model will be coordinated moving forward.

**e. Youth Service Collaborative**

No further meeting has occurred to date. This will occur in the fall.

**f. Indigenous Bail Program**

Patti Fairfield indicated that they are hiring another Bail Worker at this time for April of 2018 and the Pikangikim First Nation Worker is now operating. Grand Council Treaty #3 is hiring.

**f. FASD NW Ontario Regional Network Update**

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

**AMY:** to present at a future meeting.

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

**SARA:** to develop a sub-committee to organize the training.

**SARA:** to coordinate a presentation at a future meeting.



There was indication that there is now a FASD Case Worker that is permanent funding at FIREFLY for this and there are approximately 100 people on the waitlist for assessment.  
The committee would like a formal presentation on this at some point at a future meeting.

**g. Substance Abuse & Mental Health Task Force**

The legislation for cities to have a Community and Safety Well-Being Plan has been mandated and the discussion is now being had with the City of Kenora on where this position will be held.  
The Task Force has launched their video which can be found on their website.

**h. Healthy Community Task Force**

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

**i. Risk Table**

See workplan items above for updates.

**j. Red Circle Table**

No updates at this time as Sergeant Kelly Hall was not present at today's meeting.

**j. Forensic Services for Children & Youth in Ontario**

No new referrals for assessments.

**k. Grand Council Treaty 3**

Hiring occurring for the Bail Program at this time.

**l. Regional HSJCC**

- Situation Tables in Greenstone & Marathon are commencing
- Information Sessions and further representation at the Community Mobilization Network in Thunder Bay has been increasing
- Health & Well-Being Grant application has been submitted for facilitators across the District by sub-region definitions (5 Full Time Staff are being applied for)

**SARA & WILL:** to provide updates as meetings occur.

- Issue Management Session occurred on the topic of assessing capacity assessments
- Visioning Day occurring with Chairs on March 7<sup>th</sup>, 2018 in Thunder Bay
- Day of Learning with Maya Chacaby on March 28<sup>th</sup>, 2018 in Thunder Bay

**m. Provincial HSJCC**

- HSJCC Secretariat Staffing Updates
- Joseph Szamuhel is the Project Manager
- Seble Makonnen is the Policy Analyst (Justice Lead)
- Tasha Rennie is the HSJCC Network Engagement and Communications Officer
- Candace Vena is the new HSJCC Network Coordinator

November 22<sup>nd</sup>, 2017 meeting occurred and topics were the following:

- Conference Discussion wrap up
- Update on the Mental Health Courts Project
- Member Engagement Plan (follow-up with committee)
- Indigenous Populations and the Justice System Project
- Community Justice Centers
- MCSCS Corrections Reform Roundtable meeting occurred on policy direction
- What could Local and Regional HSJCC's play in the roll out of Community Safety Plans
- MOHLTC funding for supportive housing for forensic system clients (Thunder Bay received one worker)
- Ministry of Attorney General public release of the Crown's Prosecution Manual which includes 37 new directions

January 16<sup>th</sup>, 2018 meeting occurred and topics were the following:

- Member Engagement Plan distributed (visit to the KRRDHSJCC in the future)
- Indigenous Populations and Justice System next phase
- Task Force Group
- Community Justice Centers update
- Discharge from Distant Court Program

	<ul style="list-style-type: none"> <li>- Legal Aid Ontario presented on the new Prison Law Strategy</li> <li>- Aging Populations and the Justice System Discussion</li> <li>- MCSCS Corrections Reform</li> </ul>	
<p><b>New Business:</b></p> <p><b>a. HSJCC Training/Webinars</b></p> <p><b>b. Robb Nash Event</b></p> <p><b>c. Legal Aid Ontario Mental Health Strategy Updates</b></p> <p><b>d. Legal Aid Domestic Violence Strategy</b></p> <p><b>e. Legal Aid Aboriginal</b></p>	<p>No webinars since the last meeting.</p> <p>Sub-Committee has been struck who is Sue Devlin, Candice Kerkermeier, Sara Dias and Amy Stamp. Committee is looking at potentially a date in the Fall of 2018. There was some discussion of issues around potential transportation barriers for students to attend. Michelle Guitard indicated that she would be following up with this.</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 the next meeting.</p> <p>Sharon indicated that training is being coordinated for the fall of 2018.</p> <p>This is a 3 year action plan. The plan focuses on:</p> <ul style="list-style-type: none"> <li>- Making it easier for domestic violence survivors to access services</li> <li>- Improving how legal aid staff, community legal clinic staff, and lawyers provide help by training them to understand the complicated legal needs of domestic violence clients.</li> <li>- Looking at ways for Legal Aid Ontario to work with community groups to provide supports that don't currently exist.</li> </ul> <p>The Strategy can be found at the following website: <a href="http://legalaid.on.ca/DVS">http://legalaid.on.ca/DVS</a>.</p> <p>The Aboriginal Justice Strategy is an organizational priority to improve legal aid</p>	<p><b>SUE, CANDICE, AMY &amp; SARA:</b> to provide an update for the next meeting.</p> <p><b>MICHELLE GUITARD:</b> to provide an update for the next meeting.</p> <p><b>SHARON:</b> to provide updates at the next meeting.</p>

<p><b>Justice Strategy</b></p>	<p>services to First Nation, Metis, and Inuit communities and individuals. The main priorities are:</p> <ul style="list-style-type: none"> <li>- Improving and increase access to <i>Gladue</i> services for Aboriginal peoples and communities</li> <li>- Develop a localized model of delivering legal aid services that is responsive to the needs of Aboriginal individuals and communities</li> <li>- Improve relationships and increase Legal Aid Ontario's understanding of the legal needs and unique circumstances of Aboriginal populations in Ontario and how to address them</li> <li>- Strengthen Legal Aid Ontario's internal capacity to enhance services to Aboriginal clients and communities, and ensure sustainability of improvements.</li> </ul>	
<p><b>f. Kenora Shelter update and Future</b></p>	<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> <p>Henry Wall attended the meeting and provided the following update:</p> <ul style="list-style-type: none"> <li>- Nee-Chee Friendship Center is now operating the shelter and they would be in the new shelter by October of 2018 and they will require \$1.1-1.2 Million to get the building that is designated for its location up to date</li> <li>- There will be 48 beds and onsite transitional housing supports</li> <li>- KDSB is waiting on zoning amendments from the city as the location has been applied for the shelter to be located at the Knox United Church. The lease would be signed for 20 years and they are just waiting to see if there are any appeals to the zoning amendments.</li> </ul>	<p><b>HENRY:</b> to provide updates for the next meeting.</p>
<p><b>g. Correctional Reform in Ontario: Release of the interim report by the Independent Advisory (Howard Sapers) on Corrections Reform released May 4<sup>th</sup>, 2017</b></p>	<p>The report speaks to the misuse of solitary confinement and recommendations to address this issue.</p> <p><b>There is a survey sent out by the Provincial HSJCC for all to complete if they have input into the recommendations put forward.</b></p> <p>The first report had 63 recommendations</p>	



