

Human Services & Justice Coordinating Committee - Local (HSJCC) Meeting Minutes

Date of Meeting: April 1, 2014	Chair: Heather Lumley	Minutes: Sandra Miles
Attending: Heather Lumley, Deb Selwyn, Juanita St. Croix, Sue Hillis, Keri Zammit		
Guest: Omer Vandevyvere, <i>Regional Coordinator of Acquired Brain Injury Services, St. Joseph's Health Care London - Parkwood Hospital</i>		
Regrets: Mary Kay Arundel, Liz McIntosh, Kenna Dalrymple, Braden Whilsmith, Jen Procop, Jim Boniferro, Jose Mejia, Bill Chantler, Pam Hill, Dylan Langille, Lori Cunningham, Shannon Ogden, Melanie Ferdinand		

Topic of Discussion	Follow up
<ul style="list-style-type: none"> • Review and Approval of Minutes <ul style="list-style-type: none"> • Approval of November 7, 2013 minutes – no changes 	<p>Approved</p>
<ul style="list-style-type: none"> • Heather was going to cancel the meeting today based on the attendance but decided to continue with the meeting and perhaps the people here today could make some decisions on where we are going to go next. The HSJCC from the provincial level is extremely supportive of all of the locals and the webinars. How can we in London put some life back in. Spoke to Mary Kay who is the co-chair about having a big town hall and sending out an invite to everybody, anybody you would like to invite and have a large group come back together again. Then see where there is interest, if people aren't interested that is okay but we need to get the right people who want to do some of the work. Wanted to purpose that to the group today to see if that made sense. It is time to revote for the chair position. If anyone else is interested this will be included in the town hall. If someone else wants to step forward to take the chair position. • We never want to not have interested people participate in the HSJCC that was never the intention and it is getting smaller and wanted to purpose that to the people attending today. Heather could draft a large email out to the rest of the team if that makes sense? The mandate has changed; the initial rational for the HSJCC was to build a network and now we have over 1,400 people attached to it so now it is driven by more actual service delivery. Now it is moving toward looking at systemic issues and how we can facilitate change. Even the provincial table is much more focused on position papers; the report about the bail, the report about bill C14. The only thing we produced in terms of initiatives funded through this local was the training that Nancy Hall is providing for Neurobehavioral Treatment for FASD. The research is ongoing with the court diversion. 	<ul style="list-style-type: none"> • Set date and location for Town Hall meeting

General consensus was that this would make sense to proceed with a town hall meeting. We will do the presentation on what has happened in the past two years and then say now there is a smaller executive committee again and see who wants to participate and then move from there.

- Moving forward there will be a shift having the minutes on the website. Eventually we will download information to it, important reports or information that comes from various groups. We will be able to use this as a communication tool.
- Update by Deb Selwyn regarding the hand held resources for the out of area OPP who aren't familiar with the resources. Deb did send Dylan the old format that they had however she did speak to Marnie Wedlake who is their Information Referral Educational Outreach person. Deb asked if there was something we could do and she thought that was a great idea as they don't have their hand held devices when they are dealing with somebody. They need a piece of paper or tool to use on the spot. It was suggested that they put a proposal through the HSJCC for funding. It is a new year and they are accepting proposals right now. It meets the needs of the OPP for multiple county as well as here. The funding is ongoing and the funds are readily available. Deb to meet with Marnie again next week to discuss.

Local Updates

- We have completed 2 sessions of the Neurobehavioural Training that the HSJCC Local funded. There are 2 sessions left. There are 46 participants from all different sectors and was well received and everything is going well.
- Jim Whaley's refresh was completed and we are waiting for his report to go into the LHI. Not sure when this is going in but justice was certainly noted.
- Still looking for some ideas for youth training. Haven't put anything together as the Ministry of Child and Youth Services is undergoing changes and they are providing so much training through the ministry that we probably couldn't get anyone to participate as they are getting training done through the ministry.
- Some discussion around the service resolution table spoke to Michelle Vanbeers and Christine Sampson from mental health as to how that looks since the merge. We will just let the dust settle on that and then see what comes up.
- If anyone wants any information about the service collaboratives they meet quarterly right now and provide information and feedback up the chain to the actual four people that are doing the justice collaborative, they are quite different than London. The areas are

Kenora, Champlain, Niagara and Toronto is doing the only adult one. If anyone wants more information on that let Heather L. know.

Regional Updates

- Have finished the year end and we have completed all of the proposals and initiatives that we had proposed to do. Did a number of OPP trainings again, other training activities, not a lot of research just the court diversion project is the only research so far. Just continue with the knowledge exchange. The same committee will move forward for next year. Anyone can submit proposals to Heather and she will send them up to the committee. If you put in a proposal what they are measuring it against, if they meet the point systems then they get the funding. Do not fund food or travel. It is really about producing some effective change in each community. Regional meeting March 20/14 we had the largest participation as we did it through teleconference and people didn't have to drive but were able to commit to the meeting. We will update with any proposals that come in please feel free to forward them in and we will get them to the table. The template will go out and it is a basic request because we really want to use the money for initiatives so it is a pretty basic template will be included with the minutes.
- Legal Aid Ontario consultation - there is a proposal with CMHA to design a tool. They are going to do a lit review and an analysis of all the reliable and valid tools that are out there and then either develop, tweak or use one that is there. Uppalla is working on looking at a screening tool before people go into the court system. There has been a lot of feedback given and a number of consultations across Ontario as to some of the changes they made, as well as some of the things they might project in the future.
- Bill C14 - that response went in and we haven't had any response back. That was the letter that was sent from the provincial table regarding the changes to NCR clients and it is on the website
- Bail Expert Recommendations – people who don't do bail were making recommendations and didn't engage with the justice community that has been doing bail for a number of years. There was a strong response from justice regarding those recommendations and how they impact. It was a real lesson for the provincial table to consult justice in a different way because there is only Heather L. and one other community rep and one internal PO that sits at the table. Everyone else that is a voting member is from health so they have heard that response and it was helpful in terms of understanding that things are sometimes done differently.
- **Webinars**
 1. **Prisoners Belongs** – was a helpful webinar regarding the issue of how we get

- Proposal template and the matrix attached to the minutes.

belongings back and forth and the amount of money spent transporting these belongings back and forth.

- There was a discussion regarding the 90 day policy before starting the process to get ID. Without government issued ID it is almost impossible to get services without having a Heath Card. Have been trying to have clients health cards sent to the last known address, to their PO, or to have it sent to any community partner that is working with them, however they just keep saying they don't have the storage space for these. There are other communities that have ID clinics that store data for people that are maybe not responsible or have lost their ID. It is a very successful model however it is not available in London.

2. HARM assessment tool and FASD - Nancy Hall and Veronica Pepper spoke. Was successful and a lot of good information was shared. Highlights the multi-sector issues the jail space, the prison space, the community response. It was well received.

3. The third one this year was a conversation with Toronto Deputy Chief, Michael Federico which was held on March 28/14. The EEnet from CAMH is supporting these webinars which is very helpful.

- There is a long list of topics they would like to cover for the Webinars. If anyone has any input that they would like Heather L. to take to the provincial table she will be happy to do so.
- Presenting the Police and ER presentation again at the Addiction in Mental Health conference in May. We have presented this once already. There are two officers, Heather L. and two mental health workers who are presenting.
- The next HSJCC conference will be in 2015 so that will be another year and a half.
- An update for the Specialized Courts and Courts Supports Project was shared at the regional table. It is under way. London has begun the process but wasn't finished in time so Beth Anne Currie wasn't there to report. They are looking at the role of court support specifically and whether it is helpful or successful. The survey was sent out as they are evaluating the impact. They were asked for lists of lawyers, service providers and everyone they connect with at the court. They launched it in the region at the same time, so pulling it together from all the different courts was difficult. They had difficulty getting

lists from a number of communities. It is up and running and there were 62 respondents in South West Ontario.

- 2 FTE's for Drug Treat Court – there are no dollars for actual housing when they go through Drug Treatment Court. There was a meeting with LHIN on March 6 and they met onsite at the court house and talked about gaps in services. With respect to people who are drug users, addicted. Having a really hard time, it appears to be just a drug addiction, the issue is if the criteria to get into the drug treatment court is nine months then there are people who aren't going to be serviced through ATC because they don't get assessed. Suggestion to refer them to SLCS Reintegration Program as that is their mandate to service. The city is taking a different look at homelessness and the shelter work as well and trying to put some things in for the bail people. The number of shelter beds in London in response to the per capita is astronomical. They are also looking at supportive housing at the same time. Some discussion is happening but we still have a long way to go.
 - ATC Working Group Meeting - Driven by LHIN, it helps with understanding with where clients are flowing to and from. This came out of the system mapping of Buddy's Journey. Looked at where Buddy came in and where Buddy went and then compared where resources were getting wasted, duplicated or exhausted. The two highest values were the ER and the Therapeutic Court. That is why they have recreated the model. Out of that came Mobile Crisis Team and the ER Diversion. Also how to streamline court a little and reduce duplication and the flow of clients is more assisted and may be more coordinated. There are still areas that are being seen as gaps. The basic version talks about the flow of clients and then the lawyers wanted to know where they could intersect so Deb created another one for the lawyers, the third one is workload and when she changes functions and where people are coming from. It is helpful to understand where clients come and go. Now have two doctors at the court. Dr. Carol McDaniel and Dr. Craig Beach from Southwest Region. Now have access to psychiatry that wasn't available for the past couple of years.
 - **CMHA Middlesex** – Serving Exeter and Goderich and Strathroy. Referring to their locations as sites. People are starting to reorganize, hoping that it is more streamlined and easier to access. Should take about six months to settle in. Don Seymour is now the CEO.
 - **Therapeutic Court in Elgin** - The Crown would like a business proposal to find out the
- Deb Selwyn handout (attached to minutes)

pros and cons and the costs involved. Need to get court support services, admin support and security on board which is where the business plan comes in. Suggestion to perhaps connect with the MAG representative at the HSJCC Provincial table. Most of the people that sit there are involved with the Therapeutic Court she would be very helpful.

ABI need to have them assessed upfront and takes so long to get documentation. If they aren't so complex and there is a documented ABI then perhaps it is a direct referral to the Dale Brain injury. Very challenging to get the information and there seems to be a barrier for that population. The RSA has the same thing trying to get the assessments that they need and follow-up supports.

Wish there was a universal screening for functionality. The case load within RSA, they are funded for 800 and serving 2,000 to ask for an assessment on a quick basis is not going to happen. Hopefully with the review with Jim Whaley that justice with ATC will have a different outcome this time around.

- Juanita St. Croix announced she is leaving her position at the Southern Network Specialized Care. Has accepted a position with Regional Support Associates as Supervisor of Case Management Supports which includes dual diagnosis justice case managers and interim enhanced community response case managers. The transition will be happening around the end of April. Hopeful to still be able to sit at the local table.

EMDC

- Depending on what range you are on it has lower numbers than previously. Down to 340 which is low, not jammed to the rafters but the population of offenders seems to have changed. There are a lot of individuals that don't want to be on ranges, which means the segs get incredibly full and there isn't a lot of movement within the jail which is very difficult but something to work through.
- Southwest is gearing up. The jail in Windsor is starting to hire for all positions the new jail will hold about 310 - 315 where the old one held about 150-160. They are looking at decommissioning Chatham which held about 60. Sarnia jail is staying open.

Omer Vandevyvere, *Regional Coordinator of Acquired Brain Injury Services, St. Joseph's Health Care London - Parkwood Hospital*

- Co chair of ABI network of Southwestern Ontario and they have created a subcommittee which is looking at creating a pilot. The pilot mirrors what is happening in Hamilton with the HSJCC and Veronica Pepper. Trying to develop a rapid response community based wrap around support for individuals exiting EMDC who have a trifective diagnosis with mental health, ABI and addiction who are at high risk. They are now in the development

- Heather L. to follow up with Jim to see when the report will be coming out

stage and looking at acquiring funds for some assistance with the research component so that we can do some retro research to show what the cost has been for those individuals on the system for the past 5 years and then doing a 12 month pilot that hopefully will translate into a trial. The ultimate goal would be a funded project. Right now they did a build a case, this is a hypothetical case at the subcommittee level and helped us identify the criteria and screening tools that might need to be. Meeting again in two weeks to move this forward, the screening will be at the point of EMDC. What they are finding is they are receiving referrals for individuals who are lacking support of community based services and have many challenges and how we can help to break that cycle of rapid recidivism through the emergency rooms. Certainly don't want to duplicate the process but that there is opportunity to improve it somehow. Would like to have some form of liaison between what already happens at this table and be able to work together and jointly and help to form the development of this program. St. Joe's is in support of this moving forward. Need a champion from the medical team. What would it entail to have a physician support this? Very viable pilot for EMDC. It is the ACCC (ABI Corrections Community Collaborative) Omer is totally open to feedback and it is in the preliminary development stages to whether they are going in the right direction or what needs to change. Any feedback from this table would be appreciated. Referrals only from EMDC.

Items To Be Carried Forward For Next Team Meeting

Next meeting will be a Town Hall. Date to be set. The hope is that the team will send the town hall invite to all the people they know in the community that might want to come to join the committee to get restarted.