

**Provincial Human Services and Justice Coordinating Committee  
Meeting Minutes  
Date: May 13 2024, Time: 9:00am– 3:00pm**

**ATTENDANCE**

<b>Co-Chairs, Policy Support, and HSJCC Secretariat</b>		<b>P</b>	<b>R</b>
<b>Provincial Co-Chairs</b>	Sara Dias	<b>P</b>	
	Katie Howse	<b>P</b>	
<b>CMHA Ontario &amp; HSJCC Secretariat support</b>	Candace Vena, Director of Justice Policy	<b>P</b>	
	Andrew Fairbairn, Network Coordinator	<b>P</b>	
	Sara Fruchtman, Community Reintegration Lead, Policy Analyst	<b>P</b>	
	Julia Liane, Community Reintegration, Coordinator	<b>P</b>	
	Erin Paquette, Policy Analyst	<b>P</b>	
	Ashleigh Addison, Project Manager	<b>P</b>	
	Andy Luu, Stakeholder Engagement & Communication Specialist	<b>P</b>	
<b>Regional HSJCC Representatives (Voting Members)</b>			
<b>Hamilton/Niagara/Brant/Haldimand/Norfolk (HNBHN)</b>	Mary Ellen Ruddell, Director, Mental Health Court Support and Peer Support Services	<b>P</b>	
<b>Champlain</b>	Sarah Telford, Social Worker, Royal Ottawa Mental Health Services		<b>R</b>
<b>Durham</b>	Nicole Tracy, Program Manager (Case Management), Durham Mental Health Services, Lakeridge Health	<b>P</b>	
	Valerie Mussington, Mental Health Court Support Work, Durham Mental Health Services		<b>R</b>
<b>Haliburton/Kawartha/Pine Ridge (HKPR)</b>	Kim Kennelly, Program Manager, Case Management and Justice Services, Canadian Mental Health Association HKPR	<b>P</b>	
	Teryl Hoefel, Executive Director, Brain Injury Association Peterborough Region		<b>R</b>
	Kerri Kightley, Director of Programs and Services, CMHA HKPR	<b>P</b>	
<b>Halton Regional</b>	Katie Howse, Manager of Justice Services, John Howard Society of Peel-Halton-Dufferin	<b>P</b>	
	Kimberly Cato, Founder and CEO, True Roots Counselling	<b>P</b>	
<b>Northeast Regional</b>	Caitlin Germond, Justice Coordinator, Canadian Mental Health Association Sudbury Manitoulin Branch	<b>P</b>	

	Kim McBride, Justice Worker, Canadian Mental Health Association, Sault Ste Marie Branch	P	
<b>Northwest Regional</b>	Jennifer Hyslop, Chief Executive Officer, Canadian Mental Health Association Thunder Bay		R
	Jenny Leadbeater, NW Community Mobilization Coordinator, Canadian Mental Health Association - Thunder Bay Branch	P	
	Claire Thiessen, Student	P	
<b>Peel Dufferin Regional</b>	Marlon Murphy, Co-Chair, Peel Regional HSJCC	P	
<b>Simcoe Muskoka Regional</b>	Katherine Hunt, Youth Mental Health Worker, CMHA-Simcoe County Branch	P	
<b>Southeast Regional HSJCC</b>	Julia Brooker, Court Diversion and Support, Addiction and Mental Health Services, (KFL&A) Kingston Frontenac Lennox Addington		R
	Julie Lambert, Manager, Addiction and Mental Health Services, (KFL&A) Kingston Frontenac Lennox Addington		R
<b>Southwest Regional HSJCC</b>	Erika Sweitzer, Manager of Diversion Services, St. Leonard's Community Services for London, and Region		R
	Trevor Tymchuk, Chair, Communications & Knowledge Exchange Committee	P	
<b>Toronto</b>	Susan Davis, Executive Director, Gerstein Crisis Centre		R
	Tazio Clarke, Policy Development Officer, Toronto Office to Prevent Violence, City of Toronto	P	
	Sarah James, Team Lead-Community Program, John Howard Society of Toronto	P	
<b>Waterloo-Wellington</b>	Victoria Peters, Manager, IMPACT and Mental Health & Justice	P	
<b>York-South Simcoe</b>	Crystal Kukucska, Case Manager, Canadian Mental Health Association York, and South Simcoe		R
	Crystal Irish, Addiction Support Worker, Addiction Services of Central Ontario		R
<b>Ministry Representatives (Ex-Officio)</b>			
<b>Correctional Service Canada</b>	Brooklyn Stroeder, Regional Manager, Community Mental Health		R
<b>Ministry of Children, Community and Social Services (MCCSS)</b>	Phan Luong, Manager, Planning and Program Development Branch, Youth Justice Service Division		R
	Zoe Kavoukian-Scharf, Policy & Program Analyst, Planning and Program Development Branch, Specialized Client Services, Youth Services	P	
	Priscilla Boateng, Policy and Program Analyst, Specialized Services and Education Unit, Youth Justice Division,	P	

	Elena Angeloni, Manager, Clinical Interventions Unit, Programming, Interventions & Evaluation Branch (PIEB), Youth Justice Division		R
	Lisa Smith, Senior Policy Analyst, Clinical Interventions Unit, Programming, Interventions & Evaluation Branch (PIEB), Youth Justice Division	P	
	Naama Baumgarten-Sharon, Project Lead, Programming, Interventions & Evaluation Branch (PIEB), Clinical Interventions Unit	P	
	Tricia Hong, Manager, Community Supports Policy Branch, Community Services Division		R
	Joanne Patey, Senior Policy Analyst, Clinical Interventions Unit (CIU)		R
	Tracy Horsley, Program Analyst, Clinical Interventions Unit (CIU)	P	
	Lin Ying Lin	P	
<b>Ministry of Health (MOH)</b>	Dianna Cochrane, Team Lead, Forensics and Justice Unit, Mental Health, and Addiction Programs Branch	P	
	Amy Herskowitz, Senior Program Consultant, Forensics and Justice Unit, Mental Health, and Addiction Programs Branch		R
	Anjanette Brown, Program Consultant, Mental Health, and Justice Programs	P	
<b>Ministry of the Attorney General (MAG)</b>	Dena Bonnet, Counsel, Crown Law Office – Criminal	P	
	Danny Morton, Legal Counsel, Indigenous Justice Division		R
	Brandon Jacko, Senior Policy Advisor, Indigenous Justice Branch		R
<b>Ministry of Solicitor General (SOLGEN)</b>	Keri Zammit, Senior Social Worker/Special Needs Consultant, Mental Health and Addictions, Corporate Healthcare and Wellness		R
	Yoko Murphy, Client Mental Health Lead within the Mental Health, and Addictions Unit		R
	Brad Tamsco, Manager, Mental Health and Addictions, Corporate Health Care and Wellness Branch		R
	Joe Carruthers, Senior Policy Advisor Policing Standards Section, External Relations Branch, Public Safety Division	P	
<b>Other Members (Ex-Officio)</b>			
<b>CMHA Ontario Division</b>	Candace Vena, Director of Justice Policy	P	
	Michelle Squires, Director of Public Policy	P	
<b>Community Networks of Specialized Care</b>	Nicole Maurice, Coordinator, Southwest Region Community Network of Specialized Care	P	
<b>Connex Ontario</b>	Nerin Kaur, Executive Director, ConnexOntario	P	
<b>Legal Aid Ontario</b>	Dina Zalkind, Criminal Policy Counsel	P	
<b>Ontario Association of Chiefs of Police</b>	Joe Couto, Director of Government Relations, and Communications		R

<b>Ontario Provincial Police</b>	Lisa Longworth, Program Analyst – Support, Community Safety Services		<b>R</b>
	Chantal Dupuis, Program Analyst & Mental Health Lead, Community Safety Services, Support		<b>R</b>
<b>Forensic Directors Group</b>	Michelle Davidson, RN, Manager Forensic Mental Health Program, Thunder Bay Regional Health Sciences Centre		<b>R</b>
<b>Centre for Addiction and Mental Health</b>	TBD		<b>R</b>
<b>Justice for Children and Youth</b>	Mary Birdsell, Executive Director		<b>R</b>
	Samira Ahmed, Staff Lawyer (maternity leave as of August 12, 2022)		<b>R</b>
<b>John Howard Society of Ontario</b>	Safiyah Husein, Policy Analyst	<b>P</b>	
<b>Mental Health Commission of Canada</b>	Krystal Kelly, Program Coordinator, Mental Health Advancement	<b>P</b>	
<b>PeerWorks</b>	Allyson Theodorou, Executive Director		<b>R</b>
<b>Association of Municipalities of Ontario (AMO)</b>	Michael Jacek, Senior Advisor		<b>R</b>
<b>P-HSJCC People with Lived Experience Committee Chair</b>	Steve Torresan, Co-Chair, P-HSJCC People with Lived Experience Committee	<b>P</b>	
<b>P-HSJCC Anti-Racism Advisory Committee</b>	Valeria Danieli, Co-Chair, P-HSJCC Anti-Racism Advisory Committee	<b>P</b>	
<b>Special Guest/Presenters</b>			
<b>Wiikwemkoong Justice Program</b>	Jonathon Peltier,		
<b>Ministry of Health (MOH)</b>	Kyle MacIntyre, Assistant Deputy Minister, Ministry of Health, Mental Health & Addictions Division		
<b>Toronto Community Crisis Service</b>	Racquel Hamlet, Manager of Wellness and Crisis Response at TAIBU Community Health Centre		
<b>2-Spirited People of the 1<sup>st</sup> Nations</b>	Saige McMahon, Director of Indigenous Led Crisis Program		
<b>Service and Housing in the Province (SHIP)</b>	Shereen Rampersad, Diversity and Inclusion Manager		
<b>Ministry of the Solicitor General</b>	Susanne Narciso		
<b>Ontario Municipal Social Services Association</b>	Darryl Wolk		
<b>Mental Health Partners</b>	Erin Boudreau		

<b>Ministry of the Solicitor General (SoIGEN)</b>	Kenneth Weatherill, Assistant Deputy Minister		
<b>Ministry of the Solicitor General (SoIGEN)</b>	Trevor Sparrow, Assistant Deputy Minister,		
<b>Atlosha Family Healing Services</b>	Bethany Williams		
<b>Atlosha Family Healing Services</b>	Chris Simpson		
<b>Ministry of the Attorney General</b>	Nadia Thomas		
<b>Ontario Public Service (Ministry of Municipal Affairs and Housing)</b>	Ruby Bokma		
<b>Ontario Public Service (Ministry of Municipal Affairs and Housing)</b>	Shawn Lowes		
<b>Drug Strategy Network of Ontario</b>	Michael Parkinson		
<b>Ontario Federation of Indigenous Friendship Centres</b>	Hayden Moore		
<b>Community Connector</b>	Duane Lea		

## SUMMARY OF DECISIONS & ACTION ITEMS

	<ul style="list-style-type: none"><li>• Secretariat to take back the feedback from breakout group discussions to help inform priorities for the 2025-2028 P-HSJCC workplan cycle.</li></ul>
	<ul style="list-style-type: none"><li>• Secretariat will share slides from today's presentations with the P-HSJCC.</li></ul>
	<ul style="list-style-type: none"><li>• Secretariat to review meeting survey results to improve future in person meetings/events.</li></ul>

## MEETING MINUTES

Item	Discussion
<b>Welcome &amp; Introductions</b>	<p>P-HSJCC Co-Chair Katie Howse welcomed the attendees to the Provincial HSJCC Bi-monthly meeting of May 13<sup>th</sup>, 2024.</p> <p>Co-Chair Katie welcomed new Secretariat Community Reintegration Planning Table Coordinator, Julia Lane.</p>
<b>Land Acknowledgement</b>	Director of Justice Policy Candace Vena delivered the land acknowledgment
<b>Opening Remarks</b>	<p><b>Kyle McIntyre, Assistant Deputy Minister, Ministry of Mental Health, and Addictions</b> provided opening remarks and shared thoughts on the <b>2024 HSJCC Pre-Budget Submission</b> and how it assists the Ministry in assessing co-development opportunities and partnerships with community service organizations in the areas of mental health and addictions as it relates to the Justice sectors.</p> <p><b>ADM McIntyre</b> acknowledged key highlights from the <b>2024 HSJCC Pre-Budget Submission</b> which included:</p> <ul style="list-style-type: none"> <li>➤ Supportive Housing,</li> <li>➤ Greater access for Primary Care Mental Health and Addiction services</li> <li>➤ Better Inter-ministerial collaboration</li> </ul> <p><b>ADM McIntyre</b> noted Ministry initiatives that addressed the key highlights in the submission including:</p> <ul style="list-style-type: none"> <li>➤ <b>Multi-Ministry Supportive Housing Initiative (MMSHI)</b> which was designed to identify opportunities to streamline and improve coordination of supportive housing programs.</li> <li>➤ <b>2024 Provincial Budget</b> release, the Ministry’s continued commitment to invest in the areas of <b>Supportive Housing (\$150 million over three years)</b> and <b>Primary Care Team Expansion (\$550 million over three years)</b> as well connect <b>600k</b> Ontario residents to primary care.</li> </ul>
<b>Consent Agenda</b>	<p><b>Co-Chair Katie</b> introduced the list of items in the Consent Agenda for approval by P-HSJCC voting members which included:</p> <ul style="list-style-type: none"> <li>• P-HSJCC Meeting Agenda for May 13, 2024</li> <li>• P-HSJCC Meeting Minutes from March 19, 2024</li> <li>• P-HSJCC Executive Committee Meeting Minutes from April 16, 2024</li> <li>• P-HSJCC Secretariat Updates</li> <li>• 2024 Ontario Budget Breakdown: Overview of MH&amp;A Justice Investments</li> <li>• P-HSJCC Q1 Projected Budget Totals</li> </ul>

Item	Discussion
	<ul style="list-style-type: none"> <li>• P-HSJCC Membership List as of May 13, 2024</li> <li>• P-HSJCC March Meeting Survey Results</li> <li>• P-HSJCC May Meeting Guest and Speaker Bios</li> </ul> <p><b>MOTION:</b> P-HSJCC voting member Trevor Tymchuk motioned to approve the <b>P-HSJCC Consent Agenda for May 13, 2024</b>. P-HSJCC voting member Mary Ellen Ruddell second the motion.</p>
<p><b>Shared a Lived Experience Story – Jonathan Michael Peltier</b></p>	<p><b>Jonathan Peltier</b>, Community Justice Worker, Wiikwemkoong Justice Program shared his lived experience in justice system and how it has allowed him to make deeper connections to individuals that he serves, with an emphasis towards community reintegration and the goal of lessening the overrepresentation for Indigenous Peoples in all sectors of the Canadian Criminal Justice System.</p> <p>Some of the catalyst of Jonathan’s reintegration journey included:</p> <ul style="list-style-type: none"> <li>➤ Recovery Clinic (36 months)</li> <li>➤ Firekeeper sacred Indigenous traditional teaching</li> <li>➤ Eagle Feather teachings: <ul style="list-style-type: none"> <li>○ Quail of the Eagle Feather which is broken up into 4 stages of life.</li> <li>○ Tip of the Eagle Feather is representative of: <ul style="list-style-type: none"> <li>▪ Love</li> <li>▪ Respect</li> <li>▪ Compassion</li> <li>▪ Kindness</li> <li>▪ Understanding</li> </ul> </li> </ul> </li> </ul> <p>The foundation of traditional teachings has enabled Johnathan to be able to provide kindness, compassion and understanding when serving clients with offences that could be triggering due to past trauma he experienced in his life.</p>
<p><b>CMHA Ontario’s Environmental Scan &amp; Table Break Out Discussion</b></p>	<p><b>Erin Paquette</b>, Secretariat Justice Policy Analyst, and <b>Sarah Lindsay</b>, CMHA Ontario presented highlights and table break out discussion related to the updated scan from the <a href="#"><i>Mobile Crisis Response Teams: A Framework for Ontario and Tools for Developing Mobile Crisis Teams in Ontario</i></a> .</p> <p>Key preliminary results for the survey included, <b>63</b> unique responses, <b>54</b> organizations delivering one or more crisis services, <b>104</b> mobile crisis teams in Ontario that are responding to acute mental health, substance use and/or neurodevelopmental crisis in which <b>89</b> are police led/police partner mobile crisis response teams and <b>15</b> community-led crisis response teams.</p> <p><b>Police-Partnered Service Models</b></p>



Item	Discussion
	<p>The survey identified <b>89</b> police-led/police partner mobile crisis response teams:</p> <ul style="list-style-type: none"> <li>➤ <b>66%</b> of teams use a hybrid response model, incorporating various aspects of the three model types (live co-response, embedded live response, and embedded follow-up)</li> <li>➤ <b>11%</b> of teams use a live co-response service model, with the police officer and crisis worker travelling separately to respond to crisis calls.</li> <li>➤ <b>8%</b> of teams use an embedded live response service model, with a police officer and crisis worker attending crisis calls together in marked police vehicle.</li> <li>➤ <b>1%</b> of teams use an embedded follow-up response service model, with a police officer and crisis worker visiting individuals together in a police vehicle for follow-up.</li> </ul> <p><b>Community-Led Service Models</b></p> <p>The survey identified <b>15</b> community led crisis response teams:</p> <ul style="list-style-type: none"> <li>➤ Kingston, Frontenac, Lennox &amp; Addington AMHS</li> <li>➤ SOAR Community Services</li> <li>➤ Mental Health Services of Renfrew County - Pembroke Hospital</li> <li>➤ Lakeridge Health – DMHS</li> <li>➤ CMHA Niagara (2)</li> <li>➤ CMHA Lambton-Kent</li> <li>➤ CMHA Simcoe County</li> <li>➤ CMHA Thunder Bay</li> <li>➤ Gerstein Crisis Centre (4) *</li> <li>➤ 2-Spirited People of the First Nations*</li> <li>➤ CMHA Toronto*</li> </ul> <p><b>Funding Sources by Teams</b></p> <p>Survey respondents were asked to identify all sources of funding for each team, and the funding stream/grant name if applicable.</p> <p>Findings:</p> <ul style="list-style-type: none"> <li>➤ The majority of crisis teams (<b>81%</b>) <b>received provincial funding</b> to deliver services.</li> <li>➤ A quarter of teams (<b>25%</b>) <b>had to rely on multiple sources of funding</b>; this puts these teams at greater risk in the event that a source of funding ends.</li> <li>➤ Even with government funding for teams, almost <b>one in six teams had to draw on additional resources</b> to be able to deliver services.</li> </ul>

Item	Discussion
	<p><b>Health and Human Resources:</b></p> <p><b>Police Partner Teams (89): Reported Staff Composition</b></p> <ul style="list-style-type: none"> <li>➤ 19 teams reported their health/community partners were with regulated health/mental health professionals.</li> <li>➤ 15 of teams reported their health/community partners were with unregulated health/mental health professionals.</li> <li>➤ 16 of teams reported their health/community partners were a mix of regulated and unregulated health/mental health professionals.</li> </ul> <p><b>Community-led Teams (15): Reported Staff Composition</b></p> <ul style="list-style-type: none"> <li>➤ 2 teams reported regulated health/mental health professionals.</li> <li>➤ 3 of teams reported unregulated health/mental health professionals.</li> <li>➤ 8 of teams reported their health/community partners were a mix of regulated and unregulated health/mental health professionals.</li> </ul> <p>Sarah noted that not every team provided complete data for all survey questions. This is why the % of police partners will seem low compared to the # of police partner teams identified.</p> <p>Table group break out discussion questions included:</p> <ul style="list-style-type: none"> <li>• <i>What in the survey was surprising to you?</i></li> <li>• <i>Based on the survey results, what do you think should be studied more closely?</i></li> <li>• <i>If CMHA Ontario were to update the map of crisis response teams across Ontario, what details would you want to see included?</i></li> </ul> <p>Feedback from the <b>P-HSJCC</b> May meeting will be used as further findings in future project reports and assist in the development of knowledge exchange opportunities.</p> <p>Secretariat Policy Analyst Erin Paquette &amp; Sarah Lindsay, CMHA Ontario presented highlights of the CMHA Ontario Environmental Scan which included:</p> <p><b>Gaps &amp; Barriers to providing Crisis Response Services:</b></p> <ul style="list-style-type: none"> <li>➤ Staffing</li> <li>➤ Under-resourcing in the community mental health sector</li> <li>➤ Need for follow up services that require clients having to abstain from substance use in order to access service.</li> <li>➤ Challenge of the availability of detox beds</li> <li>➤ Ability to communicate with clients who do not have a home or fixed address and do not have access to a phone or internet.</li> </ul>

Item	Discussion
	<p><b>Gaps and Barriers Accessing Follow Up Services:</b></p> <ul style="list-style-type: none"> <li>➤ Lack of housing resources such as transitional housing and beds (crisis and safe)</li> <li>➤ Access to follow up supports in the community such as primary care and psychiatric services and timely access to services and specifically long wait list.</li> <li>➤ Geographic challenges such as travel distances.</li> <li>➤ Ability to communicate with clients who do not have a home or fixed address and do not have access to a phone or internet.</li> </ul> <p><b>Contributing Factors to Effective Crisis Response Services:</b></p> <ul style="list-style-type: none"> <li>➤ Effective partnership between police services and community partners.</li> <li>➤ A robust Crisis Response landscape such as CMHA Thames Valley and COAST (Hamilton)</li> </ul> <p><b>Breakout Discussion</b></p> <p><i>What in the survey results are surprising to you?</i>  <i>Based on the survey what do you think should be studied more closely?</i>  <i>If CMHA Ontario were to update the map of crises response across Ontario, what details would you want to see?</i></p> <p>Online:</p> <ul style="list-style-type: none"> <li>• Flag for Indigenous led teams.</li> <li>• Civilian Crisis Response teams originating with Police calls integrated with MCRT.</li> </ul> <p>Table 2:</p> <ul style="list-style-type: none"> <li>• Confusion regarding what are Crisis Response Teams, if you are looking at follow up programs which take staff away.</li> </ul> <p>Table 7:</p> <ul style="list-style-type: none"> <li>• Include survey questions regarding culturally safe services.</li> <li>• How to works towards one inventory list of services.</li> </ul> <p>Table 8:</p> <ul style="list-style-type: none"> <li>• Surprised that there were so few 24-hour services.</li> <li>• Very few community services that are independently run</li> </ul> <p>Table 9</p> <ul style="list-style-type: none"> <li>• Heat map that shows culturally demographic locations</li> <li>• Map that identifies services for warm hand offs</li> </ul> <p>Table 6:</p> <ul style="list-style-type: none"> <li>• Look at developing a provincial framework and create workplans.</li> </ul>

Item	Discussion
	<ul style="list-style-type: none"> <li>• Look at adding unconventional staffing that includes hiring people with lived experience and mentorships.</li> <li>• Surprising that Crisis Response service is only available 24/7 for 13% teams.</li> </ul> <p>Table 10:</p> <ul style="list-style-type: none"> <li>• Surprised that Crisis Response Teams are not available 24/7.</li> <li>• More exploration of non police crisis response models and explore other examples outside of Ontario.</li> </ul> <p>Table</p> <ul style="list-style-type: none"> <li>• Show where more of the situation tables are located and how they are assisting families across the city.</li> </ul> <p>Table 3:</p> <ul style="list-style-type: none"> <li>• Stop studying and more doing.</li> <li>• Prevention and base funding</li> <li>• Actualizing of strategic plans</li> </ul> <p>Table 4:</p> <ul style="list-style-type: none"> <li>• Surprised by the percentage of federal funding compared to provincial and municipal.</li> <li>• Surprised by the number of clients deemed to risky to receive service 30%.</li> <li>• Interested in knowing which programs are permanently vs pilot programs.</li> <li>• Map of the coverage within the service manager area would be helpful.</li> <li>• Look at some of the police calls to find out how many have been diverted.</li> </ul> <ul style="list-style-type: none"> <li>• Think about the service user voice and setting the context for what we are looking at and what was the relevance of it as it relates to how it has helped the mental health community and racialized communities.</li> </ul> <ul style="list-style-type: none"> <li>• There are inquest going back many decades with many recommendations that are looked at for a moment in time and then not used again.</li> </ul> <p>Co-chair Sara offered her response to the breakout discussion questions. Sara shared that there is a lack of mobile crisis teams in the Northwest. She also expressed the need to study more diversionary rates, and how many teams are actually using data collection. She also highlighted the need to identify which teams adopt a life span approach and which teams are using a data information collection approach.</p> <p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>➤ Share further findings in a project report.</li> <li>➤ Identify knowledge exchange opportunities.</li> <li>➤ Develop knowledge exchange resources.</li> </ul> <p><b>Questions to Explore Further</b></p> <ul style="list-style-type: none"> <li>➤ What is the appropriate mix of police led and community only crisis response teams?</li> <li>➤ What are the remaining gaps in service at a regional level?</li> <li>➤ Are there areas of the province were having one model type is effective?</li> </ul>

Item	Discussion
<p><b>Spotlight on Culturally Responsive Community Crisis Teams</b></p>	<p><b>Saige McMahon</b>, Director of the Indigenous Crisis Response Pilot, 2-Spirited People of First Nations and <b>Racquel Hamlet</b>, Manager of Wellness and Community Crisis Response, TAIBU Community Health Centre presented on culturally responsive Toronto Community Crisis Team services. The Toronto Community Crisis Service (TCCS) provides free, confidential, in-person mental health supports from mobile crisis worker teams. TCCS supports Toronto residents 16 years of age or older and their families with services provide 24/7.</p> <p><b>2-Spirited People of First Nations</b></p> <p><b>Background:</b></p> <ul style="list-style-type: none"> <li>➤ Started community consultation for an alternative to policing in November of 2020.</li> <li>➤ July 2022, 2-Spirits (and others) launched a 24/7 mental health crisis response pilot. The service is consent based, trauma informed, community led, harm reduction based and culturally informed.</li> <li>➤ Operates in 4 different areas of the city.</li> <li>➤ Provides mental health crisis response, de-escalation, cultural supports, family and kinship supports, case management and follow up supports, service coordination and advocacy.</li> <li>➤ Team name is Kamaamwizme wii Naagidiwendiiying - Coming together to (heal or look after or take care of) each other.</li> </ul> <p><b>Team:</b></p> <ul style="list-style-type: none"> <li>➤ 86 identify as Indigenous.</li> <li>➤ Hire Indigenous and 2SLGBTQIA+ folks to support community in more meaningful ways which include, Crisis Response Specialist, Harm Reduction Workers, Peer Support Workers, Nurse Practitioner, Case Managers and Data Specialist.</li> <li>➤ Operate from an Indigenous perspective and approach mental health crisis response with an understanding of collective and community care.</li> </ul> <p><b>Approach:</b></p> <ul style="list-style-type: none"> <li>• <b>Community Led:</b> <ul style="list-style-type: none"> <li>➤ 100 percent community advisor team is Indigenous.</li> <li>➤ Community agencies lead all four pilot teams, who work alongside community and host community advisory committees.</li> </ul> </li> <li>• <b>Collective Care:</b> <ul style="list-style-type: none"> <li>➤ Indigenous approaches to collective care aim to support the individual and the communities they exist within.</li> </ul> </li> <li>• <b>Harm Reduction:</b> <ul style="list-style-type: none"> <li>➤ Harm reduction approach to reduce the impact of colonization.</li> </ul> </li> <li>• <b>Flexibility:</b></li> </ul>

Item	Discussion
	<ul style="list-style-type: none"> <li>➤ No one size fits all model, people are unique and need a response that reflect their unique needs.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Relational:</b> <ul style="list-style-type: none"> <li>➤ We are community, and we operate with unconditional love.</li> </ul> </li> </ul> <p><b>TAIBU Community Health Centre:</b></p> <p><b>Background:</b></p> <ul style="list-style-type: none"> <li>➤ Established in 2008</li> <li>➤ Provides comprehensive primary healthcare, mental health support, and social services in combination with health promotion programs and activities.</li> <li>➤ Specialized mandate to focus on the Black communities as a priority population group across the Greater Toronto Area.</li> </ul> <p><b>Mission/Vision and Value Statements:</b></p> <p><b>Vision:</b></p> <ul style="list-style-type: none"> <li>➤ Achieving and maintaining health through community development, knowledge exchange, empowerment and the elimination of systemic racism and other forms of prejudice and discrimination in healthcare</li> </ul> <p><b>Values:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Leadership</b> – Leadership of Black communities is essential to provide sustained and equitable access to high quality primary health care services.</li> <li>➤ <b>Community Driven</b> – We strive to be transparent and accountable to the communities we serve.</li> <li>➤ <b>Afrocentricity</b> – We recognize the rights of people of African descent to strive for self-determination.</li> <li>➤ <b>Quality</b> – Our programs and services are evidence informed and reflect a high standard of quality.</li> </ul> <p><b>Kwanzaa Principles:</b></p> <ul style="list-style-type: none"> <li>➤ Incorporated Afrocentric values and principles such as the Kwanzaa Principles. These principles were connected to operational values in the development of TAIBU’s Black Health and Wellbeing.</li> </ul> <p><b>Toronto Community Crisis Services:</b></p> <p><b>Background:</b></p> <ul style="list-style-type: none"> <li>➤ Toronto Community Crisis Service was a pilot led by community anchor partners in four areas across the city.</li> <li>➤ The pilot was set to operate from 2022-2025, with a view to full scale city-wide implementation in 2026.</li> <li>➤ Full-scale implementation is on track for July 2024.</li> <li>➤ The service is one of the key priority actions under SafeTO – Toronto’s 10 Year community safety and wellbeing plan.</li> </ul>

Item	Discussion
	<p><b>Principles of Care (should be):</b></p> <ul style="list-style-type: none"> <li>➤ Community driven and led.</li> <li>➤ Trauma informed.</li> <li>➤ Nonjudgmental</li> <li>➤ Non-coercive</li> <li>➤ Evidence-based</li> <li>➤ Founded on principles of harm reduction and anti-oppression.</li> <li>➤ Locally developed and reflective of communities it services</li> </ul> <p><b>Types of Calls Received:</b></p> <ul style="list-style-type: none"> <li>➤ Person in Crisis (44.6%)</li> <li>➤ Well-Being Check (26.1%)</li> <li>➤ Disturbing/Disorderly Behavior (12.4%)</li> <li>➤ Thoughts of Suicide (11%)</li> <li>➤ Unknown (6%)</li> </ul> <p><b>Key Features:</b></p> <ul style="list-style-type: none"> <li>➤ Multiple languages spoken on the team (French, Urdu, etc.)</li> <li>➤ Psychiatrist on staff</li> <li>➤ 1 crisis bed available (2 shelter beds)</li> <li>➤ Staff with lived experience</li> <li>➤ 90 % of staff are culturally reflective of the community served.</li> <li>➤ Community partners that assist with advocacy and service connection</li> <li>➤ Offer supplies (clothing, gift cards, tokens) to those in need.</li> <li>➤ Service people in crisis, wellness checks, threats of suicide.</li> </ul> <p><b>Toronto North-East Community Crisis Response Pilot Data Results to Date:</b></p> <ul style="list-style-type: none"> <li>➤ 3200 Dispatches Received</li> <li>➤ 985 Individuals and Families Served</li> <li>➤ 680 Post Crisis Follow Up's</li> <li>➤ 500 Community Outreach</li> </ul> <p><b>Team:</b></p> <ul style="list-style-type: none"> <li>➤ 2 FTE MCT</li> </ul>

Item	Discussion
	<ul style="list-style-type: none"> <li>➤ 2 Post Crisis CM</li> <li>➤ 2 Crisis Coordinators</li> <li>➤ 2 Access Facilitators</li> <li>➤ 1 Admin Assistant</li> <li>➤ 1 Manager</li> </ul>
<p><b>P-HSJCC Anti Racism Framework Development Break Out Discussion</b></p>	<p><b>Shereen Rampersad</b>, Equity, Diversity and Inclusion Manager, Services and Housing in the Province (SHIP-Peel) and Lead for the P-HSJCC Anti-Racism Framework Working Group, <b>Duane Lea</b>, a Community Connector within the same group, and <b>Valerie Danieli</b>, the Co-Chair of the P-HSJCC Anti-Racism Advisory Committee, provided an update on the progress of P-HSJCC Anti-racism Framework Strategy that included interactive polling and breakout activity.</p> <p><b>Background:</b></p> <p>Following high profile incidents of racism both provincially and internationally, as well as feedback received from our Regional HSJCCs, the Provincial HSJCC has committed to identifying ways the HSJCC Network can participate in the dismantling of structural and systemic racism.</p> <p>In response to requests from HSJCC members across the network looking for additional guidance and support in improving anti-racism policies and strategies, the Provincial HSJCC approved the establishment of a Standing Advisory Committee to oversee and guide the development of this work in <b>November 2020</b>.</p> <p><b>Work to Date Timeline:</b></p> <ul style="list-style-type: none"> <li>➤ <b>November 2020</b>, P-HSJCC Standing Advisory Committee was established to address the issue of Anti-racism within the network.</li> <li>➤ <b>January 2021</b>, an environmental scan of existing anti-racism</li> <li>➤ <b>July 2021</b>, a survey was sent to Regional and Local HSJCC Chairs</li> <li>➤ <b>Fall 2021</b>, feedback from the survey informed the development of the framework content.</li> <li>➤ <b>April 2022</b>, Framework Working Group is established and convenes.</li> <li>➤ <b>November 2022</b>, focus groups held for Regional and Local HSJCC Chairs</li> <li>➤ <b>June 2023</b>, focus groups held for Black, Indigenous, and racialized led community services providers and clients.</li> </ul> <p>Based on the results from the survey conducted in <b>summer 2021</b>, the following content areas emerged for the Provincial framework:</p> <p>1. a) Background: What is anti-racism?</p>



Item	Discussion
	<ol style="list-style-type: none"> <li>1. b) Background: HSJCC Network &amp; Anti-Racism Committee</li> <li>2. Guiding Principles</li> <li>3. Guidelines for Messaging and Advocacy Work</li> <li>4. Knowledge Exchange &amp; Education</li> <li>5. Guidelines for Meaningful Engagement</li> <li>5. a) Indigenous populations</li> <li>5. b) Black populations</li> <li>5. c) Racialized populations</li> <li>6. The Importance of Race-based Data Collection</li> <li>7. Provincial Resources and Best practices</li> <li>8. Appendix/Glossary of Terms</li> </ol> <p><b>P-HSJCC Anti-racism Framework Working Group Workplan:</b></p> <ul style="list-style-type: none"> <li>➤ <b>October 2023</b>, All Focus Groups completed, and results analyzed.</li> <li>➤ <b>November 2023</b>, Presentation at the P-HSJCC Conference</li> <li>➤ <b>October 2023 – September 2024</b>, Framework Content Development</li> <li>➤ <b>October 2024 – Finalize Framework</b> (review, copy and layout).</li> <li>➤ <b>August 2024 – Evaluation Activities</b></li> <li>➤ <b>Winter 2024 – Knowledge Exchange Activities</b> (webinar, conference etc.).</li> <li>➤ <b>2025 – Dissemination of Anti-Racism Framework</b></li> </ul> <p><b>Perspective from P-HSJCC Working Group Members:</b></p> <p>Duane Lea – Community Connector, Member of the Anti-Racism Advisory Committee</p> <ul style="list-style-type: none"> <li>➤ Understanding different ways that there are different ways to engage with the community.</li> <li>➤ Identify who you’re going to contact and the method of communication that is needed to contact the person.</li> <li>➤ Community Connectors help assist in getting in contact with the right people within the community that would provide the information that is needed as part of the focus groups.</li> </ul> <p>Valeria – Co-Chair Anti-Racism Advisory Committee:</p> <ul style="list-style-type: none"> <li>➤ Everyone is uniquely positioned on their anti-racism journey based on experiences.</li> <li>➤ Has had experienced racism in the past and has been educated in the work of anti-racism and oppression as both a service user and provider.</li> <li>➤ Individuals that make up the organization who are implementing the resources for anti-racism strategies are the one’s who can affect larger systemic change.</li> </ul> <p><b>Mentimeter Poll Exercise:</b></p>

Item	Discussion
	<p>P-HSJCC members participated in interactive questions and polls using the Mentimeter app. Questions asked included:</p> <p><i>What race or ethnicity(s) best describe you?</i></p> <ul style="list-style-type: none"> <li>➤ Shereen made note that the results were pretty reflective of the HSJCC's and that the lack of representation of Black, Indigenous, and racialized members at the table.</li> <li>➤ The work of the P-HSJCC Anti-Racism Committee is to find out what are some of the barriers that are preventing these groups from being represented.</li> </ul> <p><i>Which of the following describe your current role?</i></p> <ul style="list-style-type: none"> <li>➤ Shereen made note that most people responding are in management positions.</li> </ul> <p><i>Have you experienced or witness racism within your organization?</i></p> <ul style="list-style-type: none"> <li>➤ Shereen made note that most participants (85%) responded that they have experienced or witnessed racism within their organization and that this was consistent with the responses from the focus groups.</li> <li>➤ The results show that it doesn't matter how you self identify that racism does exist within organization and that's why it's important to have an anti-racism framework that we can live by and in bed in our organizations that's been informed by the people that have been most impacted.</li> </ul> <p><i>How comfortable do you feel with raising the issue of racism with direct manager or senior leadership in your organization?</i></p> <ul style="list-style-type: none"> <li>➤ Shereen made note that most participants responded that they felt comfortable but that people of colour in a position of oppression may have a harder time raising the issue to a White supervisor or direct report.</li> </ul> <p><i>Has your organization allocated resources to address racism?</i></p> <ul style="list-style-type: none"> <li>➤ Shereen made note that most participants responded that their organization have allocated resources to address racism.</li> </ul> <p><i>Do you feel Black, Indigenous, and racialized employees are recruited at all levels of the organization?</i></p> <ul style="list-style-type: none"> <li>➤ Shereen made noted that most participants responded yes.</li> <li>➤ Shereen noted that most Canadian data indicates that this is not the case especially for corporate and non-for-profit organizations.</li> </ul> <p><i>Does your organization offer services that respond to the needs of Black, Indigenous, and racialized people in their community specifically to their needs with representation from their community responding to their needs?</i></p>

Item	Discussion
	<p>➤ Shereen noted that is a challenge to be represented and that's why it's important that your organization is data focussed to identify the clients that you are serving. Data will assist in finding out who we need to recruit to serve these communities.</p> <p><b>Breakout Sessions:</b></p> <p>P-HSJCC May meeting participants were asked to discuss the following questions within their assigned in person table and online groups:</p> <ol style="list-style-type: none"> <li>1. <i>Can you describe how your organization has demonstrated its commitment to address racism?</i></li> <li>2. <i>From your perspective, what presents barriers to addressing racism in your organization?</i></li> <li>3. <i>In your view, what is the single most important next step to actively tackle racism within your organization?</i></li> </ol> <p>Comments/Feedback:</p> <p>Online</p> <ul style="list-style-type: none"> <li>➤ Organization has taken recommendations from survey's and have consultants review to make changes to our interview processes.</li> <li>➤ Partnered with Black and African organizations in the area of mental health.</li> <li>➤ Good at applying DEI in the work that we do but need to continue to have the difficult conversations.</li> </ul> <p>Table 2</p> <ul style="list-style-type: none"> <li>➤ Anti Black racism strategy has been developed at SolGen.</li> <li>➤ An anti-Indigenous strategy is currently being developed.</li> <li>➤ Some of the barriers include White fragility.</li> <li>➤ Learn to become a good ally and know where your spot at the table is.</li> <li>➤ Have dedicated people assigned to the work.</li> <li>➤ Marginalized unit has been developed at the SolGen ADM office, which will be looking at hiring First Voice People that will be undertaking some of the strategies.</li> </ul> <p>Table 3</p> <ul style="list-style-type: none"> <li>➤ Have seen a shift in organizations dedicating resources to the work.</li> <li>➤ Have seen initial training but do not know where it is going after the training.</li> <li>➤ There was a large initial interest in the work but do not know if that interest is continuing.</li> <li>➤ There is more polarization in society in terms of how you get people on board and how do you get them interested in the work.</li> </ul> <p>Other member comments:</p>

Item	Discussion
	<ul style="list-style-type: none"> <li>➤ Starting from a place of what racism actually means and have the deep understanding and definition of what it really means before you can develop a framework.</li> <li>➤ Engagement needed at all levels and needs to be a cultural shift.</li> <li>➤ Ensure that there is accountability tied to the work.</li> <li>➤ Consistent evaluation</li> <li>➤ Build for the long term.</li> </ul>
<p><b>Presentation from MCCSS Youth Justice: Mental Health Enhancement Plan</b></p>	<p><b>Context</b></p> <p><b>Bridge Sinclair, Director of Programming, Interventions and Evaluations Branch</b> Introduced their presentation about the development of their Mental Health Enhancement Place and an update on the plan. New approach to MH services across youth justice, which has undergone years of review and data gathering, and uses experiences from those in the youth justice system, and those who provide the youth justice system.</p> <ul style="list-style-type: none"> <li>➤ This includes embedding components from young people directly. A key success of this plan is using a trauma-informed and integrated service model.</li> <li>➤ One of the key areas of focus are the ways in which our current mental health portfolios and systems are not meeting the complex needs of young people. The needs of mental health have moved and changed, and this new plan looks to address what is relevant today and the coming years.</li> </ul> <p><b>Naama Baumgarten-Sharon, Project Lead, Programming, Interventions &amp; Evaluation Branch (PIEB), Clinical Interventions Unit</b> provided summary of their mental health review. This is a plan for transforming the system so that we are speaking the same language, so the system is coordinating with each other, and improve process for matching youth with the services they need, using existing resources, and identifying gaps in resources.</p> <ul style="list-style-type: none"> <li>➤ Developing and implementing a comprehensive and transformative Mental health Enhancement Plan, informed by feedback received through the Enhancing Mental Health Service Capacity and Readiness Review.</li> <li>➤ This plan is in initial stages of implementation, with research being conducted, and engagement with stakeholders (both government and outside service providers).</li> <li>➤ The Mental Health Enhance Plan will support the division to elevate the youth justice system to improve service quality and capacity for the seamless delivery of an integrated, coordinated, trauma-informed service model across the youth justice system.</li> <li>➤ This is a transformative, organization, and cultural shift, which means we need to get people on board and engaged in order for change to occur. Trying to avoid lack of implementation 5 years down the road.</li> </ul> <p><b>Lisa Smith, Senior Policy Analyst, Clinical Interventions Unit, Programming, Interventions &amp; Evaluation Branch (PIEB), Youth Justice Division</b> reinforces that this plan is to elevate the existing model and improve all types of care (e.g. one hour session on prevention/diversions to long-term custodial stays).</p>

Item	Discussion
	<ul style="list-style-type: none"> <li>➤ Looks to change the way we respond to youth with complex mental health needs by being more responsive to the growing complexity and diversity of youth, and making sure we are focusing on individualized and holistic approaches to youth care.</li> <li>➤ Working towards a culture of safety, support, and well-being, from the lens of both youth and staff. Making sure that staff are present, available, empowered, and supported.</li> <li>➤ Implementing a trauma-informed service model across all services and supports with integrated service delivery (i.e., working more cohesively across all programs and thinking about coordination).</li> <li>➤ A whole system transformation requires changes and supports at every level. Reports anything less than this is a band-aid fix that won't be effective in addressing youth needs and not sustainable.</li> <li>➤ Need to leverage data and best practices.</li> <li>➤ <b>At individual level</b>, it's about how we interact with one another, whether its staff with youth, staff with families, staff with staff, youth with youth. It's about how we approach collaboration with individual case management planning.</li> <li>➤ <b>Divisional level transformation</b> takes shape in how we do business, how we approach this as a system, and individual support that comes from new tools and resources.</li> <li>➤ <b>System-level transformation</b> is about redefining what we say we do when we are working with youth. This is going to improve upon what we achieve or set out to achieve for each youth that comes through our doors. Collaborations and partnerships are important, and this is where at a system-level we are working collaboratively with other ministries. Partnership needs to be the way to approach youth no matter where they enter the system.</li> </ul> <p><b>There needs to be a focus on inclusion and responsivity to diversity.</b> Reported they spoke to all stakeholders (staff, youth etc.) as part of the engagement in their Mental Health Service review. They report they have been doing a lot of work on anti-racism, with youth justice being one of the early leaders of anti-racism work in the OPS. They know the trauma that racialized and Indigenous youth carry with them has a huge impact on their pathways to the system and experiences within the youth justice system. Raised that Indigenous and black youth are overrepresented. This is well documented and needs to be addressed. Also raised further issue of youth who have compounding levels of oppression, increasing their exposure to trauma. We need to ensure we are responding to the needs of these youth if they end up with the justice system in a trauma-informed, and culturally appropriate, and that addresses their complex issues. Want to make sure that in implementing this mental health enhancement plan, we're prioritizing addressing the needs of all youth. This includes providing culturally specific services at a larger scale, especially within youth justice.</p> <p>Next, Naama introduced the trauma-informed service model. In the process of the mental health capacity review, key issues came out, which led to the development of priorities. <b>A few key issues arose that supported the need for trauma-informed approaches:</b></p> <ul style="list-style-type: none"> <li>➤ Growing Youth Complexity: intersecting needs that exceed existing capacity.</li> </ul>

Item	Discussion
	<ul style="list-style-type: none"> <li>➤ Increased Trauma in Youth: increased adverse childhood experiences (ACE's) that cause instability and comprise youth safety. Creates situations where staff feel the need to respond with security measures to keep people safe but further perpetuates loop of trauma and compromises well-being.</li> <li>➤ Inconsistent Philosophy Across Service System: Different services by different agencies in different places. Great variation among facilities and organizations.</li> <li>➤ Staff Ill-Equipped to Work with Youth Complex Mental Health: Front-line staff don't have capacity and need more clinician support.</li> <li>➤ Organizational Culture: Generational differences in approaches.</li> <li>➤ Lack of psychological safety and support: Need to reevaluate procedures and policies.</li> </ul> <p><b>Intended Outcomes of a Trauma-Informed Service Model:</b></p> <ul style="list-style-type: none"> <li>➤ Culture of Safety and support requires system cultural change.</li> <li>➤ Improved service quality: want everyone to speak the same language and have a similar approach. Want to avoid actions that could re-traumatize youth.</li> <li>➤ Shared purpose and approach</li> <li>➤ Evidence based philosophy: consistent and evidence-based guiding principles and practices.</li> <li>➤ Choice and connection: provide youth with choice and control where possible, enabling maximum ability for them to have control over their pathway within the system as much as possible.</li> </ul> <p><b>There are critical issues to accessing services for youth:</b></p> <ul style="list-style-type: none"> <li>➤ Fragmented Service Delivery: Not coordinated enough and there are gaps within services.</li> <li>➤ Consistency and quality issues: No standardized screening and assessment tools</li> <li>➤ Effective service navigation: Lack of knowledge on how to access services/supports.</li> <li>➤ Delayed Interventions</li> <li>➤ Knowledge Gaps</li> <li>➤ Poor/Uncoordinated Transitions</li> <li>➤ Insufficient Services</li> <li>➤ Inequitable Service</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>➤ A member asked whether the ministry makes data available publicly about clients, specifically raced-based data. Presenters shared that there is supposed to be public reporting on race-based data eventually, but not currently.</li> <li>➤ A member asked how contracting out things like youth custody facilities could have a big impact on the consistency in care. The presenter shared that they aren't looking for things to be completely uniform, but having a certain level of philosophy of care where it makes sense. This could look be in the form of guiding procedures and policies, however, there still needs to be flexibility interpreted at the local level. They reported transfer payment agencies will be a part of this transformation.</li> </ul>

Item	Discussion
	<ul style="list-style-type: none"> <li>➤ To follow-up, a member asked whether those contracts will be contingent on agencies following these new philosophies. The presenter explained that some facilities may be using various models, however they would want to ensure that trauma-informed approaches are embedded within those models, regardless of the label. In addition, presenters report that the current diversity of approaches across agencies is beneficial as it provides a fuller picture of what is working well, and what needs adjustment.</li> <li>➤ A member asked if there is opportunity for different avenues of support, for example, would some services be able to integrate kin in the process. Presenters shared that they are early in the process, and “nothing is off the table”. They don’t want to use a narrow interpretation of what support looks like. They report the next steps will be looking at who the players are and who they need to be talking to in order to identify what supports need to be there.</li> <li>➤ A member asked if they are looking at bringing in an external organization that moves systems to be trauma informed. The presenter shared they have researchers looking at existing models and conducting jurisdictional scans. Research work will also bring in external academic consultants to help with this work.</li> <li>➤ As a follow-up, a member asked where they are in the timeline, and at what point this system will be trauma informed. The presenter shared that it would take years (2+) to reach implementation, but beyond implementation, it will take years to maintain these changes. Also want to identify more immediate ways for youth and staff to benefit from this.</li> <li>➤ A member asked what happens if the political climate changes. The presenters shared that they provide their best advice and explain to government why the need is there using evidence to back their reasoning.</li> </ul>
<p><b>Panel Discussion: Highlighting Innovation, Collaboration, and Culturally Responsive Services in Community Reintegration.</b></p>	<p><b>Sara Fruchtmann</b>, P-HSJCC Secretariat, Community Reintegration Planning Tables, Policy Analyst introduced panelist participating in a discussion around highlighting innovation, collaboration, and culturally responsive services in community reintegration. Panel participants included:</p> <ul style="list-style-type: none"> <li>• <b>Susan Narciso</b>, Community Reintegration Officer, Toronto South Detention Centre (TSDC) CRPT</li> <li>• <b>Sarah James</b>, John Howard Society of Toronto/Community Co-Chair, TSDC CRPT</li> <li>• <b>Bethany Williams</b>, Atlohsa Family Healing Services/ Community Co-Chair, Sarnia Jail CRPT</li> <li>• <b>Chris Simpson</b>, Firekeeper Wiigwaaminan Shelter</li> </ul> <p><b>Chris Simpson</b> connected with Atlohsa FHS post release where they provided culturally responsive services such as Indigenous Sweats and Sundance Ceremonies. The ceremonies helped Chris to start believing in himself and getting back to his roots and culture.</p> <p><b>Bethany Williams</b> supports inmates coming out of custody.</p>

Item	Discussion
	<ul style="list-style-type: none"> <li>➤ Receives referrals from the inmates who have worked with Bethany in the past.</li> <li>➤ Atlohsa is a family healing centre, women’s transitional housing and emergency shelter.</li> <li>➤ An example of poor reintegration is when a client is released without plan.</li> <li>➤ Bethany shared a list of things that she learned from inmates that could be applied to others work in this sector: <ul style="list-style-type: none"> <li>○ Inmates are innovative and creative so reintegration plans should also be innovative and creative.</li> <li>○ Inmates tend to have a great memory and attention to details.</li> <li>○ Inmates always show up when they are promised something so always make sure you deliver on what was agreed upon.</li> <li>○ Inmates always looking for an angle (what can they get from you).</li> </ul> </li> <li>➤ Push for using culture and innovation to get clients back to knowing who they are and where they come from and how that is going to be done for example instead of a client taking part in a Partner Assault Response (PAR) program let them do a land base healing program or cultural intervention during sentencing so that the parole officer and can work with the client on those conditions.</li> </ul> <p><b>Susan Narciso</b> is a community reintegration officer on TSDC CPRT and was a probation officer prior to the CRPT.</p> <ul style="list-style-type: none"> <li>➤ Goal of this work is providing specialized plans to those incarcerated.</li> <li>➤ This involved bring agencies together to create a “one stop shop” and making important connections.</li> </ul> <p><b>Sarah James</b> from the John Howard Society of Toronto is a Community Co-Chair on the TSDC CRPT.</p> <ul style="list-style-type: none"> <li>➤ System navigator program helps with referrals and connections to resources.</li> <li>➤ Reports community comes to together to communicate and support individuals being released.</li> <li>➤ Reports lack of resources in the institution is a barrier to reintegration.</li> <li>➤ Beds and housing within the community is a barrier reintegration.</li> </ul> <p>Sara F asked discussion question to the panelists about what we can do during this housing crisis to provide some type of housing option for those being released.</p> <ul style="list-style-type: none"> <li>➤ Response from panelists: <ul style="list-style-type: none"> <li>○ Need to look at what’s available, reach out to service providers, making partnerships to secure short term beds to address immediate risk (first 24-48 hours)</li> <li>○ Self-contained apartments within Atlohsa</li> <li>○ Continued advocacy within organizations and ability to be flexible in order to accommodate people being released.</li> </ul> </li> </ul> <p>Sara F asked discussion question to the panelists about what reintegration success looks like</p> <ul style="list-style-type: none"> <li>➤ Susan N <ul style="list-style-type: none"> <li>○ Success is any changes in outcome (e.g., staying in the community longer than before)</li> </ul> </li> </ul>



Item	Discussion
	<ul style="list-style-type: none"> <li>○ Connect individual to service that was not available before (e.g., access to alcohol treatment while simultaneously having a place to stay directly upon release)</li> <li>○ Working with Service Ontario to provide IDs to be sent to the institution.</li> <li>○ Taking the little wins that become accumulative.</li> </ul> <ul style="list-style-type: none"> <li>➤ Sarah J <ul style="list-style-type: none"> <li>○ People getting familiar with the program.</li> <li>○ Increased support at the table and bringing people who were not there before.</li> </ul> </li> <li>➤ Chris <ul style="list-style-type: none"> <li>○ Atlohsa drum group</li> <li>○ Drum group went from 3 to 40 members.</li> </ul> </li> <li>➤ Bethany <ul style="list-style-type: none"> <li>○ Little wins such as people attending their doctor's appointment.</li> <li>○ Need to have institutional staff support, and having their reintegration plan start from the inside will be a huge indicator of success in the future.</li> </ul> </li> </ul> <p><b>Questions from the audience</b></p> <ul style="list-style-type: none"> <li>➤ A member who works as a community reintegration worker shared the importance of fostering the connection with individuals as early as during their sentencing, so they have continued support. This member also shared the importance and impact of Section 84 for Indigenous offenders in their community reintegration. This member shared there is also housing funding, with almost \$18 million available for men's health.</li> <li>➤ A member highlighted the importance of understanding what type of housing funding support is needed and being able to show "what works".</li> <li>➤ One panelist shared that for one individual, a Teepee set up in the backyard to still provide them with support despite some difficulties.</li> </ul> <p>Sara F asked: What does a good relationship look like between Indigenous and Settlers in reintegration?</p> <ul style="list-style-type: none"> <li>➤ Continue to ask questions, stay curious.</li> <li>➤ Build community relationships and use partnerships as a resource.</li> </ul>
<b>Hamilton/Niagara/HBHN</b>	<p>Regional HSJCC and Ministry Partner updates were deferred for this in-person meeting, however Hamilton/Niagara/HBHN set up updates in advance and are as follows:</p> <ul style="list-style-type: none"> <li>➤ Regional and all locals submitted 2024-25 workplans.</li> <li>➤ Regional will focus on increased knowledge translation building on the three-part TBI and the Justice Sector webinars.</li> </ul>

Item	Discussion
	<ul style="list-style-type: none"> <li>➤ A new co-chair for the Regional has come on board and a new co-chair for Hamilton local has also come on board.</li> <li>➤ Hamilton Local has successfully pivoted away from case conference/situation table format and will instead be helping to build a separate table in the city.</li> </ul>
<b>Champlain East</b>	N/A
<b>Durham</b>	N/A
<b>HKPR</b>	N/A
<b>Halton</b>	N/A
<b>NW regional</b>	N/A
<b>NE Regional</b>	N/A
<b>Southeast</b>	N/A
<b>Simcoe Muskoka</b>	N/A
<b>Southwest</b>	N/A
<b>Toronto</b>	N/A
<b>Waterloo Wellington</b>	N/A
<b>York South Simcoe</b>	N/A
<b>Ministry Updates (Ex-Officio)</b>	
<b>Correctional Service Canada</b>	N/A
<b>Ministry of Children, Community &amp; Social Services (MCCSS)</b>	N/A
<b>Ministry of the Solicitor General (SolGen)</b>	N/A
<b>Ministry of Health (MOH)</b>	N/A
<b>Ministry of the Attorney General (MAG)</b>	N/A
<b>Other Members' (Ex-Officio) Updates</b>	
<b>PWLE (Persons with Lived Experience) Committee</b>	N/A
<b>Anti-Racism Committee</b>	N/A
<b>Community Networks of Specialized Care</b>	N/A

Item	Discussion
<b>ConnexOntario</b>	N/A
<b>CMHA Ontario</b>	N/A
<b>Legal Aid Ontario</b>	N/A
<b>Ontario Association of Chiefs of Police</b>	N/A
<b>Ontario Provincial Police</b>	N/A
<b>Directors Forensic Group</b>	N/A
<b>John Howard Society of Ontario</b>	N/A
<b>Mental Health Commission of Canada</b>	N/A
<b>PeerWorks</b>	N/A
<b>Justice for Children Youth</b>	N/A
<b>Association of Municipalities of Ontario (AMO)</b>	N/A
<b>What Keeps You Up at Night</b>	<p><b>Each table discussed four main topic areas using the prompts provided. Duane Lea (Community Connector, Anti-racism Working Group) suggested instead of “what keeps you up at night?”, to consider “what keeps you up and running?”. An assigned speaker from each table shared a summary of the group discussion. Written responses were also collected to inform strategic planning activities. to gather feedback and identify any action items.</b></p> <ul style="list-style-type: none"> <li>➤ <b>Housing:</b> What barriers to justice-involved people face when accessing supportive or transitional housing? What does supportive housing look like for justice-involved people?</li> <li>➤ <b>Client Complexity:</b> How can local and regional HSJCC’s play a role in addressing increasing client complexity and ensuring sector partners are working together to address systemic barriers?</li> <li>➤ <b>Prevention &amp; Early Intervention:</b> How can we prevent people from coming into contact with the justice system in the first place? What does prevention and early intervention support look like for people with mental health or substance use issues? How do we address the current crisis over long wait lists and wait times for mental health and substance use services?</li> <li>➤ <b>Culturally Specific Supports &amp; Services:</b> What role can the HSJCC play in promoting the advancement of more culturally specific supports and services to meet the needs of their clients/community? What do good partnerships and relationships look like between Indigenous and non-Indigenous justice partners?</li> </ul>

Item	Discussion	
	Table	Discussion
	1	<p>Virtual Attendees</p> <ul style="list-style-type: none"> <li>• Lisa, CMHA Peel Dufferin: It would be valuable to hear how other jurisdictions have implemented/operate pre-charge diversion services. Initial “groundwork” in Peel Region has never actually gotten off the ground, potentially due to lack of buy-in. How has this worked in other jurisdictions? What is needed from all the involved players to be effective?</li> </ul>
	2	<p>Housing</p> <ul style="list-style-type: none"> <li>• Lack of housing supply is a huge barrier. Public misperception and discrimination against people with criminal records or incarcerated people makes access to housing even more challenging.</li> <li>• Distinguishing the need for housing from the need for supportive housing and having an adequate supply of both is crucial.</li> <li>• Lack of identification is an added barrier preventing people from securing housing.</li> <li>• Partnerships with Service Ontario allow community reintegration officers and institutional staff to request that an incarcerated person’s valid health card be sent to the institution, so they have some form of identification upon release. If the individual’s health card is expired, there is also opportunity to submit a renewal form prior to their release.</li> </ul> <p>Jonathan Peltier: This is a start, but health cards aren’t an accepted form of ID to open a bank account. Federal/conditional release cards aren’t accepted by banks either, but as government issued identification, they should be</p>
	3	<p>Client Complexity</p> <ul style="list-style-type: none"> <li>• Demonstrating the connections between coordinated care and tangible cost savings from hospital emergency department diversions as an advocacy strategy for HSJCC. How this work has mitigated costs so there are more resources for other initiatives.</li> </ul> <p>Prevention &amp; Early Intervention</p> <ul style="list-style-type: none"> <li>• Incorporating different models that outline pre-charge diversion options and provide information to increase awareness.</li> <li>• Identifying where a “warm hand-off” happened, or where a hand off should have happened, is especially important information.</li> <li>• Improved communication among community led organizations, and increased awareness in the community of prevention and early intervention supports through the local and regional HSJCC’s/those in attendance today.</li> </ul> <p>Identifying opportunities for sustained funding given the cost savings generated by other initiatives</p>
	4	<p>Housing</p> <ul style="list-style-type: none"> <li>• Lack of affordable housing supply, and lack of awareness about affordable housing and how to access it is a major barrier. Availability varies by sector.</li> <li>• Criminal charges and perception of risk create additional barriers. Effective transition plans and support can mitigate risk, and this is often overlooked.</li> </ul>

Item	Discussion	
		<p>Housing needs to be supportive, consistent, and secure</p>
	5	<p>Client Complexity</p> <ul style="list-style-type: none"> <li>• Potential roles for local and regional HSJCC’s in addressing increasing client complexity include improving communication within and across sectors, bringing people together (i.e., through planning tables) to prevent siloed work, and continued advocacy and education for the public, different levels of government, and within the sector.</li> <li>• HSJCC could provide support for people accessing/navigating the justice system as it evolves post-COVID, address barriers related to virtual proceedings and information.</li> </ul> <p>Culturally Specific Supports &amp; Services</p> <ul style="list-style-type: none"> <li>• Continued advocacy and education in professional and public domains, including through local planning tables. Table membership should be representative of the population being served.</li> <li>• Emphasis on the importance of building meaningful, non-transactional relationships.</li> <li>• Ensure development of educational content, policy, etc. includes meaningful involvement of people with lived experience.</li> </ul> <p>Intra-governmental competition for access to/distribution of funding delays and disrupts service delivery. Having a framework to inform their work may be useful</p>
	6	<p>Client Complexity</p> <ul style="list-style-type: none"> <li>• People with intellectual challenges require a range of supports while incarcerated, upon release, and in community. There is a lack of resources in institutions and in community, and an over-utilization of other services, further complicating access to support.</li> <li>• Assessing individual diagnoses can improve ability to direct services. There needs to be consideration for what advocacy in the courts looks like with and without a diagnosis.</li> <li>• Virtual court proceedings present additional barriers, including lack of opportunity for candid conversation and information sharing.</li> <li>• There is a lack of staff within correctional institutions who are appropriately trained to respond to higher levels of client complexity.</li> </ul> <p>There is opportunity to improve coordinated case management services and break down siloes that exist between different stages of support. When multiple support services are involved, every service delivery partner needs to remain actively engaged and work collaboratively to meet individual client needs</p>
	7	<p>Culturally Specific Supports &amp; Services, Early Prevention &amp; Intervention</p> <ul style="list-style-type: none"> <li>• Investing in community-based, grassroots and culturally relevant services that incorporate spiritual ties and identities. Seeking and being receptive to feedback from these initiatives</li> <li>• Meeting people where they are, providing different options for care by offering services with different levels of intensity (i.e., Stepped Care models, early prevention strategies, etc.)</li> <li>• Programs intended to increase awareness or address different levels of complexity need to be informed by people with lived experience (i.e., co-design)</li> </ul>

Item	Discussion
	<p>There is clear need for adequate and sustainable investment in these initiatives. Repeatedly funding short term pilots is ineffective on multiple levels—if funding is contingent on pilot status, then the pilot period needs to be significantly extended (i.e., 5-10 years)</p>
8	<p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• There is a huge need for housing generally, but especially trauma-informed approaches to housing. Many people are navigating complex traumas, and we need to invest in capacity building that allows providers to sit with people and address the complexity of their experience big need.</li> <li>• In the past there was provincial housing available for people being released from correctional institutions. Reinstating this would be great—it is important to consider the potential for improvement if we invest in people rather than incarcerating them. If the \$120,000 it costs to incarcerate someone was spent on supporting them instead, what could happen?</li> <li>• If we are more trauma-informed and there are more resources available to people, we can be more effective, preventative, etc. <ul style="list-style-type: none"> <li>○ See recent CIHI data released comparing costs associated with hospital beds vs. incarceration vs. shelter, etc.</li> </ul> </li> <li>• There needs to be a public system in place for people to find safe housing. Alternatively, landlords need to be offered some incentive to take on the risk of providing housing to someone with precarious income/stability.</li> <li>• There needs to be more opportunity for meaningful discussion with communities to ensure there is awareness and understanding about proposed housing “solutions” and their potential impact (i.e., gentrification of Little Jamaica)</li> </ul> <p>People may be able to access housing initially, but eventually lose their housing again because they don’t maintain the property to the standard required by the landlord, and they don’t have supports in place to check-in and see if specific supports are needed to keep them housed. Increased housing supply/access needs to be accompanied by opportunities for building independent living skills (i.e., home maintenance, personal care, etc.).</p>
9	<p><b>Client Complexity</b></p> <ul style="list-style-type: none"> <li>• Discussion focused on importance pre-charge diversion, especially among those who may not have the cognitive ability to fully grasp what is happening in the court system (ex., FASD court in Manitoba with automatic pre-charge diversion to facilitate support)</li> <li>• Wrap around holistic supports, staff training and available supports should match complexity of client needs. These services also need to be resourced according to the level of expertise needed to meet more complex care needs.</li> <li>• Youth dealing with complex, adult issues need access to social and recreational programming. Resources being poured into anti-human trafficking for example should also be funding sports programming, arts, music, culture-based programming etc., to give young people the opportunity to be kids, and access age-appropriate activities. This is part of prevention work.</li> </ul> <p><b>Culturally Specific Supports &amp; Services</b></p>

Item	Discussion
	<ul style="list-style-type: none"> <li>• Good partnerships between Indigenous and non-Indigenous justice partners require meaningful relationships/engagements. This doesn't mean giving Indigenous partners a single seat at the table, it means the table reflects the diversity of Indigenous groups. Relationships need to be reciprocal. Indigenous partners often attend non-Indigenous events, offer feedback, etc., and then don't get the same in response from non-Indigenous partners. Indigenous partners enter the space with a high level of respect, and if this isn't reciprocated, they are unlikely to return</li> </ul>
<b>Meeting adjournment</b>	<p><b>The Provincial HSJCC meeting of May 13<sup>th</sup>, 2024, adjourned at approximately 4:00pm</b></p> <ul style="list-style-type: none"> <li>• The next P-HSJCC meeting will be held virtually from <b>1:00pm – 4:30pm, on Tuesday September 17th, 2024</b></li> </ul>