

Breaking Down the Barriers

1

COLLABORATIVE PRACTICES

Presenters

2

- Leslie Wight,
Registered Nurse & Health Care Manager-Algoma Treatment and Remand Centre (ATRC)
- Eva Pearson,
Registered Nurse, Mental Health Nurse-ATRC

Presenters

3

- Sandie Leith,
• *Social Worker, Director of Clinical Service-
Canadian Mental Health Association (CMHA)-Sault
Ste. Marie Branch*
- Chris Kellar,
• *Justice Worker, CMHA-Sault Ste. Marie Branch*

Objectives of Presentation:

4

- 1. To share communication practices between the community and Ministry of Community Safety and Correctional Services**
- 2. To review the inquest that resulted in changes to our previous practice**
- 3. To share the communication tool developed**
- 4. To outline the service agreement that exists between CMHA and ATRC**
- 5. To highlight the work of the HSJCC**

Algoma Treatment and Remand Centre

5

- **Located in Sault Ste. Marie**
- **Ministry of Public Safety and Corrections**
- **Remand Centre (120 accused/offenders-waiting sentencing, sentenced awaiting transfer, intermittent, short term sentences)**
- **Treatment Facility(50-Provincial Sentenced Offenders)**

Health Care Department

6

- **Health Care Manager and Nursing Staff**
- **Part-time Mental Health Nurse**
- **Psychiatrist on contract**

- **Participating members of Algoma HSJCC**

Canadian Mental Health Association

7

- Sault Ste. Marie Branch
- Range of Mental Health Services
- Justice Program-Court support, release from custody, dual diagnosis case manager, Mental Health Court
- Participating members of Algoma HSJCC

Service Agreement

8

- Roles and responsibilities outlined
- Agreement between the Health Care Department at ATRC and CMHA
- Service Outcome— “collaboration between the ATRC and the CMHA allows for the provision of treatment and diversion options and community support for special needs offenders involved with the criminal justice system”

Service Agreement

9

- Communication protocol indicated that “the CMHA workers will ensure that the ATRC are advised of any concerns relating to the perceived or actual threats of harm to either the individual or anyone else following contact at court or at jail”
- *Overall identifies* an open and collaborative working relationship
- Service agreement posted- www.hsjcc.on.ca

Inquest Leading to Changes

10

Christopher Robertson Inquest

- Christopher committed suicide in custody the day after waiving his rights to bail
- He indicated at Bail Court that if he was not released from court he would kill himself
- The Justice Worker called the ATRC and provided verbal information to a Health Care Nurse. However this information was not forwarded to the admitting nurse.

Best Practices Implemented

11

1. Improved Communication Strategies

- Verbal information is provided as soon as possible directly to nurse.
- CMHA and ATRC developed an Urgent Needs Communication Report (UNCR)
- UNCR Report is completed by Justice Worker and faxed to the health care department following verbal notification

Best Practices Continued

12

- Information and report is entered into the accused person's medical record and documented in the communication log
- *Person* is informed that ATRC is being notified of any urgent mental health concerns

Urgent Needs Communication Report

13

CMHA – Urgent Needs Communication Form

Faxed to: **ATRC Health Care**–705-946-3727 Date faxed: _____

From: **CMHA** – 705-759-0458 Fax number:705-945-0261

Name: _____ **Date:** _____ **Date of Birth:** _____

Reported Diagnosis: _____

Charges: _____

| Y | N | Unknown | Observed or Person Reports |
|---|---|---------|---|
| | | | Threatens to hurt / kill self |
| | | | Have you ever/recently intentionally injured yourself before? |
| | | | Have you ever/recently attempted suicide? |
| | | | Has anyone you've know recently attempted or completed suicide? |
| | | | Unable to sleep / sleeps all the time |
| | | | Hopelessness |
| | | | Uncontrolled anger |
| | | | Acting reckless - risky behaviour |
| | | | Dramatic mood change |
| | | | Recent stay at Riverview - days -- Discharge date: |
| | | | No communication order with -- spouse children |
| | | | Delusions |
| | | | Command Hallucinations |
| | | | Substance Use – alcohol / drug : |
| | | | Suicide plan : |

- Individual advised that contact to ARTC will take place

Urgent Needs Communication Report

14

NOTES:

Health Care Staff Contacted by Phone: _____

ARTC Phone Number: 705-946-0995 ex 2258 or 2257

CMHA Staff: _____ **Phone Number:** 705-759-0458 **ex:** _____ **Cell:** _____

Confidentiality Caution

This message is intended for the use of the individual or entity to which is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you received this communication in error, please notify us immediately by telephone. Thank you.

Additional Communication Strategies

15

- The nurse contacts the CMHA justice worker when an individual is admitted to ATRC with a history of mental health issues or suicide ideation.
- Health care department implemented a communication log in addition to documenting in the person's medical record

Best Practices Continued

16

2. Orientation and Training

- **Nurses are provided an orientation to the services at CMHA and the court**
- **A correctional officer from ATRC received Crisis Intervention Team (CIT) with local police**
- **CMHA staff receive training from ATRC**
- **Participate in joint training opportunities**

Best Practices Continued

17

3. Relationship Building

- **CMHA Justice Worker attends ATRC three half days per week, and is a liaison to the community and court**
- **Active participation in HSJCC**

HSJCC Sub-Committee

18

- **Implementation of a sub-committee which is exploring opportunities for collaboration, advocating for individuals that have “fallen through the cracks” and identifying and addressing gaps in services**
- **Looks specifically at barriers for individuals that are remanded**
- **Exploring creative ways to use the Mental Health Court**

Partnerships

19

- Addictions can be a barrier to utilizing Mental Health Court
- Partnered with Addictions Services to increase the opportunity to engage the individuals with substance abuse issues and address their specific needs
- Members of the committee include representatives from: hospital, community mental health and addictions services, ATRC, Crown Attorney, John Howard Society, ATRC Psychiatrist

Recommendations for Good Communication between Court Outreach Programs and Correctional Facilities

- **Establish good relationships between court program provider and health care department at the facility**
- **Identify key contacts at each organization**

Recommendations

21

- **Open up communication between health care providers by recognizing the Circle of Care**
- **Ensure confidentiality while allowing the person to access the services they require and need to minimize risk**
- **Develop and utilize joint training opportunities**
- **Provide opportunities for health care to be familiar with the court process and key mental health services**

- **Active participation in local HSJCC and create sub-committees or adhoc committees as required**

Thank You

23

- **QUESTIONS ??**