
COCHRANE DISTRICT HUMAN
SERVICES AND JUSTICE
COORDINATING COMMITTEE

IDENTIFICATION OF PRIORITY
ACTIVITIES FOR 2009/10 TO
2011/12

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EXECUTIVE SUMMARY

In the spring of 2009, the CD HSJCC determined the need to implement a planning process that would culminate in the creation of a shared vision for the committee. How to achieve this shared vision would be the focus of a 3 year work plan covering the 2009/10 to 2011/12 timeframe.

Over a period of 6 months, the CD HSJCC embarked on a planning process centered on defining the needs of the system as perceived by the multi-sectorial organizations represented on the committee with the assistance of a planning consultant.

Drawing upon a number of working groups to elaborate on the finding of a needs analysis previously completed by the committee and informant interview held subsequently by the consultant to expand upon the findings of the needs analysis, a listing of key issues was generated. These issues were then used to isolate strategic directions, objectives and ultimately work plan activities.

Using this information, a draft shared vision and preliminary work plan was created and presented to the CD HSJCC at a half day planning retreat held in September 2009. The planning retreat was attended by 16 of the 21 organizations actively participating on the committee. These two strategic documents were discussed, collectively refined and endorsed by the committee.

Following the planning session members were asked reflect upon the discussion at the planning retreat and complete an on-line prioritization survey. The survey gathered opinions on which activities identified on the work plan were considered 'early wins' and should be completed immediately, which ones should be prioritized in the current fiscal year, and which ones should be deferred to either year 2 or year 3.

The findings of the on-line survey were then used to establish a prioritized timetable for the completion of the agreed upon activities. The final report was circulated to the CD HSJCC membership for approval.

In tandem with this process, members of the CD HSJCC were asked to prepare an overview of their organization. This information was compiled into a supplemental working document titled *CD HSJCC Overview of District Services and Supports for the Common Client*. This document was created to inform work plan activities. The supplemental document is a work in progress and is to be updated as needed drawing upon the information requirements determined via the work plan activities.

The shared vision for the CD HSJCC is as follows:

MANDATE

The Cochrane District Human Services and Justice Coordinating Committee was established in response to a recognized need to coordinate resources and services, and plan more effectively for the priority population at different junctures.

TARGET POPULATION

For the purpose of its activities, priority consideration is given to people with a serious mental illness, intellectual disability, concurrent disorder, acquired brain injury, addiction, and/or fetal alcohol spectrum disorder who are, or have the potential to be, in conflict with the law (also referred to as the common client), as well as their significant others.

STRATEGIC DIRECTIONS

1. Communication and Engagement
2. Crisis-Related Services and Supports
3. System Coordination
4. Housing Framework
5. Training, Education And Prevention

Movement towards this shared vision will be achieved incrementally by the completion of the 16 activities detailed in the 3 year work plan. The work plan described in detail these activities, the expected outcomes, participants, timeframe, and priority status.

Four early wins were identified as activities that could be carried out quickly with minimal effort yet would advance the mandate of the committee. They include:

1. All relevant sectors and agencies participate on the CD HSJCC and/or its work groups. Ensure committee membership structures and processes are fair, equitable and representative.
2. Ensure active involvement in regional CD HSJCC meetings.
3. Create a resource document that describes organizational mandates, services and programs geared to the common client and provide a forum to share information and dialogue about services and programs noted in the resource document.
4. Participate in the Under One Roof CAMH workshop.

Four year 1 priority activities were identified for the current fiscal year (2009/10). They include:

5. Meet with the Aboriginal sector to explore how best to support organizational mandates while meeting the needs of the common client. Then identify the most appropriate means of engaging the Aboriginal sector in CD HSJCC work plan activities. Then explore how the CD HSJCC partners can support/enhance services and programs provided by the Aboriginal sector to the common client.
6. Complete a mapping exercise of organizational collaborative relationships, services and resources from a common client perspective.
7. Review organizational mandates and admission/discharge criteria of crisis-related health and housing services/programs.

8. Review of court support or treatment diversion tools/processes for the common client.

Eight additional activities, while identified as important were deferred to the 2 or 3 year (2010/11 to 2011/12) of the work plan. They included the following:

9. Review crisis team/line utilization data at the sub-district level and district level. Then determine how the crisis system(s) could most efficiently collect and share data on the common client with key partners and respond most effectively in times of crisis.
10. Crisis work group to review and identify a local crisis response model for Timmins drawing upon local resources.
11. Develop and implement a common (first level) screening tool and decision-tree for the district (triage tool for system navigation at all junctures).
12. Facilitate timely access to, and coordination of, psychiatric assessments.
13. Complete a needs and capacity assessment of temporary and permanent housing options and supports available to the common client by sub-geographical area.
14. Develop a common training plan and a listing of interdisciplinary cross training and job shadowing opportunities for front-line staff.
15. Improve linkages with key committees/coalitions/organizations with a mandate to address prevention and education that target the common client or potential common client.
16. Explore the interest in establishing communities of practice around specific common client sub-groups.

As demonstrated by the breadth of activities identified in the 3 year work plan, the strength of the CD HSJCC has been its ability to engage a diverse cross-section of stakeholders in an ongoing dialogue about issues and challenges affecting the common client. The work plan developed by the CD HSJCC articulates clearly how a shared vision that is client centered is possible via the power of collaboration and partnerships.

1.0 BACKGROUND INFORMATION

The Cochrane District Human Services Justice Coordination (CD HSJCC) was established in response to a recognized need to coordinate resources and services, and plan more effectively for people with clinical needs who are in, or have the potential to be, in conflict with the law.

In its activities the CD HSJCC is to provide priority consideration to people with a serious mental illness, intellectual disability, concurrent disorder, acquired brain injury, addiction, and/or fetal alcohol spectrum disorder who are, or have the potential to be, in conflict with the law as well as their significant others. This priority clientele is referred to as the system's 'common client'.

In the spring of 2009, the CD HSJCC identified the need for assistance with the creation of a work plan for the next 3 years (2009/10 to 2011/12). A request for proposals (RFP) was issued and a consulting firm retained to design a planning process that would assist the CD HSJCC members with the following tasks:

- Clarify the service needs of the client groups shared among committee partners;
- Identify service-related strengths and challenges encountered by partners;
- Determine the capacity of services to meet the needs of client groups;
- Explore and identify a best practice collaborative model guiding how services address the needs of the client groups;
- Develop a shared vision on how to respond to client needs that is supported by all partners; and,
- Establish an action plan with clear deliverables, milestones and areas of responsibility.

Note: for a listing of acronyms and their meaning please refer to Appendix A.

2.0 PLANNING PROCESS

2.1 ORIGINAL PLANNING APPROACH

The RFP issued specified that the consultant would work with the CD HSJCC prior to a planning retreat to:

- Map out the current environment and identify capacity concerns and opportunities;
- Review the finding of the needs analysis compiled and determine additional information requirements; and,
- Research best practice collaborative working models for meeting the identified needs of the CD HSJCC common client.

Subsequently, the CD HSJCC would host a working planning retreat that would allow the committee to:

- Review and discuss service capacity opportunities and limitations and their impact on how needs are addressed and/or prioritized;
- Develop a shared vision for how the system will respond to its client groups by reviewing select best practice models, isolating preferred structural elements, and determine how a model can be tailored to the realities of the area's service providers and client groups; and,
- Develop collectively an action plan detailing agreed upon objectives, activities, desired outcomes, resource requirements, and timelines. The action plan or work plan is to ensure that the CD HSJCC's efforts advance its stated vision.

This work would be informed in part by a needs analysis undertaken by the CD HSJCC in November 2008. The needs analysis had been compiled pursuant to the distribution of an on-line survey to 100 service providers and stakeholders across the Cochrane District.

The goal of this exercise was to inform the CD HSJCC's activities regarding:

- Current clinical services which exist for clients who have or could come into conflict with the criminal justice system;
- Gaps and unmet needs for these common clients, and
- Opportunities for capacity building and partnerships.

A total of 100 surveys were circulated, 28 respondents initiated the completion of the survey and 20 actually completed the survey. This represents a response rate of 20%, which is consistent with survey return rates in general. A copy of this needs assessment is appended as *Appendix B*.

2.2 REVISED PLANNING APPROACH

In the spring of 2009, the consultant used the needs analysis provided to initiate informant interviews with members of the CD HSJCC. The purpose of these interviews was to expand upon the findings of the needs analysis to gain a better appreciation of the issues and needs outlined in this document.

Through these conversations, it became apparent that due to the complexity of the systemic interactions among member sectors, the varying perspectives being shared and the diversity of issues and priorities being tabled that the proposed planning process may not be the preferred means of completing the work outlined.

Substantial more dialogue among organizations/sectors was needed before a planning retreat could be held to develop a shared vision for the CD HSJCC and develop an action plan detailing agreed upon objectives, activities, desired outcomes, and timelines.

In consultation with the co-chairs of the CD HSJCC a meeting of the membership was called to discuss the preliminary findings of the informant interviews. A summary overview of this information was presented and a change in direction was proposed by the consultant and supported by the membership. For a detailed summary of the findings of the informant interviews please refer to *Appendix C*.

A decision was made to establish four ad hoc work groups. Work groups were identified as a more appropriate mechanism by which to facilitate discussions regarding the systemic issues identified. This approach would ensure that members had the opportunity to explore in more depth the issues and priorities that had been tabled in the informant interviews and needs analysis, and provide a forum for the collective review, discussion and agreement on the most significant issues and underlying pressures affecting the CD HSJCC membership.

Committee members self-selected which work group(s) they would join. A consistent format was used to guide work group discussions. Summary notes of each working group meeting (6 in total) were compiled and analyzed, and a preliminary set of objectives and activities for each strategic area (work group focus) were identified.

Using this information, a draft strategic plan and preliminary work plan was established and presented to the CD HSJCC at a half day planning retreat held on September 4th, 2009. The planning retreat was attended by 16 of the 21 organizations actively participating on the committee. Strategic directions and related objectives were discussed and collectively refined and endorsed.

Following the planning retreat, the CD HSJCC members were asked to reflect upon the discussion at the planning retreat and complete an on-line prioritization survey. The survey gathered opinions on which activities identified on the work plan were considered 'early wins' and should be completed immediately, which ones should be prioritized in the current fiscal year, and which ones should be deferred to either year 2 or year 3.

The findings of the on-line survey were then used to establish a prioritized timetable for the completion of the agreed upon activities. The final report was then circulated to the CD HSJCC membership for approval.

In tandem with this process, members of the CD HSJCC were asked to prepare an overview of their organization. This information was compiled into a supplemental working document titled *CD HSJCC Overview of District Services and Supports for the Common Client*. This document is a work in progress and should be updated as needed to inform work plan activities.

3.0 WORK GROUP FINDINGS

3.1 OVERVIEW

The following sections summarize the discussions held in each of the four ad hoc working groups established to isolate the most pressing systemic needs and to identify activities that should be included within the work plan for the CD HSJCC.

Throughout this section there are numerous references to the 'system'. This classification refers to the collection of services and supports that are available within the Cochrane District for the benefit of the common client. Services and supports that include - but extend beyond - those provided by the membership of the CD HSJCC.

As previously noted a broader listing of needs and priorities collated from the informant interviews conducted at the onset of this planning process is included as *Appendix B*. This summary was presented to the CD HSJCC on May 13th, 2009 and resulted in the establishment of the four ad hoc working groups.

Organizations who participated in these work groups were diverse as represented by their funding ministries, namely: Ministry of Health and Long-Term Care, North East Local Health Integration Network, Ministry of the Attorney General, Ministry of Community and Social Services, Ministry of Children and Youth Services, and Ministry of Community Safety and Correctional Services.

The following four ad hoc work groups were established:

1. Crisis Support and Crisis Housing
2. System Coordination and Housing
3. Areas of Enhanced Focus
4. Education and Prevention

A consistent format was used for each work group which included:

- Reviewing the underlying issue(s) and needs of the common client;
- Identifying and discussing existing approaches, services and programs; and
- Discussing systemic barriers, gaps and opportunities that could be included as an activity on the CD HSJCC's multi-year work plan.

3.2 CRISIS SUPPORT SERVICES

The Crisis Support and Crisis Housing Ad Hoc Work Group met twice to discuss the needs of the common client. Following a discussion, the work group **defined the main issue of concern as being the provision of after hours' supports (evenings and weekends) for the common client who is in a crisis situation.**

The work group felt that the focus of the CD HSJCC should be on finding ways to improve the system's ability to respond to the needs of the common client who finds him/herself in a crisis. It was felt that by improving the system's ability to respond there would be a reduction in pressures facing community policing and emergency departments, among other service providers.

To inform the discussion, the work group undertook a resource mapping exercise with the goal of understanding the range of services that are readily available to the common client in crisis. The maps provide a visual of how the client moves through the system in times of crisis. Three maps were created as services and supports within the Cochrane District are primarily (not exclusively) structured around sub-geographical areas, namely: Timmins and Area, North Cochrane Area, and the James Bay Coastal Area.

These maps remain in draft form as further dialogue with key stakeholders who are not members of the CD HSJCC is needed before they can be finalized. They were useful however to initiate dialogue and increase awareness among CD HJSCC partners of available resources across the district. These maps should be finalized as part of the crisis-related activities noted on the work plan. The visual maps are contained in the supplemental working document created to inform work plan activities.

A review of these visual maps also focused the discussion around the mandate of an organization or more specifically its admission and discharge criteria. It was suggested that criteria while necessary did create gaps in the system leaving providers without access to treatment and supportive services for certain (often hard to serve) common clients. It was suggested that a collective review of the various admission and discharge criteria of CD HSJCC members be undertaken to help determine gaps that needed to be addressed and provide insight into opportunities that could be exploited.

Discussions also centered on the various crisis lines (5 in total) across the district. Work group members were unaware of the differences between, and the linkages among, the various crisis lines identified. It was noted that crisis lines are available in the Hearst and Kapuskasing area, the Matheson, Iroquois Falls and Cochrane area (MICs Area), and the Timmins area. Crisis lines were also available via the Cochrane District Detox Centre and the Timmins and District Hospital. Clarification of the differences, similarities and linkages among these crisis lines needs to be communicated to members of the CD HSJCC and other stakeholders.

In an effort to gain some insight into the needs of users, the work group reviewed crisis team service utilization data for the Timmins and District Hospital. The work group reviewed this information and tried to determine areas of intervention that would help the common client and reduce demand and/or pressures on service providers. The review highlighted the need to establish a follow-up mechanism for common clients presenting to hospital in crisis.

The work group also discussed the importance of establishing a base line for crisis utilization data to ensure that the system is able to evaluate and monitor the impact of work plan activities aimed at preventing and reducing the number of common clients presenting to hospitals or being picked up by police services in a state of crisis.

Lastly, the work group began collecting information on a number of crisis response models that could be adapted to the local context. However, work on the development of a crisis response framework for the district and the identification of key structural elements was considered premature and suggested as a work plan activity.

3.3 SYSTEM COORDINATION AND HOUSING

The System Coordination and Housing Ad Hoc Work Group met twice to discuss issues and challenges affecting the CD HSJCC common client. The work group **defined the main issue of concern as the system taking a silo approach to meeting the needs of the common client, particularly the 'hard to serve' who are linked to various organizations and sectors.**

A lack of awareness of resources and a lack of system coordination makes navigating the system difficult for the common client and the referring agency alike, and impedes the system's ability to deploy its limited resources in the most effective and efficient manner, or advocate for additional resources when required.

AWARENESS OF PROGRAMS AND SERVICES

A lack of knowledge of community services and supports available to the common client becomes a barrier to referring individuals throughout the system. There is a need to share information and enhance awareness of mental health, addictions and social services that benefit the common client.

Efforts/tools to increase awareness of resources may be too narrowly focused on certain sectors and should also target social services (*i.e.*, housing and financial supports), the justice sector (*i.e.*, judges and lawyers), primary care professionals, and family members of the common client.

The development of a common screening tool and decision tree would help increase awareness of available services and supports and enhance system coordination efforts, particularly among less traditional partners who interact with the common client less frequently and only at certain junctures (*i.e.*, financial services, housing supports, *etc.*).

The work group discussed how the previous CD HSJCC work plan included the need for agencies to make a presentation on their programs and services as a means of creating awareness. The need for readily accessible information on each organization's mandate, services, supports, admissions criteria, pressures points, successes and challenges was reiterated. This information is needed to inform work plan activities.

The Centre for Addiction and Mental Health (CAMH) noted a willingness to work with the CD HSJCC on a mapping exercise which would help agencies identify how they relate to each other from the perspective of the common client. This exercise could occur over an extended period of time and would provide an opportunity to reflect on systemic relationships, gaps, admissibility criteria, and collaborative opportunities. It could also

inform the development of a decision-tree to help navigate (and divert) the common client at key junctures.

SCREENING/REFERRALS/ASSESSMENTS/CASE MANAGEMENT

It was discussed that most referrals are voluntary (a passive process). In these instances there is no follow-up to ensure that the common client is in fact accessing needed services and supports, despite having come into contact with the system. It was suggested that the system needs to take a more proactive approach to referrals and outreach particularly with potential common client who are not presently linked to the system (via a case manager or in receipt of treatment and/or supportive services).

It was noted that access to outreach services (via the initiation of a treatment plan) is highly dependent on individual lawyers. In many instances, the justice sector relies on the client's ability to self-identify his/her own treatment needs.

There is merit in considering the development of an initial screening tool that could be self-administered. As previously mentioned, the early screen could be supported by the development of a decision-tree to guide organizations making the referral. This would greatly enhance the ability of all community organizations to refer, but particularly those that may not provide treatment services but nevertheless come into contact with common clients.

It was noted that the addictions and mental health sectors have agreed to work towards the creation of a common screening tool in the fall of 2009. It might be appropriate and timely to broaden representation on the committee to also include other sectors represented on the CD HSJCC. This suggestion was tabled with the district mental health and addictions committee for their consideration.

Recognizing that organizations are mandated to use specific screening tools and that information obtained feeds proprietary databases, the work group wondered how (if) data sets could be shared with the objective of enhancing system coordination and the identification of pressure points at key junctures. Discussions also focused on the inherent challenges related to the sharing of information across organizations due to privacy legislation. Any effort to share information would need to involve the creation of a common consent form for common clients, keeping in mind the *Personal Health Information Protection Act* (PHIPA) and wavers to address solicitor-client confidentiality restrictions.

The need to help the judicial system link to appropriate resources in a more timely and coordinated manner was stressed, as the average length of time a client is on probation ranges from 12 to 18 months. When there are delays in accessing assessments (*i.e.*, addiction, mental health, or psychiatric) then there are also delays in accessing treatment options.

It should also be stated that work is underway to look at how to coordinate assessments between addictions and mental health (via OCAN). Consequently, it was suggested that discussions regarding assessments should be set aside for the present time.

In the long-term (beyond the scope of the 3 year work plan) there is value in moving towards an intensive case management model for hard to serve clients. Such a model would need to consider capacity limitations of the various providers and develop objective decision-making criteria. While supported in concept, concern was noted that case management responsibilities cannot be absorbed by an existing service provider. A case management model for hard to serve clients would need to include adequate staff and funding to wrap services around the common client.

HOUSING

One of the most significant issues raised across all work groups is that of housing. It was emphasized by most that the **system is challenged in its ability to meet the treatment needs of the common client if an individual's basic housing needs are not being met. The system needs to ensure that the common client has access to appropriate housing and related supports if it is to focus on prevention and if treatment is to be initiated.**

Probation and parole stressed that without access to housing and housing supports, the probability of a common client successfully completing treatment and/or rehabilitative options is greatly diminished. In addition, awareness of available housing supports needs to be increased, as organizations find it extremely difficult (and time consuming) to refer or secure housing within the Cochrane District.

The work group discussed temporary and permanent housing options for the common client. Temporary supports are available via homeless programs, residential treatment services, safe beds, detox beds, and homeless shelters. For the purposes of the Cochrane District Social Services Administration Board (CDSSAB) individuals living in temporary housing are considered 'homeless' and consequently financial support falls under their homeless program.

Long-term or permanent housing options include housing subsidy programs, and rents geared to income (RGI) programs. RGI programs are administered by the CDSSAB and rental subsidies are available via the Canadian Mental Health Association.

CDSSAB shared that the wait list for their social housing units (RGI units) is significant and that priority is given to the following areas: urgent medical, homeless, and domestic violence. While these areas of need are prioritized, an individual may still wait a significant amount of time (up to 6 months) given the high demand and low turnover within these units. In addition, the work group discussed various CDSSAB housing support services and programs available to the common client, and stressed the district's need to become much more familiar with these offerings.

It was also noted that:

- Some common clients have access to group homes if they have an intellectual disability;
- Work is underway for a native housing project;

- Private landlords need the support of the system if they are to house individuals with a mental health and/or addiction; and,
- Racism greatly challenges the system's ability to secure privately owned rental units to house common clients and that working directly with landlords and providing them with supports (*i.e.* Access to housing case managers) would be of benefit.

It was suggested that the CD HSJCC should quantify the need for housing for common clients and consider innovative means of addressing this need. Since housing is a significant challenge for the system it was suggested that the CD HSJCC may want to streamline their efforts towards meeting the immediate needs of the common client from a court outreach perspective.

The CAMH shared that they could offer a 1 day workshop focused on housing individuals with a concurrent disorder titled *Under One Roof*. This workshop could be organized locally and provide the CD HSJCC with a starting point for a further discussion of housing related needs and innovative models that could be adapted locally.

Stressed during discussions was the reality that while there are housing programs that offer rent subsidies that can benefit the common client, the most significant issue affecting permanent housing is the limited availability of rental units. Housing stock is a challenge across the entire district but the lack of access in the City of Timmins is particularly acute.

Noted was that CDSSAB receives infrastructure dollars for the creation of affordable housing units, and that opportunities under the Affordable Housing Program may warrant further exploration. An initial meeting with the Director of Housing at CDSSAB was held to discuss funding sources and innovative means of providing housing supports for common clients. Indications are that there is merit in exploring this area further.

COURT DIVERSION

The CD HSJCC's previous work plan had identified the importance of assisting with the coordination of services to ensure the effective service delivery to the common client requiring court support and treatment diversion.

Feedback received stressed that the Crown and its policies is a key part of the diversion process and in some cases may start off the referral process for the common client. The Crown's response to the unlawful conduct of a client will determine whether that client's path can remain treatment-focused or not. The Crown would likely be more amenable to a treatment orientation if there was to be a coordinated effort of client services and supports.

A review of court diversion policies and processes is considered at the core of the work of the CD HSJCCs and the need to share and discuss the Crown's policy for diversion was identified as an important activity for inclusion in the work plan. There is also an interest in discussing utilization data pertaining to court diversion programs in an effort to increase awareness and dialogue regarding successes and challenges since the inception of diversion programs across the district.

ENSURING READINESS FOR TREATMENT

Acknowledging that there are some referrals to treatment that are mandated by probation and parole or the Crown (*i.e.*, Partner Assault Response (PAR) and Anger Management for Men) in general it was considered ineffective to force a common client into a treatment program if they are not ready for change. Stressed was the need to ensure that the system works with the common client based on where they are at on the *Stages of Change Continuum*. The importance of motivational interviewing was emphasized.

The work group discussed how motivational interviewing greatly increases the success rate of clients who enter the treatment system as it helps gauge their level of readiness. Referring a common client to treatment before they are ready was considered an inefficient use of systemic resources. Many organizations represented on the CD HSJCC noted that their staff was skilled in motivational interviewing.

Organizations were encouraged to make this training available to their staff and/or encourage staff to take a training refresher. It was shared that the Jubilee Centre has a trainer who can provide motivational interviewing workshops using a train the trainer model. This staff member was scheduled to host a workshop with the Porcupine Health Unit in the fall and was willing to consider future workshops if there was sufficient interest.

The CAMH noted the possibility of establishing a 'motivational interviewing community of practice' to support those who use this approach. A community of practice is a semi-structured informal social learning model that allows individuals to interact with their peers on a particular issue of interest. It provides an informal venue to discuss one's experiences and improve their practical skills.

3.4 AREAS OF ENHANCED FOCUS

The Areas of Enhanced Focus Ad Hoc Work Group met once to discuss specific population groups that would benefit from a more focused and responsive approach to the provision of services and supports. The work group defined the main issue of concern as the **need to enhance the system's ability to deal more effectively with 'hard to serve' population groups who consume a disproportionate amount of systemic resources.**

By targeting key population groups the system may be able to increase its ability to respond more appropriately and effectively to their unique needs. Specific population groups that were considered hard to serve included: individuals of Aboriginal origin, individuals with an acquired brain injury (ABI), individuals with fetal alcohol spectrum disorder (FASD), and individuals with an intellectual disability. Also noted but with less emphasis were the unique needs of both youth and women.

The work group explored how to enhance the system's ability to respond to the needs of the hard to serve. It was suggested that staff related activities should be centered on enhancing

skills, obtaining specialized training, coordinating joint training opportunities, and facilitating peer mentoring. Also, the importance of having closer working relationships with key organizations, networks, and coalition was highlighted.

ABI AND FASD

It was suggested that the number of common clients with an ABI is much more prevalent than generally known and that dealing with these clients can be extremely difficult and time consuming. A number of organizations noted that their staff had received ABI training and education. Yet many more would benefit from enhanced awareness and understanding of individuals who have an ABI and from opportunities to enhance skills and competencies.

It was noted that the Head Injury Association (via the regional office which is in Thunder Bay) provides ABI training 2 times per year at Northern College. Also noted was that the CAMH is in the early stages of developing an ABI community of practice to facilitate peer interaction and support. The establishment of a district group could be explored if there is sufficient interest.

While ABI and FASD are different, they do share many of the same symptoms and treatment approaches can be similar. The identification of either was noted as a significant challenge and barrier to appropriate treatment. The Northeast Mental Health Centre has a regional FASD program which refers inpatients to a neurologist for testing and diagnosis. Also, a key community resource that should be brought into this discussion is the Porcupine Health Unit as they provide genetic counseling and support the local FASD Coalition.

DEVELOPMENTALLY DELAYED

It was noted that those who meet the strict definition of being 'developmentally delayed' are typically well resourced. Difficulties surround resource availability for individuals who do not satisfy the diagnostic criteria for an intellectual disability therefore cannot access the same range of services and supports despite having significant learning difficulties. These common clients are very difficult to serve within the mainstream treatment system given their learning abilities. It should be noted that Bill 77, with its regulations being finalized may assist with this issue as it replaces the *Developmental Services Act*.

It was also realized that few of these individuals are presenting to treatment services despite a need for these services which raises questions as to why. It was suggested that the creation of a database using information from the early screen and more active follow-up would improve the system's ability to monitor which 'hard to serve' population groups are being underserved.

YOUTH

It was discussed that prevention efforts need to be targeted to youth, before they enter the judicial system and become a common client. A key community resource that should be

brought into this discussion is once again the Porcupine Health Unit as they are mandated to provide youth related prevention programs. The Northeast Mental Health Centre has a regional in-patient program for youth.

It was noted also that Francophone youth are underserved in provincial addiction residential treatment as there are no culturally appropriate programs.

ABORIGINALS

Throughout the district there is recognition that the Aboriginal population has been growing rapidly. Segregation among organizations, funding sources, and committee structures impedes the system's ability to fully engage with Aboriginal organizations and evaluate how to improve the provision of programs and services for common clients who are of Aboriginal origin.

There is a need for a concerted effort to ensure that organizations that provide services and supports to Aboriginals are engaged in the activities of the CD HSJCC. It was suggested that the CD HSJCC members seek out the opinion of Aboriginal leaders and ask them to provide advice on how to improve collaboration among health and social service organizations and the Aboriginal community with the objective of developing a more responsive approach to dealing with Aboriginal common clients.

Preliminary discussions with Aboriginal leaders revealed that while there is a desire to secure more active Aboriginal representation in key CD HSJCC activities, it is important to allow relationships to evolve over a period of time. Acknowledging that pressures are mounting, the system must take a more 'relaxed approach' if it is to enhance collaboration and allow meaningful relationships built on trust to emerge.

There are significant cultural differences that need to be considered and the following comments were offered:

- Meet with Aboriginal court diversion workers to understand local needs;
- Engage Aboriginals leaders using a one-on-one approach;
- Bring the meeting to them (always easier on one's own turf);
- Avoid corresponding via letters – meet with them directly;
- Limit committee work/structures as group meetings can be intimidating;
- If committee work is needed ensure that Aboriginal representatives are not asked to represent the views of all Aboriginals or are being singled out (have several reps);
- Develop a rapport with local native friendship centers; and,
- Keep in mind that Aboriginal and western approaches and consequently protocols are very different.

How best to develop cooperative relationships with this sector is the focus of a work plan activity. As a caveat, the committee needs to ensure that it is not relying too heavily on one or two individuals to speak on behalf of all Aboriginal organizations. There must also be

consideration given to gaining cultural competencies that will help guide interactions with this sector.

Lastly, it was shared that the Timmins Native Friendship Centre is working with its provincial association on an integration initiative geared towards ensuring that Friendship Centers integrate their internal programs and services, and improve linkages with external stakeholders. Training commenced in the fall of 2009.

3.5 EDUCATION AND PREVENTION

The Education and Prevention Ad Hoc Work Group met once to discuss how to address the system's needs and enhance its ability to support common clients. The work group felt that **the system is reacting to the problems and needs of the common client and that efforts must be shifted towards prevention and education, particularly with the younger segments of the population.**

Work group members stressed the importance of reaching out to the common client, both those involved in, and those at risk of involvement with, the judiciary system. Demand on the system's limited resources has been rising steadily and prevention efforts are needed to reverse this unsustainable trend.

There is also a need to maximize the utility of the numerous coalitions and committees currently in place across the district, and avoid the need to recreate organizational structures. In some instances, there may be merit in exploring if certain committees can be collapsed to streamline efforts.

EDUCATION/INFORMATION/TRAINING

The work group discussed the need to:

- Improve knowledge of, and access to, multi-disciplinary training opportunities for front-line workers;
- Increase the number of front-line staff who are trained in specialized areas such as ABI and FASD;
- Develop a joint training plan where providers' share information on upcoming training opportunities across the system;
- Make provisions for job shadowing across sectors as a means of building system capacity and interrelations;
- Consider the merit of webinars and lunch and learns as a means of reaching out to front-line workers; and,
- Ensure that information discussed at the CD HSJCC filters down to all staff, as appropriate.

PREVENTION

The work group thought that there could be more emphasis on finding innovative ways of bringing information, services, and supports to clients and suggested the creation of in-service teams that could reach out to common clients or potential common clients congregating in places such as a detox, homeless shelter, and/or friendship centre. The importance of reaching out to individuals ‘on their own turf’ with an eye to preventing their entry into the judiciary system was stressed.

Also emphasized at this planning table, and previously discussed, was the need to provide an initial screen that would help the system with early identification of issues and ensure timely referrals to treatment and rehabilitative options and supports. This early screen could be particularly useful prior to client sentencing and could inform the judiciary process. Once the client is in the judicial system it becomes paramount that the court diversion workers are engaged in this screening process if they are to advocate on their client’s behalf.

4.0 CHALLENGES AND OBSERVATIONS

Engaging CD HSJCC members

The revised planning approach required a significant investment of time by all CD HSJCC members. Many of these members participated in several of the work groups established to advance the planning process. Some members expressed concern with the meeting frequency and number of information requests.

In an effort to mitigate demands on the membership, work group meetings were organized over a longer than anticipated timeframe to facilitate member involvement. This in turn raised concerns regarding the ‘loss of momentum’ or ‘lack of action’ on key activities identified.

It is worthy of mention that the working planning retreat held at the end of the planning process was extremely well attended by CD HSJCC members even by those who needed to travel great distances (up to 3 hours). The level of participation is interpreted as a demonstration of the CD HSJCC’s commitment to the planning process.

Respecting where the CD HSJCC is on an interagency collaboration scale

There was an expectation by some that this planning process would be driven, in part, by a review of operational, utilization and funding data. Yet work group discussions revealed a desire and need to spend considerable more time trying to understand underlying issues from the diverse perspectives of the membership. It was suggested that data analyses and an assessment of funding/resource requirements should be considered within the scope of specific work plan activities.

Importance of providing opportunities for members to exchange information

While work group discussions were focused on specific topics, it became apparent that some committee members benefited greatly from the opportunity to hear firsthand the different sector perspectives and learn about the range of services and supports available to the common client.

Despite much of this information being widely accessible via pamphlets and websites the reality remains that all are extremely busy and the need to search for information is in of itself a barrier. Consequently, added to the work plan were a number of activities that promote awareness, sharing of information, and an opportunity to dialogue about the information presented.

Involving non-CD HSJCC members

At the onset of the planning process it was decided that participation within work groups would be limited – initially – to organizations with representation on the CD HSJCC. Acknowledging that discussions would benefit from a more inclusive approach, it was felt that broadening participation beyond the scope of the committee at this stage in the process would further complicate the CD HSJCC's ability to determine its own priorities and move forward in a timely manner.

Consequently, the work plan developed stresses the importance of engaging common clients, their loved ones, consumer-survivor networks, and non-CD HSJCC members in future activities.

Also, great care will need to be given to ensuring that stakeholders are engaged in work plan activities in a manner which is appropriate given their respective organizational mandate and limited resources. For some this will mean that they can be brought in at the onset and for others it will require that they be brought in only at key junctures.

Involving front line staff

It was stressed that work plan activities and the sharing of information gathered by the CD HSJCC needs to go beyond the participating members. Specifically, activities undertaken need to involve front-line staff members who are in closer contact with the common client. This is also considered an opportunity to minimize the demands that work plan activities will place on CD HSJCC representatives.

Need to approach activities on both a district and sub-geographical level

The CD HSJCC's catchment area encompasses the entire Cochrane District. Recognizing that there is cohesiveness among committee partners, it is also noted that issues and priorities differ from a sub-geographical viewpoint. What is a challenge in Timmins may not be in North Cochrane or along the James Bay Coast. And conversely, the issues facing the James Bay Coast are significantly different and will require different approaches than those considered in other areas of the district.

Consequently, the CD HSJCC must determine on the basis of each activity whether there is merit in working as a unified whole, or whether the activity would best be served by working on a sub-geographical basis (*i.e.*, community by community or sub-district areas).

Link to other community initiatives via existing HSJCC membership

While the CD HSJCC's membership is large and diverse, it is not inclusive. Missing from the table are key organizations such as the Porcupine Health Unit, the Timmins and District Child and Family Services, and Community Legal Aid.

In addition, there are a number of networks and coalitions that should be linked to the CD HSJCC in some manner. Suggested was that partners involved in these other groups, take responsibility for informing respective committees of ongoing activities at the CD HSJCC table. In some instances there may be merit in suggesting that some committees be collapsed given overlapping mandates.

CD HSJCC members also have a responsibility to share with committee members information Ministerial policies that may impact the work of the CD HSJCC and they should flag funding opportunities that may be considered to advance work plan activities.

Committee needs to consider how it will monitor and evaluate its own progress

The CD HSJCC will need to consider a mechanism for monitoring its ability to move forward with the activities outlined in the work plan. An evaluation framework should be developed to monitor progress and track additional resource requirements.

Explore alternative means of communication

The vast distances among Cochrane District communities make it difficult and unfeasible for CD HSJCC members to gather regularly, in a face to face setting. While teleconferencing is an appropriate medium, it does require proper equipment to ensure that conversations can be heard clearly by all participants and requires that the facilitator/moderator ensure that participants on-line have sufficient opportunity to fully engage in discussions.

In the future it has been suggested that the CD HSJCC test the use of Adobe Acrobat Connect to determine if this is a preferred communication medium. This web conferencing software provides access to private meeting rooms using a web browser and Adobe Flash® Player software. It also facilitates the posting of documents on-line for group viewing.

5.0 ROAD MAP FOR THE FUTURE

5.1 A SHARED VISION

Drawing upon the Terms of Reference for the CD HSJCC and the extensive discussions held throughout the planning process, strategic directions were articulated and used to guide the

identification of work plan activities. This shared vision was presented and refined by the CD HSJCC at its planning retreat.

SHARED VISION

PURPOSE

The Cochrane District Human Services and Justice Coordinating Committee was established in response to a recognized need to coordinate resources and services, and plan more effectively for the priority population at different junctures.

TARGET POPULATION

For the purpose of its activities, priority consideration is given to people with a serious mental illness, intellectual disability, concurrent disorder, acquired brain injury, addiction, and/or fetal alcohol spectrum disorder who are, or have the potential to be, in conflict with the law (also referred to as the common client) as well as their significant others.

STRATEGIC DIRECTIONS

#1 COMMUNICATION AND ENGAGEMENT:

- To develop a model of shared responsibility and accountability in dealing with the common client/potential common client at key points of intersection within the justice system;
- To facilitate communication and the sharing of information among CD HSJCC members and between HSJCCs;
- To provide a forum where service providers are engaged in the process of exploring means of addressing issues related to the criminalization of people with defined unique needs;
- To monitor needs and gaps, as well as opportunities in an effort to improve CD HSJCC's ability to effectively collaborate and integrate services, as appropriate;

#2 CRISIS-RELATED SERVICES AND SUPPORTS:

- To improve the system's ability to respond to the needs of the common client in crisis;
- To decrease reliance on hospital emergency departments and police services when the common client is in crisis;
- To enhance awareness of services and supports available to the common client among system partners;

#3 SYSTEM COORDINATION:

- To improve the system's ability to respond proactively to the needs of the common client by improving system coordination and cooperation;

- To enhance awareness of services and supports available to the common client among system partners to facilitate referrals and timely access to services;

#4 HOUSING FRAMEWORK:

- To review the housing infrastructure and explore how to improve access to transitional and permanent housing, and related supports, for the common client;

#5 TRAINING, EDUCATION AND PREVENTION:

- To emphasize education and prevention, particularly with the younger segments of the population, as a means of proactively meeting the needs of the (potential) common client;
- To improve the ability of service providers and significant others to deal more effectively with the common client;
- To increase awareness of education and training opportunities across the district and ensure that these opportunities are coordinated among all sectors; and,
- To provide front-line staff with access to multi-disciplinary and inter-sectorial 'hands-on' training and networking opportunities.

5.2 WORK PLAN FOR 2009/10 TO 2011/12

In an effort to prioritize work plan activities, an on-line Work Plan Activities Priority Setting Survey was developed and distributed to the CD HSJCC. The survey gathered information on which activities should be undertaken over the current fiscal year, which activities should be undertaken in subsequent years, and which ones were considered 'early wins'.

Early wins were identified as activities that could be carried out quickly with minimal effort yet would advance the purpose of the committee. Respondents were asked to rate whether an activity was deemed 'very important', 'important', 'not important' or 'neutral'. Each activity's relative ranking is noted on the work plan under the priority status column.

Committee members were advised to consider 'priorities' from a systemic or CD HSJCC perspective first and subsequently from their respective sector and organization. A total of 21 organizations were invited to participate in the survey. Sixteen (16) members completed a survey, representing a 76% participation rate.

Sector perspectives of respondents were diverse and included addictions, mental health, justice (adult and youth), corrections, women's violence, Aboriginals, and social services. A detailed summary of the Work Plan Activities Priority Setting Survey is included as *Appendix D*.

| Task # | Activity | Deliverable/Expected Outcome | Participation Technique | Participants (Identify leads and participants as appropriate) | Timeframe | Priority Status |
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| STRATEGIC DIRECTION #1- COMMUNICATION AND ENGAGEMENT | | | | | | |
| 1. | All relevant sectors and agencies participate on the CD HSJCC and/or its work groups. Ensure committee membership structures and processes are fair, equitable and representative. | Ensure that attendance is adequate to advance the activities of the CD HSJCC. The common client and/or significant others are engaged in the activities of the CD HSJCC at key junctures. | Committee review of the CD HSJCC membership. | All HSJCC partners Co-chairs (leads) | Annually | Early Win Very Important |
| | | | Committee review of the Terms of Reference. | | Bi-annual | Ongoing |
| | | | Committee update on the progress of work plan activities. | | Quarterly | Ongoing |
| 2. | Ensure active involvement in regional CD HSJCC meetings. | Ensure the two-way flow of information between district and regional HSJCCs. Participate in joint HSJCC initiatives as appropriate. Standardization of meeting information/ templates across north east HSJCCs (<i>i.e.</i> , summary notes, agendas, <i>etc.</i>) | Attend regional meetings on behalf of the district. | Co-chairs to act as conduit for the sharing of information (alternate their involvement). | Bi-monthly | Early Win |
| | | | Facilitate the sharing of information between HSJCCs. | | Ongoing | Important |
| | | | Local partners to provide relevant information for distribution and discussion. | | Ongoing | |

| Task # | Activity | Deliverable/Expected Outcome | Participation Technique | Participants (Identify leads and participants as appropriate) | Timeframe | Priority Status |
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| 3. | <p>Meet with the Aboriginal sector to explore how best to support organizational mandates while meeting the needs of the common client.</p> <p>Identify the most appropriate means of engaging the Aboriginal sector in CD HSJCC work plan activities.</p> <p>Explore how the CD HSJCC partners can support/enhance services and programs provided by the Aboriginal sector to the common client.</p> | <p>Engage Aboriginal service providers in the activities of the HSJCC in a culturally appropriate manner.</p> <p>Identify more effective means of collaborating with Aboriginal organizations respecting the demands being placed on their resources.</p> <p>Meet with key Aboriginal leaders to ensure that participation technique is culturally appropriate.</p> <p>Expand the involvement of district-based Aboriginal organizations in CD HSJCC activities.</p> <p>Increase inter-sectorial awareness and opportunities for collaboration.</p> | <p>Co-chair to meet with Aboriginal reps on the CD HSJCC to discuss activity.</p> <p>Work group to explore how to leverage existing community resources to further dialogue with Aboriginal services and programs.</p> <p>Correspond with Aboriginal leaders to share information and extend an invitation to participate in the committee/work groups.</p> | <p>Co-chairs to meet with Timmins Native Friendship Centre and James Bay Mental Health Program, as a starting point.</p> <p>Work group to be comprised of:</p> <ul style="list-style-type: none"> • Timmins Police Services • Timmins Native Friendship Centre • James Bay Mental Health Program • Centre for Addiction and Mental Health • Other participants that could be invited include: • Timmins Economic Development Corporation • Timmins Police Services – Aboriginal Committee • Wabun Tribal Council • Misiway Community Health Centre • Kunuwanimano Child and Family Services | Fall 2009 | <p>Year 1 Priority Activity</p> <p>Very Important</p> |

| Task # | Activity | Deliverable/Expected Outcome | Participation Technique | Participants (Identify leads and participants as appropriate) | Timeframe | Priority Status |
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| 4. | Complete a mapping exercise of organizational collaborative relationships, services and resources from a common client perspective. | <p>Increase awareness of referral patterns and how individuals navigate the district's services.</p> <p>Develop a systematic means of assessing the district's needs and gaps.</p> <p>Generate a better understanding of organizational strengths and opportunities.</p> <p>Use the findings to reflect on how the system is interconnected and inform the CD HSJCC's work plan activities.</p> | Expand upon the work initiated in the summer of 2009 focused on Timmins mental health and addictions providers to include over time all CD HSJCC partners. | All HSJCC partners CAMH (lead) | Initiated in the summer of 2009 and will occur throughout 2010. | <p>Year 1 Priority Activity</p> <p>Very Important</p> |

STRATEGIC DIRECTION #2 - CRISIS-RELATED SERVICES AND SUPPORTS

| Task # | Activity | Deliverable/Expected Outcome | Participation Technique | Participants (Identify leads and participants as appropriate) | Timeframe | Priority Status |
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| 5. | <p>Review crisis team/line utilization data at the sub-district level and district level.</p> <p>Determine how the crisis system(s) could most efficiently collect and share data on the common client with key partners and respond most effectively in times of crisis.</p> | <p>Clarify the purpose of the various crisis lines in the district and linkages among these services.</p> <p>Establish a baseline for crisis utilization data which will allow the system to monitor and evaluate the impact of key activities and guide the allocation of existing and additional resources. And identify problem areas that should be prioritized.</p> <p>Develop and implement process/mechanisms for sharing information on the common client to facilitate the system's ability to respond more effectively.</p> <p>Encourage/promote the circle of care concept.</p> <p>Address privacy legislation and concerns and respect the common client's right to refuse to share information.</p> | <p>Establish geographical sub-working group for:</p> <ul style="list-style-type: none"> • Timmins and Area • Hearst, Kapuskasing, and Smooth Rock Falls • Cochrane, Iroquois Falls, and Matheson • James Bay Coast | <p>Involve program managers and data systems staff from the following sectors:</p> <ul style="list-style-type: none"> • Police services • Mental health services • Addiction services • Hospitals • Developmental disabilities services • Social services <p>Common clients and/or significant others, shelters, consumer survivor networks, and probation and parole should be brought in at key junctures.</p> <p>**Need to identify a lead in each area.</p> | <p>Deferred to 2010/11 or 2011/12</p> | <p>Activity for Year 2 or 3</p> <p>Important</p> |

| Task # | Activity | Deliverable/Expected Outcome | Participation Technique | Participants (Identify leads and participants as appropriate) | Timeframe | Priority Status |
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| 6. | Review organizational mandates and admission/discharge criteria of crisis-related health and housing services/ programs. | <p>Identify systemic barriers to accessing needed programs and services.</p> <p>Review collectively means of overcoming barriers and gaps in services that challenge the ability of crisis-related services to meet the needs of the common client.</p> <p>Identify outstanding gaps in services, quantify, prioritize and 'cost-out' areas of need.</p> <p>Develop an advocacy strategy for addressing priority systemic needs.</p> | <p>Initially work should be approached at a sub-geographical level, specifically:</p> <ul style="list-style-type: none"> • Timmins and Area • Hearst, Kapuskasing, and Smooth Rock Falls • Cochrane, Iroquois Falls, and Matheson • James Bay Coast <p>Then work should be considered from a district perspective.</p> | <p>Involve staff from the following sectors:</p> <ul style="list-style-type: none"> • Mental health services • Addiction services • Hospitals • Developmental disabilities services • Children's mental health services • Social services <p>Common clients and/or significant others, shelters, consumer survivor networks, probation and parole and police services should be brought in at key junctures.</p> <p>**Need to identify a lead in each area.</p> | To be completed in 2009/10 | <p>Year 1 Priority Activity</p> <p>Important</p> |
| 7. | Crisis work group to review and identify a local crisis response models for Timmins drawing upon local resources. | <p>Maximize the involvement of available resources and develop a crisis response model that enhances the system's ability to deal with the common client in a community-based setting.</p> <p>Reduce the number of individuals in crisis who</p> | <p>Work group to review crisis models and develop a modified approach based on local need and resources.</p> <p>Draft crisis model should be shared with key stakeholders for feedback prior to finalization</p> | <p>Involve the following resources:</p> <ul style="list-style-type: none"> • Timmins and District Hospital (lead) • Canadian Mental Health Association (lead) • Jubilee Centre (safe beds) • Cochrane District Detox Services • Cochrane Treatment | Deferred to 2010/11 or 2011/12 | <p>Activity for Year 2 or 3</p> <p>Important</p> |

| Task # | Activity | Deliverable/Expected Outcome | Participation Technique | Participants (Identify leads and participants as appropriate) | Timeframe | Priority Status |
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| | | <p>are apprehended by police services and/or present to hospital emergency departments.</p> <p>Ensure that the system provides assertive follow-up to the common client who comes into contact with the system in times of crisis.</p> <p>Quantify resources/ funding needed to implement the crisis model.</p> | <p>specifically:</p> <ul style="list-style-type: none"> • South Cochrane Addiction Services • Victim Crisis Assistance and Referral Service (VCRS) • Good Samaritan Inn • Churches • Tranquility House (shelter) • HSJCC Common Client • Consumer Survivor Network | <p>Resource Centre</p> <ul style="list-style-type: none"> • Timmins Native Friendship Centre • Timmins Police Services • Northeast Mental Health Centre (crisis psychiatric assessment and support) • Timmins and District Child and Family Services • Kunuwanimano Child and Family Services • Common clients and/or significant others at key junctures | | |

| Task # | Activity | Deliverable/Expected Outcome | Participation Technique | Participants (Identify leads and participants as appropriate) | Timeframe | Priority Status |
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| STRATEGIC DIRECTION #3 - SYSTEM COORDINATION | | | | | | |
| 8. | <p>Create a resource document that describes organizational mandates, services and programs geared to the common client.</p> <p>Provide a forum to share information and dialogue about these services and programs.</p> | <p>All HSJCC partners will prepare and present a short summary of services and programs geared to the common client.</p> <p>HSJCC partners will have an opportunity to discuss information presented and gain a better understanding of services and supports in place for the common client.</p> <p>HSJCC work groups will have on hand information to guide the completion of activities detailed in the work plan.</p> <p>Identify different means of distributing this information among organizations and front-line staff (suggestions include: lunch and learns webinars, HSJCC website, etc.).</p> | <p>HSJCC partners responsible for creating and updating their organizational information summary.</p> <p>Information on services and programs will be collated in a binder and distributed to all HSJCC members, and updated by members as needed.</p> <p>Information on non-HSJCC partners will be gathered, as needed via work groups to inform key activities.</p> | <p>All HSJCC partners</p> <p>Work group to explore means of distributing this information and obtain information from select non-HSJCC partners including:</p> <ul style="list-style-type: none"> • Shelters • Aboriginal services <p>**Need to identify lead.</p> | To be completed in 2009/10 | <p>Early Win</p> <p>Very Important</p> |

| Task # | Activity | Deliverable/Expected Outcome | Participation Technique | Participants (Identify leads and participants as appropriate) | Timeframe | Priority Status |
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| 9. | Review of court support or treatment diversion tools/processes for the common client. | <p>Share and discuss the Crown's policy for diversion (provincial policy established by Attorney General)</p> <p>Review which aspects of the policy are working well and which ones could be improved.</p> <p>Review service agreement with Crown and other pertinent services to ensure guidelines for assessments related to diversion, bail release and/or sentencing are adhered to.</p> <p>Ensure that assertive follow-up provided by making provision within established processes.</p> <p>Present policy/processes /data with the CD HSJCC to raise awareness and obtain feedback.</p> | <p>Establish geographical sub-working group for:</p> <ul style="list-style-type: none"> • Timmins and Area • Hearst, Kapuskasing, and Smooth Rock Falls • Cochrane, Iroquois Falls, and Matheson • James Bay Coast | <p>Involve staff from the following organizations/ sectors:</p> <ul style="list-style-type: none"> • Crown Attorneys • Legal Aid Ontario • Defense Council <p>Organizations funded to provide diversion services (<i>i.e.</i>, court diversion workers, safe beds, <i>etc.</i>)</p> | To be completed in 2009/10 | <p>Year 1 Priority Activity</p> <p>Important</p> |

| Task # | Activity | Deliverable/Expected Outcome | Participation Technique | Participants (Identify leads and participants as appropriate) | Timeframe | Priority Status |
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| 10. | Develop and implement a common (first level) screening tool and decision-tree for the district (triage tool for system navigation at all junctures). | <p>Ensure that the common client is referred to appropriate services and supports at all junctures.</p> <p>Facilitate the system's ability to refer by creating a decision tree (map of services and supports) and identifying points of contact at each juncture.</p> <p>Build into the process an assertive follow-up mechanism for agencies that have been referred to follow-up with individuals.</p> <p>Improve system coordination by standardizing and reducing the number of initial screens completed.</p> <p>Improve the experience of the CC at their first point of contact with the system.</p> <p>Train all front-line staff on the use of the early screening tool and increase their familiarity with the system's services, supports, and key contacts.</p> | <p>Expand upon the common screening initiative being led by the mental health and addictions partners, by including all Hsjcc sectors.</p> <p>Screen to be developed by a core group (with representation from each sector), then others brought in for their input prior to finalizing the screening tool and process.</p> | <p>Involve the following sectors:</p> <ul style="list-style-type: none"> • Mental health services (<u>lead – HKS Counselling</u>) • Addiction services • Probation and parole • Social services • Housing services • Developmental services • Child and family services • Porcupine Health Unit • Aboriginal services • Acquired Brain Injury (ABI) services <p>Common clients and/or significant others at key junctures</p> | Deferred to 2010/11 or 2011/12 | <p>Activity for Year 2 or 3</p> <p>Important</p> |

| Task # | Activity | Deliverable/Expected Outcome | Participation Technique | Participants (Identify leads and participants as appropriate) | Timeframe | Priority Status |
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| 11. | Facilitate timely access to, and coordination of psychiatric assessments. | Determine if the system is making the best use of limited resources. Explore innovative means of addressing resource limitations (i.e. video, locums, etc.). Quantify wait list and review means of prioritizing wait list. Explore means of improving access and make provisions for timely crisis assessments. | Establish a district work group. | Involve the following organizations: <ul style="list-style-type: none"> • Timmins and District Hospital • Centre for Addictions and Mental Health • Cochrane District Detox Centre • Monteith Correctional Complex • Hearst, Kapuskasing, Smooth Rock Falls Counselling Services • Northeast Mental Health Centre • James Bay Mental Health Program | Deferred to 2010/11 or 2011/12 | Activity for Year 2 or 3 Important |
| STRATEGIC DIRECTION #4- HOUSING FRAMEWORK | | | | | | |
| 12. | Participate in the <i>Under One Roof</i> CAMH workshop. | Explore barriers to stable housing for people living with co-occurring problems. Describe policies and practices that improve housing stability such as harm reduction and service integration. Brainstorm and share ways to address | All members with an interest in housing for the common client will be invited to attend the workshop. CAMH will incorporate a localized assessment within this work shop geared to the common client. | CAMH initiative (lead) | Winter of 2010 | Early Win Important |

| Task # | Activity | Deliverable/Expected Outcome | Participation Technique | Participants (Identify leads and participants as appropriate) | Timeframe | Priority Status |
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| | | challenging behaviors. Identify available resources in the community. | | | | |
| 13. | Complete a needs and capacity assessment of temporary and permanent housing options and supports available to the common client by sub-geographical area. | <p><u>Pre-CAMH Workshop</u> Identify local housing-related pressure points/gaps. Review criteria for admission and identify opportunities, challenges and gaps.</p> <p><u>Post-CAMH Workshop</u> Explore innovative means enhancing housing capacity. Identify and implement a preferred housing framework drawing upon and leveraging existing resources. Implement preferred housing framework and advocate for implementation funding, as needed.</p> | <p>Establish geographical sub-working group for:</p> <ul style="list-style-type: none"> • Timmins and Area • Hearst, Kapuskasing, and Smooth Rock Falls • Cochrane, Iroquois Falls, and Matheson • James Bay Coast | <p>Involve the following individuals/sectors:</p> <ul style="list-style-type: none"> • Housing Case Managers • Court Outreach Workers • Detox Centre • Residential treatment centres (youth and adults) • CDSSAB <p>Bring in other housing services such as shelters, private landlords, police services, etc. at key junctures, as needed. If possible involved common clients and/or significant others at key junctures.</p> <p>**Need to identify a lead.</p> | Deferred to 2010/11 or 2011/12 | Activity for Year 2 or 3 Important |

| Task # | Activity | Deliverable/Expected Outcome | Participation Technique | Participants (Identify leads and participants as appropriate) | Timeframe | Priority Status |
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| STRATEGIC DIRECTION #4- TRAINING, EDUCATION AND PREVENTION | | | | | | |
| 14. | Develop a common training plan, and a listing of interdisciplinary cross training and job shadowing opportunities for front-line staff. | <p>Identify and coordinate common training needs for staff of CD HSJCC partner agencies (<i>i.e.</i>, motivational interviewing, <i>etc.</i>)</p> <p>Provide opportunities for interdisciplinary educational 'hands-on' training across sectors/organizations.</p> <p>Increase knowledge of organizational mandates and promote cooperation among front-line staff.</p> <p>Identify interagency collaborative initiatives that could improve the system's ability to respond to the needs of the common client and increase inter-agency referrals.</p> | Work group (of front-line staff) could gather information on the training needs, and interdisciplinary cross training and job shadowing preferences of each organization's front-line staff. | <p>Front-line staff from the following sectors:</p> <ul style="list-style-type: none"> • Police services • Mental health services • Addiction services • Hospitals • Correctional facilities (adult and youth) • Probation and parole • Children's mental health services • Developmental disabilities services • Housing services • Social services • Aboriginal services <p>**Need to identify lead(s).</p> | Deferred to 2010/11 or 2011/12 | <p>Activity for Year 2 or 3</p> <p>Important</p> |

| Task # | Activity | Deliverable/Expected Outcome | Participation Technique | Participants (Identify leads and participants as appropriate) | Timeframe | Priority Status |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------|
| 15. | <p>Improve linkages with key committees/ coalitions/ organizations with a mandate to address prevention and education that target the common client or potential common client.</p> | <p>Link with and obtain information from committees/coalitions that relate to the common client and the CD HSJCC's strategic directions.</p> <p>Explore means of supporting or expanding upon existing prevention programs/initiatives organized by non-HSJCC partners.</p> <p>Raise awareness of the purpose of the CD HSJCC across the district and of other relevant coalitions/committees</p> <p>Avoid unnecessary duplication of efforts via improved linkages and coordination.</p> <p>Gather further information on prevention and education programs offered locally of importance to CD HSJCC partners to inform work plan activities.</p> | <p>CD HSJCC to:</p> <p>Identify members who are affiliated with other groups and who could facilitate the sharing of information between these groups (i.e. FASD Coalition, Needle Exchange Program).</p> <p>Meet with key organizations to obtain information on services and programs to inform work plan activities, and to increase awareness of these activities.</p> | <p>As a starting point the following committees/organizations should be approached:</p> <ul style="list-style-type: none"> • Porcupine Health Unit • Head and Brain Injury Association • Timmins and District Child and Family Services • Kunuwanimano Child and Family Services h • FASD Coalition | <p>Deferred to 2010/11 or 2011/12</p> | <p>Activity for Year 2 or 3</p> <p>Important</p> |

| Task # | Activity | Deliverable/Expected Outcome | Participation Technique | Participants (Identify leads and participants as appropriate) | Timeframe | Priority Status |
|--------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------|--------------------------------------------------|
| 16. | Explore interest in establishing <i>communities of practice</i> around specific common client sub-groups. | <p>Provide support to front-line staff that would benefit from a peer support network.</p> <p>Link to provincial communities of practice and explore local interest (<i>i.e.</i>, Acquired Brain Injury).</p> <p>Expand knowledge of communities of practice concept across the district.</p> | <p>CD HSJCC could work with CAMH to establish linkages to existing communities of practice.</p> <p>Could be linked to activity #14 common training plan</p> | <p>Front-line staff of CD HSJCC partners</p> <p>CAMH (lead)</p> | Deferred to 2010/11 or 2011/12 | <p>Activity for Year 2 or 3</p> <p>Important</p> |

6.0 FINAL REMARKS

As demonstrated by the breadth of activities identified in the work plan, the strength of the CD HSJCC has been its ability to engage a diverse cross-section of stakeholders in an ongoing dialogue about issues and challenges affecting the common client. The work plan developed by the CD HSJCC articulates clearly how a shared vision that is client centered is possible via the power of collaboration and partnerships.

The committee has been built on a culture of collaboration where divergent perspectives are used to strengthen the committee's ability to work towards the resolution of the concerns identified. The structure of the CD HSJCC allows various sectors to think systemically about the needs of the individual and supports innovative thinking for the betterment of the common client who requires services and supports.

A challenge for the CD HSJCC will be determining how to complete the important activities outlined in the work plan in a timely manner given the lack of dedicated administrative and planning resources at the disposal of the committee.

APPENDIX A – ACRONYMS AND THEIR MEANING

| ACRONYM | MEANING |
|-----------|---------------------------------------------------------------------|
| ABI | Acquired Brain Injury |
| CAMH | Centre for Addiction and Mental Health |
| CC | Common Client |
| CD HSJCC | Cochrane District Human Services and Justice Coordinating Committee |
| CDSSAB | Cochrane District Social Services Administration Board |
| FASD | Fetal Alcohol Spectrum Disorder |
| MICs Area | Matheson, Iroquois Falls and Cochrane Area |
| PAR | Partner Assault Response |
| PHIPA | <i>Personal Health Information Protection Act</i> |
| RFP | Request for Proposals |
| RGI | Rents Geared to Income |
| VCARS | Victim Crisis Assistance and Referral Service |

APPENDIX B – NEEDS ANALYSIS SURVEY

COCHRANE DISTRICT HUMAN SERVICES AND JUSTICE COORDINATION COMMITTEE

SURVEY MONKEY

SUMMARY OF FINDINGS & WORKGROUP RECOMMENDATIONS

JANUARY 2009

Introduction & Background

Lack of appropriate community mental health and addiction services

↑ Pressures in police services, hospitals, courts, corrections & other community-based sectors lack of appropriate community mental health and addiction services

2005-06: (SE) Service Enhancement Funding:

Expansion/enhancement of services, service networks (HSJCCs) to divert people with clinical needs in conflict with the law (common client) from the criminal justice system and hospital services

The Cochrane District HSJCC established as mechanism to better coordinate resources and services, and plan more effectively for individuals with clinical needs. Two Key 2007-09 Work-plan objectives:

To ensure that training & education is available regarding the needs and a viability of services for the common client and

To identify funding needs required to sustain an integrated diversion and service enhancement strategy.

November 2008: District-wide survey (Survey Monkey) circulated to 100 human service providers/stakeholders with the goal of better informing the committee about:

- Current clinical services which exist for clients who have or could come into conflict with the criminal justice system;
- Gaps and unmet needs for these clients; and
- Opportunities for capacity building and partnerships.

January 2009: Survey results were compiled. 100 surveys circulated, 28 respondents started, and 20 completed the survey. A 20% response rate achieved - considered consistent with survey return rates, in general.

Demographic Overview

What area(s)/sector(s) does your organization provide services to?

Answered: 20 Skipped: 8

- 45% Criminal Justice Services and Family Services
- 35% Children's Services
- 30% Addictions, Mental Health and Developmental Services
- 5% Primary Health Care

What population group(s) do you serve? (Choose as many as necessary)

Answered: 22 Skipped: 6

- 86.4% Aboriginal People and Children and Youth
- 68.2% Francophone People, People with Mental Illness and People in Conflict with the Law
- 59.1% People with Developmental Disabilities, Older People and People with Addictions
- Indicated in the following order but, not ranked as a percentage, were the following populations:
 - Youth
 - People with Concurrent Disorders, Head Injuries and FASD
 - Adults over 18
 - People with low income requiring financial aid
 - Women Victims of Violence
 - People with Chronic Pain, Chronic Illness and Mental Illness
 - Victims in General
 - People Physical Disabilities
 -

What challenges do you face in regards to service provisions?

Answered: 19 Skipped: 9

- 57.9% Victims of Family Violence
- 52.6% Concurrent Disorders
- 47.4% Youth
- 42.1% Women
- 42.1% Dual Diagnoses
- 36.8% FASD
- 31.6% Head Injury
- 21.1% HIV/AIDS

What is the primary location of your services

Answered: 20 Skipped: 8

- 75.0% Timmins
- 25.0% Iroquois Falls

- 20.0% Kapuskasing
- 15.0% Matheson and Smooth Rock Falls
- 10.0% Chapleau, Gogama and Hearst
- 5.0% Calstock, Cochrane, Foleyet, Mattice, Moonbeam and Opatatika
- 0.0% Fauquier

What is your catchment area? (check as many as necessary)

Answered: 20 Skipped: 8

- 75.0% Timmins
- 55.0% Iroquois Falls
- 55.0% Matheson
- 50.0% Cochrane and Kapuskasing
- 45.5% Smooth Rock Falls
- 40.0% Moonbeam
- 35.0% Chapleau, Hearst, Mattice and Opatatika
- 25.0% Foleyet and Gogama
- 20.0% Calstock and Fauquier

What is the approximate number of individuals within the specific population group?

Answered: 23 Skipped: 5

- 30.4% 1-500
- 26.1% 5000 - more
- 21.7% 500 - 1000
- 21.7% 1000 - 5000

What are your organization's needs and gaps?

There was a wide range of needs that were identified.

- Access to services, including: hours of operation (3), Outreach services (1), and Specialized health professionals and services (3) (total 7 responses related to access)
- Case Management (4)
- Funding (4)
- Family violence (4)
- Human Resources (4)

Other unranked responses also included:

- Partnerships and linkages
- Physician training
- Specialized population services: Aboriginal, older adults, youth

In summary, **access to and coordination of services**, both within the sectors and outside the sectors, seem to be the areas of most concern.

There are also issues around being able to offer the service given the **limited human resources and funding** available to do so.

People would like to see improvement in the way we work with specific populations such as **Aboriginal people, older adults, youth and victims of family violence**.

Please list sectors affected by the need/gap

- 72.2% of respondents identified Mental Health Services
- 66.7% of respondents identified Criminal Justice System
- 50.0% of respondents identified Family Services
- 44.4% of respondents identified Addictions
- 38.9% of respondents identified Children's Services

What recommendations can you provide to help alleviate the pressure of service need(s)?

- 82.4% of respondents recommend partnership development
- 70.6% of respondents recommend education/training and service protocol/agreements
- 29.4% of respondents recommend job shadowing
- 23.5% of respondents recommend job sharing

Other un-ranked responses also included:

- Funding (4)
- Integration (2)
- Partnerships/protocols (3)
- Women's shelters (1)

Recommendations from the Workgroup

- Hire a Strategic Planner to:
- Facilitate communication between service providers
- Facilitate development of service agreements/protocols
- Develop a training program that fulfills the purpose of the service agreements/protocols and
- Facilitate further development of strategies to address unmet needs/gaps

APPENDIX C – Summary of Informant Interviews

Summary Notes of Informant Interviews as presented to the CD HSJCC on May 13th, 2009 Overview of the Role of Ad Hoc Work Groups

Needs analysis resulted in the identification of 4 main areas of concern. Ad hoc working groups are being convened around these 4 areas to ensure that there is:

- Agreement on the underlying issue(s) and its related impacts on the HSJCC common client (CC)¹ and affected sectors/partners;
- Discussion of capacity limitations and systemic opportunities;
- Discussion of the data sources that can inform the group's understanding of 'need' and help determine and prioritize future actions/activities of the HSJCC;
- Determination of the need to take a sub-geographical view of issues;
- Agreement upon what HSJCC members can realistically accomplish, prioritize activities, determine anticipated outcomes, stakeholders, and timelines;
- Quantify any 'needs' identified (i.e., cost, human resources, etc.);
- Identification of the need to link to (or expand membership in) coalitions and partnerships; and,
- Discussion of the need to revisit, expand, or develop protocols.

Activities of the ad hoc working groups will focus on the CC and the system's ability to support and respond to the needs of the CC (a system's approach to systemic problems). It is estimated that work will be completed within 2 (2-hour) meetings.

Ad Hoc Work Groups

1) Crisis Support and Crisis Housing Work Group

Main Issue: after hours support (evenings and weekends) to deal with CC who find themselves in a crisis situation.

Quantify the # of CC in crisis and isolate their specific needs.

Determine the afterhours crisis supports/resources in place, per 3 geographical areas (north, south, coast).

Discuss systemic capacity and opportunities.

Discuss if/how resources could be deployed differently to address needs.

Consider how service enhancement resources have helped/can improve the current situation.

Quantify what additional systemic resources are needed and/or advocacy efforts should be undertaken.

Explore means of addressing needs/issues and provide outreach to CC in crisis - mobile crisis team, volunteer based supportive model (i.e. VCARS), etc.;

Discuss the need for protocols.

Discuss the development of a coordinated crisis response and the development of a long-range vision/plan.

Consider how parts of a 'housing continuum' can support CC in crisis.

¹ Discussions will be centered on the needs of the common client (CC) defined as: individuals with clinical needs who are in/or have potential to be in conflict with the law with priority consideration being given to people with a serious mental illness, intellectual disability, acquired brain injury, drug and alcohol addiction and Fetal Alcohol Spectrum Disorder (FASD).

Work Group Members

| Organization | Rep. |
|----------------------------------|---------------------------------|
| Timmins Police Service | Richard Laperriere |
| Timmins and District Hospital | Natalie Carle |
| CMHA – CT | Clark MacFarlane/ Mark Lionello |
| Jubilee Centre | Harry Jones/ Diane Dumais |
| HSK Counseling Services | Louise Thompson |
| Timmins Native Friendship Centre | Veronica Nicholson |
| Maison Renaissance | Danielle Plamondon |
| Cochrane District Detox Centre | Marielle Cousineau |

Note: If alternate rep is to attend please provide a phone number and email address.

2) System Coordination/Case Conferencing and Assessment/Discharge Planning and Housing Work Group

System Coordination/ Case Conferencing

Main issue: silo approach to meeting the needs of the CC, particularly the ‘hard to serve’ who are linked to various sectors/organizations. Lack of system coordination makes navigating the system difficult for the CC and impedes the system’s ability to use its limited resources in the more effective and efficient manner.

Assumption: Case conferencing may help the system deal with ‘hard to serve’ clients in a more coordinated manner.

Review how service enhancement resources have helped the current situation.

Review means of sharing data or accessing information to accelerate the system’s ability to deal efficiently with the CC.

Look at ways to streamline and share expertise across silos to better meet the needs of the CC and build system capacity.

Improve access to primary care and psychiatric assessments for the CC.

FHTs, CMHA’s Primary Care Clinic, 1 waitlist

Provide mental health training for RNs working in corrections

Discuss how to help CC being referred to treatment but whose cognitive impairment and lack of social supports result in missed appointments.

Discuss the merit of a wrap around model for the hard to serve CC.

Assessments/Discharge planning

Issue: System would benefit from on-site assessments and provision of services; need to reach out to clients (in jail/detox/hospitals...) and not wait for clients to seek out treatment services.

Some assessments are now being done at the correctional centre; on-site jail assessments are being considered.

Need a better understanding of who is providing case management/discharge planning across various population groups (i.e., probation officers case manage youth).

Need to review discharge planning protocols - some communities are unaware of CC having returned home.

Need to ensure that CC have access to the supportive services they need when returning to their community.

Need to discuss how to motivate CC to ensure successful completion of treatment/how to work with CC based on where they are at in the 'stages of change'.

Discuss how to reach out to CC who cannot access needed programs when incarcerated due to behaviours that prevent them from attending group programs.

Need to ensure that system is intervening with the CC at the point of crisis.

Need to explore how to reach out to CC not involved in the system.

Housing

System cannot meet the treatment needs of the CC whose basic housing needs are not being met.

Need a continuum of housing supports – identify existing resources, pending programs, and gaps.

Need to discuss systemic opportunities that could be considered to enhance housing supports. Coastal area has very limited housing options.

Need to look at ways of helping the CC transition to independent living by providing supportive housing and/or access to structured programming during the day.

Work Group Members

| Organization | Rep |
|----------------------------------------|-------------------------------------------|
| Timmins and District Hospital | Natalie Carle |
| CMHA – CT | Clark MacFarlane/Mark Lionello |
| Jubilee Centre | Harry Jones/Diane Dumais |
| HSK Counseling Services | Louise Thompson |
| Youth Justice Probation | Denis Noel |
| Private Defense Council | Nancy Cooper |
| Timmins Native Friendship Centre | Veronica Nicholson |
| Monteith Correctional Complex | Marlene Miron |
| Timmins Family Counselling Centre Inc. | Nathalie Bouffard |
| Probation/Parole Serv | Tony Bartolomucci |
| NEMHC | Helene Philbin-Wilkinson/Johanna Fontaine |
| Maison Renaissance | Danielle Plamondon |
| SCAS | Angele Desormeau |
| CD DSSAB | Christine Mesic |
| Cochrane District Detox Centre | Marielle Cousineau |

Note: If alternate rep is to attend please provide a phone number and email address.
DSSAB to be brought in as appropriate re: housing perspective.

Areas of Enhanced Focus

Issue: need to enhance system's ability to deal with specific population groups, namely: Aboriginals, Head Injury, FASD, Youth, Concurrent Disorders, Dual Diagnosis. Treatment system needs to enhance its level of expertise if it is to deal with these population groups more effectively;

It was also noted that women and youth would benefit from services that are specialized and restricted to these groups as it is not in their best interest to be served with the general population;

Explore means of enhancing staff's ability to deal with certain population groups such as:

Job shadowing and peer mentoring;

Developing specialized/restricted programs for certain population groups offered periodically with the assistance of expert resources – provides specialized care for the CC and provides staff with 'hands-on training' opportunities in an environment supported by 'experts';

Advance level of care to deal with CD and facilitate hospital discharges;

Communities of practice (i.e. CAMH);

Discuss value of protocols for special population groups that would help direct these CC and isolate local, regional, provincial experts and resources.

Work Group Members

| Organization | Rep |
|--------------------------------------|-------------------------------------------|
| NEMHC | Helene Philbin-Wilkinson/Johanna Fontaine |
| HSK Counseling Services | Louise Thompson |
| Timmins Native Friendship Centre | Veronica Nicholson |
| Jubilee Centre | Harry Jones/Diane Dumais |
| Cochrane Timiskaming Resource Centre | Joel McCartney |
| SCAS | Angele Desormeau |
| Maison Renaissance | Danielle Plamondon |

Note: If alternate rep is to attend please provide a phone number and email address.

Education/Prevention

Issue: System is reacting to problems and needs to also consider prevention and education, particularly with the younger segments of the population.

Explore means of reaching out those in need of help who are not necessarily clients of the system.

Discuss how system deals with those who are not ready for treatment.

Maximize utility and impact of coalitions/committees in place – too many committees/staff feel pulled in many different directions.

Education for those who interact with CC but are not part of the 'treatment system'; help them recognize 'behaviours' and direct CC to the system (form of outreach).

Discuss reality that many clients cannot access help (SMI versus MMI) but left untreated issues quickly escalate and become more serious.

Work Group Members

| Organization | Rep |
|----------------------------------------|--------------------|
| Timmins Family Counselling Centre Inc. | Nathalie Bouffard |
| HSK Counseling Services | Louise Thompson |
| Probation/Parole Services | Tony Bartolomucci |
| Timmins Native Friendship Centre | Veronica Nicholson |

Note: If alternate rep is to attend please provide a phone number and email address.

APPENDIX D – Priority Setting Survey Findings

CD HSJCC Work Plan Activities Priority Setting Survey Findings

September 2009

ACTIVITY #1: Ensure committee membership structures and processes are fair, equitable and representative.

| Answer Options | Very Important | Important | Not Important | Neutral | Rating Average | Response Count |
|--------------------------------|----------------|-----------|---------------|---------|----------------|----------------|
| I would rate this activity as: | 10 | 6 | 0 | 0 | 1.38 | 16 |
| answered question | | | | | | 16 |
| skipped question | | | | | | 0 |

ACTIVITY #1 is:

| Answer Options | Response Percent | Response Count |
|---------------------------------|------------------|----------------|
| A 'quick win' for Year 1 | 68.8% | 11 |
| A priority activity for Year 1 | 25.0% | 4 |
| To be undertaken in Year 2 or 3 | 6.3% | 1 |
| answered question | | 16 |
| skipped question | | 0 |

ACTIVITY #2: Ensure active involvement in regional HSJCC meetings.

| Answer Options | Very Important | Important | Not Important | Neutral | Rating Average | Response Count |
|--------------------------------|----------------|-----------|---------------|---------|----------------|----------------|
| I would rate this activity as: | 7 | 8 | 1 | 0 | 1.63 | 16 |
| answered question | | | | | | 16 |
| skipped question | | | | | | 0 |

| ACTIVITY #2 is: | | |
|---------------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| A 'quick win' for Year 1 | 87.5% | 14 |
| A priority activity for Year 1 | 6.3% | 1 |
| To be undertaken in Year 2 or 3 | 6.3% | 1 |
| answered question | | 16 |
| skipped question | | 0 |

ACTIVITY #3: Meet with the Aboriginal sector to explore how best to support organizational mandates while meeting the needs of the common client. Identify the most appropriate means of engaging the Aboriginal sector in CD HSJCC work plan activities. Explore how the CD HSJCC partners can support/enhance services and programs provided by the Aboriginal sector to the common client.

| Answer Options | Very Important | Important | Not Important | Neutral | Rating Average | Response Count |
|--------------------------------|----------------|-----------|---------------|---------|----------------|----------------|
| I would rate this activity as: | 12 | 4 | 0 | 0 | 1.25 | 16 |
| answered question | | | | | | 16 |
| skipped question | | | | | | 0 |

ACTIVITY #3 is:

| Answer Options | Response Percent | Response Count |
|---------------------------------|------------------|----------------|
| A 'quick win' for Year 1 | 12.5% | 2 |
| A priority activity for Year 1 | 75.0% | 12 |
| To be undertaken in Year 2 or 3 | 12.5% | 2 |
| answered question | | 16 |
| skipped question | | 0 |

ACTIVITY #4: Mapping of organizational collaborative relationships, services and resources from a common client perspective.

| Answer Options | Very Important | Important | Not Important | Neutral | Rating Average | Response Count |
|----------------|----------------|-----------|---------------|---------|----------------|----------------|
|----------------|----------------|-----------|---------------|---------|----------------|----------------|

| | | | | | | |
|--------------------------------|---|---|---|---|------|----|
| I would rate this activity as: | 8 | 7 | 1 | 0 | 1.56 | 16 |
| answered question | | | | | | 16 |
| skipped question | | | | | | 0 |

ACTIVITY #4 is:

| Answer Options | Response Percent | Response Count |
|---------------------------------|------------------|----------------|
| A 'quick win' for Year 1 | 37.5% | 6 |
| A priority activity for Year 1 | 43.8% | 7 |
| To be undertaken in Year 2 or 3 | 18.8% | 3 |
| answered question | 16 | |
| skipped question | 0 | |

ACTIVITY #5: Review crisis team/line utilization data at the sub-district level and district level. Determine how the crisis system(s) could most efficiently collect and share data on the CC with key partners and respond most effectively in times of crisis.

| Answer Options | Very Important | Important | Not Important | Neutral | Rating Average | Response Count |
|--------------------------------|----------------|-----------|---------------|---------|----------------|----------------|
| I would rate this activity as: | 5 | 11 | 0 | 0 | 1.69 | 16 |
| answered question | | | | | | 16 |
| skipped question | | | | | | 0 |

ACTIVITY #5 is:

| Answer Options | Response Percent | Response Count |
|---------------------------------|------------------|----------------|
| A 'quick win' for Year 1 | 25.0% | 4 |
| A priority activity for Year 1 | 37.5% | 6 |
| To be undertaken in Year 2 or 3 | 37.5% | 6 |
| answered question | 16 | |
| skipped question | 0 | |

ACTIVITY #6: Review organizational mandates and admission/ discharge criteria of crisis-related health and housing services/programs.

| Answer Options | Very Important | Important | Not Important | Neutral | Rating Average | Response Count |
|--------------------------------|----------------|-----------|---------------|---------|----------------|----------------|
| I would rate this activity as: | 5 | 10 | 0 | 1 | 1.81 | 16 |
| answered question | | | | | | 16 |
| skipped question | | | | | | 0 |

ACTIVITY #6 is:

| Answer Options | Response Percent | Response Count |
|---------------------------------|------------------|----------------|
| A 'quick win' for Year 1 | 12.5% | 2 |
| A priority activity for Year 1 | 62.5% | 10 |
| To be undertaken in Year 2 or 3 | 25.0% | 4 |
| answered question | | 16 |
| skipped question | | 0 |

ACTIVITY #7: Crisis work group to review and identify a local crisis response models for Timmins drawing upon local resources.

| Answer Options | Very Important | Important | Not Important | Neutral | Rating Average | Response Count |
|--------------------------------|----------------|-----------|---------------|---------|----------------|----------------|
| I would rate this activity as: | 6 | 7 | 0 | 3 | 2.00 | 16 |
| answered question | | | | | | 16 |
| skipped question | | | | | | 0 |

ACTIVITY #7 is:

| Answer Options | Response Percent | Response Count |
|---------------------------------|------------------|----------------|
| A 'quick win' for Year 1 | 18.8% | 3 |
| A priority activity for Year 1 | 25.0% | 4 |
| To be undertaken in Year 2 or 3 | 56.3% | 9 |
| answered question | | 16 |
| skipped question | | 0 |

ACTIVITY #8: Increase the CD HSJCC's knowledge of organizational mandates, services and programs geared to the common client. Provide a

forum to share information and dialogue about these services and programs.

| Answer Options | Very Important | Important | Not Important | Neutral | Rating Average | Response Count |
|--------------------------------|----------------|-----------|---------------|---------|----------------|----------------|
| I would rate this activity as: | 8 | 7 | 0 | 1 | 1.63 | 16 |
| answered question | | | | | | 16 |
| skipped question | | | | | | 0 |

ACTIVITY #8 is:

| Answer Options | Response Percent | Response Count |
|---------------------------------|------------------|----------------|
| A 'quick win' for Year 1 | 43.8% | 7 |
| A priority activity for Year 1 | 12.5% | 2 |
| To be undertaken in Year 2 or 3 | 43.8% | 7 |
| answered question | | 16 |
| skipped question | | 0 |

ACTIVITY #9: Review of court support or treatment diversion tools/processes for the common client.

| Answer Options | Very Important | Important | Not Important | Neutral | Rating Average | Response Count |
|--------------------------------|----------------|-----------|---------------|---------|----------------|----------------|
| I would rate this activity as: | 6 | 9 | 0 | 1 | 1.75 | 16 |
| answered question | | | | | | 16 |
| skipped question | | | | | | 0 |

ACTIVITY #9 is:

| Answer Options | Response Percent | Response Count |
|---------------------------------|------------------|----------------|
| A 'quick win' for Year 1 | 12.5% | 2 |
| A priority activity for Year 1 | 50.0% | 8 |
| To be undertaken in Year 2 or 3 | 37.5% | 6 |
| answered question | | 16 |
| skipped question | | 0 |

ACTIVITY #10: Develop and implement a common (first level) screening tool and decision-tree for the district (triage tool for system navigation at all junctures).

| Answer Options | Very Important | Important | Not Important | Neutral | Rating Average | Response Count |
|--------------------------------|----------------|-----------|---------------|---------|----------------|----------------|
| I would rate this activity as: | 6 | 7 | 1 | 2 | 1.94 | 16 |
| answered question | | | | | | 16 |
| skipped question | | | | | | 0 |

ACTIVITY #10 is:

| Answer Options | Response Percent | Response Count |
|---------------------------------|------------------|----------------|
| A 'quick win' for Year 1 | 12.5% | 2 |
| A priority activity for Year 1 | 43.8% | 7 |
| To be undertaken in Year 2 or 3 | 43.8% | 7 |
| answered question | | 16 |
| skipped question | | 0 |

ACTIVITY #11: Facilitate timely access to, and coordination of psychiatric assessments.

| Answer Options | Very Important | Important | Not Important | Neutral | Rating Average | Response Count |
|--------------------------------|----------------|-----------|---------------|---------|----------------|----------------|
| I would rate this activity as: | 6 | 9 | 0 | 1 | 1.75 | 16 |
| answered question | | | | | | 16 |
| skipped question | | | | | | 0 |

ACTIVITY #11 is:

| Answer Options | Response Percent | Response Count |
|---------------------------------|------------------|----------------|
| A 'quick win' for Year 1 | 6.3% | 1 |
| A priority activity for Year 1 | 43.8% | 7 |
| To be undertaken in Year 2 or 3 | 50.0% | 8 |
| answered question | | 16 |
| skipped question | | 0 |

ACTIVITY #12: Participate in the Under One Roof CAMH workshop.

| Answer Options | Very Important | Important | Not Important | Neutral | Rating Average | Response Count |
|--------------------------------|----------------|-----------|---------------|---------|----------------|----------------|
| I would rate this activity as: | 2 | 10 | 2 | 2 | 2.25 | 16 |
| answered question | | | | | | 16 |
| skipped question | | | | | | 0 |

ACTIVITY #12 is:

| Answer Options | Response Percent | Response Count |
|---------------------------------|------------------|----------------|
| A 'quick win' for Year 1 | 50.0% | 8 |
| A priority activity for Year 1 | 12.5% | 2 |
| To be undertaken in Year 2 or 3 | 37.5% | 6 |
| answered question | | 16 |
| skipped question | | 0 |

ACTIVITY #13: Complete a needs and capacity assessment of temporary and permanent housing options and supports available to the common client by sub-geographical area.

| Answer Options | Very Important | Important | Not Important | Neutral | Rating Average | Response Count |
|--------------------------------|----------------|-----------|---------------|---------|----------------|----------------|
| I would rate this activity as: | 5 | 11 | 0 | 0 | 1.69 | 16 |
| answered question | | | | | | 16 |
| skipped question | | | | | | 0 |

ACTIVITY #13 is:

| Answer Options | Response Percent | Response Count |
|---------------------------------|------------------|----------------|
| A 'quick win' for Year 1 | 6.3% | 1 |
| A priority activity for Year 1 | 37.5% | 6 |
| To be undertaken in Year 2 or 3 | 56.3% | 9 |
| answered question | | 16 |
| skipped question | | 0 |

ACTIVITY #14: Develop a common training plan, and a listing of interdisciplinary cross training and job shadowing opportunities for front-line staff.

| Answer Options | Very Important | Important | Not Important | Neutral | Rating Average | Response Count |
|--------------------------------|----------------|-----------|---------------|---------|----------------|----------------|
| I would rate this activity as: | 2 | 11 | 0 | 3 | 2.25 | 16 |
| answered question | | | | | | 16 |
| skipped question | | | | | | 0 |

ACTIVITY #14 is:

| Answer Options | Response Percent | Response Count |
|---------------------------------|------------------|----------------|
| A 'quick win' for Year 1 | 0.0% | 0 |
| A priority activity for Year 1 | 31.3% | 5 |
| To be undertaken in Year 2 or 3 | 68.8% | 11 |
| answered question | | 16 |
| skipped question | | 0 |

ACTIVITY #15: Improve linkages with key committees/coalitions/ organizations with a mandate to address prevention and education that target the common client or potential common client.

| Answer Options | Very Important | Important | Not Important | Neutral | Rating Average | Response Count |
|--------------------------------|----------------|-----------|---------------|---------|----------------|----------------|
| I would rate this activity as: | 4 | 10 | 0 | 2 | 2.00 | 16 |
| answered question | | | | | | 16 |
| skipped question | | | | | | 0 |

ACTIVITY #15 is:

| Answer Options | Response Percent | Response Count |
|---------------------------------|------------------|----------------|
| A 'quick win' for Year 1 | 25.0% | 4 |
| A priority activity for Year 1 | 25.0% | 4 |
| To be undertaken in Year 2 or 3 | 50.0% | 8 |
| answered question | | 16 |
| skipped question | | 0 |

ACTIVITY #16: Explore the interest in establishing communities of practice around specific sub-groups of the common client.

| Answer Options | Very Important | Important | Not Important | Neutral | Rating Average | Response Count |
|--------------------------------|----------------|-----------|---------------|---------|----------------|----------------|
| I would rate this activity as: | 1 | 10 | 0 | 5 | 2.56 | 16 |
| answered question | | | | | | 16 |
| skipped question | | | | | | 0 |

ACTIVITY #16 is:

| Answer Options | Response Percent | Response Count |
|---------------------------------|------------------|----------------|
| A 'quick win' for Year 1 | 18.8% | 3 |
| A priority activity for Year 1 | 0.0% | 0 |
| To be undertaken in Year 2 or 3 | 81.3% | 13 |
| answered question | | 16 |
| skipped question | | 0 |