British Columbia
JUSTICE SUMMIT

SIXTH JUSTICE SUMMIT

Justice, Mental Health, and Substance Use

JUNE 10-11, 2016

REPORT OF PROCEEDINGS

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EXECUTIVE SUMMARY

Further to direction of the Minister of Justice and the Minister of Public Safety, the Sixth BC Justice Summit was held on June 10th and 11th 2016, with a focus on "Justice, Mental Health and Substance Use." The Sixth Summit is the first of two events in 2016 on this theme. The formal goals of the Summit were to (1) conduct a multidisciplinary discussion between leaders in the areas of justice, public safety, mental health and substance use, and related fields, (2) consider current efforts and what more is required in our services, responses and processes to improve outcomes for the MHSU population, improve justice responses, and ensure the safety of the public, and (3) identify a small number of concrete areas where feasible, well-informed proposals or objectives should be developed in the coming months.

To maintain a manageable scope of discussion, the Summit Steering Committee identified the following focus: *Many who enter the criminal justice system have a mental health and/or substance use (MHSU) diagnosis; this Summit discussion focuses on those whose condition is understood to drive their contact with the criminal justice system.*

Eighty-six people participated at the Summit, with representation from the leadership of the justice and public safety and health sectors, police agencies, health authorities, Indigenous organizations, health clinicians, non-governmental organizations and service agencies, the professions, and other subject matter experts.

The agenda of the Summit addressed problem definition; the role of structural stigma as an obstacle to effective service delivery; multidisciplinary approaches to support MHSU clients, improve public safety and reduce re-offending; lived experience; the role of leaders in achieving change; and, based on these discussions, the identification of a limited number of approaches for further consideration in the fall.

Participants identified a range of proposals for richer articulation and consideration at the Fall Summit. These are grouped in this report as systems level and operational approaches, although it was frequently recognized by participants that there must be linkages between these two levels.

PREPARATION OF REPORT OF PROCEEDINGS

This Report of Proceedings was prepared for the Honourable Suzanne Anton, Attorney General and Minister of Justice; the Honorable Mike Morris, Minister of Public Safety and Solicitor General; the Honourable Chief Justice Robert Bauman, Chief Justice of British Columbia; the Honourable Chief Justice Christopher Hinkson, Supreme Court of British Columbia; and the Honourable Chief Judge Thomas Crabtree, Provincial Court of British Columbia.

BRITISH COLUMBIA JUSTICE SUMMITS

Under the provisions of the *Justice Reform and Transparency Act*, Justice Summits are convened by Ministerial invitation at least once a year to facilitate innovation in, and collaboration across, the justice and public safety sector. As set out in Section 9 of the Act, a Summit may:

a) review and consider initiatives and procedures undertaken in other jurisdictions in relation to the justice system in those jurisdictions;
b) provide input to assist the Justice and Public Safety Council of British Columbia in creating a strategic vision for the justice and public safety sector;
c) make recommendations relating to priorities, strategies, performance measures, procedures and new initiatives related to the justice and public safety sector;
d) assess the progress being made in justice reform in British Columbia; and
e) engage in any other deliberations that the Justice Summit considers appropriate.

On the conclusion of its meeting, the Summit must report to the Minister(s) on the outcome of those deliberations. By agreement between the executive and judicial branches of government, the Summit report is simultaneously submitted to the Chief Justice of British Columbia, to the Chief Justice of the Supreme Court of British Columbia, and the Chief Judge of the Provincial Court of British Columbia.

BACKGROUND TO THE SIXTH BC JUSTICE SUMMIT

The *Justice Reform and Transparency Act* of 2013 requires that a British Columbia Justice Summit be convened by Ministerial invitation at least annually. Summits are intended to encourage innovation and facilitate collaboration across the justice and public safety sector, by providing a forum for frank discussion between sector leaders and participants about how the system is performing and how it may be improved. The Act also established a Justice and Public Safety Council, appointed by Ministerial order, to develop a vision and an annual plan for the sector across the province; in addition to generating ideas and support for specific innovations in the sector, Summits also represent a key source of input and recommendations into the Council's planning process.

What is the justice and public safety sector, and who attends?

The provision of justice and public safety in British Columbia is often referred to as the "justice system." This term is useful in describing the formal processes involved in criminal investigations and associated court and corrections processes, as well as formal civil justice, family justice, and administrative justice processes. However, there are many other significant aspects of the provision of justice and public safety in our province which are not within the legally defined boundaries of the "system." These include a range of public and private service providers, non-governmental organizations, researchers and knowledge-workers, and linkages with other entities or sectors, cooperation with whom is critical for the sector's success.

The Summits, therefore, involve participants from across the entire sector as appropriate for each event, in recognition of this broad involvement. In addition, dependent on theme the Summit process will involve invited attendees from other sectors with distinct areas of leadership responsibility and competence – for example, the health, education or social development sectors.

The justice and public safety sector itself is defined in the legislation as "[t]he justice system, including, without limitation, programs or services, funded in whole or in part by

public money, that contribute to the administration of justice or public safety in British Columbia."

Invitees, according to statute, may include:

a) the Chief Justice of British Columbia, the Chief Justice of the Supreme Court and the Chief Judge of the Provincial Court and, through them, any other members or officers of their courts that they consider appropriate,
b) members of the Council, and
c) any other individuals, including, without limitation, other participants in the justice and public safety sector, the Minister considers to be qualified to assist in improving the performance of the justice and public safety sector.

The Summit process 2013-2015

Six Summits have now been held since the Act was passed. The first two Summits, in March 2013 and November 2013, focused on criminal justice. The third Summit, in May 2014, addressed the family justice system. The fourth Summit, in November 2014, focused on better responses to violence against women.

While each successive Summit through 2014 succeeded in deepening the dialogue, at the conclusion of the Fourth Summit many participants expressed a desire for further maturation of the Summit process. Specifically, there was interest in enhancing the degree to which Summit discussions lead to concrete collaboration, innovation and action, by allowing for more sustained attention being paid by participants to Summit themes and thus to develop specific, actionable responses. Accordingly, beginning in 2015 the Summits were redesigned to address one broad theme per calendar year, as follows:

- In any given year, the Spring Summit engages sector leaders in an initial discussion of a topic of common concern to sector participants, bringing additional subject-matter expertise and other leaders into the dialogue where required.

- Following the Spring Summit, those ideas which have attracted greatest participant interest and support are developed in more concrete detail by subject-matter experts from the relevant field(s), taking the form of proposals for collaboration or innovation in the sector.

- The Fall Summit completes the cycle. Rather than addressing new themes, the Fall Summit provides an opportunity for participants to review one or more of proposals from earlier deliberations; and, as may be appropriate, make concrete recommendations and consider leadership responsibilities associated to implementation.

The Fifth Summit, held in November 2015, was thus the first Fall Summit to address next steps in previously-raised issue areas. The two topics identified for discussion included a "trauma-informed" justice system response to victims of violent crime, and better coordination and information sharing in and across family justice, criminal justice, and child protection matters. These deliberations resulted in a set of recommendations on both topics, each of which has led to subsequent collaborative work. In July 2016, Justice Canada announced the provision of $785,000 over five years to support training, awareness and education regarding trauma-informed practice in the BC justice and public safety sector, as a direct response to the recommendations of the Fifth Summit.

A progress report on each set of recommendations will occur on their first anniversary, at the Seventh Summit in November 2016.

While the Fall Summit events are now designed with an expectation of action-oriented deliberations on previously-considered topics, the Summit process nevertheless continues to rest on the voluntary participation of those representing various independent roles, positions and responsibilities within the sector, many of whom are sworn to champion and uphold the integrity and fairness of our adversarial system of justice. It is recognized that the constitutional, statutory or operational obligations of some participants may require that important caveats or restrictions be attached to any particular recommendation.

Planning the Sixth Summit

Steering committee

At the direction of the Minister of Justice and the Minister of Public Safety, the Sixth and Seventh BC Justice Summits will focus on issues associated to mental health and BC's justice and public safety. The Sixth Summit's agenda and participant list were developed by a multi-disciplinary Steering Committee, chaired by the Executive Lead of the Justice and Public Safety Council's Secretariat. Membership on the Committee was drawn from the Ministries of Justice, Public Safety, Health, Children and Family Development; BC Housing; Vancouver Police; RCMP "E" Division; the Aboriginal Justice Council of BC; the Minister's Advisory Council on Aboriginal Women; the Canadian Mental Health Association; Vancouver Coastal Health; Corrections Canada; the Legal Services Society; the Canadian Bar Association; and the academic community. The Steering Committee's meetings were attended by observers from the Court of Appeal for British Columbia, the Supreme Court of British Columbia, and the Provincial Court of British Columbia.

The Steering Committee met between February and June 2016. Its principal tasks were to develop an agenda for the Summit; settle on a representative list of participants; and reach agreement on facilitation, location, and other planning matters. As at previous Summits, the Committee agreed that, consistent with protocol in similar gatherings in other jurisdictions to encourage free expression, no comments made by participants during the Summit would be attributed to those individuals or to their organizations in the Summit report, without explicit consent being granted to the Committee to make such attribution. Similarly, those attending are asked not subsequently to attribute any specific comments made by any participant at the Summit.

The Committee was supported by a cross-sectoral working group under the guidance of the Justice and Public Safety Council's Secretariat.

Agenda development and Summit goals

In its initial consideration of the subject matter, the Steering Committee considered contemporary research on BC's corrections population which suggests that with respect to public safety (using data on recidivism), the intersection of substance use with other

forms of mental illness, as opposed to non-substance-related mental illnesses alone, is an important aggravating factor.[1] The Committee thus made an early decision to re-frame the Summit theme as "Justice, Mental Health and Substance Use."

The Committee was alert to the need to identify a manageable scope of discussion, recognizing that there exist a broad set of barriers and challenges for people with mental health and/or substance use (MHSU) conditions in engaging the justice and public safety sector. In addition to criminal justice and public safety challenges, the MHSU population may also experience a range of problems navigating the criminal, civil, family, and administrative systems of justice, including problems in securing access to justice in general, in circumstances where their condition has no bearing on the reasons for their engagement with the system. Without wishing to diminish the significance of these issues, in recognition of the acute nature of the challenges associated to the MHSU population, public safety, and criminal justice, the Committee identified the following focus for the Sixth Summit:

> *Many who enter the criminal justice system have a mental health and/or substance use (MHSU) diagnosis; this Summit discussion focuses on those whose condition is understood to drive their contact with the criminal justice system.*

As the first of two events in 2016 on this theme, the agenda for this Summit required that participants be given the opportunity, through dialogue, to suggest a set of potential sector responses which might then be elaborated for specific consideration (and possible recommendation) at the following event. With that objective in mind, the Committee set out the following formal goals for this Summit:

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[1] Amongst the findings considered are those detailed in Rezansoff SN, Moniruzzaman A, Gress C, Somers JM, (2013): "Psychiatric Diagnoses and Multiyear Criminal Recidivism in a Canadian Provincial Offender Population." *Psychology, Public Policy, and Law*. Vol 19(4), Nov 2013, 443-453.

1. **Allow initial engagement:** conduct a multidisciplinary discussion between leaders in the areas of justice, public safety, mental health and substance use, and related fields.
2. **Establish high level priority areas of work:** consider current efforts and what more is required in our services, responses and processes to improve outcomes for the MHSU population, improve justice responses, and ensure the safety of the public.
3. **Set a pathway to innovation and collaboration:** identify a small number of concrete areas where feasible, well-informed proposals or objectives should be developed in the coming months, to be considered for recommendation at the Seventh BC Justice Summit in November 2016.

Summit methodology

As at previous Summits, the methodology employed involved brief presentations by leaders and subject-matter experts on sub-topics, followed by deliberation in small groups and then reporting-out in plenary guided by the Summit facilitator.

Participants were provided in advance with a workbook of background materials, including summary readings as well as charts and a video presentation, and the discussion questions set by the Committee. The workbook also contained two "case histories," which drew factual detail from publicly available findings of BC coroners' inquests, but combined that detail into two fictional composite narratives. Participants were encouraged to refer to these narratives in their deliberations and in plenary.

On Day One, presentations and participant discussions were focused on defining the key issues at hand, addressing the impacts of structural stigma on effective system response to the MHSU population, and considering the most effective aspects of existing programming, but also areas of work where more effective responses were required. Participants also heard a presentation on the lived experience of engaging with justice, public safety, mental health, and other government systems, while living with mental illness, from a user of these systems.

On Day Two, participants were provided with a summary of 12 themes prepared by the Summit working group based on the previous day's discussions. The remainder of the

Summit was spent in two further sessions. First, participants considered how leaders themselves may enable better coordination between the justice and health systems regarding the MHSU population. Then, in the final session, participants were asked to identify specific innovative and/or collaborative steps, regarding the MHSU population and the justice and public safety sector, which might be taken, and which should be developed in greater detail as proposals for consideration at the Fall Summit.

The full agenda for the Sixth Summit may be found in Appendix 1.

SUMMIT PROCEEDINGS: DAY ONE

Summit opening

The Summit was brought to order by Ms. Caroline Nevin, the Summit Moderator. Participants were welcomed to Musqueam territory by Elder Larry Grant, of the Musqueam Indian Band, who offered a prayer for the success of the Summit, and were welcomed to the University of British Columbia by Dr. Janine Benedet of the Faculty of Law.

The Summit was then officially opened by the Honourable Suzanne Anton, Attorney General and Minister of Justice, and the Honourable Mike Morris, Minister of Public Safety and Solicitor General, each giving a welcoming address to participants.

Mr. George Thomson, the Summit Facilitator, then set out the Summit rule of non-attribution, and then guided participants through the remainder of the Summit program.

Session One – Setting the stage and defining the issues

The purpose of Session One was to establish a common understanding of the empirical situation related to the MHSU population in the justice system, and to identify the challenge for discussions going forward.

Presentations

The lead presentation provided a review of recent evidence examining the links between mental illness, substance use, and crime. Emphasis was placed on empirical research conducted in British Columbia, including examination of the prevalence of mental illness among BC offenders; links between mental illness, substance use, and repeated offending; the effectiveness of specialized interventions to improve public safety; and effective strategies to prevent criminal recidivism and victimization.

The interaction between crime, mental illness, substance use, and poverty in Vancouver's Downtown Eastside has been described as a public health crisis. Research was presented that examines the personal and public costs of this crisis, and that investigates whether

other BC communities experience problems similar to those seen in the DTES. The presentation concluded with evidence that points to future directions, including strategies to optimize the benefits of prescription medications, and innovative uses of integrated data to improve the effectiveness of front-line responses to public health and public safety issues.

The presentation broached the possibility of using linked data to improve health and safety, noting that the subset of greatest concern within the MHSU population is approximately 2,200 people across British Columbia, and thus not of an impossible scale for effective response. This is a specific population, which is in greatest need of attention, and which exhibits a limited number of high geographical concentrations across the province.

The question was posed as to whether information sharing, conducted appropriately, could be used to promote dialogue with communities that appear to have high concentrations of need, or to coordinate services in cases where the data indicate that a mentally ill offender is repeatedly cycling between jail, hospital, and homelessness. It was similarly noted in the presentation that there were significant potential benefits to be derived in the area of public safety from efforts to ensure compliance with opiate substitution drug therapy and anti-psychotic medications. As an example, regarding offenders diagnosed with schizophrenia, research now suggests that compliance with medication less than 70% of the time results in doubling of the risk of violent convictions.

A three-person panel of discussants followed the lead presentation, addressing the challenges of the MHSU population from police, corrections, and psychiatric perspectives. Key points from these commentaries included the critical, on-going importance of collaborative work on the community frontlines. Here, service deficits often manifest themselves in terms of broken continuity. Often, transitions of clients from one agency to another can lack necessary communication and genuine coordination. The analogy used, from football, was of agencies using too many “hail Mary” passes to each other, as opposed to planned and deliberate plays.

Similarly, the discussants noted the importance of institutional collaboration. This is evident in both positive and negative ways. The corrections experience continues to suggest that coordination with appropriate supportive services such as health and housing plays a major role in reducing criminal involvement for offenders with an MHSU diagnosis. However, lack of coordination, linkages and information sharing between agencies and services, and even within the mental health system itself, continues to present a major challenge. For some observers, the question is not necessarily the lack of resources, but the failure to connect relevant services adequately, creating a false impression of a resource crisis. There is a comprehensive mental health care system, but coordination is not always evident.

The panelists echoed the point raised in the lead presentation about the defining contribution of substance use among this population. Substance abuse and treatment must be a leading consideration in comprehending and addressing the challenges and solutions for these individuals.

Plenary discussion

In the subsequent plenary discussion period, participant comments and questions centered on the inhibiting role that privacy laws (or their misunderstanding) may play in the provision of services in the interests of the client and of the public. It was noted that there are ways to navigate privacy issues, where (*e.g.*) integrated services work together but maintain responsibilities around privacy, or obtain client consent for specific information sharing activities. Nevertheless, there is apprehensiveness regarding such sharing across and between sectors, given the separation of public information systems due to protection of privacy laws, and individual organizations' mandates and responsibilities. Some participants noted that there are ways to coordinate, but real clarity is required on the specific coordination needed, in order to manage down the perceived risk of sharing private information. The more parties involved, the greater the complexity.

It was similarly noted that in this area of work, it can be argued that individual privacy rights are being preserved at the expense of the wellbeing of the individual and the

community. While the accent is on the preservation of privacy, ironically the most distressing behavioural or criminal manifestations of substance use and mental illness are frequently highly public and in no way hidden from the families, neighbours, or community in which they occur. It was observed that this irony may require that we revisit beliefs and practices concerning privacy, as before we can achieve transformation, we may need to confront our own assumptions.

Session Two – Stigma as an obstacle to effective response and effective collaboration

The purpose of Session Two was to introduce participants to the effects of structural stigma on the MHSU population, and to consider how structural stigma creates obstacles to effective service delivery responses, both within the justice and public safety and health sectors individually, and in our attempts to collaborate and serve a common client base.

Presentation

A single presentation on this topic addressed the issue of *structural stigma*, understood as a social process that excludes, rejects, shames, and devalues groups of people because of a particular characteristic, such as having a mental illness. Structural stigma usually involves policies or practices that curtail a right or deny an opportunity based on broad categories, such as current or past diagnosis of a mental illness, rather than specific and measurable criteria based on individualized assessments of impairment, capacity, or risk. As well, it is likely to surface when restrictions are imposed on multiple life domains and social contexts for lengthy periods of time, rather than on a specific activity for a circumscribed duration.

Across multiple life domains, people with mental illness must contend with arbitrary restrictions on their rights and opportunities. People with mental illness face injustice and inequality in relation to healthcare, employment and income, housing, education, justice, privacy, public participation, travel and immigration, media, and reproduction and parenting. Once people with mental illness enter the criminal justice system, they may become entrenched in it due to structural stigma. For instance, having a mental illness

makes it more difficult to be granted parole and to succeed in the community under correctional supervision, which may be due to under-resourced or insufficiently coordinated mental health and social services available to people with mental illness in correctional settings and in the community. Stereotypes about people with mental illness (*e.g.*, dangerousness, credibility, decision-making capacity) may influence the practices of criminal justice professionals and shape institutional policies. Once people with mental illness become involved in the criminal justice system, exposure to social (*e.g.*, perceived by others as potentially violent) and structural (*e.g.*, refused access to services) stigma can increase dramatically, which compromises a range of social, health, and justice outcomes (*e.g.*, reintegration, recovery).

The policies and institutional practices we create to address social problems are critical for stigma–they can induce it or they can minimize or even prevent it. Stigma cannot be eradicated without attending to injustice and inequality at a structural level. An evidence-based formula for reducing structural stigma does not exist currently; however, existing empirical and expert knowledge indicates that the most promising methods for effectively addressing structural stigma should involve a combination of:

- Creating a robust system of protections that prevents structural stigma and provides mechanisms to challenge it;
- Increasing availability of legal and social justice advocacy services for people with mental illness;
- Creating opportunities for inclusion and participation of people with mental illness in our institutional systems;
- Reforming the healthcare system to better meet the needs and choices of people with mental illness;
- Improving knowledge and attitudes about mental illness among those who control and influence our institutional systems; and
- Researching, monitoring, and reporting on trends pertaining to the prevalence and incidence of structural stigma.

Effectively reducing stigma will require the collective and collaborative efforts of many groups and organizations with a mix of skill sets and expertise (*e.g.*, people with lived experience, lawyers, activists, business leaders).

Small group discussion

Following the presentation, two questions were posed to participants for small group discussion:

(1) *What kinds of changes are needed to reduce stigma and/or its effects on justice, public safety responses and client care, in the intersection of our two systems?*

(2) *Should the approach be one that assumes stigma is always there, and thus on managing its impact? Or on the removal of stigma as an impediment to effective service delivery?*

Small group discussions were followed by each table reporting out to the plenary. A summary of this and other plenary discussions on Day One is provided on page 22, below.

Session Three – Multidisciplinary approaches to MHSU services, support and reduction of offending

The purposes of Session Three were:

- To acknowledge, via examples, the range of positive collaborative activity already occurring between justice and public safety and the mental health system, including (a) focused frontline approaches, (b) training/awareness of justice personnel, and (c) structured system-to-system collaboration.
- To determine existing limitations to the implementation of current programs, and to establish opportunities to become more effective in responding to the MHSU population while ensuring public safety.
- To determine the common characteristics of effective responses, and what principles might be applied in any new or expanded approaches.

Presentations

Three presentations were selected by the Steering Committee to provide examples of the range of programming already in play to improve sector responses to the MHSU population.

Focused frontline approaches – Example: Assertive Outreach Team (AOT)

Vancouver's Assertive Outreach Team (AOT) is a mental health and addiction service model designed to bridge the gap between the health or criminal justice systems and community services. The model and team was developed in partnership between Vancouver Police Department, Vancouver Coastal Health Authority and Providence Health Care to fill a gap in the continuum of care for clients living with severe addiction and mental illness.

Clients transitioning from hospitals, inpatient units or correctional institutions to community frequently return to the health care system or the criminal justice system before receiving community support for mental health and addiction. Both health and police data show mutual clients with repeated admissions to hospital emergency departments and increased negative contact with police prior to receiving community mental health services. AOT was designed to address these issues by working closely with emergency departments at Vancouver General Hospital and St. Paul's Hospital to ensure clients are fully connected to the community-based services that they require upon discharge to enhance continuity of care.

Police and health data show significant benefits of the program as supported by data collected for 275 AOT clients between March 2014 and April 2015. A comparison of the four weeks prior to AOT intervention to the four weeks post intervention indicates significant reductions in police and health measures, with follow-up analysis showing even greater reductions after this 28 day cycle of AOT intervention was complete.

Training of justice personnel – Example: San'yas Indigenous Cultural Safety Program

The Indigenous Cultural Safety (ICS) training program, mandated by the Transformative Change Accord First Nations Health Plan, is directed to service providers who work directly or indirectly with Indigenous people in British Columbia, to increase knowledge of

Canada's Indigenous people, enhance self-awareness, and strengthen the skills required to work more effectively with Indigenous people.

Indigenous Cultural Safety lens maintains a focus on Indigenous specific systemic experiences, both past and present, and is an ongoing process of actively working to make systems safer and more equitable for Indigenous people. The goal of cultural safety is to assess the quality of care, adapt services to better meet Indigenous people's needs, and ultimately improve the quality of and access to services.

The specific focus on Indigenous people is meant to address the disproportionate inequities between Indigenous people and all other Canadians. The gaps in outcomes between Indigenous people and all other Canadians link to all areas: health, education, housing, poverty, justice, correction and child and family services. By examining the legacy of colonization, practitioners from all professional backgrounds have an opportunity to examine where bias may enter their systemic framework, and how to better build safe interactions and experiences.

The San'yas ICS training is a foundational and educational intervention, a way for practitioners to expand their skill in addressing ongoing system patterns impacting Indigenous people, and gain understanding of impacts on the health and well-being of Indigenous people. The range of curriculums highlight the diversity of Indigenous groups in BC, the impacts of colonization, self-awareness in creating safe services, and collaborative relationships with Indigenous clients. Participants can take training relevant to their field as the trainings offer a health, mental health, or child welfare focus. They can also engage in post training options, including:

- Post-Training Mental Health, which deepens understanding of pertinent issues including service utilization, Indian residential schools, cultural safety in mental health care, health and wellness, and implications for healing;
- Unpacking Our Colonial Relationship, which examines the impact of past events, and ongoing colonial patterns, providing counter narratives to the most commonly held beliefs about Indigenous people; and

- From Bystander to Ally, which focuses on becoming an effective ally while witnessing racism, bias, or stereotyping impacting service to an Indigenous person.

Structured system collaboration – Example: Integrated Offender Management Program / Homelessness Intervention Program (IOM/HIP)

When inmates transition from being in custody to living in the community, they often face challenges: they may not have a job, family support, savings or a place to live and may also face mental health or substance use problems. The Integrated Offender Management Program/Homelessness Intervention Program (IOM/HIP) is a multi-agency partnership with the following goals:

- Improving client reintegration;
- Reducing reoffending through collaborative case planning that adheres to risk/needs principles;
- Demonstrating cost-efficient correctional practices; and
- Evaluating outcomes and identify the necessary resources to sustain the ongoing operation of a system of integrated offender management.

IOM/HIP integrated teams identify offenders who have a sufficient sentence length (135 days for men and 90 days for women), 6 months of community supervision upon release, are homeless or at risk of being homeless and assessed by Corrections as having a medium or high risk to reoffend, and provides inmates with supports, access to housing, income assistance and health and mental health and substance use needs via a multi-level & integrated case management plans. The IOM/HIP program is currently available in three custody centres and 118 individuals were released through the program in the 2014/2015 fiscal year.

The recidivism rate for IOM/HIP clients was shown to be 35%, compared to a 61% re-offence rate of medium and high risk participants in IOM alone. Additionally, for those who did recidivate, 78% had less severe “most serious offence” rankings post-intervention, suggesting a considerable reduction in the seriousness of IOM/HIP client offences.

Other approaches: Assertive Community Treatment, and SMART

Participants were provided with background material on two further examples.

Assertive Community Treatment (ACT) is a client-centered, recovery-oriented mental health service delivery model that has received substantial empirical support for facilitating community living, psychosocial rehabilitation, and recovery for persons who have the most serious mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs. ACT services are delivered by a group of multidisciplinary mental health staff who work as a team, and provide the majority of the treatment, rehabilitation, and support services clients need to achieve their goals. The team is directed by a team coordinator and a psychiatrist, and includes a sufficient number of staff from the core mental health disciplines, at least one peer support specialist, and a program/administrative support staff who work in shifts to cover 24 hours per day, seven days a week to provide intensive services. ACT services are individually tailored to each client and are delivered in community locations to enable each client to find and live in their own residence. There are currently 20 ACT teams functioning in the province of British Columbia, serving 1700 clients.[2]

Launched in fall 2015, the *Surrey Mobilization and Resiliency Table* (SMART) is an innovative way to address developing community problems before they become police problems or require other emergency services. SMART is made up of human service professionals from a variety of disciplines including: law enforcement, corrections, housing, health, social services, income assistance, and education. The SMART group meets weekly to review cases where there is a high risk of harm, victimization or criminality for an individual or family. If the group determines this is a situation of elevated risk that requires multi-agency intervention, the appropriate agencies will develop and execute a rapid response intervention plan within 24-48 hours. SMART was modelled after the "Hub" model which originated in Prince Albert, Saskatchewan in 2011, and has since been implemented in 55 communities across Canada. Over 60% of the

[2] A partial list of team locations can be found here: http://www.act-bc.com/pages/team-directory.

Surrey RCMP's calls for service deal with social issues such as poverty, substance abuse, homelessness, and mental health. Through a collaborative, multi-agency approach, SMART aims to help people who are most at risk of harm before they even need to deal with police. The goals of the SMART program are to:

- Sustainably reduce and prevent incidents of crime and social disorder;
- Increase community safety, security and wellness in specific neighbourhoods of the City of Surrey;
- Build on and sustain collaborative, ongoing partnerships amongst all stakeholders; and
- Increase capacity building for, and with, City of Surrey neighbourhoods.

Lived experience

Participants heard an address from an invited speaker who offered remarks on his personal experience living with a mental health diagnosis. These remarks included reflections on street-level experiences with policing, substance use, challenges in navigating the mental health system and continuity of care. The speaker noted that the highly varied treatment, and access to treatment, he has experienced from the health system, the justice system and other agencies has been exacerbated by his being assigned to no fewer than sixty different responsible clinicians and service providers over the past two decades, and noted as well the frequent and recurring experience of stigma associated to his diagnosis.

In his remarks, the speaker drew participants' attention to the significant and positive changes in his life which followed access to dedicated medical care and stable housing. The speaker also drew attention to the valuable contribution made by people with lived experience to the understanding of the challenges of the MHSU population in navigating public systems and services, and to the design of new, more effective approaches.

One of the key themes noted in the subsequent discussion was the genuine difficulty experienced by the MHSU population in general in accessing consistent medical care, and the difficulties currently experienced in coordinating client care and response across different agencies (and areas of government).

These remarks and the subsequent discussion were well received by Summit participants, a number of whom noted the importance of incorporating lived experience perspectives more regularly in Summit dialogues.

Small group discussion

Following the presentation, three questions were posed to participants for small group discussion:

(1) *These are three examples of how we are responding. Are there other types of approaches not discussed and/or implemented that need to be considered?*

(2) *Are there issues or barriers which limit the effectiveness or implementation of these or other current collaborations, and if so are there ways to address those issues?*

(3) *Many approaches focus on the transition points between systems. Even if no one program could work everywhere, what are the common principles that enhance effective transitions for the MHSU population?*

Small group discussions were followed by each table reporting out to the plenary. A summary of this and other plenary discussions on Day One is provided below.

Summary of Day One

On the basis of plenary reports and comment from Sessions One, Two, and Three, the working group supporting the Summit developed an initial summary of the following themes raised, in which there was significant interest expressed by participants.

Key themes raised in plenary discussions

Improved information sharing

- Measures to facilitate information sharing while preserving/respecting appropriate privacy/consent issues and minimizing structural stigma.

Better transitions

- Measures which incorporate the following features: minimum number of transitions, broad mandates to avoid transition, appropriate handover protocols, funding models and program design that minimize transition, and facilitate access to needed social supports.
- Steps to address key transitions: e.g. custody to community, youth to adult, justice to health.

Greater focus on a client (and family) centered approach

- Reorientation of service delivery to better respect, serve, and involve the individual, by including client and family experiences in system and program design, providing advocates or system navigators, and/or designing holistic programs based on the needs of the individual rather than the mandate(s) of the program(s).

Enhanced education and training

- Cross-sector education and training on MHSU population to increase understanding of the causes and effects of structural stigma, the provision of culturally appropriate and safe services, effective client management, and how to collaborate across systems.

Improved collaboration and continuity of care and service

- Adoption or expansion of models to improve our ability to eliminate service delivery barriers, introduce greater flexibility in service mandates and funding models, resolve jurisdictional barriers, and support collaborative decision-making and service delivery across health, justice and social services.

Increased early intervention

- Measures to identify persons with MHSU conditions and provide them with needed service prior to their entry into the justice system (e.g. Hub concept).
- Measures to enable or facilitate early diversion from the court system to appropriate services and support.

Improved knowledge and respect regarding Indigenous cultural safety

- Skilled services and responses to the MHSU population which are informed with respect to understanding colonization, historical and ongoing Indigenous specific systemic discrimination. Pro-active measures to interrupt stereotyping and discrimination, ensure safe and equitable services and outcomes, and incorporate consideration of culture as relevant, are integral to Indigenous cultural safety.

Improved vision at the level of leadership and governance

- Leadership and governance to promote cross-sectoral collaboration through a Province-wide mental health strategy that includes the justice system, identification of the MHSU population as a common challenge, coordinated funding strategies, performance measures promoting accountability, and a mechanism to ensure consideration and where appropriate adoption of best practices from other jurisdictions.

Better understanding of high-risk, highly complex clients

- Creation of a common understanding of, and focusing of services on, complex cases requiring specific support and coordination.
- Measures to ensure provision of the right services at the right time.

Revisiting compulsory vs voluntary treatment

- Measures to balance respect for voluntary decision-making while ensuring access to needed services and the safety of the community.

Taking steps to address structural stigma

- Actions to identify and minimize the effects of structural stigma on the MHSU population.

Ensuring appropriate services to rural and remote communities

- Targeted approach(es) to focus services and resources on communities with greatest need.
- Innovative programming to deliver services to the client rather than requiring the client to come to services.

This summary was provided to participants at the beginning of Day Two, for reference in the development of proposals moving forward.

SUMMIT PROCEEDINGS: DAY TWO

Session Four – Better outcomes: leading and managing effective change

Changing the way systems work (and work together) requires sustained effort. The purpose of Session Four was to focus on the importance of institutional relationships, shared goals, and leadership, in developing and expanding good practice.

Video presentation: UK Mental Health Crisis Care Concordat

For this session, participants had been provided with video material and other links on the United Kingdom's *Mental Health Crisis Care Concordat*.

The Concordat is a national agreement between services and agencies involved in the care and support of people in mental health crisis. In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Concordat. Since then five more bodies have signed, making a total of 27 national signatories.

The Concordat focuses on four main areas:

- Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

On behalf of the Summit Steering Committee, Mr. Jonny Morris (acting CEO of the Canadian Mental Health Association, BC Branch) conducted a video interview for the

Justice Summit of the Rt. Hon. Norman Lamb, MP, regarding the UK Mental Health Crisis Care Concordat in the creation of which Mr. Lamb was instrumental.[3]

Presentations

Participants heard further presentations from two speakers, each of whom spoke from their experience and knowledge of managing resources in multiple systems. Both presentations focused on the capacity and obligation of senior leaders to look beyond the functioning and rulebook of the system or sector where their immediate responsibilities lie. In doing so, it is important to look at how well (or poorly) that system integrates and functions with other systems to which it is bound. It is equally important to scrutinize assumptions and practices continually, assessing them in light of the practical assistance that is being delivered to those who need it, and for whom the system was developed.

Examples of non-systemic thinking offered to promote discussion included the enduring tendency in BC's justice and public safety sector to resource interdependent elements (*e.g.*, police, prosecution, judicial complement, and corrections) according to independent calculations, such that the levels of each resource change with only limited reference to the inputs or capacity of related functions. A second example was offered regarding the apparent discord between systems of justice, public safety and health care on the one hand – systems which are carefully founded on the basis of privacy, individual rights and self-determination – and the challenges of mental health, substance use and related social disorder. These challenges play out in public, affect families, neighbourhoods, and communities, require community-based solutions, and are poorly matched to responses which assume individual self-determination, autonomy and self-reliance.

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[3] The 15-minute video interview is available via CMHA-BC at https://vimeo.com/cmhabc/normanlamb (password: NormanUK). The Concordat website is available at http://www.crisiscareconcordat.org.uk/. Mr. Lamb has been the Member of Parliament for North Norfolk since 2001 and is currently the Liberal Democrat party's health spokesperson. He served most recently as Minister of State for Care and Support in the Department of Health in the Conservative-Liberal Democrat Coalition Government.

Small group discussions

Following the presentation, two questions were posed to participants for small group discussion:

(1) *In what ways are the justice and mental health systems doing well in supporting continuity of care, system navigation and safety of the public?*
(2) *What are the barriers to greater effectiveness, and what opportunities do leaders in the room have to address those barriers?*

Plenary discussion

Participant discussion of the role of leadership centered on the following commonly raised themes:

Importance of a provincial strategy and approach: The establishment of a mental health secretariat and cabinet committee needs to lead to the development of a provincial strategy, with a set of agreed-upon principles and provincial level support for local action. Such a structure could have the ability to move resources across systems to places of greatest need based on objectives and evidence. The "tables" at various levels should have appropriate representation from multiple sectors. Leadership is also necessary in this area to scale effective but isolated initiatives to the regional or provincial level, and to create an environment which accepts the risks of experimentation.

Importance of information-sharing: There is a need to clarify the ability of different partners to share information, as well as specific information needs. Privacy is a central consideration, whether in terms of legality, practices, or attitudes. The bigger questions of balancing individual and community interests can only effectively be raised at the leadership level.

Importance of performance measures: There is a need to develop performance measures that encourage a systemic approach and spur action: "what gets measured gets done." Leaders should champion the development and reporting of specific measures, which clarify desired outcomes held to be reflective of a systemic approach to MHSU related service delivery.

Importance of an Indigenous lens on MHSU issues: There is a need to pay attention to the lasting effects of colonial legacies and intergenerational trauma, and to acknowledge the importance of these factors in any mental health strategy affecting Indigenous peoples. Leaders should also acknowledge and champion the relevance of these issues on health and well-being within the context of ongoing and systemic discrimination.

Importance of considering court-based innovative responses: While the presentations at the Summit addressed numerous integrated community interventions, it should be acknowledged that the Downtown Community Court, Victoria Integrated Court and Drug Treatment Court represent well-established court-based approaches in BC designed in large measure to address the MHSU population. In light of the capacity of the courts to set conditions, consideration should be given to building on these approaches. Leadership is required to ensure such innovation is connected and systemically-focused.

Importance of early intervention: Given the frequency with which mental illness manifests itself in youth, and/or where mental illness is evident in youth or adults prior to significant engagement with criminal justice, there is a clear need to explore how best to facilitate prevention and early intervention, and thus to apply resources far earlier in the cycle. In the case of youth, once connected with services the connection is often well maintained – but initial identification services are resource-poor. Such a shift will require leadership to address parochial concerns.

Session Five – Next steps: focusing our efforts towards concrete proposals

Building on all prior dialogue from Day One and Day Two, in Session Five participants were asked to suggest a number of promising areas of work which may be developed collaboratively, between now and November 2016, for discussion as concrete proposals, and potential recommendation, at the Seventh Summit.

Small group discussion

The following discussion task was set for the participants in their small groups:

> *Please identify up to three innovative and/or collaborative steps, regarding the MHSU population and the justice and public safety sector, which might be taken, and which should be developed in greater detail as proposals for consideration at the Fall Summit. These should be developed in consideration of our discussions to date, but may also include approaches not raised to this point.*

Plenary discussion: steps for further development and consideration

In plenary, participants identified a range of suggestions where proposals might be developed in greater detail for the Fall Summit. Suggestions receiving significant support included those identified here (grouped into general themes).

The suggested initiatives, for further conceptual development prior to November 2016, are grouped as systems level and operational approaches, although it was frequently recognized by participants that there must be linkages between these two levels.

Note that as no formal recording of participant preference is conducted at the Summits, reporting of any particular point should not be taken as necessarily reflecting consensus among the participants.

Systems approaches

1. Development of a ***province-wide mental health strategy***, which includes development of a shared vision and objectives across multiple sectors regarding the MHSU population, in general and with regard to the justice and public safety sector, with tangible goals clearly expressed, and a central set of agreed progress measurements put in place.

2. Agreement on a durable ***framework for collaboration*** which clearly identifies roles, responsibilities, and leadership; sets out a timetable for interaction and follow-up; develops and promotes necessary protocols to facilitate collaboration; and ensures high priority for systemic approaches to risk, outcomes and application of resources.

3. Creation of systemic ***understanding of areas of greatest empirical risk and opportunity*** for improvement, including (i) collaborative system mapping to identify key transition points and note good practice vs. gaps and opportunities for improvement; and (ii) enhancing application of scarce resources through multi-disciplinary, empirical identification of the high-resource-using population as well as regional analysis of service needs.

Operational approaches

4. Consideration of adopting a ***coordinated crisis response protocol*** appropriate to British Columbia, similar to the UK Crisis Care Concordat multi-agency approach regarding response to mental health crises in the field, which would seek to increase positive public safety and individual outcomes and reduce unintentional harms to MHSU clients in measurable ways.

5. Implementation of measures to ***combat stigma-based discrimination and promote culturally safe services***, based on multidisciplinary review to identify barriers to service and biases leading to harmful practice. In addition to limiting the effects of structural stigma on the MHSU population in general, these measures should reflect attention to the view that assumptions of a "colourblind" system of response to the MHSU population are held by many to ignore the historical and contemporary systemic barriers experienced by Indigenous peoples, as established through the work of the Truth and Reconciliation Commission.

6. ***Expansion of existing approaches*** which exhibit formalized linkages and coordination between justice and public safety sector institutions and processes, mental health and addictions services, and appropriately resourced transitional supports such as housing, education and employment; and which have demonstrated empirical confirmation of individual and public safety outcomes sought.

7. Development of ***early intervention and navigation support*** for MHSU clients, at initial diagnostic stage (particularly among youth/young adults) and/or upon initial contacts

with justice and public safety sector. This might be combined with, or form part of, a cross-sectoral "navigator" model of continuous contact and case management, the purpose of which would be to increase diversion to supports, and to mitigate the unintentional harms, public safety concerns and negative trajectories created through client experience of multiple transitions.

8. Identification of ways to ***enhance case-based access to information*** to assist MHSU clients and their families. This might be achieved through a comprehensive multidisciplinary analysis of the potential of a range of steps (such as formal protocols, "flagging" and other referral systems, duties to report, data collection and management, and legislative amendments) to make information available which is necessary to reduce harm and to reduce avoidable future criminal justice system engagement. The analysis would include recommended actionable steps for government, justice and public safety services, and health practitioners.

Summit closing

Participants heard a closing address from the Honourable Christopher Hinkson, Chief Justice of the Supreme Court of British Columbia. Remarks of appreciation to participants and organizers were also offered by Minister Anton and Minister Morris.

Special thanks were offered by the Ministers, followed by a warm round of applause from participants, to Mr. George Thomson of the National Judicial Institute, who has acted as facilitator for the Summits since the inception of the process, and whose experience and leadership have played an important role in the establishment of the Summits as a forum for open, constructive discussion of needed innovation and collaboration within BC's justice and public safety sector.

The Moderator then declared the Summit adjourned.

Steps leading to the Seventh BC Justice Summit

Subsequent to the delivery of this Report of Proceedings, the Summit Steering Committee, in consultation with participants and other relevant stakeholders, and supported by subject matter experts identified in these consultations and by the Committee members themselves, will authorize and oversee the development of more specific, detailed proposals for consideration at the Seventh BC Justice Summit (November 2016).

Based on this consultation, it is anticipated that some or all of the eight suggestions noted above will be considered for recommended implementation in November.

Further Summit themes will be developed and communicated in due course, further to dialogue with sector participants.

APPRECIATION

The Steering Committee would like to express its thanks to the participants at the Sixth British Columbia Justice Summit, whose continuing commitment and goodwill contributed greatly to the event.

The Steering Committee would like to thank the Musqueam Indian Band, and Elder Larry Grant, for the warm welcome and good wishes extended to Summit participants, and also wishes to thank the Honourable Suzanne Anton and the Honourable Mike Morris for their remarks of welcome and appreciation, and the Honourable Christopher Hinkson for his closing address.

The Committee would also like to extend its appreciation to Ms. Elenore Clark, Ms. Rain Daniels, Grand Chief Doug Kelly, Ms. Stephenie Lewis, Dr. Jamie Livingston, Sgt. Lynn Noftle, Cpl. Taylor Quee, Mr. Colin Ross, Mr. Allan Seckel, Dr. Julian Somers, and Dr. George Wiehahn, for their contributions to the dialogue.

The Steering Committee would also like to thank Dean Catherine Dauvergne and staff of the University of British Columbia, Faculty of Law, for their generosity and flexibility in once again creating an excellent setting for the Summit.

Finally, the Steering Committee would like to thank the Summit facilitator, George Thomson; the Summit moderator, Caroline Nevin; Michelle Burchill and Dan Silverman of UBC Faculty of Law; and the many individual employees of public, private and not-for-profit justice and public safety organizations, agencies and firms in British Columbia who made direct personal contributions to the success of the Justice Summit.

SUMMIT FEEDBACK

Comments on this *Report of Proceedings* and the Summit process are encouraged and may be emailed to the Justice and Public Safety Secretariat at justicereform@gov.bc.ca.

Written communication may be sent to:

Allan Castle, PhD
Coordinator, BC Justice Summit & BC Justice and Public Safety Council
c/o Ministry of Justice
Province of British Columbia
1001 Douglas Street
Victoria, BC V8W 3V3
Attention: Justice Summit

APPENDIX 1: SUMMIT AGENDA

DAY ONE (June 10, Friday)		
Time	**Session**	
8:30	**Opening and welcome**	
	Moderator's welcome *Welcome and prayer from Musqueam First Nation* *Welcome from UBC Law School* *Welcoming remarks from Ministers*	
9:00	**Summit approach and Summit goals**	
	Facilitator's overview and Summit ground rules	
9:10	**Setting the stage and defining the issues**	
	Mental Illness, Substance Use, and BC's Justice System *Commentary: how to define the problem* *Police perspective* *Corrections perspective* *Health practice perspective* *Q&A/plenary discussion*	
10:20	**Break**	

10:35	**Stigma as an obstacle to effective response and effective collaboration**
	Institutional stigma and effective service delivery *Discussion questions* • *What kinds of changes are needed to reduce structural stigma and/or its effects on justice, public safety responses and client care, in the intersection of our two systems?* *Plenary report-out, and discussion*
11:55	**Lunch**
1:00	**Multidisciplinary approaches to MHSU services, support and reduction of offending: Part I**
	Case Histories: a reminder that participants are encouraged to refer to the case histories where appropriate in their small table discussions and in plenary. *Frontline approaches to client care and public safety (Assertive Outreach Team)* *Cultural safety training for justice professionals: mental health in a broader context (PHSA's San'yas Indigenous cultural safety program)* *Stabilizing and reducing reoffending via collaborative institutional support (Integrated Offender Management – Homelessness Intervention Project)*

	Discussion questions: • *These are three examples of how we are responding. Are there other types of approaches not discussed and/or implemented that need to be considered?* • *Are there issues or barriers which limit the effectiveness or implementation of these or other current collaborations, and if so are there ways to address those issues?* • *Many approaches focus on the transition points between systems. Even if no one program could work everywhere, what are the common principles that enhance effective transitions for the MHSU population?*
3:00	**Break**
3:15	**Multidisciplinary approaches to MHSU services, support and reduction of offending: Part II**
	Remarks: Lived experience *Plenary report-out from Part I, and discussion*
4:30	**Day 1 wrap-up**
	Housekeeping
4:45	**End of Day 1**
5:00	**Reception: Faculty Lounge, 4th Floor**

DAY TWO (June 11, Saturday)		
Time	**Session**	**Speaker/session lead**
8:30	**Coffee**	
9:00	**Recap of Day One & objectives for Day Two**	
	Review of overnight summary, and check-in with participants	
9:05	**Better outcomes: leading and managing effective change**	
	How leaders can enable better coordination between the justice and health systems regarding the MHSU population *Discussion questions:* • *In what ways are the justice and mental health systems doing well in supporting continuity of care, system navigation and safety of the public?* • *What are the barriers to greater effectiveness, and what opportunities do leaders in the room have to address those barriers?* *Plenary report-out and discussion*	
10:30	**Break**	

10:45	**Next steps: focusing our efforts towards concrete proposals**
	Discussion task: • *Please identify up to three innovative and/or collaborative steps, regarding the MHSU population and the justice and public safety sector, which might be taken, and which should be developed in greater detail as proposals for consideration at the Fall Summit. These should be developed in consideration of our discussions to date, but may also include approaches not raised to this point.* *Plenary report-out and discussion*
12:15	**Summit conclusion**
	Closing remarks *Appreciation* *Close*
12:35	**Adjourn**

APPENDIX 2: SUMMIT PARTICIPANTS

Hon. Suzanne Anton	Attorney General and Minister of Justice
Dave Attfield	Chief Superintendent, RCMP "E" Division
Mark Benton	Executive Director, Legal Services Society
Ghalib Bhayani	Inspector, Community Services Officer, RCMP "E" Division
Whitney Borowko	Director of Policy, Ministry of Social Development and Social Innovation
Patricia Boyle	Assistant Deputy Minister, Ministry of Public Safety and Solicitor General
Jim Campbell	Executive Lead, Mental Health and Addictions Program, Northern Health Authority
Lynda Cavanaugh	Assistant Deputy Minister, Ministry of Justice and Attorney General - Court Services
Elenore Clark	Provincial Director, Ministry of Public Safety and Solicitor General-Corrections Branch
Kelly Connell	Lawyer, Kelly K. Connell Law/Downtown Community Court
Hon. Thomas Crabtree	Chief Judge, Provincial Court of British Columbia
Holly Craig	Probation Officer, Ministry of Public Safety and Solicitor General - Vancouver Island Community Outreach Team
Kevin Crosbie	Assertive Community Treatment Team, Pandora, Vancouver Island Health Authority
David Crossin	President, Law Society of BC

Yvon Dandurand	Professor, Department of Criminology, University of the Fraser Valley
Rain Daniels	Facilitator, San'yas Indigenous Cultural Safety Training Program, Provincial Health Services Authority
James Deitch	Acting Assistant Deputy Minister, Justice Services, Ministry of Justice and Attorney General
Mike Farnworth	MLA, and Critic for Ministry of Public Safety and Solicitor General
Diane Finegood	President and CEO, Michael Smith Foundation for Health Research
Nigel Fisher	Program Medical Director, Mental Health Program, Fraser Health Authority
Richard Fyfe	Deputy Attorney General, Ministry of Justice and Attorney General
Todd Gerhart	Chief Federal Prosecutor, Public Prosecution Service of Canada
Keva Glynn	Executive Director and Senior Advisor, Ministry of Health
Eric Gottardi	Lawyer, Peck & Company
David Griffiths	Manager, Legal Services Society
Dave Harrhy	Executive Director, Mental Health and Substance Use Services, Interior Health Authority
Linda Healey	Psychiatrist, Corrections Service Canada
Lyle Hillaby	Crown Counsel, Ministry of Justice and Attorney General - Criminal Justice

Hon. Christopher Hinkson	Chief Justice, Supreme Court of British Columbia
Samantha Hulme	Crown Counsel, Ministry of Justice and Attorney General - Criminal Justice
Grand Chief Edward John	Tl'azt'en First Nation, and Senior Advisor, Aboriginal Child Welfare, Ministry of Children and Family Development
Peter Juk	Acting Assistant Deputy Attorney General, Criminal Justice, Ministry of Justice and Attorney General
Grand Chief Doug Kelly	Stó:lō First Nation, and Chair, First Nations Health Council
Leonard Krog	MLA, and Critic for Ministry of Justice and Attorney General
Rob Lampard	Director, Child and Youth Mental Health Policy, Ministry of Children and Family Development
Andy LeClair	Inspector, Royal Canadian Mounted Police - Surrey Detachment
Stephenie Lewis	Policy and Program Analyst, BC Corrections, Ministry of Public Safety and Solicitor General
Jamie Livingston	Assistant Professor, St. Mary's University, Department of Sociology and Criminology
Jeannette MacInnis	Director of Health, BC Association of Aboriginal Friendship Centers
Anuradha Marisetti	Regional Deputy Commissioner, Corrections Service Canada
Joan MacArthur	Team Leader, Downtown, Vancouver Island Health Authority
Heidi McBride	Legal Counsel, Supreme Court of British Columbia
Tarnjit McCauley	Regional Leader, Mental Health and Substance Use, Vancouver Coastal Health Authority

Scott McGregor	Inspector, Focused Enforcement Team, Victoria Police Department
Brent Merchant	Assistant Deputy Minister, Corrections Branch, Ministry of Public Safety and Solicitor General
Mark Miller	Executive Director, John Howard Society
Jane Morley	Strategic Coordinator, Access to Justice BC
Hon. Mike Morris	Minister of Public Safety and Solicitor General
Jonny Morris	Chief Executive Officer (Acting), Canadian Mental Health Association BC
Diane Nielsen	Supervising Lawyer, Mental Health Program, Community Legal Assistance Society
Lynn Noftle	Sergeant, and Supervisor, Mental Health Unit, Vancouver Police Department
Maureen Olley	Director, Mental Health Services, Corrections Branch, Ministry of Public Safety and Solicitor General
Perry Omeasoo	Independent Contractor, NCCABC/VCH
Arlene Paton	Assistant Deputy Minister, Population Health, Ministry of Health
Clayton Pecknold	Assistant Deputy Minister, Policing and Security Programs, Ministry of Public Safety and Solicitor General
Lynn Pelletier	Vice President, BC Mental Health and Substance Use Services, Provincial Health Services Authority
Hon. Ernest Quantz	Judge, Provincial Court of BC
Taylor Quee	Corporal, Surrey Detachment, RCMP "E" Division

Laurence Rankin	Deputy Chief Constable, Vancouver Police Department
Kulwant Riar	Clinical Director, Youth Forensics, Ministry of Children and Family Development
Wayne Robertson	Executive Director, Law Foundation
Colin Ross	Advisor, Mayor's Task Force on Mental Health and Addiction, City of Vancouver
Sally Rudolf	Legal Counsel, Court of Appeal for BC
Kurt Sandstrom	Assistant Deputy Attorney General, Legal Services Branch, Ministry of Justice and Attorney General
Hon. Mary Saunders	Justice, Court of Appeal for British Columbia
Allan Seckel	Chief Executive Officer, Doctors of BC
Darlene Shackelly	Executive Director, Native Courtworker and Counselling Association of BC
Alex Shorten	Past President, Canadian Bar Association BC
Mark Sieben	Deputy Solicitor General and Deputy Minister, Ministry of Public Safety and Solicitor General
Julian Somers	Associate Professor, Simon Fraser University, School of Public Health
Colleen Spier	Lawyer and Mediator, Spier & Company Law, and Member, BC Aboriginal Justice Council
Claire Tollefson	Lawyer, Claire Tollefson Law
Howard Tran	Inspector, Vancouver Police Department
Gerrit van der Leer	Director, Mental Health, Ministry of Health

Patricia Vickers	Director, Mental Wellness, First Nations Health Authority
Taryn Walsh	Executive Director, Ministry of Public Safety and Solicitor-General Victim Services and Crime Prevention
Lori Wanamaker	Deputy Minister, Ministry of Children and Family Development
Terry Waterhouse	Director, Public Safety Strategies, City of Surrey
Chief Douglas White	Snuneymuxw First Nation
Daryl Wiebe	Superintendent, Vancouver Police Department
George Wiehahn	Medical Director, Forensic Psychiatric Services, BC Mental Health and Substance Use Services, Provincial Health Services Authority
Sandy Wiens	Executive Director, Mental Health Secretariat, Ministry of Health
Hon. Susan Wishart	Associate Chief Judge, Provincial Court of British Columbia

APPENDIX 3: SUMMIT ORGANIZING TEAM

Steering Committee

Lenora Angel	Executive Director, Youth Justice & Forensic Services Division, Children and Family Development
Dave Attfield	Chief Superintendent, Royal Canadian Mounted Police
Allan, Castle (Chair)	Executive Lead, Justice and Public Safety Council Secretariat
Elenore Clark	Provincial Director Strategic Operations, Corrections Branch, Public Safety and Solicitor General
Chastity Davis	Chair, Minister's Advisory Committee on Aboriginal Women
James Deitch	A/Assistant Deputy MinisterJustice Services Branch, Justice and Attorney General
Jennifer Duff	Regional Director, Vancouver Coastal Health Authority
Dominic Flanagan	Executive Director, Supportive Housing & Programs, BC Housing
Peter German	D/Commissioner, Pacific Region, Correctional Service of Canada
Keva Glynn	Executive Director and Senior Advisor, Strategic Initiatives, Ministry of Health
David Griffiths	Manager for Criminal, Appeals & Immigration, Legal Services Society
Samantha Hulme	Crown Counsel, Criminal Justice Branch, Justice and Attorney General
Lisa Lapointe	Chief Coroner, BC Coroners Service
Jonny Morris	A/CEO, Canadian Mental Health Association BC

Julian Somers	Associate Professor, Faculty of Health Sciences, Simon Fraser University
Colleen Spier	Lawyer and Mediator, Spier & Company Law, and Member, Aboriginal Justice Council of BC
Claire Tollefson	Claire Tollefson Law, and representing Canadian Bar Association BC
Daryl Wiebe	Superintendent, Vancouver Police Department

Observers

Hon. Gene Jamieson	Judge, Provincial Court of British Columbia
Sally Rudolf	Legal Counsel Office of the Chief Justice, Court of Appeal for British Columbia
Heidi McBride	Legal Counsel Office of the Chief Justice, Supreme Court of British Columbia

Summit Facilitator

George Thomson	Senior Director, National Judicial Institute

Summit Moderator

Caroline Nevin	Executive Director, Canadian Bar Association BC Branch

Working Group

Rosalind Currie	Director, Office to Combat Trafficking in Persons, Ministry of Public Safety and Solicitor General
Bruce Deacon	Director of Justice Business Intelligence, Ministry of Justice
Rozi Debreci	Strategic Initiatives Advisor, Justice Services, Ministry of Justice
Allan Keel	Manager, Justice Services, Ministry of Justice
Stephenie Lewis	Policy and Program Analyst, BC Corrections, Ministry of Public Safety and Solicitor General
Michael Lucas	Manager, Policy and Legal Services, Law Society of BC
Rhonda Mead	Executive Assistant to the Assistant Deputy Minister, Justice Services, Ministry of Justice
Taylor Quee	Corporal, Surrey Detachment, RCMP "E" Division
Asha Sundher	Administrative Assistant, Justice Services, Ministry of Justice
Jasmine Tam	Program Assistant, Justice Services, Ministry of Justice
Melanie Tucker	Senior Policy Analyst, Justice Services, Ministry of Justice
David Travia	Senior Policy Analyst, Justice Services, Ministry of Justice
Lucie Vallieres	Analyst, Policing and Security Branch, Ministry of Public Safety and Solicitor General
Gerrit van der Leer	Director, Mental Health, Ministry of Health

APPENDIX 4: JUSTICE AND PUBLIC SAFETY COUNCIL

Under provisions of the *Justice Reform and Transparency Act*, Council members are appointed by Ministerial order and may include those in senior leadership roles in the government with responsibility for matters relating to the administration of justice in British Columbia or matters relating to public safety, or any other individual the Minister considers to be qualified to assist in improving the performance of the justice and public safety sector. The Council is supported by the Coordinator, BC Justice Summits and BC Justice and Public Safety Council. The current membership includes:

Lori Wanamaker (Chair)	Deputy Minister, Ministry of Children and Family Development
Richard Fyfe (Vice-Chair)	Deputy Attorney General, Ministry of Justice and Attorney General
Lynda Cavanaugh	Assistant Deputy Minister, Court Services, Ministry of Justice and Attorney General
Joyce DeWitt-Van Oosten	Assistant Deputy Attorney General, Criminal Justice, Ministry of Justice and Attorney General
Brent Merchant	Assistant Deputy Minister, BC Corrections, Ministry of Public Safety and Solicitor General
Clayton Pecknold	Assistant Deputy Minister, Policing and Security Programs, Ministry of Public Safety and Solicitor General
Bobbi Sadler	Chief Information Officer, Ministry of Justice and Attorney General and Ministry of Public Safety and Solicitor General
Kurt Sandstrom	Assistant Deputy Attorney General, Legal Services, Ministry of Justice and Attorney General
Mark Sieben	Deputy Solicitor General, Ministry of Public Safety and Solicitor General