P-HSJCC Webinar Series: Older Adults and the Justice System

About today's webinar:

- We will have a Q&A period at the end of our webinar. To ask a question, please type your question in the chat box.

- This webinar will be recorded. The recording and power-point presentation will be emailed to you following the webinar.

- Please complete the brief evaluation survey following the webinar.

About the HSJCC Network:

The Human Services and Justice Coordinating Committee (HSJCC) Network is comprised of: 39 Local Committees, 14 Regional Committees, and one Provincial HSJCC. Each HSJCC is a voluntary collaboration between health and social service organizations, community mental health and addictions organizations and partners from the justice sector including crown attorneys, judges, police services and correctional service providers.





Older Adults and the Justice System

OCTOBER 1, 2019

Moderator: - Christine Conrad, Policy Analyst and Justice Lead, CMHA Ontario

Presenters:

- Sarah Denton, Clinical Intake Specialist – North East Behavioural Supports Ontario, North Bay Regional Health Center, Kirkwood Place

- Phyllis Fehr, Board Member, Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton and Ontario Dementia Advisory Group

- A.J. Grant-Nicholson, Mental Health Strategy Lead, Legal Aid Ontario

- Katie Almond, Probation and Parole Officer, Ministry of the Solicitor General



Older Adults and the Justice System Project

- HSJCC Network identified older adults and the justice system during a priority setting exercise in 2015
- Older Adults and the Justice System Project Advisory Committee was struck to guide the project
- Objectives: identify key issues impacting this population, generate solutions and create navigational guidebook – coming soon!

Project Advisory Committee

Addictions and Mental Health Ontario Advocacy Centre for the Elderly **Alzheimer Society of Ontario** Canadian Association for Community Living CMHA Hamilton Branch CMHA Kenora Branch **CMHA** Ontario CMHA Peel Dufferin Branch CMHA York and South Simcoe Branch Correctional Service Canada (Ontario) Dementia Alliance International **Empowerment Council** HSJCC Secretariat John Howard Society of Ontario John Howard Society of Toronto Legal Aid Ontario London Police Service Ministry of Health Ministry of the Attorney General Ministry of the Solicitor General North Bay Regional Health Centre Ontario Court of Justice **Ontario Provincial Police Peel Regional Police** Scarborough Local HSJCC

Living with Dementia

Phyllis Fehr, M.L.A., R.N., S.A.N.E..

Board Member of the Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton and Board Member of the Ontario Dementia Advisory Group

- 2016: 747,000 Canadians live with dementia
- 2031: 937,000 Canadians expected to live with dementia
- More undiagnosed
- My dementia journey



Symptoms of Dementia

Dementia is so much more than memory loss...

- losing the ability to multi task
- losing the ability speak properly
- getting lost in the moment which can last for several minutes (also know as brain fog)
- anger, frustration, anxiety, nervousness
- not being able to complete tasks (some very simple ones)
- looking at a familiar face and not knowing the person's name
- looking at a familiar object and not knowing what it is
- not being able to get a normal night's sleep
- depression
- muscle spasms
- imbalance, tremors
- losing the ability to read or count
- not being able to follow a simple conversation
- losing your independence



Communicating with someone living with dementia

We are able to participate!

- Speak to us in a quiet area
- Make eye contact and smile
- Speak slowly and clearly
- Give us enough time to answer a question
- Observe both verbal and non-verbal cues

For more information, please visit:

https://alzheimer.ca/en/Home/Living-with-dementia/Ways-tocommunicate/Tips-for-communicating-person-with-dementia

or

https://www.dementia.org.au/files/helpsheets/Helpsheet-CaringForSomeone01-Communication_english.pdf



UN Convention of the Rights of Persons with Disabilities

Article 12: Equal recognition before the law

- reaffirm that persons with disabilities have the right to recognition everywhere as persons before the law
- recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life
- take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity
- ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law

Article 13: Access to justice

- ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations... in all legal proceedings...
- promote appropriate training for those working in the field of administration of justice, including police and prison staff



Responsive Behaviours and Interacting with the Police

Sarah Denton, Clinical Lead, North East BSO

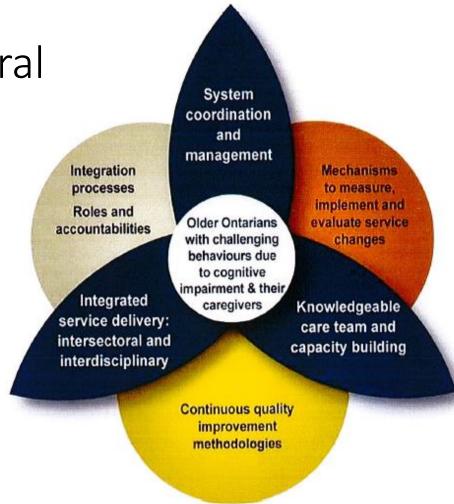
North East Behavioural Supports Ontario

"As partners in care, we commit to and expect compassionate, timely and person-centered care". ~NE BSO Value Statement

Supported by: / Financé par :



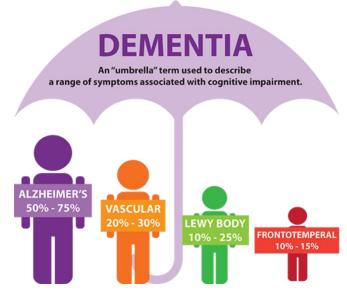
North East Local Health Integration Network Réseau local d'intégration des services de santé du Nord-Est



BSO Target Population

- Older adults presenting with or at risk of developing responsive behaviours associated with complex mental health, substance use, dementia, or other neurological conditions
- Support, coaching and education for care partners such as individuals providing care with the patient (i.e., informal caregivers and health care providers)
- Services are provided wherever the individual/care partner may reside and across care transitions

*Responsive Behaviours is a term, preferred by persons with dementia, representing how their actions, words and gestures are a response that express something important about their personal, social, environmental and/or physical needs or preferences.



	PIECES of my PERSONHO		
Name (First & Last):	Age: Dominant Hand: 🗌 Left 🗌 R		
Interviewer(First & Last):	Date: Form # of d/m/y		
PERSONHOOD	PAST	PRESENT	
Preferred Name			
Preferred Language			
I Am Most Proud to be Known As/For			
Spirituality/Religion/Traditions			
Significant Persons in Life/Relationship			
Family Background			
Significant Dates and Meaning			
Pets/Names			
Life Role/Previous Occupition			
Interests/Hobbies			
Sources of: Hope/Comfort/Joy/ Inspiration/Favourite Things	1		
Dislikes/Fears	1		
Significant High Point(s) in Life		Potential Encouragers:	
Significant Low Point(s) in Life/Trauma	Personal care/trauma: Environmental: Loss Significant Other: Other: *See Chart for Details	Potential Triggers:	
Expression of Emotions		$\mathbf{\nabla}$	
Coping Mechanisms/ Validation Phrases			
Personal Preferences			
Mealtime Preferences			
Socialization Preferences			
Sleep/Wake Preferences			
Other Pertinent Information			
Consent to Share/Post	Relationship to Individual: Capable Individual or Legal Substitute Decision-Maker (SDM) Yes, I give permission to post and to release copies of the completed form as required in order to share this information with all individuals, organizations and/or agencies who are actively involved in the provision of care and the transition of care. Date (d/m/y):		
	Signature:		
	Name: (Please print first and last name of capable individual or legal SDM)		

Personhood is our Foundation!

"It is much more important to understand what sort of person has a disease than what sort of disease a person has".

~Dr. William Osler

Emerging Best Practices

Our Experiences & Potential Solutions



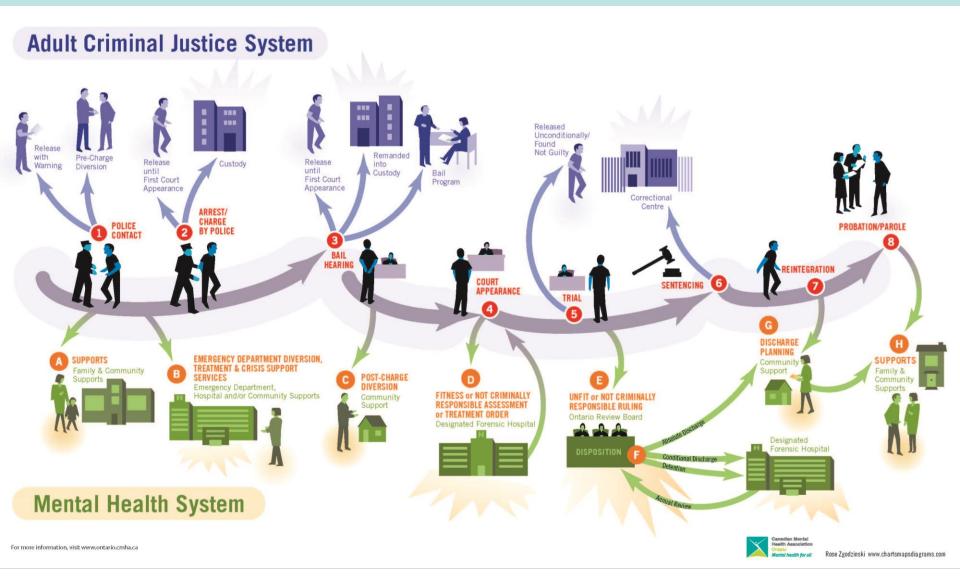


Emerging Best Practices – Our Experiences

System Coordination/	Integrated Service Delivery:	Knowledgeable Teams & Capacity
Management	Intersectoral/ Interdisciplinary	Building
 Older Adult Liaison Committee, Rapid Mobilization Tables Focused discussion table where participants collaboratively identify situations of acutely elevated risk. Once a situation is identified, all necessary agency partners participate in a coordinated, joint response – ensuring that those at risk are connected to appropriate, timely, effective and caring supports Multi-agency care conferences 	 Care Pathway Development between relevant Community Providers: Coordinated response and process to assist persons with dementia and their care partners who are experiencing behaviours that may result in a criminal offence Specialized Geriatric Law Enforcement Team: Concept of having all Police Officers trained in "Dementia Basics" (see column 3) but also having a Geriatric Intervention Team made up of Police Officers who would respond to calls whereby specific intervention skills and knowledge of dementia would be required. 	 Education/Training Program containing the following components: About Dementia Situations whereby Police Officers may come into people with people living with Dementia Distinguishing Dementia vs. other conditions using relevant tools (especially delirium) Communication Strategies Responsive Behaviours Engagement with Community Resources

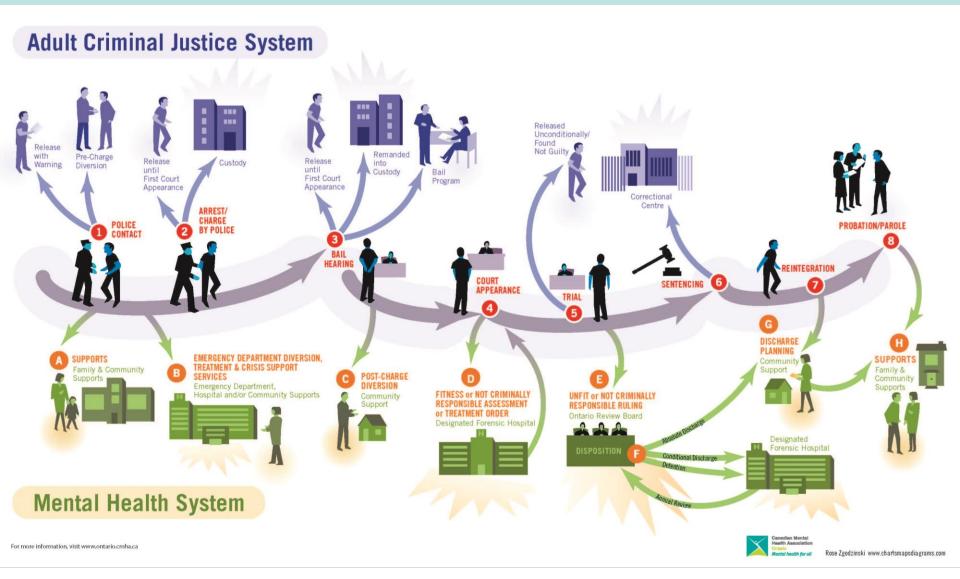
The Criminal Justice and Mental Health Systems

A.J. Grant-Nicholson, Mental Health Strategy Lead, Legal Aid Ontario



The Correctional System

Katie Almond, Probation and Parole Officer, Ministry of the Solicitor General



Questions?

COMING SOON: Older Adults and the Justice System will be available on the HSJCC Website: <u>https://hsjcc.on.ca/older-adults-and-the-justice-system/</u>

- For more information about Behavioural Supports
 Ontario please call 1-855-276-6313 or visit http://behaviouralsupportsontario.ca/
- For more information about Legal Aid Ontario please call 1-800-668-8258 Monday to Friday from 8:00 a.m. to 5:00 p.m. (EST) for help in over 300 languages or visit <u>https://legalaid.on.ca/en/</u>

