
**MINUTES OF THE YUKON HEALTH AND SOCIAL
SERVICES COUNCIL MEETING
WHITEHORSE
March 16 & 17, 2007**

**MINUTES OF THE YUKON HEALTH AND SOCIAL SERVICES COUNCIL
MEETING**

Windsor Boardroom at the Edgewater Hotel
March 16 & 17, 2007

MEMBERS PRESENT: Colleen Wirth – Chair
Glenis Allen – Co-chair
David Ravensdale
Iris Cormier
Phil Dyke
Jane McIntyre
Naresh Prasad
Penny Ferbey
Darcy Tkachuk
Maxwell Rispin
James Allen

REGRETS: Shirley Laverdure
Margaret Titus
Rosemary Rowlands

SECRETARIAT: Amar Dhillon

ALSO PRESENT: Brian Eaton, Second Opinion Society
Brian Kitchen, Director, Policy and Program
Development, H&SS
Elaine Schroeder, Director, Family & Children's Services
Ewa Dembek, Policy Analyst, Children's Act Revision
Project
Colleen Hemsley, Communicable Disease Officer, H&SS
Robert Riches, ADM, Community Justice & Public Safety,
Dept. of Justice
Joanne Lewis, Project Manager, Corrections Action Plan
Implementation, Dept. of Justice

The Yukon Health and Social Services Council held its fourth meeting of 2006-07 on March 16 & 17, 2007. The meeting commenced at 9:00 a.m. on Friday, March 16, 2007 and was called to order at 9:00 a.m.

RECOMMENDATIONS:

None

FRIDAY, MARCH 16, 2007

ANNOUNCEMENTS:

Chair advised that Margaret Titus and Shirley Laverdure are unable to attend the meeting.

Chair has approved the attendance of Daisey Lemphers from Dept. of Education to attend Communicable Disease presentation as it is informational session.

REVIEW OF AGENDA:

Motion: Moved by Phil Dyke and seconded by Naresh Prasad to accept the agenda as presented. Motion carried.

SECOND OPINION SOCIETY & CANADIAN MENTAL HEALTH ASSOCIATION:

[Brian Eaton of Second Opinion Society & Board member of CMHA]

Brian provided a brief history of by whom, how and when the Second Opinion Society was established in 1990. Approximately 65 people attended the initial meeting who had general interest in the area of alternatives to conventional psychiatry. Following this meeting, a proposal was submitted to the then Minister of Health & Social Services to conduct needs assessment study which was approved.

Based on needs assessment study, space was provided and the Second Opinion Society (SOS) commenced following services:

- A drop-in center – comfortable place for people to come to
- Personal advocacy
- Support for people with mental health issues
- Education of media and general public

Simultaneously, there was a patient liberation movement and a Toronto-based publication “Phoenix Rising” also contributed to what SOS was trying to accomplish locally i.e. move away from office type settings to avoid stigmatization.

Main premise was that people with mental health issues have right to dignity, human rights, and is based on recovery model where it tries to relate underlying causes to individual’s life story which may be caused due to overworked mind. On the other hand, psychiatry renders people choice less and pharmaceuticals are not the answer as many

medications have long-term side effects and how disclosure of such effects are disguised. Brian cited an example of a recent case in U.S.A. between a lawyer and a pharmaceutical company and the extreme power of the later.

Canadian Mental Health Association (CMHA) approved first housing for a couple of people with psychiatric issues with support from the Yukon Housing Corporation but due to lack of consultation with the neighborhood the project was abandoned. This also made education and awareness of general public important.

Hence, SOS instituted Thursday lunches that were open to everyone in order to serve as an ice-breaker for the community and to enhance education and awareness.

SOS is a self-help group of survivors, run by such group and focus is on non-conventional methods of support. Drop-in offers interaction, learning new ways of dealing with issues, peer support and encourages active participation in ones own healing. A number of groups formed in response to specific needs of clients and an access to extensive resource library, as well as SOS lobby for special rates for its clients, e.g. for ski program, encourages participation in road relays, have street fest. Community is very supportive and local businesses and musicians donate for the street fest.

The organization is non-hierarchical with two coordinators who work 50 hrs/week and is very successful in developing community links. Main funding source is Department of H&SS which provides \$90,000/yr while SOS does some fund raising. It is also looking at the feasibility of charity status.

Brian ran out of time to speak to CMHA and Council decided to invite him to its next meeting for that.

DEPARTMENT OF HEALTH & SOCIAL SERVICES - ACTIVITIES UPDATE:

[Brian Kitchen, Caitlin Kerwin, Jeannette Smith & Karen Archbell]

a. Canadian Agency for Drugs & Technologies in Health (CADTH): Jeannette Smith, Stakeholder Relations Officer with CADTH and happens to be in Whitehorse. CADTH was established in 1989 by Ministers of Health to deal with skyrocketing costs due to new and emerging medical devices and drugs, i.e., how one decides which device/drug to put money in. CADTH's main role is to provide:

- clinical and cost-effectiveness reviews of new drugs (Common Drug Review Program – CDR)
- health technology assessments of drugs, medical devices and health care systems (Health Technology Assessment Program – HTA)
- Information about best practices in drug prescribing and use in Canada (Canadian Optimal Medication Prescribing and Utilization Services – COMPUS)

CADTH is governed by a 13-member jurisdictional Board of Directors that reports to the Conference of F/P/T Deputy Ministers of Health and is supported by three advisory committees – Devices and Systems Advisory Committee (DSAC), Advisory Committee on Pharmaceuticals (ACP) and COMPUS Advisory Committee (CAC).

It is also supported by two expert committees: i) The Canadian Expert Drug Advisory Committee (CEDAC); and, ii) the Scientific Advisory Panel (SAP).

Head office of CADTH is located in Ottawa, has 125 highly skilled and specialized employees (e.g. doctors, pharmacists, health economists, health librarians, etc.). Its key clients are policy makers, regional authorities, health professionals and 80% is funded by Health Canada and 20% by provinces/territories.

CADTH researches world-wide for best practices for the decision-makers but not the general public but later can access reports and recommendations on its web-site – CADTH.ca

b) *Quality Assurance/Risk Management:* Karen Archbell's position is for a new program in Yukon and is shared by the Departments of Health and Social Services and Justice.

Karen will be leading and supporting branches in defining quality assurance and quality improvement activities, establishing measuring tools, and in the management of risk.

Karen's first project is re-designing the complaint process to make it easier for people to provide feedback, and to welcome complaints as how else to know whether appropriate services are being provided and then find solutions.

c) *Yukon Environmental Socio-Economic Assessment:* All new development projects have to submit their proposals for Yukon Environmental Socio-Economic Assessment. It is a new responsibility and Caitlin Kerwin is developing the internal process for health and social services in order to be able to complete the socio-impact assessments.

d) *Canada Winter Games:* Brian noted that the planning through H&SS is substantial as there a number of areas of impact such as:
Health & Human Resource Planning – a huge process, e.g. who would be needed to deliver services

- Health Care Operation – e.g. 5 to 10 thousand more people could increase demand on services
- Emergency Planning – biggest event Whitehorse has ever held so how to manage an emergency situation. This aspect has interface with other organizations such as City, etc.
- Support for Equipment Procurement with the Host Society and this will be retained and used in Yukon after
- Professional licenses for outside medical professionals to be able to volunteer their services in Yukon during the games

- Health insurance coverage notifications for those who were not covered under Host Society
- Health Promotion Activities, e.g. Play Safe Play hard
- Working with Homelessness and Anti-Poverty Coalition regarding marginalized people being displaced.

e) Midwifery: Interest in this issue has re-emerged to regulate this profession and provide funding. New group of parents are involved this time and they have met with the Minister of Health. Department staff also met with this group and held initial discussions. Policy issue might be brought to the Council in future for consultation. Wide-variety of views on midwifery exist and wide range of birthing, pre-natal, post-natal services to families will be looked at.

f) Child Care: Initially, federal government was looking to spend \$250 million to create more child care spaces and channeling funds through businesses and NGOs to create more spaces. It appears that it reversed its decision on Monday and may flow the funds through provincial and territorial governments.

FAMILY & CHILDREN'S SERVICES - UPDATES:

[Elaine Schroeder, Director of F&CS, Eva Dembek, Policy Analyst]

a) Children's Act: Eva provided a brief overview of the review process from 2003 on Children's Act, consultations, make of Committee, policy forums, elders' forum, condensed version of recommendations, technical forum following which construction of the document began. Currently, drafting the document, as well as meeting with First Nation directors to look at the issues of implementation.

A small working group has been struck who continues to look at the drafting and addressing concerns, issues, as these emerge. Shift is how to initially support families in order to reduce the permanent placement of kids. Many First Nations want to be involved earlier in decision-making regarding children coming into care. Extended families' involvement is being looked at closely and there would be a dramatic shift in practice of how First Nations and Department will interact. Also, scrutinizing the language to remove any negative connotations.

b) Child Welfare League's Recommendations – status of implementation: Elaine noted that the report was completed in 2002 and made 15 recommendations some of which will be addressed in the new Children's Act. She listed the progress as following:

- Caseloads/social worker ratio is incrementally coming close to what is recommended
- Additional staff has been hired and some positions are in the process of recruitment
- Placement Review Committee looked at other jurisdiction practices for when children come into care and work is complete

- For foster parent training and supports, Department has provided funding to Foster Parent Association for training.
- Two social workers have been assigned to working with families with disabled children and much progress has been made in this area.
- Recruitment and retention of social workers – mentoring is being provided for the graduates from the Yukon College and First Nation capacity building.
- Working with kids in care is another area of being good corporate parent also being worked on to ensure good care. Various models are being considered, particularly one from England.
- Child Advocate is being looked at through revisions of Children’s Act
- A bridging program is being researched and looked at through revision to Children’s Act for kids when they turn 19 and leave F&CS
- Policy change made for all children under 10 years – they will go to foster care and not to receiving home and close to the community of residence.

COMMUNICABLE DISEASE PROGRAM : INFORMATION PRESENTATION:

[Colleen Hemsley, Communication Disease Officer]

Colleen’s power-point presentation provided information on Yukon Communicable Disease Control programs that includes: a) Prevention; b) Surveillance; c) Containment; d) Management; and, e) Education.

She defined communicable disease as “*an infectious disease that can be spread from person to person or animal to humans.*”

The list of Yukon’s reportable diseases is categorized into three distinct categories, based on potential negative impact and the possible need for immediate response to protect the health of the public and she distributed these lists to the Council members:

List A – diseases to be reported as soon as suspected

List B – diseases to be reported within one working day

List C – diseases to be reported within three working days

Strategies applied to the general population with the purpose of preventing occurrences, therefore Yukon’s immunization program is a primary prevention strategy. A list of publicly funded vaccines to infants, adolescents, adults and high-risk individuals due to medical conditions was circulated.

Many methods are utilized to educate general public regarding immunizations such as, pamphlets/brochures locally developed and from Canadian Pediatric Society, media – radio, newspaper, letters to individuals, one-to-one counseling, presentations to public, health care providers, sharing information with health care providers, etc.

The Territorial Advisory Committee on Immunization plays a role in monitoring immunization rates, review policies, protocols, best practices, new products, evaluate programs, and provide advice to the Department on issues addressed in national, cross-

jurisdictional forums on immunization. It also provides recommendations on cost/benefit analysis, target population and rationale.

Colleen went over numerous charts on existing numbers of cases in various diseases, e.g., HIV, Hep C, gonorrhea, Chlamydia, etc.

SATURDAY, MARCH 17

REVIEW/DISCUSSION OF DRAFT MINUTES:

MOTION: Moved by Iris Cormier, seconded by Max Rispin to accept and approve Minutes of September 2006 as internal working document, in principle, for the Council. The Chair and Secretariat will work together and review the document to make it clearer.

MOTION: Moved by Jane McIntyre, seconded by Phil Dyke to adopt Minutes from December 2006 meeting as presented.

DEPARTMENT OF JUSTICE : UPDATES:

[Bob Riches, ADM, Community Justice and Public Safety]

[Joanne Lewis, Policy Analyst – Corrections Review]

Correctional Re-development : Following introduction with Mr. Riches, Joanne Lewis provided a brief review of the consultations process starting from the preparation in November 2004.

Vision is to become the best correctional system in Canada based on a commitment to work collaboratively with First Nations and with service providers to achieve two goals: a) implement the Corrections Action Plan in order to substantially improve the quality of correctional programs offered to victims, offenders and community members; and, b) fundamentally change the operation of the correctional system so that the Department of Justice, First Nations and other service providers are better able to deliver high quality correctional programs.

Correctional Redevelopment implementation process is continuing with a focus on: a) client centered services; and, b) center that supports clients and staff. This is a fundamental change in correctional center. This will require re-writing of *Corrections Act* as the existing one was written in 1960s, as well as organizational structural change to support the goals and the new Act.

This is an opportunity to promote healing, client centered services, education, flexibility in rehabilitation and accountability – a paradigm shift with public safety being at the crux of it all and paramount. As well as build relationships with First Nations, NGOs, other Departments and numerous related groups/organizations.

In a collaborative service environment, individual plans will be developed for persons wishing to make a change. Community, First Nations and elders will also be consulted regarding tailoring to suit individual plans.

Riches noted these are ambitious goals, lots to be done, rebuilding what we have, a lot of uncertainty, numerous questions, massive change and most difficult part is a need for successful transition from old to new and to achieve all this to work with each individual to enhance competencies to run a modern facility.

Recidivism is not the only measurement as there are lots of ways to measure through victims, staff, client, financial sustainability, sustained programs, etc. A world-wide research will be carried to find best practices in measuring success, assessing and managing risk. These tools will be validated by the First Nations.

Whitehorse Community Wellness Court: This is a ‘therapeutic’ court which will provide court ordered help and supervision to offenders who have FASD, an addiction, a mental health problem or some combination of all three. Such courts have been successfully operating in US for over 20 years and provide offenders help as opposed to just jailing them.

In order to appear before this court, offender has to consent which can be withdrawn by the offender any time. Offender is assigned to a Primary Case Manager (PCM) who assesses, with specialized instrument, the treatment needs. The treatment plan is developed which is shared with the offender and presented to the Court for approval. This process is still in development and aiming to start soon.

Evaluation framework is also need to be developed and will look at things like length of time between offences, changes in offences, whether the relapse management plan worked, etc.

Federal government has provided three-year funding (\$200,000) for this and so has come a contribution from YTG (\$408,383).

Once established in Whitehorse, consideration and ways to replicate such courts/plans in the communities will also be looked at.

COUNCIL BUSINESS:

Discussion of Presentations:

Second Opinion Society – ran out of time hence missed Canadian Mental Health Association so Council wishes hear what SOS intends to accomplish in next 10 years and discuss its relationship with Mental Health Services. Invite Brian to Council’s next meeting. Overall good information is provided on Second Opinion Society.

Department of H&SS Updates – accepted presentations from Jeannette, Karen and Brian as information. Found YESAA process interesting and good.

Family & Children's Services: Permanent custody is an issue with the First Nations and Council looks forward to a positive and collaborative resolution in the new legislation.

Communicable Disease: well prepared presentation with many interesting facts. Lowered influenza immunization numbers over the years raised a question of accessibility to these immunizations.

Department of Justice Presentation: Rehabilitation of individuals and the system is impressive and exciting. Well prepared and excellently delivered presentation. Council is interested in collaboration of services.

2007-2009 Action Plan : draft Action Plan was discussed and it was noted that the numbers on the list do not indicate priority. A process for how to achieve these goals was discussed.

Idea of a press release following a meeting was also considered as a tool to educate Yukoners and to let them know what Council discussed.

Motion moved by Penny Ferbey, seconded by David Ravensdale to accept 2007-2009 Action Plan with proposed amendments.

Forum Planning: Due to general election, this was put on hold. Members asked that the Co-chairs discuss this with the Minister again.

Following items were postponed to meeting in June:

- Review of Terms of Reference
- Review of Operating Procedures
- Conflict of Interest Policy for the Council

Terms expiring in 2007: Chair advised on terms that are expiring and asked to let the Secretariat know if any of those individuals are willing to be reappointed.

Proposed agenda items for the next meeting:

1. Housing for Seniors
2. Collaborative Medical Practice
3. Second Opinion Society/Canadian Mental Health Association
4. Environment at the College – Colleen to arrange
5. S.A. & Nova Scotia Model – employment – Regulation Review
6. RCMP – SCAN Legislation/role in safer community – follow-up
7. Education Act Review
8. Drug Addicts – other side – David Ravensdale to arrange

9. Communication Strategy/Strategy for the Council to deal with presentations in various areas of Action Plan

Meeting adjourned