High Level Taskforce on Mental Health and Addiction Challenges of persons interacting with the Criminal Justice System

Subgroup 1: Diversion

Meeting Tuesday 1st March 2022 2.30pm-3.30pm

Attendees:

- Chair – Chief Superintendent Gerard Roche, An Garda Síochána
- Dr Eamon Keenan, National Clinical Lead-Addiction Services, HSE
- Inspector Andrew Lacey, An Garda Síochána
- Eoin Ryan, Regional Manager with responsibility for prisons regions, Probation Service
- Michael Murchan, Assistant Principal Officer, Department of Health
- Deirdre O'Flaherty, Administrative Officer, Department of Health
- Brendan Sheehy, Assistant Principal Officer, Community Safety Policy, Dept. of Justice
- Enda Kelly, National Nurse Manager, Irish Prison Service
- Secretariat – John Dunphy, Oonagh Ffrench and Kerrie Keegan, Dept. of Justice, Penal and Policing Policy

Apologies:

- Seamus Hempenstall, Principal officer, Department of Health
- Tony O'Donovan; Dept. of Children, Equality, Disability, Integration and Youth, Principal Officer, Child Welfare Advisor, Children Detention Unit

Agenda:

1. Minutes of last meeting 08.02.22
2. Update on Final report
3. Confirmation from all subgroup members that they have no further inputs/submissions
4. Short Briefing relating to the collaborative work with the PSNI and in particular the role of vulnerability navigators that aid the police diversionary practices
5. Agree a schedule for the roundtable discussion on 9th March in the Garda College
6. AOB

1. Minutes of last meeting

1.1. The Chair opened the meeting and welcomed everyone, thanking everyone for their continued work

1.2. Minutes of 08.02.22 to be amended and re-circulated. Point 2.1. – include not a civil sanction and take out reference to Portugal model

2. Update on Final Report

2.1. There is not a lot of change to the final report since the last time the Group was convened. There has been a lot of work completed on the joint proposal for CAST project. A number of submissions have been received that are to be included in the Final report but there will still be a lot of work to be completed in Templemore

2.2. The Chair requested that people continue to submit recommendations and the report will be re-circulated with updated submissions on the Adult Caution Scheme and the diversion link with D/Health. Chair stated that it is important that everyone contributes before the meeting in Templemore

2.3. The Chair thanked Seamus and Michael for their contributions to the report. These are aligned to Sharing the Vision and to the updated submissions on Mental Health Act, including Section 8, Section 9 and the topic of consent. Also included in the submissions are dual diagnosis, diversion, primary care and homelessness. Observations have been updated to include approved centres which may not have the skill set or resources to help manage this special cohort of people. There could also be compliance issues for the use of approved centres for treatment. Also included in the submissions is the area ICRUs and the target is to have 2-3 ICRUs set up regionally alongside the creation of low therapeutic service units

2.4. The Chair advised that there does need to be some consideration to the commitment to resourcing. The work of HLTF will reinforce the prioritisation of the actions included in Sharing the Vision. D/Health advised that they are seeking a small number of cost neutral or limited spend recommendations that can be implementable

2.5. The Group agreed that recommendations need to be agreed and finalised at meeting in Templemore and will need to include short term, medium term and long term goals. D/Health undertook to provide more input and will look to refine more of the text in the interim

2.6. It was discussed that the TOR for Subgroup 1 outlines that it is not to consider resourcing and the focus needs to be around outlining best practice. Resourcing is a separate issue and it is important that the Group try not to get controlled by it. Diversion will have resourcing implications but this can be trialled on a pilot basis. The Group need to put forward what will work in best practice for the pilot programme while also advising that there will be cost implementations. The recommendations will need pragmatic solutions but also some aspirational models

2.7. It was raised that currently AGS cannot make a referral to primary care, addiction services and the majority of community services. It was suggested that this will need to be included in the recommendations and on how best to connect this referral into health services. HSE have flagged that in their observations

2.8. It was noted that while resourcing and financial costs were not included within the terms of reference of the HLTF it makes sense from a practical and tactical perspective to provide indications for same where possible. It is important as this will enable identifying of and influencing for bigger areas which need higher levels of resourcing in the future. It was noted that the question of resources was yet to be determined and would be subject to future Government decisions

2.9. It was said that the High Level Implementation Plan will have to assign responsibility and timelines for implementation but only at a high level. The fine details of and specifics of implementation will be the responsibility of those whom the HL implementation plan identifies as implementers.

2.10. The Group identified that the Adult Caution Scheme can divert away from the Courts but there is action needed for post Court services. The D/ Health is working on a Drug Diversion Scheme but, as with a diversion scheme for mental health issues, there is concern that AGS are limited in their powers to compel.

2.11. With regard to data sharing, there is a concern regarding the lack of sharing between AGS, HSE, Health and Justice. It was said that there were similar issues facing the diversion scheme in respect of personal possession of cannabis. It was suggested to include a recommendation on addressing this communication/data protection issue in the High Level Implementation Plan which does not duplicate work that is already under way for other schemes

3. **Confirmation from all subgroup members that they have no further inputs/submissions**

3.1 Members agreed to review submissions and draft report and to send on any additions/observations as soon as possible with a view to discussing and finalising at meeting of 9th March

4. Short Briefing relating to the collaborative work with the PSNI and in particular the role of vulnerability navigators that aid the police diversionary practices

4.1. Briefing material was shared with the Subgroup that outlined the creation of a PSNI hub in Derry/ Strabane which has identified appropriate Agencies to give the necessary support to service users in the community

4.2. There are currently 40 people in the hub, but this figure had reached up to 50 people at one stage. These individuals have been arrested or are referrals to the Service. Referrals are made on consent which circumnavigates the GDPR issue. NI Police Officers can make referrals to this system

4.3. The hub uses a flag system and operates on a tier system. Tier 2 has ties into the work of SG1 using vulnerability navigators. Tier 3 is the engagement with services available. A plan is created for each individual

4.4. Staff also have been well trained with a specialised skillset

4.5. The hub has been in operation for six years with 18 people using the service in year 1 which related to a 79% reduction in calls by those people. Overall, there have been 54% less calls related to people who have been identified as main users of the hub. The users are subject to a six month post supervision plan once leaving the services of the hub

4.6. The hub also screens people to identify vulnerability navigators which focus on trauma. This is a combined agency effort and the Chair is completely independent. The hub is really trying to avoid people coming into contact with NI Police service

4.7. People are referred to the hub based on capacity in the system and using a scoring system. The hub focuses a lot on cases impacting the system the most –e.g. police call outs, A&E visits, detention in police cells

4.8. The Subgroup agreed that there is a need to put some cap to manage numbers. With the vulnerability navigator, people may not need access to the hub, they may just need to get referred to appropriate services

4.9. In relation to JARC and Y-JARC the programme begins once the offending starts. This Diversion Scheme goes a step back before serious offences are committed

4.10. There will need to be contact with SG3 regarding the creation of hubs as it will be important for D/Health and D/Justice to work together on this model. It was said that there may be synergies between the proposed CAST hub model and the proposed Community Care Networks that have been discussed in SG3.

4.11. It was noted that the Derry/Strabane hub operated on the basis of consent. This addresses some issues regarding data protection and importantly demonstrates that even when it is not possible to force people to attend treatment the hub or CIT/CAST model can still work.

4.12. AGS said that the CIT/CAST model will not fully resolve the issues relating to Section 12, as there may still be emergency presentations to AGS requiring immediate action, but it will still be very beneficial

4.13. The hub is about getting access to services and to the correct levels of care and will allow people to get help. It also promotes a more integrated care system and will reduce AGS time spent in Courts dealing with mental health issues and can help to push recidivism levels down

4.14. The use of digital technology was raised to try and get best fit that works however it was agreed that a lot of service users want face to face help

5. **<u>Agree a schedule for the roundtable discussion on 9th March in the Garda College</u>**

5.1. Chair stated that it is important that the discussions at the meeting are the best use of time and asked that if anyone has any suggestions for the day to please send on

5.2. AGS will be there for a 10am start with the Minister and then the Group meeting will commence at 11am/11.15am