

**High Level Taskforce on Mental health and Addiction Challenges of Persons
interacting with the Criminal Justice System**

Subgroup 1: Diversion

Meeting by video conference

Thursday 16th September 2021

11am – 12.30pm

Attendees:

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

Apologies:

- Michael Murchan, Assistant 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. Welcome from Chair and approval of minutes of meeting 02/09/21
2. Diversion Flowchart -Mental Health Intervention with community/voluntary agency
3. Interim report and amended Process Map
4. Actions from the last meeting of 02/09/21
5. Road map towards a final submission
6. AOB

1. **Welcome from the Chair**

1.1 The Chair opens the meeting and welcomes everyone

1.2 The meeting's previous minutes are approved without any changes

2. **Diversion Flowchart**

- 2.1 An overview of the flowchart was presented with various stages mapped out. It has been drafted to be a reflection of a Mental Health Intervention with a Community/Voluntary agency
 - 2.2 It was raised by the Group the terminology would need to be examined in terms of calling it a Mental Health Caution as this could be perceived as a retro grade step
 - 2.3 It is noted that if there is a previous conviction, the file is forwarded to the DPP to review
 - 2.4 The DPP have strongly advised that a caution cannot be conditional and AGS should not be included post referral
 - 2.5 There is consensus within the Group that the review stage can be taken out and different volunteer and community groups would be on an approved list
 - 2.6 It was suggested to add an additional generic line regarding each Division to identify volunteer and community groups
 - 2.7 It is important to ensure that there is alignment between diversion programmes within both D/Health and AGS especially with regards to personal drug possession
 - 2.8 It is also agreed that there is a consideration for possible legislation for a formal caution. DPP do not see a requirement change for legislation
 - 2.9 The current IT structure would need to be examined with regards to making a referral
 - 2.10 There are no changes to the flowchart with regards to the DPP. If the referral is not followed through and a person comes to the attention of AGS again, AGS can advise that there has been no follow through previously
 - 2.11 It was raised that the sharing of information could be problematic but it could be captured under privileged information
 - 2.12 With regards to the timescale, AGS have advised a report could take a number of weeks but a decision would be on a short time frame
 - 2.13 It was noted by the Group that Community Safety are currently working on legislation that includes data sharing
 - 2.14 Communication issues do need to be worked out between D/Health & HSE under GDPR and Data Protection
 - 2.15 It was raised that in the process map it would be necessary to include community hubs
 - 2.16 It was raised regarding current capacity at Community and Voluntary Group and whether there would be funding required.
3. **Interim Report & Road Map**
 - 3.1 If anyone has any proposed changes on interim report to email Secretariat within the next week
4. **AOB**
 - 4.1 It was raised that extra training might be required for AGS and this was noted by the Group

Actions:

- Secretariat will issue placeholders for SG1 meetings every 3rd Thursday

APPROVED