



VANCOUVER ISLAND REGION RESTORATIVE JUSTICE ASSOCIATION

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Note new
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AGENDA

Monday, June 20, 2016

10 AM – 3 PM

John Howard Society Offices – 1585 Bowen Road, Nanaimo

1. Programme Updates- Reps that are attending provide an overview of what's up
2. Educational Session:
Follow-Up Report to Larry Winter's RJ, Mental Disorders and the Criminal Justice System presented to VIRRJA AGM, October, 2014
(This report, and the initial report from 2014, are included in this agenda package) Attached
3. Business Session
 - 3.1 Call to Order
 - 3.2 Minutes of Meeting April 18, 2016 Attached
 - 3.3 Membership Report - Gail Jewsbury To Come
 - 3.4 Financial Report - Gail Jewsbury To Come
 - 3.5 Proposed Constitutional Amendment on Board Elections Attached
 - 3.6 Nominations Slate for AGM Candidates
 - 3.7 Update on AGM & Plans for Speakers/Theme for Fall Conference Discussion
4. Adjournment

Upcoming Meeting Dates

Saturday, October 22, 2016
Comox – Courtenay

VIRRJA Annual General Meeting & Conference
Mark Isfeld Secondary School

Restorative Justice

Mental Disorders

and the

Criminal Justice System

Larry S. Winter

Comox Valley Community Justice Centre
Courtenay, British Columbia
25 September 2014 cjc@shawbiz.ca

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INTRODUCTION

Can restorative justice play a larger role in the justice system by having persons with mental disabilities diverted from the criminal court system? Given the right conditions the answer is yes. It is trending at the Comox Valley Community Justice Center (CJC) that persons with mental disabilities are more successful in completing their Resolution Agreements than with persons without mental disabilities.

This conclusion is based on the result of several unrelated circumstances which started in Jun 2013. A staff member became aware of the amount of students with mental disabilities that were enrolled in the school district and the statistics in this area. The school age respondents referred to our Community Justice Centre (CJC) did not reflect the percentage listed in the school district and in fact ours were nearly non-existent. In July 2013 the Case Coordinators were then asked to alter our practice in the pre-conferences (initial interviews), to seek self disclosure of a mental disability from the respondents and complainants and if that may affect their participation in the restorative justice process.

From the previous rarity, this self disclosure immediately spiked, and became a constant, at 24% of our case load from July 2013 to July 2014. Changes were made to our approach, the use of resources from intake to the conclusion of the file and engaging agencies already involved with the respondent, or in some cases, the complainant. Surprisingly, the process of our resolution conferences remained unaltered. The most fortunate coincidence is that we had the professional resources within our volunteer base and among our relationships and contacts with the mental health sector to meet the needs of all.

Another coincidence was the release of the Mental Health Commission of Canada's June 2014 report - TEMPO: Police Interactions together with the recommendations of the Conference of the Canadian Association of Police Chiefs and the Canadian Forces Military Police Group 24-27 August 2014. Of particular interest were the statements of both reports in that the mentally ill do not belong in the criminal justice system as this was a mental health issue. In the response by Federal Public Safety Minister Steven Blaney, he replied in part that "The judicial system cannot be used to solve mental health issues. Health care is the explicit jurisdiction of provinces. We'll look to our provincial partners to provide the necessary intervention and assistance for the mentally ill before they encounter the criminal justice system."

In light of these changes in our case files, future changes in approach by police and Federal Mental Health every file at the CJC from July 2013 to July 2014 was reviewed to determine the impact of our framework and approach in to persons with mental health issues. Also included are observations and recommendations. This forms the content of the following report. Its aim is to inform our stakeholders of the capability/possibilities of restorative justice as being a part of the solution. It also may be of interest to the Ministries of Justice, Health, Children & Family Development and Education. Members of these ministries were a part of our development, process/successes in regards to our clients with mental health issues.

CASE FILE ANALYSIS

Of all the case files (83), between Jul 13 and Jul 14, twenty involved respondents with mental health issues. These were broken down into age, offence, involvement with alcohol/drugs and a brief synopsis. There was no evidence suggesting a specific mental disorder, gender, socio-economic, race, etc that could be noted as an indicator. Age was; the vast majority being between the ages of 14 - 16.

File #	Age	Offence	Mental Disorder	Drugs	Alcohol
1.	14	Theft-Under	ADHD	No	No
Has an open MCFD file but there is no client or mother cooperation? She has seizures, warped reality and cuts herself. The school councilor attended the Resolution Conference, was a key player in the terms of the Resolution Agreement, were do-able, would be done at the school and the councilor would be the supervisor. A very successful file considering the many barriers. The mother was very cooperative and supportive throughout.					
2.	14	Theft-Under	FAS	No	No
Was in foster care at the time of the incident. Friends knew of her disability and used that to get her to shop-lift. Successful.					
3.	14	Theft of	FAS	No	No
Credit Card Very challenged. Aunt is the foster mother and also the complainant. The file was assigned exclusively to one of our 5 case coordinators to take this file from then on until conclusion. (This is done in files where continuity or a constant relationship is required with the complainant and/or the respondent and their supporters.) The case coordinator was familiar with FAS and was also the Facilitator. This kept the continuity of a familiar face and contributed to the respondent's participation in the Resolution Conference. Successful.					

File #	Age	Offence	Mental Disorder	Drugs	Alcohol
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4.	15	Theft -Under Severe depression Anxiety and Impulse Control	ADD	No	No
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Under the care of MCFD. She was very non-verbal. The file was an exclusive for the case coordinator who was familiar with ADD and was also the Facilitator. At the Resolution Conference her mother was shocked that her daughter verbally participated with strangers. This file was closed 7 months later as successful due to ongoing follow-up by and the interaction between the respondent and case coordinator.

5.	16	Theft-Under x 3	ADHD Compulsiveness Anxiety Anger issues	No	Freq
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Also has a separate charge of assault in the lower mainland. He is a local MCFD client and we are working in partnership with them. MCFD was present at the Pre-conference and at the scheduled Resolution Conference. The mother failed to appear at the Resolution Conference with her son and the file was closed as unsuccessful as she offered no excuse.

6.	16	Theft-Under	Tourette's	No	No
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Has been under professional care for years. He has shoplifted several times without being caught. The arrest required the combined force of 3 people and the use of restraints. Successful.

7.	16	Theft-Under x 2	Behavioral Disorders	Yes	U/K
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Frequent runaway, compulsive liar. Suspected of several neighborhood break-ins. Suspended from school due to possession of marijuana. Successful

8.	16	Break & Enter	ADHD	U/K	U/K
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Also involved in threats, theft, cutting and fascinated by weapons. Is a MCFD client but is totally non-compliant. Could not be located by this office or police at this writing. Unsuccessful.

9.	16	Mischief Undiagnosed disorder	FAS-E	No	No
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Aboriginal adopted from within and due to early death of adopting mother has been raised from early childhood by adopted father. Extended family very close. Suspended from school for non-disciplinary reasons. The inclusion of an elder was a definite asset at the Resolution Conference. Successful.

File #	Age	Offence	Mental Disorder	Drugs	Alcohol
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10.	16	Arson	Autism Spectrum	No	No x 3
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Three separate arsons on school property while school was in session. Little property damage. The school and Fire Department were put together as 2 separate complainants. A Fire Starters Course was part of the Resolution Agreement. Successful.

11.	17	Theft-Under	Behavior Disorder	No	No
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Anger Issues

Was severely bullied at school. Moved to his grandmother's home down Island. Resolution Agreement sent to and was supervised by that areas John Howard office for completion. Successful.

12.	29	Theft-Under	Severe Depression	No	No
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Her depression was debilitating, was substantiated, and requested counseling as part of the Resolution Agreement. It was arranged by a case coordinator. Successful.

13.	29	Mischief	ADD	No	Severe
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Frequent blackouts, incarceration and trips to the emergency ward over an extended period of time. The RCMP was the complainant as the respondent put a scratch on some paint in the cell block. The referral was sent to our office in a last ditch attempt to intervene as they had exhausted their resources. They supplied a staff member to be the complainant and attend the Resolution Conference. His mother was very supportive but very realistic about the situation. Due to the mental health and addiction issues the file was exclusive to one case coordinator and also was the Facilitator. It was deemed too much of a challenge by his support worker to have a Resolution Agreement and it would set him up to fail. With the combined effort of the Resolution Conference attendees he agreed to voluntarily enter the VIHA Mental Health and Addictions Course to be arranged by the case coordinator and VIHA and confidentiality waiver was signed so his progress could be monitored by the case coordinator. In the ensuing 6 months in that program he was also placed under the care of a psychiatrist and at the closing of the file he had been placed on the Supportive Housing list. Successful.

14.	29	Theft-Under	PTSD	No	No
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Eating Disorder

Was attending weekly therapy sessions at the time of the theft. Her councilors concern was that her issues may interfere with a resolution agreement. The time line was monitored and extended until the agreement was completed. Successful.

15.	30	Public Mischief	Cognitive Disorders Reading	No	No
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		Theft x2	Writing Speech		
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This was a series of misguided decisions that lacked any thought processes. "It was a good idea at the time." The businesses asked that we appoint one of our business representatives as the complainants. He was employed and was able to reimburse the business complainants via a payment schedule monitored by the CJC and dropped into the office frequently to keep the case coordinator updated on his payments. He is on a Para-Olympic team. He is now receiving counseling as he realized his behavior needed addressing.

On-going.

16.	38	Theft-Under	Anxiety Disorder	No	No
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At the time of the incident she was on medication. This medication affected her perceptions, induced physical reactions such as fight-or-flight when she perceives she is being threatened (which both happened at the time of apprehension). She has had her doctor change her medication. She required many "time-outs" during the Resolution Conference. Successful.

17.	48	Theft-Under	Mentally Delayed	No	No
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Lives with father in sub-standard housing. Father was very obese and had mobility and health issues as a result. The home environment was quite impoverished and the father and son spent a great deal of time modeling TV watching and video game behaviors. Adjustments were made such as visits to the home to get the son re-connected with the neighbors and to keep the son focused on the objective of the resolution agreement (which was geared to social interaction and its benefits). Successful.

18.	50	Theft-Under	Depression	No	No
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Under the care of VIHA Mental Health. Kept worker abreast of issues. Respondent was hospitalized and was unable to engage for periods of time. Respondent was willing to resolve the issue but had to be capable. The file was extended and now a Resolution Conference has been scheduled.

19.	56	Fraud x 3	Depression Anxiety	Severe	No
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Addicted to oxycotan. Under psychiatric care. As complainant was aware of these circumstances it was agreed to closely monitor the agreements progress as to give

latitude and space to complete the Resolution Agreement without interfering with treatment(s). Successful.

20. 74 Theft-Under Dementia No No

Did not complete Resolution Agreement. Mental Health stated that success is an unreasonable expectation regarding persons with dementia or Alzheimers.

OBSERVATIONS

1. The immediate spike in respondents with mental health issues cannot be considered an anomaly. The appropriate questions were not being asked.
2. When mental health questions were made part of the Pre-conferences the approach to and tone of the file changed. Supporters were very concerned about the abilities of the respondent in the restorative justice system. They were very hesitant to or didn't want to introduce a mental disability at Pre-conferences but were relieved when we did.
3. Respondents and their Pre-conference supporters were not adverse to having their professional service providers present at a Resolution Conference when they were made aware of this option which is where we gained consent.
4. At the Resolution Conferences the introduction of a mental disorder was left to self-disclosure by the respondent/supporter(s) and to date has always entered this way. The approach and tone also changed at this juncture by the complainants. They became more focused on tailoring the Resolution Agreement to enhance its "do-ability" and the disclosure led to the answers of many other questions by complainants about the respondent. Professional supporters were pivotal at this point and were invaluable in supplying options for consideration by the Complainant and the Respondent in fashioning the Agreement. The professional supporters were not there only for the Respondent but also as a resource for everyone.
5. The process of the Resolution Conferences remained the same except for its volunteer composition. Facilitators and Panel Members were selected on the basis of their (often professional) knowledge of mental disabilities. When this became evident to the respondents(s) and supporter(s) their comfort level, communication and participation increased.
6. The working relationships with our district educators had already been established over the years so the addition of participating in mental health issues was seamless.

7. MCFD was not aware of, and commented upon, the CJC's depth and resources within the communities of the regional district. They saw value for them in being involved in the restorative justice process. At present there is no formal/informal working relationship and every client is a "one-off" due to a lack of established protocols.
8. VIHA Mental Health and Addictions will only provide information if their client(s) or person(s) that become their client(s) referred to by CJC sign a Release of Personal Information, which we do. To date they have not felt the necessity of being present at the CJC but their successes with our referrals to their agency has been extremely gratifying to all stakeholders.
9. As can be already realized with the Ministries dealt with to date there are no guidelines/protocols for their field offices to refer to in regards to restorative justice matters.
10. Over the last year the success rate outpaces the mainstream of our referrals.
11. In this past year (but also previously) the CJC has not had a complainant with a mental disability. By observing the effect this proactive inclusion of mental disorders and professional supporters into the process there also should be a positive effect on complainants.

RECOMMENDATIONS

VIRRJA Members

1. All members of the Vancouver Island Region Restorative Justice Association (VIRRJA) review this submission and evaluate their approach and community resources in regards to Mental Health issues and restorative justice.
2. VIRRJA members liaise with the mental health community, educators and human service providers in their areas so they may better serve respondents/complainants that have a mental disorder.
3. To inform police and Crown of your ability to process person(s) with mental disabilities with the aim of diverting them, when appropriate, from the criminal justice system.
4. VIRRJA members critique this submission to the Executive of VIRRJA and the author.

5. Liaise with VIRRJA members that have interest or will be adjusting to this model of Pre-conferences/Resolution Conferences to exchange ideas/problem areas.

VIRRJA Executive

6. A blanket approach by VIRRJA is required to address mental disorders as being a function of restorative justice.

7. Lobby Ministries that are mentioned, and particular to your organization, to provide guidelines/protocols that would apply to their Ministry staff in regards to restorative justice agencies throughout the province.

8. Formally approach the Justice Ministry as to the ramifications of identifying respondents with mental health issues and violence/attitude upon arrest being referred from agencies (other than police) and having that information included in our last report to police if that referral has a police file number. Having that information placed on the police data base so that information is available to street level law enforcement would assist these officers so they may modify their approach to the file (thus assisting in the TEMPO initiative).

CONCLUSION

Without making adjustments can we safely state that persons with mental disabilities are receiving the best the restorative justice system has to offer? Are they receiving proper community/social justice? Are we being fair to these respondents and complainants, their families and the community at large?

With what little that can be researched in this area it is definitely trending towards the fact that restorative justice does include many more persons with mental disabilities than realized and they have been overlooked. It has been there throughout, at times was a factor, but was not included as a matter of course. With the inclusion of Ministries at the local level it has been shown that those Ministries have greatly contributed to more positive outcomes. This needs to be cultivated. It is realized that not all VIRRJA members have many professional resources available in their respective communities but this does not mean that it cannot be included.

The way in which we interact with these Ministries needs definition beyond the local level. Ministers must be made aware of the role their Ministry staff can contribute to keeping persons with mental health issues out of criminal court. By promoting diversion to the restorative justice world guidelines and protocols, top-down, are required by these Ministries. This also applies to police and the Crown.

A blanket approach by VIRRJA as an association and the members at large is required to address mental disorders as being a natural part of, and a function of,

restorative justice. It appears to date that the real possibility of over twenty percent of VIRRJA referrals will not be served to the best of our combined ability without collective collaboration.

Can Restorative Justice play a larger role? Yes. The conditions are favorable.

ABOUT THE AUTHOR

He was a career police officer retiring at middle management. He is certified as an Addictions Support Worker (VIHA), a Mediator/Negotiator (VIU/BC Justice Institute), B.C. Educational Assistant (North Island College) and has been a 14 year volunteer as a Case Coordinator, and of late as a Facilitator, at the Comox Valley Community Justice Centre.

Restorative Justice

Mental Disorders

and the

Criminal Justice System

UPDATE 2016

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14 March 2016
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INTRODUCTION

This updated paper should be read after the initial document dated 24 September 2014. It can be found on URL (PDF) RJ, Mental Disorders and the Criminal Justice System - Restorative Justice in British Columbia or www.rjbc.ca/uploads/2015/03/RJ-

The purpose of this follow-up study is two fold:

- (1) to ascertain if the initial research remains valid, and
- (2) to determine if there are any changes, trends and any other facts or issues that have subsequently emerged pertinent to this subject.

The first paper posed the question: "Can Restorative Justice play a larger role in the justice system by having persons with mental disabilities diverted from the criminal justice system?" It was found that by asking this question for every referral, "Do you have any mental or physical disabilities that may affect your ability to proceed through the Restorative Justice process?" our case load in this area went from unknown to 24%.

The success rate of these files bettered the rate of our remaining caseload. Our process required little adjustment. Another result was the substantially enhanced participation of other agencies, especially if they already had an open file on the subject. Also, the expertise they supplied and the resources they brought to the table was invaluable, inclusive and resulted in a superior Resolution Agreement.

The files from the first study (which also included severe drug/alcohol abuse) covered a twelve month period from July 2013 to July 2014. This updated study also covers a 12 month period (including severe drug/alcohol abuse) with a space of 6 months in between. Note: We have found through experience that severe drug/alcohol abuse parallels the problems/solutions of those with mental disabilities

Following is the synopsis of these newer case files.

SYNOPSIS JAN - DEC 2015 - (All 56 files reviewed in a 12 month period - 17 involving mental disorders and severe drug and alcohol abuse.

1. 12 YOA. Theft Under - Commercial - FAS, Non-Verbal - In partnership the the school counsellor community service hours were arranged at a church so the respondent could be safe and supervised.

2. 13 YOA, Theft Under - Credit Card x 2 (\$4,000 and \$750 - family), ADHD.

Mental difficulties for years. Psychiatrist at 10 YOA. Physically violent. Under medication. Parent/Teen mediator for past 3 years (unsuccessful) and was the supporter at the Resolution Conference. Back and forth with estranged parents. MCFD client. The Resolution Conference was halted when it was found that he stole his father's girlfriends credit card a few days previous, was just suspended from school for a drug related issue and took his 9 year old step-brother to a house where drugs were being used. He was found there by police. All participants felt that RJ was a waste of time. On the suggestion of the Parent/Teen mediator the Resolution Conference was reconvened and had everyone convey the harm that was done to them and for the reasons they no longer were to participate in the RJ process. As a result MCFD was briefed and it was voluntarily arranged to have foster care placement. (Unsuccessful)

3. 14 YOA, Theft Under - Commercial, Spectrum Disorder (prevalent throughout the family). Grandmother has custody. Is in alternate schooling. No physical touching or eye contact. Difficulty with relationships. The school arranged for community service hours to be done at the school.

4. 16 YOA, Mischief (Under \$5,000), PTSD. At the time of the incident was undergoing an unstable medication change and was suicidal. Sent to Leger House in Victoria for own protection. Mother/father estranged. In the RJ process he moved to another city to live with his mother. Mother was not amiable to RJ and was very protective.. After much conversation with the mother and the case coordinator, who was also the facilitator, it was agreed that she may be able to use some of our resources. The Resolution Conference was rocky at best with the client off meds and the complainants unable to comprehend/grasp the mental disorder and how it manifests itself, however, an agreement was reached. The file was passed to a former CJC volunteer now involved in RJ in the other city who was versed in mental disorders and was working at John Howard. It took 11 months to complete. During that time it was found that the client had massive anger issues, a large learning disability and dyslexia. The assigned worker stayed and worked well with the mother/son throughout the agreement and all other issues. The boy is now stable, back in an alternative school and engaged in life. This file involved a Restorative Justice Case Coordinator/Facilitator (same person), a Youth Care Program Worker and the previous school counsellor, all at this location. The RJ, John Howard and the new school staff at the new city completed the team.

5. 16 YOA, Theft Under - Commercial, Non-Verbal. A Facilitator was chosen who

was at ease with the circumstances.

6. 16 YOA, Theft Under - Commercial, Drugs/Alcohol, ADHD (Learning Disability, Short Term Memory). Very dysfunctional family. Resolution conference cancelled at that time, however, was re-opened a month later as the client's situation(s) had stabilized as he was now not living at home.

7. 16 YOA, Theft Under - Commercial, 3 suicidal episodes, under diagnosis by a psychiatrist and under the care of 2 specialists. Mother was very overbearing and had a very negative effect on the client, especially at the Pre-Conference initially. The respondent communicated very well when the mother was "sidelined" by the case coordinator (who was to be the facilitator). Soon after was another suicidal episode. The diagnosis was Personality Disorder and Impulse Control. After becoming stable she stated to the facilitator that she was ready to proceed, looked forward to doing her community service hours (which she alone was able to chose). This file took 11 months to complete, much to the satisfaction and happiness of the respondent and surprise of the mother. (They are closer now.)

8. 17 YOA, Theft Under - Commercial, Ongoing bordering severe alcohol abuse (female). Supportive blended family (especially step-mother). A wake-up call for all. Alcohol abuse was effectively addressed and as an addition she volunteered, and did attend, an alcohol awareness program.

9. 17 YOA, Theft Under, from a Bait Car, Alcohol, RCMP was the complainant. The respondent, and parents, became very worried (at the Resolution Conference) when the constable outlined how her constant alcohol abuse, for females, would historically play out. In her apology letter, published in the local newspapers she also included (her idea) on how her alcohol abuse has affected her life.

10. 18 YOA, Theft Under, from family, Severe Anger Issues. Father overdosed and died, mother left, aunt has custody. Is cited as a pathological liar but made it through when the facilitator eased him out of the lies. He stated that the Resolution Conference made him take a look at himself. He now resides out of town with his grandmother and is much happier and settled (says his grandmother).

11. 18 YOA, Theft Under, Credit Card, family. Clinical Depression. The school councillor was the supporter and supervised the agreement.

12. 20 YOA, Theft Under - Commercial, Depression (loss of father), heavy substance abuse. Lives 150 kilometres away. Attended the Resolution Conference and the agreement was done by distance. It took 10 months to complete due to the fact she was focused on finishing her agreement but the agreement had to be managed around her treatment requirements.
13. 21 YOA, Theft Under - Commercial, Depression. Change of medications caused severe confusion. Substantiated.
14. 33 YOA, Theft Under - Commercial, Anxiety/Depression. Under medication. Was already in a group at Mental Health and they, with consent, were made aware of these happenings and included this in their treatment program. The agreement was completed and stayed with the Mental Health program.
15. 42 YOA, Theft Under - Commercial, Street Drugs/Alcohol. Completed his contract. Was also given the avenues of support systems he required and was assisted in entering the Health Authority's Drug and Alcohol Rehab program.
16. 49 YOA, Assault - Family Dispute. Drug addiction. Total family disfunction. It was very difficult to keep all involved. The facilitator was a professional family mediator and did succeed in a successful agreement.
17. 63 YOA, Theft Under - Commercial, OCD, Dementia (early onset), Major Depression (meds - Effexor). Facilitator arranged an appointment with Mental Health, did go through the program offered and completed his agreement.

OBSERVATIONS

Out of the entire 12 month caseload of 56 files there were 17 involving mental health and addiction issues - 38% vs the last study's 24%. There was only one file that was unsuccessful in this updated study. There was a 20% higher completion of contract rate than the 39 others (which matches the 2014 study).

Throughout these 2½ years there has been no need to change our process of RJ. However, consideration(s) concerning when to proceed with a Resolution Conference and extending the date of completion of Resolution Agreements (the two most frequent) are required to enable the respondent to address the mental health/addiction issues and the changing circumstances that this precipitates.

We have also dramatically extended the depths of our relationships with our mental health/addiction community resources and other youth front line workers in schools, ministries and agencies (with substantiated success) with the intention of adding more.

Complainants, especially Loss Prevention Officers, are most appreciative when they are, by self disclosure at the Resolution Conference, aware of a mental health/addiction issue. Their tone and attitude change towards the do-ability/fairness/flexibility in proposing options for the Resolution Agreement is pronounced. (As yet not one of the respondents has blamed their mental health/addiction as the primary reason for their behaviour.)

Ministries/agencies/schools are still included in the process when they have an open file on the respondent and frequently attend Resolution Conferences in a resource or supporter role for the respondent. This is only initiated with the prior consent of the respondent, regardless of age. Their inclusion gives them the ability to stay abreast of their clients that have been referred to RJ. It also adds a more purposeful/meaningful Resolution Agreement. In addition it fosters excellent working relationships and more resources to the CJC.

Our permanent volunteer staff (Admin and Case Coordinators, Facilitators, Community Panel Members and also Volunteers at large) now take these files as common happenings. Our volunteers who have a background, training or career in mental health and addictions are eager to be included in the Resolution Conferences.

The RCMP are referring more of these types of files to us as they see a more productive outcome than the courts can provide.

Persons with mental disorders, especially youth, are frustrated by being “talked over” and often resign themselves to “not being able to participate” in discussions that directly affect them. These respondents, at the Pre-Conferences are given absolute latitude to speak without interruption from anyone. They are directly consulted regarding any decisions and most importantly asked their opinion on everything. This process has resulted in the realization that these individuals can have a direct say and it empowers them to do so. Often, it has a noticeable impact on those who are non-verbal, lack eye contact, or appear to be unfocused, bringing many out of their shell. It appears that this also gives them a determination to participate in the Resolution Conferences and the will/determination/motivation to complete their agreements.

It may be interpreted by some that the success of an agreement is the only goal as some completions have taken close to a year. There is some truth to this. The global outcomes of these files bears witness to the change of the respondent's way of life (and often the family), inclusion of outside resources, and the positive overall impact that Restorative Justice can achieve on a person's life. This process takes time.

No formal in house training was required to achieve the above.

RECOMMENDATIONS

VIRRJA MEMBERS

1. All members of the Vancouver Island Region Restorative Justice Association (VIRRJA) review this, and the 2014 research paper, and evaluate their approach and community resources in regards to files containing mental health disorders and severe drug/alcohol abuse.
2. VIRRJA members liaise with the mental health/addictions community, educators and other human service providers in their areas so they may better serve persons with these issues.
3. To inform the Police and Crown (when) that you are able to process person(s) who have mental health/addiction issues, when deemed appropriate, from the criminal justice system to Restorative Justice.
4. VIRRJA members critique this submission to the executive of VIRRJA and the author.
5. Liaise with other RJ's that have this similar interest.

VIRRJA EXECUTIVE

6. Adopt a blanket approach by VIRRJA to promote mental disorders/addiction as being a function of restorative justice.
7. Lobby the appropriate Ministries/Agencies to provide guidelines/protocols that would apply to their staff in regards to RJ, mental disabilities and addictions.

NOTE: The 25 September 2014 research paper, and especially the recommendations contained therein, was specifically referenced and discussed in the presentation made by Mr Svend Robinson, the 2016 guest speaker at the Iona Campagnolo Annual Lecture on Restorative Justice.

CONCLUSION

It has been 2½ years since the question: “Do you have any mental or physical disabilities that may affect your ability to proceed through the Restorative Justice process? “ As a result this type of file has increased from an initial 24% of our caseload to the present level of 38%. This required no in-house or formal training nor deviation from our established Restorative Justice process. As can be evidenced by the two research papers (in the synopsis) this approach has changed many lives. It has “restored” most clients back into the community in a more positive manner. That is Restorative Justice.

This CJC RJ program is now, and in the future, will remain fully engaged in this process as it pertains to mental disorders/addiction referrals. There is no choice.

ABOUT THE AUTHOR

He was a career police officer retiring at middle management. He is certified as an Addictions Support Worker - VIHA, a Mediator/Negotiator in Conflict Resolution - VIU/BC Justice Institute, B.C. Educational Assistant - North Island College and has been a 16 year volunteer as a Case Coordinator and Facilitator at the Comox Valley Community Justice Centre.



**VANCOUVER ISLAND REGION
RESTORATIVE JUSTICE ASSOCIATION**

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**VANCOUVER ISLAND REGION
RESTORATIVE JUSTICE ASSOCIATION
MINUTES**

Monday, April 18, 2016
10 AM – 3 PM

John Howard Society Offices – 1585 Bowen Road, Nanaimo

Attending: Bruce Curtis (Comox Valley), Richard Tarnoff (independent practitioner), Brian Tyacke (Comox Valley & Nanaimo), Jessica Rourke (VicRJ), Myles Morrison (West Coast RJ Service), Gail Jewsbury (Warmlands RJ – Duncan), Caryl Wylie, Betty Price & Alyssa Noble (Arrowsmith), Sue Sanders (Peninsula Crossroads), Jane Waterman (texada-Powell River), Julia Davies (Gold River)

Regrets: Michael Jacobson Weston (Alert Bay), Genesis Hunt (Aboriginal Justice Campbell River), Pearl Hunt (Alert Bay), Andrea Safari (Peninsula Crossroads)

1. Agenda & Chair

It was agreed to amend the Agenda by moving the Business Meeting elements to the beginning of the session and that, in the absence of the President and Vice-President, Jessica Rourke would serve as Chair of the meeting.

2. Business Meeting

2.1 Minutes of the February 15, 2016 Meeting

THAT The minutes of the meeting held February 15, 2016 be approved as circulated.

CARRIED

2.2 Strategic Plan 2016-2020

The Strategic Plan, approved at the February Meeting was received.

2.3 Membership Report

Evelyn Zellerer (has been working with Theo Gavrielides, Prov Association Steering Cttee)

The decision on the Conference Fee was delegated to the Executive.

3. Programme Updates

RJ Vic – Civil Forfeiture Project has completed the manual with templates for enhancing cooperation between RJ and Vic Services. Renewal of the MOU on Crown Referrals has been delayed to September so Crown can answer multiple questions concerning the Confidentiality requirements and several other matters.

Texada/Powell River – the Sliamon First Nation Treaty is now in effect; two volunteers went to RJ Day at Wilkinson Road Penitentiary; there have been two referrals of employee theft which didn't go ahead because the business' insurance doesn't pay for the loss if there isn't a charge

Gold River – held a training given by Myles Morrison; there is a new RCMP sergeant who is supportive of RJ and they are receiving about a half-dozen files this year.

Nanaimo – received funding for the development of RJ at Snuneymuxw First Nation; SD administrators are coming in for RJ training; General Hospital wants to do referrals for nurse abuse.

Ladysmith – Gaye has resigned as the co-ordinator and the program is being re-organizaed in co-operation with the new RCMP sergeant – it may be an independent community justice program

Penninsula Crossroads – Andrea will be continuing as the VIRRJA rep; Alan Collier and Susan Sanders are the new Co-Chairs; had some ICBC files and a very good meeting with three of the area police forces with the rep from Vic PD being very inspiring to the others which should enhance referrals

Comox Valley – Case referrals are up, received a grant to conduct a training for volunteers on RJ and Mental Health as a follow up to the sold-out Campagnolo Lecture by Svend Robinson on Mental Health and RJ

Duncan – has need for additional training for new volunteers, AGM saw many new faces and had a good presentation on the Comox Valley program from their Chief Administrator

Arrowsmith – Alyssa began as a co-op student with Arrowsmith and is now job sharing the co-ordinator role; received their first ICBC file and the overall case load is stable (6 – 8 files per month)

Ucluelet – tried to get Advanced RJ course training from Jim Cooley but it wasn't funded; has received files from Parks Canada and ICBC

Port Alberni – Myles Morrison (Ucluelet) is attending their meetings; they provided a Victim Offender Conferencing Training to expand the range of approaches the program can offer.

4. Educational Session

The discussion of the papers by Larry Winter on RJ and Mental Health was deferred to the June Meeting to permit members to read and digest the two papers.

5. Upcoming Meeting Dates

Monday, June 20, 2016

Saturday, October 22, 2016

VIRRJA General Meeting

VIRRJA Annual General Meeting &
Conference

5. Adjournment

The meeting adjourned at 12:35 PM

Proposed By-Law Amendment

April 18, 2016

To give effect to the approved Strategic Plan, adopted February, 2016, the following amendment to the By-Laws is recommended by the April meeting of VIRRJA, for consideration at the June Meeting:

The Current By-Law reads:

- 25 (1) The president, vice president, secretary, treasurer and one or more other persons are the directors of the society.
- (2) The number of directors must be 5 or a greater number determined from time to time at a general meeting.
- 26 (1) The directors must retire from office at each annual general meeting when their successors are elected.
- (2) Separate elections must be held for each office to be filled.
- (3) An election may be by acclamation, otherwise it must be by ballot.
- (4) If a successor is not elected, the person previously elected or appointed continues to hold office.

General Meeting Motion: That By-Laws 25 and 26 be repealed and replaced with:

- 25 (1) The president, vice president, secretary, treasurer and one or more other persons are the directors of the society.
- (2) The number of directors must be 5, or a greater number determined from time to time at a general meeting prior to the AGM.
- (3) Each Director shall be elected to a two year term of office, with half the total number of directors being elected at each Annual General Meeting to stagger the terms of the directors and, as required to ensure a full board of directors
- 26 (1) The directors whose terms of office have concluded must retire from office at the annual general meeting when their successors are elected.
- (2) Separate elections must be held for each office to be filled.
- (3) An election may be by acclamation, otherwise it must be by ballot.
- (4) If a successor is not elected, the person previously elected or appointed director continues to hold office.