YJO---FASD Clinics Final Report

Foreword

Through the collaborative & partnership efforts of MCYS—YJO and Firefly, we had the unique opportunity in the 2012-13 fiscal year to host 2 Youth Justice FASD clinics in the Kenora Rainy River Districts. We were very appreciative for this wonderful opportunity and were able to work together with the Kenora based FASD clinical team ('Helping the Children' team) who gently and competently steered us through the process of setting up, identifying youth, gathering the relevant information and carrying out the 2 clinics. Along the way, there were many serious challenges that could have side-tracked the initiative, but the know-how and resiliency of the FASD clinical team, guided us through each and every obstacle we encountered. Despite the challenges that these older youth presented with their host of multiple and pervasive secondary disabilities (issues related to homelessness, addiction, mental health, custodial transfer etc.), there were further untimely obstacles within the assessment team that had to be surmounted along the way; losing the services of the clinic coordinator due to a change in employment, significant medical issues that sidelined our attending physician for the first clinic and the leave in the New Year of our neuropsychologist that placed some time constraints on us.

I would be remiss to not identify the clinical assessment team

- Ramona Fullmer--- Diagnostic tech-Psychometrist & Acting clinic coordinator
- Nuala Edie--- O/T—Firefly
- Katrie Williams--- Speech & Language---Firefly
- Dr. Michele Keightley—neuropsychologist---Toronto
- Dr Peter Harland—attending physician—Kenora
- Dr. Dooley---attending physician—Sioux Lookout
- Claudine Longbow-White--- Bimose Tribal Services--- educator & consultant

Chronology

In the early 1990's, several Sioux Lookout children service providers started to organize and educate themselves about FASD due to the significant number of children & youth in their community who appeared to be afflicted with this disorder. In the mid 1990's, the Kenora children's services community also started to organize in response to service needs that were presenting within their service area. The thrust of these early committees was to educate themselves and their communities in and around the needs, treatment and management of these children & youth. Funding was sought out to bring in International speakers--- Diane Malbin, Patricia Tanner- Halverson and others to the area to educate the educators & community response networks that had formed in order to bring the service networks up to speed on the more current research and models of care that we're being developed

During this period, children from Northwestern Ontario (NWO) requiring an FASD assessment were referred to the Clinic for Alcohol & Drug Exposed children (CADEC) in Winnipeg, Manitoba.

The Sioux Lookout & Kenora committees continued to expand and made the decision to develop a District partnership base. This ultimately resulted in pilot funding being obtained from the Ministry of Health and Long Term care (MOHLTC) transition funds in 2004-2006 to conduct diagnostic clinics in the 2 communities. Over the next 18 months, children & youth were identified, processes developed and put in place and ultimately diagnosis made for many children & youth in the NWO. Approximately 74 completed assessments were made in this limited timeframe. With the terrific response to these clinics and the significant outstanding waiting list of youth still to be seen, it was hoped that the clinic funding would be obtained. Unfortunately, such was not the case. This opportunity, however, had served to fuse together a strong regional network of service providers who remain committed to continue to lobby for funding and seek out creative ways to carry forward with further assessments whenever opportunity presented. Despite, some commitment of funding for a clinic coordinator and a cultural liaison positions from First Nations Health & Inuit Branch., provincial funding could not be obtained for the purchase of medical, psychological, OT and speech services that are integral to the comprehensive assessment process.

Getting started

Jack Martin (Wm. Creighton) & John Baker(Firefly) met with the 'Helping the children' FASD clinical team on June 14th 2012 to present the plan to them. The committee decided that we would begin with a gathering of the YJO network representatives to educate these identified 'leads' and develop the necessary protocols and processes to guide these clinics forward. Clinic coordinator (at the time) Claudine Longbow White, Diagnostic technician, Ramona Fullmer and Nuala Edie, Occupational therapist met with representatives from the Youth Justice office, WJS, Portage Youth Centre, Ge De Gibinez Yoth Centre, Youth Addictions Services, Firefly and the CST on September 6th 2012 at the CST offices.(see Appendix A for the minutes). The Clinic team briefly overviewed FASD and instructed the group on what was involved in hosting an FASD clinic. They discussed how to identify possible youth, reviewed the referral process with us and detailed the types of information that needed to be gathered on each YP. They also went over the necessary consents & releases, the requirement for early photographs and the ways and means of getting confirmation of maternal use during pregnancy. November 2012 was targeted for the first clinic and early January 2013 for the second . The initial plan was to host both clinics in Kenora. Rooke Pitura and Jack Martin of the CST were identified as the referral gatekeepers and they were to meet at regular intervals with Ramona & Claudine. Unfortunately, shortly after this meeting Claudine changed employers and was not able to carry on with the YJO clinic.

The CST worked with the clinic team to secure the necessary referral forms, consents and information packages and circulated these throughout the local YJO network. They also developed 2 information handouts for circulation to YJO network staff---'FASD and Adolescence' and 'FASD and the Justice system' (Appendix B & C))and these were circulated along with the minutes of the September 6th meeting as an impetus to getting referrals. In late September, Jack attended the Youth Justice officers meeting in Fort Frances involving staff from the Kenora Rainy River Districts as well as the Thunder Bay and the North Shore Districts. Shaun Watson of the Ministry was also in attendance. Jack reviewed the handouts and clarified how the officers were to proceed with referring youth to the YJO clinic.

Through the Fall & winter months, Rooke, Jack & Ramona met at regular intervals to review the status of the referred youth, address any issues that were presenting and plan for the upcoming clinic. The minutes for these are in Appendix D

Youth Identified for Clinic Testing

15 youth were identified for participation in the Clinic. 2 of these youth were non YJO, but involved in the CFSA system and were told that they would only get an opportunity if an opening came up in one of the clinics. As it played out, both parties ended up with ARND diagnosis; HA from the Sioux Lookout clinic on November and VZ from the Kenora clinic of January 9th 2013

Youth referred	gender	Age	Placement	Referral Source
▪ JS	f	18	Sioux Lkt homeless Shelter	CST—Sioux Lkt (MH)
▪ AM	m	18	foster family—Sioux Lkt	CST---Sioux Lkt (LB)
▪ HR	m	16	foster home—Kenora	CST--- Kenora (RP)
▪ KF	f	14	STAT unit (Sioux Lkt.)	YJO ---Sioux Lkt (JE)
▪ 5—VZ	f	18	Kenora Homeless Shelter	ASK--- Kenora (LP)
▪ EL	m	17	Portage Youth Centre	Portage—Kenora (LP)
▪ SK	f	17	with bf's family—Sioux Lkt.	CST—Sioux Lkt (MH)
▪ TM	f	15	semi-homeless—Sioux Lkt	CST---Sioux Lkt (MH)
▪ CB	m	14	w Mother in Sioux	CST--- Sioux Lkt (LB)
▪ 10—ElM	m	16	Ge-di-gibinez—Fort Frances	GDGB---Fort Frances (SH)
▪ FB	m	17	" " " "	CST---Kenora (RP)
▪ EK	m	16	Portage Youth Centre	YJO—Sioux Lkt (JS)
▪ ElK	f	16	Grassy Narrows w family	CST---Kenora (TZ)
▪ FW	f	13	STAT unit—Sioux Lkt	CST--- Sioux Lkt (MH)
▪ HA	f	15	foster home-Sioux Lkt	KRRCFS—Sioux Lkt (DM)

	Males	Females
Referred	7	8
Clinic participation	2	4
ARND Dx made	3 (*)	4-→ 7 ARND Dx.

*---ARND Dx made on EL in October 2012

Sioux Lookout Clinic--- November 14th 2012 Dr Dooley

- SK---Received an ARND Dx
- CB---Received an ARND Dx
- AM----Received an ARND Dx
- HA---Non-YJO---Received an ARND Dx

Notes: Due to Dr Harland unexpectedly requiring heart surgery, last minutes arrangements needed to be made for this initial clinic. Although the clinic was originally scheduled for Kenora, when Dr Dooley offered his services in Sioux Lookout, the venue was quickly changed. Unfortunately, 1 of the YP originally scheduled for this clinic was transferred from Ge De Gibinez to the Donald Doucette facility in Sault Ste Marie due to a shortage of secure custody beds in the Northwest. In the course of preparing another Sioux Lookout YP slotted for this clinic, it was discovered that she had already received Dx of ARND in 2005 and that this information had not been shared with the YJO system. With these 2 gaps, we filled 1 with a CFSA ward of Kenora Rainy River Child & Family Services

Kenora Clinic---January 9th 2013 Dr Harland

- JS---ARND Dx
- HR.---Neuro-behavioural D/O, alcohol exposure unknown
- VZ ---Non YJO----ARND Dx
- Other---2 other CFSA youth (MM & TF)—were physically assessed and received ARND Dx

Notes: Another YJO YP (EK) we were hoping to participate had been returned home to his community in the far North prior to his pre-clinic testing being conducted. Unfortunately, he was re-arrested in late December 2012 and placed at Ge De Gibinez , but the timelines didn't allow for this testing to be completed in time for the January 9th 2013 clinic. The other youth (ElM) that missed the first clinic due to transfer to Donald Doucette was placed back into Ge De Gibinez in mid December, but there was insufficient time to complete the balance of his pre-clinic testing. Despite tremendous support offered him, the avoidant, often oppositional personality features of (HR) prevented the required pre-clinic testing being completed and ultimately sabotaged any chance at definitive diagnosis. We used the open times to complete the Diagnosis on a child who had previously been seen at the 'Helping the Children' clinic. An

understanding was reached that ELIM would be prioritized for any further 'Helping the Children' clinics being offered in the Spring and early summer 2013.

Other Diagnostic notes

Along with the 6 ARND diagnoses made in our 2 clinics, our group also facilitated the ARND Diagnosis of EL in October 2012 while he was residing at Portage Youth Centre. As previously mentioned, it was also discovered that 2 referred YP had in fact had previous ARND diagnoses. This information had not been moved forward with the youth as they entered into the YJO system.

Obstacles & Challenges

As well as the abundance of challenges the clinic faced that we have previously noted, there were a significant number of other obstacles that we encountered in hosting these 2 clinics.

1. The biggest challenge that we faced was dealing with the **pervasive secondary disabilities** that the referred youth presented with. Of the 15 youth referred, 13 were actively involved in the Youth Justice system, with the majority of these youth also having histories with the Child welfare system, either currently or in their recent past. The majority of youth demonstrated at least 2 of the following secondary disabilities.
    - Despite their relatively young age, 5 of the youth had histories of homelessness struggles
    - 5 of the youth had significant struggles with addictions
    - 3 of the youth had previously been admitted to hospital related to mental health concerns---one of the youth was discharged from the Lake of the Woods Hospital mental health ward to attend the clinic and then, immediately after, placed in a crisis bed. She currently goes back and forth between the homeless shelter and the Hospital in her home community.
    - 3 of the youth were residing in secure custody setting due to very violent offences. 1 YP was convicted of murder and another was charged for the same while being detained for other crimes of violence
    - The majority of the youth had previous placement in treatment & group care settings and had experienced several placement breakdowns

    With the exception of 1 individual who was residing in a custodial setting, the youth receiving diagnosis were residing in the community. Given their struggles, the key to getting them through the pre-clinic testing process and the clinic itself was the YP having a strong support based relationship with a key worker(s).

2. **YJO Systemic issues**

a. Systemic Reluctance--There was initially a great deal of scepticism about what diagnosis would provide for participating youth. We were challenged with this from the outset and made an effort to address this issue in our handouts (Appendix B&C). One of our earliest tasks was to promote the necessity and viability of the clinic itself.
b. Youth transfer--- any YP with a secure custody order is most likely to be placed outside of our District. One of the YP referred was well on his way in the diagnostic process, only to be transferred out when the demand for secure beds necessitated that he be relocated to a Northeastern facility. (We hope to be able to have him participate in a Spring 'Helping the Children' clinic, if the opportunity presents)
c. The Dire and often life threatening circumstances of many of the community youth, at one point lead to the suggestion being made that the clinic needed to be put aside while these crises could be attended to. Fortunately, we were able to do both.
d. Lack of information flow from the CFSA agencies to the YJO office. It was clear that significant youth information contained within CFSA systems does not necessarily move forward with the youth as they enter into the Youth Justice system. One youth had historically been referred to as 'FASD' within the CFSA system, but there was never any report of confirmation accessed to this end. At her request, she participated in and was formally diagnosed. Another youth had previous diagnosis, but this information was never forwarded by the CFSA agency. It was discovered by chance by the FASD clinic team

3. **Language, Culture & Geographic isolation** are synonymous with the provision of services within our geographic catchment area. The cultural and linguistic differences that abound, in combination with the vast last mass and remoteness of many of the communities can make simple tasks quite complicated and costly.

Learning & Recommendations

1. That there are a significant numbers of youth in the NWO Youth Justice system effected by FASD spectrum disorder. Despite our struggles to have custody youth get through the diagnostic clinic, 7 diagnoses were made on community based youth.
2. That, as per common practice, early diagnosis is much more preferable. At younger ages, significant secondary disabilities have not begun to onset and opportunity exists, with the proper community case management intervention, to divert these youth from the Youth Justice system.

3. That the clinic spoke strongly to the need for service organizations to be flexible, adaptable and committed to the end goal when delivering services in the NWO. The notion of resiliency has become popularized within the client services work, but agencies themselves need to take a page from their consumers and build innovation and adaptability into service delivery. This FASD clinical team made a commitment to us and, despite a host of serious challenges that might have sidetracked the project, always moved forward and made this project a success.
4. That our Youth Justice network in the Northwest now has experience in and around the nuts and bolts of conducting FASD clinics and, through this project, have strengthened their linkages with the District resource network that has been developed over the past several decades. Service providers in the Northwest have long been aware of the prevalence of FASD in our Districts and, of necessity, have worked together collaboratively and with great creativity. We feel that consideration should be given to providing financial support for 1 Youth Justice FASD clinic annually.

We have taken the liberty to include the Intake form for the clinic as well as a 'Documentation of Exposure' and a 'Tracking sheet' that was developed and used in our regular meetings to see where their readiness was for the clinic. These are contained in Section E.

We greatly appreciate being given this incredible opportunity. Meegwetch