

Provincial Court of Nova Scotia Wellness Court Programs Steering Committee

Terms of Reference

Our Goal

The goal is to improve mental health and addiction-related health outcomes and improve Justice outcomes among adults involved with the criminal justice system by coordinating access to evidence-informed practices, such as Court-monitored treatment, that aim to divert them from the mainstream criminal justice system of incarceration while holding them accountable for their offending and monitor and support their treatment and recovery in the community.

Our Mandate

The purpose of the Steering Committee is to provide oversight and support to existing and developing Wellness Court Programs for persons in conflict with the criminal justice system with mental illness and addictions (both problematic substance use and gambling), or related to domestic violence. Please refer to **Appendix A** for historical background.

Wellness Courts are specialized Court programs that offer alternatives to the traditional criminal justice process in order to more effectively address issues when mental health, substance use, or domestic violence are a factor in the offence. The goal of a Wellness Court Program is to improve outcomes for people who come into contact with the criminal justice system -- using a more therapeutic approach, without compromising community safety. This is achieved by linking eligible offenders with community-based services and development of a recovery-focused Support Plan or Court Plan. Program participation and compliance is monitored through status hearings in Court which utilize input and status reports from the support team.

Underlying Principles/Non-Negotiables for Wellness Court Programs

The following underlying principles/non-negotiables will provide guidance and should be reflected in all aspects of the Wellness Court Program design, development, implementation, operations, and evaluation.

(These principles are adapted from November 1, 2017, Working group discussion; Hornick 2014; SAMSHA 2014; Council of State Governments Justice Centre 2008 & 2005; Ontario Ministry of Health & Long-Term Care 2006).

1. Safety and Security:

- The priority of the Wellness Court Program is to balance public safety with the safety and autonomy of the participant. Safety and security must be considered throughout the Court process -- from initial contact to exit/graduation.
- There must be a consideration and/or an assessment of level of risk to the public and risk to reoffend.
- The least restrictive, intrusive, and stigmatizing interventions will be used to ensure the safety of the participant and the public.

- Relevant information (such as assessments, type of illness, type of offence, available resources, etc.) must be used to make informed recommendations when a Wellness Court Program is in the best interest of the participant and the public.
2. Target Population:
 - In developing Wellness Court Programs, it is recognized that different communities have different needs, priorities, and resources. As such, eligibility for inclusion into a Wellness Court Program is a jurisdiction-by-jurisdiction determination in accordance with evidence-based principles.
 - The target population for a Wellness Court Program must be clearly defined including eligibility and exit/graduation criteria.
 - Eligibility criteria must include both participant and offense characteristics including participant's voluntary acknowledgement and acceptance of responsibility for the offence and willingness to participate in the Wellness Court Program.
 3. Confidentiality and Informed Decision-making:
 - All participants must have access to legal counsel and fully understand the Program requirements before agreeing to participate.
 - Health and legal information are shared in a way that protects participant's confidentiality and rights for privacy in accordance with applicable legislation.
 - Information gathered as part of the participant's participation in the Program should be safeguarded if the participant is returned to the traditional Court system.
 - Recommendations are made in collaboration with the participant and the participant's support network (with participant consent).
 4. Recovery-oriented Approach (refer to **Appendix B**):
 - Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential (SAMHSA, 2014). Program policies and staff attitudes must reflect the belief that all persons have the potential to learn and grow.
 - A recovery-oriented approach emphasizes active involvement of the participant, flexibility in services, individualized supports, and the importance of peers, families, significant others and communities in supporting people with addictions and mental health challenges.
 - A recovery-oriented approach considers the impact of factors such as poverty, poor housing, unemployment, discrimination, and stigma on people with a mental illness.
 5. Trauma Informed Practice (refer to **Appendix C**):
 - The principles of Trauma Informed Practice (TIP) must be integrated in all aspects of service delivery.
 - A key aspect of trauma informed services is to create an environment where service users do not experience further traumatization or re-traumatization as a result of care.

- Trauma Informed Practices bring to the forefront the belief that trauma can pervasively affect an individual’s well-being, including physical and mental health.

6. Harm Reduction Approach (refer to **Appendix D**):

- The principles of Harm Reduction must be integrated in all aspects of service delivery.
- The primary goal is the reduction of substance related harm rather than the substance use.

7. Culturally Relevant Individualized Support Plan:

A key to the success of a Wellness Court Program is having effective treatment and psychosocial services that are culturally relevant. Things to consider:

- Wellness Court Program must facilitate access to holistic treatment and psychosocial support services.
- Participants must have a Culturally Relevant Individualized Support Plan that addresses treatment and psychosocial needs/challenges, foster their recovery and minimizes future involvement with the criminal justice system.
- There must be resources for case management/coordination to support participants’ utilization of community-based services such as health, addictions and mental health, victims’ services, social services (housing, benefits, etc.), education, employment, etc.
- There must be established processes for monitoring participants’ adherence to Court conditions/support plan, process for offering incentives and sanctions, and modifying support plan as necessary. When necessary, team members should identify incidences of positive behaviour on the part of the participant and provide accolades and incentives to motivate the continuation of such behaviours.

8. Partnership and Collaboration:

The provision of an effective Wellness Court Program involves the cooperation of key players from across the health, justice, social services, education sectors, and the broader community. Things to consider:

- Identify and nurture opportunities for partnership and collaboration across services/systems (e.g. creation of network and partnership between and among organizations).
- Value the unique strengths that each partner brings to the collaboration.
- Develop and maintain ongoing commitment, communication, coordination, and cooperation among established and new partners.
- Recognize that responsibility must be shared across service sectors. Formal Service Agreements must be developed, whenever possible, with respective partners to clarify “who does what”, and what resources they bring, etc.? Then create mutually agreed-upon expectations of accountability while ensuring contributed resources are sufficient and sustainable to manage and maintain the operation of the Wellness Court Program.
- Engage in ongoing strategic planning to advocate for new partnerships and resources.

9. Wellness Court Program Team (Who needs to be part of the Core Team?):

- Describe the structure, composition, roles, and responsibilities of the Core Team members of the Wellness Court Program based on jurisdiction/community/region.
- Establish core competencies for each of the Core Team members (Judge, Crown Attorney, Defense Counsel, addiction and mental health professional, probation, case coordination, etc.).
- For a Wellness Court Program Team to work effectively, Core Team members must have shared values that are consistent with principles of the Program, and there must be designated resources to support the Team's function (outline the structure and Team expectation for hearing, regular meetings, responsibilities, communication among Team members, etc.).

10. Education and Training:

Access to education/specialized trainings (particularly cross-training) is essential if a Wellness Court Program is to be successful. It is critical for Justice professionals to understand mental health and addictions treatment options/procedures; and equally critical for mental health professionals to understand law enforcement/Court practices and procedures.

Through effective partnership, a sustainable education/training structure must be established to support the Team's continuing inter-professional development, and to enhance/build the capacity of other partners and the broader community.

The following specific training options may be considered:

- Evidence-based education and training for Core Team members, care/service providers and other partners on topics relevant to program goals (e.g. effective treatment modalities/approaches such as harm reduction, trauma informed care, motivational interviewing, cultural safety/competencies; policies/legislation, effective teams; etc.).
- Specific education for participants, families, and support network.
- Public education to address stigma, public awareness and acceptance of participants with mental health and addictions issues who are involved with the criminal justice system.
- Target education for Justice/Court Services -- to promote the use of therapeutic approaches in the traditional Court system.

11. Evaluation of the Program and Data-driven Process:

There must be a Wellness Court Program Evaluation framework capable of documenting change and linking that change to the Program's goals. The evaluation plan could be developmental in nature, meaning there is flexibility to adjust as necessary to meet the evolving needs of the Program.

Considerations for Evaluation framework:

- A detailed evaluation plan -- evaluation focus, questions, process & outcome indicators, methods (may be mixed methods), data sources, reporting etc.

- There must be an effective data collection, analysis, and reporting system to demonstrate the impact of the Wellness Court Program. Its performance should be assessed periodically, and procedures should be modified accordingly.
- Evaluation tools must be culturally relevant.
- Evaluation of the quality of partnerships must be part of the evaluation framework.
- There must be commitment from the Wellness Court Program Team members to rigorously abide by the guidelines/processes of the evaluation design.
- Finally, it is important to know and understand the interests of the stakeholders (participants, funders, partners, etc.) who are in position to affect the continued operation of the Program and to gear data collection and report accordingly.

12. Judicial Interaction and Leadership:

Judges play a vital role in any Wellness Court Program. Therefore, the selection of the Judge to lead the Wellness Court Program Team is of utmost importance. The role of the Judge as a change agent:

- Possess exceptional knowledge and leadership skills as well as the capability to motivate Team members and elicit buy-in from various stakeholder.
- Provide effective and continuing Judicial leadership and support to the Team members, Program participants, and the community at large.
- Interact with each participant in a respectful and supportive manner.
- Play a significant role as a champion and change agent to introduce therapeutic approaches in the traditional Court system.

Deliverables

1. Update policies and procedures to inform the operations and authority of the Program as required; and to serve as a guide to the Wellness Court Program Team members by outlining expectations and requirements of respective providers/partners.
2. Support an evaluation framework that reflects the uniqueness of each Wellness Court Program and includes processes to measure and report against established indicators and requirements for an annual report to the sponsors/stakeholders.

Steering Committee Objectives

1. Facilitate communication and collaboration among Health, Justice, Community Services, and community agencies/individuals towards improving Wellness Court Programs in Nova Scotia.
2. Review the evidence regarding Wellness Court Program options for persons with mental health and addictions (problematic substance use and gambling) with a view to pre-adjudication diversion and treatment in lieu of incarceration, e.g. Mental Health Courts/Diversion Programs, Drug Treatment Courts/Court Monitored Treatment Programs, and Wellness Court Programs.
3. Support developed policy and procedures with the aim to develop a consistent coordinated approach across Nova Scotia.

4. Examine actions and resources required to expand Wellness Court Programs across Nova Scotia keeping in mind funding/cost effectiveness, equitable access, community needs, and facility/space requirements.
5. Support an evaluation framework including process, outcome, and cost indicators to measure effectiveness and impact for all Wellness Court Programs.

Membership

Members will work collaboratively to support Wellness Court Programs for persons with mental illness, problematic substance use, gambling, or domestic violence which cause them to come into conflict with the criminal justice system. Members will take an active leadership role within their respective organizations in the work of this Steering Committee and maintain the membership responsibilities as outlined in this document. The Membership should include (where possible) two participants who have completed a Wellness Court Program.

Position	Department
Chief Judge Provincial Court/Judge Dartmouth Wellness Court (Co-Chair)	Judiciary
Chief Public Health Officer (Co-Chair)	Department of Health and Wellness
Executive Director	Department of Health and Wellness
Director, Policy and Planning	NSHA Mental Health and Addictions
Managers/Directors/Program Leaders	NSHA Mental Health and Addictions
Frontline Clinicians	NSHA Mental Health and Addictions
Research and Statistical Officer	NSHA Mental Health and Addictions
Coordinator, Opiate Treatment Court Program	NSHA Mental Health and Addictions
Communications	NS Health Authority
Provincial Court Judges	Judiciary
Communications Director	Executive Office of the Judiciary
Director	Court Services, Department of Justice
Coordinator, Domestic Violence Court	Court Services, Department of Justice
Research and Statistical Officer	Department of Justice
Probation Officer	Correctional Services, Department of Justice
Case Management Supervisor	Correctional Services, Department of Justice
Supervisor	Victim Services, Department of Justice
Crown Attorney	Public Prosecution Service
Crown Attorney	Public Prosecution Service of Canada
Defence Counsel	Nova Scotia Legal Aid
Service Delivery Director	Nova Scotia Legal Aid

Position	Department
Defence Counsel	Private Practice
Coordinator of Court Services	Mi'kmaq Legal Support Network (MLSN)
Income Assistance Specialist	Department of Community Services
Program Administration Officer	African Nova Scotia Affairs
Coordinator	Transition House Association of NS
Lived Experience Program Participant(s)	
Manager, Program/Policy	Justice Canada
School of Occupational Therapy	Dalhousie University

Please see **Appendix E** for a list of current Members.

Role and Responsibilities of Members

- Act as champions, among relevant stakeholders and professional networks, and positively promote evidence-informed practices that may help successfully reintegrate participants with mental illness and/or problematic substance use and/or gambling and/or domestic violence into the community.
- Promote the communication and exchange of information across member organizations in support of the initiative and seek input of colleagues as appropriate to inform the work.
- Attend and contribute to meeting discussions and decision making.
- Recommend known sources of information to advance the work.
- Review materials in advance of meetings.
- Communicate to Co-Chairs in advance if they cannot attend meetings or are unable to continue as a member.
- Forward potential agenda items to the Co-Chairs at least two weeks prior to each meeting.

Meeting Frequency

- The Steering Committee meetings will be held quarterly.
- Meetings will be set for the year in advance.
- There will be a teleconference option available, as well as video conferencing and/or Skype when possible.
- The Chief Judge’s Office will provide secretarial support to the Steering Committee, with assistance from the office of the Senior Director NSHA Mental Health and Addictions.
- Minutes will be circulated to the Membership no later than four weeks after each meeting. Meeting agendas and other necessary materials will be distributed five working days before each meeting.
- If a member misses three meetings without cause, the Steering Committee will request a new representative be appointed to the Steering Committee in his/ her place.

Decision-Making

Decisions will be made by consensus whenever possible; if not, there must be 80% agreement.

Confidentiality and Communications

From time to time, members may receive and discuss information at meetings and via e-mail that are confidential in nature. If there are matters that need to be kept confidential, the Co-Chairs will provide members with clear instructions, and members will commit to maintaining confidentiality.

Bibliography/References

- British Columbia Ministry of Health (BCMh). (2005). Harm Reduction – A British Columbia Community Guide. Retrieved from <http://www.health.gov.bc.ca/library/publications/year/2005/hrcommunityguide.pdf>
- British Columbia Provincial Mental Health and Substance Use (BCPMHSU). (2013). Trauma-Informed Practice Guide. Retrieved from http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf
- Bull, M. (2005). A comparative review of best practice guidelines for the diversion of drug related offenders. *International Journal of Drug Policy*, 16(4), 223-234.
- Canadian Centre on Substance Abuse. (2004). Guiding Principles for Substance Abuse Policy. Ottawa, ON: Canadian Centre on Substance Abuse. Retrieved from <http://www.ccdus.ca/Resource%20Library/ccsa-003926-2004.pdf>
- Canadian Centre on Substance Abuse. (2005). Harm Reduction for special populations in Canada. Retrieved from <http://www.ccdus.ca/Resource%20Library/ccsa-003900-2005.pdf#search=Harm%20reduction%20policies>
- Canadian Centre on Substance Abuse. (1996). *Harm Reduction: Concepts and Practice: A Policy Discussion Paper*. Canadian Centre on Substance Abuse (CCSA) National Working Group on Policy.; Lenton, S. and Single, E. (1998). The Definition of Harm Reduction. *Drug and Alcohol Review*. 17(2): 213-220.
- Council of State Governments Justice Centre. (2008). Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court. New York: Council of State Governments. Retrieved from https://www.bja.gov/publications/mhc_essential_elements.pdf
- Council of State Governments Justice Centre. (2005). A Guide to Mental Health Court Design and Implementation. Retrieved from <https://www.bja.gov/Programs/Guide-MHC-Design.pdf>
- Deegan, P. E. (1988). Recovery: The lived experience of rehabilitation. *Psychosocial Rehabilitation Journal*, 11(4), 11-19.
- Human Services & Justice Coordinating Committee. (2017). Mental Health Courts in Ontario: A review of the initiation and operation of Mental Health Courts across the Province. Retrieved from <http://hsjcc.on.ca/wp-content/uploads/Mental-Health-Courts-in-Ontario.pdf>
- Hornick, J. P. (2014). An evaluation of Yukon's Community Wellness Court: June 2007 to December 2013. Retrieved from http://www.yukoncourts.ca/pdf/cwc_evaluation_june_2007_to_december_2013.pdf
- Lange, S., Rehm, J., & Popova, S. (2011). The effectiveness of criminal justice diversion initiatives in North America: A systematic literature review. *The International Journal of Forensic Mental Health*, 10(3), 200-214.
- Murphy, T. (2000). Coercing offenders into treatment: A comprehensive state-wide diversion strategy. In Society for the Study of Addiction Annual Symposium. Leeds, United Kingdom.

- Ontario Ministry of Health and Long-Term Care (OMHLTC) (2006). A Program Framework for: Mental Health Diversion/Court Support Services. Retrieved from <http://www.ontla.on.ca/library/repository/mon/15000/265760.pdf>
- Nova Scotia Department of Health and Wellness (NSDHW). (2015). Trauma-informed approaches: An introduction and discussion guide for health and social service providers. Retrieved from https://novascotia.ca/dhw/addictions/documents/TIP_Discussion_Guide_1.pdf
- Substance Abuse and Mental Health Services Administration - SAMHSA (2012). SAMHSA's Working Definition of Recovery: 10 Guiding Principles of Recovery. Retrieved from <https://store.samhsa.gov/shin/content//PEP12-RECDEF/PEP12-RECDEF.pdf>
- Walker, J. (2001). International experience of drug courts. Edinburgh: The Scottish Executive Central Research Unit.
- Witkin, S. H. & Hays, S.P. (2017). Drug Court through the eyes of participants. *Criminal Justice Policy Review*, 1-19. Retrieved from <http://publish.illinois.edu/sphays/files/2017/10/Drug-Court-Through-the-Eyes-of-Participants-CJPR-Article.pdf>

Appendix A Background

Increasingly, people with mental illness and problematic substance use and gambling find themselves in conflict with the criminal justice system. Often, they also experience issues related to housing, employment, and social and family support networks. Wellness Court Programs which focus on Court-monitored treatment and recovery plans is one way the criminal justice system can respond by promoting accountability and monitoring and supporting progress of participants in the community. Other key components include risk-need assessments, victim participation, case management, support plans, restorative justice, and for those in custody, release planning, post-release community reintegration, and parole or probation.

It has become increasingly apparent over the past few decades that traditional approaches to “managing” persons in conflict with the criminal justice system that have mental health and addiction-related issues are ineffective (i.e. incarceration). Interest has grown in other options, mainly, a focus on education and treatment via diversionary programs (*Bull, 2005; Murphy, 2000; Walker, 2001*). These include Drug Treatment Courts/Court Monitored Drug Treatment Programs, Mental Health Courts/Diversion Programs, and Wellness Court Programs.

Research is growing which supports these measures, and best practices are beginning to emerge (*Bull, 2005*). There is some evidence showing diversion programs result in reduction in recidivism and drug use, with effects varying based on the risk needs of the person and the nature of the program (*Lange, Rehm, and Popova, 2011*).

Several Wellness Court Programs exist in Nova Scotia:

- Dartmouth Wellness Court – Formerly known as the Nova Scotia Mental Health Court, established in November of 2009. The Dartmouth Wellness Court is comprised of four programs: the Mental Health Court Program, the Opioid Court Program, the Alcohol Court Program, and the Judicial Monitoring Court Program. The Dartmouth Wellness Court monitors and supports participants as recommended by a Team, comprised of a forensic nurse, a social worker, an occupational therapist, an addictions worker, a consulting forensic psychologist, consulting forensic psychiatrists, a probation officer, a Crown Attorney, a Legal Aid lawyer, and a Provincial Court Judge.
- Port Hawkesbury Wellness Court Program - In 2012, the Wellness Court was established in Port Hawkesbury.
- Court Monitored Drug Treatment Program (Kentville) - Since April of 2014, a Court Monitored Drug Treatment Program pilot for Kings County has been in operation in Kentville. The Court Monitored Drug Treatment Program hears cases which have been recommended and assessed as being eligible for the program. The Team is comprised of a Case Coordinator, Probation Officer, Crown Attorney, and Legal Aid lawyer or private counsel. A Provincial Court Judge presides in the Court.
- Court Monitored Mental Health Program (Kentville) – In 2014, government and community partners came together to establish a Court Monitored Mental Program in the Kentville area.

- Amherst Wellness Court - This Wellness Court was established in 2015.
- Wagmatcook Healing to Wellness and Gladue Court – This Indigenous Court has been in operation since April 2018.
- Bridgewater Wellness Court – This program was established in early 2019.
- Truro Wellness Court – This program will be operational as of January 2020.

Additionally, other local Mental Health and Addictions, Justice, and Community personnel have expressed a desire to create Wellness Court Programs elsewhere in the province, e.g. Eskasoni. All would benefit from a provincially consistent and coordinated approach recognizing the gaps in services, and unique regional issues may require nuanced approaches to deal with complex needs of offenders, i.e. housing, trauma, victimization mental health, physical health, and employment.

Appendix B

Understanding of Recovery

Recovery is a process, a way of life, an attitude, and a way of approaching the day's challenges. It is not a perfectly linear process. The need is to meet the challenge of the disability and to reestablish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work, and love in a community in which one makes a significant contribution (Deegan 1988).

Recovery means that individuals learn to cope with difficulties in their life, regain control and make choices and decisions for themselves, strive to achieve their goals, and develop skills to help them overcome future challenges.

Recovery Dimensions and Guiding Principles: (Adapted from SAMSHA, 2012):

The following four dimensions support life in recovery:

Health: Being able to overcome or manage one's disease(s) or symptoms—for example, making informed, healthy choices that support physical and emotional wellbeing, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem.

Home: Having a stable and safe place to live.

Purpose: Having meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.

Community: Having relationships and social networks that provide support, friendship, love, and hope.

Guiding Principles of Recovery

Recovery emerges from Hope: Hope is the catalyst of the recovery process. The belief that recovery is real provides motivation that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families & providers, allies, and others.

Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways: Individuals are unique with distinct strengths, preferences, needs, goals, culture, and backgrounds including trauma experiences that affect and determine their pathway(s) to recovery. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a

natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families.

Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers: Sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment, while peers and allies play an important supportive role for many in recovery.

Appendix C

Trauma Informed Practices (Adapted from NSDHW, 2015; BCPMHSU, 2013)

Trauma Informed Practice is a strength-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment.

Principles of trauma-informed practice:

Trauma Awareness:

A trauma-informed approach begins with building awareness among staff and participants of the commonness of trauma experiences; how the impact of trauma can be central to one's development; the wide range of adaptations people make to cope and survive after trauma; and the relationship of trauma with substance use, physical health, and mental health.

Safety and Trustworthiness:

Physical, emotional, and cultural safety for participants is key to trauma-informed practice because trauma survivors often feel unsafe, are likely to have experienced abuse of power in important relationships and may currently be in unsafe relationships or living situations. Safety and trustworthiness are established through such practices as welcoming intake procedures; adapting the physical space to be less threatening; providing clear information about the programming; ensuring informed consent; creating crisis plans; demonstrating predictable expectations; and scheduling appointments consistently. The safety and needs of practitioners must also be considered within a trauma-informed service.

Opportunities for choice, collaboration, and connection:

Trauma-informed services create safe environments that foster a sense of efficacy, agency, self-determination, and dignity. A key aspect of trauma-informed service is to create an environment where participants do not experience further traumatization or re-traumatization (events that reflect earlier experiences of powerlessness and loss of control) and where they can make decisions about their treatment needs at a pace that feels safe to them. Opportunities for collaboration and connection are important for people who have experienced trauma.

Strengths-based skill building and empowerment:

Trauma-informed services are equipped with understanding of the effects of trauma, and of the skills that promote self-regulation and resiliency, so they can assist children, youth, and families in developing resiliency and coping skills. Practitioners emphasize teaching and modelling skills for recognizing triggers, calming, centering, and staying present. Mindfulness and other skills are important not only for service users but also for service providers.

Recognition of cultural, historical, and gender issues:

In enacting these principles, trauma-informed services recognize that forms of trauma, such as historical trauma, war and interpersonal violence, are commonly experienced by Indigenous people, Nova Scotians of African descent, refugees, veterans, girls, and women. Services that are trauma-informed also need to be gender-responsive, culturally safe, and supportive of healing through cultural connections.

Promotion of service user and peer involvement:

Trauma-informed principles recognize the importance of actively pursuing the participation and involvement of service users and their peers in the design and implementation of services. Through input from service users and their peers, it will be possible to get critical feedback to increase choices for the users of our service. Additionally, integration of peer support can be instrumental in creating safety and choices for service users.

Appendix D

Harm Reduction (Adapted from BCMH, 2005)

Harm reduction is a pragmatic response that focuses on keeping people safe and minimizing death, disease and injury associated with higher risk behaviour, while recognizing that the behaviour may continue despite the risks. At the conceptual level, harm reduction maintains a value neutral and humanistic view of substance use and the user. It focuses on the harms from substance use rather than on the use itself. It does not insist on or object to abstinence and acknowledges the active role of the substance user in harm reduction programs.

Principles of Harm Reduction:

Pragmatism:

Harm reduction accepts that the non-medical use of psychoactive or mood-altering substances is a near-universal human cultural phenomenon. It acknowledges that, while carrying risks, substance use also provides the user and society with benefits that must be taken into account. Harm reduction recognizes that substance use is a complex and multifaceted phenomenon that encompasses a continuum of behaviours from abstinence to chronic dependence and produces varying degrees of personal and social harm.

Human Rights:

Harm reduction respects the basic human dignity and rights of people who use substances. It accepts the substance user's decision to use substances as fact and no judgment is made either to condemn or support the use of substances. Harm reduction acknowledges the individual substance user's right to self-determination and supports informed decision making in the context of active substance use. Emphasis is placed on personal choice, responsibility and self-management.

Focus on Harms:

The fact or extent of an individual's substance use is secondary to the harms from substance use. The priority is to decrease the negative consequences of substance use to the user and others, rather than decrease substance use itself. While harm reduction emphasizes a change to safer practices and patterns of substance use, it does not rule out the longer-term goal of abstinence. In this way, harm reduction is complementary to the abstinence model of addiction treatment.

Maximize Intervention Options:

Harm reduction recognizes that people with substance use problems benefit from a variety of different approaches. There is no one prevention or treatment approach that works reliably for everyone. It is choice and prompt access to a broad range of interventions that helps keep people alive and safe. Individuals and communities affected by substance use need to be involved in the co-creation of effective harm reduction strategies.

Priority of Immediate Goals:

Harm reduction establishes a hierarchy of achievable steps that taken one at a time can lead to a fuller, healthier life for substance users and a safer, healthier community. It starts with “where the person is” in their substance use, with the immediate focus on the most pressing needs. Harm reduction is based on the importance of incremental gains that can be built on over time.

Involvement of Substance User:

The active participation of substance users is at the heart of harm reduction. Substance users are recognized as the best source of information about their own substance use and are empowered to join with service providers to determine the best interventions to reduce harm from substance use. Harm reduction recognizes the competency of substance users to make choices and change their lives.

Appendix E
List of Steering Committee Members
as of March 29, 2019

Name	Position	Department
Chief Judge Pamela Williams (Co-Chair)	Judge of the Dartmouth Wellness Court	Judiciary
Dr. Robert Strang (Co-Chair)	Chief Public Health Officer	Health and Wellness
Kimberlee Barro	Executive Director	Health and Wellness
Pam Chenhall	Frontline Clinician, Northern	NSHA Mental Health and Addictions
Dorothy Edem	Program Leader, Central	NSHA Mental Health and Addictions
Dr. Scott Theriault	Clinical Director, Central	NSHA Mental Health and Addictions
Ruth Harding	Director, Policy and Planning	NSHA Mental Health and Addictions
Patryk Simon	Research and Statistical Officer	NSHA Mental Health and Addictions
Kali Spencer	Coordinator, CMDTP Kentville	NSHA Mental Health and Addictions
Maureen Wheller	Communications	NSHA
Judge Catherine Benton	Provincial Court Judge	Judiciary
Judge Ann Marie MacInnes	Provincial Court Judge	Judiciary
Jennifer Stairs	Communications Director	Executive Office of the Judiciary
Claudia Mann	Director	Court Services, Department of Justice
Carolyn Baker	Coordinator, Policy and Compliance	Court Services, Department of Justice
Teri LeDrew	Research and Statistical Officer	Department of Justice
Aleshia Bushen	Senior Probation Officer, Amherst Wellness Court	Correctional Services, Department of Justice
Brian MacAulay	MSW, HRM	Correctional Services, Department of Justice
Aileen McGinty	Crown Attorney, Dartmouth Wellness Court	Public Prosecution Service
M. Ingrid Brodie	Chief Crown Attorney, Western Region	Public Prosecution Service
Angela Caseley	Crown Attorney	Public Prosecution Service of Canada
Charlene Moore	Service Delivery Director	Nova Scotia Legal Aid

Name	Position	Department
Cheryl Fritz	Coordinator of Court Services	Mi'kmaq Legal Support Network (MLSN)
Jennifer Griffiths	ESIA Specialist	Department of Community Services
Stephanie Zubriski	PhD in Health Candidate	Dalhousie University
Malcolm Jeffcock	Defence Counsel	Private Bar
Lillian Marsman	Program Administration Officer	African Nova Scotian Affairs
Tomi Abriel	Lived Experience Program Participant	