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July 14, 2010

The Honourable Ken Champagne
Chief Judge
Provincial Court of Manitoba
5th floor – 408 York Avenue
Winnipeg, MB R3C 0P9

Dear Chief Judge Champagne:

INQUEST INTO THE DEATH OF SHARON JOYCE HORN

I am writing to advise of the results of the inquiries made by my office concerning the inquest report recommendations dated June 8, 2006, issued by the Honourable Judge John H. Combs into the death of Sharon Joyce Horn.

At approximately noon on the 3rd of January, 2004, the frozen body of Sharon Joyce Horn, aged 57 years, was discovered by a person snowshoeing on a field at the northern edge of the City of Brandon. The Brandon City Police Service investigated and found no signs of foul play. An autopsy was performed and the cause of death was determined to be hypothermia.

The Chief Medical Examiner called for an inquest pursuant to subsection 19(2) of *The Fatal Inquiries Act.* The inquest report was released on June 13, 2006.

As you are aware, it is the practice of my office to follow up on inquest recommendations if they involve a provincial department, agency or municipality. In this case, my office made inquiries with the Brandon Regional Health Authority (Brandon RHA) and Brandon Police Service. The following are the recommendations and the responses received.

<u>Recommendation One</u>

Community Mental Health develop a clinical practice guideline establishing protocols for all clients who are moving to a more independent living arrangement. The protocol should involve the following directives:

a) That decisions made to change the living arrangements of a client and, in particular, to remove a client from a residential care placement should not be made without consulting with and taking into account the wishes of a client. The only exception would be when a client's personal safety requires the immediate removal of a client from a living arrangement
b) That a move from a residential care placement to an alternative living arrangement which involves more independence involves inherent risk. This decision should not be made without consulting the mental health worker assigned to the client and, where applicable, the client's treating psychiatrist.
c) That the client should also, whenever possible, participate in any planning or discussion amongst mental health caregivers regarding potential changes to living arrangements.

d) That prior to any decision being made to increase the level of independence of a client's living arrangement, a full assessment should be conducted to determine the client's functional skills, cognitive abilities and mental health status to determine the level of risk in the proposed move. A standardized assessment process should be developed for this purpose and a component of the assessment should determine what skills may require further enhancement before the proposed change can occur.

e) That whenever possible, the client not be moved into a more independent living arrangement until the skills required for more independent living have been developed sufficiently so that the risk involved with the move can be justified.

f) That unless the client's personal safety or well-being is at risk, the client should not be removed from a residential care placement unless there exists an appropriate long care alternative living arrangement which is immediately available.

Brandon RHA Response

A "Clinical Practice Guideline" was developed by Mental Health Services – Brandon Regional Health Services.

"Objectives" stated in the guideline are:

- *To promote a standard of practice for Mental Health professionals, when planning transitions with clients who are considering more independent living.*
- *To recognize that services shall be provided in a way that respects and guarantees the individuals dignity, legal and human rights, culture, age, gender and other significant individual rights and characteristics.*
- *To promote the client's participation in planning and decision making to the fullest extent of their abilities.*

The guideline also lists the following "Standards of Practice":

- *A Case Manager must be indentified. The Case Manager may be a Mental Health professional or a professional from an external agency, as determined in a formal multi- agency planning process.*
- *Program Managers will provide regular clinical supervision for Case Managers, and may be accessed for further consultation as necessary. The Program Manager of Residential and Support Services may also facilitate linkages with appropriate program resources where needed.*
- *The Case Manager consults with the client, and when possible the client's identified support system (both personal and professional), prior to any change in living environment.*
- *The Case Manager attempts to assist the client in choosing a living environment where the client is safe, secure and satisfied.*
- *When possible, client skills needed for more independent living shall be sufficiently developed, before a change is initiated.*
- *When possible, the Case Manager should ensure sufficient resources are in place, so that the client can maintain himself/herself in a chosen living environment.*
- *When possible, monitoring should be implemented that reflects each individual client's resources, strengths and needs. The Case Manager will have in place a contingency*

plan, for support and direction of individuals involved in client care, for management situations in which he or she would not be available.

- When needed and when possible, a full assessment should be conducted to determine a client's functional skills, cognitive abilities and mental and physical status to determine the level of risk in the proposed move. Each program area has access to various assessment tools and resources if clinical judgment determines an assessment is warranted.

- In situations where the Case Manager becomes aware that a client is living under circumstances where there is clearly demonstrated risk to the individual or to others in the community; or the client presents with substantial and/or debilitating signs of mental and/or deterioration, the Case manager must comply with the terms of the Mental Health Act and ensure an emergency physical and psychiatric assessment.

The Brandon RHA also reported that:

Community Mental Health Workers are responsible to monitor support and care for all Mental Health clients in Residential Care settings. Family Service and Housing employees who inspect Residential Care settings related to legislated requirements hold additional responsibilities. Where the issues of safety and removal arises the Community Mental Health Worker is involved, the client is included, and alternate placement explored. The Transition Protocol (initiated in March 2007) identifies the client as central to the process. Clinical judgment and the Mental Health Act inform assessment and circumstances may arise where urgent action is required related to appropriate care and safety.

In follow-up discussions the Brandon Regional Healthy Authority advised that an audit was completed to determine which clients in Residential Care do or do not have a psychiatrist and that as part of the protocol for the transition of clients from one living environment to another, their psychiatrist will be notified.

The Brandon RHA also stated that:

Brandon Mental Health Services do not own or control facilities that clients live in for the long term. It is often a balancing act to have the right housing available at the same time clients need them. Reality is that Brandon has a shortage of housing. Mental Health has been, and continues to be, involved in the development of a range of housing options.

and

Finally, it is important to emphasize the voluntary nature of Mental Health Services and the values that underpin service delivery. Efforts will always be made to support individuals in living choices that promote their recovery and quality of life; however, except in limited circumstances, clients ultimately make choices based on their own sense of self-determination.

Recommendation Two

Communication between the various caregivers involved with mental health clients needs to be improved generally but particularly during the time of residential transition. A structured case management process needs to be developed with the following components:

a) The Mental Health Worker should lead the case management team and ensure that there is regular communication between all caregivers and collateral resources involved with the client.
b) All caregivers should be aware of all the risk factors and warning signs specific to the client which might signal deterioration in mental health. All available resources should be utilized to watch out for and manage those risk factors.
c) Regular meetings of all caregivers should be encouraged to monitor and exchange opinions as to the status of the transition process. If possible, the client should be involved in such meetings.

Brandon RHA Response

A structured case management system exists within all Mental Health Services. In some situations, the client may lead the team. The client's Community Health Worker will always participate in the planning process but roles may vary based on individual needs of the client and other agencies involved. Occasionally, crises situations occur when the client's worker is not available, at which time the situation is managed by another resource and the client's Community Mental Health Worker is advised and engaged to follow through as soon as reasonably possible.

Proctor voice mail has been initiated to encourage communication flow between Community Mental Health Workers and proctors. All Community Mental Health Workers have voice mail that is accessible by proctors and clients, 24 hours a day. Proctor documentation standards have been adopted and implemented.

Proctor service clinical orientation checklist and monthly reports have been implemented. Proctor inservice training has been restructured and re-instituted. Level of training varies based on education and experience of each Proctor.

Planning for clients is on an individual needs basis. As numbers of clients utilizing proctors, number of proctors and proctors turnover has grown, current standard of one-hour supervision by Community Mental Health Worker per month becomes a challenge. Processes for seeking guidance and support for resolution of inter-program issues are in place and utilized on a regular basis. Planning for coverage of case loads when Community Mental Health Workers are away is individualized and a process for coverage is available in each program.

The Brandon RHA provided our office the following program policies and procedures:

Proctor Services - *Proctor Documentation Sheet*
Proctor Supported Residence Contingency Plan
Request for Short-Term Proctor Services
Request for Adjustment of Proctor Service
Request for Renewal of Proctor Service
Clinical Orientation Checklist
Medication Documentation Sheet

Adult Community Mental Health - *Client Service Processes*
Intake Unit Services
Intake Service Methods
Waiting List Procedure
Liaison Protocol – Centre for Adult Psychiatry
Clinical Services Team Service Methods
Occurrence Reporting
Client/Visitor Safety
Community Mental Health Program Mandate
Service Planning Pathway
Population Health Initiatives
Community Mental Health Services Referral Chart
Service Delivery Methods
Clinical Practice Guidelines
Client Satisfaction Surveys
Treatments Outcome Surveys
End of Service
Structure of the File
Open/Closing of the File
Confidentiality & Release of Information

Receiving Referrals
Intake Assessment
Assessment Update
Clinical Services Assessment Plan
Progress Notes
Caution Checklist
Co-Occurring Disorders Initiative

The following documents were also provided for our review:

- *Brandon RHA Policy A.5.200 for Multi-Agency Planning*
- *Process Map for Transitioning*
- *Manitoba Health Policy HCS-210.2 for Consumer Participation in Mental Health Services Planning, Implementation and Evaluation*
- *Manitoba Health Policy HCS-210.3 for Family Member and Natural Support Participation in Mental Health Service Planning, Implementation and Evaluation*

These documents have been reviewed and a structured case management process with the components identified in the inquest report appear to be in place.

Recommendation Three

That programming should be developed to enhance the independent living skills of those clients presently in residential care placements. This programming should be made available to those clients who could potentially increase their self-sufficiency within a residential care placement or potentially acquire enough skills to move to a more independent living arrangement. This programming should be made available to all clients who might reasonably benefit from it and those clients should be actively encouraged to participate. Such a program should ideally include the training of existing residential caregivers who could provide some of the skill development for the clients.

Brandon RHA Response

Individualized support plans for clients in Residential Care are reviewed and revised on a regular basis. Annual Residential Care provider education day is held. Residential Care includes private family operated facilities.

As a result of changing client need and choice and declining private family operated Residential Care resource, Brandon RHA has developed alternative resources such as Proctor supported residences, McTavish Manor, Amberwood Village. These new resources provide more opportunity for skill development and individualized planning.

My office made further inquiries with the Brandon RHA and was advised that:

Sharon Horn moved from what could be termed a "Family" or "Mom and Pop" Residential Care Home. These settings continue in decline and are no longer favoured by clients or considered "best practice". Generally individuals who are leaving these settings are transitioning to more intensively supported settings, i.e. personal care home settings. When exceptions do occur and an individual moves to a more independent setting, the Transition Protocol describes the role of assessment as well as opportunities to develop skills and access resources.

McTavish Manor and Amberwood Village, as part of Residential Services, are transitional in nature and are in place to help individuals acquire independent living skills and to develop connections to community resources that will promote success.

Regardless of where individuals are moving from, the Transition Protocol identifies assessment and opportunities to develop independent living skills and access resources.

Additionally, The Brandon Regional Health Authority has been successful in acquiring further funding for Proctor Services from Manitoba Health. This has resulted in an increase in the capacity and number of Proctor Supported housing situations.

Recommendation Four

That a variety of housing options have to be made available for mental health clients. These options should be sufficiently flexible to adapt to the client's needs and would include options from a completely supervised living arrangement to supported independent living. The options should also include short term living arrangements to allow clients to move gradually into a more independent environment and would also allow return to a more supervised environment should that need arise.

Brandon RHA Response

There are 2 issues – one is bricks and mortar and one is support for clients living in the housing, such as Proctors. There is a fine balance between availability of housing and clients ready to move and the Proctor supports.

Brandon continues to be a relocation centre for persons with Mental Health problems, hence the population continues to increase, and these people are with life needs. Mental Health staff has been actively involved, locally and provincially, lobbying for housing resources.

Brandon RHA made recommendations to the Long Term Care Strategy in November 2005 for the provision of enhanced supports for individuals in community based settings.

The Brandon RHA has provided the following update regarding the Long Term Care Strategy:

There has been a Price Volume increase in the Proctor provision in the 2008-2009 budget. As well as an increase in the number of proctor supported homes from 15 in 2005 – 17 in 2009.

The Housing Resource Worker position at the 7th Street Access Centre has been increased to offer service from 5 days per week to 7 days per week.

The Long Term-Care Strategy which provides Specialized Support in Group Living is currently being offered to the tenants of Princess Park, Princess Towers, Winnipeg House and Kiwanis Courts with further expansion in progress. Also included in this initiative is Specialized Support at Home, these supports are available to persons living in the community who are having difficulty, due to advanced age or disability, maintaining their independent living within the city of Brandon.

The Brandon RHA also reported that:

Phase 4 of this project, to further enhance resources available to individuals in this community, is anticipated.

and

We continue to have a strong commitment and participation in a number of local and provincial activities and committees related to housing & support.

Recommendation Five

That the residential care system or a similar form of supervised living continue to be made available for mental health clients, when appropriate. Resources should be dedicated to these placements to encourage existing and potential caregivers to participate by providing a reasonable stipend for becoming a residential care provider and to train that individual to be able to assist the client in enhancing independent living skills.

Brandon RHA Response

Funding for clients in McTavish Manor, Amberwood Village and Residential Care private family operated facilities is through Employment and Income Assistance or personal funds. Annual training sessions for residential care providers has been initiated. Recent negotiations with Employment and Income Assistance has resulted in an increased subsidy for clients at McTavish Manor.

Follow-up information from the Brandon RHA advised that:

Funding rates for Residential Care are controlled by the Department of Family Services.

Residential Care Funding increases:
2006 - $80,300
2008 - 81,900
2009 - 83,500

Specific to Residential Care from our annual case analysis, this continues to be a declining resource contributed to by both a lack of ability to recruit new resources as well as a lack of demand/choice by clients for this resource. In 2006 there were 7 private care providers serving 21 clients, in 2008 there are 6 private care providers serving 17 clients.

As the Residential Care Resource has decreased there has been a corresponding increase in Supported Housing. This has been endorsed as a "better" practice.

The Portable Housing Benefit is a pilot project that will provide a rent supplement of up to $200.00 per month to approximately 300 low-income individuals (25 in Brandon) with mental health issues, who require additional assistance to find safe, adequate and stable housing(the "hard to house"). With the recent announcement that this will increase to 600 provincially we are anticipating an increase for our area.

The Brandon RHA also stated that it:

Continues to advocate for increased funding for Residential Care with appropriate government agencies.

Recommendation Six

That a mentoring system be developed to allow clients considering more independent living or actually making a move to be matched with another client of the mental health system who can be available to offer advice and assist with the transition.

Brandon RHA Response

Common Cause, a new initiative, is a group of individuals with Mental Health experience, working together with health and service providers to offer hope to others in the community.

Activities include development of activities in the area of peer-to-peer support, advocacy and education.

Recommendation Seven

That the Provincial Government should ensure that any financial impediment which would prevent a mental health client who is on social assistance or some other form of public support from accessing non-residential independent living skills training be immediately removed.

Brandon RHA Response

> *Under existing resource constraints, it is not possible to maintain housing and human resource supports to handle moves that may be required by virtue of "crisis" circumstances.*
>
> *There is some flexibility within the Residential and Support Services budget to accommodate day programming. Better funding has been negotiated with Employment and Income Assistance for Residential and Support Services.*
>
> *There are a small number of clients (primarily at Amberwood Village) that have transitional plans in place according to "Transitional Services for Adults" per the RCL Manual.*

Residential Care Licensing Manual Part 12 Appendix K - Transitional Services for Adults is as follows:

Preface:

Residential Care Facilities may provide care and supervision, defined as "the assistance required by an adult suffering from a disability or disorder which precludes them from living independently."

Residential Care Facilities may also provide Transitional Services, defined as "supportive services to persons who currently or potentially are capable of meeting their activities of daily living independently, but who temporally need supervision, assistance or counseling."

Policy:

A Licensee may provide Transitional Services to an adult resident where approved by the *Regional/Program Authority.*

Standards:

1. An assessment shall be completed by the Regional/Program Authority, in consultation with the Licensee, confirming the resident's ability to safely maintain themselves in the Residential Care Facility, without supervision, for a specified period of time.
2. *A plan shall be developed, by the Regional/Program Authority, which outlines the level of independence and support required, how the resident is to be prepared for independence and the gradual steps toward independence.*
3. *The plan shall be maintained on the facility file and reviewed on an ongoing basis to ensure that the resident's need for support, assistance, and independence are assessed and the plan adjusted accordingly.*
4. *The Licensee shall obtain a License to provide Transitional Services to a specific resident(s).*

Assessment

Standards: The assessment process for Transitional Services shall address the following:

1. *The resident's demonstrated skills which would allow him or her to remain independent and unsupervised in the facility for specific periods of time;*
2. *The resident's skill in managing safety issues. e.g. how to react in a fire emergency, answer the telephone and door;*
3. *The resident's capability of exercising self control and following directions;*
4. *Any medical conditions, physical limitations, or behaviors which might preclude the resident from remaining in the facility without supervision.*
5. *The resident's ability to administer his or her own medications and to prepare his or her own meals, if required; and*
6. *The resident's ability to request and access supervision and assistance, should the need arise.*

Transitional Service Plan

The Transitional Services Plan shall be approved by the Program Authority or Regional Director and shall specify:

1. *The times at which a resident may be left unsupervised;*
2. *The supports to be provided, and provisions for access to supports should the resident require assistance when left unsupervised:*
3. *The Emergency Plan which shall include an information list for the use of the resident. This Emergency List shall include:*
   - *Name, address and telephone number of the resident.*
   - *Telephone number for police, fire and ambulance.*
   - *Neighborhood contact person*
   - *The person(s) responsible for providing the supports necessary.*

The Brandon RHA stated that it will:

> *Support the development and evaluation of skills programming and support to members and tenants at Brandon Community Welcome Clubhouse. (Brandon Regional Health Authority grant funded).*

and

> *Continue to support programming at Central United Church, such as the Community Kitchen and You Can Make It.*

Recommendation Eight

That mental health workers and other caregiving personnel within the mental health system be specifically trained as to how to respond to clients who are making decisions relating to their living arrangement that may result in safety concerns

Brandon RHA Response

> *By virtue of their education, Community Mental Health Workers are trained to assist and support clients with many transitions.*

Within the recovery model, individual choices are respected; however Community Mental Health Workers have a responsibility to assist clients to make informed decisions by reviewing the risk and safety issues and taking appropriate action based on identified risk and safety concerns.

The Psychosocial Rehabilitation model defines a process for making decisions related to different environments. Regular supervision is provided by Program Managers for Community Mental Health Workers.

Weekly program meetings provide a forum for discussion of client issues including safety concerns. Proctor inservice training has been reinitiated.

Annual Residential care provider education day is held. Residential Care includes private family operated facilities.

Recommendation Nine

That a policy be adopted that, whenever possible, changes to health care personnel (such as a mental health worker or proctors) working with a mental health client be avoided during times of transition into a living arrangement which increases the inherent risk to the client.

Brandon RHA Response

Changes to Mental Health care personnel are planned well in advance with transition planning and orientation of new staff considered. Current practice is that, where possible, an overlap for orientation is provided for those in transition. However, changes may occur based upon availability of resources that may be beyond our control, such as illness.

The Brandon RHA stated that it will:

Continue to plan and organize staff changes and to ensure/provide orientation to new staff.

Continue with vacation/leave coverage practice, which includes high risk planning.

Continue with the practice of overlapping staff for orientation when possible.

Recommendation Ten

That resources be dedicated to allow and encourage the families of mental health clients to be educated about the mental illness of their family member. This should be particularly encouraged in circumstances when contact with family is seen to be a cause of stress or possible mental health deterioration for the client. As much as possible, the family should be educated and involved in the treatment plan for the client while still maintaining the client's wishes and right to privacy.

Brandon RHA Response

A Mental Health family support group has been initiated and operates monthly between September and June. This group is advertised in the media, papers, radio, public service announcements. Centre for Adult Psychiatry, Child and Adolescent Treatment Centre and Centre for Geriatric Psychiatry all provide family sessions throughout the year.

Since the relocation of the Mental Health services from Brandon Mental Health Centre, the involvement of family has greatly increased in all Mental Health programs. Involvement of family continues to be with client consent and Community Mental Health Workers work with clients to assist them to make informed decisions in this area.

At Residential Services, client reviews are adjusted to accommodate family participation. Self-help agencies are promoted and advertised throughout the Regional Health Authority. Family participation indicates a change in practice at Centre for Adult Psychiatry over the last couple of years.

Brandon Regional Health Authority is participating in a provincial deliverable that enhances family involvement in policy and individual planning.

The BRHA explained that this is set out in Manitoba Health policy, #HCS.210.3 "Family Member & Natural Support Participation in Mental Health Service Planning, Implementation & Evaluation", and is applicable to all Regional Health Authorities as well as the Selkirk Mental Health Centre.

Recommendation Eleven

That resources should be available to educate the general public about mental health to help create a community that is safe and receptive to people suffering from mental illnesses. An informed public might be more prepared to become involved if they see a person apparently suffering from mental health symptoms who is in distress.

Brandon RHA Response

A number of initiatives have occurred over the years to educate the public - T.V., radio, paper, and public presentations. The Suicide Prevention Inventory Network committee has initiated annual educational session for high school students to sensitize them to Mental Health needs.

The Brandon RHA reports that it will:

Continue with Public education initiatives during Mental Health and Mental Health Awareness weeks and as opportunities arise throughout the year.

Continue to participate in the Annual DASH Tent in conjunction with the City of Brandon.

BRANDON POLICE SERVICE

Recommendation One

That the Brandon Police Services should improve their phone system to ensure, as much as is reasonably possible, that a person who makes a call to Brandon Police Services does not receive a busy signal or is not required to phone back.

Brandon Police Service Response

To ensure callers do not receive a busy signal callers 1 – 5 are now placed in a que. Callers 6, 7, & 8 simultaneously receive the following message. "You have reached the Brandon Police Service. We are experiencing high call volumes. If your call is an emergency please call 911. We at Brandon Police Service appreciate your patience and understanding at this time. We encourage you to call back with your complaint or concern."

The Brandon Police Service is continuing to monitor this new system and at this time no concerns have been noted and it appears to be operating properly.

Recommendation Two

Front desk attendants should receive at least the same call taking training as dispatchers employed by the Brandon Fire Department who are performing the same duties.

Brandon Police Service Response

The Front Desk Attendants at the Brandon Police Service now receive the exact call taking training as the dispatch employees at the Brandon Fire Department. This will continue to be the practice of the Brandon Police Service. In addition to this the Brandon Police Service has instituted a pre-employment multi-task test to ensure that perspective Front Desk Attendants can meet acceptable standards in terms of proficiency in being able to problem solve and handle a multitude of tasks at any given time.

Recommendation Three

That in circumstances where call takers receive information about individuals being out in extreme weather conditions, they should be trained to elicit from the caller any information available as to how long the person has been outside and that this information be passed along to the police officers who will be responding to the call.

Brandon Police Service Response

The Brandon Police Service has changed its policy to reflect the need for Front Desk Attendants and Investigating Officers in the case of missing or suspicious persons to ensure questions are asked to determine how long that person may have been missing or outside in inclement weather. The policy has been changed to reinforce the already existing ability on the part of dispatchers to upgrade priority two calls in cases where the information received warrants this action. The Front Desk Attendants, when taking calls, have an updated list of questions that they should be asking depending on the circumstances of the call and this includes how long the person has been outside in cases of extreme weather conditions.

Recommendation Four

That police officers be directed that when they are searching for someone in extreme weather conditions, they have the authority, in appropriate circumstances, to utilize the media to alert the public and engage their assistance in locating the individual.

Brandon Police Service Response

The Brandon Police Service Media Policy and Missing Persons Policy has been amended to reinforce the ability of an investigating officer or supervisor to consider involving media resources to alert the public in an effort to obtain assistance in the case of a missing or lost person. The factors that should be considered would include but not limited to the extreme temperatures, age of the missing person, and any mental health information or issues. In addition, the investigating officer or supervisors are also directed by Brandon Police Service Policy to consider the use of the Police Service Dog Unit in these investigations.

Recommendation Five

That the employees of the Brandon Police Services should receive regular training and information on mental health awareness to assist in responding to calls involving citizens with apparent mental health issues.

Brandon Police Service Response

Considerable debriefing took place amongst Front Desk Attendants, Telecommunications Operators, and Administration Members with the Brandon Police Service and the Brandon Fire Department. The training coordinator of the Brandon Police Service further developed a case study on the Sharon Horn Missing Person Investigation which was included in the spring 2006 in-service training to all Brandon Police Service Members. This information and case study will also be presented to newly hired employees and members.

The Brandon RHA made the following comment regarding this recommendation:

Brandon Regional Health Authority Mental Health Services provided an intensive training program for Brandon Police Services in the Fall of 2005. Brandon Police Services new officers receive a tour of the Centre for Adult Psychiatry and Crisis Services as part of their orientation. A committee involving Mental Health, Emergency and Brandon Police Service meets twice a year. Child and Adolescent Treatment Centre and Residential Services have an agreement with Brandon Police Services related to response coverage for emergency situations. Staff of the Town Centre have regular contact with Community Police Services. Brandon Police Service may be involved in individual planning sessions and have attended team meetings of different programs.

Based on our review of this matter, it would appear that reasonable consideration has been given to the above noted recommendations by the Brandon Regional Health Authority and Brandon Police Service. As such, our files concerning the Sharon Joyce Horn Inquest Report have been closed.

Yours truly,
Original signed by

Irene A. Hamilton
Manitoba Ombudsman

c: Dr. A. Thambirajah Balachandra, Chief Medical Examiner
Jan Sanderson, Deputy Minister of Healthy Living, Youth and Seniors
Carmel Olsen, CEO, Brandon Regional Health Authority
Brian MacRae, City Manager, City of Brandon