

Mental Health and Substance Use Leadership Committee –

January 22, 2026, 3:30 – 5 PM.

Private Meeting

Roll Call: Laura Conboy, Scot Gillam, Wendy Fisher, Lisa Lollar, Chelsie Boucher, Kristy Luffman, Megan Brunet, Anita Peter, Adam Andrecyk, Ellyn Clost-Lambert, Melissa West, Rae McDonald, Cheryl Snider, Shawn Lowe, Maggie Farmer, Liv Rondeau

Regrets: Shawn Quigley, Valerie Arsenault

Minutes: MS Teams

1. WELCOME

Laura Conboy extended a welcome to committee members. Welcome to Lisa Lollar, who is replacing Amanda Posadowski from Southeast Public Health.

2. ADOPTION OF THE AGENDA

Motion to approve the agenda by Rae McDonald. Motion seconded by Ellyn Clost-Lambert.

3. APPROVAL OF MINUTES

Motion to approve the minutes by Wendy Fisher. Motion seconded by Shawn Lowe.

4. COMMUNITY PARTNER UPDATES

Shawn provided an update on behalf of Maltby Centre, including recent changes to management portfolios and the addition of two new managers. He shared that mental health services within the autism program have expanded and that there is currently no waitlist for that fee-for-service mental health support. The waitlist for ongoing mental health services is approximately three months in Kingston, with shorter wait times in Sydenham and Napanee. Shawn also highlighted the launch of Close to Home, a pilot program aimed at supporting children and youth in the care of Family and Children's Services with complex mental health and

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developmental needs. He also noted ongoing efforts to expand access to psychology and psychiatry services for Maltby clients.

Lisa Lollar provided an update on behalf of Southeast Public Health. The Kingston Youth Shelter pamphlet and [video](#) have been completed. The video link was shared in the chat for committee members. The vape detector evaluation is with the Southeast Public Health communications department now and will be ready to share soon.

5. DRUG SUPPLY ALERT

Laura informed committee members that KFL&A is currently experiencing a tainted drug supply and emphasized the importance of increasing awareness of local harm reduction supports. This includes ensuring students know where they can access services such as substance testing through the Integrated Care Hub and obtain Naloxone kits. She noted that alerts like this highlight the need for increased vigilance, open conversations about substance use, and continued promotion of harm reduction approaches to support community safety.

6. EDUCATIONAL SERVICES CRISIS LINE

Laura has connected with some administrators and Educational Services affinities regarding the Educational Services Crisis Line. The LDSB Suicide Response Protocol outlines when staff should call the line. Staff training and clearer suicide response protocols have contributed to more consistent use. The crisis line currently receives roughly 170–180 calls annually, with only a small number of these requiring urgent or semi-urgent intervention. Most calls are consultation-based or protocol-driven rather than active crises. Input has been gathered from school and support staff groups, and further feedback from committee members was invited regarding the ongoing need for the dedicated crisis line, its long-term sustainability, and the potential impacts on staff support and crisis response if the service model were changed.

Feedback from staff consulted earlier this year is that there is a commitment to following the current suicide response protocol. We explored whether greater flexibility within the process may be appropriate for lower-risk situations. Feedback from administrators and support staff emphasized the importance of timely access to consultation and support during urgent situations to ensure both student safety and staff confidence in decision-making. Participants also discussed potential alternative approaches to supporting crisis response, including greater

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use of multidisciplinary teams and revised consultation steps. Concerns were raised by Laura and shared by Liv Rondeau about maintaining consistent documentation and accurate data collection if protocol requirements are adjusted.

Committee members discussed potential improvements to the LDSB Suicide Response Protocol and crisis line process, including clearer distinctions between crisis and non-crisis situations and the development of streamlined electronic documentation tools. Members also emphasized the importance of ensuring staff know who has received Applied Suicide Intervention Skills Training (ASIST) within their schools and identified opportunities to strengthen the use of school-based support staff before escalating concerns to the crisis line.

7. SCHOOL MENTAL HEALTH ONTARIO (SMHO) BOARD MENTAL HEALTH AND ADDICTIONS SCAN

The Board Mental Health and Addictions Scan offers a way to advance implementation towards SMHO's shared vision for school mental health in Ontario. Through the insights gathered, SMHO seeks to continually improve how they support boards to achieve their goals. SMHO also shares an aggregated summary of all board scans with the Ontario Ministry of Education. Additionally, LDSB may use the scan to support the development of our annual board action plans and inform decision-making at the district level.

The board scan focuses on implementation related to the board's mental health 3-year strategy and action plan, providing opportunity to track LDSB's progress over time. Questions refer to the 2025-2026 school year.

Using the polling function in MS Teams, committee members provided input on several questions from the scan, related to tier 1,2 and 3 supports. The scan will be submitted to SMHO by Laura and Superintendent Scot Gillam by the March 31, 2026 deadline. SMHO aims to have the results back to boards by mid-May to support action planning for 2026-2027.

8. ADJOURNMENT

- 9.** Laura adjourned the meeting. The next meeting will occur on Thursday, March 12, 2026 at 3:30 PM at Educational Services, Conference Room.

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