

**Prepared For: Human Services Justice Coordinating  
Committee (LHIN 4)**

**Program Evaluation of the Mental  
Health Court Support Programs and the  
Dual Diagnosis Justice Case Management  
Program within LHIN4**

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## EXECUTIVE SUMMARY

### Introduction

The research facilitator from the Southern Network of Specialized Care was contracted by the Human Services Justice Coordinating Committee in 2012-2013 to complete a program evaluation of the Mental Health Court Support Programs and the Dual Diagnosis Justice Case Manager Program (DDJCM) that are administered by the Canadian Mental Health Associations (CMHA's) and Bethesda Services respectively, in LHIN4. The CMHA Court Support Programs in this review were located in Hamilton, Brant, Haldimand-Norfolk and Niagara regions. Some data was also provided by the St. Leonard's custody and release program located in Brant. The Dual Diagnosis Justice Case Management program serves the entire geography bordered by LHIN 4.

### Method

A steering committee was selected from the regional court support programs and from stakeholder agencies within the catchment area bordered by LHIN 4. Members of the steering committee developed a Logic Model (a road map of goals and expected outcomes associated with Court Support Programs) and an evaluation framework (i.e. a process to guide the review and selection of data) to assist the facilitator's review of the programs across the four regions. The project was conducted in four phases to isolate both relevant key informants and data to inform the program evaluation. Invitations to participate and collaborate in the program evaluation were shared with The Six Nations of the region by members of the steering committee.

**Phase 1** – an on-line survey was distributed to CMHA court support program stakeholders within each of the 4 regions.

**Phase 2** – a semi-structured key informant interview was administered to a sample of justice professionals across the regions of Hamilton, Brant, Niagara and Haldimand-Norfolk.

**Phase 3** – a data template was designed to collect and compare client demographic (non-confidential), housing, educational and income data as shared by the four CMHA programs including St. Leonard's of Brant.

**Phase 4** - a review of the DDJCM program was completed by analyzing data relevant to the DDJCM program from the phase 1 on-line survey and from key informant interviews with justice professionals and court support program members from each of the four programs.

A summary report from each of the phases of the program evaluation has been prepared in the following section of the executive summary.

## **Phase 1: On-Line Survey**

The on-line survey was created and distributed to key stakeholders in early December 2012 and closed in February 2013.

### **Survey Participants**

Thirty-one professionals responded to the survey from a variety of sectors including probation and parole officers, case facilitators, executive directors, managers, social workers, police officers, detective constables, nurses, supervisor, community justice programs, youth mental health court programs, acquired brain injury programs, system navigators, dual diagnosis justice workers and peer specialists. Aspects of survey responses are highlighted below.

### **Role of Court Support Workers**

Respondents ranked the following roles or helping strategies provided by the mental health (MH) court support workers equally strongly including: their roles in helping the court system understand people with mental disorders; helping people with mental health disorders understand court etiquette and proceedings; helping diversion clients get their charges withdrawn; helping people access court diversion and court support; and helping people get specialized developmental services as required.

### **Barriers and Effectiveness**

When asked to reflect on the barriers to working with mental health court support program members, many reflected that there were no barriers with these programs. When asked about changes that could make the program more effective, more than half of the respondents suggested that more workers in their region would improve effectiveness. Several respondents supported and commented on the need for a therapeutic or mental health court in their region and others commented that the current bail supervision program is very effective.

### **Collaboration**

Collaboration was rated highly by respondents and reported to occur regularly through the exchange of mutual information about clients, by making client referrals to and from the programs, by attending HSJCC coordinating meetings, in joint service planning, interdisciplinary meetings and in generating crisis protocols.

## **Phase 2: Key Informant Interviews**

Key informants were asked a range of questions about the value and impact of the Mental Health Court Support Program. A total of 15 justice professionals were interviewed including: 6 crowns, 2 duty councils, 3 defense councils, 1 Justice of the Peace and 3 Judges from across the

four regions. Respondents consistently shared that the MH court support team's dedication, availability, reliability, honesty, openness, community-based knowledge, communication skills, familiarity with mental health issues, effectiveness with clients and overall knowledge about the details of a case were all contributing factors toward maintaining their strong working relationships across the justice system.

### **Impact on Clients**

Respondents overwhelmingly reflected that persons with MH problems were impacted in a positive way by the court support program. In general they reported that persons with MH problems should not even be 'in the system' and that they helped clients understand the court system among many other necessary services provided.

### **Impact on the Court Process**

Respondents were hesitant to answer this question but in balance reflected that the MH court support program is an exceedingly useful resource and that it makes the justice system feel 'better' as they really do not want to send mentally ill persons to jail. At the same time, they expressed their priority is to protect the safety of the public.

### **Impact if Program were stopped**

All respondents were unsettled by the thought of the MH Court Support program being unavailable to their clients. Respondents commented that some of the impacts would include; fewer diversions, clients getting a criminal record and slowing down or impairing JOT (justice on target) or court time per case. Several key informants reflected that the system could be improved if court workers could be located in every court and have access to office spaces for briefings and meetings.

## **Phase 3: Data Summary**

The four Court Support Programs submitted 5 years worth (2008-2012) of client demographic and related data (as reported on MIS and CDS records and non-confidential) including the number of registered and unregistered clients, age, gender and general statistics about employment, educational status, highest level of education, housing and baseline primary income. St. Leonard's Community Services (an agency working in Brant only) is funded to provide Release from Custody work at the jail in Brantford and provided some baseline data for comparison purposes only.

### **Diversions and Justice System Responses**

The steering committee noted some variability in the way that court diversions are counted or tracked as well as in the number of diversions occurring between communities. Some of these differences could be attributed to different Crown Attorneys as well as other justice professionals. This observation was supported by reports from key informants about the continued growth and familiarity about mental health issues by justice professionals that has taken place over the past five (or more) years where the Court Support Program has been active in LHIN4.

### **Age and Gender**

The bulk of clients served by the court support programs were between the ages of 24 and 45 years of age. All programs also revealed a trend toward serving fewer younger persons (between 16-24 years) and fewer older persons (between 54-65 years). Gender profiles for 2011-2012 were provided by the 4 court support programs and St. Leonard's in Brant. Court Support Services were provided twice as often for males as females across all programs. These gender differences may echo those found in the general population that are in custody.

### **Registered versus Unregistered Clients**

Data collected from the programs showed some inconsistencies in the way that registered versus unregistered clients were being tracked. The steering committee reflected that both the reporting rules and the Ministry templates have changed a few times over the past 5 years. These differences become more apparent when examining the number of registered clients served across the 4 programs.

## **Phase 4: Dual Diagnosis Justice Case Manager Program**

The Dual Diagnosis Justice Case Manager (DDJCM) programs are affiliated with the Community Networks of Specialized Care (CNSC) across Ontario. The dual diagnosis justice case managers work with health, justice and corrections professionals to support people with a dual diagnosis who make contact with the criminal justice system.

**Phase 1** – an on-line survey was distributed to key stakeholders and agencies within each of the 4 regions. Survey was closed on January 30<sup>th</sup> 2013.

**Phase 2** – two separate semi-structured key informant interview templates were created and administered to key stakeholders within both the justice community and with CMHA court support staff in the four regions.

Twenty nine cross sector survey respondents shared their opinions and almost half reported that they perceive no barriers when accessing the DDJCM program. A series of key informant

interviews inquired about the program as well as any concerns or issues with people who have intellectual or developmental disabilities in the court process.

Overall there is good awareness about the work and scope of practice of the DDJCM program and recognition of the strong relationships that have been built with members of the judiciary.

## **Conclusion**

The Mental Health Court Support Program coupled with the Dual Diagnosis Justice Case Management Program are essential for clients, families and a host of collaborating partners in LHIN4. These court support professionals are knowledgeable, dependable and perceived to provide essential services to vulnerable clients in their communities. Respondents to both on-line surveys and key informant interviews overwhelmingly upheld examples of positive impacts associated with their work including, helping lower recidivism rates, improve access health care services and housing, stabilizing finances and providing assistance to stabilize lives in community after making contact with the criminal justice system. Overall, respondents emphasized their hope that both programs continue to grow and expand in numbers of resources where possible.

# Program Evaluation of Mental Health Court Support Programs in Hamilton, Niagara, Brant and Haldimand-Norfolk

## Introduction

The research facilitator from the Southern Network of Specialized Care was contracted by the Human Services Justice Coordinating Committee in 2012-2013 to complete a program evaluation of the Mental Health Court Support Programs and the Dual Diagnosis Justice Case Manager Program (DDJCM) that are administered by the Canadian Mental Health Associations (CMHA's) and Bethesda Services respectively, in LHIN4. The CMHA's included in the evaluation were Hamilton, Brant, Haldimand-Norfolk and Niagara programs. A program evaluation provides an opportunity for the members of an agency or team (HSJCC) to review what's been happening over time within a given region and program. This evaluation was structured to help target program successes and outcomes that are meeting or exceeding targets as well as to provide and highlight opportunities for program improvements or the restructuring of resources as desired.

## Method

A steering committee of members from the four CMHA's and related stakeholder agencies were invited to take part in developing a framework to complete a program evaluation of the Mental Health Court Support Programs and the Dual Diagnosis Justice Case Management Program (administered by Bethesda Services) in LHIN 4. Members of the steering committee developed a Logic Model (a road map of goals and expected outcomes associated with Court Support Programs) and an evaluation framework to guide the process. A steering committee provided instrumental guidance to the research facilitator as the programs were reviewed across the four regions. The program evaluation was completed in four phases which will be described below.

**Phase 1** – an on-line survey was distributed to key stakeholders and agencies who work with these court support programs across the 4 regions on January 30<sup>th</sup>, 2013.

**Phase 2** – a semi-structured key informant interview guide was created and administered to a sample of justice professionals across the four regions as directed by the steering committee including professionals from Hamilton, Brant, Niagara and Haldimand - Norfolk. The telephone interviews were conducted throughout the months of January and February, 2013 and included (N=15) responses from:

- 5 Crowns
- 2 Duty Counsel
- 1 Justice of the Peace
- 3 Provincial Court Judges
- 1 Legal Aide Counsel

- 3 Defense Counsel

**Phase 3** – a data template was created and approved by the steering committee for distribution to key persons within each of the four regional CMHA court support programs (including a St. Leonard’s release from custody program in Brant). Phase 3 data was aggregated throughout April-May, 2013.

**Phase 4** - a review of the DDJCM program was also completed with data that was derived from an on-line survey to key stakeholders (as per Phase 1 above) and through a series of key informant interviews with court support and justice professionals.

## Phase 1: On-Line Survey

The on-line survey was created, piloted and distributed to key stakeholders in early December 2012 and closed in February 2013. Key stakeholders were defined as members of cross-sector agencies who worked with or interacted with members of the Mental Health Court Support Program and the Dual Diagnosis Justice Case Management Program across the 4 regions. The on-line survey was designed with 16 questions and took approximately 10 minutes to complete. The survey did not involve confidential client information.

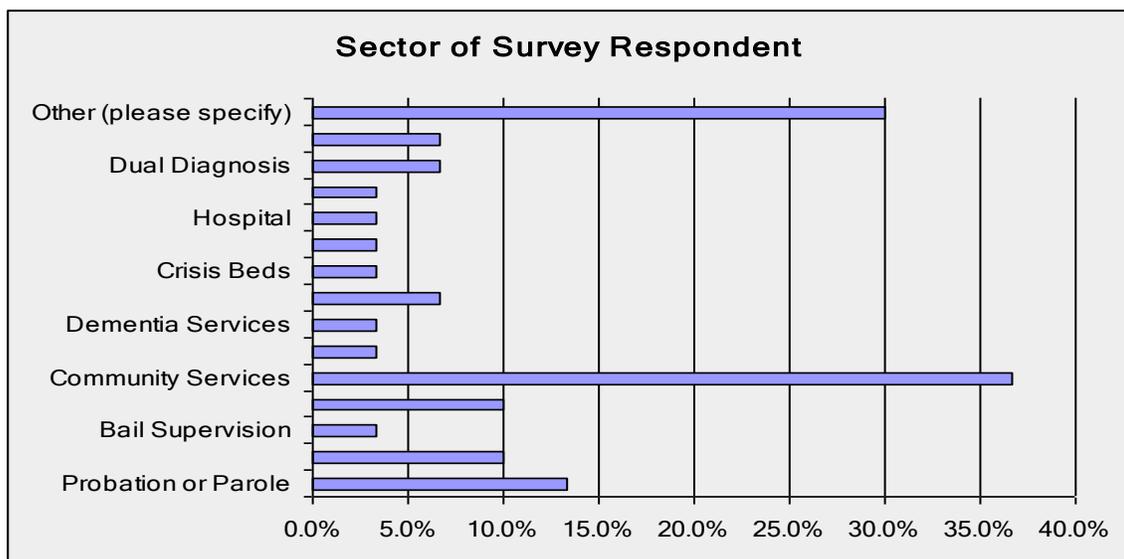
### Survey Participants

Thirty-one participants responded to the on-line survey including: probation and parole officers (5), case facilitators (5), executive directors (3), managers (3) social workers (3), police officers (3), detective constable, nurse manager, Supervisor of youth and justice services, community justice programs, youth mental health court worker, acquired brain injury workers, system Navigator, dual diagnosis justice case manager and a peer specialist.

### Sector Participants

There was a broad response from sectors as shown in the figure 1 below. Of the 31 respondents, most (11) were Community service providers followed by probation and parole (4), police services (3), correctional services (3), ACT team (2), Dual Diagnosis (2), Developmental Service Sector (2) and a cascade of other sectors including justice, acquired brain injury (5), youth justice (2) mobile crisis, duty counsel, crisis, justice, counseling, mental health housing, a paramedic, social navigator, senior mental health worker and some peer specialists. A chart of these sectors is available in figure 1 below.

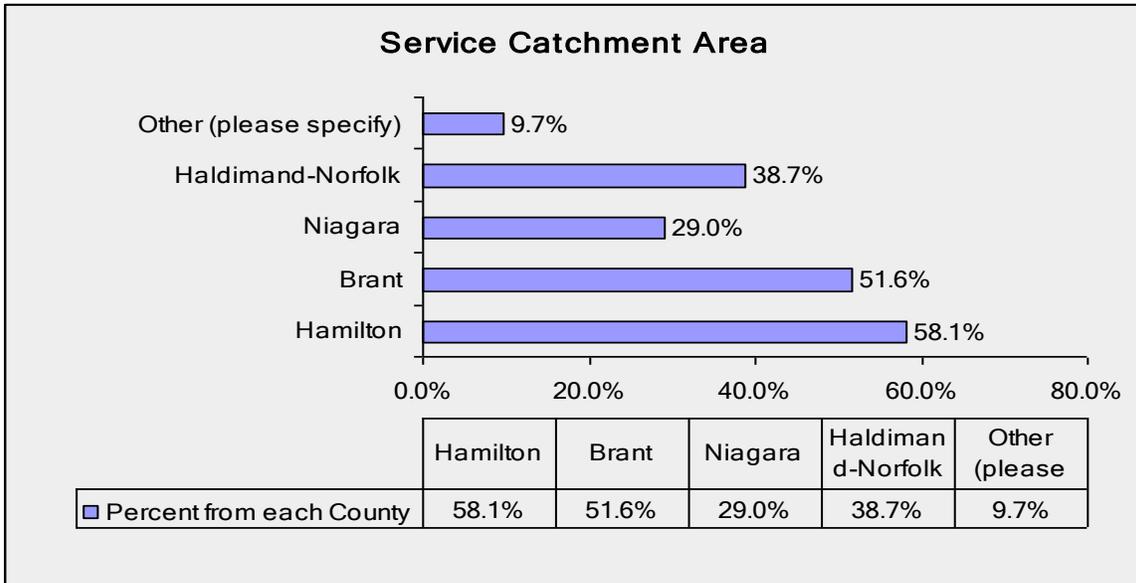
Figure 1



### Catchment Area of Respondents

Fifty Eight percent of the respondents were from Hamilton, 52% from Brant, 39% from Haldimand-Norfolk and 29% from Niagara. There were 3 respondents who indicated services in “other” areas including; Six Nations, part of Burlington, Halton and some other parts of Ontario. The percentage of respondents from each of four regions is represented in figure 2 below.

Figure 2



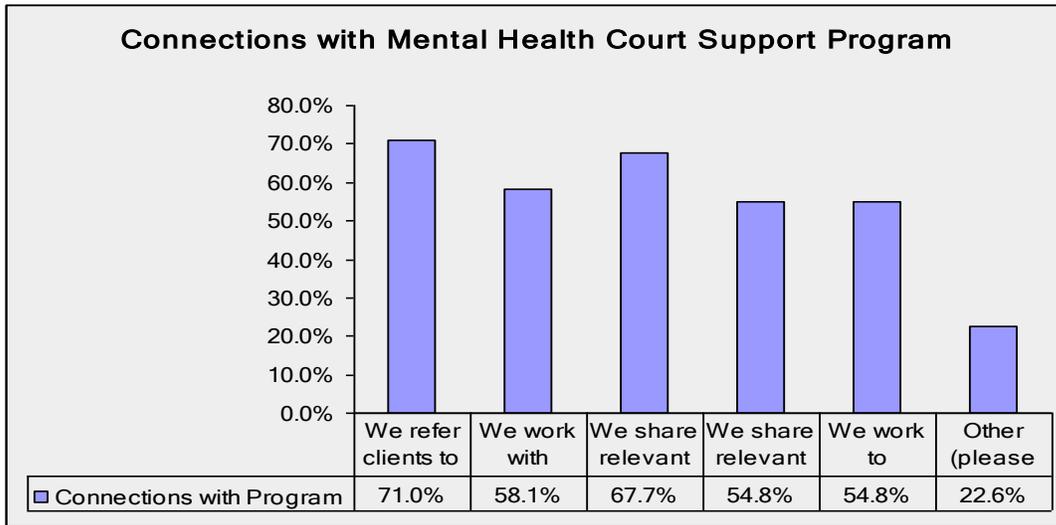
### Connections to Court Support Programs

When asked to describe their working connections to the MH Court Support Program over 70% of respondents reported that they refer clients to the program and almost 68% said they share relevant client information with Court Support. Similarly about 60% of respondents said they work directly with clients that are referred from the Court Support Program and an equal number suggested they work with the Court Support Program to advocate for MH clients and keep each other attuned to issues and programs that might impact the Court Support Program and their clients.

Other respondents indicated that they connect or work with the MH Court Support Program by ensuring that client follows through with the expectations and recommendations of the mental health court diversion program and assisted in the development and implementation of a youth mental health court worker program.

A graph highlighting these responses is shown in figure 3 below.

Figure 3

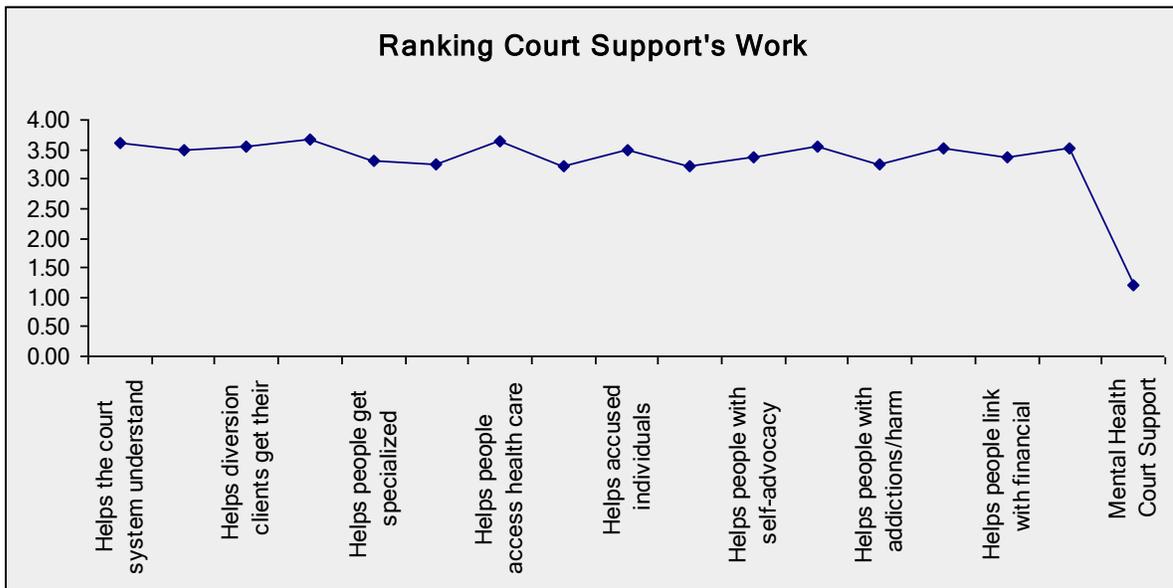


### Ranking Court Support's Work in Community

Thirty one respondents ranked the different roles or helping strategies demonstrated by members of the mental health court support program. The ranking was consistent (flat) at 3.21 – 3.67 across the choices that were available and dropped off quickly as participants disagreed with the statement that “mental health court support was *not* helpful”. This is a design strategy that tests how clearly survey participants are reading the questions (see ranking statement # 17 in table 1 below).

The ranking choices of participants can be viewed in figure 4 and the statements in table 1 below.

Figure 4



In table 1 found on the following page, the participants ranked the importance of these tasks that could be provided by members of the MH Court Support program in their region.

**Table 1**

1. Helps the court system understand people with mental disorders
2. Helps people with mental health disorders understand court etiquette and proceedings
3. Helps diversion clients get their charges withdrawn
4. Helps people access court diversion and court support
5. Helps people get specialized developmental services
6. Helps reduce recidivism in this population
7. Helps people access health care (for example, family doctors, nurses, and psychiatrists)
8. Helps people with their medications
9. Helps accused individuals stabilize in community
10. Helps people access social/recreational activities
11. Helps people with self-advocacy
12. Helps people with housing
13. Helps people with addictions/harm reduction
14. Provide information to families who have members in court
15. Helps people link with financial supports
16. Helps people get referrals to other community services they need
17. Mental Health Court Support does not help people very much

## Barriers

When asked to reflect on barriers to working with mental health court support program members, survey respondents over (16) respondents or 51% reflected that there were no barriers in their work with this program. About (10) respondents or 32% reported that the court support workers are restricted in their length of time they can work with a client. Another (6) respondents or 20% suggested that one barrier is the lack of case management available for persons with acquired brain injury (ABI). Still another (4) or 13% reported that it is difficult to get

referrals picked up by mental health support workers in their community and an equal number reflected that a barrier is the few times that a worker can meet with a client.

The choices available to survey respondents about barriers are outlined in table 2 below.

**Table 2**

Difficult to get in touch with the Mental Health Court Support Program	3.2%	1
Difficult to get referrals picked up by the Mental Health Court Support Program	12.9%	4
Court Support workers are not timely in their call backs	3.2%	1
Court Support workers are restricted in how far they can travel	6.5%	2
Court Support workers are restricted in how often they can meet with a client	12.9%	4
Court Support workers are restricted in how long they can work with a client	32.3%	10
Exclusion criteria (e.g. they don't provide case management to people with Acquired Brain Injury)	19.4%	6
I have not experienced problems or barriers with the Mental Health Court Support Program	51.6%	16
Other (please specify)	9.7%	3
Other (please specify)		5

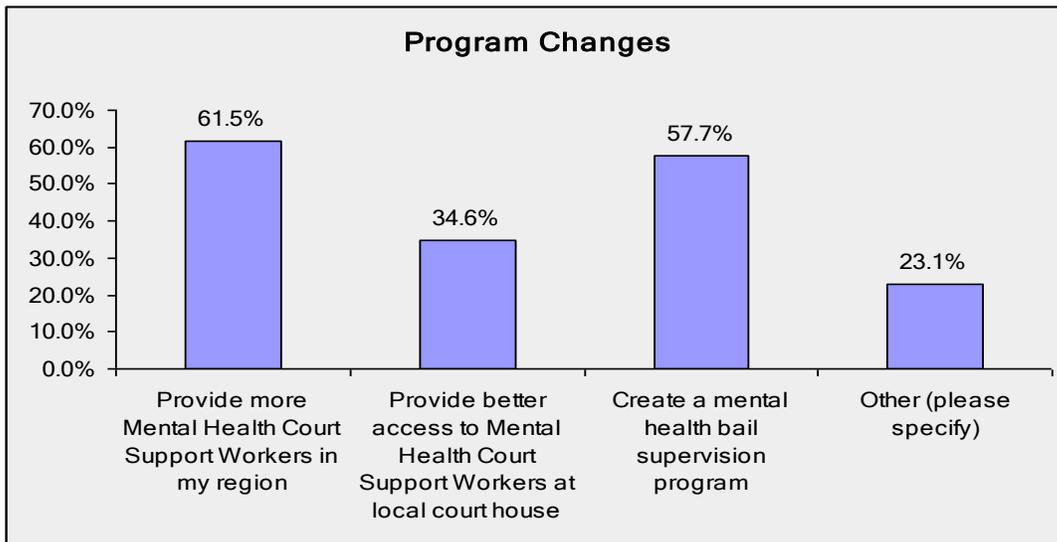
**Other comments about barriers:**

- Have not experienced any problems working the with mental health court support team, in fact, even though they are extremely busy they make time to work with community partners such as myself.
- There can be a lack of hands-on advocacy and support for this difficult population in that the program leaves it up to the individual to make contact with mental health worker, and to make self referrals.
- The level of clinical skill varies significantly between workers as does the service. Some clinicians provide counseling and more intensive support while others provide minimal support. Although this is partly due to client preference there is also a significant difference especially in different cities.

## Effectiveness of the Program

When asked about changes that could make the program more effective, 26 of 31 respondents (84%) answered and 5 skipped this question. Of note is that over 60% of respondents suggested that more workers in their region might improve effectiveness and 58% suggested that a mental health bail supervision program would help and 35% reflected that more access to workers at their court houses would improve program effectiveness. These responses are reflected in figure 5 below.

Figure 5



## Other Comments about Program Effectiveness

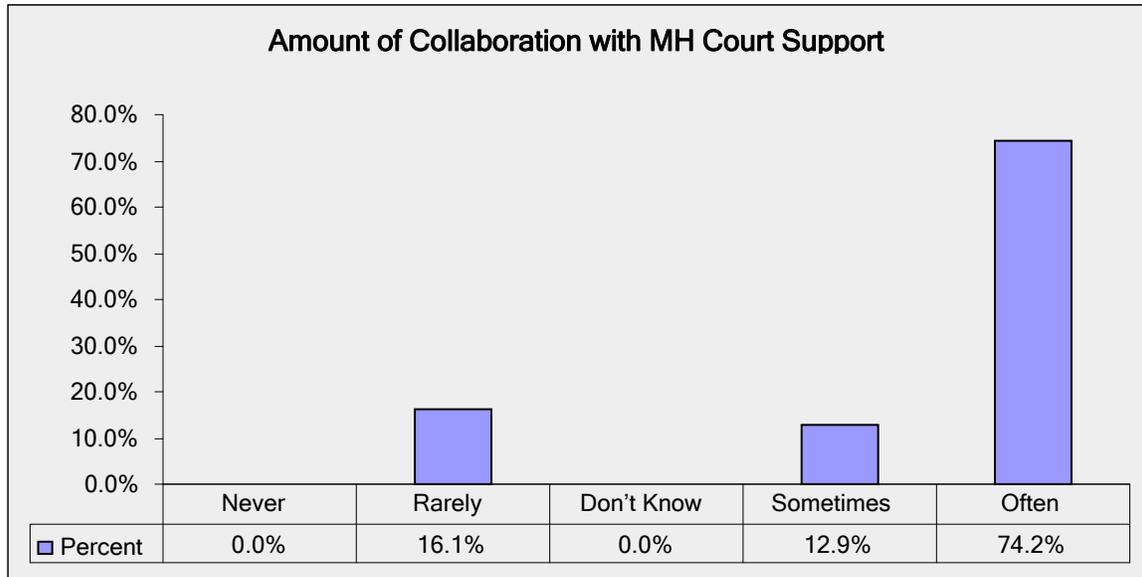
\*Note that a number in brackets represents the number of respondents who shared this opinion

- Need to advocate for a Therapeutic Court (3)
- Create more partnerships with community agencies.
- Increase communication about where clients are in the court system to ensure that a worker can be there to support them.
- Develop a team of court staff (crown, JP, judges) that is dedicated to work with mental health court support workers.
- The current Bail Supervision Program is very effective. It provides a continuum of supports for clients with mental health issues and other concerns such as finances, housing, crisis support, healthcare etc.
- Ensure access to a psychiatrist who is willing to prescribe medications and follow a client when released from jail.

## Collaboration

100% of survey respondents answered this question and over 74% reflected that they often collaborate with court support followed by 16% report that they rarely collaborate and another 13% sometimes collaborate. Collaboration is reflected in figure 6 below.

**Figure 6**



## Collaboration in Action

Collaboration occurs in a variety of ways with the MH Court Support Program including through the exchange of mutual information about clients, followed by making client referrals to and from the program and attending HSJCC coordinating meetings and joint service planning, interdisciplinary meetings, generating crisis protocols and so forth.

Table 3 below reflects the ways by which collaboration occurs within the mental health court support program across the four regions.

**Table 3**

Answer Options	Response Percent	Response Count
Interdisciplinary planning meetings for individuals	35.5%	11
Crisis Protocols	32.3%	10
Linkages Protocols	16.1%	5

Joint service planning	41.9%	13
Attending local Human Services Justice Coordinating committee	54.8%	17
Discharge planning	48.4%	15
Referrals to/from Mental Health Court Support Program	61.3%	19
Exchange of information on mutual clients	80.6%	25
Staff education between agencies	19.4%	6
Staff exchanges between agencies	19.4%	6
Memorandum of Understanding between agencies	16.1%	5
Other (please describe)	0.0%	0
Other (please specify)		1
<i>answered question</i>		<b>31</b>

### Improving Collaboration

When asked how collaboration could be improved with the MH Court Support Programs, 70% of respondents suggested they would like to improve communication within/between existing collaborations. Interestingly, almost half suggested they would like to both learn more about how collaborations work and how collaboration can help people with mental health problems. Still other respondents reflected that they would like to learn how to start collaboration.

Survey respondents responded to the choices presented in table 4 below.

**Table 4**

Answer Options	Response Percent	Response Count
Understand more about how collaborations work	45.0%	9
Understand more about how to start a collaboration	25.0%	5
Understand more about how collaborations can help people with mental health disorders	45.0%	9
Encourage a champion in my agency to start a collaboration	15.0%	3
Encourage an agency to collaborate with ours	45.0%	9
Improve the communication within/between existing collaborations	70.0%	14

Other - please describe	15.0%	3
Other (please specify)		4
<i>answered question</i>		<b>20</b>
<i>skipped question</i>		<b>11</b>

## Final Comments:

- Mental Health Court Support Program is respected by justice professionals and is very beneficial to a number of people on our caseloads (2). Court Support Program is always approached when diversion is being considered as a possible outcome; **(2)**
- They are an invaluable service; **(3)**
- Would be great to see the program expanded to include more court support workers; **(4)**
- The regional CMHA Court Worker Program works well with our organization and community. There just aren't enough caseworkers in any of our agencies to provide the level of service that is needed.
- They provide excellent support and follow through for individuals and families who may enter the criminal justice system. They are a valuable resource and knowledge base for any inquiries for the clients; **(2)**
- Waiting lists are a concern.

## Conclusion

Key stakeholders perceive that the court support programs are effective and essential in their support of mental health clients in community. In particular there was strong support for the continuum of community-based supports they provide including help with finances, housing, crisis support and healthcare. The four programs are executed in different ways hence there are different service delivery models across the region. There was agreement about the important role played by collaboration among the program workers and its key stakeholders as well as the role played by the Human Services Justice Coordinating Committee in LHIN 4.

## Considerations for Future Work

1. Consider how to engage key stakeholders toward the formation of a therapeutic or MH court and accordingly, the justice professionals who have expertise there.

2. Consider working with agencies that provide ABI services in order to extend existing services for persons with mental health issues.
3. Consider mechanisms to strengthen communication among key stakeholders about aspects of mental health support and planning for clients.
4. Consider building opportunities for key stakeholders to learn how collaboration can affect the support of community-based mental health clients.

## **Phase 2: Summary of Key Informant Interviews by Region: Haldimand-Norfolk**

Semi-structured telephone interviews were arranged with: 2 crowns, 1 duty council and 1 JP in this region.

All respondents shared a strong familiarity with the program and suggested that the program workers were not only well known to court staff but accessible and well liked. Many suggested they knew the staff on a first name basis, that the staff were knowledgeable about mental health issues and described a strong professional working relationship with these court support staff.

One respondent shared the following response: “I reach out to the worker and they provide me with good feedback - we work well together; I’ve seen them “in action and they are always in court ... The MH worker senses what a person is all about...their background and skill set are different than mine and their focus is different. A lot of these MH individuals don’t belong in the CJS and having someone that can focus on MH issues is so helpful.”

### **General comments:**

- we’re a small community – the MH workers often recognize former clients and provides great assistance to the Crown;
- work very well with Legal Aide;
- also able to establish rapport with these individuals which is not easy to do; rely on their input for release plan, diversion or conditions of release that would be appropriate;
- when it’s outside their depths (Mental Health Act) they know how to get prepared even when the process is unknown;
- we don’t know what to do with these individuals and the MH workers are a huge asset and resource; the Crown’s are limited by the Criminal Code – doesn’t always have the answers;
- they are very busy and under appreciated;

- ... like to see them in bail court when contemplating a “release” it’s a bit of reporting from client back to worker; we compare them to a probation office that way as the counselors go over the condition on their recognizance.

### **Factors that Contribute to a Strong Working Relationship**

Respondents shared that the workers dedication, availability, reliability, honesty, openness coupled with their ability to share knowledge about what’s available in the community and relevant community program changes, all contribute to maintaining a good working relationship with the judiciary.

### **Suggestions for Improvement**

Overall, respondents find the working relationship very good and that the team “keeps them in the loop and let them know what’s going on”. Some reflected that they wish there could be in every court. Would help if the program workers were in the court house; we don’t have a lot of space here and they don’t have a private space to meet at all here.

### **General Comments:**

- Have a very good working relationship that we’ve developed with their diversion program.
- There is a comfort level between us; they give us information knowing that might compromise their client; ie. can we or can’t we divert.
- They work with Crown’s around unusual types of resolutions for example, a long standing client with significant psychosis where a traditional 6 month diversion may be not enough and we work together to tweak it to something minor so they get longer supervision and they need to cooperate with CMHA.

### **Main Impacts from Mental Health Court Support Program**

#### **a. On Clients**

Respondents overwhelmingly felt that persons with mental health problems were impacted in a positive way by the MH Court Support program. In general they reflected that persons with MH problems should not be “in the system” and that the

MH Court Support team helped people:

- understand the court system;
- help them show up on time;
- help them get shelter;
- support them in court;
- avoid criminal convictions;
- get diverted;
- get care and attention from the medical community (including medications and referrals; and,
- get some understanding from the Crown.

### **Case Example**

...an elderly gent (MH/Alzheimer's) assaulted his wife and the wife couldn't care for him anymore so the MH worker was able to facilitate an ER contact to get other people involved. The older gent got diverted toward proper care and the Crown was able to 'withdraw' the charge and they worked together to find a solution.

#### **b. On the Court Process**

Respondents were hesitant to answer this question but overall in balance reflected that the MH Court Support Process is an exceedingly useful resource in the right circumstances that makes the judiciary feel 'better' as they really do not want to send mentally ill persons to jail while needing to protect the safety of the public.

### **Case Example**

...bail court runs more fluidly; everyone works together to achieve a common goal and we collectively are less afraid or scared of the MH person because we know the worker is there and they can come up and stand beside the person and make things work; we see them every day.

### **Impacts if Program Stopped**

- there would be fewer diversions;
- clients would not be able to avoid a criminal record;
- impact (slow down) court time JOT (justice on target);

- the defendant – not knowing what’s happening and the system would grind to a halt; it would shut down =- lack of lubrication;
- it would be that these “fringe” individuals that would take so much longer because these clients are not their area of expertise or strength – so doesn’t know what ER shelters are available and it sure helps when someone knows who to call; and,
- it would be a travesty if this were to happen as we are finally moving in the right direction and we need to make it available everywhere.

## **Phase 2: Summary of Key Informant Interviews by Region: Hamilton**

Semi-structured telephone interviews were organized with: 1 crown, 1 duty council and 2 Justices.

All respondents shared familiarity with the program and suggested that the program workers were not only well known to court staff but very accessible and well liked. Many suggested they knew the staff on a first name basis. Similarly, respondents shared that the MH staff were very knowledgeable about mental health and their overall duties and described a strong professional working relationship with the MH staff that are trusted and valued. One respondent shared that MH court support have a good balance of the need for public safety.

### **Case Example**

..when there is an identified MH issue the Court workers sit in the courtroom during the plea and sentencing process and we welcome their presence. They provide a fabulous service in determining an appropriate sentence and a judge needs every tool possible. Crown's don't have time and defense may not have represented an individual before.

### **Factors that Contribute to a Strong Working Relationship**

Respondents shared that: dedication, availability, reliability, honesty, openness, sharing knowledge about what's available in the community and relevant community program changes, being knowledgeable, having a good way with clients, knowing the details of a case and they all contribute to maintaining a good working relationship with the judiciary.

### **Case Example**

...their focus is on people who are mentally ill and they have their criteria that they have to meet; while this is a limited population it is a significant population and they look for lawyers who are prepared to serve this population and in Hamilton there aren't that many; so you can count the # of lawyers on one hand that are willing to do bail hearings (3-4 bail hearings who are picked up released); so they work together; we trust each other.

### **Suggestions for Improvement**

Overall respondents were satisfied with their working relationship. Some suggestions for improvement were provided in the following case examples below.

### **Case Example**

...perhaps a better or easier way to access client health “records” i.e. from hospitals; if they (crowns) are showing leniency toward a MH person they would like to see these records themselves so they can justify their position to a judge for instance; wants to do more than “look at it” if he could have better access to medical records without strings that would help.

### **Case Example**

...writing a report for the court – want to attach it to a probation order so that the probation officer who is monitoring and supervising could have access to the same information that the court had when administering the sentence.

### **Case Example**

... it would speed up the process if they would (in advance of the plea or the sentencing) provided a letter saying “yes this person is known to us and we’ve done this in the past” and if in the plea X is guilty and then we would purpose this as an exit plan.

## **Main Impacts from Mental Health Court Support**

### **a) On Clients**

Respondents overwhelmingly felt that persons with mental health problems were impacted in a positive way by the MH Court Support program. In general they reflected that persons with MH problems should not be “in the system” and that the

MH Court Support team helped people:

- reduce recidivism;
- connect with MH care such as doctors/clinics, medications and therefore reduce the likelihood they will re offend;
- reduces worry and stress for families because of follow up by CMHA workers in community;
- ‘address someone with a MH issue’ more respectfully and this can make a difference with their level of cooperation with the process versus becoming unruly; I can get a better response by learning from the MH worker what language to use; and,

- they help me 'deal with an offender'.

### **Case Example**

...the biggest impact on clients is that they don't sit in jail with nothing happening; they are released back into community; their charges in cases where it's appropriate, are diverted for 6 months and they may not get a criminal record.

### **Case Example**

...when they are assisting with an exit plan it's extremely helpful to have the MH worker and sometimes we put a matter over so we can create a plan – even more helpful when we get a letter from them saying what they've done in the past and what they can do now.

### **b) On the Court Process**

Overall the respondents shared that they “rely” on the MH Court support team for insight and appreciate them especially on more dangerous cases. For some, the MH team has opened up this area for learning in that they didn't have the volume of work in MH before.

### **Case Example**

...it's one of the reasons I am open to Section 85 (Legal Aide referrals) which allows for counsel to be appointed for a mentally ill person who can't retain their own lawyer. I've participated in many of these referrals and have built up legal expertise, so judges and JP's trust me and persons with mental illness end up with better and fairer results

### **Impact if the MH Court Support Program were stopped**

- there is no doubt that the accused would suffer the most because judges look to experts like CMHA to have a comfort level with these affected people;
- without CMHA helping - in the end people with MH issues would suffer and wouldn't get the same shake in the system as the rest;
- no doubt the accused would reoffend because they don't have the appropriate mental health care in the community; could result in more hospitalizations; and,
- it would cause more incarcerations without appropriate treatment

## Phase 2: Summary of Key Informant Interviews by Region: Brant

Semi-structured telephone interviews were organized with: 1 Legal Aide Support Worker, 1 Defense Council, 1 Crown and 1 Justice in this region.

All respondents shared familiarity with the program and suggested that the program workers were not only well known to court staff but very accessible and well liked. Many suggested they knew the staff on a first name basis. Similarly, respondents shared that the MH staff were very knowledgeable about mental health and their overall duties and described a strong professional working relationship with the MH staff that are trusted and valued.

### Factors that Contribute to a Strong Working Relationship

Respondents shared that: dedication, availability, reliability, honesty, openness, sharing knowledge about what's available in the community and relevant community program changes, being knowledgeable, having a good way with clients, knowing the details of a case and they all contribute to maintaining a good working relationship with the judiciary.

#### Case Example

..very knowledgeable they seem to be able to respond to all questions in a very capable way and if not, they either get it or find it and they indicate that an answer is not available –never been disappointed with their knowledge.

#### Case Example

...when CMHA is on board, it's more effective as they help in resolution discussions; it's almost a requirement to get them on board.

#### Case Example

..in bail court – (it may be) or soon will be a requirement as crown's encourage CMHA involvement; judges see them in court and like to hear that there is ongoing support being offered by CMHA.”

### Suggestions for Improvement

Overall, respondents find the working relationship very good and that the team “keeps them in the loop” and lets them know what's going on. One respondent reflected their wish for more

involvement with younger age groups i.e. only involved with age 16 and up and we would like to refer them to younger clients.

## Impacts from Mental Health Court Support

### (a) On Clients

- when the client knows when there is “help” from the mental health team they feel relief;
- the workers have a special way of getting through to the client and they know the resources that are available;
- CMHA takes the time to sit down and explain things to clients; and move referrals through more quickly (i.e. to see doctors) before their first appearance; and,
- one issue is “after care for beds”; there is a big search for beds for these individuals or they are back in the CJS; and when we do see them back from time to time, it’s mostly b/c they have not had a chance to get set up with physicians and trial medication which they need.

### (b) On the Court Process

Overall the respondents shared that they “rely” on the MH Court support team for insight and appreciate them especially on more dangerous cases. For some, the MH team has opened up this area for learning in that they didn’t have the volume of work in MH before.

### Other Comments:

- Their first appearance is often where MH issues are brought up if they need some guidance the MH court support people are there to let them know and referrals can be made to Court Support. Some are embarrassed about their MH issue i.e. when they realize they can’t do it on their own
- Everyone has a lot of high regard for CMHA involvement (through the entire judiciary) and we may take it for granted that referrals will be made and that they can help with residence plans, income support (etc) because there’s a huge gap in the system
- MH court support team is another outlet for us. The Ministry of the Attorney General is all about diverting people out of the system and if it’s a low end offence, we are just as

pleased to deal with it outside of the court process; so it's impacted on us in that we have another group to refer people to

### **Impact if the MH Court Support Program were Stopped**

All respondents were alarmed with the very thought of the mental health Court Support program not being available to clients and the judiciary at some point. Some comments about the program being stopped included:

- it would delay the court process because clients will need more appearances as they wouldn't have any support; **(2)**
- there would be a big gap – particularly for vulnerable clients with MH issues; services would be inconsistent and would put a huge strain on the system; **(3)**

## Phase 2: Summary of Key Informant Interviews by Region: Niagara

Semi-structured telephone interviews were organized with: 2 Defense Council and 1 Crown in this region.

All respondents shared familiarity with the program and suggested that the program workers were not only well known to court staff but very accessible and well liked. Many suggested they knew the staff on a first name basis. Similarly, respondents shared that the MH staff were very knowledgeable about mental health and their overall duties and described a strong professional working relationship with the MH staff that are trusted and valued.

### Factors that Contribute to a Strong Working Relationship

Respondents shared that: dedication, availability, reliability, honesty, openness, sharing knowledge about what's available in the community and relevant community program changes, being knowledgeable, having a good way with clients, knowing the details of a case and they all contribute to maintaining a good working relationship with the judiciary.

#### Case Example

...they are very much integral part of what we're doing; and mainly because lawyers can't always know what's available and can't understand a MH issue; the duty council can't go beyond that; before CMHA was there – these people fell between the cracks and they were HUGE.

#### Case Example

...It's almost beyond description about their usefulness they bring to the people going through the court system.

#### Case Example

...I'm very happy about FORM 48 – orders for assessment – where there has to be a threshold basis; there's the law and then there's convention; so what's developed is that we (the crown's office) facilitate the court orders by assisting to send material to the psychiatrist.

#### Case Example

...They are knowledgeable and their personality has a lot to do with their success; there is mutual respect (remembering that lawyers are a tough crowd to work with because they want to go around knowing everything).

## Case Example

...It's about their accessibility; there are several service providers in the court e.g. Native court workers, salvation army, victim witness people but all the judges know a worker and are influenced by what she has to say about a case more than other workers.

## Suggestions for Improvement

Overall, respondents find the working relationship very good and that the team "keeps them in the loop" and lets them know what's going on. Some respondents suggested they would like more MH Court Support workers, a MH court with more specialized Duty Councils too.

## Other Comments:

- need to have a mental health Court In St. Catherine's and Welland. A great percentage of persons live there for mental health reasons.
- the CJS is not a comforting place for the vast majority of persons with MH issues -so identifying and prioritizing these folks early is key; a court support representative could visit them in detention and mention/advocate that a person hasn't received their meds (or needs meds as one example).

## Main Impacts from Mental Health Court Support

### (a) On Clients

- helps them to get out of custody or jail as soon as is appropriate;(2)
- gets them into an appropriate setting – like housing/bed in a safe place
- lots of push (the crown's need to be more open) for diversion because these people don't need a criminal record; mens rea – workers are good at pushing the crown's to this place to avoid the plea of guilty;
- it was a struggle for people with mental health problems because we didn't have readily available programs so with CMHA in the building– they come into the court room and they set up a plan for the person;
- families come in to bail their children out if there is a MH issue involved; and they need to know how to get the child the help that they need;

- Seniors are at risk of experiencing MH problems and often have other serious health problems at the same time while they are in custody. They come from the detention centre that is over-crowded and where they are sleeping on the concrete floor (with possible head injuries) and the fact that CMHA can go in and speak with them is probably one of the more important functions within the bail system; **more important than what anyone else is doing in there;** directly dealing with safety issues of vulnerable;
- defense council knows there's support for the mentally ill with a professional dedicated to it;
- able to discuss bail/judicial and term release options;
- source for programming and support in community i.e. drug treatment **(2)**

#### **b) On the Court Process**

- can see MH issues being considered across the panel of duty council – that we have become more informed about MH issues;
- the best impact is that we ALL deal with the MH client better and more patiently than before (because they are not helping themselves or us!);
- helped to educate us a lot about MH issues - just by their own actions and you learn by watching;
- we've become better lawyers b/c we're more patient and getting the hang of how to interact;
- as duty council for sure it has impacted my ability to understand the issues better and CMHA is a tremendous help; it's like triage when I'm in bail court because I'm the only one there and in some situations the MH Court support person can competently deal with MH issues.

#### **Impact if the MH Court Support Program were stopped**

- it would be tragic because a lot of the court process would grind to a halt; it would revert back to the dark and stone ages;
- we'd have to call/find someone to help develop a plan for people because if lawyers were left to do this - it wouldn't happen that day and it would slow everything down for everyone;

- they are so integral now; you can't imagine life without them now;
- Workers check the BAIL list; they know people and they can often tell the Duty Council things like "we've helped before we can help again;
- we knock on their door; we track them down; we need them;
- it would be a serious loss with serious consequences – everything from safety of people would be compromised and when people are in MH crisis it's difficult to deal with them in court . There would be people who would be missed who have MH problems – but CMHA catches these people as a lot shouldn't even be there;
- the already terrible treatment of the mentally ill in the CJS would just be worsened.

## Conclusion

The MH court support program workers are over-whelming well received, appreciated and respected by the justice professionals across the four regions. These key stakeholders indicated repeatedly in their remarks that the system (including clients and members of the justice community) would be very negatively impacted if the program were stopped. Some suggestions for improvement were shared including their hope for more therapeutic or mental health courts including court workers in specific regions.

## **Phase 3: Data Summary from Court Support Programs**

The four Court Support Programs submitted 5 years (2008-2012) of client data (as per MIS and CDS records) for a range of client profiles including the number of registered and unregistered clients, age, gender, and general statistics such as current employment, educational status, highest level of education, housing and baseline primary income. St. Leonard's Community Services – an agency working in Brant County - is funded to provide Release from Custody work at the jail in Brantford and provided their data for comparison purposes.

When the steering committee reviewed the data it became apparent that programs had been collecting MIS and CDS data in different ways over the past 5 years. Further, the Steering Committee reflected that over the years there have been concerns about data quality. These data inconsistencies lessen the reliability for comparison purposes; nonetheless, general observations can be elicited as supported by the members of the Steering Committee for the purpose of this summary. As an example, one court support program reported that while they have four people that work with court-related activities that only two of the four reflect stats in their court support data because two act as case managers in the longer term with stats that are captured under case management not court support.

### **Justice System Response to Diversion**

One program reflected anecdotally that variability in the number of diversions in a community can be related to the differences between Crown Attorneys. This observation was consistent with reports from the key informant interviews that reflected changes in practice among the justice system over the five years that the Court Support Program has been active. The justice system has adjusted to increased familiarity and knowledge about persons with Mental Health problems. Similarly, the justice interviewees shared a sense of 'trust' in the range of options that could be supported by the Court Support Program, its valued staff and the people they served.

### **Client Age**

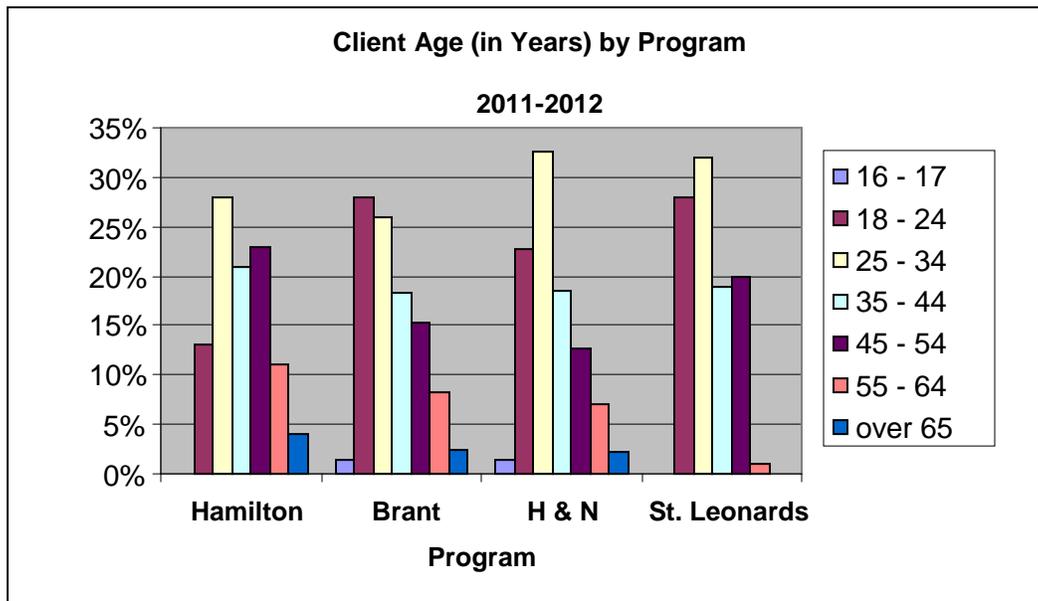
In table 1 below, client age served across 5 years (2007-2012) in all four court support programs has been graphed. Interestingly, the bulk of clients served in court support are

between the ages of 24 and 45 years of age. All programs revealed a similar trend toward serving fewer younger persons (between 16-24 years) and fewer older persons (between 54-65 years). Although some court support programs have an age mandate of 16+ years, in some communities, there are specialized youth mental health services (e.g. Haldimand-Norfolk) that support 16-18 year olds. These youth programs are operated by agencies other than CMHA's and are not funded by Ministry of Health Long Term Care; yet, CMHA Court Support staffs see these youth when they are in court rooms. Moreover, there are specific Crown protocols to guide how youth are dealt with and by whom and may explain why the court support programs are not showing larger numbers for youth served.

The steering committee reported that while the average age for court support clients tends to be younger that in fact, the persons getting community-based services for case management or housing tend to be older in age. This age group of 24-45 years of age is possibly reflective of who's typically in conflict with the law in general in Ontario.

*NOTE: Niagara is not included in this chart due to data collection problems.*

**Table 1**



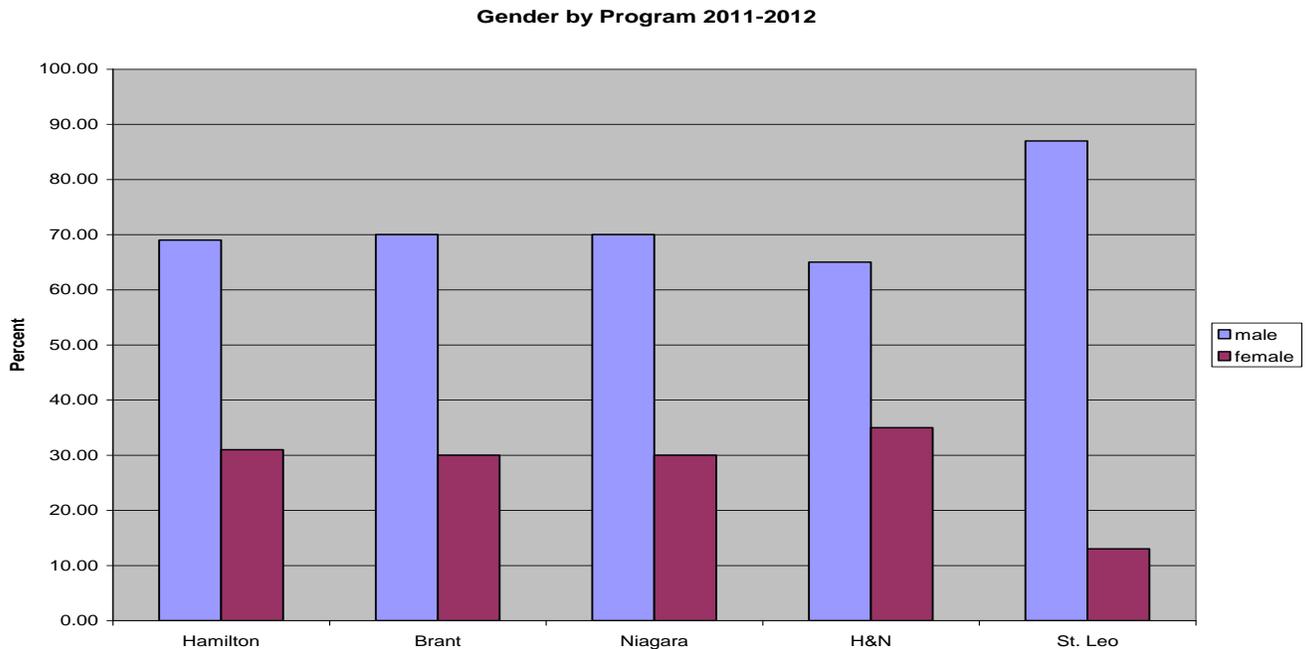
### Gender by Program

In table 2 below reflects gender profiles for 2011-2012 from the 4 court support programs and St. Leonard's in Brant. Interestingly, that an examination of gender data over the last 5 years reflects a similar trend whereby Court Support Services were

provided for twice as many males as females. St. Leonard’s data while not directly a Court Support program - also carries a higher percentage of males compared to females.

These gender differences may echo gender profiles of the general population that in custody – but that is beyond the scope of this review.

**Table 2**



### Registered versus Unregistered Clients

Data from the four programs showed some inconsistency in the way that “registered clients” versus “unregistered” clients were being interpreted and tracked. The steering committee reflected that both the reporting rules and the Ministry templates changed a few times over the past 5 years. These differences become more apparent when examining the number of registered clients served in the 4 programs. The County of Brant’s Court Support Program (contains the City of Brantford) with a population of ~130,000 averaged about 183 registered clients per year over the 5 years. Comparatively, the Hamilton’s Court Support Program which serves a population of ~721,000 averaged about 170 registered clients per year over the past 5 years.

Similarly, the Hamilton Court Support Program tracks “unregistered” as well as brief client contacts that their workers make in any one time period. On average, the Hamilton program has served 729 unregistered clients per year since 2009. They do not always complete a full OCAN on these unregistered or brief

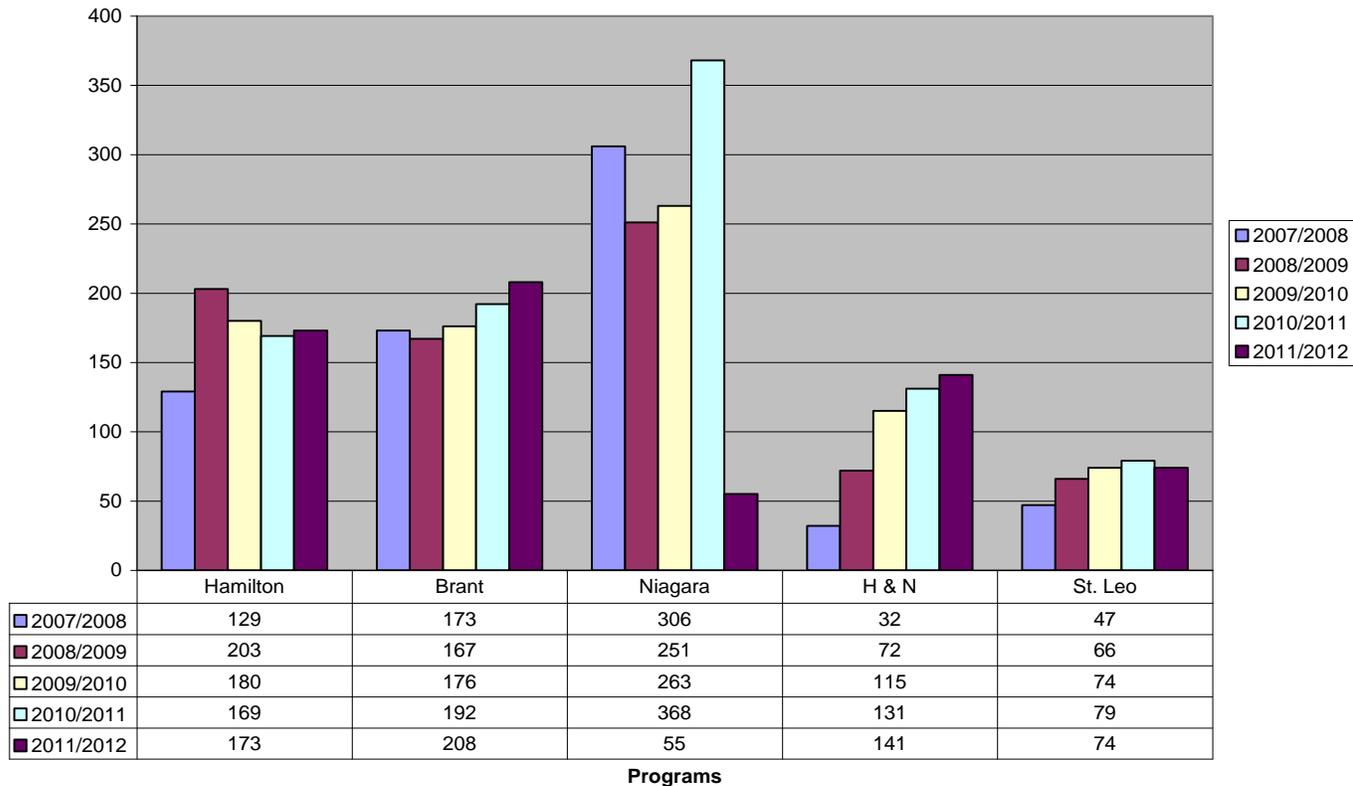
contacts with clients. Interestingly, the Hamilton Program has provided service contacts with an average of 4,174 clients per year over the past 5 years

All of the court support programs track unregistered clients. One difference is that registered clients are uniquely identified, and unregistered clients are tracked by their contact with the program. Each program has made its own internal decision about when to register a client such that comparing data across programs is difficult. An example would be Niagara's Court Support Program, which serves a smaller population base, yet has averaged about 248 registered clients per year across the last 5 years of service. As reporting expectations changed over the years, the number of registered clients in the Niagara Program came to represent the number of actual diversions that were completed by the Court Support team and in 2011-2012, and that number was 55 diversions.

Given that St. Leonard's is a local service provided in the County of Brant, their service numbers are reflected by smaller numbers in the chart below. Table 3 shows the inconsistent numbers of registered clients across the 4 programs including St. Leonard's in Brant.

**Table 3**

### Registered clients over 5 years



### Client Profiles (2011-2012)

The demographic data for 2011-2012 was somewhat inconsistent in the degree to which it was tracked and recorded for individual clients. There were areas of strengths and opportunities for improvement in the degree of fidelity shown to data fields across the 4 programs. The advisory committee observed that the collection of this data was more of a priority for some programs than others. When staffs were told they were expected to collect the data, it was usually captured. If the agency was not clear about the importance of collecting the data it was usually left as Unknown.

Nonetheless, some comments can be made about employment, education, primary income and residences of the court support clients in the 4 program areas.

### Employment (2011-2012)

The majority of people served by the Court support programs in LHIN 4 had little employment at the time of their contact with the criminal justice system. The clients showed a mixture of sporadic or non-paid employment experiences over 2011-2012

when they came into the Court Support Program. The Brant program reported that while 152 of 208 or 73% of clients had no business or employment that 28/208 or 13% had competitive or independent businesses and 16/208 or 7% had casual employment. This trend between unemployed, competitive or independent and casual employed was shared by the Hamilton Program.

### **Current Residence (2011-2012)**

The bulk of clients enter the court support program from the privately owned or rented homes, apartments and subsidized units. A significant percentage also enters from homes for special care (HSC), domiciliary(s) and municipal non-profit housing. A significant number of clients were also met in custody; hence their current residence was reflected as a correctional or probation facility.

### **Education (2011-2012)**

The bulk of clients served by the Court Support program are not currently in school. Three of four programs did not capture elements in this field. The Brant program reported that 9/208 or 4% of their clients reported their current educational status was secondary school and another 4% reported activity in adult education, community college or university education.

### **Primary Income (2011-2012)**

In general, the data showed that clients in court support get help connecting to eligible sources of income such as social assistance or ODSP (pension) over their time in the program. The Brant program reported that 32% of their clients were on ODSP while 21% were on social assistance, 16% had no source of income, 13% had employment-related income, 3 % had employment insurance, and another 3% had “other” sources of income. The Hamilton program reported that 51% of their clients were on ODSP, 16% on social assistance, 8% had employment-related income, 5% had pensions, another 5% had other sources while yet another 5% had no source of income. Interestingly, 4% reported having family as their source of income in Hamilton.

## **Conclusion**

The Court Support Programs have made strides towards adopting a consistent approach to data collection. Continued staff support toward understanding the role played by data quality and consistency would be of benefit. Current comparisons between programs are neither reliable nor completely possible as some data is lacking. The Court Support Steering Committee is aware of the benefits of strong and consistent data

collection - in particular when the volume or quality of work being done by a program is being represented to funders or other key stakeholders.

## Considerations for Future Work

1. Consider working with the Court administrators to find ways of obtaining office spaces for the court support workers;
2. Consider how to work with community agencies to build access to more community-based safe beds for MH clients;
3. Consider working with justice professionals to develop a way of sharing (confidentially) written health records;
4. Consider ways of helping funders support youth workers for persons with MH concerns under 16 years of age;
5. Consider ways of capitalizing on the justice professional's support for therapeutic or mental health courts ( St. Catherine's and Welland);
6. Consider ways to ensure court support workers can visit clients in detention centres where advocacy and attention to mental health needs are reinforced;
7. Consider how written reports on the background of the clients could be shared with probation/parole and other members of the judiciary;
8. Consider how court support workers might provide written information about their clients with MH issues to appropriate justice professionals ahead of court time;
9. Consider how the MH Court Support teams might continue to offer information education and/or training on aspects of community collaboration given the positive client outcomes from existing efforts across the criminal justice system; and,
10. Consider how the MH Court Support teams can work more closely with members of the ABI rehabilitation community to benefit these clients in court.

## Phase 4: Dual Diagnosis Justice Case Manager Program

### Introduction

The Southern Network of Specialized Care research facilitator was contracted in 2012-2013 to complete a program evaluation of the “Mental Health Court Support Programs” that are administered and supported by Canadian Mental Health Associations located across LHIN4 including those located in Hamilton, Brant, Haldimand-Norfolk and Niagara regions. As part of this review, the dual diagnosis justice case manager program was evaluated as supported through Bethesda Community Services.

A program evaluation is an opportunity for the members of an agency or program team (HSJCC) to take a look at what’s been happening over time within a given program. It can help target and review outcomes that are meeting or exceeding targets and also allow for some improvements or restructuring of resources as required.

### Background on the DDJCM Program

The DDJCM program has been affiliated with the Community Networks of Specialized Care (CNSC) since their inception and has been working with health, justice and corrections professionals to support people with a Dual Diagnosis who make contact with the criminal justice system. There are 12 FTE across the province (represented by ~23 DD Case Managers) that have been working to ensure that people with a dual diagnosis (DD)– receive timely community supports. Bethesda Services employs 1.2 of these 23 provincial case managers.

As part of this broader program review, a snapshot of the Dual Diagnosis Justice Case Manager Program was captured through specifically designed on-line questions, tailored questions imbedded in a key informant interview guide for discussion with members of the justice community and finally, an interview guide to engage regional court support workers who work collaboratively with the DDJCM program.

### Method

**Phase 1** – an on-line electronic survey was distributed to key stakeholders and agencies within each of the 4 regions. Survey was closed on January 30<sup>th</sup> 2013.

**Phase 2** – two separate semi-structured key informant interview templates were created, piloted and administered to guide telephone interviews that were arranged with the justice community and members of the court support programs across the four regions.

## Summary of On-Line Survey

Twenty-nine cross sector respondents shared indicated that they interacted with the DDJCM program in the following ways:

- Clients are referred to the DDJCM program when justice issues arise
- They participate in case management meetings on a weekly basis.
- The DDJCM program has referred young persons for transitional aged youth related programs.
- Hospital-based
- Through HSJCC and direct referrals for DD services
- Interact via justice programs from diversion to concurrent disorders programs; staff will engage the program assessment purposes in order to develop a meaningful service plan for clients that will encourage their success and personal well being in the community. Assessment provides a more defined plan of care and assists with a discharge plan, and,
- Assessments made through psychiatric hospital regarding court charges

### Barriers to Accessing the Program

Twenty-Two survey participants responded to this question and about 41% reported they perceive **no barriers** to accessing the DDJCM. Three respondents shared there are some difficulties getting help for clients who do not have a formal diagnosis of dual diagnosis, two reported that the program is restricted by how long in time it can work with a client, and two others suggested there are long wait times to get assessments for dual diagnosis.

### Other comments:

- Their role needs to be better defined for service providers; **(3)**
- No experience with this service; awareness of community based ABI services but not this program;
- The worker is spread too thin, covers too many areas and is therefore less accessible than could be;
- Slow to respond to e-mails and phone messages; and
- Criteria are very narrow.

### Effectiveness of the Program

Nineteen survey respondents (58%) responded by saying that they would like more DDJCM program workers in their region and 37% suggested they would like more access or time with

the DDJCM program in court. Eight survey respondents or 42% shared these additional narrative responses.

*Note: The bracket containing a number represents the number of times that respondents shared this opinion e.g. (3):*

- need a better understanding of the DDJCM program; **(4)**
- need representation in each of the court houses in the 4 regions to maximize their effectiveness;
- very good experiences with the program; value the expert assistance in the DDJCM program; and,
- need an increased awareness of ABI prevalence and diagnosis.

## Summary of Key Informant Responses from the Justice Professionals

A series of key informant interviews were conducted with justice professionals concerning the question:

“Do you have any concerns/issues with people who have intellectual or developmental disabilities (IQ under 70) that are going through the court process?”

### Respondents were comprised of:

- 5 Crowns
- 2 Duty Counsels
- 1 Justice of the Peace
- 3 Provincial Court Judges
- 1 Legal Aide Counsel, and,
- 3 Defense Counsels

Responses from justices and justice professionals about the DDJCM program as well as the extent of the issue for people with intellectual and developmental disabilities- ranged from their perception of seeing very few individuals upwards toward believing this population of vulnerable clients is a growing concern for justice professionals. A significant number of interviewees suggested that an umbrella “court professional” for all vulnerable clients would be an enhancement given the nature of perceived fragmented services at present.

Specific comments included:

- **familiar with** the DDJCM program and they do “a bang up job on reports” that we ask for;

- have **not dealt** with the DDJCM program before;
- I have worked with the DDJCM program on a least **2-3 cases**;
- **familiar with** the DDJCM program and they are great!
- for the most part we **aren't seeing that many**; some crown's think they are not divertible because there's no plan that can result in an "improvement." **(3)**
- seeing **some individuals with ID**; we could use a specialist that works with these people in our courts; **(2)**
- see **lots of persons** with special needs; **(5)**
- **seeing more** - and more awake to it now because the CMHA is flagging them for us; haven't been hearing about ID/DD through educational processes all that much however and summer school is coming up with MH (week long courses);
- recommend one umbrella service provider for vulnerable clients with a "1-800 line" for addictions/MH/FASD/DD and other disabilities i.e. the overlapping between service providers is confusing; **(4)**

## Summary of Key Informant Interviews with CMHA Court Support Workers

The court support interviewees (4 in total - 1 from each geographic area) answered a series of questions about the DDJCM program.

### Describing the Role of DDJCM

- the DDJCM program provides court support to individuals with dual diagnosis across the LHIN's 4 regions including negotiation with crowns, defense council, community agencies etc about the best service options for persons with dual diagnosis. Providing the "courts" with the best information about dual diagnosis and how do we deal with person with dual diagnosis; **(3)** and,
- they help with navigating through the justice system and working directly with and advocating with the individual when they are in the justice; also discharge planning; **(2)**

### Collaboration

- perceived as very collaborative; **(4)**
- they ALL depend on each other for court updates and information, and track their clients on our daily court sheets; we know when they're coming to court and we can provide them with information; **(3)**

## **Impacts**

- clients are better served as DDJCM program knows all the options available for these individuals; more ideas about community-based resources in a more timely manner; it has eased our workload because we were seeing the dual diagnosis clients before; **(4)**
- they have established solid relationships with Crowns; have a strong presence in the court house despite limited time; most Crown's and Defense know about the program and ask CMHA to pass along the referrals; **(2)**
- reduced jail time (ie. through bail plans); a Crown will want to be assured through "LIVE IN surety" such that the DDJCM program can support and help them find suitable housing; **(2)**

## **Effective Practices in the Program**

- program deals with the individual and families in an exemplar way; good at client advocacy; **(3)**
- program directs dual diagnosis clients to appropriate community services; timeliness; and getting judiciary proper information and referrals for people; **(2)**
- program has expertise with dual diagnosis clients; good connections to developmental sector; represent the "nature of the disorder."

## **Differentiation within the Court System**

- the court system has had a hard time coming to terms with the MH issues let alone dual diagnosis issues; however, the DDJCM program has helped to educate people in the criminal justice system about "who are the IDD clients"; the program has been good at breaking down the barriers;
- being able to come to court and get known, build relationships and connect with court staff;

## **Barriers in the Program**

- lack of time; the wait list; the ability to access other services (the assessment and testing that takes so long); there's not enough community workers to go around out there to see people; the ones that get down in the dirt, ie. APSW's – need more of them; **(2)**

- not enough people or time – should be more than one person; too many court houses and individuals to cover in that geography; not fast enough responses; some services have huge wait lists to get an assessment; **(3)**
- not enough staff/time – the program could be in Hamilton half the time; might be a slow start but the need is there; not sure what happens after DDJCM program works with a person - but more resources designated would be better;
- B. Jail could use a lunch and learn about the DDJCM program along with 3A and other units; and,
- DDJCM program has been responsive to everyone they have referred; they manage distances well; we are there with a client if they can't make it and we follow through with people on their case loads;

### **Program Improvements**

- the program can't provide court support to all 4 regions so they have to prioritize and utilize members of the other court support programs to do the "triage" on cases; the program comes in when it's most appropriate so we do a lot of screening and keep them up to date on about the clients that are in court; **(3)**
- the program can't do the job with the court houses being so far away; so much time and travel; the program is realistic about what they can do and we call them when we "need to;" **(2)**
- suggest cloning the DDJCM program; hire 2-3 more people; going to jail meetings is time consuming but takes away from direct time with clients; so if there were 2 people in the role they could trade off the meetings; **(3)**
- because they are stretched - people don't get seen and their voice isn't heard and they don't have services when they come out of the jail; no family support; no client support; a lot of assumptions and misconceptions are made and yet there is no one there to inform them about what should be happening after their court appearance; **(2)**
- the program does not have cell phones when we need the program "just in time" at the court room – this can make the difference of staying in jail over night or getting out that day;
- perhaps a little education/promotion about the program or information sessions to community members; suggest the DDJCM program attend a meeting at the Criminal Lawyer's Association;

- Relationship building could be better because of the lack of time being spent there e.g. judiciary; and,
- the role is very accessible; and responding well.

## Conclusion

The DDJCM program is well respected and appreciated for its dedication and advocacy toward vulnerable clients who have dual diagnosis across LHIN4. There is a well-articulated sense of collaboration experienced between the court support program and the DDJCM program. Stakeholders expressed a desire to know more about the program as well as how to recognize and understand people with dual diagnosis. Opportunities for education and training about these clients as well as aspects and protocols within the program would be appreciated by regional stakeholders. There is a consistent call from key informants for more program workers to decrease driving time, increase visibility and networking in regional courts and increase justice professional familiarity with the issues and nuances of people who have dual diagnosis.

## Considerations for Future

1. Consider working with stakeholder groups to intentionally build opportunities to increase awareness, understanding and knowledge about the DDJCM program.
2. Consider expanding the program to increase availability of workers in regional courts, jails and detention centres and to increase awareness about people with dual diagnosis (and their families) with justice system professionals.
3. Consider how the formation of one umbrella service provider portal (access point) for vulnerable clients with all disabilities would benefit clients and families and justice professionals working in the criminal justice system.