The Forensic Early Intervention Service

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camh

Centre for Addiction and Mental Health

- CAMH is Canada's largest mental health and addiction teaching hospital and leading research center.
- Main hospital located in Toronto, ON.
- Satellite offices across Ontario.
- 3000 plus employees
- CAMH combines clinical care, research, education, policy development and health promotion
- Currently re-developing its 27-acre Queen St West site
- A designated hospital under the Criminal Code of Canada
- 193 forensic beds
- 350 forensic outpatient clients
- A wide variety of addiction and mental health outpatient services

Forensic Early Intervention Service (FEIS)

- The service is available at the Toronto South Detention Centre (2015) and The Vanier Detention Centre for Women.(2017)
- It is a component of the provincial forensic mental health system
- The FEIS program compliments the mental health services provided by TSDC and Vanier
- The goal is to enhance timely access to acute forensic services for individuals identified with specific forensic mental health needs or at risk of falling under the mental disorder provisions as defined by the Criminal Code of Canada (CCC)

The Toronto South Detention Centre

- Location: 160 Horner Avenue, Etobicoke, ON M8Z 0C2
- Capacity: 1650 adult male inmates
- Maximum security
- 320 intermittent offenders, serving weekend sentences Friday to Monday (FEIS does not provide service)
    - *currently not active due to COVID

Vanier Centre for Women

- Location: 655 Martin St, Milton, ON L9T 5E6
- A 333-bed medium and maximum security facility for both remanded and sentenced female offenders.

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Inmate Population

- The majority of the inmates are remanded offenders – awaiting court dispositions, a small portion are serving provincial sentences.

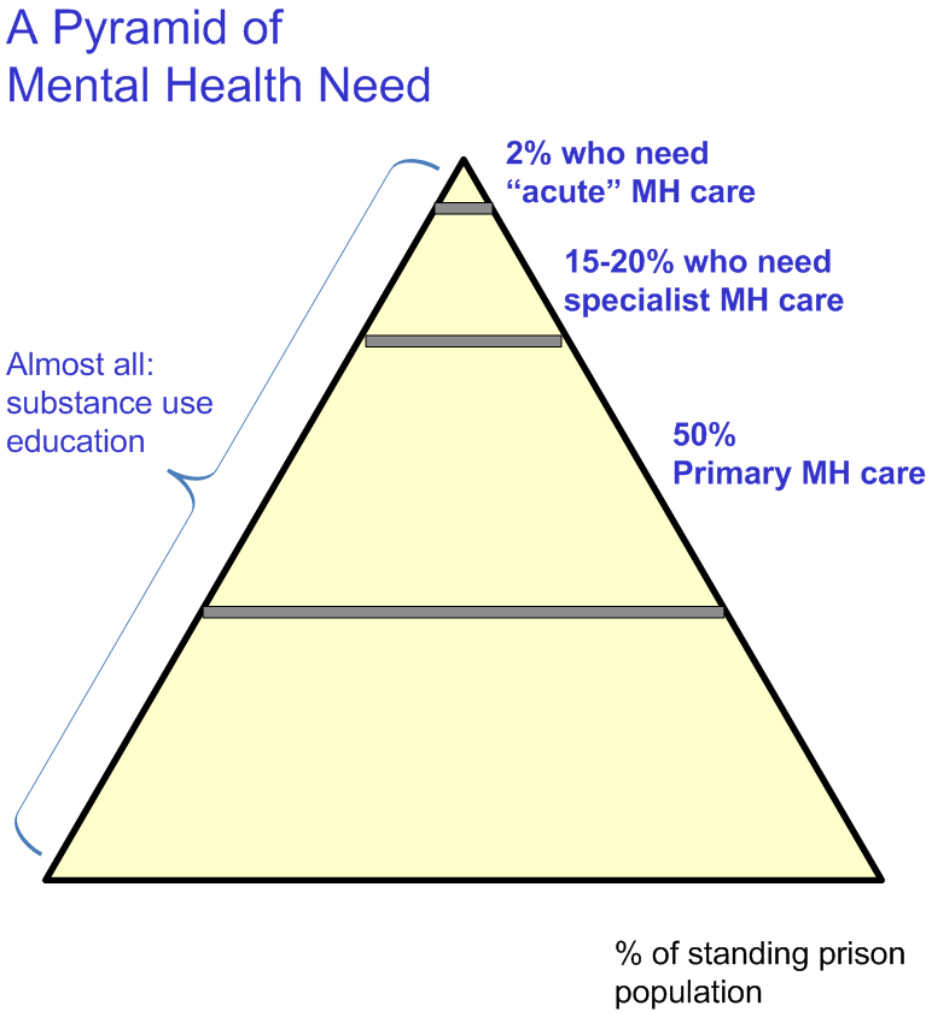
- Majority of the inmates are from the Greater Toronto Area attending specific GTA courts.

- The inmate population present with diversity that reflects the diverse GTA community.

FEIS - Concept

- Research demonstrates that those suffering with mental illness are over represented in prison.
- FEIS is an alternative care collaborative pathway
- A collaboration between Centre for Addiction and Mental Health, and the Office of the Solicitor General
- Funded to serve inmates who are or are at risk of being, subject to the mental disorder provisions of the Criminal Code of Canada (i.e. Not fit to stand trail or at risk of being unfit, or pursuing and NCR pathway
- Provides specialized mental health care

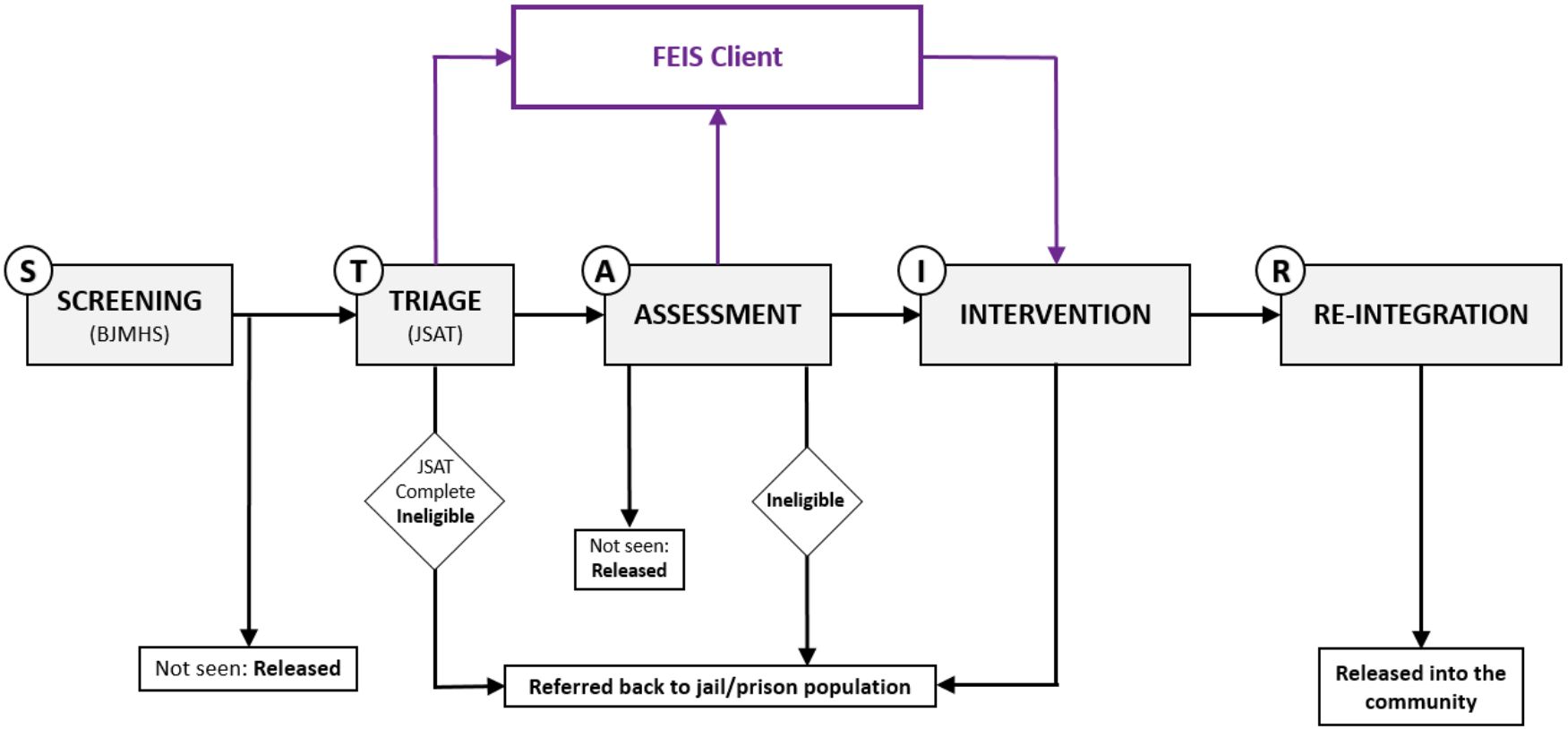
Mental Health Needs



FEIS will serve:

- The "tip of the iceberg" the 2%
- Those who are most unwell, i.e. may be unfit to stand trial, at risk of being unfit, or may have defence of Not Criminally Responsible (NCR) will be triaged to FEIS
- Those who do not meet inclusion criteria will be referred back to mental health services in the TSDC, with consultation recommendations

FEIS Pathway: STAIR Model of Care



Brief Jail Mental Health Screen

Section 1

Name: _____ (First / MI / Last)	Detainee #: _____	Date: ___/___/_____	Time: _____ AM PM

Section 2

Questions	No	Yes	General Comments
1. Do you *currently* believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you *currently* feel that other people know your thoughts and can read your mind?			
3. Have you *currently* lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are *currently* much more active than you usually are?			
5. Do you *currently* feel like you have to talk or move more slowly than you usually do?			
6. Have there *currently* been a few weeks when you felt like you were useless or sinful?			
7. Are you *currently* taking any medication prescribed for you by a physician for any emotional or mental health problems?			
8. Have you ever been in a hospital for emotional or mental health problems?			

Section 3 (Optional)

Officer's Comments/Impressions (check *all* that apply):

☐ Language barrier ☐ Under the influence of drugs/alcohol ☐ Non-cooperative

☐ Difficulty understanding questions ☐ Other, specify: _____

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

- **YES to item 7; OR**
- **YES to item 8; OR**
- **YES to at least 2 of items 1 through 6; OR**
- ***If you feel it is necessary for any other reason***

☐ Not Referred

☐ Referred on __ __/__ __/__ __ __ __ to _____

Person completing screen _____

INSTRUCTIONS ON REVERSE

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JAIL SCREENING ASSESSMENT TOOL (JSAT)© CODING FORM

MHLPI

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Institution:

Place ID Label Here

ADMISSION DATE: Day Month Year

SCREENING DATE: (If different from admission) Day Month Year

IDENTIFYING INFORMATION

AGE: _____ years

ENGLISH: Fluent ☐ Yes ○ No
○ Moderate ○ Poor ○ None
First language: _____

ETHNIC/CULTURAL BACKGROUND:

☐ White
☐ Black
☐ North American Indian
☐ Métis
☐ Inuit
☐ Chinese
☐ Japanese
☐ Korean
☐ Filipino
☐ Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)
☐ South Asian (e.g., East Indian, Pakistani, Sri Lankan)
☐ West Asian (e.g., Afghan, Iranian)
☐ Arab
☐ Latin American
☐ Other: _____

LEGAL SITUATION

CURRENT STATUS:
☐ Remanded
☐ Sentenced _____ (length)
☐ Transferred
☐ Immigration Hold
Country of Origin: _____

CURRENT CHARGE(S): (Check all relevant)
☐ Offence against persons
☐ Offence against property
☐ Drug offence
☐ Sexual offence
☐ Driving offence
☐ Breech/Parole violation/Escape
○ Comments:

PREVIOUSLY INCARCERATED: ☐ Yes ○ No
☐ In past year
☐ In past 6 months
☐ In past month
Note any problems:

PREVIOUSLY SENTENCED: ☐ Yes ○ No
Longest sentence: _____

VIOLENCE ISSUES

☐ Yes ○ No

Past aggression/violence: ☐ Yes ○ No
Describe:

Violent incidents while incarcerated: ☐ Yes ○ No

Time since any aggression/violence: _____ (months/years ago)

Past violent offences: ☐ Yes ○ No
Type:

Institutional charges: ☐ Yes ○ No
Describe:

Current anger/aggression: ☐ Yes ○ No

MENTAL HEALTH TREATMENT

☐ Yes ○ No

Past Month	Lifetime		Past Month	Lifetime		
☐	☐	Assessment	☐	☐	Treatment – Correctional	
☐	☐	Assessment – Court Ordered	☐	☐	Treatment – Community	
			☐	☐	Treatment – Inpatient	☐ > 6 months
			☐	☐	Treatment – Court Ordered	☐ > 6 months
			☐	☐	Psychiatric Medications	☐ > 6 months
					Type:	

PAST HEAD INJURY: ☐ Yes ○ No
Describe:

SUICIDE/SELF-HARM ISSUES

☐ Yes ○ No

Number of past attempts: _____

Time since last attempt: _____ (months/years ago)

METHOD:
☐ Shooting
☐ Jumping
☐ Slashing
☐ Overdose
☐ Hanging/Asphyxiation
☐ Carbon monoxide
☐ Motor vehicle
☐ Other _____

WHILE INCARCERATED:
Past attempt while incarcerated: ☐ Yes ○ No

Number of past attempts: _____

Time since last attempt: _____ (months/years ago)

METHOD:
☐ Overdose
☐ Slashing
☐ Hanging/Asphyxiation
☐ Other _____

SELF-HARM ISSUES: ☐ Yes ○ No
Describe:

CURRENT LEVEL OF SUICIDALITY:
☐ None stated
☐ Ideation / No intent
☐ Some intent / Contracted / Referred
☐ Suicide concerns / Suicide watch recommended / Referred
☐ Intent / Suicide watch recommended / Referred

MANAGEMENT RECOMMENDATIONS

SUICIDE/SELF-HARM RISK: ☐ Not Evident ☐ Concerns ☐ High Risk
VIOLENCE RISK: ☐ Not Evident ☐ Concerns ☐ High Risk
VICTIMIZATION RISK: ☐ Not Evident ☐ Concerns ☐ High Risk

MENTAL HEALTH ISSUES: ☐ Yes ○ No
☐ Situational stress/depression
☐ Possible anxiety/mood disorder
☐ Hx of psychotic/bipolar disorder / Currently stable
☐ Possible recurrent psychotic symptoms
☐ Active current psychosis
☐ Intellectual disability / Brain damage
☐ Personality disorder traits
☐ Substance misuse concerns
☐ Other concerns: _____

PLACEMENT RECOMMENDATIONS: ☐ Yes ○ No
☐ Regular unit / Monitor for mood changes
☐ Regular unit / Double-bunking for support
☐ Regular unit / Single-bunking
☐ PC unit
☐ MDO unit
☐ Segregation
☐ Suicide watch
☐ Stable/Quiet unit
☐ Other _____

REFERRALS: ☐ Yes ○ No
☐ Monitor / Reassess mental status
☐ Evaluate for counseling / Provide support
☐ Referred / Assess for medication
☐ Drug and alcohol assessment/counseling
☐ Other: _____

☐ Translator required – Language:

COMMENTS/CLARIFICATION

Note: Relevant information must be documented in the CLINICAL NOTES section of the Health Care File.

Signature:

This form is for use with explanations in the *Jail Screening Assessment Tool (JSAT): Guidelines for Mental Health Screening in Jails* (2006). For more information and/or permission to copy this form, please E-mail: tnicholls@forensic.bc.ca or Roesch@sfu.ca. Revised February 1, 2009.

BC Mental Health & Addiction Services

JAIL SCREENING ASSESSMENT TOOL (JSAT) © CODING FORM

MHLPI

SOCIAL BACKGROUND

MARITAL STATUS:
☐ Never legally married (Single)
☐ Married/Common-law partner
☐ Current girlfriend/boyfriend
☐ Separated/Divorced
☐ Widowed

RELATIONSHIP STABILITY:
☐ > 1 year
☐ < 1 year
○ Problems:

CHILDREN: ☐ Yes ○ No
Comments:

LIVING SITUATION:
☐ Owns home
☐ Rents
☐ Lives with family
☐ Hotel/with friends/no rent
☐ Institution (ex center, psych inpatient)
☐ Homeless
☐ In custody
☐ Other _____

FAMILY SUPPORT: ☐ Yes ○ No
☐ Frequent contact
☐ Some contact
○ Problems:

SOCIAL SUPPORT: ☐ Yes ○ No
☐ Friends/Acquaintances
☐ Mental Health Associations
☐ Spiritual Supports
☐ HIV/AIDS Organizations
☐ Veterans Affairs
☐ Other _____
○ Problems:

EDUCATION:
☐ Less than high school
☐ High school or equivalent
☐ Trades certificate/diploma
☐ Some college/university
☐ Completed college/university

FINANCIAL SUPPORT:
☐ Full-time employment
☐ Part-time employment
☐ Seasonal/unsteady
☐ Full-time student
☐ Part-time student
☐ Social Assistance (Welfare)
☐ Employment Insurance
☐ Disability
Mental Health ☐ Yes ○ No
☐ Criminal activity
☐ In custody
☐ No means of support
☐ Other _____

SUBSTANCE USE

☐ Yes ○ No

TOBACCO USE: ☐ Yes ○ No

	Use	Current Abuse	Long-term Severe Abuse	Past Abuse	
Alcohol					
Marijuana					IV use
Heroin					
Cocaine					
Methamphetamine					
Other					

Describe:

CURRENT METHADONE TREATMENT: ☐ Yes ○ No ☐ Past
☐ < 1 month
☐ < 1 year
☐ > 1 year

PAST SUBSTANCE ABUSE TREATMENT: ☐ Yes ○ No
☐ AA/NA
☐ Detox
☐ Recovery house
☐ Treatment centre
☐ Native healing
☐ Correctional
☐ Community counselling
☐ Other _____

MENTAL HEALTH STATUS (Based on BPRS Expanded Version 4.0)

COMMENTS:

Present	Possible	Absent		
☐	☐	○	1. Somatic Concerns	Concern over physical health, whether realistic or not
☐	☐	○	2. Anxiety	Reported apprehension, tension, fear, panic, or worry
☐	☐	○	3. Depression	Sadness, anhedonia, and preoccupation with depressing topics, hopelessness, loss of self-esteem
☐	☐	○	4. Suicidality	Expressed desire, intent, or actions to harm or kill self
☐	☐	○	5. Guilt	Statements indicating overconcern or remorse for past behavior
☐	☐	○	6. Hostility	Hostile attitudes or actions, including belligerence, threats, arguments, property destruction, and fights
☐	☐	○	7. Elevated Mood	Pervasive, sustained, and exaggerated feeling of well-being, euphoria, and optimism - out of proportion to circumstances
☐	☐	○	8. Grandiosity	Exaggerated self-opinion, self-enhancing conviction of special abilities or powers, or identity as someone rich or famous
☐	☐	○	9. Suspiciousness	Expressed or apparent belief that others have acted maliciously or with discriminatory intent
☐	☐	○	10. Hallucinations	Reports of perceptual experiences in the absence of relevant external stimuli
☐	☐	○	11. Unusual Thought Content	Unusual, odd, strange, or bizarre thought content
☐	☐	○	12. Bizarre Behavior	Reports of behaviors which are odd, unusual, or psychotically criminal
☐	☐	○	13. Self-Neglect	Hygiene, appearance, or eating behavior below usual expectations, below socially acceptable standards or life-threatening
☐	☐	○	14. Disorientation	Lack of comprehension of situations or communications. Confusion regarding person, place, or time
			Rate items 15-24 based on observed behavior or speech during the interview.	
☐	☐	○	15. Conceptual Disorganization	Speech is confused, disconnected, vague, or disorganized (e.g., tangentiality, circumstantiality, sudden topic shifts, incoherence, derailment, blocking, neologisms, and other speech disorders)
☐	☐	○	16. Blunted Affect	Restricted range in emotional expressiveness of face, voice, and gestures
☐	☐	○	17. Emotional	Deficiency in ability to relate emotionally during interview
☐	☐	○	18. Motor Retardation	Reduction in energy level (e.g., slowed movements and speech, reduced body tone and spontaneous body movements)
☐	☐	○	19. Tension	Observable tension, nervousness, and agitation
☐	☐	○	20. Uncooperativeness	Resistance and lack of willingness to cooperate with interview
☐	☐	○	21. Excitement	Heightened emotional tone or increased emotional reactivity to interviewer or topics (e.g., increased intensity of facial expressions, voice tone, expressive gestures, or increase in speech quantity and speed)
☐	☐	○	22. Distractibility	Speech and actions interrupted by stimuli unrelated to the interview
☐	☐	○	23. Motor Hyperactivity	Increase in energy level (e.g., more frequent movements and/or rapid speech)
☐	☐	○	24. Mannerisms and Posturing	Unusual and bizarre behavior, stylized movements or acts, or clearly uncomfortable/inappropriate postures

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2

FEIS – CAMH Staffing Model

- Administrative Assistant
- Manager
- Social workers
- Nurses
- Occupational Therapists
- Advanced Practice Clinician
- Psychiatrists - Daily coverage

FEIS Inclusion Criteria

- The inmate has been found unfit to stand trial
- The inmate is experiencing a condition or illness such that their fitness to stand trial may be in question.
- The inmate is at risk of becoming unfit to stand trial.
- The inmate is undergoing a criminal responsibility assessment
- The inmate has been ordered to CAMH under the CCC and is awaiting admission to hospital.
- FEIS is a consent based service. Clients can decline working with us

Roles and Responsibilities

MCSCS-TSDC

- Provide initial Brief Jail Mental Health Screen upon admission (Brief Jail Screener)
- Identify individuals at risk and refer to FEIS when appropriate
- Review recommendations received from FEIS
- Coordinate treatment plans with FEIS
- Provide standard health care to inmates- including ongoing assessment
- Refer inmates who have acute symptoms to the nearest appropriate hospital. Where inmates are engaged with FEIS inform the receiving hospital of this fact
- Re-referring inmates to FEIS for reassessment as required

Roles and Responsibilities

CAMH/FEIS:

- Accepts referrals from TSDC staff
- Completes Jail Screening Assessment Tool - JSAT (a triage assessment) on all referrals within 24 hours of admission
- Provides assessment and recommendations on all clients referred by TSDC staff
- Will complete a full assessment on all inmates meeting the inclusion criteria.
- Develop an inter-professional service plan for all inmates meeting the inclusion criteria.
- Communicate assessment outcomes/recommendations to TSDC staff
- Collaborate with TSDC staff in the further development and refinement of these treatment plans
- Remain engaged with inmates who meet inclusion criteria

FEIS Role at Court

- Mental Health Court (102 Court) located at Old City Hall Monday-Friday for people living with mental illness and in contact with the law
- CAMH psychiatrists conduct Form 48 Fitness Assessment as ordered by the judge in cases where an accused's fitness to stand trial is questioned
- 2 FEIS clinicians are working with CAMH's Court Liaison Team, bridging the gap between forensic hospitals, the courts, TSDC and other jails in Ontario
- Coordinates admissions to forensic hospitals across Ontario where a Treatment Order or Assessment Order has been issued by a judge
- Can provide a flow of information to the jail and FEIS team regarding what happens in court with current and potential FEIS clients
- Flags individuals returning to custody who could benefit from TSDC mental health services and potential FEIS involvement

ACS (Acute Care Stabilization) Pathway

- Developed in collaboration with FEIS, CAMH inpatient services and the Toronto South Detention Centre (TSDC) to support the most mentally unwell clients within a correctional environment
- The ACS helps clients who are in need of urgent assessment, treatment, and stabilization.

Data summary from March 2018 to March 2020

731 days since bed opening

38 clients admitted

On admission, avg. CGI-C score of a client was **6**

92% bed utilization

17 days Avg. length of stay

670 days bed occupied

At discharge, a clients' CGI-C score **decreased** by an avg. of **2**

Based on clinical discussion, to date,

67%

of the clients admitted to the ASB showed significant improvement, sustained upon return to TSDC

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CO Specialized Mental Health Training

- FEIS in collaboration with the CAMH Simulation Centre delivered tailor-made mental health trainings to TSDC and Vanier Correctional Officers who support inmates with mental health and addiction needs. Trainings were held in 2018.
- A total of 100 Officers were trained and feed back was extremely positive from both sites.
- Lead to a further partnership and training videos being made in partnership with CAMH education and Corrections Training

FEIS Statistics: Screening & Triage

Toronto South Detention Centre

	2019	2020	2021
Total # of New Admissions	7644	5078	TBA
Total # of FEIS Referrals	2638	2163	
Total # of JSATs Completed	1613 (61%)	1775 (82%)	
Total # of FEIS Clients	469	489	

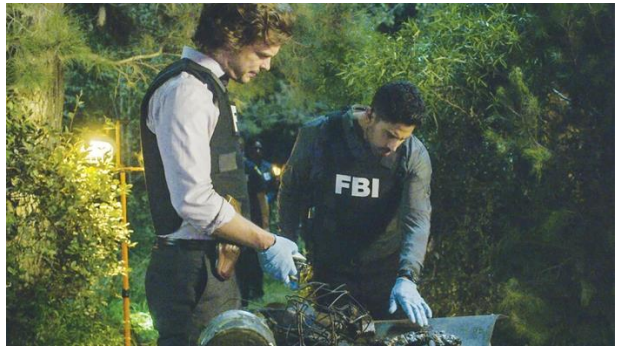
Vanier Centre for Women

	2019	2020	2021
Total # of New Admissions	2776	1962	TBA
Total # of FEIS Referrals	1640	1131	
Total # of JSATs Completed	851 (52%)	955 (84%)	
Total # of FEIS Clients	227	202	

Future Considerations

- Rapid turnover: mean length of stay @ 35 days
- Multiple admissions: 10% of inmates are admitted 4 times or more a year “ frequent flyers” – what resources can be provided to provide additional supports?
- Voluntary Consent based service, client can refuse to be involved
- CAMH Court Liaisons is with the Toronto 102 mental health court only, many layers of consent required- (critical communication)
- Facilities are not a schedule 1 facility, so bed shortages at all hospitals effect all inmates ability to access timely care
- Mental Health Act and how it applies can limit who is “ formable”

STIGMA



Questions?

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