

# The Evolution of Forensic Mental Health Services in Ontario

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Provincial HSJCC Conference

Forensic mental health services are required by 672.1 Part XX.1 of the *Criminal Code of Canada (CC(C))*.

### *CC(C)* Requirements :

- Forensic services to support the administration of justice and secure psychiatric treatment and rehabilitation for forensic patients
- Minister of Health and Long Term Care designated forensic programs where such services are to be provided, including both inpatient and outpatient care
- A Review Board (Ontario Review Board (ORB)) to conduct hearings and make the dispositions according to the stipulations set out in the *CC(C)*

**Forensic services provide assessment and treatment to accused persons before the Courts and treatment and rehabilitation for persons found “unfit to stand trial” or “not criminally responsible”**

### Ontario must provide:

- Forensic services to support the Courts including:
  - Expert opinion as to whether an accused person is unfit to stand trial (Unfit),
  - and if “unfit”, treatment to make them fit (treatment orders)
  - Expert opinion as to whether an accused is “not criminally responsible” (NCR) because of a ‘mental disorder’
- Forensic services for accused persons under the ORB’s jurisdiction (unfit or NCR), including hospital and community based services, that :
  - Ensure the safety of the community and of the person
  - Provide psychiatric treatment and rehabilitation
  - Maintain a good quality of life
  - Deliver ongoing reports to the ORB regarding the psychiatric and rehabilitation status of forensic patients and disposition recommendations

**Mental Health and Addictions Branch's Forensic Mental Health Section uses information and analysis to support forensic system planning and development and responds to relevant legal issues**

<b>Information</b>	<ul style="list-style-type: none"><li>▪ Tracks the demand for forensic services imposed by the courts and ORB including monitoring trends in service requirements (e.g. the need for services to special populations)</li><li>▪ Tracks the capacity of the forensic programs to provide services (e.g. forensic bed inventory)</li><li>▪ Analysis supports planning and accountability functions</li></ul>
<b>Forensic Services</b>	<ul style="list-style-type: none"><li>▪ Plans new forensic services including both capacity and type</li><li>▪ Oversees implementation of new forensic programs and services</li><li>▪ Supports coordination of forensic service delivery</li></ul>
<b>Law and Litigation</b>	<ul style="list-style-type: none"><li>▪ Monitors changes to legislation and jurisprudence that impact on forensic service provision and the province's responsibilities</li><li>▪ Responds to court cases involving the Crown</li><li>▪ Facilitates resolution of situations with potential for litigation against the Crown</li></ul>

The 10 forensic programs designated\* by the Minister work together as a system



### 868 Forensic Beds

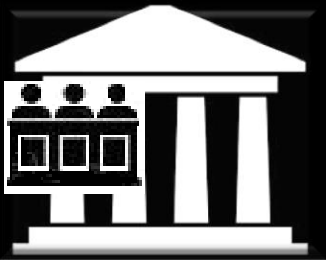
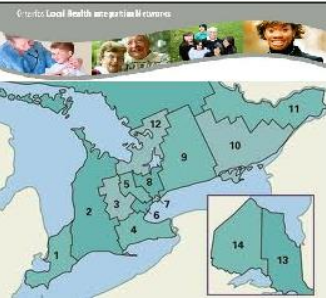

- 160 Maximum Secure
- 423 Medium Secure
- 261 Minimum Secure
- 24 Hybrid Beds

Plus over 1,000 Outpatients

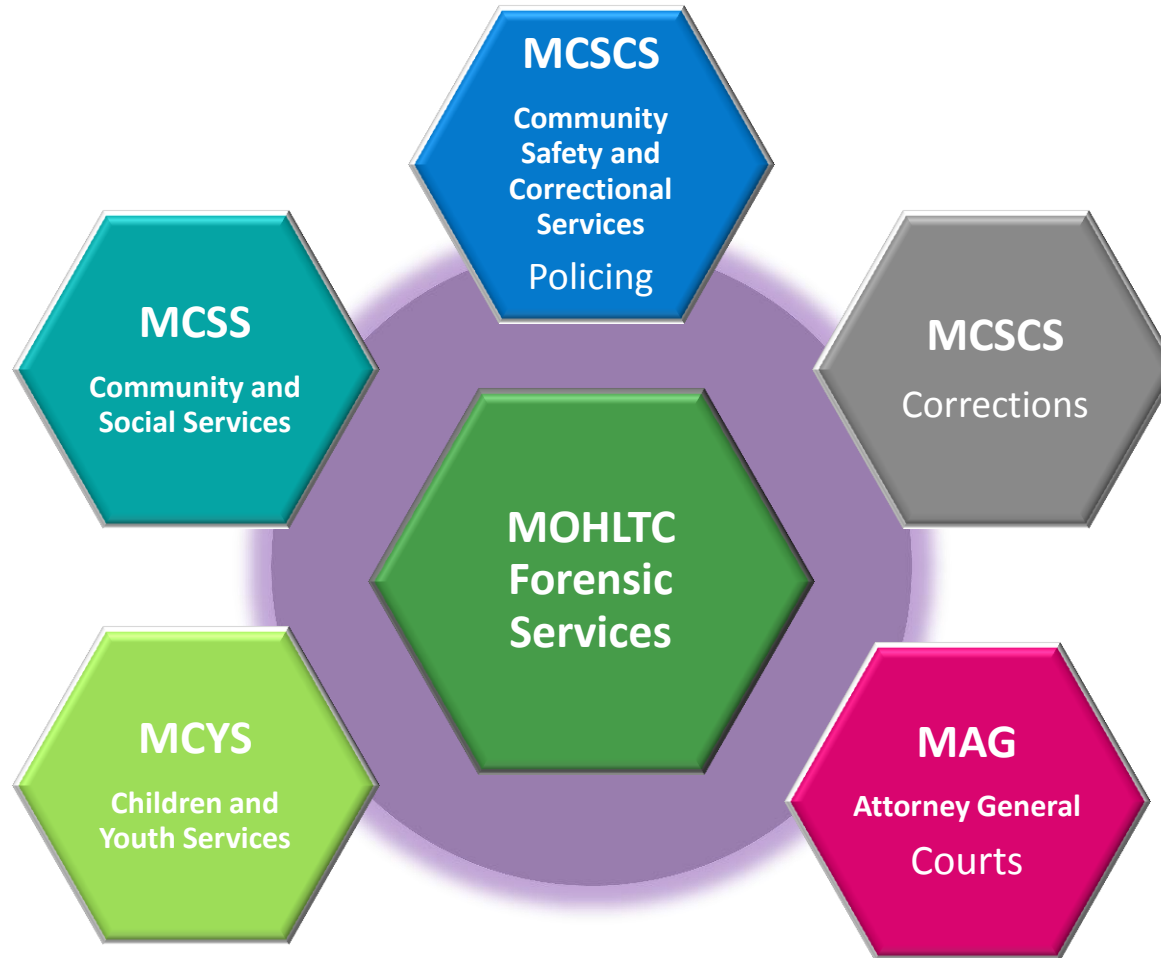


Waypoint Forensic Program

## Key stakeholders of the forensic system include the Ontario Review Board, the Local Health Integration Networks (LHINs) and the Forensic Directors Group

	Key Stakeholders
	<ul style="list-style-type: none"> <li>▪ The Ontario Review Board (ORB) is an independent, quasi-judicial tribunal established under the <i>CC(C)</i> which is responsible for holding hearings and making decisions about the custody or release of offenders whom a court finds unfit to stand trial or not criminally responsible (NCR) on account of mental disorder.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ The LHINs fund the forensic programs through the global funding of the hospitals.</li> <li>▪ The Ministry LHIN Accountability Agreement (MLAA) sets out the roles of the MOHLTC and LHINs in relation to forensic services</li> <li>▪ The MHAB-LHIN Forensic Liaison committee will strengthen coordination and integration of the forensic system with the broader mental health system.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ The Forensic Directors Group (FDG) is made up of the chiefs of psychiatry and the administrative directors of all of the forensic programs in the province. Regular meetings with the FDG provide up-to-date information about current service issues and expert advice.</li> </ul>

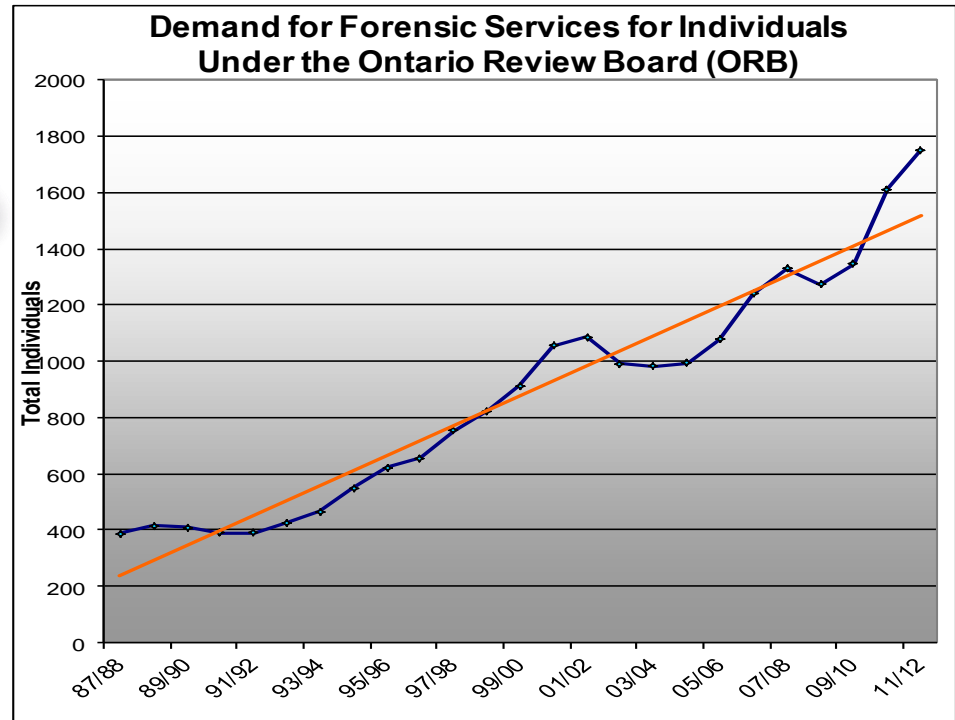
**Forensic Mental Health Programs are integrally related to the broader justice and human service systems and must be linked and coordinated with services from four other Ministries**



## Forensic Mental Health Program Drivers

**Admissions to and discharges from forensic programs are on the basis of Court orders and ORB dispositions. Failure to comply with such orders is actionable in court.**

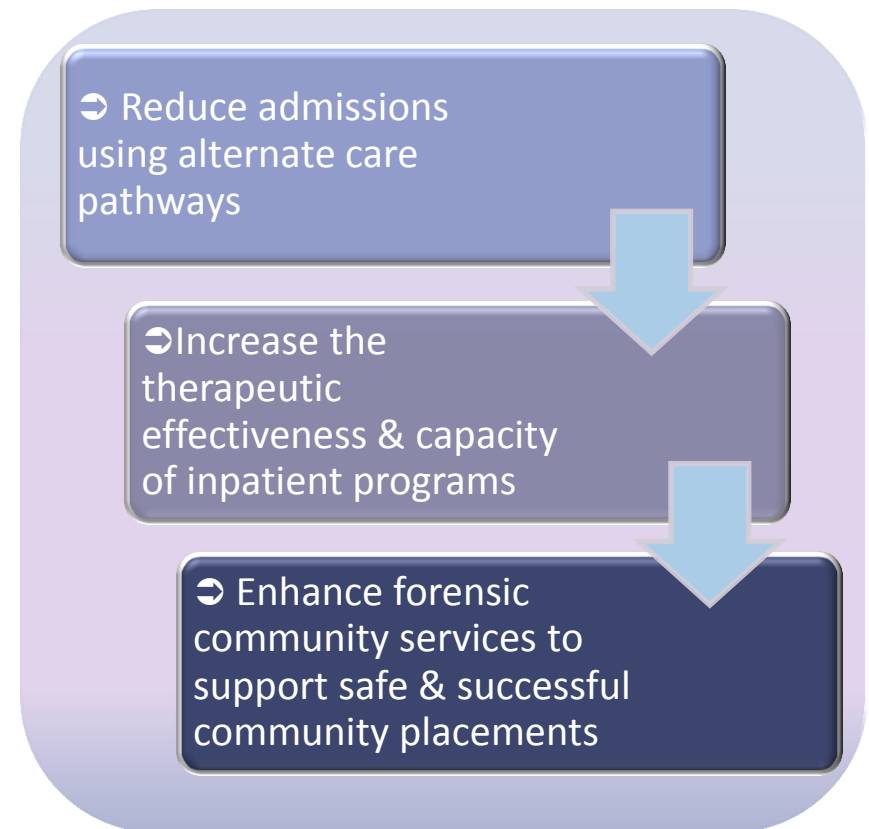
Over the last 20 years, the demand for forensic services has grown by an average compounding annual rate of 5%





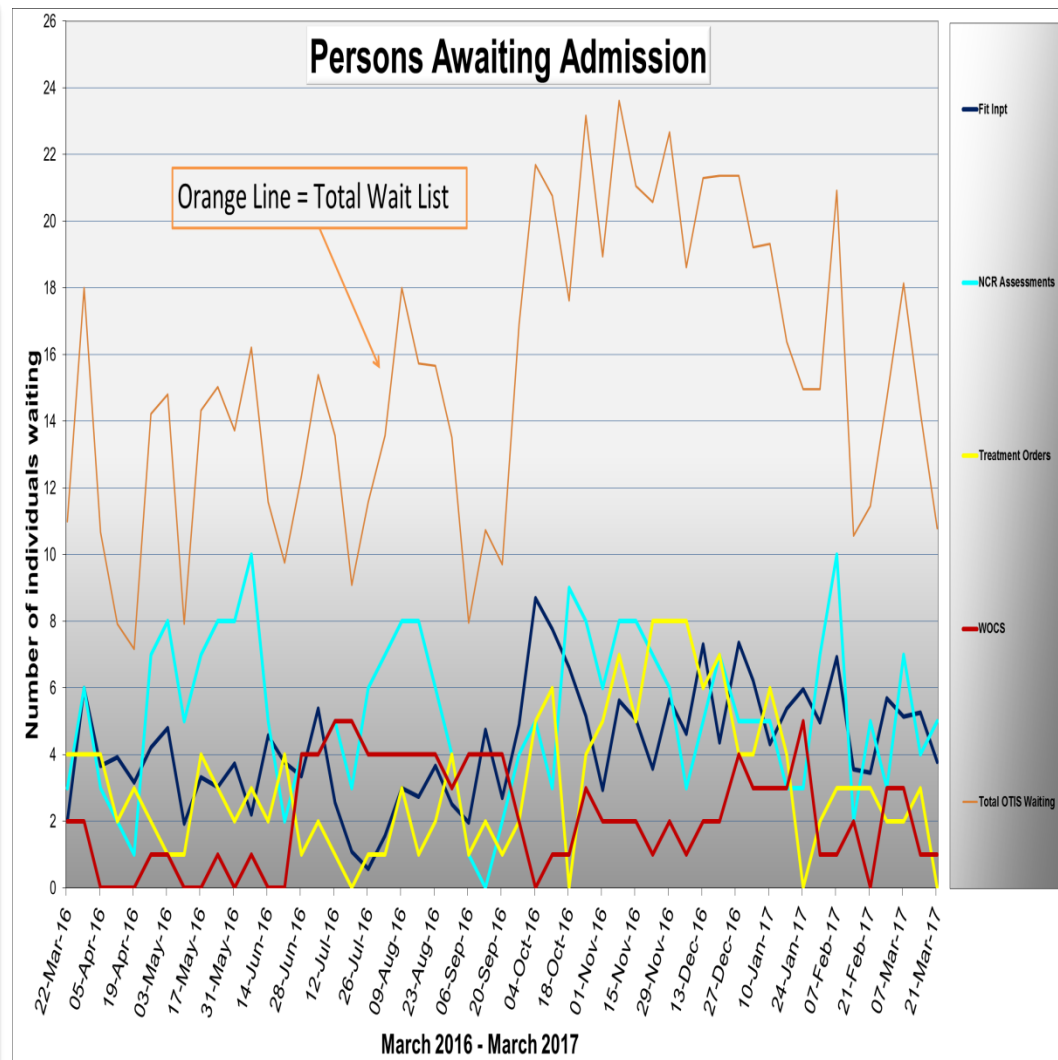
**With the ongoing increase in demand for forensic services, a strategy for optimal use of resources has been developed to improve system throughput**

- More individuals are being ordered into inpatient forensic beds by the courts and ORB than are being discharged by the ORB
- Continuing to simply build beds will not address this pressure
- The key challenge is that the 'throughput' of the forensic system does not match the input

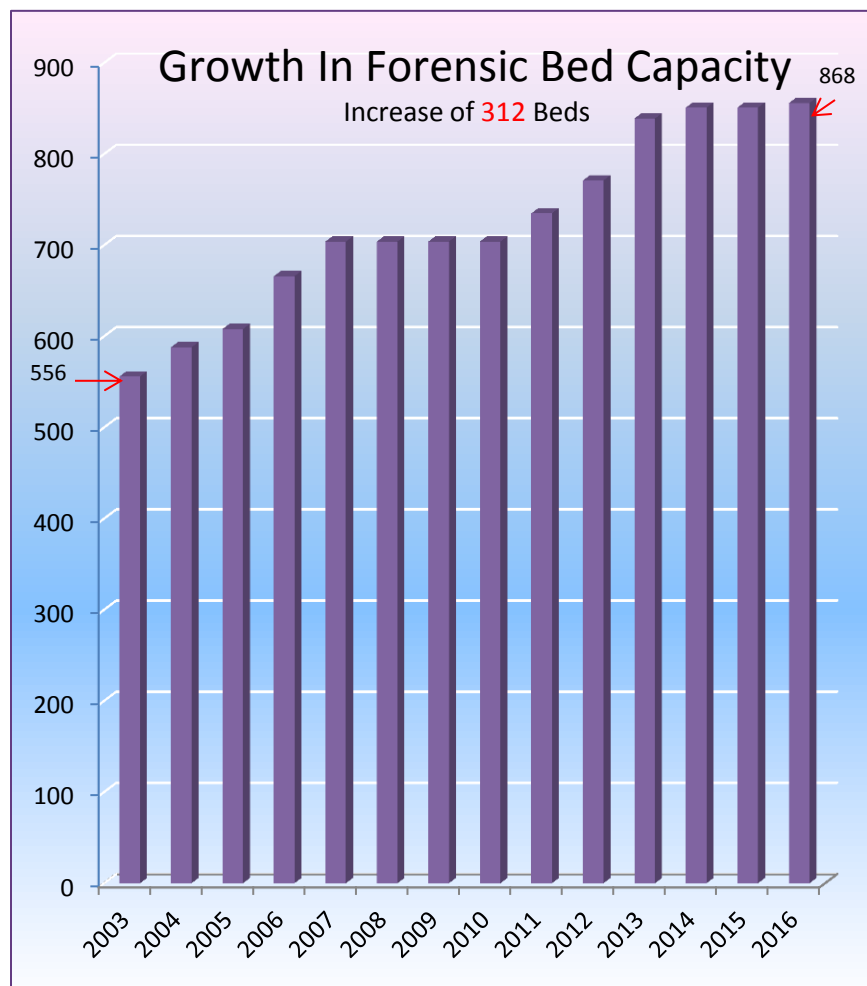


## A series of new initiatives are addressing pressures from the courts and Ontario Review Board

- Brief assessment capacity to respond to court ordered forensic services
- Enhanced video fitness assessment capacity at five forensic programs
- Alternative Care Pathway Forensic Services for Youth
- New alternative care pathway collaboration between CAMH and the Toronto South Detention Centre (TSDC) and Vanier Centre for Women
- Additional outpatient services and transitional case managers
- Increased Transitional Rehabilitation Housing Program (TRHP) capacity, including specialized Dual Diagnosis housing and supportive housing



## Inpatient Forensic bed capacity has increased 56% since 2003/04



### New Forensic Facilities

Since 2003, the MOHLTC has funded new forensic facilities in:

- Thunder Bay Regional Health Sciences Centre, 2005
- Royal Ottawa Hospital, 2006
- Brockville Mental Health Centre, 2007
- North Bay Regional Health Centre, 2011
- St Thomas - St Joseph's Health Care, 2013
- St. Joseph's Healthcare Hamilton, 2014
- Waypoint Centre for Mental Health Care, Penetanguishene, 2014
- Providence Care Hospital, Kingston, 2017

As well, the Centre for Addiction and Mental health in Toronto has begun planning for redevelopment of their forensic facilities.

**The steadily increasing demand for forensic services and changes to the CC(C) will continue to impact on forensic services**

### **Coming Initiatives and Evolutionary Pressures**

- \$5M in new supportive housing for forensic clients will go out over the next three years (17/18, 18/19, 19/20) adding \$1.67 M a year until it reaches a total new base of \$5M
- In the last five years the average rate of increase of new forensic patients has plateaued however the average length of stay appears to be increasing resulting in continued bed capacity pressures.
- Amendments to the Criminal Code of Canada made in Federal Bill C-14 which came into effect July 11, 2014 will place additional pressure on the forensic system in the form of longer average length of stays and increased legal system costs
- With the increasing emphasis on workplace safety there are increasing demands that behaviourally challenging civil mental health patients be admitted to the forensic programs.

## Evolutionary Pressures

**The environment in which the forensic system is embedded is changing around it and as a consequence the forensic services themselves are evolving**

- Shared clients from the Developmental Services sector require collaboration and innovation to increase the capacity of that sector to manage challenging clients and avoid criminalizing them and detention in forensic facilities.
- Increasing volume of behavioural issues in the Long-Term Care sector create a challenge to develop capacity and care pathways in that sector to avoid unnecessary criminalization of persons who have various forms of dementia. Forensic programs are receiving frail elderly individuals with dementia for which they are not designed.
- The corrections system is committed to improving mental health care in correctional facilities and the forensic system is being called upon to assist in this work.
- Mental Health and Addictions Branch will continue to target high leverage, transformative strategies to meet the ongoing challenges of the forensic system.

# The Future of Forensic Services

- Closing comments
- Questions

[Chris.Higgins@Ontario.ca](mailto:Chris.Higgins@Ontario.ca)   [Dianna.Cochrane@Ontario.ca](mailto:Dianna.Cochrane@Ontario.ca)