

# **Bridging the Gap: Programs that Intersect Forensic Mental Health and Corrections**

**Human Services &  
Justice Coordinating  
Committee Conference**

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# Outline

## Introductions

- Introduction of Presenters

## Branch Overview

- Forensics & Justice Unit – Ministry of Health
- Mental Health & Addictions Unit – Ministry of the Solicitor General

## Mental Health & Addictions Strategies

- Context: MHA in Corrections
- Correctional Mental Health & Addictions Strategy
- Roadmap to Wellness

## MOH-SolGen Shared Priorities & Projects

- Acute Care Stabilization Beds
- Forensic Early Intervention Services

## Questions & Contact

- Contact information of all presenters to be shared.

# Forensic and Justice Unit – Ministry of Health (MOH)

## Ministry of Health



Helping people stay healthy, delivering high-quality care when they need it and protecting the health system for future generations.

## Mental Health and Addictions Division



Advises government on policy, funding, and programming for MHA services across Ontario.

## Mental Health and Addiction Programs Branch



Operationalizes mental health and addiction policy, through delivery and oversight of specialized and provincial programs

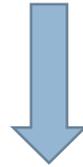
## Forensic and Justice Unit



Focuses on the intersections between mental health and addictions, and the criminal justice system – courts, police and correctional services.

# Mental Health and Addictions Unit – Ministry of the Solicitor General (SolGen)

## Ministry of Solicitor General



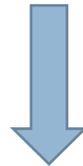
Ensuring Ontario's communities are supported and protected by law enforcement, and that public safety and correctional systems are safe, effective, efficient and accountable.

## Correctional Services



Headed by the Deputy Solicitor General, Correctional Services, Correctional Services establishes, maintains, operates and monitors adult correctional institutions and probation and parole offices.

## Operational Support Division – Corporate Healthcare & Wellness Branch



The Corporate Health Care and Wellness Branch (CHCWB) is responsible for strategic planning, delivery and evaluation of policy and program strategies that support the delivery of "whole of health" care services within correctional facilities across the province end to end.

## Mental Health and Addictions Unit



Responsible for developing and implementing a mental health and addictions strategy for corrections, including greater continuity of care through enhanced community partnerships.

# Context: Mental Health and Addictions in Corrections

## People in custody...



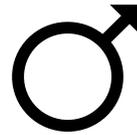
Are **2 -3 times** more likely to have a mental illness or experience problematic substance use.



Are up to **5 times** more likely to have a serious mental illness.



Have higher rates of developmental disabilities, including Fetal Alcohol Spectrum Disorder (FASD) and Acquired Brain Injury (ABI).



**15-20%** of males in custody have a serious mental illness (psychotic disorder, BPAD, etc.).



Women in custody experience **higher rates** of traumatic histories and violence, self-harming behavior, HCV, mental illness, and substance use disorder.



Within the first six days after release from prison, this population is hospitalized at a psychiatric facility **58 times** more than the general population, and **12 times** more at one to three months after release.

# Corrections Mental Health & Addictions Strategy

## Short-Term Outcomes

- **Data Collection:** Improved mental health & addictions data utilization to influence evidence-based decision making and accountability
- **Interprofessional Teams:** Established mental health and addictions inter-professional teams
- **Communication:** Improved communication to facilitate the provision of high-quality mental health and addiction services
- **Care Pathways:** Established mental health and addictions care pathways
- **Health Equity:** Improved access to care that is trauma informed, gender safe and culturally safe

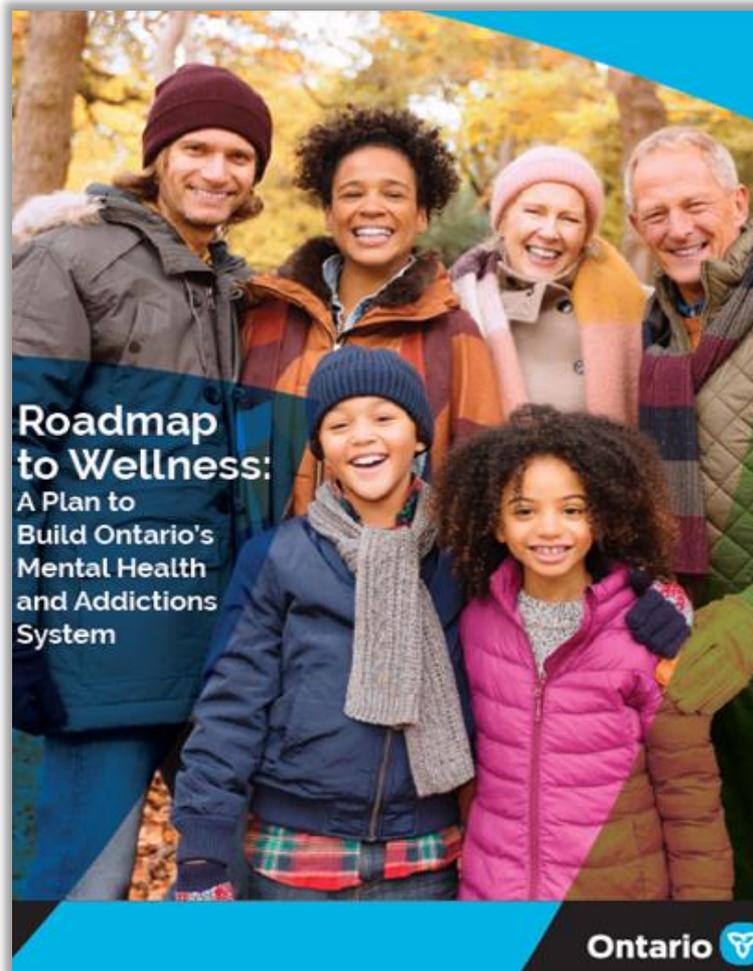
## Intermediate-Term Outcomes

- Reduced rates of MHA-related morbidity and mortality for justice-involved individuals
- Systems model for continuity of care established for justice-involved individuals with MHA needs
- Improved continuity of care during access and transition points with the justice system
- Increased diversion from incarceration
- Better monitoring, evaluation, accountability and governance of MHA services

## Long-Term Outcomes

- Overall improved mental health and well being of justice-involved individuals
- Reduced costs by early intervention and decreasing use of emergency services
- Seamless continuum of care and partnership across ministries and community agencies
- Recidivism rates reduced

# Mental Health & Addictions Strategy: Roadmap to Wellness



On March 3, 2020, Ontario released ***Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System***. Roadmap is the provincial mental health and addictions plan to create an evidence-based, comprehensive and connected continuum of mental health and addictions services and supports across the lifespan.

Roadmap can be accessed online at: <https://www.ontario.ca/page/roadmap-wellness-plan-build-ontarios-mental-health-and-addictions-system>

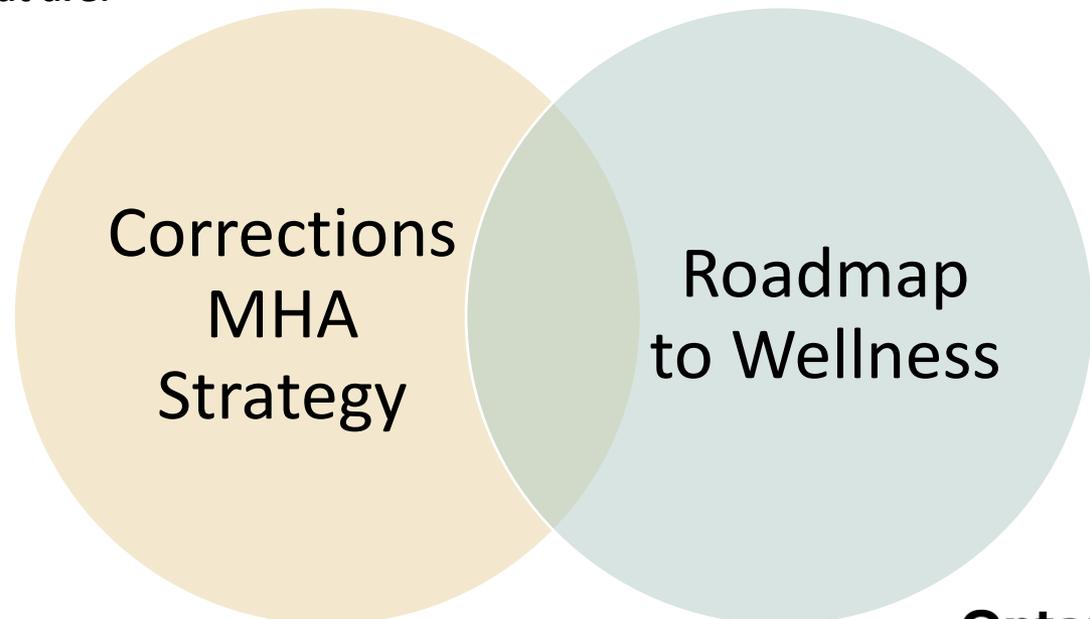
# MOH-SolGen Shared Priorities

**The long-term goals of the Corrections MHA Strategy and Roadmap to Wellness are aligned:**

- Overall improved mental health and well being of Ontarians.
- Reducing costs through early intervention leading to decreasing use of emergency services and instances of re-offending.
- Integration of services across ministries and community agencies.
- Promote recovery and independence in the community.

**MOH-SolGen are committed to collaborating to meet the unique needs of Ontarians with mental health and addictions needs that are involved with the justice system by developing and implementing programs that are:**

- Timely
- Specialized
- Accessible
- Streamlined
- Client-focused
- Collaborative



# Shared Projects: Acute Care Stabilization Beds

## Description:

Program provides access to dedicated specialty psychiatric hospital beds in secure settings for acutely ill inmates and persons on remand that are too complex for general hospitals.

## Background:

Since 2016-17, the program has been expanded to include a total of 10 AC/S beds at three forensic hospitals with secure units (i.e., CAMH, Ontario Shores and St. Joseph's Hamilton).



## Case Example – Client A

- Client A is 25 years old and was recently admitted to Toronto South Detention Centre, on a remand warrant for Assault with a Weapon.
- Client A was observed banging their head against a cell wall. When staff approached the cell, they became verbally abusive and threatened to harm the staff if they attempted to open the door.
- Client A began punching the door and walls when staff were observing them. Their hand was bleeding heavily and requires medical attention.
- Client A seems to be religiously preoccupied and has written scripture on the walls of the cell.

# Acute Care Stabilization Beds – Client Pathway

## Referral

- Staff at Toronto South Detention Centre (TSDC) flag Client A as a new referral at the joint clinical meeting.
- Coordinator completes the admission form, collaborating with both FEIS and TSDC staff.
- Coordinator secures the transfer date/time and communicates details with TSDC Mental Health Nurses.
- Coordinator informs all relevant staff (FEIS and TSDC Physicians, Managers, Team Lead) about the details of the transfer.
- Client A is transferred from TSDC to CAMH ACS bed via SolGen vehicle.

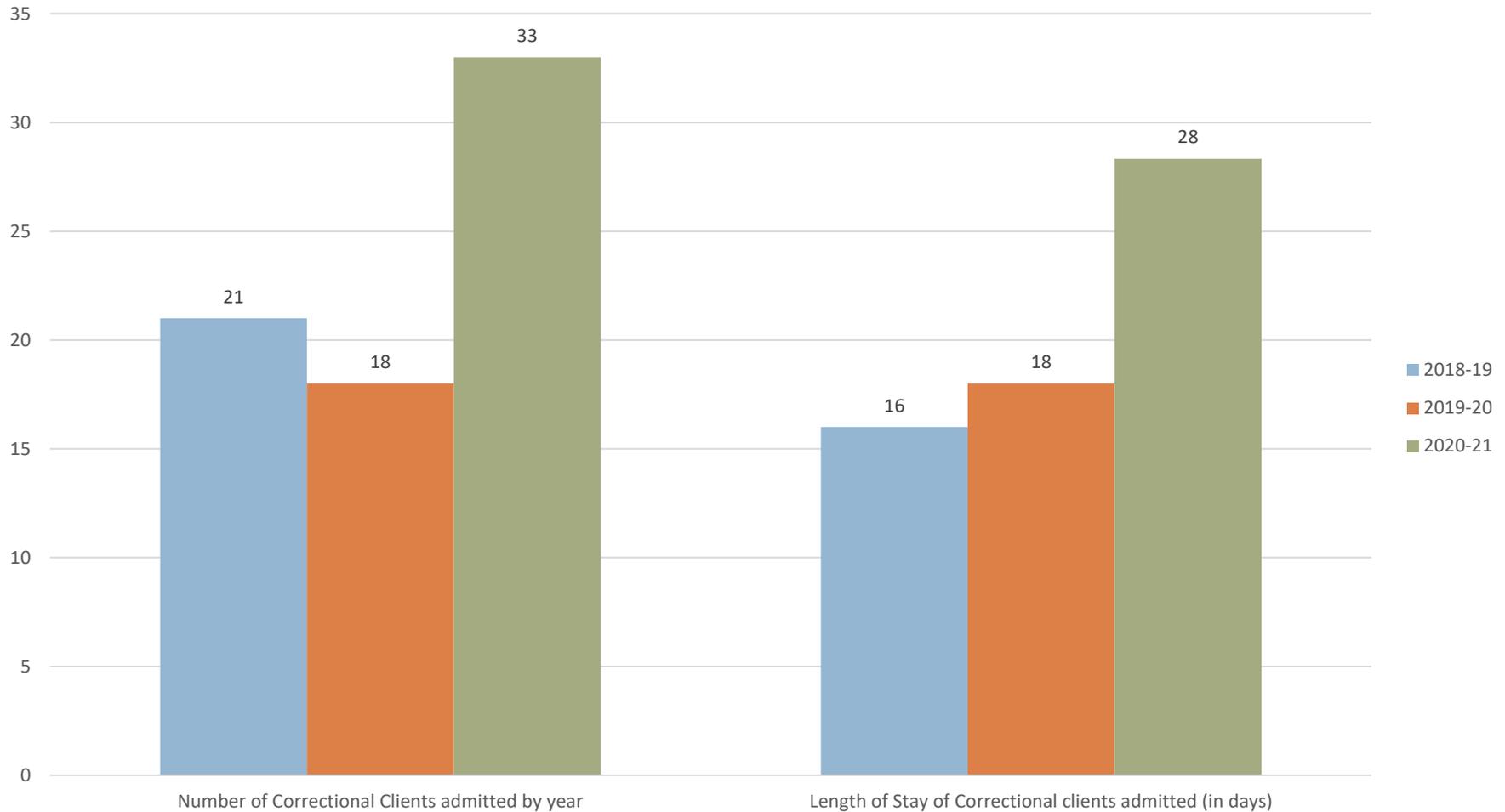
## Admission

- TSDC staff will provide verbal report to Coordinator with any significant clinical changes regarding Client A.
- ACS Bed treatment team review admission form and completes CAMH admission documentation.

## Discharge

- Client A has been deemed appropriate for discharge by the CAMH Treatment team.
- Coordinator confirms the transfer date with TSDC Mental Health Nurses.
- ACS Bed treatment team completes discharge summary and required documentation.
- Client A is transferred from CAMH ACS bed to TSDC

# Acute Care Stabilization Beds – 3 Year Data



# Shared Projects: Forensic Early Intervention Services (FEIS)



## Description:

FEIS provides timely access to on-site voluntary mental health services for inmates with specific forensic mental health needs (i.e., those who are at risk of being unfit to stand trial).

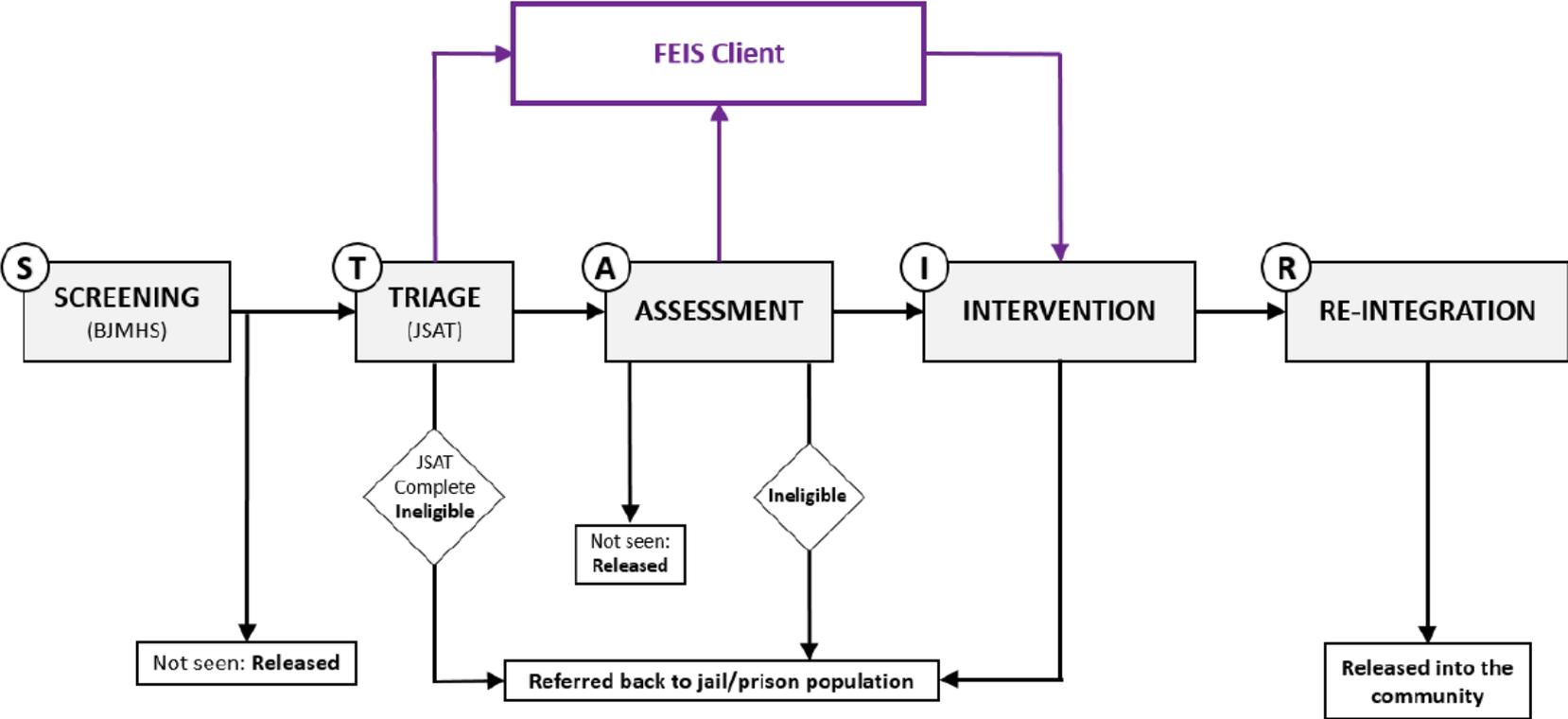
## Background:

- FEIS is a service model developed through collaboration between the Centre for Addiction and Mental Health (CAMH) and SolGen and supported by MOH.
- FEIS programs are currently operating in the Toronto South Detention Centre and Vanier Centre for Women.
- FEIS is a consultation service only. Mental health care services are provided by SolGen correctional health care teams.

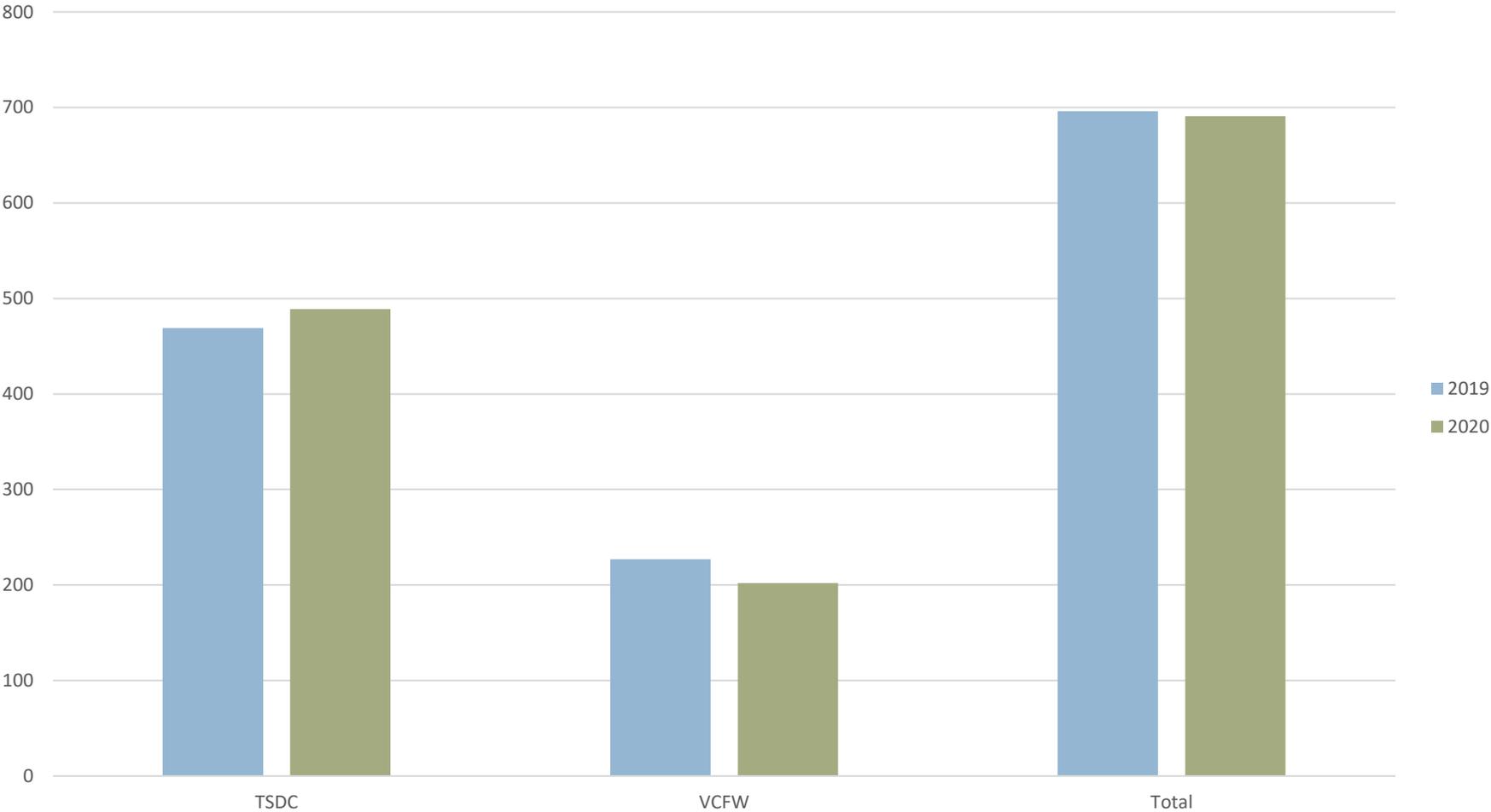
## Case example – Client B

- Client B is a 30-year-old first time incarcerate admitted to Vanier Centre for Women on a remand warrant.
- They are charged with theft under \$5000, assault and possession of substance under \$5000.
- They were observed by admitting staff to be crying throughout the admit process.
- They have been refusing meals and isolating themselves in their cell since their admission.
- It is noted by the admitting nurse that they have had 3 previous suicide attempts in the past year and a half.

# FEIS – Client Pathway



## Number of FEIS Clients



**Questions?**



# Contact Information

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