

2013

# CD-HSJCC Justice System Mapping Project:

A review of justice-related services and supports in place for common clients involved with the justice system in the Cochrane District.

The CD-HSJCC commissioned the development of the Justice System Mapping Project to enhance their understanding of justice-related services and supports within their catchment area. An enhanced understanding of organizational mandates will help ensure that systemic resources are being maximized for the benefit of the common client and that activities are strategically focused on building system capacity.

The CD-HSJCC Justice System Mapping Project complements the CD-HSJCC Crisis Mapping Project completed in the spring of 2012 which was focused on health and social crisis related services and programs.

**Dated: December 2013**



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## EXECUTIVE SUMMARY

### Introduction

The Cochrane District Human Services Justice Coordination Committee (CD-HSJCC) was established in response to a recognized need to coordinate resources and services and plan more effectively for people with clinical needs who are in, or have the potential to be, in conflict with the law.

In response to this mandate the CD-HSJCC identified a number of priority activities to be undertaken in its multi-year work plan. Among this listing of activities is the development of a Justice System Mapping Project. The purpose of the Justice System Mapping Project is to:

-  Help the CD-HSJCC develop a better understanding of the mandate of the various justice services and supports within its catchment area;
-  Identify systemic opportunities, issues and challenges from a service viewpoint;
-  Identify systemic opportunities, issues and challenges from a common clients' viewpoint; and,
-  Develop systemic directions, taking into consideration the input of justice-related services and supports and common clients, that if implemented would improve the delivery of services and the common client's experience within the justice system.

The CD-HSJCC Justice System Mapping Project complements the CD-HSJCC Crisis Mapping Project completed in the spring of 2012 which was focused on health and social crisis related services and programs.

For the purpose of this project, and all activities of the CD-HSJCC, the common client is defined as *an individual who has a serious mental illness, intellectual disability, concurrent disorder, acquired brain injury, addiction, and/or fetal alcohol spectrum disorder and is (post charge), or has the potential to be (pre charge), in conflict with the law, as well as their significant others.*

A total of 15 justice-related services and supports were included in the Justice System Mapping Project. These services and supports include the following:

1. Crown Attorney's Office
2. Canadian Mental Health Association - Cochrane and Temiskaming Branch - Justice Support Service
3. Hearst, Kapuskasing, Smooth Rock Falls Counselling Services - Mental Health Court Outreach Service
4. Hearst, Kapuskasing, Smooth Rock Falls Counselling Services Counselling Services - Direct Accountability Program
5. Hearst, Kapuskasing, Smooth Rock Falls Counselling Services - Partner Assault Response Program
6. Timmins Native Friendship Centre - Aboriginal Court Worker Program
7. Ininew Friendship Centre - Aboriginal Court Worker Program
8. Timmins Family Counselling Centre - Anger Management Program
9. Timmins Family Counselling Centre - Direct Accountability Program
10. Timmins Family Counselling Centre - Partner Assault Response Program

11. North Bay Regional Health Centre - Forensic In-patient Program of the Law and Mental Health Division
12. North Bay Regional Health Centre - Forensic Outreach Services of the Law and Mental Health Division
13. Correctional Services/Community Corrections
14. Monteith Jail
15. Monteith Correctional Centre

### Methodology

An external planning consultant was hired to develop and implement the methodology used to complete the Justice Services Mapping Project. The planning approach was approved by the CD-HSJCC and included:

1. Identifying a preliminary listing of justice-related services and supports to be ‘mapped’;
2. Generating a series of standardized questions to gather, in a consistent manner, information on justice-related services and supports;
3. Conducting interviews with managers and front-line staff of each justice-related service and support;
4. Generating a series of ‘point-in-time’ visual maps of each justice-related service and support;
5. Reviewing and validating the information contained on the justice services and supports maps with each justice service provider;
6. Analyzing the mapping data and the information obtained from justice service providers on barriers and opportunities to identify common themes and inform the development of preliminary key considerations;
7. Helping to organize focus groups with common clients to discuss justice and diversion services and supports, and gather information on the perceived benefits and challenges of these services and supports from the perspective of common clients;
8. Analyzing the mapping data and the information obtained from common clients on barriers and opportunities to identify common themes and key considerations;
9. Generating a draft report with preliminary key considerations and reviewing this information with a small working group of the CD-HSJCC with the goal of refining the key considerations; and,
10. Presenting for the draft report to the CDHSJCC for further feedback and approval.

### High Level Summary of Focus Groups Findings

A series of focus groups were organized with the assistance of members of the CD-HSJCC. A total of 14 individuals participated in three (3) focus group sessions and shared their experience while engaged with the justice system. Focus groups were held with males (self-identified Aboriginals and non-Aboriginals), and women (self-identified Aboriginals only).

The following statements summarize observations from the focus group sessions/notes.

- ✚ Focus group participants had limited knowledge of community-based justice services and supports in place unless they had been engaged with these services or supports at some point in time.

- ✚ Focus group participants shared that their rehabilitative journey is facilitated by their interaction with justice staff that have a broad comprehension of the medical, behavioural, and environmental difficulties that they may be experiencing.
- ✚ Focus group participants felt that the range of programs provided by the Ministry of Community Safety and Correctional Services (while incarcerated and in the community) were beneficial.
- ✚ Focus group participants were concerned with the length of time when an individual is charged and their sentence hearing, as there is limited access to programming in remand.
- ✚ Focus group participants stressed the need for better access to essential services to help reduce their involvement with the justice system.
- ✚ Focus group participants noted that promoting healthy living can positively affect their rehabilitative journey.
- ✚ Aboriginal focus group participants noted a need for more native services and programs within the justice system, as well as the need for stronger representation of Aboriginals among staff of the various agencies within the justice system.
- ✚ Focus group participants suggested that an ex-inmate should be invited to join the CD-HSJCC (or a sub-committee) to ensure that common clients have a voice in systemic decisions.

#### Discussion Points and Key Considerations

A total of seven (7) key considerations were generated from an analysis of the feedback gathered. These are intended to guide the ongoing efforts of the CD-HSJCC as they strive to ensure a more client-centered and responsive justice system for common clients. The seven key considerations are:

1. Leverage innovative coordination mechanisms – for diversion and/or discharge planning - that can facilitate the ability of staff of the justice system to address and support the unique requirements of common clients with special needs;
2. Facilitate access to educational and knowledge-exchange opportunities of a practical nature for justice system staff which will provide them with more in-depth awareness and understanding of the unique cultural, social, and clinical needs of common clients;
3. Leverage technology to facilitate access to court outreach services and rehabilitative programs for common clients - in community or incarcerated - and to maximize training and educational opportunities for justice system staff;
4. Enhance opportunities for justice system staff to network, collaborate and enhance their knowledge of services and supports available for common clients within the Cochrane District;
5. Strengthen linkages with primary care providers and psychiatric services to facilitate coordinated care planning for common clients;
6. Review factors that contribute to a high rate of recidivism among common clients involved in the justice system and isolate interventions that could be implemented within the Cochrane District; and,
7. Advocate for resources to enhance the capacity of services and supports to respond to the needs of common clients engaged with the justice system in the Cochrane District.

### Concluding Remarks

The CD-HSJCC commissioned the development of the Justice System Mapping Project to enhance their understanding of justice-related services and supports within their catchment area. An enhanced understanding of organizational mandates will help ensure that systemic resources are being maximized for the benefit of the common client and that activities are strategically focused on building system capacity.

There are a total of seven (7) key considerations outlined. These represent a starting point to help guide the ongoing efforts of the CD-HSJCC as they strive to ensure a more client-centered and responsive justice system. From this information, an actionable work plan should be created taking into consideration the mandate, capacity and resources of the CD-HSJCC and its member organizations. Advocacy efforts should also be directed towards addressing the gaps and pressures identified in this report.

## 1.0 INTRODUCTION

The Cochrane District Human Services Justice Coordination Committee (CD-HSJCC)<sup>1</sup> was established in response to a recognized need to coordinate resources and services and plan more effectively for people with clinical needs who are in, or have the potential to be, in conflict with the law.

In response to this mandate the CD-HSJCC identified a number of priority activities to be undertaken in its multi-year work plan. Among this listing of activities is the development of a Justice System Mapping Project. The purpose of the Justice System Mapping Project is to:

- 1) Help the CD-HSJCC develop a better understanding of the mandate of the various justice and diversion programs within its catchment area;
- 2) Identify systemic opportunities, issues and challenges from a program viewpoint;
- 3) Identify systemic opportunities, issues and challenges from a common clients' viewpoint; and,
- 4) Develop systemic directions (key considerations), taking into consideration the input of justice-related services and supports and common clients, that if implemented would improve the delivery of services and the common client's experience with the justice system.

The CD-HSJCC Justice System Mapping Project complements the CD-HSJCC Crisis Mapping Project completed in the spring of 2012 which was focused on health and social crisis related services and programs. While they are distinct projects, collectively both mapping projects provide the CD-HSJCC with a point in time inventory of both crisis and justice related services, programs and supports in place for the 'common client' in times of crisis.

**The reader is cautioned that while the report represents feedback received from service providers and common clients, the key considerations outlined are but a starting point, as they will need to be further refined if they are to move from the conceptual stage into an actionable work plan that can be implemented by the CD-HSJCC.**

## 2.0 BACKGROUNDER

In the winter of 2011, the CD-HSJCC completed a 'refresh' of its *CD-HSJCC Strategic Directional Work Plan (October 2009)*. The CD-HSJCC wanted to review the progress made since the creation of that work plan and determine if the release of recent policy documents and the current operating environment warranted any additions or changes to the priority activities identified.

A series of meetings with the CD-HSJCC co-chairs and the co-leads for each strategic direction were organized with the support of a planning consultant. Discussions were focused on any environmental, policy or operational changes at the district or provincial level that would warrant modifications, deletions, or additions to the activities detailed in the 2009 strategic directional work plan.

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<sup>1</sup> For a listing of all acronyms used in the document refer to **Appendix A**.

This review resulted in the creation of a revised document, the *CD-HSJCC Strategic Directional Work Plan: Priority Activities for 2011 and 2012*, which was endorsed in the winter of 2011. The work plan grouped a total of 18 activities to be undertaken over a 2 year period under four strategic directions, namely:

- ✚ Communication and engagement;
- ✚ Crisis-related services and supports;
- ✚ System coordination; and
- ✚ Housing framework.

The CD-HSJCC then completed a prioritization exercise. As part of this exercise each CD-HSJCC member was asked to select two activities that, in their opinion, should be the focus of CD-HSJCC efforts in 2011/12. Each member was asked to justify their priority selection. The number of votes received was then used to identify and build consensus for the top priorities for action.

To inform the identification of priority activities each CD-HSJCC member was asked to consider the following criteria:

- ✚ Quick win – can the activity be successfully undertaken with limited effort?
- ✚ What can be done in house what should be done with external help?
- ✚ Does this activity inform the work of other priority activities?
- ✚ Does the activity address a key link in the diversion pathway?
- ✚ Will activity positively impact a high number of common clients?
- ✚ Is there sufficient member interest to mobilize resources and undertake the activity?

It is through this priority setting exercise that the CD-HSJCC decided to commit significant time and resources on the review of crisis-related services and programs and subsequently on a review of justice related services and supports in place to support the common client in times of crisis.

## 3.0 DEFINING KEY TERMS

### 3.1 Who is the ‘Common Client’?

For the purpose of this review, and all activities of the CD-HSJCC, the common client (CC) is defined as *an individual who has a serious mental illness, intellectual disability, concurrent disorder, acquired brain injury, addiction, and/or fetal alcohol spectrum disorder and is (post charge), or has the potential to be (pre charge), in conflict with the law, as well as their significant others.*

### 3.2 What is meant by the ‘Justice System’?

For the purpose of this review, the ‘justice system’ is a term broadly used to refer to all justice service providers<sup>2</sup> engaged in the Justice Services Mapping Project specifically, and by extension other organizations and/or professionals that work with these justice service providers.

The term ‘justice system staff’ is also used throughout the document in reference to individuals who are employed by the various organizations that collectively comprise of the justice system. While

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<sup>2</sup> Detailed in section 4.1



most references to ‘justice system staff’ relate to the organizations that were included in the Justice Services Mapping Project, the term may at times also reference other staff involved in the more broadly defined justice system.

### 3.3 What is the Review Catchment Area?

The geographical area for the Justice System Mapping Project was the Cochrane District. It is noted that services and supports interviewed have varying catchment areas (some serve all of the District of Cochrane and beyond, some are limited to the North Cochrane area, some are limited to the South Cochrane area, and some include the provision of services to the Hudson and James Bay Coastal area).

It should also be noted that focus group participants were all from the Cochrane District, including a number individuals from the Hudson and James Bay Coastal area.

## 4.0 METHODOLOGY

### 4.1 Justice Services and Supports to be ‘Mapped’

The CD-HSJCC embarked on the Justice System Mapping Project with the goal of clarifying the mandate of the various justice and diversion programs within its catchment area and linkages among these and other justice and diversion services.

This information could then be used to:

- Increase referrals and diversion rates to the most appropriate justice and diversion service;
- Identify and address any privacy legislation concerns while respecting the common client’s right to refuse to share information<sup>3</sup>; and,
- Ensure that the system’s collective justice and diversion resources are configured optimally to meet the needs of common clients, improve the delivery of services and enhance the common client’s experience with the justice system in times of crisis.

The CD-HSJCC identified a total of 11 organizations (and 14 justice-related services and supports) to be ‘mapped’ as part of the Justice System Mapping Project. These organizations initially included the:

1. Canadian Mental Health Association - Cochrane and Temiskaming Branch (CMHA-CT)
2. Hearst, Kapuskasing, Smooth Rock Falls Counselling Services (HKS Counselling)
3. Timmins Native Friendship Centre (TNFC)
4. Ininew Friendship Centre (IFC)
5. Timmins Family Counselling Centre Inc. (TFCC)
6. Adult Probation and Parole (Correctional Services/Community Corrections)
7. Youth Probation and Parole (Correctional Services/Community Corrections)
8. Crown Attorney’s Office
9. Monteith Correctional Complex (jail/remand)

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<sup>3</sup> No privacy concerns were noted in consultation with either JSPs or common clients.

10. Monteith Correctional Complex (Correctional Centre)
11. Cochrane Resource Treatment Centre (CRTC)
12. North Bay Regional Health Centre (NBRHC) – in-patient forensic
13. North Bay Regional Health Centre (NBRHC) – outpatient forensic
14. North Eastern Ontario Child and Family Services

Once the project was initiated changes to the list of justice-related services and supports to be mapped were required<sup>4</sup>. Specifically, it was determined that since the North Eastern Ontario Child and Family Services was not part of the CD-HSJCC, that it would not be within the mandate of the CD-HSJCC to make suggestions that would impact their services and supports. By extension, interviews to be held with Correctional Services/Community Corrections would be limited to the adult system.

It is also noted that the dual diagnosis service at CRTC is integrated with the justice support services at CMHA-CT. This fact was determined after having conducted the interview. Consequently, the information gathered from the interview with the CRTC was integrated with the information gathered for the CMHA-CT.

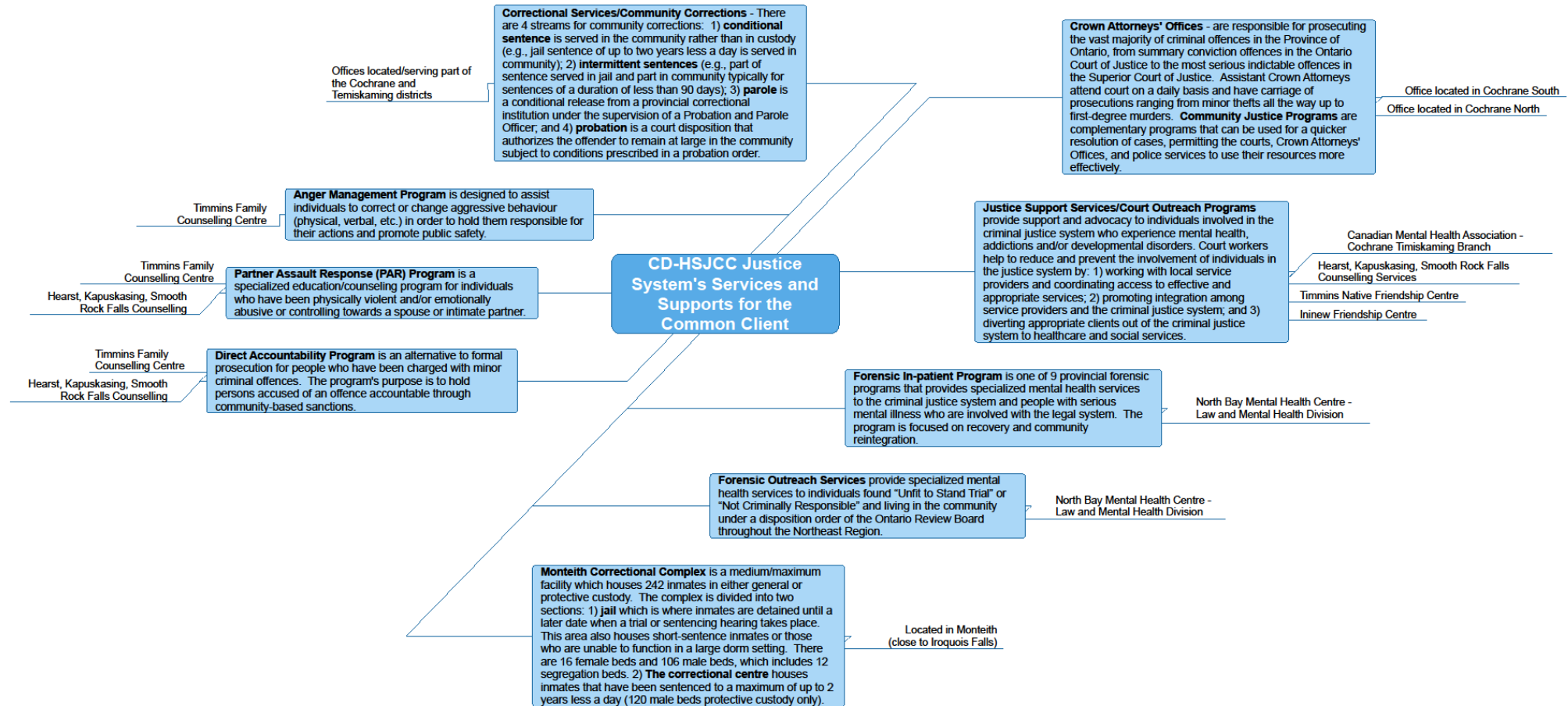
Ultimately, three (3) justice-related services and supports were removed and four (4) were added as two (2) organizations (TFCC and HKS Counselling) had more than 1 service to be mapped (services that were not reflected in the initial project scope). In the end, a total of 15 justice-related services and supports were included in the Justice System Mapping Project. These are depicted in [Figure 1](#) and include:

1. Crown Attorney's Office
2. CMHA-CT Justice Support Service
3. HKS Counselling Services Mental Health Court Outreach Service
4. HKS Counselling Services Direct Accountability Program
5. HKS Counselling Services Partner Assault Response Program
6. TNFC Aboriginal Court Worker Program
7. IFC Aboriginal Court Worker Program
8. TFCC Anger Management Program
9. TFCC Direct Accountability Program
10. TFCC Partner Assault Response Program
11. NBRHC Forensic Outreach Services of the Law and Mental Health Division
12. NBRHC Forensic In-patient Program of the Law and Mental Health Division
13. Correctional Services/Community Corrections
14. Monteith Jail
15. Monteith Correctional Centre

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<sup>4</sup> Changes were made in consultation with the small working group establish to provide direction to the Justice System Mapping Project.

**Figure 1: Overview of Justice Services and Supports Engaged in the Justice System Mapping Project**



## 4.2 The Planning Approach

An external planning consultant was hired to develop and implement the methodology used to complete the Justice Services Mapping Project. The planning approach was approved by the CD-HSJCC and was based on the following activities:

1. Identify a preliminary listing of justice-related services and supports to be ‘mapped’;
2. Generate a series of standardized questions to gather, in a consistent manner, information on justice-related services and supports;
3. Conduct interviews with managers and front-line staff of each justice-related service and support;
4. Generate a series of ‘point-in-time’ visual maps of each justice-related service and support. Each visual map was to provide an in-depth overview of:
  - Intake and Access (referral process)
  - Assessment (process and tools)
  - Eligibility Criteria (and non-eligibility criteria)
  - Wait Times
  - Program Details
  - Discharge Practices
  - Collaborations and Partnerships
  - Opportunities/Strengths and Barriers/Challenges
5. Review and validate the information contained on the justice services and supports maps with each JSP;
6. Analyze the mapping data and the information obtained from JSPs on barriers and opportunities to identify common themes and inform the development of preliminary key considerations<sup>5</sup>;
7. Help organize focus groups with CCs to discuss justice services and supports, and gather information on the perceived benefits and challenges of these services and supports from the perspective of CCs;
8. Analyze the mapping data and the information obtained from CCs on barriers and opportunities to identify common themes and inform the development of key considerations;
9. Generate a draft report with preliminary key considerations (and work plan)<sup>6</sup> and review this information with the CD-HSJCC with the goal of refining the key considerations; and,
10. Present the draft report to the CDHSJCC for further feedback and approval.
11. . and preliminary work plan

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<sup>5</sup> Originally the wording used was ‘strategic direction’ but since the CD-HSJCC does not have the mandate to impose on its member organizations strategic directions the wording was changed to ‘key considerations’.

<sup>6</sup> Preliminary work plan is included as **Appendix B**.

### 4.3 Process Related Limitations

There are a number of process-related limitations associated with the implementation of the planning process. They include the following:

- To contain the scope of the initiative it was deemed necessary to separate health/social crisis services from justice services and supports. Consequently, the reader must keep in mind that there are two documents. One that focuses on health-related crisis services and one on justice-related services. The CD-HSJCC will need to consider the information in both reports, as it determines its next steps.
- Information gathered and included in this report is reflective of the perspectives of individuals who participated in the Justice System Mapping Project (staff and CCs). **Some comments may not fully reflect how the justice system functions, and what is happening in certain parts of the justice system. Consequently, comments (discussion points) may need to be put into context, validated for accuracy, and/or elaborated upon when the CD-HSJCC is considering actionable next steps.**
- Focus group participants were all from one institution. Attempts were made to host a second round of focus groups but these were unsuccessful, due to the limited number of individuals within the second facility that were identified as residents of the Cochrane District.
  - It is noted that CCs within institutions likely have a broader perspective of justice services and supports due to their interactions with the justice system, at various junctures.
  - It is noted also that the CD-HSJCC agreed to consider the benefit of hosting further community-based consultations with CCs with the support of a facilitator with the Centre for Addictions and Mental Health, once they reviewed the final report. CCs living in community (e.g., released on bail, on probation, etc.) would have a different perspective than CCs in an institution. Community based CCs may also provide more insight into community-based diversion supports.
  - Police services were not included in the justice mapping project. It would be beneficial to host focus groups with police officers from both the Ontario Provincial Police and Timmins Police Services to further inform the work of the CD-HSJCC.
- There were a limited number of individuals within the institution where the focus groups were held that were identified as residents of the Cochrane District. Focus groups were made possible in function of those few Cochrane District residents that volunteered to participate. Furthermore those focus groups were organized and facilitated by staff from the host institution. Many focus group participants are thought to be CCs with a concurrent disorder (self-identified during the discussions). To the facilitator's knowledge, the focus groups did not include representation from individuals with an intellectual disability, acquired brain injury, and/or fetal alcohol spectrum disorder.

## 5.0 JUSTICE SYSTEM'S SERVICES AND SUPPORTS

The Justice System Mapping Project allowed for the gathering of in-depth information to inform the CD-HSJCC's understanding of key services and supports in place for CCs within the Cochrane District. The process resulted in the creation of an extensive inventory or series of visual maps of each service or support identified for 'mapping'.

Map 1: Crown Attorney's Office

Map 2: CMHA-CT Justice Support Service

Map 3: HKS Counselling Services Mental Health Court Outreach Service

Map 4: HKS Counselling Services Direct Accountability Program

Map 5: HKS Counselling Services Mental Health Court Outreach Service

Map 6: TNFC Aboriginal Court Worker Program

Map 7: IFC Aboriginal Court Worker Program

Map 8: TFCC Anger Management Program

Map 9: TFCC Direct Accountability Program

Map 10: TFCC Partner Assault Response Program

Map 11: NBRHC Forensic In-patient Program of the Law and Mental Health Division

Map 12: NBRHC Forensic Outreach Services of the Law and Mental Health Division

Map 13: Correctional Services/Community Corrections

Map 14: Monteith Jail

Map 15: Monteith Correctional Centre

The 15 visual maps are included in the following pages. Also, included as an addendum to maps 14 and 15 is a listing of programs available to inmates who are incarcerated at Monteith Correctional Complex; this list of programs is included as ***Appendix C***.



**STAFFING** - Cochrane South office has a Crown attorney and 5 Assistant Crown Attorneys. Cochrane North office has a Crown Attorney and 3 Assistant Crown Attorneys.

**CULTURAL** - all offices have designated French speaking crown counsel. Aboriginal cultural issues and circumstances are given significant consideration. Translators are available in all justice courts. Referrals can be made to Restorative Justice (Nishnawbe-Aski Legal Services) - staff is located in Matachewan and Cochrane. Crown counsel have access to ongoing legal education to enhance their understanding of cultural issues of relevance to the locality.

**COLLABORATIONS** - sanctions are community-based and may involve and/or benefit community partners.

**PARTNERSHIPS** - work closely with probation and parole officers; diversion referrals are made to justice support service/mental health court outreach, direct accountability program, PAR program, anger management program, etc.; Friendship Centres are called upon to assist with the development of release plans for Aboriginal clients at Bail Court (not diversion plan).

**Videoconferencing** - is available but is used primarily for administrative and educational purposes.

## Crown Attorneys' Offices

**FUNDING** - Crown Attorneys' Offices are funded by the Ministry of the Attorney General.

**SERVICE AREA** - Cochrane District is divided into two areas: Cochrane South (Timmins, Iroquois Falls, and Matheson with satellite courts in Gogama, Chapleau, Moosonee, and Fort Albany) and Cochrane North (Kapuskasing, Hearst, and Cochrane with satellite courts in Smooth Rock Falls, Hornepayne, Kashechewan, Attawapiskat, and Peawanuck).

**Crown Attorneys' Offices** - are responsible for prosecuting the vast majority of criminal offences in the Province of Ontario, from summary conviction offences in the Ontario Court of Justice to the most serious indictable offences in the Superior Court of Justice. Assistant Crown Attorneys attend court on a daily basis and have carriage of prosecutions ranging from minor thefts to first-degree murders. Community Justice Programs are complementary programs that can be used for a quicker resolution of cases, permitting the courts, Crown Attorneys' Offices, and police services to use their resources more effectively.

Dated: October 31st, 2013

**CASELOAD** - refer to specific diversion programs for statistical data pertaining to client caseload.

### Intake/Access Considerations

Court Office Hours (vary by court): typically 8:30 am to 5:00 pm; Monday to Friday.

Crown counsel will conduct a brief screen prior to a 1st court appearance to determine if a community justice program is an option. Some matters are adjourned pending a further review of charges. Two streams: 1) summary conviction or indictment, or 2) diversion (either peace bond or community justice program). Community justice programs are used to supplement or replace the procedures of the formal criminal justice system. They can be considered: 1) as alternatives to formal criminal court proceedings, 2) as adjuncts to formal court proceedings, or 3) as interaction with policies and practices as per memoranda on *Aboriginal Justice and Mentally Disordered/Disabled Offenders*.

### Prerequisites for Referrals

Before agreeing to a community justice program (which is intended to result in charges being stayed), crown counsel will ensure that the following criteria are met: 1) there is a reasonable prospect of conviction of the offence charged and the prosecution of the offence is not barred at law; 2) it is in the public interest (as defined); 3) the offender participates voluntarily; 4) the accused and/or defence counsel is aware that if the accused is charged with subsequent offences, Crown counsel may seek to introduce evidence of the accused's participation in the community justice program to which the accused is being diverted, as well as the allegations underlying the current charged; 5) the participation of the victim is voluntary, informed and free of coercion; and 6) the offender accepts responsibility for the offence and agrees to participate in the process.

### Eligible Offences

Accused must be 12 years of age and older, and the offense must be either a Class I or II.

**Offences that are presumptively eligible (Class I):** minor property offences are presumptively eligible for community justice consideration, depending on the circumstances of the offence and the offender. For example may include theft and possession under \$5,000; joyriding; mischief under \$5,000; food, travel and accommodation frauds; or causing a disturbance.

**Offences that are eligible for consideration (Class II):** all other offences excluded from Class I and Class III are eligible for consideration for community justice at the discretion of crown counsel. Eligibility will depend on the assessment of the circumstances of the offence and the offender; the needs of the community; and the needs of the victim.

**Offences that are NOT eligible (Class III):** murder, manslaughter, infanticide, criminal negligence causing death; causing death or bodily harm by dangerous or impaired driving; any offence causing serious bodily harm; simple impaired driving or driving with a prohibited blood alcohol concentration; offences involving firearms; criminal organization offences; kidnapping; child abuse; offences involving child pornography; sexual offences; spouse/partner offences (as defined); hate offences (as defined); home invasions; and perjury.

**Other exclusions:** Provincial Crown Attorneys' Offices generally do not deal with crimes related to drug related offences (federal offence assigned to federal crown attorneys).

### Wait Time

There is no wait time for clients referred to a community justice program. The accused typically meets with the community justice worker at the court upon being referred; or is referred to a program immediately (pending their intake procedures); or referral may be delayed (stay of charges) pending further assessment. A referral package is collated.

### Discharge Planning

Refer to the practices outlined in specific diversion programs (e.g., justice support service/mental health court outreach, PAR program, anger management program, or direct accountability program). Programs typically report back on the progress of clients to Probation and Parole Office and at times to the Crown Attorney's Office.

## Canadian Mental Health Association - Cochrane Timiskaming (Justice Support Service)

**STAFFING** - There are 3.0 FTE Justice Case Managers and a Clinical Team Lead with additional responsibilities. One Justice Case Manager is responsible for release from custody and works at Monteith Correctional Centre; one is assigned to court outreach (youth, adults, developmentally disabled); one works in community to support clients who are released from custody and on a probation order.

**CULTURAL** - CMHA-CT has staff designated to provide French language services. One Justice Case Manager is of Aboriginal origin (Métis) and works closely with native organizations to ensure culturally appropriate services. Translators are available in all justice courts.

**COLLABORATIONS** - There are strong working relationships among clinicians. Justice Support Service staff work closely with Monteith, police services, the hospital, developmental services, education system, Crown Attorney Office, and addiction agencies. A number of protocols are in place, some of which need to be updated. There is also ongoing networking with justice services across the northeast region.

**PARTNERSHIP** - organizes access to NBRHC services for: 1) Fitness Assessments, and 2) psychiatric consultation and follow-up for clients involved with the justice system (e.g., forensic, probation and parole, etc.).

**OTN** - OTN is available in all CMHA-CT offices (Timmins, Kirkland Lake, Englehart and Temiskaming Shores).

**FUNDING** - Ministry of Health and Long-Term Care, Ministry of Community and Social Services (0.5 FTE for dual diagnosis), and Ministry of Children and Youth Services (2 x 0.5 Youth Mental Health Court Worker).

**SERVICE AREA** - Justice Case Managers are present in the Timmins, Kirkland Lake and Haileybury courts.

Canadian Mental Health Association - Cochrane Timiskaming Branch (CMHA-CT) - Justice Support Service provides support and advocacy to individuals involved in the criminal justice system who experience mental health, addictions and/or developmental disorders. Justice Case Managers work to reduce and prevent involvement of clients in the justice system by: 1) working with local service providers and coordinating access to effective and appropriate services; 2) promoting integration among service providers and the criminal justice system; and 3) diverting appropriate clients out of the criminal justice system to healthcare and social services. Justice Support Services also includes Youth Mental Health Diversion for youth aged 12-17 who are involved with the Criminal Justice System.

Dated: September 9th, 2013

**CASELOAD** - ~18-25 per Justice Case Manager. Referrals have increased significantly over the past year. There are about 160-170 referrals per year not all of whom follow-tru with services

### Intake/ Access

Office Hours: 8:30 am to 4:30 pm; Monday to Friday (in-person). Justice Case Manager (release from custody) is at Monteith Correctional Complex ~2 days/week. Agency does not have a 1-800 # but accepts collect calls. Website is: [www.cmhact.ca](http://www.cmhact.ca).

Clients can self-refer (voluntarily) or be referred by a community agency or the justice system. All individuals charged criminally are informed of the Justice Support Service.

### Screen/ Assessment

If a client is interested in the Justice Support Service, a meeting with the Justice Case Manager is held. Charges are reviewed and information on the client's personal and clinical history is gathered. Time to complete the screen depends on the client's history and ease of access to required information.

Client is screened using the GAIN-SS (Global Appraisal of Individual Needs - Short Screener). A mental health status exam is also completed.

O-CAN (Ontario Common Assessment of Need) is administered to individuals with a mental health issue. An assessment can take up to 1 hour to complete and is valid for 6 months. Information is uploaded to the Integrated Assessment Record (IAR).

Assessment information is shared with the client's circle of care, as appropriate (e.g., typically Monteith social worker, probation and parole officer, crown attorney, health providers, etc.). No formal protocols are in place.

Internal and external referrals are ongoing depending on the client's needs.

### Eligibility

Individuals aged 12+ who have been charged criminally and have a suspected or diagnosed serious mental illness, addictions or developmental disability.

Justice Support Services is not a court ordered service, but may be mandated as part of a treatment plan.

### Wait Time

There is no wait for clients diverted by the Bail Court to the Justice Support Service. A meeting takes place immediately after the referral is made.

Clients in need of one-to-one counseling and case management may experience a wait of up to 3-months. In September of 2013, group supports will be in place which should help alleviate wait times. Wait times vary by program or service.

### Psychiatric Services

The case management team at CMHA-CT is supported by Dr. Hugues Richard a psychiatrist from Ottawa. He provides assessment and follow-up to Timmins clients via OTN and to Kirkland Lake/Temiskaming Shores clients in-person.

Forensic and justice clients in needs of brief psychiatric consultations are assessed by Toronto based psychiatrists via OTN.

Wait times for psychiatric assessments are between 2 to 5 months.

### Discharge Planning

CMHA-CT operates under a recovery model which is focused on helping clients establish attainable goals and supporting them along their journey. Client are encouraged to reaffirm their goals (pathway) every ~6 months, when (if) O-CAN is re-administered. Post discharge, clients can access support and classes as needed (file reactivated).

### Long-Term Case Management

Clients in need of longer term support are referred internally to Case Management.



## Hearst Kapuskasing Smooth Rock Falls Counselling Services - Mental Health Court Outreach Service

**STAFFING** - There is 1.0 FTE Mental Health Court Outreach Counsellor assigned to the Mental Health Court Outreach Service

**CULTURAL** - HKS Counselling is an agency designated to provide French languages services. Services are also provided in English. Staff have completed courses to enhance their understanding of Aboriginal issues but have not received any specialized training. Translators are available in all justice courts.

**COLLABORATIONS** - There are strong working relationships among internal clinicians. Also, Mental Health Court Outreach Counsellor works closely on a daily basis with police, Crown Attorney's Office, Monteith Correctional Complex, ODSP, police services, hospitals, and community-based mental health and addiction services. Up-to-date protocols are in place with most agencies. Annual meeting is held with all mental health court outreach counsellors working in the North East Region.

**PARTNERSHIP** - coordinates access to NBRHC for 1) Fitness Assessments, and 2) psychiatric consultation and follow-up for clients involved with the justice system (e.g., forensic, probation and parole, etc.).

**OTN** - OTN is available in all HKS Counselling offices (Hearst, Kapuskasing, and Smooth Rock Falls (at hospital).

**FUNDING** - is received from the Ministry of Health and Long-Term Care.

**SERVICE AREA** - Mental Health Court Outreach Counsellor is present in the Hearst, Kapuskasing, and Cochrane courts. *Note: services are also provided to clients from Calstock and Smooth Rock Falls who present in court and to clients from the Coastal region who are present to the Cochrane Bail Court.*

Hearst Kapuskasing Smooth Rock Falls Counselling Services (HKS Counselling) - Mental Health Court Outreach Service is offered to persons affected by mental illness, associated problems and/or concurrent disorder, who are accused of one or more legal offences. The service operates in collaboration with the Northeast Mental Health Centre's forensic program (North Bay). Services offered: 1) Conduct psychosocial assessments and establish goals with clients eligible for diversion; 2) Conduct pre-assessments to determine the eligibility of local referrals to the forensic program of the Northeast Mental Health Centre; 3) Support the client, family and friends during legal proceedings; 4) Refer clients to appropriate community and mental health service and ensure adequate linkages among clients and services; and 5) Offer court diversion functions that are in compliance with the Crown Attorney's Office.

**CASELOAD** - there are ~20 active clients with the Mental Health Court Outreach Service's caseload.

Dated: September 4th, 2013

### Intake/Access

Office Hours: 9:00 am to 5:00 pm; Monday to Friday. Mental Health Court Outreach Counsellor is in Cochrane Court on Mondays, Kapuskasing Court on Tuesdays, and Hearst Court on Wednesdays. Counsellor also travels to Cochrane Bail Court on Wednesdays and Fridays as needed. Agency does not have a 1-800 # but accepts collect calls. Website address is: <http://counsellinghks.ca>.

Clients can self-refer, be referred internally, or be referred by family, friends, community agency or justice system (police, crown, defense attorney, judge, probation, etc.).

### Screen/Assessment

Client meets with Outreach Counsellor to review the charges and gather information on the client's personal and clinical history. Time to complete the screen depends on the client's history and ease of access to required information.

Client is screened using the GAIN-SS (Global Appraisal of Individual Needs - Short Screener). Client can also be administered a 'fitness to stand trial' (internal) screen.

O-CAN (Ontario Common Assessment of Need) is administered to individuals with a mental health issue. Assessment can take up to 1 hour to complete and is valid for 6 months. Information is uploaded to the Integrated Assessment Record (IAR).

Assessment information is shared with the client's circle of care, as appropriate. Formal protocols are in place. Internal and external referrals are ongoing depending on needs.

### Eligibility

**Diversion:** Individuals aged 16 years of age and over accused of a minor offence who have (or have previously had) problems directly related to mental health. To be eligible there must be sufficient proof indicating that mental health issues had a direct contribution to the offence committed and that the person poses no serious threat to the community. **Court Outreach:** any person affected by a mental illness, concurrent disorder, dual diagnosis or any cognitive impairment who is accused of a criminal offence or offences qualifies for supportive and outreach services.

Mental Health Court Outreach Service is not a court ordered service, but may be mandated as part of a treatment plan.

### Wait Time

There is no wait for clients diverted from Ontario Court of Justice to the Mental Health Court Outreach Service. A meeting takes place immediately after the referral has been made.

Clients in need of one-to-one counseling and case management support may experience a wait of up to three months. In September of 2013, support groups will be offered and will help alleviate wait times. Wait times vary by program or service.

### Psychiatric Services

Justice clients in need of a psychiatric consult are referred internally to two consultant psychiatrists, who are on-site monthly.

Wait time for a psychiatric assessment varies from 6 to 12 months for most clients and 4 to 6 weeks for clients deemed top priority. Wait list is managed by order of priority and not on a 'first-come first-serve basis'. *Note: the priority status of an individual with mental health concerns can fluctuate significantly which in turn affects their priority status.*

Clients in need of a forensic psychiatric assessment/consultation are referred to the closest organization that can provide timely service.

### Discharge Planning

Counsellor meets with clients prior to a matter being resolved. Client remains on caseload until the end of their probation order.

### Long-Term Case Management

Clients in need of longer term case management support are referred internally to the Counselling Program or the Supportive Independent Living Service.

**STAFFING** - The Direct Accountability Program is staffed by one bilingual Community Justice Worker (3 days/week).

**CULTURAL** - The Direct Accountability Program is offered in English or French. Sanctions may consider culturally specific sanctions, when appropriate.

**COLLABORATIONS** - sanctions are community-based and may involve and/or benefit community partners.

**OTN** - OTN is available in all HKS Counselling offices (Hearst, Kapuskasing, and Smooth Rock Falls (at hospital)).

## Hearst Kapuskasing Smooth Rock Falls Counselling Services - Direct Accountability Program

**FUNDING** - program is funded by the Ministry of the Attorney General.

**SERVICE AREA** - program's catchment area includes the communities of Hearst, Kapuskasing, and Cochrane (and surrounding communities).

**Hearst Kapuskasing Smooth Rock Falls Counselling Services - Direct Accountability Program** is an alternative to formal prosecution for people who have been charged with minor criminal offences. The program's purpose is to hold persons accused of an offence accountable through community-based sanctions. *Note: client does not have a conviction on record following successful completion of the program.*

Dated: October 31st, 2013

**CASELOAD** - there were 86 clients who participate in the Direct Accountability Program annually. There is not data on the percentage of these clients that would meet the definition of a common client.

### Intake/ Access

Office Hours: 9:00 am to 5:00 pm; Monday to Friday. The PAR program is offered once per week. Agency does not have a 1-800 # but accepts collect calls. Website address is: <http://counsellinghks.ca>.

The Crown Attorney will notify the accused on or before their first court appearance if they are considered eligible for the Direct Accountability Program.

The accused is encouraged to request legal advice from Counsel about their rights, the benefits of the program and the legal implications of agreeing to participate.

### Screen/ Assessment

The accused then meets with the Community Justice Worker at the court. The worker will gather information and complete an assessment to determine if the person meets the eligibility requirements of the Direct Accountability Program.

### Eligibility

Clients 18 years of age and older who are charged with a minor offence may qualify, at the discretion of the Crown Attorney Office. The accused must: 1) be willing to accept responsibility for the actions that led to the charge; 2) be willing to make amends to the community for their offence through a sanction(s); and 3) complete an agreement, which outlines the terms of the sanction(s).

**Exclusion criteria:** Factors relating to the accused's ability and willingness to make amends for the offence. People who are not accepted into the program or who don't successfully complete the program are returned to the formal court process.

Direct Accountability Program is a voluntary program.

### Wait Time

There is no wait time for clients referred to the Direct Accountability Program. The accused meets with the Community Justice Worker at the court immediately upon being referred.

### Program

Sanctions include: paying a restitution/compensation, making a charitable contribution, preparing a letter of apology, attending a program (counselling), completing community service hours, attending the Stop Shop Theft Program, among other sanctions.

By successfully completing the sanction(s) imposed, the accused is held accountable for their behaviour directly and can have the charge(s) withdrawn or stayed by the Crown.

While there is no fee associated with participation in the program, participants may be expected to pay restitution or make a charitable donation as part of their sanction.

### Discharge Planning

There is no conviction on record following the successful completion of the Direct Accountability Program. However, records of participation in the program are kept for two years and can be brought forward if the accused re-offends during this period.

**CULTURAL** - The PAR program is offered in French and English. The PAR program is not culturally specific to any one group. Clients looking for a program geared to Aboriginals may access the *I Am A Kind Man Program* at the Kapuskasing Friendship Centre.

**STAFFING** - The PAR program for men (group sessions) is staffed by 2 facilitators. The PAR program for women is staffed by 1 facilitator. Total staff equates to a 0.5 FTE.

**PARTNERSHIP** - strong working partnerships among the PAR program staff, Duty Council, Crown Attorney's Office, Defense Council, and Probation Officer(s).

**OTN** - OTN is available in all HKS Counselling offices (Hearst, Kapuskasing, and Smooth Rock Falls (at hospital)).

## Hearst Kapuskasing Smooth Rock Falls Counselling Services - PAR Program

**FUNDING** - The PAR program is funded by the Ontario Victim Services Secretariat of the Ministry of the Attorney General.

**SERVICE AREA** - The PAR program is available in Kapuskasing only.

Hearst Kapuskasing Smooth Rock Falls Counselling Services (HKS Counselling) - Partner Assault Response (PAR) Program is a specialized educational counselling program for men and women who have been physically violent and/or emotionally abusive or controlling towards a spouse or intimate partner. In Ontario, PAR programs are part of the Domestic Violence Court Program. This initiative provides a coordinated criminal justice system response to domestic violence. Following a guilty plea or a finding of guilt, a judge may order the offender to attend counselling as a condition of probation, bail or other court order. This program is also audited by Ministry staff to make sure it complies with provincial standards.

**CASELOAD** - for the 2013/14 fiscal year a total of 31 males and 12 females were engaged in the PAR program (in both French and English groups). There is no data to capture the number of clients that would meet the 'common client' definition.

Dated: December 10th, 2013

### Intake/ Access

Office Hours: 9:00 am to 5:00 pm; Monday to Friday. The PAR program is offered once per week. Agency does not have a 1-800 # but accepts collect calls. Website address is: <http://counsellinghks.ca>.

Clients are referred to the program by the Crown Attorney's Office or Probation Officers. A co-payment of \$10/session is charged to all clients. Self-referrals are accepted but the client must pay the total program fee.

Intake is ongoing as referrals are received (open admissions). Staff reviews the referral package obtained by the Probation Officer with the client in person.

### Screen/ Assessment

Appropriateness for the PAR program is determined by the justice system once the client has been charged (and pleaded guilty) to a domestic violence offence. Referral is then sent to HKS Counselling and is reviewed with the client. Often the client's level of motivation has been screened by a Probation Officer.

Assessment information is not shared with the client's circle of care (two different Ministries - Health and Attorney General). Information is shared with the Crown Attorney's Office.

### Eligibility

Clients (men and women) 16 years of age and older charged with, and pleaded guilty to, a criminal act involving a domestic violence offence. Client must be on probation with the condition that they participate in the PAR program. Exclusion criteria: N/A.

PAR program is a court mandated program.

### Wait Time

There is no wait for clients referred to the PAR program; open admission to the program.

### Program

PAR program for women is offered once per week for 10-weeks (Thursdays 2:00 pm to 4:00 pm (in English) and 10 am to Noon (in French when numbers warrant).

PAR program for men is offered once per week for 16-weeks (Wednesdays 10 am to Noon (in English) and 2:00 pm to 4:00 pm (in French)).

Group size varies from 2 to 7 clients. If numbers are low the program may be postponed pending further referrals and/or individualized sessions provided.

A report half-way through sessions is shared with the Probation Officer. The update status provides an opportunity for either party to highlight issues and concerns.

Current or former partners of the client (victim of domestic abuse) can access a minimum of four contacts with staff while the client is engaged with the PAR program.

### Discharge Planning

Upon completion of the PAR program a report is forwarded to the Probation Officer. Client involvement with the PAR program is then terminated.

Clients can re-enter the program if needed (very rare occurrence).

Clients can miss up to 2 sessions only; they are expelled from the program upon missing a 3rd session.



## Timmins Native Friendship Centre - Aboriginal Court Worker Program

**STAFFING** - There is 1.0 FTE Aboriginal Combined Court Worker (attends youth court, criminal court and family court). Worker has a social work background.

**CULTURAL** - TNFC is an Aboriginal organization that is focused on ensuring the provision of a safe environment with a strong sense of belonging for all Aboriginal and non-Aboriginal people. The court worker does not speak Cree but translators are available in the Ontario Court of Justice.

**COLLABORATIONS** - The ACP refers clients to other TNFC programs as appropriate. There are also strong working relationships with NAN legal workers and other justice court workers.

**OTN** - OTN is NOT available at TNFC.

**FUNDING** - TNFC receives its core funding from Aboriginal Friendship Centres Programs, which is administered by the National Association of Friendship Centre through a contribution agreement. ACP is funded jointly by the Ontario Federation of Indian Friendship Centres and the Ministry of the Attorney General.

**SERVICE AREA** - The court worker presents to Timmins Court and is available to all Aboriginal people (and non-Aboriginals) who are interested in the services provided by the ACP. *Note: clients extend from Timmins to the James/Hudson Bay Coast.*

Timmins Native Friendship Centre (TNFC) - Aboriginal Court Worker Program (ACP) assists Aboriginal adults and youth charged with a criminal offense under the Criminal Code of Canada, as well as separating couples and parents involved in child welfare matters better understand their rights, options and responsibilities when appearing before the courts. The Aboriginal Combined Court Worker acts as an advocate for Aboriginal people involved in the Canadian justice system when appearing before the Ontario Court of Justice.

Dated: September 25th, 2013

**CASELOAD** - worker provides ~159 visits/interventions per year (visits not unique individuals).

### Intake/ Access

TNFC Hours: 8:30 am to 4:30 pm; Monday to Friday (afterhours can also be accommodated). Aboriginal Combined Court Worker attends court in Timmins on Monday, Tuesday, Wednesday and Friday (Thursday is an administrative day). Agency does not have a 1-800 # but accepts collect calls. Website is: [www.tnfc.ca](http://www.tnfc.ca).

Worker attends court and visits holding cells. Aboriginal clients are identified by name and/or visually, and at times referred by duty counsel. Court worker also meets with family, if requested.

Upon intake client completes consent forms. Preliminary background information is also gathered.

### Screen/ Assessment

Individuals involved with the ACP must voluntarily consent to participate. Some individuals agree to meet with the court worker, others refuse to have a case file opened with the the program (are interested in support but not in being affiliated with the ACP on an ongoing basis). Many individuals are not from the Timmins area, they are from the coast. Individuals from the coastal area (Moosonee and Moose Factory) attend bail court in Timmins.

Court worker offers referral suggestions based on presenting needs, and may help the client with the referral process. Referrals are typically to traditional programs (e.g., TNFC's Aboriginal Alcohol and Drug Worker program) or external programs (e.g., Misiway CHC's Traditional Healing Program), but may also include other mainstream supportive services.

Client consents to speaking with court worker verbally (window is a barriers to obtaining written consent).

### Eligibility

The ACP is for all Aboriginal people involved with the legal system, who are status, Non- Status, Métis or Inuit. Services are also extended to interested non-Aboriginal people.

ACP is not a court ordered service, but may be mandated as part of a treatment plan.

### Wait Time

Typically there is no wait for clients accessing ACP, as the court worker is present during court. Delays may occur if the court worker is engaged in one court while another is in process. It is also not always possible to see all clients in holding cells due to physical space limitations (e.g., number of clients are meeting with their clients).

### Program

1) Assist Aboriginal people understand their right to speak on their own behalf or to request legal counsel, to better understand the nature of the charges against them and the philosophy and function of the criminal justice system. 2) Provide Aboriginal cultural sensitivity awareness education on the values, customs, languages and socio-economic conditions of Aboriginal people on the part of those involved in the administration of the criminal justice system. 3) Respond to problems and special needs caused by communication barriers between Aboriginal people and those who are involved in the administration of the justice system. 4) Ensure Aboriginal people in Ontario have access to legal and justice-related services prior to, during and following, a court appearance.

ACP clients are provided with bus tickets to help defray the cost of travel when meeting with their Probation and Parole Officer.

### Discharge Planning

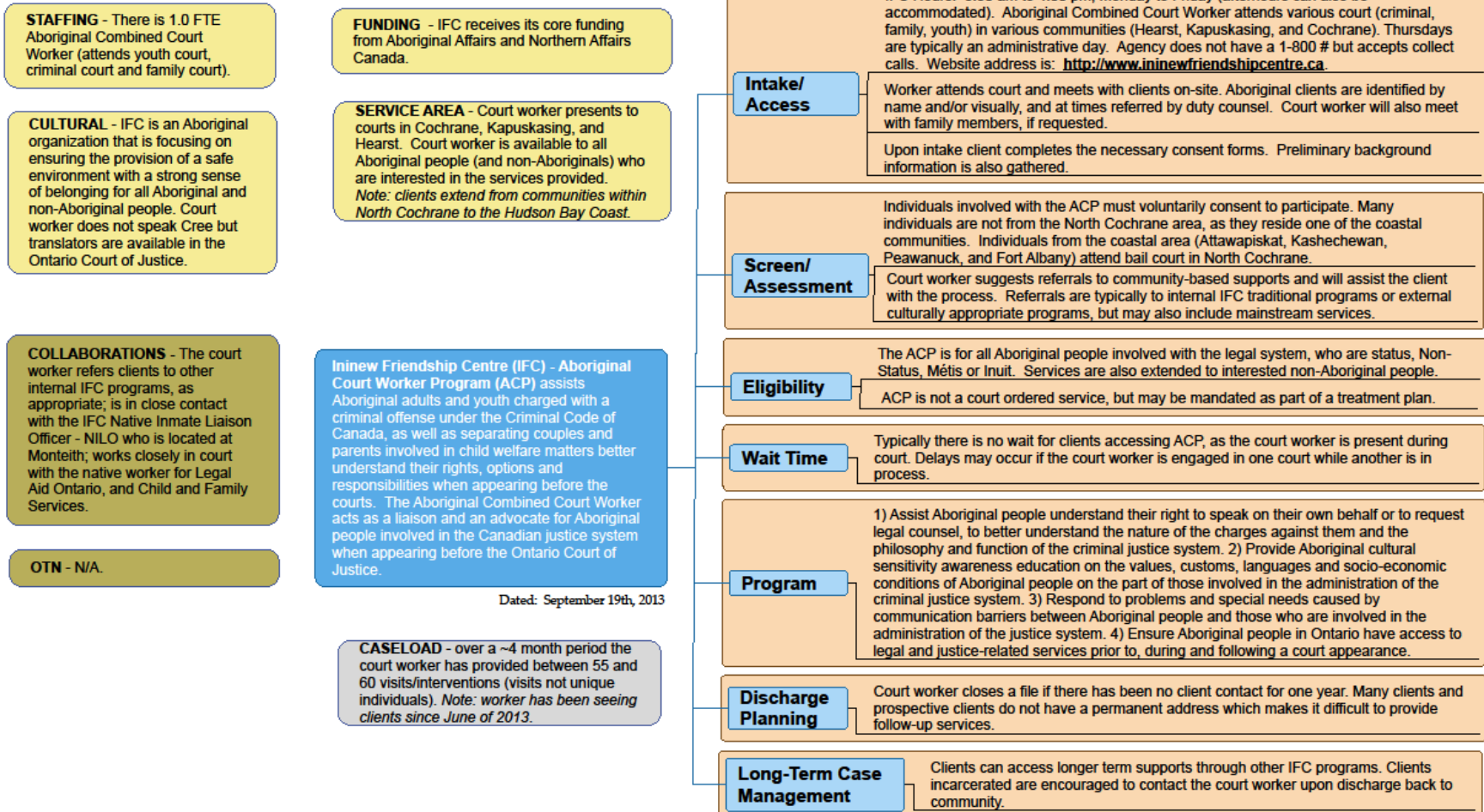
Court worker closes file if no client contact for a period of one year. Many clients and prospective clients do not have a permanent address which makes it difficult to provide follow-up services.

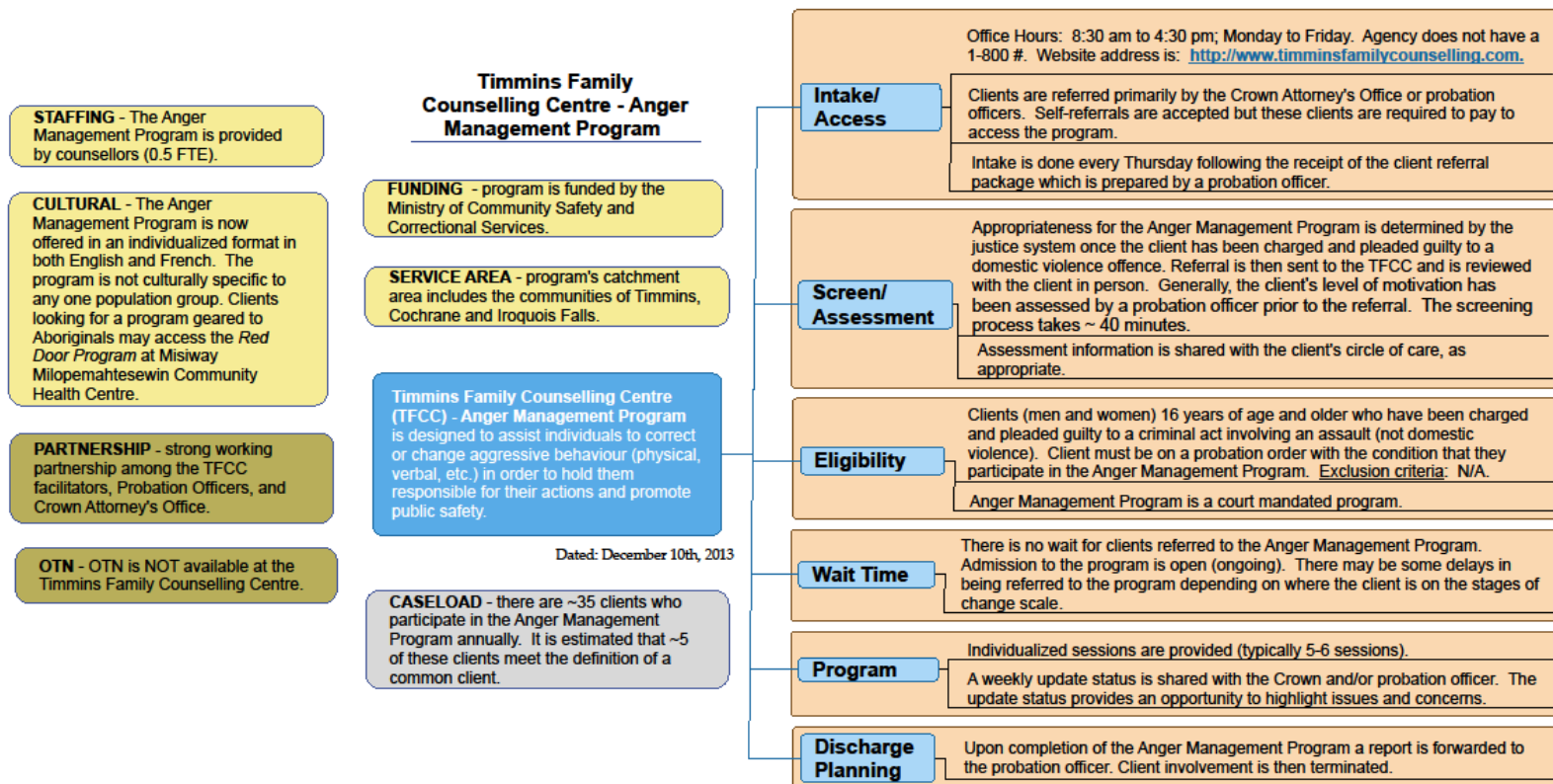
As noted above, most individuals are willing to discuss their options with the court worker but refuse to have a case file opened with the the ACP. Many of these individuals are not residents of the City of Timmins as they reside in one of the coastal communities.

### Long-Term Case Management

Clients can access longer term supports through other TNFC programs.

## Ininew Friendship Centre - Aboriginal Court Worker Program





**STAFFING** - The Direct Accountability Program is staffed by one bilingual Community Justice Worker.

**CULTURAL** - The Direct Accountability Program is offered in English or French. Sanctions may consider culturally specific sanctions, when appropriate.

**COLLABORATIONS** - sanctions are community-based and may involve and/or benefit community partners.

**OTN** - OTN is NOT available at the Timmins Family Counselling Centre.

## Timmins Family Counselling Centre (TFCC) - Direct Accountability Program

**FUNDING** - program is funded by the Ministry of Attorney General.

**SERVICE AREA** - program's catchment area includes the communities of Timmins, Cochrane and Iroquois Falls.

Timmins Family Counselling Centre (TFCC) - Direct Accountability Program is an alternative to formal prosecution for people who have been charged with minor criminal offences. The program's purpose is to hold persons accused of an offence accountable through community-based sanctions. *Note: client does not have a conviction on record following successful completion of the program.*

Dated: September 4th, 2013

**CASELOAD** - Discrete referral data are not compiled for this program.

### Intake/Access

TFCC Office Hours: 8:30 am to 4:30 pm; Monday to Friday. Agency does not have a 1-800 #. Website address is: <http://www.timminsfamilycounselling.com>.

The Crown Attorney will notify the accused on or before their first court appearance if they are considered eligible for the Direct Accountability Program.

The accused is encouraged to request legal advice from Counsel about their rights, the benefits of the program and the legal implications of agreeing to participate.

### Screen/Assessment

The accused then meets with the Community Justice Worker at the court. The worker will gather information and complete an assessment to determine if the person meets the eligibility requirements of the Direct Accountability Program.

### Eligibility

Clients 18 years of age and older who are charged with a minor offence may qualify, at the discretion of the Crown Attorney Office. The accused must: 1) be willing to accept responsibility for the actions that led to the charge; 2) be willing to make amends to the community for their offence through a sanction(s); and 3) complete an agreement, which outlines the terms of the sanction(s).

**Exclusion criteria:** Factors relating to the accused's ability and willingness to make amends for the offence. People who are not accepted into the program or who don't successfully complete the program are returned to the formal court process.

Direct Accountability Program is a voluntary program.

### Wait Time

There is no wait time for clients referred to the Direct Accountability Program. The accused meets with the Community Justice Worker at the court immediately upon being referred.

### Program

Sanctions include: paying a restitution/compensation, making a charitable contribution, preparing a letter of apology, attending a program (counselling), completing community service hours, attending the Stop Shop Theft Program, among other sanctions.

By successfully completing the sanction(s) imposed, the accused is held accountable for their behaviour directly and can have the charge(s) withdrawn or stayed by the Crown.

While there is no fee associated with participation in the program, participants may be expected to pay restitution or make a charitable donation as part of their sanction.

### Discharge Planning

There is no conviction on record following the successful completion of the Direct Accountability Program. However, records of participation in the program are kept for two years and can be brought forward if the accused re-offends during this period.



## Timmins Family Counselling Centre - Partner Assault Response (PAR) Program

**STAFFING** - PAR group sessions are staffed by 2 facilitators (one male and one female).

**CULTURAL** - The PAR program is offered in English. French speaking clients are seen on an individual basis, as required. The PAR program is not culturally specific to any one group. Clients looking for a program geared to Aboriginals may be referred to the *Red Door Program* at Misiway Milopemahtesewin Community Health Centre.

**PARTNERSHIP** - strong working partnership between the TFCC facilitators, Probation Officers, and Crown Attorney's Office.

**OTN** - OTN is NOT available at the Timmins Family Counselling Centre.

**FUNDING** - The PAR program is funded by the Ontario Victim Services Secretariat of the Ministry of the Attorney General.

**SERVICE AREA** - PAR program's catchment area includes the communities of Timmins, Cochrane and Iroquois Falls.

Timmins Family Counselling Centre (TFCC) - Partner Assault Response (PAR) Program is a specialized educational counselling program for men who have been physically violent and/or emotionally abusive or controlling towards a spouse or intimate partner. In Ontario, PAR programs are part of the Domestic Violence Court Program. This initiative provides a coordinated criminal justice system response to domestic violence. Following a guilty plea or a finding of guilt, a judge may order the offender to attend counselling as a condition of probation, bail or other court order. This program is also audited by Ministry staff to make sure it complies with provincial standards.

**CASELOAD** - there are ~75 clients who participate in the PAR program annually. It is estimated that 10 to 15 of these clients meet the definition of a common client.

Dated: September 4th, 2013

### Intake/ Access

Office Hours: 8:30 am to 4:30 pm; Monday to Friday. PAR is offered twice per week (Wednesdays from 1:30 pm to 3:30 pm or 6:30 pm to 8:30 pm. TFCC does not have a 1-800 #. Website address is: <http://www.timminsfamilycounselling.com>.

Clients are referred to the PAR program by Probation Officers and occasionally by Crown Attorneys. Self-referrals are accepted but the client must pay a fee to offset programming costs.

Intake is done 1 day per month in person; staff will review with the client the referral package obtained which is completed by a Probation Officer.

### Screen/ Assessment

Appropriateness for the PAR program is determined by the justice system once the client has been charged (and has pleaded guilty) to a domestic violence offence. Referral is then sent to the TFCC and is reviewed with the client in person. Generally, the client's level of motivation has been assessed by a Probation Officer prior to the referral. TFCC also administers an internal screen to ensure suitability for group sessions (if individual is not considered suitable for group therapy then individual sessions are arranged). The screening process takes ~ 40 minutes.

Assessment information is shared with the client's circle of care, as appropriate.

### Eligibility

Clients 16 years of age and over who have been charged and pleaded guilty to a criminal act involving a domestic violence offence. Client must be on a probation order with a condition that they participate in the PAR program. Exclusion criteria: clients with a serious mental illness who are not in treatment; and clients who are actively using drugs.

PAR program is a court mandated program.

### Wait Time

There is no wait for clients referred to the PAR program. Admission to the program is open (ongoing). There is a delay between the date of referral and date of intake (intake occurs 1 day per month).

### Program

Group sessions are offered over a 16-week period (open admission). Group sessions are capped at ~15 clients/group.

A weekly update status is shared with the Probation Officer. The update status provides an opportunity to highlight issues and concerns.

Current or former partners of PAR program clients (victims of domestic abuse) can access a minimum of four contacts with PAR program staff (while their current/former partner completes the program).

### Discharge Planning

Upon completion of the PAR program a report is forwarded to the Probation Officer. The client's involvement with the PAR program is then terminated.

Clients are only eligible for one round (16 sessions) with the PAR program. Further involvement in the PAR program can be arranged at the client's expense.



**STAFFING** - The Forensic In-patient Program is staffed by a multidisciplinary team (psychiatrist, psychologist, nurses, concurrent disorder specialist, social worker, occupational therapist, behavioural therapist, and leisure and life skills instructor).

**CULTURAL** - All NBRHC programs and services have access to internal Aboriginal services, which provide a range of native offerings (e.g., Cree translation, smudging, etc.). NBRHC is designated to provide French language services. There is French speaking capacity within the multidisciplinary team and access to French speaking translators within the organization.

**COLLABORATIONS/ PARTNERSHIP** The Forensic In-patient Program has collaborative partnerships with: 1) major courts in Cochrane, North Bay, Timmins, Sault Ste. Marie, Gore Bay and Sudbury, as well as several satellite courts in the North East region; 2) legal community; 3) correctional facilities; 4) various police services; 5) provincial forensic system; 6) community mental health agencies; 7) district and regional HSJCCs; 8) family/support systems; and 9) community-based court outreach/ justice support staff.

**OTN** - OTN is available on-site and is used to complete 'fitness to stand trial' assessments remotely. OTN is also used to connect inpatients to their families (means of bridging geographical distances).

## North Bay Regional Health Centre (NBRHC) - Forensic In-patient Program of the Law and Mental Health Division

**FUNDING** - funding is received by the Ministry of Health and Long-Term Care.

**SERVICE AREA** - The Forensic In-patient Program The Law and Mental Health Division is located in North Bay and serves Northeastern Ontario including the districts of Algoma, Sudbury, Parry Sound, Nipissing, Cochrane, Timiskaming, and Muskoka. The establishment of a provincial bed registry has broadened the catchment area from a regional focus to a provincial focus (first and closest available bed).

North Bay Regional Health Centre (NBRHC) - Forensic In-patient Program of the Law and Mental Health Division is one of 9 provincial forensic programs that provide specialized mental health services to the criminal justice system and people with serious mental illness who are involved with the legal system. The in-patient program is focused on recovery and community reintegration.

Dated: August 29th, 2013

**CASELOAD** - The Forensic In-patient Program has a maximum capacity of 52 in-patients.

### Intake/ Access

Referrals to the Forensic In-patient Program are restricted to referrals from Ontario Courts (e.g., court support services, crown attorneys, etc.) or referrals from an Ontario Review Board. Referrals are accepted Monday to Friday from 8:30 am to 4:30 pm (court hours). The hours of operation are 24/7/365. Website is: <http://www.nbrhc.on.ca>.

The Forensic In-patient Program has a total of 52 forensic beds which includes 28 secure rehab beds and 24 general rehab beds.

Admission requests are directed to the program manager who, in consultation with the nurse managers and the medical staff, will arrange the admission to the appropriate unit and security level. Patients may be admitted to the in-patient unit or accepted for follow-up support by Forensic Outreach Services.

### Screen/ Assessment

Individuals referred undergo a 'security risk' screen which takes about 10 minutes to complete. Individuals identified as a high security risk are referred to Waypoint Centre for Mental Health Care the only maximum security forensic hospital in the province.

There is no admission 'screen' completed as all referred individuals must undergo a comprehensive psychiatric assessment with the goal of establishing: 1) whether they are 'fit to stand trial' (their mental capacity to understand the nature, object or consequences of what happens in court or communicate and instruct a lawyer); or 2) whether they should be held 'criminally responsible' (based on their mental capacity at the time of the offence and appreciation of the nature or quality of the act and knowing that it is wrong).

A comprehensive psychiatric assessment is completed by the multidisciplinary team. The assessment tries to recreate what was happening when the crime was committed to gather information on the individual's mental health state at that point in time. The team consults with staff from correctional facilities and court outreach workers. Information is corroborated in discussion with family, community members, and police reports.

### Eligibility

Individuals (men and women) aged 18+ referred by an Ontario Court or by an Ontario Review Board (after having been found unfit to stand trial or not criminally responsible). Patients from other forensic in-patient facilities may also be referred/transferred to be closer to their home community. Exclusion criteria: N/A.

### Wait Time

Wait time for an assessment varies from none to 2-3 weeks. Individuals waiting for an assessment may be held in jail or referred to another forensic facility. Bed availability is monitored through the Ontario Forensic Bed Registry ([www.bedregistryconnexontario.ca](http://www.bedregistryconnexontario.ca)).

### Program

The Forensic In-patient Program completes court-ordered assessments to determine if an individual is 'fit to stand trial' or 'criminally responsible'. Treatment, rehabilitation and reintegration is provided to those found 'unfit to stand trial' or those deemed 'not criminally responsible' and under the authority of the Ontario Review Board. The program is focused on recovery and community reintegration.

### Discharge Planning

Individuals found 'fit to stand trial' or 'criminally responsible' may be discharged back to jail pending their court date. The social worker helps with the discharge process.

Individuals deemed 'not criminally responsible' or 'unfit' and on an Ontario Review Board order may be required to receive treatment and rehabilitation (long-term stay) through the Forensic In-patient Program. Upon completion of treatment, the transitional case manager (Forensic Outreach Services) works with each individual to prepare a discharge plan, which includes internal and external referrals. Case management may be provided for up to 1 year (part of Forensic Outreach Services).

## North Bay Regional Health Centre (NBRHC) - Forensic Outreach Services of the Law and Mental Health Division

**STAFFING** - Forensic Outreach Services are staffed by a multidisciplinary team (transitional case manager, nursing, psychiatric care, occupational therapy, and concurrent disorder specialist). *Note: two transitional case managers (one employed by NBRHC and one by CMHA-CT).*

**CULTURAL** - All NBRHC programs and services have access to internal Aboriginal services, which provide a range of native offerings (e.g., Cree translation, smudging, etc.). NBRHC is designated to provide French language services. There is French speaking capacity within the multidisciplinary team and access to French speaking translators within the organization.

**COLLABORATIONS/ PARTNERSHIP** - The Forensic Outreach Services has collaborative partnerships with: 1) various police services; 2) provincial forensic system; 3) community mental health agencies; 4) district and regional HSJCCs; and 5) family/support systems.

**OTN** - OTN is available on-site. It is also used to connect inpatients to their families (means of bridging geographical distances) as well as community agencies providing support.

**FUNDING** - funding is received by the Ministry of Health and Long-Term Care.

**SERVICE AREA** - The Law and Mental Health Division is located in North Bay and serves Northeastern Ontario including the districts of Algoma, Sudbury, Parry Sound, Nipissing, Cochrane, Timiskaming, and Muskoka.

North Bay Regional Health Centre (NBRHC) - Forensic Outreach Services of the Law and Mental Health Division provides specialized mental health services to individuals found "Unfit to Stand Trial" or "Not Criminally Responsible" and living in the community under a disposition order of the Ontario Review Board throughout the Northeast Region.

Dated: August 29th, 2013

**CASELOAD** - Forensic Outreach Services do not have a maximum capacity. Services are provided to all in-patients referred.

### Intake/ Access

Referrals to the Forensic Outreach Services are from in-patient programs only (which have in turn come from Ontario Courts or referrals from an Ontario Review Board). Website is: <http://www.nbrhc.on.ca>.

In-patient program refers individuals who they feel are ready to be discharged back to community. Individuals from other forensic in-patient programs may also be referred/ transferred to the program if it is closer to their home community (bed must be available).

### Screen/ Assessment

Prior to being referred to Forensic Outreach Services (part of the in-patient discharge planning process) individuals are 'screened for readiness' to be discharged/reintegrated back to community.

Internal 'security risk' screens are administered upon referral as in-patients.

### Eligibility

Individuals (men and women) aged 18+ referred by a forensic in-patient program who are on dispositions from the Ontario Review Board. *Exclusion criteria:* N/A.

### Wait Time

There is not wait to access the program. *Note: team has been expanded recently and wait times eliminated.*

### Program

Treatment and rehabilitation is individualized, focused on recovery, risk management and community reintegration. Individuals are supported by a multidisciplinary team. The role of the Forensic Outreach Services is to work with community supports to ensure the implementation of the discharge plan. The program is directly linked to the in-patient program as individuals remain under an order of the Ontario Review Board.

The transitional case manager coordinates and oversees the community placement of individuals in partnership with local agencies. They ensure supportive case management and safe community integration.

Outreach staff provides ongoing psychiatric and psychosocial support, including regular home visits, and community supports. They are responsible for managing patient risks, and patient compliance with the terms of the disposition order. They remain involved until the patient receives an absolute discharge.

Ongoing psychiatric support is provided by the multidisciplinary team. Psychiatric consults (as it relates to legal support) are available to community physicians who are providing care to patients that are in the process of being reintegrated in the community. Also, follow-up care and treatment is provided to individuals engaged with Forensic Outreach Services if they do not have a primary care provider.

Multidisciplinary team provides support and education to mental health agencies in the Northeast region and provides testimony at annual Ontario Review Board hearings, as required.

### Discharge Planning

All patients have a discharge plan in place upon referral to outreach services to facilitate community reintegration. The team supports both the individual and community-based agencies (e.g., justice support services, ACT teams, etc.). The goal is to shift responsibility back to community-based supports once the individual has received an absolute discharge from the Ontario Review Board.

## Correctional Services/ Community Corrections

**STAFFING** - Probation and Parole Officers have multiple roles which depend on the nature of the service provided. As the Probation and the Parole Officer they prepare reports for courts and other correctional decision-makers, enforce the probation order, and comprehensively assess offenders (determine rehabilitative interventions). As the Institutional Liaison Officer they facilitate the client's transition and discharge from a provincial correctional facility back to community.

**CULTURAL** - all officers have designated French speaking staff. Officers have also received education/training to enhance their understanding of local cultural issues.

**PARTNERSHIPS** - Officers work closely with police services (formal protocols) to ensure that parole conditions are being monitored.

**COLLABORATIONS** - strong collaborations with community-based services and supports for clients. Community-based agencies provide ongoing in-service training to ensure that Officers are well versed on the range of services and supports available for clients locally.

**Videoconferencing** - is NOT being used/available.

**FUNDING** - Community Corrections is funded by the Ministry of Community Safety and Correctional Services.

**SERVICE AREA** - parts of Cochrane and Temiskaming districts including: Timmins, Iroquois Falls, Cochrane, Matheson, Hearst, Kapuskasing, and Gogama (and small communities in between as well as First Nation reserves within the catchment area).

**Correctional Services/Community Corrections** - There are 4 streams for community corrections: 1) **conditional sentence** is served in the community rather than in custody (e.g., jail sentence of up to two years less a day is served in community); 2) **intermittent sentences** (e.g., part of sentence served in jail and part in community typically for sentences of a duration of less than 90 days); 3) **parole** is a conditional release from a provincial correctional institution under the supervision of a Probation and Parole Officer; and 4) **probation** is a court disposition that authorizes the offender to remain at large in the community subject to conditions prescribed in a probation order.

Dated: September 9th, 2013

**CASELOAD** - Point in time stats as of June 2013 - total for Cochrane District is 1046 clients (Timmins - 416 clients, Cochrane - 51 clients, Hearst - 59 clients, Iroquois Falls - 65 clients, Kapuskasing - 83 clients, Moosonee (all coast) - 372 clients). *Note: the vast majority of clients active with community corrections have as an underlying mental health or addiction issue.*

### Intake/ Access

Office Hours: 8:30 am to 5:00 pm; Monday to Friday (Officers see clients from 8:30 to 4:30; no evening or weekend hours). Community Corrections does not have a toll-free line but collect calls are accepted (with the exception of Moosonee which does have a toll free line). Most clients are seen in person (court or office location) and some via phone (depending on reporting requirements and associated client risks).

### Screen/ Assessment

Client meets with an Officer to review the court's probation order or to prepare for discharge and transition back to community. For those in a correctional facility efforts are focused on community reintegration supports. For those in community the officer will assess the client's counselling and treatment needs, level of motivation and level of risk. A score is assigned and is used to determine interventions needed and to establish the extent of supervision required. Screening/assessment process entails gathering a detailed social history of the client; collaborating with police and others to collect additional data to inform the assessment; review of police reports; consulting with victims to ensure that they are aware and informed of restitution and victim-related safety issues. The process takes 2 to 3 weeks typically but can take up to 6-weeks depending on the client's history and ease of access to required information.

### Eligibility

Clients must be 18 years of age and older; under a court mandated probation order; or being discharged from a provincial correctional facility.

### Service

For clients in community assessment information is used to inform the creation of an offender management plan. The plan details the steps required to meet the judges probation conditions and is uniquely tailored to the needs of the client based areas of concern identified. The plan details treatment and counselling needs, referrals, frequency of reporting/follow-up requirements, etc.). The goal of the plan is to provide necessary rehabilitation to ensure that the client does not re-engage with the justice system and that further charges are avoided.

Referrals to community-based supportive services are initiated, as needs are identified. Pertinent client information is shared with the client's circle of care, as appropriate. Court requires that client consent is obtained (despite being mandated).

Officer also works with the client to reduce any personal resistance to counselling and/or treatment. Goal is to ensure that the client is receptive prior to treatment being initiated.

### Wait Time

There is no wait time for clients who are under a court order or preparing for discharge from a correctional facility. Services are deployed immediately, typically by the Institutional Liaison Officer who is part of a team of professionals, ensuring that the client is prepared for a transition back to community. This officer also attends court and links clients discharged with a probation order to other staff for the initial screening and assessment appointment.

The client waits for services (referrals) pending the completion of the screen/assessment which requires that information be gathered and validated by various sources.

Challenges relating to timely contact with a client can also cause unnecessary delays in the completion of the screen/assessment and subsequent referrals to services and supports.

### Discharge Planning

Discharge planning only takes place when a client is transitioning from a correctional facility back to the community. In this case, the Institutional Liaison Officer works with social workers at the correctional complex to ensure that services and supports are in place prior to discharge (goal is to avoid unnecessary gaps in care transitions).



## Monteith Jail

**STAFFING** - There are 13 operational managers (5 on the jail side), 62 corrections officers (15 on the jail side), 3 FTE social workers (1 FTE social worker and 1 classification counsellor on the jail side). The correctional centre and jail share 7 FTEs nurses and 10 part-time/casual nurses. Inmates have access to a chaplain (1 FTE) with responsibility for volunteers (40+).

**CULTURAL** - Monteith is identified as a provincial facility where French language services are offered. At least one social worker speaks French, as do a number of corrections officers. Programming offered includes a broad range of culturally appropriate programs and services for Aboriginal inmates (e.g., drumming, sweat lodge, Eastern Door program, etc.). A social worker speaks Cree.

**COLLABORATIONS** - internal staff works closely with probation and parole officers and has strong informal relationships with community-based supports.

**PARTNERSHIPS** - 1) NBRHC for Fitness Assessments; 2) Dr. Steven Cohen (forensic psychiatric at CAMH) provides on-site psychiatric support when in Timmins (about 2 days/month); 3) Dr. Stephen Chiang provides medical care on-site two mornings per week; 4) CMHA-CT assists with mental health assessments and supports required for discharge planning purposes and post-release; 5) 1.0 FTE staff from the Ininew Friendship Centre (NILO) is on site to assist with Aboriginal inmates; and, 6) formal protocols in place with South Cochrane Addiction Services, and CMHA-CT who provide on-site assessments.

**OTN** - is available on-site. An OTN psychiatric pilot project is underway through Royal Ottawa Health Care Group. Clinics are provided ~4 hours per week.

**FUNDING** - Monteith Correctional Complex is funded by the Ministry of Community Safety and Correctional Services. NILO staff is funded through a transfer payment agency contract and employed by the Ininew Friendship Centre.

**SERVICE AREA** - Monteith Correctional Complex is located in Monteith (close to Iroquois Falls). Monteith's regional office is located in North Bay. The facility has a provincial mandate. Its primary catchment area extends west to Sault Ste. Marie, east to the Quebec border, south to Penetanguishene, and north to the Hudson Bay Coast.

**Monteith Correctional Complex** is a medium/maximum facility which houses 242 inmates in either general or protective custody. The complex is divided into two sections: 1) **jail** which is where inmates are detained until a later date when a trial or sentencing hearing takes place. This area also houses short-sentence inmates or those who are unable to function in a large dorm setting. There are 16 female beds and 106 male beds, which includes 12 segregation beds. 2) **The correctional centre** houses inmates that have been sentenced up to a maximum of 2 years less a day (120 male beds protective custody only).

Dated: October 31st, 2013

**CASELOAD** - while data is not collected on the number of inmates considered 'common clients' a significant majority of offenders have mental health/addictions issues. There is also a disproportionate number of Aboriginal inmates.

### Intake/ Screen (jail)

Monteith is a 24 hours/7 days/week facility; nursing staff is on-site 7 days/week from 5 am to 9 pm; social workers are on site from 8:00 am to 4:30 pm, Monday to Friday.

There are two dorms for women inmates with a total capacity of 16 beds. *Note: Regardless of sentencing, women are all held in dorms located on the jail side.*

During the admitting process the officer assesses and assigns inmates to either 'protective custody' (48 beds) or to 'general population' (46 beds). In addition there are 12 'segregation cells' which can be used by either population group (jail or correctional centre).

Upon admit a nurse performs a medical exam and gathers information on medical conditions and any mental health/addictions concerns. The exam takes ~15 to 20 minutes to complete. In some instances, a call is made to a care provider to discuss medications and/or supports being received, with the goal of continuing with the inmate's care/treatment plan. It is not uncommon for offenders not to disclose certain conditions, in particular a mental health and/or addiction issue.

The admitting officer also conducts the initial suicide assessment. If a mental health concern or suicidal ideation are identified during admission, a more thorough assessment may be completed (e.g., Suicide Risk Assessment) by a clinician which takes between 30 to 60 minutes to complete. In addition a more thorough medical exam is completed by the attending physician.

### Screen/ Assessment (jail)

Upon sentencing a classification process is conducted by a classification counsellor. This assessment identifies criminogenic needs, risks, strengths, and security concerns to determine suitable institutional placement and custodial needs. Inmate classification is a continuous process that starts on admission and concludes when the inmate's sentence has been legally satisfied. This process entails a review of: 1) all documentation relating to the inmate; 2) use of a process called Level of Service Inventory - Ontario Revision (LSI-OR) to assess the inmate according to the following criteria: sentence information, criminal history, institutional history, personal history, security classification and admission criteria, and other factors. Classification takes 1 to 3 hours depending on the inmate. Additional assessments may include: Sex Offender Risk Assessments - Static-99 and Stable-2007 (takes a social worker a minimum of 2 hours), and substance use (e.g., ADAT). If inmates require specialized treatment, referrals are made to an alternate institutional centre.

### Eligibility (jail)

Male and female inmates who are 18 years of age and older. Inmates held in remand awaiting sentencing; inmates serving a short sentence (usually less than 30 days); and sentenced inmates held in remand as they are unable to function in the correctional centre. Inmates with a serious mental illness who cannot function adequately in a large open dorm setting are usually housed on the jail side in a two person cellular accommodation or in segregation.

All internal programs have their own admission criteria. Inmates must consent to participate on a voluntary basis. Some programs require a pre and post test (60 to 90 minutes to complete).

### Wait Time (jail)

Inmates can experience a wait to access programs. A triage process is used for priority setting based on the inmate's needs (e.g., level of motivation and stages of change). Social workers tour each dorm daily to assess and triage inmates based on their immediate needs. Some programs are only offered a few times per year; group size is limited to 10 to 16 inmates depending on the program and/or room where the program is offered.

### Services and Programs (jail)

Listing of upcoming programs is posted in dorms and maintained on the Offender Tracking Information System. Inmates have access to a variety of core rehabilitative programs (educational and rehabilitative series are non-intensive due to the inmates' short-stay or remand status), as well as cultural, spiritual, health care, probation and parole, academic and volunteer programs, as well as supportive services.

### Discharge Planning (jail)

Discharge planning may not be as intensive due to short sentences/turn-around time (e.g., released at court).

As most individuals with a mental health concern are housed on the jail side more intensive discharge plans are completed (by discharge planner, social worker, and CMHA justice worker).

Discharge planner coordinates all temporary absence requests. Leaves of 3-days or less are approved by the complex; leaves of more than 3 days are approved by the Ontario Parole Board. Absences may include compassionate, work, medical or rehabilitative leaves. If the inmate has not been sentenced, they must be escorted by correctional staff when on a leave.

If an inmate is convicted of a sexual offence, heinous crime, or domestic violence they are considered a 'high risk' discharge and key community stakeholders must be advised of their discharge back to community (e.g., police, probation and parole (if applicable), ministry, etc.).

## Monteith Correctional Centre

**STAFFING** - There are 13 operational managers (8 FTEs on the correctional centre), a total of 62 officers (47 FTEs on the corrections side) as well as 11 part-time/casual officers, 3 FTEs social workers (2 FTE in the correctional centre). The correctional centre and jail share 7 FTEs nurses and 10 part-time/casual nurses. The correctional centre also has 2 FTEs recreation officers and staff for the institutional work programs. Inmates have access to a chaplain (1 FTE) with responsibility for volunteers (40+).

**CULTURAL** - Monteith is identified as a provincial facility where French language services are offered. At least one social worker speaks French, as do a number of corrections officers. Programming offered includes a broad range of culturally appropriate programs and services for Aboriginal inmates (e.g., drumming, sweat lodge, Eastern Door program, etc.). A social worker speaks Cree.

**PARTNERSHIPS** - 1) NBRHC for Fitness Assessments; 2) Dr. Steven Cohen (forensic psychiatric at CAMH) provides on-site psychiatric support when in Timmins (about 2 days/month); 3) Dr. Stephen Chiang provides medical care on-site two mornings per week; 4) CMHA-CT assists with mental health assessments and supports required for discharge planning purposes and post-release; 5) 1.0 FTE staff from the Ininew Friendship Centre (NILO) is on site to assist with Aboriginal inmates; and 6) formal protocols in place with South Cochrane Addiction Services, and CMHA-CT who provide on-site assessments.

**OTN** - is available on-site. An OTN psychiatric pilot project is underway through Royal Ottawa Health Care Group. Clinics are provided ~4 hours per week.

**FUNDING** - Monteith Correctional Complex is funded by the Ministry of Community Safety and Correctional Services. NILO staff is funded through a transfer payment agency contract and employed by the Ininew Friendship Centre.

**SERVICE AREA** - Monteith Correctional Complex is located in Monteith (close to Iroquois Falls). Monteith's regional office is located in North Bay. The facility has a provincial mandate. Its primary catchment area extends west to Sault Ste. Marie, east to the Quebec border, south to Penetanguishene, and north to the Hudson Bay Coast.

Monteith Correctional Complex is a medium/maximum facility which houses 242 inmates in either general or protective custody. The complex is divided into two sections: 1) jail which is where inmates are detained until a later date when a trial or sentencing hearing takes place. This area also houses short-sentence inmates or those who are unable to function in a large dorm setting. There are 16 female beds and 106 male beds, which includes 12 segregation beds. 2) The correctional centre houses inmates that have been sentenced to a maximum of up to 2 years less a day (120 male beds protective custody only).

Dated: October 8th, 2013

**CASELOAD** - while data is not collected on the number of inmates considered 'common clients' a significant majority of inmates have mental health/addictions issues. There is also a disproportionate number of Aboriginal inmates.

### Intake/Access (correctional centre)

Monteith is a 24 hours/7 days/week facility; nursing staff is on-site 7 days/week from 5 am to 9 pm; social workers is on site from: 8:00 am to 4:30 pm, Monday to Friday.

Admitting officer processes inmates and assigns them to 'protective custody beds' (120 beds). There was previously 60 protective custody beds and 60 general population bed (dorm is currently under construction). In addition there are 12 'segregation cells' which can be used by either population group (jail or correctional centre).

### Classification (correctional centre)

As the classification process is ongoing, the classification officer reviews and updates the original classification as mitigating factors are identified (e.g., stages of change, program participation, additional charges, etc.). File reviews are completed on all incoming transfers from other institutions to ensure suitable classification. The classification officer also coordinates all transfers to other institutions with the Ministry's Offender Transportation Unit.

Classification counsellor participates in work board meetings to assign work responsibilities based on an inmate's security clearance level, skill set, and general interest. Inmates are required to work unless they have medical restrictions which impede their ability to work.

### Eligibility (correctional centre)

Male inmates 18 years of age and older sentenced for a duration of 2 years less 1 day.

Inmates have access to a variety of internal programs, all of which have their own admission criteria. Inmates must consent to participate on a voluntary basis. Some programs require a pre and post test which takes between 60 to 90 minutes to complete.

### Services/Programs (correctional centre)

Inmates have access to rehabilitative programs (educational, core rehabilitative series, and intensive levels) including: cultural, spiritual, recreational, institutional work, industrial, health care, probation and parole, academic, volunteer programs, as well as support services.

Listing of upcoming programs is posted in dorms and maintained on the Offender Tracking Information System. Inmates must "sign-up" to be considered or can also be referred by internal or external staff. A triage process is used to prioritize inmates based on their needs (i.e., motivation, stages of changes and discharge dates). Social workers tour each dorm daily to assess and triage inmates. Some programs are only offered a few times per year; group size is limited to 10 to 16 inmates depending on the program and/or room where program is offered.

### Wait Time (correctional centre)

There is no official wait list for inmates waiting to access services/programs. A wait may be experienced however as a triage process is used to determine priority access to programs. Triage occurs on a daily basis and can change rapidly when incarcerated. Priority is given to inmates based on their level of motivation, stages of change, and discharge date.

### Discharge Planning (correctional centre)

Discharge planning is initiated 30 days before the anticipated date of release. Discharge planner works with inmates, social workers, probation and parole offices, mental health court justice workers to develop a collaborative discharge plan. Referrals to external agencies are initiated. Family members may also be engaged in the discharge planning process.

Discharge planner coordinates all temporary absence requests. Leaves of 3-days or less are approved by the complex; leaves of more than 3 days are approved by the Ontario Parole Board. Absences may include compassionate, work, medical or rehabilitative leaves.

If an inmate is convicted of a sexual offence, heinous crime, or domestic violence they are considered a 'high risk' discharge and key community stakeholders must be advised of their discharge back to community (e.g., police, probation and parole (if applicable), ministry, etc.).

Institution liaison officer/probation parole officer is on-site to assist inmates applying for parole with the development of a parole plan. Parole plans are brought to the parole board hearing.

## 6.0 HIGH LEVEL SUMMARY OF FOCUS GROUPS FINDINGS

A series of focus groups were organized with the assistance of members of the CD-HSJCC. The focus group format had been vetted by a CD-HSJCC small working group. Focus groups were between 1.5 to 2 hours in length; each focus group targeted 5-10 CCs with 'lived experience' with the justice system in time of crisis; participation was voluntary and targeted a mix of males and females, Francophones, Aboriginals and Anglophones. Participants were randomly selected and were required to be residents of the Cochrane District (individuals were from across the region/province). Given the cultural demographics of the group, a larger number of participants were identified as being Aboriginal.

Participants were identified by a staff member of the host agency who is also affiliated with the CD-HSJCC. This individual facilitated the focus group sessions and provided discussion summary notes to the planning consultant for inclusion in the Justice System Mapping Project. Focus groups were conducted by two internal staff members (two females for women focus groups or one female and one male Aboriginal staff for male focus groups).

All focus group participants were asked to complete 'a consent to participate form' that was retained by the host institution. Participants were advised that the information gathered would be qualitative in nature and would be collated to ensure the privacy of all focus group participants. The focus group sessions would be informative and interactive. Participation would also help individuals gain a heightened awareness of justice services and supports in place for them, within the Cochrane District, in times of crisis.

Focus group questions were general in nature and centered on interacting with participants about their knowledge and experience within the justice system, at various junctures. While basic demographic data was gathered, no personal or medical information was gathered for profiling purposes.

A total of 14 individuals participated in three (3) focus group sessions and shared their experience while engaged with the justice system. Focus groups were held with males (self-identified Aboriginals and non-Aboriginals), and women (self-identified Aboriginals only). Aboriginals made up 64% of all focus group participants. One (1) focus group participant self-identified as a Francophone. **Table 1** summarizes the age range of the focus group participants.

**Table 1: Age Range of Focus Group Participants**

Age Range	# of Participants
18 to 29	7
30 to 39	4
40 to 49	3
50 to 59	0
60 +	0
<b>TOTAL</b>	<b>14</b>

The section that follows provides a high level overview of focus group discussions or main themes.<sup>7</sup> Below these comments are some additional notes (shaded areas) provided by justice service providers. These notes provide important context for the reader to consider when reviewing the feedback received from the focus groups.

***It is important to stress that these comments are based on the perceptions of focus group participants. Comments are reflective of a participant's personal experience and may not accurately depict the experience of others, or the functioning of the justice system.***

- 1) Focus group participants had limited knowledge of community-based justice services and supports in place unless they had been engaged with these services or supports at some point in time.** All focus group participants were familiar with services such as probation and parole, crown attorney's office, and the correctional complex. Many were familiar with anger management programs and PAR programs (and spoke highly of these programs). Participants were less knowledgeable of services and supports like court outreach services, forensic programs, and direct accountability programs unless one had been involved, or knew of someone who had been engaged, in these services.
- 2) Focus group participants shared that their rehabilitative journey is facilitated by their interaction with justice staff that have a broad comprehension of the medical, behavioural, and environmental difficulties that they may be experiencing.** The importance of having a respectful and trusting relationship with staff within the justice system was noted as a very important aspect of the individual's rehabilitative journey. A lack of trust in the justice system (in general) challenged their ability to be honest with staff and negatively affected their ability to fully engage in rehabilitative programs. There were numerous examples of positive supports being provided at different junctures within the system that spoke to the presence of a supportive relationship with justice system staff, as well as examples of negative dynamics that strained relationships between CCs and justice staff (across programs) who are in a position of authority. Furthermore, participants stressed the importance of the justice system acknowledging good behaviour (and rewarding these behaviours as appropriate), in addition to imposing punitive consequences on negative behaviours.
- 3) Focus group participants felt that the range of programs provided by the Ministry of Community Safety and Correctional Services (while incarcerated and in the community) were beneficial.** Participants stressed the need for longer term in-depth programs and (some) commented on the need to ensure that sentencing be more aligned with the duration of needed programs that they could access as part of their rehabilitative journey. A number of participants spoke of the benefits they accrued after having participated in anger management programs. It was noted that gaining a better understanding of their emotions helped them recognize and better manage anger outburst that are directed towards others, including staff of the justice system.

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<sup>7</sup> More detailed discussion points gathered from the focus group sessions are included in Section 7.



- 4) **Focus group participants were concerned with the length of time when an individual is charged and their sentence hearing, as there is limited access to programming while held in remand.** It is noted that an individual held in remand/jail does not have access to the same range of programs that are available to inmates who have been sentenced and are being held in a correctional centre.
- 5) **Focus group participants stressed the need for better access to essential services to help reduce their involvement with the justice system.** Among the essential services noted was access to treatment for addictions while incarcerated, help with finding interim and permanent housing, assistance with finding employment, access to education/trades certification, and reconnecting with one's culture and traditions. Life skills training and education was also stressed (e.g., budgeting, parenting, communication, etc.). It is also important to highlight that there is a perception that those who can afford to pay for a lawyer had a much better chance of not being charged (e.g., obtaining legal aid assistance versus paying for one's own lawyer). Participants also stressed the need to address gaps in the health and social services continuum in the Cochrane District (e.g., missing services noted include John Howard Society, Elizabeth Fry Society, half-way homes, etc.).
- 6) **Focus group participants noted that promoting healthy living can positively affect their rehabilitative journey.** Female focus group participants, in particular, were more likely to stress the need for healthy living as being integral to their rehabilitative journey. The importance of nutrition and exercise to their overall mental health was stressed.
- 7) **Aboriginal focus group participants noted a need for more native services and programs within the justice system, as well as the need for stronger representation of Aboriginals among staff of the various agencies within the justice system.** Focus group participants (both males and females) stressed the importance of having access to a native court, native judges, and native workers, among others. They specifically noted that they benefited from the support provided by native support workers.
- 8) **Focus group participants suggested that an ex-inmate should be invited to join the CD-HSJCC (or a sub-committee) to ensure that CCs have a voice in systemic decisions.** Participants noted that they believed that having representation on the CD-HSJCC would ensure that their experiences are considered by the system when making decisions and moving ahead with initiatives/activities.

*Points to consider when reviewing the feedback of focus group participants, as noted by JSPs:*

*1) Research has demonstrated that inappropriate interventions with low risk offenders can actually increase their rate of recidivism. This is one of the reasons why there is a difference in the level of intensity of programs offered to inmates held in remand/jail compared to those offered to inmates serving a short-term sentence. Consequently, orientation and introductory programs are delivered in a manner that allows inmates to self-assess and self-identify their own level of motivation and needs as it relates to why they are in conflict with the law.*

*2) Due to institutional demographics, at Monteith Correctional Complex all females are housed on the maximum side of the jail, which affects their access to programming. Sentenced females are held in the remand/jail which results in limited access to work and recreational offerings, as well as nutritional*



*and rehabilitative programming. Those who want access to intensive programming must request a transfer to a southern institution.*

*3) It should be noted that participation in intensive programming before an individual has been sentenced may have negative court-related implications, which is why introductory or informal programs are more appropriate for remanded inmates.*

*4) An individual's involvement in a program must be based on matching the severity of the problem with the intensity of the intervention needed to address criminogenic factors, considering both risk factors and the individual's needs. Intensive programming is offered to inmates serving a longer sentence (minimum of 4 months).*

*5) Inmates typically have access to three (3) levels of substance abuse programming. Weekly addiction assessments are completed by an external agency and treatment referrals are made for those who have been sentenced. At times, access to community-based treatment for substance abuse is a challenge (e.g., restrictive admission criteria requires that an individual be released from custody for at least 30 days, long waiting lists, etc.).*

*6) Acknowledging that inmates want to have 'good behaviour' recognized, there are institutional rules, regulations and procedures that must be complied with in a secure setting. Provincially, inmates are credited with 15 days earned remission for each month served. If an inmate violates a rule or institutional standard, possible penalties include the inmate forfeiting all or a portion of the earned remission.*

*7) Inmates have access to internal supports to assist them with housing, schooling and employment as part of the discharge planning process.*

*8) Inmates have access to a broad range of Aboriginal services and programs at Monteith Correctional Complex that are culturally appropriate (refer to list in **Appendix C**).*

## 7.0 DISCUSSION POINTS AND KEY CONSIDERATIONS

The mapping exercise provided a unique opportunity to gather information on systemic opportunities and barriers as perceived by each justice service or support interviewed. This information was collated and themed, along with the data gathered from the focus groups, and used to generate a series of key considerations that were discussed and refined with a small working group and subsequently with the CD-HSJCC members as a whole.

In the sections that follow, discussion points are outlined according to similar themes; then under each themed section is a key consideration. **It is stressed that these discussion points are a compilation of the collective perspectives of those interviewed for the Justice System Mapping Project. They reflect comments made by various JSPs and/or focus group participants. Focus group participants' comments are italicized so they can be differentiated from comments made by JSPs.**

A total of seven (7) key considerations are outlined. These represent a starting point to help guide the ongoing efforts of the CD-HSJCC as they strive to ensure a more client-centered and responsive justice system for CCs. They are focused on activities that are within the mandate of the CD-HSJCC. From this information, an actionable work plan can be created taking into consideration the mandate, capacity and resources of the CD-HSJCC and its member organizations.

## **SECTION 1:**

### **GENERAL THEME(S): MAXIMIZE DIVERSION MEASURES AND TRANSITIONS WITH AN EMPHASIS ON CCs WITH SPECIAL NEEDS.**

#### **Discussion Points:**

- Increasingly, the trend in courts is to consider diversion measures, an approach which is of great benefit to the CC. The more formalized the relationships among the justice system's supports and its workers, the easier it is to recommend diversion measures, at various junctures.
- All justice system stakeholders need more in-depth understanding and awareness of 'who does what' within the justice and health care system to further facilitate their ability to divert CCs towards the services and supports that they require.
- The system needs to continue to be proactive in its response to the needs of CCs with special needs if they are to be successfully reintegrated into the community upon discharge from a correctional facility. Treatment services and community-based supports must be wrapped around the needs of CCs and gaps in services identified and addressed.
- There is a need for better system navigation and case management to improve care transitions and care continuity for CCs.
- Crown Attorney's Office and court outreach workers stressed that they can assist police with pre-charge diversion. Police officers should be encouraged to initiate contact to discuss options, prior to pressing charges. The high rate of turnover among police officers in some communities challenges the ability of court workers to reinforce this message with police services.
- There is an increase in the number of elderly CCs involved with the justice system, some of whom remain in hospital in need of an alternate level of care (ALC) because they cannot be adequately supported in community. Interventions are required to ensure that these elderly common clients are cared for in community with adequate services and supports.
- Clients with a dual diagnosis must meet the IQ cut off to qualify for services. Clients with a mild to moderate diagnosis do not qualify for services, despite a demonstrated need for services and supports. JSPs should tap into existing services (e.g., CRTC and Community Living) to enhance the justice system's capacity to care for this population group. Reaching out could be done via a 'hard to serve' committee.
- It is important to attempt to divert (pre-charge) individuals with a developmental disability and/or age related dementia. As once these individuals are in the justice system, they typically are deemed 'not fit to stand trial' and remain with the Forensic In-Patient Program (NBRHC) for an extended period while they receive treatment. These individuals often regress more while in the system than they would have if they had they been supported in the community. A finding that has also been observed with CCs held in segregation.
- If a client enters the Forensic In-Patient Program (NBRHC) and is deemed 'not criminally responsible', they must remain with the in-patient program for an extended period of time while obtaining treatment. For some clients the length of time in treatment may be a number of years. The environment is particularly difficult on Aboriginal clients from remote/coastal communities who find themselves in a forensic in-patient program located at great distances from their home community, family, culture and traditions.

- Clients with severe mental health issues or suicidal ideation are often housed in segregation while incarcerated.

Note: It is recognized that being housed in segregation with restricted access to supportive programs is not conducive to an inmates' rehabilitative journey. This is currently the only option available at Monteith for the inmate's safety and the safety of others (as per the Monteith's suicidal policy). The other alternative is to transfer the individual to an institution which can accommodate mental health clients/suicidal inmates in a setting that is more conducive to rehabilitation (e.g., St-Lawrence Valley or Vanier), yet there are long wait list for these facilities. Consequently, it is critical that efforts be focused on exploring appropriate pre-charge diversion measures assuming that the client is able to function in the community and does not pose a risk to the public.

- The MCSCS recognizes the need to enhance mental health screening upon admit to expedite the referral process and acceptance to secure treatment units for those with mental health issues. A more comprehensive screening tool is under review.

Note: A mental health pilot initiative was introduced in June 2013 by the MCSCS. Correctional mental health screening tools, one for men and one for women, are being validated. The tools will help enhance the ability of MCSCS to identify inmates with mental health concerns, upon admission.

- It is also noted that a significant number of CCs in the justice system have a suspected FASD, access to screening tools to help identify these clients are limited.

Note: FASD assessments are highly intensive and specialized. They can be difficult to arrange for inmates in custody as there are no local health service providers doing these assessments. Inmates requiring an assessment must be transferred and escorted to an alternate community/facility.

- *Many focus group participants interviewed shared that they were not aware of diversion measures until they were charged. Those that were aware of court outreach programs noted that these workers were 'difficult to contact' outside of the court environment.*
- A small group of 'hard to serve' CCs are not being adequately supported in the community. Hard to serve' clients have multiple issues, require more services and supports, and consequently consume a disproportionate amount of systemic resources and staff time.

### **#1 KEY CONSIDERATION: Leverage innovative coordination mechanisms – for diversion and/or discharge planning - that can facilitate the ability of staff of the justice system to address and support the unique requirements of common clients with special needs.**

A mechanism to share information among key members of the circle of care and community agencies should be established to help divert clients with special needs away from the justice system and to facilitate their discharge back to community. For example, a protocol with addictions and mental health providers or developmental services (etc.) and police services could be established to facilitate the identification and pre-charge diversion and discharge of CCs with special needs. The protocol would need to address privacy concerns.

'Hard to serve' case conferences should be held with special needs CCs and their circle of care to ensure that community resources are available to assist with pre charge diversion while ensuring public safety and upon discharge. The goal is to ensure that all community-based services and supports are 'wrapped' around the unique needs of CCs; that care planning outcomes are being monitored; and that care pathways are established to expand the system's capacity to support CCs with special needs.

It is noted that many CCs who cannot be diverted and are incarcerated are 'low functioning' individuals. Upon discharge, it is important that they receive significant community-based supports with an emphasis on addressing their special needs.

## **SECTION 2:**

### **GENERAL THEME(S): EDUCATION AND TRAINING TO INCREASE AWARENESS OF THE SOCIAL AND CLINICAL NEEDS OF CCs.**

#### **Discussion Points:**

- There are, increasingly, more individuals with a mental health and/or addiction within the justice system. Ongoing professional development helps to ensure that the justice system is continually improving upon its ability to respond and support CCs with a concurrent disorder, many of whom have experienced severe trauma, have learning disabilities, and are illiterate.
- Literacy has long been identified as a contributing factor to criminal behaviour by Ministry of Community Safety and Correctional Services (MCSCS). There is an emphasis on continuing to assist inmates with their literacy skills and on expanding opportunities to obtain their grade 12 diploma. This will assist CCs who are discharged secure employment upon release.
- It is important that court outreach workers have access to ongoing information and education to help facilitate their ability to remain current of the unique needs (as well as rights) of certain population groups with whom they interact (e.g., sexual offenders, concurrent disorders, victims of sexual assault, victims of post-traumatic stress disorders, individuals with an acquired brain injury, FASD, intellectual disability, among others). Those with more complex and multi-needs are inherently more at-risk of reoffending.
- Ongoing professional development targeting special population groups would assist justice system staff in improving their ability to respond to challenging situations and reduce the likelihood that they will become caught in hostile and 'toxic environments'. It is also acknowledged that a percentage of CCs have limited communication skills (ranges from avoidant to assertive communication styles), and that there are unique cultural and social dynamics that must be considered.
- Ongoing training and professional development is provided to Monteith staff by the MCSCS. It would be beneficial to have more practical (hands-on) training to enhance front-line staffs' ability to recognize symptoms of mental health disorders and to assist them in identifying and implementing strategies that can mitigate these symptoms and/or behaviours.
- Staff involved in the justice system would benefit from more ongoing education and training to strengthen their awareness of the cultural needs of Aboriginals who are engaged in the justice system (e.g., traditions, cultures, healing modalities, etc.).

Note: MCSCS provides cultural awareness training to correctional staff as part of their basic training. They have also encouraged diversity and cultural awareness training for staff via different venues (e.g., Aboriginal Gathering, NILO conferences, etc.). Friendship Centres have been invited to partake in these venues. Additionally, cultural awareness workshops are delivered on-site at Monteith.

- Court outreach workers and police officers would benefit from more in-depth education about new types of drugs available in northern communities. While Fact Sheets produced

by the Clarke Institute of Psychiatry and the Centre for Addiction and Mental Health are helpful, more in-depth transfer of knowledge regarding poly-substance abuse is needed.

- *Focus group participants interviewed noted the challenges of being treated like an adult in the youth system and like a youth in the adult system.*

Note: Orientation is being provided to individuals transitioning from the youth justice system to the adult justice system. It is acknowledged that orientation can help with the transition process as it is designed to help individuals understand the mandates, rules and procedures of each system.

- The justice system needs to maximize referrals to culturally appropriate programs as a diversion measure, as these programs are key to ensuring that the underlying issues facing CCs are addressed. Programs like the NAN restorative justice among others are long-term (and not short-term) fixes that can help reduce the rate of recidivism. To ensure that these cultural services are being maximized further by the justice system, it would be beneficial if they were more present in court (to raise awareness and referral rates). It is also important that cultural programs be staffed by culturally appropriate workers.
- The demographic of the population within the City of Timmins is changing. There is an increase in diversity and by extension the ethnicity of CCs involved in the justice system. Diversified cultural awareness would assist the justice system.
- As children age and transition into adults they bring with them issues that may not be as well understood by the adult justice system. Additional professional development may help ensure that the justice system can provide more support for the social and/or clinical needs of these special population groups (e.g., clients with FASD, ADHD, and Asperger disorder-autism spectrum, among others).

## **#2 KEY CONSIDERATION: Facilitate access to educational and knowledge-exchange opportunities of a practical nature for justice system staff which will provide them with more in-depth awareness and understanding of the unique cultural, social, and clinical needs of common clients.**

Cross-agency training/job shadowing is one means of enhancing educational opportunities with a focus on practical hands-on training, while simultaneously strengthening systemic linkages. It has been suggested that the initial focus should be on Aboriginal services.

There is a need to develop more opportunities for justice system staff to participate in 'hands-on' training (including role playing). The goal is to supplement existing professional development training and education being provided by various ministries/sectors with more practical and hands on opportunities that will enhance justice staff's understanding of the challenges and realities facing CCs with special needs. It is stressed that training must be inter-sectoral/organizational and not sector/silo specific. It has also been suggested that a train the trainer educational model should be used to facilitate the delivery and sustainability of more practical and 'hands-on' education.

The CD-HSJCC could host a conference (or a number of small workshops) geared to providing justice system staff with enhanced access to specific hands-on trainings and education on how to deal with the special needs of CCs (e.g., FASD, acquired brain injury, etc.). It is noted that there are partner resources in place that could be leveraged. For example, Monteith has a FASD committee in place, which organized an annual FASD awareness week, and the Ministry FASD website (<http://fasdjustice.ca>) have accessed best practices and tools that could be shared ([www.fasd.com](http://www.fasd.com)).

### **SECTION 3:**

#### **GENERAL THEME(S): CONTINUITY OF PROGRAMMING FOR CCs AS THEY TRANSITION FROM AN INSTITUTIONAL SETTING TO A COMMUNITY SETTING.**

##### **Discussion Points:**

- MCSCS rehabilitative programs are offered in three streams (educational, changes of choice series, and intensives) and address a range of topics such as anger management, substance use, anti-criminal thinking, sex offenders, healthy relationships (domestic violence), among others. A number of these programs are preparatory programs that complement more intensive institutional and community programming (e.g., intensive substance use, intensive anger management, PAR, etc.).

Note: MCSCS core rehabilitative programs are currently under review to adapt the delivery of these programs for mental health and other special needs population.

- The sentencing judge often recommends that inmates attend rehabilitative programs while incarcerated. While these programs are not mandated, often inmate participation is encouraged during incarceration and as part of the discharge planning process.
- Inmates have access to a range of supportive and beneficial programs while incarcerated. These programs are not mandated but could be encouraged as part of the discharge planning process. This approach could help reduce the risk of re-offending particularly after an extended incarceration.

Note: In-house programming is of great importance to CCs while incarcerated. CCs in custody are a captive audience in a controlled environment. Participation in programming can help with their rehabilitative journey, which in turn can help reduce the likelihood that an inmate will re-offend particularly after an extended incarceration.

- *Focus group participants commented that they benefit from care continuity in programming as they transition from being incarcerated to being discharged back to community. They can access many of the same voluntary core rehabilitative programs offered by the MCSCS whether they are in custody or living in community under supervision.*

Note: Many core rehabilitative programs offered in correctional complexes can be accessed in community via one's probation officer (continuity of programming). Probation officers receive the same core rehabilitation programs' training provided to correctional staff.

- *Focus group participant shared that while with the justice system that they were not always treated 'like humans', 'were often ignored', 'that they feared the justice system', and had 'trust issues' that challenged their ability to be honest with lawyers, probation and parole officers, and corrections officers. These factors negatively impact upon their ability to be honest and fully engage in their rehabilitative journey.*
- Short term sentencing is often not sufficiently long to ensure that inmates can benefit fully from rehabilitative programs while incarcerated. While their basic needs are met, of concern is that inmates identified with criminogenic needs or risks are released back to community without access to needed supports and programs. This in turn contributes to a high rate of recidivism among inmates (particularly for inmates from remote communities where certain programs like PAR or anger management are not available).
- *Focus group participants concurred with JSPs that short programs are not as helpful as longer programs. They noted that certain programs are too basic to be helpful, and that longer*



*sentencing would ensure that they have sufficient time to complete intensive rehabilitative programs.*

Note: To complete an intensive program while incarcerated, an inmate must receive a minimum sentence of 6 months, as the duration of the program is ~4 months. Attendance and acceptance to these intensive programs are dependent on the timing of the sentence, as programs are offered in a closed group format. Due to the length of intensive programs and limited human resources, they are not offered continuously throughout the year.

- *Focus group participants shared that some had participated in an anger management programs (in the community and/or while in custody) and spoke highly of these programs. They felt that the tools and strategies were very helpful and would reduce their likelihood of reoffending ('I now understand emotions better and can recognize them before they turn into anger').*
- In some remote communities, courts sit infrequently (1 or 2 times per year) and consequently, inmates are held in remand for extended periods of time with limited access to services and programs that would support their rehabilitative journey.
- *Focus group participants interviewed stressed the importance of accessing rehabilitative programs (while in remand as well as in a correctional centre). It is noted that there is a broader range of programs available in the correctional centre.*

Note: refer to JSPs' comments in section 6 (shaded areas) for rationale.

- *Focus group participants interviewed noted that it would be beneficial to know more about the range of MCSCS programs available to them while engaged with the justice system. Reflection on these programs at different times may help enhance their motivation to enroll.*

Note: Upon admission, Monteith provides inmates with orientation material and program information. Additionally, an orientation presentation is scheduled to be viewed on a weekly basis on dorm televisions. This orientation presentation outlines the various types of programming available and how to access these programs.

- *Focus group participants noted a concern that program facilitators do not have 'lived experience', which for some made it difficult to relate to the program facilitator.*

Note: Program facilitators receive specific training in the delivery of core rehabilitative programs and some have 'lived experience' that may not have been shared. In intensive programming, peer support is part of the program as it is a closed group and there is self-disclosure amongst the group and support mechanisms are in place.

- Perimeter fencing around the property (Monteith) would facilitate the sharing of program rooms and other resources (e.g., sweat lodge, recreational activities, etc.) between the remand/jail and the correctional centre. A capital funding request has been submitted to the MCSCS.

### **#3 KEY CONSIDERATION: Leverage technology to facilitate access to court outreach services and rehabilitative programs for common clients - in community or incarcerated - and to maximize training and educational opportunities for justice system staff.**

Video-conferencing should be leveraged as a cost-effective means of expanding access to training and educational sessions for justice system staff. It is noted that OTN sites are dispersed throughout the Cochrane District and that the CMHA-CT receives addictions and mental health

sessional dollars for clinical education via OTN. Currently, sessions are offered to staff every 6-8 weeks.

Explore the feasibility of enhancing and/or expanding court outreach programs into rural and remote communities by leveraging the use of videoconferencing (or other technological solutions).

Opportunities to further leverage technology solutions as a means of enhancing access to rehabilitative programs for CCs in rural and remote communities and/or CCs who are incarcerated should be explored. For example, if funding was secured a pilot project could be developed to facilitate, and determine the effectiveness of, the remote delivery of certain rehabilitative programs which are needed but not available in rural and remote communities (e.g., PAR).

#### **SECTION 4:**

#### **GENERAL THEME(S): KNOWLEDGE OF SERVICES AND SUPPORTS TO SUPPORT DIVERSION, FACILITATE REFERRALS, AND SUPPORT DISCHARGE PLANNING.**

##### **Discussion Points:**

##### **All Population Groups**

- Recognizing the need for ongoing in-service training to ensure that parole officers remain up to date about services and supports in place within a certain region, Community Corrections organizes (almost weekly) information sessions with service providers. This provides a venue to network and learn about new programs or changes to existing programs.
- Court outreach workers would benefit from more in-depth knowledge about the services and supports in place for CCs. In-depth awareness of supportive programs would help them answer and alleviate concerns that individuals have about certain programs/treatment approaches resulting in more CCs reaching out for support and treatment.
- In particular court outreach workers need more knowledge about interim housing options within the region for CCs released from custody (e.g., shelters, safe beds, etc.), as well as therapeutic native services and supports. Information needs to be regional as local services often operate at full capacity and must redirect individuals to surrounding communities.
- Transitional houses are being established in some communities, but for many in the justice system it remains unclear what is available (or being developed) within the Cochrane District and across the North East Region that may benefit CCs.
- *Focus group participants also stressed the need for halfway houses in the Cochrane District upon being released from custody.*

##### **Specific to the Aboriginal Population**

- Court outreach workers have established good linkages with all Aboriginal services and supports (e.g., Native Justice Court Workers employed by Native Friendship Centres, Aboriginal Centres who can provide holistic care such as Misiway Community Health Centre, etc.).
- Court outreach workers would benefit from more knowledge about local, district and regional treatment services and supports in place for Aboriginal CCs.



- Native and mainstream court workers stressed the need for an up-to-date listing of all traditional programs available for Aboriginals within the area (e.g., Holistic care, Women's Journey, Eastern Door, I Am a Kind Man, etc.).
- It was noted that due to staffing changes over the years, some community traditional programs have been temporarily suspended and it is unclear if these programs are currently accepting referrals.
- There is need for information on where to direct Aboriginal clients engaged in the justice system that have experienced emotional and mental health trauma.
- Aboriginal court workers noted that it would be beneficial to have an agreement in place with the Crown Attorney's Office and Duty Counsel to clarify roles and responsibility (and expectations of who does what and how to support each other's efforts). For example, TNFC questioned who is responsible for arranging transportation for clients released in court?
- Aboriginal court workers shared that they would benefit from networking with others in the health and justice system to further understand the scope of their role in the justice/health system (e.g., role (if any) in after-care, signing of Affidavit Forms or Assurity Forms as a means of supporting duty counsel, understanding if/when they should advocate for the preparation of a Gladue report (pre-sentencing and bail hearing report that courts can request when considering sentencing an offender of Aboriginal origins), among others.
- New native court workers would benefit also from a primer on legal terminology and the justice system in general. *Note: there is a legal pocket book that can be used as a reference guide.*

Note: IFC Court worker has extensive knowledge of the Legal Aid System and can assist with orienting other court workers about language, forms, and processes (e.g., working with duty counsel by initiated Assurity Form, etc.).

Note: IFC noted that the courts (duty counsel and judges) encourage the justice system to leverage the resources of the Aboriginal court worker programs, which has been beneficial to these programs and the client.

Note: IFC Court worker Court worker has ongoing contact with NILO staff located at Monteith to discuss the needs of certain clients that have been sentenced. Linkages care continuity and provide opportunity for NILO staff to ensure that clients are linked to programming early on particularly for those who are highly motivated.

- Court system needs to explore creative ways of addressing the limitations/different realities of remote native communities. There are instances where an individual has breached certain conditions (of a minor nature), yet the impact on the individual and their family/children are severe. At times, an individual's interpretation of these conditions may be at play. It is also noted that courts should leverage the role of families and Band Councils to ensure that all parties understand sentencing restrictions and the supportive needs of the individual upon discharge back to a community. The entire community can play an important supportive function to the benefit of the Aboriginal individual and the justice system as a whole.

#### Dissemination of Best Practice

- CMHA-CT is integrating more preventative care elements within the delivery of mental health services. Services and supports are increasingly 'strength-based' and focused on keeping people healthy through a variety of approaches (e.g., diet and nutrition, exercise,

art therapy, mind-body wellness, etc.). A more holistic approach may help reduce the need for prescriptive medications and interventions.

- Probation orders are mandated which means that some clients are not choosing to seek counselling and treatment. To ensure that these clients are responsive to treatment, probation officers employ motivational interviewing in an attempt move CCs along the stages of change and get them ready for treatment. Ensuring that CCs are sufficiently motivated before being referred to treatment will also ensure that community-based resources are being used effectively and are more accessible to clients based on where they are at along the stages of change continuum.
- Although various motivation techniques are used to move CCs along the stages of change continuum based on their level of motivation, other barriers interfere with the CC's ability to follow through upon released (e.g., not attending treatment and limited supports in place to maintain level of motivation, etc.).
- *It is noted that focus group participants interviewed shared that their level of motivation is affected by their perception of how supportive the justice system is of the social and clinical needs.*

***#4 KEY CONSIDERATION: Enhance opportunities for justice system staff to network, collaborate and enhance their knowledge of services and support available for common clients within the Cochrane District.***

In some communities, court outreach workers and clinicians meet with crown attorneys, probation officers, police officers, among others, periodically to build relationships, and to discuss clinical and systemic issues. Similar meetings should be held in all areas (at least annually) to help ensure that the entire justice system is maximizing its ability to work collaboratively for the benefit of CCs. The goal is to provide a venue where justice system staff can communicate and exchange information of a programming nature, discuss resource-related challenges, and explore innovative means of improving the effectiveness of the justice system.

Alternatively (or in addition) the CD-HSJCC could also be leveraged as a forum for court outreach workers/clinicians to interact with members to gain insight into the operation of the justice system, exchange information, and access educational opportunities. This forum could also be used to 'brainstorm' on ways to improve the provision of care for CCs (e.g., explore the creation of an Aboriginal parole hearing circle; enhance access to courts in communities where 'courts sit infrequently', etc.).

Alternatively (or in addition) agency visits should be encouraged and facilitated as it provides an informal means of strengthening linkages among justice services and staff. Agency visits provide a unique opportunity for staff to develop a support network and to enhance their knowledge of the services and supports in place.

Alternatively (or in addition) and as previously noted, the provision of cross-agency training was identified as another means of encouraging the ongoing exchange of information and strengthening linkages among justice system staff. The focus being on enhanced awareness of services and supports and a more collaboration.

✚ Specifically identified was the need for more coordinated exchange of information pertaining to 'cultural wellness' to ensure that Aboriginal CCs are being referred to appropriate traditional as well as mainstream services and supports. This could be achieved, in part, by enhancing the

justice system's working relationships with Friendship Centres to ensure that Aboriginal CCs are being referred based on their needs and preferences.

- ✚ It is noted also that Friendship Centres can provide in-house training and information sessions as a means of enhancing cultural awareness among justice services (e.g., education on traditions, cultures, healing modalities, etc.).
- ✚ It has also been noted that justice system staff will need to expand linkages with multi-cultural organizations and access diversity training given that the demographics of the North is evolving and by extension the profile of CCs.

Alternative (or in addition) the CD-HSJCC could organize and host an annual conference (1-2 days) or a series of events (over a 12 month period) to enhance opportunities for justice system staff to network, collaborate and enhance their knowledge of services and supports.

## **SECTION 5:**

### **GENERAL THEME(S): STRENGTHEN LINKAGES WITH PRIMARY CARE PROVIDERS AND PSYCHIATRIC SERVICES**

#### **Discussion Points:**

##### **Access to Primary Care**

- Many CCs experience a significant gap in continuity of care following a stay with the NBRHC's in-patient program (where they have access to a multi-disciplinary team of professionals) due to very limited access to community-based supports (community services, primary care and psychiatric care).
  - This gap is particularly acute in rural and remote communities that have limited resources. Without access to adequate primary care and community-based supports, the release of certain individuals can create a 'risk management issue' for a community and impede a program's ability to provide an 'absolute' client discharge.
- CCs on psychotropic medications and in need of follow-up care while in community, who are 'unattached' have limited access to primary care services. They are often referred to walk-in clinics or the emergency department for the renewal of prescriptions and lack the care continuity they require.
- CCs require a primary care provider for all psychiatric referrals, as the primary care provider must assume responsibility for the ongoing monitoring and implementation of the treatment plan. CMHA-CT's nurse practitioner is no longer accepting patients (she has a full caseload).

##### **Access to Psychiatric Services**

- Ontario Forensic Mental Health Bed Registry was established by the Ministry of Health and Long Term Care to address the needs of various stakeholders within the forensic mental health system. These stakeholders include: 1) Crown Attorneys who require information on the availability of assessment resources in order to assist the court with the creation of appropriate dispositions and orders; 2) Provincial Forensic Program Directors who require information on availability of resources throughout the system to assist them with matters they bring before the Ontario Review Board; and 3) Ministry of Health and Long Term Care

who requires information about the forensic mental health system bed utilization to inform system coordination and design efforts.

- The establishment of the Ontario Forensic Mental Health Bed Registry has had a negative impact on northerners' ability to access a forensic bed close to home, as the regional beds are now considered provincial resources (referrals are based on closest bed available and not reserved for certain regions). Some northerners are being directed to forensic beds in other parts of the province. While it is possible for the Ontario Review Board to ask for a transfer back to an individual's home region court mandated assessments take priority over all transfers.
  - Due to limited forensic bed availability at the NBRHC, HKS Counselling is currently referring clients in need of psychiatric support to either Waypoint Centre for Mental Health Care in Penetanguishene or Thunder Bay Regional Health Services (longer travel distance for clients). *Note: using the Ontario Forensic Mental Health Bed Registry which is only available to the Crown Attorney's Office. They in turn work with the Outreach Service to ensure that a forensic assessment bed is secured.*
- The lack of dedicated forensic assessment beds for the Cochrane District is of particular concern for Aboriginal clients from remote/coastal communities who may find themselves in a facility with limited cultural programming, and in an urban setting located at a great distance from their home community and family supports.
- The length of time an individual waits to access psychiatric services does not 'fit' within the duration of the client's probation order. Often the probation order is almost complete by the time the psychiatric assessment takes place and a treatment plan is initiated.
- Clients under a court ordered psychiatric assessment can be held in-custody for up to 30 days waiting for a forensic bed to become available. The length of time an inmate waits for a psychiatric assessment could be perceived as a deterrent for the courts to order the assessment.
- Lacking timely access to psychiatric assessments within the health care system there is a perception in the justice system that if a client is 'charged' that this may expedite a psychiatric assessment. A perception which is not factual which can have a negative impact on the CC with a mental illness.
- Community Corrections cannot refer clients directly for psychiatric assessment. Clients are required to present to their primary care provider (which many do not have) or to a local hospital in order to obtain a referral for a psychiatric consult. This process can be onerous and significantly extends the wait time for a client in need of a psychiatric assessment. Waitlists are significant (about 1 year if initiated by a primary care provider and 2 to 3 months if referred by the Mental Health Unit at Timmins and District Hospital).
- The Law and Mental Health Division provide psychiatric follow-up care and treatment to individuals engaged with Forensic Outreach Services if they do not have access to a primary care provider to ensure continuity of care.
- *Note: CCs who live in remote areas have very limited access to services and programs. The family plays an enhanced role in the rehabilitative journey as they often facilitate their ability to access care (e.g., transportation to a community where services or program is available). Others may choose to move to another community (where they have family or a dry reserve) to access needed services and enter a residential treatment facility to continue building on their relapse prevention plan in hope of being able to maintain a sobriety).*

***#5 KEY CONSIDERATION: Strengthen linkages with primary care providers and psychiatric services to facilitate coordinated care planning for common clients.***

Discussions should be initiated with the primary care sector (e.g., community health centres and family health teams) to explore the potential for developing a mechanism for working with 'attached' and 'unattached' common clients prior to discharge from custody (proactive planning for a high needs group). District will need to quantify the level of need for primary care services to facilitate these discussions.

Discussions should take place with the district referral hospital and Jubilee Centre (safe beds) re: referrals being made to hospitals (via emergency department) for unattached CCs in need of a psychiatric assessment. The goal is to streamline and better coordinate psychiatric referrals for unattached CCs.

- ✚ Also, there may be an opportunity to leverage the efforts and resources of the NBRHC's Regional Concurrent Disorder Program (RCDP) to help increase access to a network of psychiatrists with the goal of reducing the wait time for a psychiatric consultation in high need communities.
- ✚ It may also be beneficial to explore opportunities to build upon the OTN psychiatric pilot project between Monteith and the Royal Ottawa Health Care Group. The project allows for psychiatric assessment, treatment and follow-up of referred inmates using OTN. Funding for the two year pilot ends in December of 2013.

The justice system needs to ensure that CCs who are unattached are listed on the Health Care Connect (HCC) registry. HCC helps Ontarians, who are without a primary care provider, connect with a practitioner who is accepting new patients in their community. By directing common clients to HCC it will be easier to gather data to substantiate the district's needs and to explore (and entice) a physician to specialize in the care of CCs supported by a strong network of professionals.

**SECTION 6:**

**GENERAL THEME(S): REDUCE THE RATE OF RECIDIVISM.**

**Discussion Points:**

- Complex and multi-needs CCs are inherently more at-risk of reoffending. Further insight into issues that contribute to recidivism among CCs/inmates discharged from correctional complexes would be beneficial.
- Factors that contribute to recidivism among common clients as cited by justice system staff include:
  - CCs have limited access to food banks and housing options upon release from custody. Discharge planners and court outreach workers work closely with the Ontario Disability Support Program to access housing and food allowances, where possible. Ensuring access to basic necessities of life is central to reducing the high rate of recidivism.
  - Some native clients agree to meet with the native court worker, but refuse to have a case file opened with the program as they are not interested in long-term involvement with a court outreach program. Many of these individuals are



transient. They do not live permanently in the City of Timmins; they also reside in communities along the James Bay/Hudson Bay coast.

- Lacking access to a primary care provider upon discharge, CCs are being referred to walk-in clinics or to the emergency department for prescription renewals. They do not have access to a care provider to monitor their medical or psychiatric needs/treatment plan.
- *Focus group participants interviewed shared that recidivism would be decreased if, prior to discharge back to community, they could:*

- *Learn how to prepare a resume and secure employment (link with a job before they are discharged back to community).*

Note: These activities can be incorporated into the educational sessions series at Monteith, however, workload issues/human resources is a barrier, as is physical space to deliver programming.

- *Work towards their high school diploma or obtain post-secondary credits – school should be accessible to all inmates (remand side as well as correctional centre).*

Note: Males awaiting sentencing on the remand side of the correctional complex have no access to these opportunities.

- *Access to secure housing before they are discharged (half way house or transitional living unit to 'help me get back on my feet'). It was also noted that shelters were important community resources for women in times of crisis.*

Note: There are limited or no shelters and/or housing available to CCs released from custody, especially in remote communities. Many of them are not willing to relocate.

- *Learn a trade (training) - 'work towards certification instead of doing nothing'.*

Note: Currently work programs are offered while incarcerated. Partnerships with Colleges can be re-explored. Length of sentencing also needs to be considered as trades training require a minimum sentence length of 6 months, given that these programs require in-class instruction and hands-on training. Funding is also an issue.

- *Access skills that help build self-confidence such as parenting, budgeting/finances, working out, and nutrition. 'Need to be more active and eat a healthier diet'.*

Note: Programs are available but not on an ongoing basis due to staffing and resource limitations.

- *Link with peer support groups (in community and/or while incarcerated). It was stated that 'it is emotionally difficult to be incarcerated yet other inmates don't want to hear you complain; which is very isolating'.*

- *Have access to full family visits; time alone with significant others; 'the ability to physically touch my young children would help me with my rehabilitative journey'.*

- *Be linked to/start an addictions treatment programs while incarcerated.*

Note: CCs on the remand and the correctional side have access to substance use educational programs (Substance Abuse Program 5 weeks). Inmates in the Correctional Centre have access to the Intensive Substance Abuse Program 20 sessions (10 weeks).

**#6 KEY CONSIDERATION: Review factors that contribute to a high rate of recidivism among common clients involved in the justice system and isolate interventions that could be implemented within the Cochrane District.**

There are outcome based studies that have been completed by the Province of Ontario (among others) that can help inform the identification of contributing factors that account for a high rate of recidivism in the Cochrane District. *Note: Recidivism research may be available through the MCSCS (Research and Statistical Unit).*

Knowledge of the main contributing factors can then be used to inform intervention strategies that can be implemented locally by the justice system (e.g., inform diversion and discharge planning efforts), as well as identify issues that would more effectively be address through district, regional and/or provincial advocacy efforts (e.g., housing framework.).

- ✚ Discussed was the need for a provincial policy direction to articulate the key elements of a stepped model of care (framework) to facilitate the reintegration of CCs that have been incarcerated back into the community.

To understand better district issues that impact recidivism it would be important to reach out to CCs at various junctures and engage them in a discussion of contributing factors and potential interventions. This dialogue is also provides CCs with a 'voice' and an opportunity to engage positively with the justice system.

It may be timely to add a CC to the CD-HSJCC member or engage them in knowledge exchange activities to ensure that the client's perspective is central to the activities undertaken by the CD-HSJCC'S knowledge transfer activities.

It was also noted that access to peer support resources should be encouraged when CCs are released from custody. The district should further leverage regional resources such as Northern Initiative for Social Action (NISA). NISA has peer phone support (1-866-856-9276) and a web presence (<http://www.nisa.on.ca/index.html>) for individuals who have mental health or addiction issues.

## **SECTION 7**

### **GENERAL THEME(S): ADDRESS SYSTEMIC ISSUES AND GAPS, PRODUCTIVITY CHALLENGES.**

#### **Discussion Points:**

##### **Systemic Gaps/Pressures**

- Court Outreach Programs provide long-term case management support to individuals discharged back to the community. Remote communities (primarily) do not have access to court outreach workers like other larger communities within the North East Region.

**Note:** Probation officers do 'fly in and fly out' to communities.

- Court outreach programs shared that they are challenged by their ability to refer to needed supportive services. It was noted that some programs have insufficient staff to meet the demand for certain services, either for the court outreach program specifically or the services that the court outreach services are referring to in community.

- Some individuals are on a probation and parole order of 6-12 months, yet wait time for a needed service can be as long as 3-months. Work is underway at CMHA-CT to move towards more group work to reduce client wait lists.
- Demand for support is beyond the resources of the TNFC's ACP program. Additional funding is required (and has been requested) to hire 1-2 additional court workers. It is stressed that without adequate resources, supports are focused on crisis response and are not focused on long-term needs that can reduce the rate of recidivism.
- Most court outreach programs (all but 1) have only one staff affiliated with the program. There is no one to backfill a position when the court worker is on leave or on holidays (no client services can be provided during these 'down' times). This also negatively impacts the remainder of the justice system, some of whom are also challenged by this same issue.

Note: TNFC shared that demand for support is beyond the resources of the ACP program. Additional funding is required (and has been requested) to hire 1-2 additional court workers. It is stressed that without adequate resources, supports are focused on crisis response and are not focused on long-term needs that can reduce the rate of recidivism.

- Correctional institutions would benefit from a designated mental health nurse and/or social worker to support common clients with a mental illness.
- The district would benefit from a mental health court where the focus is on addressing the underlying problems that contribute to the criminal behavior. A mental health court would strengthen and facilitate mental health assessments, individualized treatment plans, and ongoing judicial monitoring to address both the mental health needs of offenders and public safety concerns.
- CCs have limited access to peer support once they are returned to the community from the forensic program. Peer support is a supportive resource that can be accessed as an in-patient.
- PAR program is in need of French language educational resource material for Francophone clients who participate in the program. The program's budget does not allow for the purchase of specific cultural and linguistic material (e.g., there are no films available for women in English or in French; films are available in English only for men). Also, all resources are in VHS format and are in need of replacing.
- *Focus group participants noted the need for a native court with a stronger focus on traditional approaches.*
- There is a lack of care continuity for inmates released to community who are without a primary care provider and are on a medication treatment plan.
- The length of time an individual waits to access psychiatric services does not 'fit' within the duration of the client's probation order. Often the probation order is almost complete by the time the psychiatric assessment takes place and a treatment plan is initiated.
- There is a lack of affordable and adequate housing in the Cochrane District which challenges the justice system's ability to discharge a client back to community successfully. Individuals released from a correctional complex would benefit from a 'step-up/step-down' housing model.
- A longer term custodial treatment facility is needed in northern Ontario for hard to serve CCs. Currently, access to a longer term treatment facility is outside the Northeast Region

and there are lengthy wait lists (e.g., St. Lawrence Valley Correctional and Treatment Centre, Ontario Correctional Institute, Algoma Treatment Centre, and Vanier for women).

- Monteith is located in an isolated area. It serves a large geographical catchment area. There is no public transportation to the complex, which creates a barrier for some families to visit and provide support.

### Productivity Challenges

- Court workers are expected to tour the holding cell area to identify potential clients. Native clients are identified by name or visually. There is very limited space in the holding cell area which at times impedes the court worker's ability to do rounds.
- The work day is very unpredictable for court outreach workers and at times it is difficult to manage the case load. Ideally, Aboriginal court workers noted that it would be helpful if they were advised that an Aboriginal client is expected to be in court on a given day to facilitate the outreach process. Note: Aboriginal court workers have a combined function (must attend 3 courts).
- *Some focus group participants noted that they were not aware of the court outreach program. Others who had engaged with a court outreach program noted that workers are difficult to 'get a hold of out of court'. Some participants also noted that they received justice-related supports from shelter staff (help with system navigation).*
- At Monteith program rooms are used for multi-purposes and are not always available. Additional dedicated program rooms would facilitate the delivery of a diverse range of programs and services (e.g., psychiatric care, lawyer visits, rehabilitative programs, etc.). It is noted that:
  - 1) On the jail side program rooms are shared for gender specific programming which limits the range of programs that can be offered to both genders.
  - 2) Female offenders are primary caregivers and they often choose to remain at Monteith in order to be close to their families and consequently may not have access to specific programs.
  - 3) Current remand trends and time constraints due to the length of sentencing limits opportunities to initiate the rehabilitative process with the jail population.

### **#7 KEY CONSIDERATION: Advocate for resources to enhance the capacity of services and supports to respond to the needs of common clients engaged with the justice system in the Cochrane District.**

Advocate for additional resources (funding) to expand the capacity of Court Outreach Programs to meet the demand for services.

- ✚ There is a need to confirm that the priority areas for expansion based on demand are Timmins, urban-Aboriginal programs, and rural and remote locations (Aboriginal communities). *Note: TNFC has submitted a funding request to the Ministry of the Attorney General to expand its court outreach program.*
- ✚ Expanded capacity would also provide the district with an opportunity to develop a district strategy to provide backfill support (no capacity currently in most communities).

- ✚ Expanded capacity would also provide an opportunity to consider the expansion of court outreach programs into remote community by leveraging the use of videoconferencing (or other creative arrangements) as needed and previously noted.
- ✚ Advocate for enhancements to existing community-based programs to ensure timely access to needed services and supports (e.g., safe beds, detox, shelters (men and women), families, half-way houses, addiction and mental health services, longer term custodial treatment facility, etc.). *Note: refer to the CD-HSJCC Crisis Mapping Project (2012) for more in-depth overview of needs.*
- ✚ Advocate for a designated mental health nurse and/or social worker to support CCs with a mental illness at Monteith. *Note: Ministry of Community Safety and Correctional Services is considering a designated mental health nurse and/or social worker to assist with discharge planning.*
- ✚ Ensure that systemic challenges facing CCs are tabled with sector tables to increased awareness and to leverage sector table resources in the identification of potential solutions (e.g., primary care gaps, psychiatric assessment gaps, housing gaps, etc.).
- ✚ Advocate for a drug/mental health court (or modified model/extension of an existing court) to strengthen and facilitate addiction and mental health assessments, individualized treatment plans, and ongoing judicial monitoring (ideally with an Aboriginal focus).

## 8.0 CONCLUDING REMARKS

The CD-HSJCC commissioned the development of the Justice System Mapping Project to enhance their understanding of justice-related services and supports within their catchment area. An enhanced understanding of organizational mandates will help ensure that systemic resources are being maximized for the benefit of the common client and that activities are strategically focused on building system capacity.

There are a total of seven (7) key considerations outlined. These represent a starting point to help guide the ongoing efforts of the CD-HSJCC as they strive to ensure a more client-centered and responsive justice system. From this information, an actionable work plan should be created taking into consideration the mandate, capacity and resources of the CD-HSJCC and its member organizations. Advocacy efforts should also be directed towards addressing the gaps and pressures identified in this report. To assist with this task, a preliminary work plan has been developed and activities under each key consideration evaluated from an impact and effort perspective. The work plan is included as **Appendix B**.

In closing, it is stressed that having a strong continuum of care for CCs, with appropriate linguistic and cultural programming within the Cochrane District, is extremely important if the CD-HSJCC is to expand its ability to divert, support, refer and treat CCs engaged with the justice system, in times of crisis.



## APPENDIX A: Acronyms Used

Acronym	Definition
<b>ADHD</b>	Attention deficit hyperactivity disorder
<b>ALC</b>	Alternate Level of Care
<b>CC</b>	Common Client
<b>CD-HSJCC</b>	Cochrane District Human Services Justice Coordination Committee
<b>CMHA-CT</b>	Canadian Mental Health Association - Cochrane Temiskaming Branch
<b>CRTC</b>	Cochrane Resource Treatment Centre
<b>FASD</b>	Fetal Alcohol Spectrum Disorder
<b>HCC</b>	Health Care Connect
<b>HKS Counselling</b>	Hearst, Kapuskasing, Smooth Rock Falls Counselling Services
<b>IFC</b>	Ininew Friendship Centre
<b>JSP</b>	Justice service provider
<b>MCSCS</b>	Ministry of Community Safety and Correctional Services
<b>NBRHC</b>	North Bay Regional Health Centre
<b>OTN</b>	Ontario Telemedicine Network
<b>PAR</b>	Partner Assault Response
<b>TFCC</b>	Timmins Family Counselling Centre
<b>TNFC</b>	Timmins Native Friendship Centre

## APPENDIX B: Preliminary Work Plan



Key Considerations	Suggested Activities	Impact and Effort Assessment
<b>1. Leverage innovative coordination mechanisms – for diversion and/or discharge planning - that can facilitate the ability of staff of the justice system to address and support the unique requirements of common clients with special needs.</b>	<p>A mechanism to share information among key members of the circle of care and community agencies should be established to help divert clients with special needs away from the justice system and to facilitate their discharge back to community. For example, a protocol with addictions and mental health providers or developmental services (etc.) and police services could be established to facilitate the identification and pre-charge diversion and discharge of CCs with special needs. The protocol would need to address privacy concerns.</p> <p>‘Hard to serve’ case conferences should be held with special needs CCs and their circle of care to ensure that community resources are available to assist with pre charge diversion while ensuring public safety and upon discharge. The goal is to ensure that all community-based services and supports are ‘wrapped’ around the unique needs of CCs; that care planning outcomes are being monitored; and that care pathways are established to expand the system’s capacity to support CCs with special needs.</p>	<p>HIGH IMPACT AND MEDIUM EFFORT</p> <p>HIGH IMPACT AND MEDIUM EFFORT</p>
<b>2. Facilitate access to educational and knowledge-exchange opportunities of a practical nature for justice system staff which will provide them with more in-depth awareness and understanding of the unique cultural, social, and clinical needs of common clients.</b>	<p>Cross-agency training/job shadowing is one means of enhancing educational opportunities with a focus on practical hands-on training, while simultaneously strengthening systemic linkages. It has been suggested that the initial focus should be on Aboriginal services.</p> <p>There is a need to develop more opportunities for justice system staff to participate in ‘hands-on’ training (including role playing). The goal is to supplement existing professional development training and education being provided by various ministries/sectors with more practical and hands on opportunities that will enhance justice staff’s understanding of the challenges and realities facing CCs with special needs. It is stressed that training must be inter-sectoral/ organizational and not sector/silo specific. It has also been suggested that a train the trainer educational model should be used to facilitate the delivery and sustainability of more practical and ‘hands-on’ education.</p> <p>The CD-HSJCC could host a conference (or a number of small workshops) geared to providing justice system staff with enhanced access to specific hands-on trainings</p>	<p>HIGH IMPACT AND LOW EFFORT</p> <p>HIGH IMPACT AND MEDIUM EFFORT</p>

Key Considerations	Suggested Activities	Impact and Effort Assessment
	and education on how to deal with the special needs of CCs (e.g., FASD, acquired brain injury, etc.). It is noted that there are partner resources in place that could be leveraged. For example, Monteith has a FASD committee in place, which organized an annual FASD awareness week, and the Ministry FASD website ( <a href="http://fasdjustice.ca">http://fasdjustice.ca</a> ) have accessed best practices and tools that could be shared ( <a href="http://www.fasd.com">www.fasd.com</a> ).	HIGH IMPACT AND MEDIUM/HIGH EFFORT
<b>3. Leverage technology to facilitate access to court outreach services and rehabilitative programs for common clients - in community or incarcerated - and to maximize training and educational opportunities for justice system staff.</b>	<p>Video-conferencing should be leveraged as a cost-effective means of expanding access to training and educational sessions for justice system staff. It is noted that OTN sites are dispersed throughout the Cochrane District and that the CMHA-CT receives addictions and mental health sessional dollars for clinical education via OTN. Currently, sessions are offered to staff every 6-8 weeks.</p> <p>Explore the feasibility of enhancing and/or expanding court outreach programs into rural and remote communities by leveraging the use of videoconferencing (or other technological solutions).</p> <p>Opportunities to further leverage technology solutions as a means of enhancing access to rehabilitative programs for CCs in rural and remote communities and/or CCs who are incarcerated should be explored. For example, if funding was secured a pilot project could be developed to facilitate, and determine the effectiveness of, the remote delivery of certain rehabilitative programs which are needed but not available in rural and remote communities (e.g., PAR).</p>	<p>HIGH IMPACT AND LOW EFFORT</p> <p>HIGH IMPACT AND MEDIUM/ HIGH EFFORT</p> <p>IMPACT (to be determined based on evaluation) AND HIGH EFFORT</p>
<b>4. Enhance opportunities for justice system staff to network, collaborate and enhance their knowledge of services and supports available for common clients within the Cochrane District.</b>	<p>In some communities, court outreach workers and clinicians meet with crown attorneys, probation officers, police officers, among others, periodically to build relationships, and to discuss clinical and systemic issues. Similar meetings should be held in all areas (at least annually) to help ensure that the entire justice system is maximizing its ability to work collaboratively for the benefit of CCs. The goal is to provide a venue where justice system staff can communicate and exchange information of a programming nature, discuss resource-related challenges, and explore innovative means of improving the effectiveness of the justice system.</p> <p>Alternatively (or in addition) the CD-HSJCC could also be leveraged as a forum for court outreach workers/clinicians to interact with members to gain insight into the operation of the justice system, exchange information, and access educational opportunities. This forum could also be used to 'brainstorm' on ways to improve the provision of care for CCs (e.g., explore the creation of an Aboriginal parole hearing</p>	<p>HIGH IMPACT AND MEDIUM EFFORT</p> <p>HIGH IMPACT AND LOW EFFORT</p>

Key Considerations	Suggested Activities	Impact and Effort Assessment
	<p>circle; enhance access to courts in communities where ‘courts sit infrequently’, etc.).</p> <p>Alternatively (or in addition) agency visits should be encouraged and facilitated as it provides an informal means of strengthening linkages among justice services and staff. Agency visits provide a unique opportunity for staff to develop a support network and to enhance their knowledge of the services and supports in place.</p> <p>Alternatively (or in addition) and as previously noted, the provision of cross-agency training was identified as another means of encouraging the ongoing exchange of information and strengthening linkages among justice system staff. The focus being on enhanced awareness of services and supports and a more collaboration.</p> <ul style="list-style-type: none"> <li>✚ Specifically identified was the need for more coordinated exchange of information pertaining to 'cultural wellness' to ensure that Aboriginal CCs are being referred to appropriate traditional as well as mainstream services and supports. This could be achieved, in part, by enhancing the justice system’s working relationships with Friendship Centres to ensure that Aboriginal CCs are being referred based on their needs and preferences.</li> <li>✚ It is noted also that Friendship Centres can provide in-house training and information sessions as a means of enhancing cultural awareness among justice services (e.g., education on traditions, cultures, healing modalities, etc.).</li> <li>✚ It has also been noted that justice system staff will need to expand linkages with multi-cultural organizations and access diversity training given that the demographics of the North is evolving and by extension the profile of CCs.</li> </ul> <p>Alternative (or in addition) the CD-HSJCC could organize and host an annual conference (1-2 days) or a series of events (over a 12 month period) to enhance opportunities for justice system staff to network, collaborate and enhance their knowledge of services and supports.</p>	<p>HIGH IMPACT AND LOW EFFORT</p> <p>HIGH IMPACT AND LOW EFFORT</p> <p>HIGH IMPACT AND MEDIUM EFFORT</p>
<p><b>5. Strengthen linkages with primary care providers and psychiatric services to facilitate coordinated care</b></p>	<p>Discussions should be initiated with the primary care sector (e.g., community health centres and family health teams) to explore the potential for developing a mechanism for working with ‘attached’ and ‘unattached’ common clients prior to discharge from custody (proactive planning for a high needs group). District will need to quantify the level of need for primary care services to facilitate these discussions.</p> <p>Discussions should take place with the district referral hospital and Jubilee Centre</p>	<p>IMPACT (to be determined) AND LOW EFFORT</p>





Key Considerations	Suggested Activities	Impact and Effort Assessment
	<p>To understand better district issues that impact recidivism it would be important to reach out to CCs at various junctures and engage them in a discussion of contributing factors and potential interventions. This dialogue is also provides CCs with a ‘voice’ and an opportunity to engage positively with the justice system.</p> <p>It may also be timely to add a CC to the CD-HSJCC member or engage them in knowledge exchange activities to ensure that the client’s perspective is central to the activities undertaken by the CD-HSJCC’S knowledge transfer activities.</p> <p>It should also be noted that access to peer support resources should be encouraged when CCs are released from custody. The district should further leverage regional resources such as Northern Initiative for Social Action (NISA). NISA has peer phone support (1-866-856-9276) and a web presence (<a href="http://www.nisa.on.ca/index.html">http://www.nisa.on.ca/index.html</a>) for individuals who have mental health or addiction issues.</p>	<p>(potential for) HIGH IMPACT AND MEDIUM EFFORT</p> <p>HIGH IMPACT AND LOW EFFORT</p> <p>LOW TO HIGH IMPACT (depending on the needs of CCs) AND LOW EFFORT</p>
<p><b>7. Advocate for resources to enhance the capacity of services and supports to respond to the needs of common clients engaged with the justice system in the Cochrane District.</b></p>	<p>Advocate for additional resources (funding) to expand the capacity of Court Outreach Programs to meet the demand for services.</p> <ul style="list-style-type: none"> <li>  There is a need to confirm that the priority areas for expansion based on demand are Timmins, urban-Aboriginal programs, and rural and remote locations (Aboriginal communities). <i>Note: TNFC has submitted a funding request to the Ministry of the Attorney General to expand its court outreach program.</i> <ul style="list-style-type: none"> <li>○ Expanded capacity would also provide the district with an opportunity to develop a district strategy to provide backfill support (no capacity currently in most communities).</li> <li>○ Expanded capacity would also provide an opportunity to consider the expansion of court outreach programs into remote community by leveraging the use of videoconferencing (or other creative arrangements) as needed and previously noted.</li> </ul> </li> <li>  Advocate for enhancements to existing community-based programs to ensure timely access to needed services and supports (e.g., safe beds, detox, shelters (men and women), families, half-way houses, addiction and mental health services, longer term custodial treatment facility, etc.). <i>Note: refer to the CD-HSJCC Crisis Mapping Project (2012) for more in-depth overview of needs.</i> </li> </ul>	<p>HIGH IMPACT AND MEDIUM EFFORT</p> <p>HIGH IMPACT AND HIGH EFFORT</p>

Key Considerations	Suggested Activities	Impact and Effort Assessment
	<ul style="list-style-type: none"> <li data-bbox="604 215 1591 347">✚ Advocate for a designated mental health nurse and/or social worker to support CCs with a mental illness at Monteith. <i>Note: Ministry of Community Safety and Correctional Services is considering a designated mental health nurse and/or social worker to assist with discharge planning.</i></li> <li data-bbox="604 358 1591 490">✚ Ensure that systemic challenges facing CCs are tabled with sector tables to increased awareness and to leverage sector table resources in the identification of potential solutions (e.g., primary care gaps, psychiatric assessment gaps, housing gaps, etc.).</li> <li data-bbox="604 501 1619 633">✚ Advocate for a drug/mental health court (or modified model/extension of an existing court) to strengthen and facilitate addiction and mental health assessments, individualized treatment plans, and ongoing judicial monitoring (ideally with an Aboriginal focus).</li> </ul>	<p data-bbox="1654 248 1808 277">UNDERWAY</p> <p data-bbox="1654 354 1906 448">(potential for) HIGH IMPACT AND LOW EFFORT</p> <p data-bbox="1654 524 1892 586">HIGH IMPACT AND HIGH EFFORT</p>

## **APPENDIX C: Programs Available at Monteith Correctional Complex**



## MONTEITH CORRECTIONAL COMPLEX

PROGRAM CATEGORY	PROGRAM/SERVICES	TARGET POPULATION		CLASSIFICATION		PROGRAM DESCRIPTION	Frequency
		MALE	FEMALE	REMAND	SENTENCED		
Chaplaincy Programs							
	Chaplaincy Program	X	X	X	X	Spiritual, pastoral care, social & emotional development, counselling, grief, worship services (cc & jail); Open to all; Funded by Correctional Services; admission: voluntary, open to all;	1/week
Educational Programs							
	Literacy & Basic Skills/Academic Upgrading Program		X	X	X	Volunteer Academic Development - Tutoring: Reading, writing, spelling, math, lifeskills & computers (cc & jail); assessed Adult Learning Centre; funded by Adult Learning Centre; admission: voluntary, open to all;	on demand
	Young Adult Education - In- Class	X	X	X	X	Academic Development - School Credits Grade 9 to 12 (in-class) (cc); open to all; funded by District School Board Ontario North East; admission: screening by School Board;	5 days/week
Health Care Services							
	Medical, Dental, Psychiatric Services	X	X	X	X	Medical, dental, psychiatric (cc & jail); open to all; funded by Correctional Services; admission: assessment by health care staff and referral to institution doctor; methadone;	daily
	Staff Health					Mantoux, Flu Shots, Hep B, Emergency, BP; open to all; funded by Correctional Services; assessment by health care staff;	daily
	Telemedicine	X	X	X	X	Consultations, examinations, diagnosis through video-teleconference; funded by Correctional Services; referral by health care staff;	daily
Institutional Work Programs							
	Auto/Small Engine	X			X	Occupational Development Auto/small engine repair and vehicle maintenance (cc); as assigned; funded by Correctional Services; admission: as assigned by workboard;	5 days/week
	Carpentry	X			X	Occupational Development Woodworking skills (cc); as assigned; funded by Correctional Services; admission: as assigned by workboard;	5 days/week
	Food Services	X			X	Occupational Development - Food services preparation, operation & delivery (cc); as assigned; funded by Correctional Services; admission: as assigned by workboard;	7 days/week
	Institutional Cleaning	X	X	X	X	Occupational Development - Cleaning various parts of the institution (cc & jail); as assigned; funded by Correctional Services; admission: as assigned by workboard;	7 days/week
	Laundry	X			X	Occupational Development Laundry Services, Repairs, Sewing (cc); as assigned; funded by Correctional Services; admission: as assigned by workboard;	5 days/week
	Maintenance - Groundskeeping	X			X	Occupational Development - Grounds & landscaping maintenance, repairs. Prisoner Work Programs (cc); as assigned; funded by Correctional Services; admission: as assigned by workboard;	5 days/week
	Maintenance - Plumbing/Electrical	X			X	Occupational Development - electrical, plumbing. (cc); as assigned; funded by Correctional Services; admission: as assigned by workboard;	5 days/week
	Stores	X			X	assigned; funded by Correctional Services; admission: as assigned by workboard;	5 days/week

PROGRAM CATEGORY	PROGRAM/SERVICES	TARGET POPULATION		CLASSIFICATION		PROGRAM DESCRIPTION	Frequency
		MALE	FEMALE	REMAND	SENTENCED		
	Welding	X			X	Occupational Development - Welding (cc); as assigned; funded by Correctional Services; admission: as assigned by workboard;	5 days/week
<b>Men's Rehabilitative Group Programs</b>							
	Change is a Choice - Anger Management (French/English)	X		X	X	Introductory, psycho-educational, motivational and informational program designed to assist male offenders who have been identified as having a problem with anger, explore how their thoughts and behaviours can lead to anger and aggression and assist them in making changes (5 sessions).; funded by Correctional Services; admission: voluntary, open to all - pre & post evaluations; criminogenic factors; stages of change;	3/year
	Change is a Choice - Connections (French/English)	X		X	X	Introductory, psycho-educational, motivational and informational program designed to assist male offenders who have been identified as having a criminal orientation, explore their thinking patterns and assist them in making changes (6 sessions); funded by Correctional Services; admission: voluntary, open to all - pre & post evaluations; criminogenic factors; stages of change;	3/year
	Change is a Choice - Healthy Relationships	X		X	X	Introductory, psycho-educational, motivational and informational program designed to assist male offenders who have been identified as having an offence involving partner abuse, explore their thinking patterns, assist them in making changes and prepare them for attendance at a P.A.R.S. or an intensive partner abuse program (6 sessions). funded by Correctional Services; admission: voluntary, open to all - pre and post evaluations; criminogenic factors; stages of change;	3/year
	Change is a Choice - Substance Abuse (French/English)	X		X	X	Introductory, psycho-educational, motivational and informational program designed to assist male offenders who have been identified as having a substance use issues, explore if substance use is a problem and assist in making new choices (4 sessions); funded by Correctional Services; admission: voluntary, open to all - pre & post evaluations; criminogenic factors; stages of change;	3/year
	Educational Sessions for Men (French/English)	X		X	X	Introductory, informational, stand alone sessions designed to provide offenders with assistance in evaluating if the topic area is a problem (all based on criminogenic targets), anger management, goal setting, keeping employment, substance use, problem solving, supportive relationships, thoughts to action, productive use of leisure time, coping with stress (17 stand alone sessions). Open to all; funded by Correctional Services; admission: voluntary, open to all - pre & post evaluations; criminogenic factors; stages of change;	1/month
	Intensive Anger Management Core Rehabilitative Program	X			X	To focus on matching higher risk offenders who have been thoroughly assessed as having significant problem with anger, explore when their thoughts and behaviour lead them to act in a way that is harmful to themselves and others, learn new skills to more effectively manage anger, aggression and other criminogenic factors and assist them in maintaining these changes (20 sessions); funded by Correctional Services; admission: voluntary - pre & post evaluations, higher risk offenders, minimum 4 months sentence, criminogenic factors; stages of change;	1/year



PROGRAM CATEGORY	PROGRAM/SERVICES	TARGET POPULATION		CLASSIFICATION		PROGRAM DESCRIPTION	Frequency
		MALE	FEMALE	REMAND	SENTENCED		
	Intensive Substance Abuse Core Rehabilitative Program	X			X	To focus on matching higher risk offenders with a more severe problem with an appropriate level of intensity of service. This program addresses the substance abuse of offenders and includes the following main components: identification of the substance abuse pattern and triggers; identification and elimination of the cognitive distortions that support substance abuse; understanding of the physical and emotional effects of substance abuse; development of effective problem solving, mood management and assertiveness skills; understanding of the role of substance abuse in the offender's life and how it pertains to his history and offence; and development of a relapse prevention or risk reduction plan (20 sessions). pre & post evaluations; criminogenic factors; funded by Correctional Services; admission: voluntary - pre & post evaluations, higher risk offenders, minimum 4 months sentence, criminogenic factors; stages of change;	1/year
	Orientation Sex Offender Relapse Prevention (SORP 1) (French/English)	X			X	Orientation program for adult male sex offenders. This program uses psycho-educational, motivational and information approach designed to assist sexual offenders in understanding what motivates a sexual offence and what is the process involved in committing a sexual offence. This is the first part of a four phase rehabilitative program for sex offenders and is designed to progressively move the offender through denial and minimization (SORP 1), to accepting responsibility for the offence and understanding the offence cycle (SORP 2), completing a detailed relapse prevention plan (SORP 3) and finally, participating in a maintenance program (10 sessions); funded by Correctional Services; admission: voluntary - pre & post evaluations, higher risk offenders, minimum 4 months sentence, criminogenic factors;	1/year
Native Programs							
	Aboriginal Orientation for Men	X		X	X	Aboriginal teachings on world views historical perspectives, values, beliefs, cultures, identity, Elders, etc. (10 sessions); funded by Correctional Services; admission: voluntary, open to all - post evaluations; stages of change;	2/year
	Aboriginal Orientation for Women		X	X	X	Aboriginal teachings on world views historical perspectives, values, beliefs, cultures, identity, Elders, etc. (10 sessions); funded by Correctional Services; admission: voluntary, open to all - post evaluations; stages of change;	2/year
	Intensive Family Violence Program for Aboriginal Men	X			X	In traditional ways, to assist participants to recognize their cycles of violence and how to break them in order to reduce recidivism against their partners, children, family and build healthy relationships (24 sessions); funded by Correctional Services; admission: voluntary - pre & post evaluations, higher risk offenders, minimum 4 months sentence, criminogenic factors; stages of change;	1/year
	Men's Circle & Drumming	X		X	X	Aboriginal Operational Plan based on honorarium; admission: voluntary, open to all;	1/week
	Native Inmate Liaison Officer for Men	X	X	X	X	Admission, discharge planning, Native Sons, arts & crafts (cc & jail); open to all; funded through Ministry contract with Ininev Friendship Centre; admission: voluntary, open to all;	5 days/week
	Sweatlodge, traditional Feasts & Smudging	X	X	X	X	smudging (daily) (cc & jail); Open to all; funded through Correctional Services contract with Ininev Friendship Centre; admission: voluntary, open to all;	1/month, 4/year, weekly, daily

PROGRAM CATEGORY	PROGRAM/SERVICES	TARGET POPULATION		CLASSIFICATION		PROGRAM DESCRIPTION	Frequency
		MALE	FEMALE	REMAND	SENTENCED		
	Women's Circles & Heritage Teachings		X	X	X	Aboriginal Operational Plan Correctional Services; admission: voluntary, open to all;	1/week
Recreational Programs							
	Arts & Crafts	X			X	Passive and creative expression of arts & crafts, painting, drawing, leather crafts, beadwork, wood crafts, etc. (cc); Open to all; Funded through Aboriginal Operational Plan Correctional Services; admission: voluntary, open to all.	2/week
	Learn How to Use Your Home PC	X	X	X	X	To learn to use your home PC through modules, job career planning, pursue academics in computer, learning of practical life skills and leisure time activities; funded through Correctional Services; admission: voluntary, open to all;	2/week
	Library Services	X	X	X	X	Reading materials (cc & jail); funded through donations of book and Correctional Services; admission: voluntary, open to all;	1/week
	Physical, Social & Cultural Programs	X	X		X	Physical activities, fitness, health promotion (cc); funded through Correctional Services; admission: voluntary, open to all;	daily
Support Services							
	Addiction Support Services	X	X	X	X	SCAS Alcohol, Narcotics, Solvent Abuse, Assessments, Discharge Planning (cc & jail); funded through SCAS; admission: referral by social worker to SCAS for assessment;	1/week
	Canadian Mental Health Association Justice Services Worker (Court Outreach) & Case Manager (Discharge Planning)	X	X	X	X	Services for mental health issues, addictions, & developmental challenges - Court Outreach Worker (cc & jail); funded through Ministry of Long-Term Health; admission: referral by social worker to CMHA or previous client of CMHA;	3 days/week
	Canteen Services	X	X	X	X	Purchase supplies & personal items (cc & jail); provided by contract agency; admission: voluntary, open to all.	1/week
	Counselling	X	X	X	X	Social work services, counselling, skills, crisis management, liaison with community, suicide assessments, referrals for treatment (cc & jail); funded through Correctional Services; admission: referral for suicide assessment by social worker, voluntary, open to all;	as required
	Discharge Planning	X	X	X	X	Assistance on discharge (housing, finance, employment, treatment) (cc & jail); funded through Correctional Services; admission: voluntary, open to all.	5 days/week
	Institution Liaison Services	X	X	X	X	Probation and parole services, liaison with community, Ontario Parole and Earned Release Board (cc & jail); funded through Ministry of Community Safety; admission: voluntary, open to all with probation following or applying for Parole;	5 days/week
	Intermittent Community Work Program	X			X	This program diverts eligible lower risk intermittent inmates from correctional facilities to community supervised work and substance abuse programs. The program allows these inmates the opportunity to pay back society through voluntary participation in community work placements supervised by 'not for profit' partners of Correctional Services.	as required
	Temporary Absence Program	X	X	X	X	Community Reintegration (compassionate, funeral, employment, humanitarian, etc.) (cc & jail); funded through Correctional Services; admission: voluntary, open to all (escorted/non-escorted depended on risk assessment); Intermittent Community Work Program;	

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		MALE	FEMALE	REMAND	SENTENCED		
<b>Trilcor Programs</b>							
	Tailor Shop	X			X	Industrial development manufacturing boxer shorts, bedding, towels (cc); funded through contract with Trilcor; admission: as assigned by workboard;	5 days/week
<b>Volunteer Services</b>							
	Alcoholics Anonymous	X	X	X	X	Volunteer alcohol self-support group (cc & jail); funded by volunteers; admission: voluntary, open to all	1/week
	Miscellaneous Volunteer Programs	X	X	X	X	Money Management, Gospel Echoes, Prison Fellowship Canada, religious literatures, Kenabeek Mennonite spiritual program; one-on-one spiritual discussions, etc. (cc & jail); funded by volunteers; guitar lessons; admission: voluntary, open to all	as scheduled
	New Life Film Ministry	X			X	Spiritual/religious care, bible study, recreational activities (cc); funded by volunteers; admission: voluntary, open to all	1 week
	Salvation Army	X	X	X	X	Support, clothing, housing, Sunshine Bag (cc & jail; funded by Salvation Army volunteers; admission: voluntary, open to all, as referred by Chaplain;	as required
<b>Women's Rehabilitative Group Programs</b>							
	Change is a Choice - Anger Management (French/English)		X	X	X	Introductory, psycho-educational, motivational and informational program designed to assist female offenders who have been identified as having a problem with anger, explore how their thoughts and behaviours can lead to anger and aggression and assist them in making changes (5 sessions) funded by Correctional Services; admission: voluntary, open to all - pre & post evaluations; criminogenic factors; stages of change;	1/year
	Change is a Choice - Connections (French/English)		X	X	X	Introductory, psycho-educational, motivational and informational program designed to assist female offenders who have been identified as having a criminal orientation, explore their thinking patterns and assist them in making changes (6 sessions); funded by Correctional Services; admission: voluntary, open to all - pre & post evaluations; criminogenic factors; stages of change;	3/year
	Change is a Choice - Substance Abuse (French/English)		X	X	X	Introductory, psycho-educational, motivational and informational program designed to assist female offenders who have been identified as having a substance use issues, explore if substance use is a problem and assist in making new choices (4 sessions); funded by Correctional Services; admission: voluntary, open to all - pre & post evaluations; criminogenic factors; stages of change;	3/year
	Skills for Better Living for Women (French/English)		X	X	X	Women-specific introductory and informational program designed to assist female offenders in recognizing what areas are a problem for them; they will learn new skills to begin to address the issues that have contributed to their offending such as anger management, goal setting, effective communication, substance use, self-care, thought to action, supportive relationships, problem solving, coping with the impact of trauma, planning for discharge (20 stand alone sessions); funded by Correctional Services; admission: voluntary, open to all; stages of change;	1/week
	Taking Control, Making Healthy Choices		X	X	X	Domestic Violence Orientation level program for women in conflict with the law (6 sessions); funded by Correctional Services; admission: voluntary, open to all - post evaluations; stages of change;	2/year

PROGRAM CATEGORY	PROGRAM/SERVICES	TARGET POPULATION		CLASSIFICATION		PROGRAM DESCRIPTION	Frequency
		MALE	FEMALE	REMAND	SENTENCED		
	Women's Healthy Lifestyle		X	X	X	To develop a safe, healthy and pro-social lifestyle, addressing gender-specific issues to the life experiences of woman and to empower them to assume shared responsibility for their own care and rehabilitation; funded through Correctional Services and volunteers; admission: voluntary, open to all;	as scheduled