

Dual Diagnosis and the Criminal Justice System: Collaboration across Sectors

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Agenda

- Review of program components
- Case Study: What we could have done differently
- Barriers, Gaps and Solutions
- Case Study: A success story!
- Next Steps



Who do we Serve?

- Persons who are **18 years** of age and **older**
- Involved in the **criminal justice system**
- Have a **confirmed** or **suspected Dual Diagnosis** (defined as a developmental disability and a mental health condition which includes challenging behaviours)
- People may enter the program without a confirmed diagnosis of Dual Diagnosis. In 2015/2016, **45%** of individuals referred required **assistance with confirmation of diagnosis**

Who do we Serve?

This means
persons
who:

Have been **charged** and are scheduled to appear
in court

Have been charged and are approved for **Court
Diversion**

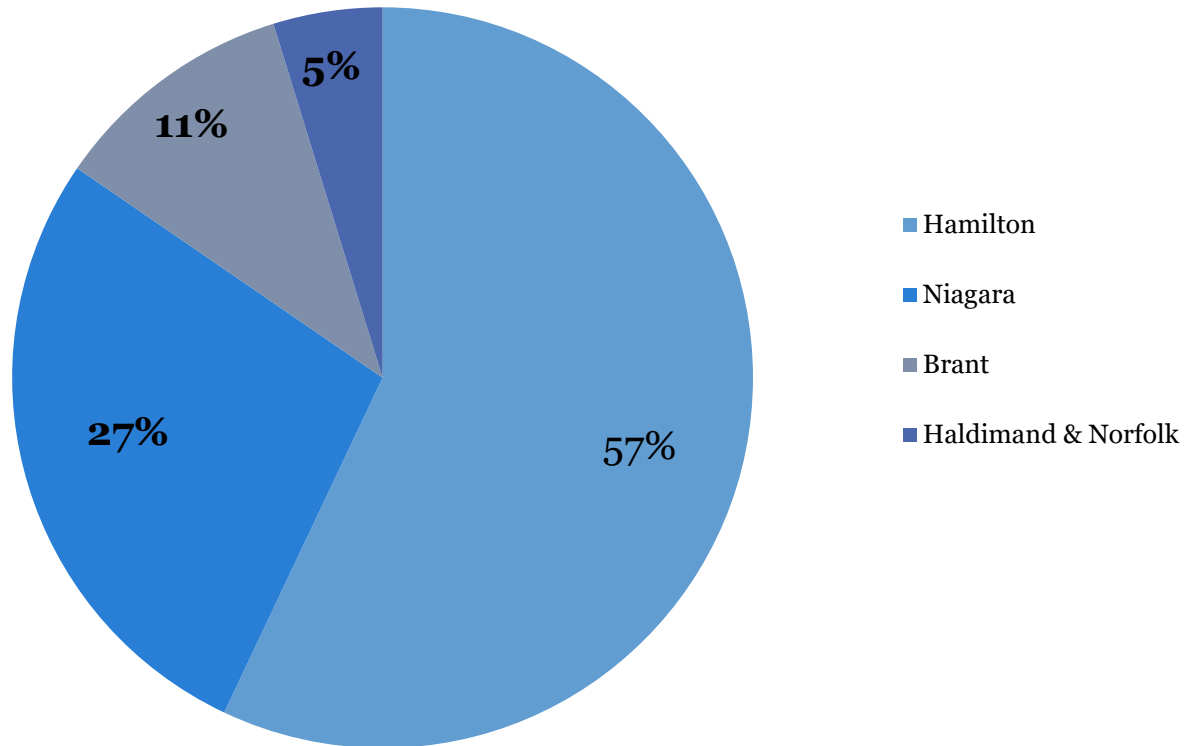
Are involved within the **probation or parole
system**

Are involved within the **forensic system** due to
conflicts with the law

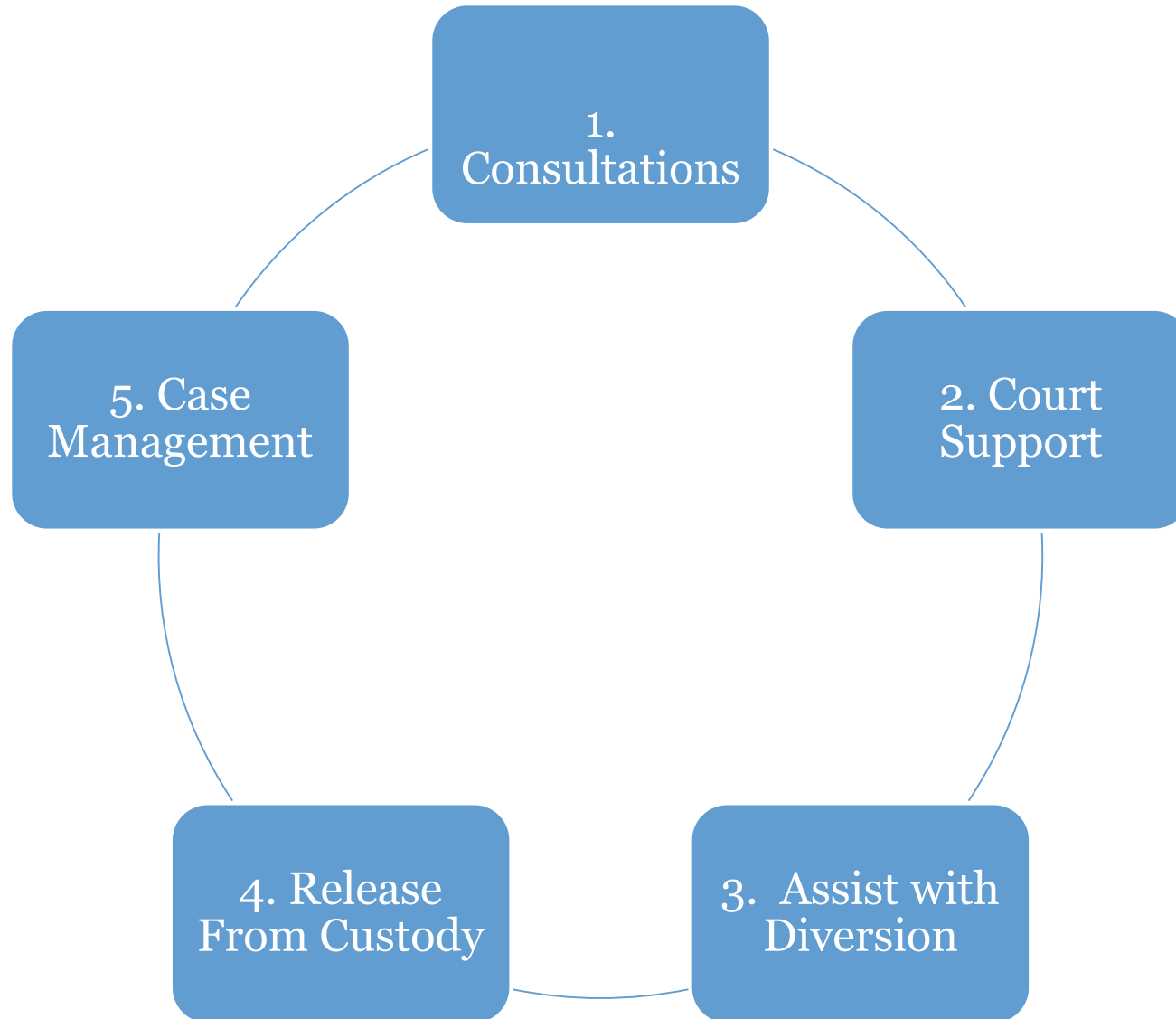
Referrals from our Communities

2008-YTD

Referrals from Community 2008-YTD



Program Components



Program Components

1. Consultations

- DDJCM workers are present in the criminal court to **assist in the management and disposition of cases** involving persons with a dual diagnosis
- Provide **education** to clients, defense, crowns, families, court personal and judiciary regarding dual diagnosis



Program Components

2. Court Support

- Assist in the application of **Legal Aid**
- Assist in obtaining a **suitable lawyer**
- **Educate** and **liaise** with **Crown Attorney** regarding the charged person
- **Educate** and **liaise** with **lawyer** regarding charged person
- Assist in **obtaining appropriate assessments** to aid in the judicial process



Program Components

3. Diversion

- Case managers will work **collaboratively** with **community partners** who provide support and monitoring of **Mental Health Diversion**

Program Components

4. Release from Custody

- **Partnership and planning** with the local detention centre for appropriate **discharge planning**
- Participate in detention centre **case management meetings weekly**
- Participate in **discharge planning meetings** in the **Forensic setting**
- Communication with **probation and parole**



Program Components

5. Case Management

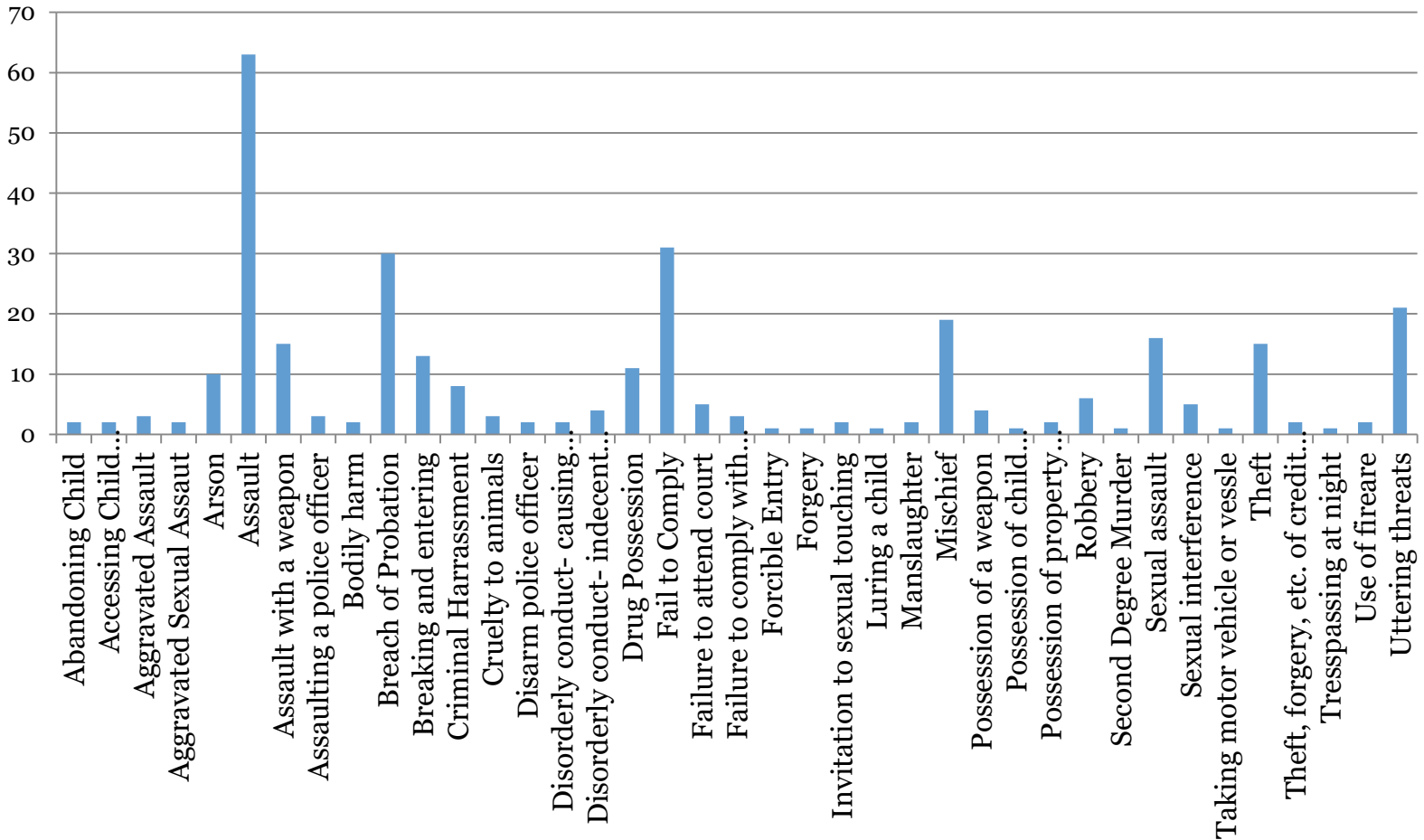
- Assist individuals with obtaining **appropriate housing**
- Assist in links to **longer term** community and regional **supports**
- Assist in **obtaining** appropriate **assessments** i.e. psychiatric, psychological, etc.
- Assist individuals with obtaining appropriate housing, **income assistance**, documentation
- Assist in obtaining a **suitable lawyer**
- Assist in the application of **Legal Aid**

Overrepresentation



- Individuals with intellectual disability are **overrepresented** in the Criminal Justice System (CJS).
- People with developmental disabilities represent 2-3% of the general population
- Although inconsistent figures exist, Jones (2007) estimates that offenders with ID ranges from **2-40%**

Charges Laid in 2015/2016



All charges have increased from the previous year.

Highlights : Assault increase by 10.5%, Sexual Assault increase by 60%, Breach increase by 30.4%, Arson increase by 50%

The Top 3 Barriers and Solutions when Providing Service



Tom- What we wish we could have done differently

Tom was an individual who was not identified with a **developmental disability** during his education and teen years. He **struggled** with wanting to **fit in** and finding people to associate with. Upon his first arrest it **was identified by the Social Worker at the Detention Centre** that he needed some help.

The **DDJCM** became **involved**. Over the next **year** several **attempts** were made to have Tom **connected to services** including an **eligibility assessment** to begin the process of accessing developmental services.

Tom . . . continued

Barriers that were encountered included **difficulty** getting the detention center to **return phone calls**, **ability** to get **professionals in the jail** to complete assessments, and the **lack of communication** between the courts, jail and service providers.

Unfortunately once the eligibility assessment was complete Tom was facing criminal charges requiring him to serve time in a provincial treatment facility and he was **transferred**. Consent was not received to share the finding of the assessment and the **treatment program** was **not able to handle** Tom's **needs**. He was soon **transferred** out of this program to **another facility** with **less support** and no focus on treatment where there was **limited insight** on his complex behaviours and **“cloak of competence”**.

Tom . . . continued

When Tom was **released**, there was a lack of support to ensure he got on the appropriate bus or transferred to his home community. Shortly thereafter he was found with a **drug overdose** due to ingestion of several packages of narcotics which sadly led to his **death** a few days later.

If things could be different it would include:

1. **Early identification** and assessment of individuals
2. **Timely communication** between the Detention Center and DDJCM
3. Ability to **inform the treatment program/jail** about the individual's **needs, vulnerabilities**

One size does **not** fit all!



1. Navigating various systems

- We often interact with **various ministries** within the province **concurrently** when **supporting** those with dual diagnosis



Navigating various systems:

Who do we interact with?

BARRIER: Each Ministry has a different role. Goals are different and are independent of one another

Ministry of Community and Social Services

- **Developmental** Service Agencies
- **Social Assistance** (OW & ODSP)

Ministry of Community Safety and Corrections

- Professionals in the **Courts**
- Detention Centres and **Jail** personnel
- **Probation & Parole** Officers

Ministry of Health

- **Hospitals**
- Family **Physicians**
- **Mental Health** Professionals
- Forensic System

Ministry of Education

- **School Board**

Navigating various systems: *Varying Language Used*

- The **language** used is **not consistent** between sectors
Mental Illness vs. Developmental Sector vs. Legal System



The importance of communication across all ministries

Navigating various systems :

Importance of communication

-
- a. Provide education about how each **silos** works

 - b. Ensuring that each sector has a **clear understanding** of each others roles and responsibilities

 - c. Education through **informal discussions, presentations** and **information fairs**

 - d. There must be “**buy in**” from each silos

How can we encourage community collaboration and a willingness to understand each others work?

2. Housing

Options for Accommodations



Housing

BARRIERS

- High needs are not met at traditional **lodging homes** or **shelters**.
Practical issues to consider:
 - Wake-up times
 - Telling time for meals and curfew
 - Social skills
 - Vulnerability
 - Medical needs

POSSIBLE SOLUTIONS

- **Creative housing** models ie. **Supportive Independent Living**, integration of **additional staff** and/or **behaviour therapist** and **collaboration** of mental health and developmental sector

3. Wait time for Service

- **Recidivism** often occurs when there is a **lack of community connections**
- The individuals can be **transient** which makes it difficult to contact them when service is available
- **Limited transfers to other supports** due to waitlist and program criteria

What do we do to support individuals with dual diagnosis when they are waiting for service?

Wait time for Service

Utilizing Community Services

- Drop in centres can be a resource while individuals are **waiting for service**
- Help individuals in making **meaningful connections**
- Examples include:
 - Agency Programs
 - Housing Help
 - Food Banks



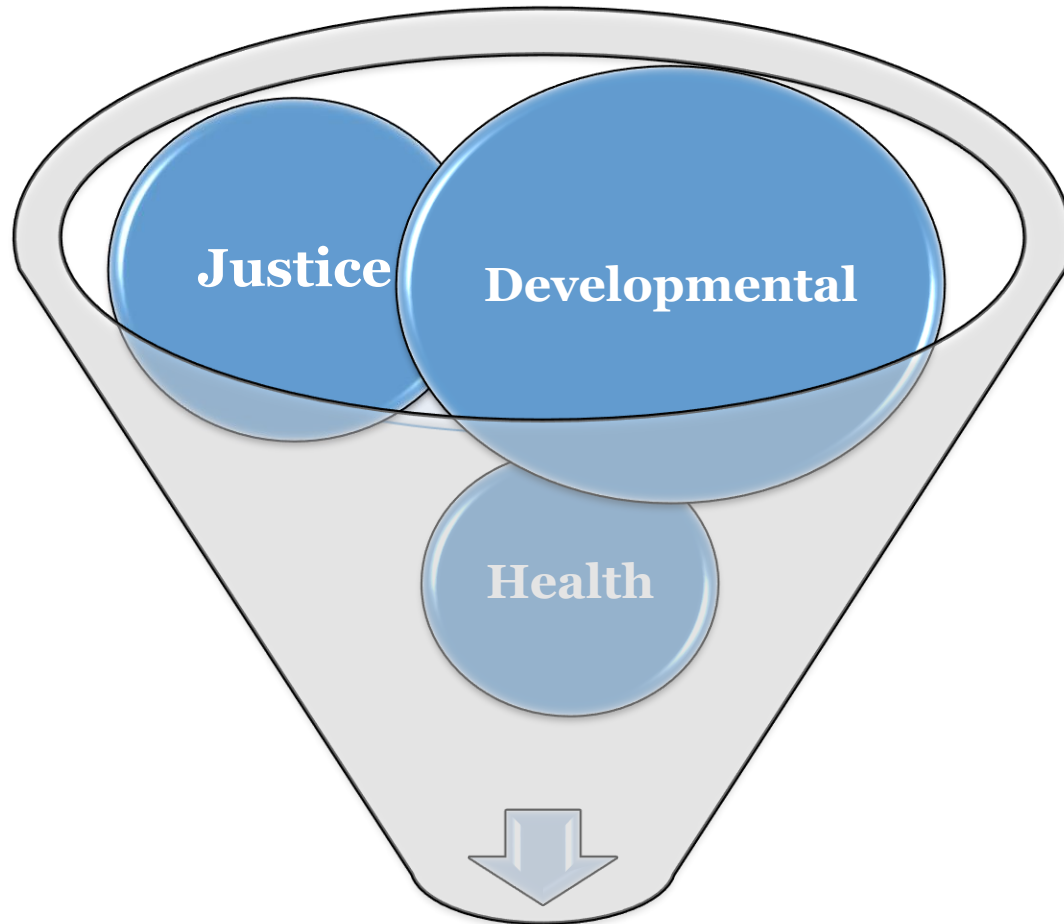
Joe- an individual who struggled to find a place he belonged

Joe received **services** in all **four communities** at one point throughout the years. After **several arrests**, **hospitalizations**, and **lodging home evictions** Joe was at a point where he no longer had the basic necessities. People believed that he did not want services. People did not know if he was the “right fit” for developmental services or mental health services. The **DDJCM** role was able to **facilitate** through communication and contact with the local detention centre, a **dual diagnosis social worker** to enter into the **jail** to begin **counselling** and develop rapport.

Joe... continued

One **positive connection** made led to an interdisciplinary approach and the involvement of a number of mental health and developmental services. Joe did **extremely well** with an **interdisciplinary** approach. The interdisciplinary approach included: the collaboration of **psychiatry services, developmental service agencies, and social work**. Through this an optimal living arrangement was identified for him. He is currently **successfully** supported in a **DS agency** and is voluntarily *participating* in other support services.

Community Collaboration between Sectors



Individualized and Person-Centered Support

Next Steps...

- Increased Awareness:
 - Ombudsmen Report 2016 “Nowhere to turn”
 - Independent Review of use of Segregation
 - Provincial Review of DDJCM Program through MCSS

Increased presence in the courthouse

- Increase knowledge to all parties
- Education

Complex, Hard to serve = Creative and Collaborative

How to Contact Us

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