

Ministry of Health

# Forensic Mental Health and Justice Services in Ontario

Human Services & Justice Coordinating Committee  
Conference

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# Agenda

1. Ministry of Health Updates
2. Inter-Ministerial Relationships
3. Mental Health and Justice System Overview
4. Forensic System Overview
5. 2019/2020 Mental Health and Justice Investments
6. Program Challenges/Successes
7. Ontario Health Teams and Ontario Health

The 2019 Ontario Budget announced investments of **\$174 million** in 2019-20 to support:

- Community mental health and addictions services,
- Mental health and justice services,
- Supportive housing, and,
- Acute mental health inpatient beds.

This presentation will focus on **new investments in Mental Health and Justice Services**, as well as provide an overview of Forensic Mental Health Services in the province.

# Ministry of Health Updates

**MENTAL HEALTH AND ADDICTIONS  
DIVISION**  
Karen Glass  
*Assistant Deputy Minister*

**MENTAL HEALTH AND  
ADDICTIONS POLICY,  
ACCOUNTABILITY AND  
PROVINCIAL PARTNERSHIP  
BRANCH**

**MENTAL HEALTH AND ADDICTION  
PROGRAMS BRANCH**

**FORENSIC MENTAL HEALTH and  
JUSTICE UNIT**

# Mental Health and Addiction Programs Branch

As a branch within the Mental Health and Addictions Division, the Mental Health and Addiction Programs Branch (MHAB) aims to support and enhance the MOH's capacity for providing specialized policy and program development, oversight, management and liaison for:

- the Provincial forensic mental health and justice system;
- child and youth mental health (CYMH) programs; and,
- supportive housing policy and programs.

# Forensics and Justice Unit

## **Unit Role:**

- Focuses on the intersections between mental health and addictions, and the criminal justice system – courts, police and correctional services.
- Funding, policy and oversight for Forensic Mental Health Services under the *Criminal Code of Canada*.
- Funding, policy and oversight for Secure Treatment Units under the *Child, Youth and Family Services Act* (but not necessarily for justice involved children/youth)

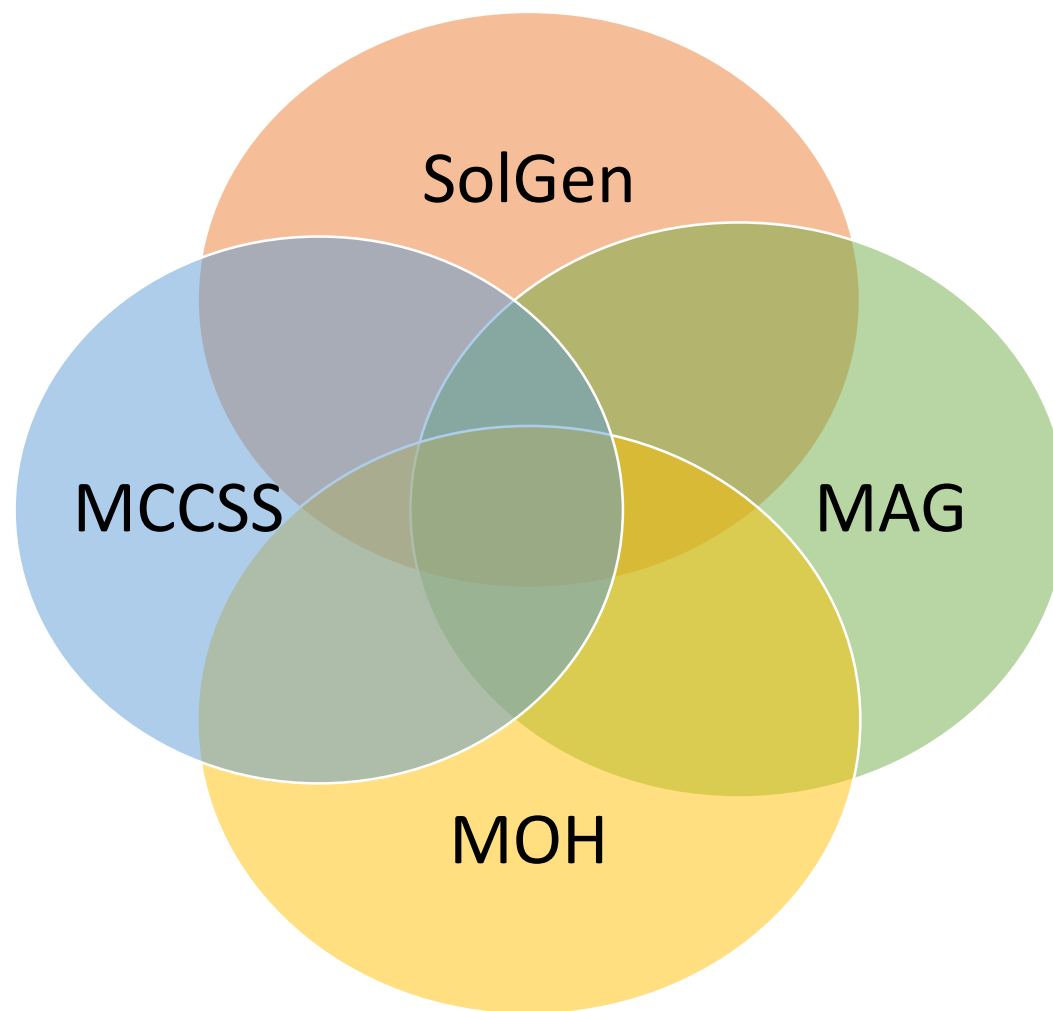
## **Unit Responsibilities:**

- Ensure province is able to meet the demand of the courts and the Ontario Review Board, as per the *Criminal Code of Canada* (weekly and monthly data collection and analysis).
- Liaise with other ministries on all intersections between mental health and addictions and the criminal justice system (police, courts, corrections).
- Facilitate Communities of Practice for health service providers involved in forensic and justice initiatives.
- Co-chair and provide secretariat support for Forensic Directors Group and Inter-ministerial Mental Health and Justice Committee.
- Work with the Mental Health and Addictions Policy, Accountability and Provincial Partnerships Branch (MHAPAPPB) on new funding for Mental Health and Justice Initiatives as part of \$3.8B in MHA investments over 10 years (with \$174M in 2019 Budget), including funding requests from the Ministry of the Solicitor General

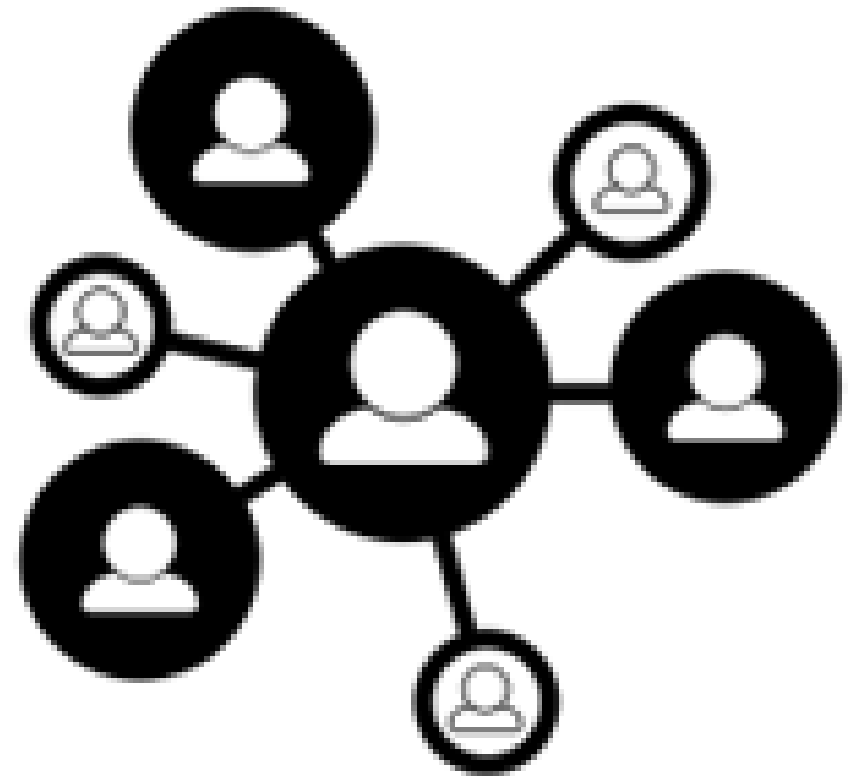
## **By the Numbers:**

- 878 inpatient forensic mental health beds in 10 hospitals
- 26 Secure Treatment Unit beds for youth in three regions
- \$24M in new investments in 2019-20 for mental health and justice initiatives

# Inter-ministerial Relationships



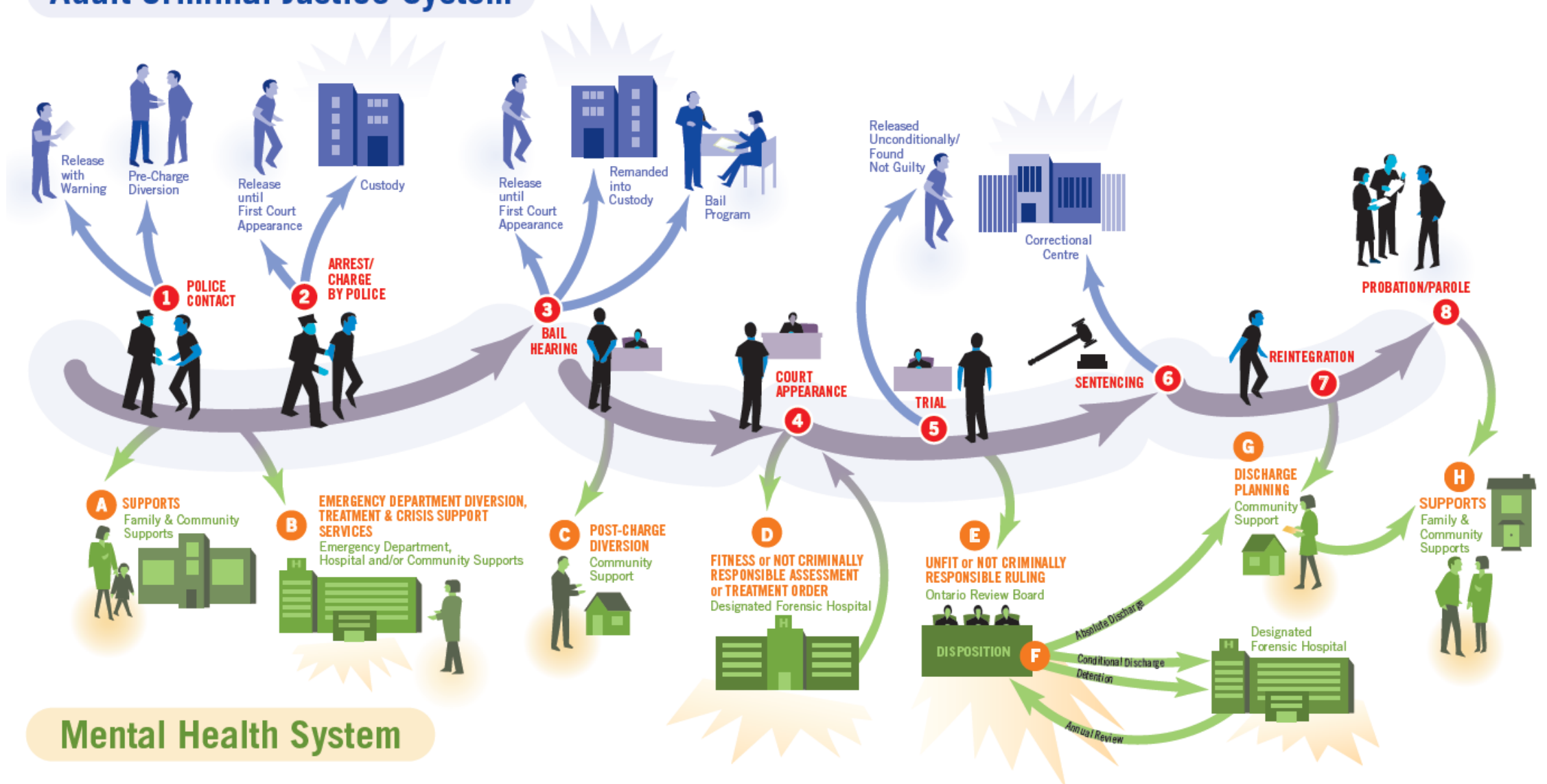
What is the difference between the Mental Health and Justice System and the Forensic Mental Health System?





# Navigating the Adult Criminal Justice & Mental Health Systems

## Adult Criminal Justice System



## Mental Health System

# Forensic Mental Health System

- When someone with a mental illness commits a criminal act, the courts may take their mental illness into account when deciding what legal actions may be taken.
- When a crime is directly related to a person's mental illness and they do not understand that they are committing a crime (or lack the *intent* to do it) they cannot be prosecuted in court. For example, psychosis may cause a person to hear voices that tell them to hurt someone in order to save the world. These individuals often enter the **forensic mental health system** to receive treatment, rehabilitation and reintegration into their community.
- Some crimes are committed by people who also happen to have a mental illness, but are aware that what they are doing is wrong. These people continue through the criminal justice system, but may receive specialized **mental health and justice services**, such as mental health court diversion or release from custody supports. Depending on the outcome of the court proceedings, they may still receive a sentence.

The role of the forensic mental health system is not intended to punish. The fundamental purpose is to provide treatment and help safely reintegrate people into their communities.

# Forensic Mental Health Programs

- MOH funds 10 hospitals to provide forensic mental health services. These services include providing the assessment and treatment to accused persons before the Courts and treatment and rehabilitation for persons found “unfit to stand trial” or “not criminally responsible”.
- MOH also funds several community mental health service providers to provide programs outside of the hospitals, including Transitional Rehabilitative Housing Programs (TRHP), Transitional Case Managers (TCM), and Forensic Supportive Housing (FSHP).
- We also work with MCCSS to support 5 Dual Diagnosis TRHP (DD TRHP) programs across the province.

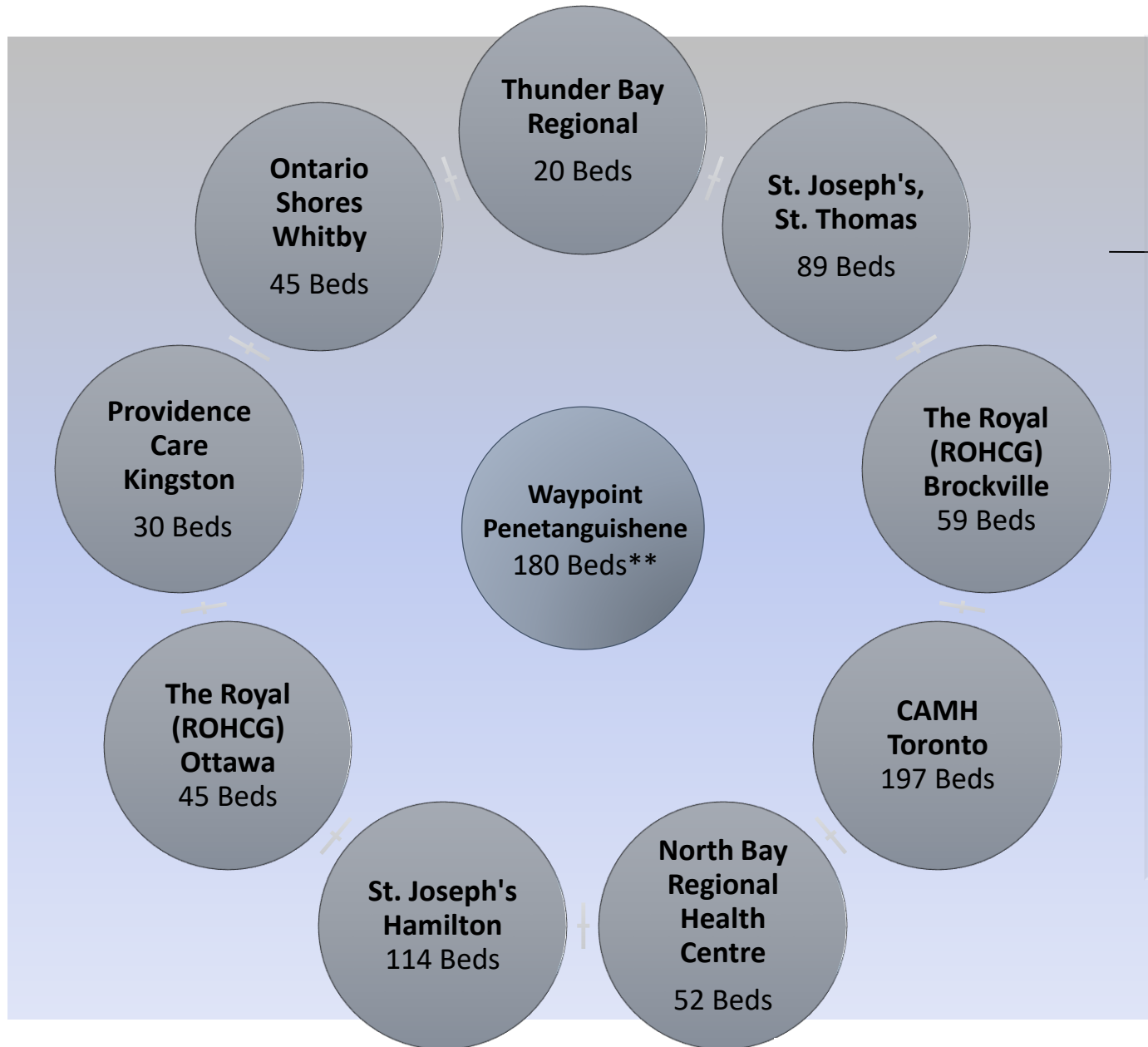
- **Forensic services to support the Courts include:**

- Expert opinion as to whether an accused person is “unfit to stand trial” (Unfit), and if Unfit, treatment to make them fit (treatment orders)
- Expert opinion as to whether an accused is “not criminally responsible” (NCR) because of a mental disorder

- **Forensic services for people under the ORB’s jurisdiction, including hospital and community based services, include:**

- Ensuring the safety of the community and of the person
- Providing psychiatric treatment and rehabilitation
- Support to maintain a good quality of life
- Delivering ongoing reports to the ORB regarding the psychiatric and rehabilitation status of forensic patients and disposition recommendations

# Forensic Mental Health System



## 878 Forensic Beds

- 160 Maximum Secure
- 417 Medium Secure
- 277 Minimum Secure
- 24 Hybrid Beds

**Plus over 1,000 Outpatients**

**Syl Apps Youth Centre provides inpatient forensic services for youth**



Waypoint Forensic Program

# Mental Health and Justice Programs

Programs are intended to intervene in the Mental Health and Justice Cycle, preventing people from having further involvement with police, courts and/or the correctional system.



## Zone 1: Police and Court Supports

- Safe Beds
- Addiction Specialists
- Mobile Crisis Rapid Response integrated with Safe Beds
- Mental Health Court Support / Diversion
- Post-Court Transitional Case Managers



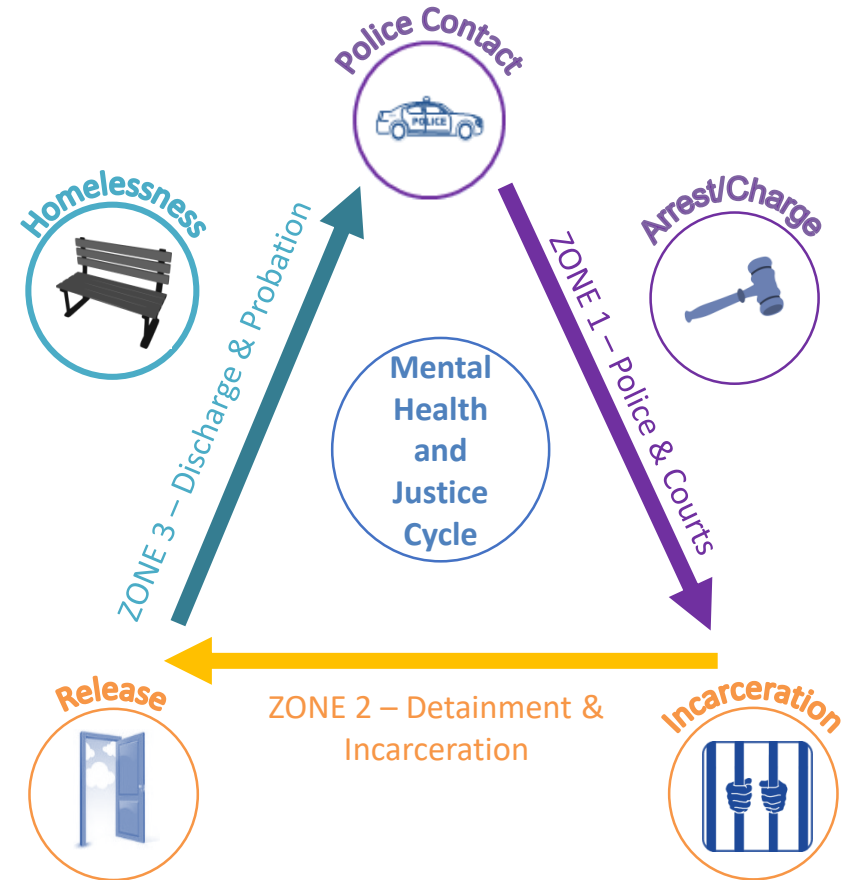
## Zone 2: Detainment & Incarceration Supports

- Acute Care Stabilization Beds
- Forensic Early Intervention Service



## Zone 3: Post-Incarceration Supports

- Release From Custody Workers
- Mental Health and Justice Supportive Housing



All of these programs are funded by MOH, through TP Agreements with the LHINs. Service are provided by hospitals or community mental health and addiction service providers.

Health care services within correctional facilities are funded and overseen by SolGen.



# Police and Court Supports

## Safe Bed Programs



Safe beds provide persons in mental health and addictions crisis with voluntary, short stay, 24/7 community residential care. Eligible safe bed recipients are individuals (aged 16+) in mental health and addiction crisis (diagnosis not required) who are medically stable, do not pose a safety risk to themselves or others, and are not suitable for hospital admission or criminal detention.

The referral pathway for admission to a safe bed program must be one or more of the following:

- From police directly;
- From a mobile crisis team (mixed mental health & police team, or mental health crisis team);
- From hospital after being brought by police on a Mental Health Act apprehension and deemed inappropriate for admission, and then brought by police and/or crisis team.
- Safe Bed programs are located in the community and services may be provided by hospitals or community mental health and addictions (CMH&A) service providers; some are collaborations between CMH&A and housing providers or municipal shelters.



# Police and Court Supports



## Addictions Specialists

Working with the safe bed programs, Addiction Specialists have specific training and education to support clients with concurrent mental health and substance use/abuse issues, enhance addictions support capacity within their clinical team, and refer clients to specialized addictions treatment programming once discharged from safe bed service.

- Safe bed service recipients with concurrent disorder (mental health and addictions problems) may need additional support to remain in the program, or to be successful in their mental health court treatment plan.
- As part of the clinical team, the Addictions Specialist provides direct service, targeted referrals to appropriate addiction services, and leverages their expertise by consulting with staff on addiction issues.
- Services are brokered through community addiction treatment providers, either using a fee for service agreement with the Safe Bed program, or an MOU between the agencies.



# Police and Court Supports



## Mobile Crisis Rapid Response (MCRR) with Integrated Supports

Funding for MCRRT intends to develop an integrated program that partners police with mental health practitioners, Safe Beds and Transitional Case Managers. Teams respond to 911 calls for persons in mental health and addictions (MHA) crisis and determine if the crisis can be resolved at the scene, warrants further psychiatric attention at hospital emergency rooms, or requires short-term community stabilization and reintegration.

Integrating MCRR teams with Safe Beds and Transitional Case Managers aims to stabilize and connect individuals to mental health services, with the intention of avoiding future arrest, incarceration or hospitalization, and engaging in mental health and addictions support.

- ~93 mobile crisis services operating across Ontario, using a variety of models. Some operate from hospitals, while others are through community mental health service providers.
- Services are either available 24 hours a day, or on nights and weekends with supplemental services from other agencies during working hours. Crisis response teams can function as either *primary response* (who act as first-responders and can apprehend clients if necessary) or *secondary response* (who assist clients after police officers have initially de-escalated the situation). Local police departments determine which model is most appropriate.
- Costs of operating mobile crisis teams are shared between the local police service and the Health Service Provider/LHIN.





# Police and Court Supports



## Mental Health Court Support / Diversion

Mental Health Court Support Workers (MHCSWs) provide court and community-based mental health services to persons with mental illness/serious mental health problems who are in conflict with the law. Duties entail: assisting with referrals to community mental health resources and other relevant community services, directly supporting court diversion, developing service care plans and providing consultation on cases referred for disposition.

- MHCSWs act as primary contacts between hospitals, Crown Attorneys' offices, police, detention centres, and other community service providers.
- Some MHCSWs specialize in working with dually-diagnosed clients, embedded Crown Attorneys, and bail bed pilot programs (in conjunction with MAG).



# Police and Court Supports



## Post-Court Transitional Case Managers (TCM)

Post-court TCMs target those with mental illness who tend to cycle through the justice system without becoming connected to the mental health services they need. Eligible service recipients are released on bail, found not guilty, or released without detention (e.g. fined, time served) to rapid access transitional case management to initiate community mental health services and supportive housing.

- Integrating post-court transitional case management services with supportive housing aims to help prevent further involvement in the justice system.
- Post Court TCMs are provided by community mental health service providers, and partner with supportive housing agencies.



# Police and Court Supports



## Mental Health and Justice Supportive Housing

Many individuals receive services from Mental Health Courts on more than one occasion. Providing this population cohort with access to supported, affordable and permanent housing aims to improve their overall stability and decrease their contacts with the justice system, helping to prevent incarceration.

- The double stigma of having a mental health or addiction issue and being involved in the justice system makes accessing affordable rental housing extremely difficult for this vulnerable population.
- Funding for this population group aims to improve access to quality, suitable and affordable rental housing while providing the support and treatment services needed to maintain housing and access local, community-based resources, which can reduce their chances of becoming re-involved with the justice system.
- Many supportive housing providers manage both, the rent supplement programs and the mental health support services to help people maintain their housing.



# Detainment & Incarceration Supports



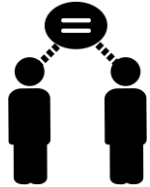
## Acute Care Stabilization Beds

Two small programs in Toronto (1 bed) and Hamilton (4 beds) where forensic mental health programs provide beds for acutely ill inmates.

- Two forensic programs provide specialty psychiatric hospital beds to acutely ill inmates and persons on remand who are too complex for general hospitals.
- Patients served are those who display acute psychiatric conditions associated with a relatively sudden onset and a short, severe course, or a marked exacerbation of symptoms associated with a more persistent, recurring disorder.
- This patient population typically requires a higher complexity of care, has increased rate of comorbidities and displays more behavioural disturbances.



# Detainment & Incarceration Supports



## Forensic Early Intervention Service (FEIS)

The goal of FEIS is to enhance timely access to voluntary mental health services for inmates identified with specific forensic mental health needs - those who are at risk of being unfit to stand trial.

FEIS can also provide court ordered forensic assessment services when hospitalization is not required (e.g. Fitness and Not Criminally Responsible assessments but not treatment orders).

- FEIS is a service model developed through collaboration between CAMH and SolGen and supported by the MOH.
- FEIS is not for the wider inmate population with general mental health needs.
- FEIS programs are currently operating in the Toronto South Detention Centre and Vanier Centre for Women.
- FEIS is a consultation service only. Mental health care services are provided by correctional health care teams.



# Post-Incarceration Supports

## Release From Custody Workers



Release from custody workers (RFCW) are located in close proximity to their assigned correctional institution(s) and engage persons detained there prior to discharge. RFCW collaborate with and support discharge planners and social workers in correctional facilities to plan and support successful community reintegration.

- Since provincial correctional institutions are typically located in smaller communities, most detained persons will be returning to communities at a distance from the RFCW.
- This necessitates RFCW outreach to community mental health services in the receiving communities and active utilization of the MOH-funded ConnexOntario (<http://www.connexontario.ca>) database of mental health, drug and alcohol and problem gambling resources, including online directories and direct support (phone and email).



# Post-Incarceration Supports



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Challenges and  
Successes?





# Ontario Health and the Centre of Excellence

- The Centre of Excellence will introduce a provincial system-level approach to MHA system transformation, enabling the government to maximize the impact and value of the \$3.8B commitment to invest in MHA services.
- This new centre would lay the strong foundation we need as we develop and implement our strategy. We have a significant opportunity to borrow from and amplify the best practices of Cancer Care Ontario and other agencies to bring a world-class approach to how we treat mental health and addictions challenges.
- By developing evidence-based policies supported by data and reporting, the Centre of Excellence will ensure that Ontarians receive high-quality and consistent mental health and addictions services, when and where they need them.

# The Work Ahead: Plans to Align MHA System with Ontario Health Teams

## *Increasing Access to MHA Services*

### *OHT Service Integration*

- Ontarians don't know how to access MHA services or how to navigate the system once they start receiving service from it.
- The creation of OHTs will allow people to better access health services – including MHA care.
- OHTs will also support better coordination of MHA services within the broader health system.



- The province could further increase access to the MHA system by using existing provincial and regional services that are meant to help people access MHA services.
- This would enable client-focused access to services.
- It would also support OHTs in delivering better and more accessible care to MHA clients.



# Questions? Comments?

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