

Program Evaluation of the Mental Health Court Support Programs in LHIN 4

Includes a Review of the Dual Diagnosis Justice Case Manager Program from Bethesda Services

Introduction

The Southern Network of Specialized Care research facilitator was contracted in 2012-2013 to complete a program evaluation of the “Mental Health Court Support Programs” that are administered and supported by Canadian Mental Health Associations located across LHIN4 including those located in Hamilton, Brant, Haldimand-Norfolk and Niagara regions. As part of this review, the dual diagnosis justice case manager program was evaluated as supported through Bethesda Community Services.

A program evaluation is an opportunity for the members of an agency or program team to take a look at what’s been happening over time within a given area. It can help target and review outcomes that are meeting or exceeding targets and also allow for some improvements or restructuring of resources as required.

Background on the DDJCM Program

The DDJCM program has been affiliated with the Community Networks of Specialized Care (CNSC) since their inception and has been working with health, justice and corrections professionals to keep people with a Dual Diagnosis out of the criminal justice system. There are 12 FTE across the province (represented by ~23 DD Case Managers) that have been working to ensure that people with a dual diagnosis (DD)– that is, people who have both a developmental disability and mental health and/or behavioural issues - receive the right community supports at the right time.

Bethesda Services employs 1.2 of these 23 provincial case managers.

As part of this broader program review, a snapshot of the Dual Diagnosis Justice Case Manager Program was captured through specifically designed on-line questions, tailored questions imbedded in a key informant interview guide for discussion with members of the justice community and finally, an interview guide to engage regional court support workers who work collaboratively with the DDJCM program.

METHOD

Phase 1 – an on-line electronic survey was distributed to key stakeholders and agencies within each of the 4 regions. Survey was closed on January 30th 2013.

Phase 2 – two separate semi-structured key informant interview templates were created, piloted and administered to guide telephone interviews that were arranged with the justice community and court support program workers across the four regions including Hamilton, Brant, Niagara and Haldimand and Norfolk.

The key informant interviews were completed by telephone throughout the months of January and February, 2013 and included (N=15) responses. Recommendations about who the researcher should interview came from members of the program evaluation steering committee.

- 5 Crowns
- 2 Duty Counsels
- 1 Justice of the Peace
- 3 Provincial Court Judges
- 1 Legal Aide Counsel
- 3 Defense Counsels
- 4 Court Support Workers (1 from each jurisdiction)

Each telephone interviews took between 15 and 90 minutes. The results have been summarized in this report.

Summary of On-Line Survey

There were twenty nine (29) cross sector survey respondents who shared their opinions via the on-line survey. The respondents indicated that they work or interact with the DDJCM program in the following ways:

- ❖ Clients are referred to the DDJCM program when justice issues arise
- ❖ They participate in case management meetings on a weekly basis.
- ❖ The DDJCM program has referred young persons for transitional aged youth related programs.
- ❖ hospital-based
- ❖ Through HSJCC and direct referrals for DD services

- ❖ Interact via justice programs from diversion to concurrent disorders programs; staff will engage the program assessment purposes in order to develop a meaningful service plan for clients that will encourage their success and personal well being in the community. Assessment provides a more defined plan of care and assists with a discharge plan.
- ❖ Assessments made through psychiatric hospital regarding court charges

- **Problems or Barriers to Accessing the Program**

Twenty Two (22) survey participants responded to this question and about 41% reported they perceive **no barriers** to accessing the DDJCM. Three respondents shared there are some difficulties getting help for clients who do not have a formal diagnosis of dual diagnosis, two reported that the program is restricted by how long in time it can work with a client, and two others suggested there are long wait times to get assessments for dual diagnosis.

Other narrative comments (9) about perceived barriers to the DDJCM program included:

- ❖ Their role needs to be defined better for service providers **(3)**
- ❖ No experience with this service; awareness of community based ABI services but not this program
- ❖ The worker is spread too thin, covers too many areas and is therefore less accessible than could be
- ❖ Slow to respond to e-mails and phone messages
- ❖ Criteria is very narrow

- **Effectiveness of the Program**

Nineteen (19) survey respondents (just over 58%) responded by saying that they would like more DDJCM program workers in their region and 37% suggested they would like to more access or time with the DDJCM program in court.

Eight (8) survey respondents or 42% shared these additional narrative responses.

The bracket containing a number represents the number of times that respondents shared this opinion e.g. (3):

- ❖ need a better understanding of the DDJCM program (4)
- ❖ need representation in each of the court houses in the 4 regions to maximize their effectiveness.

- ❖ very good experiences with the program; value the expert assistance in the DDJCM program
- ❖ Need increased awareness of ABI prevalence and diagnosis;

Summary of Key Informant Responses from the Justice Sector

A series of key informant interviews were conducted with members of the justice community around the question:

“Do you have any concerns/issues with people who have intellectual or developmental disabilities (IQ under 70) that are going through the court process?”

Respondents included:

- 5 Crowns
- 2 Duty Counsels
- 1 Justice of the Peace
- 3 Provincial Court Judges
- 1 Legal Aide Counsel
- 3 Defense Counsels

- ❖ see **lots of persons** with special needs **(2)**
- ❖ this is a **small subset** with similar concerns about the quality or ‘lack there of’ in terms of bail terms; I’m familiar with the DDJCM program and they do “a bang up job on reports” that we ask for; they provide information and exit planning and they take an interest in the persons; I see them and say to myself “oh thank god” ...we need them!”
- ❖ I have worked with the DDJCM program on a least 2-3 cases; usually the case is nothing significant with only a few serious cases to date; for the most part **we aren’t seeing that many**; some crown’s think they are not divertible because there’s no plan that can result in an “improvement”
- ❖ seeing **some** and this is what gets them into trouble in the first place; we could use a specialist that works with these people in our courts;
- ❖ we see **some** whether they fall within the criteria of IQ of less than 70 – not sure; and thankfully what has brought them into the CJS to date been “low end” crimes and we try to work something out in a creative kind of

way as the charges have not been violent or serious ie. no injuries; have **not** dealt with the DDJCM program before;

- ❖ **not that many**; there's different functioning levels but haven't seen that many that are functioning at low levels; everyone could benefit with more community support once they leave the court room especially because of the their low functioning;
- ❖ **have noticed more of these folks**; and it's also a challenge because MH diversion doesn't always provide an improvement
- ❖ **these individuals are a HUGE problem**
- ❖ **seeing more** and we are commenting on this more; particularly older adults who are losing control; police are arresting them more and subjecting them to charges and bail hearings; there's been 1 person who's had ID/DD and was affected by a new dementia diagnosis. I am familiar with the DDJCM program and they are great!
- ❖ **seeing more** because I'm more awake to it now; and because the CMHA is flagging them for us; I haven't been hearing about ID/DD through educational processes all that much however and summer school is coming up with MH (week long courses);
- ❖ They shouldn't be getting into our criminal justice systems– but that is bigger than myself; however, if we are going to apply the law from a pure form then they should not be guilty because they do not have the requisite mental state to know;
- ❖ we don't look at them as a distinct group unless they are ABI or related deficits through a formal organization;
- ❖ we recommend one umbrella service provider for vulnerable clients – with a“1-800 line” for addictions/MH/FASD/DD and other disabilities ie. the overlapping between people providing service is confusing **(4)**

Summary of Key Informant Interviews with CMHA Court Support Workers

The court support interviewees (4 in total with 1 from each geographic area) answered a series of questions about the DDJCM program.

Describing the Role of DDJCM

- the program provides court support to individuals with dual diagnosis across the LHIN's 4 regions including negotiation with crowns, defense council, community agencies etc about the best service options for persons with dual diagnosis. Providing the "courts" with the best information about dual diagnosis and how do we deal with person with dual diagnosis; **(3)**
- they help with navigating through the justice system and working directly with and advocating with the individual when they are in the justice; also discharge planning; **(2)**

Program Collaboration

- very collaborative **(4)**;
- we ALL depend on each other; they depend on us for court updates and information, and we track their clients on our daily court sheets; we know when they're coming to court and we can provide them with information **(3)**

Program Impacts or Outcomes

- clients are better served as DDJCM program knows all the options available for these individuals; more ideas about community-based resources in a more timely manner; it has eased our workload because we were seeing the dual diagnosis clients before; **(5)**
- they have established solid relationships with Crowns; have a strong presence in the court house despite limited time; most Crown's and Defense know about the program and ask CMHA to pass along the referrals; **(2)**
- reduced jail time (ie. through bail plans); a Crown will want to be assured through "LIVE IN assurity" such that the DDJCM program can support and help them find suitable housing; **(2)**

Effective Practices in the Program

- program deals with the individual and families in an exemplar way; good at client advocacy **(3)**
- program directs dual diagnosis clients to appropriate community services; timeliness; and getting judiciary proper information and referrals for people; **(2)**

- program has expertise with dual diagnosis clients; good connections to DS sector; represents the “nature of the disorder”;

Program Differentiation within the Courts

- the court system has had a hard time coming to terms with the MH issues let alone dual diagnosis issues; however, the DDJCM program has helped to educate people in the criminal justice system about “who are the IDD clients”; the program has been good at breaking down the barriers;
- being able to come to court and get known, build relationships and connect with court staff;

Gaps or Barriers in the Program

- lack of time; the wait list; the ability to access other services (the assessment and testing that takes so long); there’s not enough community workers to go around out there to see people; the ones that get down in the dirt, ie. APSW”s – need more of them; **(2)**
- not enough people or time – should be more than one person; too many court houses and individuals to cover in that geography; not fast enough responses; some services have huge wait lists to get an assessment eg Twin Lakes; **(3)**
- not enough staff/time – the program could be in Hamilton half the time alone; might be a slow start but the need is there; not sure what happens after DDJCM program works with a person - but more resources designated would be better;
- Barton Jail could use a lunch and learn about the DDJCM program along with 3A and other units;
- DDJCM program has been responsive to everyone they have referred; they manage distances well; we are there with a client if they can’t make it and we follow through with people on their case loads;

Program Improvements

- DDJCM program can’t provide court support to all 4 regions so they have to prioritize and utilize members of the other court support programs to do the “triage” on cases; DDJCM program comes in when it’s most appropriate so we do a lot of screening and keep them up to date on about the clients that are in court; **(3)**

- the program can't do the job with the court houses being so far away; so much time and travel; the DDJCM program is realistic about what they can do and we call them when we "need to" **(2)**
- suggest cloning the DDJCM program; hire 2-3 more people; going to jail meetings is time consuming but takes away from direct time with clients; so if there were 2 people in the role they could trade off the meetings; **(3)**
- because they are stretched - people don't get seen and their voice isn't heard and they don't have services when they come out of the jail; no family support; no client support; a lot of assumptions and misconceptions are made and yet there is no one there to inform them about what should be happening after their court appearance; **(2)**
- the program does not have cell phones when we need the program "just in time" at the court room – this can make the difference of staying in jail over night or getting out that day;
- perhaps a little education/promotion about the program or information sessions to community members; suggest the DDJCM program attend a meeting at the Hamilton Criminal Lawyer's Association;
- Relationship building – could be better because of the lack of time being spent there e.g. judiciary
- the role is very accessible; responding well;