

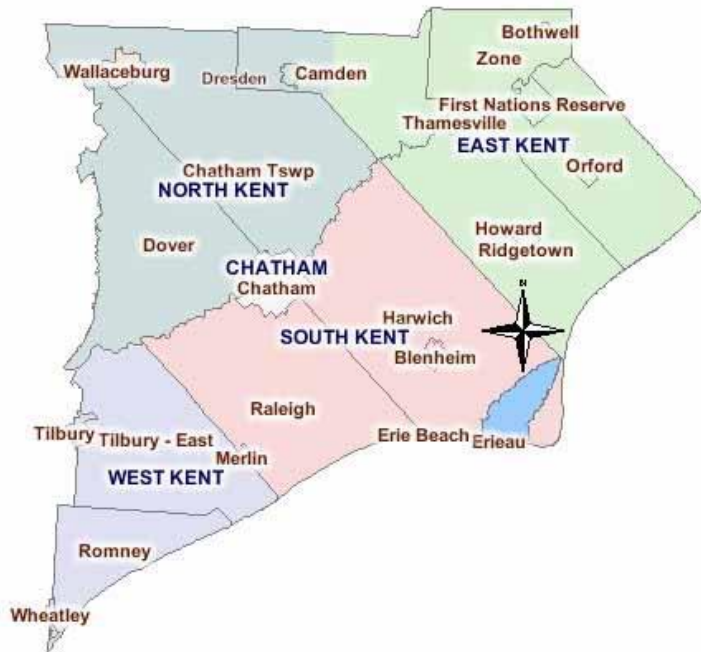


# Mental Health Diversion

Canadian Mental Health Association Lambton Kent Branch



# Chatham-Kent



# Mental and Justice Program Goals

- **To serve as access and coordination points for the social service and criminal justice systems**
- **To help prevent/reduce the involvement of persons with mental health in the criminal justice system.**



# Court Support Services

- Court support worker will provide support to individuals involved in the court system experiencing mental health symptoms
  - Can assist with Mental Health Diversion if person meets criteria (provided in later slides)
  - provide support and information for family members and/or significant others
  - Linkage to community supports
  - Consultation to individuals, police, legal personnel
  - Assistance with Form 2 applications



# Release from Custody Services

- Release from Custody worker provides short term (3 months), intensive case management services to individuals with a diagnosed MMI or SMI who are being released from custody
  - facilitates a stable transition back to the community
  - Linkages to longer term case management services, rehabilitative programs/medical treatment
  - Consultation with individuals, police, legal personnel
  - Provides a central point of contact for individuals to access/be referred to mental health services and other required supports; coordinates a continuum of services based on client choice and need



# Referrals can be made by:

- Other CMHA workers or programs
- The consumer
- The consumer's family or peers
- Lawyers
- Correctional Facilities
- Ontario Works/ODSP
- Probation/Parole
- Police Services
- Other social service agencies



# Mental Health Diversion Program Criteria

- Be 16 years of age or over
- Is a resident of the Chatham Kent area or moving back to an address in this area
- Has been charged with an eligible criminal offence under the criminal code of Canada
  - Class 3 offences are never eligible for mental health diversion



# Process


- Court support worker refers to mobile PAN for pre-assessment and then appointment with psychiatrist booked
- Risk assessment and recommendations provided to crown
- Court worker creates diversion plan to present to Crown
- Diversion plans last approximately 1 year



# Justice Referral Form

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**Justice Support Service Referral Form**  
 Court Support    Court Diversion    Release from Custody

Is the individual aware that a referral is being made on their behalf?  
 Yes    No

**Section A: Referral Source Information**

Referral Date: \_\_\_\_\_ (DD/MM/YY)  
Referral Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_

**Section B: Personal Information**

Client Name: \_\_\_\_\_ Gender:  Male    Female  
Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)   Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # 1: \_\_\_\_\_  Okay to leave message  
Phone #2: \_\_\_\_\_

**Section C: Demographics**

Language: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Income Source: \_\_\_\_\_ Employment: \_\_\_\_\_  
Education (Level Completed, Where attended): \_\_\_\_\_  
Children (How many, Living Arrangement): \_\_\_\_\_  
Housing Stable  Yes    No

**Section D: Medical Information**

Psychiatrist: \_\_\_\_\_ Family Physician: \_\_\_\_\_  
Mental Health Diagnosis:  Yes    No    Unknown \_\_\_\_\_  
Developmental Delay:  Yes    No    Unknown \_\_\_\_\_  
Physical Health Diagnosis:  Yes    No    Unknown \_\_\_\_\_  
Other:  Yes    No    Unknown \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Psychiatric Hospitalizations (When, where, why, how long?):  Yes    No    Unknown  
\_\_\_\_\_  
\_\_\_\_\_  
Medications and Dosages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section E: Risk Factors**

History of physical assault against others  Yes    No  
History of physical assault against you  Yes    No  
History of sexual assault against others  Yes    No  
History of sexual assault against you  Yes    No  
History of verbal assault against others  Yes    No  
History of verbal assault against you  Yes    No  
Possession of weapons:  Yes    No  
Are you currently using substances?  Yes    No  
What substances are you using? \_\_\_\_\_  
How much? \_\_\_\_\_  
How often? \_\_\_\_\_  
Do you want to make any changes in regards to your substances use?  Yes    No

**Criminal History**

Past Charges and Convictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Present Charges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Presenting Problems and Current Stressors (What symptoms are you experiencing- i.e., loss of sleep, appetite, depression, anxiety, hopeless, isolating, hallucinations, and delusions): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Coping Strategies: \_\_\_\_\_  
\_\_\_\_\_  
Past/Current Resources and Supports: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
What are the client and families goal for services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Recommendations for Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consents Obtained:**

For: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/MM/YYYY)  
For: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/MM/YYYY)  
For: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/MM/YYYY)

**Section F: Additional Information**


\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Workers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

9:32 AM  
11/11/2015

# Diversion Paperwork

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CANADIAN MENTAL HEALTH ASSOCIATION  
Lambton Kent Branch  
ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE  
Filiale de Lambton Kent

Part 1: Request for Diversion  
Part 2: Diversion Recommendation And Outcomes

### MENTAL HEALTH DIVERSION

Part 1: Request for Diversion

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  
Day Month Year

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I hereby request that I be considered for Mental Health Diversion in relation to the following offense(s):

Next scheduled court appearance: \_\_\_\_\_ Court: \_\_\_\_\_

Consent  
I, \_\_\_\_\_ of the above listed address, consent to be assessed by the Canadian Mental Health Association, Chatham-Kent Branch Justice Support Services staff. I understand that the CMHA staff may be obtaining and exchanging information concerning me with other sources to assist in the completion of the assessment. I hereby consent to any disclosure, transmittal, examination or exchange of such information between these interested parties. I understand and consent that anything I say and any information obtained about me in the course of preparation of the assessment may be shared with the Crown and Defense Attorney/Duty Counsel.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 2 \_\_\_\_\_


Witness Applicant Signature

Crown Acknowledgement of Request and Approval/Refusal of Application:

Based on the evidence/information presented I accept this application for Mental Health Diversion. I recommend that the CMHA-Chatham-Kent Justice Support staff inquire into the treatment, rehabilitation and/or support needs of the above noted accused person for Mental Health Diversion program and complete an assessment of the accused person concerning diversion measures for presentation upon completion to the Crown.

Yes  No Name of Crown/Assistant Crown: \_\_\_\_\_

Date \_\_\_\_\_



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Part 1: Request for Diversion  
Part 2: Diversion Recommendation And Outcomes

### MENTAL HEALTH DIVERSION

Part 2: Diversion Recommendations and Outcomes

RE: \_\_\_\_\_ DOB: \_\_\_\_\_

Diversion Recommendations: CMHA Staff:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
Full name of accused Address including postal code

hereby consent to participate in the CMHA Mental Health Diversion Service as recommended. I understand that the CMHA staff may be obtaining and exchanging information concerning me with other sources to assist in the completion of the diversion. I hereby consent to any disclosure, transmittal, examination or exchange of such information between these interested parties for this purpose. I understand that, in the opinion of the Crown, should I fail to adhere to the recommendations and not satisfactorily complete the diversion measures imposed upon me, the Crown may recommence the original criminal proceedings (noted in Part 1, attached).

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 2 \_\_\_\_\_

Witness Signature of Accused Person

Updates to Crown/Defense: (list dates as required)

Other Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final Court Disposition:  
Successful completion of Mental Health Diversion:  Yes  No

Staying of charge for: \_\_\_\_\_

Withdrawal of charges (date): \_\_\_\_\_

Crown Attorney: \_\_\_\_\_

Court Support Services-Mental Health Diversion Part 1 & 2

# Possible Outcomes

- Stay of proceedings
- Peace bond
- Withdrawal of charges



# Case Study

- Diversion #1
  - 21 year old male
  - Diagnosis: schizophrenia
  - Charges: assault
  - Currently in progress

# Case Study Continued

- Diversion #2
  - 54 year old female
  - Bipolar
  - Charges: theft under \$5000; possession of stolen property under \$5000; flight from a police officer
  - Successfully completed

# Measure of Success

- Clients spend less time in custody
- Reduced numbers of mentally ill incarcerated
- Increase awareness, knowledge and skills in community, courts, institutions and correctional services to recognize and support the client
- To reduce numbers of mentally ill in contact with hospitals, police, and courts
- Reduced rate of recidivism





QUESTIONS???

