

The background of the slide is a dark blue color. It features several overlapping, concentric circles of varying sizes, all rendered in a lighter blue hue. These circles are arranged in a way that they create a complex, layered pattern across the entire slide. Additionally, there are thin, light blue lines that intersect and cross each other, further adding to the geometric complexity of the background design.

The Progression of Mentally Ill Individuals Through the Criminal Justice System: Twenty Juncture Points

Presentation prepared for the
Provincial Senior Leadership
Forensic Services Committee

Background

- The juncture points were originally identified by the Human Services and Justice Coordination Project (HSJCP) and described in their 1997 report, *Innovative Practices for the Coordination of Human Services and Criminal Justice Systems in Ontario*.

Background

- HSJCP was formed to improve coordination and planning of services provided to clients in the mental health and justice systems in Ontario.
- The group consisted of members from the Ministry of the Attorney General, Ministry of Community and Social Services, The Ministry of Health and the Ministry of Community Safety and Correctional Services (formerly Ministry of the Solicitor General and Correctional Services.)

Background

- The framework provided by the juncture points was meant to dovetail with Mental Health Reform
- The key junctures were part of the vision for creating a seamless service delivery system for those clients who otherwise might “fall through the cracks” in the health and justice systems

Background

- The key junctures were identified as the critical intersections where health and justice agencies needed to work together to ensure comprehensive and effective service delivery
- The key junctures were endorsed and highlighted in the final report of the Forensic Mental Health Services Expert Advisory Panel

Background

- Understanding the difficulties inherent in managing the combined efforts of such complex and diverse systems, the HSJCP team identified 20 areas where planned and coordinated efforts at intervention should be targeted.
- These 20 Juncture Points were divided into six categories: Prevention, Incident Response, Pre-Trial, Fitness and Criminal Responsibility, Trial and Sentence, and Post-Sentence.

1. Prevention

- Refers to supports or services in the community that may impact on whether an individual will come into conflict with the law (e.g.family, work, school, police, spiritual resources, community agencies)

1. Prevention

- **Recommended Strategies:**
 - Coordinate community services and programs for individuals at risk
 - Initiate prevention efforts early
 - Establish a crime prevention program
 - Establish effective treatment programs
 - Target individuals with a history of violence and substance abuse

2. Problem

- Symptoms of mental illness become apparent and behaviour is affected. The individual may obtain help from mental health programs or other supports. A challenge within this juncture is not only ensuring accessible supports, but in assisting individuals in understanding how these supports may help them (given that often the individual perceives his/her problems differently than others do).

2. Problem

- **Recommended Strategies:**
 - Ensure access to information about resources and services
 - Complete individualized service agreements
 - Establish mechanisms for community case conferences
 - Establish connections with assertive case management and treatment programs
 - Match level of service to risk level

3. Incident

- The individual has come to the attention of police or other services due to perceived aggressive or criminal behaviour. Members of the community may call police, or family members may call police or mental health services, often in an attempt to “get help” for the individual.

3. Incident

- **Recommended Strategies:**
 - Provide education to families on how to respond to crises
 - Develop a crisis plan outlining how police and other services will respond to crises
 - Link the crisis response system to correctional settings
 - Establish interagency service agreements and protocols

4. Investigation

- The process that occurs after an incident to determine the most appropriate course of action. The outcome of the investigation may depend on the nature and seriousness of the incident, background information about the individual, and availability of appropriate community resources.

4. Investigation

- **Recommended Strategies:**
 - Establish information sharing protocols between police and other services
 - Fully inform the individual about the progress of the investigation and their rights
 - Make information from mental health consultations available to police

5. Intervention

- A course of action is initiated as a consequence of the investigation of the incident. Police may take no action; informally divert the individual into care of family, hospital, mental health or other social service agency; issue a warning or sanction; arrest the individual; or apprehend them under section 17 of the *Mental Health Act*.

5. Intervention

- **Recommended Strategies:**
 - Create a Community Crisis Plan outlining where a person should go if not arrested, but in need of help
 - Establish case management teams to assist “common clients” (individuals involved with both criminal justice and mental health services)
 - Provide police training around diversion and de-escalation techniques
 - Establish pre-arrest diversion procedures
 - Train staff from all sectors who may come into contact with mentally ill individuals
 - Establish mechanisms to prevent individuals from falling through the cracks

6. Laying an Information

- Formal entry point into the criminal justice system for those who have been accused of a crime. After hearing the allegations with respect to the incident, the justice will determine whether there is enough information to compel the accused to answer to the charge.

6. Laying an Information

- **Recommended Strategies:**
 - Provide specialized training to crown and defence bar in dealing with mentally disordered accused
 - Designate a court outreach worker. This person would assist the individual as they move through the criminal justice process
 - Fully inform individuals and families about the criminal justice process and what to expect
 - Establish a service registry system to facilitate access to services and beds in the community

7. Pre-Trial Release

***This juncture is a Diversion Point ***

“Diversion” is a procedure with the intention of moving a person out of the criminal justice system and into a more appropriate service sector (e.g. the mental health system).

7. Pre-Trial Release

- The court determines whether an individual should be detained in custody prior to the trial. Seriousness of the offence and perceived likelihood that the individual will present for future procedures factor into the decision to release a person or keep them in custody until the trial.

7. Pre-Trial Release

- **Recommended Strategies:**
 - Focus decision making strategy on public safety
 - Involve case managers in developing release plans
 - Make community services available to individuals under bail supervision
 - Ensure court officials inform agencies involved in an individual's care about his/her release

8. Pre-Trial Remand

***This juncture is a Diversion Point ***

- The individual is ordered to reside in a jail or detention centre pending the outcome of their trial. Court ordered psychiatric assessments and other pre-trial processes occur at this stage.

8. Pre-Trial Remand

- **Recommended Strategies:**
 - Offer appropriate treatment in custody
 - Facilitate access to clients for mental health staff
 - Screen every prisoner for mental health problems as part of admissions process
 - Appoint a Health Care Coordinator at each remand centre

9. Psychiatric Assessment

***This juncture is a Diversion Point ***

- Clinical assessments of suitability for diversion or bail, or pre-sentence reports would be considered at this juncture. Such assessments may involve transfer of the individual from the detention centre to the secure location of the assessment. (Note: fitness to stand trial & criminal responsibility assessments are considered elsewhere, at Juncture 10)

9. Psychiatric Assessment

- **Recommended Strategies:**
- Ensure that community assessments are available to current assessors
- Facilitate a needs assessment and suitability for specific services
- Provide training to mental health professionals, crowns and judges regarding court-ordered psychiatric assessments

10. Part XX.I of the Criminal Code

- Provisions in the Criminal Code of Canada include assessment orders, treatment orders, the determination of fitness to stand trial, findings of not criminally responsible (NCR), dual status offenders, disposition orders and the function of the Ontario Review Board (ORB).

10. Part XX.I of the Criminal Code

- **Recommended Strategies:**
 - Conduct routine fitness assessments through a court-based assessment service or “fitness clinic”
 - Admit clients found NCR directly into hospital or community care once finding has been made
 - Establish priority criteria for admission into hospital and community programs

11. Trial

- The accused is presumed to be fit to stand trial and a trial on the merits of the case is held. The court (judge or judge and jury) will determine the issue of responsibility by make a finding of not guilty, guilty, or not criminally responsible.

11. Trial

- **Recommended Strategies:**
 - Avoid having health care professionals testify in court unless necessary to protect limited resources
 - Educate and inform mental health staff about the court process
 - Ensure that relevant mental health service providers are informed when a person is released from court.

12. Pre-sentence Report

- Where a person has been convicted of an offence, a pre-sentence report may be requested to assist the court in deciding the type of sentence to impose.

12. Pre-sentence Report

- **Recommended Strategies:**
 - The pre-sentence report should contain input from all relevant service providers, family members and community representatives
 - Involve local mental health services in the pre-sentence assessment process for less serious offences

13. Sentence

- Upon a guilty finding, the next stage is sentencing. Sentences are based on the requirements of the Criminal Code of Canada and aggravating and mitigating factors. Sentences may include: absolute or conditional discharge, suspended sentence, fines, compensation to the victim, forfeiture of proceeds, probation, or imprisonment.

13. Sentence

- **Recommended Strategies:**
 - Forward critical key court documents to service providers involved with the custody, supervision, assessment, support or treatment of the individual.

14. Custody

- The custody of convicted offenders is the responsibility of the Ministry of Community Safety and Correctional Services (formerly the Ministry of the Solicitor General and Correctional Services) for incarceration under two years, or the Correctional Service of Canada for incarceration two years or longer. For offenders sentenced to probation (and no incarceration), see Juncture 15.

14. Custody

- **Recommended Strategies:**
 - Screen all inmates for mental health problems upon admission to correctional facilities
 - Shortly after sentencing initiate long-term planning for eventual community release
 - Encourage continued involvement of the case manager throughout custody
 - Arrange transfer to psychiatric facility if warranted

15. Community Supervision

- Offenders receiving community supervision sentences at trial are supervised by provincial probation officers. A probation order or conditional sentence may contain conditions of attendance or participation at community treatment or support services if these are expected to reduce likelihood of recidivism. Probation orders cannot require an individual to accept treatment.

15. Community Supervision

- **Recommended Strategies:**
 - Involve individuals in development of their community release plan
 - Obtain necessary consent to share information among services where appropriate
 - Provide probation offices with information about local mental health resources
 - Provide training on mental health issues to probation officers, correctional staff, case managers and others
 - Ensure mental health services involved in planning local services address the needs of mentally ill individuals involved in the criminal justice system

16. Case Management

- While the function and role of case management in each system varies (e.g. mental health vs. corrections vs. court system), they should be consistent with that system's overall goals and objectives.

16. Case Management

- **Recommended Strategies:**
 - Develop and promote shared case management strategies where possible
 - Develop overall case management plan that addresses the continuum of care. Overall goal should be seamless delivery of services
 - Involve family, friends and other supports
 - Develop service agreements and protocols to ensure people appropriate treatment throughout the criminal justice process
 - Facilitate discharge planning with client, case manager, and representatives from the criminal justice system prior to release from a correctional facility

17. Risk Assessment

- At various points throughout the sentence the risk level of an individual is assessed. The assessment of risk is multifaceted, multidimensional and multiprofessional. Risk can refer to probability of future re-offending, risk for violence, and severity of harm likely to result. Service providers must manage risk so that the community and staff are protected from undue or avoidable risks.

17. Risk Assessment

- **Recommended Strategies:**
 - Share information, knowledge and tools with respect to risk assessment from providers in the various systems
 - Train staff in the assessment of risk and use of specific instruments
 - Develop and implement mechanisms to ensure crucial information is available to individuals conducting risk assessments

18. Release Planning

- The point at which release into the community is considered. This may occur as a result of a specific court order, at statutorily determined intervals, as a result of the successful treatment and management of the individual while in custody, or at warrant expiry. Conditions to release may include residency requirements, reporting, abstinence from substances, urinalysis, etc.

18. Release Planning

- **Recommended Strategies:**
 - Offer appropriate supports to individuals as they transition into the community
 - Develop a community release plan with the individual prior to the request for release
 - Identify supervision and treatment strategies to decrease likelihood of recidivism
 - Encourage individuals to sign a service agreement with provider agencies delineating services to be provided, information sharing mechanism, and expected outcomes.

19. Conditional Release

- Includes any release that requires supervision of the individual in the community under conditions. Within corrections this includes escorted or unescorted temporary absences, work release, day parole, full parole, and statutory release. Within mental health this includes conditional discharges from the ORB, or disposition orders with conditions of community access.

19. Conditional Release

- **Recommended Strategies:**
- Strategies outlined under Juncture 15 (Community Supervision) would also apply at this juncture

20. Unconditional Release

- The person is no longer under the jurisdiction of the criminal justice system. Formal coordination, monitoring and supervision no longer occurs. With the individual in the community again, the community network noted at Juncture 1 (Prevention) comes into play.

20. Unconditional Release

- **Recommended Strategies:**
- Strategies outlined under Juncture 1 (Prevention) would also apply at this juncture