

# Building Bridges between the Community Mental Health and Justice Sectors:

## A Work in Progress

*A Supplementary Report from the Systems  
Enhancement Evaluation Initiative*

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# OMHAKEN

Ontario Mental Health and Addictions Knowledge Exchange Network

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# Building Bridges between the Community Mental Health and Justice Sectors: A Work in Progress

*A Supplementary Report from the Systems Enhancement Evaluation Initiative (SEEI)*

## Key Messages:

1. There is more awareness of and access to crisis and court support services in Ontario
2. Involvement between police and people with mental illness is substantial, and the number of interactions has increased over time
3. In rural communities police play a role in transportation for individuals in crisis
4. Police experience long wait times in hospital emergency departments while assisting people in crisis
5. Outcomes for clients have improved as a result of enhanced court support services
6. Court support workers are playing a boundary spanning role by providing information and support to many stakeholders in the criminal justice system and the community mental health system
7. While more people have been able to access court support and crisis services, the programs have a limited capacity to serve all those in need
8. People with mental illness who have had involvement with the justice system face barriers when transitioning to community services

## Suggestions for Improvement:

1. Develop consistent, effective ways to record and share information about people with mental illness who are in contact with the law
2. Expand the use of police mobile crisis teams in rural communities in Ontario
3. Create regional and provincial registries of available psychiatric beds
4. Develop a consistent police approach for recording and reporting interactions with people experiencing a mental health crisis that does not limit the person's ability to volunteer or become employed in the future
5. Expand Ontario's court support programs

## **Building Bridges between the Community Mental Health and Justice Sectors: A Work in Progress**

*A Supplementary Report from the Systems Enhancement Evaluation Initiative (SEEI)*

This report discusses findings from the research studies comprising the Systems Enhancement Evaluation Initiative (SEEI) that are relevant to the criminal justice sector. Seven studies examined programs and services that involved the mental health and justice systems - mainly court support programs and crisis services in Ontario. The goal of the report is to highlight the key findings from these studies, and to convey the findings and recommendations in a format useful for informing program and policy decisions. Further detail about the focus and methodology of each of the studies is provided at the end of the report in Appendix 1. To access the nine studies and the SEEI final report in their entirety please visit [www.ehealthontario.ca](http://www.ehealthontario.ca).

### **Background:**

Beginning in 2004, the Government of Ontario invested 167 million dollars into specific areas of the community mental health system. This represented a 52 percent increase in funding, with a portion of the money coming from the Service Enhancement Initiative, an inter-ministerial government partnership designed to divert people with mental illness away from the police, criminal justice and corrections systems. SEEI began when the Ministry of Health and Long-Term Care asked the Health Systems Research and Consulting Unit at the Centre for Addiction and Mental Health to coordinate an evaluation to examine the impact of the investments made in targeted areas of the community mental health system. The evaluation was made up of nine studies with research and community teams from across the province. These studies provided both an in-depth and broad understanding of the impact of the provincial government's new investments by looking at different system levels and covering a range of urban and rural locations. Seven of the studies specifically focused on programs and services that involved both the mental health and justice systems and are outlined in Table 1.

The evaluation has brought together researchers, providers, decision makers, consumers and family members to explore the effects of the investments on the community mental health system. The studies aimed to assess the impact of the investments at the time that funds were being applied at the program or system level, or shortly thereafter. This meant that newly-enhanced programs and systems were still developing and maturing as the evaluation took place, and that the study findings may not reflect the full capacity of the enhanced services and systems. While this approach posed a challenge for researchers, it provided stakeholders with the opportunity to use the results to improve the system as it was being enhanced, helping to ensure better experiences and outcomes for clients sooner in the evaluation process.

Stakeholders began the evaluation with a number of expectations about what the initiative would find. Some of these expectations include:

- An expansion and improved delivery of court support and crisis services would result in a decrease in emergency room visits and hospital stays
- There would be better coordination and integration at the system level, even though the funds were mainly targeted to specific programs and services
- Families and clients would experience increased access, better experiences, and better outcomes
- Inappropriate pressures on the jail system, police, and courts would be eased

**Table 1: Overview of Studies**

<b>SEEI Research Study</b>	<b>Study Type and Focus</b>	<b>Project Reference</b>
<b>PROVINCE-WIDE</b> The Impact Study	Province-wide, impact on emergency services including police and hospital emergency rooms	A
<b>REGIONAL</b> Waterloo Wellington Crisis System Evaluation: Understanding the Impact of Enhanced Programs and Coordination	Regional crisis system, Waterloo Wellington	B
Factors that Predict Under-servicing in Community Mental Health Care	Regional community mental health system, Southeastern Ontario	C
<b>PROGRAM-LEVEL</b> Crisis Programs: Review of Mobile Crisis Services	Three crisis services, Chatham-Kent, Haldimand-Norfolk, and Hamilton	D
An Evaluation of an Integrated Crisis-Case Management Service	Integrated crisis-case management service, Kingston	E
Court Support Programs: The Matryoshka Study, court support programs	Seven program sites, different locations across Ontario	F
An Evaluation of the Implementation and Outcomes of the CMHA Ottawa Court Outreach Program	One program site, Ottawa	G

**NOTE:** The key messages, and ideas and suggestions sections of the report reference individual studies with a corresponding letter, as indicated in the table.

## Key Messages

### 1. There is more awareness of and access to crisis and court support services in Ontario

More people are now being referred to appropriate services to manage a crisis in the community than before the enhancements (B&E). Access to crisis services is improving as more people experiencing a mental health crisis and their family members gain awareness of the available programs. In the Waterloo Wellington region, the majority of people experiencing mental illness and family members who were interviewed reported that they knew of the availability of crisis lines and how to access them (B). In Kingston, the new model of crisis service delivery received referrals from a wide range of sources, in contrast to referrals coming primarily from hospitals under the old model. A significantly higher percentage of referrals came from community organizations, self-referrals, and other community members (E).

There has also been an increase in the service capacities of court support programs and crisis services, improving their accessibility. Table 2 shows that as a result of enhanced funding, the number of clients served in Ontario court support programs involved in two of the SEEI studies more than doubled (F&E).

Increasing people’s access to crisis services in the community will continue to be important in alleviating pressures on police resources and hospitals, and providing individuals in crisis with appropriate interventions.

**Table 2: Number of People Accessing Services by Study**

<b>PROGRAMS</b>	<b>CLIENTS ENROLLED THEN</b>	<b>CLIENTS ENROLLED NOW</b>
7 Court Support (F)	350	842
1 Crisis (E)	108	216

### 2. Involvement between police and people with mental illness is substantial, and the number of interactions has increased over time

At both provincial and regional levels, findings indicated that police involvement with people with mental illness was substantial and continued to increase (A&B). Reasons for the increased involvement were not investigated, but possible explanations include better reporting of incidents, increased recognition of an individual in crisis by police, and increased demand for crisis services.

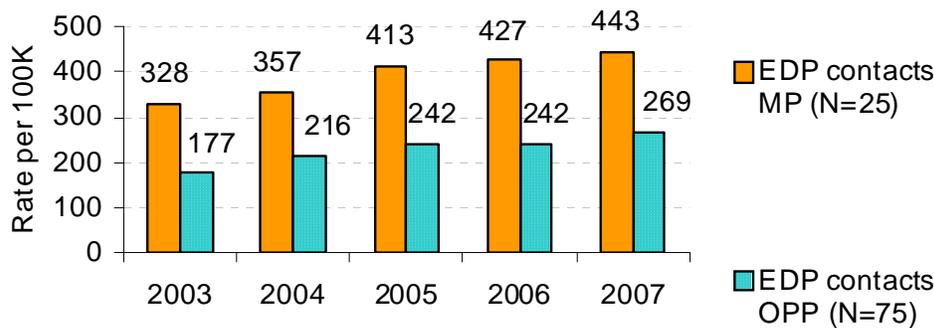
One study (A) examined the number of contacts police had with Emotionally Disturbed Persons (EDP) in both municipal forces and the Ontario Provincial Police (OPP) and found that the number of contacts increased over the course of the study (See Graph 1). This increase was also reflected at a regional level in the number of mental health related police calls for service (B).

For apprehensions under the Mental Health Act, there was greater variation across regions. At a provincial level, the number of apprehensions under the Mental Health Act increased (See

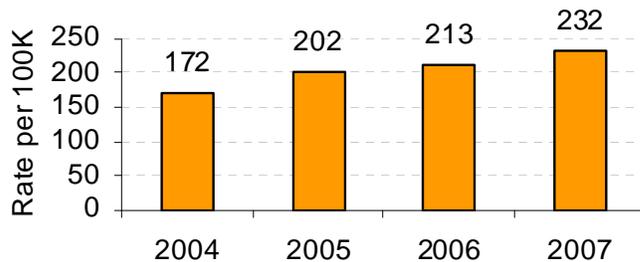
Graph 2) (A). In contrast, police in the Waterloo Wellington region reported a decrease in apprehensions (B). A possible explanation for this decrease is that police officers were less likely to apprehend an individual and instead refer the individual to more appropriate community based services (B). This could be the result of the increasing availability of community services in the region and increasing awareness among police officers of services.

Community based services and supports should be increasingly available as a first response alternative to police services. Police will be able to refer more people in crisis to appropriate services and rely less on Mental Health Act apprehensions (B).

**Graph 1: Police contacts with EDP, Municipal and Ontario Provincial Police 2003 to 2007 (A)**



**Graph 2: Mental Health Act Apprehensions by Municipal Police Forces 2004 to 2007 N=23 (A)**



### 3. Police play a role in transportation for individuals in crisis in rural communities

When in crisis, people living in rural communities have longer distances to travel for help and fewer transportation options than those living in urban communities (D). Police often play a key role in transporting people in crisis in rural areas to services. A comparison study looking at three models of crisis services in Ontario highlights the need for a crisis model that integrates a mental health worker with police teams in rural areas (D). For example, the CAST crisis service model in Haldimand-Norfolk, which serves a largely rural population, is not a mobile mental health program. Police serve as the mobile unit, bringing individuals experiencing a mental health crisis to the emergency department where a mental health worker is on duty to assist (D). In areas where a mental health worker is attached to a police team, the mental health workers are able to manage the situation on site, instead of bringing the individual in crisis to the emergency department and relying on the police for transportation.

#### **4. Police experience long wait times in hospital emergency departments while assisting people in crisis**

In assisting individuals in crisis, the majority of police working in both urban and rural settings reported wait times in emergency departments which pose a significant drain on police resources (A,B & D). The reported wait times varied across studies, but all were excessive.

In one study, police services from across the province reported emergency department wait times of 2-4 hours for about half of apprehensions, and over four hours for about 20 percent of apprehensions (A). The Wellington County OPP reported an average of 8.9 hours spent on each call, with a large portion of this time spent in emergency departments waiting for an individual in crisis to be assessed. The emergency department wait times for individuals presenting with a mental health issue in the Waterloo Wellington region did not show improvement over the course of the study (B).

Lack of access to hospital beds was a major issue and resulted in bottlenecks in emergency departments as police and crisis workers waited for beds for their clients (D). Lengthy wait times are also a concern for people experiencing a mental health crisis and their family members. Interviewees frequently cited a worsening of the crisis as a result of long wait times (B).

Several inter-agency protocols between police, hospitals and mental health agencies are currently in development. It is expected that the finalization of these protocols will lead to improved coordination between police and hospitals, as well as shorter wait times.

#### **5. Outcomes for clients have improved as a result of enhanced court support services.**

The court support programs that participated in the evaluation demonstrate a range of positive outcomes (F & G).<sup>1</sup> These outcomes include improved client functioning, favourable legal outcomes, and decreased use of hospital services.

##### *Client functioning:*

Participants in one court support program showed improved functioning with an increased likelihood of living independently and in the community. Additionally, clients experienced a 20% decrease in the incidence of homelessness over the course of participation in the program. After completing the program, clients exhibited a significant reduction in the level of severity of mental health symptoms (G).

##### *Legal outcomes:*

Court support program clients also experienced favourable legal outcomes. Focus groups and key informant interviews identified a number of these: having charges withdrawn, avoiding incarceration, preventing breach of condition, and decreasing the amount of time spent on probation (G). 65% of clients who completed the court support program did not have any further charges brought against them (G).

##### *Hospitalization Rates:*

Overall, clients participating in the court support programs studied experienced a decrease in use of hospital resources over time. One study's findings showed that the proportion of clients

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<sup>1</sup> One study (F) examined court support programs located in seven sites across the province while another (G) focused on a single program.

who had experienced a hospitalization after admission to the program was only 24% compared to 65% of clients who had experienced hospitalizations in the two years before entering the program (G). The number of clients who were hospitalized over the course of another study looking at court support programs decreased by 20.5% (F). Clients also experienced a decrease in the number of times they were hospitalized over the course of the study period (F). Finally, the proportion of clients visiting emergency departments decreased over the study period (58.1% at year 1 versus 32.8% at year 3) (F).

#### **6. Court support workers are playing a boundary-spanning role by providing information and support to many stakeholders in the criminal justice system and the community mental health system more broadly**

Court support workers work closely with clients and their families, but also play an important role in providing assistance to lawyers and others in the legal system, as well as community mental health agencies. One study reported that approximately one quarter of court support workers' time is used to provide assistance with bail planning and to liaise with lawyers and the crown (F). The workers are viewed as reliable mental health experts whose input is highly valued in the court system (G). Court support workers' expertise in navigating the mental health and justice systems could be contributing to the positive legal outcomes experienced by clients, such as having charges withdrawn and avoiding incarceration (G). For example, results from focus groups and key informant interviews suggested that when the court was aware of a client's involvement with the program, clients could avoid being found in breach of probation (G).

#### **7. While more people have been able to access court support and crisis services, the programs have a limited capacity to serve all those in need**

The capacity of programs to serve more clients has increased, but there are not enough resources available to meet the current level of need. Although the Ottawa court support program was able to improve its reach, serving between 90 and 120 clients, this capacity is still small compared with the thousands of people who go through the city's court system each year (G). The limited capacity of the program relative to the level of demand is contributing to a very narrow selection of clients, serving only those with very high levels of need.

#### **8. People with mental illness and involvement with the justice system face barriers when transitioning on to community services**

Clients in the court support programs faced challenges in accessing community mental health services due to the negative stigma associated with involvement in the justice system (F & G). Many community programs view clients with legal involvement as high risk and will not accept referrals until court involvement is resolved, creating additional barriers to services.

Furthermore, the community services that clients are transitioned into often do not have the capacity to meet the level of demand. The number of clients able to access court support programs has increased significantly but there has been little corresponding increase in related community services such as Intensive Case Management (G). This has created additional bottlenecks in the system and clients are unable to move on from court support programs to community mental health services.

Crisis services, some involving police, also experienced challenges when referring clients to community services. Police interviewed in the Waterloo Wellington crisis system evaluation noted excessive wait-list times for community-based services and supports (B). A strong entry point is needed from the crisis system into these follow up services to facilitate ongoing crisis resolution and ease the strain on other parts of the system (B).

Another difficulty for legally involved clients is receiving the appropriate intensity of services. The presence of legal problems was found to be one of the strongest predictors of under servicing for clients in the community mental health system in Southeastern Ontario. Clients who were reported to have charges pending or to be on probation were more than twice as likely to receive a level of care that was lower than the level recommended to meet their needs (C).

## **Ideas and Suggestions for Improvements Moving Forward**

Over the course of the evaluation a number of suggestions for improvement to programs and services involving both the mental health and justice systems were highlighted. Implementing changes based on these suggestions could help address the challenges noted in this report.

### **1. Develop consistent, effective ways to record and share information about people with mental illness who are in contact with the law**

There was a great deal of variability in the type of data collected by court support services, crisis services, and police forces throughout Ontario. As programs continue to develop, performance indicators should be identified and a common method of evaluating them should be created to make future evaluations easier (B). Likewise, there is no central database in Ontario to record police activity with people with mental illness (A). Adopting a consistent method for collecting and recording contacts will allow for improved understanding of the interactions between police, the criminal justice system, and people with mental illness.

### **2. Expand the use of police mobile crisis teams in rural communities in Ontario**

The need for mobile crisis services in rural communities warrants the use of a mental health worker attached to a police team (D). Expanding the use of this type of mobile crisis service model will help to address the transportation issues faced by people in rural areas. The expansion of these services could relieve pressure on police officers not attached to police mobile crisis teams, but who are frequently responsible for transporting individuals in crisis.

### **3. Create regional and provincial registries of available psychiatric beds**

Registries would allow police officers and crisis workers to access information about where psychiatric beds are available. This could help to reduce excessive wait times in hospital EDs for police, crisis workers and clients (D).

### **4. Develop a consistent police approach to record and report interactions with people experiencing a mental health crisis that does not limit the person's ability to volunteer or find employment in the future**

It is important to ensure that when police checks are conducted for volunteer or employment opportunities, they are not influenced by the police interaction recorded during a mental health crisis that has not resulted in arrest (D). As police mobile crisis teams are more widely used, a consistent approach for recording and reporting interactions during crisis will be necessary to ensure that people in crisis are not criminalized. This will help to prevent further isolation and stigmatization when people who have experienced a crisis wish to participate as active members in society.

### **5. Expand Ontario's court support programs**

Evaluations of court support programs thus far have shown positive outcomes for those participating (F&G). In the future, these programs should be expanded to accommodate the growing need, with concurrent expansion of community services that will accept and support these clients when they transition back to the community.

## Appendix 1: Overview of SEEI Studies

SEEI Research Study	Description	Methodology	Principal Investigators, Partner Organizations, Contact Information
THE IMPACT STUDY ( <i>province-wide</i> ) Project Reference A	This study monitored changes in the use of hospital and criminal justice services by people with mental illness as a result of the new funding.	Thirty-one municipal police forces and the OPP provided data, from 2003 to 2007. Information on indicators of police contact were collected, including: suicide related contact, contacts with emotionally disturbed persons, and Mental Health Act apprehensions.	<b>Principal Investigators:</b> Drs. Janet Durbin and Elizabeth Lin, HSRUCU, CAMH, and the Department of Psychiatry, University of Toronto <b>Emails:</b> janet_durbin@camh.net elizabeth_lin@camh.net <b>Websites:</b> <a href="http://www.camh.net/Research">www.camh.net/Research</a> <a href="http://www.utpsychiatry.ca">www.utpsychiatry.ca</a>
WATERLOO WELLINGTON CRISIS SYSTEM EVALUATION: UNDERSTANDING THE IMPACT OF ENHANCED PROGRAMS AND COORDINATION ( <i>regional</i> ) Project Reference B	This study evaluated the impact of new and enhanced crisis support services on the quality of services received by people with lived experience, and on crisis system capacity more generally.	The evaluation included interviews with people with lived experience who had accessed crisis system services and supports within the last two years, and their family members. A survey was also provided to police officers, hospital ER staff and front line staff of crisis services. Statistical data from police agencies, hospitals and community mental health organizations were used in the evaluation.	<b>Principal Investigators:</b> Ms. Eleanor Harder, Crisis System Coordinator, Waterloo Wellington Dufferin Regional Crisis Committee Dr. Joan Nandlal, CAMH and Department of Psychiatry, University of Toronto <b>Emails:</b> <a href="mailto:joan_nandlal@camh.net">joan_nandlal@camh.net</a> <a href="mailto:eharder@trellis.on.ca">eharder@trellis.on.ca</a> <b>Websites:</b> <a href="http://www.utpsychiatry.ca/">www.utpsychiatry.ca/</a> <a href="http://www.camh.net">www.camh.net</a>
FACTORS THAT PREDICT UNDER-SERVICING IN COMMUNITY MENTAL HEALTH CARE ( <i>regional</i> ) Project Reference C	This was a supplementary analysis to a larger study looking at whether community mental health clients received care that was more appropriate and used fewer hospital resources following system enhancement funding. The supplementary analysis focuses on the social and clinical factors that predict under-servicing in the community mental health system.	The study followed two cohorts of community mental health clients; one receiving services prior to funding enhancements, the other receiving them subsequent to enhanced funding. Primary care workers completed instruments to obtain data on clients. Under-serviced clients were compared with clients who received a level of care that matched their needs. Differences in demographic, social, diagnostic, illness and disability factors, problem severity factors, and hospital utilization were analyzed.	<b>Principal Investigators:</b> Dr. Heather Stuart, Department of Community Health and Epidemiology and Department of Psychiatry, Queen's University Dr. Terry Krupa, School of Rehabilitation Therapy, Queen's University <b>Emails:</b> <a href="mailto:Heather.stuart@queensu.ca">Heather.stuart@queensu.ca</a> <a href="mailto:krupat@queensu.ca">krupat@queensu.ca</a> <b>Websites:</b> <a href="http://meds.queensu.ca/">meds.queensu.ca/</a> <a href="http://www.rehab.queensu.ca/">www.rehab.queensu.ca/</a>
REVIEW OF CRISIS SERVICES ( <i>Three Local Programs</i> ) Project Reference D	The study evaluated and compared three different crisis program models to better understand the crisis services themselves, and the complexity of issues surrounding interactions between police and people experiencing mental illness.	Frequencies of ER use and police calls were captured where available and compared from baseline. Consumer and family satisfaction were assessed. Focus groups and job shadowing were used to collect qualitative data.	<b>Principal Investigator:</b> Dr. Cheryl Forchuk, School of Nursing, Faculty of Health Sciences, and the Department of Psychiatry, Schulich School of Medicine & Dentistry, University of Western Ontario <b>Email:</b> <a href="mailto:cforchuk@uwo.ca">cforchuk@uwo.ca</a> <b>Website:</b> <a href="http://Publish.uwo.ca/~cforchuk">Publish.uwo.ca/~cforchuk</a>

SEEI Research Study	Description	Methodology	Principal Investigators, Partner Organizations, Contact Information
AN EVALUATION OF AN INTEGRATED CRISIS-CASE MANAGEMENT SERVICE MODEL <i>(one local program)</i> Project Reference E	This study evaluated an integrated crisis-case management service model redesigned using the new government funds. The study evaluated accessibility to mobile services; appropriateness of and accessibility to follow-up services; and acceptability of the new services to the surrounding community.	Data from existing databases were used to compare the old model of crisis service delivery prior to enhanced funding and the new model after system enhancements. The acceptability of the new crisis model to clients was evaluated using satisfaction surveys. Twenty-four local community mental health and social agencies completed on-line surveys regarding satisfaction with the new service model. Qualitative data on how the crisis service was experienced by service recipients was obtained using a participatory research approach.	<b>Principal Investigators:</b> Dr. Terry Krupa, School of Rehabilitation Therapy, Queen's University Dr. Heather Stuart, Department of Community Health and Epidemiology, Department of Psychiatry, Queen's University Alan Mathany, Director of Operations, Frontenac Community Mental Health Services <b>Emails:</b> <a href="mailto:krupat@queensu.ca">krupat@queensu.ca</a> <a href="mailto:heather.stuart@queensu.ca">heather.stuart@queensu.ca</a> <a href="mailto:amathany@fcmhs">amathany@fcmhs</a> <b>Websites:</b> <a href="http://www.rehab.queensu.ca">www.rehab.queensu.ca</a> , <a href="http://meds.queensu.ca">meds.queensu.ca</a> , <a href="http://www.fcmhs.ca">www.fcmhs.ca</a>
THE MATRYOSHKA STUDY, COURT SUPPORT PROGRAMS <i>(seven programs)</i> Project Reference F	The three-year study looked at Court Support Programs in seven sites throughout the province, including rural and urban regions. The study explored the effects of the new investments on the continuity of care received by clients (including timeliness, intensity, comprehensiveness, and coordination and accessibility of services).	The study was carried out in 3 waves. In Wave 1 information was gathered from clients and decision makers (agency executive directors, program managers and ministry of health staff). Wave 2 involved interviews with clients, families and program managers. Wave 3 involved interviews with clients, families and a decision maker group.	<b>Principal Investigator:</b> Dr. Carolyn Dewa, HSRCU, CAMH and the Department of Psychiatry, University of Toronto <b>Email:</b> <a href="mailto:carolyn_dewa@camh.net">carolyn_dewa@camh.net</a> <b>Websites:</b> <a href="http://www.camh.net/Research">www.camh.net/Research</a> <a href="http://www.utpsychiatry.ca">www.utpsychiatry.ca</a>
AN EVALUATION OF THE IMPLEMENTATION AND OUTCOMES OF THE CMHA, OTTAWA COURT OUTREACH PROGRAM <i>(one local program)</i> Project Reference G	This study evaluated a unique program model of court outreach, where intensive community support is integrated into the legal process. The study assessed the extent to which the program was delivered as planned and evaluated program outcomes with court outreach clients.	An implementation evaluation and an outcome evaluation were conducted. Qualitative data were collected from different stakeholder groups associated with the program (CMHA managers, crown and defence lawyers, forensic psychologists, outreach workers, family members and clients). Quantitative data on 95 clients and the services delivered to them was collected from CMHA, Ottawa.	<b>Principal Investigator:</b> Dr. Tim Aubry, School of Psychology, Centre for Research on Educational and Community Services, University of Ottawa <b>Email:</b> <a href="mailto:Tim.Aubry@uOttawa.ca">Tim.Aubry@uOttawa.ca</a> <b>Website:</b> <a href="http://www.iph.uOttawa.ca">www.iph.uOttawa.ca</a> <b>Partner Organizations:</b> CMHA, Ottawa

## Glossary

### Intensive Case Management (ICM):

ICM is a model for providing people with serious mental illness with intensive services and long-term support in the community. ICM helps clients to achieve personal goals, build informal supports, and access community resources. Individual case managers provide assessment, counselling, and advocacy; and links clients with treatment and rehabilitation services such as social recreation, employment programs, and supportive housing.

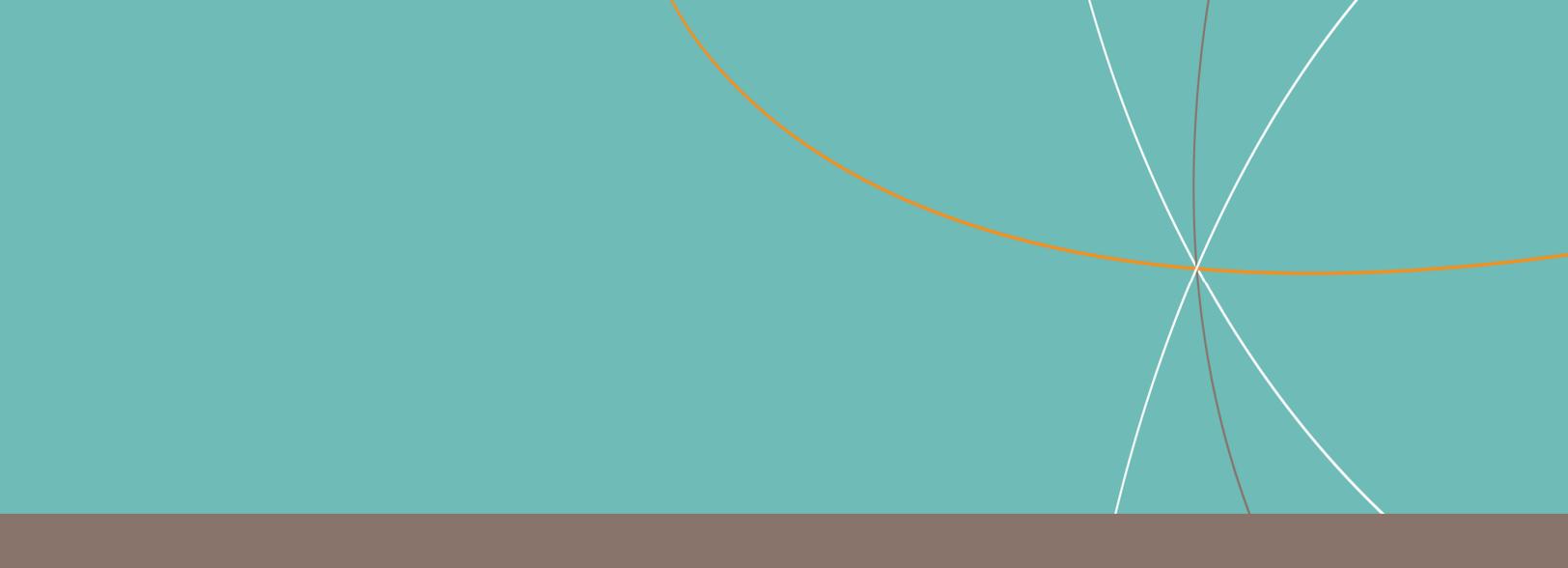
### Crisis Programs:

Crisis programs provide services to people experiencing a crisis, whether psychosocial in nature or as a result of serious mental illness. They serve to divert people from unnecessary inpatient hospitalizations, link clients with other services as needed, and enhance community tenure. Crisis programs offer services at various levels of intensity. Crisis programs include: telephone crisis services, mobile crisis units, crisis residential services and psychiatric emergency/medical crisis services in hospitals.

### Court Support Programs:

Court support programs provide a wide range of services to individuals who could benefit from mental health services and who are at various stages of contact with the justice system. An individual's earliest point of contact with the justice system might occur with the police. At that point, court support programs may link the individual to mental health services as an alternative to charges and incarceration. Court support programs also provide services to individuals who have been charged, as well as those who have been convicted of a criminal offence and who could benefit from mental health services.





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