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On April 1, 2009, AHS brought together 12 formerly separate health entities in the province: nine geographically based health authorities (Chinook Health, Palliser Health Region, Calgary Health Region, David Thompson Health Region, East Central Health, Capital Health, Aspen Regional Health, Peace Country Health and Northern Lights Health Region) and three provincial entities working specifically in the areas of mental health (Alberta Mental Health Board), addiction (Alberta Alcohol and Drug Abuse Commission) and cancer (Alberta Cancer Board).
Alberta’s Provincial Diversion Program

PROPOSED
IMPLEMENTATION PLAN

for

REDUCING THE CRIMINALIZATION
OF INDIVIDUALS WITH MENTAL ILLNESS

by

Alberta’s Provincial Diversion
Working Committee

March 2002
This Implementation Plan for a Provincial Diversion Program was submitted to the Mental Health and Justice Partnering Deputies Committee, consisting of the following members:

Ms. Shelley Ewart-Johnson  
Deputy Minister,  
Alberta Health & Wellness

Mr. Murray Finnerty  
Chief Executive Officer,  
Alberta Alcohol & Drug Abuse Commission (AADAC)

Mr. W. J. Byrne  
Deputy Minister,  
Alberta Community Development

Mr. Ron Hicks  
Deputy Minister,  
Alberta Human Resources & Employment

Mr. Terrence Matchett  
Deputy Minister,  
Alberta Justice & Attorney General

Ms. Paddy Meade  
Deputy Minister,  
Aboriginal Affairs & Northern Development

Mr. Jim Nichols  
Deputy Solicitor General,  
Alberta Solicitor General

Mr. Ken Sheehan  
Chief Executive Officer,  
Alberta Mental Health Board (AMHB)

Ms. Paula Tyler  
Deputy Minister,  
Alberta Children’s Services

IMPORTANT NOTE:

On January 11, 2002 the Mental Health and Justice Partnering Deputies Committee met and passed the following Motion:

The Mental Health and Justice Partnering Deputies Committee support the actions identified to take place in the first year of the implementation plan, with the exception of stakeholder consultations. The Committee also supports the establishment of an implementation working committee with representation from the partnering ministries, regional health authorities, non-government agencies and consumer organizations to assist with the coordination of the implementation plan. The AMHB will remain as lead and accountability for implementation will remain with this Committee.

Implementation of the subsequent phases of the proposed plan is subject to both the approval of the Mental Health and Justice Partnering Deputies Committee and resource availability.

As noted, the Committee has determined that further comprehensive consultation was not required to ensure the appropriateness of this first phase of implementation.
The Provincial Diversion Framework Working Committee includes:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Carol Adair</td>
<td>Director of Research, Alberta Mental Health Board</td>
</tr>
<tr>
<td>Laurie Beverley,</td>
<td>Provincial Administrative Director, Forensic Psychiatry Program, Alberta Mental Health Board</td>
</tr>
<tr>
<td>Co-Chair</td>
<td></td>
</tr>
<tr>
<td>Norman Boucher</td>
<td>Chief of Police, Medicine Hat Police Service</td>
</tr>
<tr>
<td>Norma Boulton</td>
<td>Director, Clinical Practice, Alberta Mental Health Board</td>
</tr>
<tr>
<td>Dr. John Brooks</td>
<td>Provincial Medical Director, Forensic Psychiatry Program, Alberta Mental Health Board</td>
</tr>
<tr>
<td>Richard Butler</td>
<td>Senior Policy Advisor, Appeals Criminal Law Policy and Planning Branch, Alberta Justice</td>
</tr>
<tr>
<td>Yvonne Collinson</td>
<td>Team Leader, Population Health Strategies Branch, Alberta Health and Wellness</td>
</tr>
<tr>
<td>Carol Dillman</td>
<td>Manager, Program and Service Initiatives, Aboriginal Affairs and Northern Development</td>
</tr>
<tr>
<td>Brent Doney,</td>
<td>Director, Division Support Services, Correctional Services Division, Alberta Solicitor General</td>
</tr>
<tr>
<td>Co-Chair</td>
<td></td>
</tr>
<tr>
<td>Sgt. Steve Gleboff</td>
<td>Criminal Operations, “K” Division R.C.M.P.</td>
</tr>
<tr>
<td>Sandra Harrison</td>
<td>Administrative Director, Children’s Mental Health Services, Alberta Mental Health Board</td>
</tr>
<tr>
<td>Cassie Palamar</td>
<td>Manager, Human Rights and Citizenship Branch, Alberta Community Development</td>
</tr>
<tr>
<td>Aggy King-Smith</td>
<td>Program Planning &amp; Evaluation Coordinator, Young Offender Services, Provincial Forensic Psychiatry Program, Alberta Mental Health Board</td>
</tr>
<tr>
<td>Marty Landrie</td>
<td>Adult Services Coordinator, Aboriginal Mental Health, Alberta Mental Health Board</td>
</tr>
<tr>
<td>Staff Sgt Pat Larabie</td>
<td>Court Liaison/ APU Administration, Calgary Police Service</td>
</tr>
<tr>
<td>Orrin Lyseng</td>
<td>Executive Director, Schizophrenia Society of Alberta</td>
</tr>
<tr>
<td>Ian McKnight</td>
<td>Detective Spousal Violence Intervention Unit, Edmonton Police Service</td>
</tr>
<tr>
<td>Bronwyn Shoush</td>
<td>Director, Aboriginal Justice Initiatives, Alberta Solicitor General</td>
</tr>
</tbody>
</table>
Aleck Trawick, Q.C.  
Board Member, 
Canadian Mental Health Association

Tom Wispinski  
Director, Provincial Resource Services, 
Alberta Alcohol and Drug Abuse Commission

Irving Yaverbaum  
Senior Policy Counsel, Appeals, Criminal Law Policy & Planning Branch, Alberta Justice

Sharon Zibin  
Provincial Quality Management Coordinator, Forensic Psychiatry Program, Alberta Mental Health Board

Rose Barvir  
Recording Secretary, Provincial Forensic Psychiatry Program, Alberta Mental Health Board
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   Appendix B: Position Paper from Schizophrenia Society
                Goldeye Retreat Participants
   Appendix C: Glossary
BACKGROUND

Under the leadership of the Alberta Mental Health Board (AMHB) with accountability to the Mental Health and Justice Partnering Deputies Committee, a working committee was established to develop a provincial diversion framework with the following purpose:

   to ensure that, whenever appropriate, adults and adolescents with mental illness who are in conflict with the law receive appropriate care, support and treatment from mental health, social and support services thereby reducing reliance on the criminal justice system.

The partners and consultants responsible for the development of the diversion framework include:

Summarized, the framework guides the development of services to address:

♦ Timely assessment, treatment, rehabilitation and follow-up options in order to minimize reliance on the criminal justice system for individuals whose mental illness is related to their offending behaviour.

♦ Parameters for a system through which the target population will receive appropriate services through mental health, social and support services (See Appendix C: Glossary for “social” and “support services”).

♦ Targeted diversion strategies that appropriately respond to the mental health needs of Aboriginal people in Alberta.

Because of the uniqueness of Alberta’s communities—in terms of client needs, ethnocultural issues (See Appendix C: Glossary for a definition of ethnocultural), geography, and types and number of resources—the working committee uses definitions of “diversion” and “mental illness” that could address these range of needs and facilitate implementation of a provincial diversion program.

DIVERSION is:

♦ Redirection of individuals with mental illness from the criminal justice system, whenever appropriate, to mental health, social and support services.

♦ Continuum of integrated yet distinct services that span the points of entry and exit to and from the criminal justice system and reflect the unique needs of Alberta’s communities.
The working committee also acknowledges that a comprehensive diversion strategy:

♦ Provides treatment during incarceration, thereby potentially reducing the length of incarceration and improving an individual’s quality of life.

♦ Facilitates transition to treatment and support within the community after incarceration.

MENTAL ILLNESS is defined according to the Canadian Psychiatric Association’s statement: “… mental illness refers to clinically significant patterns of behavioural or emotional functioning that are associated with some level of distress, suffering, or impairment in one or more areas of functioning (for instance, school, work, social and family interactions). At the basis of this impairment is a behavioural, psychological, or biological dysfunction, or a combination of these.”

The target population for whom this program will be designed is:

♦ adults and adolescents with mental illness who are in conflict with the law,
♦ whose needs may be more appropriately met by mental health, social and support services,
♦ and who are deemed eligible for diversion.
To ensure effective collaboration in the development and implementation of a provincial diversion program, stakeholders within a number of communities were consulted over a two-month period.

These consultations were designed to provide a broad-spectrum of views on implementation of a provincial diversion program. **They were a preliminary, first round set of consultations with the understanding that ongoing, specific community-based discussions would continue throughout the phasing-in of the provincial diversion program.** (See Appendix A for further details of the Stakeholder Consultation process.)

The stakeholder consultations produced several similar themes, despite the differences in communities and professional perspectives. These themes are summarized, together with the issues they address.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Stakeholder Consultation Themes</th>
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</thead>
<tbody>
<tr>
<td>1. Safety of Target Population</td>
<td>1) To ensure the safety of the individual with mental illness who is in conflict with the law, it is necessary that ♦ an adequate number and appropriate type of assessment, treatment, social and support services or resources are in place ♦ the processes to connect or access those services/resources are clearly defined, preferably prior to a diversion strategy being implemented or in conjunction with implementation.</td>
</tr>
<tr>
<td>2. Community Safety</td>
<td>1) To provide for greater safety of the community, it is necessary to ensure that appropriate pre-screening of individuals for a diversion program exists. 2) Often the resources required to provide safety for the individual—such as those allowing for physical safety from self-harm and access to treatment—are the same resources that allow for greater community safety.</td>
</tr>
<tr>
<td>3. Diversion Criteria</td>
<td>1) In determining whether a specific individual with mental illness who is conflict with the law is eligible for diversion, issues of seriousness of mental illness and type of offence are important; however, stakeholders agreed that the specific circumstances have to be examined. Stakeholders state that guidelines will assist them in determining eligibility, as long as those guidelines allow for some individual flexibility. 2) With respect to young offenders, a major theme from several stakeholders, including youth and family provincial court judges, was that young offenders with mental health problems who commit serious offences should be singled out for aggressive diversion tactics. The belief is that community safety would be best protected by early treatment so as not to eventually turn out skilled and potentially dangerous offenders into the adult system. 3) Issues of housing and income support are important criteria, especially for long-term stability of the individual in the community. As well, including these criteria is in the public interest in terms of the community safety.</td>
</tr>
<tr>
<td>Issue</td>
<td>Stakeholder Consultation Themes (contd.)</td>
</tr>
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<td>----------------------------------------</td>
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<tr>
<td>4. <strong>“Not appropriate for diversion”</strong></td>
<td>1) If the condition and the offence place others at serious risk and mental health, social and support services are not able to care for and treat the individual effectively, then the individual is not appropriate for diversion.</td>
</tr>
</tbody>
</table>
| 5. **Timely Assessments** | 1) It was generally agreed that assessments should be done as soon as possible after there is a belief that mental illness is involved or has contributed to the commission of an offence.  
2) A protocol for ensuring timeliness of assessment must be developed. This protocol should include the issue surrounding the training of those who may be involved in assessing an individual’s eligibility and the sharing of information. |
| 6. **Potential Roles** | Several interviewees provided their viewpoints on the type of potential roles their organizations could have in a provincial diversion program. (These individuals do not necessarily reflect the view of their departments/organizations.)  
♦ **For Law enforcement**, there are opportunities for front line selection since they often know the circumstances around the offence.  
♦ **Probation** may encounter opportunities to play a larger role at an earlier point in time—with pre-trial bail release—since they are able to identify potential diversion candidates and know appropriate referral sources. In many cases, they often know the clients they work with and the communities in which they reside.  
♦ **Crown** could continue to assist in the diversion process and work more closely with other criminal justice stakeholders.  
♦ **Correctional Facilities** indicated that further treatment is needed for individuals who are currently incarcerated, and in cases, individuals with mental illness are appropriate for diversion into community-based, mandated treatment instead of completing their sentence.  
♦ **Community Mental Health Clinics** indicated that they currently do see clients who fit the target population and that they provide case management, treatment and mental health services. With education and consultation from the Provincial Forensic Psychiatry Program, it is feasible to believe that they will continue to see these clients.  
♦ **AADAC** indicated that they are currently expanding their services to individuals with concurrent mental health and substance abuse disorders by collaborating with Alberta Mental Health Board. They foresee further collaboration that includes the criminal justice system as well.  
These are just some examples of the potential involvement of organizations within the diversion process. This question will be explored in further detail during Phase 1 Stakeholder Consultations. |
| 7. **Cultural Needs** | 1) Sensitivity to and understanding of different ethnocultural issues are imperative for effective treatment approaches, whether as part of incarceration or part of community.  
2) Whether ethnocultural issues are a major consideration in the treatment of the individual should be dependent upon the individual’s circumstances and choices.  
3) Ethnocultural issues may include needs for support services such as housing, financial aid, and language assistance. (See Appendix C: Glossary for definition of ethnocultural.) |
### Issue 8. Co-occurring Mental Health & Substance Abuse Disorders

1) There is a general consensus among stakeholders—including provincial court judges, law enforcement, and others—that mental illness and substance abuse problems do co-occur and exacerbate one another in the majority of the individuals with mental illness.

2) In implementing a diversion program, clear assessment protocols need to be established, for example, to determine whether someone has a co-occurring mental health and substance abuse disorder and to determine the most appropriate treatment.

3) Collaboration between mental health, AADAC and criminal justice personnel is important in order to facilitate better mental health assessments and treatment options.

4) There is a need for training of service providers in the recognition of co-occurring mental health and substance abuse disorders, as well as the impact of gambling addiction on this target population.

### Issue 9. Collaborative Practices

1) It was generally agreed that effective collaboration among agencies is essential for effective diversion. Areas that may impact collaboration include:
   - Various current legislation
   - The policies, procedures and collective agreements of individual organizations and agencies
   - The unique cultural needs of members of the target population

### Issue 10. Service Accessibility

Typically, accessibility of services for this population is inconsistent based on the communities within an area and the agencies/organizations involved. Generally, it was stated that accessibility to assessment, treatment, and social and support services during the individual's initial contact with the law is considered to be poor.

### Issue 11. Education & Training

Stakeholders stated that education and training are critical in three areas:
   - Increasing the understanding of the target population by organizations/agencies that provide services
   - Providing education that enables service providers to identify what may be signs of mental illness
   - Sharing of information regarding roles, processes and mandates of other agencies involved with an individual with mental illness who comes in contact with the law.

### Issue 12. Communication Strategy

1) Openness regarding the diversion program is an essential philosophy for the communication strategy. This strategy must address any of the public’s questions and stress the need for accountability, while educating them about the program.

2) To be effective, education about diversion must come from a number of sources or a number of ministries to show the community that there is collaboration and with collaboration there is accountability.

The above themes provide an overview of the stakeholder consultations and are supported by similar responses to the AMHB Provincial Forensic Psychiatry Program’s Needs Assessment (January to April 2001).
IMPLEMENTATION

STRATEGY

The Provincial Diversion Framework Working Committee recommends that the following three components be adopted as forming the implementation strategy for a provincial diversion program:

1. **Phased-In Implementation**
   An effective diversion program involves a number of stakeholders representing varied ministries and agencies. Such a program must set provincial standards while considering the unique needs and resources of the communities in Alberta.

   Therefore, it is recommended that implementation should be phased in over four years, with the first year devoted to developing the protocols and procedures that form the infrastructure to implement diversion options in select areas/communities.

2. **Accountability**
   A number of ministries are required for an effective program; therefore, the committee recommends that overall accountability for the implementation remain with the Mental Health & Justice Partnering Deputies Committee.

   Several stakeholders indicated the importance of having one organization lead the diversion program, with the Alberta Mental Health Board (AMHB) identified as the key organization.

   It is recommended that the AMHB have the following mandate in the development of a provincial diversion program:
   - Coordination of protocols and processes
   - Development of a training and education plan
   - Development and delivery of a public awareness plan
   - Evaluation and accountability processes

   Pending approval of the implementation plan, under the lead of AMHB, it is recommended that an Advisory Committee—with representatives from the Mental Health & Justice Partnering Deputies Committee, regional health authorities, non-government agencies, and consumer organizations—be established.

   Coordination and liaison with specific diversion areas/communities will be established in all phases of consultation and implementation.

3. **Development of the Diversion Program**
   It is recommended that the following ten conclusions form the basis of program development. These conclusions were addressed in the framework document2 and are supported by information from the preliminary stakeholder consultations.
The following series of tables present each conclusion, along with the underlying beliefs. For each conclusion, program development strategies, their corresponding implementation phase(s), and program and client based outcome/performance measures are provided. (Note: Implementation phases listed below correspond to a specific year; for instance, Phase 1 is Year 1 of the development of the Provincial Diversion Program, and so forth.)

**CONCLUSION 1**

Effective diversion encompasses a continuum of integrated yet distinct services that span the points of entry and exit to and from the criminal justice system and reflect the unique needs of Alberta’s communities.

**Beliefs**

In order for implementation to be effective,
- A balance between maintaining provincial consistency and standards and allowing flexibility within the communities, based on their needs and resources, must be achieved.
- The opportunity for diverting an individual with mental illness from the criminal justice system, whenever appropriate, to mental health, social and support services should be available at all potential points of entry to the justice system.
- Alberta’s community diversity must be respected, whether that diversity is a result of urban versus rural, community ethnocultural issues, or other differences.

**Goal**
- To create a “map” of how stakeholders—inclusive of participating ministries and agencies—can work together in the diversion process for this target population at both the decision making and operations levels

<table>
<thead>
<tr>
<th>Program Development Strategies</th>
<th>Implementation Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Define what a continuum of integrated services means on a provincial level</td>
<td>1, 2</td>
</tr>
<tr>
<td>• Examine how integration will occur on a community basis.</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>• Develop the protocols and procedures for delivering a continuum of integrated services,</td>
<td>1, 2</td>
</tr>
<tr>
<td>□ Create a list of resources and contact people in each community</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td>• In conjunction with specific communities, outline how that area’s unique needs and agencies’ mandates relate to the provincial diversion program.</td>
<td>1, 2, 3, 4</td>
</tr>
<tr>
<td>• In conjunction with specific communities, determine types of diversion options that most appropriately correspond with the area’s needs and resources.</td>
<td>1, 2, 3, 4</td>
</tr>
<tr>
<td>• Outline the guidelines and processes that will be applied to each point of entry to and exit from the criminal justice system</td>
<td>1, 2, 3</td>
</tr>
</tbody>
</table>

**Key Program and Client Outcome Measures/Performance Indicators**
- Consensus on the definition of “continuum of integrated yet distinct services” by Diversion Program Planning Working Committee and key stakeholders
- Written set of agreed upon protocols and procedures for information sharing, client referrals, resource use and accountability
- At select community locations, a continuum of service options and linkages is developed and implemented
- Written set of agreed upon protocols and procedures for potential diversion points
- Improvement of client’s level of functioning
- Client’s identifying, accessing and using social and support services
**CONCLUSION 2** The target population includes adults and adolescents with mental illness who are in conflict with the law.

**Beliefs:**
In order for implementation to be effective,
- Diversion opportunities should be available for all age ranges—adolescents (beginning at age 12) to adults (including seniors).

**Goals**
- To allow for diversion opportunities, whenever appropriate, for individuals over the age of 12 who have a mental illness and who are in conflict with the law
- To develop clear criteria for eligibility for diversion for each diversion point of entry and with consideration of the unique needs of Alberta’s communities

<table>
<thead>
<tr>
<th>Program Development Strategies</th>
<th>Implementation Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develop criteria for eligibility for diversion</td>
<td>1,2,3,4</td>
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<tr>
<td>• Examine the relationship between mental illness and substance abuse (and other addictions such as gambling)</td>
<td></td>
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<tr>
<td>• Develop mechanisms by which communities may consider individual eligibility criteria in cases of &quot;special circumstances&quot;</td>
<td>2,3,4</td>
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**Key Program and Client Outcome Measures/ Performance Indicators**
- Availability of diversion opportunities to the target population—adolescents beginning at age 12 and adults including seniors
- Documentation of clearly developed diversion criteria
- Utilization statistics of diversion options by stakeholders at all identified points of entry
- Satisfaction of stakeholders—for instance, law enforcement, judiciary, corrections, and mental health, social and support agencies—regarding the nature of the eligibility criteria
- Client satisfaction with the eligibility criteria
CONCLUSION 3  Effective diversion will ensure that, whenever possible, adults and adolescents with mental illness who are in conflict with the law receive appropriate care, support and treatment from mental health, social and support services thereby reducing reliance on the criminal justice system.

Beliefs
In order for implementation to be effective,

- The well-being and quality of life of individuals with mental illness require that these individuals receive appropriate care, support and treatment from mental health, social and support services (as defined in Appendix C: Glossary) rather than in the justice system.
- It is important to use a holistic approach that considers the individual's range of needs, for instance, mental health, housing, financial support, education, and others.
- Diversion will be most effective if a case management approach—with an identifiable case manager who is able to call for resources—is used.

Goals
- To improve the quality of life of individuals with mental illness who are in conflict with the law.
- To reduce reliance on the criminal justice system and lessen the “revolving door” syndrome.

Program Development Strategies

<table>
<thead>
<tr>
<th>Beliefs</th>
<th>Implementation Phases</th>
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<tbody>
<tr>
<td>• Develop guidelines regarding what is considered “appropriate care, support and treatment”</td>
<td>1,2</td>
</tr>
<tr>
<td>• Determine the specific needs and resources in communities.</td>
<td>2,3,4</td>
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<tr>
<td>• Coordinate with communities in applying guidelines and definitions for “appropriate care, support and treatment”</td>
<td>2,3,4, ongoing</td>
</tr>
<tr>
<td>• Develop a case management approach in conjunction with communities</td>
<td>2,3,4, ongoing</td>
</tr>
<tr>
<td>• Identify and develop outcome measures and performance indicators</td>
<td>1,2</td>
</tr>
<tr>
<td>• Evaluate the “care, support and treatment” provided to diversion candidates by service providers</td>
<td>2,3,4, ongoing</td>
</tr>
<tr>
<td>• Determine to what degree and in what fashion reliance on the criminal justice system is reduced</td>
<td>2,3,4 ongoing</td>
</tr>
<tr>
<td>• Identify best practices standards of professional training for individuals and agencies that are considered service providers for diversion candidates</td>
<td>1,2</td>
</tr>
<tr>
<td>• Work with communities that are potential diversion areas</td>
<td>2,3,4</td>
</tr>
<tr>
<td>• To determine which service providers within the area meet the standards of training</td>
<td>2,3,4</td>
</tr>
<tr>
<td>• To determine what education/training opportunities could enable service providers to meet best practice standards</td>
<td>2,3,4</td>
</tr>
<tr>
<td>• Establish accountability mechanisms to ensure standards of practice are consistent across social and support services.</td>
<td>2,3,4</td>
</tr>
<tr>
<td>• Develop a data gathering and shared information system</td>
<td>1,2,3,4</td>
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</tbody>
</table>

Key Program and Client Outcome Measures/Performance Indicators

- Consensus on guidelines is achieved
- Best practice standards of professional training are identified
- Number of target population who use social and support services and obtain financial assistance and secure housing
- Client satisfaction with care, support and treatment
- Client quality of life measured, inclusive of family relationships, physical health, individual safety
- Client’s functional status, including being able to identify and access community resources to fulfill needs—spiritual, social, cultural, recreational
**CONCLUSION 4**  Ensuring the safety and security needs of the target population and the community requires that timely mental health assessment and treatment services be made available.

**Beliefs**
In order for implementation to be effective,
- There must be provisions and resources that allow for the safety of the target population.
- Safety of the target population requires the involvement of all service providers.
- There is a correlation between the availability and use of assessment, treatment, social and support services and the safety of the target population.
- There is also a correlation between the availability and use of assessment, treatment, social and support services and the safety of the community.

**Goals**
- To ensure that the target population receives timely assessment, treatment, social and support services to reduce risk to him/herself and to the community

**Program Development Strategies | Implementation Phases**

<table>
<thead>
<tr>
<th>Program Development Strategies</th>
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<tbody>
<tr>
<td>Establish provincial standards for &quot;timeliness of assessment and treatment services&quot;.</td>
<td>1,2</td>
</tr>
<tr>
<td>Coordinate with communities regarding implementation of standards for timeliness of assessment and treatment</td>
<td>2,3,4, ongoing</td>
</tr>
<tr>
<td>Develop a risk management framework that addresses the issue of safety of the target population and the community</td>
<td>1,2</td>
</tr>
<tr>
<td>Identify the nature and types of assessment and treatment services available in communities that help ensure safety of the target population and the community</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>Coordinate with communities regarding implementation of processes and/or resources required to ensure the safety of the target population and community</td>
<td>2,3,4</td>
</tr>
<tr>
<td>Evaluate and, if necessary, modify protocols and processes related to use of assessment and treatment services and the safety of the target population and the community</td>
<td>2,3,4</td>
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**Key Program and Client Outcome Measures/ Performance Indicators**

<table>
<thead>
<tr>
<th>Outcome Measures/ Performance Indicators</th>
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<tbody>
<tr>
<td>Guidelines for “appropriate care, support and treatment” are established</td>
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<tr>
<td>Client satisfaction regarding timeliness of assessment and treatment</td>
</tr>
<tr>
<td>Stakeholder satisfaction regarding timeliness of assessments</td>
</tr>
<tr>
<td>Client’s functional status, including abiding by the law sufficiently to avoid incarceration</td>
</tr>
<tr>
<td>Availability and accessibility of timely assessment, treatment services, social and support services</td>
</tr>
<tr>
<td>An awareness survey to determine the public’s level of knowledge about mental illness in general and about individuals with mental illness who are in conflict with the law.</td>
</tr>
</tbody>
</table>
CONCLUSION 5 Whenever possible, different models of treatment should be used to meet the needs of the target population

Beliefs
In order for implementation to be effective,
- The unique biopsychosocial-spiritual needs of each individual must be recognized.
- Interdisciplinary standards for assessment and treatment of service delivery are required.

Goals
- To promote a holistic approach to treatment, considering the unique needs of each individual and their community

<table>
<thead>
<tr>
<th>Program Development Strategies</th>
<th>Implementation Phases</th>
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</thead>
<tbody>
<tr>
<td>• Outline best practices for the treatment of the target population</td>
<td>1</td>
</tr>
<tr>
<td>◦ Identify treatment models available to provide diversion options to communities</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>• Set up protocols for collaboration and information sharing between agencies/organizations</td>
<td>1,2,3</td>
</tr>
<tr>
<td>who provide different aspects of treatment</td>
<td></td>
</tr>
<tr>
<td>• Identify need for a case management approach for the monitoring, treatment and support of</td>
<td>1</td>
</tr>
<tr>
<td>our target population</td>
<td></td>
</tr>
<tr>
<td>• Outline protocols for case management approach</td>
<td>1,2</td>
</tr>
<tr>
<td>• Outline procedures for case management approach that can be used within communities</td>
<td>2,3,4</td>
</tr>
<tr>
<td>providing diversion options</td>
<td></td>
</tr>
</tbody>
</table>

Key Program and Client Outcome Measures/Performance Indicators
- Review of best practices literature completed
- Utilization of the number and type of services accessed by target population
- Regular case review conferences are held and the outcomes documented
**Proposed Implementation Plan**

**CONCLUSION 6** An integrated approach and treatment plan with coordination between agencies should be used for effective treatment of concurrent mental health and substance abuse disorders.

**Beliefs**
In order for implementation to be effective,
- Individuals with co-occurring mental health and substance abuse disorders require treatment for both disorders.
- Service provision requires collaboration and coordination.

**Goal**
- To ensure that integrated treatment approach is in place for members of the target population who also have co-occurring substance abuse disorders

<table>
<thead>
<tr>
<th>Program Development Strategies</th>
<th>Implementation Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify treatment strategies used for an integrated approach between organizations offering mental health treatment and those offering substance abuse treatment for members of the target population who are diagnosed as also having substance abuse problems</td>
<td>1</td>
</tr>
<tr>
<td>Determine the number of members of the target population who have identified gambling problems as one of their addictions</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Set up protocols for collaboration regarding the treatment of the members of the target population who have substance abuse problems</td>
<td>1, 2</td>
</tr>
<tr>
<td>Outline specific processes within communities for assessment of potential diversion candidates who are suspected of having a co-occurring mental health and substance abuse disorder</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td>Outline processes for treatment of these individuals</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td>Determine available community resources that can be used for the treatment of individuals with co-occurring mental health and substance abuse disorders</td>
<td>1, 2, 3, 4</td>
</tr>
</tbody>
</table>

**Key Program and Client Outcome Measures/Performance Indicators**
- Review of best practices literature completed
- Utilization of number and type of integrated mental health and substance abuse services accessed by target population
- Effectiveness of services accessed by the target population, for instance, symptom reduction measures
- Service providers’ understanding of the relationship between mental health and substance abuse disorders
- Quality of life measures, including clients’ satisfaction with areas of life such as family relationships, physical health, financial resources, individual safety, housing, education
CONCLUSION 7 Effective service delivery requires coordination between agencies.

Beliefs
In order for implementation to be effective,
• It is important to recognize that a number of departments, agencies and organizations are involved with the target population.
• Coordination between agencies should exist at all levels, whereby communication, sharing of information and use of resources are part of policy and practice.

Goals
• To ensure that processes are in place for effective coordination, inclusive of information sharing, referral processes, and resource utilization
• To avoid duplication of services and to use services most effectively
• To provide the most appropriate services to the target population, thereby reducing reliance on the criminal justice system and supporting healthy and safe communities

Program Development Strategies

<table>
<thead>
<tr>
<th>Program Development Strategies</th>
<th>Implementation Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Create protocols and processes that address the</td>
<td>1,2,3</td>
</tr>
<tr>
<td>✔ type of coordination</td>
<td>1,2,3</td>
</tr>
<tr>
<td>✔ method by which this coordination is achieved</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>✔ sharing of information</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>• Outline a process/mechanism for referral</td>
<td>1,2</td>
</tr>
<tr>
<td>• Coordinate with communities to implement referral process</td>
<td>2,3,4</td>
</tr>
<tr>
<td>• Monitor and evaluate effectiveness of coordination between organizations/agencies</td>
<td>2,3,4 ongoing</td>
</tr>
</tbody>
</table>

Key Program and Client Outcome Measures/ Performance Indicators

• The number and type of organizations that work together in a diversion process
• Satisfaction with coordination and referral process by all stakeholders in a diversion process
• An audit of the quality of information that is being shared
• Quality of life measures of target population
• The operation of an inter-agency committee in each diversion community to evaluate coordination and collaboration of organizations and agencies involved in the community’s diversion program
**CONCLUSION**

The long-term goals of diversion and treatment require that transitional services be provided for individuals moving from the criminal justice system to mental health, social and support services.

### Beliefs

In order for implementation to be effective,
- It is important to ensure that individuals with mental illness who are in conflict with the law and who are incarcerated for their offence receive appropriate assistance to make the transition from the supervised setting of the correctional institution to the community.
- Without transitional services, this group of individuals often becomes part of the "revolving door syndrome".

### Goals

- To identify community treatment and support services and to link these services to release planning from correctional facilities
- To provide for effective treatment and support that may allow individuals to live within their own communities and close to their families/supports

<table>
<thead>
<tr>
<th>Program Development Strategies</th>
<th>Implementation Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create protocols and processes for providing transitional services from incarceration</td>
<td>1,2</td>
</tr>
<tr>
<td>Identify potential approved organizations/agencies to be involved in those transitional services</td>
<td>1,2,3,4</td>
</tr>
<tr>
<td>Coordinate with communities regarding transitional services needed and those provided</td>
<td>2,3,4</td>
</tr>
<tr>
<td>Monitor and evaluate transition process and effectiveness of reintegration of target population into community</td>
<td>2,3,4</td>
</tr>
</tbody>
</table>

### Key Program and Client Outcome Measures/Performance Indicators

- Satisfaction with transition services by individuals with mental illness who have been released from a correctional facility
- Satisfaction with transition services by key stakeholders
- Quality of life of individuals with mental illness who have been released from a correctional facility, including family relationships, social involvement, financial resources, physical health, individual safety, housing, education, and feeling empowerment and self-esteem
- Amount and type of access to transitional services by this group
- Number and type of offences committed by this group
- An awareness survey to determine the public’s level of knowledge about mental illness in general and about individuals with mental illness who are in conflict with the law.
### CONCLUSION 9  
**Education and training of all service providers—for instance, health care, housing, education, finances, and activities of daily living—are integral to service delivery.**

**Beliefs**  
In order for implementation to be effective,  
- There must be increased understanding and awareness of organizational and agency roles.

**Goals**  
- To increase the awareness of the roles and mandates of organizations/agencies involved with the target population  
- To provide for effective sharing of information among organizations  
- To develop a system in which resources are utilized effectively

<table>
<thead>
<tr>
<th>Program Development Strategies</th>
<th>Implementation Phases</th>
</tr>
</thead>
</table>
| • Develop a training and education plan to assist various organizations involved in the process of diversion  
  ◦ In conjunction with the communities, determine in which areas additional training is required, for instance, specific cultural issues | 1,2,3 |

<table>
<thead>
<tr>
<th>Key Program and Client Outcome Measures/ Performance Indicators</th>
</tr>
</thead>
</table>
| • Review of best practices literature completed  
• Utilization of the number and type of services accessed by target population  
• Data regarding the number and type of education events offered, the amount of affiliation with academic institutions, and the number and type of staff exchange opportunities |

### CONCLUSION 10  
**Effective communication is critical to the overall acceptance of diversion and to the public’s perception of safety.**

**Beliefs**  
In order for implementation to be effective,  
- Communication of the diversion program must represent the views of the range of ministries and agencies involved with the target population.  
- Communication must stress the value and dignity of the target population, reduce stigma, and promote public perception of safety.

**Goals**  
- To increase the community awareness of the diversion process  
- To increase community awareness and understanding of the target population

<table>
<thead>
<tr>
<th>Program Development Strategies</th>
<th>Implementation Phases</th>
</tr>
</thead>
</table>
| • Develop a formalized communication plan that represents the views of key stakeholders involved  
  ◦ Coordinate with diversion areas/communities to implement plan | 1,2 |

<table>
<thead>
<tr>
<th>Key Program and Client Outcome Measures/ Performance Indicators</th>
</tr>
</thead>
</table>
| • Amount of awareness and understanding of the target population  
• Amount of awareness and understanding of the diversion process  
• Information available regarding the diversion program. |
<table>
<thead>
<tr>
<th>Activities to Date  2000/01</th>
<th>Phase I (2002/03)</th>
<th>Phase II (2003/04)</th>
<th>Phase III (2004/05)</th>
<th>Phase IV (2005/06)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provincial Diversion Working Committee established 03/2001</strong></td>
<td>Under the leadership of AMHB, establish an advisory committee with representatives from Mental Health &amp; Justice Partnering Deputies Committee</td>
<td>Examine the overall provincial diversion program infrastructure, including the role of the advisory committee</td>
<td>Based on the role of the advisory committee, ensure continued evaluation of diversion program implementation, based on previously outlined outcome measures and performance indicators, as well as program cost effectiveness.</td>
<td>Continue to implement formalized communication/public awareness plan</td>
</tr>
<tr>
<td>--Completed Provincial Diversion Framework document and received “support in principle” on October 01, 2001 from Mental Health &amp; Justice Partnering Deputies Committee</td>
<td>--Complete stakeholder consultations</td>
<td>--Implement formalized communication/public awareness plan in communities identified for diversion</td>
<td>--Continue to implement formalized communication/public awareness plan</td>
<td>--Continue to implement formalized communication/public awareness plan</td>
</tr>
<tr>
<td>--Conducted preliminary stakeholder consultations with representative key stakeholders</td>
<td>--Examine 2nd year of evaluation of Calgary Diversion Project. Based on evaluation results, begin to build support for sustainable funding</td>
<td>Based on evaluation results: --Seek sustainable funding for Calgary Diversion Project</td>
<td>--Further inform the development of the provincial diversion program</td>
<td>--Establish Phase 4 Diversion Communities and allocate resources</td>
</tr>
<tr>
<td></td>
<td>--Use Calgary Diversion Project results to inform the development of the provincial diversion program</td>
<td></td>
<td>--Evaluate Phase 2 Diversion Communities at 18 &amp; 24 months; Phase 3 communities at 3, 6, 9, and 12 months</td>
<td>--Evaluate Phase 2 Diversion communities at 36 months; Phase 3 communities at 18 &amp; 24 months; Phase 4 communities at 3, 6, 9, and 12 months</td>
</tr>
<tr>
<td><strong>Identify Potential Diversion Areas/Communities</strong></td>
<td>--Establish Phase 2 Diversion Communities established and allocate resources</td>
<td>--Establish Phase 3 Diversion Communities and allocate resources</td>
<td>--Establish Phase 4 Diversion Communities and allocate resources</td>
<td>--Establish Phase 4 Diversion Communities and allocate resources</td>
</tr>
<tr>
<td></td>
<td>--Examine Phase 2 Diversion Communities at 3, 6, 9 and 12 month intervals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>--Evaluate Phase 2 Diversion Communities at 18 &amp; 24 months; Phase 3 communities at 3, 6, 9, and 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developed general outcome measures</td>
<td>Draft of outcome measures / performance indicators</td>
<td>--Continued Development and monitoring of outcome measures / Performance indicators</td>
<td>--Continue evaluation</td>
<td>--Continue implementation of data tracking</td>
</tr>
<tr>
<td>Proposed Implementation Plan for Reducing the Criminalization of Individuals with Mental Illness</td>
<td></td>
<td>Draft Provincial Diversion Program Implementation Plan Completed (December 2001)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Program Development Strategies Completed:</strong></td>
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<tr>
<td>--Continuum of integrated services defined</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>--Protocols and procedures for info sharing and collaboration defined</td>
<td></td>
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<tr>
<td>--Eligibility criteria defined</td>
<td></td>
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<tr>
<td>--Guidelines and processes for points of entry to diversion program are identified</td>
<td></td>
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<tr>
<td>--Draft Guidelines for “appropriate care, support and treatment” developed</td>
<td></td>
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<tr>
<td>--Best practice standards of professional training identified</td>
<td></td>
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<tr>
<td>--‘Timeliness of assessment” determined</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>--Draft Review of best practices literature completed</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>--Draft Case management approach outlined</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--Integrated treatment approach between mental health and substance abuse identified</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--Draft Transitional service protocols completed</td>
<td></td>
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</tbody>
</table>
As proposed in this Provincial Diversion Program Implementation Plan, a comprehensive stakeholder consultation will be completed in Phase 1. In addition, provincial definitions, protocols and processes need to be established.

During Phase 1 of Implementation, the Calgary Diversion Project will be completing its first year of operation, which will provide evaluative results to inform the development of the provincial diversion program.

As a result, no additional funding is proposed for 2002-2003.

Future funding requirements for the phased-in provincial diversion program will be identified for the next business planning cycle.
Since the Provincial Diversion Framework Working Committee has completed its mandate of developing a framework and applying that framework to an implementation plan for a Provincial Diversion Program, we recommend the following steps:

1) Support in Principle from the Mental Health & Justice Partnering Deputies Committee of the actions outlined in this Provincial Diversion Program Implementation Plan, inclusive of the following recommendations
   - Implementation to be phased-in over four (4) years, beginning in 2002
   - Accountability for implementation to remain with the Mental Health & Justice Partnering Deputies Committee
   - Alberta Mental Health Board (AMHB) to remain as the lead throughout the implementation
   - An Advisory Committee—with representatives from the Mental Health & Justice Partnering Deputies Committee, regional health authorities, non-government agencies, and consumer organizations—to be established to assist with the coordination of the implementation plan

2) Under the lead of AMHB and with the assistance of the Advisory Committee, Phase 1 development strategies to be completed, along with a business plan outlining the financial implications of the Provincial Diversion Program prior to the next business planning cycle.
ENDNOTES FOR DIVERSION PROGRAM DEVELOPMENT


3 Note: The phrasing of this Conclusion has been reworded for greater clarity. The original phrasing in *Alberta’s Provincial Diversion Framework: Reducing the Criminalization of Individuals with Mental Illness* is as follows: “A multi-modal, multi-disciplinary approach is most likely to achieve the desired outcomes” (2001, p. 11).

4 Note: Conclusion 9 was previously stated as an “Underlying Principle for Service Delivery” within *Alberta’s Provincial Diversion Framework: Reducing the Criminalization of Individuals with Mental Illness* (2001, p. 9)

5 Note: Conclusion 10 was previously stated as an “Underlying Principle for Service Delivery” within *Alberta’s Provincial Diversion Framework: Reducing the Criminalization of Individuals with Mental Illness* (2001, p. 9)
APPENDIX A: Stakeholder Consultation

APPENDIX B: Goldeye Retreat Position Paper

APPENDIX C: Glossary
APPENDIX A: Stakeholder Consultations

Preliminary, first round stakeholder consultations were conducted during October and November 2001.

PURPOSE
The primary purpose of the stakeholder consultations was to determine:

How a provincial diversion program for individuals with mental illness who are in conflict with the law could be implemented

METHOD
Semi-structured interviews were chosen as the method of consultation. The questions were pre-designed in order to act as a guide, thereby allowing for consistency in the type of information gathered. Whenever possible, each participant was provided with the definitions of “diversion” and “mental illness,” as well as a list of questions before the interview.

In an effort to get a broad range of perspectives within the two-month period, several committee members assisted in the interview process. Each committee member reinforced that stakeholder consultation will continue throughout the implementation process.

STAKEHOLDERS CONSULTED
Stakeholders were from the following groups and from several Alberta communities, including Grande Prairie, St. Paul, Edmonton, Calgary, Red Deer, Medicine Hat, and Lethbridge.

- 44 members of the Schizophrenia Society of Alberta were included via a presentation and question-answer format during the annual Schizophrenia Society Retreat.
- 6 individuals—families and caregivers—of individuals who have co-occurring substance abuse and mental health disorders
- 5 Law Enforcement Personnel
- 3 Crown Prosecutors
- 2 Defense lawyers
- 10 Judges, including those dealing with youth and adults
- 3 Probation Officers
- 5 Community Mental Health Clinic representatives, including Directors and Managers
- 2 Representatives from Regional Health Authorities
- 4 Schizophrenia Society Advocacy Group members
- 2 AADAC Representatives
- 3 Young Offender Centres’ management personnel
- 1 Representative from Ft. Saskatchewan Correctional Centre
- 1 Canadian Mental Health Association representative
- 4 Representatives from Alberta Solicitor General’s department (non-committee)
The Stakeholder Consultation questions and instructions to interviewees are supplied below:

### REDUCING THE CRIMINALIZATION OF INDIVIDUALS WITH MENTAL ILLNESS: PROVINCIAL DIVERSION FRAMEWORK STAKEHOLDER CONSULTATION

#### Information to Consultation Participants

With “support in principle” for the Provincial Diversion Framework document on October 1, 2001 by the Mental Health and Justice Partnering Deputies Committee, the Provincial Diversion Framework Working Committee is conducting a preliminary consultation with a limited group of potential stakeholders regarding the following:

*How a provincial diversion framework for individuals with mental illness who are in conflict with the law could potentially be implemented*

As a representative for one of our stakeholder consultation groups—either with a provincial or regional focus—you are being asked to participate in a semi-structured interview (approximately 1 hour maximum).

Enclosed is some background information on the intent of a Provincial Diversion Framework, the progress of the Provincial Diversion Framework Working Committee thus far, and the steps required for the next stage. In addition, a series of potential interview questions is included for your review.

#### Committee Background

The Provincial Diversion Framework Working Committee has been meeting since the spring of 2001 in response to a need to provide a framework whereby, whenever appropriate, individuals with mental illness who are in conflict with the law could be diverted from the criminal justice system to mental health, social and support services.

Under the leadership of the Alberta Mental Health Board (AMHB) with accountability to the Mental Health and Justice Partnering Deputies Committee, partners and consultants in the development of the Provincial Diversion Framework include:

- Alberta Health and Wellness,
- Alberta Justice,
- Alberta Solicitor General,
- Alberta Children’s Services,
- Alberta Community Development,
- Alberta Human Resources and Employment,
- Aboriginal Affairs and Northern Development,
- AADAC,
- AMHB,
- Canadian Mental Health Association,
- Schizophrenia Society of Alberta.

#### Committee’s Work to Date—The Framework

Over the past six months, the committee has developed a general provincial framework for diversion of the above-mentioned group of individuals. This framework is based on numerous discussions by the committee representatives, reference to previous Alberta reports and needs assessment, and a review of both national and international literature on diversion programs.
1. The committee agreed upon the following definition of diversion:

**DIVERSION** is defined as a:

- Redirection of individuals with mental illness from the criminal justice system, whenever appropriate, to mental health, social and support services.
- Continuum of integrated yet distinct services that span the points of entry and exit to and from the criminal justice system and reflect the unique needs of Alberta’s communities

The working committee also acknowledges that a comprehensive diversion strategy:

- Provides treatment during incarceration, thereby potentially reducing the length of incarceration and improving an individual’s quality of life.
- Facilitates transition to treatment and support within the community after incarceration

2. In its discussions of how to define mental illness, the committee decided to follow the Canadian Psychiatric Association’s statement because it was most conducive to meeting the needs of as many stakeholders as possible.

**MENTAL ILLNESS** is defined according to the Canadian Psychiatric Association’s statement: “… mental illness refers to clinically significant patterns of behavioural or emotional functioning that are associated with some level of distress, suffering, or impairment in one or more areas of functioning (for instance, school, work, social and family interactions). At the basis of this impairment is a behavioural, psychological, or biological dysfunction, or a combination of these.”

3. In terms of target population, the committee also agreed to the following:

whenever appropriate, adults and adolescents with mental illness who are in conflict with the law receive appropriate care, support and treatment from mental health, social and support services thereby reducing reliance on the criminal justice system.

4. The Provincial Diversion Committee also set out three goals for the Framework:

- To formalize and propose diversion principles that will ensure the quality, efficiency, and accountability of an effective, province-wide, community-based framework.
- To ensure whenever possible that adults and adolescents with mental illness who are in conflict with the law receive appropriate care, support and treatment from mental health, social and support services.
- To ensure that the diversion strategies appropriately respond to and support the needs of Aboriginal communities.

The committee also recognizes that implementation of a successful diversion framework is a multi-faceted task that requires

- coordination and collaboration among and between the stakeholders in the diversion process, including the client and all service providers
- sharing of resources and information, when possible, and
- commitment and support from the general public.
Next Steps—Stakeholder Consultation

The provincial diversion framework draft document, titled “Reducing the Criminalization of Individuals with Mental Illness”, received “support in principle” from the Mental Health and Justice Partnering Deputies Committee on October 1, 2001. This support allows the committee to continue its process of consulting stakeholders and drafting a potential implementation plan. However, the support at this stage does not guarantee that a provincial diversion framework will be implemented. Once the consultation is completed, a document outlining its findings will be presented to the Partnering Deputies Committee, which in turn will determine the next action.

Time Frame: prior to mid November

Because the committee was requested to provide the next report by early December, the stakeholder consultations should be completed no later than mid November to allow for a summary of results and the application of those results to a potential implementation plan.

Stakeholders to be Consulted

Consultation is not considered to be a one-time process. Some general consultation has already been done through a province-wide needs assessment by the Provincial Forensic Psychiatry Program, which was conducted from January to April 2001. Further consultation will be done with stakeholders who can speak to broad provincial issues regarding diversion and with those identified in specific regions where diversion could be implemented in a phased-in approach.

Existing information from the needs assessment is assisting the committee in determining the initial set of stakeholders to be consulted as well as the potential centres to be involved in the first stages of the implementation process.

Method of Consultation

A series of semi-structured interviews are being used to allow for the greatest depth of information. A member of the provincial diversion framework working committee or assigned designate(s) will conduct the interviews. If the interviewee provides permission, the interviews will be taped to ensure the greatest degree of accuracy in reflecting each person’s position.

Types of Questions

The questions for the semi-structured interview relate to eight (8) underlying principles of service delivery that were determined by the Provincial Diversion Framework Working Committee. These principles are broad in their focus in order to reflect the diversity and uniqueness of Alberta communities.

These questions are provided to each participant prior to the interview to allow for greater preparation. In the following table, each numbered box presents the main question, along with potential follow up questions or prompts, if needed. (The follow up questions are marked with a “◆”).
INTERVIEW PROCEDURE

Instructions for the Interviewer:

Please advise your interviewee that you require a maximum of 1 hour of his/her time.

Please ask the interviewee if tape recording the interview is possible. If not, please take notes in the space below each question. NOTE: We recognize that some interviewees will be reluctant to tape, so we are flexible with this option.

Please ask the interviewee if he/she would be willing to receive a follow up phone call from either you or Aggy King-Smith (a representative of the Provincial Diversion Framework Working Committee) if there is any clarification required. If the interviewee is willing, please indicate by printing the person’s name and contact information on the interview sheet.

Ensure that the interviewee is clear about the following:

♦ This is only the initial consultation with a limited group of stakeholders
♦ Implementation of a Provincial Diversion Framework is not guaranteed and is subject to approval and budgetary considerations
♦ If there is approval for implementation, then the implementation will be most likely done via a “phased-in approach” over several years.

Thank you for assisting in this process.
INTERVIEW QUESTIONS

Tape recorded? Yes ____________   No ____________  If yes, please have the interviewee indicate his/her consent by printing and signing his/her name:

1. a) Name, position, organization, city/town (name optional): ____________________________

   b) Approximately how many individuals with mental illness who are in conflict with the law have you seen/encountered in the past year? __________

   c) Of the above group, approximately how many were youth (12 – 17) _____  children (under 12) _______  adults 18+ _______

   d) What specific role/services does your agency/organization provide for these individuals?

2. If a diversion program existed in your community, what do you believe is important in ensuring:

   a.) The safety of the individual with mental illness?

   b.) The safety of the community?

3. Several factors are often considered in deciding whether a person should be diverted from the criminal justice system to mental health, social and support services. Ask the interviewee to rank how important each of the following factors is to deciding whether a person should be diverted.

   a. **Seriousness of mental illness**

      1  2  3  4  5
      Very important Somewhat important Not important

   b. **Willingness to get treatment**

      1  2  3  4  5
      Very important Somewhat important Not important

   c. **Type of offence**

      1  2  3  4  5
      Very important Somewhat important Not important
d. **Housing**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very important</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat important</td>
</tr>
<tr>
<td>3</td>
<td>Not important</td>
</tr>
<tr>
<td>4</td>
<td>Very important</td>
</tr>
<tr>
<td>5</td>
<td>Somewhat important</td>
</tr>
<tr>
<td>6</td>
<td>Not important</td>
</tr>
</tbody>
</table>

**Further Explanation or Comments?**

4. In the definition of Diversion, the term "whenever appropriate" is used to suggest that sometimes it is not appropriate to divert an individual with mental illness who is in conflict with the law. In your opinion, when is it not appropriate to divert an individual with mental illness who is in conflict with the law?

5. What do you feel needs to be done to ensure timeliness of assessing potential diversion candidates?

- What resources does your community have in place to provide timely forensic mental health assessments?

6. From your perspective, what type of role/function could your organization have in a diversion strategy for individuals with mental illness who might be redirected from the criminal justice system to receive appropriate mental health, social and support services?

- If you are a service provider, are you currently providing mental health and/or support services to individuals who are in conflict with the law?

- If you are a service provider, what additional services might your organization provide if a diversion strategy were implemented in your community?
7. Please describe any unique cultural needs that you feel might impact the implementation of an effective diversion strategy. And, why?

8. From your experience, how often in a month do you encounter individuals with mental illness who are in conflict with the law and who are suspected of having (or are diagnosed as having) substance abuse/use problems? Approximately ________ times per month.
   - In your community, how are individuals with co-occurring disorders (mental illness and substance abuse) provided treatment?
   - How would you describe the effectiveness of the current procedure/treatment regarding individuals with co-occurring disorders (mental illness and substance abuse)? Please explain.

Recommendations?

9. In your opinion, how could a diversion strategy within your region reflect the following statement regarding diversion as a "continuum of integrated yet distinct services that span the points of entry an exit to and from the criminal justice system"?

   - What suggestions do you have for collaborative practices and with whom?
   - Please describe any gaps and challenges that you experience across sectors, ministries, agencies that may impact implementation of a diversion strategy?

10. From your experience regarding your community, how would you describe the accessibility of services—whether mental health, health care, housing, education, etc.?

11. What type of further education/training, if any, do feel could benefit your ability to participate in a diversion strategy involving individuals with mental illness?

   - In your opinion, what other agencies/organizations/service providers within your region could benefit from some type of training regarding this target population?
   - What type of training would be most beneficial? Please rank in order of importance with 1 being most important.
12. How do you believe the general public in your region would respond to a diversion strategy for individuals with mental illness?

♦ What do you perceive to be the major concerns, if any?

♦ What would you recommend as a communication approach to notify and educate the general public about diversion?

13. What final comments do you have about a potential diversion strategy within your community?

Thank you for your participation.
APPENDIX B: Schizophrenia Society
Position Paper—Goldeye Consumer Retreat

Discussion Paper
The Schizophrenia Society of Alberta's
October 2001
Goldeye Consumer Retreat

Respectfully Submitted to
The Alberta Mental Health Board

Preamble:
On October 14 – 17, 2001 the Schizophrenia Society of Alberta (SSA) held its annual Consumer (those diagnosed with schizophrenia) Retreat at Goldeye Centre west of Nordegg. Part of the funding to underwrite the retreat was provided through a grant from the Alberta Mental Health Board (AMHB). In response for this support, the SSA committed to hold an information presentation for consumers on a relevant mental health topic. Subsequently, the Consumers provide this position paper in response to this presentation to AMHB as part of the deliverables for the SSA’s Consumer Goldeye Retreat Grant.

Mr. Brent Doney, the Co-Chair of the Provincial Diversion Framework Working Committee, and Ms. Aggy King-Smith, writer of the document under development, gave a presentation on diversion of the mentally ill out of the justice system into the mental health, social and support services.

The following day the consumers held a focused discussion to develop a position paper for the AMHB. One consumer representing each SSA Chapter agreed to serve as the Editorial Advisory Committee to approve the draft developed from the working notes taken through the discussion. The position paper follows.

Developing Strategies That Address Diversion

Members of the Consumer Retreat endorse the importance of developing appropriate diversion strategies to ensure that the mentally ill are diverted, whenever appropriate, out of the justice system to the mental health, social and support services. The members recognize and acknowledge that individuals with a mental illness are inappropriately served within the justice system.

Rather than developing responses that are specific in nature, this position identifies broad areas of concern held by consumers. Many of the recommendations contained in this paper are directed towards the preventative aspect of the spectrum rather than development of specific diversion strategies.

Knowledge is key.
Consumers need to know how and where to access information about and support from the law. There needs to be a better understanding by all of the illness so that solutions that make sense can be more easily found. There is a need to see better training on
mental illness right within the police curriculum to enable the police to be better sensitive to the needs of the mentally ill. Training should also be extended to the courts, to the point that judges should be required to take training on mental illness/health prior to becoming a judge (within a mental health court). In fact, all court staff should receive training on mental health issues.

**Acknowledge responsibilities.**

Consumers need to know how and where to get information about medications and how to use the parts of our health system more effectively—like pharmacies and physicians. Key decision-makers have a responsibility to make informed decisions about ensuring services are appropriate and responsive. In designing a system of diversion strategies, it is critical that measures and mechanisms are in place to ensure those organizations implementing diversion strategies, like the justice and the mental health systems, have the needed resources to ensure diversion’s success.

**Enshrine diversion in trust.**

It is critical that for successful treatment and management of the mentally ill across a diverse network of organizations, access to information about the person concerned is imperative. However, the need for a flow of information to meet the needs of the mentally ill person needing diversion from the justice system has to be protected by an equally stringent set of codes. These codes must assure the protection of the individual as outlined by Alberta’s various acts—the Mental Health Act, the Freedom of Information and Protection Act and the Health Information Act. Strategies around information and information management need to be creative, such as using smart cards/alert bracelets and data bank of information of needed personal information—accessible, but protected.

**Pay attention to the needs.**

Consumers have strong opinions on what is needed as a primary prevention strategy that could minimize the need for diversion. Some suggestions were offered and are randomly listed below as they evolved through the discussion. They are not listed in order of priority. They are as follows:

- Put in place a basic safety net staffed by trained staff such as social workers and occupational therapists.
- Put in place better training mechanisms for police, even to the point of advocating for training within the police-training curriculum.
- Provide training opportunities for service occupations (e.g. bus drivers) that come into regular contact with the mentally ill to address the negative stigma of mental illness.
- Make AISH and other programs transferable and ensure sufficient funding levels for needed individual levels.
- AISH discourages employment so change AISH criteria.
- Establish day programs that are community mobile for rural communities (like the premise of a mobile travelling library).
- Establish SAFE houses and other appropriate supportive housing.
- Ensure help is available from hospitals when consumers are upset and need support.
- Wider accessibility to life skills programs staffed by independent living skills workers.
- More out-reach programs (home delivery).
- More shelter workshops and or clubhouses in small communities to assist in reducing stigma through increased contact.
- Better cross discipline training
- Exposure to mentally ill in different situations that reflect the mentally ill more positively
- There should be a mental health crisis team available in prison.
Better information about new medications and increase their accessibility to consumers.
Strengthen training and awareness for school counselors, from primary to post secondary, regarding mental illnesses and the resources available.
Car 52 (police and psychiatric nurse).
Perhaps a consumer could participate on a Car 52 as a ride along.
Adequate income to reduce breaking law (for food and other basics)
Looking after basic needs can be seen as a preventative strategy
There is an important and appropriate rationale for looking after basic needs – it’s more economic. ($185 per day in jail vs a meal card)
Better access to transportation.
Many alternative measures strategies that provide a variety of options
There may be a need to mandate or create legislation/policies that will motivate police to implement diversion options and procedures in their procedure manuals.

Communicating the importance and need.
It is critical to provide information/education/awareness. Information and education are helpful in reducing the negative stigma held regarding mental illness. Several strategies need to be implemented not only to inform the public about diversion but also about mental illness in general. A media campaign should be launched. Advertising a product uses a media campaign, and this should be no different. We need to educate the public and those using the media about the negative impact that careless and callous messages can have when mental illness is not portrayed well. Information should be sent out regarding the illness, programs, services and options. We need to point out the practical economics of effective diversion.

Communication vehicles.
Communicating the ideas requires several approaches. The broad theme approach to the general public is to use such medium as TV, Billboards, Radio and the Internet, including email. However, we also should use a more personal and targeted approach through direct presentations. One such excellent vehicle, proven in its success, is the SSA’s Partnership Program and related theatrical productions. The SSA’s Partnership Program and similar programs/activities can be more effective and less costly by targeting the audience rather than trying to influence all people at once. There will always be a need for a communication/education strategy in the foreseeable future since mental illness still has a negative stigma that needs to be addressed. We need to remove the fear and misunderstanding.

The targets.
We believe that education should be directed to:
- Young people – they are at risk.
- Those persons having or that may develop problems with substance abuse.
- Ourselves – we are the ones who will be immediately affected by it and stand the most to benefit from strategies that divert mentally ill out of the justice system and into mental health and social support systems.
- Law enforcement
- Medical system (physicians)
- Courts and judicial system
- College level (the young adults)
- Hospitals
Conclusion

Members of the SSA’s Goldeye Consumer Retreat endorse the importance of developing appropriate diversion strategies to ensure that the mentally ill are diverted, whenever appropriate, out of the justice system to the mental health, social and support services. Members recognize and acknowledge that some individuals with a mental illness are inappropriately served within the justice system. Diversion strategies must be based on a series of known factors that must be considered. Knowledge of the issues faced by those with mental illness is critical to sound practical decision-making by the consumer as well as by “the system”. All parties have a responsibility for any change in strategy to be successful and a large part of that responsibility lies in ensuring that the mentally ill can trust that the system is working for them. We need to pay attention to the basic needs and communicate the changing process to all concerned in a manner that is clear and transparent.
### APPENDIX C: Glossary of Terms

The following terms are arranged alphabetically.

<table>
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<tr>
<th>TERMS</th>
<th>DEFINITIONS</th>
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<tr>
<td>ADOLESCENT</td>
<td>An individual from the age of 12 up to and inclusive of age 17.</td>
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| DIVERSION        | -- Redirection of individuals with mental illness from the criminal justice system, whenever appropriate, to mental health, social and support services.  
                  | -- Continuum of integrated yet distinct services that span the points of entry and exit to and from the criminal justice system and reflect the unique needs of Alberta's communities. (Alberta’s Provincial Diversion Framework: Reducing the Criminalization of Individuals with Mental Illness, Provincial Diversion Framework Working Committee, Nov. 2001) |
| ETHNOCULTURAL    | “a group of people who share a common, distinctive ethnicity, heritage, culture, language, social patterns, and sense of belonging” (Source: Niels Aggr-Gupta, Alberta Community Development. Terminologies of Diversity 1997: A Dictionary of Terms for Individuals, Organizations and Professionals) |
| FORENSIC         | Refers to individuals who “are 12 years of age or older; are in conflict with the law; are thought to have mental health problems; are legally mandated for assessment and treatment services; require assessment and treatment for mental health or behaviour problems” (Provincial Forensic Psychiatry Program, June 2001) |
| MENTAL ILLNESS   | “… mental illness refers to clinically significant patterns of behavioural or emotional functioning that are associated with some level of distress, suffering, or impairment in one or more areas of functioning (for instance, school, work, social and family interactions). At the basis of this impairment is a behavioural, psychological, or biological dysfunction, or a combination of these” (Canadian Psychiatric Association) |
| OUTCOME MEASURES | "Results of service/processes and/or end points of care that are linked to goals associated with: clients, programs/services, organizational performance, mental health system" (Alberta Mental Health Board’s Performance Indicator Committee, Sept. 2001) |
PERFORMANCE INDICATORS

“What you want to measure. It is a flag, piece of information you want to know about. It is usually expressed in a quantitative manner. It is used to monitor and/or compare performance/service over a period of time” (Alberta Mental Health Board's Performance Indicator Committee, Sept 2001).

PROGRAM (DIVERSION PROGRAM)

In the context of this implementation plan, “Program” is defined as consisting of agreed upon values, protocols, processes, and standards of operation that are used within the provincial context and across ministries in the diversion of individuals with mental illness who are in conflict with the law.

SOCIAL AND SUPPORT SERVICES

Social and other support services refer to the broad spectrum of services that have a direct bearing or interest on the quality of life of the mentally ill. It speaks to income and housing support, but also the other services such as transportation, education, supportive and spiritual counselling and general support.