

Evaluation of the Implementation
and Outcomes of the Canadian
Mental Health Association, Ottawa
Branch's Court Outreach Program

SEEI PHASE II REPORT



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Main Messages

1. Stakeholders in both the mental health and justice systems understand and value the services provided by the program to an underserved client group presenting with complex psychosocial needs. This finding underlines the importance of these types of programs in the province's community mental health system.
2. Program personnel have become important resources within their own agency and within the legal system concerning serving people with severe mental illness who are legally involved. They represent a new type of case manager who has expertise on navigating the intersection of mental health and justice systems. Training needs to be developed in the province to prepare case managers to assume these specialized roles.
3. There is a limited capacity to the program relative to the significant need and high level of demand contributing to overload in services and necessitating a narrow selection of clients and referral to community services as soon as possible. There was consensus among program stakeholders that the program needs to be expanded in order to meet the demand.
4. Clients receiving services from the program experience increased community adaptation, diminished symptom severity, increased adherence to following their medication regimens, reduced homelessness, and a greater likelihood of living independently in the community. Our findings suggest that short-term intensive case management is a viable service model for court support programs in the province.
5. In order to clarify the effectiveness of court support programs, future research on court support programs should use a more rigorous design that includes a standard care group and that involves a larger sample of individuals who are followed for a longer period of time.

Executive Summary

CONTEXT AND PURPOSE OF THE STUDY

The study was funded as one of nine local studies making up Phase II of the Systems Enhancement Evaluation Initiative. The research involved an implementation evaluation and an outcome evaluation of the Canadian Mental Health Association (CMHA) Ottawa Branch's Court Outreach Program subsequent to it receiving enhanced funding in May 2005.

APPROACH

A mixed methods approach relying on multiple sources of information was used. Primary qualitative data was collected by the research team from the different stakeholder groups associated with the program. Secondary quantitative data was obtained from the management information system at CMHA Ottawa.

RESULTS

Implementation Evaluation

Clients served by the Court Outreach Program correspond with the targeted population as they present with severe and persistent mental illness, are legally involved, have no contact with needed mental health or social services, and are having significant difficulties meeting basic needs and living in the community. Program staff and key informants emphasized the importance of providing access to those in greatest need because of limited program resources relative to demand. It was indicated that many more clients could be referred to the program if its capacity were increased.

Overall, our results suggest that the court outreach program is being implemented largely as planned. As expected, services target especially mental health problems, legal issues, housing difficulties, social isolation, and financial issues. Assertive outreach and individualized support are important features of the provided services. The outreach services provided by the program mirror other short-term intensive case management services provided to CMHA clients combined

with assistance regarding the legal process. Court outreach workers are also providing valuable consultation to other CMHA and legal personnel concerning individuals with severe mental illness who are legally involved.

Overall, perceived strengths of the program as identified by the different stakeholder groups demonstrate the important and unique role that the program is playing in supporting people with severe mental illness who are isolated and not accessing health and social services in the community. The recognized value of the program contributes to its most noteworthy weakness, namely its limited ability to respond to a population whose size exceeds greatly the services available from the program.

Outcome Evaluation

Based on the results of the outcome evaluation, client outcomes included increased community ability, diminished severity of mental health symptoms, reduced homelessness, increased independent living in the community, and more favourable legal outcomes as perceived by program staff. Only two of fifty terminated clients (4%) were found to be incarcerated at termination; one other client (2%) was detained through the Ontario Review Board at termination. System-level outcomes as reported by program staff and key informants included a reduction of the administrative demands on the legal system associated with program clients, the provision of assistance to court personnel related to the assessment of clients, the facilitation of follow through by clients on court orders, and contribution to the development of a recently opened mental health court.

LIMITATIONS OF THE STUDY

The conducted evaluation research on the Court Outreach Program in Ottawa has a number of limitations that need to be taken into account in the interpretation of its findings. These include: (1) the lack of a comparison group of client who were not receiving services from the Court Outreach Program, (2) the short length of time in which clients were followed, (3) the quantitative data collected for the evaluation relied on administrative data collected internally by the program, (4) the size of the samples in both groups on which outcomes of the program were evaluated is relatively small requiring moderate to large effects for changes to be significant.

RECOMMENDATIONS FOR FUTURE RESEARCH

We recommend the future research directions for the study of court support programs in Ontario: (1) Research on the implementation of these programs that identifies the structures and processes that can serve as service standards for court support programs. (2) Research examining a wide range of outcomes that include functioning, service utilization, and legal outcomes. (3) Research adopting more rigorous designs including randomized controlled trials that can more conclusively attribute outcomes to participation in the program. (4) Research following clients for a period of time which extends beyond termination from the program in order to examine the sustainability of client improvements. (5) Studies with the data collected by researchers rather than relying on program administrative data bases. (6) Studies conducted on larger sample of clients that will allow for the detection of at least medium size effects. (7) Studies on court support programs documenting the community context in which they operate describing “service system inadequacies and limitations” that make it difficult to facilitate necessary referrals once clients are ready for termination.

CONTEXT

Program Description

The Court Outreach Program at CMHA Ottawa is a community support program in which individuals with severe and persistent mental illness are referred for outreach services at a time in which they are legally involved. The bulk of court outreach services are delivered by a primary worker in the context of a one-to-one relationship with the client. The worker performs a variety of functions, including assertive outreach, client and systems advocacy, symptom management, life skills teaching, supportive counselling, family support and crisis intervention.

In addition to the individualized support provided by outreach workers, the Court Outreach program is incorporated within the integrated service approach of CMHA Ottawa, and as such, the court outreach services are part of a community mental health service team of over 80 FTE multi-disciplinary staff that include: (1) Intake and assessment team, (2) housing outreach services, (3) hospital outreach services, (4) community support services (long-term case management), (4) registered nurses and nurse practitioner, (5) psychiatric consultation and treatment, (6) concurrent disorder treatment, (7) dialectical behaviour therapy treatment, (8) brokerage services for individuals with a dual diagnosis, (9) extended hours support and bridging service, (10) vocational, recreational and volunteer support services, and (11) rent geared to income housing units.

Clients of court outreach services have access to these of multidisciplinary services and support provided by CMHA Ottawa. Court outreach workers carry caseloads of approximately 15 clients at a time and services are usually delivered for a relatively short duration (i.e., 7–12 months).

The Court Outreach Program was initially funded by the Ministry of the Attorney General in 1995, in response to the work of a local Justice Committee that had been struck to examine the plight of homeless individuals with serious mental illness who were inappropriately coming into contact with the criminal justice system. Over the years, the responsibility

for this programme was transferred to the Ministry of Health and staffing for the service was limited to two full-time court outreach workers. These workers typically served up to 60 clients per year.

In May 2005, the program received funding from the Ministry of Health and Long-Term Care resulting in the enhancement of its services through the addition of 1 FTE Intake and Assessment Worker, 2 FTE court outreach workers (for a total of 4 FTE outreach workers), 2 FTE case managers, .5 FTE Extended Hours support, and 1.5 FTE Community Mental Health and Addiction Workers. This increase in staffing was expected to double the capacity of the program and serve up to 120 clients per year with 24 of these clients supported longer-term by case management services.

Previous Pertinent Research on Court Support Programs

Similar to services offered by the Court Outreach Program, intensive case management provides individualized services that focuses on client identification, outreach, direct services, service planning, linkage to others services, and client advocacy.¹ Reviews of effectiveness research on intensive case management have concluded that it was effective in a number of areas leading to improved social functioning, increased medication adherence, improved housing stability, increased use of community services, reduced use of emergency services, diminished hospitalizations and shorter hospital stays.^{1 2 3 4 5}

In a recent review of the empirical literature on court diversion programs for people with mental illness,⁶ the researchers concluded that the research on these programs was at an early stage of development with only a very few studies having evaluated their outcomes. Moreover, they also noted that most of the published literature on court diversion programs entailed program descriptions and the study of outcomes when it was done was limited to participation in mental health services and/or recidivism. Their findings suggested that: (1) legal personnel are not aware of the

pre-trial diversion option of these programs nor sensitized to the mental health issues of their clients, (2) formal case finding procedures are important in identifying clients who could benefit from the service, (3) stable housing appears to be an important precursor for clients remaining in treatment, and (4) case management reduces the likelihood of recidivism.

Other single site studies on court diversion programs reported positive effects on diverted clients by decreasing the length of their incarceration and increasing their access to mental health and substance abuse treatment without being associated with greater recidivism when compared to non-diverted clients.^{7 8 9 10 11 12 13} In the only published Canadian study on a court diversion program to date,¹³ a retrospective study was conducted in which the outcomes of a small number of diverted clients were examined in two court diversion programs in Southern Ontario, one rural (n = 17) and the other urban (n = 58). In both programs, psychiatric nurses coordinated treatment programs for diverted clients and referred out to services. The recidivism rate in the urban and rural diverted groups after one year of supervised care was only 2% to 3%.

The development of mental health courts is playing a crucial role in the development and sustainability of diversion programs. Mental health courts are a form of court diversion in that diversion typically occurs in these courts postplea.¹⁴ Recent estimates suggest that there are now over 100 mental health courts in the United States with their creation having occurred over the past 10 years.¹⁵ Mental health courts are typically criminal courts with separate dockets which have as a central goal is to divert people with severe mental illness from the criminal justice system into community mental health treatment.¹⁶

Despite their increasing numbers and popularity, research on mental health courts is sparse with only a small number of single-site studies evaluating their outcomes.^{17 18 19} In the sole study using an experimental design,¹⁷ the researchers found that a mental health court diverting individuals from the criminal justice system into Assertive Community

Treatment resulted in improvements in functioning as well as reductions in substance abuse and new criminal activity when compared to non-diverted individuals receiving standard care. This study is the only study that involves intensive and integrated community services similar to those offered by CMHA's Court Outreach Program. Other single-site studies found clients of a mental health court experiencing reduced re-arrest rates for new offences and reduced probation violations relative to pre-enrolment in mental health courts¹⁸ and relative to comparable criminal court defendants.¹⁹

Overall, findings from the small number of studies on court diversion programs and mental health courts suggest that these types of support services are promising at least from the standpoint of reducing incarceration and facilitating access to mental health services for people with severe mental illness who have committed minor offences. The recidivism rate for participants diverted in these programs appears to be comparable to or better than that of non-diverted individuals. However, there is only minimal evidence to date that shows these programs contributing to other positive outcomes such as improved functioning and increased community adaptation. As well, most of the research to date has been conducted in the United States, which has different health services and criminal judicial processes than Canada.

APPROACH

The research involved an implementation evaluation and an outcome evaluation of the CMHA Ottawa's Court Outreach Program subsequent to it receiving systems enhancement funding from the Ontario Ministry of Health and Long-Term Care in May 2005. The study was funded as one of nine local studies making up Phase II of the Systems Enhancement Evaluation Initiative. A mixed methods approach relying on multiple sources of information was used. Primary qualitative data was collected by the research team from the different stakeholder groups associated with the program. Secondary quantitative data was obtained from the management information system at CMHA Ottawa.

Evaluation of Program Implementation

METHODS

Table 1 provides the overarching research questions guiding the implementation evaluation with the corresponding methods that will be used to answer these questions. A technical report detailing the methodology and findings of the implementation evaluation is available upon request (see follow-up and contact information at the end of the report).

Table 1: Evaluation Questions and Methodology for the Implementation Evaluation

EVALUATION QUESTION	METHODOLOGY
1. Is the Court Outreach Program being delivered to the intended population?	<ul style="list-style-type: none"> • Secondary analysis of administrative data collected on consumers • Focus groups with program staff • Key informant interviews
2. Is the Court Outreach Program being implemented as planned?	<ul style="list-style-type: none"> • Key informant interviews • Focus groups with program staff • Client interviews • Secondary analysis of data collected on
3. What are the perceived strengths and weaknesses of the Court Outreach	<ul style="list-style-type: none"> • Key informant interviews • Focus groups with program staff • Client interviews

Focus groups. Three focus groups were conducted with CMHA managers, court outreach workers, and other CMHA staff members. Each focus group had 6 to 8 participants. During the focus groups, CMHA staff members discussed their experiences with the program, including their perceptions of the client population and the intended and actual implementation of the program. They also provided recommendations for improving the program.

Key informant interviews. Interviews were conducted with eight key informants from the judicial system familiar with the program. The interviews were conducted over the telephone and focused on their impressions of the program and its effects on the court system.

Family member interviews. Three interviews of family members were conducted by telephone. Family members were asked questions about their impressions of the program based on their experiences with it and those of their family member client.

Client interviews. In-person interviews were conducted with eight clients. Clients were asked about their impressions and experiences with the program, particularly as it pertained to the services received from their outreach worker.

Secondary analyses of program data. Client data on demographic and clinical characteristics of 95 clients as well as services delivered to them by CMHA staff were accessed for analysis from the Client Record Management System (CRMS), a computerized administrative data base used by the program. CRMS includes the variables contained in the Canadian version of the “PSR Toolkit” 21 as well as a recording of services delivered to clients.

DATA ANALYSES

The data collected from all of the focus groups and interviews were analyzed using an inductive method. Major categories were initially identified for program goals, client eligibility criteria, referral processes, assessment processes, expected and actual implementation, challenges, strengths, weaknesses and recommendations. After the data were placed within these major categories, data within each of the categories were placed into smaller subcategories. Two researchers then independently coded a portion of one focus group to verify its reliability resulting in some minor refinements. Then, one researcher continued to code the rest of the data with this coding scheme.

The characteristics of consumers were summarized in frequency distributions on data representing relevant variables from the PSR Toolkit including demographic characteristics, clinical characteristics and psychosocial status. Service activity data on clients were summarized to provide a profile of the types of services received from court outreach workers as well as the frequency and intensity of these services.

Table 2: Evaluation Questions and Measures for the Outcome Evaluation

EVALUATION QUESTION	MEASURES USED TO ANSWER EVALUATION QUESTIONS
1. Are there changes in client functioning for clients over the course of participation in the court outreach program?	<ul style="list-style-type: none"> • PSR Toolkit (legal involvement, educational status, employment status)²⁰ • Residential Fall-Back Calendar • Severity of Symptom Scale (Functional Assessment Inventory)²¹ • Multnomah Community Ability Scale (MCAS)²² • Clinician Alcohol Use Scale – Revised (AUS-R)²¹ • Clinician Drug Use Scale – Revised (DUS-R)²¹ • Alcohol Diagnostic Screening Test (AUDIT)²³ • Drug Abuse Screening Test (DAST-10)²³ • Focus groups, family member interviews, client interviews
2. Is there a reduction in hospitalizations and an improvement in adherence to their medication regimen for clients in the Court Outreach Program?	<ul style="list-style-type: none"> • PSR Toolkit – Hospital and emergency room use²⁰
3. What are the legal outcomes of clients after par	<ul style="list-style-type: none"> • Client chart information • PSR Toolkit – Legal charges²⁰ • Focus groups, key informant interviews • Focus groups, key informant interviews
4. What are the perceived impacts of the Court Outreach Program on the legal system?	<ul style="list-style-type: none"> • Key informant responses to qualitative questions • Focus groups, key informant interviews

Evaluation of Program Outcomes

METHODS

The design for the evaluation of outcomes involved examining for changes in outcomes of Court Outreach Program clients from baseline to follow-up. Follow-up was defined as being either at program termination or at a specified follow-up period for clients still active in the program. For the purpose of the study, participants were defined as being in one of two groups. Clients who were still active in the Court Outreach Program at the end of the study period are referred to as in the “Active group” (AG). Clients who had terminated services during the study are defined as in the “Terminated Group” (TG). Of the final sample of 95 clients examined in the outcome evaluation, 45 (47%) were in the AG and 50 (53%) were in the TG. The data was gathered on clients who were in the program between May 2006 and August 2007. Key informant interviews yielded information about client- and system-level outcomes.

Table 2 presents the overarching evaluation questions and the measures on which data was collected to answer them. A technical report detailing the methods and findings of the outcome evaluation is available upon request (see follow-up and contact information at the end of the report).

PROCEDURES

Data collection comprised of the completion of the PSR toolkit, MCAS, AUS-R, and DUS-R and interviews of clients on self-report measures by their court outreach workers. Data collection was initiated as soon as possible after entry into the Court Outreach Program for all clients and at least within the first three months after admission.

In the case of clients in the TG, rating scales were completed and interviews were conducted around the time of their termination. For all other clients who were still receiving services from the program at the conclusion of the study, follow-up data collection that involved completion of rating scales and interviews of clients were undertaken over a period of several weeks in August and September 2007.

DATA ANALYSES

Data analyses of quantitative data involved repeated measures ANOVAs for examining changes over time on continuous variables and Chi-square analyses for changes over time on dichotomous measures. Responses to qualitative questions produced in focus groups and produced in interviews were analysed in the same way as for the implementation evaluation.

RESULTS

EVALUATION OF PROGRAM IMPLEMENTATION

Is the Court Outreach Program Being Delivered to the Intended Population?

Demographic characteristics. Almost three-quarters (74%) of study participants were male. Age of participants ranged from 18 to 59 years old, with an average and median of 34 years old. Virtually all of the study participants (98%) were single, either never having been married, separated, divorced, or widowed. Over half of participants (60%) had not completed high school and only 16% had received post-secondary education through attendance at college or university. Only a very small proportion of participants (10%) were identified as working or involved in a vocational training program at program entry. The large majority of study participants (89%) received social benefits through Ontario Works, the Ontario Disability Support Program or other disability assistance.

Clinical characteristics. Almost one-half (47%) of participants had a mental health primary diagnosis of schizophrenia or other psychotic disorder. The other most common primary diagnostic category (39%) was mood disorder. Almost three-quarters (71%) of the participants were described by their outreach workers as having a concurrent disorder. Over one-half of clients (58%) were rated by their workers on the DUS-R as having a drug use problem of abuse (28%) or dependence (30%). In contrast, 29% of clients were rated by their workers as having an alcohol use problem of abuse (20%) or dependence (9%).

At intake, virtually all of them (95%) were assessed by their workers as having housing problems that needed to be addressed. Other noteworthy client problems identified by outreach workers included limited or no financial resources (81%), severe mental health symptoms (76%), concurrent disorders (71%), occupational/vocational difficulties (45%), and threat to self or others (35%).

Legal status. Almost two-thirds of clients (63%) had been charged with assault prior to them entering the program.

The next most common pre-admission charge was failure to comply (62%), followed by uttering threats (42%), breach of condition (32%), theft (26%), and mischief (19%). A majority of clients (70%) had multiple charges against them and almost one-third (32%) had five or more charges brought against them.

In terms of legal outcomes on these charges, probation was the most common outcome of charges with it occurring 41% of the time. The next most common outcome was the issuing of a peace bond, which occurred with 14% of the charges followed by not being held criminally responsible (9%), and the withdrawal of charges (8%). In 6% of the cases, the charges were stayed and in another 6% of the cases, charges led to incarceration.

Perceptions of stakeholders concerning eligibility criteria. Program managers and court outreach workers said that the criteria for the court outreach program were the same as other CMHA programs, with an additional criminal justice involvement criterion. There was a general perception that the program was serving those with the greatest need.

A primary eligibility criterion for admission to the program was the presence of legal problems. Participants agreed that having involvement with the legal system, and more specifically, having been charged with a crime, was a pre-requisite for admission to the program. Some participants noted the importance of admitting those who had been charged several times and had several appearances before the court.

Participants identified a number of personal characteristics that qualified people for the Court Outreach Program. First, there was general agreement that individuals referred to the program should be experiencing a serious mental health issue. Some participants noted that a prior formal diagnosis was not required for admission to the program if the mental health problem was evident. Second, CMHA staff and some key informants pointed to a diminished level of functional ability as a requirement for admission to the program. This included problems in planning, keeping appointments, taking medications, or meeting the demands

of everyday life. Third, participants pointed to the presence of a concurrent disorder (i.e., presence of a substance abuse problem), or the presence of complex needs as criteria for admission to the program.

A third criterion for admission to the program was a lack of adequate psychosocial supports. This criterion was most clearly linked to the need to prioritize admissions to the program because of its limited capacity to support all potential clients. Participants identified a range of issues that should be considered, including homelessness or risk for homelessness, inadequate income, and lack of community support.

In the focus groups, CMHA staff and managers commented on the similarities and differences between court outreach clients and other CMHA clients. CMHA staff stated that there were no significant differences between court outreach clients and other clients, except for their legal involvement and the work associated with providing them with legal assistance.

Summary. In summary, clients of the court outreach program are in line with the targeted population as they present with severe and persistent mental illness, are legally involved, are not receiving needed mental health or social services, and are having significant difficulties meeting basic needs and living in the community. Program staff and key informants emphasized the importance of providing access to those in greatest need because of limited program resources relative to demand. It was indicated that many more clients could be referred to the program if its capacity were increased.

Is the Court Outreach Program Being Implemented as Planned?

Length of time in the program. Among terminated clients (N = 50), the average amount of time in the program was 8.4 months with a range of 0 to 23 months. Two-thirds of the terminated clients (66%) were in the program for a period of 9 months or less. Among terminated clients, 18% were referred to CMHA's long-term case management services and 14% to housing with supports.

The average length of time among active clients (N = 45) was

10.66 months with a range of 4 to 28 months. This average was significantly higher when compared to the terminated group of clients ($t(93) = 2.20, p < .05$). Less than half of the active clients (47%) had been in the program for 9 months or less.

Type of services delivered. In line with client characteristics reported above, 98% of clients received mental health services and 94% received assistance with legal matters. As well, 90% of clients received services directed at housing and social network difficulties while 80% had services targeting financial problems. A smaller proportion of clients also received services related to physical health (56%), substance abuse (52%), vocational planning (36%), educational planning (24%), and recreational activities (22%).

In line with the breakdown of distribution of different types of services received by clients over the course of their time in the program, outreach workers had had on average 15.10 contacts with clients focusing on mental health issues totalling 390 minutes. The type of service activity which generated the second most number of client contacts focused on housing, averaging 11.86 contacts and totalling 250 minutes. These were followed by services directed at legal issues, involving on average 10.08 contacts totalling 444 minutes. Services focusing on social support 8.30 contacts for a total of 173 minutes while services focusing on financial difficulties showed a similar level of intensity, averaging 8.20 contacts for a total of 175 minutes.

Stakeholder perceptions of services delivered. In their discussions of program goals in the focus groups, CMHA staff emphasized delivering services according to particular values and principles. These included using a holistic approach to “address the whole person.” Emphasis was placed on providing services that adhered to a client-centred recovery philosophy, that were aimed at “prevent[ing] future suffering, pain, and problems”, and in which advocacy was a key element. According to the staff, the program was based on the assumption that a person “has a right to treatment, and that we’ll work from what the client’s wants and desires are.” Another staff member pointed to the “concept of non-criminalization of the mentally ill.”

Program stakeholders described an integrated approach to program delivery within CMHA and the court. Some of the key informants described the process and team as being “multidisciplinary.” CMHA staff and court personnel were characterized as working together sharing information about clients with one another in order to assist them. CMHA staff members emphasized the importance of access to the full range of CMHA services as a necessary part of court outreach, and as facilitating the referral of clients from the court system.

According to the CMHA managers, a main program goal is to divert people with severe mental illness from the court to receiving support and treatment in the community. According to the managers, diversion outcomes for clients include withdrawal of charges, a stay of charges, peace bonds, as well as receiving support people while they are on probation.

CMHA managers stated that assessments for the Court Outreach Program were similar to assessments for other CMHA programs. The same package is used and the same criteria are applied. The assessment is typically carried by the Court Outreach Program’s intake worker. The only difference was the time duration and the intensity of point of referral for court outreach clients. More often in the justice system, a quick decision has to be made to facilitate bail or other legal outcomes, and to determine whether a CMHA worker can support that individual.

There was a general perception shared by all evaluation participants that the provision of treatment of support was implemented as intended. CMHA workers were described as assisting clients especially with housing, finances, food and their basic needs. In addition to providing direct services, court outreach workers also linked clients up with resources available at CMHA and in the community (e.g., doctors, psychiatrists, assistance with medication). The program also assisted clients in re-connecting with their family members and “getting back into the community.”

Although many of the participants felt that the program was providing the expected services and that the workers were performing appropriate roles and functions, there were a few exceptions. For example, one key informant

noted that there was “not as much housing access; expected better connection for housing”. Another key informant also mentioned that he/she thought that the program was supposed to be transitional services, but that clients seem to be on caseloads for a long time.

Court outreach workers *provided their clients with legal support* in a variety of ways, including being present with their clients at court, and assisting in bail, pleas and remand court, and negotiating with the crown and court, according to several court personnel informants. In addition, a “CMHA worker helps get assessment and treatment orders,” said another key informant. The worker tries to “regularize the process” since the legal system causes stress, as noted by one court personnel. In conjunction to taking clients to and from “court appointments, trials, [and] probation” workers also advocate and assist with other services, such as legal aid. One key informant stated that when CMHA is involved, “judges have the feeling that people with severe mental illness will be ‘taken care’ of,” and that the legal system does rely on CMHA.

CMHA staff members mentioned that the court outreach workers provided consultation and support for the lawyers and others in the legal system, as well as other CMHA staff as it relates to assisting people with severe mental illness who are legally involved. Clients noted that outreach workers were helpful in advocating for them within the legal system, by assisting them with maintaining the conditions of probation and sentences.

Summary. Overall, our results suggest that the court outreach program is being implemented largely as planned. As expected, services target especially mental health problems, legal issues, housing difficulties, social isolation, and financial issues. Assertive outreach and individualized support are important features of the provided services. The outreach services provided by the program mirror other outreach services provided to CMHA clients combined with assistance regarding the legal process. Court outreach workers are also providing valuable consultation to other CMHA and legal personnel concerning individuals with severe mental illness who are legally involved.

What Are the Perceived Strengths and Weaknesses of the Court Outreach Program?

Perceived strengths. Table 3 provides a summary of the strengths of the program identified by the different stakeholder groups participating in the evaluation. Identified strengths highlighted the significant support and assistance workers were providing to clients, family members, and legal personnel as well as their important brokering role between clients and the legal system.

Perceived weaknesses. Table 4 presents a summary of the weaknesses identified by the different stakeholder groups. Noteworthy identified weaknesses included the sizeable gap between the number of individuals who could benefit from the service and the available services. Related to this weakness were other identified issues concerning the limited availability and lack timeliness of services raised by legal personnel and clients.

Summary. Overall, perceived strengths of the program as identified by the different stakeholder groups demonstrate the important and unique role that the program is playing in supporting people with severe mental illness who are isolated and failing to access community resources. The recognized value of the program contributes to its most noteworthy weakness, namely its limited ability to respond to a population whose size exceeds greatly the services available from the program.

Table 3. Perceived Strengths of the Program According to the Different Stakeholder Groups

STAKEHOLDER GROUP	IDENTIFIED STRENGTHS
<ul style="list-style-type: none"> • CMHA staff (i.e., managers, outreach workers, and other staff) 	<ul style="list-style-type: none"> • Program’s reputation • Program partnerships • Rapid response • Visibility of workers at the court house • Flexibility and range of services delivered • Client-centeredness of services • Provides access to portable support services • Well-trained and professional staff • Practice of assertive outreach
<ul style="list-style-type: none"> • Key informants (i.e., court & legal personnel) 	<ul style="list-style-type: none"> • Accessibility of services • Dedicated and competent staff • Knowledge of staff with respect to severe mental illness and legal process • Timing of support at beginning of legal process • Positive relations with court personnel • Effective brokering abilities between clients and court
<ul style="list-style-type: none"> • Clients 	<ul style="list-style-type: none"> • Assistance received around making appointments • Transportation • Supportiveness of workers
<ul style="list-style-type: none"> • Family members 	<ul style="list-style-type: none"> • Accessibility of support • Knowledge of court outreach workers • Family assistance with member when needed

Table 4. Perceived Weaknesses of the Program According to Different Stakeholders

STAKEHOLDER GROUP	WEAKNESSES
<ul style="list-style-type: none"> • CMHA staff (i.e., managers, outreach workers, and other staff) 	<ul style="list-style-type: none"> • Long waiting time for referrals and assessments • Challenges encountered in screening potential clients • Gap between size of eligible population and available services • Lack of awareness about the program in the legal system
<ul style="list-style-type: none"> • Key informants (i.e., court & legal personnel) 	<ul style="list-style-type: none"> • Gap between size of eligible population and available services • Restrictions on mandate of service and narrowness of target population • Difficulty by the program in locating individuals needing services for assessment • Lack of necessary community resources for the client group • Length of time taken by program to accept referrals and assess clients • Lack of feedback provided by program to justice system on some clients
<ul style="list-style-type: none"> • Clients 	<ul style="list-style-type: none"> • Insufficient time spent with workers
<ul style="list-style-type: none"> • Family members 	<ul style="list-style-type: none"> • No weaknesses identified

EVALUATION OF PROGRAM OUTCOMES

As previously mentioned, clients were defined as being in one of two groups: (1) Active group still receiving services at the end of the study (AG), and a terminated group (TG) who were no longer in the program at the end of the study. Analyses were conducted separately on each of these groups.

A comparison of the two groups in terms of demographic and clinical characteristics upon admission found differences on only three variables. Specifically, significantly more clients in the TG (49%) reported having at least a high school education than in the AG (30%). In terms of housing, more clients in the AG were living in “assisted/ supported housing” or some form “supervised housing” (80%) than clients in the TG (68%). As well, significantly more TG clients (51%) had a primary diagnosis of schizophrenia when compared to AG clients (26%) and significantly more AG clients (61%) had a primary diagnosis of a mood disorder in comparison to TG clients (24%).

Are There Changes in Functioning of Clients Over the Course of Their Participation in the Court Outreach Program?

Table 5 identifies areas in which improvements in functioning occurred for clients in the two groups over the course of their participation in the Court Outreach Program.

As shown in Table 5, clients showed improvements in functioning on outcomes pertaining to severity of symptoms, community ability, homelessness, and independent living status. Clients in the TG group exhibited a significant reduction in the level of severity of mental health symptoms from baseline to termination. Both the AG and the TG showed significant improvements in their ability to live in the community from baseline to termination. Both groups showed in a reduction in the proportion of clients who were homeless over the course of their participation in the study (i.e., AG – 29% to 9%; TG – 40% to 24%).

As well, both groups also demonstrated an increase in the proportion of clients living in an independent living situation over the course of the study (i.e., AG – 69% to 82%; TG – 50% to 64%).

Table 5. Identification of Areas of Improvements in Functioning for TG and AG Clients

OUTCOME	ACTIVE GROUP	TERMINATED GROUP
Severity of mental health symptoms	No change	Reduced
Community ability	Increased	Increased
Alcohol use problems	No change	No change
Drug use problems	No change	No change
Homelessness status	Reduced	Reduced
Independent living status	Increased	Increased

A comparison of the number of hospital episodes per year before and after admission to the program found no change. As well, there was no difference in the number of days of hospitalization per year before and after admission to the program for the AG. There was a trend towards an increase in the number of days of hospitalization per year for TG clients when comparing after program admission to before program admission. However, the increase was the result of a small proportion of clients (18%) who averaged over 200 days per year in hospital. In fact, an examination of the proportion of TG clients 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-year period before admission to the program.

The proportion of TG clients assessed by their outreach workers as adhering to their medication was found to be significantly greater at follow-up (45%) when compared to the proportion adhering upon admission (34%). Although the proportion of AG clients adhering to their medication regimen as assessed by their outreach workers was also greater at follow-up (53%) in comparison to their baseline status (42%), the change was not statistically significant.

The proportion of TG clients reporting adherence to their medication regimen at follow-up (80%) showed a trend toward a significant increase when compared to the proportion reporting adherence upon program entry (65%). In the case of AG clients, there was a significant increase in the proportion of clients reporting medication adherence when comparing reported follow-up status (77%) to program entry status (64%).

Is There a Reduction in Hospitalizations and Improvement in Adherence to their Prescribed Medication Regimen for Clients in the Court Outreach Program?

Table 6 identifies whether or not changes occurred for outcomes related to hospitalizations and adherence to prescribed medication in the two groups over the course of their participation in the Court Outreach Program.

A comparison of the number of hospital episodes per year before and after admission to the program found no change. As well, there was no difference in the number of days of hospitalization per year before and after admission to the program for the AG. There was a trend towards an increase in the number of days of hospitalization per year for TG clients when comparing after program admission

to before program admission. However, the increase was the result of a small proportion of clients (18%) who averaged over 200 days per year in hospital. In fact, an examination of the proportion of TG clients 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-year period before admission to the program.

The proportion of TG clients assessed by their outreach workers as adhering to their medication was found to be significantly greater at follow-up (45%) when compared to the proportion adhering upon admission (34%). Although the proportion of AG clients adhering to their medication regimen as assessed by their outreach workers was also greater at follow-up (53%) in comparison to their baseline status (42%), the change was not statistically significant. The proportion of TG clients reporting adherence to their medication regimen at follow-up (80%) showed a trend toward a significant increase when compared to the proportion reporting adherence upon program entry (65%). In the case of AG clients, there was a significant increase in the proportion of clients reporting medication adherence when comparing reported follow-up status (77%) to program entry status (64%).

Table 6. Identification of Changes in Hospitalizations and Medication Adherence for AG and TG Clients

OUTCOME	ACTIVE GROUP	TERMINATED GROUP
Number of episodes of hospitalization per year	No change	No change
Number of days of hospitalization per year	No change	Trend toward an increase
% of clients adhering with medication regimen as assessed by outreach worker	No change	Increase
% of clients adhering with medication regimen as reported by client	Increase	Trend toward an increase

What Are the Legal Outcomes of Clients After Participation in the Court Outreach Program?

Recidivism and legal status at termination. Among the TG, 65% did not have any further charges brought against them following their admission to the program. Among those clients charged (N = 17), an average of 2.82 charges were brought against them with 65% having two or more charges. Of the charges laid, the most common charge was breach of condition (23%) followed by theft (21%).

At termination, 30% of clients in the TG (N = 50) were awaiting trial while another 28% were on probation. Twenty per cent of clients had received an absolute or conditional discharge, suspended sentence, stay of proceedings, or had completed their sentence. At termination, only two clients (4%) were incarcerated and another client (2%) was detained through the Ontario Review Board.

Perceptions of legal outcomes by program staff and key informants. Focus groups with program staff and key informant interviews identified a number of positive legal outcomes for clients such as having charges withdrawn, avoiding incarceration, preventing breach of condition, and decreasing the amount of time spent on probation and meeting bail conditions. Court outreach workers also remind clients about probation and appointments, and when the court is aware of the involvement of the CMHA, clients may avoid being found in breach of their probation. In addition to these legal outcomes, CMHA staff members believe that their clients were ‘fast-tracked’ through the legal aid system as a result of their involvement.

What Are the Perceived Impacts of the Court Outreach Program on the Legal System?

Several outcomes were identified by CMHA staff and key informants for the legal system. Perhaps most significantly, benefits included reducing the backlog in the court system through the diversion of clients to the CMHA. It should be noted that this contribution while important and significant is restricted to a small number of clients (i.e., 90-120 per year) relative to the population processed in the court house in Ottawa. As well, the program has been credited with assisting with getting clients to court, reducing bench warrants, providing more follow through with court orders, preventing from being remanded back to correctional facilities to await sentencing or hospital assessments, and generally helping to make the use of court time more efficient.

Other outcomes for the legal system included increased assistance, information, and support provided to the crown attorneys and judges, helping to facilitate “fitness assessments” for clients needing them and contributing to the development of parallel and relevant services such as the mental health court.

Summary of Findings of Outcome Evaluation

Based on the results of the evaluation, client outcomes included increased community ability, diminished severity of mental health symptoms, reduced homelessness, increased independent living, and more favourable legal outcomes as perceived by program staff. System-level outcomes as reported by program staff and key informants included a reduction of the administrative demands on the legal system associated with program clients, the provision of assistance to court personnel related to the assessment of clients, the facilitation of follow through by clients on court orders, and contribution to the development of a recently opened mental health court.

IMPLICATIONS

The current study examined an innovative program considered critical to the systems enhancement of community mental health targeted by the Ontario Ministry of Health and Long Term Care, namely the delivery of mental health services in the context of the criminal justice system. The study provides useful policy-relevant information for replicating these types of services elsewhere in Ontario. Key findings and implications emerging from the study included:

1. Stakeholders in both the mental health and justice systems understand and value the services provided by the program to an underserved client group presenting with complex psychosocial needs. This finding underlines the importance of these types of programs in the province's community mental health system.
2. Program personnel have become important resources within their own agency and within the legal system concerning serving people with severe mental illness who are legally involved. They represent a new type of case manager who has expertise on navigating the intersection of mental health and justice systems. Training needs to be developed in the province to be developed to prepare case managers to assume these specialized roles.
3. There is a limited capacity to the program relative to the significant need and high level of demand contributing to overload in services and necessitating a narrow selection of clients and referral to community services as soon as possible. There was consensus among program stakeholders that the program needs to be expanded in order to meet the demand.
4. Clients receiving services from the program experience increased community adaptation, diminished symptom severity, increased adherence to following their medication regimen, reduced homelessness, and a greater likelihood of living independently. Our findings suggest that short-term intensive case management is a viable service model for court support programs in the province.
5. In order to clarify the effectiveness of court support programs, future research on court support programs should use a more rigorous design that includes a standard care group and that involves a larger sample of individuals who are followed for a longer period of time.

Further Research

The conducted evaluation research on the Court Outreach Program in Ottawa has a number of limitations that need to be taken into account in the interpretation of its findings. Firstly, the design of the outcome evaluation did not include a comparison group of client who were not receiving services from the Court Outreach Program. Therefore, it is not possible to conclude definitively that the outcomes achieved can be attributed as the result of services received from the program. Secondly, the length of time in which clients were followed in the study was limited for both the AG and TG. It remains unknown if improvements experienced by Court Outreach Program clients will be sustained after termination.

Thirdly, the quantitative data collected for the evaluation relied on administrative data collected internally by the program. The reliability of the data collected is unknown and there was a significant amount of missing information particularly on data that was collected through self-report measures. Finally, the size of the samples in both groups (i.e., TG: n = 50; AG: n = 45) on which outcomes of the program were evaluated is relatively small requiring moderate to large effects for changes to be significant. This fact does suggest that significant changes that have been found are clinically meaningful by virtue of their size.

Given the state of the research on court support programs and the limitations of our study, we recommend the following future research directions for the study of court support programs in Ontario:

1. *It is recommended that further research on the implementation of these programs be conducted that identifies the structures and processes that can serve as service standards.* It is likely that some of the standards associated with intensive case management services in Ontario will also be pertinent to court support services.
2. The conducted study focused on a wider range of outcomes than what has been typically examined in the small number of conducted studies on court support programs. *It is recommended that future research also examine a wide range of outcomes that include functioning, service utilization, and legal outcomes.*
3. *It is recommended that further research adopt more rigorous designs including conducting randomized controlled trials that can more conclusively attribute outcomes to the program.*
4. *It is recommended that future research follow clients for a period of time which extends beyond termination from the program in order to examine the sustainability of outcomes.*
5. *It is recommended that future studies evaluate a wide range of outcomes with the data collected by researchers rather than relying on program administrative data bases.*
6. *It is recommended that future studies on court support programs be conducted on larger sample of clients that will allow for the detection of at least medium size effects.*
7. *It is recommended that future studies on court support programs document the community context in which they operate describing “service system inadequacies and limitations” that make it difficult to facilitate necessary referrals once clients are ready for termination from a court support program.*

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FOLLOW-UP AND CONTACT INFORMATION

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