PROVINCIAL MENTAL HEALTH DIVERSION PROGRAM

SERVICE OPERATING REQUIREMENTS

Oct 2018

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PREFACE

The Provincial Mental Health Diversion Program (PMHDP) Service Operating Requirements (SOR) guide the programming and ongoing operations by clearly defining minimum program requirements. The SOR replaces the previous *PMHDP Education Manual* and the *Provincial Diversion Program: A Reference Guide for Prosecutors*.

The SOR is based on previous MH Diversion practices and experience gained from the PMHDP evolution over the past several years.

The SOR will be reviewed over the next two years to include any updates, either in terms of criteria, tools, processes or with additions of any Alberta Health Services (AHS) policies. This version will be the guide for delivery of services.

ACKNOWLEDGEMENTS

Many service partners and key stakeholders contributed to the development and drafting of the SOR. AHS led the consultations, collection of information, and drafting the SORs. The service partners and key stakeholders provided the following support:

- Representatives from ten AHS Mental Health Diversion Service Sites provided their expertise in the revisions and strengthening of the processes. These service sites are Medicine Hat, Lethbridge, Calgary-Airdrie, Red Deer, Edmonton, St. Paul, Ft. McMurray, Grande Prairie and Peace River.
- Crown Prosecutors from communities in which MH Diversion Services operate provided their input and expertise, as key partners in the eligibility, referral processes, and sentencing outcomes.
- Key division representatives from the Alberta Crown Prosecution Service (Appeals, Education and Prosecution Policy Branch and Strategic and Business Services Branch) provided their feedback, advice, and edits to the SORs.

INTRODUCTION AND BACKGROUND

The PMHDP is an integrated program between and in partnership with AHS and Justice and Solicitor General (JSG). At the provincial level, Provincial Addiction and Mental Health, Mental Health & Justice team works on behalf of the MH Program in partnership with Justice & Solicitor General as a ministry, especially with the Alberta Crown Prosecution Services (ACPS). This team has a leadership role in setting standards (SOR's and form standardization), quality improvement, evaluation, and multi-site coordination.

MH Diversion Service Sites and the Crown Prosecutors in each community assess and coordinate all referrals to the program. The Alberta Crown Prosecution Service (ACPS) may refer individuals suspected of a mental disorder charged with minor offences to the PMHDP. If the individuals are eligible and admitted to the program, they are provided with mental health, addiction and/or social supports, based on their needs and goals set with and for them. If they are successful in achieving those goals, their referred charges are withdrawn by ACPS.

The underlying philosophy of the PMHDP is the recognition that individuals with a mental disorder when supported by community-based treatment and services are more likely to experience higher levels of success and stability and less likely to offend in the future.

The program's intent is to provide an alternative to traditional court prosecution for individuals who have come into conflict with the law primarily due to a mental disorder. The PMHDP's primary function is to 'link' these individuals to services appropriate to their needs that effectively address underlying mental health and/or addiction issues. Utilizing a more 'health specific' approach, beyond or collaboratively with more traditionally recognized criminal justice interventions (e.g. Probation) may decrease the risk and costs associated with further offences.

Based on the strong integration and partnership with JSG, specifically ACPS, the PMHDP SOR's need to be comprehensive to effectively guide and ensure that AHS led MH Diversion Service Sites and corresponding Crown Prosecutors use consistent processes. In addition, the SOR's provide direction to staff and stakeholders on operations, supports the addition of MH Diversion Service Sites, and defines minimum program requirements.

In developing the current SOR, in addition to utilizing information from previous PMHDP guidelines and education manuals, the Working Group referenced MH Diversion models of other jurisdictions, as well as reports prepared by the AHS regarding MH Diversion.

DEFINITIONS

Definitions of the Key terms used in the SOR are bolded within the document below.

Assessment: A standardized process to assess mental health and addiction issues. It includes a collection of information from a clinical interview, clinical assessment tools, and documented history. The process provides clarity around the referred individual's mental disorder or concurrent disorder at the time of the offence(s).

Assessment Report Form (AHS form# 20922): The standardized Assessment Report Form provides information to the Crown regarding the individual's eligibility for the program after the completion of the PMHDP assessment. In the event that the individual is deemed ineligible, the form may also include recommendations for addiction and/or mental health treatment and supports when appropriate.

Brief Psychiatric Rating Scale (BPRS): An assessment tool used to assess the effectiveness of treatment for psychiatric patients while at the same time yielding a comprehensive description of major symptom characteristics. The purpose of the BPRS is to evaluate patients based on symptoms they have had within a specified period, usually over the past week.

Court Liaison: Refers to MH Diversion staff who attend court to facilitate referrals to the program and pre-referral contacts with potential clients.

Goal Attainment: Mutually agreed upon MH Diversion participation goals are integral to MH Diversion with successful completion being a determination of the client's success in the program. The Goal Attainment Worksheet used is derived from the ICR readiness ruler tool, common in motivational interviewing practice.

Health of the Nation Outcome Scale (HoNOS AHS form# 103790) and Health of the Nation Outcome Scale for Children and Adolescents (HoNOSCA AHS form# 104019): HoNOS refers to an assessment tool for measuring the health and social functioning of people with severe mental illness. The tool is a set of 12 scales, each one measuring a type of problem commonly presented by patients/clients in mental health. The HoNOSCA for youth is a similar tool but includes a series of items that measure language skills, problems with peer relationships, self-care, family life, school attendance and access to services.

Letter of Acknowledgement: Letter that informs the referred client that: a) They have been accepted to the program; b) Their charge(s) has been adjourned to a specific court date that they must attend, and c) Any additional charges that arise are separate from the referred charge(s), and they must attend court to address those separately.

Linkage: A linkage refers to the process of connecting clients to appropriate local community services to address their presenting health care concerns. A linkage is more than just a referral, in that MH Diversion staff work closely with the client and service provider to ensure that clients are connected. This includes a new linkage for a client; re-linking clients back to appropriate

services providers; or maintaining a linkage with a current service provider. Ongoing follow-up with the service provider occurs throughout the client's participation.

Mental Disorder: A syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities. An expected or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder

Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are *not mental disorders* unless the deviance or conflict results from a dysfunction in the individual, as described above.

For the purposes of the SOR, mental disorder includes concurrent addiction and mental health disorders.

Minor Offence: Refers to the Crown Prosecutor's determination based on the type of charge, information from the police reports, and victim impact statements. Typically, if the Crown election is by summary, and the assessment of the charge is minor, it is an appropriate referral to the PMHDP.

Pre-Referral Contact: Clients charged with minor offences who have a mental or concurrent disorder maybe connected with their local MH Diversion Service Site prior to an actual referral from the Crown/Court. The PMHDP acknowledges the need to cite and benefit from providing processes within the SOR for Pre-Referral contacts. These contacts may be self-initiated or could come from the following avenues: legal, law enforcement, health services, family, friend, guardian, and community.

Program Information Sheet: Information to referred individuals regarding voluntary participation and personal information storage and sharing with other agencies.

Referral Form (AHS form# 20921): The form signed by the Crown agreeing to have the charge(s) referred to the PMHDP after determining the charge(s) are minor.

Screening: The Screening process of potential clients usually occurs at court between a Court Liaison (when available), and an individual identified as having a diagnosed or suspected mental disorder charged with a minor offence(s). Through the screening process, the offence(s) is reviewed; and information regarding the process of referral, assessment, goals for participation, and potential program outcomes are provided. If a MH Diversion Court Liaison is not available, screening may occur by their legal counsel or Duty Counsel who can then facilitate the PMHDP referral.

Summary Report (AHS form# 20923): A form provided to the Crown at the referred individual's return court date. It articulates whether the client successfully completed the program. It also provides information regarding the client's participation goals, linkages to community services, and outcome charge recommendations.

SOR 1: PROGRAM ELIGIBILITY

SOR Referral Process

The initial referral process to the PMHDP is by the Crown who acts as the *first gatekeeper* to the program. The Crown's decision to refer the individual's charged offence(s) to the PMHDP is minimally based on their assessment of three factors:

a) That the charged offence(s) is minor in nature;
b) Information in the police report, from witness statements, and/or from the **Court Liaison** indicates that the individual charged has a diagnosed or suspected **mental disorder** (e.g. impaired thoughts, judgment and/or behavior; capacity to recognize reality; inability to meet ordinary demands of life).
   Note: If the Crown does not receive information from the police report, witness statements, and/or the Court Liaison, they can still refer to the PMHDP to assess for program eligibility.
c) There is a reasonable likelihood of conviction for the charged offence(s), and the public interest in prosecuting could be addressed by a referral to the PMHDP to stabilize the **mental disorder**, which contributed to the individual's offending behavior.

MH Diversion Service clinicians act as the *second gatekeeper* within the PMHDP by assessing the referred individual's collateral health, criminal and personal history related to violence, and their current mental health presentation to determine whether the client meets program eligibility. All of these areas lend to the determination whether the clients risk level is appropriate. Other important factors assessed to determine PMHDP eligibility are:

a) The client's **mental disorder** was a significant factor in their offence(s) or in their life. This may include individuals who are struggling with adjustment disorders, attention deficit disorders, etc.

b) The client's criminal history or their current presentation is low risk and they do not pose a safety risk to staff and/or the public.

c) As the PMHDP is voluntary, the client consents to participate in the program and is prepared to address their mental health and/or addiction issues.

d) The client has the cognitive ability or the support of a guardian to participate in the PMHDP (e.g. ability to understand/comprehend goal expectations).

e) The client is motivated to achieve the mutually agreed upon goals for successful completion of the program.

f) There is availability and access to local community-based resources and services to address the client's short-term needs regarding the MH Diversion goals, and, as needed, long-term health care needs.

SOR 2: PROGRAM INELIGIBILITY

SOR Statement

Determination of a client's ineligibility can be made by the Crown based on the nature of charge(s) or by the Mental Health Diversion Service Sites based on mental health and other issues. Reasons for program ineligibility are:

a) The client's criminal history or current presentation is too high risk (assessed by AHS) and is not conducive to MH Diversion (e.g. has recent convictions for significant violence, displays a persistent pattern of violent offending, the clients current presentation poses a safety risk to staff and public). This includes all individuals charged with an Intimate Partner offence or any offence(s) related to Intimate Partner Violence (e.g. breach of a no contact order).
Note: all MH Diversion Service Sites will define 'recent convictions for significant violence or displays a persistent pattern of violent offending' through their work with the referring Crown's. It is essential that this coordination occurs to ensure staff and treatment provider safety is paramount.
b) There is no diagnosed or suspected mental disorder or concurrent disorder.
c) The client has a chronic history of non-compliance (e.g. client not willing to follow through with any recent programming or treatment offered to address their underlying **mental disorder**).
d) There is a lack of available local community resources or services to address the client's identified needs in the community.
e) The client diagnosis is not part of program scope (e.g., the client has severe fetal alcohol spectrum disorder, severe developmental disabilities, or brain injury).

Note: If the referring Crown decides the charge(s) are appropriate for MH Diversion but are unsure whether to refer an individual based on their mental disorder, the PMHDP recommends the Crown refer the individual anyways to allow the PMHDP to assess for program eligibility. Additionally, Clients assessed who meet PMHDP eligibility criteria may decide *not to participate* in the program. Due to the voluntary nature of the PMHDP, clients that do not wish to recognize or address their mental health and/or addiction issues may require mandated treatment through other criminal justice interventions (e.g. Probation, Forensics), and/or may require voluntary community interventions such as Community Treatment Orders under the Alberta *Mental Health Act*.

Intent and Rationale

Referred clients must consent to participate and meet specific eligibility criteria. Defining ineligibility is important from both an operational and evaluation perspective. Articulating specific reasons for ineligibility will help screen and assess clients that do not meet the mandate for the PMHDP and provide some context as to why another service may be more appropriate to address the referred client's needs. The MH Diversion teams do everything possible to provide appropriate recommendations for treatment and services to our Crown partners to best serve the clients deemed ineligible for the PMHDP.

SOR 3: REFERRAL AND SCREENING PROCESS

Referral Process

3.1. Individuals, their family members, or Defence/Duty counsel may request from the Court Liaison or the Crown that a particular individual be considered for a referral to the PMHDP. Once the request has been received, and the file is eligible for MH Diversion as determined by the Crown, there will be a screening process.

3.2. The **screening** process often takes place at court through one of two ways:

a) **Court Liaison** – if a **Court Liaison** is available at court, the **screening** process will include providing information to the individual and/or their counsel regarding the process of referral, **assessment**, participation, and potential charge outcome upon program completion; and/or
b) Defence or Duty Counsel advise the client regarding the PMHDP, the requirements for eligibility, and legal consequences of participation and success or failure in the program.

Note: The **screening** process may also occur through outreach in cases where a client has charges that fit within the criteria, but is at a hospital inpatient unit, in remand correctional facilities, or in police custody. This process would inform the MH Diversion Staff whether the client would benefit from a referral to the PMHDP at their next court date. This process is called **Pre-Referral Contact.**

3.3. Upon completion of the **screening** process and determining an individual's appropriateness for a PMHDP **assessment,** the individual, legal guardian, or their counsel *must sign* the standardized PMHDP **Referral Form** to affirm their voluntary consent prior to submitting it to the Crown. By signing the PMHDP **Referral Form,** the client is consenting to the Crown forward relevant portions of their prosecution file to the nearest MH Diversion Service Site for the purposes of assessment.

3.4. Once the Crown has determined that the charge(s) is eligible for MH Diversion and the Crown receives the signed PMHDP Referral form, the Crown will request a minimum *one-month adjournment* of the referred individual's court matters to allow the MH Diversion Service Site to complete the **assessment** process to determine program eligibility. Prior to sending the **Referral Form** to the nearest MH Diversion Service Site for processing, all sections on the electronic **Referral Form** are required to be completed by the Crown. These sections are:

a) client demographic and contact information;

b) list of charge information including docket number, section number, offence date, and referred charge(s);
c) other current charge(s) not referred;
d) next scheduled court date;
e) date of referral; and
f) Crown's printed name and electronic signature.

3.5. Once the **Referral Form** is completed, the Crown will forward it and the relevant portions of the prosecution file to the appropriate MH Diversion Service Site for assessment of the referred individual. The file information forwarded would likely include copies of the police synopsis, witness statements, recognizance, criminal record, and any current probation conditions. Any other information on the file, which is relevant to the individual's mental health, would also be helpful for the assessment. All information sent by facsimile or electronic mail must be encrypted and password protected as per the AHS policy for 'Transmission of Information by Facsimile or Electronic Mail'.

AHS Policies

Policy Number 1151
Wait Time Measurement, Management, and Reporting of Scheduled Health Services
https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-pol-wait-times.pdf

Alberta Health Services, Policy for Transmission of Information by Facsimile or Electronic Mail (Revised January, 10, 2012). Retrieved From: https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-pol-transmission-information.pdf

SOR 4: ASSESSMENT PROCESS

Assessment Process

After the **screening** process, the initial **assessment** by the PMHDP is comprehensive and holistic. It involves the completion of a standardized PMHDP **Assessment** completed by staff trained in clinical evaluation, and ensures the referred individual meets the PMHDP eligibility criteria. The PMHDP **assessment** process includes:

a) review of the details of the individual's referred charges;
b) request and review of the referred individual's collateral health information; and
c) clinical interview conducted in a safe and secure location appropriate for the referred individual and the MH Diversion Staff to discuss and share confidential information.

Intent and Rationale

The primary intention of any comprehensive addiction and mental health **assessment** is to substantiate diagnoses. Assessing an individual's broader psychosocial functioning including their basic needs (such as housing, access to food, social supports, work, education, and training) is equally as important. This approach is often referred to as a bio-psycho-social-spiritual approach and is part of the PMHDP **assessment**. The careful determination of an individual's need(s) for service ensures a consistent, comprehensive, and balanced approach to **assessment** and subsequent intervention.

Required Elements

4.1. Once the initial referral is received (which includes the PMHDP **Referral Form** and referred individual's legal information), the MH Diversion Service Site will attempt to contact the referred individual. The purpose for this contact is to:

a) inform the referred individual that their referral has been received; and
b) schedule an assessment interview with them to determine PMHDP eligibility.

4.2. For **screening** and **assessmen**t purposes, some MH Diversion Service Sites may wish to access the referred individual's health information prior to conducting an assessment interview. Consent to obtain health information may occur in one of three ways:

a) written or verbal consent obtained from the referred individual at court;
b) verbal consent obtained from the referred individual over the phone; or
c) written consent obtained using the AHS Consent to Disclose Health Information Form (AHS form # 18028) during the assessment interview.

Note: Ensuring written consent is obtained will allow the MH Diversion staff to access AHS health information, as well as information from external (non-AHS) service providers. Document any form of consent on a **Pre-Referral Contact** Form or a case

note in the client file. While best practices state written consent is preferred, the *Health Information Act* allows the custodian to access an individual's AHS health information to determine or verify the eligibility of an individual to receive a health service. In Youth MH Diversion cases especially in relation to obtaining consent, please refer to the Alberta's *Children First Act (2013)* in the reference list below.

4.3. The referred individual will attend either the MH Diversion Service Site or another location that is mutually agreed upon and is appropriate for the MH Diversion Staff to conduct the assessment interview.

4.4. The PMHDP **assessment** process utilizes a number of operational forms and assessment tools. These forms and tools assist the MH Diversion Staff to determine whether the referred individual meets the PMHDP eligibility criteria. It also aids in the preparation of a treatment plan and informs the client's goals for program participation. The standardized PMHDP **Assessment Form** is used to collect the following referred individual's information for the purposes of **assessment**:

- presenting problem or concern;
- medical and medication history;
- psychiatric history (which includes history of self-harming behaviours; previous suicide attempts and current suicidal ideation; trauma and abuse history; history of violence; and history of substance use/addictions);
- mental status examination;
- personal and family history;
- education and occupational history;
- criminal history;
- current support systems and relationships;
- spiritual and/or cultural considerations;
- current safety concerns and stressors;
- clinical impression based on the DSM 5;
- assessment summary, impressions, and recommendations for treatment; and
- review of potential goals for PMHDP participation.

4.5. Additional documents are completed by the MH Diversion Staff during the **assessment** process, which includes:

a) **Letter of Acknowledgement;**
b) **Program Information Sheet ;**
c) AHS Consent to Disclose Health Information (AHS form# 18028)
d) **Brief Psychiatric Rating Scale (BPRS)** (for adults only);
e) **HoNOS (AHS form) # 103790 for adults and HoNOSCA (AHS form # 104019)** for youth (form access online in HoNOS Data System (HDS) database).

4.6. In addition, MH Diversion Service Sites may, but are not limited to, the use of other forms and assessment tools based on operational protocols and procedures and programming needs. These additional operational forms and assessment tools may include:

- AHS Consent to Specific Treatment Form (AHS form # 09741);
- International Personality Disorder Examination (IPDE) ;
- Global Appraisal of Individual Needs Short Screener (GAIN-SS);
- Crisis Triage Rating Scale (CTRS);
- Personality Assessment Screener (PAS);
- The Patient Health Questionnaire (PHQ – AHS form# 19825);
- DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure;
- eCLINICIAN assessment and additional forms (Edmonton Adult and Youth MH Diversion Services);
- ARHMIS event sheet, enrollment, and closure forms; or
- Psych Assessment Short Form.

4.7. Upon completion of the PMHDP **assessment**, the MH Diversion Team determines whether or not the referred individual is either deemed eligible or ineligible for participation based on the PMHDP eligibility criteria (refer to the PMHDP SOR 1: Program Eligibility and SOR 2: Program Ineligibility).

4.8. Regardless of whether the referred individual is eligible or ineligible, a standardized PMHDP **Assessment Report Form** (AHS form # 20922) is provided to the Crown electronically, or a copy is provided at the referred individual's next court date.

If eligible, the PMHDP will request that the referred individual's matters be adjourned for three months (adults) or four months (youth).

If ineligible, the PMHDP will request the individual's referred charge(s) returns through the regular criminal justice process. If the individual could benefit from treatment to address their mental health and/or addiction issues, recommendations will be provided in the **Assessment Report**.

AHS Policies

Procedure Number: PRR-01-01
Consent to Treatment/Procedures
https://extranet.ahsnet.ca/teams/policydocuments/1/clp-consent-to-treatment-prr-01-01-procedure.pdf

Policy Number: 1112
Collection, Access, Use and Disclosure of Information
https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-pol-collection-access-use-disclosure-information.pdf

Policy Number: 1173
Clinical Documentation
https://extranet.ahsnet.ca/teams/policydocuments/1/clp-clinical-documentation-directive.pdf

SOR 5: CLIENT GOAL ATTAINMENT

Goal Attainment Process

The **goal attainment** process occurs after the PMHDP **assessment** and the determination of client eligibility. Participation goals focus on stabilizing and linking clients to address their immediate and longer-term needs.

A Goal Attainment Worksheet is used in this process for clients to rate the Importance, Knowledge, Confidence, and Readiness for each goal.

A minimum standard is that the client must agree to three personal goals for obtaining wellness, and addressing their overall health care needs (e.g. physical health, housing, food, financial support, education, and employment). As client's service needs change or evolve, participation goals are updated accordingly. For youth clients and dependent adults, goal attainment includes family members or caregivers in case planning.

Intent

Goal attainment is a mutually agreed upon process and sets out the expectations for client participation in the PMHDP. A client's involvement in determining their participation goals increases the likelihood of voluntary participation and their success in the program. Client participation in goal attainment also allows MH Diversion staff an opportunity to build client resiliency and assist in strengthening their interpersonal skills. Clients who successfully complete their goals within the allotted court adjournment time will have their charge(s) withdrawn by the Crown.

Required Elements

5.1. The MH Diversion staff schedule the goal attainment meeting at the MH Diversion Service Site or another mutually agreed location.

5.2. Eligible clients and MH Diversion Staff agree on participation goals that focus on addressing the client's presenting mental health and addiction issues. The PMHDP **Goal Attainment Form** (AHS form # 2101) is used to record the client participation goals.

5.3. Three standard client participation expectations are to:

a) Incur no further legal charge(s) during program participation. If the client does incur further legal charges during participation, they are advised to inform a MH Diversion staff immediately.

b) Follow the recommendations provided by MH Diversion Staff and treatment providers.

c) Maintain contact with MH Diversion Staff as agreed upon during their entire program participation.

5.4. Any additional goals agreed upon are based on the client's needs identified in the PMHDP **Assessment.**

5.5. Once the MH Diversion staff and client agree on the goals, the client is asked to rate how each goal is important to them; how knowledgeable and confident are they in achieving each goal; as well as how ready are they to achieve each goal.

5.6. Once all the goals are agreed upon and rated, a copy of the PMHDP **Goal Attainment Form** (AHS form # 2101) is provided to the client and the original signed copy is placed in the client's health file.

5.7. The **goal attainment** process may include signing additional AHS Consent to Disclose Health Information forms for the purposes of follow-up and community linkages to non-AHS service providers.

SOR 6: CLIENT PARTICIPATION & LINKAGES

Client Participation and Linkage Process

The PMHDP's primary purpose is *to link* clients to short and long term local community-based services in order to address client's mental health, addiction, social, physical, education, life skills, and/or spiritual health needs. **Linkages** are the 'heart' of the PMHDP whereby clients will be supported through case management and outreach activities to ensure client engagement and monitor their participation.

The linkage process includes:

a) Linking clients to a new service;
b) Re-linking clients back to appropriate services providers; or
c) Maintaining a linkage with a current service provider.

Note: Ongoing follow-up with the service provider occurs throughout the client's participation.

The PMHDP does provide short-term treatment support in some cases (generally not to exceed the participation term) for clients who require some stabilization or additional short-term supports. MH Diversion Staff utilize a number of different treatment modalities such as Cognitive Behavioral Therapy (CBT), Brief Solution Focused Therapy, and other treatment modalities as available in line with staff education and experience.

The usual length of the PMHDP program is generally three months for adults and four months for youth from the time of assessment to potential withdrawal of charges. Client participation may be extended beyond the 3 – 4 months, depending on the client's progress on goals, waitlist for treatment, and any other circumstances that may arise during the participation period.

Intent and Rationale

The purpose of client participation in the PMHDP is to address their underlying mental health and/or addiction issues that contributed to their involvement with the criminal justice system.

The program length supports efficient use of PMHDP resources, minimizes the delay if the criminal file must return to court, as well as supports timely and appropriate access to local community-based linkages so clients can receive appropriate care in their communities while reducing conflict with the law. Individuals who poorly manage their **mental disorders** have an increased risk of decompensating in their communities and struggle managing the symptoms related to these disorders.

Required Elements

6.1. The assigned MH Diversion Staff acts as a case manager to ensure the identification and coordination of services for the client.

6.2. The MH Diversion staff ensures follow-up is arranged with the client and community-based linkages throughout the client participation in the program. (Ideally, follow up should continue for 3 months after the program; or minimally some indication of client's continuation with a key linkage.) Follow-up appointments are decided on an ongoing basis and confirmation of scheduled appointments will be provided to the client.

6.3. The assigned MH Diversion Staff may provide immediate short-term support to clients (such as supportive counselling, Solution-Focused Brief Therapy, Cognitive Behavioral Therapy, Motivational Interviewing, or other types of counselling), as required for stabilization.

6.4. MH Diversion staff provide ongoing follow-up during the program with client and service providers to ensure client participation and engagement.

6.5. Clients who require support with attending appointments in the community are supported through outreach to ensure effective and successful community **linkages** are made. Outreach also supports the client by advocating for resources and services, assisting with the completion of paperwork and other administrative requirements for intake purposes, and ensuring clients are comfortable with the service provider.

6.6. MH Diversion staff examines the client's support network such as family and friends to facilitate connections to appropriate services (e.g. family therapy).

6.7. MH Diversion staff may meet with clients for home visits to assess their living situation and determine whether additional home supports are required.

6.8. MH Diversion staff assesses the client's initial participation goals throughout the client's participation and makes amendments as required to support the client's success.

6.9. MH Diversion Staff may communicate with clients by way of text message but must adhere and be familiar with the AHS "Guideline for Texting Clients" (see below).

AHS Policies

Policy Number: PS-95
Recognizing and Responding To Hazards, Close Calls and Clinical Adverse Events.
https://extranet.ahsnet.ca/teams/policydocuments/1/clp-recognizing-responding-hazards-close-calls-clinical-adverse-events-ps-95-policy.pdf

SOR 7: PROGRAM COMPLETION & DISCHARGE PLANNING

Program Completion and Discharge Process

Preparing clients for discharge from the PMHDP in a client-centered, collaborative manner that is responsive to the individual goals and needs is essential for long-term stability after client participation.

Discharge planning involves an in-person meeting, when possible, and a review of the client's goals to assess whether or not recommendations will be made to the Crown to have their referred charge(s) withdrawn. Discharge planning may occur prior to a client's final court date.

All required discharge paperwork is completed and filed in the client's health file. A **summary report** is completed and provided electronically to the Crown prior to court or a paper copy is provided at the client's final court date. The **summary report** includes a brief summary of the client's involvement in the program, and recommendations as to whether or not to withdraw the referred charge(s). The PMHDP Summary Report Form (AHS form # 20923) is used for this correspondence.

In cases where a client requires additional time to complete their PMHDP participation goals, another PMHDP **Assessment Report** is completed and provided to the Crown requesting for a specific court adjournment time to allow the client to complete the program requirements.

In the event the client was not successful at completing their goals within the timeframe and the team does not recommend withdrawal of the charge(s), the client must return to the Court on the next court date to have the charge(s) dealt with through the regular criminal justice process.

Intent and Rationale

The intention of the discharge process is three-fold:

1) Share information with the Crown that the referred client's mental health and addiction needs are appropriately supported and treated in the community;
2) Complete all required discharge paperwork and provide all necessary documentation to the Crown for the purposes of supporting the withdrawal of the referred charge(s); and
3) Communicate with the linked community service providers to advise that the individual is no longer participating in the PMHDP.

Required Elements

7.1. The referred individual attends either the MH Diversion Service Site or another location that is mutually agreed upon and is accessible for the MH Diversion Staff to complete the discharge paperwork and finalize the goal completion process.

7.2. The following documents are completed for the discharge process:

a) PMHDP **Goal Attainment** Form review
b) Discharge **BPRS**
c) Discharge **HoNOS (AHS form# 103790)/HoNOSCA(AHS form# 104019)**
d) PMHDP **Summary Report (AHS form# 20923)**
e) PMHDP Discharge Summary Form

7.3. All discharge documents, besides the **HoNOS** and **HoNOSCA** are placed or reported in the client health file and then entered in the HDS database.

7.4. The client's health file will then be given to the dedicated or assigned data entry Mental Health Diversion Staff to enter the required information into PMHDP Access Database and then proceed to close the health file.

7.5. The Client's legal information obtained from the crown is shredded within 6 months of the client's final court date.

AHS Policies

Policy Number: 1112
Collection, Access, Use and Disclosure of Information.
https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-pol-collection-access-use-disclosure-information.pdf

Policy Number: 1173
Clinical Documentation.
https://extranet.ahsnet.ca/teams/policydocuments/1/clp-clinical-documentation-directive.pdf

SOR 8: MINIMUM & ENHANCED STAFFING MODEL

SOR Statement

The PMHDP minimum and enhanced staffing model supports the delivery of MH Diversion Services to all current and future expansion sites. Although every MH Diversion Service Site has different staffing complements based on funding, urban versus rural location, and local leadership decision making, this document articulates a set of minimum and enhanced staffing models for the provision of PMHDP Service delivery.

Minimum PMHDP Staffing Model

Maintaining a minimum staffing model is integral for PMHDP access and MH Diversion Service delivery. The base model ensures clients and community stakeholders are receiving appropriate care from referral to program completion.

The PMHDP base staffing model includes the following positions and associated roles and functions, as described below.

Mental Health Diversion Clinician/Therapist

The Mental Health Diversion Clinician/Therapist

- Completes the PMHDP **assessment** process to determine eligibility of clients referred.
- Completes the PMHDP **goal attainment** form and establishes at least the minimum standard goals.
- Ensures the court reports are forwarded to appropriate personnel
- Case manages the client's file.
- Provides immediate short-term support to clients (such as supportive counselling, Solution-Focused Brief Therapy, CBT, MI, or other type of counselling); as needed for stabilization.
- Identifies and addresses precipitating events leading to arrest.
- Identifies **linkages** and connects clients to appropriate service providers to address clients' needs and goals. This could include providing client with contact and resource information to access services.
- Examines the client's support network (e.g. family, friends, etc.) and connects them to appropriate services, as needed.
- Consults with General Practitioners, Nurse Practitioners, Clinicians and/or Consulting Psychiatrist, when required.
- Provides ongoing follow-up with clients and service providers to ensure client participation/engagement.
- Provides education to partners and service providers about the PMHDP.
- Raises awareness and understanding with partners and service providers on the potential stigmatizing issues for clients.
- Attends court in the absence of a MH Diversion **Court Liaison** position.

Mental Health Diversion Court Liaison

The Mental Health Diversion **Court Liaison**

- Attends court on a regular basis to assist individuals, families, Defence Lawyers, Duty Counsel, and Crown to support and identify individuals that may have a suspected or diagnosed mental disorder or concurrent disorder charged with a minor offence(s).
- Completes brief **screening** on individuals at court to assess whether they meet basic PMHDP eligibility criteria;
- May provide recommendations to the Crown for individuals that do not meet the PMHDP eligibility criteria, but may need addiction and/or mental health support through other criminal justice interventions (e.g. mandated treatment, psychiatric consultation, etc.)
- Provides information to court stakeholders regarding referral processes and procedures in order to access the PMHDP.
- Provides ongoing support to clients throughout the entire court process from initial adjournment to final court date.
- Provides immediate support for clients experiencing active mental health symptoms by utilizing a number of skills such as Solution-Focused Brief Therapy, CBT, MI, and supportive counselling.
- Provides support to Circuit Courts within MH Diversion Service Site catchment areas based on staff capacity.

Note: The **Court Liaison** must not act as a court agent for the client or potential client at any time. Only Duty Counsel can act as agent for those individuals that do not have Defense Counsel to represent them in court.

Mental Health Diversion Outreach Worker

The Mental Health Diversion Outreach Worker

- Attends appointments with clients in the community to support the initial intake process.
- Provides education to partners and service providers about the PMHDP.
- Raises awareness and understanding with partners and service providers on the potential stigmatizing issues for clients.
- Meets with clients in the community for follow-up sessions to ensure client's mental health and/or addiction issues are stable.
- Occasionally meets clients in their home to assess living situation and whether additional home supports are needed.
- Works closely with key stakeholders in the community to not only establish the service, but to meet the needs of the clients and achieve the overall goals of the PMHDP.

Enhanced PMHDP Staffing Model

The enhanced PMHDP staffing model provides an optimal level of staffing to include clinical supervision, outreach, addiction expertise, administrative, and Indigenous supports. The enhanced staffing model also optimizes case management and linkage support for clients participating in the program.

The enhanced PMHDP staffing model includes the following positions and their associated roles and functions, as described below.

Mental Health Diversion Clinical Supervisor/Coordinator

The Mental Health Diversion Clinical Supervisor/Coordinator

- Supports staff with ongoing clinical supervision
- Orients new staff, and coordinates preceptorship for students assigned to the program as a practicum placement.
- Remains current in treatment modalities for the PMHDP target population.
- Performs a variety of assessment and intervention strategies.
- Facilitates communication between mental health services, court and law enforcement
- Ensures PMHDP **Assessment Report** copies are forwarded to appropriate personnel in accordance to the PMHDP SOR.
- Delivers brief crisis intervention with individuals as required.
- Documents client contact, individual's presentation and dynamics.
- Consults with physician/psychiatrist as necessary.
- Coordinates and participates in presenting mental health education material to court personnel, law enforcement, and community as required and in consultation with the Manager.
- Participates and coordinates ongoing quality improvement activities in consultation with the PMHJT, as needed.

Mental Health Diversion Addiction Counselor

The Mental Health Diversion Addiction Counselor

- Screens and assesses clients for substance use and abuse.
- Works with clients to provide information, facilitate crisis resolution, and discuss best treatment options based on **assessment** findings.
- Develops treatment plans in collaboration with clients and other community programs and services as required addressing identified problems and goals.
- Facilitates referrals and **linkages** to community treatment services.
- Follows-up with linkages to ensure clients are attending treatment, as required.
- Provides consultation to other health professionals on issues related to substance use or abuse.

Mental Health Diversion Indigenous Justice Facilitator

The Mental Health Diversion Indigenous Justice Facilitator

- Provides culturally safe support and guidance for Indigenous clients across the addiction and mental health service continuum.
- Provides holistic support (cultural, spiritual, emotional, and mental wellness) according to the needs of clients at the courts and in the community in which they live.
- Assists Mental Health Diversion Service Staff; Municipal Police and RCMP; Crown; and legal stakeholders to provide culturally appropriate services that ensures a culturally safe healing environment for Indigenous clients.
- Facilitates ceremonies, upon request, that are culturally appropriate and respectful of the unique beliefs of each Indigenous client and family.
- Facilitates “Talking Circles” for Indigenous clients with mental health and/or concurrent disorders.
- Provides support and guidance for traumatized clients who may feel threatened or intimidated by the health or justice system.
- Supports clients when they request traditional Indigenous healing ways and supports the work of traditional Indigenous healers who are recognized by the client and/or family.
- Supports clients when they express a cultural need for sacred objects and helps staff to understand the significance of these requests.
- Facilitates arrangements that help the client receive services closer to their home communities, such as through Telehealth.
- Provides psychosocial support and crisis intervention to clients in periods of crisis, vulnerability, and transition;
- Facilitates conflict resolution for clients and family members
- Facilitates referrals to AHS programs and community/First Nations agencies for follow-up counselling to enhance client health outcomes.

Mental Health Diversion Administrative Support

The Mental Health Diversion Administrative Support

- Provides reception services by answering calls, taking messages and/or directing as appropriate.
- Utilizes judgment in redirecting calls to other agencies and assisting clients to access alternative resources when MH Diversion staff are unavailable.
- Responds to questions from the public and provides basic information as appropriate following AHS policies and procedures.
- Contacts clients to provide appointment reminders.
- Facilitates and organizes Telehealth Services and videoconferencing, when required.
- Performs data entry into PMHDP access database and any local zone database (e.g. ARHMIS, eCLINICIAN).
- Runs quarterly reports as outlined in the PMHDP SOR 11: Reporting Requirements.
- Sets up and maintains client records as well as administrative file systems in compliance with AHS policies and procedures.
- Ensures disposition of official records in conformity with AHS records disposition policy and procedures.

- Prepares and submits requisitions for ordering materials and supplies, including office supplies and other equipment as required.
- Prepares agendas and records minutes, as required.

Mental Health Diversion Consulting Psychiatrist

The Consulting Psychiatrist

- Provides direct consultation to clinicians for clients requiring psychiatric support services
- Assists in case consultations to determine eligibility or ineligibility.
- Assesses clients and confirms diagnoses.
- Reviews client's medication needs and prescribes as needed.
- Completes any documentation required to be filled out by a medical practitioner to support clients' ongoing healthcare needs (AISH, Income Support, CPPD, etc.)

SOR 9: STAFF QUALIFICATIONS & EXPERIENCE

SOR Statement

All PMHDP staff must have the appropriate education, registration, qualifications, and experience to deliver services and supports to PMHDP clients. Each MH Diversion Service Site has slightly different staffing complements based on the following considerations: funding, urban versus rural location, and leadership decision-making.

Intent and Rationale

The primary intentions of this SOR are two-fold. First, it is to ensure that appropriately qualified staff deliver all supports and interventions offered by the PMHDP. Secondly, it is to ensure that health care professionals are registered with the appropriate regulatory body and maintain good standing and active registration at all times while engaging in client service delivery within the PMHDP.

Required Elements

9.1. All PMDHP staff members and practicum students must provide mental health intervention, addiction treatment, and support within their scope of practice. MH Diversion staff may engage only in roles, activities and client services for which they are adequately qualified.

9.2. PMHDP managers are responsible for ensuring staff are appropriately deployed and resourced, based on their qualifications, level of competence, and experience.

9.3. All PMHDP staff requiring supervision (e.g. social workers or provisional psychologists completing required supervised hours) are provided with appropriate clinical supervision.

9.4. All PMHDP staff and managers need to be familiar with the PMHDP SOR and relevant AHS policies and procedures.

SOR 10: CONFIDENTIALITY AND INFORMATION SHARING

SOR Statement

All MH Service Sites maintain the security, confidentiality, safe storage and disposal of client records as per relevant statutes, policies, and guidelines.

As part of a collaborative care approach, MH Diversion staff, legal stakeholders, law enforcement, and AHS community addiction and mental health service providers strive to share information throughout client participation in a seamless way; optimizing client focused care that is informed by best practices and enhanced long-term outcomes.

Intent and Rationale

Information sharing between members of the multi-disciplinary team, legal stakeholders, law enforcement, and community linkages enhances the client's community connections, supports treatment outcomes, and helps to ensure clients feel supported in their communities. All MH Diversion Service Sites adhere to the AHS policies and procedures to ensure the confidentiality and security of the utilization, storage and disposal of client records.

Required Elements

The policy, procedures, and standards on confidentiality and security of client records ensure the following:

10.1. Compliance with provincial guidelines specific to confidentiality of client records such as the *Freedom of Information and Protection of Privacy Act* (FOIP), *Health Information Act* (HIA), and *Personal Information Protection Act* (PIPA). All regulated health care professionals are responsible for ensuring that they are aware of the professional practice standards, ethical guidelines, and any relevant legislation regarding information sharing and the handling, storage and disposal of confidential client information (such as Alberta College of Social Workers, College of Alberta Psychologists, and College and Association of Registered Nurses of Alberta).

10.2. All PMHDP client records are secured, stored, and retained as per AHS privacy and provincial legislative requirements.

10.3. Any sharing of PMHDP client information is facilitated based upon a need-to-know basis. In other words, information shared should be relevant to the provision of treatment services, coordination of care, and discharge planning.

10.4. All MH Diversion Service Sites maintain electronic or written case notes for each client in their health file. Case notes include all interactions with the client and community-based linkages during in-person appointments and/or phone conversations. Case notes also identify attendance, treatment outcomes, concerns, critical incidents, and overall health and well-being of the client. All updates regarding client goals for participation and progress are included in the case notes.

AHS Policies

Policy Number: 1112
Collection, Access, Use and Disclosure of Information.
https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-pol-collection-access-use-disclosure-information.pdf

Policy Number: 1113
Transmission of Information by Facsimile and Electronic Mail.
https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-pol-transmission-information.pdf

Procedure Number: 1113-01
Emailing Personal Identifiable Health Information.
https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-email-personal-id-health-info-pro-1113-01.pdf

SOR 11: REPORTING REQUIREMENTS

SOR Statement

The PMHDP demonstrates a commitment to ongoing reporting, monitoring, evaluation, and continuous quality improvement activities to ensure that all PMHDP clients are receiving assessment, treatment, and linkages to short and long-term local community supports that are consistent with best practices.

Intent and Rationale

The intent of the PMHDP reporting requirements is to inform Alberta Health and Alberta Justice & Solicitor General of current operations, gaps and needs, capacity – as required.

Required Elements

11.1. Provincial Mental Health Diversion leads (within Mental Health & Justice, Provincial Addition and Mental Health) collect, analyze, and report on the data elements submitted by the MH Diversion Service Sites. All data entered into the PMHDP database is completed in a stage process. The data entry process is as follows:

1) **Pre-Referral Contact**: Once a Pre-Referral contact is made with a client or a community service provider, the MH Diversion Staff completes a standardized **Pre-Referral Contact** Form to record any information that may support a referral through court. This may include the client's demographic information, next court date, etc. Once completed, the **Pre-Referral Contact** form is provided to the dedicated data entry person to be entered into the PMHDP Database.
2) **PMHDP Referral (AHS form# 20921)**: Once the Crown fills out and signs the standardized PMHDP **Referral Form** agreeing to refer the client's charge(s) to the PMHDP to assess for eligibility, the dedicated data entry person would enter the required information from the PMHDP Referral into the PMHDP database.
3) **Assessment**: Once the referred client completes an **assessment** interview, the MH Diversion Staff would enter the assessment and diagnostic information into the PMHDP database or they would provide the dedicated data entry person with their assessment form to enter into the database.
4) **Goal Attainment and Linkages:** Once the PMHDP Assessment and Assessment report is completed, the clinicians meet with the client to discuss goals for participation. The database requires a goal attainment date, as well as linkages entered throughout the participation process
5) **Discharge**: The MH Diversion Staff complete the standardized PMHDP Discharge Summary Form and provide the completed form to the dedicated data entry person to enter the data into the PMHDP database.

11.2. The Provincial Mental Health Diversion (MHD) team will monitor the data entered into the database from all ten MH Diversion Service Sites. MH Diversion Sites will generate error reports at least on a monthly basis to ensure the data is accurate. All quarterly data must be entered into the database seven days after the end of each quarter. This allows the PMHDP Evaluation team to pull data and begin analyzing the data for reporting and evaluation purposes.

The PMHDP reporting dates are as follows:

1. 1st quarter (April-June) due July 7th
2. 2nd quarter (July-September) due Oct 7th
3. 3rd quarter (October-December) due Jan 7th
4. 4th quarter (January-March) due Apr 7th

11.3. Analysis and reports generated by the Provincial Team are with Zone leadership and PMHDP Operation Committee members on a semi-annual basis. MH Diversion service Sites can generate their own reports for zone or Adhoc requests, when needed.

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APPENDIX A: Mental Health Diversion Service Sites

PEACE RIVER & AREA	**PEACE RIVER MENTAL HEALTH** **10015 98 STREET, BAG 900-8** **T0A 3A4** **PHONE: 780-618-4552**
GRANDE PRAIRIE & AREA	**ABERDEEN CENTRE** **300, 9728 101 AVE** **T8V 5B6** **PHONE: 780-833-4372**
FORT MCMURRAY & AREA	**ADDICTIONS & MENTAL HEALTH** **10217 QUEEN STREET** **T9H 5S4** **PHONE: 780-793-8325**
ST. PAUL& AREA	**ST. PAUL PROVINCIAL BUILDING** **5025 49 AVENUE** **T0A 3A4** **PHONE: 780-826-8054**
EDMONTON (ADULT)	**9942 108 STREET** **T5K 2J5** **PHONE: 780-342-7632**
EDMONTON (YOUTH)	**9949 137 AVENUE** **T5E 5R8** **PHONE: 780-644-5395**
RED DEER & AREA	**4733 49 STREET** **T4N 1T6** **PHONE: 403-340-6553**
CALGARY & AREA	**CENTRE OF HOPE** **420 9 AVENUE SE** **T2G 0R9** **PHONE: 403-410-1132**
MEDICINE HAT & AREA	**RRC BUILDING** **631 PROSPECT DRIVE SW** **T1A 4C2** **PHONE: 403-502-8648**
LETHBRIDGE & AREA	**PROVINCIAL BUILDING** **102, 200 5 AVENUE S** **T1J 4L1** **PHONE: 403-388-6547**

APPENDIX B: PMHDP Referral, Assessment, and Summary Report Forms

Alberta Health Services

Provincial Mental Health Diversion Program Referral

Client Information			
Last Name	First Name	Middle Name	
Personal Health Number	Date of Birth *(yyyy-Mon-dd)*	Gender	
Address *(Apt/House # and Street Name)*	City	Province	Postal Code
Contact Phone Number ☐ Home ☐ Cell	Can Diversion staff leave a message or text? ☐ Yes ☐ No		
Alternate Contact Phone Number ☐ Home ☐ Cell	Can Diversion staff leave a message or text? ☐ Yes ☐ No		
Email Address			
Preferred Method of Contact ☐ Phone Call ☐ Text Message ☐ Email			
Consent By signing below, I agree to having my legal file forwarded to the nearest Mental Health Diversion Service Site to facilitate my referral. _____ Client, Legal Guardian, or Counsel Signature _____ Date *(yyyy-Mon-dd)*			
Referral Information - (To be completed by Crown Prosecutor's Office)			
Date of Referral *(yyyy-Mon-dd)*	Name of Defence Counsel		

Docket Number	**Section Number**	**Offence Date**	**Referred Charge(s)**
			Other Current Charge(s) Not Referred

Next Court Date *(yyyy-Mon-dd)*	Time *(hh:mm)*	Courtroom
Crown Prosecutor Approval		
Name of Crown Prosecutor *(Print)*	Signature	Date *(yyyy-Mon-dd)*

20921 (Rev 2017-12)

Alberta Health Services

Alberta Health Services

Assessment Report
(Provincial Mental Health Diversion Program)

Client Information		
Last Name	First Name	Middle Name
Date of Birth *(yyyy-Mon-dd)*	Gender	
Next Court Date *(yyyy-Mon-dd)*	Time *(hh:mm)*	Courtroom

Docket Number	Section Number	Offence Date	Referred Charge(s)

Assessment Summary

Eligible for Provincial Mental Health Diversion Program ☐ No ☐ Yes

Summary and Recommendations

Name of Mental Health Diversion Staff *(Print)*	Signature	Date *(yyyy-Mon-dd)*

20922 (Rev2018-06)

Alberta Health Services

Alberta Health Services

Summary Report
(Mental Health Diversion Program)

Last Name	First Name	Middle Name
Date of Birth *(yyyy-Mon-dd)*		Gender
Court Date *(yyyy-Mon-dd)*	Time *(hh:mm)*	Court Room

Docket Number	Section Number	Referred Charge(s)

Mental Health Diversion Program Summary

Mental Health Diversion Program Recommendations

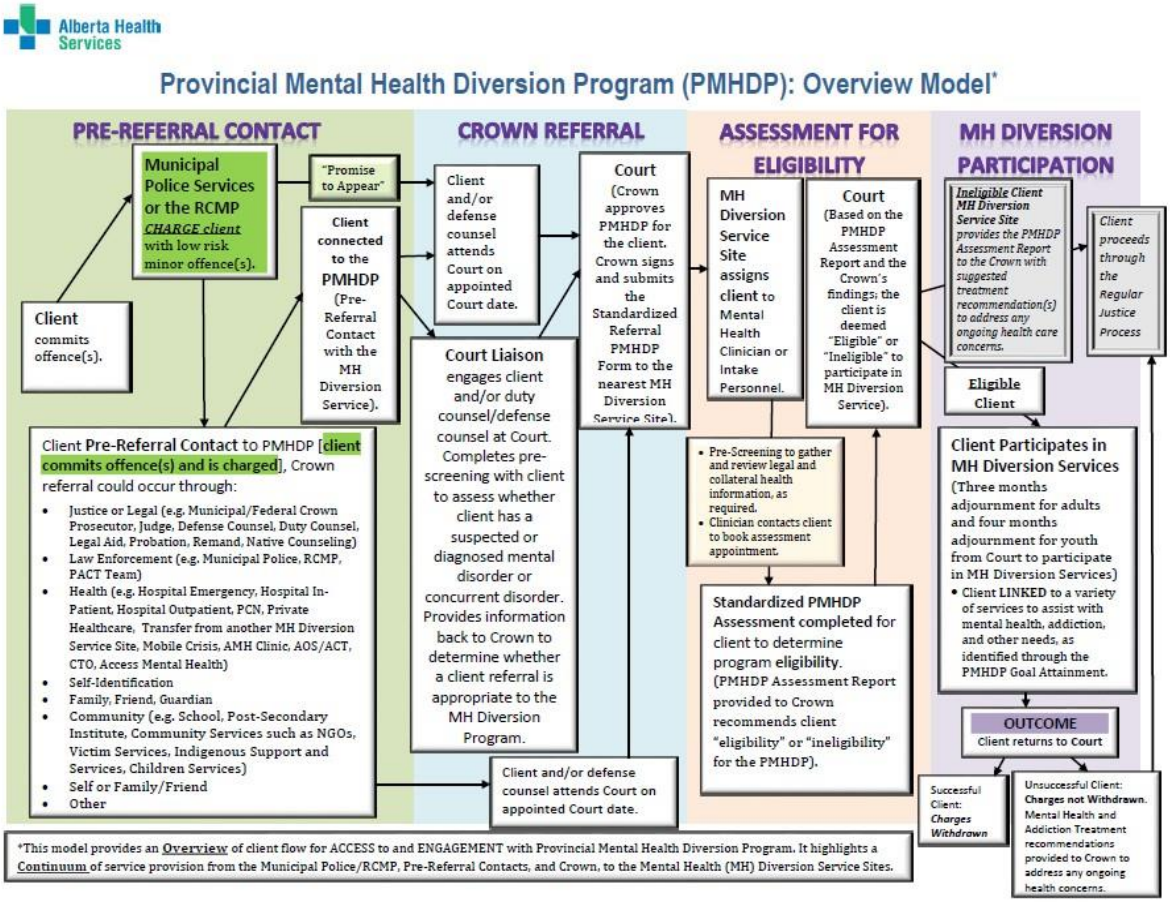
☐ Withdraw Charge(s)

☐ Do not Withdraw Charge(s)

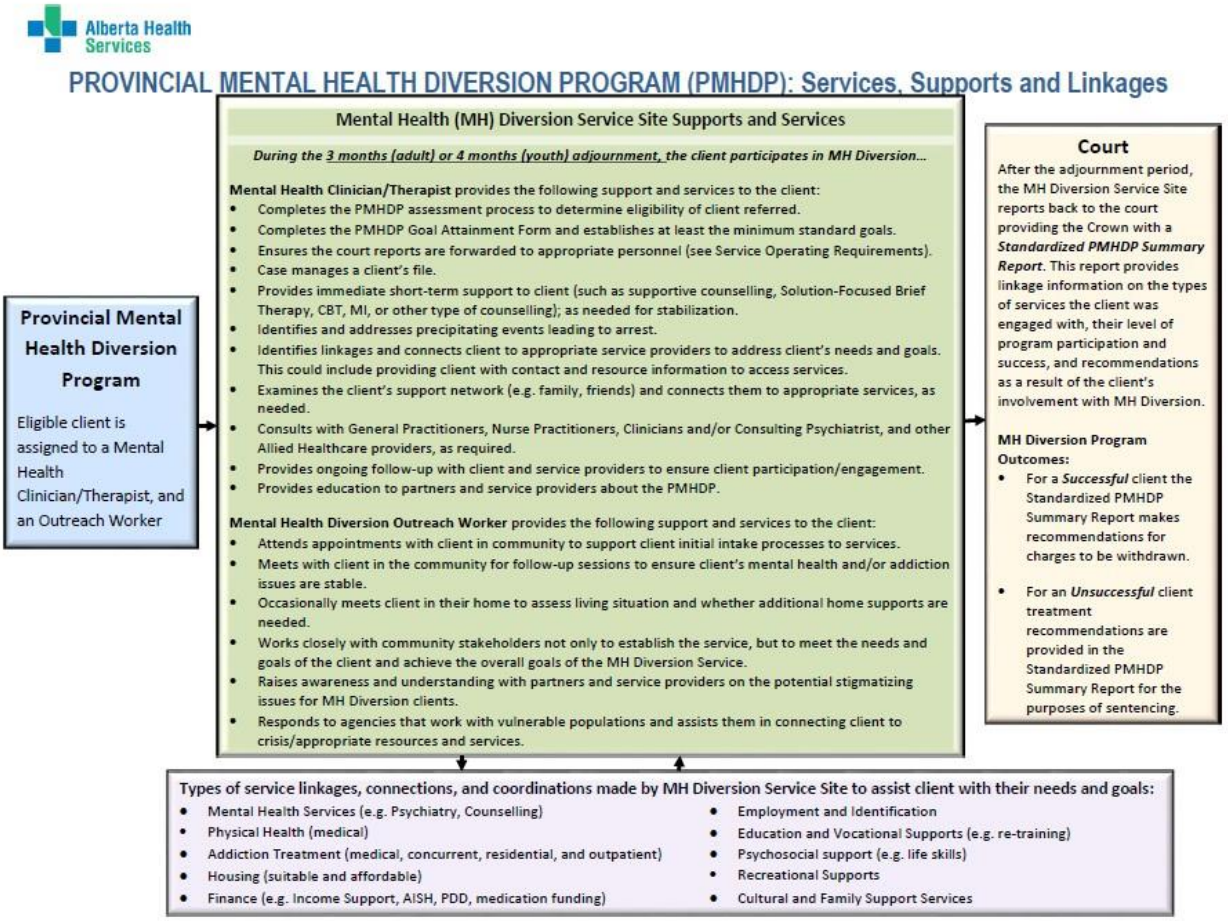
Name of Mental Health Diversion Staff *(Print)*	Signature	Date *(yyyy-Mon-dd)*

20923 (Rev2018-06)

APPENDIX C: PMHDP Overview Model



APPENDIX D: PMHDP Linkage Model



APPENDIX E: TOP CHARGE TYPES REFERRED TO PMHDP

Top Charge Types Referred to Provincial Mental Health Diversion Program
Theft under $5,000.00
Common Assault
Failure to comply with appearance notice or promise to appear
Assaulting a peace officer
Mischief
Offences relating to public or peace officer
Uttering threats to cause death or bodily harm to any person
Failure to comply with probation order
Failure to comply with condition of undertaking or recognizance
Failure to attend court
Assault with a weapon or causing bodily harm
Fraud under $5,000.00
Simple Possession of a controlled substance
Possession of weapon for dangerous purpose
Possession of property obtained by crime: punishment
Escape and being at large without excuse
Breaking and entering with intent, committing offence or breaking out
Causing disturbance, indecent exhibition, loitering, etc.

Source: *Provincial Mental Health Diversion Program Retrospective Data Analysis: Mental Health Diversion Program Findings, January 31, 2018.*

Should there be any enquiries about the Provincial Mental Health Diversion Program or questions around the Service Operating Requirements, please contact/email:

- Paul Hawthorne, Provincial Mental Health Diversion Program Lead, Program Consultant, Mental Health & Justice, Provincial Addiction & Mental Health, AHS. Paul.hawthorne@ahs.ca

- Aggy King-Smith, Director, Mental Health & Justice, Provincial Addiction & Mental Health, AHS. Aggy.king-smith@ahs.ca

As noted in the Introduction, this version reflects the current state. Some modifications are anticipated over the next year to further strengthen the program, and will be reflected in an updated version.