Executive Summary

The prevalence of mental health issues in correctional facilities represents a challenge for correctional facilities across Canada. There is general acceptance that a high percentage of inmates in Canada have a mental health issue, and that the percentage is continuing to increase.¹

In Ontario, the Ministry of Community Safety and Correctional Services (the Ministry) is committed to ensuring that Ontario’s correctional system is responsive to the needs of inmates with mental illness. This commitment is demonstrated through the Ministry’s response to the September 2013 Ontario Human Rights Tribunal settlement related to Christina Jahn. The settlement resulted in a Public Interest Remedies document outlining 10 initiatives aimed at improving the way in which care is provided to female inmates with Major Mental Illness.

Through this document, the Ministry has responded by committing itself to understanding how to best serve female inmates with Major Mental Illness, recognizing the unique needs of these women, and the context that often leads to their involvement with the criminal justice system. The Ministry’s response includes key considerations related to how female inmates with Major Mental Illness should be provided services, and the type of facilities within which these services should be located.

This Report addresses these considerations by outlining a recommended Service Delivery Model for female inmates with Major Mental Illness, and providing Facility Design Options for ensuring female inmates can be provided with an appropriate level of mental health services.²

As outlined in the Public Interest Remedies document detailing the Ministry’s commitment towards improving the responsiveness of Ontario’s correctional system to the needs of female inmates with Major Mental Illness, this report has been prepared in consultation with mental health experts.

Through a public request for proposals process, OPTIMUS | SBR was selected to support the Ministry in identifying a potential Service Delivery Model and Facility Options for female inmates with Major Mental Illness. The OPTIMUS | SBR team included consultants with a range of

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² The Objectives of this report are to provide the Ministry with insights, evidence-based research, and options towards better serving female inmates with Major Mental Illness. In doing this, the Ministry will not only satisfy its commitment under item one of the Public Interest Remedies, but also clearly understand a path forward for improving the care and treatment options of female inmates in Ontario
experience in the field of mental health; the team was supported by a forensic mental health subject matter expert, Dr. Philip Klassen. Dr. Klassen is a distinguished and well-respected member of the forensic psychiatric community and is experienced in working with correctional systems across Canada. One of only 100 forensic psychiatry sub-specialists certified by the Royal College of Physicians and Surgeons of Canada, he is currently the Vice-President of Medical Affairs at Ontario Shores Centre for Mental Health Sciences as well as an Assistant Professor at the University of Toronto’s Faculty of Medicine in the Department of Psychiatry.

In preparing this report, the OPTIMUS | SBR team engaged multiple stakeholders including: mental health and corrections subject matter experts, service providers, Ministry and correctional facility staff, and female inmates. The stakeholder consultations served to identify opportunities to enhance the way in which correctional services are provided to female inmates with Major Mental Illness and to support the development of recommendations. The process of stakeholder consultations included site visits to provincial, federal, and Ministry of Children and Youth Services operated correctional facilities. These consultations were supplemented by research into leading practices in the provision of mental health services and a review of correctional services practices used by select external jurisdictions.

**Recommendations and Options**

Inputs from stakeholder consultations, leading practices, and experiences from comparable jurisdictions led to a number of evidence-informed recommendations specific to the identification of a Service Delivery Model and Facility Options for best serving female inmates with Major Mental Illness. Findings, Recommendations, and Options were reviewed and validated with the Ministry project team, select stakeholders, and mental health subject matter experts.

**Service Delivery Model**

**Service Delivery Model Overview**

Two Service Delivery Models are provided for considerations – the Full Graduated Model and the Partial Graduated Model. The Full Graduated Model offers a Stabilization Unit and Step-Down Unit, and the Partial Graduated Model includes only the Stabilization Unit. Both Service Delivery Models are described in detail below. The Service Delivery Models are made up of three elements:

- Foundational Principles;
- Core Processes; and
- Model Components.

The Foundational Principles & Core Processes are consistent across both Model Options.
Foundational Principles and Core Processes represent the starting point of recommendations for the Ministry. They outline the operating principles and actions that will support the Service Delivery Model to meet the needs of female inmates with Major Mental Illness. Foundational Principles and Core Processes are the same in both model options.

Model Components illustrate the physical elements of where female inmates could be housed/provided services (i.e. building, units, and infrastructure) and the types of services offered. The Model Components are what differ in the two Service Delivery Model options.

**Foundational Principles**

Foundational Principles are the underlying principles based on evidence-informed practices that enable and support the success of the Service Delivery Model and Facility Options. Implementation of these Foundational Principles is critical as they promote a necessary shift in the culture of correctional institutions towards a more therapeutic and recovery-based approach. Institutional culture will govern the nature, and ultimately outcomes of actions and decisions, regarding female inmates with Major Mental Illness. The organizational culture within female correctional facilities should align to the objectives and goals of providing a high-quality level of care in addition to ensuring control and custody. The Foundational Principles take into consideration gender-sensitive approaches and best practices. Recommendations include:

1. Ensure that the right mixture of staff resources are available and used appropriately.
2. Provide female specific mental health training and professional development to all staff working with female inmates.
3. Establish a lived environment that promotes a therapeutic environment.
4. Reframe, repurpose, and rename segregation as a temporary part of a continuum of care.
5. Establish rehabilitative and educational programming to support reintegration.

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[Diagram showing Foundational Principles, Core Processes, Service Delivery Model 1, and Service Delivery Model 2 Model Components]
Core Processes

The Core Processes build on the Foundational Principles and represent key processes that are recommended regardless of whether the Full Graduated Model or Partial Graduated Model is selected by the Ministry. Evidence suggests that implementation of the Core Processes in and of themselves will improve care and lead to a decrease in the occurrence of maladaptive behaviours associated with Major Mental Illness. Recommendations include:

1. Upon admission, assessment of all female inmates by a mental health provider.
2. Development of a comprehensive care plan.
4. Regular interprofessional team meetings for ongoing assessment and care planning.
5. Intervention by an interprofessional team member following an episode that may require an inmate to be separated from their current care setting.

Model Components

The Model Components are based on a graduated approach to delivering services. This approach emphasizes the need to consider the specific needs of an individual, and to provide the necessary services in the most appropriate care setting possible based on those needs. The Model Components are encompassed in two Service Delivery Model Options that have been identified for consideration in this Report – a Full Graduated Model and a Partial Graduated Model. Both models include General Population and an option to transfer those with the most intensive level of need to an Alternate Setting. In addition, the Full Graduated Model offers a Stabilization Unit and Step-Down Unit, while the Partial Graduated Model includes a Stabilization Unit, but no Step-Down Unit.
The Model Components are the specific units/care settings within the two Service Delivery Models that provide services to female inmates with Major Mental Illness. The recommended Model Components are provided below; descriptions of each of these Components follows.

1. **General Population Units**: As much as possible, female inmates with Major Mental Illness should be served in General Population Units. With the Foundational Principles and Core Processes in place, occurrences of maladaptive behaviours that can be associated with Major Mental Illness are expected to decrease and correctional facility staff will be better suited to support inmates with Major Mental Illness when such behaviours do arise.

2. **Stabilization Unit(s)**: A Stabilization Unit is intended to meet the need of female inmates with Major Mental Illness who require intensive mental health services, including those who may be exhibiting self-harming behaviour. The goal of this unit is to stabilize female inmates with Major Mental Illness so that they can re-integrate into the General Population. Within the Full Graduated Model, it is expected that female inmates with Major Mental Illness may re-integrate into the General Population via the Step-Down Unit.

3. **Step-Down Unit(s)**: The Step-Down Unit is intended to meet the needs of female inmates with Major Mental Illness who require specialized mental health services that cannot be met within the General Population. The Step-Down Unit is intended for inmates who are not considered a danger to themselves or to others. While there are higher levels of supervision than in the General Population, the intensity is less than that in the Stabilization Unit.
4. Alternate Setting (for high intensity care): Inmates whose needs cannot be met within the General Population, Stabilization, or Step-Down Unit will be assessed for transfer to an alternate facility that can provide the required level of Intensive Care

**Service Delivery Model Recommendation**

It is recommended that the Ministry consider implementing the Full Graduated Model in addition to the Foundational Principles and Core Processes.

**Facility Options**

The Service Delivery Models are closely tied to Facility Options as they can be implemented in any number of physical locations. It is suggested that all facilities include a General Population Unit. Various Facility Options could be considered for Stabilization Units, Step-Down Units, and the Alternate Setting.

Stabilization Units and Step-Down Units could be considered for:

1. All female correctional facilities
2. A select number of female correctional facilities
3. A stand-alone Treatment Centre

An Alternate Setting (for high intensity care) could be considered for:

1. Existing Forensic Hospital(s)
2. A Stand-Alone Ministry Schedule 1 Treatment Facility operated in partnership with a forensic hospital
The diagram below provides an overview of the Facility Options for the Full Graduated Model

Facility Option Recommendation

It is recommended that the Ministry consider implementing the Full Graduated Model within select female correctional facilities. Consideration should also be given to a stand-alone Ministry Schedule 1 Treatment Facility in partnership with a forensic hospital.

The recommendation for the Ministry to consider a stand-alone Schedule 1 Treatment Facility for those that require the highest intensity of care has been made with the recognition that ideally, over time, the Ministry of Community Safety and Correctional Services and the Ministry of Health and Long-Term Care continue to build relationships that would enable care of these higher need inmates to be provided within a Forensic Hospital setting. This is supported through other jurisdictions such as Alberta and the United Kingdom. It is recognized that this will require significant change to policies and procedures for both Ministries, and as such is suggested as a longer-term consideration.
In deciding on Facility Options for both the Graduated Model and a Schedule 1, the Ministry will need to consider operational and fiscal realities. This may include examining opportunities to adapt existing facilities that are currently owned and operated by the Ministry, and/or exploring external facility options that might be well-suited to a Graduated Model of providing care to female inmates with Major Mental Illness. Other considerations in determining the number and location of facilities may include identification of where the greatest need exists, identification of the number of beds required, and cost/feasibility of retrofitting. When specifically considering the location of a Schedule 1 Facility in partnership with a forensic hospital it is suggested that a competitive RFP process be used. This will enable the Ministry to ensure the best value for money.

**Conclusion**

This Report outlines the recommended Service Delivery Model and provides Facility Options for the Ministry to consider as they move forward with ongoing efforts to improve the responsiveness of Ontario’s correctional system to the needs of female inmates with Major Mental Illness. The full Report details key findings associated with the Stakeholder Engagement, Literature Review, and Jurisdictional Scan undertaken to ensure an evidence-based approach to recommendations. Each of the Foundational Principles, Core Processes, and Model Components are outlined in the full Report and justified through links to the Stakeholder Engagement, Literature Review, and Jurisdictional Scan. The full Report also provides a detailed assessment of the Full Graduated Model and Partial Graduated Model as well as the Facility Options.

The Report recommends moving forward with the Full Graduated Service Delivery Model with five Foundational Principles and five Core Processes. The Report further recommends that the
Ministry consider implementing this Service Delivery Model in select facilities with the highest need individuals being served in a Stand-Alone Schedule 1 Facility. The Recommendations contained within the full Report support a path forward for the Ministry on how to best serve female inmates with Major Mental Illness.