

Appendices

Mental Health Court Support Services Policies and Procedures First Edition

June 2005

Produced by: The Mental Health Court Support
Consortium



Appendix 1 – Referral Form

**TORONTO MENTAL HEALTH COURT SUPPORT & SERVICES
REFERRAL FORM**

NAME: _____

DATE OF BIRTH: _____

COURTROOM: _____

LANGUAGE: _____

IN or OUT of custody (circle one)

COUNSEL
/DUTY COUSEL: _____

REFERRAL REQUESTED BY: _____

COMMENTS/REASON FOR REFERRAL:

Appendix 2 - MENTAL HEALTH COURT SUPPORT SERVICES: INTAKE INFORMATION

Consent of Counsel Obtained _____ Caution of Limited Confidentiality Given

Custody: In Out FPS # Gender: Male Female Transgender

Surname Alias Date of Birth (yyyy/mm/dd)

First Name Initial Client File # Charge Set

Address Phone Number Date of Discharge (yyyy/mm/dd)

MHC Worker

Courthouse						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102	OCH	East	West	North	College Pk	Other

Referred By (check one only)	
<input type="checkbox"/>	Crown Attorney
<input type="checkbox"/>	Duty Counsel
<input type="checkbox"/>	Defense Counsel
<input type="checkbox"/>	Other Court Personnel
<input type="checkbox"/>	Self/Family
<input type="checkbox"/>	Service Provider
<input type="checkbox"/>	102 Court
<input type="checkbox"/>	Other:

Nature of Service	Date (yyyy/mm/dd)
<input type="checkbox"/>	Direct
<input type="checkbox"/>	Indirect
<input type="checkbox"/>	Brief consult
<input type="checkbox"/>	Waitlisted
<input type="checkbox"/>	Screened

Presenting Issues	
<input type="checkbox"/>	Threat to others/attempted suicide
<input type="checkbox"/>	Specific symptoms of SMI
<input type="checkbox"/>	Physical/sexual abuse
<input type="checkbox"/>	Educational
<input type="checkbox"/>	Occupational/employment/vocational
<input type="checkbox"/>	Housing
<input type="checkbox"/>	Financial
<input type="checkbox"/>	Legal
<input type="checkbox"/>	Problems with relationships
<input type="checkbox"/>	Substance abuse
<input type="checkbox"/>	ADL
<input type="checkbox"/>	Other. Specify:

Income Source (check all that apply)	
<input type="checkbox"/>	ODSP (FBA)
<input type="checkbox"/>	OWA (GWA)
<input type="checkbox"/>	Family
<input type="checkbox"/>	Employment
<input type="checkbox"/>	CPP
<input type="checkbox"/>	None
<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Other:

Preferred Language (check one only)	
<input type="checkbox"/>	English
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Interpreter Used

If available, would you like to receive services that are specific to your race, culture, ethnicity, religion or sexual orientation?

Yes No Unknown

If Yes, with what race, cultural, ethnic groups etc. do you identify?

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

Diagnosis as indicated by medical professional (use '1' for primary, etc.)	
<input type="checkbox"/>	Schizophrenia
<input type="checkbox"/>	Bipolar Affective Disorder
<input type="checkbox"/>	Schizoaffective Disorder
<input type="checkbox"/>	Delusional Disorder
<input type="checkbox"/>	Depression
<input type="checkbox"/>	Anxiety Disorder
<input type="checkbox"/>	Personality Disorder
<input type="checkbox"/>	Dementia
<input type="checkbox"/>	Developmental Disability
<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Head Injury
<input type="checkbox"/>	Concurrent Disorder
<input type="checkbox"/>	Dual Diagnosis
<input type="checkbox"/>	None
<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Other:

Type of Housing (check one only)	
<input type="checkbox"/>	Boarding Home
<input type="checkbox"/>	Rooming House
<input type="checkbox"/>	NFA prior to arrest
<input type="checkbox"/>	Public/RGI
<input type="checkbox"/>	Apt/House
<input type="checkbox"/>	Homeless after arrest
<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Other:

Self-reported Diagnosis	
<input type="checkbox"/>	Schizophrenia
<input type="checkbox"/>	Bipolar Affective Disorder
<input type="checkbox"/>	Schizoaffective Disorder
<input type="checkbox"/>	Delusional Disorder
<input type="checkbox"/>	Depression
<input type="checkbox"/>	Anxiety Disorder
<input type="checkbox"/>	Personality Disorder
<input type="checkbox"/>	Dementia
<input type="checkbox"/>	Developmental Disability
<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Head Injury
<input type="checkbox"/>	Concurrent Disorder
<input type="checkbox"/>	Dual Diagnosis
<input type="checkbox"/>	None
<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Other:

Living Situation (check one only)	
<input type="checkbox"/>	Self/Alone
<input type="checkbox"/>	Family/Others

Psychiatric Hospitalizations (past two years):	
#	Unknown
<input type="text"/>	<input type="text"/>

Marital Status (check one only)	
<input type="checkbox"/>	Single
<input type="checkbox"/>	Married
<input type="checkbox"/>	Common law
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Separated
<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Domestic Partner
<input type="checkbox"/>	Unknown

Psychiatric History	Y	N	U
Previously accessed psychiatrist			
Previously accessed case management			
Previously accessed crisis services			
Previously hospitalized			
Previously received psychiatric medications			
Previously accessed addiction services			

#	Ukn	Criminal History
		Previous Sentencing Events
		Total Prior Offenses
		Previous Mental Health Diversion
		Prior Charges
Y	N	Ukn
		Previous Violent Offenses(s)

Legal Status at Referral	
	Awaiting bail
	Awaiting trial
	Awaiting sentence

Current Supervision Status	
	On restraining order/peace bond
	On bail/undertaking
	On probation
	Under ORB

Pending Charges – Class 1	
Counts	Charge
	Theft Under
	Mischief Under
	Fail to Appear
	Fail to Comply
	Harassing phone call
	Fail to Leave Premises
	Fraud under
	Cause Disturbance
	Communicate for the purpose
	Other:

Service/Assessment: Court Worker (check all that apply)	
<input type="checkbox"/>	Diversion/Alternative Measure
Diversion successful? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	
	Crown refused/inappropriate
	Client refused/declined
	Client non-compliant
	Client re-arrested
	Other:
<input type="checkbox"/>	Consultation
	Fitness screen
	Bail
	Sentencing
	Arranged court-ordered assessment
	Traverse to 102 Court
	Section 34 YCJA
	Liaise with detention centre
	Assist family
	Other:

Pending Charges – Class 2	
Counts	Charge
	Uttering Threats/Threaten Death
	Public Mischief/To Property
	Resisting Arrest
	Simple Assault
	Assault Peace officer
	Break & Enter
	Criminal Harassment
	Indecent Act
	Obstruct Police Officer
	Other:

Pending Charges – Class 3	
Counts	Charge
	Assault with a weapon
	Weapon dangerous
	Carry concealed weapon
	Assault bodily harm
	Sexual assault
	Aggravated assault
	Assault (domestic)
	Other:

Drug charges	
Counts	Charge
	Possession of Marijuana/Substance
	Possession of Cocaine/Narcotics
	Possession for the Purpose of Trafficking

Did you assist in arranging a fitness assessment?	
Date of Assessment (yyyy/mm/dd)	
Hearing Outcome: (check unfit if client ever found unfit on these charges)	
<input type="checkbox"/>	Fit
<input type="checkbox"/>	Unfit
Action	Date Bed Booked (yyyy/mm/dd)
30 Day Assessment	
Treatment Order	
TBST	
Remanded on "Keep Fit"	
Date of Admission (yyyy/mm/dd)	

Service/Assessment: Psychiatrist		
	On-Site	Off-Site
Fitness Assessment (Form 48)		
Assessment for Bail		
General Assessment		
MHA Form 1		
NCR		
MHA Form 6 and/or 8		
Assessment for Diversion/Alternative Measures		

Legal Outcomes (check all that apply)	
<input type="checkbox"/>	Bail achieved
<input type="checkbox"/>	Awaiting Bail
<input type="checkbox"/>	Awaiting Trial
<input type="checkbox"/>	Awaiting Sentence
<input type="checkbox"/>	Withdrawn
<input type="checkbox"/>	Stay of Proceedings
<input type="checkbox"/>	Peace Bond
<input type="checkbox"/>	Absolute Discharge
<input type="checkbox"/>	Conditional Discharge
<input type="checkbox"/>	Time Served
<input type="checkbox"/>	Suspended Sentence
<input type="checkbox"/>	Conditional Sentence
<input type="checkbox"/>	Custodial Sentence
<input type="checkbox"/>	Probation
<input type="checkbox"/>	ORB: NCR or Fitness
<input type="checkbox"/>	Other:

Exit Disposition	
<input type="checkbox"/>	Completion without referral
<input type="checkbox"/>	Completion with referral
<input type="checkbox"/>	Suicide
<input type="checkbox"/>	Death
<input type="checkbox"/>	Relocation
<input type="checkbox"/>	Withdrawal

Number of Psychiatric Hospitalizations while in program:

MHCW Referrals /Re-Connections									
Existing services	Service	Client needs	Successful link?			If no, why not?			
			Y	N	Ukn	Client refused	Service provider refused	Client wait-listed	Other (specify)
	Psychiatrist								
	Family Physician								
	Housing (shelter/hostel)								
	Housing, other Specify:								
	Case Management (MHCSS)								
	Case Management, other Specify:								
	Clothing								
	Homecare								
	Substance Abuse Services								
	Legal Services								
	Family								
	Rehabilitation								
	Self-Help/Support Groups								
	Financial Support								
	Comm. Mental Health Centre								
	Crisis Service								
	ACTT								
	Immigration/Settlement Services								
	TTC Tokens								
	Hospital Emergency								
	Hospital Other								
	Other:								

Psychiatrist:		Next of Kin:	
Phone:	Fax:	Phone:	
E-Mail:		Relationship:	
Family Doctor:		Lawyer:	
Phone:	Fax:	Phone:	Fax:
E-Mail:		E-Mail:	
Other Service Provider:		Medication(s):	
Phone:	Fax:		
E-Mail:			
OIC:	Phone:		

Notes:

Appendix 3 – Request for Diversion Assessment

(Insert Agency Here)

Mental Health Court Support & Services

(Insert courthouse here) Courthouse

(Insert Address Here)

Tel: (416) XXX-XXXX Fax: (416) XXX-XXXX

(insert web address here)

Date:

Re:

Date of Birth:

Dear Dr X,

Is being considered as a potential candidate for the Mental Health Diversion Program at (insert courthouse here). This program was created to assist and divert individuals with mental health problems who have been charged with minor offenses from the legal system. Participation in our program is voluntary and the Crown attorney ultimately makes the final decision on whether an individual receives diversion.

The individual has been charged with:

And returns to court on .

In order to review this matter, it would be helpful to have you compile a brief letter including:

- Diagnosis
- Treatment recommendations and compliance
- Medications
- Frequency of appointments
- Opinion regarding whether the alleged offense is related to illness, and if so, how

A consent to disclosure form and brochure have been included for your files.

Please address any letter you may provide to myself and fax a copy to (insert fax # here).

Unfortunately our program is not able to pay for the cost associated with the provision of a letter.

Thank you for your time and attention to this request. If you have any questions or concerns, please contact me at (insert phone # here).

Sincerely,

Mental Health Court Support Worker

Appendix 4 Consent to Disclosure Form

Consent to Disclose Personal Health Information

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

I, _____, authorize _____
(Print your name) *(Print name of health information custodian)*

to disclose

my personal health information consisting of:

(Describe the personal health information to be disclosed)

OR

the personal health information of _____
(Name of person for whom you are the substitute decision-maker)*

consisting of: _____

(Describe the personal health information to be disclosed)

to _____
(Print name and address of person requiring the information)

I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form or later withdraw my consent.

My Name: _____

Address: _____

Home Tel.: _____ **Work Tel.:** _____

Signature: _____ **Date:** _____

Witness

Name: _____

Address: _____

Home Tel.: _____ **Work Tel.:** _____

Signature: _____ **Date:** _____

*Please note: A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.

Appendix 5 – Progress Note



43784

Mental Health Court Support Services
Progress Notes



Page

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Client name _____

Client File #

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Date of birth: (dd/mm/yy)

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 /

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 /

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<p>Date (dd/mm/yy) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="width: 20px; height: 20px;"></table> / <table border="1" style="width: 20px; height: 20px;"></table></p> <p>MHCW initials <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table></p> <p>Total time (minutes) <input type="radio"/> 0-5 <input type="radio"/> 35-40 <input type="radio"/> 5-10 <input type="radio"/> 40-45 <input type="radio"/> 10-15 <input type="radio"/> 45-50 <input type="radio"/> 15-20 <input type="radio"/> 50-55 <input type="radio"/> 20-25 <input type="radio"/> 55-60 <input type="radio"/> 25-30 <input type="radio"/> 60 or > <input type="radio"/> 30-35</p>			<p>Contact type: <input type="radio"/> Individual <input type="radio"/> Duty Council <input type="radio"/> ATU <input type="radio"/> Bail Program <input type="radio"/> Housing/Accommodation <input type="radio"/> Community Worker <input type="radio"/> Crown <input type="radio"/> Family Doctor <input type="radio"/> Hospital <input type="radio"/> Court Appearance <input type="radio"/> Lawyer <input type="radio"/> Family/Friend <input type="radio"/> Psychiatrist/Medical Professional</p> <hr/> <p>Contact Location: <input type="radio"/> Office <input type="radio"/> Phone <input type="radio"/> Community <input type="radio"/> Court <input type="radio"/> Faxes/Letters <input type="radio"/> Hospital</p> <hr/> <p>Fitness Assessment: <input type="radio"/> fit <input type="radio"/> 30 day Bed booked: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <input type="radio"/> unfit <input type="radio"/> 60 day</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>						

<p>Date (dd/mm/yy) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="width: 20px; height: 20px;"></table> / <table border="1" style="width: 20px; height: 20px;"></table></p> <p>MHCW initials <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table></p> <p>Total time (minutes) <input type="radio"/> 0-5 <input type="radio"/> 35-40 <input type="radio"/> 5-10 <input type="radio"/> 40-45 <input type="radio"/> 10-15 <input type="radio"/> 45-50 <input type="radio"/> 15-20 <input type="radio"/> 50-55 <input type="radio"/> 20-25 <input type="radio"/> 55-60 <input type="radio"/> 25-30 <input type="radio"/> 60 or > <input type="radio"/> 30-35</p>			<p>Contact type: <input type="radio"/> Individual <input type="radio"/> Duty Council <input type="radio"/> ATU <input type="radio"/> Bail Program <input type="radio"/> Housing/Accommodation <input type="radio"/> Community Worker <input type="radio"/> Crown <input type="radio"/> Family Doctor <input type="radio"/> Hospital <input type="radio"/> Court Appearance <input type="radio"/> Lawyer <input type="radio"/> Family/Friend <input type="radio"/> Psychiatrist/Medical Professional</p> <hr/> <p>Contact Location: <input type="radio"/> Office <input type="radio"/> Phone <input type="radio"/> Community <input type="radio"/> Court <input type="radio"/> Faxes/Letters <input type="radio"/> Hospital</p> <hr/> <p>Fitness Assessment: <input type="radio"/> fit <input type="radio"/> 30 day Bed booked: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <input type="radio"/> unfit <input type="radio"/> 60 day</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>						

Appendix 6 - Intake Information Form Definitions

Consent of Counsel Obtained	Place initials in the box provided to record that consent of defense or duty counsel was obtained for the intake interview. On the line provided, write the last name of defense or duty counsel providing consent.
Caution of Limited Confidentiality Given	Place initials in the box provided to record that client was cautioned of the limited confidentiality prior to conducting the intake interview.
Custody	Please record whether your first contact with the client occurred while the client was in or out of custody.
FPS#	This code can be found in the top left hand corner of the record of arrest and corresponds to a CPIC file (it's usually a combination of letters and numbers). Note: This number is only recorded during research or evaluation projects and only with the express consent of the client and the permission of relevant authorities.
Gender	Please record the client's sex using the biological definition that usually corresponds with the record of arrest. Check the transgendered box if client changed their biological sex through surgical and/or hormonal treatments.
Surname	Please record the client's last name.
First Name & Middle Initial	Please record the client's first name and middle initial (where applicable).
Alias	Include any aliases or nicknames the client uses.
Date of Birth	This is the client's date of birth starting with year, then month, then day.
Client File #	A four digit numeric code assigned by the court support staff member that is unique to each client. Return clients are clients who return to the program after being discharged (this generally corresponds to a new set of charges) retain their original client file number.
Charge Set	If this is the first experience with a client within the court support program, then write the number 1 in the CHARGE SET box. Return clients retain their original client number (see above definition) but are given a new charge set number. Write the number 2 if the client returns to the program with a second set of charges;

write the number 3 if the client returns to the program a third time with new charges, etc).

Address	If the client has a current address, please record it.
Phone Number	If the client has a phone number where they can be contacted, please record that number here (either mobile or land line).
Date of Discharge	The date of last contact (direct or indirect) with the client where it is determined that no further assistance may be provided to the client by the court support worker. Though a client may continue to receive support from the court case manager, the client's date of discharge is reported as the date from which the client is no longer receiving assistance from the court support worker.
MHC Worker	The mental health court support program staff member who is working with the client.
Courthouse	The courthouse where the client has her/his court matter. If the client has a matter in another jurisdiction but is receiving services from a court support program in Toronto, check the OTHER box.
Referred By	The title of the individual who brought the client to your attention.
Income	Indicate the client's current source of income.
Living Situation	The client's current living situation – whether they live by themselves or with others.
Housing	The client's current housing conditions. NFA PRIOR to ARREST should be checked if the client is a current shelter user or was homeless just prior to the time of arrest. HOMELESS AFTER ARREST should be checked if the client has lost his/her residence as a result of his/her arrest.
Marital Status	The client's current marital status.
Nature of Service	Refers to the general nature of assistance provided to a client. Direct service refers to services provided directly to the client. Such services would occur after face-to-face contact with the prospective client. Indirect service refers to services provided for an individual at the request of a third party. Indirect services are provided for the accused when there has not been face-to-face contact with the accused. Indirect services may include arranging psychiatric assessments for the individual,

providing court personnel with detailed information about mental health services or providing family or community supports of the individual with information about the criminal justice system or available services. Brief consult refers to one time service to individuals for whom it was not possible to collect identifier data. For example, this may entail providing tokens or clothing to a mentally ill individual coming out of custody though no other service is provided. Waitlisted status refers to individuals who are currently waiting for initial assessment for determination of eligibility to be admitted to the program. Screened status refers to individuals whose brief has been screened by the mental health court support worker as potentially suitable for assistance by the court support program but for whom consent of counsel has not yet been received to interview the potential service recipient. Check all that apply. Also, note the date that the (potential) service recipient was admitted for direct service and/or indirect service, received a brief consult, was waitlisted or had her/his brief screen as potentially eligible. (Note: The above categories may be mapped on to categories of the Ministry of Health Common Data Set for Mental Health, CDS—MH. Direct service may be mapped on to the CDS-MH category entitled Unique individuals—admitted, indirect service may be mapped on to the CDS-MH category of Unique individuals—pre-admission, brief consult may be mapped on to the CDS-MH category of Individual—not uniquely identified, and waitlisted maps on to the CDS—MH category of Waiting for Initial Assessment. These categories of the CDS—MH are mandatory reporting items for all mental health service providers.)

Preferred Language

The self-identified primary conversational language of the client. This does not refer to the language of communication between court support staff member and the client.

Race/ Ethnicity/Religion

Ask the client if they would like to receive services tailored to any race, culture, ethnic, or religious needs, sexual orientation, or other preferences they might have. This question is based on client identified needs or preferences only. Elaborate or provide examples to the client as needed.

**Self-Reported
Diagnosis**

The client's psychiatric diagnosis as provided by the client or as indicated in the record of arrest, show cause or synopsis of the alleged offence. Check all diagnoses that apply. CONCURRENT DISORDER refers to individuals diagnosed with a mental illness and a substance abuse

problem. DUAL DIAGNOSIS refers to individuals with a mental illness and a developmental delay.

Presenting Issues

	For individuals admitted to direct service (please see “Nature of Service” section above), identify their presenting issues which the court support program intends to address. (The categories of this section are taken from the Ministry of Health Common Data Set for Mental Health, CDS-MH, and are mandatory reporting items for all mental health service providers).
Threat to others/ attempted suicide	Individuals who are threat or danger to others and/or self.
Specific symptoms Of Serious Mental Illness	Individuals with symptoms such as depression, hallucinations, delusions, etc. Includes issues related to symptom management and treatment engagement/compliance.
Physical/Sexual Abuse	Individuals who are experiencing psychiatric symptoms due to physical or sexual assault.
Educational	Individuals seeking service to continue with or upgrade their schooling.
Occupational/ Employment/Vocational	Individuals seeking service to improve their employment.
Housing	Individuals seeking service to improve their housing situation.
Financial	Individuals with financial management issues.
Legal	Individuals with legal concerns (civil and/or criminal).
Problems with Relationships	Individuals with stress caused by their marital, family, and other relationship and/or social issues.
Problems with substance abuse/addictions	Individuals with problems of substance abuse (e.g. alcohol, drugs) and non-substance (e.g. gambling) addiction.
Activities of daily living	Individuals seeking help to perform daily roles like self care/personal hygiene, meal preparation, managing medications, banking etc.
Other	Individuals with presenting problems other than the categories listed above.

Diagnosis (as indicated by a by medical professional)

The client's psychiatric diagnosis as provided by a psychiatrist or other individual certified to make a psychiatric diagnosis. For individuals who have no psychiatric history, this may not be available for some time. This DOES NOT include diagnoses reported by the client, case manager or any representative from the criminal justice system. Write the number 1 beside the diagnosis which is the client's primary diagnosis. Write the number 2 beside all other (secondary) diagnoses the client has. Include all diagnoses that apply. CONCURRENT DISORDER refers to individuals diagnosed with a mental illness and a substance abuse problem. DUAL DIAGNOSIS refers to individuals with a mental illness and a developmental delay.

Psychiatric Hospitalizations (past two years)

The number of psychiatric hospitalizations the client has had in the last 2 years, counting from the point of intake into the program. This includes admission to any hospital for psychiatric reasons but does not include non-admission emergency room visits or hospital visits for non-psychiatric reasons. Also do not include hospitalizations resulting from a court-ordered assessment or court-ordered treatment. Note: If the client is unsure whether he or she has had a hospitalization within or outside of the last two years, check the Unknown box. Also, record only the number of hospitalizations for which the client is certain he/she has had within the last two years. Do not include any hospitalization for which the client is unsure of whether the hospitalization occurred within the last two years.

Psychiatric History

Indicate whether or not the client has had prior contact with the mental health services listed. Check UKN (Unknown) if it is not known if the client has previously accessed the mental health services listed.

Pending Charges

Indicate each of the client's outstanding charges before the courts. Please include the number of charges for each offence category under the heading COUNTS. For example, if the client has three charges of Theft Under and one charge of Fraud Under, indicate "3" beside the Theft Under category under the heading COUNTS and indicate "1" beside the Fraud Under category under the heading COUNTS.

Criminal History

Previous Sentencing Events

Include the number of previous sentencing events the client has on her/his record. Prior offences are often grouped together on a criminal record according to when an accused is sentenced. Any number of offences dealt with at the same time equals

	<p>one sentencing event. For example, if an individual was charged with and found guilty of assault, threatening and assault resist arrest for the same incident, record this as one sentencing event. Include entries with absolute discharge, conditional discharge, suspended sentence, conditional sentence, custodial sentence. Do not include peace bonds, stays, withdrawals, or dismissals.</p>
Total Prior Offences	<p>Include the total number of offences the client has on her/his record. For example, if an individual was charged with and found guilty of assault, threatening and assault resist arrest for the same incident, record this as 3 offences. As noted above, together the 3 offences would constitute one sentencing event if all three offences were dealt with by the court at the same sentencing hearing. Include entries with absolute discharge, conditional discharge, suspended sentence, conditional sentence, custodial sentence. Do not include peace bonds, stays, withdrawals, or dismissals.</p>
Mental Health Diversion	<p>Whether the client has received previous mental health diversion services anywhere in Canada. Indicate the number of prior mental health diversions if known.</p>
Prior Charges	<p>Indicate the number of prior charges the client has. Tick UKN (Unknown) if it is not known whether the client had a prior charge.</p>
Prior Violent Offence(s)	<p>Indicate if the client has had a prior violent offence. Indicate yes by ticking the Y box if the client has one of the following categories of violent s on record: homicide (i.e. murder, manslaughter), attempted murder, kidnapping, abduction or forcible confinement, aggravated assault, choking, administering a noxious substance, assault causing bodily harm, assault with a weapon, simple assault, assault peace officer, aggravated sexual assault, sexual assault causing bodily harm, sexual assault with a weapon; sexual assault, armed robbery, robbery, extortion, uttering threats to cause death or bodily harm. Tick the N box if the client does not have a prior violent offence. For the purposes of data collection, the following categories of offences are considered non-violent offences: criminal negligence causing death or bodily harm, arson and fire setting, criminal harassment, theft over, possession over, mischief to public or private property over, break and enter, theft under, possession under, fraud, possession of a prohibited or restricted weapon, procuring a person for or living on the avails of prostitution, trafficking in narcotics, dangerous driving,</p>

impaired driving, obstruction, causing a disturbance, wearing a disguise with intent to commit an offence. The above lists are not exhaustive. In making a decision whether a specific offence not identified above is a violent offence, you may give consideration to the standard applied by a justice of the peace in determining whether to make an order for psychiatric examination (Form 2) pursuant to the Mental Health Act because an individual has behaved violently toward another person or has caused another person to fear bodily harm.

Legal Status at Referral

For direct service and indirect service clients (please see Nature of Service section above), indicate the individual's legal status at time of referral. (Note: The categories of this section are taken from the Ministry of Health Common Data Set for Mental Health, CDS-MH, and are mandatory reporting items for all mental health court support and diversion service providers.)

Current Supervision Status

For direct service and indirect service clients (please see Nature of Service section above), indicate the individual's current supervision status at time of referral. (Note: The categories of this section are taken from the Ministry of Health Common Data Set for Mental Health, CDS-MH, and are mandatory reporting items for all mental health court support and diversion service providers.)

**Service/Assessment:
Court Worker**

The service(s) provided to the client by the court support staff member. Check DIVERSION/ALTERNATIVE MEASURES if the client is seeking mental health diversion. Under Diversion, DIVERSION SUCCESSFUL refers to whether the crown agreed to stay, withdraw or peace bond the charges. If the client does not complete MHD check the NO box and indicate why diversion was not successful (e.g. Crown refused or matter not appropriate for diversion, client refused, etc). If the worker is providing consultation check the CONSULTATION box and then specify the nature of the consultation. If the worker provides both consultation and assistance with the diversion process, check all that apply.

Fitness (If Applicable)

This section needs only be filled out if the client received a fitness assessment at some point during the course of your involvement.

Date of Assessment

The date the assessment with the psychiatrist took place.

Hearing Outcome	The ruling from the court upon hearing evidence regarding fitness. Occasionally, a court may order an assessment but not conduct a formal hearing of the issue of fitness, especially where the psychiatric report concludes the client is fit. Where no formal hearing occurs and the client proceeds with his or her matter, record the outcome as fit.
Action	The action taken by the court based on the HEARING OUTCOME (check all that apply). If the court issued a 30 day assessment order, treatment order or Keep Fit order, note the date the bed was booked at the forensic hospital. (Remanded on Keep Fit Order refers to individuals the court orders to hospital to keep them fit for further proceedings.)
Date of Admission	The date the client was admitted to hospital for a 30 day assessment or treatment order.
Service/Assessment: Psychiatrist	The assessment service(s) provided by the court psychiatrist or other psychiatrist. If a client sees a psychiatrist for an assessment related to her/his court matter (e.g. for diversion, bail, sentencing), please indicate the nature of the assessment under SERVICE ASSESSMENT/PSYCHIATRIST. Please indicate whether the assessments occurred on-site or off-site (e.g. NYOPCS or CAMH). Check all that apply. Note: If the client is referred to a psychiatrist solely for treatment or follow-up please record this under MHCW Referrals only (i.e. if no assessment was done to assist with the administration of justice do not complete the SERVICE ASSESSMENT/PSYCHIATRIST section). If the client is referred to a psychiatrist for both assessment for the purpose of court and for follow up/treatment, then complete the SERVICE/ASSESSMENT: PSYCHIATRIST section identifying the type of assessment undertaken and in addition record that the client was referred to a psychiatrist for treatment under the MHCW REFERRALS section.
Legal Outcomes	Check all that apply. Check CHARGES STILL PENDING for cases which are closed prior to a disposition by the court.
Exit Disposition	For direct service clients (please see Nature of Service section above), indicate the exit disposition for the service recipient. (The categories of this section are taken from the Ministry of Health Common Data Set for Mental Health, CDS-MH, and are mandatory reporting items for all mental health service providers).

Completion	Service recipient has completed the planned program/service without referral to a different service/function. Include individuals for whom assistance was provided for the purpose of obtaining bail, diversion or sentencing irrespective of the legal outcome (i.e. whether or not the individual received bail, diversion etc.)
Completion with Referral	Service recipients have completed planned program/services and have been referred to another function. Include individuals for whom assistance was provided and referral made for the purpose of obtaining bail, diversion or sentencing irrespective of the legal outcome (i.e. whether or not the individual received bail, diversion etc.)
Suicides	Discontinuation of service due to service recipient suicide.
Death	Discontinuation of service due to death (excluding suicide).
Relocation	Discontinuation of service due to service recipient having moved outside the service catchment area.
Withdrawal	Service recipient has not received services or contacted function for a long period. Also include service recipients who left against medical advice or terminated telephone visit. This could also include instances where agency may have terminated service provision since the service offered no longer met the individuals' needs.

Psychiatric Hospitalizations While in Program

Please indicate the number of psychiatric hospitalizations a client has had while involved with the program. Do not include non-admission emergency room visits or hospitalization resulting from a court-ordered assessment or court-ordered treatment.

MHCW Referral/Reconnections

Check the EXISTING SERVICES box for all services the client currently has. Under CLIENT NEEDS, check all services that you feel the client requires as part of a service care plan. Under SUCCESS LINK, indicate whether the referral to the needed services were successful. Check UKN (Unknown) if it is uncertain whether the client accessed the services to which he/she was referred. Use the category IF NO, WHY NOT? to indicate why the client was not successfully linked to the needed service(s).

Psychiatrist Family Physician	Check psychiatrist or family physician box only if client is referred for treatment or follow-up. Any referrals for psychiatric assessment in the absence of treatment would be recorded under the Service/Assessment: Psychiatrist Section noted above.
Housing (Shelter)	Check Housing (shelter) if the client is referred to a shelter or hostel.
Housing, Other	Check Housing, Other if the client is referred to housing other than a shelter. Please specify the type of housing to which the client was referred (e.g. boarding home, rooming home, subsidized housing, apartment/house).
Case Management (MHCSS)	Check Case Management (MHCSS) if the client is referred to the court support case manager or if case management is provided by a court support worker. Case management refers to any instrumental assistance provided to the client that occurs in a community context, (i.e. assistance provided outside of the office or courthouse). Examples include attending at client's residence to monitor mental status; attending with client at medical or social service appointments.
Case Management (Other)	Check Case Management (Other) if the client is referred to case management services outside of the court support program. In the space provided, please specify where the client was referred. Note: Check both Case Management (MHCSS) and Case Management (Other) if the client is first provided case management by court support staff and then subsequently referred to other case management services.
Clothing	Check Clothing if the client is provided with clothing by court support staff or if the client is referred to a centre or service which provides emergency clothing.
Homecare	Check Homecare if the client is referred and/or linked with homecare provided by Community Care Access Centres or other such agencies.
Substance Abuse Service	Check Substance Abuse Services if the client is referred to any substance abuse program, either community-based or hospital-based. Include self-help substance abuse programs such as AA.
Family	Check the FAMILY box if any support is provided to the family of the client. Support would include providing information and advice or referring family members to support services or counseling including family

	counseling. Also check this box if the client is reconnected with family as a result of the intervention of court support staff.
Legal Services	Check Legal Services if assistance is provided linking the client to legal aid, to a community legal clinic or to a lawyer other than duty counsel. Include linkages to a lawyer made for immigration matters, family court matters or civil suits.
Rehabilitation	Check Rehabilitation if the client is referred to vocational rehabilitation, anger management, shoplifting rehabilitation groups, hospital or community day programs, eating disorder programs, social rehabilitation programs and specialized education programs etc. Do not include substance abuse programming in this category.
Self-Help/ Support Groups	Check Self-Help/ Support Groups if the client is linked to drop-in centers or social recreational centers or consumer-driven support groups other than for substance abuse.
Financial Support	Check Financial Support if the client is linked to Ontario Works, ODSP, CPP, EI, OSAP, Trillium Drug Plan, Eli Lilly Canada Cares program or other private or public pension or insurance. Also check this box if the client is already linked to a financial support service but court support staff assisted the client to obtain additional supports e.g. OW/ODSP Start-up; transportation subsidy; financial assistance for training or education.
Comm. Mental Health Centre	Check Community Mental Health Centre if the client is referred to mental health counseling or therapy at a community centre. Examples may include the Interpersonal Therapy Clinic, the Medical Clinic for Person-Centred Psychotherapy, Family Service Association etc
Crisis Services	Check Crisis Services if the client is provided information about the local crisis services.
ACTT	Check ACTT if the client is referred to an Assertive Community Treatment team.
Immigration Services/ Settlement	Check Immigration Services/Settlement if the client is referred to any non-mental health or non-substance abuse service related to immigration or settlement. If the client is linked to an immigration lawyer, record this referral under Legal Services.

Hospital Emergency	Check Hospital Emergency if the client is referred to or linked with the ER of a local hospital. Check this box when the court support staff have sought a Form 2 or facilitated the transfer of a client to hospital who is on a Form 1.
Hospital Other	Check Hospital Other if the client is referred to/linked with a hospital for medical as opposed to psychiatric services. E.g. diabetes education/treatment, hospital-based physiotherapy, nutrition counseling, medical assessments/interventions.