

# Evidence Summary

Mental Health Diversion Frameworks in Canada

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## Table of Contents

Introduction .....	3
Key Definitions .....	3
Diversion .....	3
Diversion Points .....	4
Diversion Frameworks for People with Mental Illness in Canada .....	5
Ontario Program Framework for Mental Health Diversion/Court Support Services.....	5
Alberta’s Provincial Diversion Framework.....	7
British Columbia’s Framework for Diversion of Persons with a Mental Disorder .....	8
Practices for Developing and Sustaining Diversion Programs .....	9
Pre-charge (Police-based) Diversion.....	10
Post-charge Diversion and Court Support .....	10
Post-conviction/Post-incarceration Community Reintegration.....	11
References .....	13





## Introduction

The Mental Health Commission of Canada (MHCC) in 2012 published the *Mental Health Strategy for Canada*, which included as two of its key priorities reducing the number of people with mental health (MH) challenges in the criminal justice system and providing adequate services and supports to those in the system (Priority 2.4, p. 46).<sup>1</sup> The MHCC recommended diversion programs as an option to help people with MH issues access community treatment and supports and keep them away from the justice system.

This document contains brief summaries of policy frameworks and practice guidelines for diverting people 16 years and older with MH challenges away from the criminal justice system and into community or health services. Although we do not provide details about specific diversion programs, where possible, we include links to information about related diversion programs/models, some of which have been evaluated.

This document was developed for the Justice Service Collaboratives of the Systems Improvement through Service Collaboratives (SISC) initiative in Ontario. It was produced by the Performance Measurement and Implementation Research (PMIR) team and the Evidence Exchange Network (EENet), which are part of the Provincial System Support Program (PSSP) at the Centre for Addiction and Mental Health (CAMH). For other summaries developed for the Justice Service Collaboratives, go to <http://eenet.ca/products-tools/approaches-for-serving-justice-involved-persons-with-mental-health-concerns/>.

## Key Definitions

### Diversion

Diversion is “the redirection of persons with mental disorders, who have committed an offence, away from the criminal justice system and towards MH and social support services” (p. 4).<sup>2</sup> The idea behind diversion is that by providing access to community mental health services, these individuals will be connected to the help they need on an ongoing basis and will be less likely to re-offend.<sup>2</sup>

Ontario’s Ministry of Health and Long-Term Care (MOHLTC) defines diversion services as those that connect an individual with MH needs who committed a minor offense to relevant supports (community or hospital-based), either before or after being charged, to prevent incarceration.<sup>3</sup> Any diversion program inherently involves multi-system coordination and integration (i.e., between health/community services and the justice sector) to ensure that the connections between supports are seamless and continuous.<sup>2</sup>

The target population for diversion programs is typically: “Adults (and where appropriate transitional aged youth) who have mental health needs and are eligible for diversion services. This means that the person is considered to be low risk, and his/her mental health needs can be appropriately met through community or hospital-based services” (p. 6).<sup>3</sup>



## Diversion Points

### Pre-charge (Police-based) Diversion

Police officers play a major role in diverting people who appear to have MH challenges away from the criminal justice system. All new Ontario officers must attend MH training from the Ontario Police College, where they learn to recognize and respond to emotionally disturbed persons. When interacting with an individual who appears to be emotionally disturbed, police can decide how to handle the situation, including alternatives to arrest. For example, an officer can opt to take the person home, directly connect them with community MH services (depending on their availability), involve crisis response services, or accompany the person to the emergency department after arresting them under the Mental Health Act.<sup>i</sup> Of course, in such cases, police must consider such factors as the risk of harm, whether they know the person, and the seriousness of the offense.<sup>4</sup> <sup>ii</sup> However, the bottom line is that, with pre-charge diversion, police strive to link the individual with appropriate services to respond to their MH needs rather than have them enter the criminal justice system.

### Post-charge Diversion and Court Support

Once individuals with MH issues are charged, it is still possible to divert them from further involvement with the justice system. This is often done through court support programs that help people with severe mental illness avoid sentencing by ensuring that their MH needs are addressed through community services or hospital-based care. Within these programs, court support workers act as navigators of the legal system and help the individual connect with community supports.<sup>3</sup> <sup>4</sup>

Although the evidence for court support programs is sparse, some research suggests they can be beneficial in reducing incarceration and increasing access to MH services.<sup>3</sup> <sup>5</sup> In the Ontario context, an evaluation of the Ottawa Canadian Mental Health Association's Court Outreach Program suggested that after a two-year follow up, people who completed the program were significantly better able to live in the community and had decreased MH symptoms. There were mixed findings for reduced homelessness and no change in alcohol use and hospitalizations (though the study was limited by a small sample size and lack of control group).<sup>5</sup> <sup>iii</sup>

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<sup>i</sup> See the Police-Emergency Department Protocols & Resources summary at [http://eenet.ca/wp-content/uploads/2014/04/Police-ED-Protocols\\_Resources\\_April2014.pdf](http://eenet.ca/wp-content/uploads/2014/04/Police-ED-Protocols_Resources_April2014.pdf) for information about optimizing this process using standardized forms and joint agreements between the police and hospital staff.

<sup>ii</sup> For a brief summary of CAMH's Mental Health and Criminal Justice Policy Framework report from EENet, see the *Research Report Round-up* at <http://eenet.ca/products-tools/mental-health-and-criminal-justice-policy-framework-2013/>

<sup>iii</sup> Aubry et al.'s (2010) report is featured as a *Research Snapshot* here: <http://eenet.ca/products-tools/outcomes-of-a-court-outreach-program-for-legally-involved-people-with-mental-illness/>



Many studies have showed that diversion programs are effective. The following reviews summarize this evidence:

- The effectiveness of criminal justice diversion initiatives in North America: A systematic literature review (Lange, Rehm, & Popova, 2011).<sup>6</sup>
- The criminal justice outcomes of jail diversion programs for persons with mental illness: A review of the evidence (Sirotych, 2009).<sup>7</sup>

### Post-conviction / Post-incarceration Community Reintegration

Diversion can also apply within the corrections system. The importance of diversion at this stage is implied in a national framework entitled the *Mental Health Strategy for Corrections in Canada*, which focuses on MH promotion and encouraging continuity of care for people with mental illness who were not diverted at an earlier juncture. The framework emphasizes integration of MH treatment before, during, and after correctional custody to increase the effectiveness of all services.<sup>8</sup> This includes having suitable transition plans so that the individual is re-integrated into the community after completing a sentence. For more information about possible release planning models, such as the Assess, Plan, Identify, and Coordinate (APIC) model, see [http://eenet.ca/wp-content/uploads/2014/04/APIC-summary-addendum\\_March2014.pdf](http://eenet.ca/wp-content/uploads/2014/04/APIC-summary-addendum_March2014.pdf).

## Diversion Frameworks for People with Mental Illness in Canada

This section will briefly describe provincial frameworks, best practice guidelines, and principles for MH diversion/court support in three Canadian provinces.<sup>iv</sup>

### Ontario Program Framework for Mental Health Diversion/Court Support Services

#### Key publication:

*A Program Framework for: Mental Health Diversion/Court Support Services*<sup>3</sup>

<http://www.health.gov.on.ca/en/common/ministry/publications/reports/mentalhealth/framework.pdf>

In February 2006, the government of Ontario released a document to guide MH diversion or court support programs funded by the MOHLTC. The document was also designed for staff in other related sectors, such as criminal justice and social services. *A Program Framework for: Mental Health Diversion/Court Support Services* was based on a review of the literature and the policy context in Ontario and beyond. It includes objectives, principles, junctures, target populations, and service functions for diversion/court support services to help ensure consistent service direction and quality and a common understanding of diversion roles and responsibilities in Ontario. The document is also intended to help enhance linkages between the justice and MH systems, to fulfill the central goals of

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<sup>iv</sup> For examples of principles of mental health diversion and liaison models outside of Canada, see the following UK-based reports online:

Nacro – <https://www.nacro.org.uk/data/files/liaisondiversion-for-mdos-may06-936.pdf>

Offender Health Research Network – <http://www.ohrn.nhs.uk/OHRNResearch/LiaseDivert.pdf>





diversion: to help ensure that Ontarians with serious mental illness who commit a minor offence have access to suitable care and community supports and avoid incarceration.<sup>3</sup>

This *Program Framework* presents six key principles to assist with planning and developing a “comprehensive system of court support/diversion services” (p. 10):<sup>3</sup>

1. Considering safety and security early and throughout the process;
2. Educating service providers to ensure informed decision making;
3. Using a “recovery approach” in the delivery of MH services and supports (i.e., client-centred, flexible, individualized, and family-oriented supports) that considers social factors (e.g., poverty, housing, unemployment, and stigma);
4. Ensuring timely access for diverted individuals to appropriate supports from multiple organizations and sectors, including health care, housing, and employment;
5. Creating formal partnerships across sectors/service providers to enhance collaboration for identifying linked and coordinated services; and
6. Educating clients, families, service providers, and the public about evidence-based practices.

The document also outlines both direct and indirect service functions to implement MH diversion and court support services at the various juncture points (pp. 12-22). Direct service functions typically occur at a specific diversion point (e.g., crisis response and prevention at the pre-charge stage; community supports at later stages), whereas the same indirect service functions occur across all diversion points, such as:<sup>3</sup>

- (a) Coordination—collaboration and protocols between services and supports in multiple sectors (i.e., criminal justice, health, and social services);
- (b) Standardized inter-agency/ministry staff training about enhancing services and supports and reducing stigma for justice-involved individuals with MH challenges;
- (c) Clinical teaching/research opportunities; and
- (d) Public education about diversion with a focus on reducing stigma.

The document’s Appendix 5 includes several resources and summaries, including a table of key research findings on diversion and court support services.<sup>3</sup>

#### **The framework in action:**

Ontario has implemented a number of court diversion and court support programs, such as:

- Mental Health Court Diversion Program of Halliburton;
- Kawartha and Pine Ridge;
- Court Diversion Program/Service de santé mentale communautaire pour la cour of Kapuskasing and Smooth Rock Falls;
- Cota Health’s Mental Health Court Support Services in Toronto;
- Court Diversion/Court Support Program of Canadian Mental Health Association (CMHA) – Kenora Branch.

Mental Health Helpline’s directory (<http://www.mentalhealthhelpline.ca/Search/AdvancedSearch>) contains a full list of these services. Examples of post-conviction services include CMHA partnerships with probation and parole services in Windsor-Essex and Cochrane Timiskaming.





In terms of community case management supports for preventing justice system involvement with at-risk adults with mental illnesses, several supports/services exist in Toronto. See the Toronto Mental Health and Justice Network website for information about these specific programs/services ([http://www.torontomhjn.ca/services/prevention\\_and\\_policerelated\\_services/prevention\\_services](http://www.torontomhjn.ca/services/prevention_and_policerelated_services/prevention_services)).

## Alberta's Provincial Diversion Framework

### Key publication:

*Reducing the Criminalization of Individuals with Mental Illness*<sup>9</sup>

<http://www.albertahealthservices.ca/MentalHealthWellness/hi-mhw-ab-prov-div-reducing-crime.pdf>

The multi-ministerial and cross-sectoral Provincial Diversion Framework Working Committee in Alberta developed a Provincial Diversion Framework in 2001 to guide development of services to:

- Ensure timely assessment, treatment, rehabilitation, and follow up for adolescents and adults with mental illness who are in conflict with the law;
- Reduce their involvement in the criminal justice system by increasing support from community MH and social services; and
- Encourage using targeted diversion strategies that appropriately address the MH needs of Aboriginal people in Alberta.<sup>9</sup>

The diversion framework applies at any juncture point. Underlying principles for service delivery include the following:<sup>9</sup>

- Ongoing consideration of the safety and security of the individual and community to help determine and monitor eligibility for diversion;
- Timely assessments of the individual;
- An integrated and holistic approach to treatment that uses various methods and disciplines (e.g., counselling, rehabilitation, follow-up);
- Addressing the specific needs of the community — especially Aboriginal communities;
- Collaboration and cooperation across sectors;
- Linkages and access to a variety of services, such as health care, housing, education, employment, and daily activities;
- Education and training for all service providers in multiple ministries and sectors to ensure they have a common understanding of the target population and service provider's roles;
- Effective communication with and education of the public, to ensure that people understand and accept diversion; and
- Strategic alliances among several community partners in a variety of sectors to ensure there is continuity of care (p. 9).

### The framework in action:

The Provincial Diversion Framework was later adopted in several Alberta locations as a provincial diversion program, consisting of several implementation guidelines and standards.<sup>10</sup> One community-based diversion program in Calgary was evaluated and demonstrated several positive outcomes.<sup>11</sup> Alberta Health Services (AHS) website (<http://www.albertahealthservices.ca/2767.asp>) and the





Provincial Diversion Program Summary on EENet [[http://eenet.ca/wp-content/uploads/2014/04/Alberta-Provincial-Diversion-Program-addendum\\_March2014.pdf](http://eenet.ca/wp-content/uploads/2014/04/Alberta-Provincial-Diversion-Program-addendum_March2014.pdf)].

### British Columbia’s Framework for Diversion of Persons with a Mental Disorder

**Key publication:**

*A Framework for Diversion of Persons with a Mental Disorder in BC*<sup>12</sup>  
<http://2010.cmha.bc.ca/files/DiversionFramework.pdf>

The CMHA in British Columbia launched a Mental Health Diversion Project (<http://www.cmha.bc.ca/get-informed/public-issues/justice/diversion>) in 2007. The main purpose was to conduct a review of best practices to inform policy and to create a “framework for addressing the need to divert people with mental disorders away from the justice system and into more appropriate care and support”.<sup>13</sup> This framework was intended to build a common understanding of needs and approaches to diversion-related issues that would ensure consistency and accountability.<sup>14</sup> The project resulted in three publications: a best practices guide, a diversion framework, and a report summarizing local promising diversion practices from across the province.

The diversion framework provides guidance, through a rationale and set of principles, to help BC achieve the following:<sup>13</sup>

- Build skills among police officers and other first responders to identify and respond to MH crises and ensure that individuals with mental illness are effectively diverted into the MH rather than criminal justice system;
- Ensure that the justice/corrections systems provide MH and support services to those who need them;
- Enhance collaborations between corrections and community services to facilitate seamless transitions; and
- Allow for structured monitoring and evaluation of the diversion process.

The framework was developed for “people with a mental disorder who have been, are, or are at risk of coming into contact with the criminal justice system whose MH needs have not been adequately met in the community,” including those with brain injury and concurrent disorders (p. 9).<sup>13</sup> The envisioned diversion system applies to all juncture points on the community MH and justice system continuum.

The framework document outlines the values and principles of practice that apply to client relations, providing services, and the responsibilities of the system.<sup>13</sup> Examples of the principles are:

Client Relations	Service System	System
Respect	Timely crisis response	Acquire agency buy-in for collaboration
Patience	Ensure continuity of care across services	Combine resources
Engage client and make sure they understand	Recovery/strength-focused approach	Deliver cross-training/education





In addition, the document explains the importance of collaboration among individuals across the criminal justice and MH systems for effective diversion. These include those who respond to a community MH crisis (e.g., police, clinicians, families), those who help identify whether someone is suitable for diversion (e.g., trained court/correctional staff), MH and addictions service providers, and social support service providers.

#### The framework in action:

The BC Diversion Framework was introduced in 2008 and has not yet been applied or evaluated. The BC Mental Health Diversion Project developed a summary of promising diversion practices in BC: <http://2010.cmha.bc.ca/files/DiversionSummary.pdf> (Hall & Weaver, 2008a).<sup>14</sup>

## Practices for Developing and Sustaining Diversion Programs

This section highlights recommended practices for diversion programs from four in-depth reviews:

- Hartford, K., Davies, S., Dobson, C., Dukeman, C., Furhman, B., Hanbidge, J., et al. (2004). *Evidence-based practices in diversion programs for persons with serious mental illness who are in conflict with the law: Literature review and synthesis*.<sup>15</sup> Prepared for Ontario Mental Health Foundation and Ontario Ministry of Health and Long-Term Care. Available at: <http://www.hsjcc.on.ca/Resource%20Library/Court%20Diversion-Support%20Programs/Evidence-Based%20Practices%20in%20Diversion%20Programs%20for%20Persons%20with%20Serious%20Mental%20Illness%20Who%20are%20in%20Conflict%20w%20the%20Law%202004.pdf>
- Steadman, H. J., Morris, S. M., & Dennis, D. L. (1995). The diversion of mentally ill persons from jails to community-based services: a profile of programs. *American Journal of Public Health, 85*, 1650-1635.<sup>16</sup>
- Livingston, J. D., Weaver, C., Hall, N., & Verdun-Jones, S. (2008). Criminal Justice Diversion for Persons with Mental Disorders.<sup>2</sup> Mental Health Diversion Project of CMHA BC Division. Available at: <http://2010.cmha.bc.ca/files/DiversionBestPractices.pdf>
- Hartford, K., Carey, R., & Mendonca, J. (2006). Pre-arrest diversion of people with mental illness: literature review and international survey. *Behavioral Science and the Law, 24*, 845–856.<sup>17</sup>

The extensive review by Hartford et al. (2004) used a literature review, key informant interviews, and an online survey to identify the following overarching themes for developing and sustaining a successful diversion program:<sup>16</sup>

- Collaboration among agencies/ministries;
- Frequent meetings among core staff;
- Streamlined services (e.g., using a memorandum of understanding between MH and criminal justice organizations);
- Standard case-finding processes to identify individuals with MH needs;
- Improved community resources; and
- Greater awareness of diversion programs (e.g., skills, education) among agency representatives.

Steadman and colleagues (1995) uncovered similar themes for successful diversion programs in a large mixed-methods study of post-booking (court and correctional) diversion programs in the United States. These were:<sup>17</sup>

- Coordination, collaboration, and communication among correctional, court, MH, and social services;
- Frequent meetings among key players to encourage coordination and information sharing, especially when first developing and implementing a diversion program;
- Designating a boundary spanner to liaise with the different systems involved;
- Strong support from leadership at the individual and institutional level;
- Procedures for early screening and formal case-finding processes to assess the individual's need for MH services); and
- Knowledgeable case managers with experience in both the MH and justice systems.

Steadman et al. also found that release planning and follow up to appropriate community services are critical to the success of any diversion program. They stressed that for a diversion program to have any chance of success there must be linkages to community-based supports.<sup>17</sup>

### Pre-charge (Police-based) Diversion

CMHA BC identified the following recommended practices at this juncture point:<sup>2</sup>

- Appropriate dispatcher tools and training for appropriate response to crisis situations;
- Police training in how to assess a situation in which mental illness may be a factor, respond to individuals who may have a mental disorder, and address their needs.

Hartford et al. (2006) similarly suggested that pre-arrest diversion programs benefit from having an emergency drop-off centre, among other key elements. These were:<sup>18</sup>

- Involving multi-sector agencies (MH and criminal justice) in developing the program;
- Having representatives of these agencies hold regular meetings; and
- Appointing a liaison person or "boundary spanner" to coordinate the cross-sectoral efforts

### Post-charge Diversion and Court Support

Practices identified by CMHA BC for pre-trial diversion (involving Crown counsel) include:<sup>2</sup>

- Developing a pre-trial program with an integrated, multi-sector planning team;
- Early identification procedures (i.e., early screening);
- Knowledge about alternatives to incarceration and community MH resources; and
- Developing procedures and protocols to streamline the diversion process (Livingston et al., 2008).

Key elements of success identified for court-based diversion include:<sup>2</sup>

- Cross-sectoral representation for informed program planning;
- Timely identification and connection to community services;
- Client and staff education to make informed choices; and
- Alternative correctional strategies.

In Ontario, a small interview study of nine Ontario court support workers identified the following key themes for success for court support programs:<sup>18</sup>

- Developing partnerships and protocols;
- Adapting to wider mandates; and
- Addressing issues as they arise.

### Post-conviction/Post-incarceration Community Reintegration

The CMHA BC review highlighted the following strategies to identify individuals with MH needs and connect them to appropriate services within community corrections and transition to community:<sup>2</sup>

- Standardized MH screening;
- Flexibility of managing treatment and probation/parole;
- Intensive case management; and
- Specialized caseloads.



*This is a living document and the information on which it is based may evolve over time. While great care was taken to prepare this summary, we acknowledge the possibility of human error due to search limitations and rapid timelines. Therefore, we do not warrant that the information contained in this document is fully current, accurate, or complete. If you have any comments or suggestions to improve its content, please inform your Regional Implementation Coordinator or contact [eenet@camh.ca](mailto:eenet@camh.ca).*





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