THE VICTORIA INTEGRATED COURT: INTEGRATING HEALTH, JUSTICE, AND SOCIAL SERVICES

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Executive Summary

Introduction

The purpose of this study is to conduct an independent assessment of how the Victoria Integrated Court (VIC) impacts chronic offenders who have substance abuse issues, mental health disorders, and/or unstable housing in the Victoria community. This research project assesses the effectiveness of the VIC, based on the perspectives of the providers and beneficiaries of the VIC program.

Project Objectives, Deliverables and Research Question

The specific objectives of this project are:

1. To review the work processes and resources involved in the operation of the VIC;
2. To determine whether or not the VIC is reaching its original goals; and
3. To explore whether and how the VIC model should or could be replicated elsewhere in British Columbia.

The project deliverables are:

1. A VIC logic model showing the relationship between the court's activities, outputs, and goals;
2. An assessment framework and an assessment of how effectively the VIC is meeting its original goals; and
3. To provide recommendations based on specific research questions.

The primary research question of this report is "to what extent is the VIC effective as a healthcare model and as a justice model?"

Rationale

The Office of the Chief Judge ("OCJ") and the BC Ministry of Justice ("MoJ") would like more evidence of the value and effectiveness of the VIC program. An assessment could serve to measure the extent to which the court is reaching its stated goals, identify strengths and weaknesses of the VIC model, provide recommendations, and inform potential expansion or replication of this model elsewhere in British Columbia.

Background

Based on recommendations from a report by the Victoria Mayor's Task Force on Homelessness and Mental Illnesses, the VIC was established in March 2010 to offer a holistic approach to dealing with chronic offenders in the Victoria Community. A key feature of the VIC is a consistent judiciary and Crown counsel. This consistency is meant to allow the judge and Crown counsel to become familiar with offenders and their circumstances as well as the operation and processes of the VIC program. Pre-court planning meetings are also a critical feature of the VIC. Community team members, designated police officers, correctional staff, Crown counsel, and defence lawyers all participate in pre-court planning meetings to discuss the risks and needs of individuals and to develop recommendations regarding sentencing and structured plans for each individual offender.

Literature Review

Problem-solving courts, which seek to address the root cause of criminal behaviour by taking a more holistic and rehabilitative approach to justice, are becoming more common in British Columbia and throughout Canada. A common characteristic among existing models is the presence of a collaborative team composed of professionals such as probation officers, case

workers, police, defence counsel and Crown counsel. Although problem-solving courts continue to grow in popularity there is little empirical evidence to support their effectiveness.

Methodology

This research project is informed by an extensive literature review and data collected from sixteen in-depth interviews conducted with fifteen VIC professionals and one VIC client. A thematic framework was used in order to sift, chart, and sort the collected data according to key issues, concepts, and themes. While analyzing the data, the researchers drew upon the aims of the research, any emergent issues raised by the participants, as well as any analytical themes that arose from the recurrence of views or experiences.

Limitations

The VIC assessment was conducted using a qualitative research method, which allowed the researchers to gain insiders' perspectives on the court. Limitations of the research project include a small sample size (especially for the VIC client population), interviewees' self-selection bias, self-reporting, and generalizability. Future research on the VIC would benefit from quantifiable data.

Findings and Discussion

This section discusses the interview findings from fifteen VIC professionals and one VIC client. Interview findings suggest that the participants believe that the VIC is achieving its original goals, resources are being used more effectively than the traditional criminal courts, and that the VIC model should be replicated elsewhere in British Columbia.

Recommendations

The study makes a number of recommendations based on the findings. Due to the high level of support from the participants for the VIC model, the study recommends that the justice system

should continue to support the VIC as a healthcare and justice model. The study also recommends that the court retain certain operational features going forward, such as the fixed time and location of the VIC, consistent judges and Crown counsel, and the coordinated services of the community teams. It is recommended that the VIC monitor the level of demand made on its staff and resources in order to preserve the effectiveness of the program. The VIC should also explore additional ways to give recognition and formal acknowledgement to successful clients and to their achievements. The study suggests that the VIC model be replicated elsewhere in BC, provided certain conditions are satisfied (further outlined in the Recommendations section of the report). Finally, it is recommended that future research of the VIC include an empirically-based program evaluation in addition to descriptive, qualitative research.

Introduction

The purpose of this study is to conduct an independent assessment of how the Victoria Integrated Court (herein known as the 'VIC') impacts chronic offenders who have substance abuse issues, mental health disorders, and/or unstable housing in the Victoria community. Through this research project, the researchers hope to gain valuable insight into the effectiveness and value of the VIC model by gathering information on the lived experiences of both the beneficiaries (VIC clientele) and the benefactors (justice and health professionals whose employment is affiliated with the VIC).

Project Objectives, Deliverables and Research Question

The general purpose of this research project is to assess the effectiveness of the VIC. This assessment is based primarily on information gathered from interviews with professionals whose employment is associated with the VIC and from VIC clientele. Therefore, the perception of "effectiveness" of the VIC is from the perspectives of the providers and beneficiaries of the VIC program. This report is meant to be descriptive and exploratory. It provides an insiders' perspective into the operations and outcomes of the court. The specific objectives of this project are:

1. To review the work processes and resources involved in the operation of the VIC;
2. To determine whether or not the VIC is reaching its original goals; and
3. To explore whether and how the VIC model should or could be replicated elsewhere in British Columbia.

The original VIC goals are:

a. Increase public safety by decreasing recidivism for substantive offences and reducing harmful antisocial behaviour in the community;

b. More effective sentencing through integrated case planning and intensive community supervision;
c. Provide support for the community teams; and
d. Decrease the inappropriate use of emergency services.

The project deliverables are:

1. A VIC logic model showing the relationship between the VIC's activities, outputs, and goals;
2. An assessment framework and an assessment of how effectively the VIC is meeting its original goals (provided that limited information is available respecting goal "a"); and
3. Recommendations respecting the following questions:
    a. Is VIC a healthcare model that the criminal justice system should support?
    b. What is the effectiveness/value of the model from the perspective of the healthcare providers?
    c. What are the essential components of the justice system that are required to maximize the overall effectiveness of the model?
    d. Can and should this model be replicated elsewhere in BC and if so, what would be required?

The main research question of this report is "to what extent is the VIC effective as a healthcare model and as a justice model?" Sub questions will include:

a. What are the work processes, resources, and costs involved in the operation of the VIC?
b. Are court resources being used as effectively as possible?
c. Is the VIC meeting its original goals?

d. Could the VIC model be replicated elsewhere? If so, what would be required?

As discussed further in the methodology section of this paper, several factors potentially mitigate the strength of any study of procedural justice effectiveness or efficiency: the lack of useful empirical or quantitative data in the court system; the lack of defined baselines for measuring effectiveness; and the complex nature of causality, together with the many variables involved when looking at behavioural questions such as recidivism. Observations from a recent Canadian Bar Association discussion paper on the topic of empirical research in the access to justice context, apply equally to any attempt to measure performance in the justice system. "The effectiveness of the Canadian justice system suffers because we have an extremely limited vocabulary to describe and measure this system and the ways in which it functions; [and] whether and how to measure the legal system's performance are themselves contentious issues…We are unable to give definitive answers to even most basic inquiries about barriers to access and we lack the capacity to pull together the fragmented data available to us into anything close to resembling a complete picture of access to justice in Canada" (Access to Justice Metrics, April 2013, p. 1 online at http://www.cba.org/CBA/Access/PDF/Access_to_Justice_Metrics.pdf).

These limitations exist for every effort to measure or assess performance in the justice system. While this study provides new qualitative data and adds to our understanding of the effectiveness of the VIC model, the reader should bear in mind the limits on the data and resources that were available for this study.

Rationale

The Office of the Chief Judge ("OCJ") and the BC Ministry of Justice ("MoJ") would like more evidence of the value and effectiveness of the VIC program. A credible assessment could serve to provide information on the extent to which the court is reaching its stated goals, identify strengths and weaknesses of the VIC model, and contribute to a broader understanding of the VIC's integrated use of justice, health, and social services. An assessment will also help to inform future justice initiatives and the potential expansion or replication of this model in other locations. This report will hopefully contribute to the body of knowledge surrounding problem-solving courts, rehabilitative justice services, integrated case planning, and community responses to individuals whose criminality is often associated with mental health and addiction issues. This study builds on existing reports on the VIC, including an exploratory report of the VIC conducted by R.A. Malatest & Associates in 2011, annual reports produced by the VIC, and studies by the Ministry of Health.

Background

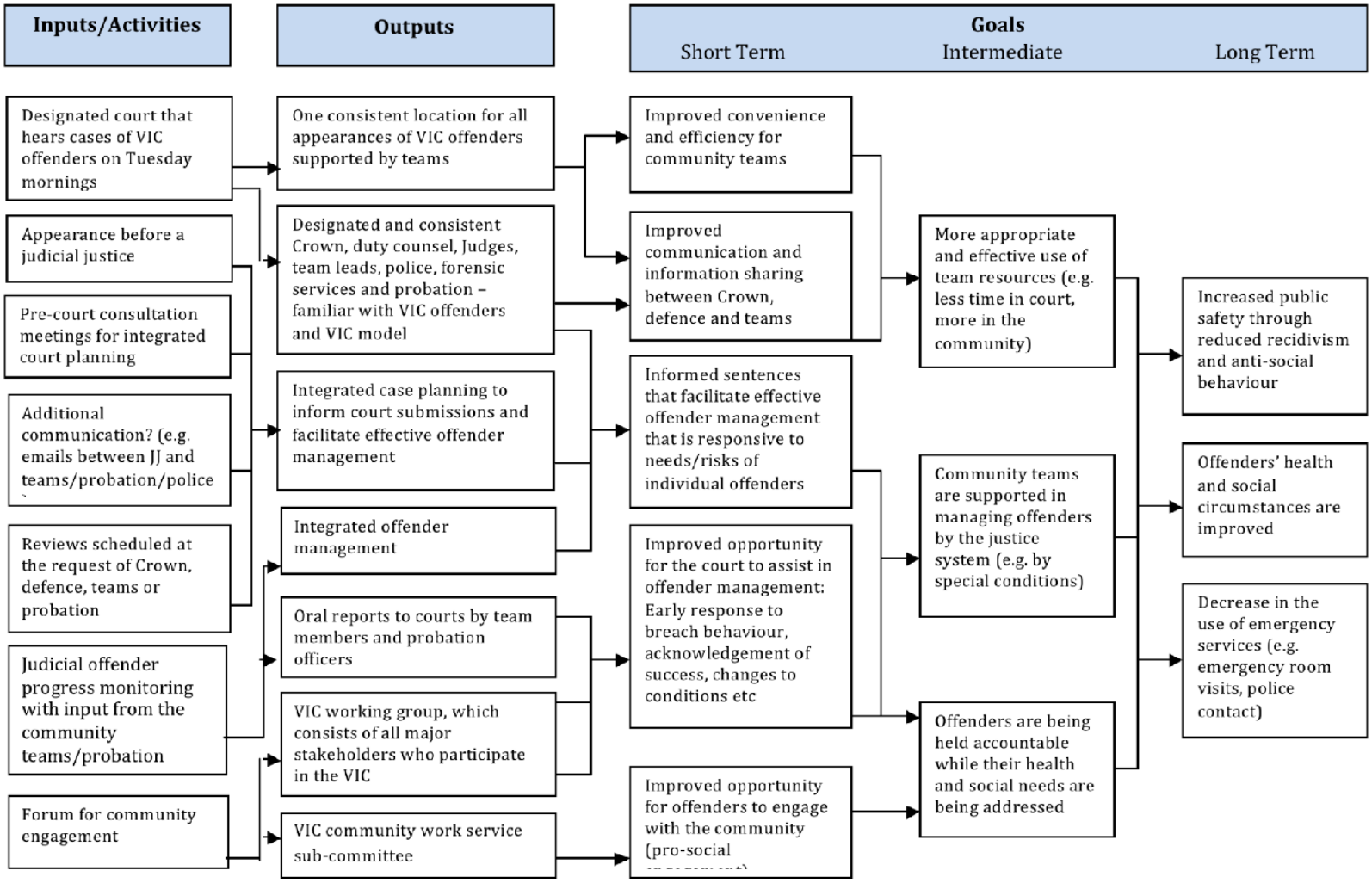
In 2007, the Victoria Mayor's Task Force on Homelessness and Mental Illness released a report entitled *Breaking the Cycle of Mental Illness, Addictions, and Homelessness*. The Task Force found that chronically homeless people in Victoria were consuming an inordinate proportion of available social services and were often heavy users of emergency and acute healthcare services. These same people were also found to have frequent contact with the police and involvement in the justice system. As part of the response, the VIC was established in March 2010 to offer a holistic approach to dealing with chronic offenders in the Victoria community (Victoria Integrated Court, 2011). Like many other problem-solving courts across North America, the integrated approach of the VIC strives to bring together people and agencies at the community level in an effort to comprehensively address the complex problems that often contribute to or motivate criminal behaviour (Victoria Integrated Court, 2011).

The Victoria Community Outreach Team (VICOT) and a number of Assertive Community Treatment (ACT) Teams were established by Island Health to begin to address concerns regarding the demands made by these individuals on emergency services and health service providers. These teams began appearing in the VIC to support clients charged with criminal matters. In the first year of operation, the VIC expanded its services to include cases where the offenders were supported by Community Living British Columbia's Community Response Team (CRT) (Victoria Integrated Court, 2011). CRT supports individuals with developmental disabilities and accepts clients with an IQ of 70 or less. A client can be accepted to a community team either by submitting an application or by referral from an outside service provider. Team leaders then review applications and referrals in order to determine eligibility. Community teams generally support individuals who are frequent users of the emergency health

care system and heavy users of inpatient hospital services. VICOT focuses on addressing the needs of a homeless population that has elevated levels of substance abuse and addiction and who have increased rates of engagement with the police and the criminal justice system. The VICOT team is composed of representatives from various agencies including Island Health, police, the Ministry of Social Development and the MoJ (Victoria Integrated Court, 2011). The community teams discontinue support for a client if the client no longer requires support and supervision, or where, after a number of warnings, he or she refuses to cooperate with team members (Victoria Integrated Court, 2011).

VIC Logic Model

The VIC logic model was created in order to demonstrate the relationship between the inputs, activities, and outputs of the VIC, as well as its short-term, intermediate, and long-term goals. A logic model is a tool that is often used to evaluate the effectiveness of a program. In addition to being used as a road map for assessment, logic models also serve as a visual representation of the links between resources, activities, outputs, and outcomes of a program. The underlying purpose of a logic model is to assess causal relationships between the elements of a program. Logic models should provide a comprehensive description of a topic but be concise enough to fit on a single page (Treasury Board of Canada Secretariat, 2010).



Victoria Integrated Court Exploratory Process Report: Reflections on the Court's First Year of Operation

In addition to information contained in the VIC annual reports, the VIC progress report conducted by R.A. Malatest & Associates Ltd in 2011 provides further insights into the development of the court during its first year of operation. The Malatest report was a qualitative, exploratory analysis of the court. The report findings provide an impartial analysis of the VIC, its functions, and its effect on both stakeholders and clientele of the court. The Malatest report concluded that the VIC has generally had a positive impact on stakeholders' work and that the VIC clientele had a favourable view of their participation in the court (R.A. Malatest & Associates Ltd., 2011). The report states that it was then too soon to measure definitively whether the VIC had impacted recidivism rates. For assessment purposes, it is preferable that at least two years pass after a person is sentenced before inquiring as to whether there has been a measurable change in criminal activity (R.A. Malatest & Associated Ltd., 2011). For this reason, the Malatest report was able to measure other impacts, but not recidivism. With that said, over half of respondents surveyed believed that the VIC model was having a positive effect on reducing recidivism.

The Malatest report concluded that the VIC's apparent success can be largely attributed to its recognition of the need to address underlying factors that may lead to criminal activity as well as through its client centered approach (R.A. Malatest & Associated Ltd., 2011). In terms of improving the health of VIC clientele and their relationship with the justice system, Malatest found that the support of ACT teams encourages VIC clientele to take a more active role in improving their health and that individuals have a more positive relationship with the justice system once involved in the VIC. This positive relationship is demonstrated through the

therapeutic relationships that often develop between offenders and their ACT team as well as other justice and health professionals involved in the VIC. There was wide support for the VIC to be expanded in Victoria, although the report noted that capacity and resource issues would need to be addressed in order for this to occur. The report stressed that even if the VIC is expanded, the scope of the court, including its functions, operations, and mandate should remain the same (R.A. Malatest & Associates Ltd., 2011). The Malatest report findings stress the importance and value of consistency, collaboration, and integration of health and justice services in the VIC model.

The Structure and Procedures of the Victoria Integrated Court

The VIC sits every Tuesday at the Victoria Law Courts (Burdett Street) and begins at 9:00 am with a calling of the court list before a Judicial Justice (JJ) who assesses whether cases are ready to proceed or if they require more time before appearing in front of the designated judge (Victoria Integrated Court, 2011). A key feature of the VIC is a consistent judiciary and Crown counsel. This consistency is meant to allow the judge and Crown counsel to become familiar with offenders and their circumstances as well as the operation and processes of the VIC program. It also engages the offender in a different kind of relationship with the judge.

There are currently three judges designated to preside over the VIC program: Judge Ernest Quantz, Judge Adrian Brooks, and Judge Susan Wishart. Designated judges are usually assigned to the VIC on a one-year rotation (R.A. Malatest & Associated Ltd., 2011). Following the calling of the court list, community team members, designated police officers, correctional staff, Crown counsel, and defence lawyers participate in a pre-court planning meeting. These meetings are a critical feature of the VIC. The VIC uses pre-court planning meetings to discuss the risks and needs of individuals and to develop recommendations regarding sentencing and

structured plans for each individual offender. The Judiciary is not present during the pre-court meetings. Plans developed during the pre-court meetings are then presented in court, often in the form of a joint submission, and they typically inform the disposition. These meetings, involving professionals who work in various locations around the city, are held in the courthouse. In this way, the VIC delivers a fully integrated service approach by coordinating the work of several agencies without incurring new or additional overhead costs to accommodate office space for these professionals in the court building.

One of the unique features of the VIC is the integral role of the Judicial Justice (JJ). The JJ is able to carry out many of the same functions as a Judge, such as presiding at bail hearings and issuing warrants for the arrest of an accused person. In the VIC, the JJ calls the court list, schedules matters before the Judge, remands individuals, and conducts file reviews. Outside of the court, the JJ acts as the VIC Court Coordinator. Some of these duties include scheduling matters at the request of a team member or probation officer and notifying Crown counsel and defence, arranging pre-release planning, and handling all administrative matters. The JJ is also the liaison with Island Health, the Downtown Victoria Business Association, Forensic Psychiatric services, community team leaders, correctional facilities and mental health facilities, as well as police (B. Edwards, personal communication, November 7, 2014).

The defence counsel who participate in the VIC are also vital to the operation of the program. They ensure that any possibility of a viable defence is explored and that all matters proceed in a manner consistent with the rights of the accused. They explain procedures and options to their client and can speak to the client's interests at integrated case planning meetings. In a therapeutic court such as the VIC, collaboration, where appropriate, is a value: "the prosecution and defence are not sparring champions, they are members of a team with a common

goal" (Goldberg, 2005, p. 26). As part of a collaborative team in the VIC, defence counsel will often participate in joint submissions. If a joint submission cannot be agreed upon, they can make separate submissions to the court (Victoria Integrated Court, 2011).

In proceedings before the judge, the court relies heavily on oral reports about the offender's progress in the community. The court often hears from the team members who are actively working with the accused. Team members may provide the court with detailed and current information about the participant's willingness to engage with the team, changes since the last appearance, concerns regarding the individual's health, or progress towards completion of community work service. The court also hears any recommendations from the team (Victoria Integrated Court, 2011). The judge also invites the offender to speak and seeks to engage the offender by explaining the court's ultimate decision and expectations.

An offender can only have their case heard in the VIC if they plead guilty. Because the VIC does not conduct trials, "not guilty" pleas are moved to another court for trial. If the individual is found guilty, he or she can return to the VIC for supervision, a community-based sentence, or for any new charges that may occur (Musgrave, 2012). To be eligible for the VIC, an accused person must meet the following criteria:

- Demonstrate a willingness to address - with community support, including intensive supervision - the underlying causes of their criminal activity;
- Have a history of substance addiction and/or mental disorder and unstable housing; and
- Be accepted as a client of an ACT team, or supported by another community service for an alternative plan of supervision in the community.

If accused persons are already supported by an ACT team, they are eligible to have their charges proceed in the VIC. If an ACT team does not support them, they can complete an

application to one of the ACT teams. Generally, individuals can only participate in the VIC if one of the teams accepts them as a client. In some situations, however, accused persons who are not supported by an ACT team may be accepted into the VIC by the presiding judge. This can only occur if the judge determines that they otherwise meet the criteria for eligibility and that sufficient resources are available in the community through some other means, such as the Brain Injury Program, or the Community Response Team funded by Community Living BC (Victoria Integrated Court, 2011).

The judge can also impose unique conditions on the release of the offender in order to support rehabilitation. The VIC utilizes a broader range of sanctions, including but not limited to:

- Frequent case reviews to monitor offender progress;
- Increased community supervision;
- Restrictions of privileges;
- Additional community work service to be performed prior to the next review; and, ultimately
- Incarceration following formal breach proceedings.

The VIC has several unique orders for probation, bail, and Conditional Sentence Orders (CSO) that can be part of a community-based sentence. For example, when a client is released from custody, one of their conditions could be to report immediately to the bail supervisor's office, and to receive directions from either the bail supervisor, probation officer, VICOT, or ACT team member (Musgrave, 2012b). Setting "red zones" is another order that can be imposed on VIC clients. Red zones are areas bounded by certain streets (the streets vary depending on the client and the circumstance) in the Greater Victoria area that the client cannot enter, unless they

have written permission to do so. Often, clients may be ordered to take reasonable steps to maintain their physical and mental health so that they are less likely to become dangerous to themselves or to others. Such an order may include a provision to see a medical or mental health professional as directed (Musgrave, 2012b). A VIC order can also require that a client attend, participate in and successfully complete any assessment, counselling, or treatment program as directed by the VIC, probation officer, or team member. Pre-Release Planning is another important feature of the court as it allows the offender to appear in court, often by video prior to their release from custody, in order to plan for their return to the community.

The VIC's Community Work Service Subcommittee has also worked with a local Community Planner to develop a community garden where VIC participants can work as part of their community work service. The garden provides therapeutic gardening opportunities for individuals with mental health and substance use issues. It is an example of how the VIC works together at the community level with a number of people and agencies to help solve complex issues that contribute to criminal behavior and offer alternatives for individuals caught up in destructive patterns of behavior. The garden is now in its third year of operation and has over 40 participants. Produce from the garden is harvested and sold to The Local General Store in the Fernwood neighbourhood of Victoria as well as at weekly markets at Seven Oaks and The Sussex Building on Broughton Street. All proceeds go to the participating client gardeners based on their hours of work.

Community-based Sentencing

ACT teams assist the VIC by being able to monitor clients in the community so that clients can serve a community-based sentence instead of incarceration. The concept of community-based sentencing is part of an integrated and coordinated approach to justice for

chronic offenders who have persistent mental health, and/or addiction, and/or unstable housing issues. Community-based sentencing recognizes the offender's willingness to plead guilty and the offender's commitment to work with an ACT team, thereby agreeing to certain conditions such as attending counselling, treatment, subscribing to a money management program, providing Urine Drug Screen samples on request, or adhering to a curfew (Musgrave, 2012b). Community-based sentencing also sends a clear message that the health care system and justice system are working together and that all parties involved care for the client and want to see the client succeed.

Community-based sentencing has a variety of sentencing options to specifically address the needs of the client in a manner that is consistent with the rule of law and protecting public safety (Musgrave, 2012b). Community-based sentencing options include:

- CSO whereby the individual serves a sentence in the community provided they follow strict "conditions" and if those conditions are not met, the individual could serve the rest of their sentence in jail;
- Suspended Sentence;
- Fine;
- Incarceration for up to two years (greater than two years means there is no option to serve a community-based sentence); or
- Incarceration followed by probation (Musgrave, 2012b).

ACT Partnership with Police

The VIC currently has one designated Police Constable available to all four ACT teams in Victoria (from Monday to Thursday). The police partners with ACT mental health staff and clients in the following areas:

1. Attending client visits (outreach);
2. Effecting a directors warrant by use of the Mental Health Act;
3. Providing education, support, and advice to clients and ACT staff on navigating the justice system;
4. Providing hands on support, assessment, safety, and information;
5. Participating in formal consultations and care planning with mental health staff;
6. Providing direct input through oral submissions in court and also in the consultation room;
7. Liaising with other police departments in different geographic areas of the greater Victoria area;
8. Working with VIC court participants who generate a new police file (Musgrave, 2012b); and
9. Attending the residence of a VIC offender to advise of a court date or to effect a warrant that has been issued in the VIC (B. Edwards, personal communication, November 4, 2014).

Assertive Community Treatment Teams

The ACT model was first developed in the United States in the 1970s in the height of deinstitutionalization, when large numbers of mentally ill patients were being discharged from psychiatric hospitals into the community (Test, 1979). Communities were not generally equipped with the resources and range of services needed to effectively manage these formerly institutionalized patients. The Program of Assertive Community Treatment (PACT), also known at the time as the "Madison model" was first developed at the Mendota Mental Health Institute, a state hospital in Madison, Wisconsin (Mendota Mental Health Institute, 2011). The PACT

model was originally intended to prevent hospitalization of patients who were discharged into the community following deinstitutionalization (Stein & Test, 1985). It has since been adapted, expanded and widely implemented across a number of common law criminal justice systems. Outside of North America, Australia was one of the first countries to establish an assertive outreach program (Hoult, 1987). In Ontario, it took the form of the now very well established Assertive Community Treatment Program. Both the Ontario ACT Program standards and the American PACT standards informed and shaped the current ACT model in British Columbia.

The current ACT model provides a "team oriented approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness such as schizophrenia" (Ontario ACTT Association, 2014, para. 1). The key characteristics of assertive community treatment programs are as follows:

- ACT offers services to clients with severe mental illness who are over-represented among the homeless population and in the prison system;
- ACT services are delivered via a multidisciplinary team of professionals, twenty-four hours per day, seven days a week;
- ACT services are individualized for each client to meet their specific needs;
- ACT services are delivered on an ongoing and continual basis, in order to ensure continuity of the caregiver; and
- ACT teams have specific policies and procedures that are strictly followed in order to maintain the organizational and service structure for each ACT program (Ontario Ministry of Health and Long-Term Care, 2005).

ACT teams are "fixed points of responsibility" for their clients and accompany them to important meetings with lawyers, probation officers and others, as well as to court appearances (Musgrave, 2012). ACT teams also visit their clients in prison and coordinate with health care counterparts in client care and discharge planning (Musgrave, 2012). Dr. Ian Musgrave describes the ACT program's basic strategy when he suggests that "…only programs that integrate mental health and substance abuse treatment in an intensive way such as through ACT, and those ideally with a coordinated approach to the mental health and criminal justice systems, are able to demonstrate successful court/jail diversion with lessened rates of arrest and incarcerations" (Musgrave, 2012, p. 6).

Assertive Community Treatment Teams in British Columbia

ACT in British Columbia is a "client-centered, recovery-oriented mental health service delivery model…facilitating community living, psychological rehabilitation, and recovery for persons who have the most serious mental illnesses, have severe symptoms and impairments, and have not benefitted from out-patient programs" (British Columbia Ministry of Health Services, 2008, p. 1). All staff that are employed with an ACT team adopt the ACT philosophy and values, which include: compassion and respect for persons with severe mental illness and their lived experiences; supporting clients in their recovery while also letting clients determine their own goals; and encouraging client and family involvement in all activities that shape the quality of ACT services (British Columbia Ministry of Health Services, 2008). ACT teams use their multidisciplinary skills to provide services to assist clients to address the interaction between their symptoms and their psychosocial functioning and achieve their personal goals (British Columbia Ministry of Health Services, 2008, p. 31).

ACT teams in British Columbia also support the notion of vocational rehabilitation for offenders (Ministry of Health Services, 2008). ACT teams assist clients with work-related services, which include developing a vocational or employment plan for the client. These plans can lead to either further education or entry into the labour market. Vocational plans are developed after the team has thoroughly assessed the aptitudes, abilities, and interests of the individual (Ministry of Health Services, 2008). An example of how the VIC assists offenders with re-integration into the community through vocational rehabilitation is through the VIC community garden. Opportunities such as the VIC community garden demonstrate how the court often acts as a door back into the community for offenders.

ACT teams have specific admission criteria for clients. The criteria are intended to ensure that individuals with the most serious mental illnesses are the top service priority. The following admission criterion focus on selecting people who are in "the greatest need" of ACT services:

- Clients with severe and persistent mental illnesses that seriously impairs their functioning in the community;
- Clients with severe and persistent mental illness and with significant functional impairments;
- Clients with severe and persistent mental illness who make high use of general hospital psychiatric services, specialty hospital services, tertiary level services, or psychiatric emergency services such as mental health crisis response services; and
- Clients with severe and persistent mental illness and one or more problems that are indicators of continuous high-services needs (i.e., greater than eight hours per month) (British Columbia Ministry of Health Services, 2008).

ACT clients are also required to provide consent to obtain treatment. Consent can be received directly from the client if they are capable, or from an appropriate substitute decision-maker if they are incapable of providing consent themselves (British Columbia Ministry of Health Services, 2008). Once a client is admitted to an ACT team, services are provided continuously and on a "titrated" basis, meaning that a client receives increased or decreased service depending on their individual needs.

There are currently thirteen ACT teams in the province of British Columbia. Below are the names and locations of ACT teams located across British Columbia:

- Campbell River ACT Team;
- Nanaimo ACT Team;
- New Westminster & Tri-Cities ACT Team;
- Port Alberni ACT Team;
- Prince George ACT Team;
- Surrey ACT Team;
- Vancouver ACT Teams: Vancouver ACT Team, IPCC ACT Team, RainCity ACT Team; and
- Victoria ACT Teams: Pandora ACT Team, Downtown ACT Team, Seven Oaks ACT Team, and the Victoria Integrated Community Outreach Team (VICOT).

British Columbia Mental Health Act

Mental health services are an integral component of the VIC. The integration of holistic health, social, and justice services distinguishes the VIC from traditional courts. These services must function in harmony with substantive law and procedural rules governing the criminal law process as well as with relevant health legislation, including the *Mental Health Act*, R.S.B.C.

1996 c.288[1] The purpose of the Mental Health Act (MHA) is to "ensure the treatment of the mentally disordered who need protection and care" (British Columbia Ministry of Health, 2005). It is thought that involuntary admission under the MHA is a necessary component of the VIC as it allows seriously mentally ill individuals who refuse to accept help to receive the necessary treatment to prevent potential disruptions in their lives or the lives of others (British Columbia Ministry of Health, 2005). Involuntary hospital admissions and treatment have the potential to give individuals the opportunity to improve and return to living in their communities. In order for someone to be involuntarily admitted, the criteria are that the patient:

1. Is suffering from a mental disorder that seriously impairs the person's ability to react appropriately to his or her environment or to associate with others;
2. Requires psychiatric treatment in or through a designated facility;
3. Requires care, supervision and control in or through a designated facility to prevent the person's substantial mental or physical deterioration or for the person's own protection or the protection of others; and
4. Is not suitable as a voluntary patient (British Columbia Ministry of Health, 2005, p. 7).

[1] The MHA is intended to assist those who have mental disorders who need treatment and care but who are not willing to accept it. The MHA outlines the criteria for both voluntary and involuntary admission. Without involuntary admission and treatment made possible by the provisions in the MHA, it is reasoned that people with serious mental illness would continue to suffer while causing harm to themselves and others (British Columbia Ministry of Health, 2005).

Literature Review

What are Problem-Solving Courts?

Consistent with trends in other jurisdictions, especially in the United States, specialized courts are becoming more common in British Columbia and throughout Canada. Based on the principles of both Therapeutic Jurisprudence (TJ) and Restorative Justice (RJ), specialized courts seek to address the root cause of criminal behaviour by taking a more rehabilitative approach to justice (Slinger & Roesch, 2010). TJ is the study of the role of law as a therapeutic agent. It seeks to understand the extent to which a legal rule or practice can promote or undermine the psychological and physical well-being of the people it touches (Wiener & Brank, 2013). RJ refers to a non-adversarial and non-retributive approach to justice that focuses on healing, holding offenders accountable, and the involvement of the greater community to achieve better justice and health outcomes with offenders while creating healthier and safer communities (Correctional Service Canada, 2014).

Specialized courts are often established in order to address a particular justice system challenge or a community problem through an approach that is designed to be more effective than traditional justice solutions. Through a variety of collaborative practices, specialized courts diverge from the traditional administration of justice and aim to reduce criminal recidivism by addressing the factors that place individuals at risk for offending. The various models and focuses of problem-solving courts are often shaped by the characteristics of the particular offender population that they serve. The practices and staffing of different specialized courts vary in response to the needs in the local offender population (Somers et al., 2014). There are currently a wide range of problem-solving court models in Canada, including, but not limited to domestic violence courts, mental health courts, drug treatment courts, community courts and

First Nations courts (Slinger & Roesch, 2010). A guiding principle of problem-solving courts is the recognition that crime negatively affects the entire community. Therefore, responses to offending include community engagement and restoration as well as psychosocial interventions, such as drug treatment and skills training (Slinger & Roesch, 2010). A common characteristic among models is the presence of a collaborative team, sometimes referred to as a "triage team," composed of professionals such as housing representatives, case workers, probation officers, police officers and Crown counsel (Slinger & Roesch, 2010). Through the use of a coordinated case management team the court strives to offer a more holistic approach to managing offenders (Olson, Lurigio & Albertson, 2001).

1. Problem-Solving Courts: Rationale. The current popularity of mental health and drug courts in Canada reflects the growing recognition that traditional methods, such as incarceration and street level enforcement, have largely failed to break the cycle of illegal drug use and crime (Olson, Lurigio & Albertson, 2001). It has also become apparent that offenders struggling with mental illness and addiction are over-represented within the criminal justice system. Drug courts have been developed to address the revolving door pattern of repeat offending that is associated with drug addicted offenders. In order to break this cycle, drug courts strive to treat the underlying addiction in an effort to eliminate or significantly reduce the subsequent criminal behaviour (Slinger & Roesch, 2010). Drug courts often include referrals to treatment soon after arrest, and emphasize the use of:

- Regular status hearings to assess the participants' compliance with program conditions;
- Mandatory drug testing; and
- Dismissal of charges or sentence reduction following successful program completion (Olson, Lurigio & Albertson, 2001).

Similarly, mental health courts seek to break the cycle of mentally ill offenders who continually transition between hospital emergency rooms and the criminal justice system. When an offender is accepted into the mental health court, treatment is typically the first priority (Slinger & Roesch, 2010).

2. Problem-Solving Courts: Goals and Guiding Principles. Although many problem-solving models share similar objectives, such as public order and safety, cost reduction, and quality-of-life enhancement for the offender, there is a great deal of variability between models. For example, some models will only manage offenders who have committed minor summary offences (e.g., theft) while others will accept both summary and indictable offences (e.g., assault) (Slinger & Roesch, 2010). Intervention points also tend to vary across models, with some models intervening pre-plea and others following an admission of guilt. Furthermore, noncompliance sanctions differ across court models, with some models imposing jail time and others placing greater emphasis on frequent court appearances or treatment order revisions. Some Canadian drug treatment courts choose to take a different approach and often send offenders back to the regular justice system if they are found to violate the terms of 'no-drug-use' treatment orders (Slinger & Roesch, 2010).

3. Specialized Courts in BC. Specialized courts in BC were influenced by the success of the first problem-solving court in Canada, the Toronto Drug Treatment Court, which began operation in 1998. British Columbia has established a number of specialized courts in several locations around the province, including domestic violence courts in Nanaimo, Duncan, Kelowna, Kamloops and Penticton, and First Nations courts located in New Westminster, Duncan, North Vancouver and Kamloops. British Columbia has also established a Drug

Treatment Court and a Community Court in Vancouver as well as the Integrated Court in Victoria.

Problem-Solving Courts: Do They Work?

Although problem-solving courts continue to grow in popularity there is limited empirical evidence that reliably measures their effectiveness. While existing outcome evaluations of specialized courts that focus on recidivism have often found either a reduction in re-arrest rates among participants or a longer period of time between charges, closer examination often reveals methodological problems - such as the use of a non-equivalent matched comparison group - that could limit the strength of the findings. The use of non-equivalent match groups means that conclusions are drawn by comparing the recidivism of two groups of offenders who may not have been sufficiently similar. That is, differences between them, other than the fact that one group participated in the specialized court, could possibly account for the better outcomes in the experiment group. If differences exist prior to participation - and it is very difficult to avoid this - it complicates the task of determining what changes are attributable to the program and limits the ability to draw causal conclusions with certainty (Slinger & Roesch, 2010; Somers, Moniruzzaman, Rezansoff & Patterson, 2014). Other methodological problems that plague the literature include short follow-up periods, sample selection bias, and incomplete or unreliable sources of outcome data (e.g., self-reporting for reoffending outcomes) (Wiener & Brank, 2013; Somers et al., 2012).

While such qualifications must be borne in mind, there are a number of studies that suggest positive outcomes from specialized courts. The first empirical evaluation of a Canadian Drug Treatment Court (DTC) was conducted in 2012 by Somers, Currie, Moniruzzaman, Eiboff and Patterson. The study examined changes in recidivism of 180 participants in Vancouver's

DTC (DTCV) and a matched comparison group that received the traditional administration of justice in the co-located Provincial Court. The evaluation found that participants in the DTCV exhibited significantly greater reductions in offending than the comparison group. The DTCV cohort exhibited an average reduction of 0.95 offences per person per year, including a reduction in drug related offences of 0.42 per person per year. The report also found that while the matched comparison group exhibited no significant reduction in drug-related offending, the number of DTCV participants who were sentenced for drug-related charges decreased by over 50% in the two years following their involvement in the program (Somers et al., 2012).

A meta-analysis conducted by Latimer et al. (2006) of the effect of Drug Treatment Courts (DTC) on recidivism found that DTCs reduced recidivism by 14% compared to conventional justice system responses. In another meta-analysis, Wilson, Mitchell, and MacKenzie (2006) reached a similar conclusion, finding that DTC's were responsible for a reduction in offending of 14% when considering only high-quality studies (Somers et al., 2012). Although these meta-analyses found impressive reductions in recidivism, a recent meta-analysis conducted by Gutierrez and Bourgon in 2009, which included only those studies that the authors considered methodologically sound, concluded that the least biased estimate of the effectiveness of drug courts in reducing recidivism was a more modest 8%. Gutierrez and Bourgon (2009) reviewed 96 studies as part of their meta-analysis and assessed them according to study and treatment quality. Studies were rated as "rejected", "weak", "good" or "strong" based on methodological quality. In the process of their review, Gutierrez and Bourgon also identified major methodological flaws that commonly occurred in primary research on DTCs (such as the presence of pre-existing differences between treatment and comparison groups) (Somers et al., 2012).

As noted above, a common challenge confronting research on problem-solving courts is the need for valid comparison groups. Random assignment, an experimental technique for assigning subjects to different treatments, is widely recognized as the best available method for achieving reliable assessments of program effectiveness. The goal of random assignment is to generate a group comparable on every dimension other than exposure to the treatment in question. Although random assignment has become a standard for researchers in experimental research designs it is often not used due to perceived ethical implications of denying services to the control group (Slinger & Roesch, 2010; Somers et al., 2014). Some argue, however, that while it would be unethical to withhold access to programs known to be effective, the true effectiveness of problem-solving court models is yet to be conclusively determined. In fact, some suggest it is unethical to offer a program to offenders without adequately testing its effectiveness first (Slinger & Roesch, 2010). It is also important to note that randomization does not address the role of client motivation and the fact that choosing to enter a problem-solving court may signify a desire to change.

Quasi-experimental designs have been used to examine outcomes in a number of problem-solving courts. These studies use the technique of propensity score matching, which involved matching individuals concurrently on a number of characteristics such as age, race/ethnicity, gender and prior involvement in the justice system. Propensity score matching has been widely used in circumstances where randomization is either impractical or otherwise not available (Somers et al., 2014). A recent evaluation of Vancouver's Downtown Community Court (DCC) conducted by Dr. Julian Somers and his team at SFU, Faculty of Health Sciences, is the first empirical evaluation of a Canadian community court. As part of the evaluation, Dr. Somers and his team examined the effectiveness of the DCC in reducing recidivism of the high-

need offending group managed by the integrated Case Management Team (CMT). Through the use of a quasi-experimental design, the outcomes for 250 individuals sentenced in the DCC and triaged to the CMT to be managed in the community in an integrated manner were compared to a matched group of 250 offenders from the neighbouring Vancouver Provincial Court (VPC). The study examined the number of offences in the pre-period compared with the number of offences in the post-period. The evaluation found that CMT-managed offenders had a mean reduction of 2.30 offences per person (from 3.7 offences committed in the preceding year) versus 1.35 per person in the comparison group. Overall, individuals managed by the CMT exhibited significantly greater reduction in reoffending compared to the matched comparison group. Reductions in offending were primarily associated with property offences and breach offences. Although the results of the recidivism study appear to be promising, questions regarding what elements of the CMT approach produced improved recidivism results remain to be further explored. As a result, it is not possible to conclude that the same intervention would be effective with other offenders in the DCC who have different needs and risks for offending (Somers et al., 2014).

The variability across problem-solving courts in both Canada and the United States has led many to question which processes and procedures appear to be the most effective. The problem with answering such a question, however, is the limitations of, and the lack of, formal program evaluations. Some argue that in the absence of empirical evidence, there is reason to question whether results favouring specialized courts could be rivalled by improving the availability of services and supports in the community alongside the usual administration of justice (Somers et. al., 2012). Addressing substantial gaps in community services, for example, may be the first step in addressing some of the factors that place individuals at risk for offending.

A growing number of policymakers have also expressed interest in the application of problem-solving court values, attitudes and practices into conventional court settings. They suggest that integrating problem-solving principles into mainstream courts could alleviate the need to establish more problem-solving courts (Farole et al, 2005; Wolf, 2008). Taking on a problem-solving orientation, for example, may allow conventional courts to develop a more client-centered and holistic approach to justice. Integration of principles and practices that result in improvement in court processes and outcomes, such as multi-disciplinary teams and consensual decision making approaches, could also be utilized in conventional courts (Farole et al, 2005). Advocates of this concept suggest that this could be a meaningful alternative, especially for smaller registries that do not have the resources to launch separate problem-solving initiatives. Some fear, however, that problem solving principles and practices could be diluted in conventional settings (Wolf, 2008).

Replication

Although many jurisdictions are anxious to demonstrate their responsiveness to a highly visible social problem through the establishment of a specialized court, researchers urge caution and warn that great care and attention must be exercised when attempting to replicate specialized court models (Kaiser, 2010; Miller, & Johnson, 2009). More specifically, they strongly advise against a 'one-size-fits-all' approach. While a particular model or initiative may work well in one jurisdiction or community, it does not necessarily mean it is appropriate to replicate it in another. Each community is unique and therefore requires a tailored solution to address its particular justice and health challenges (Kaiser, 2010; Miller, & Johnson, 2009). Researchers stress the importance of developing problem solving strategies based on the characteristics of the particular offender population, while paying careful attention to the available resources in the

community (Somers et al., 2014). The success of a strategy is highly dependent on adequate resourcing. Problem-solving courts in particular will only be effective if adequate treatment and services are available in the community. In order for a problem-solving court to address mental health and addiction problems, for example, it is necessary to have access to integrated services (Kaiser, 2010).

The literature urges communities to develop justice strategies that reflect the range of needs and gaps identified through a comprehensive analysis of the problem as it manifests in the given community (Kaiser, 2010). The first step in developing an appropriate response is to identify the specific characteristics of the problem. This includes providing context and outlining what has been or is currently being done to address the problem (Kaiser, 2010). Once the problem has been identified, potential options for the solution should be developed while considering such things as:

- Available resources;
- The target population;
- Costs and Budget;
- Gaps in services/ availability of services/potential for the development of services; and
- Stakeholder interest and community support.

Analysis should also include a review of relevant data, such as healthcare data, police data and available court data. Data analysis can assist in the identification of investment priorities as well as policies and practices that are effective and impactful (Justice Centre, US Department of Justice, 2013).

Commentators also stress the importance of process and suggest that how the program is replicated (in terms, for example, of engagement and participation of stakeholders) is often

critical to the success of replication. This will be discussed further in the recommendations section of this paper.

The Risk-Need Responsivity (RNR) Model of Offender Rehabilitation

Research indicates that offenders are less likely to reoffend when programs:

- Match the intensity of supervision and treatment to their level of risk to reoffend;
- Target changeable risk factors; and
- Match modes of service to offender abilities and styles (Somers et al., 2014).

In 1990, Andrews, Bonta and Hoge published an article that outlined three general principles for effective offender rehabilitation: risk, need and responsivity. The Risk-Need-Responsivity (RNR) model is often regarded as the most effective way to identify and prioritize individuals to receive appropriate interventions (Skeem, Manchak & Peterson, 2011).

The risk principle suggests that an effective treatment program must match the level of service intensity to the offender's risk level. Research has found that prioritizing supervision resources for individuals at moderate or high risk of reoffending can lead to a significant reduction in recidivism among this group. More importantly, there is evidence to suggest that applying intensive treatment to low risk offenders may actually serve to increase their risk of reoffending. Research has found that low-risk individuals have an increased likelihood of recidivism when they are over-supervised or receive treatment or services in the same programs as medium and high-risk individuals (Andrews, Bonta & Wormith, 2011; Bonta, Public Safety, 2001; Lowenkamp, Pealer, Smith & Latessa, 2006).

The need principle of the RNR model suggests that simply matching levels of service to offender risk level is insufficient for effective programming. Services must also address the

needs of offenders. The need principle identifies appropriate needs to be targeted by correctional interventions when attempting to reduce offender recidivism.

According to the need principle, offenders have two types of needs: criminogenic needs and noncriminogenic needs. Criminogenic needs are the offender needs that contribute to the likelihood of reoffending. For example, substance abuse, employment problems and low education are often identified as common criminogenic needs. Noncriminogenic needs on the other hand are the needs that have no statistical relationship to criminal behaviour. The needs principle suggests that treatment and case planning should prioritize the core criminogenic needs that can be changed through treatment, supervision, or other services and supports. Research has found that the greater number of criminogenic needs addressed through interventions, the greater positive impact the interventions will have on recidivism. In particular, a study conducted by Gendreau et al. (2002) on the effective principles of correctional treatment found that programs that target four to six criminogenic needs reduced offender recidivism on average by approximately 30 percent (Bonta, 2001; Andrews, Bonta & Wormith, 2011; Lowenkamp, Pealer, Smith & Latessa, 2006; Skeem, Manchak & Peterson, 2011).

The responsivity principle highlights the importance of matching the style and mode of intervention to the offender's abilities and learning style. When designing supervision and service strategies, it is important to reduce barriers to learning by assessing learning styles, reading abilities, cognitive impairments, and motivation (Justice Centre, US Department of Justice, 2013). A meta-analysis conducted by Andrews and Dowen (1999) found that programs that adhere to the risk principle reduced recidivism by 19 percent but programs that violated the risk principle increased recidivism by 4 percent. Similarly, a study of intensive rehabilitation supervision by Bonta, Wallace-Capretta and Rooney (2002) found a 20 percent reduction in

recidivism for higher risk offenders that received more intensive supervision, but 17 percent increase for lower-risk offenders.

Overall, interventions that adhere to the RNR principles are associated with significant reductions in recidivism, whereas treatments that fail to follow the principles yield minimal reductions in recidivism and, in some cases, even lead to an increase in recidivism. The impact of problem-solving courts on recidivism is therefore greater when they include effective triage practices and match offenders to interventions following the principles of RNR. Research suggests that resources should be targeted towards those individuals who are the most likely to reoffend (Andrews, Bonta & Wormith, 2011; Andrews & Dowden, 2007; Somers et al., 2014).

The RNR model, which suggests that an effective treatment program must match the level of supervision and service intensity to the offender's risk level, is similar to the approach taken in the VIC. The VIC develops individualized care plans, with different levels of service intensity, depending on the particular needs of the client. The VIC uses a holistic and coordinated approach when working with clients to address their individual needs and care plans are often revised according to the client's progress. The VIC recognizes that addressing the criminogenic needs of offenders is essential in order to adequately address and prevent criminal behaviour. Supervision intensity can also be modified to some degree in the VIC through the use of unique conditions. Depending on the severity of the offence or the perceived risk to reoffend, the court can impose sanctions such as increased supervision or curfew. It is, however, important to note that the RNR model is a corrections-based, justice model and that healthcare professionals working with the VIC may use difference approaches with their clients.

The Use of Rewards and Sanctions

There is a growing recognition in the literature that criminal justice sanctions are limited in their ability to reduce re-offending. Behavioural science research has found that offender management strategies that incorporate both sanctions for noncompliance and rewards for conforming behaviour are the most effective in improving supervision outcomes (Bonta, 2001; Wodahl, Garland, Culhane & McCarty, 2011). Multiple studies have observed a positive correlation between the frequency of reinforcements and the chances of program success. Findings suggest that the application of rewards hold more promise for improving program success than the use of sanctions. More specifically, Gendreau (1996) found that effective behavioural intervention strategies require reinforcements to outnumber punishments by a 4:1 ratio. In fact, achieving a 4:1 ratio of rewards to sanctions is widely promoted in the literature as a way to maximize desired outcomes (Wodahl et al., 2011; Gendreau, 1996). These findings support the need to use a proportionally higher number of rewards to sanctions in justice strategies, including problem-solving courts.

Vancouver's Downtown Community Court

Vancouver's Downtown Community Court (DCC) is an example of a problem-solving court that works with offenders whose criminality is linked to their health and social circumstances. The DCC officially opened in Vancouver, British Columbia in September 2008 in response to a recommendation made by the British Columbia Justice Review Task Force and Street Crime Working Group (Jackson, Glackman, Giles, & Buchwitz, 2012). In order to facilitate the integration of justice, health, and social services, staff from fourteen participating organizations, including in-house defence counsel, were co-located in one courthouse. The DCC focuses primarily on summary offences, including theft, assault, possession of drugs, mischief,

breaches of a probation order and administrative offences (Ministry of Attorney General, 2010). For offenders with complex health and social challenges, cross disciplinary integrated case management teams work to create individualized plans for offenders in order to address issues such as housing, employment, financial assistance, and mental health and addictions (Ministry of Attorney General, 2010). The goal of the DCC is to "reduce crime in Vancouver's downtown area, reduce offender recidivism, improve public safety, and increase public confidence in the justice system" (Ministry of Attorney General, 2010, p. i).

Although the mandate of the DCC and the VIC are similar, it is important to note the differences in the way each court functions. The differences between the DCC and the VIC include, but are not limited to:

- Number of offenders in each court
    - The DCC deals with over 2000 offenders in the Vancouver area, whereas the VIC deals with approximately 200 offenders in the Victoria area.
- Offender types
    - The DCC deals with offenders of all types; however some DCC clients do have complex social services and health-related needs. The VIC only deals with offenders who have unstable housing and mental health and/or substance abuse issues.
    - The DCC does not require offenders to be managed by an integrated team in order to be involved with the court. Only offenders that have complex health and social issues are managed by integrated teams. In the VIC, offenders cannot be involved in the VIC unless they are supervised by one of the community teams

  - The VIC deals with many different types of offences in addition to summary offences, such as aggravated assault, arson, robbery, sex assault, and fraud. The DCC deals primarily with summary offenses.
  - The VIC uses Pre Release Planning prior to an offender's release from custody.
- Resource allocation
  - The DCC requires substantial resources, and was initially funded with a new budget allocation, whereas the VIC operates entirely on existing resources.
- In-house services
  - The DCC has several in-house services and integrated teams located onsite. Examples include health staff, income assistance staff, housing staff, Native court workers, and a victim services worker. The VIC court does not have in-house services and the teams are not located onsite, but instead all justice and health system participants convene by agreement once per week at the Victoria Courthouse (Ministry of Justice, 2014).

British Columbia's Specialized Court Strategy

The growing number of specialized courts in British Columbia and the varied approaches they take indicates that communities are searching for effective solutions to challenges in the justice system. Currently, there is no single province-wide approach to specialized courts as they tend to be established through local leadership, expertise and community resources (Slinger & Roesch, 2010). In the *White Paper Part Two*, a report that outlines government's plan for justice reform in the province, the Government of British Columbia committed, in consultation with the judiciary and other justice partners, to develop an evidence-based, integrated, and strategic approach for specialized court initiatives in the province.

Integrated Services

There is a well-established need to coordinate resources between the health care system and justice system in Canada. There are numerous examples of this coordination already taking place, such as in the aforementioned problem-solving courts in British Columbia, and various other services across the country, including the Human Services and Justice Coordinating Committee (HSJCC) of Ontario (Canadian Mental Health Association, 2014). The HSJCC was established in 1997 in order to effectively work with individuals who are in conflict with the law with a "serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, and/or fetal alcohol spectrum disorder" (Canadian Mental Health Association, 2014, para. 2). For many individuals who need drug and alcohol treatment, contact with the criminal justice system is their first opportunity to seek treatment or access services. Strong empirical evidence over the past several decades demonstrates that substance abuse treatment reduces crime (Center for Substance Abuse Treatment, 2005). It is often difficult, however, to motivate individuals to seek the treatment they need, due to issues such as personal motivation, complexities of both the health and justice systems, and long waiting lists for residential treatment services. Integrated courts such as the VIC acknowledge these challenges and provide the support necessary to help offenders navigate through the challenges of seeking treatment.

One example of how health and justice services can be integrated is through the coordination between ACT teams and the criminal justice system. ACT teams have the potential to address inefficiencies in both the health and justice systems because they provide support in the community, therefore decreasing inappropriate use of emergency services such as hospital bed days and adverse contacts with police. Prior to admission to an ACT team, many ACT clients have often had a very different and often negative experience with the criminal justice

system. Many ACT clients have experienced a life of crime, victimization, mistrust, rejection, as well as a street entrenched life (Musgrave, 2012b). Many clients have also never received proper treatment for severe mental illness until being supported by an ACT team. Once clients are part of an ACT team, they are provided with the necessary mental health and addictions services (Musgrave, 2012b).

Therapeutic Jurisprudence and Solution-focused Courts

Courts that apply solution-focused approaches to deal with specialized groups of clients have grown in popularity, especially in the United States, Canada, Australia, New Zealand, and the United Kingdom (UK). Many of these solution-focused courts apply the principles of therapeutic jurisprudence (TJ), which often includes an integration of health, social, and justice services to meet the clients' complex and unmet needs. The goals of TJ are numerous, and include reducing recidivism, diverting offenders from prison, and assisting them with accessing treatment and other services so that they can become healthier, law-abiding citizens (Edgely, 2013). There are several key features of solution-focused courts that apply the principles of TJ. They are as follows:

- The use of a holistic, evidence-based program;
- The offender's voluntary participation in the program;
- Regular review hearings conducted by the same judicial officer;
- The use of a rewards and sanctions system;
- Interventions informed by a multidisciplinary, team-based process;
- Strong relationships between the justice system and health and social services; and
- Re-examining the eligibility criteria so that violent offenders can also benefit from solution-focused programs (Edgely, 2013).

Judging: An Integrated Approach

Judging in a problem-solving court requires a skill set that is different from traditional judging. Judges require different skills when working in a problem-solving court because they speak directly with offenders and make an effort to involve them in the process. If this is done in an effective way, it can create trust, motivate positive behaviour, and give the offenders a voice in the process (Goldberg, 2005). In order for a judge's interaction with court participants to be effective, they must be characterized by:

- Empathy;
- Respect;
- Active listening;
- A positive focus;
- Non-coercion;
- Non-paternalism; and
- Clarity (Goldberg, 2005).

Judging in an integrated court focuses largely on achieving therapeutic outcomes that promote rehabilitation and a fair judicial process from the perspective of the court participant (Goldberg, 2005). Procedural justice suggests that "the process can be more important than outcome when it comes to people's satisfaction with the proceedings and their willingness to comply with the court's decisions" (Goldberg, 2005, p. 8). One very important part of procedural justice present in integrated courts is regular review hearings. Judges in a problem-solving court place a large emphasis on regular review hearings for court participants. Review hearings are designed to:

- Check on the client's attendance at treatment appointments;

- Assess compliance with the conditions of the court program;
- Monitor risk management; and
- Hold the client accountable (Edgely, 2013).

Review hearings are beneficial for both the judge and the client because they keep the judge informed of the client's current situation, foster a relationship between the judge and client, and provide an opportunity for judges to use motivating rewards and sanctions as appropriate (Goldberg, 2005).

Poverty and Social Exclusion

Poverty and social exclusion are two societal problems that the VIC recognizes in its holistic approach to working with offenders with complex histories, backgrounds, criminal activity, housing status, as well as health and social circumstances. Social exclusion has been defined as what happens when multiple problems occur at the same time to create interlocking patterns of marginalization (Currie, 2005). Social exclusion can include many dimensions such as "health, education, access to services, housing, debt, quality of life, dignity, and autonomy" (Canadian Centre for Policy Alternatives, 2008, p. 1). Poverty in its most general sense refers to a basic lack of necessities, including access to "basic food, shelter, medical care, and safety" (Bradshaw, 2005, p. 3). The term 'social exclusion' is relatively new in a Canadian context, but originated in France to highlight the failure of the French economy to adequately address poverty and inequality (Canadian Centre for Policy Alternatives, 2008). The term gained popularity in the European Union (EU) because it was deemed a less judgmental or more sympathetic term. Canada has looked to the EU as a leader in social exclusion research, models, and practices (Canadian Centre for Policy Alternatives, 2008). The argument that poverty is caused by individual deficiencies or character deficits supports the position that the poor lack incentive to

change their current situation due to the generosity of the welfare system, which further perpetuates the cycle of poverty (Bradshaw, 2005).

Many of the problems experienced by people in modern societies have a legal dimension. Employment, debt, family relations, and many other areas of daily life are subject to regulation by laws. Research has shown that there are groups within the population that are especially vulnerable to serious problems that may exacerbate their disadvantage. In particular, those struggling with poverty and employment tend to experience more problems that can have significant and far-reaching consequences (Currie, 2005). Access to justice for those experiencing law-related problems also appears to be limited. Many argue that the justice system has largely ignored the problems of the poor. Courts tend to deal with only the most serious problems, and the problems of those who have the resources to access the legal system (Currie, 2005). The frequent and persistent nature of problems and the lack of access to justice to deal with them combine to shape the lives of many less affluent citizens, perpetuating social inequality and marginalization (Currie, 2005).

A national survey conducted by Ab Currie in 2004 studied the incidence of law-related problems among low and moderate income Canadians. Respondents were asked to indicate if they had experienced any problems within the past three years that were difficult to resolve. Almost 48% of the respondents indicated that they had experienced one or more law-related problem during the three-year reference period. A significant number of people also indicated experiencing multiple problems (Currie, 2005). Currie's study found that being young, a single parent, a member of a visible minority group and receiving social assistance were the variables that best predicted experiencing multiple problems. Being unemployed, receiving a disability pension, being long-term disabled were also found to be statistically significant predictors of

experiencing multiple problems (Currie, 2005). This research shows that justiciable problems that are difficult to resolve are a common feature of the lives of low and moderate income Canadians. The existence of regularly occurring clusters of problems may suggest common underlying circumstances that might be important for developing appropriate forms of assistance. It is also an argument for taking a holistic approach to the provision of legal services to deal with problems that may be systemically related (Currie, 2005). "Legal problems don't simply have legal origins. Rather, they stem from multiple social, educational, health-related, and psychological sources, and from issues of justice. Given the multidisciplinary origins of legal problems, it makes sense to take a multidisciplinary approach to address such problems" (Goldberg, 2005, p. 27).

For many VIC clients, the origins of their legal issues can often be traced back to social, health, or psychological issues. People who have serious mental illness, as many of the VIC clients do, tend to be overrepresented in the criminal justice system and are also more likely to become homeless and drug addicted. This group of individuals, due to their mental health, addiction, and homelessness issues, also have a disproportionate amount of contact with police, and have higher arrest and incarceration rates than the general population (Musgrave, 2012b). One of the VIC's goals is to decrease the inappropriate use of emergency services amongst this population. Methods used in VIC such as timely access to justice and health services, community-based sentencing, unique VIC orders, and a strong partnership with police will be discussed in the sections below.

Methodology

In order to gather in-depth information and perceptions of participants, we chose to use a purposeful sampling technique. Purposeful sampling techniques are often used in qualitative research as it allows researchers to select subjects based on particular characteristics. Purposeful sampling is particularly useful in the context of evaluation research as it involves identifying and selecting individuals who are involved in designing, administrating, or receiving a program (Patton, 2002). By using a purposeful sampling technique, we were able to select information-rich cases in order to learn about the operation of the VIC and determine if the VIC is reaching its stated goals. As we were working within time constraints and limited resources, it was beneficial to use a purposeful sampling strategy as it is an effective and convenient sampling method (Patton, 2002).

For the purposes of this research, we attempted to recruit participants from two groups: VIC professionals and VIC clientele. The former consists of individuals whose work is affiliated with the VIC. VIC professionals include judges, judicial justices, Crown counsel, defence counsel, probation officers, police, ACT team workers, VICOT workers, CRT workers, Native court workers and Forensic Psychiatric Services representatives in Victoria. Their perspectives were valuable as they allowed us to gain insight into the various work processes and resources involved in the operation of the VIC. VIC clientele are individuals who are chronic offenders in the Victoria community and have agreed to participate in the VIC program. VIC Clientele are supported by one of the community teams (i.e., ACT, VICOT, CRT). The majority of offenders appearing in the VIC are chronically homeless, consume an inordinate share of available social services, and are often heavy users of emergency and acute healthcare services. Many offenders who participate in the VIC also struggle with mental health and addiction issues that lead to

frequent contact with the police and involvement in the justice system. It was advantageous to include the offender population in this study as their unique perspective provides valuable insight into the potential benefits and limitations of the VIC model. The views and opinions of the VIC clients are especially important considering they are the population that accesses and receives services through the VIC.

We recruited 15 participants from Group one and one participant from Group two. We recruited participants from Group one through the use of a recruitment email. The participant from group two was recruited with the assistance of community team workers (i.e., ACT, VICOT, CRT). We chose to use the assistance of community team members in the recruitment process as we were concerned about capacity issues in the offender population. Many of the offenders that participate in the VIC are struggling with co-morbid disorders, which refers to the presence of two or more illnesses or disorders at the same time (National Institute on Drug Abuse, 2011). Due to the likelihood of limited or diminished capacity within the offender population, we believed that it was necessary for community team workers to help facilitate recruitment and coordination of interviews. We took appropriate measures to ensure that no coercion (threats or inducement) was used in the recruitment of offenders. Community team workers were instructed to tell participants that they were under no obligation to participate, or to continue to participate, and that refusal or withdrawal would have no negative consequences.

In order to be selected to take part in the research study, the participant from Group two was also assessed by the primary researchers prior to the beginning of the interview. The participant had to demonstrate that they have the capacity to give informed consent and that they were capable of participating in the interview process. In assessing competency, the researchers

looked for such things as the participant's level of sobriety as well as their ability to understand the purpose of the research and their rights to withdraw at any time.

We conducted semi-structured interviews with a mix of close-ended and open-ended questions. The interviews were approximately forty-five minutes to an hour in length. As semi-structured interviews are exploratory, it was important that the process remained flexible in order to allow room to explore emerging themes, concepts, and perceptions (Patton, 2002). As part of the interview strategy, we also used probes in order to increase the richness and depth of responses. A probe is a simple follow-up question to initial responses that encourages further elaboration and is used in order to dig deeper into the interviewee's thoughts, feelings, and perspectives (Patton, 2002; Sloan & Chicanot, 2009). Responses were then compared in order to identify commonalities and differences (Schensul, 2008).

In addition to voice-recording all of the interviews using an external audio recorder (as well as an audio recorder adapter for telephone interviews), we also recorded the interviews via handwritten notes. Telephone interviews were audio recorded by using an adapter that connected directly from the landline telephone to the external audio recording device. Group one participants (VIC Professionals) had the choice of conducting an interview over the telephone or in-person at the Victoria Courthouse. The interview with the Group two participant took place over the telephone.

Once we completed the interviews, a thematic framework was used in order to sift, chart, and sort the collected data according to key issues, concepts, and themes. While analyzing the data, we drew upon the aims of the research, any emergent issues raised by the participants, as well as any analytical themes that arose from the recurrence of views or experiences.

Limitations

The limitations of qualitative research are well documented in the literature (Mays & Pope, 1995; Slinger & Roesch, 2010). In the below section, we acknowledge and review some of the specific limitations of this research project in further detail.

Research Design

This report is an assessment of the VIC as opposed to an outcome or process evaluation. Due to time, resource, and access limitations, we chose to use a qualitative research method. Although a qualitative research method allowed us to gather some useful information from insiders' on the operations and outcomes of the court, we believe that, if and when resources are available, further research on the VIC, based on quantifiable data, would be useful.

The review and approval process for this research study was very laborious and time consuming. Multiple proposals and research agreements were required in order to conduct this research given the inter-agency nature of the study (i.e., Island Heath, Provincial Court). In order to avoid additional application processes we made the decision to only use publically available data from agencies such as the police, Island Health and BC Corrections. Again, we believe that future research could benefit by including empirical data.

Sample Size

A significant limitation of this research is the disappointingly small sample of VIC clientele participants. Recruitment of VIC clientele proved to be extremely difficult. Making contact and sustaining communication with this group was highly problematic. Many of the VIC clientele are homeless and struggling with mental illness and addiction issues. Given the characteristics of this hard-to-reach population, we experienced difficulty attracting, contacting and following-up with potential participants.

The researchers made extraordinary efforts to assist the ACT teams with the recruitment of VIC clientele. The researchers sent follow up emails to ACT team members in regards to recruiting participants and offered to assist. In order to facilitate the recruitment process, researchers offered to conduct client interviews at various locations including the ACT team offices and the prison. The researchers also made efforts to attend the VIC as much as possible in order to communicate about the status of recruitment of VIC clientele with ACT team members.

We believe that inclusion of both VIC professionals and VIC clientele would be very useful for a balanced assessment, and that this study is weakened by its essential failure to engage the clientele. Future evaluations should attempt to include the offender population. The answers of the single client interviewed will be included in the findings and discussion sections of this paper for interest and for any light those answers may throw on the planning or conduct of a future study. However, as data going to the research questions, the answers should be given no weight.

Self-Selection

Self-selection bias can occur when a target population is allowed to decide entirely for themselves whether or not they want to participate in a research study. Self-selection can lead to a biased sample, as the respondents who choose to participate in the research study will not represent the entire population in question. Rather, the resulting sample will tend to over-represent individuals who have strong opinions (either positive or negative). As researchers, we must acknowledge the possibility that our sample may be biased in the sense that participants may have agreed to participate based on their strong opinions of the VIC. The participants may,

for example, have a vested interest in the court and therefore be generous in their efforts to validate the effectiveness of the program.

Self-Reporting

Although self-reporting methods allow participants to describe their own experiences, self-report studies also have specific disadvantages. Self-reported answers could, for example, be exaggerated. Respondents may also be cautious in giving an honest opinion out of fear of reprisal. Some researchers argue that respondents tend to answer questions in a manner that will be viewed favourably by others, otherwise known as social desirability bias. Social desirability bias can take the form of over-reporting or under-reporting. Thus, participants will tend to under-report behaviours deemed inappropriate by researchers or other observers and over-report behaviours viewed as appropriate. When confronted with questions regarding reoffending, the VIC clientele respondent may have felt pressure to deny or under-report offending behaviour.

Generalizability

While providing a site-specific account of the processes used by the VIC model may be useful in terms of tracking the effectiveness of the individual model, it provides little insight into the overall effectiveness of specialized courts as a whole. In terms of replication, it would be important that future evaluations seek to determine which particular elements of specialized courts are associated with positive outcomes (Slinger & Roesch, 2010).

Findings and Discussion

Introduction

The results of the interviews conducted for this study provide some new information respecting the extent to which the VIC is or is not effective as a healthcare model and as a justice model. In discussing these interviews this paper will consider:

1. Whether or not VIC is achieving its original goals to:
    a. Increase public safety by decreasing recidivism
    b. Increase public safety by reducing antisocial behaviour in the community
    c. Achieve more effective sentencing through integrated case planning and intensive community supervision
    d. Support the community teams
    e. Decrease the inappropriate use of emergency services;
2. Whether or not resources are being used as effectively as possible; and
3. Whether the model can or should be replicated elsewhere.

This section presents findings and discussion based on sixteen in-depth, semi-structured interviews with fifteen VIC professionals and one VIC client. The charts in this section depict the scaled interview question responses from VIC Professionals. The VIC client who was interviewed was asked a different set of open-ended, semi-structured interview questions and therefore that individual's responses are not included in the charts below.

A complete list of VIC Professional interview questions can be found in Appendix A.
A complete list of VIC Clientele interview questions can be found in Appendix B.

Type of Participant	Number of Participants Recruited	Number of Interviews Conducted	Participant Response Rate
VIC Professional	27	15	56%
VIC Clientele	Unknown (recruitment conducted by ACT teams, not researchers)	1	N/A

The following two charts measured the familiarity of respondents with both the VIC and the traditional criminal courts and used the following scale: 1. Not Familiar, 2. Somewhat Familiar, 3. Reasonably Familiar, 4. Familiar, and 5. Very Familiar.

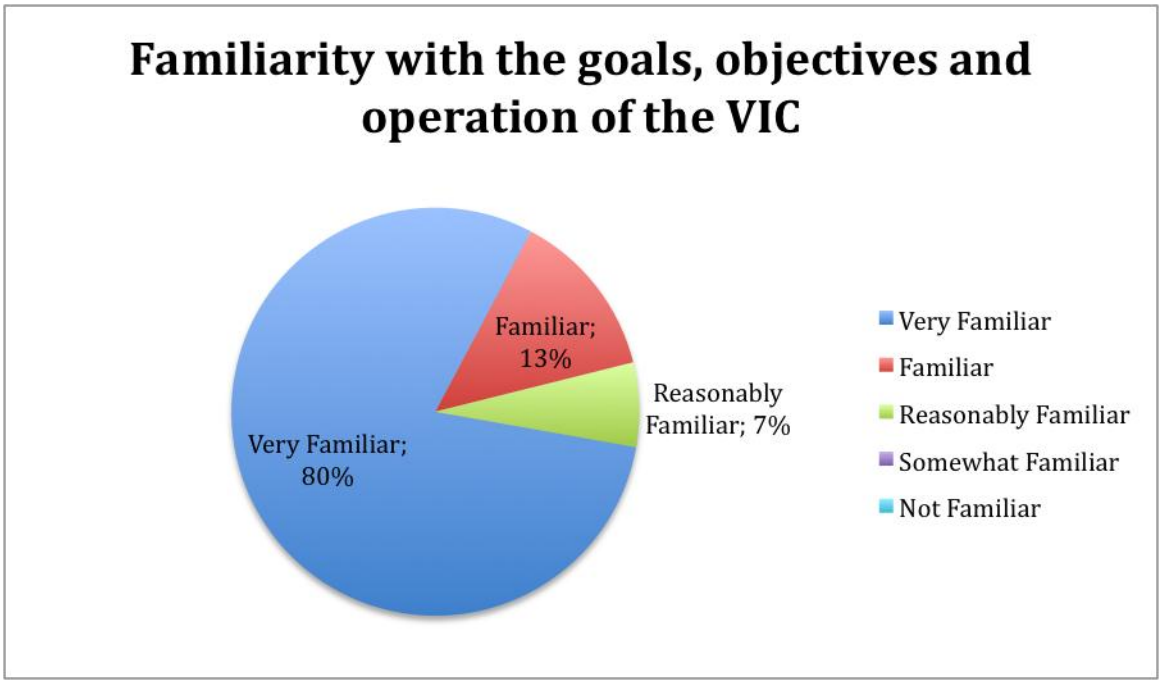


Chart 1 – Question 5. How familiar are you with the goals, objectives and operation of the VIC?

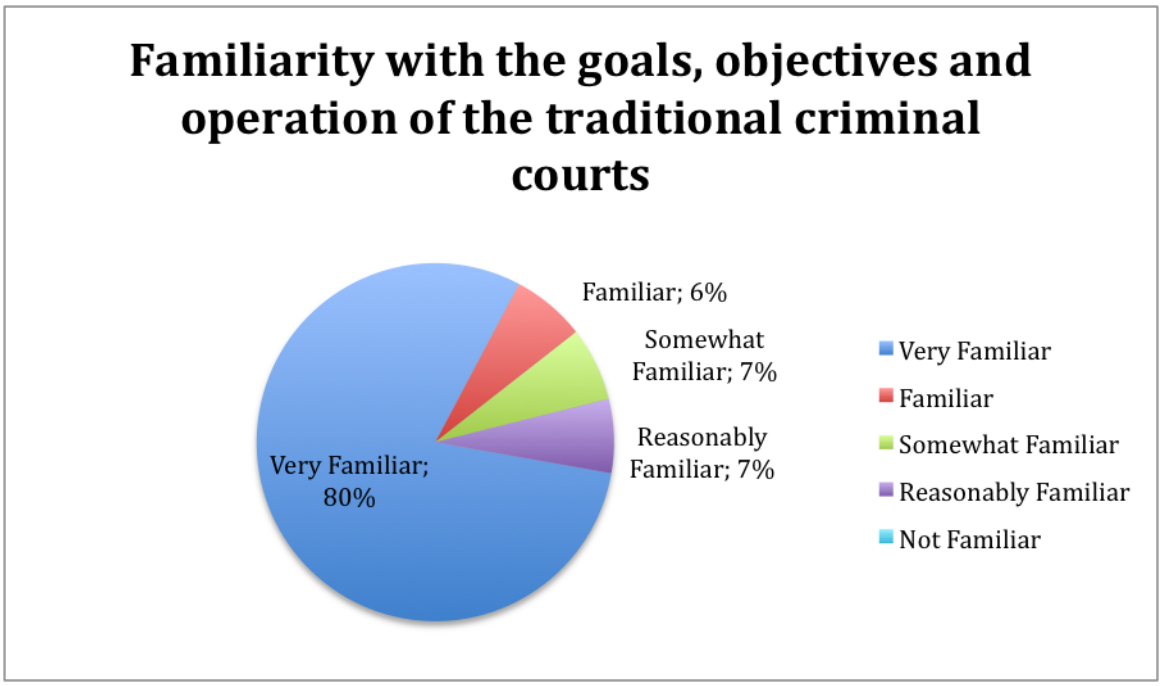


Chart 2 – Question 6. How familiar are you with the goals, objectives and operation of the traditional criminal courts?

The two charts above indicate that eighty percent (80%) of VIC professionals reported being "very familiar" with the goals, objectives and operation of both the VIC and the traditional criminal courts[2]. These findings tell us that the VIC professionals consider themselves knowledgeable about both the VIC and traditional court processes. These findings are also consistent with the R.A. Malatest & Associates report that stated that the roles, responsibilities and processes of the VIC are generally clear to those involved in the VIC (2011).

[2] Although 7% of VIC professionals reported being "Somewhat Familiar" with the goals, objectives, and operation of the traditional criminal courts, the researchers determined that they had a sufficient understanding of traditional court processes in order to answer the comparison questions regarding the VIC and the traditional criminal courts. Therefore, their responses were included in the report. If the researchers had not determined this, their responses would have been excluded from the study.

Is VIC achieving its original goals of reducing recidivism and antisocial behavior with more effective sentencing and intensive supervision?

The following three charts represent participant responses derived from interview questions about whether and how the VIC is meeting certain objectives in comparison to the traditional criminal courts. Using the scale: 1. Much more effectively, 2. More effectively, 3. About the same as, 4. Less effectively, and 5. Much less effectively, the following three charts show participants' views on whether the VIC is currently meeting three of its objectives:

1. Increasing public safety by decreasing recidivism for substantive offences;
2. Reducing harmful antisocial behaviour in the community; and
3. Producing more effective sentencing through integrated case planning and intensive community supervision.

Based on the data, the charts indicate that interview participants think that the VIC is meeting its objectives either "much more effectively" or "more effectively" than the traditional criminal courts.

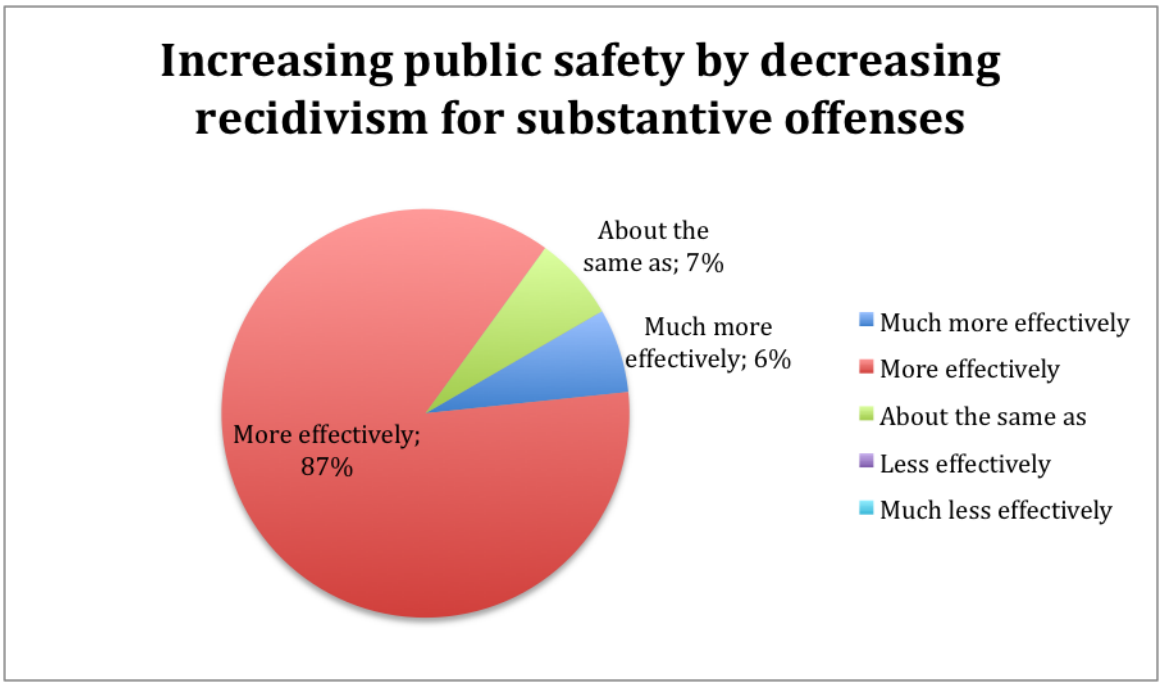


Chart 3 – Question 7. a) Compared to the traditional criminal courts, how do you think VIC is meeting the following goal: increasing public safety by decreasing recidivism for substantive offences?

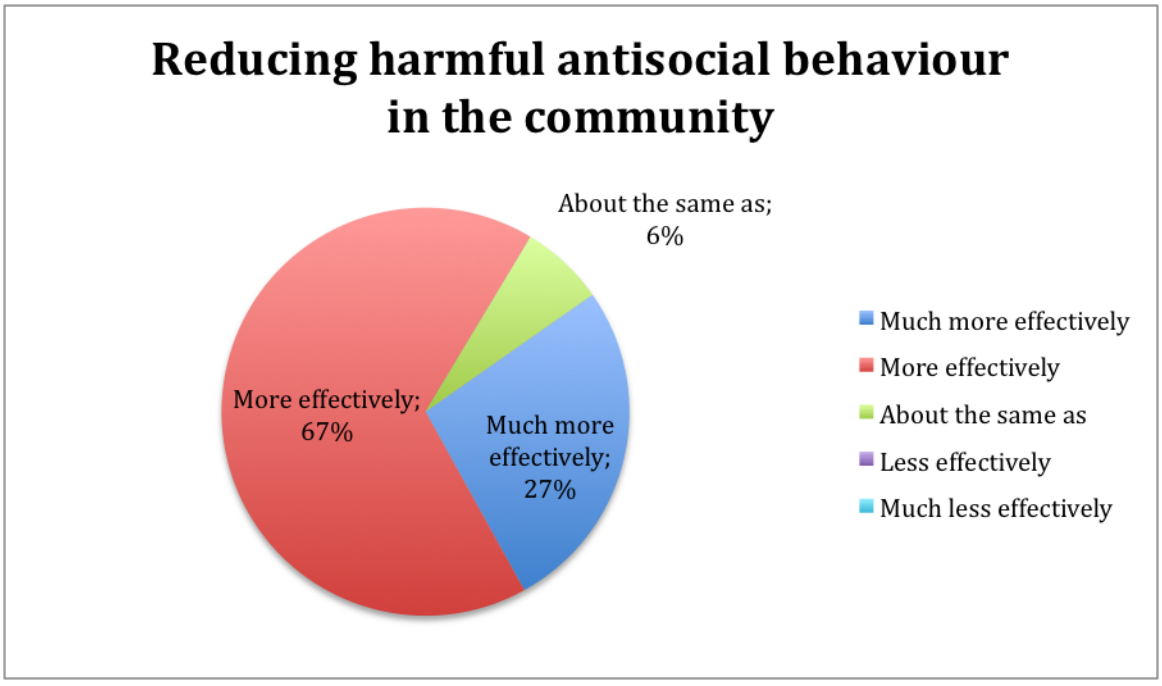


Chart 4 – Question 7. b) Compared to the traditional courts, how do you think VIC is meeting the following goal: reducing harmful antisocial behaviour in the community?

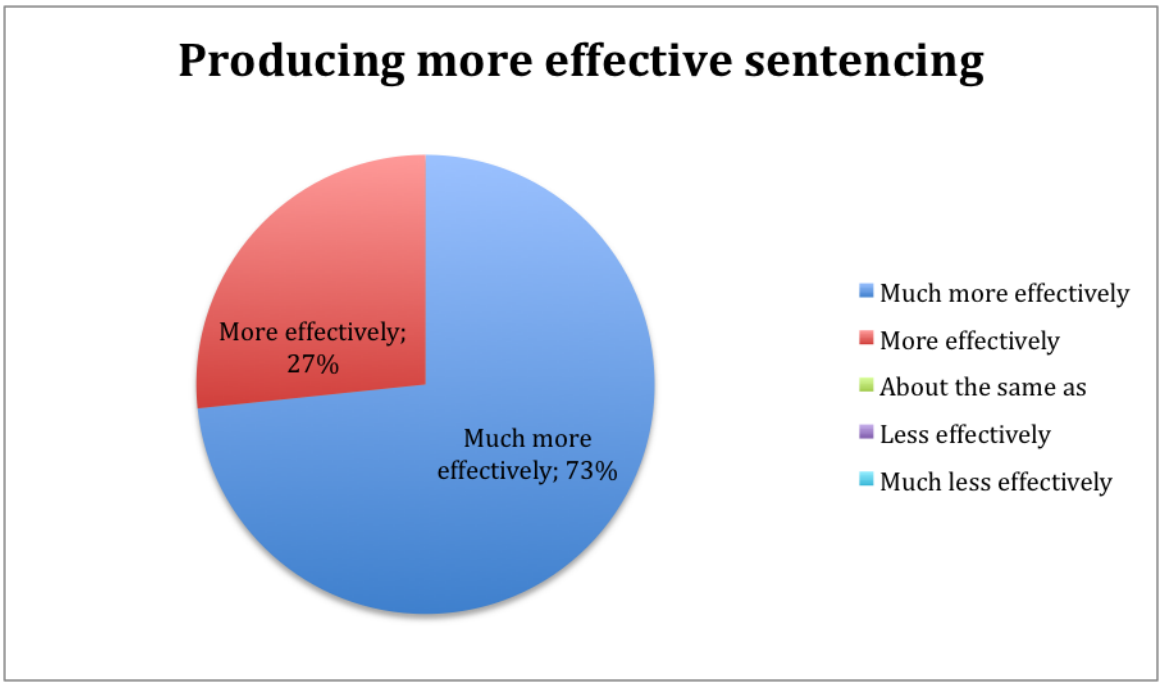


Chart 5 – Question 7. c) Compared to the traditional criminal courts, how do you think VIC is meeting the following goal: producing more effective sentencing through integrated case planning and intensive community supervision?

These findings support the conclusion that VIC is perceived to be achieving all of its original goals by:

a. Increasing public safety by decreasing recidivism;

b. Increasing public safety by reducing antisocial behaviour in the community; and

c. Achieving more effective sentencing through integrated case planning and intensive community supervision.

Many interviewees were clear that the VIC deals with an exceptionally challenging group of offenders, most of whom have been socially dysfunctional for many years and who are typically characterized by multiple, deep and complex social, behavioural and mental health problems. Most of them have been frequent offenders for a long period of time. They are a hard population to reach and an even harder population to treat. As such, expectations for what they

can achieve cannot realistically be as high as expectations might be for the larger general population of offenders in the criminal justice system.

In terms of the measures this study asked about – recidivism and anti-social behavior – while VIC Professionals report overall positive outcomes, they are also clear that it is common for offenders to succeed for a period, then relapse. Change is not always clear cut or lasting with this cohort. It is very difficult for individuals who are deeply entrenched in criminal behaviour and who suffer from mental health, addiction, and homelessness issues to turn the corner permanently. "[T]here's always going to be something that destabilizes them just because of where they live in the community, the people they have contact with are other drug users, those are their friends" (VIC Professional). One participant explained that it is difficult to quantify the successes of VIC clients because, "you may have someone who has fallen off the wagon, fallen hard after two years of success… some people may look at that with a jaded eye and say 'it's not working what you're doing… these people don't want to help themselves'. But at the end of the day, these are very complex issues we are dealing with and what we did perhaps relieved the criminal justice system, relieved the health care system for a two year period that we otherwise wouldn't have". Health data, discussed later in this paper, suggests that the VIC program does help to relieve pressure on the healthcare system.

In terms of why they think the VIC is working, many of the participants raised the importance of integration of case planning and services and interdisciplinary collaboration as indispensable to the VIC's ability to meet its goals. As one VIC Professional put it, "one of the main benefits of the VIC model is that it forces all of the stakeholders together into the same room and it breaks down silos and opens lines of communication". Most participants said that collaborative case planning is essential to the effectiveness of the court because it gives the team

a way to gather useful, sometimes critical, information that many members would not otherwise have, and which is necessary to develop workable case management plans. This view is captured by the comments of a VIC Professional who said: "I think integrated case planning is key. The integrated case planning, as I see it, is the work that's done in the consultation room, and elsewhere, that gets everyone together who has a role in planning for the best outcome. [Often], there are too many people with busy schedules, unable to apply themselves with coming to grips with the problem. Bringing everyone together at one time ensures that everything else is put aside, the case is focused on, and everyone works together for a plan. Everyone that has an important contribution is at the table to say something. And that, in my view, is absolutely key in coming up with a positive plan".

In terms of effectiveness, many of the participants said that the consultation process allows everyone to develop a shared vision in terms of what the court is trying to accomplish. One Professional said that the VIC allows "every component of the system to be engaged and operating and speaking the same language". By including everyone who has some concern or dealing with the participant, the consultation process creates the opportunity for an informed "discussion about where the individual is at, what resources are available, and what the next steps are". Another said, "The fact that we can sit and really pour over these people's history, what their current circumstances are and there's a much more free and open dialogue about who they are and what's going on for them really means we can formulate better sentencing options for them".

In addition to providing more and better information to work with, the very structure of the VIC and it procedures facilitates cooperation, good will and good working relationships between the professionals. Many healthcare professionals stated that the approachability and

availability of the judiciary, the JJ, and other justice system professionals involved in the VIC allowed for a more efficient and collaborative court process. Many justice system professionals praised the work of the community teams, stating that their ability to provide up-to-date information about VIC clients as well as their work in the community was essential to the efficiency of the VIC model. Overall, most participants expressed gratitude for the ability to work in a collaborative manner and to be able to openly discuss issues and resolve concerns in a respectful atmosphere. As one VIC Professional described it, the collaborative consultation process allows everyone to "resolve issues in a respectful and open forum [while] being able to voice your concerns". Some participants also mentioned that they appreciated the ease with which they could communicate with one another outside of scheduled court time. For example, one participant stated that the designated Crown counsel "is very accessible via email and phone. She's very good and she's always super receptive to what we say; we're never undermined or questioned". These participants credited the collaborative culture of the VIC with their ability to forge positive working relationships with other professionals in the court.

Many of the participants emphasized the role of timely and fulsome information sharing in their ability to devise plans for clients that could influence recidivism or antisocial behavior in the community. As one VIC Professional stated, "[o]ne of the greatest strengths of the court has been the immediacy of information; the ability to have knowledge about what is going on with that individual right up to that day. So it's the breadth, the depth and the currency of the information that is most beneficial to the court". Multiple participants described how information sharing better enables the court to craft appropriate sentences and conditions. As one participant stated, "there is a much better level of information coming to the court, which enables [the judge] to impose a much more effective sentence". The participants particularly

emphasized the importance of receiving up-to-date information from the teams. A VIC Professional said, "the court gets information from the teams in terms of significant changes. It may be a positive change where someone is working very well with the team and seems quite motivated to change their circumstances to what I'll call negative information. Often there is someone who struggles with a mental health issue or substance abuse issue and that information really helps [the judge] to craft an appropriate sentence. Because if someone is still in the throes of addiction we are going to impose different conditions than for someone who's actually been able to progress and is either in treatment or is about to go to treatment, or has finished treatment. The conditions will be different". In essence, communication with the court is improved and the Judge gets better information to work with. It is likely to be more current, more detailed and more accurate than the information flow in the traditional court process. This allows the Judge to "modify or change the sentence as needed to ensure that it's being effective going forward" (VIC Professional). This more effective communication and information sharing also ensures that "the orders that the court makes, whether on bail or sentencing, support what [the teams] are doing, and more importantly, don't operate at odds at what they're trying to do" (VIC Professional).

Perception of the VIC: A Client's Perspective

Due to challenges discussed in the Limitations section of the report, only one VIC client was interviewed as part of the research project. These interview findings therefore represent only one person's views of the VIC. While this means that no real weight can be put on them and that they cannot be generalized to other VIC participants, they are nonetheless offered, both for general interest and for any use they might have in framing future research.

In terms of the VIC proceedings and the integrated approach, the VIC Client expressed, with respect to the different health and justice professionals present at the VIC, that "there's too many players in there". This comment from the VIC Client suggests that perhaps the roles of the health and justice professionals were not clear for the individual. Because members of the ACT team spoke on their behalf at the VIC, the client stated, "I didn't feel as [though] they were on my side". This comment sheds light on an important challenge that may exist in terms of maintaining the therapeutic relationship between ACT team members and clients. The participant also stated that the court seems to be more lenient than other courts, which is further discussed in the Perception of the Court section.

Is VIC achieving its original goals of better supporting the Community Teams and decreasing the inappropriate use of emergency services?

The following two charts represent participant responses to questions respecting health care-aspects of the VIC model. These charts demonstrate participant responses for how effectively the VIC is providing support to the community teams compared to the traditional court system, as well as the extent to which the VIC has contributed to decreasing the inappropriate use of emergency services. All participants stated that the VIC was providing support for the community teams either "more effectively" or "much more effectively" than the traditional system. Some participants expressed the view that, since the traditional system did not provide any support for the community teams, then it was self-evident that the VIC was doing a better job at providing support. In terms of the VIC's role of decreasing the inappropriate use of emergency services (Chart 7), many participants stated that the VIC is doing this "more effectively" or "much more effectively" than the traditional court. Some participants

however, did not think that the court played a role in either increasing or decreasing the inappropriate use of emergency services and therefore did not provide a response to this question. These responses are reflected in the chart as "not applicable" in Chart 7.

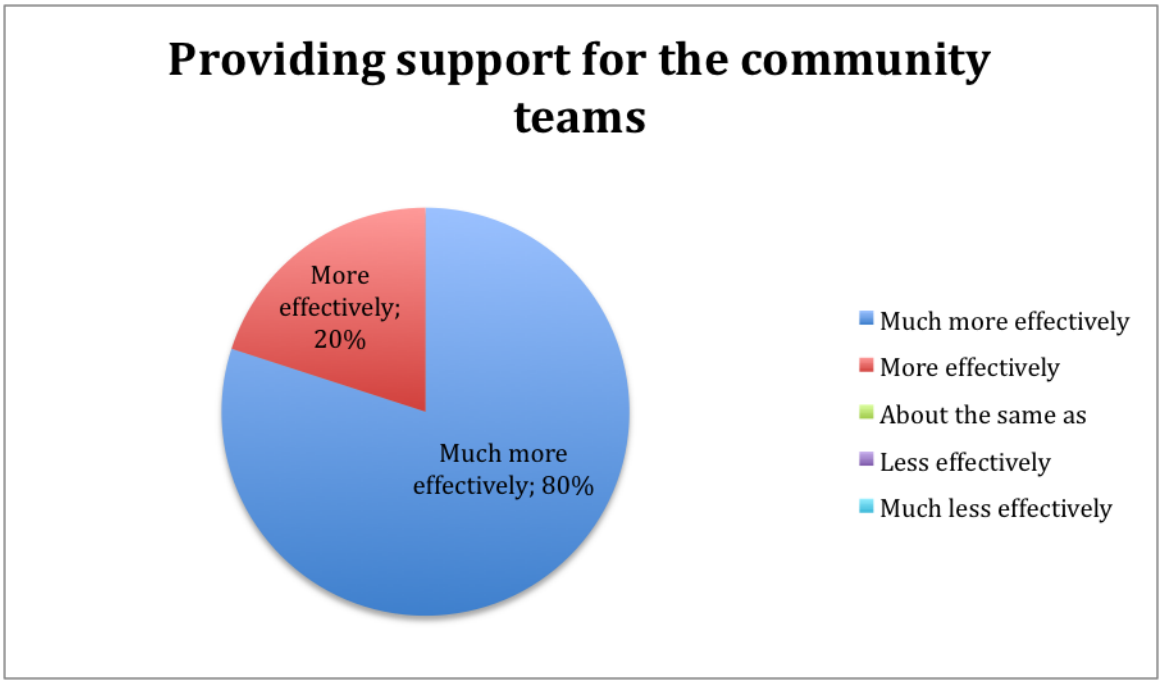


Chart 6 – Question 10. a) Compared to the traditional criminal courts, how do you think the VIC meets the following health care objectives: providing support for the community teams.

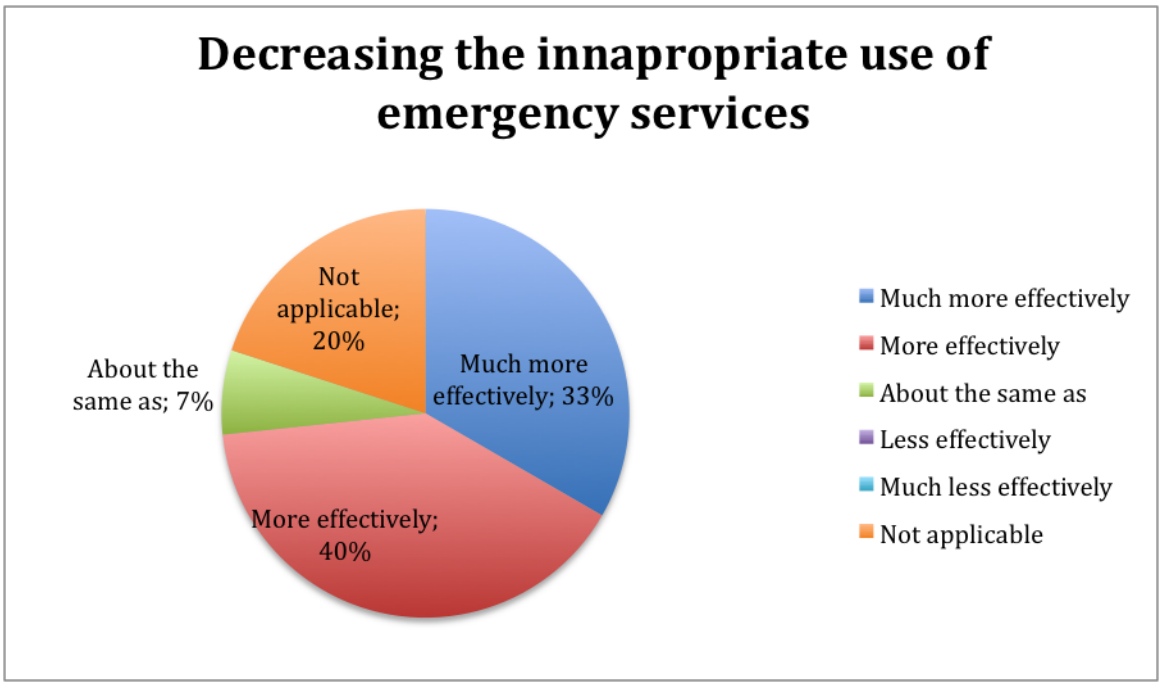


Chart 7 – Question 10. b) Compared to the traditional criminal courts, how do you think the VIC meets the following health care objective: decreasing the inappropriate use of emergency services.

Victoria Police Department and Island Health

In addition to the data collected in the interviews, we note the following additional information from the Victoria Police Department (VicPD) and from Island Health, which suggests that the VIC is meeting its goals of reduced recidivism, reduced antisocial behavior and more effective sentencing. One of the VIC's goals is to decrease the inappropriate use of emergency services, which includes reduced police contacts. Statistics from VicPD show a decrease of 61.60 calls for VICOT clients per month after admission to the VICOT team (Vancouver Island Health Authority, 2012). This averages to "almost one call to police less per client per month," making a total reduction of slightly more than 800 police contacts per year (Vancouver Island Health Authority, 2012).

There are several reasons why contacts with police would drop once a client is managed by the VICOT team:

- The client secures housing;
- The client attends drug or alcohol treatment or learns harm reduction strategies;
- Mentally ill clients are given proper medication on a daily basis from team members; and
- The client is in daily contact with the VICOT team (Vancouver Island Health Authority, 2012).

These factors reduce stress on the offender while adding significant structure and stability to his or her lifestyle. Regular contact with the team means offenders are more likely to get help or support in a timely way. As such, many situations that could otherwise result in police contact either do not arise in the first place or are more easily managed if they do. It is interesting to note that occasionally, a client's interactions with police will increase after they first become involved with the VICOT team. This happens for two reasons. First, once they feel connected to the team and the community, they are more likely to report crimes that they witness (Vancouver Island Health Authority, 2012). Second, clients often struggle while making the transition to a new lifestyle. They may, for example, have difficulty following the rules of a residential setting after having lived on the streets for many years.

Charts 6 and 7 above support the conclusion that VIC is perceived to be:

a. Supporting the community teams much more effectively than the traditional court system; and
b. Decreasing the inappropriate use of emergency services somewhere between more effectively and much more effectively than the traditional court system.

The interviews support the conclusion that the VIC model supports the community teams by creating efficiencies for them. Participants were highly appreciative of the fact that VIC schedules a dedicated day and time for sittings. Such fixed and predictable scheduling is especially important for the efficiency of ACT teams. It means they can spend less time waiting to participate in the court process and more time doing productive work in the community. One VIC Professional said that "previously to the integrated court we were constantly attending the court house, sitting and waiting with individuals to provide support, and helping them navigate the legal system". Other interviewees said that the fixed court schedule frees more time for the VICOT probation officer to be out on the street working.

A major theme emerging on the issue of efficiency for the teams is the importance of having consistency and continuity of court professionals. Many participants felt that one of the main strengths of the court lies in having designated Crown counsel and judges as well as consistent defence counsel and team members. As one VIC professional stated, "I think having the same people in the room week after week is very helpful. It allows for continuity and I think that continuity is very important because these people see the court as a source of support". Some participants suggested that designated staff can be more efficient because they are more likely to be familiar with the client and their history. "Usually people come back several times so there's familiarity with the offenders. We save a lot of time by not having to go over the background of someone that the judges and prosecutor are familiar with" (VIC Professional). Another participant stated that "the judges and the Crown counsel have a specific background and understanding of these particular clients. They get to know the individual. I think the better you know a person the better that the court can fashion an appropriate response. Having a dedicated Crown counsel and judge means that people don't need to get up to speed".

A few participants highlighted the importance of having the "highest quality people involved in the court in order to make it work" (VIC Professional). By "highest quality people" the interviewer understood it to mean professionals who are regarded for their experience, knowledge and skill. It is important to have professionals who buy into the mandate, values and methods of the model. It is also helpful if the judge brings extensive experience in the role. "There is something to be said about ensuring that we put our best judicial resources in this court. It's no coincidence that the judges who are there are the judges who are compassionate and energetic...because it's a hard court. They have to have the energy; they still have to have their commitment. You need to have someone who still cares about the operation of the court" (VIC Professional).

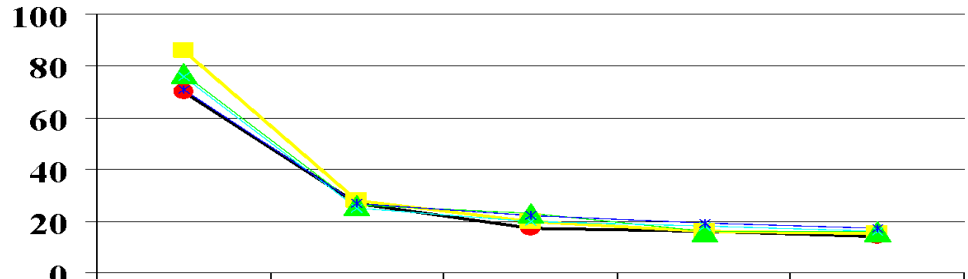
Many participants felt that integrated court provides the teams with more support in meeting their health objectives than traditional court processes. As one VIC Professional explained, working together with the court gives the teams additional tools. "I think the court absolutely provides more support for the teams. The reason it does is because the teams have a consequence for [the offenders'] bad behaviour. They can say, for example 'you have to take your meds today or you will be breaching your court order and you'll have to go back in front of the judge and explain to the judge why you aren't taking your meds'. So it does give them quite a bit more support". The court's ability to impose conditions to assist with offender compliance was raised a number of times throughout the interview process. For example, one VIC Professional stated that court ordered conditions ensure that offenders "follow through with the recommendations of their medical treating professionals. So it actually becomes a breach of probation if they go off their meds or stop doing what their [team] tells them to do".

Many participants referred to the function of the court as an added incentive or motivator for good behaviour. As one participant stated, "I see the court as being a carrot and a stick, a motivator for good behaviour...for effort towards good behaviour. I think that really helps because there is a consequence. There is a consequence for behaviour. And the health care providers can use that to motivate people into compliance". Others described the court as a "hammer". "The court is a bit of a hammer, an extra tool in [the team's] tool kit to get the clients cooperation where they might not have otherwise". Another VIC Professional expressed that the court "gives immediate consequence if the person decides they are no longer going to cooperate with the team, so it's just one added hammer or incentive for people to cooperate".

In addition to the data collected in the interviews, there is additional information that from Ontario and BC which goes more generally to the effectiveness of integrated courts and impacts on use of community services.

Ontario ACT Teams: Outcomes and Bed Day Reductions

Ontario has more ACT teams than any other province in Canada, with approximately 80 teams as of 2012. Ontario ACT teams have seen significant bed day reductions amongst ACT clients based on statistics from pre-admission and post-admission to an ACT team. The following chart represents the comparison of average hospital bed day reduction results from one year pre-admission to an ACT team, followed by the first four years post-admission to an ACT team (Musgrave, 2012a).



	1 Year Pre-ACT	Year 1	Year 2	Year 3	Year 4
2001-02	70	27	17	16	14
2002-03	86	28	20	16	15
2003-04	77	26	23	16	16
2004-05	76	25	20	18	16
2005-06	71	27	22	19	17

Figure 1. Ontario: Comparison of Average Hospital Bed Day Reduction Results (Musgrave, 2012).

This chart demonstrates the sharp decline of hospital bed days utilized once clients are admitted to an ACT team. The next chart compares the value of individual ACT client's reduced hospital bed utilization, based on one year pre-admission and the following four years post-admission to an ACT team.

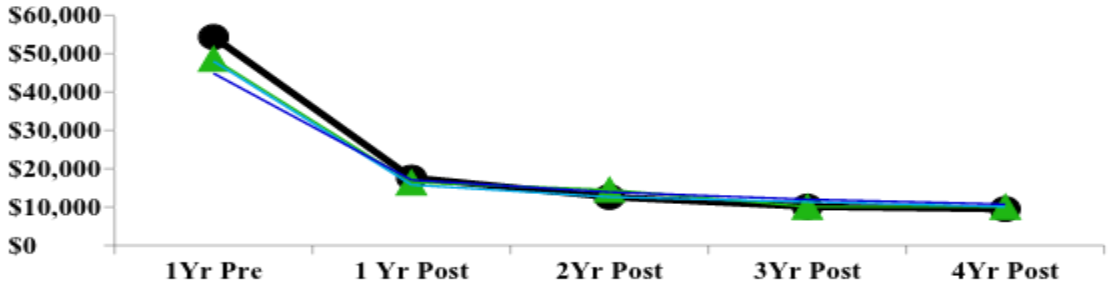


Figure 2. Ontario: Comparing the Value of an Individual ACT Client's Reduced Hospital Bed Utilization (Musgrave, 2012).

Based on the data provided in this chart, it is evident that admission to an ACT team significantly reduces hospital bed utilization amongst ACT clients in Ontario. The cost-savings that follow from a reduction of hospital bed days is also important to note, and shows how ACT teams provide cost-savings from a healthcare perspective.

Seven Oaks Act Team Hospital Bed Utilization and Cost Avoidance

The experience of the Seven Oaks Act Team, in Saanich BC, illustrates how ACT teams can decrease hospital bed utilization among clients, which leads to significant cost savings and cost avoidances in the health care system in Victoria. The following charts represent the hospital bed utilization for individuals as well as the hospital costs and costs avoidances pre and post-admission to the Seven Oaks Act Team.

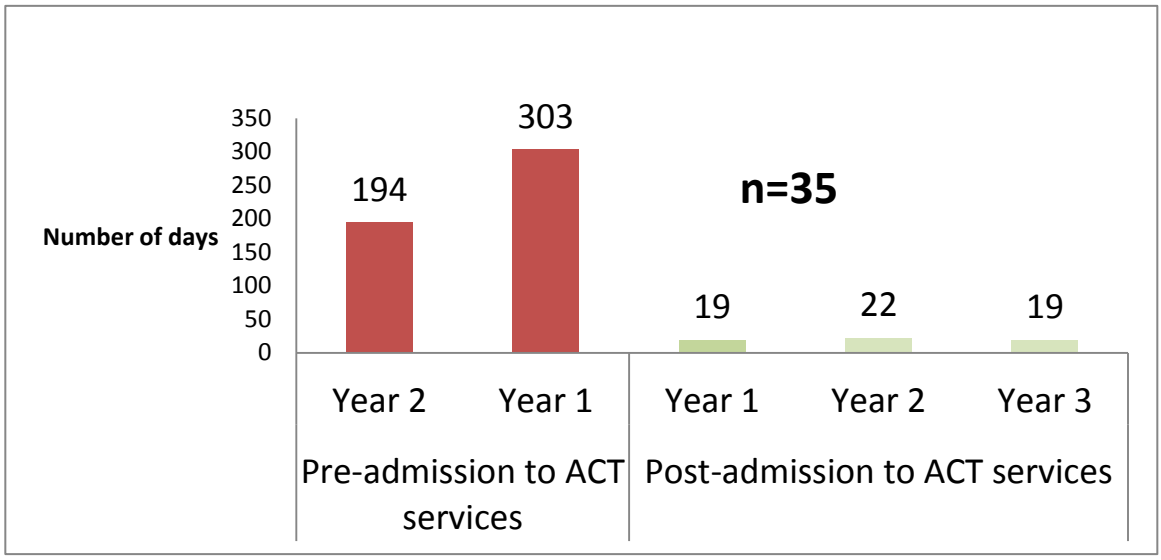


Figure 3. Seven Oaks ACT Team: Pre and Post Acute Care Bed Utilization (Musgrave, 2012).

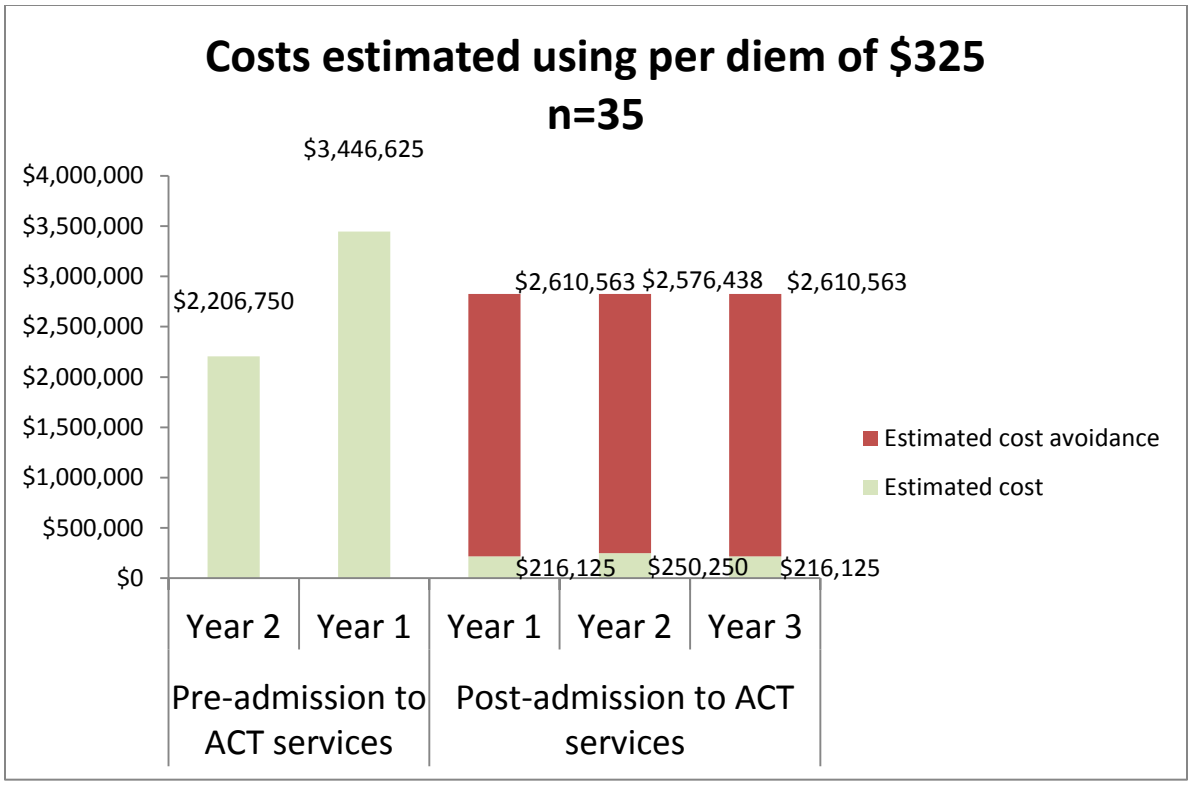


Figure 4. Seven Oaks ACT Team: Pre and Post Hospital Costs and Cost Avoidances (Musgrave, 2012).

The Seven Oaks Act Team saw a decline of hospital bed utilization post-admission to the team, as well as the corresponding cost savings and cost avoidances due to clients spending significantly less time in hospital.

Are VIC Resources being used as effectively as possible?

The following two charts depict participant responses to questions relating to the VIC's use of court time and court resources, as well as health care time and resources, compared to the traditional criminal courts. For justice and health resources, most participant responses indicate that the VIC is using both types of resources either "more effectively" or "much more effectively" than the traditional justice system.

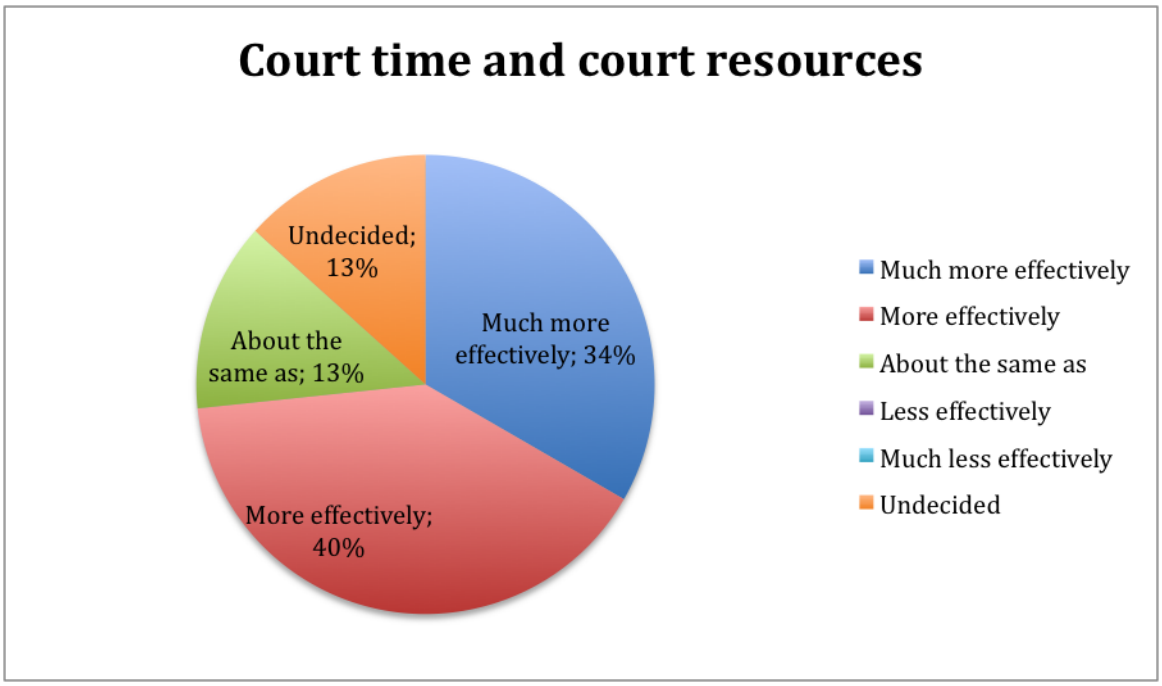


Chart 8 – Question 12. a) Compared to the traditional criminal courts, how do you think the VIC model uses court time and court resources?

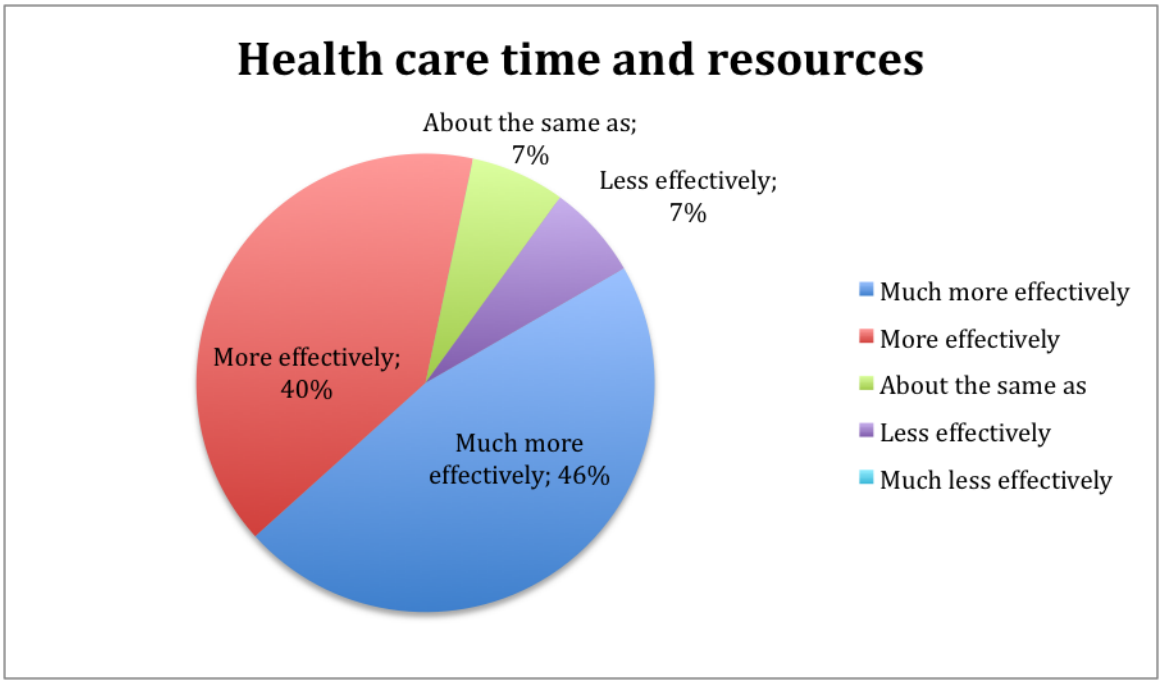


Chart 9 – Question 12. b) Compared to the traditional criminal courts, how do you think the VIC model uses health care time and resources?

Charts 8 and 9 present a clear picture – respondents strongly believe that the VIC is currently meeting certain goals, and using healthcare time and resources, as well as court time and court resources, more effectively than the traditional criminal court system. These findings are also consistent with previous VIC assessments, such as the R.A. Malatest & Associates study of the VIC conducted in 2011. These findings are also consistent with the internal Victoria Integrated Court Reports. This study, the Malatest Report, and the internal VIC Reports all identify benefits of this model such as including consistency, collaboration, and service integration.

The interview findings reflected in Charts 8 and 9 disclose that the views of the VIC Professionals are that the VIC uses court time and resources and health care time and resources either more effectively (40%) or much more effectively (34% and 46% respectively) than the traditional court process. The interviewees above make this point by referring to the efficiency gained:

- By virtue of scheduling fixed days for appearances;
- By dealing consistently with the same professionals;
- By the unique amount, depth and timeliness of information sharing made possible between disciplines; and
- By virtue of having the court available as a negative consequence when offenders fail to adhere to a plan.

An additional theme emerging from the participant interviews on the question of effectiveness is the VIC's client-centered approach. By "client-centered" it is meant not applying a standard response to every offender but customizing the plan or response to accommodate the unique needs of each offender. Several participants stated that this flexibility

is needed as there is no one-size-fits-all approach that is appropriate for every client, "what we've discovered is that there isn't one model that fits everybody" (VIC Professional). It also implies accommodating the process more to the needs of the client. As one participant also explained, the VIC model focuses on "looking at the person as a whole and not just the actual offense". By taking a broader, more holistic approach VIC Professionals are "looking at and exploring the root of the offence and the root cause that led to it" (VIC Professional). Additionally, the court is able to learn about each individual and to care about their needs - "they get to know them through these regular reviews and I think that a lot of individuals they pick that up … you see those relationships develop" (VIC Professional). That is, the model allows the professionals to get to know the individual repeat offenders in depth and this supports a deeper understanding of the offender, which translates into more nuanced and effective planning.

What came through in many of the interviews is that the involvement of the ACT teams is seen not only as useful for the teams but also as being pivotal for the court. Having the ACT teams is helpful for the court as it allows the court to work more efficiently and effectively (VIC Professional). By having the ACT teams work with clients on a frequent basis, sometimes on an almost daily basis, the ACT staff is able to come to court and provide detailed, relevant information that assists the judge in making appropriate and effective dispositions. Community teams were described as the 'eyes and ears' of the community, "to be able to watch for [the offender] sliding into what would likely be their crime cycle – often because of failure to take medication … and illicit drug use and that sort of thing and they're going to see it" (VIC Professional). By making this knowledge readily available, the VIC model gives the judge better information to work with.

These comments support the notion that the VIC is more effective than the traditional approach, but it is a slightly different question to ask, is it as effective as possible? This study can only respond in a very limited way to this question by noting that the interviewees made some observations about things that they feel would make the court more effective. These include:

- Increased community involvement, public awareness and support;
- Improved public perception of the courts; and
- Additional resources.

Many participants recommended greater community involvement and increased public awareness of the court. One participant stated, "I think it would be helpful if people knew more about what the VIC does and then the community would be more engaged with what it's trying to accomplish. I think there would be tremendous community support for VIC if people knew more about what the VIC was doing". Some participants believe that enhanced public knowledge about the integrated court could lead to additional community work service opportunities for offenders. As one participant stated, "I'm not sure how much the broader community knows about integrated court and what goes on here because I think there would be a great deal of support and that may lead to other options in terms of community work service and involvement. One of the important parts of integrated court is trying to give the person a sense of community because often they've never had that. One of the most effective ways we can do that is through community work service. So I think if the community was aware of what the VIC does and aware of the ability of the community to be involved, as I said through offering community work service spots, I think that's something that would have a huge benefit". Another participant described the importance of community work service; "we need to have

opportunities that are outside of their [the offender's] normal daily existence so they're coming into contact with more regular members of community and feel more part of that wider community rather than just the community of homeless, drug-addicted, impoverished that they often are so we felt that that was important".

One VIC Professional suggested educational tours of the court to increase public awareness; "I think it would be useful to have a high school law program or a justice education program to come and view [the VIC] along with the regular system so that they can see a clear contrast of how it normally happens. I think the more people that are educated about it the more support it would get in the community". Community Corrections was mentioned as one of the participants that could take a role in engaging the broader community. Participants also said that having more ACT teams in the community would be beneficial for the VIC specifically and also in terms of gaining broader community participation. Continuing to find opportunities for clients to do community work service was stated as one of the VIC's longstanding goals by one VIC Professional.

The issue of resources was raised often, usually in connection with service-related challenges that impact the VIC's operations. It should be noted that while participants highlighted several resource related challenges, they did so with the belief that the court is doing the best it can within its existing resources. The VIC has faced certain challenges from the outset including, for example, "the lack of secure psychiatric facilities on the Island or anywhere in British Columbia for that matter, the lack of women's correctional facilities which has caused all kinds of problems … and the extreme shortage of residential treatment facilities" (VIC Professional).

Perception of the Court

Several participants explained that the perception of the VIC can at times be a challenge. One participant mentioned that the public needs to know that the VIC "isn't just a court where you send mentally ill people with drug addictions and they don't go to jail. There seems to be a popular misconception that if you're in integrated court, you won't go to jail. Some of the offender population even believes that, which is not true" (VIC Professional). One downside of the model is that people see what "appears to be a lenient sentence so you can see that there is a potential for a perception of unequal justice, if you're special needs enough the court will go easy on you, I mean it makes sense because it goes to the level of blame worthiness" (VIC Professional). Another participant stated that some people think the VIC is a 'get out of jail free' court, it is not. People go to jail all the time and usually what ends up happening is we place them on heavy duty probation so many times it's much more stringent than if they had gone [through] the regular stream". Increasing awareness of the VIC could help to address the challenges of the perception of the court. The VIC Client mentioned that the court is "set up to take it easy on people, so they get a lesser sentence and they get these conditions". "It's probably better for these people, because most people that are there are drug addicts and homeless and stuff like that and they would all be doing serious time if it wasn't for the integrated court, it seems to be more lenient, to most people" (VIC Client). Although it is not possible to generalize from our small sample size for VIC Clientele, there could be a perception amongst the offender population that the VIC is designed to be a more lenient court than the traditional court.

Should the VIC model be replicated elsewhere in BC and if so, what would be required?

All fifteen justice system participants expressed support for replication of VIC-style integrated models elsewhere in British Columbia. When asked what would be required for successful replication of the model elsewhere in the province, participants first pointed to the need to have established community teams, such as ACT, to provide intensive supervision in the community. "The key to all of this is having the ACT teams. It's absolutely critical to integrated court working and working efficiently and effectively" (VIC Professional). "You would have to have ACT teams. This would not work without those teams in the community and the individuals who are working in that role of dealing with the individuals on almost day-to-day basis and are able to come to the court and provide that information. Because it's pointless of a judge to make a probation order that envisions someone in the community monitoring and assisting the individual when that individual isn't available" (VIC Professional). Another participant stated that "[replication] would depend entirely on whether the community itself has a mental health outreach team because it's an essential element".

Participants were also very clear that the existence in the community of sufficient services, service providers and resources such as treatment facilities, should be considered a prerequisite to any attempt to replicate the integrated court model in another community. Although all of the participants were in favour of replication, some stressed the importance of identifying the need in the community and the available resources prior to developing and implementing strategies. The success of a strategy is often dependent on adequate resourcing. Problem-solving courts in particular will only be effective if adequate treatment and services are available in the community. In order for courts to address mental health and addition problems, for example, it is necessary to have access to integrated services (Wiener & Brank, 2013).

Generally, any of the components identified in response to the question "what is essential to maximize the overall effectiveness of the model?" should be either available or attainable within the community. Other less tangible but equally important factors for successful replication in a different community are suggested by the literature. These include:

- There is a need to develop a clear and communicable vision that articulates the place of the model in the given community and the role of all stakeholders participating in the model;
- There must be a thorough understanding of all aspects of the operation of the model and a commitment to and enthusiasm for the values, principles and goals that would guide its design and operation;
- Strong leadership is essential. Judicial support and leadership is essential but not sufficient for the success of projects such as this. Leadership must also come from other sources as well - for example, health and other ministries, the police, and the community; and

While the design of the model in a different community should draw heavily upon what has been learned in Victoria, it should not be assumed that the model would be identical. The model should accommodate its particular context and be customized to respond to the unique problems, strengths, needs and resources of each community. "I think efforts should be made to replicate the model elsewhere in BC. But a real keen attention needs to be paid to the particular community it is going into and the particular need of that community and the people who would be in the court. It's not one size fits all. It has to be crafted towards exactly what are the community issues and resources that are going to be used in the model. If a community does not have the resources then you're not going to get out of the starting gates" (VIC Professional).

Many participants stressed the importance of including all necessary stakeholders in the development of an integrated court model; “when you’re developing a court like this all the parties have to be invited early on. All of the appropriate agencies that interact with the court should be present in the design of that court and the ongoing use of it” (VIC Professional). Another participant stated that “it’s important not to leave one of the stakeholders out. You couldn’t go into it, for instance, if you didn’t have the cooperation of defence counsel, if you don’t have duty counsel on board you aren’t going to be effective here. Same thing with Community Corrections, if you tried to implement this in a community somewhere where you didn’t have community corrections it would be difficult to ensure community supervision”. Involving a diverse group of stakeholders in the decision making process can allow for the development of various options and informed practices but also has the added benefit of increasing support.

Recommendations

On the basis of the literature search, previous studies and the findings of this study, recommendations will be made respecting the following questions:

1. What is the effectiveness/value of the model from the perspective of healthcare providers, and is VIC a healthcare model that the criminal justice system should support?
2. What are the essential components of the justice system that are required to maximize the overall effectiveness of the model?
3. Can and should this model be replicated elsewhere in British Columbia and if so, what would be required?

Recommendations will also be made with respect to:

1. Possible procedural and operational issues; and
2. Future research.

1. What is the effectiveness/value of the model from the perspective of healthcare providers, and is VIC a healthcare model that the criminal justice system should support?

As a general observation, there was overwhelming support from the interview participants for the VIC model. This aligns with the fundamental support found in the literature for similar courts elsewhere and for the value of integrated and coordinated services as an effective approach, from both a health care and a justice perspective. As detailed earlier in this report, the benefits to the health care system range from significantly more efficient use of staff time spent in the justice system – that is, fewer attendances and less waiting for court process – through to an overall reduction in health care services and costs, as well as improved health outcomes for a very challenging cohort of clients.

Recommendation #1: *The justice system should continue to support the Victoria Integrated Court as a healthcare model.*

The benefits of the VIC model do not flow only to health. The following benefits, as discussed earlier in this report, flow to the justice system:

- Reduced recidivism;
- Reduced street crime;
- Reduced offender contacts with the police;
- Reduced use of emergency services;
- Reduced antisocial behaviour in the Victoria community; and
- Public support (the Victoria Downtown Business Association) for the benefits of the program.

Recommendation #2: *It is recommended that the justice system should continue to support the Victoria Integrated Court as a criminal justice model*

2. What are the essential components of the justice system that are required to maximize the overall effectiveness of the model?

The following aspects of the way that criminal justice is administered within the VIC are essential to maximizing the impact of the model for both health and justice:

- Fixed day and time every week for VIC appearances;
- Presence of integrated services;
- Same judge to sit and same Crown counsel to appear consistently in VIC;
- Defence counsel to represent the accused;

- Maintain the central and productive role of the JJ;
- Weekly multidisciplinary meetings in person;
- Strong partnership with community teams and police;
- Intensive community supervision;
- Oral reports with up-to-date information from community team workers and the VICOT Probation Officer;
- Unique VIC conditions such as curfew and frequent review hearings; and
- Focused and coordinated cross-disciplinary team attention on one offender at a time.

Recommendation #3: *It is recommended that the justice system should retain the administrative features of the VIC as outlined above.*

Concerns were expressed by participants respecting a few administrative and operational features of the VIC. For example, a number of participants expressed concern that the limited amount of time dedicated to VIC matters was impacting the court's effectiveness: "I think the limited amount of time we have for integrated court means we are reducing the effectiveness of what happens in the courtroom…Devoting more time to it has better results" (VIC Professional). Others expressed the concern that the court is sometimes forced to rush through matters, "we are working with increasingly longer lists and trying to cram them into the same time frame, so we aren't giving each person the time that they disserve before the court…I think it should be a full day". One participant stated, "…when you're increasing quantity you're sacrificing quality because you don't have the time to spend with people to make that engagement important".

On the other hand, some participants noted that increasing the amount of time dedicated to VIC matters could impact the teams; "I would be very hesitant to increase the time because

again that means the ACT team members have to spend a whole day in court so they aren't in the community doing their most important work". One participant suggested moving the team consultation hour to Monday afternoon in order to allow more time on Tuesdays to go through the court list. Any move to extend the VIC sitting time or to expand the time spent by staff would potentially have problematic resource implications that would need to be considered.

Recommendation #4: *Insofar as the detailed analysis that informs planning and sentencing in the VIC is a function, at least in part, of the time that cross-disciplinary team members expend to deal with each case, it is recommended that the VIC review the level of demand made on its people and its resources, and that it be prepared to either increase resources or lower the case load if necessary to preserve the effectiveness of the program.*

Participants also spoke to the possibility that the program make more use of positive reinforcement with the clientele. A few participants recommended that the court explore ways to recognize achievements. As one participant stated, "I don't know that there is enough positive reminders in these people's lives. Positive reinforcement seems to have a huge impact, not only on that person but the other people watching". One participant suggested, "a small laminated card with some positive affirmation or statement on it could be given as a reward. Because it would give them something they could see and they would remember 'yes I did well and that day the judge gave me this'. And I think that could be something that is very positive". The use of rewards is supported in the literature and is a feature of many problem-solving courts around North America. Public acknowledgement and formal recognition is perceived as a social reward and can motivate and influence client behavior. This is a constructive feature that could be added to the work of the court without incurring any significant new cost.

Recommendation #5: *It is recommended that the VIC explore additional ways to give positive recognition to successful clients and formal acknowledgement of their achievements.*

3. Can and should this model be replicated elsewhere in BC and if so, what would be required?

The literature review discloses that other jurisdictions are electing to increase their reliance upon the problem-solving court model and the number of such courts is steadily increasing across North America. In fact, many interview participants felt that the values and principles behind the integrated approach could and should be utilized more broadly in all criminal courts. One participant said "not only should we support it, I think the model should be used as a basic model in any criminal court in the province. A therapeutic and problem-solving approach to justice should be a given. How you adapt it and implement it to meet local needs and local conditions and abilities to support it is one thing but I think the principles should be there for everyone".

Serious consideration has been given to qualifying the recommendation for replication of the VIC model. It can be argued that, notwithstanding the apparent effectiveness of the VIC and similar models, our understanding of the model is not yet comprehensive enough to warrant support for replication. In fact, recommendation #10 - a call for more quantitative, empirical research – recognizes the need to learn more about this model. As such, a more cautious approach might be to defer on the question of replication pending further research or to take one step back and limit the recommendation to an endorsement of only the principles underlying the VIC model. However, the decision to go further and support replication of the model is based on the following considerations:

- What we do know about the VIC model suggests that its rationale is sound and that it is meeting its goals;
- A growing number of jurisdictions, with essentially no more evidence than BC has, are expressing confidence in similar models by spending their scarce dollars on similar programs;
- As noted earlier, regardless of how desirable it may be, the justice system is not well equipped to conduct empirical research of the kind called for. It has an extremely limited capacity to describe, measure or explain the justice system empirically. Furthermore, it has little or no money to spend on developing that capacity; and
- There is a broad consensus across the system that the traditional criminal justice model is both ineffective and inefficient in dealing with the cohort served by the VIC. As such, it seems counterintuitive to postpone support for a new model where existing evidence suggests it is working, while continuing to support an old model where existing evidence suggests it is not working.

To the extent that recommendation #6 is arguable may properly go to the weight it is given.

Recommendation #6: *It is recommended that the VIC model be replicated elsewhere in British Columbia while allowing room for modification to be responsive to the particular needs of a community.*

In some respects, how the model is planned and implemented is as important as what the model looks like. A collaborative, consultative and transparent approach should be taken to the design, implementation and operation of the model. The model should be designed with the active participation of all stakeholders who will ultimately have a hand in making it operational.

While this approach will likely slow the design and implementation phase, it will help to ensure that as many potential problems as possible have been anticipated. Perhaps more importantly, it will mean that all stakeholders will be familiar with and accept the model from the start.

Recommendation #7: *Assuming the requisite resources, which include a local community team to provide intensive community supervision and adequate treatment resources, it is recommended that:*

- *Replication only be undertaken in communities where there is deep understanding and commitment across the stakeholder group, where the vision is clearly articulated and where there is strong leadership from all sectors;*
- *The design and implementation process actively engage all stakeholders who will ultimately have a hand in the operation of the model; and*
- *The actual program design should draw heavily on the VIC model but with room to modify and adapt to accommodate the unique strengths and needs of each community.*

It should be noted that a number of participants suggested variations on the existing integrated model that might target different social groups. Some felt that the VIC could be expanded in order to address different, yet still significant unmet needs in the Victoria community. As one participant observed, "currently there are a lot of people who are not eligible for integrated court who would benefit from the model". An example of a group that could potentially benefit from the VIC model are the individuals who are managed by the new, integrated 713 Outreach team in Victoria. The 713 Outreach Team is comprised of a blend Island Health and AIDS Vancouver Island staff and assists clients with addiction and homelessness issues whose needs are not currently being met by existing case-management

services (Island Health, 2013). The team assists clients with accessing services such as income assistance and housing, as well as teaching life skills. The team is comprised of community outreach staff, nurses, social workers, and one doctor who do the majority of their work in the community (B. Edwards, personal communication, November 7, 2014).

Some participants suggested "another court like integrated court that catches that next group of offenders who are not seriously ill enough to qualify to be on the ACT teams". It became apparent throughout the interviews that there is a large number of people in the Victoria community who do not qualify for the VIC but are still in need of support. This particular issue is outside the scope of the research questions undertaken by the study but it is recorded insofar as it might be considered as an option under the general heading of replicability.

4. Possible procedural and operational changes

The findings show that having the weight of judicial authority behind treatment plans is highly valued by healthcare workers. At the same time, there is a risk, in some cases, that this authority can play out in a way that jeopardizes the health care worker's therapeutic relationship with the client. Specifically, tensions can arise when a healthcare worker relies upon or invokes the authority of the court in his or her dealings with the offender. As one healthcare worker put it, "[we are] trying to assist these offenders but sometimes [we] can be put in the position of being the judge and demanding certain things from them". This concern takes another form when considerations of preserving the therapeutic relationship make some healthcare workers uncomfortable about speaking about their client in open court. The VIC Client described concerns with the ACT teams speaking on their behalf: "each time I went to court, they had

people from the downtown ACT team and they would speak every time I went to court and I didn't feel as [though] they were on my side" (VIC Client).

At the same time, this point should not be overstated. Other participants said that the court did understand and support the need for healthcare workers to maintain therapeutic relationships with their clients, "healthcare providers are trying to maintain a positive therapeutic relationship with the people they're dealing with, and at the same time they need to have individuals change their behaviour or stop certain behaviours, and for them to intervene about that may cause a risk to the therapeutic relationship. When they have a judge do it then they can maintain the positive therapeutic relationship and at the same time still get the promotion of different or better behaviour" (VIC Professional). The need for healthcare providers to maintain their therapeutic relationship with clients was a common theme throughout the interviews. Whether or not this relationship is being jeopardized in any way through the VIC remains a divided issue among participants.

Recommendation #8: *It is recommended that the VIC explore the question of how best to maintain the therapeutic relationship between clients and healthcare providers and to develop responses for staff when there is a perception that the therapeutic relationship has been jeopardized.*

The findings show that there is a concern amongst staff that there is some misunderstanding in the general public about the goals, objectives, and operation of the VIC. On a related point, findings also suggest that participants would like to see increased public support and awareness for the VIC. Participants stated that if the public knew what the goals of the VIC were and what it is trying to accomplish, that people may be more supportive of the court and its

functions. Increasing public awareness and support for the court would not need to be resource intensive. Encouraging public observation or educational field trips, for example, could be a cost effective way in which to raise public awareness and mitigate potential misconceptions about the court.

Recommendation #9: *It is recommended that through public education or otherwise, the VIC explore ways to increase public awareness of the court.*

5. Future Research

As one participant stated, "I think if you're going to learn from the Victoria experience that research is really critical because if you are going to do it, do it once and do it right". Many participants expressed appreciation for the research being conducted and agreed that on-going monitoring and evaluation of the VIC and other specialized court models is important.

It is important that all initiatives, whether new or existing, be subject to ongoing monitoring for effectiveness and performance measurement. The lessons learned from ongoing oversight could then be used to make adjustments to existing programs, to inform future justice initiatives, and to decide the allocation of funding and resources (Slinger & Roesch, 2010). Empirically-based program evaluation in addition to descriptive, qualitative research would provide useful information for justice system decision makers respecting the promise of integrated courts.

Future assessment of the VIC model would benefit from a comparative analysis between professionals working in the traditional justice system and professionals working in the VIC. Conducting a comparative analysis could provide further insight into the similarities and differences between the two processes, potential benefits and limitations of the VIC model, as

well as the perceived value of an integrated model from the perspectives of professionals in both the traditional justice system and the VIC.

As previously mentioned, future evaluations of the VIC should attempt to include the offender population. Given the hard-to-reach nature of this population, consideration should be given to alternative methods of accessing and engaging the offender population. Future studies may benefit from providing incentives for participation, such pre-paid coffee cards. Although there are ethical concerns regarding the use of incentives, given the challenge of recruiting this particular population, it could be argued that the benefits of inclusion outweigh the potential ethical implications. Alternatively, future studies could consider alternative methods of accessing client data. This could include, for example, having ACT collect applicable research data during their intake process.

Finally, in order to adequately measure outcomes for offenders with complex needs such as mental illness, addiction, and homelessness, it is essential that the justice system begin to track meaningful data for this cohort. Potential areas of data collection could include such things as:

- The presence of a mental illness or dual diagnosis;
- Brain injury;
- Compliance with their care plan; and
- Contact with family or support network.

Recommendation #10: *It is recommended that as and when resources permit, to undertake more research, including quantitative empirical research comparing the operation of traditional and integrated courts.*

Conclusion

This assessment was completed on behalf of the OCJ and the MoJ based on their request for more evidence of the value and effectiveness of the VIC program. The report focused on measuring the extent to which the court is reaching its stated goals, to identify strengths and weaknesses of the VIC model, and to contribute to a broader understanding of the VIC's integrated use of justice, health, and social services. To answer the primary research question and sub-questions, the study built on existing reports such as the Victoria Integrated Court annual reports, an exploratory report of the VIC conducted by R.A. Malatest & Associates in 2011, studies by the Ministry of Health, an extensive literature review, as well as sixteen in-depth interviews with fifteen VIC professionals and one VIC client. The research and findings in this report are consistent with existing literature on problem-solving courts. The findings demonstrate high levels of support from participants for the VIC model. The findings support the conclusion that the VIC is achieving its stated goals, while using healthcare time and resources, and court time and court resources, more effectively than the traditional criminal court system. Findings also demonstrate that, provided that certain criteria are met, there is wide support for replication or expansion of the model. Based on the findings, it is recommended that the justice system continue to support the VIC as a healthcare and justice model and consider replicating the VIC model elsewhere in British Columbia. It is recommended that future studies of the VIC model attempt to include the offender population.

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Appendix A: List of Interview Questions For Professionals

This document represents the working version of the questions that were used for the professionals working in the VIC; that is judges, judicial justices, Crown counsel, defence counsel, probation officers, police, corrections, ACT team workers, VICOT workers, CRT workers, Native court workers and forensics.

BACKGROUND

1. What is the primary role of your agency / group in the VIC?
2. What is your job title and role in the VIC?
3. How long have you been working in the VIC program?
4. How much time do you spend per week on VIC related work?
5. Instruct participant: For this question, we will be using a scale from 1-5 to measure your response. The scale is as follows: 1. Not Familiar, 2. Somewhat Familiar, 3. Reasonably Familiar, 4. Familiar, 5. Very Familiar

   How familiar are you with the goals, objectives and operation of the VIC?
6. Instruct participant: For this question, we will be using a scale from 1-5 to measure your response. The scale is as follows: 1. Not Familiar, 2. Somewhat Familiar, 3. Reasonably Familiar, 4. Familiar, 5. Very Familiar

   How familiar are you with the goals, objectives and operation of the traditional criminal courts?

MAIN INTERVIEW QUESTIONS

Effectiveness - Criminal justice substantive objectives

7. Instruct participant: For this question, we will be using a scale from 1-5 to measure your response. The scale is as follows: 1. Much more effectively, 2. More effectively, 3. About the same as, 4. Less effectively or 5. Much less effectively

   Compared to the traditional criminal courts, how do you think VIC is meeting the following goals:

   a. Increasing public safety by decreasing recidivism for substantive offences
   b. reducing harmful antisocial behaviour in the community,
   c. producing more effective sentencing through integrated case planning and intensive community supervision

8. What operational elements of the VIC Model do you think contribute most effectively to meeting these criminal justice objectives?
9. What operational elements of the VIC Model do you think contribute least effectively effective in meeting these criminal justice objectives?

Effectiveness – Healthcare substantive objectives

10. Compared to the traditional criminal courts, do you think VIC meets the following health care objectives (1. much more effectively, 2. more effectively, 3. about the same as, 4. less effectively or 5. much less effectively)?

    a. providing support for the community teams, and
    b. decreasing the inappropriate use of emergency services.

11. What health care impacts, if any, do you see participation in the program having on offenders?

Effectiveness – Efficiency and Administration

12. Compared to the traditional criminal courts, do you think VIC model uses:
    a. court time and court resources,
    b. health care time and resources

    (1. much more effectively, 2. more effectively, 3. about the same as, 4. less effectively or 5. much less effectively)?
13. What elements of the VIC Model do you think contribute most effectively to efficiency and to the effective use of
    a. criminal justice resources?
    b. health care resources?
14. What elements of the VIC Model do you think detract from or contribute least effectively to efficiency and to the effective use of
    a. criminal justice resources?
    b. health care resources?

Overall Value and Utility of the Model

15. What is the effectiveness/value of the model from the perspective of the healthcare providers?
16. What are the main benefits and strengths of the VIC model?
17. What are the main challenges and weaknesses of the VIC model?
18. Is VIC a healthcare model that the criminal justice system should support?
19. Do you think the effectiveness of the VIC model warrants efforts to replicate the model elsewhere in BC? Why or why not?
    a. What are the essential components in the justice system that you see as essential to maximize the overall effectiveness of the model?

b. Can you identify any essential keys to successful implementation?

c. Can you identify any impediments to successful implementation?

20. What changes, if any, would you like to see implemented in the operation of the VIC?
21. What changes, if any, would you like to see in the relationship between your organization and the VIC?
22. What changes, if any, would you like to see in the way the VIC engages with the broader community?
23. Do you have anything else you would like to add?

Appendix B: List of Interview Questions For VIC Clientele

This document represents the working version of the questions that were used for the VIC Clientele group.

1. How did you first become involved with the VIC?
    a. How many times have you been to the VIC?
2. What do you find is different about VIC compared to the traditional court?
    a. What do you like about VIC?
    b. What do you dislike about VIC?
    c. Do you prefer VIC or the traditional court? Why?
3. Can you describe your relationship with your community team?
4. Are you now or have you in the past been connected with any services or supports through the VIC?
    a. What services, when?
    b. What were the impacts or consequences of receiving the services?
    c. What services do you feel have been most useful? Least useful?
5. Have there been any changes to your health since you started participating in VIC?
    a. Impacts on physical health, mental health, substance abuse, alcohol use?
6. Have there been any changes in your lifestyle since you started participating in VIC?
    a. Inquire after any behavioural or lifestyle changes that coincide with participation in VIC
    b. Do you feel the VIC has influenced your behavior and if so how?
7. Are there ways you think the court could be supporting you better?
8. You have anything else you would like to say about your experience at VIC?