A Retrospective Look at Creating Success for Forensic Clients in the Community

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The Presentation:

- Description of the project
- Program context and services
- Data from program
- Application & strategies for service providers
Background and Vision

- Registered housing charity since 1970
- Supported transitional housing programs and community care services
- Adults living with severe and persistent psychiatric illness
- Staffed facilities located in non central communities
- 4 x 24-7 staffed programs, 8-10 beds per program
- 24 Satellite housing beds
Program Services

Intake and Discharge Procedures

Participant Outcome Program Map

Intake Process ➔ Assessment / Skill Development ➔ Discharge Process

HNDS Program Inquiry ➔ HNDS Program Referral Process ➔ Program Admission ➔ Program Involvement ➔ Discharge Planning ➔ Planned Discharge: Program Complete

Consultation and recommendations ➔ HNDS program preconditions made ➔ Connect to appropriate community services

HNDS program preconditions made: Met ➔ High

HNDS program preconditions made: Not met ➔ Low

Review needs, goals and participation

Self Discharge: Program Incomplete
House Next Door Forensic Program

“Forensic Research Context”

- 2 of 4 program houses total of 18 beds each with an emergency respite bed
- Stays of 110 weeks across 42 program houses
- Satellite house for 16 clients plus independent apartments across the street from main program
- Staff: days – 2 fulltime (besides the program director)
  - Evenings – 1 full time
  - Nights – 1 sleep shift
  - Outreach coordinator – 1 (nursing, social work, occupational therapy)
  - Stays approximately 110 weeks across 42 participants
- Student Placements Interdisciplinary
Guiding model - PEO

• Chosen as it could be interpreted & understood by many staff and more importantly the residents

• Constant guiding questions asked:
  • What does the client want & need to do?
  • In what environments does he need to do it?
  • What kinds of practice will he need?
  • What are the environment barriers / personal barriers that may impede success?
  • What are environmental facilitators?
  • What progress is being made?
Reviewed data from over 250 clients from 2004 – 2017 to look at the following:

• Does the chosen model works to support clients & staff & effectively?

• What are the key elements of the program that ensure sustainable success for these clients?

• What strategies are transferable to other programs who work with similar client groups?
Information was obtained from:

- Paper documents (data such as length of stay, community programs, current community status was analyzed)
- Staff records
- Long term & current client reflections
Data Overview - Forensics

Clients
- 40 + clients between residence and outreach
- 32 outreach clients utilize 4500 visits per year
- Length of stay 110 weeks across 42 clients
- Occupancy across programs 99%
- Discharge from primary program outcomes:
  - Satellite housing 29%
  - Shared accommodation 11%
  - Institutional care 26%
  - Congregate housing 9%
  - Interagency transfer 9%
  - Independent 9%
  - Unknown 7%
Keys to success:

- Clients must be supported beyond the program to be successful; lack of stability in mental health means that ongoing community support is critical.

- Access to emergency services (familiar house environment) provides stability & ensures clients retain community housing.

- Clients see environment as familiar & secure even with staff changes – stability of environmental cues is important.

- “… strongly believe that preventing loneliness and creating a sense of belonging are key pieces in maintaining mental well being and community stability” Program manager.
Access to Emergency Bed Use is Key

- Non funded bed
- 24 hour supervision and support
- Client initiated use
- Active crisis intervention
- Parallel support to own housing
- No length of stay restrictions
- Remains a unique feature to HNDS
Services that remain critical:

- Monitoring community living
- Support in accessing services
- Monitoring and management of medication (self, daily or weekly)
- Socialization – within the program to teach specific social skill to be practiced in the community
- Social attachment development
- Educational & Employment support
- Affordable and free recreation options (regularly planned & annual camping)
Lessons Learned

Forensic Clients

- Hard to House cohort so must assume long term responsibilities
- Serious criminal offences during unmanaged illness but virtually no house incidents (2 clients in the last 15 years have returned to hospital)
- Low functioning skill sets so maintenance focus is critical with clear community recreation and low stress employment as possibilities
- High stigma results in avoidance of traditional programs so location of the program & environment is important
Important Strategies

Essentials for success

- Crisis intervention must be provided 24 hours a day for in-house, satellite and independent clients
- Availability of emergency unfunded bed for crisis is essential
- Medication monitoring – even when living on their own
- Individual client centered focus and relationship building preserves connection
- Community liaisons must be dynamic and ongoing
- Close proximity and continual access to main program over time
- Satellite housing options – must be located near main facilities
Thank you for listening! Information or background articles maybe obtained from liz.taylor@ualberta.ca