

# The ONTARIO CORRECTIONAL INSTITUTE & CMHA – PEEL DISCHARGE PLANNER Brampton, Ontario



CANADIAN MENTAL  
HEALTH ASSOCIATION

ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE

## Overcoming Barriers for those deemed High Risk and Hard to Serve

Brad Gill-Tamcsu, Renewal Project Lead, OCI  
Tom Poray, Community Support Worker– CMHA

# OVERCOMING BARRIERS

- The Ontario Correctional Institute – A Unique Correctional Experience
- Application and Admission Criteria
- Assessment Process throughout Treatment Process
- Intensive Treatment Programs and Core Programs
- Multidisciplinary Approach and Case Management
- The OCI Renewal Project and a Photo Tour
- The OCI – CMHA PEEL Collaboration and Discharge Planning
- What Next? The reality of community release for High Risk Offenders.
- YES IN MY BACK YARD!
- Case Study – From Intake to Release

# The Ontario Correctional Institute

## An Unique Correctional Experience

- OCI opened in 1973 as an “Offender Focused” treatment facility dedicated to achieving excellence and international leadership in offender rehabilitation and treatment. It won the ACA Exemplary Offender Program Award in 1997.
- What sets OCI apart from other Correctional Treatment Experiences?
  - a) Correctional Officers carry a case load and act as CASE MANAGERS.
  - b) A community environment is established within the institution enabling Residents to practice treatment strategies and develop personal strengths
  - c) A strength based therapeutic approach – individuals strengths are identified and developed.

# The Unique OCI Treatment Experience

- OCI has an application process:
  - Treatment candidates apply to attend treatment at OCI.
  - Must have the support of their referring Rehab Officer.
  - Must meet the OCI Admission Criteria.

# The Assessment Process Occurs Throughout the Stay at OCI

- **Application Process:** Application packages to attend OCI consists of the following reports: **LSI OR, PSR, OCI Application FORM, Rehab Officer Assessment, Institutional Behavioral Reports, OTIS reports, CPIC, medical, psychiatric reports**
- **Intake, Orientation and Assessment Unit (Unit 6):**
  - time on Unit 6 enables settling into treatment setting
  - provides Resident an orientation to case management, treatment routines and expectations
  - Case Management, Social Work, Health Care, Psychometric, Psychological Assessments occur
  - Resident is introduced to journaling, house meetings, educational sessions, volunteer programming
  - completion of the **intake portion of the Resident Status Report (RSR)**
- **Internal Classification Committee Review and Assessment:**
  - decision made: Resident remains at OCI or transfer to another institution
  - if remaining Initial Treatment recommendations are made

# Assessment Continues throughout

- **RESIDENT STATUS REPORT** : a living document that follows the Resident throughout the treatment process
- **HOUSE MEETINGS**: living unit check in meetings twice weekly
- **BEHAVIOURAL RATINGS (A,B,C, Inmate Status)** : voted on monthly
- **PEER REVIEWS**: facilitated by Social Worker and Case Manager – accountability sessions with peers
- **INTERNAL CASE REVIEW COMMITTEE (ICRC)** – High Risk Committee occurs monthly – case reviews of potential high risk Residents
- **FORMAL RISK ASSESSMENTS**: completed by Psychology prior to discharge
- **SPECIALIZED TREATMENT PROGRAM ASSESSMENT**
- **LSI-OR IS UPDATED UPON DISCHARGE**
- **OTIS PROGRAM UPDATES COMPLETED**

# Core and Specialized Programs

- To be accepted to and to remain at OCI the Resident must accept culpability for offence , be sincere and motivated in their interest in attending treatment.
- The Resident must maintain a treatment and core program regimen while at OCI, this is continuously monitored.
- CORE PROGRAMS:
  - House meetings,
  - Peer Reviews,
  - Case Conferences,
  - Dorm Challenges,
  - Change is a Choice Programs

# Specialized Treatment Programs

- Designed to address specific criminogenic need areas, specialized programs include:
- **Self Regulations / Good Lives program (SRGL)** Intensive Sexual Offending Program
- **Sexual Offending Relapse Prevention Program (SORP)**
- **Intensive Substance Abuse Program (ISAP)**
- **Emotion Management Program**
- **Relationships Without Violence (RWV) Program**

I will focus on two of the specialized programs.....

# INTENSIVE SUBSTANCE ABUSE PROGRAM facilitated by Psychologist

- 25 session program,
- For residents assessed as having moderate to high drug/ alcohol dependency issues.
- Program goal is to reduce / eliminate the harmful consequences of substance abuse.
- Participants work towards developing positive coping skills and ways of achieving a balanced and healthy lifestyle.
- Psycho educational, participation in group process and the development of an individual relapse prevention plan.
- Individual sessions are held with psychologist prior to program completion to review and adjust the Relapse Prevention Plan.

# SELF REGULATIONS – GOOD LIVES PROGRAM (SRGL)

- Components
  - Personal Disclosure
  - Biography
  - The Old Me/New ME
  - Elements of Offence Pathway
  - Costs of Offending to the offender/Consequences to the victim
  - Empathy
  - Understanding Health Relationships
  - Developing a Life Plan

# Case Management and a Multidisciplinary Team Approach

- Case Management – correctional staff in case management role – carry a case load, monitor program involvement, behaviour, journaling, team consultation with other CM team members
- Multidisciplinary Team Approach – all disciplines represented CM, OM, SW, Psych, Psychiatry, Health Care
- Collaboration – amongst team, **community partners**

# The OCI Renewal Project



- Since July 2011 OCI has been actively engaged in a Correctional Treatment model renewal project
- CPAI program evaluation 2010 / 2011, resulted in several recommendations
- Most significant: incorporating the RNR (Risk, Need, Responsivity) correctional treatment approach, along with Case Management occurring within our treatment environment
- The future: program review – evaluation & development , research & training

# A Quick Photo Tour of the Unique Treatment Environment





# Community Reintegration

- Residents at OCI engage in community reintegration activities with the dedicated OCI Discharge Planner, along with involvement with a variety of community partners (John Howard Society, St. Leonard's House Peel, Salvation Army, the Bridge Prison Ministry, Service Canada and Ontario Works)
- OCI also has a specialized Community Integration resource as the result of collaboration between the CMHA PEEL – MENTAL HEALTH AND JUSTICE SERVICES and the Ontario Correctional Institute.

# So What Next? Institutional Treatment is done, community return lies ahead.....

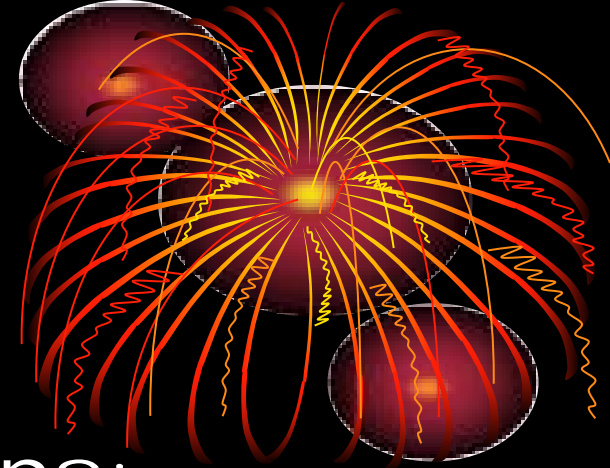
- The resident has completed their treatment experience at OCI, 6 to 23 months of intensive treatment, many, many sessions with the Psychologists, Social Workers, Case Managers, Community Agencies and Volunteers. Their risk level has been fully assessed. They have developed a community reintegration plan with the CMHA Community Support Worker – Tom Poray.
- What lies ahead or doesn't for the OCI Resident in their community return?

**CMHA Community Support Worker  
Tom Poray – CMHA PEEL**

# The Community Release of High Risk and Hard to Serve Offenders



YES, In my backyard



## Social Justice Means:

“Fair and proper administration of laws conforming to the natural law that all persons, irrespective of ethnic origin, gender, possessions, race, religion, etc., are to be treated equally and without prejudice.”



If we believe this then we cannot  
turn away those that are  
charged with sexual offences.  
True social justice, in terms of  
our work, means stepping away  
from comfort and routine and  
helping those that we serve to  
achieve the same goals that we  
strive for.



"... an often neglected aspect of offering treatment to offenders is the real reduction in suffering that occurs when even a few of these men are prevented from reoffending.

Whenever, treatment, no matter how unsophisticated, reduces reoffending by any degree, it saves innocent victims much suffering." (Marshall et al. 1990, p.6. Working with Sex Offenders in Prisons and through Release to the Community.)



“If you have no will to change it,  
you have no right to criticize  
it.” Author Unknown



“Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope... and crossing each other from a million different centers of energy and daring those ripples build a current that can sweep down the mightiest walls of oppression and resistance.” Robert F. Kennedy



“Dare to reach out your hand into  
the darkness, to pull another  
hand into the light.” Norman B.  
Rice



"We cannot change anything until we accept it. Condemnation does not liberate, it oppresses." C.G. Jung



“Never look down on anybody  
unless you're helping him  
up.” Jesse Jackson



“Courage is what it takes to stand up and speak; courage is also what it takes to sit down and listen.” Winston Churchill



“You just need to be a flea  
against injustice. Enough  
committed fleas biting  
strategically can make even the  
biggest dog uncomfortable and  
transform even the biggest  
nation.” Marian Wright Edelman



“If you don't like something  
change it; if you can't change it,  
change the way you think about  
it.” Mary Engelbreit

# Case Study



- Referral from OCI comes 3 months before this person is being released. Charged with Production & Distribution of Child Pornography X2 and Sexual Interference.
- 3 years probation following sentence.
- Must register with the Ontario Sex Offender Registry.
- New to the Community.
- Wants to go to school for Engineering.
- Has applied for ODSP and has been denied, wants to appeal.
- Has no family support, no friends
- Must attend Treatment as part of Probation Order.

CREATE A GROUP FLOW CHART

# Contact Information



Tom Poray

[porayt@cmhapeel.ca](mailto:porayt@cmhapeel.ca)

Brad Gill Tamcsu

[brad.tamcsu@ontario.ca](mailto:brad.tamcsu@ontario.ca)