

Everything You Always Wanted to Know About Working with Forensic Clients in the Community



Presenters

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Outline of Presentation

- Theoretical Framework
 - Partnership Model
 - Client Story
 - Keys to Success
 - My Recovery Story
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Theoretical Framework

- Definition of a “Forensic patient”
 - Parallel vs. Integrated models
 - Parallel: separate mgmt and staffing, smaller caseloads, more protected budgets, good links with justice system
 - Integrated: better access to community resources/services, more primary care referrals, greater ease of transfer between services
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Theoretical Framework

- Principles of treatment of severely mentally ill offenders:
 - Treatment occurs within a criminal justice context
 - Features contributing to client's risk of harm addressed first
 - Legal requirements for both client and therapist
 - Expectation that client will gain understanding of their previous behavior and undertake change
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Theoretical Framework

□ Principles of Tx cont:

■ Specific challenges:

- Hx of treatment resistance of all sorts
 - As a result, MH system reluctant to treat them
 - Many mentally ill offenders are intimidating
 - Community MH resources may be inadequate
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Theoretical Framework

- Treatment philosophy:
 - Balance between individual rights and public safety
 - Address legal and ethical aspects (limits of confidentiality, supervision, mandatory compliance and consequences)
 - Need for structure including therapeutic living arrangements
 - Case management
 - Emphasis on transitions
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Theoretical Framework

- Treatment goals:
 - Stabilize illness, enhance independent functioning, maintenance of internal and external controls that prevent violence
 - Clear conception of the clinical uses and therapeutic value of authority
 - Staff need to resolve their ambivalence about the appropriate use of authority
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Partnerships Ottawa

How it began

- 2006 MoHLTC funding enhances services for clients in secure Forensic beds who are “detained with community access not exercised.”
 - Goals:
 - Decrease wait times by improving flow through the system
 - Strengthen community capacity serving Forensic clients.
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Partnerships Ottawa

- ❑ ROHCG, Ottawa Salus and CMHA
Ottawa submits a successful joint proposal
- ❑ Same vision, different concepts

Our Program:

- ❑ Four bed congregate living on Grove Avenue plus six satellite apartments across the city
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Partnerships Ottawa

Keys to a Successful Partnership

Details

- Service Agreement which clearly delineates roles and responsibilities of all parties

Trust and confidence

- Pre work
 - Education
 - Learning from our missteps
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Partnerships

Ottawa

Roles and Responsibilities

Ottawa Salus

- ❑ Provide the group home and residential support interventions
 - ❑ Rehabilitation/recovery programming for all 10 TRHP clients
 - ❑ Collaboration with ROHCG and CMHA-Ottawa to develop client service plans, concurrent disorder programming, centralized point of access
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Partnerships Ottawa

Roles and Responsibilities

Ottawa Salus

- Support supervision and monitoring of TRHP clients

CMHA

- Inreach to hospital providing concurrent disorder programming
 - Provide and administer rent supps
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Partnerships Ottawa

Roles and Responsibilities

ROHCG

- Identify appropriate referrals for TRHP and TCMs
 - Prepare clients for discharge
 - Second a 1.0FTE RN to the group home
 - Provide clinical support, treatment, supervision and consultation
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Partnerships Ottawa

Roles and Responsibilities

ROHCG

- Support Salus and CMHA staff
 - ORB
 - Accept clients for readmission
 - Provide training as requested
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Partnerships Ottawa

Trust and Confidence

- Winning over the Salus Board
 - Open House
 - Meeting regularly
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Client Story

Ottawa

- 28 y.o. male, schizophrenia, drugs
 - Pre-NCR:
 - Section 16 assessment 2004
 - Outpt Tx Risperidone
 - Outpt Tx IM Haldol
 - NCR #1:
 - Offence committed while on meds
 - Complex delusional system
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Client Story

Ottawa

- Hosp. #1:
 - Clozapine 400 mg
 - Therapeutic groups
- Grove #1: direct to apt, low engagement
- NCR #2: off meds x 1-2 wks, MJ use
- Hosp #2:
 - Adjunctive meds
 - Difficulty with impulsive elopements

Keys to Success

- ❑ Developing readiness
 - ❑ Having the right services
 - ❑ Working as a team
 - ❑ Having open lines of communication
 - ❑ Empowering through knowledge
 - ❑ Building trusting relationships
 - ❑ Developing a safety net
 - ❑ The balancing act between recovery and monitoring
 - ❑ Embracing best practices
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Client Story

Ottawa

- Grove #2: brief
 - Hosp #3:
 - Clozapine to 800
 - Long re-integration
 - Grove #3:
 - Strict limits
 - Flexible programming
 - Long integration to satellite apt
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My Recovery Story

