



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

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The Presentation:

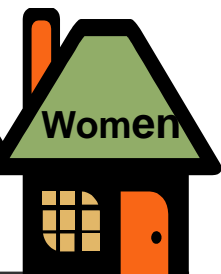
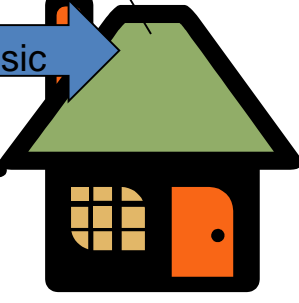
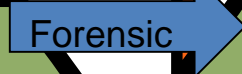
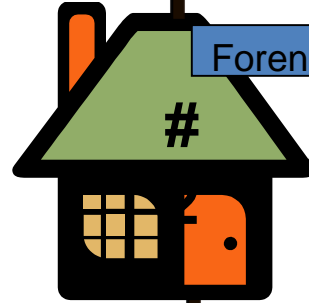
- **Description of the project**
- **Program context and services**
- **Data from program**
- **Application & strategies for service providers**



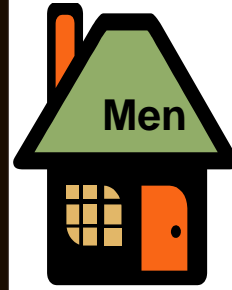
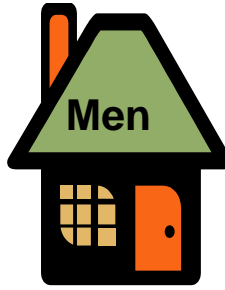
Background and Vision

- **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**

HND Society Board

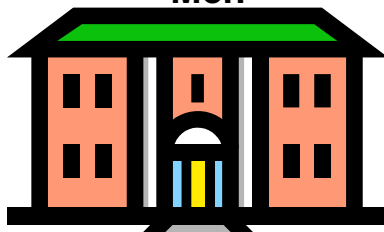


2 Satellite Houses (Women)



2 Satellite Houses (Men)

Men



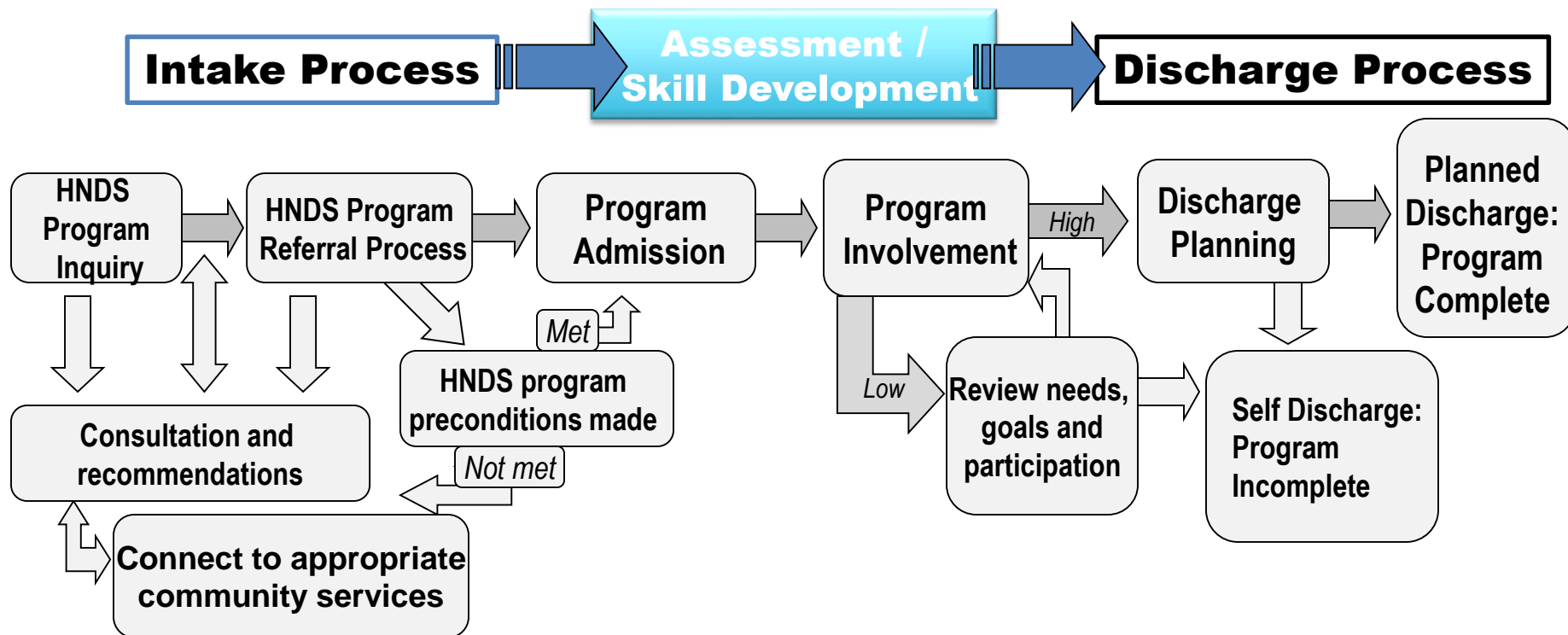
Apartments



Program Services

Intake and Discharge Procedures

Participant Outcome Program Map





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 :

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- **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

