

# The Forensic Initiative

The Key Ingredient:  
Transitional Case Managers

## **MCGUINITY GOVERNMENT IMPROVING ACCESS TO FORENSIC MENTAL HEALTH SERVICES**

*Funding will create 75 New Forensic Hospital Beds: **April 27, 2006***

TORONTO – The McGuinty government is improving access to forensic mental health services for people in the criminal court system who are mentally ill and require those services, said Health and Long-Term Care Minister George Smitherman today as he announced a \$20 million expansion of hospital and community-based services.

The funding announced today includes:

**75 new forensic hospital beds** – a 12 per cent increase in the provincial supply – to provide a range of services including mental fitness assessments, court ordered treatment and long-term rehabilitation for people under the jurisdiction of the Ontario Review Board (ORB), the independent board that makes decisions on how best to treat mentally ill offenders.

**30 additional forensic case managers** who will work in hospitals and community agencies throughout the province to support mentally ill offenders who are ready to move from hospital care to the community.

# Goal of New Funding

- To apply the approved resources strategically to
  - Enhance the existing capacity of the forensic mental health system by positioning the new resources to facilitate effective utilization of the system
- Outcomes Desired
  - Additional services to meet needs
  - Reduced wait times and wait lists
  - More eligible individuals living successfully in community
  - Better system through-put

# Service Delivery Framework

Overall the forensic mental health system's throughput in a given year is determined by the demands for service from the Courts and Ontario Review Board, the volume of service within the forensic mental health system proper, and its ability to outplace individuals who are ready for community placement.

$$\text{Throughput} = (\text{input} - \text{output}) \div \text{capacity \%}$$

- The new funding for forensic services focuses on increasing the
  - capacity and
  - output of the system.
- The new services funded include additional forensic beds for
  - assessment and treatment orders
  - long-term treatment and rehabilitation
- **Outpatient forensic Transitional Case Managers (TCMs)**
- **Transitional Rehabilitation Housing Pilots (Special Project)**

# Mental Health Outcomes

- Personal well-being
- Community citizenship
- Recovery

# Forensic Patients

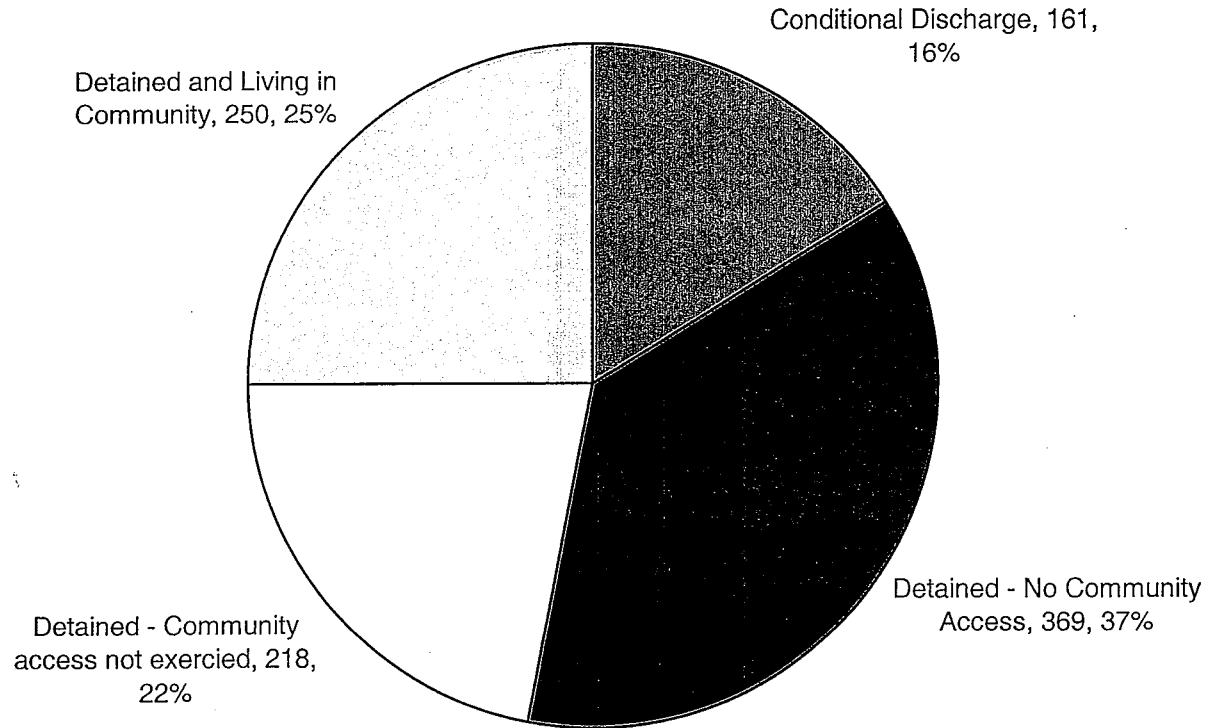
A forensic patient is a person who suffers, or appears to suffer, from a major mental disorder, is in conflict with the law and is under the authority of the courts or the Ontario Review Board under Part XX.I – Mental Disorder – of the Criminal Code of Canada.



# Transition Case Manager Parameters



























- The fundamental purpose of these positions is to facilitate and support the successful transition of people who are inpatients on forensic units that have ORB dispositions that allow community placement at the discretion of the forensic program
- Allocated according to ORB disposition data
- Adjusted using MHAB forensic system data to determine priority areas

# Ontario Review Board Dispositions





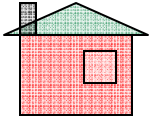
# Allocation Summary

New 2006-07 Forensic Funding												
Enhanced Housing Supports												Community Organization
Community based Transitional Case Managers	5 		1 	1 	3 	1 	1 		3 	= 15 fte		
Transitional Case Manager	1 	1 	1 	1 	1 	1 	1 	1 	1 	= 9 fte	Hospital Based	
Forensic Beds Long term rehabilitation	22 				12 		15 		10 	= 59		
Forensic Beds Assessment and Treatment Order		20 			3 	6 			2 	= 31		
Forensic Facility	Toronto	Penetang	North Bay	Kingston	Ottawa & Brockville	Hamilton	St. Thomas	Thunder Bay	Whitby			



## Transition Case Manager Placement Plan

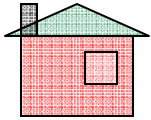
- Each forensic program received a TCM
- A matching TCM (or TCMs) was placed in a Community mental health organization
- The pairing of TCMs is intended to create a collaborative team that crosses organizational boundaries
- Community mental health organizations were selected on the basis of experience working in the criminal justice environment
- AND on the basis that the community organization had a range of services including generic mental health case management and housing programs
- The objective was to help the person shed the 'forensic' label and to minimize referral transactions



# Enhanced Housing Supports

Community integration is the goal of the enhanced supports

- Population Served: Individuals on an Ontario Review Board disposition who are “Detained with Community Access not exercised” in forensic units.
- As required by law, such individuals require supervision by the forensic unit that places them in the community.
  - If the forensic unit believes that the person is no longer appropriate for community placement the individual must return to custody in hospital.
  - The person must remain close to the forensic unit.
  - The program must be capable of providing supervision on a 24/7 basis if required.



# Enhanced Housing Supports

Psychosocial rehabilitation programming is essential. Many of the individuals have been in custody for lengthy periods and as a consequence have been institutionalized and may require intensive support to acquire or re-acquire these capacities.

- Community environmental supports, such as primary care, bank accounts, identification, income in support must be established as a priority
- An individual rehab plan including risk management component with ongoing backup by the forensic unit will be done for all clients prior to entry
- A formal agreement with the hospital will be required with respect to provision of psychiatric consultation and other supports to the supportive housing programs
- Average length of stay (LOS) for a program should be approximately 12 months.
- Work toward linkage and referral to general purpose supportive housing should begin as soon as possible.

# Conclusion Of Presentation

- Questions
- Comments
- Discussion