Alberta Health Services

Alberta Addiction and Mental Health Research Partnership Program

Collaborative Research Grant Initiative: Mental Wellness in Seniors and Persons with Disabilities

Ideas Fund Final Report

Community Re-integration of Forensic Clients with Persistent, Chronic Mental Illnesses: A Retrospective Evaluation of Life Skills Training Programs Provided Through the House Next Door Society Residential Services

January, 2015 - Dr. Elizabeth Taylor

Collaborative Research Grant Initiative:
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EXECUTIVE SUMMARY

Facilitating the re-integration of forensic clients with severe, persistent chronic mental illnesses (complex psychiatric conditions, developmental delay, traumatic brain injuries, cognitive disorders, chronic psychiatric conditions, and personality disorders) into the community requires specialized support, programming, and services. The House Next Door (HND) is a community-based, non-profit society aimed at meeting the needs of this specialized population and supporting their transition into the community. In existence since 1974, the staff and programs of HND have enabled upwards of approximately 3000 individuals to successfully re-enter society.

HND operates several programs for the severe and persistently mentally ill, with their forensic community program being the largest. Despite its success in facilitating effective transition, and the reliance of both Alberta Health Services (AHS) and Alberta Health on the services offered through HND, a specific program evaluation of the forensic program has not been conducted.

The purpose of this research project was to conduct a program evaluation with the aim of determining the efficacy of service delivery in support of this complex population. Interviews and focus groups were completed with AHS staff, HND 2 and 4 staff, and current residents and outreach clients of HND 2. Results indicate that HND 2 provides effective transitional services to the community, although increased funding would provide additional resources, such as more facilities and program, increased staffing, and additional staff training. While the current model is viewed as effective, there are concerns with safety of staff when working alone, and a broadly voiced desire for additional programming that could be implemented if funding were in place to allow the program to further expand.

RESEARCH OVERVIEW

Objective(s)

The forensic mental population is a rapidly expanding area of practice. Housing programs, such as the House Next Door (HND), are more frequently called upon to increase and supplement the capacity of existing mental health services for this complex population. House Next Door Society operates four different housing programs, two of which are dedicated to the forensic mental health population. Houses within the Society are simply numbered rather than named for clear identification purposes. House 2 (forensic) has been established for many years, and includes a main house which is staffed 24 hours a day and several satellite houses which clients progress to and have outreach staff. House 4 is the newest forensic house and has been operating for one year. HND 2 and its satellite housing component has been in existence since the late 1970's, yet a program evaluation has not been under-taken. Therefore because of the increasing need to expand this type of service, it was decided to do a program evaluation with two clear objectives before further expansion could be considered. Hence, there are two objectives to this project:

1. To determine the efficacy of community reintegration/life-skills training programs offered by the HND Society and their impact on outcome measures of the specific program dedicated to the forensic mental health client.
2. To identify current and future housing and resource needs of the HND in providing services to this complex population.

Background

Information related to forensic clients who utilize services offered through the HND 2 residential services is continually gathered as residents reintegrate into the community. Given the limited resources of HND and the intense and extensive needs of this population, dedicated time to evaluate the program has not be available. Consequently, the ability to utilize the data effectively to determine

both the efficacy of current programming and possible strategies to improve service delivery has yet to be completed.

As service delivery to this specialized population is a necessary and rapidly expanding area, housing programs such as the HND Society are more frequently called upon to increase and supplement the capacity of existing forensic mental health services. Due to efforts to reintegrate these individuals more expediently into the community so as to reduce the effects of long term institutionalization (which reduces independent living skills), there is a need to evaluate the outcomes of current services and programs being offered by the HND and identify gaps that impede successful reintegration.

Approach and Methods
Mixed-Method Approach
A mixed method approach, incorporating both qualitative and quantitative research methods, was utilized including the following:

1. *A systematic program review* was implemented in two phases. First, a SWOT analysis aimed to provide a distillation of the strengths, weaknesses, opportunities and threats (SWOT) of HND programing that may impact service delivery. These findings formed the foundation for the second phase of the review, which was guided by the Logic Model. The Logic Model was originally developed by Joseph Wholey (1979) and further detailed by Millar et al. (2001) and aimed to demonstrate the program components and achievements of HND 2 to stakeholders and other partner agencies.
2. *A site documentation review* of program statistics, including information such as length of stay in the program, life skills development, residential housing options upon completion of the program, and activities engaged in post-discharge was completed.
3. *Interviews and/or focus groups* were conducted using open-ended questions with members of Alberta Health Services (AHS), HND staff, and current and past residents of HND 2. All interviews and focus groups were recorded and transcribed for research purposes.
   - AHS interviews (psychiatrists, social workers, nurses and occupational therapists who are primary referrers were asked to participate), aimed to provide an external perspective of the HND programming and activities.
   - HND staff interviews were conducted with the aim of gathering staff input regarding their perceptions of factors that facilitate success for residents, as well as ways that the program might be improved.
   - Focus groups were held with current and past residents with the aim of gathering input regarding their perceptions of what creates success for them, ways that the program might be improved, things that supported them in transitioning to the community, as well as ways that the program might be improved.

Figure 1. SWOT Analysis

Strengths

- Committed and experienced staff
- Realistic time, skill training and supports offered to HND residents
- Funding support through AHS
- Integral part of the services offered
- Vision and framework has been effective for numerous decades
- Community supports through FACS, Alberta Hospital Edmonton, AHS staff
- Access to emergency beds
- Housing along a continuum that facilitates transition to independent community living

Weaknesses

- Fiscal Constraints
- Stigma within neighbouring community
- Staff salaries lower than for professionals working for AHS
- Limited resources
- Rehabilitiaton programming is limited in effectiveness without appropriate staff (e.g. OTs)

Opportunities

- Program Expansion
- Engagement with community neighbours
- Enhancement of the program
- Ongoing collaboration with service partners.
- Greater numbers of clients to receive services

Threats

- Fiscal constraints
- Reliance on Government funding
- Lack of rehabilitation professionals such as OTs
- Emergency beds currently unfunded
- Professional staff are not always available when residents are in need
- Residents do not have access to key resources (e.g. Housing First) or programs (e.g vocational training)
- Potential safety concerns for staff

*FACS is Forensic Assessment & Community Services in Edmonton

Figure 2: Logic Model (see Appendix A for an enlarged version)

OBJECTIVES	INPUTS	ACTIVITIES	PARTICIPATION	OUTPUTS	ASSUMPTIONS	OUTCOMES	POTENTIAL METRICS AND INDICATORS
Determine the efficacy of community reintegration/life-skills training programs offered by the HND Society and their impact on outcome measures of the specific program dedicated to the forensic mental health client. Identify current and future housing and resource needs of HND Society in providing services to this complex population.	Evidence/ Literature Interview and focus group data HND Society Records Environmental scan: - HND Society (emphasizing house 2) - Services for the forensic population across the continuum of care	Access evidence, literature Conduct: - Interviews and Focus Groups - Environmental scan Identify: - Current state of the HND program in house 2 and components of service provision across the continuum of care for the population served by HND 2 - Strengths - Challenges/barriers - Gaps in service provision - Recommendations - Policy implications	HND Staff and Board members HND residents (present at HND 2, in satellite and outreach housing, and past) AHS staff (Alberta Hospital Edmonton, Case Managers) FACS staff	Executive Report Journal Article Presentations	The Program offered by the HND Society supports the re-integration of forensic clients with severe, persistent chronic mental illnesses into the community	Program Review – Results of the study will inform program review and enhancement Additional components of service delivery will be identified that can support the population served Additional supports required by staff will be identified	Increased number of program components offered by the HND to residents. Increased resources available for staff (education and training opportunities) Staff available at a time required by residents. Availability of rehabilitation professionals (e.g. OT services) Increased number of transitional housing options Increased number of emergency beds. Increased resources for program expansion Improved access to other resources (e.g. Housing First) Increased numbers of opportunities for engagement between HND Society, and both community neighbours and service delivery partners

Population and Sampling

While the target population of this research project was the forensic clients who utilize the HND program, it was critical to collect information from a number of sources and stakeholders. Several groups were targeted, including AHS staff, current HND staff, and past and present HND residents who are utilizing HND services.

Previously collected data from the years 2000 through 2011 related to clients who have utilized the services of the HND (i.e. length of stay in the program, life skills development, residential housing options upon completion of the program, and activities engaged in post-discharge) was analyzed. Residents, including those who only utilized the programs while in residence and those who utilized both the residential programs and outreach services, were considered.

Due to the small staff compliment, all existing staff members of the HND program were approached to participate in this research project. Seven staff members of HND agreed to participate in individual interviews. In addition, a focus group of current residents (n=5), and interview with one current resident (n=1), a focus group of past residents (n=8), and an interview of a "graduate" of the program (n=1) was completed. All participants were recruited through posters that were distributed by HND staff members.

Data Analysis

To address objective one, a systematic review of previously collected data from the years 2000 through 2011 of clients who utilized the services of the HND was conducted. This review aimed to identify elements in the program that reflect successful outcomes for these clients (i.e. length of stay in the program, life skills development, residential housing options upon completion of the program, and activities engaged in post-discharge). To address objective two, interviews with existing staff members were conducted to understand critical issues regarding client needs and their transition from hospital to community living. As well, focus groups with both current and transitioned clients were conducted to understand the experience and the issues of transitional living from their perspective.

The data were analyzed using NVivo version10 software. Qualitative data analysis was completed through thematic coding by three members of the research team using inductive content analysis. To ensure the integrity of the research process, four aspects of trustworthiness, detailed in Lincoln and Guba's model (1985) were addressed throughout the analysis processes: Promoting *credibility* involved ensuring the study's conceptual description represented the participants' preferences. This

study included individual interviews and focus groups by which the interviewees discussed the emerging themes and personal reactions to the material. The research team cumulatively brings many years of qualitative research, clinical experience, and expertise with HND. Promoting *transferability* involved using a purposeful and theoretical sampling strategy to identify key informants and satisfy the theoretical needs and comprehensiveness of the conceptual description. Ensuring *dependability* required examining whether the study process was consistent over time. Over a series of meetings, themes were checked and re-checked, using auditing notes as a source of clarification and to trail decisions made in collapsing themes together. Finally, *confirmability* was ensured through prolonged engagement, including during data collection and analysis, and the extensive use of memos and consultation with co-authors. Techniques of reflexivity and bracketing (deep reflection and articulation of experiences and perceptions related to the research topic) were used to render explicit any idiosyncratic perspectives and potential biases of the researcher. This approach assisted in identifying, hence mitigating, bias, thus ensuring objectivity and neutrality (Lincoln et al., 1985).

Ethical Considerations
All participants read and signed a consent form prior to the onset of their participation. The project received ethical approval through HREB (University of Alberta Ethics) and the Alberta Research Ethics Community Consensus Initiative (ARECCI) screening tool was completed, providing a score of 9.

Key Findings
Program Content and Components
Residents at HND 2 actively engage in a variety of different components of the program, including skill development, recreation, medication management, and socialization.
> *"I think it's really important because after institutionalization has set in, after hospitalization, you don't feel like it's – I did not feel like it was a necessary part of my life anymore going out and doing things. I was like whatever; as long as I take my meds and I'm calm then it's fine, you know." (Resident 14)*

Strengths of HND 2
The majority of the interviewees and focus group participants identified numerous strengths to the HND Program, including the home-like nature, lack of stigmatization, and trust, respect, and acceptance of each person, no matter their level of functioning.
> "*A lot of the crimes that these guys committed are quite heinous, so there's still a lot of stigma of their mental illness. And then attached with them, the forensic word is I believe they're double stigmatized. So I think we treat them as human beings, first and foremost, and respect but also meeting them where they're at. A lot of them have been in hospital for a very long time." (HND Staff 5).*

Additional strengths identified included staff supporting residents' acceptance of their mental illness, and the mentoring and leadership of the staff,
> *"personally, I think House Next Door Society is great. A great place to – a great safe place to recover from mental illness because, you know, you're in the community and you have a place to go to at all times and staff to talk to about any issues you're having and problems that you may be going through and, you know, it just – it's really, really a good thing that, you know, the government has places like House Next Door Society for people like myself.*"(Resident 14),

> "*What makes this place to be a safe place is mostly because of the way they treat people like me, the mentor-student relationships, they are not ill so they can let you laugh on yourself. They are like a role model."* (Resident 14)

Communication between managers, staff, AHS, and residents is also a significant strength:

"Right now I think the strength is that there is a cooperation between the staff and the manager. There's a lot of, you know, communication going on with us, how we can make things more productive to our clients. We always talk. We're communicating, right?" (HND Staff 1).

Residents highly valued the ability to speak with staff and have camaraderie among themselves. *"They let us talk when we need to talk. I think that's a really good thing because that there's somebody there so it doesn't matter what time. If you're feeling like you need to talk to somebody, there is somebody there. Living alone, I didn't have that. And I probably would still be on my own and living alone if I had that. I think that's all it would've taken for me not to get in trouble, is just to have somebody to confide in once in a while when I needed it."* (Resident 4).

Interviewees noted the staffs' respect of cultural diversity, the transitional nature of the program (moving from Alberta Hospital to HND to transitional housing and onto independent living), and the emergency bed that is available to past residents were important strengths to the program. *"[W]hen I was ill the second time and I got into an emergency bed. So they were full technically, but there was an emergency bed open. And the fact that they even have a policy that allows for emergency beds to be open for people and, you know, that extends the capacity they have is really great. You know, it's really great. It's lifesaving because if they're not open, I don't know. Like I don't know."* (Resident 14).

Additional staff strengths include the vast amount of internal training they receive, the staff and residents feel as though they are part of a family, and that the staff is committed to the program. *"I think a lot of the strength is the commitment and the dedication from the staff. A lot of our staff especially when they come here, they stay for a long time, so I think that's a real strength. We're doing something right there. We don't have a lot of staff turnover. And being a non-profit agency, we pay quite well but we don't pay really well but we manage to retain our staff, which I think is a really strong point."* (HND Staff 5).

Finally, interviewees noted the emergency bed for crisis situations, the facilitation of independent skill building, and the transitional natures of HND were important strengths to the program. *"But I think one of the unique and good features of the House Next Door program is there's not a designated time limit on how long people can stay. So there's not a huge pressure that, you know, you can only be here for a year but after a year you better be ready to move on. So they much base it on the needs of each individual resident."* (AHS Staff 1)

Challenges

Interviewees noted a number of challenges to the HND program. A recurrent theme throughout the majority of interviews is the lack of funding for the program. *"...that's a funding issue that they just wouldn't be able to open up six more houses which is probably something that we would want to see them do..." (AHS Staff 6).*

Additional challenges included the length of time required for clients to re-integrate into the community (with ranges of months to years to decades). Many of the residents require time to learn new skills, grow in self-confidence and self-esteem, gain more control over their medical and mental health concerns, learn new habits and routines, and achieve previously unattained developmental milestones. The staffing model also requires people to work alone, and potential safety concerns result. *"So far we have successful story about all the guys going through here, but if we talk about - if at some point they are going to refer some people from jail in here, and then we don't know what kind of life they have there in jail, and then mixed in with this population it could be potentially dangerous or it could not actually say what's going to happen." (HND Staff 2).*

Finally, other challenges of note include community acceptance of the population served by HND and residents are placed in HND at the choice of Alberta Hospital.

> *"...and this is not a requirement on these guys at all. It's just something they chose to do, something they have made a conscious election to participate in because it lends meaning to their life in the community. And that's something that's interesting for us, you know?"* (HND Staff 8)

Gaps in Service Provision

Several gaps were noted in the area of service provision. This included little service provision to the first nations population or other cultural minorities, and the lack of resources to support transitioning to community in the most comprehensive way possible.

> *"I think there are other gaps and … Providing a further step-down for people from, you know, that 24/7 supervised environment to a setting where maybe there's some regular check-ins like maybe, you know, a floor of an apartment building where people might live and have some supervision but not the level of supervision that they receive in a group home, where they can live more independently but if there's a sense that there's still a need for supervision but they can get that."* (AHS Staff 2)."

Finally, the slow movement of residents into transitional houses and the lack of funding to provide more housing opportunities were identified as critical gaps.

> *"We don't have enough places to send people, you know? We get back to housing. I mean it constricts everything, right? We end up with longer stays and less – yeah."* (HND Staff 8)

Recommendations

Several recommendations were suggested by the interviewees:

1. Expansion of the program - i.e. more funding and houses
   > "*I don't believe that The House Next Door has enough money to be able to really provide that."* (HND Staff 1).

2. Enhancement of the program - more support for vocational training and job finding
   > *"But the only thing I've found so far is I've been trying to get a job and they said they would help me to get a job through assisted employment I guess is what it is and that's kind of dragging on."* (Resident 4)

3. Safety plan – develop a more defined safety plan for HND staff, re-evaluate staffing configurations, and consider potential utilization of mobile information and communication technology by staff (access to emergency resources and colleagues)
   > *"But some people have said no we should have at least two staff when we have more than ten people. That would be the responsible thing to do, or to think about it, or to plan it. So…"* (HND Staff 2)

4. Internet access for residents, although there may be concern regarding potential inappropriate use of Internet access by residents, access to technology would be a worthy consideration so as to help them integrate into today's technologically connected society.
   > *"It's like I can't have internet there's no way I'm going there."* (AHS Staff 3)

5. Staff training - general mental health, concurrent disorders and co-morbidity's.
   > "*Like mental health concurrent disorder, more understanding, just like the courses that you guys are offering. That would be really good for us.*" (HND Staff 1)

6. Respect of the cultural composition of residents - provide services to a broader cultural cross-section of the forensic population
   > "*...Whatever cultural practises they practice it's allowed.*" (HND Staff 4)

7. Enhancement of the relationship with the surrounding community through engaging in mutually beneficial endeavours to
   > *"our employees and our clients, our clients supporting our clients, employees and the people in the community. So I get everyone involved."* (HND Staff 1)

8. Funding support

"*There's really been no increase to cover population growth, the number of people living in our communities with addiction issues, with concurrent disorders, with complex needs. We really just haven't kept up with funding. Other organizations get money based on population growth or the ability to demonstrate an increasing need and mental health doesn't really fall into that category for whatever reason.*" (AHS Staff 1)

9. Emergency bed space - requirement for maintenance and addition emergency bed spaces to allow for crisis intervention;
"*And the fact that they even have a policy that allows for emergency beds to be open for people and, you know, that extends the capacity they have is really great.*" (Resident 14)

10. Transitional Housing (into satellite housing) - additional housing spaces to ensure that client movement towards more independent living can occur at the appropriate time
"*because of bed shortage we couldn't keep them for long period of time, even though we could have spent more time, give more effort to help them to transition, but couldn't make it because we don't have room.*" (HND Staff 2)

Summary of Key Findings of Evaluation and Core Recommendations for the Program
As the research themes developed, it was observed that these could be translated into issues that could lead to improvements in the program or system for the forensic clients that are either in or referred to the House Next Door forensic programs. This table provides the identified issues, brief descriptions of them and the recommendations provided.

Table 1: Key Findings of Evaluation and Core Recommendations for the Program

Issues	Description	Recommendation
1. Service delivery to the population	Limited community resources are available to address the transitional needs of the forensic population	Expand the HND Program
1.1 Rehabilitation	Gaps between the vision for the service provision and the capacity of the staff to provide those services without training in the area of rehabilitation	Hiring of a rehabilitation professional such as an occupational therapist to support client development, staff training and other programs within the program such as vocational training
1.2 Housing	Difficulty in transitioning clients to more independent community living that provide appropriate supports	Increased funding to HND to support purchase of additional satellite housing as well as explore additional options such as Housing First which the HND residents are currently not eligible for
1.3 Vocational Training	Residents described a need for more vocational training to facilitate their independence	Develop strategies with AHS to utilize more of their resources in this area as well as develop in house programs to begin this process
1.4 Emergency beds	When the mental health condition of a HND resident decompensates, additional supports are needed to both prevent hospitalization and ensure stability so as to minimize the impact of the illness on their transition to community living	Provide additional resources in order to increase the emergency bed capacity as this ensures clients remain supported in the community through periods of stress and decompensation and retains their level of independence

Issues	Description	Recommendation
1.5 Staffing to meet resident needs	Residents of HND require support from staff in a timely manner	Utilization of the extra staff at HND 4 to support some of the ongoing housing needs of HND 2
2. Staff concerns	Lack of knowledge in, general mental health, co-morbidities, and additions	Provide additional resources for training and time in which this can occur
2.1. Education	Staff require specialized skills to address the needs of the population	Provide additional training to staff regarding general mental health, concurrent disorders and co-morbidities
2.2. Safety	HND staff at times work alone with men with significant mental health concerns	Additional resources to ensure that no staff work alone Equip staff with mobile information and communication technologies to ensure access to supports and services
3. Engagement	Due to limited resources (time, fiscal etc.), HND has been limited regarding its capacity to engage more intentionally with various partners	Enhance opportunities for engagement and relationship building
3.1. With community neighbours and service partners	Engagement with community neighbour reduces stigma and facilitates greater ease of community re-integration	More intentionally engage with community neighbours in mutually beneficial endeavours
3.2. With Partner Services	Engagement with partner service agencies facilitates better relationships and communication between service providers, more integrate care for clients, and access to a broader range of housing and support services	Continue to intentionally engage service provider partners to build relationships and negotiate access to client services

Conclusions

Interviewees all identified the strong merits of the HND program, including the high success rates of residents who complete the program. Nevertheless, challenges to the current program were noted, with limited funding being a major barrier to program expansion and vocational facilitation.

IMPLICATIONS FOR POLICY OR PRACTICE

As the acuity and complexity of forensic clients with mental health concerns increases, more strategic and refined programming to address their needs is essential from both a client and community perspective. Supporting such individuals to optimally function in the community requires an understanding of the unique challenges they face, the specific skills they require, and extensive supports needed to safely maintain them in a community milieu. There is no question that House Next Door 2 is a very special

program that has met these needs and created a family and home-like environment that that allows the clients to develop skills and surpass their own expectations.

Results of this project suggest that increased funding for transitional housing must be a priority for policy makers if they want to ensure successful transition and re-integration of forensic mental health clients into the community. This requires more than simply providing houses; supported housing that provides a range of individualized services and programs that help residents increase their functional capacity is necessary. An integrated process that allows for client development, internal individualized client skill development and engagement in the community clearly makes a difference.

The accessibility of "emergency beds" available through the House Next Door is also clearly an essential component of successful re-integration. Such beds support residents through periods of decompensation, and offer proximal semi-supervised community housing. This provides a model for others in helping forensic mental health clients be successful in community re-integration and living. That being said, as the rate of success increases for this complex group through programs such as the HND, additional financial support will be needed from funders so as to increase the capacity of the kinds of service programs that the HND provides (including vocational training for residents that can begin in house and expand to utilization of other community programs). Resources also need to be directed toward staff education and development (particularly in the areas of comorbidities and addictions), and mechanisms to ensure staff safety (such as the introduction of the use of mobile information and communication technologies). In conclusion, it is hoped that this research project has provided results that can continue to build on the success of the House Next Door 2 program and benefit future clients that require services in this area.

DIRECTIONS FOR FURTHER RESEARCH

There is little known about successful programming for these clients. Further research to be completed will be focused on examining how life skills are best taught, strategies for incorporating vocational training effectively into the residents' current program, best practices for supporting staff learning, and effectiveness of the use of mobile information and communication technologies in supporting service provision and staff safety. As well, House 2 is part of a larger program that deals with a wider population. It will be important to do a similar study to see how the other programs do similar skill building within their structures and how strategies can be utilized across programs.

KNOWLEDGE DISSEMINATION AND TRANSLATION ACTIVITIES

The importance of dissemination of the information cannot be over emphasized. The knowledge gained can potentially impact not only the current residents but other programs both now and in the future. The following table will describe these activities.

Table 2: Knowledge Translation Activities

Target Audience	Reason	Modality for Dissemination	Time Line
Policy Makers	Recommendations that came out of this research have implications for policy around funding community programs for forensic clients. It was clear that certain key components make a difference to success of these clients yet few or any of these recommendations can	Presentation for and copy of this report to Alberta Mental Health & Addictions leadership as well as key politicians including the Minister of Health.	June 2015

	be found in policy documents.		
AHS Funders & Administrative Staff	Recommendations that came out of this report have implications for policies and practices that support the transitional treatment and success of the forensic client integrating into the community.	Adapted report with specific recommendations that address funded programs provided by AHS. These recommendations will potential support and improve developing programs as there is limited information available currently.	September 2015
HND Board & Staff	The board and staff will recognize the importance of the work they are doing and the positive impact that it has on both the residents and the community. Recommendations for change can lead to specific improvements in the program both now and in the future.	Access to the written report as well as a full verbal report where information can be shared and discussed. This will be done in a workshop format so that there is understanding of process, results and discussion of potential growth for the organization.	May 2015
Health Professionals	Presentations at conferences will allow for national and international information dissemination	Presentations will be either oral or poster depending on the conference. Two presentations have already been completed; another has been accepted for this spring.	Taylor, E. & Brintnell, S. (August 2013).*Predicting Resource Needs for Successful Community Integration of Forensic Mental Health Clients.*8th OTARG (OT African Regional Group) Congress, Harare, Zimababwe. Taylor, E. & Bremault-Phillips, S. & Brintnell, S. (June 2014).*Determining Occupational Needs to Ensure Successful Community Integration of Forensic Mental Health Clients,*16th International Congress of World Federation of OT's, Yokohama, Japan. Taylor, E., Bremault-

			Phillips, S., & Brintnell, S. (May 2015). *Occupational Justice for Forensic Clients: A Community Housing Project.* CAOT Annual Conference Occupational Justice: Rising to the Challenge. Winnipeg, Manitoba. Other conferences where abstracts as appropriate for 2105 & 2016
Scientific Community	There is limited published literature on individuals with a forensic history who successfully transition to the community. This project will be one of the few that exists.	A minimum of three articles will be written for several targeted journals: The first will be on the process of the review, second and the outcomes and finally the third on the potential impact of policy around working with this forensic population. p	Ongoing throughout 2015 & 2016

PRINCIPAL APPLICANT (TEAM LEADER)

Name	Position Title	Topics of interest
Elizabeth Taylor	**Principal Investigator, Associate Professor, Associate Dean of the Faculty of Rehabilitative Medicine, University of Alberta**	**Community Mental Health**

PROJECT PARTNERS (TEAM MEMBERS)

Name	Position Title	Role
Suzette Brémault-Phillips	Co-principal Investigator, Assistant Professor, Department of Occupational Therapy, University of Alberta	Data collection (facilitation of focus groups with graduate students), data analysis, data synthesis, program evaluation
Roberto Peterson	CEO, House Next Door (HND)	Facilitate organization of the focus groups and access to HND blind data
Sharon Brintnell	Co-Investigator, Professor, Department of Occupational Therapy, University of Alberta	Provision of Content Expertise
Lori Sacrey	Research Assistant, Post-Doctoral Fellow, Department of Pediatrics	Data analysis and synthesis, content and methodological expertise, report preparation
Dorit Redlich Amirav	Research Assistant, PhD Candidate, Faculty of Rehabilitation Medicine	Data collection and analysis

PUBLICATIONS

Publication in the following targeted journals will be pursued:
Journal of Clinical Psychiatry
British Journal of Psychiatry
Psychiatry Rehabilitation Journal
Journal of Psychosocial Rehabilitation and Mental Health

ABOUT THE ALBERTA ADDICTION AND MENTAL HEALTH RESEARCH PARTNERSHIP PROGRAM

The *Alberta Addiction and Mental Health Research Partnership Program* is comprised of a broad-based multi-sectoral group, representing service providers, academic researchers, policy-makers and consumer groups, working together to improve the coordination and implementation of practice-based addiction and mental health research in Alberta.

The mission of the Research Partnership Program is to improve addiction and mental health outcomes for Albertans along identified research priority themes, by generating evidence and expediting its transfer into addiction and mental health promotion, prevention of mental illness, and innovative service delivery.

The Research Partnership Program sets out to increase Alberta's excellence and output of addiction and mental health research findings, and to better translate of these findings into practice improvements.

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Appendix A: Logic Model for House Next Door Society Project

OBJECTIVES	INPUTS	ACTIVITIES	PARTICIPATION	OUTPUTS	ASSUMPTIONS	OUTCOMES	POTENTIAL METRICS AND INDICATORS
Determine the efficacy of community reintegration/life-skills training programs offered by the HND Society and their impact on outcome measures of the specific program dedicated to the forensic mental health client.

Identify current and future housing and resource needs of HND Society in providing services to this complex population. | Evidence/ Literature

Interview and focus group data

HND Society Records

Environmental scan:
- HND Society (emphasizing house 2)
- Services for the forensic population across the continuum of care | Access evidence, literature

Conduct:
- Interviews and Focus Groups
- Environmental scan

Identify:
- Current state of the HND program in house 2 and components of service provision across the continuum of care for the population served by HND 2
- Strengths
- Challenges/barriers
- Gaps in service provision
- Recommendations
- Policy implications | HND Staff and Board members

HND residents (present at HND 2, in satellite and outreach housing, and past)

AHS staff (Alberta Hospital Edmonton, Case Managers)

FACS staff | Executive Report

Journal Article

Presentations | The Program offered by the HND Society supports the re-integration of forensic clients with severe, persistent chronic mental illnesses into the community | Program Review – Results of the study will inform program review and enhancement

Additional components of service delivery will be identified that can support the population served

Additional supports required by staff will be identified | Increased number of program components offered by the HND to residents.

Increased resources available for staff (education and training opportunities)

Staff available at a time required by residents.

Availability of rehabilitation professionals (e.g. OT services)

Increased number of transitional housing options

Increased number of emergency beds.

Increased resources for program expansion

Improved access to other resources (e.g. Housing First)

Increased numbers of opportunities for engagement between HND Society, and both community neighbours and service delivery partners |