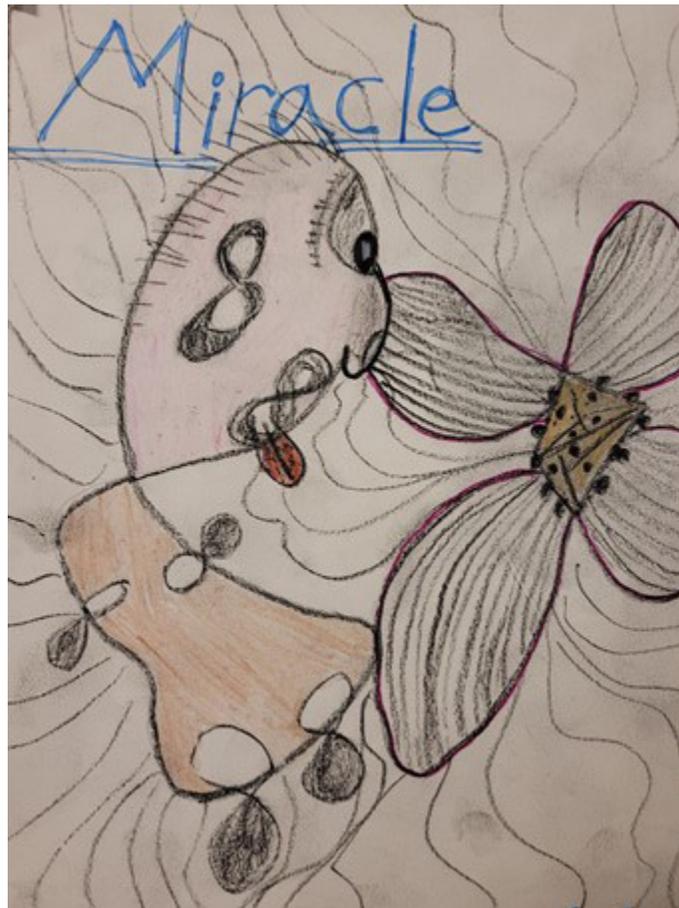


East Coast Forensic Hospital

Rehabilitation Program



Artwork by: Tim Butler

Contents

What is the ECFH?	2
What are the rehab units at the ECFH?	2
What is the Criminal Code Review Board?	2
Types of CCRB hearings	3
The types of CCRB dispositions.....	4
1. Hospital detention order.....	4
Community access levels.....	5
Community access levels.....	6
AWOL (Absent Without Leave)	7
2. Conditional discharge	8
3. Absolute discharge.....	8
What can I expect from my health care team?.....	8
What will my health care team expect from me?	9
What can I expect on the units?.....	10
Schedule	10
Meals.....	10
Phone.....	10
Laundry room.....	10
Visitors	10
Smoking.....	11
Trust fund	11
Canteen and apparel (clothes) shop	12
Approved items	12
Contraband (not allowed) items	13
Safety	13
Privacy	13

East Coast Forensic Hospital: Rehabilitation Program

My East Coast Forensic Hospital (ECFH) health care team includes:

Nursing team: _____

Psychiatrist: _____

Medical doctor: _____

Forensic community coordinator: _____

Social worker: _____

Psychologist: _____

Occupational therapist: _____

Recreational therapist: _____

Programming coordinator: _____

Clinical therapist: _____

Spiritual care provider: Please tell a member of your health care team if you would like to talk with a spiritual care provider.

Students: Nova Scotia Health is a teaching hospital. This means that students may sometimes join your health care team. You can choose if you would like to have a student on your team. Your choice will not change the care you receive.

Your health care team also includes:

- › Administrative assistants
- › Correctional officers
- › Dietitian
- › Housekeeping staff
- › Unit aides
- › Volunteers

ECFH address:

88 Gloria McCluskey Avenue
Dartmouth, NS B3B 2B8

ECFH phone numbers:

ECFH switchboard: 902-460-7300
Unit A nursing station: 902-460-7313 or 902-460-7314
Unit B nursing station: 902-460-7315 or 902-460-7316

Patient/family feedback (Patient Relations):

- › Phone (toll-free): 1-844-884-4177
- › Email: healthcareexperience@nshealth.ca
- For more information, ask a member of your health care team for pamphlet 0466, *Your Rights and Responsibilities*, scan the QR code below, or visit:
 - › www.nshealth.ca/patient-education-resources/0466

Scan the QR code below on your device
(open the camera on your device, point the
camera at the code, and tap the banner or
border that appears)



What is the ECFH?

- The ECFH is Nova Scotia's only medium-secure forensic hospital. It operates in partnership with the Nova Scotia Department of Health and Wellness and the Nova Scotia Department of Justice.
- The ECFH provides care for people who need mental health assessments, treatment, and rehabilitation (rehab) in a safe setting.

What are the rehab units at the ECFH?

- The patients on rehab units A and B are:
 - › under the authority of the Criminal Code Review Board and
 - › have been found to be not fit to stand trial or not criminally responsible for an offense.
- These patients take part in treatment programs and work with their health care team to get ready to safely return to the community.

What is the Criminal Code Review Board?

- When someone is found to be not fit to stand trial or not criminally responsible for an offense, the Criminal Code Review Board (CCRB) takes over their case.
- Members of the CCRB are chosen by the Government of Nova Scotia.

Types of CCRB hearings

1st CCRB hearing

- The CCRB will meet with you and your health care team within 45 days of you being found not fit to stand trial or not criminally responsible by a judge.
- You can choose to have a lawyer at your CCRB hearings or choose to represent yourself.
 - › All ECFH patients can choose to be legally represented by the Nova Scotia Legal Aid lawyer who is assigned to their CCRB process. There is no fee for this.
- There will also be a crown attorney (lawyer) present to represent the interests of the public.
- CCRB hearings are open to the public.
- **This hearing does not mean that you will be discharged from the hospital.** The CCRB will look at:
 - › What brought you to the ECFH
 - › Your current mental health
 - › Your past mental health and criminal history
 - › Information from your health care team
- They will decide if you are a “significant threat to the safety of the public”.
 - › The legal definition of “significant threat to the safety of the public” is: *A “significant threat to the safety of the public” requires that there must be a real risk of physical or psychological harm to individuals in the community and that the potential harm must be serious. A minuscule risk of great harm will not suffice, nor will a high risk of trivial harm. The conduct or activity creating the harm must also be criminal in nature. The court or Review Board will necessarily consider a broad range of evidence aimed at ensuring that they are able to make the difficult yet critically important assessment of whether the NCR accused poses a significant threat to public safety.* (https://nslegislature.ca/legc/bills/59th_1st/1st_read/b109.htm)
- If the CCRB finds you are a significant threat to the safety of the public, they will issue a disposition (official decision) and decide on your level of community access (see page 6). Ask your lawyer or members of your health care team if you have questions about this.
- After your 1st hearing, the CCRB must meet with you at least once a year to go over your progress. Your lawyer, your health care team, or the CCRB may also ask for more hearings during the year.

Restriction of liberties CCRB hearing

- You may also have a Restriction of Liberties (ROL) hearing.
 - › An ROL hearing happens when your community access level has been on hold for more than 7 days (1 week). This can happen for many reasons (like a change in your mental health, substance use, or misuse of community access).
- At your ROL hearing, the CCRB will decide if your health care team may keep limiting your community access.

The types of CCRB dispositions

1. **Hospital detention order:** You will stay in the care of the ECFH.
2. **Conditional discharge:** You are discharged, but you must follow certain rules for a certain length of time.
3. **Absolute discharge:** You are fully discharged and are no longer under the authority of the CCRB.

1. Hospital detention order

- When a judge finds you to be not fit to stand trial or not criminally responsible, you will stay on a rehab unit at the ECFH.
- Sometimes people are moved to a rehab unit to help them become fit for trial (stay well so they can understand the court process and talk with their lawyer).
- The Inpatient Rehabilitation Service also has a Daily Living Suite (DLS) program. This lets you test and practice your skills for living on your own to help you get ready to live in the community. People in this program will live in the hospital in a 1-bedroom apartment. You must be able to do your own cooking and housekeeping, and take medications on your own. You and your health care team will decide if the DLS program is right for you.

Individual treatment plan

- After your 1st CCRB hearing, you will work with your health care team to create an Individual Treatment Plan (ITP). You will choose goals and learning to help you in your recovery. Once you have created your ITP, you will meet with your health care team every 6 to 12 weeks to go over your progress and change your goals, if needed.
- Your ITP will include ECFH programs to help you learn about:
 - › Your physical health
 - › Your mental health
 - › Substance use
 - › How to manage anger and your risk to re-offend
 - › How to improve your memory and attention
 - › Managing your medications
 - › Skills for living in your community (like budgeting, taking the bus, grocery shopping, cooking)
 - › Getting ready to go back to work or school
 - › Recreation and leisure activities
- Your health care team will suggest programs for you to attend and help you choose the programs that are right for you.

Community access levels

- The CCRB considers **many things** before giving a patient community access. These include **public safety and whether the patient has the right supports** to reach their goals.
- The CCRB will choose the highest level of community access that is right for you. This is called the **community access ceiling**. You can work towards this level before your next CCRB hearing.
- **You will not automatically be given the highest level of community access after your CCRB hearing.** Your health care team will decide what community access level is best based on your recovery. They will ask for changes in your community access level as needed.
 - › Changes in your community access level must be recommended by your health care team and approved by the CCRB's Oversight Panel.
 - › The Oversight Panel helps to make sure that decisions about patients (like being admitted to the hospital, transfers between units, and returning to the community) meet patient needs, follow the law, keep everyone safe, and work within the limits of the health care and justice system.

Community access levels

Level	Definition
1: Hospital access (secure envelope)	<ul style="list-style-type: none"> • Patient does not have access to ECFH grounds. • All patient movements are directly supervised by ECFH staff.
2: Community access supervised by staff	<ul style="list-style-type: none"> • Patient has access to ECFH grounds or to the community under direct supervision of the clinical team. • Clinical team decides the staff to patient ratio needed for each patient.
3: Unsupervised hospital grounds	<ul style="list-style-type: none"> • Patient has access to ECFH grounds (stays within the identified boundaries) without direct ECFH staff supervision • Individual grounds access for 1 hour at a time • Indirect grounds access for up to 3 hours at a time for visits with loved ones and others approved by the clinical team
4. Indirectly supervised community access and DLS	<p>Patient has community access without direct staff supervision</p> <p>Community day passes may be granted for 3 to 14 hours with a limit on the number of times patients move through the secure space (at least once in 3 hours up to 2 times a day)</p> <p>Patients may be indirectly supervised for programs of any length without affecting their independent indirectly supervised community access hours</p>
Overnight passes	<p>Patient has indirectly supervised consecutive (in a row) overnight passes in the community at a location approved by the clinical team and follows conditions for unit call backs</p>
Conditional discharge	<p>Patient has been granted a conditional discharge disposition by the CCRB and can be discharged from the hospital</p>

- When you have **Level 4 access** and you can be in the community on your own, you will need to plan where you are going. **You must tell the unit if you want to change your plan while you are out on a pass.** You must also come back to the ECFH on time.

AWOL (Absent Without Leave)

- You are considered AWOL if:
 - › You do not follow your plan.
 - › You make changes to your plan without telling the unit.
 - › You do not come back to the ECFH on time.
- **You must be back on the unit before your pass ends.**
 - › Make sure you have enough travel time in case traffic or weather causes delays.
 - › Make sure you have enough time to be searched by correctional officers before entering the unit.
 - › **Call the unit if you think you may be late.**
 - › Unit A nursing station: 902-460-7313 or 902-460-7314
 - › Unit B nursing station: 902-460-7315 or 902-460-7316

If you are AWOL:

- › We will contact the police and ask them to find you and bring you back to the ECFH. A media release may be sent to help find you.
- › When you come back to the ECFH, your community access will be placed on hold.
- › Your health care team will go over why you went AWOL and what happened while you were away from the ECFH. This information will be given to the CCRB's Oversight Panel for review.
- › Your community access level may be lowered based on why you went AWOL.

2. Conditional discharge

- When the CCRB gives you a conditional discharge, you may not be able to leave the ECFH right away.
- Your health care team will work with you to plan for your return to the community. Before leaving the ECFH, you will need a suitable place to live and supports in place.
- Your conditional discharge will list the conditions you must meet for a certain amount of time. For more information, visit:
 - › https://novascotia.ca/just/ccrb/ccrb_overview.asp
- Your forensic community coordinator will meet with you regularly to make sure you are following the conditions set by the CCRB.

3. Absolute discharge

- When you are given an absolute discharge (you are free to go), you will no longer be followed by your ECFH health care team or hospital staff.
- Your health care team will connect you with community-based supports, as needed.

What can I expect from my health care team?

- Members of your health care team will help you to meet your goals and work towards recovery.
- Nursing staff are available at all times to provide care and help you meet your physical and mental health needs.
- You will be able to take part in hospital programs. Your health care team will also help you find programs in the community that interest you.
- When you are given a conditional discharge, your health care team will help you with discharge planning and connecting with community resources to meet your needs.

What will my health care team expect from me?

- You will be expected to:
 - › take part in rehab activities.
 - › meet with members of your health care team and attend team meetings.
 - › be respectful to staff and other patients.
 - › keep your bedroom clean and free from clutter.
 - › keep your personal belongings in your bedroom.
 - › keep common living spaces clean and tidy.
 - › keep good personal cleanliness.
 - › take your medications as prescribed.
 - › respect the privacy and personal belongings of others. **Do not go into other dayrooms and/or bedrooms.**
 - › help keep the units safe by not arguing (fighting) and reporting arguments to staff.
 - › **not** use aggressive words or actions. If you have concerns or an argument with another patient, talk with nursing staff.
 - › **not** be violent towards other people or property.
 - › **not** use alcohol, cannabis, synthetic (human-made) cannabis, other illegal drugs, or non-prescribed medication.
 - › talk with staff if you have concerns.
 - › follow unit rules and hospital policies.
- Following these expectations will help make your stay at the ECFH more comfortable and may help you be able to leave sooner.
- **Note: Staff may make changes to these expectations to manage risk.**

What can I expect on the units?

Schedule

- There are daily quiet times to support your wellness. You will need to stay in your **dayroom** during these times:
 - › 12:30 p.m. to 1:30 p.m.
 - › 6:30 p.m. to 7:30 p.m.
 - › 10:00 p.m. to 8 a.m.

Meals

- › Breakfast: 8:00 a.m. to 8:30 a.m.
- › Morning break: 10:30 a.m. to 10:45 a.m.
- › Lunch: 11:30 a.m. to 12:30 p.m.
- › Afternoon break: 2:30 p.m. to 2:45 p.m.
- › Supper: 4:30 p.m. to 5:30 p.m.
- › Night lunch: 8:00 p.m. to 8:15 p.m.

Phone

- There is a payphone in each dayroom. Staff **do not** answer the payphones, so please stay in the area if you are expecting a call.
- **Personal cell phones are not allowed on the units.**

Laundry room

- There is a washer, a dryer, and laundry detergent on each unit. You must wash your own clothes. Ask nursing staff which day you may use the laundry room. Ask staff if you need help using the machines.

Visitors

- When you are moved to a rehab unit, your health care team will decide if it is better for you to have non-contact or contact visits with your loved ones.

Non-contact and contact visits can be booked from:

- › 9:00 a.m. to 12:30 p.m.
- › 1:30 p.m. to 5:30 p.m.

Visits must be booked 24 hours (1 day) in advance. You can book by calling the ECFH switchboard:

- › Phone: 902-460-7300

Non-contact visits

- Visits are booked for 30 minutes (half an hour). This will depend on how many visits are booked that day.
- All visitors must show a picture government ID (identification) to Reception or Master Control (security) staff when they arrive at the ECFH.
- Visits take place in the non-contact room. You will be separated from your visitor by a secure window. You will be able to talk to them using a phone.

Contact visits

- Visits are booked for 60 minutes (1 hour).
- All visitors must show a picture government ID to Reception or Master Control staff when they arrive at the ECFH.
- Your visitor will be asked to lock their belongings (like their coat, purse, bag, keys) in a locker in the lobby. Reception staff will give them a lock.
- **Your visitor cannot bring food or drinks into the visit room.**
- There are 2 contact visit rooms. Staff watch the rooms through a video camera.
- **The visit will end right away if there is any inappropriate behaviour** (like sexual behaviour, passing objects not searched by correctional officers, arguing or fighting, and other upsetting behaviour).

Smoking

- Smoking is **not** allowed within the ECFH or on the hospital grounds.



Trust fund

- The ECFH has a trust fund where you can set up an account, like a bank. You can deposit and withdraw money while you are in the ECFH.
- **You may add to your trust fund account using cash, a money order, or a certified cheque.** You will be able to cash your government-issued Income Assistance and GST/HST rebate cheques.
- **We do not accept funds by electronic fund transfer (e-transfer) or personal cheque.**

- Your loved ones may also add to your trust fund account. Please talk with the receptionist to have money added to your account.
- Hours:
 - › Monday to Friday, 2:00 p.m. to 4:00 p.m.

Canteen and apparel (clothes) shop

- Occupational Therapy runs a canteen that you can use.
 - › The canteen is open once a week based on staff availability. **It may be cancelled on short notice.**
- An apparel shop where you can take items at no charge
 - › Items at the shop change, but include shirts, pants, jackets, and shoes.
 - › If you need items from the apparel shop, ask nursing staff to fill out a form for you.

Approved items

- Please ask your health care team for a list of items you are allowed to have. These include:
 - › Basic hygiene products (like soap, shampoo, deodorant)
 - › Clothes
 - › Personal items
 - › Books and stationery (writing paper)
 - › Electronics
 - › Therapeutic items
 - › Food
 - › Money
- **Personal cell phones are not allowed on the units (see page 10).**

Contraband (not allowed) items

- The ECFH aims to provide a safe environment for patients' rehab and recovery, for ECFH staff, and for the public. Any item that may be a risk to the safety and security of patients, staff, or the public is contraband.
- **If you are found with a contraband item, there may be changes to your community access.**

Safety

- Patient and staff safety is very important at the ECFH. Physical and verbal aggression towards yourself or others is **not** allowed.
- Correctional officers help to keep the ECFH safe. There is an intercom panel connected with Master Control (security) in each room.
 - › If you are distressed by another patient's behaviour, please talk with nursing staff.
 - › **If you are in distress and you are not able to reach nursing staff, press the intercom button to connect with Master Control.**

Privacy

- To respect the privacy of everyone on the unit, **do not take photos, or audio and/or video recordings of patients or staff.** If you do not follow the *Code of Conduct*, you will lose the privilege to use personal electronics.
- Respect other patients' privacy by not talking about them.

