NSW Health

NSW Drug Court – Clinical and Operational Guide for Health

NSW GOVERNMENT

NSW Ministry of Health
1 Reserve Road
ST LEONARDS NSW 2065
Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900
www.health.nsw.gov.au

Produced by: NSW Ministry of Health

The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

Further copies of this document can be downloaded from the NSW Health webpage www.health.nsw.gov.au

SHPN (CAOD) 220862
ISBN 978-1-76023-345-7

April 2023

Contents

Introduction

The Drug Court Program (DCP) is a collaborative program between the justice system and health service providers that oversees the voluntary rehabilitation of adults with a substance use disorder who would otherwise be incarcerated. This specialist Court takes referrals from Local and District Courts for adults within the catchment areas who plead guilty to non-violent and other eligible offences and provides an intensive, highly structured program of supervision and treatment with the goal of abstinence from illicit substances.

THE VOICE OF A PARTICIPANT:

"You know without the Drug Court I would probably be dead by now. That is the truth. That is where my years of using had gotten me, I didn't care if I lived or died. I felt like I was pretty worthless. But once I entered that program my mindset started changing and if I can do it anyone can do it."[1]

The objectives of the Drug Court Program are to:

- reduce the drug dependency of eligible persons
- promote the re-integration of such drug dependent persons into the community
- reduce the need for such drug dependent persons to resort to criminal activity to support their drug dependencies.

The "NSW Drug Court – Clinical and Operational Guide for Health" (the Guide) outlines the health service delivery within a therapeutic jurisprudence response to crime and offending behaviour. The Guide describes the activities Justice Health NSW, Local Health Districts (LHDs) and non-government organisations provide to ensure participants receive person-centred, integrated, best practice alcohol and other drug treatment.

Purpose

The "NSW Drug Court – Clinical and Operational Guide for Health" has been designed to:

- ensure consistency in the delivery of the DCP to all participants across NSW
- guide best practice alcohol and other drug (AOD) treatment for all DCP participants
- guide the delivery of safe, patient-centred quality health care for the DCP through application of the NSW Health *Clinical Care Standards for Alcohol and Other Drug Treatment*.

This Guide has been developed for use by health workers in both government and non-government settings involved in the major elements of:

- initial referral
- development of the "highly suitable treatment plan"
- court based monitoring
- community based care and treatment planning
- treatment interventions
- shared care and case management
- graduation/completion
- transfer of care

Intended Outcomes

The intended outcomes at an individual level are that the participant:

- abstains from illicit drug use and cease offending behaviours
- has improved physical health and stabilised mental health
- develops life skills and employment skills
- becomes engaged in a positive activity in their community (e.g employment, education or training).

Access to Drug Court Program

The Drug Court Program currently operates in four locations across NSW: Parramatta, Hunter (Toronto), Sydney (Downing Centre) and Dubbo.

The DCP provides an opportunity for long term, intensive community-based treatment, and wraparound care to people who would otherwise be serving a full-time custodial sentence. For all staff and agencies involved in the Program, this requires a dedication to improving the participant's experience of the Justice system through transparency, honesty, and consistency.

For participants, it is a unique opportunity to serve their custodial sentence in the community by engaging with treatment while also benefitting from the services and advocacy of multiple agencies all working together towards improving the participant's lifestyle and general wellbeing.

For Health services, the DCP provides an opportunity to engage with people who would otherwise have limited access to treatment or who are often lost to care due to repeated incarceration. The role of the Health professional within this abstinence-based framework can be a challenging one, especially when balancing therapeutic treatment with responsibilities to the Court; but it is this balance that also assists participants to navigate a complex Program and have their voices heard within a criminal justice system where they have traditionally been silenced.

Drug Court Program Policy Framework

01

The overriding policy framework for the DCP is provided by the Drug Court Act 1998 and the policies of NSW Communities and Justice.

Health service provision supports the objectives of the Act in relation to reducing drug dependency of individuals and consequent harm to themselves, families and the community.

The Ministry of Health is the lead Health agency in relation to policy and the governance of the NSW DCP, providing:

- program governance for Health agencies
- funding allocations to Justice Health NSW and LHDs
- funding and performance agreements with NGO AOD residential rehabilitation and supported residential care providers
- program model and Health related policy
- NSW Health Drug Court Program Advisory Committee (DPAC).

1.1 Therapeutic Jurisprudence and Trauma Informed Courts

WHAT

The DCP is considered a solution-focussed court that aims to address offending by facilitating access to holistic treatment of substance dependence and encouraging positive behavioural change.

Solution-focussed courts rely on the concept of therapeutic jurisprudence: an interdisciplinary approach which sees the law as a social force producing behaviours and consequences and encourages a focus on applying the law in a way that promotes the wellbeing of those affected while still respecting values such as justice and due legal process.[2]

The application of law from a therapeutic jurisprudence approach also encourages trauma informed legal practice through recognition of the impact of past trauma on individuals before the Court, and actively using strategies to minimise institutional re-traumatisation.[3]

More Information

1. Judicial Commission of NSW – Handbook for Judicial Officers (2021) **Therapeutic jurisprudence and the trauma-informed court (nsw.gov.au)**
2. Judicial Commission of NSW 2022 – **Trauma-informed courts - Guidance for trauma-informed judicial practices (nsw.gov.au)**

"The Drug Court of NSW has many opportunities to conduct a successful trauma-informed court. Our level of contact with participant offenders, our co-operative arrangements with treatment partners, and our ability to share information between members of the team, all combine to ensure the judge knows so much more about the participants than a judge in any traditional court case. A Drug Court judge, after imposing an initial sentence, can then seek to establish a therapeutic relationship with the participant, aided by a broad range of services and support."[i]

[i] Dive R., *"The trauma-informed approach of the Drug Court of NSW"* Handbook for Judicial Officers, 2021 at www.judcom.nsw.gov.au/judicial-officers/

1.2 Closing the Gap – Aboriginal and Torres Strait Islander Participants

WHO

Aboriginal and Torres Strait Islander people are overrepresented throughout the NSW criminal justice system, and in NSW the imprisonment of Aboriginal and Torres Strait Islander people is almost 10 times the non-Aboriginal imprisonment rate.[4]

Under the National Agreement on Closing the Gap, NSW Government has committed to reducing the rate of Aboriginal and Torres Strait Islander adults held in incarceration by 2031.[5]

The NSW Attorney General and Department of Communities and Justice have been identified as the lead agencies, with the DCP playing a significant role in providing diversion from custody and access to AOD treatment.

HOW

While a person's contact with or progression through the justice system can be reduced through intervention programs, there are lower participation and completion rates of intervention programs among Aboriginal and Torres Strait Islander people, particularly those who access mainstream programs.[6] The DCP employs several strategies to increase access and embed culturally safe and appropriate practices across operations and business processes:

- Additional ballot provisions
- Cultural Safety Framework and reference groups
- Aboriginal List Days
- Court-appointed Aboriginal Case Coordinators.

More Information

1. **Closing the Gap NSW Implementation Plan**
2. **Reducing Aboriginal Overrepresentation in the Criminal Justice System 2018-2021- Department of Communities and Justice**
3. Judicial Commission of NSW 2022 – **Trauma-informed courts - Guidance for trauma-informed judicial practices (nsw.gov.au)**
4. **NSW Government Select Committee Report 2021 The high level of First Nations people in custody and oversight and review of deaths in custody**
5. **Drug Court NSW Policy 12 Selection of Participants**

In Australia elevating the voice and approaches of First Nations people is essential to positive outcomes for both indigenous and non-indigenous people – this is a key goal of Closing the Gap. Respecting the culture and contribution of Aboriginal and Torres Strait Islander people to healthcare and self-determination involves genuine relationship building, the acknowledgment of intergenerational trauma of colonisation, the significant role family, kinship and community play as part of a healing process, and the need to work holistically. Working towards acknowledgment, respect and reconciliation is vital in the provision of quality healthcare and should underpin all psychosocial interventions.[ii]

[ii] NSW Health (2023) Alcohol and Other Drugs Psychosocial Interventions Practice Guide

"Conceptualisations of wellbeing, and therefore efforts for healing and rehabilitation, are intrinsically tied to culture, with Indigenous perspectives of wellbeing and healing reflecting holistic worldviews that consider connections between physical, social and emotional wellbeing, individual and collective wellbeing, and the impact of social, political and historical factors.

Culture, connection to culture, and self-determination are therefore central to understandings of Aboriginal and Torres Strait Islander wellbeing, and the achievement of optimal outcomes for social and clinical programs and services for Aboriginal and Torres Strait Islander individuals, families and communities."[7]

Figure 1:
'Social and Emotional Wellbeing Framework depicting the interplay of social and historical Determinants'

From Gee et al (2014), cited in Vanessa Edwige and Dr Paul Gray, Significance of Culture to Wellbeing, Healing and Rehabilitation (2021)

1.3 Drug Court Interagency Team

WHO

The "Drug Court team" is led by the DCP Judge at each location and consists of senior representatives from each DCP partner agency including:

Department of Justice

Responsible for:

- operation of DCP Registry and all Court processes
- supervised urine drug screens including declarations
- secretariat for all DCP team and management meetings.

NSW Police

Responsible for:

- providing criminal history information to the team at referral
- co-ordinating police contact with participants if required
- monitoring police contact with participants including on-program offending
- executing Drug Court warrants.

NSW Office of the Director of Public Prosecutions (ODPP)

Responsible for:

- representing the interests of the wider community in providing advice on suitability for Program entry and ongoing monitoring of compliance and suitability – this includes making submissions about sentencing, phase progression, sanctions, sunset clauses, potential to progress, and termination.
- chronology of participant's program.

Legal Aid NSW

Responsible for:

- representation of participants throughout their DCP
- referral to appropriate Family or Civil assistance where required.

JUSTICE TIP:
Because the Drug Court sits at District Court level, the officer presiding is a Judge

1.3 Drug Court Interagency Team (cont.)

WHO

Community Corrections NSW

Responsible for:

- evidenced based case management to address offending behaviours (including assessing risk of reoffending, developing a case plan and delivering behaviour change exercises and programs).
- collaborating with Health across common psychosocial case management domains
- accommodation assessments (including verification of address, criminal record checks for co-residents, child protection checks for any children residing at the address, undertaking for co-residents)
- home visiting and compliance monitoring including curfew checks

Justice Health and Forensic Mental Health Network

Responsible for:

- clinical treatment within custodial setting
- other functions as described in this Guide.

Local Health Districts

Each Local Health District providing service to the DCP has a specialist multidisciplinary clinical team responsible for overseeing treatment of DCP participants outside of custody. DCP participants often present with complex treatment needs that require a holistic response with medical, nursing, and allied health input.

Responsible for:

- clinical treatment outside of custodial setting
- other functions as described in this Guide.

WHAT

For every member of the Drug Court team, the Court process and procedures will be unfamiliar and differ significantly from traditional practice. As each member of the team will bring an individual perspective and philosophy, the collaborative effort of the DCP and its underlying therapeutic focus can be a significant challenge for all members of the program.[8]

It is recognised that within collaborative models, potential exists for different perspectives on issues relating to philosophy, formal training, and agency policy.

HOW

Principles to guide effective collaborative models include:

- team members should be aware of the relative roles of all parties
- processes should dictate inclusive decision making
- there should be a focus on approaches that participants will benefit from and inclusion of participants in decision making
- transparent and documented communication processes will underpin practice.

More information

1. Drug Court NSW - About us

1.4 Privacy and Confidentiality

WHO

- Judge
- DCP Registrar
- NSW Police Prosecutor
- Office of the Director of Public Prosecutions (ODPP)
- Legal Aid NSW
- Community Corrections
- NSW Health (across LHDs and Specialty Networks)
- NGO residential rehabilitation providers
- NGO AOD supported residential care providers

WHAT

Collaborative service delivery in the DCP is underpinned by the sharing of relevant information among the DCP team, partner agencies and NGO treatment providers.

The general principles for information sharing in accordance with the NSW Privacy and Personal Information Act 1998 and the NSW Health Records and Information Privacy Act 2002 are that:

- information provided by participants and their care givers is obtained and disclosed for purposes directly related to the functions and activities of the Program
- a participant's personal information should only be given to another agency (outside those designated in the treatment plan) with the individual's permission and where the disclosure is directly related to the goals of the treatment plan or clauses OR **where disclosure is required by other legislation or likely to reduce serious risk to someone's life or health**
- personal information (including reports) should be securely held
- participants are told the purpose of collecting the information
- the information is relevant.

Other limits of confidentiality, for example child protection mandatory reporting or threats to harm self or others, remain the same as for non-DCP clients.

Additionally, both the Drug Court Act and Drug Court Regulation set out the responsibilities of any staff member involved in the Program for providing information to the Court relating to a participant's failure to comply with their Program (see Responsibilities of Health staff as officers of the Court P.87).

The following protections are also afforded to participants either by the Drug Court Act or Standing Direction by the Senior Judge:

- A participant cannot be prosecuted for offences relating to the possession or use of illicit drugs following any admission of use made in connection with their Program
- Information gathered as part of a participant's Program is protected from subpoena (see section 10.2 Health Records and Information P.85)
- While Court sittings are public, the recording and publishing of any information which may identify a participant is prohibited.

1.4 Privacy and Confidentiality (cont.)

HOW	• When participants enter the Program, they are asked to sign a 'General Undertaking' which provides global consent to the sharing of relevant information between those agencies identified in the treatment plan and in the 'General Undertaking'. • Progress reporting and exchange of information between the DCP team agencies should be **ongoing and continuous** at an informal level as part of shared case management e.g verbally, as well as relying on the substantial schedule of reporting.
More information	1. **Privacy Manual for Health Information 2015** 2. **Drug Court Act 1998 No 150 - NSW Legislation s.31** 3. **Drug Court Regulation 2020 - NSW Legislation s.10** 4. **Standing Directions re Publication and Privacy** 5. Section 10.2 Health Records and Information P.85 6. Section 10.3 Responsibilities of Health staff as officers of the Court P.87 7. Appendix 4 – Forms: DCP General Undertaking 8. **Child Well-being and Child Protection Policies and Procedures for NSW Health**

Program Entry

02

2.1 Eligibility Criteria

WHAT

To be eligible for the Drug Court a person must:

- be highly likely to be sentenced to fulltime imprisonment if convicted
- intend to plead guilty to the offence
- **be dependent on the use of prohibited drugs**
- live in the prescribed Local Government Area catchments for each Court
- be 18 years of age or over
- want to participate.

A person is not eligible if he/she:

- is charged with an offence involving violent conduct or sexual assault
- is charged with an offence punishable under Division 2 Part 2 of the Drug Misuse and Trafficking Act 1985 which cannot be finalised summarily
- **is suffering from a mental condition that could prevent or restrict participation in the program**
- has previously been a Drug Court participant and it is less than three years since final sentence or the end of a Drug Court imposed non-parole period, whichever is the later.

HOW

- Referrals come from Local and District Courts and are reviewed by the Drug Court then subject to the ballot process
- Where there are concerns regarding an applicant's appropriateness due to a **propensity for violence or mental condition that could prevent or restrict participation in the program** the Court can order a 7A(2) hearing under the Drug Court Act. The Court can refer the applicant to Justice Health NSW for a psychiatric assessment and report to determine whether the applicant is appropriate to participate and whether there may be a "highly suitable treatment plan" available. The hearing will consider information from the Justice Health report and information provided by Community Corrections in relation to risk of reoffending and strategies for mitigation.

More information

1. **Drug Court Act 1998 No 150 - NSW Legislation**
2. **Drug Court Regulation 2020 - NSW Legislation**
3. **Drug Court NSW Policy 12 Selection of Participants**
4. Justice Heath NSW Drug Court Operations Manual (2018)
5. Appendix 4 – Forms: DCP "Highly Suitable Treatment Plan"

2.2 Drug Court Program Ballot

WHAT	As places are limited on the DCP, an electronic ballot is run weekly at each location to allocate available program places to potential participants who have been referred by Local and District Courts. Potential participants who are not selected are put back into the mainstream Court system to have their matters dealt with in the usual way. Applicants who have been allocated a place within the DCP from the ballot then proceed to an initial referral appearance in the Drug Court.
WHO	• Referral to the DCP is a judicial process. Referrals come from eligible Local and District Courts, and the ballot is administered by the Registrar for each Drug Court. • Health services do not have input into this judicial process. • DCP legal teams and Judges may elect to review the appropriateness of referrals based on legal factors prior to the ballot. This should ensure inappropriate referrals do not displace appropriate referrals in the allocation process.
More information	1. **Drug Court NSW Policy 12 Selection of Participants**

PRACTICE TIP:
Following the ballot, the DCP Registrar sends out Court lists for each sitting. These lists will show who is scheduled for initial referral, reportback, other hearing or sentence, termination, or graduation.

2.3 Initial Referral to Drug Court Program

PRACTICE TIP:
Depending on the Court, the Court based clinician may be from Justice Health NSW or the LHD.

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHAT	Initial referral is the first contact between a referred person and the DCP team. The initial referral process combines information from Police/DPP, Community Corrections, and Legal Aid about a person's offending, risk of reoffending, custodial history and prior responses to supervision, with information from Health about a person's drug dependence to determine eligibility and appropriateness to participate in the Drug Court Program.
WHO	• Court-based clinician
WHEN	• After a place on the DCP has been allocated to an applicant in the ballot process
HOW	The Health Court-based clinician (or delegate) will: • speak with the person in cells to complete the DCP Health Eligibility Determination, which includes: – Finding of Health Eligibility – Drug Court Accommodation Assessment Request – Eligibility screen • provide relevant information about DCP and the intake process to the applicant. • provide information about the DCP to support the person in making a voluntary decision to participate or not in the program. • determine if the person meets program eligibility criteria within Health scope of practice ie: – has a treatable AOD problem, and – consents to participate. • provide a copy of the completed Drug Court Accommodation Assessment Request (DCAA) Request form to Community Corrections • provide copies of the full DCP Health Eligibility Determination to Justice Health NSW Drug Court Program Assessment Unit and relevant LHD • if acute mental health risks are identified, escalate to services as clinically appropriate. • provide brief intervention regardless of eligibility It is preferable that assessment be conducted in person but it may be conducted via AVL/telehealth if necessary.

2.3 Initial Referral to Drug Court Program (cont.)

RELEVANT CLINICAL DOCUMENTATION

- Appendix 4 – Forms: DCP Health Eligibility Determination:
  - Finding of Health Eligibility
  - Drug Court Accommodation Assessment Request form
  - Eligibility Screen

More information

1. **Drug Court NSW Policy 5 Accommodation for Participants**
2. **Drug Court NSW Policy 8 Mental Health Conditions**
3. **Drug Court NSW Policy 12 Selection of Participants**
4. Justice Health NSW Drug Court Operations Manual (2018)

THE VOICE OF A PARTICIPANT:

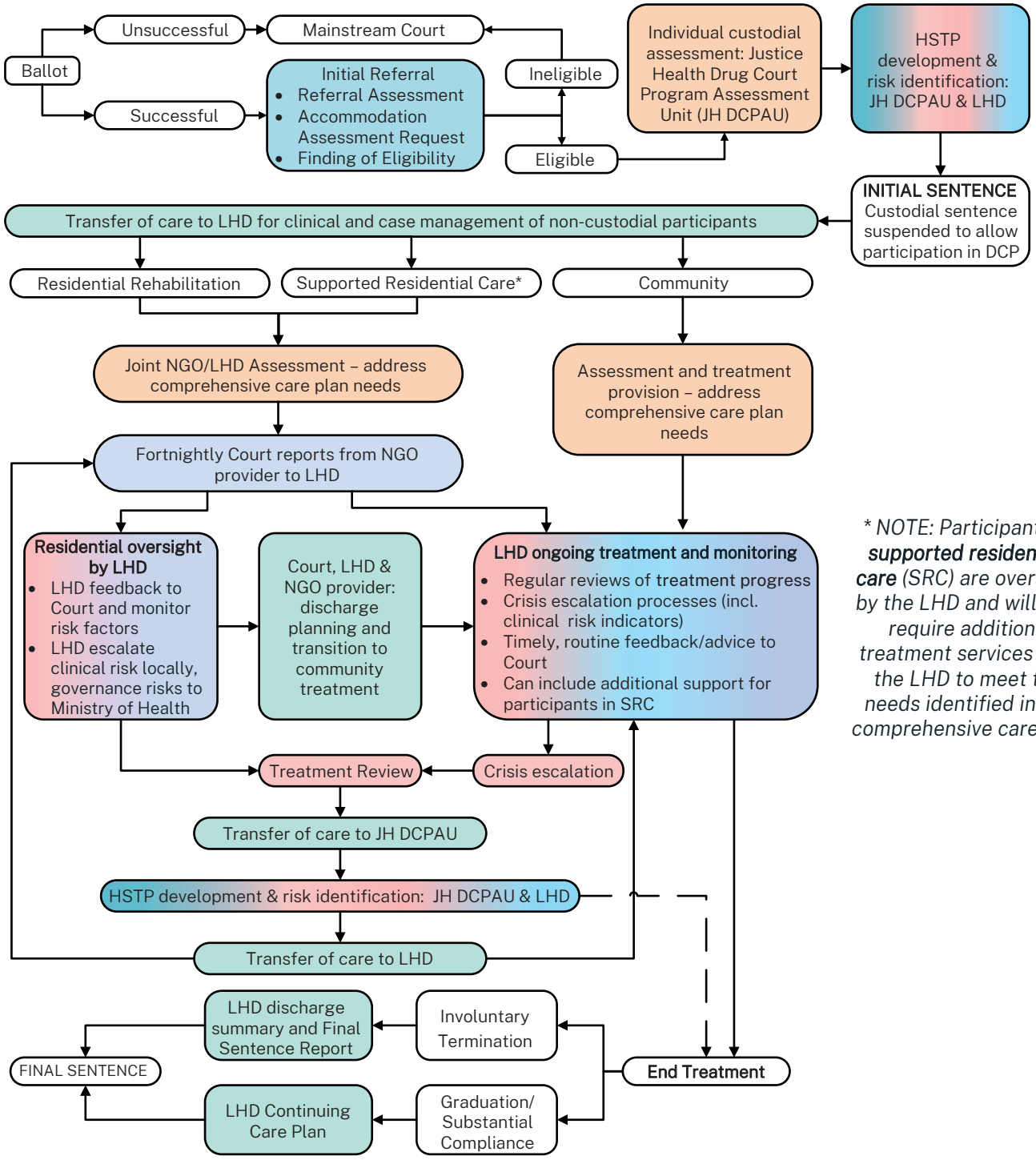
"Ever since I got on the Program it was probably the best time in my life... having everyone's support, no matter what – no one gave up on me."[9]

Drug Court Participant Journey

03

3. Drug Court Participant Journey

Figure 2:
Drug Court Program Participant Journey



** NOTE: Participants in **supported residential care** (SRC) are overseen by the LHD and will also require additional treatment services from the LHD to meet the needs identified in the comprehensive care plan*

CLINICAL CARE STANDARDS: ALCOHOL AND OTHER DRUG TREATMENT

Development of the Drug Court Program "Highly Suitable Treatment Plan"

04

4.1 Drug Court Program "Highly Suitable Treatment Plan"

WHAT

Participants on the DCP are subject to **suspension of their custodial sentence** on the condition they participate in and comply with conditions of their "highly suitable treatment plan".

The "highly suitable treatment plan" (HSTP) is a legal document outlining the conditions imposed upon the participant in the community, similar to bail conditions imposed on clients in other programs.

The role of the Health agencies in the development of the HSTP is to ensure that the plan provides the participant with the best and safest opportunity to engage in treatment outside the custodial setting.

The HSTP contains the conditions of a participant's Program:

- Participant name and Court reference number
- Approved address (community, NGO residential rehabilitation or AOD supported residential care)
- Treatment provider (LHD team; or LHD team and NGO residential rehabilitation/AOD supported residential care)
- Date of undertaking and Program commencement date
- Treatment modality
- Court location
- Special conditions of Program (e.g additional clauses)
- Responsibility to the Court
- Brief undertaking

PRACTICE TIP:
The "treating LHD" is allocated by Justice Health NSW in the Drug Court Program Assessment Unit and is determined by where the person was residing at the time of initial referral.

In the absence of a HSTP agreed to by the participant, Justice Health NSW and the treating LHD, the participant may be excluded from the Program by the Court.

Variation of some of the conditions of the HSTP may occur at any time throughout the Program either by formal treatment review or agreement of the Court – including address, treatment provider, treatment modality, report back/urine drug screening days and clauses.

The conditions of a participant's HSTP will inform the LHD's comprehensive care plan.

WHO

- Justice Health NSW and LHD.
- The plan is utilised by the Court in sentencing and ongoing monitoring of the participant's progress in the Program.
- Every participant will receive a copy of their HSTP from the Registrar when entering onto the Program following their release from custody.

4.1 Drug Court Program "Highly Suitable Treatment Plan" (cont.)

WHEN

Development of the HSTP commences after a participant has been found eligible for the Program at initial referral.

HOW

- Development of the HSTP occurs in the DCPAU and consists of two main elements:
  - the Justice Health NSW DCPAU assessment – see section 4.3
  - LHD / Justice Health NSW weekly HSTP review meetings – see section 4.4.
- The treating LHD is required to endorse the agreed HSTP, and in doing so agrees to accept responsibility for overseeing the treatment of the participant outside of custody.
- Available treatment modalities on the DCP include:
  - Residential Rehabilitation (+/- Opioid Agonist Treatment)
  - AOD supported residential care (+/- Opioid Agonist Treatment)
  - Community (+/- Opioid Agonist Treatment).
- Once agreed between Justice Health NSW DCPAU and the treating LHD, the details are entered by the Court based clinician into the Drug Court registry system to create the treatment plan document prior to the participant's initial sentence.
- The HSTP document produced by the Drug Court registry system also includes standard letters to participant's GP and to Centrelink (to suspend any job seeking activity for the first three months of the Program).
- Participant receives a copy of all three documents.

JUSTICE TIP:
The DCP has its own database and information management system. Court-based Health staff should obtain access via the Registrar to enter HSTP and treatment variations.

RELEVANT CLINICAL DOCUMENTATION

- Appendix 4 – Forms:
  - DCP Treatment and Case Management Plan (known as the Highly Suitable Treatment Plan) - includes letter to GP and Centrelink
  - Variation to Drug Court Program form

More information

1. **Drug Court NSW Policy 2 Treatment plans and placement**
2. Section 4.7 Escalation process for "No highly suitable treatment plan" P.37
3. Justice Heath NSW Drug Court Operations Manual (2018)

4.2 Drug Court Program Assessment Unit (DCPAU)

WHO

- Justice Health NSW
- Corrective Services NSW

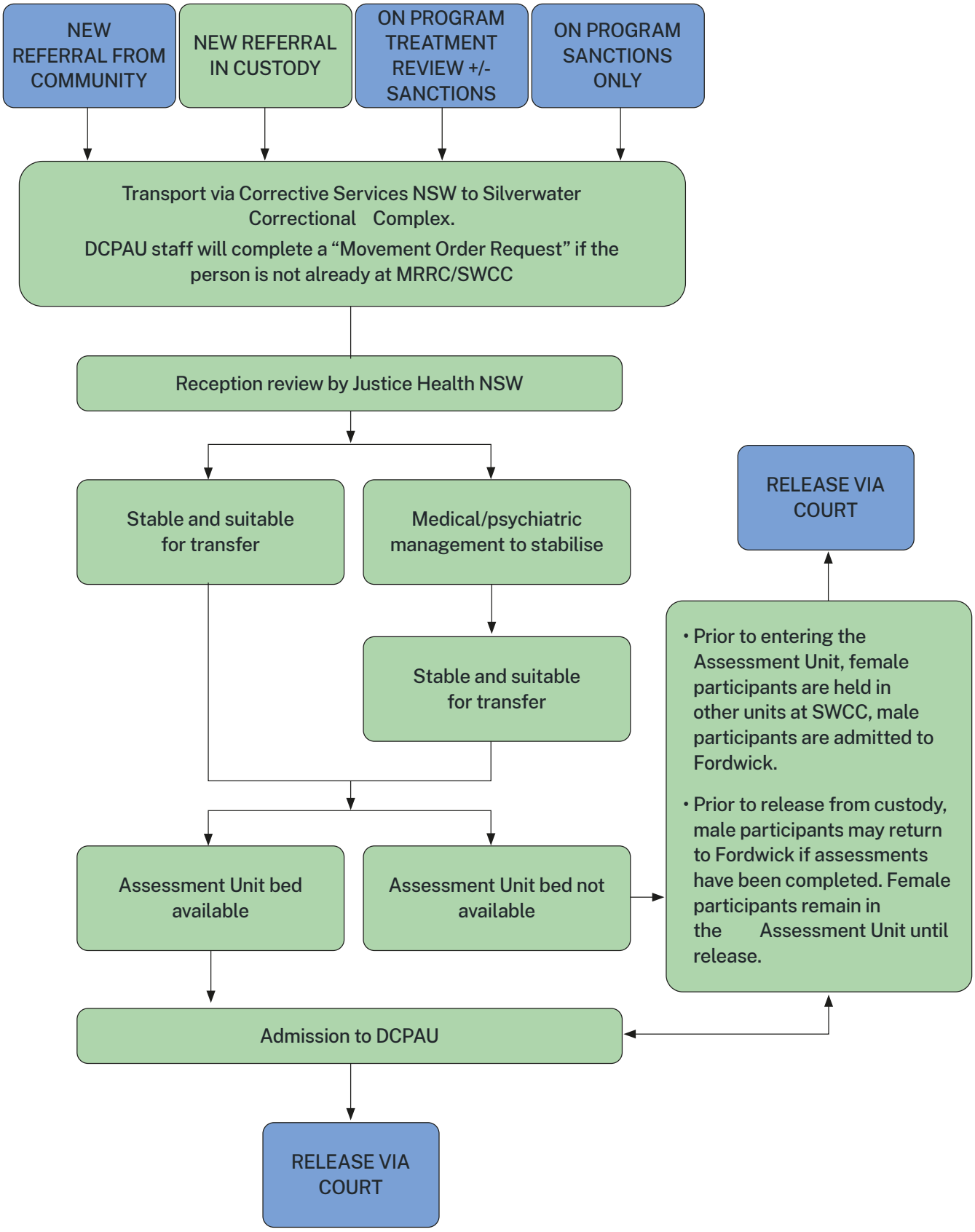
WHAT

- The DCPAU operates within the Metropolitan Remand and Reception Centre (MRRC) for male participants and Silverwater Women's Correctional Centre (SWCC) for female participants, both located at Silverwater Correctional Complex.
- The men's Assessment Unit has 17 camera monitored beds, with a further 52 beds in the Fordwick pod to house those serving sanctions, requiring a treatment review or awaiting a bed in the Assessment Unit.
- The women's Assessment Unit has 16 beds (not camera monitored) located in the Willet West wing. Female participants serving sanctions or awaiting a bed in the Assessment Unit will be housed in other wings of the centre.
- Both Assessment Units are staffed during business hours (7am to 3.30pm) seven days a week. This includes a Nursing Unit Manager (Monday to Friday), a team of AOD nurses (seven days a week), Administration Officers (Monday to Friday), Addiction Medicine Specialist (two half days a week), Psychiatrist (two half days a week), and access to General Practitioners as required.
- Outside of business hours the participants in the Assessment Units are cared for by the on-site health centre primary care nurses, with D&A support provided by the Remote On-call Afterhours Medical Service as required.
- The minimum stay period in the Assessment Unit is 14 days. However participants may stay longer while accommodation and treatment plans are finalised.
- During their time in the Assessment Unit, the DCP team provide:
  - withdrawal management if/when required. Most participants would have already had their withdrawal managed in the main part of the correctional centre by the D&A and primary care teams, before the Assessment Unit transfer
  - nursing staff to complete the DCPAU Assessment/Treatment Review Questionnaire and refer for further medical intervention as required: AOD, primary care, psychiatry
  - Brief interventions and psychoeducation
  - OAT (Opioid Agonist Treatment) stabilisation and monitoring. Participants generally commence OAT before transferring into the Unit. This is because it can take some participants up to six weeks to stabilise on treatment, which is important before being released from custody
  - stabilisation for other new medications e.g., psychotropics, which may require a minimum of four weeks
  - facilitate referrals and assessment via phone or AVL/telehealth to residential rehabilitation and AOD residential supported care services as required
  - liaise with treating LHDs in relation to care of the participant outside of custody

4.2 Drug Court Program Assessment Unit (DCPAU) (cont.)

WHAT (cont.)	– facilitate access to participants via AVL/telehealth for LHDs and other DCP agencies as required via contact by email: JHFMHN-DrugCourtProgramAssessmentUnit@health.nsw.gov.au – manage any other day to day care as required.
WHEN	• Participants will be transported to Silverwater Correctional Complex by Corrective Services NSW after being found eligible by the Court or ordered to undergo a treatment review or serve sanctions. • All new participants must see a reception nurse on arrival at MRRC/SWCC. Any identified health issues (ie drug and alcohol, mental health, general health related issues) will be managed by the respective services. • All participants entering custody from community need to serve a seven-day quarantine period before they can be transferred to the Assessment or Sanction Units. • If a participant is in withdrawal, they will be managed in a medical detox cell in the main part of the Correctional Centre until cleared by the Centre's D&A team, not the DCPAU team. • Only when cleared as stable by these respective health services and a bed is available, will the participant be transferred into the Assessment Unit.
HOW	See Figure 3 – Pathways to the Drug Court Program Assessment Unit

Figure 3:
Pathways to the Drug Court Program Assessment Unit



4.3 Assessing for the Highly Suitable Treatment Plan

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHO	Justice Health NSW DCPAU staff (nursing, medical and psychiatry)
WHAT	The DCPAU assessment: • informs care of the participant in custody • is an assessment of risk and provides recommendations for the mitigation of risk outside of a custodial setting to allow a participant to safely engage in treatment • informs the development of the HSTP and the LHD comprehensive assessment. While in the DCPAU, the participant will also be reviewed by medical staff and, where clinically indicated, by a psychiatrist. During the custodial assessment, participants receive information about the DCP, the process of developing their HSTP, and the likely timeline for decision making. Information gathered by Justice Health NSW during the DCPAU assessment is essential to assisting the LHD to assess which community treatment options are appropriate for each participant. The participant must be included in the treatment matching process: **no participant in the Program can be compelled to undertake treatment that they do not freely choose to undertake**.
WHEN	• Assessment is conducted once the potential participant has entered the DCPAU following their initial referral and stabilisation but prior to initial sentence.
HOW	• After admission to the DCPAU, Justice Health NSW staff aim to conduct the assessment within 14 days. • The assessment screens for/assesses mental conditions which could prevent or restrict active participation in a Drug Court Program. • Using information gathered at initial referral and during the custodial assessment process, an HSTP should be agreed upon by: – the participant – Justice Health NSW DCPAU – treating LHD • Copies of assessment, discharge summary and other relevant clinical documentation to be provided to LHD prior to discharge from the Unit. • If the treatment plan is to be community-based, consultation must occur between the Court-based clinician and Community Corrections regarding accommodation approval. • When a treating LHD has not had contact with the participant during the initial referral, an AVL/telehealth link may be established for the LHD to meet with the participant while they remain in the DCPAU. This may assist the LHD in commencing its own assessment and/or registering the participant in eMR.

4.3 Assessing for the Highly Suitable Treatment Plan (cont.)

HOW (cont.)	• The development of a HSTP is a collaborative decision making process where the LHD have final approval through the signing of page 11 of the DCP Assessment form. Once the participant is released from custody, clinical responsibility is transferred to the LHD. • The selection of treatment to be provided in the community is about matching the provider capacity to participant needs with reference to the range of providers available locally and state-wide.
RELEVANT CLINICAL DOCUMENTATION	• Community Corrections - Drug Court Accommodation Assessment Report (obtained via Community Corrections) • Appendix 4 – Forms: – Justice Health NSW Drug Court Program Assessment Form – Justice Health NSW DCP D&A and Psychiatry Summary Report
More information	1. **Drug Court NSW Policy 2 Treatment Plans and Placement** 2. **Drug Court NSW Policy 5 Accommodation for Participants** 3. **Drug Court NSW Policy 8 Mental Health Conditions** 4. Justice Health NSW Drug Court Operations Manual (2018) 5. Appendix 4 – Forms: Medications and Participant Responsibility Information 6. Section 4.5 OAT and medications transitioning from custody P.32

DCP DOCUMENT SNAPSHOT:

DCPAU assessment: 2 – 4 weeks

- Conducted in custody
- Provides recommendations to mitigate risk outside of the custody setting which inform the HSTP and comprehensive care plan
- Valid during custodial period and essential for exiting custody safely

Highly Suitable Treatment Plan: 1 week – completion of Program

- Developed in custody
- Legal document used by the Court to approve the release of the participant from custody and maintain the suspension of their custodial sentence
- Must be in place during whole DCP treatment journey

Comprehensive assessment: 4 weeks – completion of Program

- Completed by treating LHD following a participant's initial sentence and release from custody
- Includes treatment formulation and documentation of any risk factors that have not been included in the DCPAU assessment.

Comprehensive care plan: 5 weeks - completion of Program

- Completed by treating LHD
- Informed by the findings of the comprehensive assessment.
- Identifies strategies for ongoing engagement and support.
- Includes minimum three-monthly planned multidisciplinary review by the treating LHD to assess ongoing risks and suitability of the treatment plan.
- Guides non-custodial treatment during the entirety of the participant's Program

4.4 LHD/Justice Health NSW Weekly Highly Suitable Treatment Plan Review Meetings

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHO	• Court based clinician (Justice Health NSW or LHD) • LHD • Justice Health NSW DCPAU
WHAT	Whilst the participant is in custody during the development of the HSTP, weekly multi-patient case reviews are held via teleconference to facilitate the collaborative development and approval of the proposed HSTP between DCPAU and the treating LHDs. This process applies to development of HSTP prior to start of the participant's DCP, and to the review of treatment plans during the Program if required. Factors to be taken into consideration during HSTP development include: • assessment of drug dependence (DSM-5) • participant's attitude and motivation towards treatment • participant's treatment goals and their opinion on treatment • past treatment episodes, length of compliance, periods of abstinence from illicit drugs, factors influencing relapse, potential risks • the likely benefit of a particular preferred treatment option, given the person's circumstances • physical and mental health issues • psychosocial factors, including family support and any drug-using co-residents • pregnancy/children, and any child protection service involvement • cultural considerations • assessment of accommodation by Community Corrections, housing needs and housing availability • custodial history, institutionalisation, support required in transition back to the community.

PRACTICE TIP:
Addresses are approved by Community Corrections after a visit, interviews, criminal record and child protection checks with co-residents

4.4 LHD/Justice Health NSW Weekly Highly Suitable Treatment Plan Review Meetings (cont.)

WHEN	• During the development of the HSTP, review meetings by teleconference are scheduled weekly by Justice Health NSW with each separate LHD involved in providing or overseeing treatment post release.
HOW	• The teleconference is led by Justice Health NSW. Justice Health will forward a list of participants allocated to each LHD to the Court-based clinician and relevant LHD clinical lead prior to the meeting. • In preparation for the meeting, the LHD will review information for each of its participants: copies of the custodial assessment, medication treatment sheets, and discharge summaries from Justice Health NSW; and any information related to accommodation received from Community Corrections. • Justice Health NSW will include any treatment planning and risk issues for each participant and the LHD may add information in relation to treatment history with the LHD and/or other relevant local information. • For each participant, once there is agreement by both teams, the LHD is required to formally endorse the treatment plan to indicate transfer of responsibility for overseeing treatment once the participant is released from custody. The LHD clinical lead should sign page 11 of the Justice Health NSW assessment, scan and return via email to the DCPAU. • The Court-based clinician will then advise the Court of the proposed HSTP. • Once the HSTP has been finalised the LHD will make the necessary preparations to take over care of the participant once they are released from custody (e.g initial assessment appointment with treating LHD clinician; referral to any additional service as appropriate). • The LHD will use the information collected in the DCPAU assessment and the conditions stated in the HSTP to conduct a comprehensive assessment with the participant immediately after exiting custody. • The LHD comprehensive assessment includes treatment formulation and documentation of any risk factors that have not been included during custody. It is used to develop the Care Plan which is used by the LHD and community providers to direct treatment for the participant over the course of the their Program.
RELEVANT CLINICAL DOCUMENTATION	• Appendix 4 – Forms: – LHD treatment plan endorsement - p11 Justice Health NSW Drug Court Program Assessment Form – Justice Health NSW DCPAU Bedlist
More information	1. **Drug Court NSW Policy 2 Treatment Plans and Placement** 2. Justice Health NSW Drug Court Operations Manual (2018) 3. Section 3 – Drug Court Patient Journey P.20

4.5 Opioid Treatment and Medications Transitioning from Custody

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHO	• Justice Health NSW DCPAU • LHDs • Other services as required
WHAT	Once the treatment plan has been endorsed by all Drug Court agencies, and suitable accommodation identified the participant can be released from custody. For some participants, the proposed treatment plan will include OAT and/or medications which may have been commenced prior to or while in custody. The transition from custody to the community involves risks that the participant may discontinue OAT and/or resume non-medical opioid or other drug use. It is therefore vital that the transition from custody is well communicated and documented between Justice Health NSW, the treating LHD team, the OTP (Opioid Treatment Program) service and other community-based providers.
WHEN	**Opioid Dependence** The Policy Directive *'Priority Access to Public Opioid Treatment Program Services for Patients Released from Custody'* states that after release from the DCPAU, participants should have priority access to a public Opioid Treatment Program service in the LHD in which they reside post-release. Priority access is to occur regardless of whether the participant has been released from a public or private correctional centre. Where a participant is being released on a residential-based HSTP to an approved NGO provider with access to an internal prescriber, Justice Health NSW will liaise directly with that service prior to the participant's release from custody to finalise scripting and dosing details. **Additional medications** For participants receiving other prescribed medications, Justice Health NSW will provide a seven-day supply of medications on release from custody. These medications will be transferred via courier by Justice Health NSW to the Court and received, registered, stored, dispensed and/or destroyed by the Court-based clinician according to Justice Health NSW/LHD policy. The DCP "Medications and Participant Responsibility Information" resource can be used as a guide to assist clinicians in making medication decisions within their scope of practice. For complex cases, the Chief Addiction Medicine Specialist and the AOD Staff Specialist in the treating LHD can review the individual and put forward a recommendation to the Court regarding suitability for the Program.

4.5 Opioid Treatment and Medications Transitioning from Custody (cont.)

HOW

- Justice Health NSW manages the transition to the community and all necessary planning and information for the dosing of participants should be documented and communicated to the LHD. Appropriate clinical handover should include:
  - details of the custodial health service provider that was managing the participant prior to transfer of care
  - details of OTP service provider to which the participant is being referred for ongoing care
  - the participant's intended address and contact details, when transferring to the community
  - an OAT prescription /medication order from the custodial prescriber for the transition period
  - recent administration information including dosing history. If the participant is being treated with depot buprenorphine, then drug administration and dosing history for the last three months is to be included
  - a copy of the Patient Identification form including photo
  - recent Clinical Review report detailing the participant's current health concerns and medications.
- The LHD or residential provider will provide written details of the appointment times and dosing location to the Drug Court Unit Team, to provide to the participant prior to expected release date.
- If necessary, Justice Health NSW prescribers can provide prescriptions on behalf of the authorised community prescriber for Drug Court patients who move in and out of prison due to sanctions.
- If the participant moves to a different location during or after the Drug Court Program, it is the responsibility of the prescriber to find a future prescriber for the participant in the new area. All doctors have overriding professional obligations for the continuity of care for all their patients, whether 'public' or 'private', on the Opioid Treatment Program, or as a general patient. The legal authority under the Poisons and Therapeutic Goods legislation remains with the prescriber until they exit the patient or transfer this authority by submitting an exit form to Pharmaceutical Regulatory Unit, which they are required to do once they are no longer prescribing for the patient. See pages 85- 87 **"NSW Clinical Guidelines: Treatment of Opioid Dependence"** (2018) for more detail about patient transfer.
- Upon the participant's release from custody, the Court-based clinician will provide them with any medications supplied by Justice Health NSW.

4.5 Opioid Treatment and Medications Transitioning from Custody (cont.)

RELEVANT CLINICAL DOCUMENTATION

- Medication register
- Appendix 4 – Forms:
  - Medications and Participant Responsibility Information

More information

1. **NSW Clinical Guidelines: The Treatment of Opioid Dependence**. Chapter 3.4 Specialised Settings
2. Justice Health NSW Drug Court Operations Manual (2018)
3. NSW Health **Priority Access to Public Opioid Treatment Program Services for Patients Released from Custody** (2021)
4. Justice Health NSW Drug and Alcohol Central office on: Telephone (02) 9700 2101 or via email address: **JHFMHN-DischargePlanning@health.nsw.gov.au**, or via central fax number (02) 9700 3605

4.6 Custodial Treatment Plan Reviews

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHAT	A Court mandated "Treatment Review" is initiated on the advice of the Drug Court team or may be initiated on a participant in custody while serving sanctions. If the Drug Court team has identified that the participant is not reaching or progressing toward identified treatment goals (e.g poor response to community-based treatment, lack of suitable accommodation, involuntary discharge from residential rehabilitation etc) a review of the participant's HSTP may be requested. Where there is concern about declining participation/ increased clinical risk **the LHD may review and make any adjustments necessary to the participant's treatment to mitigate the need for a return to custody for treatment review**. Regardless of whether the participant is in residential care or the community, this may include: • community-based access to mental health review in person or via telehealth to inform ongoing treatment and recommendations to the Court • community-based access to Addiction Medicine in person or via telehealth to inform ongoing treatment and recommendations to the Court • medication review • case conferencing/increased support via telehealth for participants in residential rehabilitation – this may include Community Corrections in relation to address checks • access to reportback via video AVL for participants in residential rehabilitation. If the participant poses an immediate or unacceptable risk to the community, they must be returned to custody of the DCPAU via the Drug Court.
WHO	• Justice Health NSW DCPAU • LHD • Court-based clinician • Drug Court team
WHEN	A treatment plan review is triggered when: • a warrant has been issued by the Court for a participant who poses immediate/ unacceptable risk to the community – custody review • immediate psychiatric treatment is indicated – custody review • there is a failure to adhere to HSTP – community or custody review.

4.6 Custodial Treatment Plan Reviews (cont.)

HOW

Where treatment review is indicated and supported by the Court, participants are returned to custody to re-enter the DCPAU.

- The DCPAU will set up a review meeting via phone or telehealth with the treating LHD, and any other agencies involved with the participants treatment to discuss their progress to date, e.g CCO, NGO service, housing.
- The treating LHD will provide a formal transfer of care (using ISBAR format of Introduction, Situation, Background, Assessment and Recommendation) report to the DCPAU within two days of a participant being ordered to undergo a treatment review.
- DCPAU staff will interview the participant, complete the DCP Treatment Review questionnaire and organise for participant to be seen by the DCP Nurse Practitioner/Addiction Medicine Specialist and/or Psychiatrist if required.
- DCPAU will provide a written report of the treatment review outcome to the treating LHD, the Court-based clinician and other agencies involved in treatment before the participant's next Court date.
- A new HSTP should be agreed upon by all agencies involved in the participants treatment before the Plan goes to the Court.
- The Court-based clinician then to advises the Court of the proposed treatment plan, and completes the Variation to Drug Court Program form and submits it to the Registrar.

RELEVANT CLINICAL DOCUMENTATION

- Appendix 4 – Forms:
  - LHD transfer of care to Justice Health NSW
  - Justice Health NSW Treatment Review Discharge Summary
  - Variation to Drug Court Program

More information

1. Section 4.1 Drug Court Program "Highly Suitable Treatment Plan" P.23
2. Section 4.3 Assessing for the Highly Suitable Treatment Plan P.28
3. Section 4.4 LHD/Justice Health NSW weekly Highly Suitable Treatment Plan review meetings P.30
4. Justice Health NSW Drug Court Operations Manual (2018)
5. **Drug Court NSW Policy 2 Treatment plans and placement**
6. Section 4.7 Escalation process for "no highly suitable treatment plan" P.37

4.7 Escalation Process for "No Highly Suitable Treatment Plan"

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHO	• Justice Health NSW DCPAU • LHDs
WHAT	Where participants have had multiple HSTPs or a significant escalation in clinical risk which cannot be managed safely in the community, Health may indicate to the Court that the participant has "no highly suitable treatment plan" available. The absence of an HSTP at any time **excludes** the participant from the Program, so all care should be taken in exhausting appropriate treatment options within acceptable clinical risk frameworks.
WHEN	When a participant is undergoing a custodial treatment review, and review meetings between Justice Health NSW and the LHD conclude there are no further appropriate treatment options. The participant may have: • served multiple periods of custodial sanctions • demonstrated non-compliance with multiple treatment plans • demonstrated limited commitment to their DCP.
HOW	• Concerns regarding the availability of an HSTP should be raised during the weekly teleconferences between Justice Health NSW and the LHD. • Both Justice Health NSW and the LHD will review the participant's Program and clinical risk factors – this may be via internal clinical review with input from specialist staff as required e.g Addiction Medicine Specialist. • A joint case review must be held to ensure both Justice Health NSW and the LHD agree on a recommendation of "no highly suitable treatment plan". • Justice Health NSW will develop a letter to be signed off by the Drug and Alcohol Deputy Clinical Director (or delegate) for submission to the Court. The letter will detail the agreement between agencies, the clinical concerns about the participant and why there is no HSTP. • The Court-based clinician will submit the Justice Health NSW letter to the Court via the Registrar. • Where there is disagreement between Health agencies, refer to Health Governance – section 10.4 Dispute resolution (P.90). • If the Court declines the recommendation from Health in relation to the HSTP the matter should be referred to the Ministry of Health Centre for Alcohol and Other Drugs.

4.7 Escalation Process for "No Highly Suitable Treatment Plan" (cont.)

RELEVANT CLINICAL DOCUMENTATION (CONT.)	• Appendix 4 – Forms: – LHD transfer of care to Justice Health NSW – Clinical review meeting minutes – Letter from Justice Health NSW Drug and Alcohol Deputy Clinical Director
More information	1. Section 4.1 Drug Court Program "Highly Suitable Treatment Plan" P.23 2. Section 4.4 LHD/ Justice Health NSW weekly Highly Suitable Treatment Plan review meetings P.30 3. Section 4.6 Custodial treatment plan reviews P.35 4. Justice Health NSW Drug Court Operations Manual (2018)

Drug Court Program Structure

05

Phases of the Drug Court Program

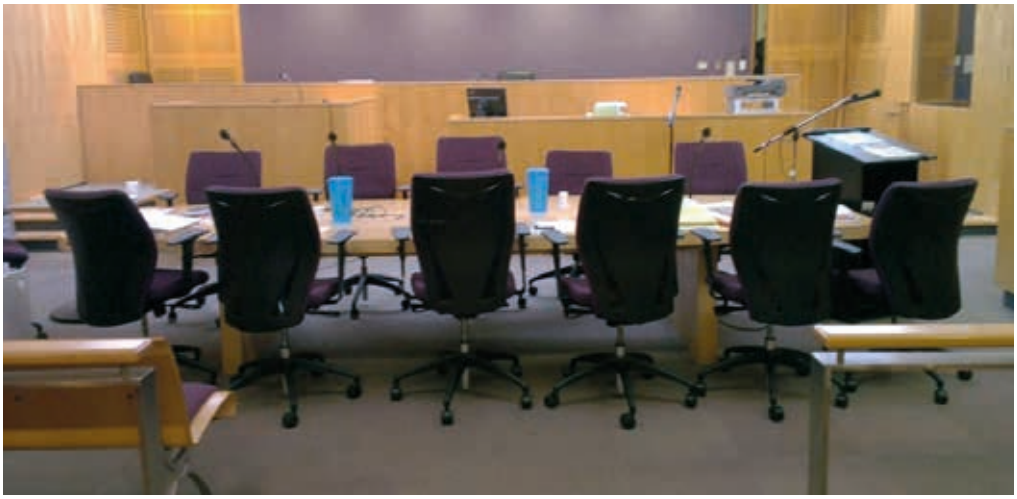
WHAT	The DCP has three distinct phases, each with its own specific goals and associated requirements. The degree of supervision by the Court decreases as participants progress through the phases. Frequency of supports and program commitments are generally aligned with the phase the participant is in but can be increased at any time if there is a clinical need.
WHEN	Participants can progress to the next phase by: • completing the minimum time • demonstrating compliance with program requirements for each phase • maintaining abstinence from illicit drugs for a period of four to six weeks prior to progression.
HOW	Phase progression is discussed for all eligible participants at the monthly Drug Court Review meetings. A list is provided by the Registrar prior to each meeting, though participants may be added for discussion at the request of a DCP team member.
More information	1. **Drug Court NSW Policy 1 Team meetings and Participant Review** 2. **Drug Court NSW Policy 7 Program Goals and Measures** 3. **Drug Court NSW Policy 9 Drug and alcohol use by participants** 4. Section 3 – Drug Court Patient Journey P.20

THE VOICE OF A PARTICIPANT:

"It's the best thing that ever happened to me. I don't think I would have been able to stop...if I didn't have the Drug Court. I had nothing to show me how to change."[10]

5.1 Phase 1 – Initiation

WHEN	The initiation stage is a minimum of three months from the time of initial sentence.
HOW	In the first three-month initiation stage participants are expected to: • reduce drug use with the goal of abstinence from illicit drugs prior to progression to the next phase. Participants of the DCP are required to achieve and maintain abstinence from illicit drugs during the Program. • stabilise their physical and mental health • cease offending behaviours • identify needs and goals for treatment and reintegration • attend counselling appointments one to two times per week depending on clinical needs • undergo urine drug screening at least three times a week, facilitated by the Court • engage with Community Corrections via in-home case management interviews one to two times per week • attend reportbacks in person at the Court one to two times per week. If the participant is in **residential rehabilitation**: • urine drug screening can be conducted by the residential rehabilitation facility • Court attendance for reportbacks is not required however the opportunity should be provided to attend via video AVL wherever possible to promote ongoing connection to the DCP and Drug Court team • the residential rehabilitation facility will provide progress reports to the Court via the treating LHD team. If the participant is in **AOD supported residential care**: • they should attend Court for urine drug screening • they should attend Court for reportback • the AOD supported residential care facility will provide progress reports to the Court via the treating LHD team.



5.2 Phase 2 – Consolidation

WHEN	The consolidation stage is a minimum of four months from the time of progression from Phase 1 to 2.
HOW	The degree of supervision reduces in the second phase. Once participants have progressed to the Consolidation phase they are expected to: • maintain abstinence from illicit drugs for significant periods • not engage in offending behaviours • stabilise social and home environment • address lifestyle issues to encourage adherence to treatment goals • attend counselling appointments at a minimum rate of once per fortnight depending on clinical needs • undergo urine drug screening twice weekly, facilitated by the Court • engage with Community Corrections via in-home case management interviews once per fortnight, participate in the case plan, and maintain any other contact as determined by the Court e.g. phone calls • attend reportbacks in person at the Court once per fortnight.

5.3 Phase 3 – Reintegration

WHEN	The reintegration stage is a minimum of five months from the time of progression from Phase 2 to 3.
HOW	Once participants have progressed to the Reintegration phase, they are expected to: • maintain abstinence from illicit drugs • not engage in offending behaviours • maintain stable social and home environment • engage in a “meaningful community activity” (e.g., employment, education, or volunteer work) • be financially responsible • attend counselling appointments at a minimum rate of once per month depending on clinical needs • undergo urine drug screening twice weekly, facilitated by the Court. In the six weeks prior to graduation this increases to three times per week. • engage with Community Corrections via in-home case management interviews once per month, participate in the case plan, and maintain any other contact as determined by the Court e.g. phone calls • attend reportbacks in person at the Court once per month.

Drug Court Health Treatment and Support Interventions

06

6.1 Perception of Treatment Coercion

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT

WHAT

Participants on the DCP have the right to decline participation or decide to exit from the program at any stage and if so should be referred to Legal Aid to discuss the implications of their withdrawal.

Although DCP is a voluntary program, participants may feel coerced into treatment as they have been referred through the criminal justice system and face a period of certain incarceration if they decline. DCP participants are also likely to have co-existing informal coercion (pressure from family and social support) and formal coercion (pressure from government agencies who may be providing welfare and support) common to all AOD clients[11].

Engagement of the participant into AOD treatment services is the first priority for the DCP. The dynamics of consent and engagement may be different from those of a mainstream client seeking voluntary treatment e.g regular UDS (Urine Drug Screen), Court attendance. However the psychosocial treatments provided will be similar[12] . As higher levels of perceived coercion are associated with lower motivation, coercion may impact treatment initiation and the early engagement process. Once engaged, coerced clients demonstrate similar treatment outcomes to self-referred and non-coerced clients[13].

Clinicians should note that as therapeutic jurisprudence is improved by strong partnerships between Health, Justice agencies and the participant, it is important to clearly understand your role within the Program and the roles of the other agencies involved.

HOW

A strong therapeutic alliance has been demonstrated to be the best predictor of effective treatment.

At treatment initiation:

- explore participants' perception of coercion and the array of formal and informal pressures that can lead to starting DCP.
- check for additional cultural barriers and ensure treatment is culturally safe and secure.
- explain in detail the DCP General Undertaking, under what circumstances information is shared, and other limits to confidentiality including disclosures of drug use and breach of treatment plan.
- focus on building a strong therapeutic alliance through empathetic engagement, flexibility and collaboration.

6.1 Perception of Treatment Coercion (cont.)

HOW (cont.)

Throughout treatment:

- motivational interviewing is appropriate as it is participant-centred and collaborative
- maximise participant autonomy and engage participants in decision making whenever possible
- DCP clinicians may find it challenging to balance the role of therapeutic provider with their responsibilities to the Court. It is recommended that any negative expectations of treatment outcomes for coerced clients, and the differences in working with coerced clients, be explored in clinical supervision.
- build systemic engagement by establishing/maintaining relationships with other agencies and ensure ongoing involvement – e.g keep other agencies informed of scope of practice, changes to personnel, service limitations etc.

More information

1. **NSW Health (2008) Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines**
2. Stone, J. et al. (2019). **Counselling Guidelines: Alcohol and other drug issues (4th ed.).Perth, Western Australia: Mental Health Commission**
3. Section 10.3 Responsibilities of Health staff as officers of the Court P.87

6.2 Community-based Psychosocial Interventions on the Drug Court Program

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHO	• Health agencies • Other services as required
WHAT	Psychosocial counselling is talk and activity-based treatment to support participants in understanding their AOD use and making changes for improved health and wellbeing. Drug Court teams provide individual and/or group counselling with participants in line with the NSW Health Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines (Psychosocial Guidelines). While therapeutic stages in forensic settings are very similar to generic therapeutic processes, for clinicians providing treatment to DCP participants there are additional considerations of planning for holistic treatment over an extended period and preparation for exiting the DCP's supervision and wraparound supports[14] .
WHEN	The intensity of treatment and case management will differ according to individual care plans and the participant's identified needs and goals. While the frequency of support is aligned with Program phases, clinicians may increase the level of supports to meet participant needs where necessary.
HOW	The decision about which counselling intervention/s to use should be agreed to with participants and related to the care plan. Research consistently demonstrates that cognitive behavioural therapy (CBT) is an effective treatment for AOD use. However some participants may require a different therapeutic approach. Clinical discretion should be used to determine which evidenced-based approach or combination of approaches is most appropriate for each participant. The focus of interventions will also shift according to which Program phase a participant is in and how they move through the stages of change[15] in relation to their substance use and offending behaviours. Clinicians can use the phases of the Program to structure the therapeutic process: **Phase 1 –** During the early stages of treatment, the therapeutic process may focus on engagement, stabilisation and observation. This will include: • completing a full comprehensive assessment and care plan with the participant once released from custody • general counselling skills to build rapport • brief and early interventions • motivational interviewing as a key technique for coerced clients. It emphasises the participants' right to choose and the acceptance of responsibility for decisions

6.2 Community-based Psychosocial Interventions on the Drug Court Program (cont.)

HOW (cont.)

- short term goal setting - useful for inclusion in report backs and when working with other services to achieve holistic goals. Goals should be negotiated with the participant, be specific and observable and include short term achievable targets
- preparing for lapses. Relapse prevention is not only about helping the participant to prevent relapses but also helping them to learn from the experiences of relapse. The treating LHD team can use its position as a member of the Drug Court team to provide context for the participant where necessary. It is at the Judges' discretion whether sanctions are imposed.

Phase 2 – Later stages of treatment may focus on remediation to improve general health, wellbeing, and psychosocial functioning. This will include:

- ongoing monitoring and review of treatment plan
- problem solving to assist participants in recognising problems, generating solutions, choosing the best option, and planning, implementing and evaluating the chosen option. DCP participants may recognise problems exist but often need help to find solutions
- AOD refusal skills to build confidence in dealing with cues or social pressure to use AODs and/or engage in risk behaviours
- assertiveness training to reduce AOD use and risk behaviour
- emotion regulation
- relaxation and mindfulness strategies to manage anxiety and stress that is often associated with reducing or stopping AOD use
- development of positive life and social skills
- other psychosocial impacts on a participant's wellbeing including:
  - family and social relationships
  - the intersections of trauma and mental health with substance use
  - grief and loss
  - child protection and parenting.

Phase 3 – The final stages of Drug Court include the rehearsal of skills, initiation of detachment and consolidation as preparation for exiting the Program and reintegration and connection to the community. This can include:

- ongoing monitoring and review of the care plan
- encouraging the participant to map out their social network and consider what kind of social support they need. Where possible involve concerned others in the treatment process.
- refining communication skills to assist in forming friendships, seeking support and effectively resolving interpersonal conflict.

6.2 Community-based Psychosocial Interventions on the DCP (cont.)

HOW (cont.)

- encouraging participation in enjoyable drug-free social activities/exercise/hobbies as well as attending a self-help group at least once a week.
- involving the participant in creating their Continuing Care Plan for post-Program care: linking with GP, ongoing AOD support with LHD and/or NGO services, mental health supports, housing and finance.

Drug Court teams may also establish time limited groups for specific concerns and refer to peer support services such as AA, NA or SMART Recovery.

Addressing the complex needs of DCP participants through counselling and case management interventions may require referral to additional service providers for issues outside the scope of practice of generalist AOD clinicians. Referrals should be considered in context of any shared case management processes and documented in the participant's comprehensive care plan or Continuing Care Plan (where the participant is exiting the Program).

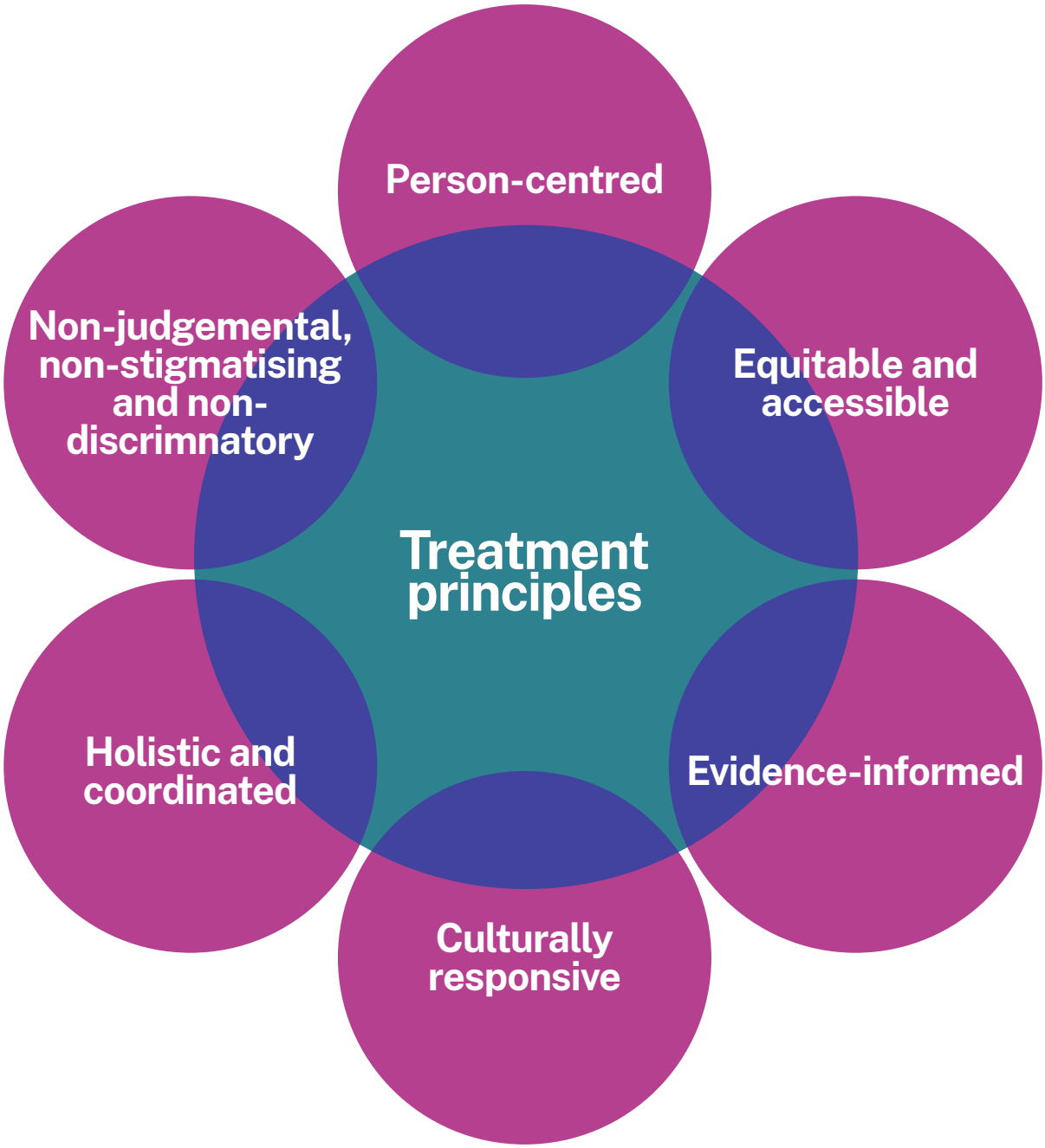
RELEVANT CLINICAL DOCUMENTATION

- Clinical notes

More information

1. **NSW Health (2008) Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines**
2. **NSW Ministry of Health (2019). Communicating positively. A guide to appropriate Aboriginal terminology**
3. **NADA (2109) Alcohol & Other Drugs Treatment Guidelines for Working with Aboriginal and Torres Strait Islander People in a Non-Aboriginal Setting**
4. **NADA (2021) Working with Women Engaged in Alcohol and Other Drug Treatment**
5. **ACON & NADA (2019) AOD LGBTIQ Inclusive Guidelines for Treatment Providers**
6. **NADA (2021) Access and equity – Working with diversity in the alcohol and other drugs setting**
7. **Fisher et al. (2020). Drug and alcohol psychosocial interventions: an Evidence Check rapid review brokered by the Sax Institute for the NSW Ministry of Health**
8. Stone, J. et al. (2019). **Counselling Guidelines: Alcohol and other drug issues (4th ed.).Perth, Western Australia: Mental Health Commission**
9. Section 3 – Drug Court Patient Journey P.20
10. Appendix 1 – Standards for treatment on the Drug Court Program

Figure 4:
Principles for effective alcohol, tobacco and other drug treatment



National Framework for Alcohol, Tobacco and Other Drug Treatment 2019–2029 (health.gov.au)

6.3 Health and Community Corrections Shared Case Management

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHO	• LHDs • Community Corrections
WHAT	As part of the DCP's holistic approach in recognising the complex physical, psychological, and social factors that contribute to offending behaviours,[16] participants are case managed by both the treating LHD and Community Corrections. While Health will primarily focus on therapeutic intervention for substance use disorders and Community Corrections on reoffending prevention, it should be acknowledged that there will be some crossover of responsibilities in case management tasks to meet the social needs of participants. By using a shared interagency case management approach, both agencies can provide specialist service to the participant while working collaboratively to respond to multiple and complex participant needs over the course of their DCP.[17] Health and Community Corrections should communicate and share information on participant progress, goals, and barriers both in and out of the Court setting to provide participants with coordinated service responses and joint management plans to meet additional support needs.
WHEN	• Case management is generally provided in conjunction with counselling sessions if the participant is being treated in the community. When participants are in residential rehabilitation, Health will share case management with the NGO service and advise Community Corrections when transition planning commences. • Progress, risks and timeframes are monitored on an ongoing basis over the course of the participant's Program.

"Each team member represents an essential part of the Drug Court Program and provides important input into the intertwined process of treatment, supervision, and accountability." [iii]

[i]Monchik R., et al (2006) Drug Court Case Management: Role, Function, and Utility

6.3 Health and Community Corrections Shared Case Management (cont.)

HOW	• Treating LHD teams can utilise the Comprehensive Care Plan to identify case management goals. • Treating LHD teams should take responsibility for mental and physical health-related case management tasks. • Local solutions may be implemented to establish communication strategies and division of case management responsibilities, and to facilitate effective shared case management between LHD and Community Corrections using such strategies as: joint participant review meetings, shared facilitation of group program sessions, joint one-on-one sessions with participants, and combined group clinical supervision. • Progress toward case management goals is to be incorporated into participant reportbacks.
RELEVANT CLINICAL DOCUMENTATION	• LHD Comprehensive Care Plan • Shared care clinical meeting minutes • Case conference clinical notes
More information	1. Stone, J. et al. (2019). **Counselling Guidelines: Alcohol and other drug issues (4th ed.).Perth, Western Australia: Mental Health Commission** 2. **NADA Practice Guide (2020) Providing Alcohol and Other Drug Treatment in a Residential Setting** 3. Section 3 – Drug Court Patient Journey P.20 4. Appendix 1 – Standards for treatment on the Drug Court Program 5. Appendix 2 – Overview of the Community Corrections Practice Guide for Intervention

THE VOICE OF A PARTICIPANT:

"I am very grateful for the Drug Court Program for helping me better my life, having faith in me and helping me get back on the right path that I needed to be on .... This program has shown me how to live again. I am no longer broken, I'm finally happy at where I am at today. I have my kids' trust again which has taken a long time."[18]

6.4 Health Outcomes Measures and Screening Tools

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHO	• Justice Health NSW • LHDs
WHAT	In monitoring the participant's progress throughout the Drug Court Program standardised screening and outcome tools are used to inform care planning, reflect on program progress, measure health and social outcomes and inform discharge planning.
WHEN	The **health outcome tools** should be completed every twelve weeks by the treating LHD, after initial completion by Justice Health NSW. The **health screening tools** are to be conducted by Justice Health NSW during the assessment phase and then if clinically indicated in the community by the treating LHD. At exit the court-based clinician should complete the Justice Health NSW Post Engagement Questionnaire if the participant is present. Where possible the outcome tools and Treatment Perceptions Questionnaire should also be completed at exit. This information should be recorded and emailed to the Ministry **at the beginning of each quarter**: **MOH-DrugCourtProgram@health.nsw.gov.au**
HOW	Clinicians should administer the tools as part of the clinical assessment and review processes. By entering the results into the centralised database, the clinicians and participants can measure progress.

6.4 Health Outcomes Measures and Screening Tools (cont.)

Table 1: Outcome Tools

Tool	Purpose	Time point
AOD specific substance use and wellbeing		
Australian Treatment Outcome Profile (ATOP)	Patient reported outcome measure that assesses AOD use and general health and well-being.	Every twelve weeks
General Health and Functioning		
WHO-8: EUROHIS	Self-reported health related quality of life outcome measure.	Every twelve weeks
General Mental Health		
Kessler-10	10 item psychological distress self-report questionnaire.	Every twelve weeks

Table 2: Screening Tools

Tool	Purpose	Time point
Psychiatric Diagnosis		
Diagnostic and Statistical Manual of Mental Disorders (DSM-5) self-rated level 1 cross-cutting symptom measure.	Self-rated screening tool identifies symptoms for the main psychiatric diagnosis domains including trauma, psychosis and personality disorder.	At entry only, repeat only if clinically indicated
Cognitive impairment		
Alcohol and Drug Cognitive Enhancement (ACE) Program screening tool	Cognitive impairment screening tool.	At entry only
Participant Experience Measure		
Treatment Perceptions Questionnaire (TPQ)	Anonymous tool to be completed by the participant without clinician – ten questions.	Every twelve weeks

6.4 Health Outcomes Measures and Screening Tools (cont.)

RELEVANT CLINICAL DOCUMENTATION

- Appendix 4 – Forms:
  - ATOP
  - WHO-8: EUROHIS
  - Kessler – 10
  - DSM-5 cross cutting measure
  - ACE
  - Treatment Perceptions Questionnaire
  - Justice Health NSW Post Engagement Questionnaire

More information

1. Section 3 – Drug Court Patient Journey P.20
2. Appendix 1 – Standards for treatment on the Drug Court Program

Management of Residential Treatment

07

7.1 Approved Providers

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT

WHAT

NSW Health funds a range of NGOs to deliver residential rehabilitation and AOD supported residential care.

Residential rehabilitation is an intensive and structured intervention that provides comprehensive alcohol and other drug treatment in a residential setting, and which has 24-hour staffing.

AOD supported residential care is alcohol and other drug related support services provided to participants residing in designated accommodation provided by the organisation. Supported residential care enables participants to focus on improving their physical, social and mental wellbeing with community-based wraparound support from the NGO and the Drug Court. Supported residential care is a less intensive intervention than residential rehabilitation with a focus on case management and living skill development. Supported residential care does not provide 24-hour staffing on-site but does provide an after-hours emergency contact.

Every NGO treating Drug Court participants needs to comply with a NSW Health Drug Court Funding Agreement to ensure that the treatment providers used by the Drug Court teams have:

- a structured, evidence-based treatment program
- adequate safety and quality requirements in place
- a clear understanding of the service delivery expectations for the DCP

7.1 Approved Providers (cont.)

HOW

NGOs may apply or be referred to the MoH (Ministry of Health) to become an approved provider and supply evidence that they can meet the funding activity requirements. All residential services must provide:

- documented processes for screening, comprehensive assessment, and care planning
- core treatment interventions including: a documented program of evidence based, psychosocial interventions and group/individual counselling provided to participants in line with NSW Health guidelines; and submission of regular participant progress reports to the Drug Court team
- documented processes for access and transfer of care
- Minimum Data Set (MDS) extract
- valid organisation accreditation.

MoH will distribute the DCP Approved Residential Providers listing every six months, and by exception if new providers are added.

It is the responsibility of the LHD to provide monthly reports on the use of these facilities for billing purposes (see template in Appendix 4 – Forms: Drug Court Program Residential Care Utilisation Report).

Reports should be submitted to **MOH-CAOD@health.nsw.gov.au** by the second week of each month.

More information

1. **NSW Health AOD NGO Service Specification Guideline V3.0 October 2022**
2. DCP Approved Residential Providers Listing
3. Appendix 3 – Engaging new NGO residential providers for Drug Court Program
4. Appendix 4 – Forms: Drug Court Program Residential Care Utilisation Report
5. **NADA Practice Guide (2020) Providing Alcohol and Other Drug Treatment in a Residential Setting**

7.2 Communication and LHD Oversight

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHO	• NGO residential rehabilitation provider • NGO AOD supported residential care provider • Treating LHD
WHAT	The LHD maintains oversight of DCP participants while they are in residential rehabilitation and AOD supported residential care to monitor participant progress and to ensure clinical risks can be appropriately identified and escalated, and transfer of care processes can commence early in the admission. Participants in **AOD supported residential care** may require a more collaborative shared care approach between the supporting providers, to ensure that their treatment and accommodation needs are met. Participants in **AOD supported residential care** also have more autonomy and less intensive supervision than in a residential rehabilitation environment, so are required to attend Court in person for reportbacks and urine drug screens unless excused by the Judge.
WHEN	NGO residential rehabilitation and AOD supported residential care placements are funded by the MoH for a period of up to nine months during a participant's DCP.
HOW	• Where a participant is engaged in **residential rehabilitation**, LHD treating teams maintain a minimum of fortnightly contact with the NGO provider to monitor participant progress (including referrals for accommodation assistance where applicable). This may be via telephone, telehealth, or where possible face to face. Where a participant remains in residential rehabilitation while still on Phase 3 the frequency of contact between the NGO provider and LHD can be reduced to monthly dependent on participant and provider need. • Where a participant is engaged in **AOD supported residential care**, LHD treating teams will also maintain a minimum of fortnightly contact with the NGO provider but may increase the frequency and type of support provided depending on participant need.

7.2 Communication and LHD Oversight (cont.)

HOW (CONT.)

- While the NGO service retains day to day responsibility for the participant, the LHD can provide valuable assistance in the management of escalating risk by using their additional resources where appropriate. Dependent on LHD and NGO resourcing, this may include access to specialist medical reviews, additional counselling, or providing participants in residential rehabilitation with an opportunity to complete reportback via video AVL to promote ongoing connection to the DCP and Drug Court team.
- Where a participant requires prescribed medications (other than opiate treatment), they will receive a seven-day supply from the Court-based clinician upon release from custody. For the ongoing provision of medication, it is the responsibility of the residential service to ensure the participant is seen by a GP or psychiatrist to obtain a further prescription.
- The NGO residential service will submit progress reports for the Court on a fortnightly basis to the treating LHD. Frequency may be varied by the Court and any variation will be communicated to the NGO by the LHD.
- The LHD will endorse the content of the report and ensure that it complies with standard Court report requirements.
- The reports from the NGO residential service will be read out by the LHD treatment team (or if not present, the Court-based clinician) during the Pre-reportback DCP team meeting fortnightly as listed for Court, or by exception where there has been a notable change in the participant's circumstances.
- Transfer of care planning should commence on admission to the residential facility as follows:
  - The residential service should be provided with a copy of the HSTP and copies of any relevant clinical documentation e.g., discharge summary, medication treatment sheets etc.
  - A potential discharge date should be discussed with the facility and the address to which the participant is likely to be discharged (if known).
- If a participant has been in a residential facility for six months, the LHD, DCP CCO and the NGO will conduct a care coordination meeting to discuss a final transfer of care plan and if required apply for an extension of stay.
- The Court-based clinician should ensure that a Variation to Drug Court Program is submitted to the Court upon transition from a residential service to the community.
- Where a participant leaves a residential facility without prior agreement, the LHD should notify the Drug Court via the Registrar as soon as possible so the Court can follow its procedures for non-compliance with the HSTP.
- Issues with services provided by NGOs should be escalated in the first instance via the LHD, and if there is no resolution then to the Ministry of Health.

7.2 Communication and LHD Oversight (cont.)

RELEVANT CLINICAL DOCUMENTATION

- Appendix 4 – Forms:
  - Example Transfer of Care confirmation letter from LHD
  - Information sheet: Drug Court Program for Residential Rehabilitation Providers
  - Management of Drug Court Participants in Residential Treatment flowchart
  - Drug Court Program - Progress Report by Residential Treatment Provider template

More information

1. Section 4.1 Drug Court Program "Highly Suitable Treatment and Case Management Plan" P.23
2. Section 7.4 Residential discharge - transfer of care from NGO to LHD P.63
3. Section 10.3 Responsibilities of Health staff as officers of the Court P.87
4. Section 7.1 Approved providers P.56
5. Section 7.3 Extension of residential rehabilitation stay P.61
6. **NADA Practice Guide (2020) Providing Alcohol and Other Drug Treatment in a Residential Setting**

7.3 Extension of NGO Residential Stays

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHO	• Ministry of Health • NGO residential rehabilitation provider • NGO AOD supported residential care provider • Treating LHD
WHAT	Where a DCP HSTP is residential based, all agencies should be aware that residential admissions are only funded by the Ministry of Health for a period of nine months. This is both to promote the phase 3 reintegration objective of the Program, and to ensure equitable distribution of residential funding. If it is identified that a participant may require a longer admission, a request must be submitted to the Ministry of Health for approval of ongoing funding.
HOW	**Step 1** Transfer of care planning should commence on admission to the residential facility as follows: • The residential based treatment facility is to be provided with a copy of the treatment plan and copies of any relevant clinical documentation e.g discharge summary, medication treatment sheets etc. • A potential discharge date is to be discussed with the facility and the address to which the participant is likely to be discharged (if known). • Regular reviews throughout admission will occur by the LHD overseeing admission – including liaison with the Drug Court and progress on referrals for accommodation assistance where applicable. **Step 2** • Residential treatment program durations vary. If a participant has been in a treatment facility for six months the LHD, DCP CCO and the NGO must conduct a care coordination meeting to discuss a final transfer of care plan. **Step 3** • If during the review meeting it is agreed the participant requires an admission exceeding nine months, the LHD clinician will complete the Drug Court Extension of Residential Admission application form. • The application must be signed by the LHD and NGO. • Relevant evidence to support the application should be attached – e.g psychiatric review recommendation, standardised screening tools demonstrating clinical decline.

7.3 Extension of NGO Residential Stays (cont.)

HOW	**Step 4** • Application and supporting evidence will be reviewed by Ministry of Health including Chief Addiction Medicine Specialist and/or Clinical Advisor. **Step 5** • Ministry of Health will inform the applicants of outcome within one week. **Step 6** • LHD and NGO will work together toward new plan.
RELEVANT CLINICAL DOCUMENTATION	• Appendix 4 – Forms: – Extension of Residential Admission application
More information	1. Section 7.1 Approved providers P.56 2. Section 7.4 Residential discharge – Transfer of care from NGO to LHD P.63 3. DCP Approved Residential Services Listing

7.4 Residential Discharge – Transfer of Care from NGO to LHD

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHO	• NGO residential rehabilitation service • NGO AOD supported residential care provider • Court-based clinician – Justice Health NSW / LHD • LHD accepting care
WHAT	When a participant is approved for discharge from a residential facility, under the conditions of the DCP they return to the care of the treating LHD for the remainder of their Program. The NGO residential provider must provide a discharge summary to the treating LHD at the conclusion of a residential admission. As a part of their care in the community participants may choose to also remain engaged with the NGO service for ongoing care and support. This should be reflected in the transition planning process, the LHD's comprehensive care plan and the NGO's discharge summary.
WHEN	• Discharge planning between the residential service and LHD team accepting care should commence at the beginning of the admission. • The discharge summary should be provided to the LHD two to four weeks prior to participant discharge. • Discharge should not occur until the Court has endorsed the discharge plan and it has been formally received and endorsed by the LHD.
HOW	Discharge summary must include the following elements: a. A description of the reason for presentation to the AOD service. b. the treatment provided by the AOD service including key timeframes if appropriate. c. for participants who are prescribed or dispensed medication by the service, the following should be included as a minimum: • a list of the medications prescribed or dispensed by the AOD service that are current at discharge • changes made to medications by the AOD service • the ongoing plan for these medications • a statement noting that the participant may be on other medications.

7.4 Residential Discharge – Transfer of Care from NGO to LHD (cont.)

HOW	e. how the participant responded to treatment, including progress on: • goals and problems • new skills or understandings developed • description of quantitative outcome scores if relevant (including any cognitive impairment screening). f. a summary of current and ongoing concerns, risks, strengths and protective factors; and plans to monitor and address these, including who is responsible. g.recommendation for ongoing care needs including aftercare and the option to return to the AOD service in the future.
RELEVANT CLINICAL DOCUMENTATION	• Discharge Summary
More information	1. **NSW Health Clinical Care Standards: Alcohol and Other Drug Treatment** 2. **NADA Practice Guide (2020) Providing Alcohol and Other Drug Treatment in a Residential Setting**

THE VOICE OF A PARTICIPANT:

"Other than being in jail throughout my entire life, 31 years, I've never been this clean."[19]

Court-based Monitoring for Drug Court Program

08

8.1 Urine Drug Screening

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHAT	• Urine drug screening on the DCP is a judicial led process designed to provide the Court with insight into treatment progress, objective evidence of abstinence from illicit drugs and to create participant accountability.[20, 21] • While it is not a Health process, the results may be clinically useful to Health agencies in reviewing treatment progress and planning for treatment variations.
WHO	• The Drug Court Registry utilises contracted nursing staff who are responsible for conducting DCP supervised urine drug screening in accordance with Australian Standard AS/NZS 4308 (medicolegal drug testing). • Health services do not have input into this process but will receive the results of any registry screening as part of the reportback process.
WHEN	Urine drug screens are carried out according to the schedule of phases a participant passes through in the Program: • During Phase One – a minimum of three times per week, on a programmed basis, which minimises the gap between screens. • During Phases Two and Phase Three – a minimum of two times per week, on a programmed basis, which minimises the gaps between screens. • During the final five weeks of Phase Three – three times per week as for Phase One; this screening will include reporting for traces of drugs.
HOW	• Participants residing in the community or in AOD supported residential care attend the Drug Court Registry for urine drug screening according to their phase. • Participants in residential rehabilitation have urine drug screening completed by the facility, and do not have to attend the Registry unless directed. • When providing their sample, participants complete a declaration form to indicate if there has been any substance use since their last sample was provided. • Health may provide contextual information during the reportback process to represent the participant's progress and treatment. • Health should also provide support to participants before and after making declarations of drug use.
More information	1. **Drug Court NSW Policy 1 Team meetings and Participant Review** 2. **Drug Court NSW Policy 9 Drug and alcohol use by participants**

8.2 Sanctions and Rewards

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT

WHAT

The DCP uses a system of sanctions and rewards as a behavioural modification tool for participants – rewards are used to increase desirable behaviours and sanctions to reduce undesirable behaviours.[22]

Rewarding treatment progress and compliance is based on a Contingency Management approach – when combined with psychosocial intervention it is an effective approach for treating substance use within criminal justice settings

Rewards for Program compliance can range from increased privileges (e.g permission to travel outside area; permission to engage in employment before completion of phase 1; lifting of curfew) to decreased Program commitments and the waiving of sanctions. One of the principal rewards used by the Court is the public acknowledgement and validation of participant success through applause from the DCP interagency team.[23]

If a participant does not comply with their Program requirements, sanctions may be imposed, ranging in severity depending on the nature of the breach and the participant's individual circumstances. In recognition of substance dependence as a chronic relapsing condition, the system of sanctions is a gradually escalating sequence of consequences – for early Program breaches, the Court may focus less on custodial sanctions in favour of enhancing treatment responses.[24]

The imposition of sanctions is at the discretion of the Judge and guided by principles of participant and community safety, and the provisions of Drug Court of NSW Policy 4 Sanctions and Rewards.

WHEN

The presiding Judge determines rewards and sanctions when the participant attends Court for their reportback.

Rewarding treatment progress and compliance is based on a Contingency Management approach – when combined with psychosocial intervention it is an effective approach for treating substance use within criminal justice settings[iv]

[ii] Freiberg, A., et al (2016). Drug and specialist courts review: Final Report

8.2 Sanctions and Rewards (cont.)

HOW

- A sanction is a suspended day in custody for individual Program breaches, however when 14 sanctions are accumulated the participant is returned to custody to serve them – this may or may not include a formal review of the HSTP.
- Where a participant is required to return to custody to serve sanctions, the time served will be credited to the participant at final sentence.
- Sanctions can be "worked off" through compliance – To "work off" one sanction takes two weeks of compliance across all Program domains; additional sanctions are then removed cumulatively as weeks go by.
- Drug Court of NSW Policy 4 Sanctions and Rewards provides the full guidelines for sanctions across Program domains including: rehabilitation attendance, Court attendance, Program non-compliance, pharmacotherapy and contempt of Court process. See Table 2 excerpt from Policy 4, specific to substance use and urine drug screening on the Program:

THE VOICE OF A PARTICIPANT:

"It can be a bit intimidating in the start because you've never actually talked like this with a Judge and everybody's there and everybody's listening, everybody's watching. But I reckon it's a great feeling when he starts to clap and the whole Court claps for you. You feel like you've actually achieved something and what you're doing is meaning something. It boosts your self-esteem. [25]

8.2 Sanctions and Rewards (cont.)

Table 3: Excerpt from "Guidelines for sanctions":

Breach	Number of sanctions that may be imposed on:		
	Phase 1	Phase 2	Phase 3
Drug Use (in a report back period)			
One admitted use	1	2	3
Further admitted use	2 (each drug, each occasion of use)	4	5
Late admission	2	3	5
Further late admission	2 (each drug, each occasion of use)	3	5
One unadmitted use	3	4	6
Further unadmitted use	3 (each drug, each occasion of use)	4	6
Failure to attend testing or provide sample			
One sample	1	4	6
Additional samples	3	4	6
Dilute or Very Dilute Samples			
One dilute sample	1	1	1
Further dilute samples	2	2	2
VERY dilute sample	3	4	6
Alcohol			
Drinking alcohol when alcohol not permitted	1	2	3
Exceeding .05	2	2	3

More information

1. **Drug Court NSW Policy 4 Sanctions and Rewards**

8.3 Pre-Reportback Drug Court Program Team Meetings

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHAT	• In preparation for reportbacks, the Drug Court team will meet to review the progress and plans for each participant listed that day. • Information from NGO Residential providers is fed back to the team via the LHD. • These meetings provide the Judge with legal and clinical expertise via the interagency team contributing observations, insights and recommendations relevant to their scope of practice.[26] • The treating LHD will be able to provide context if drug use or other breaches of the HSTP have occurred.
WHO	• DCP Judge and interagency team (including Health agencies) • Participants *do not* attend the pre-reportback meeting
WHEN	• Pre-reportback meetings happen in the Court room before Court sits at each location
HOW	• In the pre-Court meeting, Community Corrections and Health (via the Court-based clinician) provide updates on the participant's treatment and progress since last reportback, and urine drug screen results are read out by the Judge's associate. • The team will discuss any issues that impact on the participant's Program and plan for any adjustment to treatment and supervision that may be required – each agency provides observation and recommendations within their scope of practice. • **Health agencies involved in the DCP provide the Court with health and clinical expertise which is considered vital to the Court's decision-making process – particularly in relation to the interpretation of relapse-related non-compliance and the value of sanctions and rewards.**[27] • To maintain transparency and trust with participants, treating LHDs should discuss the sharing of information among the interagency DCP team with participants at the commencement of treatment, and at the conclusion of each counselling session as appropriate. • The Court-based clinician will record relevant information discussed about the participant as part of the Court outcomes to provide back to treating LHDs and residential treatment providers.

8.3 Pre-Reportback Drug Court Program Team Meetings (cont.)

RELEVANT CLINICAL DOCUMENTATION	• Appendix 4 – Forms: – Progress report templates – Residential Treatment Provider and LHD • Court outcomes documentation
More information	1. **Drug Court NSW Policy 1 Team meetings and Participant Review** 2. **Drug Court NSW Policy 4 Sanctions and Rewards** 3. Justice Health NSW Drug Court Operations Manual (2018) 4. Section 10.3 Responsibilities of Health staff as officers of the Court P.87

The process of reportback provides participants with a voice, validation, and respect[v]

[iii] Clarke, A. What, besides a lack of reoffending, indicates successful completion of a Drug Court Program

8.4 Individual Court Reportback

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHAT	Reportback is the process of Judicial supervision where the Judge oversees progress and interacts directly with each DCP participant. The relationship and the practice of open communication between the Judge and participant is crucial and is considered a key component of a successful DCP. [28,29]
WHO	• DCP Judge • Participant • DCP interagency team
WHEN	Reportback is carried out according to the schedule of phases a participant passes through in the Program: • during Phase One – one to two times per week. • during Phases Two – once per fortnight • during Phase Three – once per month Participants can also be "directed in" at any time for reportback to allow non-compliance to be reviewed in a timely manner.
HOW	• When Court begins, participants are called one by one by the Court staff to complete their report-back with the Judge. • DCP sessions are generally open to the public, so the participant can bring along family or support people if desired. • Sanctions may be imposed on the participant by the Judge if they have failed to comply with their program requirements such as by drug use, or non-attendance for counselling or urine drug screening. • At the completion of each participant's report back with the Judge, if there has been no drug use and compliance with all Program requirements, the participant receives a round of applause from DCP team and the Court gallery. • The Health Court-based clinician is responsible for recording Court outcomes to provide back to LHD treating teams and residential treatment providers, including: – any issues identified during pre-reportback meetings e.g concerns from Community Corrections, Police or the Judge – any upcoming hearings e.g Potential to Progress – urine drug screen results

8.4 Individual Court Reportback (cont.)

HOW (cont.)

– sanctions received/removed
– phase promotion/relegation
– next reportback date.

Aboriginal list day

- Depending on the Court, the individual reportback process may be adapted for Aboriginal and Torres Strait Islander participants.
- For Aboriginal list days, the Court is closed to the public and the participant will be seated at the bar table with the interagency team (including the Aboriginal Case Coordinator) to complete their reportback.

Reportback via AVL for participants in residential rehabilitation

- Participants in residential rehabilitation are not expected to attend every report-back in person, as the Health Court-based clinician will provide progress reports from the residential rehabilitation facility in place of their appearance.
- As a strategy to promote ongoing connection to the DCP and Drug Court team, and to encourage participation and engagement for participants, arrangements for reportback via video AVL should be accommodated wherever possible. This may be requested by the participant, the treating LHD, the residential rehabilitation facility or the Drug Court team.

NOTE: Participants in AOD supported residential care are required to attend Court for reportback as scheduled, dependent on their phase.

More information

1. **Drug Court NSW Policy 1 Team meetings and Participant Review**
2. **Drug Court NSW Policy 4 Sanctions and Rewards**
3. Section 10.3 Responsibilities of Health staff as officers of the Court P.87

Ensuring participants get at least 3 minutes of the Judge's attention helps create an effective Program[vi]

[iv] Carey S. et al (2012) What works? The ten key components of drug court: research-based best practices

8.5 Additional Hearings and Clauses

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHO	• DCP Judge and interagency team • LHD
WHAT	Where a participant demonstrates a persistent inability or unwillingness to comply with the Program requirements, the Court will consider whether the participant has "potential to progress". The Court may set: **"Next Use to Serve" –** where the participant will serve sanctions as a consequence of further substance use. This clause may be added/removed at any time by the Court and will be discussed in Pre-reportback DCP team meetings **"Sunset clause" –** which provides the participant a date by which they must demonstrate progression or have their Program terminated **Potential to Progress (PTP) hearing –** if the participant disagrees with the Court's assessment of their potential the matter can go to a hearing which allows the participant five to six weeks to prove they do have the potential to progress. Where a participant has committed additional offences whilst on the DCP, the Court may also conduct a **risk hearing** to consider whether the participant poses too great of a risk to remain on the DCP.
WHEN	• Can occur at any time the participant is on Program
HOW	• Participants on a Sunset Clause will have their progression reviewed during Pre-reportback DCP team meetings by the DCP team, and on the date specified the Judge will make a determination about progression or termination. • Where a PTP hearing is set, it will be listed at least six weeks in advance, during which time the participant has an opportunity to demonstrate that they have potential to make further gains on the Program. • Both Health and Community Corrections will be required to submit reports for consideration during a PTP hearing, with a recommendation about the participant's potential to progress in the Program. • PTP report is prepared by the treating LHD. • The report must contain the participant's name, date of birth and dates of commencement/termination.

8.5 Additional Hearings and Clauses (cont.)

HOW (cont.)	• The report must be signed by the clinician (including designation) and dated. • It should be vetted by the LHD DCP Manager (or delegate) then submitted to the registrar no later than one week prior to the participant's final sentence list date. • Copies will be distributed by the registrar to the DCP team. • The participant does not receive a copy of the PTP report, but Legal Aid may go through the report with the participant in preparation for the hearing. • There is no Health involvement in risk hearings, as these are a legal matter.
RELEVANT CLINICAL DOCUMENTATION	• Appendix 4 – Forms: – Example Potential to progress report
More information	1. **Drug Court NSW Policy 6 Completion or Termination of Program** 2. Section 8.3 Pre-Reportback Drug Court Program team meetings P.70 3. Justice Health NSW Drug Court Operations Manual (2018)

Program Exit

09

9.1 Program Termination

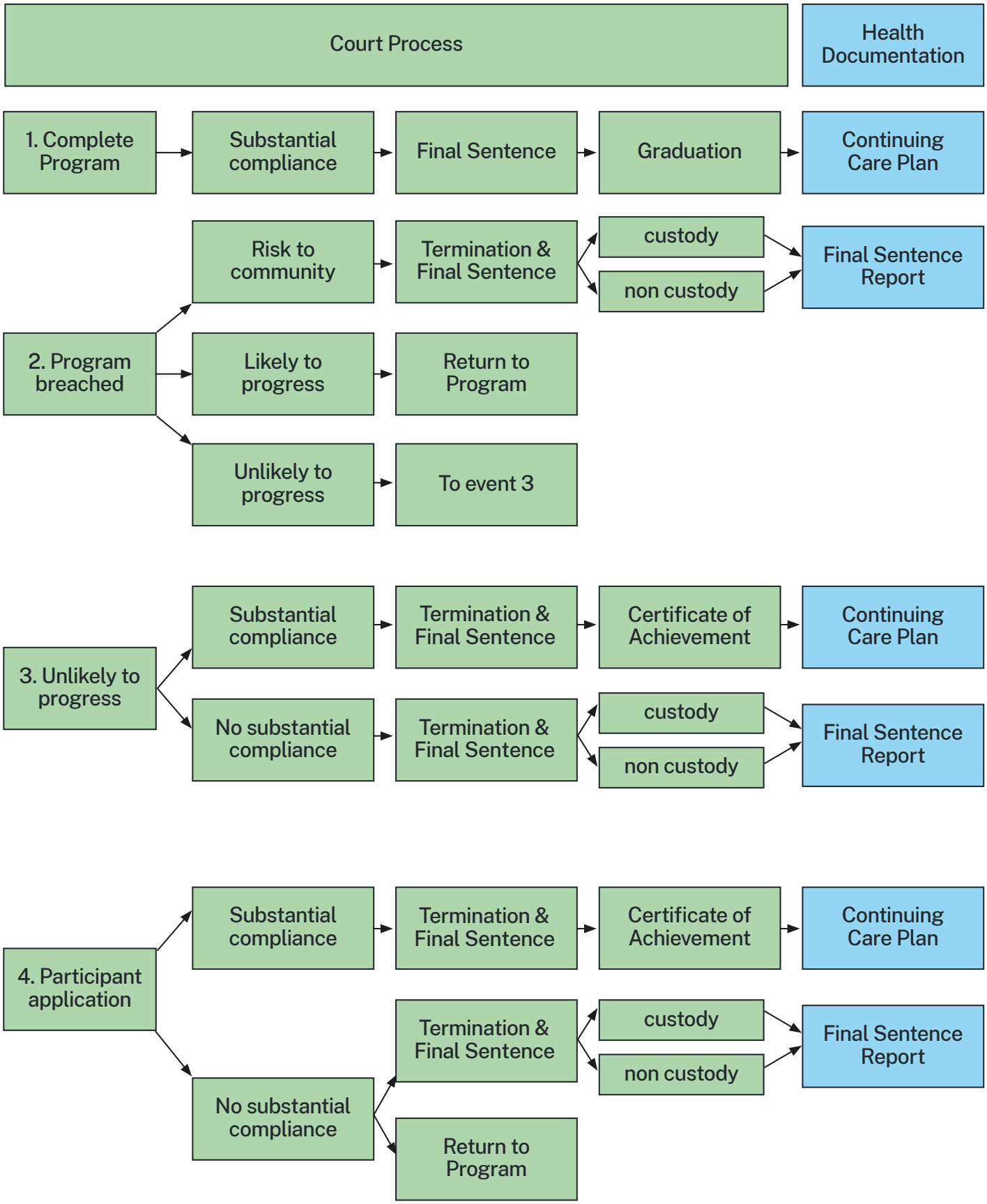
WHAT	Participants exit the Drug Court Program when their Program is terminated by the Court and they are re-sentenced for their referred offences, which the Court refers to as "Final Sentence". The Court can terminate a participant's Program when: • The Court decides the participant has completed or substantially complied with the Program requirements (based on length of time in treatment, progress reports from the treating LHD and Community Corrections, and discussions at the monthly phase progression meetings) • The participant fails to comply with the requirements of the Program and their further participation poses an unacceptable risk to the community – e.g reoffending • The Court determines that the participant is unlikely to make any further progress (often following a breach, Potential to Progress hearing, or Sunset Clause) • The participant applies to have it terminated. In deciding the Final Sentence, the Court will consider participation in treatment, progress through the Program, and rewards and sanctions given throughout the Program. The participant's final sentence cannot be greater than their initial sentence for the same offences. Following Final Sentence, participants who completed the Program are eligible for graduation, and participants who did not complete but still demonstrated significant compliance are eligible for an Achievement award.
HOW	• The termination of a Program is a legal process, however both Community Corrections and the treating LHD may be asked by the Court to submit reports to assist in determining the participant's Final Sentence. See Table 4 Health Documentation and Court Processes:
More information	1. **Drug Court NSW Policy 6 Completion or Termination of Program** 2. **Drug Court NSW Policy 7 Program Goals and Measures**

"The process of graduation and the acknowledgement of success is potentially transformative in its own right - as a consequence of this recognition, graduates have significantly enhanced self-efficacy and social capital"[vii]

[v] Freiberg A., et al (2016) Drug and Specialist Courts Review – Appendix E Building effective interventions for drug users in the criminal justice system

9.1 Program Termination (cont.)

Figure 5 – Health Documentation and Court Processes



9.2 Continuing Care Plans

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHO	• Treating LHD • Participant • Other support services as required - including collaboration with Community Corrections for holistic post-Program case planning.
WHAT	The Continuing Care Plan may act as both a discharge from the treatment episode and the participant's final report for the Court. The minimum requirements for a Continuing Care Plan are the same as for a discharge summary: a. A description of the reason for presentation to the AOD service. b. The treatment provided by the AOD service during the treatment encounter including key timeframes. c. For participants who are prescribed or dispensed medication by the service during the encounter, the following should be included, as a minimum: • a list of the medications prescribed or dispensed by the AOD service, that are current at discharge • changes made to medications by the AOD service • the ongoing plan for these medications • a statement noting that the participant may be on other medications. d. How the participant responded to treatment, including progress on goals, new skills or understandings developed, and a description of quantitative outcome scores if relevant. e. A summary of current and ongoing concerns, risks, strengths and protective factors; and plans to monitor and address these, including who is responsible. f. Recommendations for ongoing care needs including engagement with aftercare, additional support services and the option to return to the AOD service in the future.
WHEN	• When a participant graduates the DCP • When a participant is awarded a Certificate of Achievement for substantial compliance in place of progressing through to graduation

9.2 Continuing Care Plans (cont.)

HOW	• The CCP is prepared by the treating LHD in collaboration with the participant and other service providers (where applicable). • The CCP must contain the participant's name and Health identifiers, and dates of commencement/exit. • The report must be signed by the clinician (including designation) and dated. • It should be vetted by LHD DCP Manager (or delegate) then submitted to the registrar no later than one week prior to the participant's list date. • Copies of the CCP will be distributed by the registrar to the DCP team. • The treating LHD will provide a copy of the CCP to the participant.
RELEVANT CLINICAL DOCUMENTATION	• Appendix 4 – Forms: – Example Continuing Care Plan
More information	1. **NSW Health Clinical Care Standards: Alcohol and Other Drug Treatment**

THE VOICE OF A PARTICIPANT:

People are noticing that I'm changing, that I'm doing the right thing...I can't wait to show my family, they'll be so proud of me. Last time I was out I only lasted 12 days then reoffended and went straight back to jail. So this is a big change, big difference. It's like it's kicking in – yes! I'm doing something, I'm staying clean, I'm changing my life. Things are happening and I'm slowly getting there."[30]

9.3 Final Sentence Report

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHO	• Treating LHD
WHAT	The Court may seek a Final Sentence Report from the treating LHD to assist in the sentencing process following a participant's termination. It is a requirement of the Court and an obligation of the LHD clinician to ensure the information is relevant, accurate and within the clinician's scope of practice. The Final Sentence Report should include information about the participant's engagement with their Program and treatment plan, psychosocial issues impacting their participation, and discharge planning or recommendations. Court reports should be:[31] • clear, succinct and relevant • based on the individual's experience and outcome • written in the third person • honest, factual and objective, outlining what the participant has or has not done, and including both positive and negative aspects of the participant's progress • clear about which statements within it are based on verified fact, for example, 'attendance at an opioid treatment clinic was confirmed through…' • clear about which information within it is not verifiable, for example, 'the participant states/reports that…' • in plain English • free of technical or specialist terminology • relevant, and providing medical or health information where appropriate. Court reports should not:[32] • include personal opinions or judgments • read as a plea for leniency • use the participant's first name • make suggestions or recommendations related to sentencing • use colloquialisms.

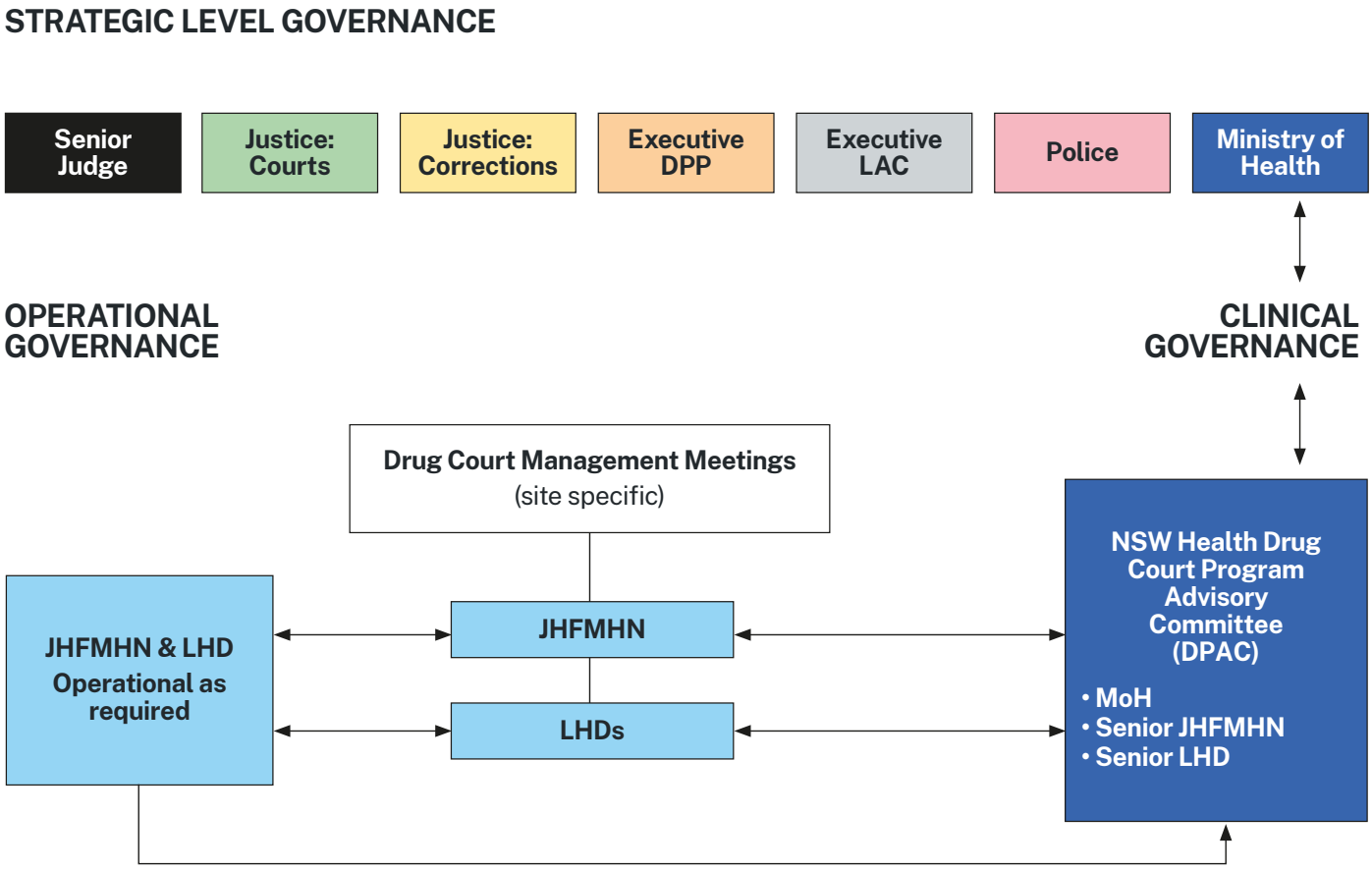
9.3 Final Sentence Report (cont.)

WHEN	• When a participant's Program is terminated but they have not met the conditions for graduation or Achievement for substantial compliance
HOW	• Final Sentence Report is prepared by the treating LHD. • The report must contain the participant's name, date of birth and dates of commencement/termination. • The report must be signed by the clinician (including designation) and dated. • It should be vetted by LHD DCP Manager (or delegate) then submitted to the registrar no later than one week prior to the participant's final sentence list date. • Copies will be distributed by the registrar to the DCP team. • The participant does not receive a copy of the Final Sentence Report, but Legal Aid may go through the report with the participant in preparation for the Final Sentence hearing.
RELEVANT CLINICAL DOCUMENTATION	• Appendix 4 – Forms: – Example Final Sentence Report

Drug Court Program Health Governance

10

10.1 Structure



10.2 Health Records and Information

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHO	• Justice Health NSW • Local Health Districts
WHAT	The use and disclosure of Health information as part of a DCP treatment episode is in accordance with the NSW Health Privacy Manual for Health Information – see Section 1.4 Privacy and confidentiality. Exception to the regular handling of health records for subpoena requests The Drug Court Act 1998 restricts the release of any information relating to a participant's Program via subpoena. Section 31(3) of the Act indicates that: • this protected information is **not admissible** in evidence in any proceedings before a court, tribunal, or committee outside the Drug Court **and** • a person is **not compellable** in any proceedings before a court, tribunal or committee to disclose the information or produce any document that contains that information. This means that records relating to a participant's Program cannot be produced in response to a subpoena UNLESS the subpoena has come from the Drug Court itself. **EXCHANGE OF INFORMATION** Although information relating to a participant is 'protected' from subpoena, Health information **can be exchanged** between prescribed bodies outside the Drug Court under the following conditions: • for the safety, welfare and wellbeing of a child or young person under Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 • for the purpose of preventing or lessening a **serious threat** to a persons' life, health or safety under Part 13A of the Crimes (Domestic and Personal Violence) Act 2007. NSW Health is a prescribed body under both the Children and Young Persons (Care and Protection) Act 1998 and the Crimes (Domestic and Personal Violence) Act 2007. As long as the information is provided in good faith, the clinician providing information under Chapter 16A/Part 13A cannot be held liable in any civil, criminal or disciplinary action or held to have breached their professional code of conduct.

10.2 Health Records and Information (cont.)

HOW

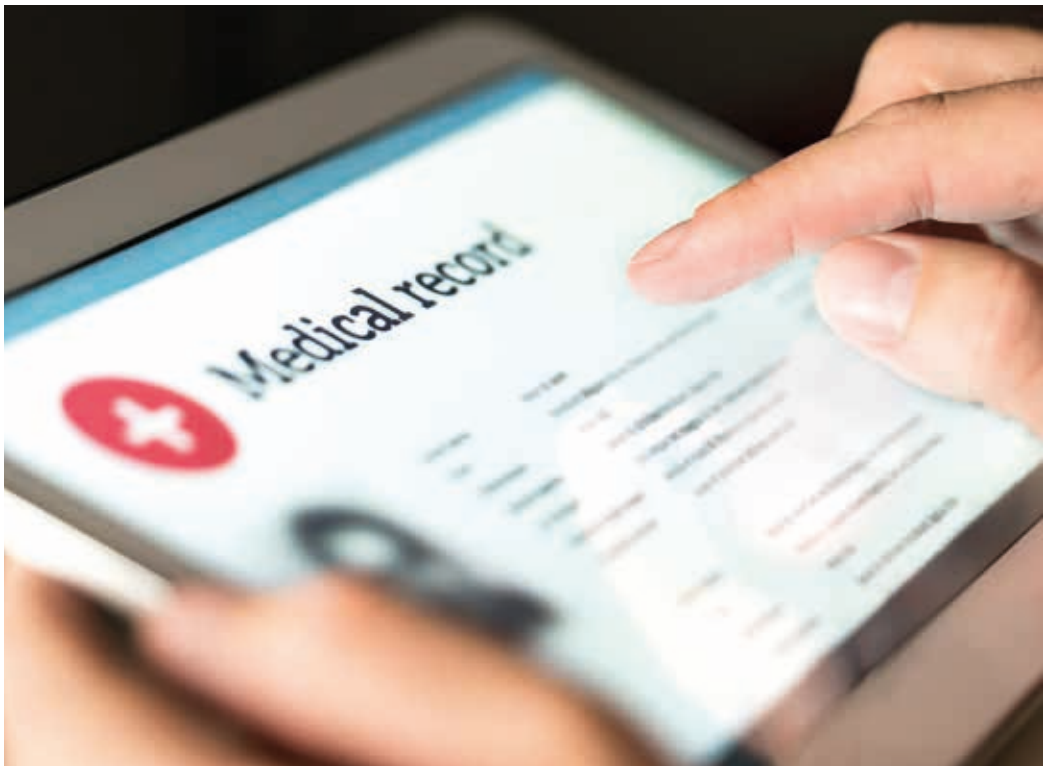
- Health agencies should work with their local medicolegal and information exchange contact points to establish standard processes for requests for Drug Court information.
- Where appropriate, alerts may be placed on electronic records for a Drug Court treatment episode: *As per Section 31(3) of the Drug Court Act 1998, any information/ documents/tests results etc prepared by an LHD involved in the administration of, or which provides services related to a Drug Court program cannot be subpoenaed or produced in any proceedings outside the Drug Court*.

RELEVANT CLINICAL DOCUMENTATION

- Appendix 4 – Forms:
  - NSW Health Agreeing to Chapter 16A Request **Letter**

More information

1. **Privacy Manual for Health Information 2015**
2. **Drug Court Act 1998 No 150 - NSW Legislation s.31**
3. **Drug Court Regulation 2020 - NSW Legislation s.10**
4. Section 10.3 Responsibilities of Health staff as officers of the Court P.87
5. **Child Well-being and Child Protection Policies and Procedures for NSW Health**
6. NSW Health **child protection and wellbeing resources**
7. NSW Health **domestic and family violence resources**



10.3 Responsibilities of Health Staff as Officers of the Court

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT

WHO

- Justice Health NSW
- Local Health Districts
- NGO residential treatment providers

WHAT

- Health and NGO staff engaged in providing services to Drug Court participants must be aware of their responsibilities regarding provision of information to the Court. This is particularly important given the Drug Court aims for **abstinence from illicit drugs,** and responsibilities are set out in two DCP specific pieces of NSW legislation:

1. DRUG COURT ACT 1998

Section 31 Provision of information to the Drug Court:

I. This section applies to such persons as are prescribed by the regulations for the purposes of this section, being persons who are involved in the administration of, or who provide services in connection with, a drug offender's program.

II. It is the duty of a person to whom this section applies:

a. to promptly notify the registrar of any failure by a drug offender to comply with the drug offender's program, AND

b. to promptly comply with the requirements of the regulations with respect to the giving of information to the registrar.

V. A drug offender is taken to have authorised the communication of protected information:

a. from any person to whom this section applies to the registrar, and

b. from the registrar to any person to whom this section applies, and

c. from any member of staff of the Drug Court to any other member of staff of the Drug Court.

10.3 Responsibilities of Health Staff as Officers of the Court (cont.)

WHAT (cont.)

DRUG COURT REGULATION 2020

Section 10 Provision of information to the Drug Court:

I. For the purposes of section 31(1) of the Act, the following persons are prescribed, but only if they are involved in the administration of, or provide services in connection with, a drug offender's program:

   a. persons acting for or on behalf of the Hunter New England, Nepean Blue Mountains, South-Eastern Sydney, South-Western Sydney, Western NSW or Western Sydney Local Health Districts,

   b. persons acting for or on behalf of the Drug Toxicology Unit of the NSW Forensic and Analytical Science Service (being an administrative arm of the Division of the Health Administration Corporation known as NSW Health Pathology),

   c. persons acting for or on behalf of an organisation providing treatment to a drug offender in connection with the drug offender's program.

- Where there is a **significant breach**, the Drug Court Police Prosecutor or ODPP solicitor may seek a warrant for the participant's arrest. The legal teams and Community Corrections may make a recommendation about arrest warrants; however, Health is only required to provide timely, accurate information to assist.
- The 'General Undertaking' signed by the participant when entering the Program provides **global consent** to the sharing of information between the Drug Court agencies.
- Contact with the participant in relation to being wanted by the police will usually be made through Legal Aid.
- Refer also to related sections: Privacy and Confidentiality, Perception of Treatment Coercion and Health Records and Information.

10.3 Responsibilities of Health Staff as Officers of the Court (cont.)

HOW

Senior Health staff should provide information regarding **significant breaches** to the Drug Court Registrar, the Drug Court DDP solicitor and Legal Aid within 24 hours of becoming aware of the breach..

Significant breaches include:

- absconding from residential rehabilitation, committing to offences while on the Program, breaching AVO's, disclosing risk of harm to self or others.

Health staff should provide information regarding **non-compliance with treatment plan** at the weekly Drug Court meeting.

"Non-compliance with treatment plan" includes:

- missing scheduled appointments, missing dosing appointments, being disrespectful to health staff, appearing intoxicated, admission of uncontrolled drug use, and disclosure of criminal intent or activities in counselling or case management sessions. .

Participants are informed by the Court and the DCPAU about the consequences of breaching the Drug Court undertakings.

More information

1. **Drug Court Act 1998 No 150 - NSW Legislation s.31**
2. **Drug Court Regulation 2020 - NSW Legislation s.10**
3. Appendix 4 – Forms: Drug Court Program General Undertaking
4. Section 1.1 Therapeutic jurisprudence P.8
5. Section 8.2 Sanctions and rewards P.67

It is important that clinicians balance the needs of the participant with the therapeutic jurisprudence and the contingency management framework used by the Drug Court. Building a therapeutic alliance with the participant is a strong predictor of effective treatment and continued engagement in treatment. Clinicians should always act within their professional boundaries and in the best interests of the participant. Communication with other stakeholders should be done in an ethical and considered manner.

10.4 Dispute Resolution

APPLICABLE CLINICAL CARE STANDARDS FOR AOD TREATMENT	
WHO	• Justice Health NSW • LHDs • Ministry of Health – Centre for Alcohol and Other Drugs
WHAT	Disputes and conflicts should generally be resolved with reference to the policies of the Drug Court Program, this Guide and local LHD/Justice Health NSW policies. Program issues that cannot be resolved by the weekly court management meetings or internally through the LHD and/or Justice Health NSW via operational meetings should be escalated to the Secretariat of the NSW Health Drug Court Program Advisory Committee (DPAC). The Ministry of Health Chairs and provides Secretariat for the quarterly meetings. Communication about the meeting should be made via: **MOH-DrugCourtProgram@health.nsw.gov.au**
WHEN	Quarterly
HOW	**NSW Health – Drug Court Program Advisory Committee** Objectives: • to provide expert advice and resolution to support clinicians in the delivery of the NSW Drug Court Program • to ensure operational consistency and service delivery of Health components throughout the Program • to ensure the model of care and operational processes are consistent with best practice, current policies, and guidelines, including application of the NSW Clinical Care Standards for Alcohol and Other Drug Treatment • to strengthen integration with service partners so as to deliver effective and efficient care.

10.4 Dispute Resolution (cont.)

HOW	Membership: • Clinical Director or delegate, Justice Health NSW • Operations manager(s) or delegate, Justice Health NSW • All Drug Court LHD managers or delegates • Chief Addiction Specialist advice as needed • Ministry of Health – Chair and Secretariat
More information	1. NSW Health – Drug Court Program Advisory Committee: Terms of reference and membership 2. **NSW Health Clinical Care Standards: Alcohol and Other Drug Treatment**

FROM THE PARENT OF A DCP GRADUATE:

"Hope was the greatest casualty but through this program I believe hope has lifted itself off the floor.

We are now starting to look forward to being a part again of our son's future and I thank the Drug Court program and all the people in it for all they have done to support, correct and save my son."[33]

References

1. Rigney S., (2021) 'Hunter Drug Court celebrates a decade of making a difference in fight against drugs' Newcastle Herald 30/03/2021
2. Freiberg, A. (2003). Therapeutic jurisprudence in Australia: Paradigm shift or pragmatic incrementalism?. Therapeutic jurisprudence. 6-8.
3. Murphy A., Lumley K. (2022) Trauma-informed courts: Guidance for trauma-informed judicial practices Judicial Commission of NSW
4. NSW Department of Communities and Justice (2021) Reducing Aboriginal Overrepresentation in the Criminal Justice System 2018-2021
5. Australian Government (2021) National Agreement on Closing the Gap
6. Freiberg A., et al (2016) Drug and specialist courts review: Final Report
7. Edwige V and Dr Gray P. (2021) Significance of culture to wellbeing, healing and rehabilitation. Available online at: https://www.publicdefenders.nsw.gov.au/Documents/significance-of-culture-2021.pdf
8. Freiberg A., et al (2016) Drug and Specialist Courts Review – Appendix E Building effective interventions for drug users in the criminal justice system
9. Davis S., (2015) 'Inside the Drug Court: part 3 — the road to heaven' ABC Radio National 23/02/2015
10. Davis S., (2015) 'Inside the Drug Court: part 3 — the road to heaven' ABC Radio National 23/02/2015
11. Klag S., et al (2005). The use of legal coercion in treatment of substance abusers: An overview and analysis of thirty years of research. Substance Use and Misuse, 40, 1777-1795
12. NSW Health (2008). Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines
13. Wolfe S., et al (2013). To enforce or engage. The relationship between coercion, treatment motivation and therapeutic alliance within community-based drug and alcohol clients. Addictive Behaviors, 38(5), 2187-2195
14. Hachtel H., et al (2019). Mandated Treatment and Its Impact on Therapeutic Process and Outcome Factors. Front Psychiatry. 2019 Apr 12;10:219. doi: 10.3389/fpsyt.2019.00219
15. NSW Health (2008). Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines
16. Mei X., et al (2019) Collaboration: A Mechanism of Drug Court Model Adherence. Journal of Drug Issues. 2019;49(2):253-278. doi:10.1177/0022042618821196
17. Stone et al (2019). Counselling guidelines: alcohol and other drug issues: fourth edition. Perth: Western Australia Mental Health Commission
18. Davis S., (2015) 'Inside the Drug Court: part 2 — the struggle to stay clean' ABC Radio National 16/02/2015.
19. Ibid
20. Clarke, A. (2020) What, Besides a Lack of Reoffending, Indicates Successful Completion of a Drug Court Program. 13; https://dx.doi.org/10.2139/ssrn.3704573
21. Freiberg A., et al (2016) Drug and Specialist Courts Review – Appendix E Building effective interventions for drug users in the criminal justice system
22. Marlowe, D. (2012) Behaviour Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions. Drug court Practitioner Fact Sheet
23. Clarke, A. (2020) What, Besides a Lack of Reoffending, Indicates Successful Completion of a Drug Court Program. 16; https://dx.doi.org/10.2139/ssrn.3704573
24. Marlowe, D.B. (2012) Behaviour Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions. Drug court Practitioner Fact Sheet
25. Davis S., (2015) 'Inside the Drug Court: part 1 — the last chance' ABC Radio National 09/02/2015
26. National Association of Drug Court Professionals (2018) NADCP Adult Drug Court Best Practice Standards VII:45
27. Freiberg A., et al (2016) Drug and Specialist Courts Review – Appendix E Building effective interventions for drug users in the criminal justice system.
28. Logan M., et al (2019) Taking Stock of Drug Courts: Do They Work? Victims & Offenders, 14:3, 283-298, DOI: 10.1080/15564886.2019.1595249
29. Clarke, A. (2020) What, Besides a Lack of Reoffending, Indicates Successful Completion of a Drug Court Program. 16; https://dx.doi.org/10.2139/ssrn.3704573
30. Davis S., (2015) 'Inside the Drug Court: part 3 — the road to heaven' ABC Radio National 23/02/2015
31. NSW Health (2022) MERIT Operational Manual
32. Ibid
33. Dive, R., (2013) Drug Court Annual Review 2012

Appendixes

Appendix 1 – Standards for Treatment on the Drug Court Program

WHO	• Local Health Districts • NGO residential rehabilitation providers • NGO AOD supported residential care providers
WHAT	The NSW Health Clinical Care Standards: Alcohol and Other Drug Treatment (the Care Standards) describe the processes of care that support service delivery in specialist AOD treatment services. While elements of the Care Standards may be relevant across both the Justice and Health related processes of the DCP, for the quality and consistency of **clinical treatment**, the following standard elements will apply:
 **Intake**	• occurs when the participant is screened for entry onto the DCP (includes Justice Health assessment in custody) • is the process where the LHD/NGO registers the participant using referral information from Justice Health NSW.
 **Comprehensive assessment**	• Comprehensive assessment by the treating LHD as per the Care Standards is completed following a participant's initial sentence and release from custody. • The information provided by Justice Health NSW custodial assessment can inform the treatment provider's assessment but there may be further detail/screening required e.g., cognitive screening, Domestic Violence Routine Screening. • Comprehensive assessment includes treatment formulation and documentation of any risk factors.
 **Care planning**	• The comprehensive care plan is a clinical document used by the treating LHD to guide treatment provision, as distinct from the Court's "highly suitable treatment plan" which is a legal document. • The care plan is informed by the findings of the comprehensive assessment. • The care plan identifies strategies for ongoing engagement and support. • For domains where case management is shared between treating LHD and Community Corrections, the agency responsible for actions should be documented. • The care plan includes short, medium, and long-term treatment and case management goals across all medical and psychosocial domains.

Appendix 1 – Standards for Treatment on the Drug Court Program (cont.)

Risk identification response and monitoring

- Strategies for ongoing identification and management of clinical risk escalation across both core and non-core risk factors
- Communication between the Court-based clinician and LHD treatment teams
- Minimum three-monthly planned multidisciplinary review of comprehensive care plan by the treating LHD to assess ongoing risks and suitability of the treatment plan in accordance with the participant's clinical needs, care plan and risk issues.
- Structured clinical tools for monitoring (see Monitoring treatment progress and outcomes)
- Strategies to mitigate the need for treatment review in custody
- Information from Court and supervised UDS providing additional insights for clinical formulation
- Flexibility of supports including treatment frequency
- Access to specialty input as required – e.g., Addiction Medicine, Addiction Psychiatry, forensic psychology.

Ongoing monitoring and review

- Minimum three-monthly planned multidisciplinary review by the treating LHD of comprehensive care plan to assess ongoing risks and suitability of the treatment plan in accordance with the participant's clinical needs, care plan and risk issues.
- Structured clinical tools for monitoring that are repeated at regular intervals to inform care plan review (substance use, general health and physical health)
- Additional investigations as required – e.g liver function testing, breath alcohol, UDS
- Includes feedback from participant
- Changes to comprehensive care plan as required.

Transfer of care

- A comprehensive summary of all treatment provided, outcomes and ongoing treatment needs with a focus on participant safety
- Can occur at any stage throughout the participant journey, e.g., when care is transferred between:
  - Justice Health NSW and LHD (release from custody)
  - LHD and Justice Health NSW (treatment review)
  - NGO and LHD (release from residential rehabilitation/AOD supported residential care to community)
  - Justice Health NSW and NGO (release from custody to residential rehabilitation/AOD supported residential care)
- Planning for transfer of care should be ongoing throughout the treatment episode

More information

1. **NSW Health Clinical Care Standards: Alcohol and Other Drug Treatment**

Appendix 2 – Overview of the Community Corrections Practice Guide for Intervention

WHO

The Practice Guide for Intervention (PGI) is used by Community Corrections Officers

WHAT

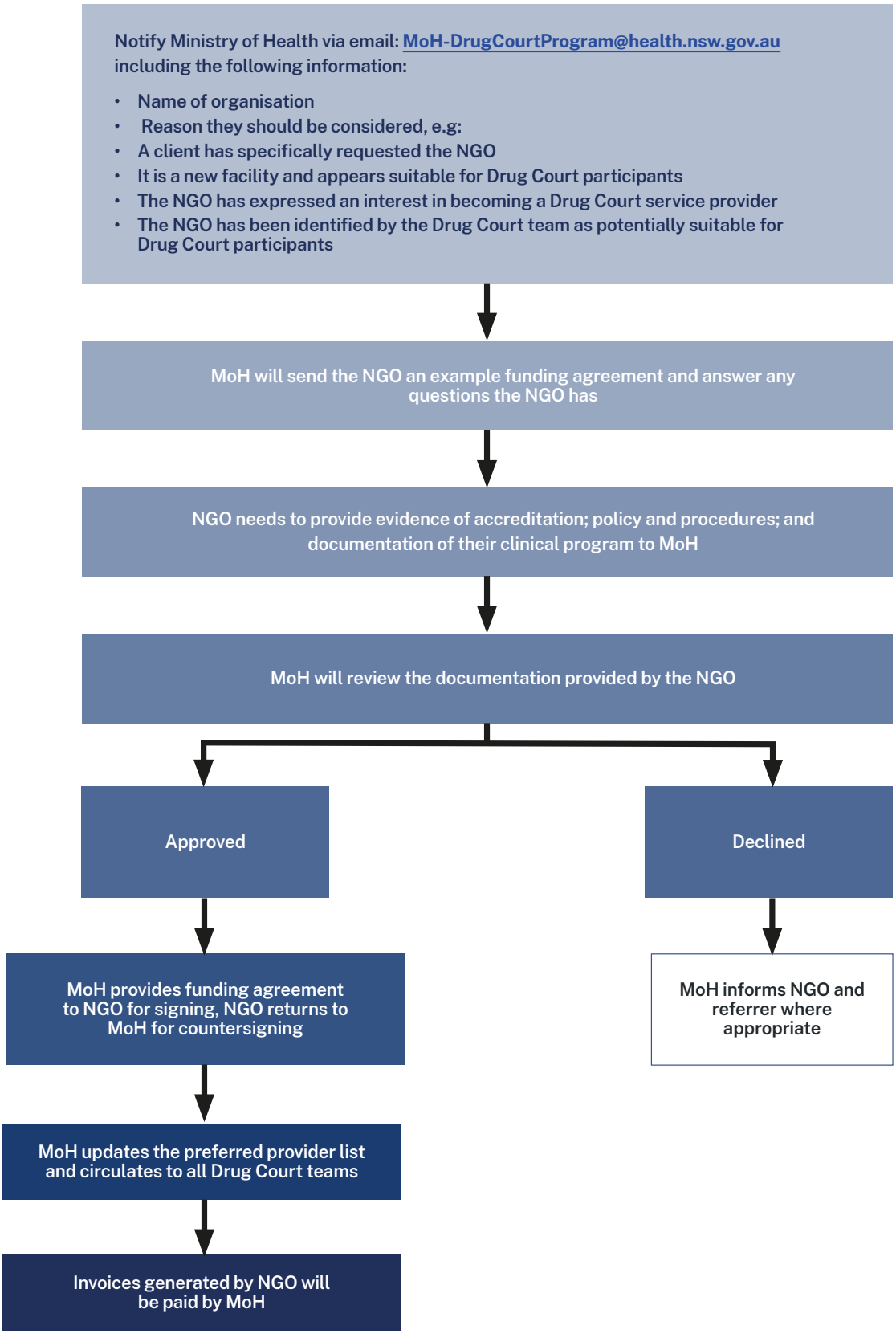
- It is a tool that helps CCOs to change offending behaviour.
- It contains a series of exercises which provide practical support for officers to be more effective at changing behaviour. The exercises are grouped into modules targeting a range of factors related to offending.
- It assists officers to focus and structure interviews and provide a basis on which skills such as cognitive behavioural techniques (CBT), motivational interactions (MI) and prosocial modelling can be readily applied.
- The PGI does not replace programs or referrals to other appropriate services and interventions. Instead, it provides an additional tool for the officer to increase the overall 'dosage' of treatment to the offender. PGI exercises can also support and reinforce other strategies. This is especially important for high-risk offenders who need high levels of intervention to reduce risk.

HOW

Community Corrections Practice Guide for Intervention modules:

Module	Topic
1	Assessment and planning
2	Achieving goals
3	Dealing with setbacks
4	Managing stress and anger
5	Managing impulsivity
6	Managing environment
7	Managing cravings
8	Interpersonal relationships
9	Communication
10	Conflict resolution
11	Self-awareness
12	Prosocial lifestyle
13	General skills

Appendix 3 – Engaging new NGO residential rehabilitation providers for Drug Court Program



Appendix 4 – Forms

COURT FORMS

1. DCP General Program and Undertaking
   (Issued by Drug Court Registry)
2. DCP Treatment and Case Management Plan, known as the **"Highly Suitable Treatment Plan"**
   (Issued by Drug Court Registry)
   - GP Letter
   - Centrelink Letter
   - Medications and Participant Responsibility Information **UNDER REVIEW**
3. Variation to Drug Court Program
   (Issued by Drug Court Registry)
   - Long form
   - Short form

HEALTH FORMS AND TEMPLATES

4. Drug Court Program Health Eligibility Determination
   - Finding of Eligibility
   - Drug Court Program Accommodation Assessment Request Form
   - Drug Court Program Health Eligibility Screen
5. Justice Health NSW Drug Court Program Assessment Form
6. Justice Health NSW D&A and Psychiatry Summary Discharge Report
7. Justice Health NSW Custodial Bedlist
8. Example: Drug Court Program treatment review transfer of care
9. Drug Court Program Health outcomes measures and screening tools
   - ATOP
   - WHO-8: EUROHIS
   - Kessler-10
   - DSM-5 Cross Cutting Measure
   - ACE
   - Treatment Perceptions Questionnaire
   - Justice Health NSW Post Engagement Questionnaire
10. Residential
    - Drug Court Program Residential Care Utilisation Report
    - Example: Information Sheet for DCP Residential providers
    - Example: Transition from residential rehabilitation participant letter
    - Residential Rehabilitation progress report template
    - Extension of Residential Admission application form
11. Progress Report template – LHD
12. Example: Potential to Progress Report
13. Example: Continuing Care Plan
14. Example: Final Sentence Report
15. NSW Health Agreeing to a Chapter 16A Request letter template

COURT FORMS

Drug Court of NSW
General Program Conditions and Obligations

Name:_____

File Number: _____

I understand that I am subject to my Treatment and Case Management Plan.

As part of this plan:

1. I must obey the rules of my Drug Court program.
2. I must be honest at all times.
3. I must not commit any offences while on the Drug Court program.
4. I must not use prohibited or synthetic drugs.
5. I must attend drug testing three times per week in Phase 1, and two times per week in the later phases.
6. When I am being drug tested, I must tell the person testing me, and write on my form, whether I am using any medication. I should bring this medication and a copy of the prescription from the doctor to the drug testing.
7. I must not use medication containing codeine or morphine, unless it is approved by the Drug Court.
8. I must not consume any alcohol during Phase 1 of the program. During later phases my blood alcohol level must not exceed 0.05.
9. When directed by the Drug Court or my community corrections officer, I must undertake drug testing through urine, breath, sweat or saliva.
10. I must arrive on time for all appointments connected to my program.
11. I must obey all directions from my counsellor, treatment provider and/or residential rehabilitation centre.
12. I must accept supervision and home visits by community corrections officers, obeying all their directions.
13. I must live at my approved address and sleep there every night, unless the court gives approval to do otherwise.
14. I must seek permission from the court and my community corrections officer for any travel that might affect my Drug Court Program.
15. I must be home before curfew, which is 7pm to 7am for the first month of the program.
16. I must seek permission from the court for any paid employment.
17. I must seek permission from the court before visiting any gaol.
18. I must report any breaches of my program to the court, my counsellor and my community corrections officer.
19. I must immediately contact and attend the Drug Court if discharged from a rehabilitation centre.
20. I must provide a medical certificate if too sick to attend Drug Court commitments (the court may not accept the certificate as an excuse for being absent).

General Information:

- The Drug Court Program runs for at least 12 months and is more important than any other commitment or activity.
- Breaking the program conditions will result in sanctions. If you are dishonest the sanctions will increase. If you have too many sanctions you will return to gaol.
- If you try to provide a false drug test your program will likely be ended.
- If you are dishonest your program will likely be ended.

- Regular reports about progress are provided to the court by your community corrections officer and counsellors.
- Drug Court can issue an arrest warrant for breaches of program conditions.
- Drug Court can end a person's program if conditions are breached.
- If you fail to attend court your program can be ended in your absence.
- There is no appeal against sanctions or termination of a program.
- If your program is terminated the Drug Court will consider your original sentence. The final sentence will not be greater than this, unless new offences have been committed.
- Drug Court Legal Aid lawyer or Registry can provide more information or clarification about all documents/information received today.

I have provided the following documents:

- A copy of the *Treatment and Case Management Plan*

This is a copy of the document provided to the Drug Court Participant today.

_____ _____

Registry Officer Name Registry Officer Signature

Date:

DRUG COURT PROGRAM

TREATMENT AND CASE MANAGEMENT PLAN

This is the treatment plan and case management plan referred to in the general program and undertaking prepared for this participant.

Court reference number:	
Participant:	
Address:	
Treatment Provider:	[LOCAL HEALTH DISTRICT [ADDRESS LINE 1] [ADDRESS LINE 2]
Date of undertaking and program commencement date:	

Contact numbers.

The Drug Court Registry	[PHONE]
[LOCAL HEALTH DISTRICT] Contact - :	[NAME] [PHONE]
[NGO RESIDENTIAL REHABILITATION PROVIDER] (If applicable) Contact - :	[NAME] [ADDRESS] [PHONE]
Community Corrections Officer case manager - :	Telephone Pager 1300883708
Drug Court Legal Aid Solicitor:	[PHONE]

Treatment and Case Management plan.

1. **Program type**

   I must participate in the [Community/Residential] [Treatment Modality] Program through the [Area] Local Health District and [Secondary Treatment Provider where applicable], [ADDRESS].

2. **Court**

   I must attend Court every Monday at 11 am.

   [LOCATION] Drug Court

   [LOCATION] Court House

[ADDRESS LINE 1]

[ADDRESS LINE 2]

3. **Drug tests**

Every week I must provide drug tests on Monday and Tuesday and Friday

4. **Treatment**

5. **Special conditions**

In addition to the conditions set out in my undertaking, I must accept the following special conditions:

- [CLAUSE]

- [CLAUSE]

- **Appointment Details**
  I will attend an appointment with my Health Counsellor on the agreed day and time.
- **Counselling Appointment**
  At times phone counselling may occur, I will commit to these sessions by setting aside the time and focus and be engaged in all counselling sessions and I will complete any homework set by my counsellor as requested.
- **Medication Details**
  I will take medication daily, exactly as prescribed. Within seven days of release I will attend a General Practitioner (GP) and have this medication continued.
- **Health Order**

Undertaking

I accept the general program conditions, and the treatment plan and case management plan which have been explained to me today, and I undertake to comply with this Drug Court program. I know that this treatment and case management plan will be reviewed and may be varied from time to time.

Signature of Participant.

Registrar's statement

I have explained the attached treatment plan and case management plan to the participant and answered all questions by the participant concerning his/her participation in a Drug Court program. I have explained to the participant the consequences of entering a Drug Court program, including failure on the program. I have asked the participant to signed the document only if the participant still wished to participate in a Drug Court program.

Signature of Registrar. Per

Drug Court
of New South Wales

[LOCATION] Drug Court
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]

Tel (02) xxxx xxxx | Fax (02) xxxx xxxx

Dear Doctor,

Re: [PARTICIPANT] [D.O.B]

[PARTICIPANT NAME] is a participant in the Drug Court Program currently being treated for substance dependency by the [LOCAL HEALTH DISTRICT]. He is currently on [TREATMENT MODALITY] based program.

The court and his treatment provider would appreciate it if any medications prescribed or recommended not be in the family of benzodiazepines or contain codeine. We are aware that in some circumstances there is no suitable alternative to these products. It would be appreciated if you could inform the court if there is a clinical need for this medication and it is prescribed or recommended.

If you have any queries please do not hesitate to contact either myself at the Drug Court or of LHD on [PHONE].

Yours sincerely

[REGISTRAR]

Drug Court
of New South Wales

[LOCATION] Drug Court
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]

Tel (02) xxxx xxxx | Fax (02) xxxx xxxx

Manager **CENTRELINK**

This letter is to verify that the person whose original sample signature appear below is known to the Drug Court as [PARTICIPANT] using the date of birth of [DOB].

[PARTICIPANT] has commenced the Drug Court Program on [DATE] and commitments will be such that they will not be able to participate in full-time work for the first 3 months of the Drug Court Program.

My assessment of [PARTICIPANT], taking into account their Drug Court requirements, is that they can immediately satisfy the Social Security Law's Activity Test requirements by

[ ] Cannot look for work - exemption is requested for 13 weeks until [DATE]

[ ] Cannot look for work - an extension of the exemption is requested to [DATE]

[ ] Cannot look for work - exemption is requested for 6 months until [DATE]

An objective of the Drug Court Program is to promote the re-integration of participants into the community, accordingly with the support of Centrelink it is the Drug Court's intent to return participants to work.

Please do not hesitate to contact this office on [PHONE] if you require any further information or clarification.

.....

Yours Faithfully,

[REGISTRAR]

Drug Court of New South Wales

As a Drug Court participant, you are responsible for working on your recovery and for keeping yourself safe. For this reason, you will be held accountable to the Drug Court for anything that you take, eat, drink, swallow, sniff, snort, inhale, apply to your skin or inject. You alone are responsible for any positive drug test results.

For a successful Drug Court program:

- **Do not stay in the company of people who are using drugs**. If you have a positive drug test, it is not an acceptable explanation to say that you were around people who were using, but that you were not using.
- **Always be sure that you know what is in anything that you eat, drink or smoke**. If you have a positive drug test it is not an acceptable explanation to say that someone gave you food, drink or a cigarette that contained drugs that you did not know about.
- **Do not eat any foods – such as cakes, muffins and crackers - that contain poppy seeds**. This can give a positive Morphine result. If your drug test is positive for Morphine, it is not an acceptable explanation to say that you had eaten, for example, a poppy seed muffin.
- **Always tell the Registry at the time of your drug test if you have taken any medication since the last test** – even if you know the medication is permitted.
- **Only take medications that are allowed by the Drug Court**. The following lists tell you what you may take and in what circumstances.

Medications you can take whilst you are on the Drug Court Program

- Aspirin
- Dimetapp, and any over the counter medications for Cold & Flu
- Ibuprofen (such as Nurofen, Nurofen Migraine & Nurofen Zavance
- Naprogesic
- Nuromol (combination paracetamol & Ibuprofen)
- Panadol Osteo (please be aware this contains more Paracetamol than regular Panadol)
- •Paracetamol (such as Panadol & Panamax)
- Ponstan
- Tylenol
- Voltaren

Medications you CAN TAKE but ONLY with Medical Certificate from your Doctor or Dentist to support the taking of this medication.

Any medications containing codeine or codeine phosphate must be admitted at time of drug test.

Prescription must be in your name and current. No repeats permitted.

- Aspalgin
- Codalgin
- Codapane
- Codapane Forte
- Panadeine Forte
- Codiphen
- Codis
- Codral Forte
- Disprin Forte
- Dymadon Forte
- Mersyndol / Mersyndol Forte
- Nurofen Plus
- Panadeine
- Panadeine Plus
- Panalgesic

Medications you cannot take unless prescribed for you in Hospital

- Alprazolam (Xanax)
- Codeine Phosphate
- Clonazepam (Rivotril)
- Diazepam (Valium, Antenex)
- Endone
- Fentanyl
- Flunitrazepam (Hypnodorm)
- Kalma

- Kapanol
- Ketamine
- Lorazepam (Ativan)
- Midazolam (Hypnovel)
- Morphine
- MS Contin
- Oxazepam (Serepax, Murelax, Alepam)
- Oxycontin (Oxycodone, Oxynorm)
- Physeptone
- Temazepam (Normison, Temaze)
- Tramadol

Medications you CANNOT take

- Gabapentin
- Phentermine (Duromine, Metermine)
- Pregabalin (Lyrica)
- Pseudoephidrine
- Zolpidem (Stilnox)

Drug Court of New South Wales

Notice of Variation to Drug Court Program

Court reference number	
Name of Defendant	
Coram	[JUDGE]
Date program varied	
Treatment Provider:	

Variations to Program Details -

[NEW TREATMENT PROVIDER: LHD/NGO RESIDENTIAL REHABILITATION] Contact - :	[PHONE]
Community Corrections Officer case manager - :	Telephone Pager 1300883708

The Drug Court of New South Wales has ordered that the participant's current Drug Court program be varied in the following ways:

1. **Program type**

   I must participate in the [TREATMENT MODALITY] program through the [LHD / NGO RESIDENTIAL REHABILITATION PROVIDER]

   Court

   My case will be mentioned in Court [REPORTBACK DAY/FREQUENCY].

2. **Treatment**

   I must obey the following program conditions:

3. **Special conditions**

   In addition to the conditions set out in my undertaking, I must accept the following special conditions:

   - .
   - .

4. **Responsibility to the Drug Court**

If I am discharged from Program I must immediately telephone my community corrections officer and comply with any direction given to me. I must report to the Drug Court at the next court sitting day.

Reason for variation

[] By agreement with court, treatment provider and community corrections officer
[] Change in participant's circumstances

PARTICIPANT'S ACKNOWLEDGEMENT

I have received a copy of this variation to my Drug Court program. It has been explained to me and I understand it.

Drug Court participant

REGISTRAR'S STATEMENT

I have explained the variation(s) to the participant's program to the participant. I have given a copy of this document to the participant.

Registrar Date

Variation to Drug Court Program

The Court has approved of the following variation to the Drug Court Program and Treatment Plan

For* _____
Participant's name

New address:*

_____

_____

New treatment provider:*

_____

New treatment modality:*

_____

Change of Report Back Day:*

_____

Other change/s:*

_____

Please circle appropriate clause:

- **Abandonment Clause**
- **No Further Offending Clause**
- **No Alcohol Clause**
- **Pre-graduation testing for traces**
- **Other (specify):**

_____

_____

And provide drug tests on the following days:
(Please tick the appropriate days)

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
(COURT)					

Location for the test will be advised to the participant at the Registry.

Team member signature _____ Date: _____

Participant Signature _____ Date: _____

FOR REGISTRY USE ONLY

Entered by: _____

Date: _____

HEALTH FORMS AND TEMPLATES

NSW Health

JHFMHN/LHD IDENTIFIERS

Drug Court Program – Health Eligibility Determination

FINDING OF HEALTH ELIGIBILITY

From Court:

☐ Parramatta ☐ Downing Centre ☐ Hunter (HNE LHD) ☐ Dubbo

To:

☐ DCPAU (Justice Health & Forensic Mental Health Network

CC:

☐ Drug Court Clinician – Nepean Blue Mountains Local Health District

☐ Drug Court Clinician – South Eastern Sydney Local Health District

☐ Drug Court Clinician – South Western Sydney Local Health District

☐ Drug Court Clinician – Sydney Local Health District

☐ Drug Court Clinician – Western Sydney Local Health District

☐ Drug Court Clinician – Western NSW Local Health District

Name: _____

Suburb: _____ appeared in the Drug Court today: (Date) _____

The outcome of this appearance is:

☐ **ELIGIBLE:** The participant has been remanded in custody to the Drug Court Program Assessment Unit at the Metropolitan Reception and Remand Centre (MRRC) for the development of a suitable treatment plan, and is listed to appear at the referring Court on: (Date) _____

☐ **ELIGIBILITY YET TO BE DETERMINED:** The participant has been remanded in custody and is listed to appear at the referring Court on: (Date) _____

☐ A report for a 7(a)2 argument has been requested

Completed by: _____

Date: _____

Drug Court Program – Health Eligibility Determination

DRUG COURT ACCOMMODATION ASSESSMENT REQUEST

From: ☐ Parramatta ☐ Downing Centre ☐ Hunter (HNE LHD) ☐ Dubbo

To: ☐ Community Corrections – DCP ☐ DCPAU (Justice Health & Forensic Mental Health Network

CC: ☐ Nepean Blue Mountains Local Health ☐ South Eastern Sydney Local Health District
☐ South Western Sydney Local Health District ☐ Sydney Local Health District
☐ Western Sydney Local Health District ☐ Western NSW Local Health District

Participant name: _____

Date of submission: _____ Initial sentence date: _____

Nominated Address:

Unit/street no: _____ Street: _____

Suburb/town: _____ State: _____ Postcode: _____

Primary Contact: _____

Phone: _____ Relationship: _____

Other proposed co-residents:

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Children residing at proposed address:

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Comments:

PARRAMATTA USE ONLY Detox Unit Contact:

Drug Court Program – Health Eligibility Determination

ELIGIBILITY SCREEN

Date of assessment: _____ Court reference number: _____

DEMOGRAPHICS

Name: _____

What do you like to be called: _____

DOB: _____ (dd/mm/yyyy) Gender: _____

Country of birth: _____

Address: _____

Phone number: _____ Postcode: _____

Who should we contact for you in an emergency?

Relationship to you: _____ Phone: _____

Do you identify as Aboriginal and/or Torres Strait Islander Yes ☐ No ☐

Is English the main language spoken at home? Yes ☐ No ☐

If No, what is the main language spoken at home? _____

Is an interpreter required? Yes ☐ No ☐ Unsure ☐

If you require an interpreter, what language? _____

SUBSTANCE USE

HISTORY OF SUBSTANCE USE:

Substance	Age first used	Typical amount per day	Frequency of use	How long used	Route of administration	Last used
Alcohol						
Heroin						
Methadone/ Buprenorphine/ Suboxone						
Street Methadone/ Buprenorphine/ Suboxone						
Other Opioid						
Cannabis						

Drug Court Program – Health Eligibility Determination

SUBSTANCE USE

HISTORY OF SUBSTANCE USE:

Substance	Age first used	Typical amount per day	Frequency of use	How long used	Route of administration	Last used
Benzodiazepines						
Heroin						
Amphetamine type substances						
Cocaine						
Nicotine						
Others						

Comments: *(Include any significant periods of abstinence; periods of increased problematic/harmful use etc)*

Date entered custody: _____

Recent drug use: _____

	Date	Drug use
Today		
Yesterday		
Day before		

Is patient currently withdrawing? Yes ☐ No ☐

Have you had any recent drug and alcohol treatment? Yes ☐ No ☐

If yes, where? _____

Have you had any past drug and alcohol treatment? _____

Where	How long ago?	Outcome

Drug Court Program – Health Eligibility Determination

Can you tell me about your experience in treatment?
(Take note of any signs or symptoms of complicated withdrawal, e.g. seizures, DTs, psychosis)

ASSESSMENT FOR SUBSTANCE USE DISORDER (DSM 5-TR)

Mild substance use disorder is manifested by two or three YES answers, Moderate substance use disorder is manifested by four to five YES answers, and Severe substance use disorder is manifested by six or more YES answers to the following statements:

1. Taking the substance (*Specify* _____) in larger amounts or for longer than meant to: Yes ☐ No ☐
2. Wanting to cut down or stop using the substance but not managing to: Yes ☐ No ☐
3. Spending a lot of time getting, using, or recovering from use of substances: Yes ☐ No ☐
4. Craving and urges to use the substance: Yes ☐ No ☐
5. Not managing to do what you should at work, home or school because of the substance: Yes ☐ No ☐
6. Continuing to use even when it causes problems in relationships: Yes ☐ No ☐
7. Giving up important social, occupational or recreational activities because of substance use: Yes ☐ No ☐
8. Using the substance again and again, even when it puts you in danger: Yes ☐ No ☐
9. Continuing to use even when you know you have a physical or psychological problem that could have been or was made worse by the substance: Yes ☐ No ☐
10. Needing more of the substance to get the effect you want (tolerance): Yes ☐ No ☐
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance: Yes ☐ No ☐

Total number of criteria satisfied: _____ /11

Comments:

Drug Court Program – Health Eligibility Determination

MENTAL HEALTH

Do you have a history of mental health concerns? Yes ☐ No

Comments

PATIENT CONSENT

Have potential treatment plan options been discussed with the patient? Yes ☐ No ☐

Comments

Do you give permission for Health to review your local records to help us provide the most appropriate treatment for you whilst you are on the Drug Court Program? Yes ☐ No ☐

Comments

Are you aware that as part of your treatment and Program, your health information will be shared with the Drug Court team? Yes ☐ No ☐

Comments

ADMINISTRATIVE

LHD for treatment: _____

Assessing Clinician: _____

Designation: _____

Date of Assessment: _____ Time: _____

Location: _____

Signature of assessing clinician:

Health
Justice Health and
Forensic Mental Health Network

DRUG COURT PROGRAM ASSESSMENT FORM

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ____/____/____	M.O.
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date of assessment: .....
Assessing Clinician: .....
Court Date: .....
Court Outcome: ☐ Released on program
☐ Not suitable
Local Health District:
☐ SWSLHD
☐ Nepean / Blue Mountains LHD
☐ WSLHD
☐ HNELHD
☐ SLHD
☐ Nil

1. DEMOGRAPHICS

1.1 In which country were you born?

☐ Australia (go to 1.4)
☐ England
☐ Lebanon
☐ Vietnam
☐ Other .....
☐ Declined to answer

1.2 How old were you when you came to this country?

☐ 0-5 years
☐ 5-12 years
☐ 12-18 years
☐ Over 18 years
☐ Declined to answer

1.3 How long have you been living in Australia?

☐ Less than 12 months
☐ 1-5 years
☐ More than 5 years
☐ Declined to answer

1.4 Are you an Aboriginal or Torres Strait Islander?

☐ Yes
- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Both

☐ No
☐ Declined to answer

1.5 Do you identify with any particular cultural background?

☐ Yes
- ☐ Australian
- ☐ Aboriginal / Torres Strait Islander
- ☐ Islander
- ☐ Vietnamese
- ☐ Arabic
- ☐ Other.....

☐ No
☐ Declined to answer

1.6 Preferred language if other than English

☐ Arabic
☐ Vietnamese
☐ Cantonese
☐ Mandarin
☐ Greek
☐ Macedonian
☐ Samoan
☐ Bosnian
☐ Indigenous Australian
☐ Other, please specify.....
☐ N/A

1.7 What is your marital status?

☐ Never Married
☐ Married / Defacto
☐ Divorced
☐ Regular partner
☐ Separated
☐ Single
☐ Declined to answer

2. DRUG AND ALCOHOL

2.1 Did you have a Drug problem before coming into gaol this time?

☐ Yes
- ☐ Heroin
- ☐ Cocaine
- ☐ Amphetamine Type Substances (eg. ice, MDMA etc.)
- ☐ Other stimulants
- ☐ Cannabis
- ☐ Benzodiazepines
- ☐ Non prescribed opioids (methadone /oxycodone / fentanyl / codeine etc)
- ☐ Other

☐ No
☐ Declined to answer

2.2 Was your last offence alcohol or drug related?

☐ Yes
☐ No
☐ Declined to answer

2.3 Have you had any problem with alcohol in the past?

☐ Yes
☐ No
☐ Declined to answer

Health
Justice Health and
Forensic Mental Health Network

DRUG COURT PROGRAM ASSESSMENT FORM

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____/_____/_____	M.O.
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

2.4 History of substance use (Ever used)

Drug	Age first used	Typical amount per day (no. of hits, grams, drinks etc)	Frequency of use (daily, weekly, monthly etc)	How long used	Route of Administration	Last used
Alcohol						
Heroin						
Methadone / Buprenorphine / Suboxone						
Street Methadone / Buprenorphine / Suboxone						
Cannabis						
Benzodiazepines (Broad category – state which)						
Amphetamine Type Substances (Broad category – state which)						
Cocaine						
Nicotine						
Other Opioid						
Other						

Health
Justice Health and
Forensic Mental Health Network

DRUG COURT PROGRAM ASSESSMENT FORM

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ____/____/____	M.O.
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Patient's stated principal drug of concern (One choice only)

- ☐ Heroin
- ☐ Cocaine
- ☐ Amphetamine Type Substances
- ☐ Other Stimulants
- ☐ Cannabis
- ☐ Benzodiazepines
- ☐ Non prescribed opioids (methadone /oxycodone / fentanyl / codeine etc)
- ☐ Other

Method of use of principal drug of concern:

- ☐ Ingesting
- ☐ Smoking
- ☐ Sniffing
- ☐ Injecting
- ☐ Other
- ☐ Not stated

Other drug of concerns / choice:

- ☐ Heroin
- ☐ Cocaine
- ☐ Amphetamine Type Substances
- ☐ Other Stimulants
- ☐ Cannabis
- ☐ Benzodiazepines
- ☐ Non prescribed opioids (methadone /oxycodone / fentanyl / codeine etc)
- ☐ Other

2.5 Illicit drugs used in the last three days prior to incarceration / (reception):

	What drugs (s)	How much used	How many times per day	Route of administration
Today	1. ☐ Illicit 2. ☐ Illicit			
Day before	1. ☐ Illicit 2. ☐ Illicit			
Two days before	1. ☐ Illicit 2. ☐ Illicit			

2.6 Withdrawal Management: (As per normal Justice Health protocols)

Is withdrawal monitoring required? ☐ Yes ☐ No

2.7 Has the patient experienced any of the following complications in withdrawal previously?

- ☐ Withdrawal seizures
- ☐ Hallucinations
- ☐ Delirium Tremens (DT's)
- ☐ No

If Yes, specify number of times, medical intervention required and complications

.....

.....

.....

.....

Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

220720

DRUG COURT PROGRAM ASSESSMENT FORM JUS060.250

Health
Justice Health and
Forensic Mental Health Network

DRUG COURT PROGRAM ASSESSMENT FORM

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____/_____/_____	M.O.
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

2.8 What is your longest period abstinence from primary drug? (If longest period in custody ask about longest period in community)

When?
- ☐ This year
- ☐ Last year
- ☐ 2-5 yrs ago
- ☐ > 5 yrs ago
- ☐ Never
- ☐ Declined to answer

How long?
- ☐ <1 month
- ☐ 1 – 5 months
- ☐ 6 months – 1 year
- ☐ > 1 year
- ☐ Declined to answer
- ☐ N/A

How abstained?
- ☐ Working
- ☐ Children / Pregnant
- ☐ Family support
- ☐ D&A Treatment
- ☐ Other
- ☐ Declined to answer

2.9 Overdose History:

Does the patient have a history of accidental overdoses? ☐ Yes ☐ No (go to Q2.11)

If yes please specify when, whether multiple drugs were involved, most recent overdose & medical intervention received etc:

.....

.....

.....

2.10 Has any overdose been intentional? (Did patient mean to OD?) ☐ Yes ☐ No

If yes, provide details?.....

.....

.....

.....

.....

.....

.....

.....

2.11 Overdose risk prevention strategies discussed with patient? ☐ Yes ☐ No

2.12 Methadone, Buprenorphine, Suboxone & Other Pharmacotherapy Replacement Treatments:

Current treatment: ☐ Methadone ☐ Buprenorphine ☐ Suboxone ☐ Naltrexone ☐ N/A

Dose: .....

Did patient receive takeaway doses regularly prior to incarceration? ☐ Yes ☐ No

If yes, describe frequency & number.....

.....

Prescriber prior to incarceration:.....

Dosing site prior to incarceration:.....

Length of time on Methadone / Buprenorphine / Suboxone:
- ☐ <1 month
- ☐ 1 – 6 months
- ☐ 6 – 12 months
- ☐ 1 – 5 years
- ☐ > 5 years

How many times have you had OST treatment before?
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ > 5

Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

220720

NO WRITING

DRUG COURT PROGRAM ASSESSMENT FORM

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ____/____/____	M.O.
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

2.13 During maintenance opioid treatment how long was the patient abstinent / abstinent from opioids?

- ☐ < 1 month
- ☐ 1 – 5 months
- ☐ 6 months – 1 year
- ☐ > 1 year
- ☐ Declined to answer

2.14 Previous D&A Treatment

- ☐ Outpatient Consultation
- ☐ 12 Step and/or Self help group
- ☐ Counselling / Psychotherapy
- ☐ Outpatient / community detoxification
- ☐ Residential rehabilitation
- ☐ Day only rehabilitation / program
- ☐ OST
- ☐ Medication (including antabuse, naloxone, acamprosate…etc)
- ☐ Drug Court / Youth D&A Court
- ☐ MERIT program
- ☐ Other
- ☐ No previous treatment
- ☐ Declined to answer

3. HEALTH

3.1 Observations

B.P:..... Pulse:.....
Temp:..... Weight:.....
Height:..... U/A:.....
BSL (fasting / non fasting):.....

3.2 Do you have any allergies?

- ☐ Yes

Specify.....

- ☐ Nil known
- ☐ Declined to answer

3.3 Do you have a regular / current GP?

- ☐ Yes
- ☐ No

Contact details:.....
.....

3.4 Do you have any physical health problems?

- ☐ Yes
  - ☐ Respiratory.....
  - ☐ Cardiac.....
  - ☐ Musculoskeletal.....
  - ☐ Reproductive System.....
  - ☐ Blood borne virus/sexually transmissible infection
  - ☐ Other.....
- ☐ No
- ☐ Declined to answer

3.5 Medications and indicators

- ☐ Yes

Specify.....
.....
.....
.....
.....
.....
.....
.....

- ☐ Nil known
- ☐ Declined to answer

3.6 Have you ever received treatment for a mental health problem?

- ☐ Yes
- ☐ No
- ☐ Declined to answer

3.7 Have you ever been told by a psychiatrist or doctor that you had (tick all applicable) ?

- ☐ Depression
- ☐ Schizophrenia
- ☐ Bi-polar Disorder
- ☐ Anxiety
- ☐ Personality Disorder
- ☐ Alcohol dependence
- ☐ Drug dependence
- ☐ ADD / ADHD
- ☐ Other mental illness
- ☐ N/A (go to 3.9)
- ☐ Declined to answer

3.8 Are you currently taking any medication for your mental health?

- ☐ Yes
- ☐ No
- ☐ Declined to answer

3.9 Current risk of suicide or self harm?

- ☐ Yes (Notify clinic NUM)
- ☐ No
- ☐ Declined to answer

3.10 Have you engaged in any high risk behaviours such as sharing injecting equipment / tattoo equipment or had unprotected sex?

- ☐ Yes
- ☐ No
- ☐ Declined to answer

3.11 Would you like a referral for screening for blood borne viruses and sexually transmissible diseases?

- ☐ Yes refer to Sexual Health Clinic or GP
- ☐ No

DRUG COURT PROGRAM ASSESSMENT FORM

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____/_____/_____	M.O.
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

3.12 Are you pregnant?

☐ Yes
☐ No
☐ Don't know
☐ Declined to answer
☐ N/A (go to Q 4) (Male patient only)

If Yes, confirmed blood test

☐ Yes
☐ No

If Yes, how many weeks
.....weeks

3.13 What type of contraceptive will you be using upon release (female patients only)?

☐ Contraceptive pill
☐ Condoms
☐ Depo / implant
☐ Diaphragm
☐ N/A
☐ Nil
☐ Declined to answer

4. CONTACT WITH FRIENDS AND FAMILY

4.1 Emergency Contact Information:
Name: .....
Relationship: .....
Address: .....
.....
.....
Phone 1: .....
Phone 2: .....

☐ No emergency contact (go to Q4.3)

4.2 Permission to contact

☐ Yes
☐ No
☐ N/A

4.3 Do you have any children?

☐ Yes
☐ No (go to Q4.5)
☐ Declined to answer (go to Q4.5)

4.4 Do you have access to your children?

☐ Yes
☐ No
☐ Declined to answer

4.5 Are any children in your care?

☐ Yes
☐ No
If No, whose care?..... or
☐ No own children & No other children in their care (go to Q5)
☐ Declined to answer

4.6 Are FACS involved?

☐ Yes
☐ Which FACS office / Case Worker.....
☐ No
☐ Declined to answer

5. ACCOMMODATION

5.1 Will you have somewhere to live when you are released?

☐ Yes
Address: (incl suburb and postcode)
.....
.....
.....
Phone: .....
Mobile: .....

☐ No

6. EDUCATION

6.1 Do you have any difficulties reading, writing or counting money?

☐ Yes
Specify.....

☐ No
☐ Declined to answer

7. IDENTIFICATION

7.1 What ID do you have?

☐ Birth certificate / card
☐ Passport
☐ Medicare card
☐ Student card
☐ Health Care card
☐ Driver's License
☐ ATM / Credit card
☐ Proof of age card
☐ Other, please specify.....
☐ Nil

Health
Justice Health and
Forensic Mental Health Network

DRUG COURT PROGRAM ASSESSMENT FORM

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ____/____/____	M.O.
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

8. MONEY

8.1 Were you receiving Centrelink benefits before you came to gaol?

☐ Yes
- ☐ Newstart
- ☐ Sickness Benefit
- ☐ Disability Support Pension
- ☐ Supporting Parent's Pension
- ☐ Other

☐ No
☐ Don't know
☐ Declined to answer

8.2 Will you have any problems with these when you are released from gaol?

☐ Centrelink
☐ Housing NSW
☐ Bank loan
☐ Bank account / Credit card
☐ Personal loan
☐ Rental
☐ Damage done to property
☐ State Debt Recovery Office
☐ Victims Compensation
☐ Child support agency
☐ Tax outstanding
☐ Utilities (Electricity / phone)
☐ Bankruptcy
☐ No
☐ Declined to answer

9. GENERAL

9.1 Based on your previous releases from gaol, in general what were the greatest problems you faced?

☐ Withdrawal symptoms
☐ OST Ceased
☐ Physical Health (including dental)
☐ Mental Health
☐ Housing
☐ Alcohol or other drug use
☐ Financial / money / debts
☐ Legal
☐ Relationship
☐ Family (child custody, FACS)
☐ Peer group (friends using or doing crime)
☐ Neighbourhood (hostile environment)
☐ Employment
☐ Gambling
☐ Lack of formal identification
☐ Had to attend too many appointments
☐ Other
☐ Nil
☐ N/A (first time in custody)

10. GENERAL HEALTH QUESTIONNAIRE

10.1 Have you recently been able to concentrate on whatever you're doing?

☐ Better than usual
☐ Same as usual
☐ Less than usual
☐ Much less than usual

10.2 Have you recently lost much sleep over worry?

☐ Not at all
☐ No more than usual
☐ Rather more than usual
☐ Much more than usual

10.3 Have you recently felt that you are playing a useful part in things?

☐ More so than usual
☐ Same as usual
☐ Less useful than usual
☐ Much less useful

10.4 Have you recently felt capable of making decisions about things?

☐ More so than usual
☐ Same as usual
☐ Less so than usual
☐ Much less capable

10.5 Have you recently felt under strain?

☐ Not at all
☐ No more than usual
☐ Rather more than usual
☐ Much more than usual

10.6 Have you recently felt you couldn't overcome your difficulties?

☐ Not at all
☐ No more than usual
☐ Rather more than usual
☐ Much more than usual

DRUG COURT PROGRAM ASSESSMENT FORM

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____/_____/_____	M.O.
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

10.7 Have you recently been able to enjoy your normal day to day activities?

- ☐ More so than usual
- ☐ Same as usual
- ☐ Less so than usual
- ☐ Much less than usual

10.8 Have you recently been able to face up to your problems?

- ☐ More so than usual
- ☐ Same as usual
- ☐ Less able than usual
- ☐ Much less able

10.9 Have you recently been feeling unhappy and depressed?

- ☐ Not at all
- ☐ No more than usual
- ☐ Rather more than usual
- ☐ Much more than usual

10.10 Have you recently been losing confidence in yourself?

- ☐ Not at all
- ☐ No more than usual
- ☐ Rather more than usual
- ☐ Much more than usual

10.11 Have you recently been thinking of yourself as a worthless person?

- ☐ Not at all
- ☐ No more than usual
- ☐ Rather more than usual
- ☐ Much more than usual

10.12 Have you recently been feeling reasonably happy all things considered?

- ☐ More so than usual
- ☐ Same as usual
- ☐ Less so than usual
- ☐ Much less than usual

Health
Justice Health and
Forensic Mental Health Network

DRUG COURT PROGRAM ASSESSMENT FORM

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ____/____/____	M.O.
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

SCREENING FOR DOMESTIC VIOLENCE (Female clients only)

Explain to client	• We ask all women questions about violence at home. • This is because violence in the home is very common and can be serious and we want to improve our response to women experiencing domestic violence. • You don't have to answer the questions if you don't want to. • What you say will remain confidential to the Health Services providing your treatment, except where you give us information that indicates there are serious safety concerns for you or your children.
Within the last year have you been hit, slapped or hurt in other ways by your partner or ex-partner?	☐ **Yes** ☐ **No**
Are you frightened of your partner or ex-partner?	☐ **Yes** ☐ **No** If the woman answers **NO** to both questions, give the information card to her and say: "Here is some information that we are giving to all women about domestic violence.
If the woman answered YES to either question ask the next two questions: **Are you safe to go home when you leave here?**	☐ **Yes** ☐ **No**
Would you like some assistance with this?	☐ **Yes** ☐ **No**
Do you have children?	☐ **Yes** ☐ **No** **If yes, have they been hurt or witnessed violence?** ☐ **Yes** ☐ **No**
Where is your child / ren now and who are they with?	
Are you worried about your child's / children's safety?	☐ **Yes** ☐ **No**
Action Taken:	☐ Domestic violence identified, information given ☐ Domestic violence identified, information refused ☐ Domestic violence not identified, information given ☐ Domestic violence not identified, information refused ☐ Support given and options discussed ☐ Reported to DoCS (Department of Community Services) ☐ Police notified ☐ Referral made to _____ ☐ Other action taken _____ ☐ Other violence/abuse disclosed _____
Screening not completed due to:	☐ Presence of partner ☐ Presence of other family members ☐ Woman declined to answer the questions ☐ Other (specify) _____

Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

DRUG COURT PROGRAM ASSESSMENT FORM JUS060.250

220720

Health
Justice Health and
Forensic Mental Health Network

DRUG COURT PROGRAM ASSESSMENT FORM

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____/_____/_____	M.O.
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

The Drug Court Program is a collaborative program, between the justice system and health service providers, to assist non-violent offenders overcome their illicit drug dependence and reduce their criminal offending.

The team at the Drug Court Assessment Unit will complete an assessment with you for eligibility and suitability for the program. The team will develop a suitable treatment plan with you and this treatment plan must be approved by the treating Drug Court Program team in the community and the Drug Court.

All aspects of the program will be strictly confidential. Justice Health and Forensic Mental Health Network will exchange information with health services to which you are being referred in the community, about your health needs. This will include your blood borne virus status e.g. if you have hepatitis C or HIV, any medications or other treatment you require, in order for you to receive the appropriate care when you are released to the program. If you do not want this information disclosed to any health services, document this below.

Information will only be exchanged with other persons or organisations if you sign a release of information authority, unless this information falls within mandatory reporting requirements.

While on the Program, if you inform Justice Health staff of details related to current criminal activity, or make threats to harm yourself or others, Justice Health staff is obliged to report this to the appropriate authorities.

You're information will be stored on the Drug Court Database. This is a secure database maintained by JH&FMHN in accordance with NSW and The Australian Commonwealth privacy legislation.

By signing this consent form you also give permission for information obtained from you to be linked (cross-matched) with other data bases, and you understand that de-identified information may be used in future reports, research or other publications.

I,.....[name] of ..... [Correctional Centre] have read and understood the information on the above named program and have discussed this with the JH&FMHN Drug Court Program staff.

I understand that my participation in this program will allow JH&FMHN Drug Court staff to have access to my medical record, and information in the Offender Integrated Management System (OIMS), and I agree to this.

I do not want information about ..... released to the

following Individuals / organisations .....

Consent for use of information in research (circle appropriate response)

I *consent / do not consent* to the use, storage and disclosure of my personal and health information which was collected as part of my participation in the Drug Court Program, for Human Research Ethics Committee (HREC) approved health and medical research.

I understand that my *consent* or *refusal to consent* to the use of my personal and health information being used for this purpose will not affect my treatment, my relationship with those treating me, or my relationship with Justice Health & Forensic Mental Health Network.

NAME: ..... NAME OF WITNESS: .....

SIGNATURE: ..... SIGNATURE OF WITNESS: .....

DATE: .....

Health
Justice Health and
Forensic Mental Health Network

DRUG COURT PROGRAM ASSESSMENT FORM

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____/_____/_____	M.O.
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

AREAS TO BE ADDRESSED WHILST ON THE DRUG COURT PROGRAM

Drug & Alcohol

☐ Issues identified ☐ No issues identified

1.

2.

Health (Physical / Mental)

☐ Issues identified ☐ No issues identified

1.

2.

Family / Parenting / Children at risk / Pregnancy

☐ Issues identified ☐ No issues identified

1.

2.

Identification

☐ Issues identified ☐ No issues identified

1.

2.

Accommodation

☐ Issues identified ☐ No issues identified

1.

2.

Other

☐ Issues identified ☐ No issues identified

1.

2.

Proposed treatment plan:

☐ Community OTP ☐ Community abstinence ☐ Residential program

☐ Other.....

Completed by name: ..... Signature:.....

Supported by..... LHD Y / N

If No, reasons / comments: .....

.....

.....

.....

.....

Name:..... Date:.....

Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

220720

DRUG COURT PROGRAM ASSESSMENT FORM JUS060.250

NSW Health

Drug Court Program – AoD and Psychiatry Summary Report

Surname: _____

Given name: _____ Alias: _____

DOB: _____ MIN: _____

Background:

Goal history:

Substance use history:

Opioid Use:

Stimulant Use:

Drug treatment history:

Drug and alcohol risks:

Drug Court Program – AoD and Psychiatry Summary Report (cont.)

RSA History:

Medical and surgical history:

Psychiatric history:

Family/social history:

Drug and Alcohol family history:

MH family history:

Social history:

Mental state:

NSW Health

Drug Court Program – AoD and Psychiatry Summary Report (cont.)

Medications:

Allergies:

Is there a psychiatric diagnosis other than having a drug or alcohol dependency?

Does the patient require specific monitoring of their mental health status post release?

Impression:

Treatment Plan commenced or recommended:

Name: (Dr) _____ (Drug Court Program)

Signature:

Date: _____

NSW Drug Court Patient List In Custody

Name of Court: _____ Date: _____

NEW TO PROGRAM

NAME	MIN#	ADMIT DATE	CRT DATE	LHN	ACCOM & GAOL LOCN	OST	Meds/Health Check	COMMENTS	COMMENTS FROM Court/LHD

SANCTIONS AND TREATMENT REVIEW – 20 MALE

NAME	MIN#	ADMIT DATE	CRT DATE	LHN	ACCOM & GAOL LOCN	OST	Meds/Health Check	COMMENTS	COMMENTS FROM Court/LHD

SILVERWATER WOMEN'S CC – NEW & SANCTIONS

NAME	MIN#	ADMIT DATE	CRT DATE	LHN	ACCOM & GAOL LOCN	OST	Meds/Health Check	COMMENTS	COMMENTS FROM Court/LHD

AWAITING 7A2 REPORT

NAME	MIN#	ADMIT DATE	CRT DATE	LHN	ACCOM & GAOL LOCN	OST	COMMENTS		

AWAITING TRANSFER TO DRUG COURT MRRC

NAME	MIN#	ADMIT DATE	CRT DATE	LHN	ACCOM & GAOL LOCN	OST	Meds/Health Check	COMMENTS	COMMENTS FROM Court/LHD

Please Confirm with Court CNC – Check/Review below (previous day's court report)

NAME	MALE	FEMALE
New to Program	0	0
Sanctions/ Treatment Review	0	0
Total	0	0

NSW Health

NSW Drug Court Program Treatment Review Transfer of Care

INTRODUCTION

Handover between (LHD) _____
and Drug Court Program Assessment Unit - Justice Health & Forensic Mental Health Network

Completed by: (Clinician) _____ Date: _____

Client/patient name: _____

MRN: _____ Gender: _____ DOB: _____

Participant entry into custody date: _____ Anticipated release from custody date: _____

SITUATION

(Current issues affecting participant's progress/treatment plan):

BACKGROUND

Initial sentence date: _____ Initial sentence: _____

Current HSTP: *(including clauses)* _____

Summary of medical history: *(including current medications and prescribing doctors)*

Summary of mental health history:

Summary of psychosocial history:

NSW Health

NSW Drug Court Program Treatment Review Transfer of Care

ASSESSMENT

Recent observations: *(including recent UDS results if applicable)*

Current clinical needs:

Functioning: *(including ability to meet DCP requirements)*

Risk factors:

RECOMMENDATION

ATOP

V7.2 March 2020

Surname: _____ MRN: _____
Given Names: _____
Date of Birth: ____/____/____ Sex: _____
Affix Patient Label here

ATOP DATE ___/___/_____ **MAIN SERVICE PROVIDED** _____ **CLINICIAN** _____

Treatment stage: ☐ Start of treatment ☐ Progress review ☐ Discharge ☐ Post Discharge
☐ N/A Client refused ☐ N/A Not clinically appropriate

Section 1: Substance use

Record number of days used in each of the past four weeks

		Typical qty on day used	*Units*	**Week 4 (most recent)**	**Week 3**	**Week 2**	**Week 1**	**TOTAL**	**Not answered**
a	Alcohol		Std drks	0-7	0-7	0-7	0-7	0-28	☐
b	Cannabis			0-7	0-7	0-7	0-7	0-28	☐
c	Amphetamine type substances (ice, MDMA etc.)			0-7	0-7	0-7	0-7	0-28	☐
d	Benzodiazepines (prescribed & illicit)			0-7	0-7	0-7	0-7	0-28	☐
e	Heroin			0-7	0-7	0-7	0-7	0-28	☐
f	Other opioids (not prescribed methadone/buprenorphine)			0-7	0-7	0-7	0-7	0-28	☐
g	Cocaine			0-7	0-7	0-7	0-7	0-28	☐
h	(i)Other substance			0-7	0-7	0-7	0-7	0-28	☐
	(ii)Other substance			0-7	0-7	0-7	0-7	0-28	☐
e	Tobacco			0-7	0-7	0-7	0-7	0-28	☐

Record number of days client injected drugs in the past four weeks (if no, enter zero and go to section 2)

						TOTAL	**Not answered**
j	Injected	0-7	0-7	0-7	0-7	0-28	☐
k	Inject with equipment used by someone else?	Yes ☐	No ☐	Not answered ☐			

Section 2: Health and Wellbeing

Record days worked and at college, school or vocational training for the past four weeks

		Week 4	**Week 3**	**Week 2**	**Week 1**	**TOTAL**	**Not answered**
a	Days paid work (incl. all paid work; not voluntary work)	0-7	0-7	0-7	0-7	0-28	☐
b	Days at school, tertiary education, vocational training	0-7	0-7	0-7	0-7	0-28	☐

Record the following items for the past four weeks

c	Have you been homeless?		Yes ☐	No ☐	Not answered ☐
d	Have you been at risk of eviction?		Yes ☐	No ☐	Not answered ☐
e	Have you, at any time in the past four weeks, been a primary caregiver for or living with any child/children	(i) under 5yo?	Yes ☐	No ☐	Not answered ☐
		(ii) 5-15yo?	Yes ☐	No ☐	Not answered ☐
f	Have you been arrested?		Yes ☐	No ☐	Not answered ☐
g	Has anyone been violent (incl. domestic violence) towards you?		Yes ☐	No ☐	Not answered ☐
h	Have you been violent (incl. domestic violence) towards someone?		Yes ☐	No ☐	Not answered ☐

i Client's rating of **psychological health status** (anxiety, depression and problem emotions and feelings)

0 1 2 3 4 5 6 7 8 9 10 Not answered ☐
Poor **Good**

j Client's rating of **physical health status** (extent of physical symptoms and bothered by illness)

0 1 2 3 4 5 6 7 8 9 10 Not answered ☐
Poor **Good**

k Client's rating of **overall quality of life** (e.g. able to enjoy life, gets on well with family and partner, satisfied with living conditions)

0 1 2 3 4 5 6 7 8 9 10 Not answered ☐
Poor **Good**

Suggested reference: Lintzeris, N., Mammen, K., Holmes, J., Deacon, R., Mills, L., Black, E., Gardner, L., and Dunlop, A. (2020). The Australian Treatment Outcomes Profile (ATOP) Manual. Retrieved from URL.

ATOP Quick Reference Guide

(for comprehensive administration instructions refer to the ATOP Manual)

About the ATOP

The Australian Treatment Outcomes Profile (ATOP) is a 22-item instrument designed for use in alcohol and other drug (AoD) treatment settings. The ATOP assesses client-elicited responses regarding substance use, general health and wellbeing, and related risks in the past 4 weeks. The ATOP enables structured brief assessment and risk screening, monitoring of outcomes, allows for feedback of changes over time, and can assist with on-going treatment care planning, communication between service providers, quality improvement and evaluation activities.

How to complete the ATOP in a clinical setting

1. Introduce the ATOP to the client

Explain what it is, reasons for completing it, and reiterate confidentiality considerations (see below).

Introducing the ATOP

I'd like to spend a few minutes completing a short interview (called the ATOP) with you. The questions look at substance use, health and wellbeing over the last four weeks.

We ask all our clients to complete the ATOP, and some of the questions may not be relevant to you.

We use the information to help plan your treatment, look at changes over time, and to evaluate the service. Once we've completed the ATOP we can look more in-depth at your treatment needs and goals.

It's important that you answer as accurately as you can, but if you don't want to answer any question, please say so and I'll move on.

Confidentiality

The ATOP is treated in the same way as other information held on your health record - it is protected by law from unauthorised access or use – and any person who has access to this information is bound by a duty of confidentiality.

The courts may subpoena health records and Community Services may request information in child at risk investigations.

Where data is used to evaluate the service, it is presented in ways in which no individual client can be identified.

2. Enter:

Client details (Name, Medical Record Number (MRN), Date of Birth, Sex); Date ATOP administered, and Name of person administering the ATOP.

Main service provided as per the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS).

The treatment stage at which the ATOP is being completed:

Start of Treatment*:* ATOP completed at entry into the AoD treatment episode, ideally in the first week of entering treatment.

Progress Review: Any ATOP completed during AoD treatment episode.

Discharge: the ATOP completed as part of discharge or transfer of care from AoD service. n/a – Client Refused: After an explanation of the ATOP in clinical care, the client refused to participate.

n/a – Not Clinically Appropriate*:* Unable to undertake the ATOP with the client due to significant comorbid health issues or distress. Consider repeat ATOP at a later stage.

3. Enter client responses:

Timeline – Invite the client to recall the number of days in each of the past four weeks on which they did the activity/behaviour in question. Week 4= past (most recent) 7 days; Week 3= 7 days before that; Week 2= 7 days before that; Week 1= 7 days before that. Record the number of days for each week and tally for 28 day period.

If a client reports no use of a substance class over the 4 weeks, enter "00" in the total box.

Quantities - The average amount used on a typical using day during the past four weeks. Agree unit of measure with client. NHMRC standard (10gm) drinks for alcohol.

Yes and no – Select yes or no.

Rating scale – A 0-10 scale where "0" is poor and "10" is good.

Refused/can't recall – Select "Not Answered" next to item.

4. Section 1 notes:

Question a: Use the Alcohol NHMRC Standard Drinks Chart to calculate, in which 10gm ethanol=1 standard drink.

Question d: Include number of days in which any benzodiazepine was used – include prescribed and non-medical use.

Question f: Include any days in which any pharmaceutical opioid was used (including prescribed or non-medical use) of opioids (such as oxycodone, morphine, fentanyl, tramadol, tapentadol, codeine). Include non-medical use of methadone or buprenorphine. Do not include methadone or buprenorphine used as prescribed for the treatment of opioid dependence.

Question k: Injecting equipment includes needles, syringes, water, tourniquets, spoons, or filters.

5. Section 2 notes:

Item c: Homelessness includes residence occupied outside legal tenure arrangement, living in public places such as streets and parks, temporary shelters such as bus shelters or improvised or make shift dwellings, tents, or sleeping out / rough sleeping. It also includes persons temporarily living with family or relatives and have no other usual place of residence (e.g. 'couch surfing').

Item d: Risk of eviction is risk of loss of tenure of usual accommodation.

Before asking Items (f) to (h) remind the client about confidentiality issues (see above).

Items g & h 'Violence' includes any behaviour which is violent, abusive or intimidating, including by a partner, ex- partner or carer.

How to complete the ATOP in a research setting

Sections 1 and 2 of the ATOP can also be administered in a similar manner in research settings, noting the introduction and confidentiality issues may be different. Researchers should refer to study protocol and operating procedures.

WHO-8: EUROHIS- Quality of Life Scale

(Schmidt et al., 2005)

All answer scales have a 5-point response format on a Likert scale, ranging for instance from ‘not at all’ to ‘completely’.

Scoring:

The overall QOL score is formed by a simple summation of scores on the eight items, with higher scores indicating better QOL.

Citations:

Schmidt, Silke, Mühlan, Holger, & Power, Mick. (2006). The EUROHIS-QOL 8-item index: psychometric results of a cross-cultural field study. European Journal of Public Health, 16(4), 420–428. https://doi.org/10.1093/eurpub/cki155

POWER M. (2003). Development of a common instrument for quality of life. A. Nosikov and C. Gudex EUROHIS: Developing Common Instruments for Health Surveys. Amsterdam: IOS Press. 57: 145-163.

WHO-8: EUROHIS- Quality of Life Scale

Instructions:

This set of questions asks how you feel about your quality of life, health or other areas of your life. We ask that you think about your life in the past two weeks.

1. How would you rate your quality of life?
   - ☐ Very poor
   - ☐ Poor
   - ☐ Neither poor nor good
   - ☐ Good
   - ☐ Very Good

2. How satisfied are you with your health?
   - ☐ Very dissatisfied
   - ☐ Dissatisfied
   - ☐ Neither satisfied or dissatisfied
   - ☐ Satisfied
   - ☐ Very Satisfied

3. Do you have enough energy for everyday life?
   - ☐ Not at all
   - ☐ A little
   - ☐ Moderately
   - ☐ Mostly
   - ☐ Completely

4. How satisfied are you with your ability to perform your daily living activities?
   - ☐ Very dissatisfied
   - ☐ Dissatisfied
   - ☐ Neither satisfied or dissatisfied
   - ☐ Satisfied
   - ☐ Very Satisfied

5. How satisfied are you with yourself?
   - ☐ Very dissatisfied
   - ☐ Dissatisfied
   - ☐ Neither satisfied or dissatisfied
   - ☐ Satisfied
   - ☐ Very Satisfied

6. How satisfied are you with your personal relationships?
   - ☐ Very dissatisfied
   - ☐ Dissatisfied
   - ☐ Neither satisfied or dissatisfied
   - ☐ Satisfied
   - ☐ Very Satisfied

7. Have you enough money to meet your needs?
   - ☐ Not at all
   - ☐ A little
   - ☐ Moderately
   - ☐ Mostly
   - ☐ Completely

8. How satisfied are you with the conditions of your living place?
   - ☐ Very dissatisfied
   - ☐ Dissatisfied
   - ☐ Neither satisfied or dissatisfied
   - ☐ Satisfied
   - ☐ Very Satisfied

Kessler Psychological Distress Scale (K10)

Source: Kessler R. Professor of Health Care Policy, Harvard Medical School, Boston, USA.

This is a 10-item questionnaire intended to yield a global measure of distress based on questions about anxiety and depressive symptoms that a person has experienced in the most recent 4 week period.

Why use the K10?

The use of a consumer self-report measure is a desirable method of assessment because it is a genuine attempt on the part of the clinician to collect information on the patient's current condition and to establish a productive dialogue. When completing the K10 the consumer should be provided with privacy.

(Information sourced from the NSW Mental health Outcomes and Assessment Training (MH-OAT) facilitator's Manual, NSW Health Department 2001)

How to administer the questionnaire

As a general rule, patients who rate most commonly "Some of the time" or "All of the time" categories are in need of a more detailed assessment. Referral information should be provided to these individuals. Patients who rate most commonly "A little of the time" or "None of the time" may also benefit from early intervention and promotional information to assist raising awareness of the conditions of depression and anxiety as well as strategies to prevent future mental health issues.

(Information sourced from the NSW Mental Health Outcomes and Assessment Training (MH-OAT) facilitator's Manual, NSW Health Department 2001)

Scoring

FOR DOCTOR'S EYES ONLY

This is a questionnaire for patients to complete. It is a measure of psychological distress. The numbers attached to the patients 10 responses are added up and the total score is the score on the Kessler Psychological Distress Scale (K10). Scores will range from 10 to 50. People seen in primary care who

- score under 20 are likely to be well
- score 20-24 are likely to have a mild mental disorder
- score 25-29 are likely to have moderate mental disorder
- score 30 and over are likely to have a severe mental disorder

13% of the adult population will score 20 and over and about 1 in 4 patients seen in primary care will score 20 and over. This is a screening instrument and practitioners should make a clinical judgement as to whether a person needs treatment. Scores usually decline with effective treatment. Patients whose scores remain above 24 after treatment should be reviewed and specialist referral considered.

References:

- Kessler, R.C., Andrews, G., Colpe, .et al (2002) Short screening scales to monitor population prevalences and trends in non-specific psychological distress. **Psychological Medicine, 32**, 959-956.
- Andrews, G., Slade, T (2001). Interpreting scores on the Kessler Psychological Distress Scale (k10). **Australian and New Zealand Journal of Public Health, 25**, 494-497.

K10 TEST

These questions concern how you have been feeling over the past 30 days. Tick a box below each question that best represents how you have been

1. **During the last 30 days, about how often did you feel tired out for no good reason?**

a. None of the time ☐ b. A little of the time ☐ c. Some of the time ☐
d. Most of the time ☐ e. All of the time ☐

2. During the last 30 days, about how often did you feel nervous?

a. None of the time ☐ b. A little of the time ☐ c. Some of the time ☐
d. Most of the time ☐ e. All of the time ☐

3. During the last 30 days, about how often did you feel so nervous that nothing could calm you down??

a. None of the time ☐ b. A little of the time ☐ c. Some of the time ☐
d. Most of the time ☐ e. All of the time ☐

4. During the last 30 days, about how often did you feel hopeless?

a. None of the time ☐ b. A little of the time ☐ c. Some of the time ☐
d. Most of the time ☐ e. All of the time ☐

5. During the last 30 days, about how often did you feel restless or fidgety?

a. None of the time ☐ b. A little of the time ☐ c. Some of the time ☐
d. Most of the time ☐ e. All of the time ☐

6. During the last 30 days, about how often did you feel so restless you could not sit still?

a. None of the time ☐ b. A little of the time ☐ c. Some of the time ☐
d. Most of the time ☐ e. All of the time ☐

7. During the last 30 days, about how often did you feel depressed?

a. None of the time ☐ b. A little of the time ☐ c. Some of the time ☐
d. Most of the time ☐ e. All of the time ☐

8. During the last 30 days, about how often did you feel that everything was an effort?

a. None of the time ☐ b. A little of the time ☐ c. Some of the time ☐
d. Most of the time ☐ e. All of the time ☐

9. During the last 30 days, about how often did you feel so sad that nothing could cheer you up?

a. None of the time ☐ b. A little of the time ☐ c. Some of the time ☐
d. Most of the time ☐ e. All of the time ☐

10. During the last 30 days, about how often did you feel worthless?

a. None of the time ☐ b. A little of the time ☐ c. Some of the time ☐
d. Most of the time ☐ e. All of the time ☐

Measure: DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

The APA is offering a number of "emerging measures" for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5. The APA requests that clinicians and researchers provide further data on the instruments' usefulness in characterizing patient status and improving patient care at http://www.dsm5.org/Pages/Feedback-Form.aspx.

Instructions to Clinicians

The DSM-5 Level 1 Cross-Cutting Symptom Measure is a self- or informant-rated measure that assesses mental health domains that are important across psychiatric diagnoses. It is intended to help clinicians identify additional areas of inquiry that may have significant impact on the individual's treatment and prognosis. In addition, the measure may be used to track changes in the individual's symptom presentation over time.

This adult version of the measure consists of 23 questions that assess 13 psychiatric domains, including depression, anger, mania, anxiety, somatic symptoms, suicidal ideation, psychosis, sleep problems, memory, repetitive thoughts and behaviors, dissociation, personality functioning, and substance use. Each item inquires about how much (or how often) the individual has been bothered by the specific symptom during the past 2 weeks. If the individual is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable adult informant may complete the measure. The measure was found to be clinically useful and to have good test-retest reliability in the DSM-5 Field Trials that were conducted in adult clinical samples across the United States and in Canada.

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (0=none or not at all; 1=slight or rare, less than a day or two; 2=mild or several days; 3=moderate or more than half the days; and 4=severe or nearly every day). The score on each item within a domain should be reviewed. Because additional inquiry is based on the highest score on any item within a domain, the clinician is asked to indicate that score in the "Highest Domain Score" column. A rating of mild (i.e., 2) or greater on any item within a domain (except for substance use, suicidal ideation, and psychosis) may serve as a guide for additional inquiry and follow up to determine if a more detailed assessment for that domain is necessary. For substance use, suicidal ideation, and psychosis, a rating of slight (i.e., 1) or greater on any item within the domain may serve as a guide for additional inquiry and follow-up to determine if a more detailed assessment is needed. The DSM-5 Level 2 Cross-Cutting Symptom Measures may be used to provide more detailed information on the symptoms associated with some of the Level 1 domains (see Table 1 below).

Frequency of Use

To track change in the individual's symptom presentation over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. For individuals with impaired capacity, it is preferable that the same knowledgeable informant completes the measures at follow-up appointments. Consistently high scores on a particular domain may indicate significant and problematic symptoms for the individual that might warrant further assessment, treatment, and follow-up. Clinical judgment should guide decision making.

Table 1: Adult DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure: domains, thresholds for further inquiry, and associated Level 2 measures for adults ages 18 and over

Domain	Domain name	Threshold to guide further inquiry	DSM-5 Level 2 Cross-Cutting Symptom Measure available online
I.	Depression	Mild or greater	LEVEL 2—Depression—Adult (PROMIS Emotional Distress—Depression—Short Form)[1]
II.	Anger	Mild or greater	LEVEL 2—Anger—Adult (PROMIS Emotional Distress—Anger—Short Form)1
III.	Mania	Mild or greater	LEVEL 2—Mania—Adult (Altman Self-Rating Mania Scale)
IV.	Anxiety	Mild or greater	LEVEL 2—Anxiety—Adult (PROMIS Emotional Distress—Anxiety—Short Form)1
V.	Somatic Symptoms	Mild or greater	LEVEL 2—Somatic Symptom—Adult (Patient Health Questionnaire 15 Somatic Symptom Severity [PHQ-15])
VI.	Suicidal Ideation	Slight or greater	None
VII.	Psychosis	Slight or greater	None
VIII.	Sleep Problems	Mild or greater	LEVEL 2—Sleep Disturbance - Adult (PROMIS—Sleep Disturbance—Short Form)1
IX.	Memory	Mild or greater	None
X.	Repetitive Thoughts and Behaviors	Mild or greater	LEVEL 2—Repetitive Thoughts and Behaviors—Adult (adapted from the Florida Obsessive-Compulsive Inventory [FOCI] Severity Scale [Part B])
XI.	Dissociation	Mild or greater	None
XII.	Personality Functioning	Mild or greater	None
XIII.	Substance Use	Slight or greater	LEVEL 2—Substance Abuse—Adult (adapted from the NIDA-modified ASSIST)

[1]The PROMIS Short Forms have not been validated as an informant report scale by the PROMIS group.

DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

Name: _____ Age: _____

Gender: _____ Date: _____

If this questionnaire is completed by an informant, what is your relationship with the individual?

_____

In a typical week, approximately how much time do you spend with the individual? _____ hours/week

Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the past **TWO (2) WEEKS**.

	During the past **TWO (2) WEEKS**, how much (or how often) have you been bothered by the following problems?	**None** Not at all	**Slight** Rare, less than a day or two	**Mild** Several days	**Moderate** More than half the days	**Severe** Nearly every day	**Highest Domain Score** (clinician)
I.	1. Little interest or pleasure in doing things?	0	1	2	3	4	
	2. Feeling down, depressed, or hopeless?	0	1	2	3	4	
II.	3. Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4	
III.	4. Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
	5. Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
IV.	6. Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
	7. Feeling panic or being frightened?	0	1	2	3	4	
	8. Avoiding situations that make you anxious?	0	1	2	3	4	
V.	9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	0	1	2	3	4	
	10. Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
VI.	11. Thoughts of actually hurting yourself?	0	1	2	3	4	
VII.	12. Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	
	13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4	
VIII.	14. Problems with sleep that affected your sleep quality over all?	0	1	2	3	4	
IX.	15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	0	1	2	3	4	

DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult (cont.)

	During the past **TWO (2) WEEKS**, how much (or how often) have you been bothered by the following problems?	**None** Not at all	**Slight** Rare, less than a day or two	**Mild** Several days	**Moderate** More than half the days	**Severe** Nearly every day	**Highest Domain Score** (clinician)
X.	16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4	
	17. Feeling driven to perform certain behaviors or mental acts over and over again?	0	1	2	3	4	
XI.	18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4	
XII.	19. Not knowing who you really are or what you want out of life?	0	1	2	3	4	
	20. Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4	
XIII.	21. Drinking at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
	22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0	1	2	3	4	
	23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?	0	1	2	3	4	

aci.health.nsw.gov.au

Alcohol and Drug Cognitive Enhancement (ACE) Program

ACE screening tool and user guide

Drug and Alcohol Network

NSW GOVERNMENT

AGENCY FOR CLINICAL INNOVATION

ANTS

WHOS® helping people help themselves

ACI_0309 [02/21]

Agency for Clinical Innovation

1 Reserve Road St Leonards NSW 2065
Locked Bag 2030, St Leonards NSW 1590
T +61 2 9464 4666 | F +61 2 9464 4728
E aci-info@health.nsw.gov.au | **www.aci.health.nsw.gov.au**

Produced by: ACI Drug and Alcohol Network, Advanced Neuropsychological Treatment Services and We Help Ourselves.

Further copies of this publication can be obtained from the Agency for Clinical Innovation website at
www.aci.health.nsw.gov.au

Preferred citation: *Berry J, Lunn J, Sedwell A, Nardo T, Wesseling A, Batchelor J. and Shores, EA. Alcohol and Drug Cognitive Enhancement (ACE) Program - ACE screening tool and user guide. Sydney: Agency for Clinical Innovation; 2021.*

SHPN (ACI) 200758

Version: V1; ACI_0309 [11/20] Date amended: February 2021

TRIM: ACI/D20/3497

Administration

The ACE screening tool is a brief set of questions that was developed to be administered by frontline alcohol and other drug clinicians to clients. It is recommended that an examiner ask the questions exactly as they are written and record responses on the record form. This allows the examiner to clarify questions if required.

Information in this document expands on and clarifies each of the questions. The screening tool itself is on page three.

This screening tool also includes optional questions that may be asked by the examiner in order to inform the clinical assessment. These questions are not scored as part of the screening.

Please note

The authors are aware that some services may wish to hand the set of questions to clients to complete independently without the involvement of a staff member. We strongly advise against doing that, because the fidelity of the data may be compromised if the client cannot ask clarifying questions if required. Please note, as the normative and validation data were collected via face-to-face administration, the applicability of the screening tool if handed to a client has not been validated.

Clarification of questions

1. Have you ever lost consciousness following a blow to the head?

Loss of consciousness includes:

- blacking out (note, this refers only to blacking out following a blow to the head, as distinct from blacking out due to severe intoxication)
- being unresponsive.

A blow to the head may include any of the following:

- hitting your head against a steering wheel in a motor vehicle accident
- falling over and hitting your head on the ground
- being hit in the head by a projectile, such as a cricket ball
- being struck in the head by another person in an assault
- being struck in the head during a contact sport, such as football.

2. Did you ever have to go to hospital following a head injury?

This includes going to the emergency department or being admitted to hospital.

3. Have you ever had an epileptic seizure?

This includes a:

- seizure due to diagnosed epilepsy
- seizure following a head injury (head injury increases the risk of seizure)
- a withdrawal seizure (for example, after withdrawing from alcohol).

It can be hard to tell if a person's seizures are epileptic or not. If the person is unsure of the cause of their seizures, but are sure they have had seizures, the response should be 'yes'.

4. Have you ever had a drug or medication overdose?

This includes overdose from any psychoactive substance, usually depressants like alcohol, opioids, and benzodiazepines. It can be intentional or accidental.

5. Did you ever have to go to hospital following an overdose?

This includes going to the emergency department or being admitted to hospital.

6. Did your mother use alcohol or other drugs when she was pregnant with you?

Many people will not know the answer to this question, in which case 'unsure' should be recorded.

7. Have you ever had a stroke or any other neurological conditions that might affect your thinking skills?

These include:

- ischaemic (blockage) or haemorrhagic (bleed) strokes, the latter is more common in young people
- multiple sclerosis
- Parkinson's disease
- brain tumours
- dementia.

This does not include peripheral nervous system conditions such as:

- carpal tunnel syndrome
- prolapsed or herniated disc
- peripheral neuropathy (weakness, numbness or pain as a result of nerve damage).

8. Did you ever have learning difficulties, or have to attend special education classes at school?

This includes:

- struggling with reading, writing or maths when at school
- requiring extra assistance with reading, writing or maths when at school.

9. Have you ever been diagnosed with or suspected of having a developmental condition such as ADHD, Asperger's syndrome or a learning disability?

This includes any of the following conditions:

- attention deficit hyperactivity disorder (ADHD), count variations of the response, such as attention deficit disorder
- autism spectrum disorder, or Asperger's syndrome
- specific learning disorders, such as reading disorder, disorder of written expression or mathematics disorder
- intellectual disability
- conduct disorder
- cerebral palsy.

10. Did you repeat any grades at school?

This includes both voluntary and mandated repetition of any year of school.

11. Were you ever suspended or expelled from school?

This includes being suspended for any period of time from attending school.

12. Do you experience memory or other thinking difficulties?

This is based on the person's subjective judgement. For example, if they say, 'yes, but doesn't everyone?', mark it as a 'yes' response.

Scoring

Each response scores one. Add the number of 'yes' responses. This is the total score.

A score of three or higher indicates risk of cognitive impairment.

We recommend the brief executive function assessment tool (BEAT) be administered to further assess for the presence of cognitive impairment.

Optional questions

These questions may be asked by the examiner in order to inform the clinical assessment, but are not scored as part of the screening.

ACE screening tool

Question		Unsure	No	Yes
1	Have you ever lost consciousness following a blow to the head?			
	Optional question: If yes, how many times?			
2	Did you ever have to go to hospital following a head injury?			
	Optional question: If yes, how many times?			
3	Have you ever had an epileptic seizure?			
	Optional question: If yes, how many times or how often?			
4	Have you ever had a drug or medication overdose?			
	Optional question: If yes, how many times?			
5	Did you ever have to go to hospital following an overdose?			
	Optional question: If yes, how many times?			
6	Did your mother use alcohol or other drugs when she was pregnant with you?			
7	Have you ever had a stroke or any other neurological conditions that might affect your thinking skills?			
	Optional question: If yes, what was it and when did it occur?			
8	Did you ever have learning difficulties, or have to attend special education classes at school?			
9	Have you ever been diagnosed with or suspected of having a developmental condition such as ADHD, Asperger's syndrome or a learning disability?			
10	Did you repeat any grades at school?			
11	Were you ever suspended or expelled from school?			
12	Do you experience memory or other thinking difficulties?			
	Optional question: If yes, since when?			
	Total number of 'Yes' responses (don't include answers to the optional questions in the total)			

A score of three or higher indicates risk of cognitive impairment.

SHPN (ACI) 200758

The Agency for Clinical Innovation (ACI) is the lead agency for innovation in clinical care.

We bring consumers, clinicians and healthcare managers together to support the design, assessment and implementation of clinical innovations across the NSW public health system to change the way that care is delivered.

The ACI's clinical networks, institutes and taskforces are chaired by senior clinicians and consumers who have a keen interest and track record in innovative clinical care.

We also work closely with the Ministry of Health and the four other pillars of NSW Health to pilot, scale and spread solutions to healthcare system-wide challenges. We seek to improve the care and outcomes for patients by re-designing and transforming the NSW public health system.

Our innovations are:

- person-centred
- clinically-led
- evidence-based
- value-driven.

www.aci.health.nsw.gov.au

Our vision is to create the future of healthcare, and healthier futures for the people of NSW.

NSW GOVERNMENT

AGENCY FOR CLINICAL INNOVATION

ANTS

WHOS® helping people help themselves

Treatment Perceptions Questionnaire (TPQ)

Instructions: Next to each statement below, please put a mark (x) in ink to show whether you "strongly agree"; "agree"; "disagree"; "strongly disagree" or are "unsure" of your opinion. When you have filled out the form, please seal it in the envelope provided. Thank you very much for your help.

SECTION 1: Your treatment

During my contact with this treatment...

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
a. The staff have not always understood the kind of help I want.	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. I have been well informed about decisions made about my treatment.	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
c. The staff and I have had different ideas about what my treatment objectives should be.	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. There has always been a member of staff available when I have wanted to talk.	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
e. The staff have helped to motivate me to sort out my problems.	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
f. I have not liked all of the treatment sessions I have attended.	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
g. I have not had enough time to sort out my problems.	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
h. I think the staff have been good at their jobs.	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
i. I have received the help that I was looking for.	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
j. I have not liked some of the treatment rules or regulations.	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

SECTION 2: About yourself

Do you identify as: ☐ Male ☐ Female ☐ Other (please specify): _____

How old are you? _____ How long have you been in this treatment program? _____

SECTION 3: This service

Please write down in the box below any comments you would like to give us about the treatment you have received here. We would be very interested if you could tell us about how your think we could improve the service.

Please now place this form in the envelope provided. Thank you very much for your help!

Health
Justice Health and
Forensic Mental Health Network

CONNECTIONS / DCP / CDTP POST ENGAGEMENT / GRADUATION / TERMINATION QUESTIONNAIRE

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date of interview: .....

Program Commencement Date: .....

Program Completion Date: .....

Program Termination Date: .....

Community CTC (if Connections): .....

Assessing Clinician (if CDTP/DCP): .....

Patient Participated in Questionnaire ☐ Yes ☐ No
(If No, complete up to Q1.11)

For CDTP patients only

Reason for exit
☐ Paroled from Stage 3
☐ End of sentence

Reason for revocation
☐ Reoffending
☐ Non-compliance with personal plan (including ongoing drug use)
☐ Absent without Leave (AWOL)
☐ Escaped

Stage prior to revocation
☐ Stage 1
☐ Stage 2
☐ Stage 3

For DCP patients only

Nature of completion
☐ Graduated
☐ Substantial compliance

Program type prior to termination
☐ Community OAT
☐ Community abstinence
☐ Residential

Reason for termination
☐ Voluntary
  ☐ Unable to comply
  ☐ Unable to graduate
☐ Involuntary
  ☐ Reoffended
  ☐ Non-compliance
  ☐ Exparte

Local Health District
☐ SWSLHD
☐ Nepean / Blue Mountains LHD
☐ WSLHD
☐ HNELHD
☐ SLHD
☐ Residential Rehab
☐ Nil

Questions can be answered by staff member or patient

1.1 Has the patient accessed services in the community?

☐ Yes
☐ No

1.2 Has the patient had employment since leaving the correctional centre?

☐ Yes
☐ No
☐ Don't know

1.3 Did the patient complete any training /education since release?

☐ Yes
☐ No
☐ Don't know

1.4 If it was planned for the patient to participate in D&A treatment when released, did this happen?

☐ N/A
☐ Yes
  ☐ OAT (Methadone or Suboxone)
  ☐ Alcohol related medications
  ☐ CSNSW D&A Programs
  ☐ Brief intervention
  ☐ Stimulant treatment
  ☐ Counselling
  ☐ Rehabilitation
  ☐ Detox
  ☐ Self help / 12 step groups
☐ No
☐ Don't know

1.5 If it was planned for the patient to participate in treatment for physical health problems when released, did this happen?

☐ N/A
☐ Yes
☐ No
☐ Don't know

1.6 If it was planned for the patient to participate in treatment with a professional about their mental health after release, did this happen?

☐ N/A
☐ Yes
☐ No
☐ Don't know

1.7 If it was planned for the patient to continue taking psychiatric medication after release, did this occur?

☐ N/A
☐ Yes
☐ No
☐ Don't know

CONNECTIONS / DCP / CDTP POST ENGAGEMENT / GRADUATION / TERMINATION QUESTIONNAIRE

JUS060.221

101220

Health
Justice Health and
Forensic Mental Health Network

CONNECTIONS / DCP / CDTP POST ENGAGEMENT / GRADUATION / TERMINATION QUESTIONNAIRE

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

1.8 Was the patient diagnosed with a new mental health problem since release?

☐ N/A (go to Q1.10)
☐ Yes
☐ No
☐ Don't know

1.9 Did the participant receive treatment from a psychiatrist /doctor for the new mental health problem?

☐ N/A
☐ Yes
☐ No
☐ Don't know

1.10 If it was planned for the patient to participate in pregnancy services when released, did this happen? (Female patient only)

☐ N/A
☐ Yes
☐ No
☐ Don't know

1.11 Please tick all applicable boxes for areas where this program helped the patient:

☐ D&A treatment
☐ Programs staff support
☐ Existing GP
☐ A new GP
☐ Mental health
☐ Physical health
☐ Population health (BBV)
☐ Sexual health
☐ Pregnancy related services
☐ Women's health
☐ Other specialist medical services
☐ Family and Community Services
☐ Legal services
☐ Dental services
☐ Obtaining identification
☐ Housing services
☐ Food/clothing
☐ Education /training
☐ Financial Counselling/Debt
☐ Employment
☐ Centrelink

Questions to be answered by participant

2.1 Have you been using any drugs (other than prescribed) since being in the community?

☐ Yes
- ☐ Heroin
- ☐ Cocaine
- ☐ Methamphetamines
- ☐ Other stimulants
- ☐ Cannabis
- ☐ Benzodiazepines
- ☐ Non prescribed opioids (methadone /oxycodone / fentanyl / codeine etc)
- ☐ Other

☐ No (go to Q2.6)
☐ Declined to answer
☐ N/A

2.2 How often have you been using?

☐ Daily
☐ Several times per week
☐ Weekly
☐ Less than once per week
☐ Declined to answer

2.3 How often have you injected since being in the community?

☐ Daily
☐ Several times per week
☐ Weekly
☐ Less than once per week
☐ Not at all (go to Q2.5)
☐ Declined to answer

2.4 Have you shared any injecting equipment since being in the community?

☐ Yes
☐ No
☐ Declined to answer

2.5 Have you had an accidental overdose since being in the community?

☐ Yes
☐ More than once
☐ More than three times
☐ More than five times
☐ More than ten times
☐ No
☐ Declined to answer

2.6 Overdose risk prevention strategies discussed with patient?

☐ Yes
☐ No

2.7 Have you had any problems with alcohol since being in the community?

☐ Yes
☐ No
☐ Declined to answer

2.8 How often do you drink alcohol?

☐ Daily
☐ Several times per week
☐ Weekly
☐ Less than once per week
☐ Not at all
☐ Declined to answer

Health
Justice Health and
Forensic Mental Health Network

CONNECTIONS / DCP / CDTP POST ENGAGEMENT / GRADUATION / TERMINATION QUESTIONNAIRE

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

2.9 How much alcohol do you normally drink (standard drinks) on the days you would drink?

☐ 1-4 standard drinks
☐ 5-9 standard drinks
☐ 10 standard drinks or more
☐ Declined to answer
☐ N/A

3.1 Have you engaged in any high risk behaviours since being in the community such as sharing injecting equipment/tattoo equipment or had unprotected sex?

☐ Yes
☐ No
☐ Declined to answer

3.2 Would you like a referral for screening for blood borne viruses and sexually transmissible diseases?

☐ Yes, refer to Sexual Health Clinic or GP
☐ No

3.3 Have you been seen by ambulance staff or been to the Hospital Emergency Department since release?

☐ Yes
☐ No
☐ Declined to answer

3.4 Have you considered or attempted suicide since your release?

☐ Yes (conduct risk assessment and refer as appropriate)
☐ No
☐ Declined to answer

3.5 What are the greatest problems you have faced since your release (or while on the program if a CDTP/ DCP patient)?

☐ Withdrawal symptoms
☐ OAT Ceased
☐ Physical Health (including dental)
☐ Mental Health
☐ Housing
☐ Alcohol or other drug use
☐ Financial / money / debts
☐ Legal
☐ Relationship
☐ Family (child custody, FACS)
☐ Peer group (friends who were using or doing crime)
☐ Neighbourhood (hostile environment)
☐ Employment
☐ Gambling
☐ Lack of formal identification
☐ Had to attend too many appointments
☐ Program concerns

Specify……

……

☐ Other specify……

……

☐ Nil
☐ N/A (first time in custody)
☐ Declined to answer

4.1 How different was your preparation for release this time (with the help of this program) compared with other times?

☐ Better prepared
☐ No different to before
☐ Less well prepared
☐ N/A
☐ Declined to answer

4.2 How would you describe your transition to the community this time (with help of this program) compared with other times?

☐ Easier transition this time
☐ No different to before
☐ Harder transition this time
☐ N/A
☐ Declined to answer

4.3 What were the best things about this program (please tick all applicable)?

☐ Help with Identification
☐ Help with accommodation
☐ Help accessing health services in community
☐ Help accessing welfare services in community
☐ Help with food/ clothing
☐ Help with FACS
☐ Help with Community Corrections Services
☐ Help with financial support bank / SDRO/ Financial counsellor
☐ Program staff support - having someone to talk to
☐ Help with transport
☐ Help re-establishing relationships
☐ Help accessing employment
☐ Group program (CDTP)
☐ Court/Judge (CDTP/ADC)
☐ Health services in custody (CDTP/ADC)
☐ Declined to answer

4.4 In what other ways could this program have helped with your release back to the community (or to have prevented your program termination at CDTP/ DCP)?

☐ Help with Identification
☐ Help with accommodation
☐ Help accessing health services in community
☐ Help accessing welfare services in community
☐ Help with food/ clothing
☐ Help with FACS
☐ Help with Community Corrections Services
☐ Help with financial support bank / SDRO / Financial counsellor

Health
Justice Health and
Forensic Mental Health Network

CONNECTIONS / DCP / CDTP POST ENGAGEMENT / GRADUATION / TERMINATION QUESTIONNAIRE

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

- ☐ Program staff support - having someone to talk to
- ☐ Help with transport
- ☐ Help re-establishing relationships
- ☐ Nil
- ☐ Declined to answer

4.5 How satisfied were you with the help you received from this program?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor unsatisfied
- ☐ Unsatisfied
- ☐ Very unsatisfied
- ☐ Declined to answer

4.6 Any other comments about this program?

.....
.....
.....
.....
.....
.....

5. GENERAL HEALTH QUESTIONNAIRE

5.1 Have you recently been able to concentrate on whatever you're doing?

- ☐ Better than usual
- ☐ Same as usual
- ☐ Less than usual
- ☐ Much less than usual

5.2 Have you recently lost much sleep over worry?

- ☐ Not at all
- ☐ No more than usual
- ☐ Rather more than usual
- ☐ Much more than usual

5.3 Have you recently felt that you are playing a useful part in things?

- ☐ More so than usual
- ☐ Same as usual
- ☐ Less useful than usual
- ☐ Much less useful

5.4 Have you recently felt capable of making decisions about things?

- ☐ More so than usual
- ☐ Same as usual
- ☐ Less so than usual
- ☐ Much less capable

5.5 Have you recently felt under strain?

- ☐ Not at all
- ☐ No more than usual
- ☐ Rather more than usual
- ☐ Much more than usual

5.6 Have you recently felt you couldn't overcome your difficulties?

- ☐ Not at all
- ☐ No more than usual
- ☐ Rather more than usual
- ☐ Much more than usual

5.7 Have you recently been able to enjoy your normal day to day activities?

- ☐ More so than usual
- ☐ Same as usual
- ☐ Less so than usual
- ☐ Much less than usual

5.8 Have you recently been able to face up to your problems?

- ☐ More so than usual
- ☐ Same as usual
- ☐ Less able than usual
- ☐ Much less able

5.9 Have you recently been feeling unhappy and depressed?

- ☐ Not at all
- ☐ No more than usual
- ☐ Rather more than usual
- ☐ Much more than usual

Health
Justice Health and
Forensic Mental Health Network

CONNECTIONS / DCP / CDTP POST ENGAGEMENT / GRADUATION / TERMINATION QUESTIONNAIRE

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

5.10 Have you recently been losing confidence in yourself?

☐ Not at all
☐ No more than usual
☐ Rather more than usual
☐ Much more than usual

5.11 Have you recently been thinking of yourself as a worthless person?

☐ Not at all
☐ No more than usual
☐ Rather more than usual
☐ Much more than usual

5.12 Have you recently been feeling reasonably happy all things considered?

☐ More so than usual
☐ Same as usual
☐ Less so than usual
☐ Much less than usual

Report to NSW MoH – Utilisation of Residential Care for Drug Court Program Residential Care Utilisation NSW Health Report for

_____ (LHD)

_____ (Month) _____ (Year)

RESIDENTIAL REHABILITATION

Participant Name	DCP Number	Entry Date	Exit Date
FACILITY			
FACILITY			
FACILITY			

AOD SUPPORTED RESIDENTIAL CARE

Participant Name	DCP Number	Entry Date	Exit Date
FACILITY			
FACILITY			
FACILITY			

Drug Court Program for Residential Rehabilitation Providers

The Drug Court Program (DCP) is a collaborative program between the justice system and health service providers that oversees the voluntary rehabilitation of adults with a substance use disorder who would otherwise be incarcerated.

The following information covers the expectations of the Court with regards to the admission and treatment of participants on the Drug Court Program.

Communication and ongoing transfer of care

The residential treatment facility will be provided with a copy of the Drug Court Program treatment plan and copies of any relevant clinical documentation e.g., discharge summary, medication treatment sheets etc.

- Where a participant is engaged in residential rehabilitation, the treating Local Health District (LHD) team will maintain a minimum of fortnightly contact with residential treatment facility to monitor participant progress. This may be via telephone, telehealth, or where possible face to face.
- The residential treatment facility is required to submit progress reports for the Court on a fortnightly basis to the treating LHD.
- The LHD treatment team and residential treatment facility will work together to manage clinical risks arising, via escalation utilising the most appropriate resources from both services.

Medication management

- Where a participant requires prescribed medications (other than opiate treatment), the participant will receive a seven-day supply from Justice Health and Forensic Mental Health Network upon release from custody.
- For the ongoing provision of medication, it is the responsibility of the residential treatment facility to ensure the participant is seen by a GP or Psychiatrist to obtain a further script.
- There are some limitations to the types of medications participants on the DCP can be prescribed:

  The *DCP Medications and Participant Responsibility* information sheet provides guidance on the restrictions. The residential facility should discuss any concerns regarding alterations to medication with the treating LHD.

Urine drug screen testing

- Participants will be required to undergo regular supervised urine drug screening, with the results sent to the Drug Court laboratory in Sydney.
- The location and frequency of the UDS will be communicated to the residential treatment facility on participant admission but is generally 3 times per week.

Leave management

- Any leave from the residential treatment facility should be agreed upon in advance: because participants of the Drug Court Program have had their full-time custodial sentences suspended to allow for their participation in treatment, the expectation of the Court is that their whereabouts at any given time are approved by the Drug Court team.
- It is an expectation of the Court that participants returning to a residential treatment facility following leave should submit to urine drug screen testing

Discharge

- Transfer of care planning should commence on admission to the residential facility
- Residential admissions are only funded by the Ministry of Health for a period of nine months to promote the phase 3 reintegration objective of the Program, and to ensure equitable distribution of residential funding.
- If a participant has been admitted in a residential facility for 6 months the LHD, Drug Court Program Community Corrections Officer, and the residential treatment facility will conduct a care coordination meeting to discuss a final transfer of care plan and if required apply to the Ministry of Health for an extension of stay.

Drug Court Program for Residential Rehabilitation Providers

- A stay longer than 9 months must be requested in writing to the Ministry by outlining the extenuating circumstances and the arrangement that has been agreed to by relevant Local Health District Drug Court team and the Justice Health Drug Court team through clinical review. See attached *Extension of Residential Admission Application* form.
- Where a participant leaves residential rehabilitation without prior agreement, the residential treatment facility should notify the treating LHD as soon as possible so the Court can follow their procedures for non-compliance with the Program. A written report detailing the circumstances of the discharge should also be provided to the LHD.

Invoicing

- Invoices generated by the NGO's will then be paid by the Ministry. Each payment will be made following the submission to the Ministry of a correctly rendered invoice. Please see an example invoice attached.

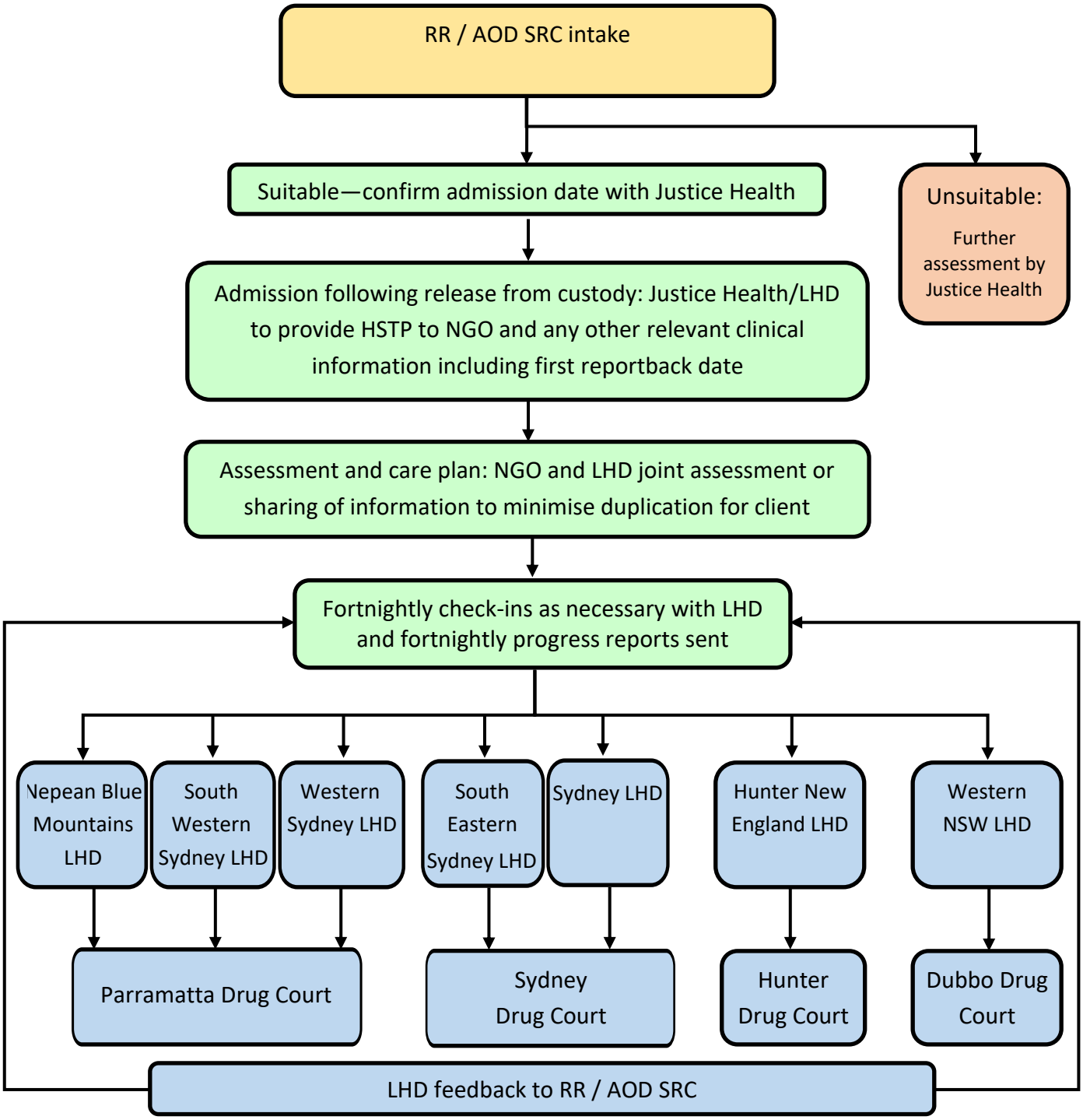
KEY CONTACTS: (TBC)

LHD	Name	Contact details	Generic LHD Drug Court email
NBMLHD			
SESLHD			
SWSLHD			
SLHD			
WSLHD			
HNELHD			
WNSWLHD			

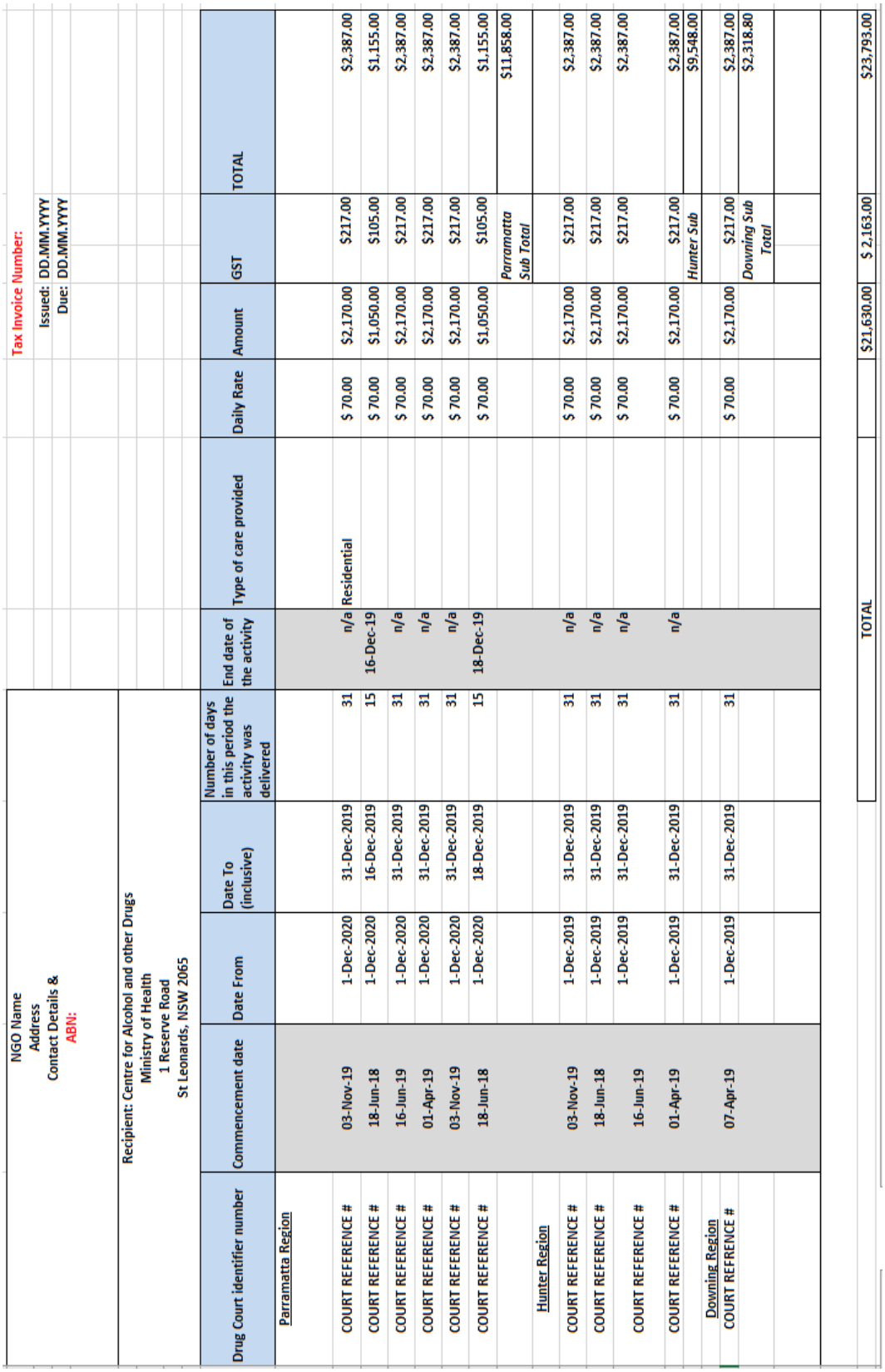
Attachments

1. Residential Progress Report Template
2. DCP Medications and Participant Responsibility information sheet
3. Extension of stay form
4. Example invoice

Management of Drug Court Participants in Residential Treatment



NGO Example Invoice



NGO Name
Address
Contact Details &
ABN:

Tax Invoice Number:
Issued: DD.MM.YYYY
Due: DD.MM.YYYY

Recipient: Centre for Alcohol and other Drugs
Ministry of Health
1 Reserve Road
St Leonards, NSW 2065

Drug Court identifier number	Commencement date	Date From	Date To (inclusive)	Number of days in this period the activity was delivered	End date of the activity	Type of care provided	Daily Rate	Amount	GST	TOTAL
Parramatta Region										
COURT REFERENCE #	03-Nov-19	1-Dec-2020	31-Dec-2019	31	n/a	Residential	$ 70.00	$2,170.00	$217.00	$2,387.00
COURT REFERENCE #	18-Jun-18	1-Dec-2020	16-Dec-2019	15	16-Dec-19		$ 70.00	$1,050.00	$105.00	$1,155.00
COURT REFERENCE #	16-Jun-19	1-Dec-2020	31-Dec-2019	31	n/a		$ 70.00	$2,170.00	$217.00	$2,387.00
COURT REFERENCE #	01-Apr-19	1-Dec-2020	31-Dec-2019	31	n/a		$ 70.00	$2,170.00	$217.00	$2,387.00
COURT REFERENCE #	03-Nov-19	1-Dec-2020	31-Dec-2019	31	n/a		$ 70.00	$2,170.00	$217.00	$2,387.00
COURT REFERENCE #	18-Jun-18	1-Dec-2020	18-Dec-2019	15	18-Dec-19		$ 70.00	$1,050.00	$105.00	$1,155.00
								Parramatta Sub Total		$11,858.00
Hunter Region										
COURT REFERENCE #	03-Nov-19	1-Dec-2019	31-Dec-2019	31	n/a		$ 70.00	$2,170.00	$217.00	$2,387.00
COURT REFERENCE #	18-Jun-18	1-Dec-2019	31-Dec-2019	31	n/a		$ 70.00	$2,170.00	$217.00	$2,387.00
COURT REFERENCE #	16-Jun-19	1-Dec-2019	31-Dec-2019	31	n/a		$ 70.00	$2,170.00	$217.00	$2,387.00
COURT REFERENCE #	01-Apr-19	1-Dec-2019	31-Dec-2019	31	n/a		$ 70.00	$2,170.00	$217.00	$2,387.00
									Hunter Sub	$9,548.00
Downing Region										
COURT REFRENCE #	07-Apr-19	1-Dec-2019	31-Dec-2019	31			$ 70.00	$2,170.00	$217.00	$2,387.00
									Downing Sub Total	$2,318.80
					TOTAL			$21,630.00	$ 2,163.00	$23,793.00

[DATE]

Dear: [Participant]

Your discharge from [Facility] has been approved by the Drug Court as of [date] so you are able to leave on that day when suitable transport is arranged.

Your approved address is:	Your approved co-residents are:

PLEASE NOTE IT IS A CONDITION OF YOUR PROGRAM THAT YOU CANNOT STAY OVERNIGHT ANYWHERE OTHER THAN YOUR APPROVED ADDRESS

Handy Contact Numbers:

Health worker:	[NAME]	[PHONE]	[HOURS] Mon – Fri
Community Corrections Officer:	[NAME]	[PHONE]	
Community Corrections	Electronic Monitoring Room	Ph: 1300 883 708	24hr
Drug Court	Registry	[PHONE]	[HOURS] Mon – Fri

After leaving [Facility], as part of your Drug Court Program in the community you need to:

- Be at your approved address between 7pm and 7am each night until you have seen the Judge for your reportback
- Do your supervised urine drug screen test at the Drug Court registry on [date] at [time]
- Attend your initial counselling appointment with your Health worker:

Date:	
Time:	
Where:	

Regards,

[NAME]
[POSITION]
[SERVICE]
[Phone] [Fax] [Mobile]
[Email]

NSW Health

Drug Court Program – Progress Report by Residential Treatment Provider

Facility: _____ Date of report: _____

Court date: _____ Name of participant: _____

Treatment Type: ☐ Abstinence ☐ OAT Admission date: _____ Estimated D/C Date: _____

ATTENDANCE

Attended one on one sessions: Yes ☐ No ☐ If no, dates missed: _____

Attended group sessions: Yes ☐ No ☐ If no, dates missed: _____

IF APPLICABLE Attended OAT dosing: Yes ☐ No ☐ If no, dates missed: _____

SUBSTANCE USE

Urine Drug Screen dates and results: _____

Admission of substance use: Yes ☐ No ☐ If yes, substance and dates:

_____

Comments:

PARTICIPATION:

Comments:

SIGNIFICANT FACTORS AFFECTING TREATMENT PROGRESS:

Comments:

Recommendations or other comments:

Comments: *(Where relevant, outline preparation activities for discharge)*

Name: _____

Designation: _____ Contact phone: _____

Signature:

Drug Court Program – Extension of Residential Admission Application

Residential Rehabilitation Provider: _____

Date of report: _____ DCP File number: _____

DO.B/Age: _____ Date started Drug Court Program: _____

Drug Court Clinician contact: _____

GP: _____

Other Agencies involved in care: _____

Medication/s: _____

PRESENTING ISSUE *(Why are they on the Drug Court Program)*

SUMMARY HISTORY IF RELEVANT *(including mental health, medical, family, educational, social, developmental, behavioral, cognitive in attachment)*

TREATMENT TO DATE

- Date commenced treatment at Residential Rehabilitation: _____
- Current treatment: *(e.g. number and frequency of sessions of 1:1 or group counselling sessions, peer support groups, OTP, family interventions, psychoeducation)*

  _____
- Goals and objectives of treatment: _____
- Outcomes to date: _____

Drug Court Program – Extension of Residential Admission Application (cont.)

CLINICAL RATIONALE FOR EXTENDED TREATMENT

- Clinical decline
- Interventions required, and duration of each
- Reason they should be provided in a residential setting

Consider:

- Is there a suitable community address?
- Are there appropriate supported accommodation options?
- Is continuing care or day programs a suitable alternative to residential care?
- Standardised screening tools demonstrating clinical decline
- Is there evidence of relapse or increased psychosocial stressors
- Medical or psychiatric recommendations for continuation of residential care

DISCHARGE PLAN *(Why are they on the Drug Court Program)*

- Estimated completion date of care: _____
- Discharge plan *(including services required beyond scope of health/social/housing)*:

Completed forms should be emailed to: MOH-DrugCourtProgram@health.nsw.gov.au

NSW Health

Drug Court Program – Progress Report by LHD Treatment Provider

LHD: _____ Date of report: _____

Court date: _____ Name of participant: _____

Treatment Type: ☐ Abstinence ☐ OAT Current phase: _____

ATTENDANCE

Comments: *(Consider attendance at counselling, group and if relevant, OAT dosing. Include dates of attendance/ non-attendance)*

SUBSTANCE USE

Admission of substance use: Yes ☐ No ☐ If yes, substance and dates: _____

Comments:

PROGRESS TOWARDS GOALS:

Comments:

SIGNIFICANT FACTORS AFFECTING TREATMENT PROGRESS:

Comments:

Recommendations or other comments:

Comments:

Name: _____

Designation: _____ Contact phone: _____

Signature:

[DATE]

To: The Presiding Judge
Drug Court of NSW
[LOCATION]

Your Honour,

POTENTIAL TO PROGRESS REPORT

Re: CLIENT NAME
D.O.B: DD/MM/YYYY

The following report was prepared for consideration in relation to the Potential to Progress hearing for [PARTICIPANT] on [DATE]. In preparing this report the following sources of information were utilised:

- Justice Health records provided to NSW Health in relation to [PARTICIPANT]'s Drug Court Program initiation
- Information reported in [LHD] individual counselling episode
- Electronic Medical Records of the [LHD]
- Consultation with [Insert as appropriate, e.g. Community Corrections officer]

[PARTICIPANT] is [AGE] [GENDER] [CULTURAL BACKGROUND]. [He/She/They] formally commenced the Drug Court program on [DATE] on a [COMMUNITY/RESIDENTIAL] [ABSTINENCE/OPIATE TREATMENT] treatment plan [WITH THE FOLLOWING CLAUSES:]

[PARTICIPANT] progressed to Phase Two on [DATE] and then to Phase 3 on [DATE].

SUBSTANCE USE AND TREATMENT GOALS

PSYCHOSOCIAL HISTORY

PROGRAM AND TREATMENT PROGRESS AND CHALLENGES

RECOMMENDATION
[including proposed treatment plan if participant has the potential to progress]

[ELECTRONIC SIGNATURE]

[CLINICIAN NAME]
[DESIGNATION]
[DATE]

NSW GOVERNMENT | Health

DRUG COURT PROGRAM CONTINUING CARE PLAN

Re: CLIENT NAME
D.O.B: DD/MM/YYYY MRN:

REFERRAL TO THE DRUG COURT PROGRAM

[PARTICIPANT] is [AGE] [GENDER] [CULTURAL BACKGROUND]. [He/She/They] formally commenced the Drug Court program on [DATE] on a [COMMUNITY/RESIDENTIAL] [ABSTINENCE/OPIATE TREATMENT] treatment plan [WITH THE FOLLOWING CLAUSES:]

[PARTICIPANT] progressed to Phase Two on [DATE] and then to Phase 3 on [DATE] before completing the Drug Court Program as of [FINAL SENTENCE DATE].

Sources of information:

- Electronic Medical Records of the [LHD]
- Information reported in [LHD] individual counselling episode
- Justice Health records provided to NSW Health in relation to [PARTICIPANT]'s Drug Court Program care in custody
- Consultation with [Insert as appropriate, e.g. family members]

ALCOHOL AND OTHER DRUG TREATMENT

[including substance use history; treatment provided on the Drug Court Program; how the client responded to treatment; progress on goals; new skills or understandings developed, and a description of quantitative outcome scores if relevant]

PHYSICAL HEALTH

[including General Practitioner details and current medications]

MENTAL HEALTH

[including other service provider details and current medications and prescriber e.g. psychiatrist]

ACCOMMODATION

EMPLOYMENT AND INCOME

SOCIAL SUPPORT

GOALS AND ONGOING CARE

[including a summary of current and ongoing concerns, risks, strengths and protective factors; and plans to monitor and address these which includes who is responsible; and recommendations for ongoing care needs]

[PARTICIPANT] should be strongly commended for his significant achievements on the Drug Court Program.

[ELECTRONIC SIGNATURE]

[CLINICIAN NAME]
[DESIGNATION]
[DATE]

[DATE]

To: The Presiding Judge
Drug Court of NSW
[LOCATION]

Your Honour,

FINAL SENTENCE REPORT
Re: CLIENT NAME
D.O.B: DD/MM/YYYY

The following report was prepared for consideration in relation to the Final Sentence hearing for [PARTICIPANT] on [DATE]. In preparing this report the following sources of information were utilised:

- Justice Health records provided to NSW Health in relation to [PARTICIPANT]'s Drug Court Program initiation
- Electronic Medical Records of the [LHD]
- Information reported in [LHD] individual counselling episode
- Consultation with [Insert as appropriate, e.g. Community Corrections officer]

[PARTICIPANT] is [AGE] [GENDER] [CULTURAL BACKGROUND]. [He/She/They] formally commenced the Drug Court program on [DATE] on a [COMMUNITY/RESIDENTIAL] [ABSTINENCE/OPIATE TREATMENT] treatment plan [WITH THE FOLLOWING CLAUSES:]

SUBSTANCE USE HISTORY

PSYCHOSOCIAL HISTORY

PROGRAM AND TREATMENT PROGRESS AND CHALLENGES

SUMMARY

[ELECTRONIC SIGNATURE]

[CLINICIAN NAME]
[DESIGNATION]
[DATE]

Agreeing to a Chapter 16A Request - Letter

Our ref: _____
Your ref: _____
Date: _____

_____
_____
_____
_____

Dear _____

Re: Request for release of information under Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998*

I refer to your letter/fax/email dated _____ in which you sought information from _____ under Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 (the Act) relating to the child/young person _____ and _____

Section 245C of the Act allows a prescribed body to request another prescribed body to provide information they hold that relates to the safety, welfare or wellbeing of a particular unborn child, child, young person or class of children or young persons.

_____ is releasing the information enclosed with this letter on the basis that there is a lawful reason to do so, in accordance with the provisions of Chapter 16A.

The information has been released to you in good faith to assist you to promote the safety, welfare or well-being of the relevant child/ren.

Should you decide, in accordance with Chapter 16A, to provide some or all of this information, either on your own motion or in response to a request, the information can only be shared in accordance with the processes and principles of Chapter 16A.

If the information is sought from you for any purpose other than those described in Chapter 16A, you should refer the organisation or individual making the report to the original owner of the information.

Any information provided herewith are not to be used in any court or tribunal proceedings. Should the matter proceed to court, the information should be subpoenaed or summonsed.

If you require further information or wish to discuss the matter, please contact _____ on _____ during business hours, quoting the reference number above.

I trust this information will be of assistance.

Yours sincerely

Enclosed: Requested information


NSW
GOVERNMENT