

COATS, Community Correctional Services and Drug
Treatment Services Protocol

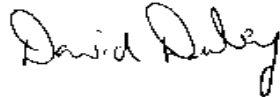
Signatory Page

The Department of Human Services, Corrections Victoria and the Community Offenders Advice and Treatment Service (COATS) have jointly developed this protocol.

It is recognised by all parties that, whilst this protocol reflects the current operational relationship of those involved with forensic drug treatment programs, these programs are dynamic in nature and the protocol will require review and update on a regular basis.

The protocol will be monitored regularly through meetings between the Department of Human Services, Corrections Victoria and COATS.

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1. Preamble

The establishment of the COATS service in 1997 represented a significant change in the way alcohol and drug services are provided to offenders on community-based dispositions in Victoria. The Department of Human Services, the Community Offenders Advice and Treatment Service (COATS) and Corrections Victoria - Community Correctional Services (CCS), jointly developed this protocol.

2. Purpose

The purpose of the protocol is to govern the operational relationship between COATS and CCS. Hence, it should be viewed as a living document, which may be altered with the agreement of senior management of all parties in response to operational realities that may arise.

3. Background

3.1 Policy Framework

Drugs and Our Community- The Premier's Drug Advisory Council

The Premier's Drug Advisory Council (PDAC) published *Drugs and Our Community* in March 1996. The report detailed the Council's investigation into illicit drug use in Victoria, and found that significant numbers of people who come into contact with the criminal justice system have histories of problematic drug use. The report recommended a substantial upgrading of services for people who come into contact with the criminal justice system and who have serious problems resulting from drug misuse.

Turning the Tide- The Victorian Government's Response to Drugs and Our Community

The Community Offenders Advice and Treatment Service is a key component of *Turning the Tide*, an integrated strategy announced by the Victorian Government in June 1996 in response to recommendations made by the Premier's Drug Advisory Council.

The National Drug Strategy: Australia's Integrated Framework (2004-2009) and the Victorian Government's Drug Initiative

The Community Offenders Advice and Treatment Service will operate within the overall policy direction of the National and Victorian Drug Strategies, which provides the framework for action on alcohol and drug issues at the National and State level.

The Drug Policy Expert Committee: Stage 2 Report: Meeting the Challenge (November 2000)

COATS will operate within the framework and recommendations made by the committee, including facilitating a brokerage role in the integrated court diversion programs within the Magistrates' Court and improved targeting of assessment and referral services.

Victoria's Treatment Services: The Framework for Service Delivery

The *Framework for Service Delivery* document provides the direction for the redevelopment of alcohol and drug treatment services within Victoria. Services to be purchased by the Community Offenders Advice and Treatment Service will conform with unit cost and service delivery framework established under the redevelopment.

The Victorian Prison Drug Strategy

The Victorian Prison Drug Strategy sets the framework for the management of drug activity within prisons. The Strategy aims to improve methods used to keep drugs out of prisons and reduce drug use by prisoners. It also aims to prevent or minimize the health problems and other harms caused by drugs. Corrections Victoria manages this Strategy.

3.2 Legislative Framework

The legislative framework under which this protocol will operate, and associated service delivery will be conducted, includes:

- *The Sentencing Act 1991*
- *The Sentencing and Other Acts (Amendment) Act 1997*
- *The Corrections Act 1986*
- *The Alcohol and Drug Dependent Persons Act 1968*
- *The Health Services Act 1988*
- *The Drugs, Poisons and Controlled Substances Act 1981*
- *The Information Privacy Act 2000*
- *The Health Records Act 2001*
- *Serious Sex Offender Monitoring Act 2005*

3.3 COATS Service Profile

COATS is one of the key components of the Victorian Government's response to the drug problem aimed at significantly improving offenders' access to alcohol and drug treatment services. COATS is part of the Australian Community Support Organisation (ACSO), a non-government community based agency that provides support to disenfranchised people who face significant barriers to accessing other services.

The key assumptions underlying the development of COATS are:

- COATS are a specialist independent service that will aim to ensure forensic clients timely access to alcohol and drug treatment services.
- That purchasing alcohol and drug treatment services for forensic clients will strengthen the capacity of services to meet demand.
- That by engaging forensic clients with alcohol and drug issues in treatment this is likely to provide opportunities for these clients to form positive relationships with the Drug and Alcohol Service System.

COATS are a community based service that operates under a brokerage model. The key components within this model are:

- COATS undertake independent alcohol and drug assessments and purchases of treatment services from community alcohol and drug treatment services.
- Community Correctional Services undertake the case management role.

- Alcohol and Drug Treatment Services provide the specialist alcohol and drug treatment.

The service provides assessment and treatment plans in the following categories:

- A post-sentence alcohol and drug assessment and treatment plan for an offender with an alcohol and drug problem who has been placed on a community based disposition. This includes assessing prisoners who have been granted Parole prior to their release as well as offenders with alcohol and drug issues who have been sentenced interstate and transferred to Victoria on Parole or Probation Orders to be supervised by CCS.
- An assessment and treatment plan for prisoners on a Combined Custody Treatment Order (CCTO) due to be released on the community based component of the order.
- A pre or post-sentence alcohol and drug assessment and treatment plan for offenders with an alcohol and drug problem who are sentenced to an Extended Supervision Order.
- A pre-release assessment and treatment plan for prisoners being considered for parole.
- A pre-sentence assessment and treatment plan in exceptional circumstances where a Magistrate or Judge seeks an alcohol and drug assessment to determine the nature and extent of an offender's alcohol and drug issues.

3.4 Service Approaches

This protocol is based on recognition of the differing roles, responsibilities, and related philosophies of the key parties.

CCS operates within a correctional framework and has the primary role of managing offenders according to legislative requirements by assisting them to access opportunities for rehabilitation and protecting the community from any further potential offending. As part of the case management role, Supervising Officers (SO) also provides basic drug awareness and harm minimisation advice, as well as motivational interviewing during supervision.

COATS and the Alcohol and Drug Treatment Services operate within a health framework. The primary role is to conduct a clinical assessment to determine the client's treatment and support needs. The aim of developing and implementing an appropriate treatment plan is to contribute to a positive health outcome for the client.

This protocol outlines the mechanisms that enable the key parties to work in a collaborative manner. This protocol also recognises the contribution of each party towards the effective management of offenders with alcohol and drug problems.

4. Roles and Responsibilities

4.1 COATS

In relation to CCS, COATS has the primary responsibility for:

- Undertaking a comprehensive alcohol and drug assessment of clients

referred to the service.

- Developing a treatment plan based on the alcohol and drug assessment.
- Purchasing the treatment services from DHS accredited specialist alcohol and drug treatment agencies and arranging the first appointment.
- Facilitating variations in treatment services as required.
- Providing an assessment report formulation to CCS, which includes a summary of the assessment and treatment plan developed.

4.2 Community Correctional Services

CCS has the primary responsibility for:

- Initial assessment of offenders for consideration for a Court or Parole order and determination of who should have as part of their order a condition to undertake an alcohol and drug assessment at COATS.
- Referral of offenders commencing community based dispositions with an alcohol and drug treatment condition to COATS.
- Ongoing monitoring of the treatment plan developed by COATS.
- Referral of offenders back to COATS, if relapse occurs or the offender fails to engage and is exited from treatment.
- Advising COATS or the respective Treatment Agency (where a referral has been made) of changes in offender circumstances, including advice of relocation or breach status.
- Contacting COATS if the Supervising Officer believes that a variation in the treatment plan is necessary due to relocation of the offender. (Where a Supervising Officer believes a variation in treatment is necessary they should discuss this with the Treatment Agency, who will then contact COATS.)
- Regular liaison with treatment agencies, including residential services, regarding the offender's progress.

Community Correctional Services will also have the responsibility for providing feedback to COATS where issues arise with the treatment received by the offender within 14 days of receiving the Treatment Completion Advice form (TCA) from Treatment Agencies.

4.3 Specialist Alcohol and Other Drug Treatment Services

Specialist Alcohol and Drug Treatment Services will have primary responsibility for:

- Undertaking specialist alcohol and drug treatment, as contracted by COATS.
- Providing a final written report to CCS, detailing the offender's progress with the treatment plan as well as documenting any future needs and plans. A copy of this report is to also be forwarded to COATS.
- Liaising with CCS to discuss the offender's progress in treatment (including residential programs) regarding attendance or non-attendance, level of participation and any pertinent issues that have arisen.
- Liaising with CCS regarding the intent to exit an offender from treatment, whether it be due to treatment completion or non-participation in treatment, before terminating a treatment episode.
- Forwarding a Treatment Completion Advice (TCA) form to COATS, and a copy to CCS at the end of the purchased treatment component. (Refer to Appendix 8).
- Providing 3-monthly Progress Reports for offenders who are in long-term treatment, for six or more months to both COATS and CCS. (Refer to

- Appendix 8).
Notifying COATS to discuss variations they recommend or such requests from CCS.

5. Treatment

5.1 Episode of Care

COATS are funded to broker treatment based on prescribed unit costs for an Episode of Care, (EOC). An EOC is defined as "...a completed course of treatment undertaken by a client under the care of an alcohol and drug worker, which achieves significant, agreed treatment goals."

While contacts or bed days may be elements of a treatment episode, an EOC is the entire treatment sequence, which is then terminated upon the achievement of significant goals, assessed against an Individual Treatment Plan.

This means that the point of exit from any mode of treatment, such as Counselling, Consultancy and Continuing Care, is a clinically based decision rather than one prescribed by COATS.

There will be an expectation that contracted alcohol and drug treatment services will endeavour to engage clients with low motivation in treatment. There will be variations in treatment length; however payment for the treatment will be the same for each completed episode of care. In instances where an Episode is not completed, COATS will make a partial payment based on pro-rata length of stay and other relevant information provided on the Treatment Completion Advice form.

5.2 Individual Treatment Plan

All persons referred to treatment by COATS shall have an Individual Treatment Plan (ITP) developed. An ITP will have clearly articulated goals governing the course of treatment.

The goals of the treatment plan will relate to the service type. For instance, if an episode of Community Residential Drug Withdrawal is undertaken, one of the goals will focus on the withdrawal itself. All goals will remain based within the framework of the service delivery.

5.3 Service Providers

While COATS cannot generally purchase treatment from private practitioners, they can purchase a range of drug and alcohol services, which comprise of:

Community residential drug withdrawal: Residential withdrawal services provide alcohol and drug withdrawal through a community residential drug withdrawal service or through hospital based treatment. Community residential drug withdrawal is provided to clients in a suburban setting located close to a public hospital with psychiatric facilities. The treatment emphasis is on a short length of stay.

<p>Rural drug withdrawal: In country Victoria, general practitioners and health services are often utilised for the treatment of withdrawal syndromes. Rural withdrawal services combine a short hospital stay (where required) with a period of home based withdrawal.</p>
<p>Home-based withdrawal: Home based withdrawal services are provided in cases where the withdrawal syndrome is of mild to moderate severity and the client is able to be supported by a family member or friend at home. This service may be provided as part of the rural withdrawal support service following a short hospital admission, or as the complete treatment if no hospital admission is required. An experienced nurse in conjunction with a medical practitioner, preferably the client's general practitioner, provides the service.</p>
<p>Outpatient drug withdrawal: Outpatient withdrawal services are provided to clients who have a withdrawal syndrome, which can be appropriately managed without admission to a residential service. There will be a greater proportion of problem drinkers and individuals consuming benzodiazepines attending outpatient withdrawal than residential or home based services. This means that an average duration of withdrawal may be longer, with more gradual reductions in drug use to negotiated levels of consumption. The service provides a series of intensive individual outpatient consultations over a short period, followed by ongoing counselling and support to complete the withdrawal.</p>
<p>Residential rehabilitation: Residential rehabilitation services will provide a 24 hour staffed residential treatment program of an <i>average</i> of four months duration. They will provide a range of interventions, which aim to ensure lasting change and assist re-integration into community living. Residential rehabilitation services will be provided from a community based setting, such as a house or houses located in a residential area.</p>
<p>Specialist pharmacotherapy service: Pharmacotherapy treatment for opioid dependence has been well proven in clinical trials demonstrating improvements in health, social and occupational functioning across a wide range of people. While pharmacotherapy programs are generally administered through general medical practitioners, the need for specialist pharmacotherapy services occurs where there are associated complex medical, psychiatric or psychological problems. Specialist pharmacotherapy services operate in association with a general hospital.</p>
<p>Counselling, Consultancy and Continuing Care: To provide a range of services and support appropriate to the needs of clients who have alcohol and drug use problems. Services provided may include assessment, treatment and consultancy, referral and ongoing case management. Counselling, Consultancy and Continuing Care services may be provided in a range of settings, including stand-alone alcohol and drug agencies, community health centres, hospital based alcohol and drug services, and other generalist health and welfare services. A range of professionals, including social welfare workers, health professionals, psychologists, general practitioners, consultant physicians and psychiatrists, deliver the services. CCCC services ensure that continuity and quality of care are provided.</p>
<p>Supported Accommodation: Supported accommodation will provide a supportive environment to help clients achieve lasting change and assist their re-integration into community living. Supported accommodation services will be provided with a minimum of a day support worker, from a community based setting, usually with public housing.</p>
<p>Youth Outreach: An outreach service provides assessment, support and on-going case coordination to young people with alcohol and drug problems, in</p>

their own environment. The service also supports generalist agencies that work with young people, through information, education and training.

Koori Community Alcohol and Drug Worker : The Koori Community Alcohol and Drug Worker undertakes a number of program development activities based on a harm minimisation approach, including health promotion, information provision, education activities, development and maintenance of community linkages, referrals, counselling interventions, the provision of advice to generalist services, liaising with relevant programs and fulfilling an advocacy role on behalf of the service user.

Koori Community Alcohol and Drug Resource Service: The KCA&DRS provides an alternative to incarceration for Koori persons who are found to be alcohol and drug affected in public. It provides short-term accommodation of an average of 48 hours in a safe non-threatening environment focused on meeting the needs of the individual and the continuity of care through appropriate referral processes.

Youth Specific Residential Services: In addition to the suite of services brokered by COATS for the general offender population, there are also residential withdrawal and rehabilitation services tailored to meet the needs of young people. The care is more intensive and it is expected that the episode of care shall run for longer period of time than the adult equivalent services.

Rural Outreach Diversion Worker (RODW): RODW's are employed in rural areas where offenders do not have access to the CREDIT program. The role of the worker is to act as a case coordinator for young offenders in their own environments, maintaining regular contact and providing assistance in order to build a range of support structures.
One of the core functions of the RODW is to work together with the young person in developing an individual treatment plan and to actively facilitate linkages between other appropriate services.

6. Payment for Treatment Services

Following completion of treatment (or part completion, where the client ceases treatment prematurely), the Treatment Agency will liaise with CCS to discuss the intention to exit the offender, prior to forwarding a Treatment Completion Advice (TCA) form to COATS and a copy of the TCA to CCS.

In their capacity as case managers, Supervising Officers have the opportunity to review the TCA and in **exceptional circumstances** where issues are identified, they should contact COATS directly within **14 days** of receiving the TCA to advise of their concerns. In such circumstances, COATS will investigate the matter and payment will be made to the Treatment Agency upon resolution of the issues raised. However, all matters relating to payment and financial accountability of the Treatment Agencies completely remain the responsibility of COATS. (See Appendix 8 for sample TCA form)

7. Clients in Existing Treatment

When an assessment by a COATS Clinician reveals that the individual has a drug and/or alcohol problem and it is maintained that they are in existing treatment for this problem, the Clinician will:

Verify that it is an appropriate treatment service

Confirm with the treatment provider that,

- treatment is current,
- that they are willing to continue treatment and,
- that they will liaise with the individual's Supervising Officer
- Liaise with the Supervising Officer about existing treatment plan
- Forward a copy of the assessment report formulation to CCS, which includes a summary of the assessment and treatment plan developed, and a copy of the treatment provided.

CCS will in the course of ongoing case management of the offender, liaise with the treatment provider and if following completion of treatment, should any concerns about the offender's substance use arise, re-refer clients to COATS.

8. Variation of a Treatment Plan

Variation occurs when the client requires:

- additional mode(s) of treatment not identified during the COATS assessment,
- a reduction in types of treatment,
- or the offender fails to engage in treatment type/s recommended.

For example, Counselling, Consultancy and Continuing Care may be purchased for a client and after a period of time it becomes apparent to the treating service that they require an episode of Community Residential Withdrawal. Alternatively, a package of treatment with several components may be purchased, and in the course of time it may become apparent that the client will no longer require all of the purchased treatment components.

Where the alcohol and drug treatment service believes that a variation in the treatment plan is necessary, the alcohol and drug service is to contact COATS. COATS will consult with the agency and the Supervising Officer as appropriate. The request for variation will then be reviewed by COATS who will establish if the request is clinically justified.

Where a Supervising Officer believes a variation in treatment is necessary they should discuss this with the treatment agency, which will then contact COATS.

COATS will verbally notify the treatment agency and the Supervising Officer of the details of the variation following a decision being made and will then follow up with a letter outlining the details.

(Refer to Appendix 6 for Variation flowchart)

9. Client Re-location

Where a client changes residence and the purchased treatment plan becomes unworkable due to distance from the treatment service, a variation of the treatment plan will be possible. In this instance, the Supervising Officer should contact COATS to arrange for a variation to a treatment service in a reasonably accessible locale.

COATS will inform CCS and the alcohol and drug treatment service(s) of the revised treatment plan, and make the first appointment at the treatment service. The original treatment service(s) will forward a TCA form documenting treatment completed to date to COATS and a copy to CCS, and COATS will provide a part payment to the treatment service.

New appointment details will be forwarded to CCS in writing.

10. Relapse

Following the completion of the treatment plan, there is provision for offenders subject to a CBO, ICO, CCTO, ESO or Parole (including interstate orders supervised by CCS) to have one further assessment by COATS, following an alcohol and drug relapse.

For the purposes of this protocol, an alcohol and drug relapse should be defined using the following criteria:

- The offender has completed or been exited from the original treatment plan and is therefore no longer in contact with the alcohol and drug treatment service, and;
- The Supervising Officer subsequently develops a concern that the offender has resumed drug use that may result in re-offending, and therefore an increased probability of a breach of the order.

If appropriate, the Supervising Officer should also consult with the original treatment service to assist in decision making concerning the necessity for a new assessment.

If the Supervising Officer believes the client has relapsed, according to the above criteria, the following process will be followed:

- The Supervising Officer will consult with COATS concerning the need for a new assessment and treatment plan. If a re- assessment is deemed appropriate, an appointment will be made at COATS.
- Following the assessment, a treatment plan will be developed and services purchased, if appropriate.
 - A report and treatment plan will then be forwarded to the alcohol and drug treatment service and an assessment report formulation, including a summary of the assessment and treatment plan, forwarded to CCS.
 - Ongoing liaison between the Supervising Officer and the alcohol and drug treatment service concerning the client's progress will then take place.
- If a Supervising Officer has concerns about a re- assessment not being granted, or with the appropriateness of treatment services

purchased, the dispute resolution process outline in section 16 of this protocol should be followed.

If, during the course of their order, an offender relapses again, they will not be eligible to be re-referred to COATS. In this instance, the Supervising Officer can refer the client directly to an alcohol and drug treatment service, where they should have the same rights of access as other members of the community. (See also Section – Offenders ineligible for COATS services and Appendix 10 for Relapse flowchart)

11. Breach of an order

11.1 Conditions for a Breach

An offender can breach a Court or Parole Order by failing to comply with core and special conditions attached to the order, such as not attending for programs as directed or committing further offences whilst subject to an Order. CCS will determine an offender's status in relation to any alleged non compliance with the order and may return the offender to Court or the Adult Parole Board (As per The Offender Management Manual, Community Correctional Services).

However, regardless of the breach status of an offender and whether the offender has ceased all contact with CCS, this does not mean that the offender must also cease treatment with external agencies. The decision for an offender to cease treatment should be clinically and not legally based. Therefore Treatment Agencies should continue to engage offenders in treatment and regularly advise CCS of their progress, as this information is often needed for court reports.

11.2 Breach of CCTO in Custody

In situations where a prisoner serving a Combined Custody and Treatment Order (CCTO) refuses to participate in treatment whilst in prison and this is determined to constitute non-compliance, CCS will be advised and they will make the decision as to whether an offender will be returned to Court. Upon finalisation of breach proceedings, the Senior Supervising Officer of the CCS location prosecuting the matter will fax a copy of the outcome to COATS for their information.

11.3 Distinction between Breach and Relapse

Breach of an Order must be distinguished from an alcohol and drug relapse. Determination of an alcohol and drug relapse is a clinically determined matter after consultation between the Supervising Officer, alcohol and drug services and, where appropriate, COATS. Determination of the breach of an Order is the sole responsibility of CCS.

12. Confirmation of an order

Where an offender is returned to court for a breach, the court may, in some instances, confirm the order, including directing the offender to undertake alcohol and drug assessment and treatment. In this instance, COATS will view the matter as a new referral, and will provide an assessment and treatment plan. Where clients are in existing treatment the processes outlined in Section 7 will be followed. If following the completion of treatment, the offender relapses they will be eligible for one further assessment and treatment plan.

13. Pre-sentence assessments

In exceptional circumstances, COATS will provide an Alcohol and Drug Pre-Sentence Assessment Report to the Courts. This will only occur when:

- A Magistrate or Judge seeks an alcohol and drug assessment to enhance his/her understanding of the nature and extent of an offender's alcohol and drug issues prior to sentencing or
- A Magistrate or Judge is considering imposing a Combined Custody and Treatment Order.

The pre-sentence alcohol and drug assessment report will be confined to examining the offender's drug and alcohol issues and potential for participation in treatment. Assessing the suitability of an offender for a particular order is the mandate of the CCS assessment process. Therefore, COATS pre-sentence drug and alcohol assessments are independent of the CCS assessment process that informs sentencing.

14. Offenders not eligible for COATS services

No all offenders on a community-based disposition may be eligible to receive COATS services. Ineligible offender groups include:

- Offenders who have received their disposition prior to the commencement of the COATS service. (COATS has only been funded to purchase services for clients receiving their disposition after 24 November 1997-CBO and ICO; 15 December, 1997-CCTO; 12 January 1998-Parolees)
- Offenders who have received 2 assessment and treatment plans from COATS during the course of their order and are ineligible to receive a further assessment.
- Offenders who did not receive an alcohol and drug assessment condition as part of their order, but who subsequently develop a significant drug and/or alcohol problem during the course of their order, with the exception of ICOs. The Supervising Officer may determine that a significant alcohol and drug problem has developed during the time they have been supervised by CCS, possibly through the results of urinary drug screens. In this instance, the Supervising Officer may:
 - Refer the client directly to an alcohol and drug treatment agency as a member of the general community.

- Apply to the court for a variation of the order to include a drug and alcohol assessment and treatment condition.

Offenders who are ineligible for the COATS service and who require alcohol and drug treatment services have the same rights of access to treatment services as any other member of the general community. Funding and Service Agreements between the Department of Human Services and funded alcohol and drug treatment services require the agencies to allow offenders the same access as any other person in the community. Thus, there should be no discrimination in service access to an offender who is not eligible for a COATS assessment and treatment plan.

Where CCS believes an offender not eligible for COATS is not being afforded fair and reasonable access to an alcohol and drug service, the matter should be referred directly to the Manager of the treatment service, and if necessary to the Department of Human Services (DHS).

15. Confidentiality and Exchange of Information

15.1 Exchange of Information

In addition to the exchange of information processes outlined below, it is expected that all parties will liaise in relation to an offender's high-risk behaviour. This includes observation/assessment of suicidal ideation, increase in, or relapse to, drug use, offending behaviour or other actions that may endanger the offender, a member of the community or a specified individual.

COATS Release of Information/Consent Form

COATS will require clients to complete a Consent Form that will authorise:

- COATS to provide information on the client's alcohol and drug assessment and treatment plan to CCS and relevant alcohol and drug treatment providers.
- Where appropriate, COATS to gather information from alcohol and drug agencies, family, and other relevant sources concerning the client's alcohol and drug use, as part of the alcohol and drug assessment. Consent to contact each individual agency or person will be obtained. If a client refuses to provide consent to contact a particular individual agency or person, this will not jeopardise their access to COATS services.
- Ongoing liaison and consultation between COATS, CCS, and Alcohol and Drug treatment services, as is necessary and relevant to the ongoing treatment of the offender.
- Where applicable, permission to re-contact the client for the purposes of follow-up evaluation and assessment of outcomes. If a client does not wish to be re-contacted for the purposes of follow-up evaluation, and declines to complete this part of the consent form, this would in no way jeopardise their access to COATS services.

If a client refuses to sign a consent form, this would make further assessment and treatment purchasing impossible, and the matter would be referred back to the Supervising Officer for appropriate action.

Alcohol and Other Drug Treatment Services Release of Information

All alcohol and other drug agencies are to ensure that clients are aware of Privacy and Confidentiality policies of the agency. Clinicians are to inform clients of the requirements to exchange information with COATS and CCS. Though a client may refuse to provide permission for detailed exchange of information, by signing both COATS and CCS Release of Information Forms, they have consented to the release of the information detailed in this protocol.

CCS Release of Information

CCS will require offenders to sign a CCS authority to exchange Information form at the point of referral, which will authorise release of information between CCS and COATS/Treatment Agency.

COATS Information Provision

COATS will provide to CCS an assessment report formulation including assessment summary and treatment plan report, as well as forwarding a copy of the assessment report to the Alcohol & Drug Treatment Service. The following information will be also be provided as part of the assessment (See also appendix 8):

- Summary of the alcohol and drug assessment and outline of the client's basic needs.
- Type/s of drug and alcohol treatment recommended, including the commencement date.
- Name of treatment agencies, location, phone numbers and contact person.
- Recommendations for other identified treatment needs, i.e. anger management, Acquired Brain Injury assessment, psychiatric intervention.

Alcohol and Other Drug Treatment Services Information Provision

DHS will ensure that all contracted treatment providers undertake to provide the following information to CCS and COATS where applicable, in the course of the ongoing monitoring and treatment of the offender. This includes:

- Confirmation that the offender has commenced treatment following the first contact (By telephone and fax, normally on same day as appointment or by close of business the following working day).
- Notification when the offender has failed to attend an appointment or a specified component of the treatment, regardless of whether the offender has made contact to provide an explanation or not. Supervising Officer needs to also be advised of the details of rescheduled appointments. (By fax, telephone or e-mail, normally on the same day as appointment or by close of business the

following working day.)

- Immediate notification when the offender has prematurely exited a treatment program (e.g. ceased attending for counselling or left a residential program), via telephone, fax or e-mail. This is separate from the TCA.
- The treatment provider and CCS form part of a case co-ordination team that maintain regular professional contact throughout an offender's episode of care. Matters, such as, observation/assessment of suicidal ideation, increase in or relapse to, drug use, offending behaviour or other actions that may endanger the offender, a member of the community or a specific individual should be openly discussed as part of this partnership.
- Regular progress reports (verbal), generally at the same time as attendance confirmation, as requested by the Supervising Officer, during the course of the treatment, to include the offender's attendance, motivation, and general participation level. During long term treatment (eg. 6 months) a 3 monthly written progress report is to be provided. A progress report may also be requested by a Supervising Officer when an offender is being returned to Court.
- A final written report at the completion of treatment encapsulating a summary of treatment implementation and future needs, including those related to risk assessment as prompted on the TCA forms. Areas that ought to be highlighted include anger management, suicidal ideation, and awareness of harm minimisation, along with any other information that may be required to properly administer the Community Based Disposition.
- Ensure consultation with Supervising Officer prior to exiting offender from treatment.
- Where the treatment agency is advised of the death of the offender they will advise the CCO immediately and complete all necessary reporting as detailed in *Incident reporting protocol for the alcohol and drug sector* October 2005.

Community Correctional Services Information Provision

Court Orders

Where a condition for assessment and treatment in relation to substance abuse is recommended at the Court assessment stage and is included in the making of an Order, the Supervising Officer will forward the following information to COATS upon making a referral at the offender's first attendance at CCS:

- Name, address, date of birth, phone number and their current drug use if known.
- A copy of the Order
- Authority for exchange of information between CCS and COATS
- The police summary of offence/s
- The criminal history of the offender
- Any other relevant information, where applicable.

In circumstances where a more complex assessment of an offender with multiple needs is required (e.g. sex offenders, violent offenders, intellectually disabled offenders and psychiatrically disturbed offenders), the following information will also be provided:

- Any psychological/psychiatric or other reports prepared on the offender, where prior authorisation for release has been obtained by the Supervising Officer from the author of the report.

- However, where no authorisation has been received and there is duty of care issues, the Supervising Officer will advise COATS of the existence of such reports and provide the author's details to allow COATS to follow this information up.
- CCS Pre-sentence reports, where available.

It is expected that the Supervising Officer will provide as much of the above information to COATS as they can. COATS will not provide an appointment for more complex offenders until the information requested is received. However, if an offender is considered as requiring urgent intervention, the Supervising Officer should make the COATS intake worker aware of this at the point of referral.

In the event that the offender requires an assessment at an outreach site or after hours, COATS will assess the appropriateness of this based on offending history and current presentation. Refer to Appendix 1, 2, 3 and 5.

Information in relation to Drug Treatment Orders can be found in the Protocol for the Provision of Community-Based Drug Treatment for Court Base Diversion Programs.

Parole Orders

COATS will endeavour to assess offenders who are eligible for Parole prior to their release from custody. Referrals will be received via an automated computer generated list currently from the PIMS Prison data base, which will identify prisoners with a non parole period 8 weeks prior to their earliest eligible release date. These prisoners will have a drug or alcohol problem that is identified in the social history section of the PIMS data base (Refer to Appendix 4). On some occasions such as release days changing and parole being granted with insufficient time for COATS to assess the prisoner prior to release the assessment will be completed immediately upon release from custody. The Supervising Officer must follow up whether an offender on Parole was seen by COATS in prison upon their initial attendance at the CCS location. If it is determined that the offender was assessed in prison, the Supervising Officer must then investigate whether a treatment referral was made, which may either be provided by the offender (if they have received it) or from COATS. If the offender was not seen in prison, the Supervising Officer will contact COATS to make a referral and will need to forward the following information to COATS:

- Offender name, address, DOB, phone number and current drug use, if known.
- A copy of the Parole Order
- Authority for exchange of information between CCS and COATS
- The police summary of offence/s or Sentencing Comments
- The criminal history of the offender
- Any other relevant information, where applicable.

NOTE: In all of the above circumstances, CCS will, in the course of the ongoing case management of offenders on Court and Parole Orders, provide to the relevant Alcohol and Drug Treatment Services, and where applicable, COATS:

- Any information relevant to the offenders' alcohol and drug treatment,
- Notification of change of residence and breach advice,
- Once information has been received, immediate notification of the death of an offender.

16. Consultation Mechanisms

Consultation mechanisms have been developed to encourage an ongoing co-operative working relationship between the key parties. This process will allow for the identification and clarification of any issues that may arise through the operation of COATS, and an opportunity for identification of service improvement strategies. Consultation mechanisms between Corrections Victoria and COATS will consist primarily of:

- Contact between COATS and Corrections Victoria representatives as required.
- Forums involving interested representatives from Corrections Victoria, DHS, Alcohol and Drug Treatment Services and COATS to examine general issues/areas for improvement.
- Quarterly meetings between DHS, COATS and Corrections Victoria.

17. Dispute Resolution

17.1 General Process

This dispute resolution process relates to all areas of COATS service delivery role. Where the dispute relates to the fundamentals of policy program and design, it is not subject to this protocol. In the case of dispute between any of the key parties (COATS, Corrections Victoria, A & D services) the following procedure is to be followed:

- Initial liaison and consultation should take place between the individual workers involved to seek resolution of the issues as they arise. (e.g. COATS assessor and Supervising Officer, Supervising Officer and Alcohol and Drug Counsellor).
- If further resolution is required, the matter should be placed in writing and referred to the managers of the relevant agencies who will meet to seek to resolve the issues. (COATS Assistant Manager, CCS Location Manager/ CCS Regional General Area Manager and A & D Agency Manager/Director).
- If further resolution is required, the matter will be referred to the General Manager, CCS Operations and the Manager of COATS, who will meet to try to resolve the issue. Involvement of the Director of CCS and the Executive Director of ACSO will also be initiated if the issue warrants it.
- Where all resolution mechanisms as outlined above have been exhausted, and the issue is of a serious nature that jeopardises the capacity of COATS to deliver the services as specified by the Purchaser (DHS), the matter will be referred to the Purchaser (DHS) for resolution.
- Where the matter is treatment related, the final decision regarding the matter will normally rest with COATS as the treatment purchaser.

17.2 Disputes Concerning Appropriateness of Treatment

Where a dispute concerns the appropriateness of treatment then the relevant parties should firstly consult with each other and attempt to seek resolution, and if necessary, follow the general dispute resolution process as outlined in section 17.1 of this protocol. The final decision in such disputes will rest with COATS, following consultation with all relevant parties, and with due reference to the clients clinical situation and any budgetary constraints on the purchase of treatment services.

17.3 Disputes Concerning Timing of Assessments and Treatment

Where a dispute concerns waiting times or delays for appointments at either COATS or an alcohol and drug treatment agency, the dispute resolution process as outlined in section 17.1 of this protocol should be followed.

18. Procedures for Community Based Dispositions

18.1 Sentencing process

When considering a community-based disposition as a sentencing option, the Magistrate or Judge will request a Court Assessment and Pre-Sentence Report to be undertaken by a Supervising Officer. This could take place immediately, or the matter could be adjourned for a period to allow a full pre-sentence report to be completed. As part of this assessment, the Supervising Officer will undertake an initial screening of the offender, which includes an assessment of the likelihood of the offender having an alcohol and/or drug problem. Based on the recommendation of the Supervising Officer, the Magistrate or Judge may sentence the offender to a community-based disposition and CCS can then facilitate a referral to COATS for assessment.

18.2 Referrals, Monitoring and Exiting Processes

Referrals

The offender is normally required to present to Community Correctional Services within 2 clear working days of the Order coming into force. CCS, through the Supervising Officer, will facilitate a referral to COATS as required, when the offender presents at the CCS location for his/her initial intake and the following referral process will take place:

- The Supervising Officer will telephone COATS to secure an

assessment appointment date and time for the offender. The Supervising Officer will provide the offender's contact details; the type of order and nature of offences, the offender's current drug use if known, any other pertinent information requested by COATS, including mental health status, and the CCS location's contact details for further liaison.

- COATS will provide the Supervising Officer with the appointment date, time and location. Assessments will normally be provided within 5 working days of the initial referral.
- The Supervising Officer will give the offender a COATS appointment card and information brochure.
- The Supervising Officer will fax all relevant information to COATS, such as a copy of the Court Order, police summaries and criminal history, following the telephone referral.
- In circumstances where a more complex assessment of an offender with multiple needs (e.g. sex offenders, violent offenders, intellectually disabled offenders and psychiatrically disturbed offenders) is required, the Supervising Officer will make the referral by contacting COATS and sending the extra paperwork required for complex offenders, as per section 18.2.
- COATS will not provide an appointment for more complex clients until the information requested is received. However, if the client is considered to be in need of urgent intervention, the Supervising Officer should make the COATS intake worker aware of this at the point of referral.

On the day the offender attends COATS for an assessment, CCS must be notified by fax or e-mail regarding the offender's attendance or non-attendance.

- COATS will develop a treatment plan, and arrange for the purchase of treatment services, including the first appointment (And if applicable, the first appointment for each component of a treatment package where several components have been purchased).
- COATS will undertake to secure appointments at treatment agencies within the shortest possible timeframe. This process will necessarily be bound by contract agreements with the individual agencies, and COATS overall aim to improve offenders' timely access to treatment services.
- An assessment report formulation, including a summary of the assessment treatment plan will be provided to CCS and a copy of the assessment report will be forwarded to the treatment services, normally within 5 working days of the assessment.

Monitoring

There must be ongoing liaison between the treatment provider and the Supervising Officer throughout the course of an offender's treatment episode.

- The alcohol and drug treatment service will liaise with the Supervising Officer to allow for the regular monitoring of the offender's attendance and treatment progress.
- Where a package of treatment has been purchased, the Supervising Officer will ensure that the offender moves on from one element of the treatment to the next.
- If, during the course of treatment, the treatment agency and /or Supervising Officer believe a variation in the treatment plan is

needed, the treatment service will consult with COATS to arrange a variation, as per *section 8 – Variation of a Treatment Plan*. If a variation is granted, the treating agency, the Supervising Officer and the offender will be informed verbally within 24 hours and subsequently by COATS in writing.

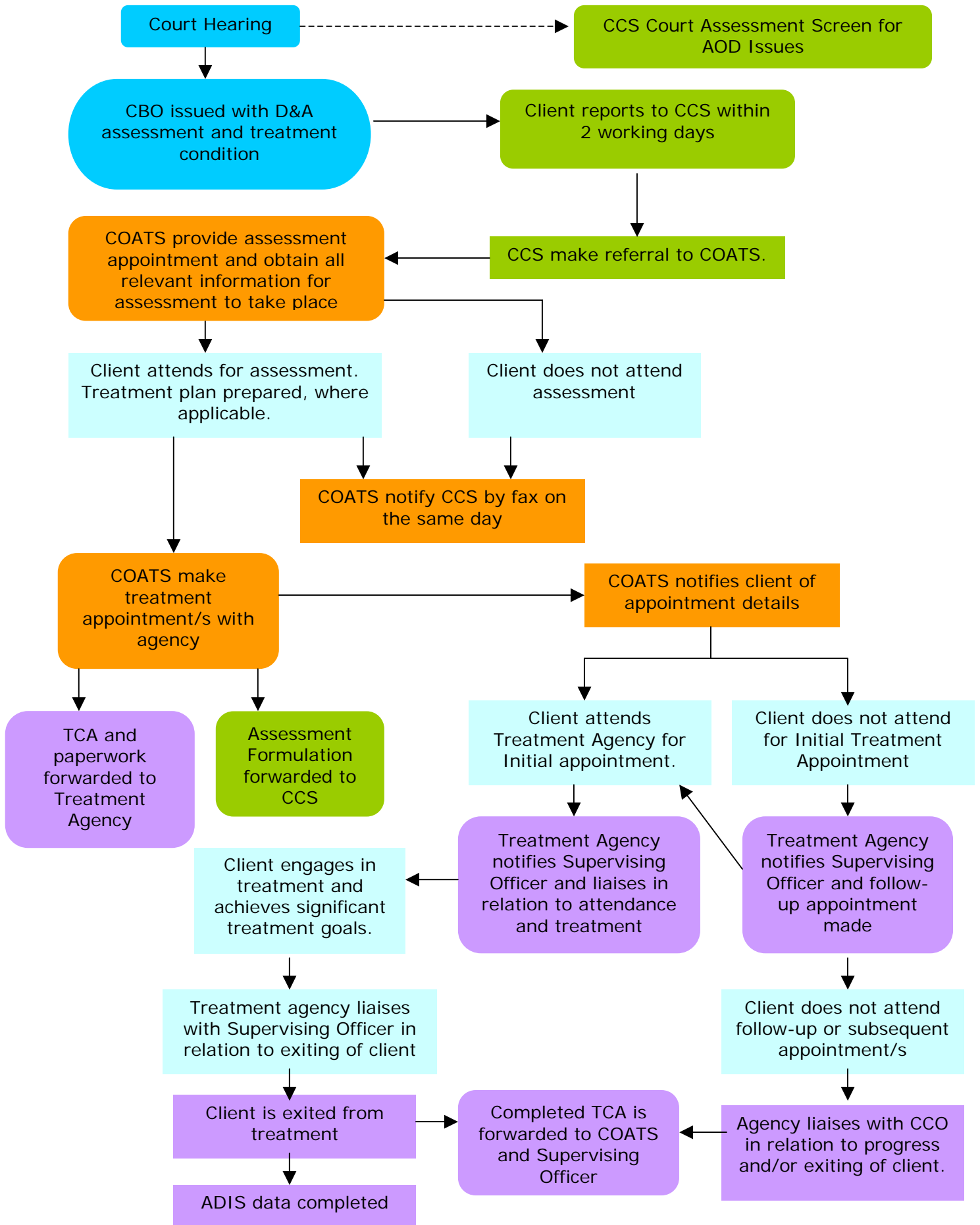
Exiting

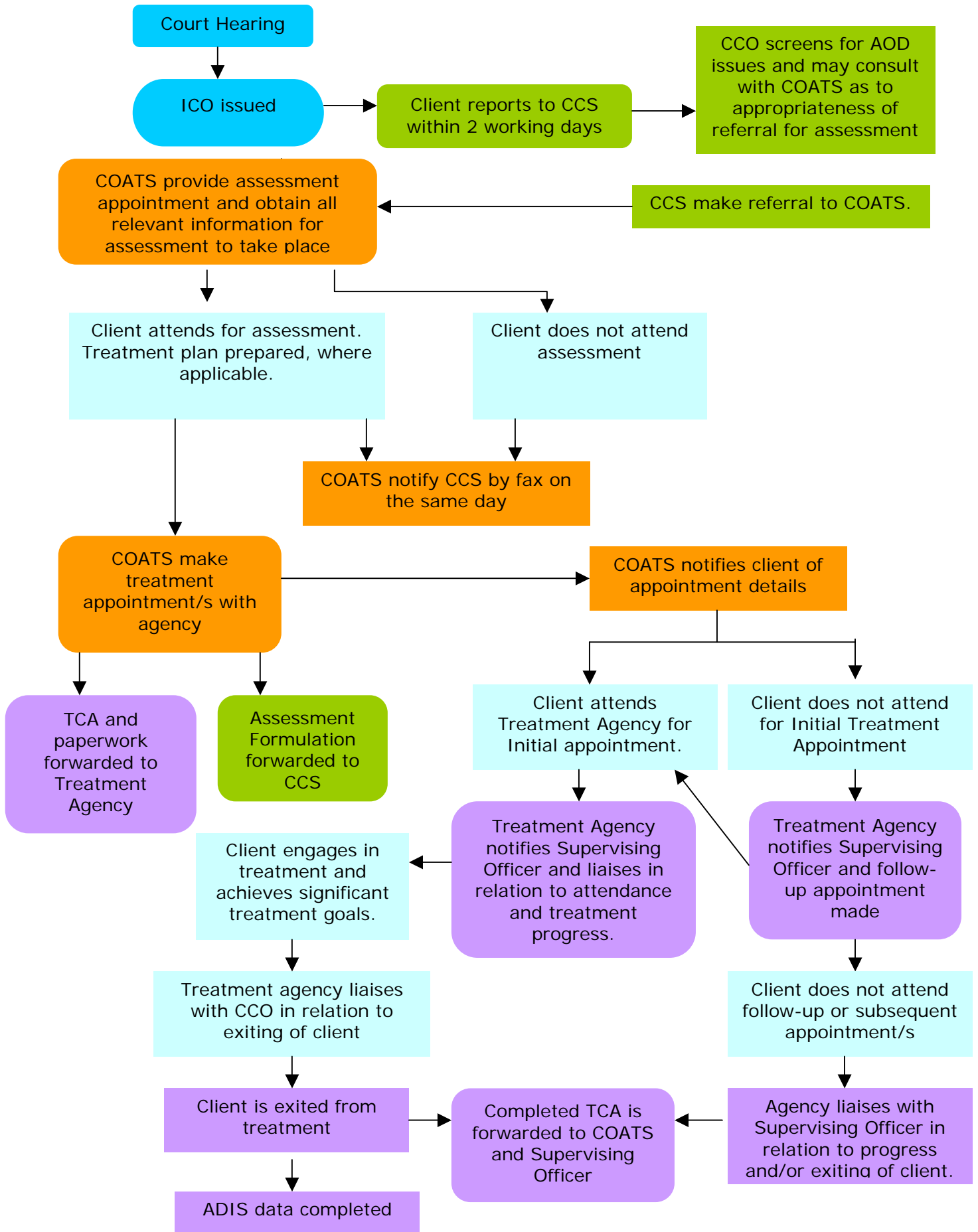
When it is determined by the treatment agency that the treatment episode has been completed (or partly completed, where the client ceases treatment prematurely), the treatment provider must contact the Supervising Officer to discuss the pending termination of treatment and where no issues are raised by the Supervising Officer, the following process will ensue:

- The treatment agency will provide the Supervising Officer with a final written report (TCA), within two weeks of treatment completion, encapsulating a summary of treatment implementation and future needs, including those related to risk assessment, as prompted on the TCA forms.
- Where issues arise with the treatment received by the offender or the termination of treatment, the Supervising Officer should address these issues directly with the treatment agency prior to the TCA being finalised, assuming the required liaison has been occurring.
- Where a TCA is sent to CCS and COATS, without resolution of the issues raised, or prior to the Supervising Officer having an opportunity to raise any issues, the Supervising Officer must contact COATS directly within fourteen days of receiving the TCA to advise of the issues they have. COATS will consider the issues raised and can withhold payment to the Treatment Agency pending the appropriate resolution of these issues.
- If, after the approved treatment has been either successfully or prematurely terminated, the offender relapses (as defined in Section 9 of this protocol) during the course of their order, COATS will undertake one further assessment and treatment plan, after consultation with the Supervising Officer to ascertain if a relapse has occurred that warrants further treatment.
- Subsequent to that, where the offender requires further alcohol and drug treatment services, they have the same rights of access to treatment services as any other member of the general community.

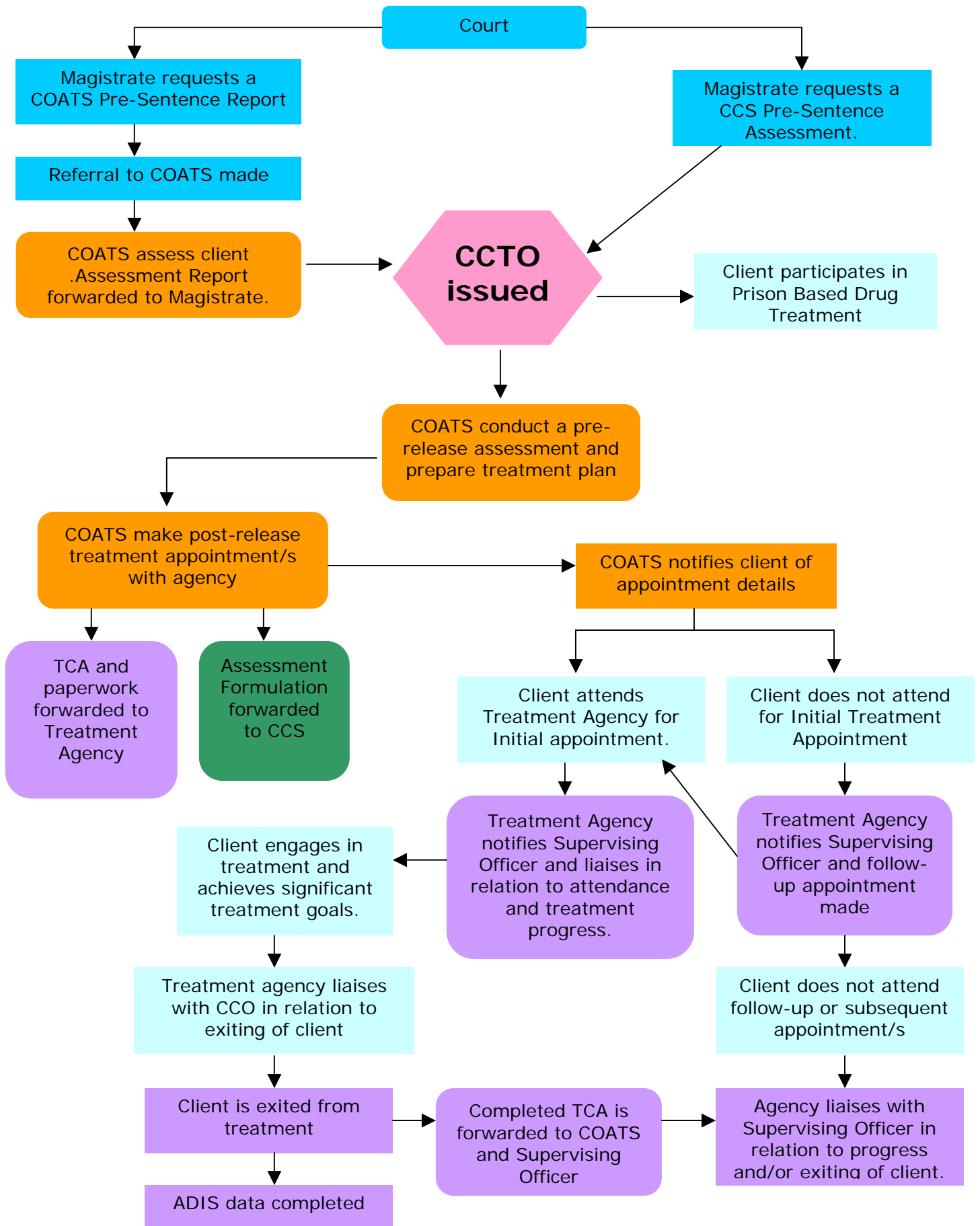
(Refer to Appendices 1, 2 & 3 for CBO, ICO and CCTO procedures flowchart)

Pathways for clients on a CBO



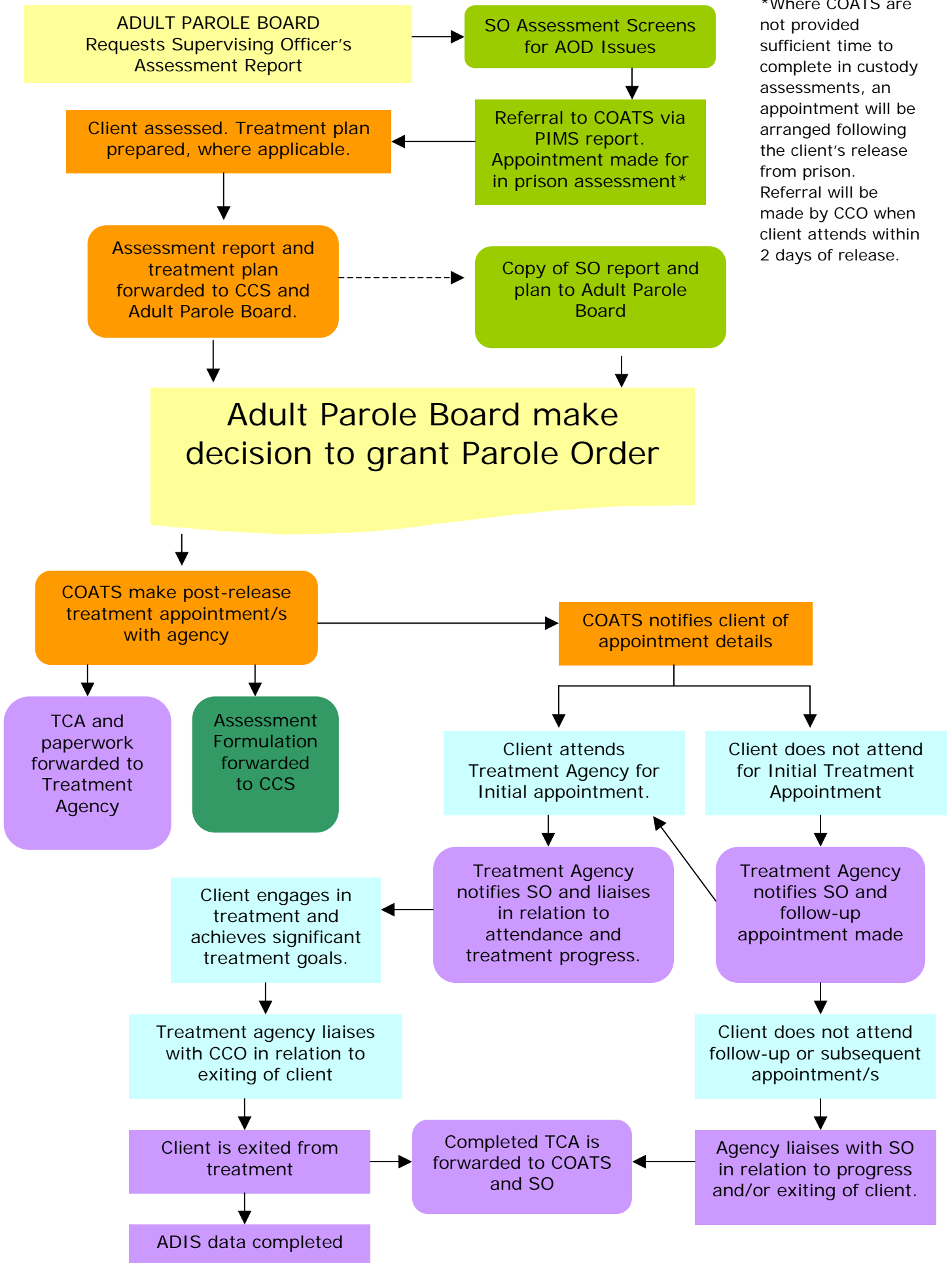


Pathways for Pre-sentence and CCTO



Pathways for Clients on Parole

*Where COATS are not provided sufficient time to complete in custody assessments, an appointment will be arranged following the client's release from prison. Referral will be made by CCO when client attends within 2 days of release.



COATS

COMMUNITY OFFENDERS ADVICE AND TREATMENT SERVICE

REQUEST FOR VARIATION FORM

CLIENT INFORMATION:

Client Number & Name: #

Date of Birth:

COATS DETAILS:

D&A Assessor:

Phone Number:

Fax Number:

DRUG TREATMENT SERVICES DETAILS:

Treatment Agency:

Treatment Type:

Contact Name: _____ Date: ___/___/20___

Phone: _____ Fax: _____

INITIAL TREATMENT:

Treatment Recommended & Purchased by COATS:

VARIATION REQUEST:

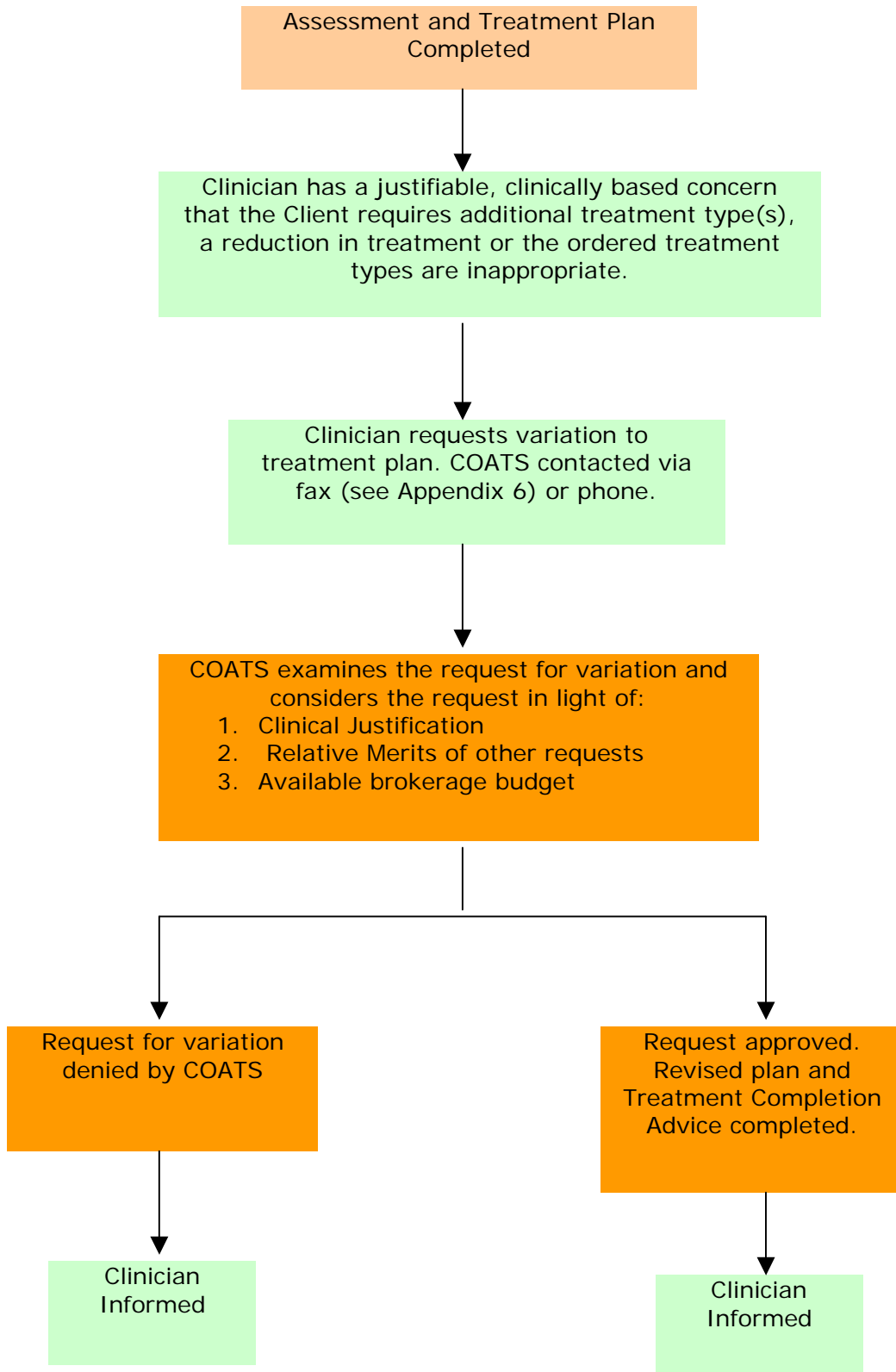
Reason for variation (eg. Change of client circumstances). Please detail:

Suggested Variation:

Signed: _____ Date: ___/___/___

Full Name: _____ Position: _____

Variation Procedures



In the case of a client changing residential address and the original Drug and Alcohol Treatment Service becoming inconvenient, the above process may be followed to alter the location of and agency.

COATS

Appendix 7:

COMMUNITY OFFENDERS ADVICE AND TREATMENT SERVICE

TREATMENT COMPLETION ADVICE (TCA) / EXIT REPORT

Agency/Service: [Agency] - [Treatment]

Client No: [ClientNo] Client Name: [ClientFullName] DOB: [ClientDOB] Sex: [ClientSex]

TCA No: [TCANo] Episode No: [EpisodeNo] Variation: [Variation]

First Appointment: [TreatmentDate] [TreatmentTime] Ordered By: [OrderedBy] Ordered Date: [DateBookingOrdered]

TREATMENT COMPLETION ADVICE/EXIT REPORT:

To be completed by Treating Agency (and forwarded to COATS & CCO).

To: **Supervising Officer:** _____

CCS Office: _____ Fax: _____
and COATS Fax: 9348 9182

From: **Contact Name:** _____ **Date:** ____/____/____
Phone: _____ **Fax:** _____

Date of first appointment: ____/____/____

Was the Treatment Type requested appropriate? Yes No

Was an Individual Treatment Plan developed for the client? Yes No

Were the significant treatment goals of the Treatment Plan achieved? Yes No

No. sessions attended/days in residential program _____

Period of time in contact with client _____

CLIENT'S PROGRESS AND MOTIVATION IN TREATMENT:

Engagement in Treatment * Awareness of Harm Minimisation * Social Functioning * Lifestyle Activities

FUTURE NEEDS AND RECOMMENDATIONS/FURTHER COMMENTS TO ASSIST WITH ONGOING CASE MANAGEMENT:

Drug and Alcohol Treatment * Other Treatment Types (ie anger management, stress management etc) * Long-term Support * Employment * Education * Housing * Social Supports * Health

Signed: _____ Date: ____/____/____

Full Name: _____ Position: _____

Supervising Officer to contact COATS within 14 days if any issues arise around exiting/treatment received.

CLIENT ATTENDANCE FORM - Treatment Service

(To be completed when first appointment is attended)

To

Supervising Officer: _____
CCS Office: _____
CCS Fax: _____

From

Treatment Agency: _____
Treatment Type: _____
Contact Name: _____ **Date:** ___/___/20___
Phone: _____ **Fax:** _____

Client Number & Name:

Date of Birth:

Client has attended the first appointment for treatment
Date: ___/___/20___

Client did not attend the first appointment for treatment
Date: ___/___/20___

Client did not attend a subsequent scheduled appointment
Date: ___/___/20___

Comments:

Signature: _____

Please fax to CCS when completed

Relapse Procedure

