

THE CREDIT BAIL SUPPORT PROGRAM

A guide to working with the CREDIT Bail Support Program- August 2005

Published by the Victorian Government Department of Human Services
Melbourne, Victoria

© Copyright State of Victoria 2005

This publication is copyright, no part may be reproduced by any process
except in accordance with the provisions of the *Copyright Act 1968*.

This document may also be downloaded from the Department of Human
Services web site at:

www.dhs.vic.gov.au

Authorised by the State Government of Victoria, 555 Collins Street (120
Spencer or 589 Collins), Melbourne.

Table of Contents

Background	4
Credit Bail Support Program Overview	4
Aims	4
Objectives	5
Dispute Resolution	5
Accredited Drug Assessors	5
Reporting and Monitoring Requirements	5
Clinical Assessment Report	6
Progress Reports	6
Court Hearing Reports	6
Treatment Completion Advice Forms (TCA)	6
Service Types	7
Client Eligibility To Engage With Credit Bail Support Program	9
Voluntary Participation	9
Violent Offences	9
Illicit Drug Use	9
Referral	9
Court Order	9
Bail	10
DHS Accredited Credit Bail Support Program Case Managers	10
Development of Individual Treatment Plans	11
Process to be followed	11
CREDIT Bail Support Program Case Managers Ineligible For DHS Accreditation	12
Process to be followed	12
Alcohol And Drug Treatment Agencies	13
Process to be followed	14
COATS	15
Process to be followed	16
ATTACHMENT 1	17
Case Example 1	17
Case Example 2	18
Case Example 3	18
Case Example 4	18
ATTACHMENT 2	21
Accredited CREDIT Bail Case Manager FLOWCHART	21
ATTACHMENT 3	22
Accredited CREDIT Bail Case Manager FLOWCHART	22
ATTACHMENT 4	23
CONFIDENTIAL ASSESSMENT REPORT	23
ATTACHMENT 5	26
CLIENT PROGRESS REPORT	26
ATTACHMENT 6	28
CONFIDENTIAL TREATMENT COMPLETION REPORT	28
ATTACHMENT 7	31
MAGISTRATES' COURT CREDIT/ BAIL PROGRAM TREATMENT COMPLETION ADVICE (TCA)/EXIT & PAYMENT FORM	31

Background

The CREDIT program commenced as a nine-month pilot program in the Melbourne Magistrates Court in November 1998. The pilot was developed as a collaboration between the Magistrates' Court of Victoria, the Department of Justice, the Department of Human Services and Victoria Police.

In 2000, the National Illicit Drug Strategy (NIDS) Diversion Initiative invested in early intervention, education and diversion of drug users to drug treatment. CREDIT was expanded in response to the ongoing challenges of sentencing people whose offending directly relates to substance use issues.

Further initiatives of NIDS Diversion have been implemented throughout Victoria in the last few years. A number of these have been put into operation in community-based agencies providing drug treatment services. Clients' accessing these services are assessed by qualified and experienced workers, accredited by the Department as Clinical Drug Assessors and, if required, referred to specialist treatment.

The Bail Support Program commenced at the Melbourne Magistrates Court in January 2001. The program aimed to break the cycle of re-offending by providing early intervention and access to drug treatment, legal, welfare and housing services in order to assist clients' to successfully complete the period of bail.

In December 2004, a decision was made to amalgamate the CREDIT Program with the Bail Support Program to provide services to offenders on bail. This program is currently available at Ringwood, Melbourne, Sunshine, Heidelberg, Broadmeadows, Dandenong, Frankston, Ballarat and Geelong Courts. Drug referral services are available at Bendigo and Moe Courts on a 12- month pilot as a result of an agreement between the Magistrates' Court of Victoria and the Department of Human Services.

Credit Bail Support Program Overview

A significant number of offenders appearing in court face many complex issues, aside from their legal matters. The CREDIT Bail Support Program follows a harm minimisation approach when working with people and supports this model by increasing their access to legal, welfare, housing and alcohol and other drug services in order to break their cycle of contact with the criminal justice system.

The CREDIT Bail Support Program offers a range of services for offenders eligible for bail. These include intensive case management and support, referral to employment programs, referral to crisis accommodation where necessary and referral to alcohol and other drug treatment services.

Many strong links with community agencies have been established to ensure a high level of service to clients.

Aims

- Provide bail support services
- Provide immediate respite services
- Make linkages between eligible people and support agencies including alcohol and other drug services
- Work towards harm minimisation
- Facilitate compliance with bail conditions

Objectives

Delay or reduce further offending behaviours.
Help defendants become more productive members of the community.
Reduce direct costs to the justice system
Improve the quality of life for clients.

Dispute Resolution

At times issues may arise as to the treatment of a CREDIT client engaging with an alcohol and drug treatment service. The dispute resolution process should be undertaken in a manner that ensures:

- The client's safety and well being is paramount.
- Differences are resolved at the most immediate level possible within the system's hierarchies. However, line management support and decision-making should be used if initial attempts to resolve the dispute are not possible.
- Differences are addressed as soon as possible after they arise.

All stakeholders should be aware of the Dispute Resolution Process outlined in the *Protocol for the Provision of Community-Based Drug Treatment for Court Based Diversion Programs* (page 44).

Accredited Drug Assessors

All workers undertaking comprehensive alcohol and other drug assessments for the purpose of referral to treatment are required to obtain accreditation as a clinical alcohol and drug assessor. Evidence of a minimum level qualification and experience are to be provided with applications for accreditation. Criteria for accreditation are:

1. Minimum Diploma level qualification in a health related field (e.g. psychology, nursing, welfare etc. Graduate studies in alcohol and other drug work is preferred)
2. At least 12 months full time experience in an alcohol and drug treatment agency
3. Counselling skills and experience.

Applications for accreditation and further information on eligibility criteria may be obtained from the Workforce Development Unit of the Drugs Policy and Services Branch at the Department of Human Services.

Reporting and Monitoring Requirements

All reports written in relation to the client, and presented to the CREDIT Bail Case Manager are considered to be court reports. As such, reports must be written in a professional manner, must be typed and must convey factual information. Judgements in relation to sentencing options or court-based conditions to be imposed should be avoided. Recommendations relating to treatment options for clients are to be included.

Clinical Assessment Report

DHS Accredited CREDIT Bail Case Manager

An accredited CREDIT Bail Case Manager will conduct an assessment and provide a brief assessment report, including suitability for drug treatment, ITP details and treatment recommendations, to the Magistrate.

Not Accredited CREDIT Bail Case Manager

The CREDIT Bail Case Manager will provide the court with a brief report, prepared by the assessor from a drug treatment agency. This will indicate whether or not the client has been assessed as suitable for treatment, and if so indicate the initial treatment type to which they will be referred.

DHS Accredited Drug Treatment Agency Assessor

An accredited assessor at a drug treatment agency will conduct an assessment and provide a brief assessment report, including suitability for drug treatment, ITP details and treatment recommendations, to the CREDIT Bail Case Manager. The CREDIT Bail Case Manager will attach this to any other reports and present it to the Magistrate.

Progress Reports

Drug Treatment Agency

Details of a client's progress in treatment are to be provided, by the treating clinician, to the CREDIT Bail Case Manager when required. Details to be provided include attendance, progress in treatment, treatment goals attained, future treatment directions, reported changes in drug use, client motivation in treatment. The CREDIT Bail Case Manager will present this information to the Magistrate.

Court Hearing Reports

Drug Treatment Agency

A final report provides information about attendance, progress in treatment, treatment goals attained, future treatment directions, reported changes in drug use and client motivation in treatment to be forwarded to the CREDIT Bail Case Manager prior to the client's hearing/sentencing date. The CREDIT Bail Case Manager will present this information to the court and the Magistrate will consider the information provided at time of sentencing.

Treatment Completion Advice Forms (TCA)

A TCA is a one page document forwarded, by COATS, to treatment agencies for each episode or treatment type recommended for a client. A TCA provides various client details as well as a COATS client number and a unique TCA number. A new TCA, with new number will be generated for each treatment brokered. When completing a TCA's, treatment agencies need to match the correct form with the correct client and treatment type.

Agencies completing AOD assessments will be provided with a TCA for this task. If drug treatment is recommended following assessment, a treatment TCA will be forwarded by COATS to the treating agency.

CREDIT Bail Support Program Guidelines

The TCA is to be completed at the time of exiting a client from treatment. Reasons for exiting a client include;

- o Attainment of significant treatment goals identified in Individual treatment Plans
- o Repeated failure to attend scheduled appointments. Decision to exit a client for this reason must be discussed with the CREDIT Bail Case Manager
- o Client has left the service or relocated to another service without attainment of significant treatment goals. Again, this must be discussed with the CREDIT Bail Case Manager
- o Client left a residential program against advice. Details of this should be directed to the CREDIT Bail Case Manager as soon as possible.

Note that treatment may not cease due to a client no longer being involved in the CREDIT Program. Treatment may continue until the client has attained significant treatment goals.

TCA's provide the following information:

TCA Type	Client Name	Client DOB	Agency Name	Treatment or Assessment	Unique COATS client #	Unique TCA #	Agency initial appointment
<i>Assessment</i>	✓	✓	✓	Assessment	✓	✓	Initial appointment for assessment
<i>Treatment</i>	✓	✓	✓	Treatment	✓	✓	First treatment appointment

Information to be provided on TCA's **by treatment agencies**:

TCA Type	Date of first attendance	Sessions or days attended	Treatment appropriate?	ITP Developed?	STG Attained	Progress in treatment	Treatment recommendations
<i>Assessment</i>	For assessment*	X	X	Yes/No- details	X	X	Treatment Type to be arranged
<i>Treatment</i>	For treatment*	✓	Yes/No	Yes/No	✓	✓	Any further recommendation for treatment

* The date for initial attendance at assessment or commencement of treatment cannot pre-date any information COATS has received. COATS is unable to process or pay for treatment commencing prior to their involvement. For example, a client becomes eligible for treatment under the CREDIT program on March 24th 2005. This client has been engaging in an episode of drug counselling since March 12th 2005. COATS are unable to backdate paperwork for the sessions attended in the 2 weeks prior to engagement in CREDIT. However, COATS will date their paperwork from the next treatment appointment scheduled after March 24th.

Service Types

Drug Treatment Services that may be utilised when developing ITP's and referring to treatment-

Counselling, Consultancy and Continuing Care-

CCCC provides a range of services and support programs appropriate to the needs of clients who have alcohol and drug problems. Services may include treatment and consultancy, outreach, referral and ongoing case management.

Home-Based Withdrawal-

Home-based withdrawal services are provided in cases where the withdrawal is of a mild to moderate severity. A family member at home may support the client. The service is

provided by a nurse in conjunction with a medical practitioner, preferably the client's medical practitioner.

Residential Withdrawal-

Residential withdrawal services provide 24-hour supportive care for those who have inadequate supports at home or who are experiencing some type of psychological or social crisis that requires support. The treatment emphasis is on a short (7-10 days) length of stay in a community setting.

Therapeutic Community-

This service provides a 24-hour staffed residential treatment program for an average 4-month duration. Clients are provided with a range of interventions, which aim to ensure lasting change and to assist reintegration into community living.

Rural Withdrawal-

This service involves the utilisation of general practitioners and health services for the treatment of withdrawal symptoms in rural areas of Victoria. Rural Withdrawal services combine a short hospital stay (where required) with a period of home-based withdrawal.

Outpatient withdrawal-

Outpatient withdrawal services are provided to clients whose withdrawal can be appropriately managed without admission to a residential program. The service provides a series of intensive individual outpatient consultation over a short period, followed by on-going counselling and support to complete withdrawal.

Youth Alcohol and Drug Outreach Worker-

An outreach service provides assessment, support and ongoing case coordination to young people (under 21) with alcohol and drug problems, in their own environment. It also supports generalist agencies that work with young people, through information, education and training.

Rural Outreach Diversion Worker-

Principles of this service type are similar to that of Youth Outreach Workers however, RODW's have only been established in areas where clients do not have access to a CREDIT program. They provide a link between the community, police, courts and the drug treatment system.

General Alcohol and Drug Supported Accommodation-

A&D Supported Accommodation provides short-term, safe, secure and affordable accommodation in a supportive environment to alcohol and drug clients who have undergone a drug withdrawal program or who require assistance in controlling their alcohol and drug use.

Women's Alcohol and Drug Supported Accommodation-

This service operates under the same principles as General Supported Accommodation, however, is only for women. Programs are sensitive to the different issues that women with substance use problems experience.

Specialist Methadone and Buprenorphine Services-

While the methadone and buprenorphine programs are generally administered through general medical practitioners, the need for specialist services occurs where there are associated complex medical, psychiatric or psychological problems. Specialist services operate in association with a general hospital and provide assessment, referral and specialist counselling services.

Koori Community Alcohol and Drug Worker-

Koori Community Alcohol and Drug Worker provide structured assessments of drug consumption, health and psychological factors to indigenous people who have substance use issues. These workers also increase awareness of alcohol and drug problems and their effects through participation in culturally sensitive and appropriate health promotion activities.

Client Eligibility To Engage With Credit Bail Support Program

Voluntary Participation

Engagement with the CREDIT Bail Support Program and referral to treatment is voluntary, with a client agreeing to undergo a comprehensive drug assessment and attend treatment. The client may however, be subject to a range of bail conditions.

Violent Offences

Any person eligible for Bail is eligible to engage with the CREDIT Bail Support Program.

In cases where an offender is charged with violent offences or where there are safety concerns, the CREDIT Bail Case Manager will provide any relevant details to alcohol and other drug treatment agencies. This will ensure the offender is provided with the most appropriate treatment and the most suitable clinician available. It also allows the agency to address any security concerns.

Illicit Drug Use

A client must have a recent and problematic illicit substance use, however, this may not be identified until the time of assessment. Though the exclusive use of alcohol or other licit substances excludes the defendant from participation, clients may still be referred to an appropriate treatment service to assist in addressing issues of misuse/abuse.

Referral

Though referrals may come from any source the most common sources of referral are from Magistrates, Legal Representatives, Treatment Providers, Police and clients themselves. Referrals may be accepted if the client meets all eligibility criteria.

Court Order

Clients may not be accepted if they are currently subject to drug treatment conditions as part of a court order (CBO, ICO, CCTO and Parole) and are complying with the order. This does not exclude referral to treatment if the defendant wishes to engage.

If a defendant is in breach of an order and is no longer eligible to access drug treatment services via the order, they may be assessed.

If a defendant is potentially in breach of a suspended sentence, CCTO, ICO or Parole, the referral for assessment may be made. The Magistrate will be made aware of any potential breaches.

Bail

A Magistrate may grant bail under the condition the defendant engages in a drug and alcohol assessment or drug treatment as recommended by the CREDIT Bail Case Manager. In these cases, the CREDIT Bail Case Manager may be required to provide the Magistrate with regular attendance and progress reports.

The exclusion of this bail condition does not exclude the defendant from being referred to and engaging in recommended treatment.

DHS Accredited Credit Bail Support Program Case Managers

Any CREDIT Bail Case Manager undertaking comprehensive drug assessments for the development of an Individual Treatment Plan must be accredited with DHS Drugs Policy & Services, Workforce Development Unit as a Clinical Drug Assessor. Accredited assessors must be alcohol and drug clinicians experienced in client assessment with knowledge of the drug treatment service system and referral options. They have the responsibility for the appropriate identification and treatment matching of clients involved in forensic drug treatment programs.

Accredited CREDIT Bail Case Manager's will assess referred clients in terms of:

- Substance use history
- Previous treatment history
- General psychosocial history and current circumstances
- Appropriate treatment intervention
- Willingness to comply with program requirements.

DHS accredited CREDIT Bail Case Manager duties include:

- assessment of a client's substance use using a range of clinical tools, such as the specialist alcohol and comprehensive drug assessment tool or equivalent
- incorporate strategies in the assessment to deal with differences in age, gender, and culture of clients
- Development of Individual Treatment Plans
- Preparation of assessment report for court and treatment agency
- Ensuring all clients meeting eligibility criteria are registered with COATS
- facilitating referrals through appropriate linkages to COATS and drug treatment agencies
- Liaising with COATS in relation to delays in obtaining treatment appointments
- Liaising with drug treatment agencies in relation to attendance and progress of client in treatment and in relation to assessment, progress and exit reports
- Liaising with other court staff and Magistrates in relation to attendance and progress of client in treatment
- Receiving and coordinating reports from treatment agencies when progress and final reports are to be presented to the Magistrate
- Informing COATS and AOD treatment agencies of any changes to client details i.e. relocation

The CREDIT Bail Case Manager will refer clients to agencies and other workers for the provision of recommended treatment. *The CREDIT Bail Case Manager position does not provide clinical drug and alcohol treatment.*

Development of Individual Treatment Plans

Individual treatment plans (ITP) will be negotiated between the accredited CREDIT Bail Case Manager and the client and will include treatment recommendation/s. This treatment plan may be reviewed and changed during the client's participation in treatment depending on the needs or changing circumstances of the client.

Process to be followed

1. Referral made to the CREDIT Bail Case Manager.
2. The client agrees to engage with the CREDIT Bail Case Manager.
3. CREDIT Bail Case Manager conducts a comprehensive alcohol and other drug assessment. This may be completed in a custodial setting if necessary. An Individual Treatment Plan is negotiated and includes treatment type/s, goals and preferred treatment agency.
4. An assessment report outlining treatment recommendations and ITP details is completed and presented to the Magistrate. The Magistrate may grant bail with a special condition that requires the client to engage in treatment.
5. The CREDIT Bail Case Manager completes the CREDIT Bail Support referral form and faxes to COATS. Details include client personal information, ITP details, treatment recommendations and any preferences eg agency, time.
6. COATS will inform the CREDIT Bail Case Manager of any appointment times obtained. The CREDIT Bail Case Manager will inform the client of appointment details.
7. Throughout the client's engagement in treatment, the CREDIT Bail Case Manager will liaise with the treatment agency in relation to attendance and progress in treatment.
8. Should the client fail to attend any scheduled appointments, the treatment agency will inform the CREDIT Bail Case Manager and provide details of any follow-up appointments. The CREDIT Bail Case Manager will pass on appointment details to the client and inform the Magistrate of any non-attendance at treatment as required.
9. If a client fails to attend any subsequent scheduled appointments, the treatment agency will liaise with the CREDIT Bail Case Manager in relation to engaging and/or exiting the client or requesting a variation in treatment. The Magistrate will be informed of any failure to engage in treatment.
10. The CREDIT Bail Case Manager, when requested, will provide a Progress Report to the Magistrate. At this time, the CREDIT Bail Case Manager will contact the treatment agency and ask for a Progress Report to be forwarded. This report will outline the client's attendance, progress and motivation in treatment to date. The CREDIT Bail Case Manager will present the report to the Magistrate.
11. Liaison between the CREDIT Bail Case Manager and drug treatment agency will continue throughout the client's engagement in treatment. When agreement to exit a client from treatment is reached, the treatment agency will provide a final report outlining attendance and progress in treatment. The CREDIT Bail Case Manager will present this to the Magistrate.

12. Should treatment continue throughout the length of bail, the CREDIT Bail Case Manager will inform the treatment agency of the client's hearing date. At this time, the treatment agency will provide a final report outlining attendance and progress in treatment. The CREDIT Bail Case Manager will present this to the Magistrate.

CREDIT Bail Support Program Case Managers Ineligible For DHS Accreditation

A number of CREDIT Bail Case Managers are not accredited alcohol and drug assessors, however, they do possess qualifications, skills and experience in areas such as mental health, accommodation services, social work and other welfare fields. These CREDIT Bail Case Managers provide a range of support services and referral options to offenders, but are unable to conduct clinical alcohol and other drug assessments. In instances where alcohol or other drugs are of concern for the offender, the CREDIT Bail Case Manager is able to utilise qualified, experienced and accredited assessors working in Drug Treatment agencies.

A CREDIT Bail Case Manager ineligible for DHS accreditation duties include:

- Screening of clients to identify any alcohol or other drugs issues
- Screening of clients to identify homelessness, mental health issues, etc.
- Registering clients with COATS in order to obtain appointment for assessment with an accredited assessor at a drug treatment agency
- Liaising with COATS in relation to delays in obtaining assessment/treatment appointments
- Liaising with drug treatment agencies in relation to attendance and progress of client in treatment and in relation to assessment, progress and exit reports
- Liaising with court staff and Magistrates in relation to attendance and progress of client in treatment
- Receiving and coordinating reports from treatment agencies when assessment, progress and final reports are to be presented to the Magistrate
- Informing COATS and AOD treatment agencies of any changes to client details i.e. relocation

Process to be followed

1. Referral made to the CREDIT Bail Case Managers.
2. The client agrees to engage with the CREDIT Bail Case Manager.
3. A report including recommendation for referral for an Alcohol and Other Drug assessment is completed and presented to the Magistrate. The Magistrate may grant bail with a condition that requires the client to engage in an assessment.
4. The CREDIT Bail Case Manager not accredited by DHS, completes and faxes a request for assessment appointment referral form to COATS. COATS obtain an appointment with an accredited assessor. COATS inform the CREDIT Bail Case Manager of details.
5. CREDIT Bail Case Manager informs client of appointment details.

CREDIT Bail Support Program Guidelines

6. Once a client has attended for assessment and an individual treatment plan has been negotiated, the assessor forwards details of any treatment recommendation/s to both the CREDIT Bail Case Manager and COATS. If an appointment for treatment is required, COATS will arrange this at the most appropriate treatment agency.
7. Details of any treatment appointment/s will be forwarded to the CREDIT Bail Case Manager to inform the client. An assessment report, including details of ITP and recommended treatment, will be forwarded to the CREDIT Bail Case Manager who will present this to the Magistrate.
8. Throughout the client's engagement in treatment, the CREDIT Bail Case Manager will liaise with the treatment agency in relation to attendance and progress in treatment.
9. Should the client fail to attend any scheduled appointments, including assessment, the treatment agency will inform the CREDIT Bail Case Manager and provide details of any follow-up appointments. The CREDIT Bail Case Manager will pass on appointment details to the client and inform the Magistrate of any non-attendance at treatment.
10. If a client fails to attend any subsequent scheduled appointments, the treatment agency will liaise with the CREDIT Bail Case Manager in relation to engaging and/or exiting the client or requesting a variation in treatment. The Magistrate will be informed of any failure to engage in treatment.
11. The CREDIT Bail Case Manager, when requested, will provide a Progress Report to the Magistrate. At this time, the CREDIT Bail Case Manager will contact the treatment agency and ask for a Progress Report to be forwarded. This report will outline the client's attendance, progress and motivation in treatment to date. The CREDIT Bail Case Manager will present the report to the Magistrate.
12. Liaison between the CREDIT Bail Case Manager and drug treatment agency will continue throughout the client's engagement in treatment. When agreement to exit a client from treatment is reached, the treatment agency will provide a final report outlining attendance and progress in treatment. The CREDIT Bail Case Manager will present this to the Magistrate.
13. Should treatment continue throughout the length of bail, the CREDIT Bail Case Manager will inform the treatment agency of the client's hearing date. At this time, the treatment agency will provide a final report outlining attendance and progress in treatment. The CREDIT Bail Case Manager will present this to the Magistrate.

Alcohol And Drug Treatment Agencies

Any alcohol and other drug worker undertaking comprehensive assessments for CREDIT Bail Support Program clients for the development of an Individual Treatment Plan must be accredited with DHS Drugs Policy & Services, Workforce Development Unit as a Clinical Drug Assessor. Accredited assessors must be alcohol and drug clinicians experienced in client assessment with knowledge of the drug treatment service system and referral options. They have the responsibility for the appropriate identification and treatment matching of clients involved in forensic drug treatment programs.

Accredited alcohol and other drug assessors will assess referred clients in terms of:

- Substance use history
- Previous treatment history

CREDIT Bail Support Program Guidelines

- General psychosocial history and current circumstances
- Appropriate treatment intervention
- Willingness to comply with program requirements.

Alcohol and Drug (AOD) Treatment agencies are responsible for:

- Providing COATS with timely appointments for assessment (within 5 working days of referral to COATS)
- Providing COATS with timely appointments for treatment (within 5 working days of referral to COATS or assessment completion)
- Completing comprehensive AOD assessments for clients referred under the CREDIT Bail Program when required
- Developing Individual Treatment Plans (ITP) and identifying Significant Treatment Goals (STG's) for attainment during treatment
- Engaging client in treatment with a view to attaining STG's
- Liaising with CREDIT Bail Case Managers in relation to a client's attendance and progress in treatment including any reported changes; to substance use, offending behaviour, general welfare and other relevant information
- Supplying the CREDIT Bail Case Managers with assessment reports, including details of ITP and treatment recommendations, if appropriate, following completion of assessment
- Compiling and supplying a report, when requested, on the treatment progress of client
- Providing COATS and CREDIT Bail Case Managers with details of variations to treatment plans, including relocation of clients
- Providing a final report, at the completion of treatment or for hearing/sentencing date, whichever comes first. This includes details of treatment progress, attendance and motivation in treatment Completion of Treatment Completion Advice (TCA) Forms when exiting client from treatment

Process to be followed

1. COATS make contact with the drug treatment agency to obtain an appointment for an alcohol and drug assessment, with an accredited assessor, or an initial treatment appointment. At the time of contact, COATS will ensure that agencies are clear what type of appointment is being requested.
2. Should an appointment for assessment be requested, the agency will schedule a time, no more than 5 working days from the time of COATS receipt of referral. COATS will forward any paperwork to the agency and the CREDIT Bail Case Manager will forward an assessment report pro-forma.
3. A comprehensive alcohol and drug assessment will be conducted once the client attends the treatment agency. An Individual Treatment Plan (ITP) including treatment recommendations, where appropriate, will be negotiated with the client. The treatment agency will forward details of the client's attendance and ITP to the CREDIT Bail Case Manager and COATS.
4. An assessment report will be completed and forwarded to the CREDIT Bail Case Manager within 5 working days of assessment.
5. If treatment has been recommended, COATS will make contact with the most appropriate treatment agency and obtain appointment/s. COATS will forward any paperwork to the agency.

CREDIT Bail Support Program Guidelines

6. Once the client attends the treatment agency, the service will liaise with the CREDIT Bail Case Manager to allow for monitoring of attendance and treatment progress. Where a package of treatment has been arranged, the treatment agency will ensure that the client moves from one element of treatment to the next eg. From CCCC's to Therapeutic community.
7. Should the client fail to attend any scheduled appointments, including assessment, the treatment agency will inform the CREDIT Bail Case Manager and provide details of any follow-up appointments.
8. If a client fails to attend any subsequent scheduled appointments, the treatment agency will liaise with the CREDIT Bail Case Manager in relation to engaging and/or exiting the client or requesting a variation in treatment.
9. If a variation to a treatment plan is required, where the client requires additional mode(s) of treatment not identified during the assessment, the CREDIT Bail Case Manager must be consulted. Details of any variations are to be sent to COATS for approval and processing of paperwork for treatment agencies.
10. At any time during the client's engagement in treatment, the CREDIT Bail Case Manager may contact the treating agency and request a Progress Report. This report will outline the client's attendance, progress and motivation in treatment. The CREDIT Bail Case Manager will present the report, to the Magistrate.
11. Liaison between the CREDIT Bail Case Manager and drug treatment agency will continue throughout the client's engagement in treatment. When agreement to exit a client from treatment is reached, the treatment agency will provide a final report outlining attendance and progress in treatment. The CREDIT Bail Case Manager will present this to the Magistrate.
12. Should treatment continue throughout the length of bail, the CREDIT Bail Case Manager will inform the treatment agency of the client's hearing date. At this time, the treatment agency will provide a final report outlining attendance and progress in treatment. The CREDIT Bail Case Manager will present this to the Magistrate.
13. Engagement in treatment is not dependent on a client's length term of bail but on the achievement of significant treatment goals. It is possible that a client continues to engage in drug treatment following sentencing.
14. Following the completion of treatment, the agency will forward a completed Treatment Completion Advice form to COATS and the CREDIT Bail Case Manager.

COATS

COATS are responsible for:

- Obtaining assessment appointments with treatment agencies. Where this fails, COATS may utilise their clinical staff and arrange an appointment for assessment at the COATS office
- Obtaining appointments for alcohol and drug treatment
- Liaising with CREDIT Bail Case Managers in relation to delays in obtaining appointments
- Informing CREDIT Bail Case Managers of all appointment times
- Reporting referral and treatment numbers to DHS on a quarterly basis
- Processing requests for variation to treatment plans

Process to be followed

1. COATS receive a referral from a CREDIT Bail Case Manager requesting an appointment for assessment or treatment.
2. COATS make contact with a suitable AOD treatment agency. An appointment for assessment or treatment within 5 days of referral to COATS will be obtained from the treatment agency. COATS will process and forward any paperwork to the treatment agency.
3. COATS will inform the CREDIT Bail Case Manager of appointment details.
4. COATS will be notified by the treatment agency when a variation in treatment plan is required. COATS decision on whether or not to approve a variation is final. Where COATS approve a variation in treatment plan, COATS will process any appointments and all corresponding paperwork. Clients will not be denied engagement in treatment if a variation is not approved.
5. Following the completion of treatment and receipt of a completed Treatment Completion Advice (TCA) form from the treatment agency, COATS will hold the TCA for a two-week period. This allows the CREDIT Bail Case Manager time to view the TCA and query any issues. Processing of TCA's will be delayed until any issues are resolved.
6. At the end of each financial quarter, COATS will reconcile all monies for treatment ordered and inform treatment agencies. COATS will produce a report detailing referral, treatment ordered and treatment completion statistics and forward to Drugs Policy and Services Branch of Department of Human Services.

ATTACHMENT 1

Case Example 1

John has been charged with possession and use of a drug of dependence and is in custody. When he appears before the Court to apply for bail, John's solicitor indicates that John has problems with heroin addiction. The Magistrate requests an AOD assessment before continuing with the hearing.

The DHS accredited CREDIT Bail Case Manager speaks with John who agrees to undergo an assessment. During the assessment it becomes clear that John is not currently subject to a court order, continues to use heroin on an almost daily basis and is willing to engage in treatment. The CREDIT Bail Case Manager recognises that John meets all eligibility criteria for referral to treatment and negotiates an individual treatment plan (ITP). John is to be referred to an AOD treatment agency for residential withdrawal and counselling for pre and post withdrawal support.

The CREDIT Bail Case Manager compiles an assessment report and presents this to the Magistrate. John is granted bail on the condition that he engages in treatment and his matter is listed for hearing in 3 months time.. The Magistrate requires judicial supervision of his progress and he is ordered to return to the Court each month for the Magistrate to be informed as to his progress. John is released on bail.

The CREDIT Bail Case Manager completes the CREDIT referral form requesting appointments and faxes it to COATS. COATS arrange an initial appointment at an alcohol and drug agency for the following day. All paperwork in relation to the counselling episode is sent to the agency. COATS contact a residential withdrawal unit and provide client details. An assessment/admission date is arranged. COATS notify the CREDIT Bail Case Manager of these arrangements. The CREDIT Bail Case Manager provides John with details of the appointments and encourages him to speak with his counsellor in relation to travel to the withdrawal unit.

John attends the scheduled counselling appointment. The AOD counsellor negotiates treatment goals and begins the treatment episode. Following the appointment, the counsellor telephones the CREDIT Bail Case Manager and reports that John attended and is scheduled another appointment just prior to admission to withdrawal. The CREDIT Bail Case Manager and counsellor continue to liaise in relation to John's attendance and progress in treatment throughout his engagement with the counsellor.

John is admitted for withdrawal and stays for 7 days. The withdrawal unit discharges John, completes all paperwork and forwards to COATS. John continues to engage with the AOD counsellor.

When requested, the AOD counsellor and provides a progress report outlining John's compliance in treatment, achievement of any significant treatment goals, changes in self-reported drug use and self-reported further criminal charges, plans for on-going treatment and outstanding treatment needs to be forwarded. This report is presented to the Magistrate by the CREDIT Bail Case Manager.

John continues with counselling until significant treatment goals are met. At this time, the counsellor terminates treatment and completes all paperwork sending it to the CREDIT Bail Case Manager and COATS. The treating clinician prepares a final report and forwards it to the CREDIT Bail Case Manager who presents this to the Magistrate at John's hearing.

Case Example 2

Samantha's solicitor has referred her to the CREDIT Bail Case Manager for an AOD assessment. She is facing multiple driving related charges including exceed PCA. The CREDIT Bail Case Manager who is not accredited with DHS completes a screening interview. Given her reported history of excessive alcohol use and current alcohol related offences, the CREDIT Bail Case Manager completes a referral form requesting an appointment for assessment and faxes this to COATS.

COATS obtain an appointment for assessment and return details to the CREDIT Bail Case Manager who passes the information on to Samantha.

Participation in a comprehensive alcohol and drug assessment determines that Samantha does not meet the criteria for the CREDIT Bail program, as she does not use illicit substances though she has acknowledged issues with alcohol use. The accredited assessor recommends that Samantha engages in treatment as a community client, informs the CREDIT Bail Case Manager of this and completes an assessment report detailing recommendations.

The CREDIT Bail Case Manager reports to the Magistrate that Samantha is ineligible for the CREDIT Bail program but has been referred for treatment to address issues with alcohol use. The assessor and CREDIT Bail Case Manager are not required to notify COATS of any treatment. The treatment agency is not required to report to the CREDIT Bail Case Manager about Samantha's engagement in treatment.

Case Example 3

Police have referred Jane to the CREDIT Bail Case Manager after she was charged with trafficking related offences. The CREDIT Bail Case Manager who is not accredited with DHS completes a screening interview. Given her reported history of drug use and drug related offences, the CREDIT Bail Case Manager completes a referral form requesting an appointment for assessment and faxes this to COATS.

Participation in a comprehensive alcohol and drug assessment determines that Jane is not currently using illicit substances and that offences were related to gambling issues. The accredited assessor does not recommend that Jane engage in treatment, however, believes that Jane would benefit from counselling to address her gambling issues. The accredited assessor passes on this information to the CREDIT Bail Case Manager and completes an assessment report detailing recommendations.

The CREDIT Bail Case Manager presents the assessment report to the Magistrate and arranges for Jane to attend gambling counselling.

Case Example 4

A CREDIT Bail Case Manager who is not accredited with DHS as a clinical drug assessor receives a referral from police. A screening interview identifies that Steve has a long history of poly-drug, including current meth-amphetamine, use that is directly related to his offending history. He is currently facing court for numerous property offences, however, has a history of assaults against police. The Magistrate is considering releasing Steve on Bail and the CREDIT Bail Case Manager recommends that he be referred for a drug and alcohol assessment.

CREDIT Bail Support Program Guidelines

The CREDIT Bail Case Manager completes a referral form requesting an appointment for assessment and faxes it to COATS. COATS make contact with a drug treatment agency and obtain an appointment for assessment with a DHS accredited assessor. Details of the appointment are forwarded to the CREDIT Bail Case Manager who passes the information on to Steve.

Steve does not attend for the scheduled appointment. The accredited assessor contacts the CREDIT Bail Case Manager and informs of Steve's absence. The accredited assessor schedules a subsequent appointment. The CREDIT Bail Case Manager phones Steve and informs him of the new appointment time.

Steve attends the re-scheduled appointment and participates in a comprehensive alcohol and drug assessment. The accredited assessor determines that Steve would benefit from engagement in AOD treatment and recommends that he attend for alcohol and drug counselling to address his meth-amphetamine use and associated criminogenic behaviour. The accredited assessor informs COATS and the CREDIT Bail Case Manager of treatment recommendations and for Steve's preference to attend a service closer to his home. COATS obtains a treatment appointment from an appropriate agency and inform the CREDIT Bail Case Manager who passes on details to Steve.

The accredited assessor prepares a brief assessment report with details of Steve's poly-drug history, treatment recommendations, ITP negotiated and treatment appointment details. The report is forwarded to the CREDIT Bail Case Manager who presents it, along with any other reports, to the Magistrate.

Steve attends his first counselling session and reports that he wishes to undertake a residential withdrawal. The treatment clinician provides information about what Steve should expect in terms of rules and conditions of entry to this treatment service as well as the physiology of withdrawal from meth-amphetamine. The clinician makes a clinical based determination that Steve is appropriate for, and fully understanding of the process involved in, withdrawal and appears motivated to address his drug use in this way.

The clinician informs the CREDIT Bail Case Manager as well as COATS, who approve a variation to the original treatment plan and make arrangements for Steve to be assessed/admitted for withdrawal. COATS inform the CREDIT Bail Case Manager of all appointment details who in turn informs Steve.

Steve continues to engage with the treating clinician prior to admission to, and following discharge from, withdrawal. Steve successfully completes a withdrawal and, with a review of his ITP, negotiates abstinence as a significant treatment goal to work towards. The treating clinician continues to work with Steve to achieve this and other identified goals.

During Steve's engagement in treatment, the CREDIT Bail Case Manager makes contact with the treating clinician and requests a progress report that is to be presented to the Magistrate during a review hearing. A brief report, outlining Steve's achievements in treatment plan, reported reduction in drug use, any other significant changes attributed to engagement in treatment, attendance, plans for on-going treatment and outstanding treatment needs is provided.

Steve achieves many of the significant treatment goals identified in his ITP over the following months. During this time, the treating clinician and the CREDIT Bail Case Manager have liaised in relation to Steve's attendance and progress. Once it has been determined, between Steve and the treating clinician, that Steve has achieved significant treatment goals and would no longer benefit from engagement in drug treatment discussions are held with the CREDIT Bail Case Manager. This leads to the decision to exit Steve from treatment. Steve is provided with phone numbers and contacts that may be useful should he require support.

CREDIT Bail Support Program Guidelines

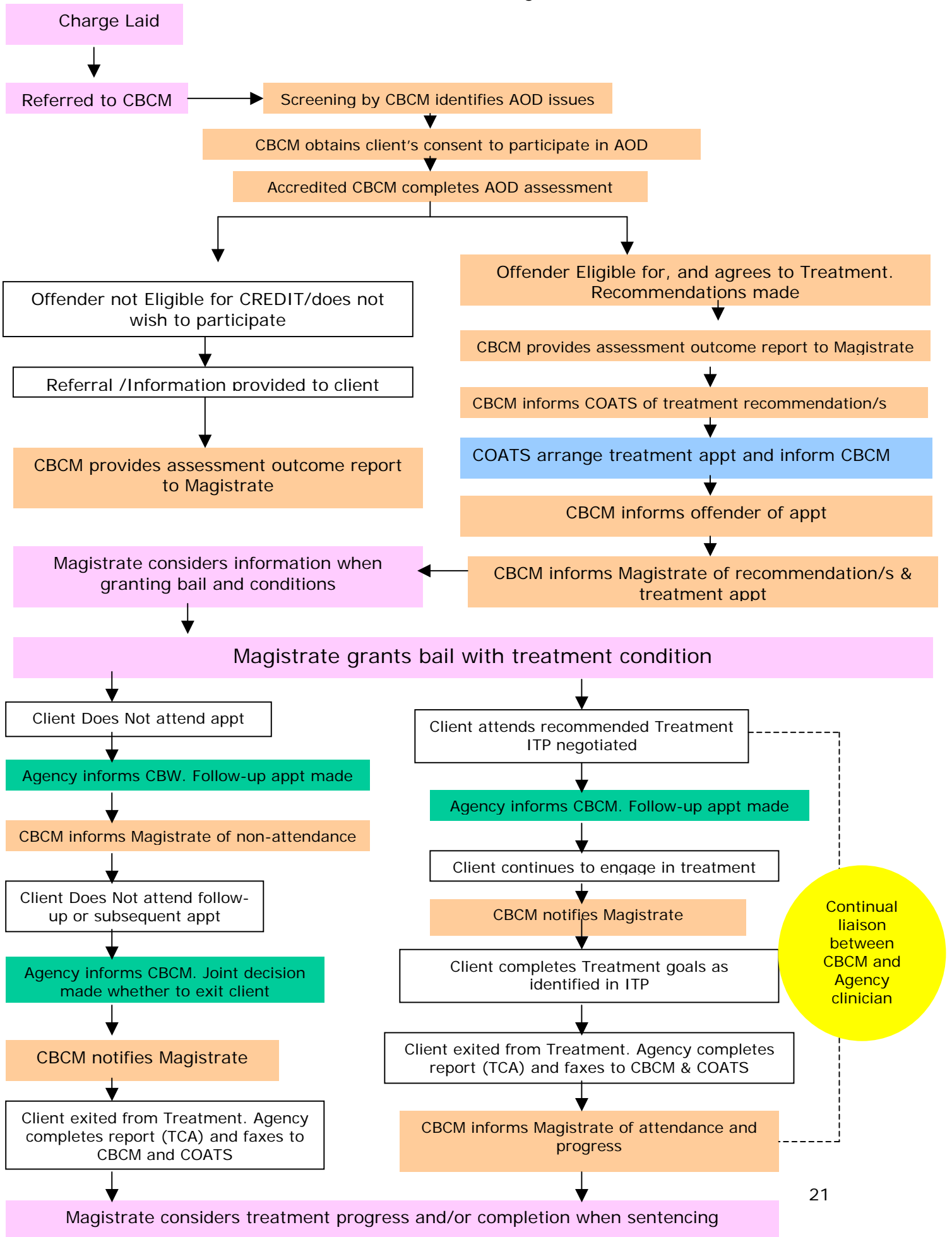
The treating clinician completes all information on the TCA and forwards it to COATS and the CREDIT Bail Case Manager. A final report detailing Steve's attendance and success in treatment is completed and forwarded to the CREDIT Bail Case Manager. This report is presented, along with any other reports, to the Magistrate when Steve presents for his sentencing hearing. Steve's motivation to address his drug use, his continued abstinence and success in achieving significant treatment goals during treatment are all considered by the Magistrate when sentencing.

COATS receive the TCA and wait for 2 weeks, in case of any queries by the CREDIT Bail Case Manager, before processing the invoice and determining payment.

ATTACHMENT 2

Accredited CREDIT Bail Case Manager FLOWCHART

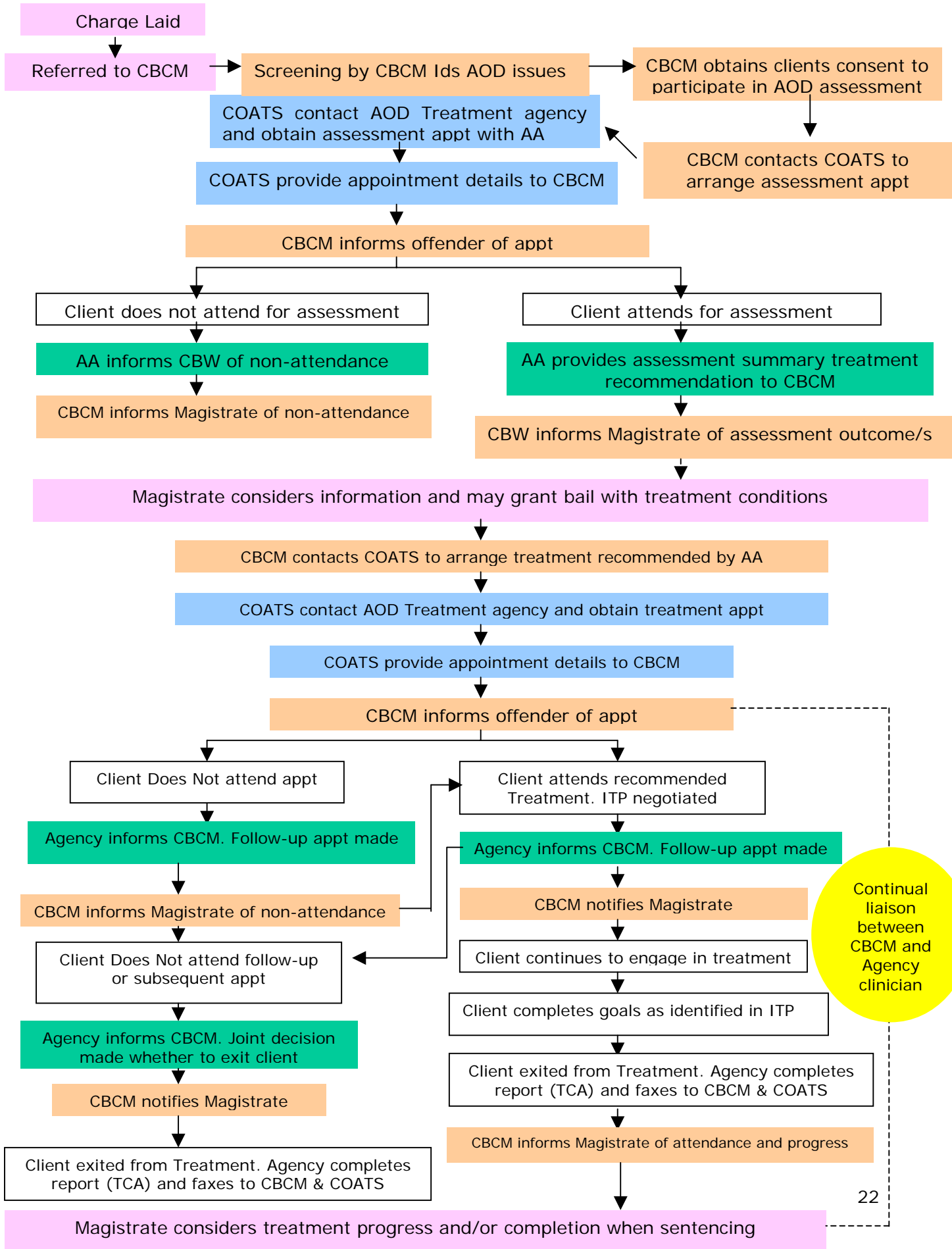
AA- Accredited Assessor, ITP- Individual Treatment Plan, CBCM- CREDIT Bail Case Manager, AOD- Alcohol and other Drug, Ids- Identifies



ATTACHMENT 3

Accredited CREDIT Bail Case Manager FLOWCHART

AA- Accredited Assessor, ITP- Individual Treatment Plan, CBCM- CREDIT Bail Case Manager, AOD- Alcohol and other Drug, Ids- Identifies



ATTACHMENT 4

CONFIDENTIAL ASSESSMENT REPORT

Client Name:

Date of Birth:

Current Address:

Telephone Number:

Assessor's Name:

Date of Assessment:

Date of Report:

Court:

Source of Information:

Client, Treatment Agency, other reports etc

Your Honour,

Assessment Summary

Overall description of what client reported during assessment. Any effects court appearance may have had on client. Any changes in drug use since court. Motivation to engage in treatment. Psychosocial aspects that may impact on treatment and/or drug use ie. unemployed, stable accommodation, children etc.

Alcohol and Drug Use

Substance/s currently used: *List substances the client reports currently using*

- provide history of use of the substance listed above
- include amounts used and whether there has been change to this use in recent times
- report route of administration

Substance/s Previously Used: *List substances the client reports no longer using*

- provide history of use of the substance listed above
- include amounts used and reasons WHY there was change
- report route of administration

Engagement in drug treatment

- Reported current and previous treatment experience/s
- describe treatment type, length of stay, agency involved, reasons for engagement and reasons for leaving
- include pharmacotherapy treatment

Recommendations

- Treatment interventions recommended ie. counselling, withdrawal services
- Motivation for change and efforts to assume responsibility
- preferred agency and any appointments that may have been scheduled.

-Signature

[Assessor name]

[Position]

The following is an example of an assessment report. This is by no means the format to which assessors should conform it is a sample of the standard of information Magistrates have expected from reports in the past.

CONFIDENTIAL ASSESSMENT REPORT

Client Name: XXXX **Date of Birth:** 1/1/1999
Current Address: 1 Station St Howardville
Telephone Number: 999 999
Assessor's Name: Kosmo Cramer
Date of Assessment: 13/3/2005 **Date of Report:** 16/3/2005
Court: Sunshine Magistrates Court

Source of Information: Interview with XXXX, conversation with CREDIT/ Bail Case Manager

Your Honour,

Assessment Summary

XXXX attended for assessment on 24/5/2005 and reported that his/her current offences were directly related to continued use of heroin. At the time of commissioning the offences, XXXX reported injecting up to \$200 of opiates on a daily basis. When this drug was unavailable, amphetamines would be obtained and used as a substitute. Since commissioning the current offences, XXXX has taken steps to address substance use and has reduced the amount of heroin used on a daily basis to less than \$100 per day.

XXXX described the current court appearance as confronting and has expressed a desire to address his/her drug use. Given this motivation and the fact that XXXX has already taken steps to address substance use, it is recommended that a referral for alcohol and other drug counselling be arranged.

Alcohol and Drug Use

XXXX disclosed the following alcohol and drug use history:

Substance/s currently used: **Heroin**

Introduced, by a sibling, to 'burning' heroin at 17 years, XXXX continued this type of use for several months before a sibling began to assist with injecting the drug. Over a several year period, XXXX heroin use increased to the point where he/she was using up to \$200 of the drug per day. XXXX began committing property related offences as well as trafficking heroin in order to support his/her substance use. This level of heroin use and related offending behaviour continued up until his/her recent court appearance. Since this time, XXXX has not re-offended and has reduced his/her heroin use to less than \$100 per day.

Other Substance/s Used: **Cannabis**
Amphetamines
Alcohol

At 15 years of age, XXXX began smoking cannabis when a sibling offered it. This use initially began as an irregular occurrence, however, over a 2-year period increased to

CREDIT Bail Support Program Guidelines

almost daily use. This level of consumption continued until XXXX was 22 years old. He/she has not smoked cannabis for 3 years and is reluctant to return to using this drug.

XXXX has injected amphetamines on an irregular basis for the past 6 years. The use of this drug was entirely dependent on the availability of heroin and was used as a substitute when the opiate was unable to be purchased.

XXXX began consuming alcohol on a social basis at 16 years of age. This level of use has not altered in the ensuing time.

Previous engagement in drug treatment

XXXX described never having engaged in drug related treatment, though several unsupported home-based withdrawals have been completed and methadone treatment substitution attempted several years ago.

Recommendations

Given that XXXX has already taken steps and is motivated to address current substance use, it is recommended that he/she be referred to an alcohol and drug treatment agency to engage in drug counselling.

XXXX would benefit from alcohol and other drug counselling that focuses on strategies to further reduce current heroin use, withdrawal options, achieving positive changes to health, reducing risk of re-offending and support to comply with condition of bail.

[Assessor name]

[Position]

ATTACHMENT 5

CLIENT PROGRESS REPORT

To be completed when requested from CREDIT Bail Case Manager
to be presented at client Review Hearing

To

CREDIT/Bail Case Manager: _____

Court: _____

Court Fax: _____

From

Treatment Agency: [Agency]

Treatment Type: [Treatment]

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

Phone: _____ Fax: _____

Client Number & Name: #[ClientNo] - [ClientFullName]

Date of Birth: [ClientDOB]

SESSIONS ATTENDED BY CLIENT:

Period of time in contact with client: _____ to _____ And /or

Appointment dates	Attended	Did not attend	Rescheduled	Reason for non attendance/reschedule

CLIENT'S PROGRESS AND MOTIVATION IN TREATMENT:

Progress in treatment (goals achieved etc):

Self reported change to reducing high-risk behaviour:

Motivation (e.g. In treatment, behaviour change):

Any other relevant issues / needs identified:

Name: _____ Signature: _____

Position: _____ Date: ___/___/20__

Please fax to CREDIT Bail Case Manager when completed

CLIENT PROGRESS REPORT

To be completed when requested from CREDIT Bail Case Manager
to be presented at client Review Hearing

To

CREDIT/Bail Case Manager: Jo Fraser
Court: Frankston
Court Fax: 9999 9999

From

Treatment Agency: Frankston CHS **Treatment Type:** CCCC's
Contact Name: Fred Basset **Date:** 25/05/2005
Phone: 9999 9998 **Fax:** 9999 9987

Client Number & Name: #00000 – John Maine
Date of Birth: 1/1/1900

SESSIONS ATTENDED BY CLIENT:

Period of time in contact with client: 13/3/2005 to current And /or

Appointment dates	Attended	Did not attend	Rescheduled	Reason for non attendance/reschedule
13/3/ & 20/3/05	Yes			
27/3 & 2/4/05	Yes			
9/4 & 15/4/05	No		Yes	Ill. Dr certificate provided
23/4/05	Yes			
30/4/05	No		Yes	Appt with housing service
7/5 & 14/5/05	Yes			

CLIENT'S PROGRESS AND MOTIVATION IN TREATMENT:

Progress in treatment (goals achieved etc):

John has progressed well to achieve goals of heroin abstinence and amphetamine reduction. John has been working on implementing relapse prevention strategies and has altered his normal routine to assist with this ie. John no longer walks to the shops but takes a train so that he does not pass his 'dealer'. John is budgeting his money and refraining from purchasing heroin so that he does not have to commit property offences to pay his rent.

Self reported change to reducing high-risk behaviour:

John reports he remains free of heroin and has provided results of 2 urine screens that affirm this. He states that he has not re-offended and has attempted to adhere to all conditions of bail and treatment. Though he continues to use amphetamines on an irregular basis, this use has decreased over the past few weeks with an improvement in his presentation and manner during treatment.

Motivation (e.g. In treatment, behaviour change):

John has taken steps toward achieving treatment goals. He utilizes supports, including DirectLine when he feels vulnerable to lapse into heroin use. Prior to engagement in treatment, John would not consider this option. John is committed to changing his drug taking behaviour and has noted benefits to his health since ceasing heroin and reducing intake of amphetamines.

Any other relevant issues / needs identified:

John has registered with an employment agency and is currently considering participation in vocational courses. He has also made contact with housing services and is on a waiting list for subsidised accommodation

Name: _____ Signature: _____

Position: _____ Date: ___/___/20___

Please fax to CREDIT Bail Case Manager when completed

ATTACHMENT 6

CONFIDENTIAL TREATMENT COMPLETION REPORT

Client Name:
Current Address:

Date of Birth:

Telephone Number:

Assessor's Name:
Date of Assessment:

Date of Report:

Court:

Source of Information:
Your Honour,

Client, Treatment Agency, other reports etc

Report Summary

Overall description of what reported changes since assessment. Motivation to engage in treatment. Psychosocial aspects that have impacted on treatment and/or drug use and any positive changes ie. employment, accommodation, family etc.

Alcohol and Drug Use

Substance/s currently used: *List substances the client reports currently using*

- include amounts used and whether there has been change to this use in recent times
- report route of administration
- reported changes to use since assessment

Engagement in drug treatment

- dates of attendance
- describe initial treatment recommendations and variations to treatment plan
- describe treatment type, length of stay, agency involved and reasons for leaving
- include pharmacotherapy treatment
- any future treatment requirements

Recommendations

- any treatment engagement
- other issues to be addressed I.e. mental health, gambling, grief and loss

-Signature

[Clinician name]

[Position]

CREDIT Bail Support Program Guidelines

The following is an example of a treatment report. This is by no means the format to which assessors should conform it is a sample of the standard of information Magistrates have expected from reports in the past.

CONFIDENTIAL TREATMENT REPORT

Client Name: XXXX **Date of Birth:** 1/1/1999
Current Address: 1 Station St Howardville
Telephone Number: 999 9999

Assessor's Name: Kosmo Cramer
Date of Report: 13/7/2005

Court: Sunshine Magistrates Court

Source of Information: Interview with XXXX, conversation with CREDIT/ Bail Case Manager

Your Honour,

Treatment Summary

XXXX attended for assessment on 24/5/2005. It was recommended that he engage in an episode of alcohol and other drug counselling. Since this time, XXXX has attended 15 counselling sessions and has been working toward a goal of heroin abstinence and amphetamine reduction.

XXXX has achieved significant success with these goals, having ceased heroin use and only reporting using amphetamines on three occasions since engaging in counselling. XXXX reports leading a healthier lifestyle, having stable accommodation now that he can afford to pay rent and is beginning to set goals in relation to employment and re-building relationships with his children and immediate family.

Alcohol and Drug Use

XXXX disclosed the following alcohol and drug use:

Substance/s currently used: **Nil**

XXXX has reported over the past 4 weeks that he has completely ceased heroin use. He also states that he has not used amphetamines or any other substance for the past 2 weeks. XXXX described having some initial difficulty remaining drug free, but states "things are getting easier".

Engagement in drug treatment

Appointment dates	Attended	Did not attend	Rescheduled	Reason for non attendance/reschedule
13/3/ & 20/3/05	Yes			
27/3 & 2/4/05	Yes			
9/4 & 15/4/05	No		Yes	Ill. Dr certificate provided
23/4/05	Yes			
30/4/05	No		Yes	Appt with housing service
7/5 & 14/5/05	Yes			
21/5 & 28/5/05	Yes			
3/6 & 10/6/05	Yes			
17/6 & 24/6/05	Yes			
1/7 & 8/7/05	Yes			

XXXX attended or rescheduled every counselling appointment made. He appears committed to remaining abstinent but has identified that he is likely to have periods of lapse and relapse into drug use. XXXX would like to minimise the impact of any lapse and has developed some short and long-term relapse prevention strategies that he has begun implementing.

Recommendations

XXXX has achieved many of the goals negotiated on initial engagement in treatment. Upon review of these goals on 8/7/2005, further goals were identified and XXXX stated he would like to continue attending the treatment service to assist in achieving these goals.

It is recommended that XXXX continue to engage in alcohol and other drug counselling with this treatment agency to further address issues in relation to lapse and relapse into further drug use. Should XXXX be sentenced to a community based disposition, it is further recommended that he be referred to services that may assist with gaining employment and re-engaging with his family.

[Assessor name]

[Position]

ATTACHMENT 7

MAGISTRATES' COURT CREDIT/ BAIL PROGRAM TREATMENT COMPLETION ADVICE (TCA)/EXIT & PAYMENT FORM

Agency/Service: [Agency] - [Treatment]

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

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

CREDIT Case No: [CREDITNo] Court: [Court]

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 & CREDIT Clinician).

To: CREDIT CLINICIAN: _____

COURT: _____ **Fax:** _____
and COATS **Fax: 9348 9182**

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

Phone: _____ **Fax:** _____

Date of Assessment Appointment: ____/____/____

Was the Treatment Type requested appropriate? Yes No

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

[ContactMethodDesc] _____ (Number of sessions for Assessment Only)

Exit Status

Completed treatment Discharged Unplanned Exit Other

Dates of assessment sessions attended / not attended

Appointment dates	Attended	Did not attend	Rescheduled

CLIENT'S OVERALL TREATMENT PROGRESS:

FUTURE NEEDS AND RECOMMENDATIONS/FURTHER COMMENTS:

Signed: _____ Date: ____/____/____

Full Name: _____ Position: _____

**PLEASE FORWARD THIS TCA/EXIT REPORT TO COATS
AND CREDIT/BAIL CASE MANAGER**

MAGISTRATES' COURT CREDIT/ BAIL PROGRAM
TREATMENT COMPLETION ADVICE (TCA)/EXIT & PAYMENT FORM

Agency/Service: Make a Change- A&D Assessment
Client No: 9999 Client Name: Kosmo Cramer DOB: 1/1/1900 Sex: Male
TCA No: 000000 Episode No: 1 Variation: No
CREDIT Case No: 21212121212 Court: Sunshine Magistrates Court
First Appointment: 19/03/2005 10.00am Ordered By: Julie Andrews Ordered Date:
 18/03/2005

TREATMENT COMPLETION ADVICE/EXIT REPORT:

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

To: CREDIT CLINICIAN: Judy Stapleton

COURT: Sunshine Magistrates **Fax:** 9999 9999
and COATS **Fax:** 9348 9182

From: Contact Name: _Elaine_____ **Date:** 20/03/2005
Phone: _5555 1980_____ **Fax:** _5555 1981_____

Date of Assessment Appointment: 19/03/2005
 Was the Treatment Type requested appropriate? Yes No
 Was an Individual Treatment Plan developed for the client? Yes No

[ContactMethodDesc] ____1____ (Number of sessions for Assessment Only)

Exit Status

Completed treatment Discharged Unplanned Exit Other

Dates of assessment sessions attended / not attended

Appointment dates	Attended	Did not attend	Rescheduled
19/3/2005	Yes		

CLIENT'S OVERALL TREATMENT PROGRESS:

Kosmo attended for assessment as required. He described on-going issues with amphetamine use and reported being motivated to address this issue as well as associated offending behaviour. Kosmo has agreed to engage in counselling.

FUTURE NEEDS AND RECOMMENDATIONS/FURTHER COMMENTS:

Treatment recommendation: Kosmo to engage in an episode of counselling, consultancy and continuing care focusing on strategies to reduce amphetamine use with goal of abstinence. Kosmo will also benefit from implementing skills training to reduce likelihood of being placed in "high risk" situations as well as assertiveness training to avoid "peer pressure" to use illicit substances. Counselling also to provide information on harm minimisation, behaviour change, lapse and relapse, drug education.

Signed: __Elaine_____ Date: _____/_____/_____

Full Name: _Elaine_____ Position: Accredited AOD Assessor

**PLEASE FORWARD THIS TCA/EXIT REPORT TO COATS
AND CREDIT/BAIL CASE MANAGER**

MAGISTRATES' COURT CREDIT/ BAIL PROGRAM
TREATMENT COMPLETION ADVICE (TCA)/EXIT & PAYMENT FORM

Agency/Service: Make a Change- Counselling, consultancy & continuing care
Client No: 9999 Client Name: Kosmo Cramer DOB: 1/1/1900 Sex: Male
TCA No: 000001 Episode No: 1 Variation: No
CREDIT Case No: 212121212 Court: Sunshine Magistrates Court
First Appointment: 21/03/2005 10.00am Ordered By: Julie Andrews Ordered Date:
 19/03/2005

TREATMENT COMPLETION ADVICE/EXIT REPORT:

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

To: CREDIT CLINICIAN: Judy Stapleton

COURT: Sunshine Magistrates **Fax:** 9999 9999
and COATS **Fax:** 9348 9182

From: Contact Name: _____ **Date:** ___/___/___

Phone: _____ **Fax:** _____

Date of Assessment Appointment: 19/03/2005

Was the Treatment Type requested appropriate? Yes No

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

[ContactMethodDesc] _____ (Number of sessions for Assessment Only)

Exit Status

Completed treatment Discharged Unplanned Exit Other

Dates of assessment sessions attended / not attended

Appointment dates	Attended	Did not attend	Rescheduled
21/3 & 28/3 & 4/4	Yes		
11/4 & 18/4 & 2/5	Yes		
9/5 & 23/5 & 30/5	Yes		
6/6 & 20/6 & 27/6	Yes		
25/4 & 16/5			Yes- 2/05 & 23/05
13/6/2005		Yes	

CLIENT'S OVERALL TREATMENT PROGRESS:

Kosmo attended or re-scheduled all but one session. He presented a medical certificate for the session that he did not attend. Self report of reduction in amphetamine use, implementation of strategies learned particularly in relation to avoiding high risk situations and use of assertiveness skills. Kosmo admitted one lapse early in counselling where he "binged" for 3 days. He recovered from this using his family as support and using phone supports to "get back on track" until next counselling session. Has attained all treatment goals initially outlined.

FUTURE NEEDS AND RECOMMENDATIONS/FURTHER COMMENTS:

Would benefit from regular contact with counselor/support worker. Has been referred to employment network but would also benefit from numeracy and literacy class to assist with budgeting. This would further aid in changing criminogenic behaviour as crime generally undertaken to pay for drugs or living expenses.

Signed: ___Elaine_____ Date: ___/___/___

Full Name: ___Elaine_____ Position: _Alcohol and other drug counsellor

**PLEASE FORWARD THIS TCA/EXIT REPORT TO COATS
AND CREDIT/BAIL CASE MANAGER**