Working with Forensic Clients – Alcohol and Other Drug Assessment Guide

The ACSO DUETS project received funding from the Australian Government, Department of Health.
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WORKING WITH FORENSIC CLIENTS – AN ASSESSMENT GUIDE Version 1 April 2016
ACKNOWLEDGEMENT

The ACSO DUETS (Developing Understanding, Expertise, Treatment and Systems in Dual Diagnosis) project received funding from the Australian Government, Department of Health. Utilising the Substance Misuse Service Delivery Grants Fund (SMSDGF), DUETS have consulted widely with stakeholders in the alcohol and other drug (AOD) and forensic sectors in our development of the Forensic Module and we would like to acknowledge the contributions of the members of the DUETS Advisory Committee who have contributed to the development of Optional Module 12: Forensic. The DUETS team would also like to acknowledge the contributions of Turning Point Drug and Alcohol Centre for their assistance in the publication of the Module, and Caraniche for providing use of the Melbourne Attitudes to Substance Use, Change and Openness to Treatment scale (MASCOT).

DUETS also acknowledge the contributions of:

- ACSO Consumer Advisory Group
- Corrections Victoria
- Department of Health and Human Services
- Forensicare
- Nexus Dual Diagnosis
- UnitingCare ReGen
- Taskforce
- Victorian Aids Council
1 PURPOSE OF THIS GUIDE

This guide provides information for agencies conducting forensic AOD assessments with clients who have been referred by the courts and other diversion sources. It provides information and guidance on:

- Current forensic referral pathways
- Roles and responsibilities of key parties in the Victorian AOD sector
- Using the Forensic Module
- Developing confidential forensic AOD assessment reports (court reports).

2 BACKGROUND

2.1 Developing Understanding, Expertise, Treatment and Systems in Dual Diagnosis (DUETS)

In 2012 ACSO received funding from the Australian Government, Department of Health which was utilised to implement the DUETS project. The overarching focus of DUETS is to build the dual diagnosis capability of service providers in the AOD and forensic sectors. DUETS initially undertook a comprehensive literature review of the practice and tools involved in the screening or assessment of co-occurring substance abuse and mental disorders in the context of integrated treatment, with a focus given to literature pertinent to criminal justice settings.

The literature review sought to inform the development of an appropriate assessment tool for use by the forensic AOD workforce. This literature review found the ASSIST, AUDIT, DUDIT and K (Kessler) 10 as exhibiting acceptable validity and reliability for use within the DUETS target population. However, the then Department of Health commissioned Turning Point Drug and Alcohol Centre to develop a mandatory AOD assessment tool to be rolled out statewide, adopting the use of the ASSIST, AUDIT, DUDIT and K10 to form the suite of Self-complete Initial Screeners.

While the Turning Point Drug and Alcohol Centre AOD assessment tool referenced all relevant domains, the DUETS team identified that additional questions were required in the legal section to adequately understand any relationship between offending, AOD use and history along with mental illness, particularly for members of the AOD workforce new to working with the forensic population.

As a result, a key outcome of DUETS is the development of the Optional Module 12: Forensic. This tool has been developed to supplement the Department of Health and Human Service’s Adult AOD Screening and Assessment Tool by increasing the capacity of AOD services to work effectively with forensic clients in Victoria.
The Forensic Module consists of a suite of supplementary prompts designed to assist assessment providers to obtain a comprehensive history of a client’s contact with the criminal justice system, and when used in conjunction with a treatment readiness assessment, to develop an understanding of the individual’s treatment readiness, addressing DUETS’ aim of developing a capable and informed forensic AOD workforce. The Forensic Module also aims to assist AOD assessors and treatment providers to refer forensic clients into appropriate treatment services.

2.2 Providers of Adult AOD Assessments

ACSO COATS (Community Offender Advice and Treatment Services) continues to undertake the majority of intake and assessment services for forensic clients, in particular those referred through Community Corrections, Courts, Prisons and the Adult Parole Board (APB). Catchment-based centralised intake and assessment services have the responsibility for providing AOD assessments for Youth Justice and clients referred through diversion pathways including Victoria Police and specialist court programs. Specialist populations such as Youth and Aboriginal clients may receive assessment by Youth Services and Aboriginal Community Controlled Health Organisations or elect to access centralised intake and assessment services.

2.3 Catchment-based Intake and Assessment

Intake and assessment services are located in each of the 16 catchment areas across Victoria, and provide screening, assessment and, where relevant, brief intervention services for youth justice clients and those referred via ARC, CISP, CREDIT, Police Drug Diversion (DDAL), as well as clients meeting the criteria for ‘other diversion’ or court diversion. An annual target of 10 per cent of Drug Treatment Activity Unit (DTAU) funding for each intake and assessment provider has been allocated for forensic clients. Catchment-based intake accepts referrals for forensic diversionary clients, with ACSO COATS undertaking assessments for other forensic clients. Utilising the DHHS AOD Screening and Assessment Tool, ACSO ensures that a standardised and evidence-based assessment is undertaken for all clients wanting to access services from AOD treatment agencies and that this assessment is streamlined, avoiding the historical duplication of client files and service provision that occurred prior to the service sector reform, achieving one of the primary reform aims.\(^1\)

Following the recommissioning process, all DHHS funded agencies that deliver AOD services are required to use the Adult AOD Screening and Assessment Tool, comprised of:

- **Step 1: Self-complete Initial Screen for Alcohol and Other Drug Problems**
- **Step 2: AOD Comprehensive Assessment**

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1 For more information refer to Alcohol and Other Drug Services in Victoria Treatment and Support: Sector Reform
Optional Module 12: Forensic is one of 12 optional modules able to be used alongside the mandated Step 1: Initial Screen and Step 2: AOD Comprehensive Assessment.

3 FORENSIC REFERRAL TYPES

The following information outlines the location, eligibility criteria and referral process of the key referral types, for clients with forensic needs and concurrent and problematic AOD use. Referral types include: Court integrated Services Program (CISP), CISP Remand Outreach Pilot (CROP), Assessment and Referral Court List (ARC List), Credit Bail Support Program (CBSP), Drug Diversion Appointment Line (DDAL), Drug Diversion Program, Other Diversion Referrals, and Youth Justice.

3.1 Court Integrated Services Program (CISP)

CISP is located at the Melbourne, Mildura, Sunshine, and Latrobe Valley Magistrates’ Courts, and provides short-term assistance before sentencing for individuals who have health and social needs by addressing the causes of offending through individualised case management. CISP ensures that individuals receive priority access to treatment and community support services with the aim of reducing the likelihood of reoffending.

CISP is available to consenting individuals regardless of whether or not a plea has been entered or the individual is intending to plead guilty. If eligible, individuals can be involved in the CISP for a period of up to 4 months.

In order to be eligible for case management under the CISP program, an individual must:

- be charged with an offence and on summons, bail or remand awaiting a bail hearing
- have a history of offending or current offending indicates a likelihood of further offending
- have a matter before the court that warrants intervention to reduce risk and address needs
- have a physical or mental disability or illness, AOD dependency and misuse issues; or inadequate social, family and economic support that contribute to the frequency or severity of their offending.

3.2 CISP Remand Outreach Pilot (CROP)

The CROP is an initiative of Corrections Victoria and the Magistrates’ Court of Victoria and an extension of the Court Integrated Services Program (CISP).

The CROP introduces CISP Assessment and Liaison Officers (CALOs) into prisons that accommodate prisoners on remand. CALOs proactively identify remand prisoners who may be eligible for bail if appropriate community supports were put in place. CALOs also assist remand prisoners to identify and address barriers to receiving these supports.
The objective of the CROP is to trial new approaches to supporting accused individuals who are on remand and applying for bail.

All remandees received into custody at Melbourne Assessment Prison (MAP), Melbourne Remand Centre (MRC), Port Phillip Prison (PPP) and the Dame Phyllis Frost Centre (DPFC) are reviewed by the CALOs with a view to identifying those for whom the possibility of securing bail may be improved by linkages to appropriate community supports.

Priority is given to remandees who:

- are not alleged to have committed a serious or significant indictable offence (an offence listed in Schedule 1 of the Sentencing Act 1991 (Vic))
- are not alleged to have committed an offence while on parole
- do not have an extensive history of failing to appear on bail
- do not have an extensive history of serious violent offences
- are indigenous
- have a bail application listed.

### 3.3 Assessment and Referral Court List (ARC List)

The ARC List is located at Melbourne Magistrates’ Court (MMC). The ARC List is a specialist court program developed by the Department of Justice (DoJ) and the Magistrates’ Court of Victoria (MCV) to support accused individuals who exhibit a mental illness and/or cognitive impairment. The ARC List provides eligible individuals with case management for up to twelve months. Eligible individuals are involved in the ARC List for between three and twelve months, with most being finalised within ten months.

To be eligible for the ARC List, individuals must:

- be charged with a criminal offence listed at MMC
- have a mental illness and/or cognitive impairment; intellectual disability; acquired brain injury; autism spectrum disorder; and/or a neurological impairment, including but not limited to dementia; and that the above named disorder(s) cause a substantially reduced capacity in at least one of the areas of self-care, self-management, social interaction or communication and
- would derive benefit from receiving co-ordinated services in accordance with an individual support plan or case management from the ARC list.
Services include:

- psychological assessment
- welfare, health, mental health, and/or disability, housing and support services
- alcohol services
- other services that aim to reduce the risk of offending or reoffending.
- the individual must provide consent to participate in the ARC List, including attending court regularly and meeting with the ARC List staff.

**Referral to drug treatment for CISP/ARC List**

Those participating in the CISP or ARC List may be referred, via COATS, to any of the suite of service types funded by the Victorian Government.

### 3.4 CREDIT Bail Support Program (CBSP)

The CBSP is located at the Magistrates’ Courts at Ballarat, Broadmeadows, Dandenong, Frankston, Geelong Heidelberg, Moorabbin and Ringwood.

**History of CBSP**

In November 1998, Court Referral and Evaluation for Drug Intervention and Treatment (CREDIT) commenced as a nine-month pilot at MMC to work with accused individuals on bail whose offences directly related to substance misuse. The Bail Support Program (BSP) commenced in 2001 at the Melbourne Magistrates’ Court to provide early intervention and access to AOD treatment, legal, welfare and housing services in order to assist the accused to successfully complete bail. In 2004, by agreement between the Department of Justice (DoJ) and the Magistrates’ Court of Victoria the CREDIT Program and Bail Support Program were combined to provide AOD treatment and support services to the accused on bail. The current program aims for a long-term reduction in offending by providing early intervention and access to AOD treatment, legal, welfare and housing services in order to assist individuals to successfully complete the period of bail. An individual’s progress on CBSP is monitored for a period of up to four months.

**Eligibility for CBSP**

The CBSP has the following eligibility criteria:

- any accused person eligible for a period of bail may be referred for assessment
- available to accused, regardless of whether or not a plea has been entered or they intend to plead guilty
• engagement with the CBSP and referral to AOD treatment is voluntary;
• those willing to engage in the CBSP agree to undergo a comprehensive AOD assessment and attend treatment as recommended by the CBSP case manager. A magistrate may grant bail with these conditions;
• the CBSP case manager is required to provide the magistrate with regular progress reports that outline the individual’s attendance and progress on the program and at AOD services.

Referral to CBSP can be made by magistrates, police, legal representatives, court nominees, drug courts, Neighbourhood Justice Centre, family or via self-referral.

**Referral to drug treatment for CBSP**

Those participating in CBSP may be referred, via COATS, to any of the suite of service types funded by the Victorian Government.

### 3.5 Drug Diversion Appointment Line (DDAL) - Drug Diversion Program

Individuals apprehended by the police for use or possession of an illicit drug other than cannabis may be offered a caution on the condition that they undertake a clinical drug assessment and attend at least one session of any recommended drug treatment, including brief one session intervention provided by the intake and assessment provider.

To be eligible for a caution under the drug diversion program, the individual must:

- be over 10 years of age
- be arrested for the use and/or possession of a small (non-traffickable) amount of illicit drugs other than cannabis
- admit to the offence
- not have received any more than one previous cautioning notice (including cannabis caution).

A drug diversion caution is offered to eligible individuals on the condition that they undertake a clinical drug assessment and enter any recommended drug treatment. The drug diversion caution no longer applies once the individual has attended as required. Catchment-based intake and assessment services are required to accept DDAL referrals and provide screening, assessment and brief interventions to the individuals referred.

Two DDAL service delivery options are now available to catchment based intake and assessment services:

- a single face to face session incorporating screening, assessment and brief intervention
- two face-to-face sessions incorporating screening, assessment and brief intervention

The use of one or two DDAL sessions will be determined by the individual’s substance use severity and...
complexity. DDAL clients who require AOD treatment beyond the DDAL requirement will be referred to ACSO for forensic brokerage to treatment under the COATS program.

### 3.6 Other Diversion Referrals

Individuals may be referred to drug treatment assessments by various services located at the court. The referring agency will need to ask the individual questions to identify and assess if they are eligible for diversion funding. In most cases individuals have future court dates. Once the agency has identified the individual as meeting these criteria they can submit a web-based diversion referral via the ACSO website [Diversion Referral Page](#) to ensure that forensic payments are allocated to this activity. To be eligible for ‘other diversion’ a client must not be on an existing justice order or caution and have been referred to treatment or assessment by any of the following sources:

- Police
- Custodial Health and AOD nurse (CHAD)
- Salvation Army Chaplain
- Legal Aid/Solicitor
- Some Courts
- Child Protection Services
- Family Court
- Drink / Drug Drive Providers

### 3.7 Youth Justice

The *Youth Justice Program* aims to assist young people who have come into contact with the Youth Justice (YJ) system to gain access to AOD treatment, which is arranged by COATS forensic brokerage.

To obtain assessment appointments for individuals involved with YJ, case managers can follow the relevant pathway:
This process ensures that YJ case managers are notified of the individual’s appointment details with appointment notification reliant upon communication between case managers, treatment/assessment agencies and AOD assessors.

4 ROLES AND RESPONSIBILITIES

The following articulates the roles and responsibilities of key parties in AOD assessment, treatment and referral.

4.1 ACSO COATS

- COATS forensic AOD assessors:
  - Complete the Step 1: Self Complete Initial Screen
  - Complete Step 2: AOD Comprehensive Assessment as required
  - Develop an initial treatment plan (ITP) based on assessment
  - Provide a comprehensive forensic assessment report to Corrections Victoria and other justice services, and treatment agencies if client is referred to treatment
  - Provide bridging for COATS Responsive Assessment, Planning, Intervention, and Diversion Service (RAPIDS) clients.

- COATS Client Services Unit:
  - Purchase assessments from DHHS-funded and accredited AOD assessment providers for Youth Justice and diversion providers
  - Provide justice case managers notification of assessment and treatment appointments when appointments obtained
  - Purchase treatment from DHHS-funded and accredited AOD treatment agencies
  - Facilitate AOD treatment variations and extensions.

4.2 Department of Justice

Victoria Police

Assess a client for suitability for drug diversion:

- If use / possession of illicit substance other than cannabis, contact Drug Diversion Assessment Line (Turning Point DDAL) to obtain a DDAL assessment appointment
- Turning Point Alcohol and Drug Centre DDAL line provides police with 24 hour access to drug and alcohol assessment appointments
Fax the Caution Notice to Turning Point Alcohol and Drug Centre
Dispose of evidence once client has successfully completed assessment and treatment if required and police member receives notification of treatment completion
Issue a summons if the individual fails to attend or complete assessment and treatment if required.

**Court Case Managers** (CISP, CROP, ARC, CREDIT, Drug Court, NJC (Neighbourhood Justice Centre))

- Non-Accredited Clinical Drug Assessor Case Managers
  - Refer to Catchment Based Intake and Assessment services for AOD assessment
  - Request variations for treatment should the client move locations
  - Advise the client of all treatment appointments

- Accredited Clinical Drug Assessor Case Managers
  - Case Managers holding accreditation with DHHS can undertake their own AOD Assessment
  - Provide assessment documentation, reports and treatment recommendations to the courts and treatment providers
  - Submit a referral through COATS for treatment to ensure treatment brokerage to agencies are completed
  - Notify the client of treatment appointments
  - Request variations for treatment should the client move locations
  - Advise the client of all treatment appointments

**4.3 Catchment-Based Intake and Assessment Services**
- Undertake assessment as contracted
- General liaison with justice case managers regarding assessment, appointments, and attendance
- Complete both the payment Treatment Completion Advice (TCA) and Clinical TCA via the Penelope portal (please note Youth Justice do not have access to Penelope, so hardcopies should be sent)
- In the instances of drug diversion appointments, caution notices with appointments should be emailed to Victoria Police

**4.4 AOD Treatment Providers**
- Undertake treatment as contracted
- General liaison with justice case managers, including intent to exit client before terminating course of treatment. For comprehensive description of reporting requirements see Section 4.10
• Complete progress document in Penelope portal (please note Youth Justice do not have access to Penelope, so hardcopies should be sent). See Appendix 3 for a Progress Report pro forma; There is also a Penelope progress report manual on the ACSO website\(^2\). Treatment providers may wish to utilise the Optional Module 12: Forensic when reviewing clients’ progress, particularly in regards to changes in presentation and motivation for treatment

• Complete both the payment TCA and Clinical TCA via the Penelope portal (please note Youth Justice do not have access to Penelope, so hardcopies should be sent)

• Request variations via the Penelope portal if additional treatment referrals are required during or at the completion of treatment

• Request extensions via the Penelope portal if further treatment of the same type is required

• Contact justice case managers to discuss variations and extensions and completion of treatment.

### 4.5 Forensic AOD Treatment Provider Accreditation Requirements

In order to be accredited by DHHS as a forensic AOD treatment provider, clinicians must meet the following criteria, and apply through DHHS. Further information can be found on the ACSO COATS website:

**Mandatory Qualifications and Experience:**

• Possesses an appropriate tertiary qualification (minimum level of Diploma) in a health-related discipline, e.g. nursing, psychology or social work

• Has attained the minimum educational standard for working within the AOD system e.g. Certificate IV in Alcohol and Drug Work or equivalent competencies

• Has a minimum of 12 months, full-time, AOD clinical experience delivering a range of treatment interventions in a credible alcohol and drug treatment agency/program

• Possesses relevant and appropriate counselling skills & experience.

We also recommend that any clinicians working with forensic clients complete the following training as an addition:

• Caraniche Forensic Workforce AOD training

• ACSO Working With Forensic Clients in the AOD Sector training


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4.6 Collaborative Care – Managing Risk and Information Sharing in Treatment and Assessment Services

Collaborative care in the context of the criminal justice system operates according to therapeutic jurisprudence. According to Goldberg (2005) therapeutic jurisprudence:

‘asks all judges to recognize that they can be important agents of change, and to acknowledge that their words, actions, and demeanour will invariably have an impact on the people who come before them in the courtroom.’

In the case of clients whose AOD use is demonstrably related to their offending, magistrates and judges are highly motivated to refer clients into appropriate AOD treatment with the intent of breaking the cycle of offending and reducing the number of individuals incarcerated. For this to be an effective and truly therapeutic intervention, it requires all stakeholders involved in the client’s care to work in a collaborative space.

There are numerous barriers to collaboration including competing beliefs or policy systems, different methods of client engagement, and tools of motivation. Collaborative care provides a point of focus for overcoming these barriers. The aims of collaborative care are as follows:

• All services and practices keep the person at the centre of decision-making
• Clear and frank discussions between all parties
• Clear understanding of what information can and should be shared.

4.7 How Collaborative Care Applies to Service Provision

The collaborative care model is an evidence-based approach to service provision which integrates several areas of health to facilitate client well-being. The approach can include care coordination; case management; treatment of presenting issues; and regular monitoring of a client’s progress by the care team.³

In practice, collaborative care involves all members of a client’s care team working in concert to ensure the client is receiving integrated services. Research has shown that collaborative care tends to be more effective and less costly than non-collaborative care, and can lead to improvements in outcomes for clients with complexity factors, as well as improvements in overall functioning.⁴

⁴ Ibid
4.8 Collaborative Care for Those Involved in the Criminal Justice System

As established in the Sentencing Act (1991) and unchanged in the Amended Act 2012, the sentencing guidelines state that a purpose of sentences may be to ‘establish conditions within which it is considered by the court that the rehabilitation of the offender may be facilitated.’

It is generally for this purpose that judicial officers (magistrate; judge; justice; member) seek external reports, with forensic AOD services being one of these external report providers. If judicial officers have confidence in the accuracy and factual nature of these reports, they may take into account the provided information when making decisions in relation to the individual’s legal options.

For example, if the content of a report leads a judicial officer to believe that the individual appearing before them is stable, they may consider sentencing them to a Community Corrections Order (CCO). However, if the judicial officer understands that the individual is still engaging in problematic drug use, they may decide to give them more time on bail to address their substance use.

In addition to material presented to them, a judicial officer is also required to consider the risk relating to the individual’s drug-related offending to the community. Depending on this risk, the judicial officer may decide to sentence the individual to a CCO tailored to enhance their chance of completion of that CCO, e.g. an alcohol and other drug condition with no community work; a short straight prison sentence; or a short prison sentence followed by a CCO. Alternatively a prison sentence with a parole period may be considered.

Should the individual be sentenced to a CCO and later found guilty of contravening this order, they can receive up to a three month prison term for the contravention, as well as being resentenced for the original offences for which they received the CCO, along with any new findings of guilty for offences committed during the course of the CCO. Therefore, a CCO may seem like the best option initially; however, if the individual is not sufficiently likely to comply with this, they can ultimately be in a worse position legally than prior to being sentenced to the CCO.

4.9 Privacy and Confidentiality

For many workers, privacy and confidentiality can present a challenge: how can a worker protect a client’s privacy and confidentiality and manage risk to the many partners involved in an individual’s care? Before attempting to answer this, it is important to understand the difference between privacy and confidentiality.

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5 Sentencing Act 1991 (Vic)
Confidentiality refers to data and how it is stored, used and disseminated; Privacy refers to freedom from intrusion into one’s personal matters or information.

A ‘Release of Information’ or ‘Consent to use information’ form (informed consent), in addition to clear and frank discussion, is the method which ensures that the worker and client are protected from erroneous misuse of information.

However, there are limits to confidentiality, and some behaviours are mandatory to report to the relevant authorities. These include:

- Sexual abuse of children
- A reasonable belief that a sexual offence has been committed in Victoria by an adult against a child (aged under 16)
- Risk of harm to self or others.

It is important to discuss with clients the limits of confidentiality, your reporting requirements, and the nature of information that will be shared with justice services.

Further reporting may be required according to each organisation’s policies and procedures. Please refer to the policies and procedures of your organisation for guidance on how to respond to a client’s threat to themselves or others.

4.10 Reporting and Feedback from AOD Treatment Providers to Justice Services

Justice services are to receive regular feedback from assessment and treatment providers regarding assessment and treatment progress and outcomes, including any risk concerns.

Clients are often ordered to attend treatment with an expectation that, without this treatment, clients’ ongoing untreated substance use may place them at risk of reoffending. Magistrates and judges would prefer clients to engage in treatment in the community under supervision than send clients with a history of substance abuse to prison.

Understanding these expectations is important for treatment providers and justice services alike. AOD service providers should maintain regular professional contact and case coordination throughout the client’s episode of care / course of treatment. The following should be communicated between AOD service providers and justice services throughout the duration of the client’s course of AOD treatment:

**AOD Treatment Providers to Community Corrections Victoria**

- Attendance/non-attendance at first treatment appointment to be provided no later than close of business of the following working day
- Non-attendance at appointments, or a specified component of the treatment, regardless of whether the client has made contact to provide an explanation or to reschedule. The Community Correctional
Services (CCS) Case Manager is to be advised of the details of rescheduled appointments normally on the same day as appointment, or by close of business on the following working day.

- Client treatment progress (including residential programs) regarding attendance or non-attendance
- Variation to treatment plans
- Level of participation, motivation and engagement
- Pertinent issues arising, including urinalysis results
- Increase in or relapse to drug use
- Offending behaviour or other actions that may endanger the client, a member of the community, or a specific individual should be openly discussed between both parties
- Issues such as observation/assessment of suicidal ideation
- A progress report may also be requested by a CCS Case Manager when the client is due in court
- The treatment provider is to notify the CCS Case Manager immediately via telephone or email should the client prematurely exit a treatment program (e.g. ceased attending for counselling, or has been discharged from a residential program)
- Consultation between CCS case manager prior to exiting the client from treatment, and prior to submitting the TCA
- Provision of a final written report at the completion of a course which includes
  - a summary of treatment implementation and future needs, including those related to risk assessment
  - achievement of significant treatment goals as identified in the ITP
  - changes in substance use and other behaviour as a result of treatment
  - other information that may be required to properly administer the community-based disposition
- In the event of client death, the treatment agency will advise the CCS Case Manager and COATS immediately
- It is the responsibility of the treatment agency to report any concerns about children or young people at risk of harm to Child Protection and to also advise the CCS Case Manager of this notification.

**AOD Treatment Providers to Other Justice Case Managers/Court Workers**

- Attendance at appointments
- Treatment progress
• Non-attendance at scheduled appointments, along with details of any follow-up appointments. The Court Worker will pass on appointment details to the client and inform the Magistrate of any non-attendance at treatment as required

• If a client fails to attend any subsequent scheduled appointments, the treatment agency is to liaise with the Court Worker in relation to engaging or exiting the client, or requesting a variation in treatment. The Magistrate may be informed of any failure to engage in treatment

• Progress reports outlining client’s attendance, progress, and motivation, as requested by a court worker

• Consultation with the Court Worker prior to exiting a client from treatment

• When agreement to exit a client from treatment is reached between AOD provider and Court Worker, a final report outlining attendance and progress in treatment shall be prepared for the Court Worker

• If treatment continues throughout the length of the bail program, the Court Worker is to inform the AOD provider of the client’s hearing date. At this time, the AOD provider will submit a final report outlining attendance and progress in treatment. The Court Worker will present this to the Magistrate

• It is the responsibility of the treatment agency to report any concerns about children or young people at risk of harm to Child Protection and to also advise the Justice Case Manager/ Court Worker of this notification.

4.11 Breach/Contravention of an Order

Conditions for a contravention

A client can contravene a Court Order or breach a Parole Order by failing to comply with terms and conditions attached to the Order, such as not attending programs as directed, or committing further offences while subject to an Order. CCS will determine a client’s status in relation to any alleged non-compliance with the Order, and may return the client to court or the Adult Parole Board if they deem it appropriate.

Regardless of the contravention status of a client, and whether the offender has ceased all contact with CCS, this does not mean that the client must also terminate treatment. The decision for a client to cease treatment should be clinically, not legally, based. The reporting and monitoring responsibilities of AOD treatment agencies and CCS, including the ability to request variations of treatment plans, apply even when a client is in contravention of their Order.

Distinction between contravention and relapse

Contravention of an Order needs to be distinguished from an AOD relapse. Determination of an AOD relapse is a clinically determined matter after consultation between the CCS Case Manager, AOD services and, where appropriate, COATS. Conversely, determination of the contravention of an Order is the sole responsibility of CCS.
5 INTRODUCTION TO OPTIONAL MODULE 12: FORENSIC

5.1 Background of the Forensic Module

The Forensic Module consists of a suite of supplementary forensic prompts which aims to support both AOD assessors and treatment providers by providing a means by which assessors can gather offending-related information and when used in conjunction with a treatment readiness assessment such as the MASCOT, to guide the worker to determine the individual’s motivation and readiness to change. If using the MASCOT, please note that the psychometric properties of this tool in its published form have not been formally examined. As such, standardisation of this version of the tool is not guaranteed and testing norms are not available. Clinical use of this version of the measure has been approved on the basis that it will inform future validation studies. The publisher does not give any warranty express or implied, or make any representation that the measure is complete, accurate or up to date. The accuracy of suggested results and interpretation guidelines should be independently verified with primary sources.

The Forensic Module draws upon standardised assessment tools such as the Victorian Intervention Screening Assessment Tool (VISAT); the Level of Service Inventory – Revised (LSI-R); and Risk-Needs-Responsivity framework, to deliver a document designed to assist AOD assessors to obtain a comprehensive history of a client’s contact with the criminal justice system, along with an understanding of the individual’s motivation and readiness to change via a treatment readiness assessment tool such as the MASCOT, in order to enable informed decision making and treatment planning.

The Forensic Module is designed to be used as a guide for the purposes of collecting information pertinent to an individual’s forensic history, and is not a risk assessment tool. The Forensic Module can be utilised by assessors when a client has identified in the legal section of the Step 2: AOD Comprehensive Assessment as having past, current, or pending court matters. If a client has recently been assessed by COATS, the module can be utilised to verify the currency of the information provided in the COATS report.

The use of the module assumes that users of the tool have received training in the Step 2: AOD Comprehensive Assessment, and hold the skills and knowledge required to undertake specialist AOD assessments.

To complete the module, an assessor may be required to use unstructured clinical judgement.

Unstructured clinical judgment is an assessment based on the assessor’s own skills and knowledge, and is largely dependent on their level of experience.

The module is designed to be used for the purposes of information gathering, report writing, and treatment planning. The AOD worker can use information elicited in the module to determine what type of
service will be most appropriate for the individual, for example, a non-residential service with forensic workers, forensic specialist services such as Forensicare or High Risk Offenders Alcohol & Drug Service (HiROADS), or a mainstream non-forensic service.

5.2 Purpose of the Module

The Adult AOD Screening and Assessment Tool, together with the Optional Module 12: Forensic, enable COATS and other treatment agencies to develop informed treatment planning, referral, and pathways that meet the unique needs of clients with a history of AOD use and criminal justice involvement.

There are four key purposes of the Forensic Module:

1. The collection and recording of relevant information that supplements or further clarifies information recorded in the ‘Legal section’ of the Step 2: AOD Comprehensive Assessment.

When used in conjunction with a treatment readiness assessment:

2. Guide treatment and assessment agencies in exploring the relationship between the individual’s offending and AOD use and/or mental health issues, and identifying treatment readiness and motivation to change.

3. Provide guidance to the worker when treatment planning and matching; the Forensic Module can support the worker to determine whether the client requires a referral to a specialist forensic AOD service or secondary consultation.

4. Support the worker to develop a comprehensive picture of a client’s offending history, AOD use, and/or mental health issues, treatment readiness and motivation to change. Assist the worker to communicate this to justice services via the client’s court report and other relevant documents.

5.3 When to Use the Forensic Module

The Forensic Module is one of 12 optional modules able to be used alongside the mandated Step 1: Self Complete Initial Screen for AOD Problems and Step 2: AOD Comprehensive Assessment. Workers can use the module if, after completing the Step 2: AOD Comprehensive Assessment, they find that there are legal issues that require further investigation. In addition to this, Optional Module 12 can be used where the client is referred under any of the following referral types:

- Court Integrated Services Program (CISP)
- Court Integrated Services Program (CROP)
- Assessment and Referral Court List (ARC)
- Credit Bail Support Program (CBSP)
- Drug Diversion Appointment Line (DDAL) - Drug Diversion Program
- Youth Justice
- Koori Court Diversion
- Other Diversion Referrals – Court and Police (see 3.6)
- Recently released from prison
- Parole
- Neighbourhood Justice Centre
- Community Corrections Order.

6 USING OPTIONAL MODULE 12: FORENSIC

| Purpose 1: The collection and recording of relevant information that supplements or further clarifies information recorded in the ‘Legal section’ of the Step 2: AOD Comprehensive Assessment. |

6.1 The Prompts
# Optional Module 12: Forensic

**Purpose of Module**
To assist in gathering information relating to factors which contribute to offending behaviour.

**Who can administer this module?**
This module is designed to be completed by workers, based upon discussion with the client and information gathered during assessment.

**Instructions**
1. Complete relevant sections of Optional Module 12: Forensic
3. This information can be incorporated into your assessment report and used in the development of an individual treatment plan.

## Date Information Obtained

**Source of referral:**
- Self Report
- Justice Case Manager
- Court Program
- Other: [Enter]
- Past COATS Report

**Recent legal contact:**
- Has the client recently had contact with police, a solicitor, courts, or been released from prison / youth justice facility?
  - Yes
  - No
  - Remand
  - Sentenced
  - Combined order

If yes, provide details:

<table>
<thead>
<tr>
<th>If yes, specify the type of risk concern</th>
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<tbody>
<tr>
<td>- Violent offending / behaviours</td>
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<td>- Sexual offending / behaviours</td>
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<tr>
<td>- Threatening behaviours</td>
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<tr>
<td>- Known to carry weapons</td>
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<tr>
<td>- History of stalking behaviour</td>
</tr>
<tr>
<td>- Past threats / violence towards staff</td>
</tr>
<tr>
<td>- Arson</td>
</tr>
<tr>
<td>- Risk to other program participants</td>
</tr>
<tr>
<td>- Other:</td>
</tr>
</tbody>
</table>

Please comment (intoxication, withdrawal, unstable mental state, or other dynamic risk, etc)

**Current legal status:**
- Is the client currently in custody?
  - Yes
  - No

**Current order:**
- Community Corrections Order
- Undertaking / Bond
- Family violence intervention order
- Parole
- Bail
- Youth Justice
- Intervention Order
- Victorian Police Diversion
- Supervision Order
- Deferred Sentence
- Child Protection Order
- Court Diversion
- Personal Safety Intervention Order
- Compulsory Treatment Order
- No Current Order
- Other: [Enter]

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**For Staff Only**
- Clinician name: [Enter]
- Position: [Enter]
- Signature: [Enter]
- Date: [Enter]
### Duration of the current order:

**Review Date/s:**

### Conditions attached to the current orders / programs:

- [ ] Alcohol / drug abstinence
- [ ] Supervision by CCS
- [ ] Residence restriction
- [ ] Treatment and Rehabilitation
- [ ] Unpaid community work
- [ ] Non-association with person/s
- [ ] Place or area exclusion
- [ ] Reporting to police station
- [ ] Judicial monitoring
- [ ] Curfew
- [ ] Bond
- [ ] Other: ____________________________

### Further notes regarding current order:

______________________________

### Upcoming court dates:

- [ ] No
- [ ] Yes

- Date: ____________________________ Location: ____________________________
- Date: ____________________________ Location: ____________________________

### Jurisdiction:

- [ ] Magistrates’ Court
- [ ] County Court
- [ ] Supreme Court
- [ ] VOCAT
- [ ] VCAT (incl. Guardianship and Administration)
- [ ] Children’s Court

**Location:** ____________________________

### Reason for attending court:

- [ ] Bail application
- [ ] Sentencing court date
- [ ] Judicial monitoring
- [ ] Trial
- [ ] Appeal sentence
- [ ] Breach / contravention hearing
- [ ] Other: ____________________________

### Categories of current charges:

- [ ] Homicide and related offences
- [ ] Acts intended to cause injury
- [ ] Dangerous or negligent acts endangering persons
- [ ] Sexual assault and related offences
- [ ] Abduction, harassment and other offences against the person
- [ ] Robbery, extortion and related offences
- [ ] Unlawful entry with intent / burglary, break and enter
- [ ] Theft and related offences
- [ ] Fraud, deception and related offences
- [ ] Illicit drug offences
- [ ] Prohibited and regulated weapons and explosives offences
- [ ] Property damage and environmental pollution (including arson)
- [ ] Public order offences
- [ ] Traffic and vehicle regulatory offences
- [ ] Offences against government procedures, government security and government operations
- [ ] Miscellaneous offences

### Formal charge name (if disclosed by client):

______________________________

______________________________

______________________________

______________________________

FOR STAFF ONLY

**Clinician name:** ____________________________ **Position:** ____________________________ **Signature:** ____________________________ **Date:** ____________________________
FORENSIC HISTORY
IN THIS SECTION ONLY DISCUSS IN DETAIL OFFENCES WHERE THERE HAS BEEN A FINDING OF GUILT

Include current and past offending including age of first offence, types / categories, frequency, breaches of orders / bail, reasons for breach (e.g. reoffended / treatment non-compliance), and outcome e.g. incarceration. Was offending related to state of withdrawal, intoxication, supporting habit, to increase confidence, or no relationship between drug use and offending? Was there a relationship between mental health and AOD, and vice versa? Consider the client’s mental state around the time of offending, and any indicators of acquired brain injury or intellectual disability impacting on offending.

Risk and implications for treatment:

FOR STAFF ONLY
Clinician name: Position: Signature: Date:
6.2 Building the Individual’s Forensic/Legal History

Section 5F in the Step 2: AOD Comprehensive Assessment Tool is the section where legal information collected from the client during assessment may trigger the need for completion of the Forensic Module. Information gained via Optional Module 12: Forensic can be recorded in this section of the Step 2: AOD Comprehensive Assessment.

Workers can use this section in conjunction with the Forensic Module to record the client’s legal history and current or pending charges, and to identify how the client’s substance use impacts on criminal behaviour. Some questions to consider asking the client in order to elicit information for this section include:

- What are your current charges?
- What was going on in your life at the time of these offences?
- Were you using drugs and/or alcohol at the time?
- Were you offending to support your drug/alcohol use?
- Were you using drugs/alcohol to bolster your courage to offend?
- Were you substance affected at the time of offending?
- Were you withdrawing at the time of offending?
  If yes, from which drug?
- Are you currently on:
  - Bail? When is your next court date? What conditions are in place? (This will assist in treatment planning if exclusionary zones are in place)
  - Remand? When is your next court date / bail application?
  - Summons? When is your next court date?
- Do you have any matters in the:
o Family Court?
o Children’s Court?
o County Court?

• Do you currently have an IVO in place?
• Was this taken out against you or to protect you and/or your children?
• What are the conditions of this order? (This will assist in treatment planning if, for example, exclusionary zones are in place)

Past legal history

• How old were you when you committed your first offence?
• What was/were the offence/s?
• Were you alone or with a group?
• What was going on in your life at the time of these offences?
• Were you using drugs and/or alcohol at the time?
• Were you offending to support your habit?
• Did you use drugs/alcohol to bolster your courage to offend?
• Were you substance affected at the time of offending?
• Were you withdrawing at the time of offending?
• If yes, what drug were you withdrawing from?
• Have you ever been charged with violent offences? What was the nature of these?
• Have you ever been charged with sex offences? What was the nature of these?
• Have you ever been incarcerated?
• If yes - How old were you?
• How many times have you received a prison sentence?
• Have you ever breached bail or an order?
• If yes - How did you breach? Reoffending, treatment condition, supervision, community work?
• Were there any similarities or differences between your past and current offending?
Information obtained in the Forensic Module will generally rely on self-report. Collateral information is desirable but is not necessary for completion of the Forensic Module. Other collateral information sources may be as follows:

- Corrections Victoria reports
- Previous COATS reports and review of previous assessments
- Caution notices
- Discussion with other practitioners.

Collateral information strengthens the quality of the assessment; there is always a risk of inaccuracy when relying on self-report alone.
### 6.3 Prompts and Explanations

<table>
<thead>
<tr>
<th>Prompt</th>
<th>Explanation notes</th>
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</table>
| Has the client recently had contact with police, a solicitor, courts or been released from prison / youth justice facility? | **Remand** - Alleged offenders on remand are held in custody before and during their trial (on criminal charges) by order of a court. Generally, remandees will be held in special remand facilities and will have fewer restrictions placed on them than convicted prisoners. An alleged offender is remanded in custody by a court if they:  
  - have not applied for bail;  
  - have been refused bail;  
  - cannot meet bail or provide a surety, or  
  - are unable or unwilling to meet the conditions set out in the bail bond  
Remanding an offender in custody ensures that the alleged offender attends their trial. **Sentenced** - When an individual has been found guilty in a court, they are sentenced according to the offence they committed. This sentence could include a term of imprisonment, a Community Corrections Order, combined order, etc. **Combined order** – When a court imposes a Community Corrections Order in addition to a sentence of imprisonment. In this case, the CCO commences on the release of the individual from imprisonment (If no parole period has been ordered), or if the offender is released on parole, on completion of the parole period. |
| Risk considerations for service providers & other service users         | Please comment (Intoxication, withdrawal, unstable mental state, or other dynamic risk, etc); Expand on type of risk concern in relation to triggers. For example, does this behaviour only occur in the context of drug intoxication or withdrawal, particular workers, mental health triggers, sex/gender of worker, etc. Are the risk considerations historical or does the client currently pose a valid risk? |
| Current order                                                           | **Bail** – A promise that the client will go to court to face charges on a certain day. The client may have to agree to conditions like reporting to the police, living at a certain place or having someone act as a surety. There is no penalty for non-attendance in treatment where participation in bail support services is a condition of bail.6  
**Child Protection Order** – An order made to protect a child from harm. **Community Corrections Order** – A Community Corrections Order (CCO) is a flexible sentencing order served in the community. The order can be imposed by itself or in addition to imprisonment or a fine. A CCO may have one or more of the below conditions attached:  
  - work up to 600 hours of community service work (up to 20 hours each week)  
  - agree to have treatment for drug or alcohol use  
  - accept supervision or management by Corrections Victoria  
  - stay away from particular person (for example, the co-offender)  
  - stay away from a particular place (such as Melbourne city centre)  
  - stay home between particular hours (such as not go out after 11 pm)  
  - stay away from licensed places  
  - return to court so the magistrate can check the client’s progress  
  - pay a bond  
  - agree to another order that the magistrate thinks will fit the client’s particular circumstances. The maximum penalty for contravening a community corrections order is three months prison or a fine of up to 30 penalty units. |

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6 *Bail Act 1977* (Vic)
If the individual has committed another offence and that offence is punishable by a prison sentence, then they will be sent to prison unless they have exceptional circumstances.

**Compulsory Treatment Order**

There are three types of compulsory treatment orders:

- **Assessment Orders** – made by a registered medical practitioner or a doctor to allow an authorised psychiatrist to examine an individual
- **Temporary Treatment Orders** – made by an authorised psychiatrist for a maximum of 28 days
- **Treatment Orders** – made by the Mental Health Tribunal. They can only be made if the individual is already on a temporary treatment order.

**Deferred sentence** – Section 83(1) of the Sentencing Act allows magistrates to defer sentences for up to 12 months for suitable defendants, regardless of age. The Act sets out the purpose of deferral (which is the defendant’s rehabilitation) and it provides for defendants to participate in certain programs.

When a defendant faces multiple offences, a magistrate may impose a CCO for some offences (with judicial monitoring) and defer the sentence for other offences for up to 12 months.

**Diversion** – A way to deal with a criminal matter out of the court system and to give the individual a chance to avoid a criminal record.

**Family Violence Intervention Order** – Court order under the Family Violence Protection Act 2008 (Vic) restraining a person from harmful or annoying conduct against a family member.

**Intervention Order** – Court order restraining a person from harmful or annoying conduct.

**Other** – E.g. Suspended Sentence

**Parole** – To free a prisoner on their own recognisance after serving a minimum term. Every parole order contains the following standard conditions:

- that the individual does not break any law
- that the individual notifies a community corrections officer of any change of address or employment within 48 hours of the change
- that the individual does not leave the State of Victoria without the written permission of the regional manager
- that the individual carries out the lawful instructions of community corrections officers
- that the individual is under the supervision of a community corrections officer
- that the individual reports as and when directed by the community corrections officer
- that the individual makes themselves available for interview by the community corrections officer at such time and place as directed by the community corrections officer

If the individual breaches parole, the Adult Parole Board may:

- issue a warning
- change the conditions of the parole order
- cancel the parole order

**Personal Safety Intervention Order** - Court order under the Personal Safety Intervention Order Act 2010 that helps to protect a person from physical or mental harm caused by someone who is not a family member.

**Undertaking / Bond** – To promise, in the course of legal proceedings, to do or refrain from doing an act. An undertaking is enforceable by attachment or like an injunction. A deed in which a person undertakes to do or refrain from doing certain things, e.g. good behaviour bond.
If the individual is non-compliant with the conditions of the undertaking or bond, they will be liable to be re-sentenced for the offences originally subject to the undertaking or bond.

**Youth Justice**

- **A Youth Supervision Order** is a sentence given by the Children’s Court. In most cases the length of time spent on an order will be 12 months or less. In some cases it might be up to 18 months.

- **A Youth Attendance Order** is a sentence given by the Children’s Court. The judge or magistrate will call for a report to see if the individual is suitable for an order. The Youth Attendance Order is a direct alternative to going into custody.

- **A Youth Justice Centre (YJC) Order** sentences a young person to a period of time in custody at a youth justice centre. It cannot be longer than three years.

- **A Youth Residential Centre (YRC) Order** sentences a young person to a period of time in custody at a youth residential centre. If the matters were heard at the Children’s or Magistrates’ Courts it cannot be longer than two years. However, if ordered in the County or Supreme Courts the order can be a maximum of 3 years.

**Conditions attached to current order/s**

- **Alcohol / drug abstinence** – The individual must abstain from alcohol and/or drug use.

- **Bond** – The individual must pay a bond.

- **Curfew** – The individual must stay home between particular hours (such as not go out after 11 pm).

- **Judicial monitoring** – The requirement that the individual attends court during the period of the CCO and answer a magistrate’s questions regarding the individual’s ongoing treatment.

- **Non-association with person/s** – The individual must stay away from particular person (for example, the co-offender)

- **Place or area exclusion** – The individual must stay away from a particular place (such as Melbourne city centre).

- **Residence restriction** – The individual must reside at a place specified in the order or not reside at a place specified in the order.

- **Reporting to the police station** – The individual may be required to report to a police at certain times.

- **Supervision by CCS** – The individual must accept supervision or management by Corrections Victoria.

- **Treatment and rehabilitation** – The individual must agree to have treatment for drug or alcohol use.

- **Unpaid community work** – The individual must work up to 600 hours of community service work (up to 20 hours each week).

**Reason for attending court**

- **Appeal sentence** – A procedure that allows a party to challenge the decision made by a court, tribunal or government department.

- **Bail application** – A court hearing to decide whether or not an individual should be released from custody to then appear in court at a later date.

- **Breach/contravention** – The maximum penalty for contravening a community corrections order is three months prison or a fine of up to 30 penalty units.

  If found guilty of the breach/contravention, the individual will also be resentenced for the original matters that lead to the original order, along with any additional findings of guilt for offending arising during the course of the order.

- **Judicial monitoring** – The requirement that the individual attends court during the period of their CCO so the magistrate can monitor their progress.

- **Sentencing court date** – Court date to determine the sentence of the charge. That means the judicial officer gives the individual a penalty and, if the offence was serious, the judicial
A police officer may also give the individual a conviction. The penalty is referred to as the ‘sentence’.

**Trial** – A court case heard with or without a jury.

<table>
<thead>
<tr>
<th>Categories of current charges (Obtained from Australian Bureau of Statistics (ABS) 2011)</th>
<th><strong>Homicide and related offences</strong>: Unlawfully kill, attempt to unlawfully kill, or conspiracy to kill another person. Offences in this division are classified into the following subdivisions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Murder</td>
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<td>• Attempted murder</td>
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<tr>
<td></td>
<td>• Manslaughter and driving causing death</td>
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<td><strong>Acts intended to cause injury</strong>: Acts which are intended to cause non-fatal injury or harm to another person and where there is no sexual or acquisitive element. Offences in this division are classified into the following subdivisions:</td>
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<tr>
<td></td>
<td>• Assault</td>
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<td></td>
<td>• Other acts intended to cause injury</td>
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<tr>
<td></td>
<td><strong>Sexual assault and related offences</strong>: Acts, or intent of acts, of a sexual nature against another person, which are non-consensual or where consent is proscribed. Offences in this division are classified into the following subdivisions:</td>
</tr>
<tr>
<td></td>
<td>• Sexual assault</td>
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<tr>
<td></td>
<td>• Non-assaultive sexual offences</td>
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<td></td>
<td><strong>Dangerous or negligent acts endangering persons</strong>: Dangerous or negligent acts which, though not intended to cause harm, actually or potentially result in injury to oneself or another person.</td>
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<td></td>
<td>• Dangerous or negligent operation of a vehicle</td>
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<td>• Other dangerous or negligent acts endangering persons</td>
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<td></td>
<td><strong>Abduction, harassment and other offences against the person</strong>: Acts intended to threaten or harass, or acts that unlawfully deprive another person of their freedom of movement, that are against that person’s will or against the will of any parent, guardian, or other person having lawful custody or care of that person. Offences in this division are classified into the following subdivisions:</td>
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<tr>
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<td>• Abduction and kidnapping</td>
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<td>• Deprivation of liberty / false imprisonment</td>
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<td></td>
<td>• Harassment and threatening behaviour</td>
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<td></td>
<td><strong>Robbery, extortion and related offences</strong>: Acts intended to unlawfully gain money, property or other items of value from, or to cause detriment to, another person by using the threat of force or any other coercive measure. Offences in this division are classified into the following subdivisions:</td>
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<tr>
<td></td>
<td>• Robbery</td>
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<td></td>
<td>• Blackmail and extortion</td>
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<td></td>
<td><strong>Unlawful entry with intent/burglary, break and enter</strong>: The unlawful entry of a structure with the intent to commit an offence, where the entry is either forced or unforced. Offences in this division are classified into the following subdivisions:</td>
</tr>
<tr>
<td></td>
<td>• Unlawful entry with intent/burglary, break and enter</td>
</tr>
</tbody>
</table>

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Theft and related offences: The unlawful taking or obtaining of money or goods, not involving the use of force, threat of force or violence, coercion or deception, with the intent to permanently or temporarily deprive the owner or possessor of the use of the money or goods, or the receiving or handling of money or goods obtained unlawfully.

Offences in this division are classified in the following subdivisions:

- Motor vehicle theft and related offences
- Theft (except motor vehicles)
- Receive or handle proceeds of crime
- Illegal use of property (except motor vehicles)

Fraud, deception and related offences: Offences involving a dishonest act or omission carried out with the purpose of deceiving to obtain a benefit.

Offences in this division are classified into the following subdivisions:

- Obtain benefit by deception
- Forgery and counterfeiting
- Deceptive business/government practices
- Other fraud and deception offences

Illicit drug offences: The possessing, selling, dealing or trafficking, importing or exporting, manufacturing or cultivating of drugs or other substances prohibited under legislation.

Offences in this division are classified into the following subdivisions:

- Import or export illicit drugs
- Deal or traffic in illicit drugs
- Manufacture or cultivate illicit drugs
- Possess and/or use illicit drugs
- Other illicit drug offences

Prohibited and regulated weapons and explosives offences: Offences involving prohibited or regulated weapons and explosives.

Offences in this division are classified into the following subdivisions:

- Prohibited weapons/explosives offences
- Regulated weapons/explosives offences

Property damage and environmental pollution: The wilful and unlawful destruction, damage or defacement of public or private property, or the pollution of property or a definable entity held in common by the community.

Offences in this division are classified into the following subdivisions:

- Property damage, including graffiti, and damage by fire or explosion
- Environmental pollution, including air pollution, water pollution, noise pollution, and soil pollution

Public order offences: Offences relating to personal conduct that involves, or may lead to, a breach of public order or decency, or that is indicative of criminal intent, or that is otherwise regulated or prohibited on moral or ethical grounds. In general these offences do not involve a specific victim or victims; however some offences, such as offensive language and offensive behaviour, may be directed towards a single victim.

Offences in this division are classified into the following subdivisions:

- Disorderly conduct
- Regulated public order offences
- Offensive conduct

Traffic and vehicle regulatory offences: Offences relating to vehicles and most forms of
traffic, including offences pertaining to the licensing, registration, roadworthiness or use of vehicles, bicycle offence and pedestrian offences.

Offence in this division are classified into the following subdivisions:

- Driver licence offences
- Vehicle registration and roadworthiness offences
- Regulatory driving offences
- Pedestrian offences

**Offences against justice procedures, government security and government operations:**
An act or omission that is deemed to be prejudicial to the effective carrying out of justice procedures or any government operations. This includes general government operations as well as those specifically concerned with maintaining government security.

Offences in this division are classified into the following subdivisions:

- Breach of custodial order offences
- Breach of community-based orders
- Breach of violence and non-violence orders
- Offences against government operations
- Offences against government security
- Offences against justice procedures

**Miscellaneous offences:** Offences involving the breach of statutory rules or regulations governing activities that are prima facie legal, where such offences are not explicitly dealt with under any other division. If an offence is specified under regulation and involves an act that would be illegal under common law or general criminal legislation (e.g. assault on Occupational Health and Safety Inspector), then this offence should be dealt with under the appropriate generic group.

Offences in this division are classified into the following subdivisions:

- Defamation, libel and privacy offences
- Public health and safety offences
- Commercial/industry/financial regulation
- Other miscellaneous offences

| Findings of guilt | Prior to sentencing the individual’s offences are alleged and at sentencing some or all of the offences may be struck out or result in a finding of not guilty. For this reason it is important that when recording information you include only offences where there has been a finding of guilt. |

| Forensic history | If there is a lengthy history of involvement with the forensic system, focus on exploring more recent offending in more detail, and summarise past offending. |

**Juvenile offender:** One who committed an offence before the age of 18. The Criminal Division of the Children’s Court of Victoria has jurisdiction to hear and determine charges against young people aged between 10 and 17 years at the time of committing the alleged offence.

If a young person has turned 19 by the time their court case is commenced in the Children’s Court, the case will be transferred to the Magistrates’ Court.

The Criminal Division of the Children’s Court may deal with all charges except:

- murder
- attempted murder
- manslaughter
- child homicide
- defensive homicide
• arson causing death, and
• culpable driving causing death.

**Risk and implications for treatment**

Given the above, what information needs to be considered when treatment planning and managing the individual’s risk*.

*Additional mental health referral pathways include obtaining a Mental Health Care plan from a General Practitioner, self-referral to a psychologist/psychiatrist, and intake through Mental Health Community Support Services (MHCSS) in client’s local catchment. The MHCSS providers in Victoria are ACSO (1800 022 760), Neami National (1300 379 462), and EACH (1300 785 358). If a client is on Bail program, there may be funding available for medication through their justice case manager.
7 TREATMENT READINESS: USING THE MASCOT

Purpose 2 & 3: When used in conjunction with a treatment readiness assessment: *Guide treatment and assessment agencies in exploring the relationship between the individual's offending and AOD use and/or mental health issues, and identifying treatment readiness and motivation to change. Provide guidance to the worker when treatment planning and matching; the Forensic Module can support the worker to determine whether the client requires a referral to a specialist forensic AOD service or secondary consultation.*

7.1 Melbourne Attitudes to Substance, Change and Openness to Treatment Scale (MASCOT)

MASCOT 0.4

This questionnaire is for people who are in treatment, or who may be referred to treatment, for their drug and/or alcohol use. The questions are designed to help you and your counsellor/case worker understand more about how you feel about your drug and/or alcohol use and about treatment, and how ready you are to make changes.

You should answer the questions according to how you feel right now, even if the questions are about things you may be asked to do in the future, such as attending treatment sessions or completing treatment activities.

<table>
<thead>
<tr>
<th>Item</th>
<th>Not at all true for me</th>
<th>Not very true for me</th>
<th>Somewhat true for me</th>
<th>Mostly true for me</th>
<th>Definitely true for me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My drug and/or alcohol use has contributed to problems in my relationships</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. The main reason I would attend treatment is because other people think I need it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I can't enjoy life without drugs and/or alcohol</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. People are right when they say my drug and/or alcohol use is or has been a problem</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Using drugs and/or alcohol stops me from achieving my best</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Do you find treatment is a loa</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. To benefit from treatment I need to attend every session</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. To benefit from treatment I need to do all of the activities the counsellor recommends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. My drug and/or alcohol use is part of who I am now, and I can't change that</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. For me there are more bad things about using drugs and/or alcohol than good things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. I am open to the advice/support that a counsellor can offer me about my drug and/or alcohol use</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. I don't feel I can commit to reducing or quitting my drug and/or alcohol use</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. To benefit from treatment, it is important to practice the skills I learn in treatment sessions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. To benefit from treatment, it is important to discuss my drug and/or alcohol use openly and honestly in counselling/group sessions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. Using drugs and/or alcohol has made my life worse</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. Reducing/quitting my drug and/or alcohol use is too much effort for me right now</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
7.2 Understanding the MASCOT

The MASCOT is a brief assessment tool developed by Caraniche to measure treatment motivation among respondents involved in drug and alcohol treatment offered in prison, community residential and community non-residential settings. The questionnaire should ideally be completed by the client, however where required, clinicians / case workers can assist individuals to complete the questions. Scores on the MASCOT should be considered in conjunction with information collected through the Forensic Module to inform the assessment and referral of forensic clients. It should be noted that the psychometric properties of this measure in its published form here have not been formally examined. As such, standardisation of this version of the tool is not guaranteed and testing norms are not available. Clinical use of this version of the measure has been approved on the basis that it will inform future validation studies. The publisher does not give any warranty express or implied, or make any representation that the measure is complete, accurate or up to date. The accuracy of suggested results and interpretation guidelines should be independently verified with primary sources.

The MASCOT consists of 15 items which are scored using a 5-point Likert scale where:

1 = Not at all true for me and
5 = Definitely true for me.

The MASCOT measures motivation in terms of clients’ attitudes across three domains:

1. Attitudes towards substance use, i.e. ‘Does the client see substance use as a problem for them?’
2. Attitudes towards change, i.e. ‘Does the client want to make long term changes to their substance use?’
3. Attitudes towards treatment, i.e. ‘Does the client feel that committing to treatment is an effective way to address their substance use?’
7.3  Scoring Table

<table>
<thead>
<tr>
<th>Scoring</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes towards Substance Use (SU): Q1 + Q4 + Q5 + Q9 + Q14</td>
<td>= _______</td>
<td>_______</td>
</tr>
<tr>
<td>Attitudes towards Change (C): 30 – (Q2 + Q3 + Q08 + Q11 + Q15)</td>
<td>= _______</td>
<td>_______</td>
</tr>
<tr>
<td>Attitudes towards Treatment (T): Q6 + Q7 + Q10 + Q12 + Q13</td>
<td>= _______</td>
<td>_______</td>
</tr>
</tbody>
</table>

**Subscales**

Low 5-15
Moderate 16-20
High 21-25

**Overall MASCOT Score**

Low 15-45
Moderate 46-60
High 61-75

7.4  Interpretation and Use of MASCOT Subscales

1. **Attitudes towards Substance Use**

Higher scores on the first subscale indicate that the respondent openly recognises that they have a problem with substance use, while lower scores suggest lack of insight and/or ownership over their substance use. Interventions for low to moderate scorers may include motivational interviewing (MI), rapport building, and exploration of their sense of control over their AOD use.

2. **Attitudes towards Change**

For this subscale, higher scores indicate that the respondent is open to the idea of life without substances, with lower scores reflecting possible reluctance, resistance, or fear of change. Interventions for low to moderate scorers may focus on exploring feelings of ambivalence and MI techniques that seek to increase confidence, self efficacy and motivation for change.

3. **Attitudes towards Treatment**

Higher scores on the last subscale suggest that the respondent is committed to treatment, and views intervention as an important step in addressing their substance use. Lower scores may reflect a lack of commitment or doubt about treatment, a lack of understanding around addiction, or they may have had previous negative experiences with treatment. Interventions for low to moderate scorers may include rapport building, developing a collaborative therapeutic relationship, and exploring individual’s beliefs about their ability to overcome substance use without help (discussing past experiences).
### 7.5 Scoring Interpretation and Suggested Interventions:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Low to Moderate Score</th>
<th>High Score</th>
<th>Interventions for Low to Moderate scorers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes toward substance use</td>
<td>Lack of insight and lack of ownership over substance use</td>
<td>Openly recognises that they have a problem with substance use</td>
<td>Motivational interviewing, rapport building, and exploration of their sense of control over their AOD use</td>
</tr>
<tr>
<td>Attitudes toward change</td>
<td>Reflecting possible reluctance, resistance, or fear of change</td>
<td>Respondent is open to the idea of life without substances</td>
<td>Exploring feelings of ambivalence (e.g. decisional balance) and a supportive and non-confrontational approach that seeks to increase confidence, self-efficacy and motivation for change</td>
</tr>
<tr>
<td>Attitudes toward treatment</td>
<td>Lack of commitment or doubt about treatment, a lack of understanding around addiction, or they may have had previous negative experiences with treatment</td>
<td>Respondent is committed to treatment and views intervention as an important step in addressing their substance use</td>
<td>Rapport building, developing a collaborative therapeutic relationship, and exploring client’s beliefs about their ability to overcome substance use without help (discussing past experiences)</td>
</tr>
</tbody>
</table>

* Note on Moderate Scorers: Clients that score in the moderate range are likely to be experiencing some ambivalence about changing their substance use and/or attending treatment, therefore the motivating interviewing techniques recommended for low scorers are also likely to benefit moderate scoring clients.
Purpose 2: When used in conjunction with a treatment readiness assessment: *Guide treatment and assessment agencies in exploring the relationship between the individual's offending and AOD use and/or mental health issues, and identifying treatment readiness and motivation to change. Provide guidance to the worker when treatment planning and matching; the Forensic Module can support the worker to determine whether the client requires a referral to a specialist forensic AOD service or secondary consultation.*

8.1 Evidence-based Assessment

The current incarnation of a tier-based AOD assessment has its origins in Ontario, Canada, where AOD researchers spent a number of years developing a needs-based approach to AOD assessment. The initial model acknowledged the relationship between substance use and life complexity. Building on these findings and incorporating other evidence sets, Turning Point has developed the model of tiered AOD needs-based assessment used by the Victorian AOD Sector.

Testing and refining the tier model on a Victorian dataset of approximately 2,900 service-seekers, Turning Point developed a model that segments service seekers into tiers of severity/complexity. The five tiers as articulated below reflect ‘the range of clients accessing Victorian alcohol and drug services, from non-dependent populations to the most at-risk client populations who require intensive treatment and coordinated care both over time and across multiple service types’.

The Victorian model has now undergone testing for reliability and validity on over 3,000 AOD cases, providing the AOD sector with a consistent and effective methodology for determining an individual’s level of risk and need, providing appropriate guidance around treatment and interventions.

8.2 Tiers

<table>
<thead>
<tr>
<th>Tier</th>
<th>Complexity</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 or 2</td>
<td>No complexity</td>
<td>No comprehensive assessment required, refer to self-help or other supports</td>
</tr>
<tr>
<td>Tier 1 or 2</td>
<td>With complexity</td>
<td>No comprehensive assessment required, refer to self-help or other supports</td>
</tr>
<tr>
<td>Tier 3</td>
<td></td>
<td>Full Comprehensive Assessment: Eligible for standard treatment types</td>
</tr>
<tr>
<td>Tier 4</td>
<td></td>
<td>Full Comprehensive Assessment: Eligible for standard treatment types</td>
</tr>
<tr>
<td>Tier 5</td>
<td></td>
<td>Full Comprehensive Assessment: Eligible for complex treatment types, such as counselling – complex, and withdrawal – complex</td>
</tr>
</tbody>
</table>

8 Alcohol and Drug Treatment Service Fact Sheet: Demand Modelling July 2014
The tiered model asserts that the higher the tier, the more intensive the treatment and support required. Further, an individual’s life complexity (homelessness, non-engagement in employment and training, and mental health) can be assumed to be indicative of an increasing level of risk thus requiring flexible and specific interventions.

8.3 Why Use Tiers?
Tiers provide a simple way to map the individual’s needs to the appropriate treatment response, and to help you determine:

1. Which individuals are likely to need telephone or online support only, or self-help materials (individuals who score Tier 1 or 2 on the screen).
2. Which individuals have complex problems that should be addressed by services beyond the AOD system (individuals who score Tier 1 or 2 on the screen but who have significant life complexities).
3. Which individuals require a full AOD assessment (all individuals who score at Tier 3, 4 or 5, i.e. have a likely substance dependence).
4. Which individuals require a full AOD assessment and are likely to need care and recovery coordination support for multiple life complexities (Tier 5).

Note:

- If other significant client issues arise that are not adequately addressed by the screen, then individuals should be referred on for full AOD assessment.
- All individuals screened as Tier 3, 4 or 5 should receive a full AOD assessment. Tier 5 individuals should be prioritised for assessment.
- Each agency should also determine their own process for prioritising assessments for individuals who are scored at Tier 1 or 2.

For guidance on scoring please see Alcohol and Drug Treatment Service Fact Sheet: Demand Modelling July 2014.

8.4 Complexity
In the Victorian model three components of life complexity are considered:

- Mental health (measured as psychological distress)
- Concerns about housing and housing security
- Lack of meaningful activities (employment or training).
Tiers are determined by a client’s score on the AUDIT, DUDIT and K10 scales and questions on housing issues and unemployment.

8.5 Clinical Override

The tier assessment is designed to provide assistance to assessors in identifying the most appropriate and targeted treatment and interventions for individuals with AOD use. It is, however, only a guide and assessors and clinicians are expected to use clinical judgement when assessing which tier an individual belongs to. For example, forensic clients who have been incarcerated for a lengthy period of time may report a low tier score whilst in prison (where there is less likelihood of obtaining illicit substances, and a lower likelihood of reporting substance use due to legal implications) but may be a higher risk upon their exit from prison. Similarly, individuals who self-report a low-level of substance use but return with a positive Urine Drug Screen (UDS) may be more adequately served in a higher tier; you may be required to use clinical judgement decide this. Further, individuals who commit violent offences whilst intoxicated or substance affected may not meet the criteria for substance dependence (and therefore be rated a tier 1 or 2) but, due to the severity of their offending, require a treatment response. An example of this is people who binge drink or use substances on occasion, and engage in criminal behaviour such as violence. This population will not score high on the AUDIT or DUDIT, but will exhibit high risk behaviours which require intervention. Such individuals will likely require clinical override.

Assessors may also garner information from the individual which they believe may influence the individual’s severity/complexity, but which is not necessarily reflected in the initial screening (for example, a history of trauma which continues to impact the client’s ability to maintain functionality) and the assessor may invoke clinical override where they believe the individual is at higher risk of AOD misuse.

Assessors should also refer to their organisation’s policies and procedures with regards to assessing individuals according to Tiers.
Purpose 2: When used in conjunction with a treatment readiness assessment: Guide treatment and assessment agencies in exploring the relationship between the individual’s offending and AOD use and/or mental health issues, and identifying treatment readiness and motivation to change. Provide guidance to the worker when treatment planning and matching; the Forensic Module can support the worker to determine whether the client requires a referral to a specialist forensic AOD service or secondary consultation.

Using the Matrix 1: Treatment Options for Forensic Clients located on the following page, an AOD clinician can be guided as to which treatment options are available and most appropriate for a client depending on the level of treatment readiness, likely dependency on substances, and the severity of offending.

The total score for the MASCOT should be used to determine whether the client has a low-moderate or a high readiness to change (See 7.3 Scoring Table). Likely dependency links to the client’s AUDIT and/or DUDIT scores, and an AOD clinician should use the scoring for each screen to determine whether a client is screened as ‘likely dependent’ or if the identified substance use is less harmful or problematic.

When determining the seriousness of an individual’s offending, when using this matrix, Serious offending refers to serious violent and serious sexual offending (see Glossary).
It is recommended that clinicians providing services to forensic clients are DHHS accredited forensic workers in AOD services.

**Specialist Forensic AOD services include the HIROADS program, Kickstart, and Torque (Refer to Appendix 2 – Treatment Types).**

Note: Where a client is reporting no drug use, however their presentation is inconsistent with this self-report, refer back to justice case manager for urine drug screens.

+ MASCOT: Use the Overall MASCOT score to determine client rating.
Contact ACSO’s DUETS team or dual diagnosis coordinator for available referral options for clients presenting with a dual diagnosis.

9 CONFIDENTIAL FORENSIC AOD ASSESSMENT REPORT

Purpose 4: When used in conjunction with a treatment readiness assessment: To support the worker to develop a comprehensive picture of a client’s offending history, AOD use and/or mental health issues, treatment readiness and motivation to change. To communicate this to Justice Services via the client’s court report and other relevant documents.

9.1 Purpose of the Confidential Forensic AOD Assessment Report

The Confidential Forensic AOD Assessment Report, also referred to as the Court Report, is prepared by the AOD Assessor for the purpose of communicating information regarding an individual’s psychosocial history, mental and cognitive health, medical history, forensic behaviours, substance use, and previous substance interventions, any identifiable links or relationships, along with recommendations and current interventions already in place, to the magistrate and other judicial officers. This may include:

- What role if any, alcohol and other drug use has had on an individual’s current and past offending
- Where a relationship is identified, suggested treatment interventions to address
- Report on any intervention already in place and client’s attendance— the most powerful and helpful information is factual e.g. appointments made; appointments attended; reasons for non-attendance; steps taken to increase attendance at appointments
- History of drug treatment – what past treatment types have been effective and/or not effective for the client
- Other factors (outside of AOD use) that may impact on offending behaviour (homelessness; unemployment; mental illness; intellectual disability; coping skills; peer group; drug use of people in their life).

Who it is for and how it will be used?

The Confidential Forensic AOD Assessment Report may be used by judicial officers, including magistrates and judges, to assist in decision making such as bail applications, bail adjournments, and sentencing pertaining to the individual identified in the report. Once a report is submitted to the Court, it is generally made available to the prosecutor and defence lawyer and may also be provided to other parties e.g. Corrections Victoria. The report may also be used in future court cases, including other jurisdictions.
Style and language

- The court report must deliver factual information in a clear and concise manner
- Follow the template provided below to ensure that all relevant information has been included in your report
- Ensure that you use professional but succinct language and that your report provides clear information and advice that is unambiguous to the reader
- Avoid using jargon and abbreviation
- Refer to the subject of this report by their title and surname, not their given name (i.e. Mr Jones).

Who to address the report to

In Victoria, all reports should be addressed to ‘Your Honour’ regardless of the court in which charges are being heard.

How long should the report be?

Ideally a report should be no longer than 2 pages, however this may be exceeded for clients with complex forensic and AOD histories. When writing the report, keep in mind that the judicial officer will be reading many reports of a similar nature and your objective is to provide the most relevant and pertinent information about the client who has been assessed in a succinct and concise manner. Stick to the facts.

Identify who you are

Your title e.g. ‘AOD Clinician’ should be stated below your name; this ensures the judicial officer is aware of your role.
9.2 Confidential Assessment Report Pro Forma

Client Name: Date of Birth: 
Current Address: 
Telephone Number: 

Assessor’s Name: 
Date of Assessment: Date of Report: 

Court: 
Source of Information: Client, Treatment Provider, other reports, screening and tests, etc.

Your Honour,

Brief Assessment Summary

Note the assessment date and provide details of current order/s (e.g. client may be on bail and also be serving other community-based order/s)

Provide an overall description of what client reported during assessment including:

- Any effects court appearance may have had on client
- Whether the client appears to take their court matters seriously
- Any (self-reported) changes in drug and alcohol use since court
- Motivation to engage in treatment indicated by treatment readiness assessment, and/or attendance and presentation at treatment along with other related appointments
- Psychosocial aspects that may impact on treatment and/or substance use i.e. unemployment, stable accommodation, children, etc
- A brief statement of treatment recommendations
- In the event that the client has missed appointments, you may provide an explanation for this non-attendance, and state any steps that you and the client have taken to address this

Psicosocial

Provide brief psychosocial notes, including current housing situation, current income, and employment or training

Forensic behaviours

Where information is available to assessor, detail the following:

- Age and type of first offence
- Relationship between current offences and substance use/mental illness (do not attempt to justify or excuse offending; the purpose of this is to provide context to the behaviour)
- Past legal history and relationship to substance use/mental illness
- Identify the patterns of offending behaviour
- History of violent offences
- History of sexual offences

Mental health issues / concerns

- Note any current mental health diagnoses or concerns, including source if possible
• Using Optional Module 12: Forensic, provide details of any identified links between substance use issues, mental health, and offending behaviour

**Substance/s previously used**
• Provide history of substance use
• Include amounts used and reasons for any changes in substance use
• Report route of administration

**Substance/s currently used**
• Provide details of the substance/s currently used
• Include amounts used and whether there has been change to this use in recent times
• Report route of administration
• Ensure to include the source of this information, e.g. self-report / urine screens

**Engagement in substance 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
• Results of screening tools and testing undertaken (ASSIST; AUDIT; DUDIT; K10; etc). For all use of assessment tool acronyms, be sure to include a footnote in the report that provides the full name of the tool/s

**Goals, individual treatment plan, and recommendations**
Outline the following:
• Motivation for treatment, drawing on treatment readiness assessment and/or current or recent behaviours
• Motivation for change and efforts to assume responsibility

As informed by the above, detail:
• Realistic treatment goals (when necessary, explain why you have recommended certain treatment, e.g. currently substance use is the clients only coping strategy, therefore removal of substance use would increase client’s risk of suicide). In cases where recommending against immediate cessation of drug use, identify strategies to mitigate against reoffending.
• Individual treatment plan and interventions recommended, i.e. counselling, withdrawal services
• Preferred agency and any appointments that may have been scheduled

DO NOT make recommendations regarding sentence or bail.

[Signature]
[Assessor name]
[Position]
Appendix 1 – Glossary

Adult Parole Board (APB)
An independent statutory body under the Corrections Act 1986. The APB has jurisdiction over offenders for whom a Court has ordered a prison sentence where a non-parole period applies, and young offenders transferred to prison from a Youth Justice Centre.

Alcohol and Other Drug (AOD) Treatment Services
The Victorian Government provides the community with alcohol and other drug treatment services through a purchaser-provider model. The alcohol and other drug treatment services program provides a range of services, which cover the needs of offenders experiencing substance abuse issues.

Adult Alcohol and Drug (AOD) Screening and Assessment Tool
The Adult AOD Screening and Assessment Tool comprises three steps: Step 1: Self-complete initial screen; Step 2: AOD Comprehensive Assessment; Step 3: Review. A suite of optional modules are available for use as required by services, including a new module on the impact of AOD use on family members and significant others.

Community Offenders Advice and Treatment Service (COATS)
COATS is a program funded by the Victorian Department of Health and Human Services to co-ordinate alcohol and other drug services for forensic offenders, and all treatment for community based offenders. 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. Operating within a brokerage model, COATS undertakes independent alcohol and other drug assessments and purchases treatment services from community based alcohol and other drug treatment services.

Community Correction Order (CCO)
A Community Correction Order is served in the community, where the conditions are dependent on the circumstances and the nature of the offence, and on the needs and situation of the offender. A CCO includes basic conditions such as not reoffending and not leaving Victoria without permission. At least one condition on a CCO is based on the risk and needs of the offender, and the severity of the offence.

Community Correctional Services (CCS)
Community Correctional Services is a division of Corrections Victoria, that supervise adult offenders (aged 18 years or over) who are sentenced by the courts to serve Community Based Dispositions or who are conditionally released from prison on parole by the Adult Parole Board. This means offenders must report regularly to their Community Corrections Officer and may have to participate in unpaid community work and rehabilitation programs.

Community Correctional Services (CCS) Case Manager
CCS Case Managers manage offenders and are responsible for ensuring compliance with the conditions of Court or Parole Orders. This includes directing offenders to participate in various conditions, which may include: assessment and/or treatment programs which are focused on rehabilitation. They perform a range of duties related to the management of offenders by CCS, which may include the roles of Community Corrections Officer, Leading Community Corrections Officer, Specialist Case Manager, Parole Officer and/or Court Advice Officer / Prosecutor.

Corrections Victoria
Corrections Victoria operates Victoria’s adult corrections system, including Prisons and Community Correctional Services, and is responsible for the development and implementation of policies, programs
and services that ensure safe and secure containment of prisoners, and that seek to rehabilitate offenders by addressing underlying causes of offending behaviour.

**Course of Treatment**

A Course of Treatment refers to the number of sessions or length of support for a client undertaking adult, non-residential AOD treatment. It is possible for one client to have two or more concurrent ‘Courses’ providing that the ‘Courses’ are from different treatment streams.

**Custody**

An individual is held in custody when they are under lawful arrest, or are in the company of an investigating official and being questioned or otherwise being investigated to determine his or her involvement (if any) in the commission of an offence.

**Department of Health and Human Services (DHHS)**

Department of Health and Human Services provides funding and monitoring for a range of alcohol and drug prevention and treatment services brokered through community agencies in Victoria.

**Drug Treatment Activity Units (DTAU)**

DTAU provides a common unit for adult, non-residential episode based treatment. DTAUs allow relative prices to be compared and adjusted across AOD activities that use different treatment products and provide the unit of measure for setting performance targets and acquittal against service activity. There is a 15 per cent forensic loading applicable to identified (non-Aboriginal) forensic clients, in recognition of the additional costs associated with service delivery to this client group. All approved providers of non-residential withdrawal, counselling and care and recovery coordination are expected to dedicate annually 20 per cent of their DTAU funding for the treatment of forensic clients and to report against this target.

**HIROADS**

HiRoads is the High Risk Offenders Alcohol & Drug Service, run by Caraniche Victoria. It is a specialist forensic AOD service designed to address the treatment needs of offenders with a high risk of recidivism and relapse into substance use.

**Individual Treatment Plan (ITP)**

All persons referred to treatment by COATS have an ITP developed/negotiated. An ITP has clearly articulated significant treatment goal attainment indicators governing the course of treatment. ITPs are reviewed and amended as required throughout the course of treatment by the clinician and offender.

**Interim Supervision Order (ISO)**

The Serious Sex Offenders (Detention and Supervision) Act 2009 provides that the Secretary to the Department of Justice may apply to a Court for the imposition of an ISO for any offender who has committed serious sexual offences against children or adults, and who represents an unacceptable risk of sexual offending beyond the end date of the sentence. The Court may grant an ISO for a maximum period of four months, however this period can be extended pending the resolution of the Supervision Order (SO) application.

**Justice Services**

For the purposes of this document, Justice Services include: Youth Justice, CISP, CREDIT Bail, Victoria Police, Court Services Victoria, Adult Parole Board, Corrections Victoria.

**MASCOT**

The *Melbourne Attitudes towards Substance use, Change, and Openness to Treatment* scale (MASCOT) is a brief assessment tool developed by Caraniche to measure treatment motivation among respondents.
involved in drug and alcohol treatment offered in prison, community residential, and community non-residential settings. It should be noted that the psychometric properties of this measure in its published form here have not been formally examined. As such, standardisation of this version of the tool is not guaranteed and testing norms are not available. Clinical use of this version of the measure has been approved on the basis that it will inform future validation studies. The publisher does not give any warranty express or implied, or make any representation that the measure is complete, accurate or up to date. The accuracy of suggested results and interpretation guidelines should be independently verified with primary sources.

Parole
When a Court sentences an offender to a period of 12 months or more imprisonment, it may set a period after which the offender is eligible to be released into the community on parole. The purpose of parole is to ensure that, upon release, paroles receive the management and supervision required to support their reintegration from prison into the community and to provide the important function of monitoring/surveillance of the parolee’s behaviour while on conditional release in the community.

Penelope
Penelope is a web-based Case Management System implemented by ACSO COATS to record and store offender and clinical case information. Penelope has the capacity to produce financial and statistical reports.

Penelope Portal
The Penelope Portal provides Community Correctional Services and AOD Treatment Agencies access into the offender information recorded in the Penelope Offender Management System implemented by ACSO COATS. Once users have signed an Agreement Form, a username and password is issued by ACSO COATS, which allows the user access to information of the mutual offender.

Prison
A correctional institution where a person who has been sentenced to imprisonment may be detained to serve the term of imprisonment; and where a person has been charged with an offence may be remanded in custody.

Prisoner
In the context of this protocol, prisoner means a person who is subject to imprisonment by way of full-time detention.

Prisoner on Parole
When an offender is granted parole (conditional release from custody), they serve the unexpired portion of their prison sentence in the community.

Remand
Alleged offenders on remand are held in custody before and during their trial (on criminal charges) by order of a court. Generally, remandees will be held in special remand facilities and will have fewer restrictions placed on them than convicted prisoners. An alleged offender is remanded in custody by a court if they:

- have not applied for bail;
- have been refused bail;
- cannot meet bail or provide a surety, or
- are unable or unwilling to meet the conditions set out in the bail bond

Remanding an offender in custody ensures that the alleged offender attends their trial.
Responsive, Assessment, Planning, Intervention and Diversion Service (RAPIDS)

RAPIDS is a facet of COATS that provides rapid response to the need for AOD assessment of high risk forensic offenders.

**Serious Sex Offender (SSO)**

For the purposes of this guide, an individual who has been convicted of an offence that has a sexual element attached including:

- Willful and obscene exposure
- Indecent exposure
- Indecent assault (also classed violent)
- Solicit for prostitution
- Rape
- Incest
- Possess/Make child pornography
- Interfere with a child under 10/16
- Sexual penetration of a child under 10/16 (also classed violent)
- Stalking (with a sexual element)
- Use a Carriage Service to menace/harass (with a sexual element)

**Serious Violent Offender (SVO)**

For the purposes of this guide, an individual who has been convicted of one of the below offences:

Stream A
- Murder
- Attempted Murder
- Manslaughter
- Defensive Homicide
- Arson Causing Death
- Child homicide
- Intentionally causing serious Injury
- Kidnapping

Stream B
- Causing serious injury intentionally
- Causing serious injury recklessly
- False imprisonment (Common law)
- Intentionally causing very serious injury
- Threats to inflict serious injury
- Armed robbery
- Making demand with threat to kill or injure or endanger life
- Attempting to choke etc. in order to commit and indictable offence
- Inflict grievous bodily harm
- Aggravated burglary
- Causing serious injury intentionally in circumstances of gross violence
- The common law offence of kidnapping
- Threats to kill
- Intentionally causing grievous bodily harm or shooting etc. with intention to do grievous bodily harm, or to resist or prevent arrest

For all the above offences it also includes:
• Conspiracy to commit, incitement to commit and attempt to commit any of these offences
• Any other offence whether committed in Victoria or elsewhere, the necessary elements of which consist of elements that constitute any of these offences.

Supervision Order (SO)
The Serious Sex Offenders (Detention and Supervision) Act 2009 provides that the Secretary to the Department of Justice may apply to a Court for the imposition of a Supervision Order (SO) for any offender who has committed serious sexual offences against children or adults, and who represents an unacceptable risk of sexual offending beyond the end date of the sentence. The Court may grant an SO for a maximum period of 15 years.

Treatment Completion Advice (TCA)
Providers are required to submit a TCA to ACSO for work undertaken with the client. Payment will be calculated for quarter, half, three quarter and full payment depending on the work undertaken.

Urinary Drug Screen (UDS)
An offender may be subject to a solitary or regular UDS, as directed by the Court or the CCS Case Manager.
Appendix 2 – Service Types

While COATS cannot purchase treatment from private practitioners, it can purchase a range of AOD services accredited by DHHS. To ensure that complex and high need clients are provided with care that meets their needs, separate ‘standard’ and ‘complex’ products will apply to the counselling and withdrawal treatment streams.

Complexity will be determined through the administration of the common screen, which will be conducted as part of the intake and assessment function by either the catchment-based intake and assessment service or by ACSO in the case of referral through the courts. Service providers will only receive the ‘complex’ price for those clients screened as complex through this process.

Service providers will be expected to adjust the duration and intensity of the treatment response to meet the complexity of the client’s presentation. There will be scope for reclassifying between standard and complex should a client’s clinical requirements change significantly during the treatment episode.

**Care and Recovery Coordination**

Care and recovery coordination seeks to support integrated treatment and care pathways for the highest need/highest risk clients who require a coordinated care response. Clients are referred to this function when their assessment indicates they require more than the basic planning provided by the intake and assessment service. Where a client already has a dedicated case manager in another program, a collaborative decision will be made as to who should provide the primary support function for the duration of the drug treatment episode. For offenders who already have a justice case manager, this product is not recommended.

**Community residential drug withdrawal**

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

**Counselling (Standard)**

Counselling incorporates face-to-face, online and telephone counselling for individuals and in some instances their families, as well as group counselling and day programs. Counselling can range from a brief intervention or single session to extended periods of one-to-one engagement or group work.

**Counselling (Complex)**

A course of counselling-complex should incorporate on average, 15 contacts. It is envisaged that on average, a contact would include 45 minutes of offender contact time. To allow flexibility, there is no time limit on the duration of a course of counselling.

As per departmental guidelines offenders identified at tier 5 may be considered for referral to complex withdrawal or complex counselling treatment types.

**COATS Interim Bridging Support**

COATS can provide up to two sessions of intensive support for offenders who are on waiting lists for treatment and have been waiting for longer than two weeks. This support is optional and is offered to the client to uptake voluntarily.

**HiROADS Counselling (Complex)**

HiROADS Counselling is a state-wide service introduced by Caraniche in 2015, designed to address the
treatment needs of offenders with high risk of recidivism and relapse into substance use. This includes those with serious violent of sex offenders, and those with a history of non-compliance of previous Orders. A course of HIROADS Counselling entitles the offender to 15 contacts. CCS Case Managers can make a recommendation on the CCS – COATS Intake Referral Form for COATS to review the suitability of referring the offender to this service during the assessment.

The eligibility criteria for HIROADS is:

- Client classified as serious violent offenders or sex offenders* (See Appendix 1 – Glossary)
- Multiple past incarcerations and/or failure to comply with orders
- High likely dependency and serious offending
- Presents as antisocial or difficult to engage

**Kick Start Program**
The Kick Start program is a 42 hour group program for male offenders on a CCO or CCO Imprisonment Orders with significant substance use issues delivered by Caraniche. Offenders must have an AOD treatment condition placed on their Order, be at risk of significant AOD issues, are at a moderate to high risk of reoffending and the Order allows for sufficient time to complete the program. Kick Start is a pilot program running from October 2015 until June 2016. CCS Case Managers can make a recommendation on the CCS – COATS Intake Referral Form for COATS to review the suitability of referring the offender to this service during the assessment.

**Koori Community Alcohol and Other Drug Worker Forensic**
Koori Community Alcohol and Other Drug Worker Alcohol and Other 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, provision of advice to generalist services, liaising with relevant programs and fulfilling an advocacy role on behalf of the service user, information and support to individuals and families in a culturally appropriate environment.

**Neuropsychological Assessment – Primary Consultation**
Turning Point provides a state-wide neuropsychology clinic for those who are affected by alcohol and other drugs and are experiencing cognitive problems. COATS and CCS can request this service for offenders that require an assessment of their cognitive strengths. Primary consultation involves an interview with a client and often involves a support person.

**Neuropsychological Assessment – Secondary Consultation**
Turning Point may elect to undertake secondary consultation with the client’s case manager or treating clinician over the telephone prior to a primary consultation occurring for neuropsychological assessment. This aims to collaboratively problem-solve treatment challenges.

**RAPIDS Bridging Support**
Up to two sessions intensive support can be purchased for a RAPIDS offender to support them to engage in treatment with a community based provider within two working days.

**Slow Stream Pharmacotherapy Beds**
The slow stream pharmacotherapy withdrawal program aims to assist people to gradually reduce from their opiate pharmacotherapy treatment within a safe and supportive environment, whilst also undertaking residential rehabilitation. This treatment is available at Windana and Odyssey, for people on opiate replacement therapy who wish to withdraw during their first eight weeks of a residential rehabilitation program.
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 offenders. 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.

Supported Accommodation
Supported accommodation will provide a supportive environment to help offenders 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.

Torque Day Program
Torque is a six-week non-residential rehabilitation program available at ReGen offering treatment and support for problematic alcohol and other drug use. This program is open to users of any substance. The aim of the program is to help people develop coping skills and maintain motivation to cease or reduce their substance use.

Withdrawal – Non-residential (Standard)
This service may include services previously provided by Rural Withdrawal; Home based Withdrawal or Outpatient withdrawal.

It is envisaged that on average, a contact would include 45min of offender contact time. To allow flexibility, there is no time limit on the duration of a course of non residential withdrawal.

Withdrawal – Non-residential (Complex)
This service may include services previously provided by Rural Withdrawal; Home based Withdrawal or Outpatient withdrawal. It is envisaged that on average, a contact would include 45min of offender contact time.

To allow flexibility, there is no time limit on the duration of a course of non residential withdrawal. As per departmental guidelines offenders identified at tier 5 may be considered for referral to complex withdrawal or complex counselling treatment types.

Youth Outreach
An outreach service provides assessment, support and on-going case coordination for young people with alcohol and other drug problems, in their own environment. The service also supports generalist agencies that work with young people, through information, education and training.

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 will run for a longer period of time than the equivalent adult services.
## CLIENT PROGRESS REPORT

*Please complete, sign and fax / email to CISP Case Manager prior to next hearing date. Information provided will be presented in court.*

To

CISP Case Manager: ____________________________________________
Court: ____________________________________________
Court Fax: ____________________

From

Treatment Agency: ____________________________________________
Treatment Type: ____________________________________________
Contact Name: ______________________ Date: ___/___/20___
Phone: ______________________ Fax: ______________________

Client Number & Name: ____________________________________________
Date of Birth: ____________________________________________

SESSONS ATTENDED BY CLIENT:

Length of engagement: _____________to___________

<table>
<thead>
<tr>
<th>Appointment dates</th>
<th>Attended</th>
<th>Did not attend</th>
<th>Rescheduled</th>
<th>Reason for non attendance/reschedule</th>
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Next Appointment: Date: ___/___/20___

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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___

Once signed, please forward to CISP Case Manager at least 2 days prior to court review
## Appendix 4 – Referral Pathways

### ELIGIBILITY AND REFERRAL PROCESS FOR FORENSIC AOD CLIENTS

<table>
<thead>
<tr>
<th>PROGRAM TYPE</th>
<th>PROGRAM NAME</th>
<th>ELIGIBILITY CRITERIA</th>
<th>REFERRAL PROCESS</th>
<th>LOCATION/CONTACT</th>
</tr>
</thead>
</table>
| Assessed pre-sentence and report used to help inform sentencing decisions | COATS pre-Sentence Report | To be eligible, the client:  
- Must be on remand or bail | The referral process is as follows:  
- Magistrate or judge requires a comprehensive AOD assessment report to assist decision on sentencing options  
- Treatment is not being sought at this stage  
- Magistrate, judge, court staff send a Request For AOD Assessment Report with summary of charges to COATS  
- COATS contacts client to arrange assessment (custody or ACSO)  
- Comprehensive AOD Assessment Report provided to court within 5 days | ACSO COATS - CSU  
1 Hoddle St  
Richmond Victoria 3121  
or intake@acso.org.au |
| Assessed pre-sentence but used to fast track someone into treatment post sentencing** | RAPIDS (Responsive Assessment Planning, Intervention and Diversion Service) | To be eligible, the client:  
- Must be getting placed on a CCO with an AOD assessment and treatment condition  
- Must demonstrate current high risk AOD use  
- Must be at risk of harm to self or others from AOD issues  
- Presents with multiple/complex needs(mental illness/cognitive impairment) that reduce likelihood of engaging in treatment | The referral process is as follows:  
- Magistrate stands sentencing down (during sentencing), and asks CCS Court Assessors to contact RAPIDS for assessment  
- RAPIDS provides same day assessment (if referral received prior to 2:00pm)  
- Assessment conducted in court (or police cell) and verbal outcome provided in court if requested by the magistrate  
- Report provided to CCS and treatment agency within 2 days of assessment  
- No report provided to the Court  
** Needs treatment arranged quickly | ACSO head office: (03) 9413 7000 for RAPIDS assessment*  
*Face-to-face assessment will be provided in metropolitan courts. Telephone and Videolink assessments provided in regional court. If given 24 hours notice, a face-to-face assessment in regional courts can be requested. |
| Used to engage people in treatment prior to sentencing | ARC List (Assessment and Referral Court List) | To be eligible, the client:  
- Must have a mental illness and/or cognitive impairment | The referral process is as follows:  
- ARC List accepts referrals from magistrates, police, court staff, legal representatives, family or client  
- ARC List case manager screens client for suitability for ARC List and submits referral to COATS if AOD issues | ARC List is located at the Melbourne Magistrates’ Court |
<table>
<thead>
<tr>
<th>Used to engage people in treatment prior to sentencing</th>
<th>Court Integrated Services Program (CISP)</th>
<th>To be eligible, the client:</th>
<th>The referral process is as follows:</th>
</tr>
</thead>
</table>
|                                                     |                                        | • Must be charged with an offence and on summons, bail or remand awaiting a bail hearing | • Magistrates, police, legal representatives, court staff, family or client can make a referral to CISP
• CISP case manager undertakes screening assessment of client to identify AOD issues, and submits referral to COATS if present
• COATS arrange an AOD assessment for client, either a DHHS approved Intake and Assessment provider, or by COATS (depending on availability) |
|                                                      |                                        |                            | CISP is located at: |
|                                                      |                                        |                            | Melbourne Magistrates’ Court
La Trobe Valley Magistrates’ Court
Sunshine Magistrates’ Court |

<table>
<thead>
<tr>
<th>Used to engage people in treatment prior to sentencing</th>
<th>Credit Bail Support Program (CBSP)</th>
<th>To be eligible, the client:</th>
<th>The referral process is as follows:</th>
</tr>
</thead>
</table>
|                                                      |                                    | • Must be eligible for bail | • Magistrate refers CBSP client
• CBSP case manager will refer client to COATS for an AOD assessment
• If the CBSP case manager is not accredited by DHHS to undertake AOD assessment, COATS will arrange an AOD assessment (DHHS approved Intake and Assessment provider, or by COATS) (depending on availability) |
|                                                      |                                    |                            | CBSP is located at the following Magistrates’ Courts of Victoria: |
|                                                      |                                    |                            | • Ballarat
• Broadmeadows
• Dandenong
• Frankston
• Geelong
• Heidelberg
• Moorabbin
• Ringwood |

<table>
<thead>
<tr>
<th>The Koori Court provides an informal atmosphere and allows greater participation by the Koori community in the court process.</th>
<th>Koori Court</th>
<th>To be eligible, the client must be:</th>
<th>The referral process is as follows:</th>
</tr>
</thead>
</table>
|                                                                                                                |             | • Koori defendants who plead guilty to an offence and who have shown an intention to take responsibility for their actions
• Koori defendants that live within, or have been charged within, the boundary area of a Koori Court; and
• Koori defendants who elect to go to the Koori Court |             | • Magistrate at Koori Court directs client to AOD assessment and treatment at a service provider that provides the Koori AOD Diversion Worker (KADW) treatment
• KADW submits referral KADW – Court Diversion referral form to COATS, containing assessment appointment details
• KADW provider conducts AOD assessment for client in the community or court. | KADDW service providers throughout Victoria. |
<p>|                                                                                                                |             |                                | For a provider in your area, please contact COATS Brokerage Team on 9413 7000 |
|                                                                                                                |             |                                | Please note KADW is not available in all Courts |</p>
<table>
<thead>
<tr>
<th>Programme/Type</th>
<th>Priority and Eligibility</th>
<th>Referral Process</th>
<th>Location of CROP</th>
</tr>
</thead>
</table>
| CROP Remand Outreach Pilot (CROP) | - Not alleged to have committed a serious or significant indictable offence (an offence listed in Schedule 1 of the Sentencing Act 1991)  
- Not alleged to have committed an offence while on parole  
- Do not have an extensive history of failing to appear on bail  
- Do not have an extensive history of serious violent offences  
- Indigenous | - CROP worker contacts AOD intake assessment provider  
- AOD Intake assessment provider may arrange for Step 1: Self Complete Initial Screen to be completed by client whilst in custody  
- If the client is deemed as requiring a comprehensive assessment, the intake assessment provider may notify the court of an assessment date and time if the client is granted bail | - Melbourne Assessment Prisons  
- Melbourne Remand Centre  
- Dame Phyllis Frost Centre  
- Port Phillip Prison |
| Diversion (other than previously mentioned) | - Must be charged with an offence and on summons, bail or remand awaiting a bail hearing  
- Must not be on an Order with an AOD condition attached or received a sentence with an AOD condition attached | - Magistrates, police, legal representatives, court staff or family direct client to the local AOD intake and assessment provider or some Aboriginal Controlled Community Health Organisation (ACCHO) to make a referral | - Contact COATS Brokerage for local intake and assessment provider on: (03) 9413 7000  
- Contact Directline on 1800 888 236 to identify AOD intake assessment for your region |

**Please note:** Whilst RAPIDS clients get priority entry into treatment, they are limited by what treatment is available in the sector. Where there are waiting lists, RAPIDS clients will be placed as a priority on waiting lists, and provided bridging support or counselling until beds in residential facilities become available.
Appendix 5 – Formal Diversion Referral

Formal Diversion Referrals

Court determines that offender suitable for Diversion, CREDIT, CISP, ARC, NJC, CDC, Children’s Court

Court program send referral form to COATS

Assessment provider is assigned to Penelope Portal

COATS make assessment appointment with Intake and assessment provider *except when accredited case manager has already completed assessment

Client attends assessment/appointment

COATS notifies case manager of appointment details

Client does not attend for Assessment

Assessment completed,
Assessment payment and clinical TCA’s completed *including treatment recommendations and appointment with treatment agency if available

Assessment provider attempts contact with client to arrange another appointment

COATS assigns treatment provider to the Penelope Portal and notifies case manager if Assessment and Intake provider has not arranged appointment

Client attends for treatment

Client does not attend treatment

Client completes treatment and is exited by Agency

Agency attempts contact with client to arrange another appointment

Client does not attend follow-up appt/s

Treatment TCA’s and progress document completed by treatment agency in Penelope

Regular reporting on attendance and progress, to the referrer, would be expected.
Appendix 6 – Informal Diversion Referral

Informal Diversion Referral

Referral made to assessment provider by Police, Drink Drive, solicitor, client on child protection order etc
Client attends agency and it is identified they meet diversion criteria

Assessment is completed

Assessment provider completes diversion form completed via www.acso.org.au, attach copy of completed assessment if available

Assessment payment and clinical TCA’s completed
*Including treatment recommendations and appointment with treatment agency if available, completed assessment can be uploaded via the portal

COATS registers client on Penelope portal and assigns assessment provider

Treatment appt made and client notified by agency who obtained appointment, and COATS assigns treatment provider to portal

Client does not attend treatment

Agency attempts contact with client to arrange another appt

Client attends for Treatment

Client completes treatment and is exited by Agency

Client does not attend follow-up appt/s

TCA’s completed in the portal