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Special Circumstances Court Diversion Support Service: a Pilot Program in Queensland

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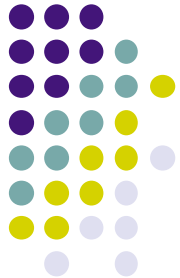
Context: Special Circumstances Court Diversion Program (SCCDP)



- Special Circumstances List began as Homeless Person's Court Diversion Program in 2006
- Homeless Person's Court Evaluation 2007
- SCCDP commenced in June 2009
- Target group: adults charged with summary offences who are homeless or at risk of being homeless and/or suffering from impaired decision making capacity (due to) mental illness, intellectual disability or brain/ neurological disorders

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Context (cont)

- SCCDP administered in the Brisbane Central Division of the Magistrates Court through the Special Circumstances List
- Pre-sentence bail based and post-sentencing court based rehabilitation program
- Court directs participants to suitable treatment, rehabilitation and support services

Context (cont)

SCCDP Offender Profile -

- 2007 Evaluation identified cohort with “myriad, complex and long standing problems” with the following profile:
  - 70% drug and alcohol problems
  - 60% mental health issues
  - 45% both
  - 18% intellectual disability
  - 76% male and < 40 years old
  - 85% homeless for > 20 days in previous month
- Most common offences:
  - Public nuisance
  - Drug related
  - Contravening a direction

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Court Diversion Support Service (CDSS) Pilot Program

Rationale -

- External coordination and linkages not working effectively especially for offenders with whom the court had difficulty engaging and supporting or where offenders had become dependent on the court and its resources (including as a result of court and service practices)
- Frustration with wider government and service delivery system responses, limitations and capacity
- Excessive internal court coordination demands on the SCCDP case coordination role

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Rationale (cont)

- SCCDP raise concerns with Department of Communities (DoCs) who engage and consult with RFQ to explore possible solutions and responses
- Business Case for a 3 year Pilot Program developed collaboratively with DoCs and Department of Justice and Attorney General (DJAG) approved by Minister
- The Business case identified the need for court based dedicated resources and expertise to address the underlying issues and develop strategies to link people with services and supports

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CDSS Funding and Principles

- CDSS commenced as a pilot project in February 2012 with total funds of $736,000 over 3 years
- Project targets people who are eligible through SCCDP assessment process which includes people who have high and/or complex needs, are repeat offenders and who have minimal or no supports. The project is designed to target a **subgroup** of people within this cohort who the court have had the most difficulty engaging and supporting.
- Informed by principles of **Therapeutic Jurisprudence** where there is a shift in emphasis in the role of the court and acknowledgement of the benefits of a wider collegiate system to achieve positive change in the offender.

CDSS Governance

- Working Group oversights program -
  - Chief Magistrate (chair)
  - CEO RFQ
  - DJAG
  - DoCs
- RFQ representation on SCCDP Steering Committee (Chief Magistrate, DJAG, Legal Aid, Police, Corrective Services, Health and, NGO service providers)

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CDSS: Anticipated Benefits

- Increased number of appropriate referrals to housing, mental health and drug and alcohol treatment services and, other service providers
- Decreasing costs relating to the amount of ‘no shows’ for legal and other appointments
- A specifically designed service response for the client group that is funded and targeted to directly assist the work of the SCCDP

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CDSS: Anticipated benefits (cont)

Individuals -

- Increased compliance with bail obligations
- Improved access to accommodation/housing, mental health treatment and drug treatment programs
- Decreased drug and alcohol use
- Improved general health
- Reduced or no offending
- Potential diversion from criminal justice system and from further entrenchment in a cycle of offending

CDSS Pilot Service Model

- 2 full time staff (1 Senior Support Worker and 1 Support Worker)
- RFQ attend weekly Court case review meetings (Court Case Coordinator, Probation & Parole Officer, defence and prosecution lawyers)
- Attendance at court on sitting days to engage potential clients
- Pre-bail/sentencing referral by Magistrate
- Formal engagement of offender, development of a transition plan and provision of ongoing support for up to 12 months
- Up to 20 offenders supported per year

Referral process

- CDSS staff are available for opportunistic 'potential referrals' as people attend the court
- Brief 'eligibility and consent' conversations prior to first attendance in court
- Direction from magistrate for person (bail or adjournment or sentencing) to work with RFQ prior to formal referral from Court Case Coordinator
- Formal consent and assessment meeting
- RFQ provides ongoing verbal and written reports to Magistrate and works collaboratively with SCCDP

The journey so far…

- CDSS became operational in February 2012
- In the first 3 months of operation:
  - 20 offenders engaged as potential referrals
  - Support provided to 12 people
  - 5 people not accepted
    - support services already in place for 2 people
    - 3 people declined or unable to engage
  - Main presenting issue
    - Substance use 10
    - Homelessness 6
    - Mental Health 4

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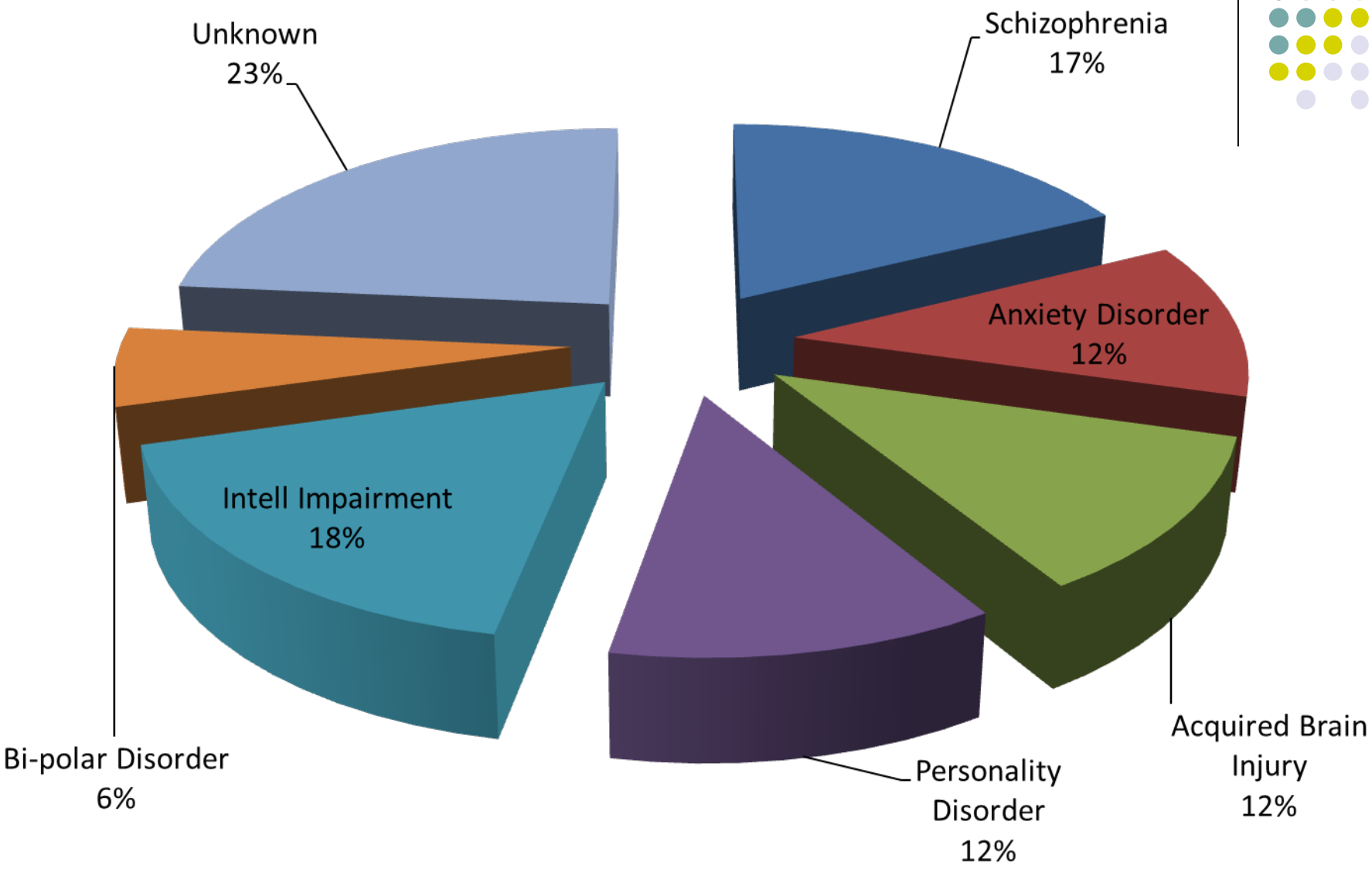
Self Reported Diagnosis



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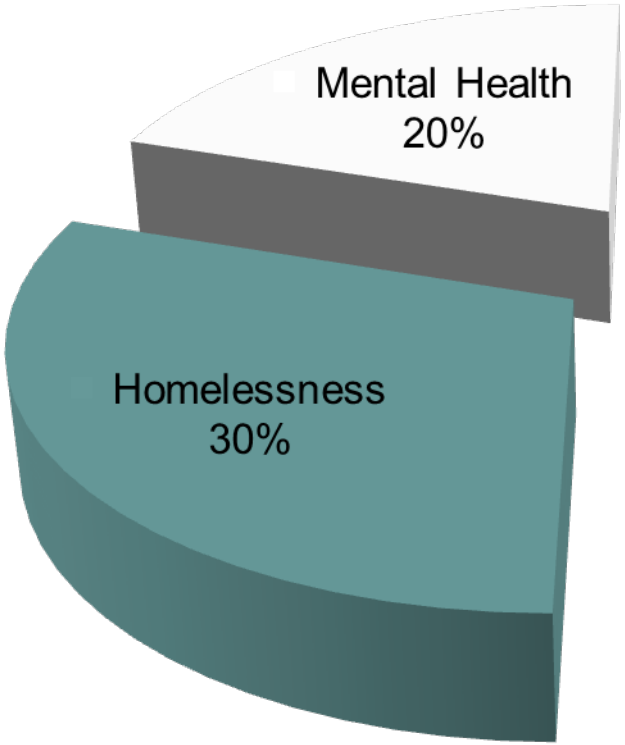
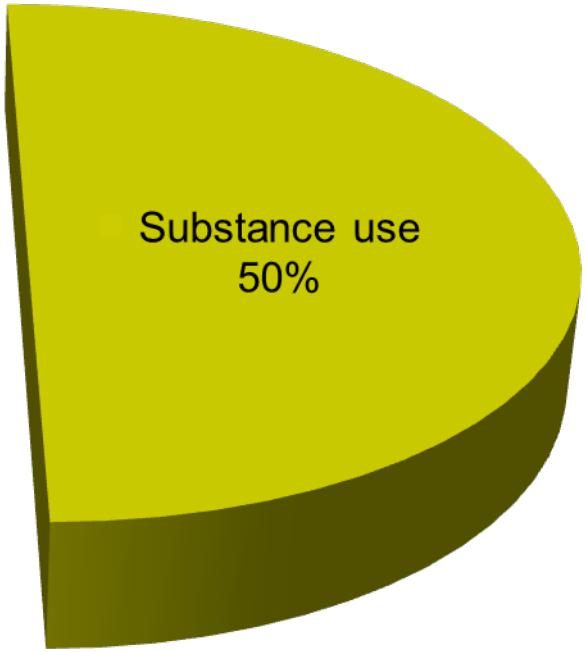
Main Presenting Issue





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Case Example - Bruce

- 34 year old male
- Lives with his father in a volatile relationship but lives on the streets when using drugs
- Bruce sees living with dad as not sustainable in the long term
- Estranged from his mother ("deserted the family to be with boyfriend") and sister
- Socially isolated, no real friends, no leisure activities or interests.
- Completed an apprenticeship as a Spray Painter
- Physical health issues have prevented him returning to heavy work
- Bruce has a keen dry sense of humour

Bruce cont.

- Diagnosis of Schizophrenia
- Auditory hallucinations and Some negative symptoms Under an Involuntary Treatment Order
- While Bruce acknowledges medication does help, he does not want to be on a depot anti-psychotic medication as he does not like to attend appointments
- Attempted assault on a psychiatric nurse during a home visit (subsequently charged)
- Referral notes indicate that he is volatile towards services he feels are imposed and that he has difficulty with authority

Bruce cont.

- Poly drug user for a number of years
- Around 10 years of living on and off on the streets following conflict with his father who “kicked him out”
- Currently heroin and alcohol
- During initial RFQ support a period of sobriety, and using Subutex
- Recent relapse involved 6 weeks of heavy heroin use
- Commenced Suboxone to manage withdrawal and motivated to quit to appease his father and remain living with him

Bruce cont.

- Charges include:
  - Theft of handbags from members of the public
  - Destruction of property
  - Resist arrest
- Criminal History
  - 6 episodes in custody (3 - 9 months)
  - Theft and drug related offences
  - Some violent offences
- He finds court stressful and is motivated to cease offending
- Recently supported to commence volunteering with Meals on Wheels as part of community service
- Started to discuss returning to paid work

Bruce cont.

- Assessments:
- CANFOR:
  - 11 ‘unmet’ needs incl: psychotic symptoms, psychological distress, alcohol and drug use, safety to others, company and relationships
- LSP -16:
  - Significant issues with social withdrawal/relationships and aggressive and irresponsible behaviour
- HoNOS:
  - Problems with aggressive behaviour, alcohol and drugs and problems with relationships

Bruce cont.

- CDSS has provided between 3 & 6 hours per week of support to:
  - Build a successful working alliance with him
  - Provide emotional support, planning and longer term goal setting in relation to alternative accommodation, sustained sobriety and paid employment
  - Assist him to attend court appearances and medical appointments and his volunteer work
  - Use Collaborative Recovery and Motivational Interviewing frameworks and techniques to identify and discuss intrinsic and extrinsic motivators for remaining drug free
  - Humour has been successfully used to diffuse situations where Bruce becomes agitated or aggressive

A success story?

When Bruce was first referred to the CDSS he was:

- Using heroin and alcohol daily
- Rarely leaving his home
- Not engaged in the SCC program and
- Headed for possible prison time

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A success story?..

Now he has:

- Reduced and has better control of alcohol
- Remained drug free excl. 6 week relapse
- On a Suboxone program
- continued with mental health appointments
- Volunteering with Meal on Wheels, and
- Has not re-offended, despite being recently charged with common assault re previous incident with nurse at home

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CDSP – Impact on SCCDP

CDSP support seems to contribute to the effectiveness of the SCCDP as it is:

- Assertive ‘recovery-based’ approach focusing on hope
- Available to follow the person
- Able to link people with community services and agencies
- Can provides phone support
- Ongoing post sentence

CDSP Evaluation to come…watch this space

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CDSP - Some challenges remain…

- Improving working and referral relationships with other service providers – housing, accommodation, health, volunteer and employment groups
- Improved understanding of CJS
- Improving the communication (support planning, case coordination etc) amongst the various agencies collaborating
- Establishing appropriate boundaries between the role of the court in relation to social work and direct support (especially in relation to people with high & complex needs)

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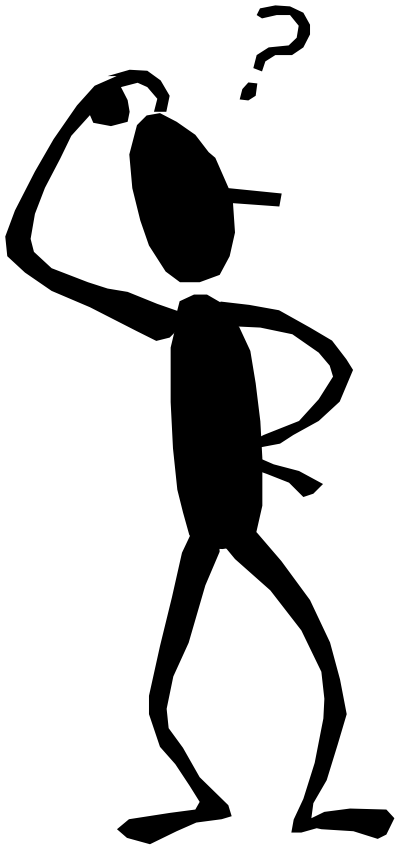
Questions?



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