

Offender Programs and Services  
Presentation  
to the  
Chaplains In-Service Training  
20 March 2006

# This Presentation will include the following topics:

- Role of the Directorate
- Reform Agenda and New Legislation
- Drug Strategy
- Offender Intervention Programs
- Concerned Persons Register
- Question Time

# Sub Units within the Offender Programs and Services Directorate

- Offender Intervention Programs
- Adult Education and VET
- Prison Industry
- Health and Medical
- Drug Strategy
- Concerned Persons Register
- External Service Providers

# What is rehabilitation?

- Rehabilitation is any activity undertaken by offenders to assist them to discontinue criminal behaviour
- Core business
- Ensuring community safety means addressing risk
- Policy – will provide a clear, united direction for the Department of Corrective Services

# Offender Programs and Services Reform Agenda Deliverables July 2006

- Policy on rehabilitation
- Integrated service delivery model
  - Programs
  - Services
  - Non-DCS Funded Services
  - External Service Providers
- Demand forecast and resource delivery model
- Business Case with Recommendations

# Other Matters

- External Service Providers
- New Legislation
  - Religious Visitors
- Anti-Discrimination

# Anti-Discrimination Women in Prison Report

- Recommendation 54: That prison authorities take reasonable steps to accommodate the differing needs and religious observances of prisoners from culturally different backgrounds

# DCS Drug Strategy

*Tackling Drugs and Changing Lives*

A Zero-Tolerance Approach to  
Managing Drug Related Harm

# Objectives

- **Supply Reduction - to prevent drugs entering Queensland prisons;**
  - **Demand Reduction - to reduce offender demand for drugs; and**
  - **Harm Reduction - to minimise the harm caused by drug use to staff, offenders and society in general.**
- 
- **To deliver a strategy that integrates system-wide components of prevention, detection, treatment, management & rehabilitation**

# Strategy Priorities



## Supply Reduction

- Drug detection dogs
- Electronic surveillance
- Ionscan devices
- Drug testing
- Intelligence & joint police operations
- Discrete visits staffing
- Anti drug phone messaging
- Staff & visitor searching
- Anti-drug signage
- Identified Drug User Scheme
- In place

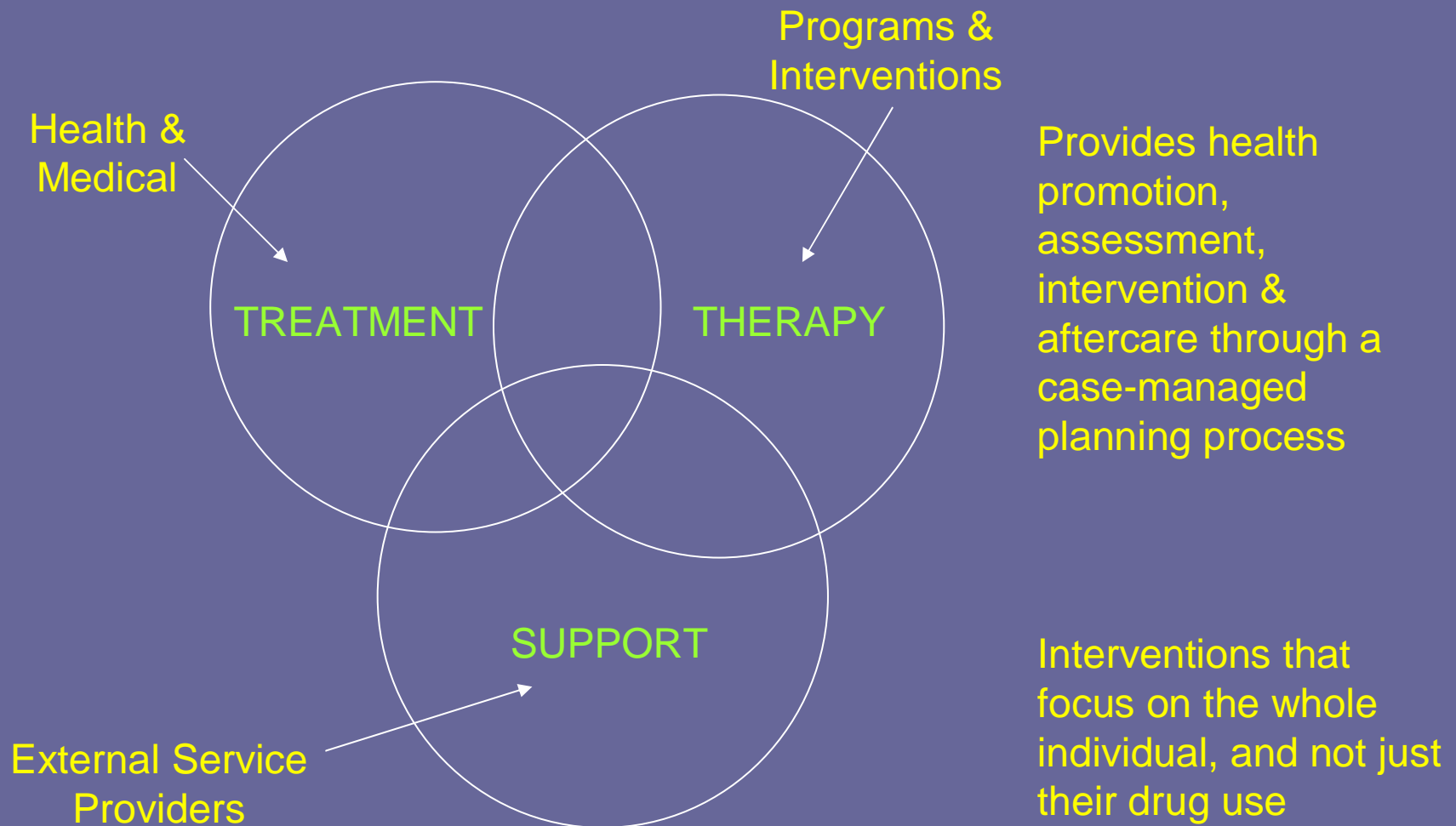
## Demand Reduction

- Detoxification/Withdrawal
- Brief Intervention programs
- Pharmacotherapy
- Transitional support
- Drug Free Incentive Program
- Intensive Therapy Programs
- Drug Therapy Units
- Throughcare
- Aftercare
- Partially in place

## Harm Reduction

- Pharmacotherapy
- Provision of bleach
- Education to reduce blood borne virus
- Transitional support & information
- Peer education and support
- Availability of condoms
- Aftercare
- Not yet in place

# Integrated Approach



SUPPORTED THROUGH SUPPLY REDUCTION & DETECTION

# Example 1

- Troy has been convicted for multiple property offences and sentenced to 15 months imprisonment. He has an addiction to heroin and prior to incarceration was unemployed and homeless.
- An integrated treatment approach will identify through screening Troy's addiction and where considered appropriate medically supervised withdrawal will occur.
- Troy was assessed for his criminogenic risk/ needs (ORNI-R) and scored 22. An offender management plan was developed.
- Troy will undertake a peer provided harm reduction information session and will be further assessed for inclusion on a Drug Free Incentive Program.
- Troy will be accommodated in a Drug Therapy Unit and undertake a Making Choices program and an intensive substance abuse program.
- Inclusion in a SMART (self management & recovery training) program will provide maintenance and a link with ATODS established.
- Prior to release Troy will undertake a Transitions Program and will be supported post release by ATODS or other community agency.

## Example 2

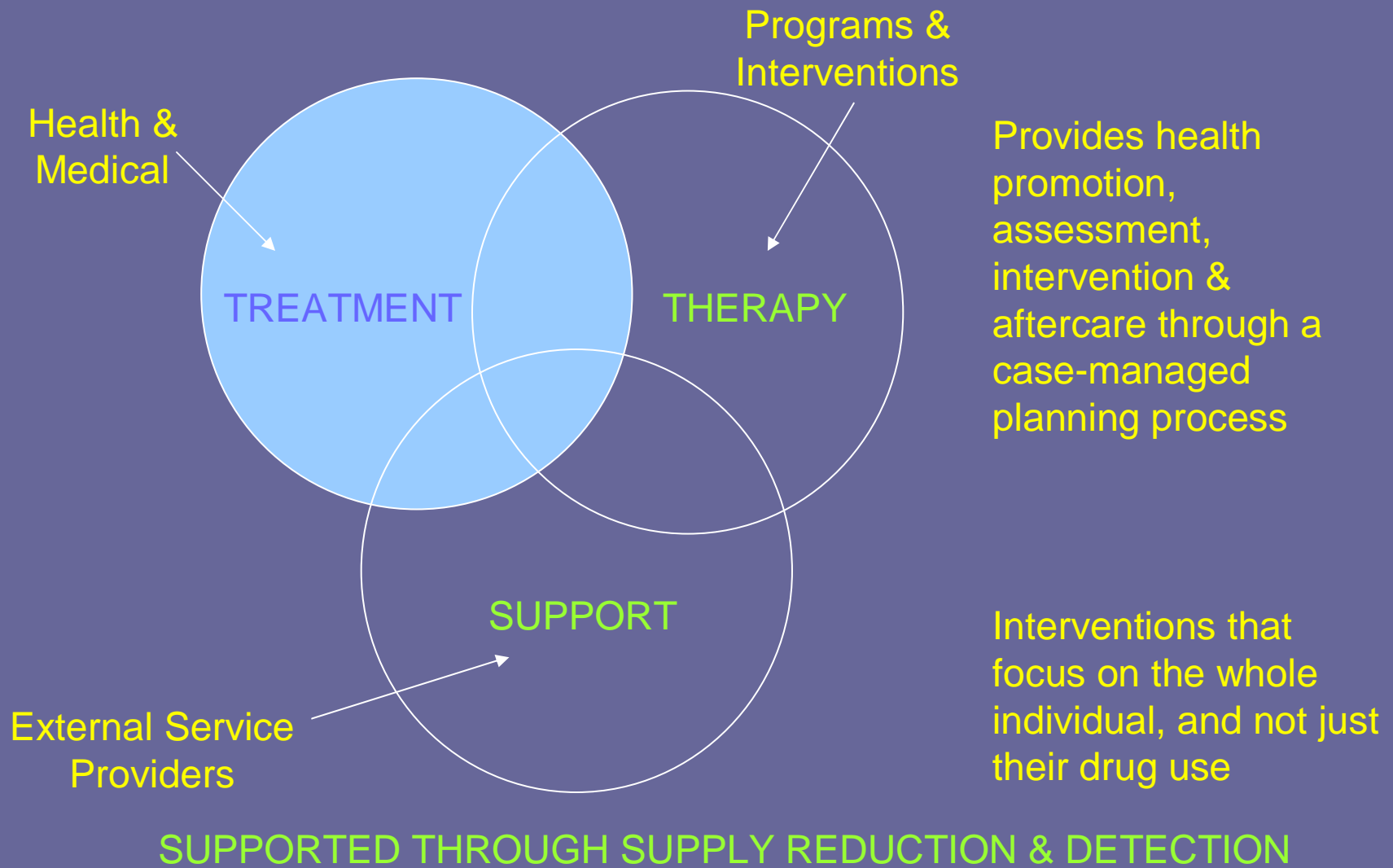
- Sharlee has been sentenced to 6 months imprisonment for social security fraud. Reception screening showed that Sharlee has a long term abusive partner and suffers from a lower back problem. As a result she has developed a dependence on prescription drugs (Benzodiazepines).
- Following a medical assessment Sharlee was gradually withdrawn from her drug of dependence and undertook a lifestyle program to assist pain management. She was encouraged to give up cigarettes, to exercise regularly and to lose weight.
- Sharlee was enrolled in a SMART program to help manage her cravings and through a Transitions Program gained information and community referral and support to assist the resolution of her relationship problems.

# Continuum of Care

Unites Treatment, Therapy and Support.

RECEPTION →	INDUCTION →	INTERVENTION →	EXIT
Screening	Information	Brief Intervention	Transitional Support
Withdrawal / Detoxification	Assessment	Varying Intensity Programs	
	Pharmacotherapy	Drug Free Incentive Program	
		Drug Therapy Units	
Peer Education & Support			
Drug Testing			
Case Management			

# Integrated Approach



# PHARMACOTHERAPIES

- Remandees
- Short sentences
- Female offenders
- Withdrawal

# BENEFITS

- Reduce demand for opiates (heroin)
  - Reduction in amount and frequency of use for those that continue to use
- Reduce spread of blood borne viruses, especially Hepatitis C
- Reduce the risk of death from accidental overdose
- Provides a period of stability during which other important aspects of life can be addressed
- Reduce recidivism

# CONCERNS

- Replacing one drug of addiction with another
- Diversion
- Staff resistance
- Community reaction

# “Replacing one drug with another”

- Moral rather than operational issue
- Heroin-intravenous, short acting, illegal, risk of infection, unknown dose leads to overdose risks
- Pharmacotherapy-oral or sublingual, long acting, legal, no risk of infection, known dose, good evidence of efficacy

# Diversion

- Largely avoided with good dosing procedures
- Buprenorphine > Methadone but different methods of diversion
- Mirror community clinic practice where proven diversion results in removal from program
- Operational and health implications

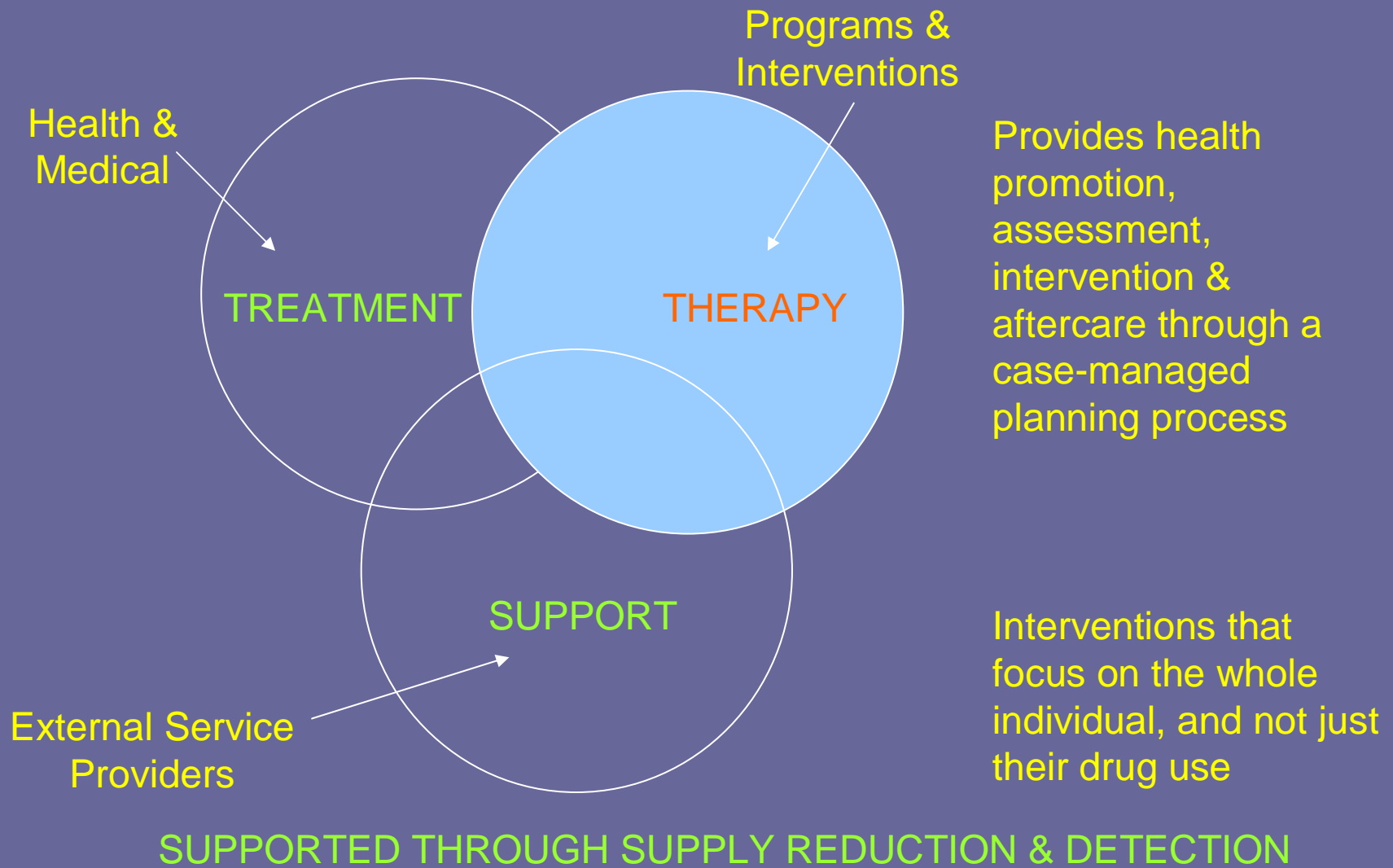
# PHARMACOTHERAPIES

- Both demand reduction and harm reduction
- Contribute to safer and more secure communities
- Evidence based

# GOALS

- Maximise treatment options
- Enable tailoring of needs to options
- Flexibility to meet changing needs
- Importance of retention
- Continuity and throughcare

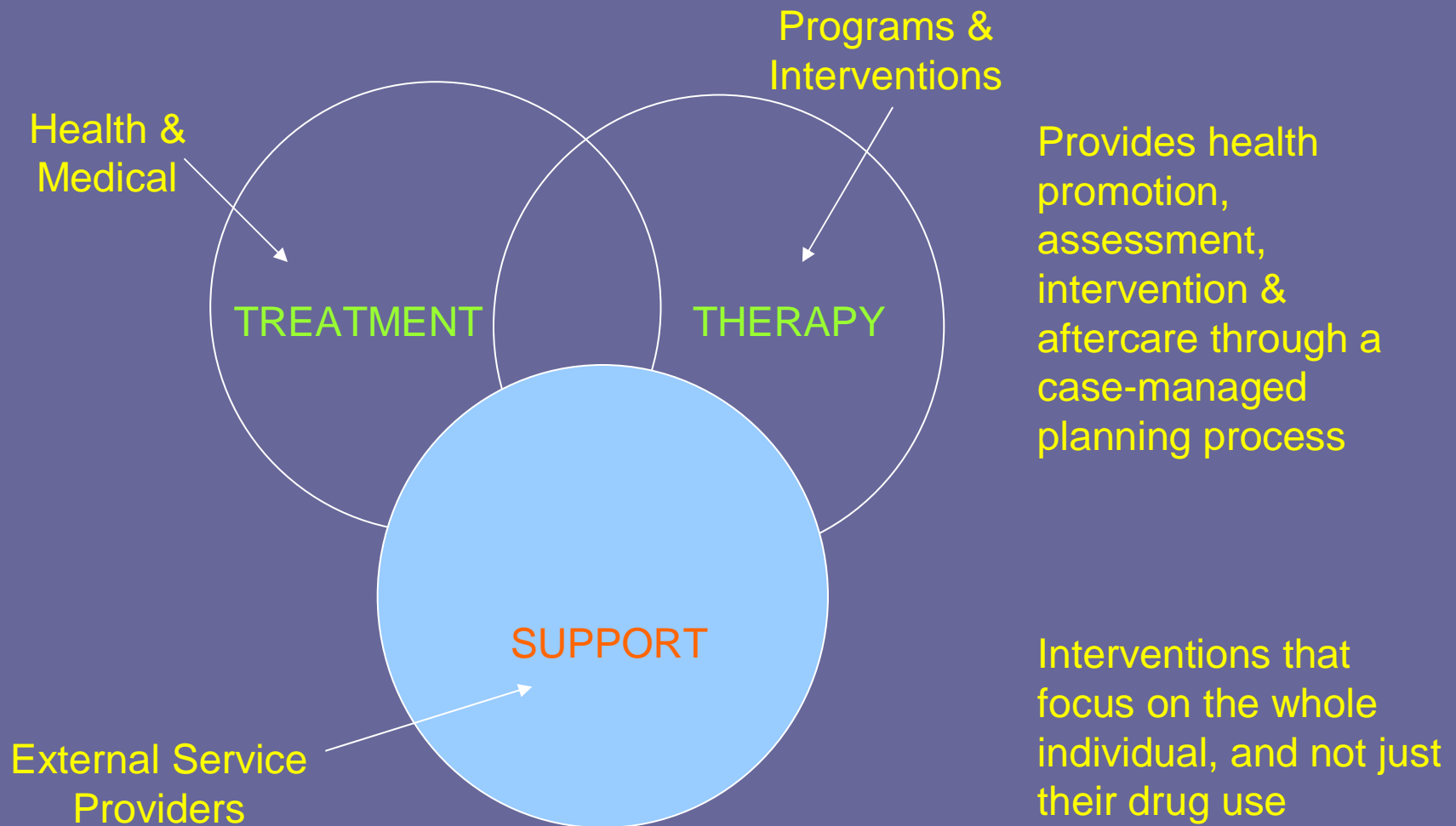
# Integrated Approach



# INTERVENTION PROGRAMS

- Getting SMART – Moderate intensity substance abuse program (12 x 1.5 hours)
- High intensity substance abuse program (HISAP) (3 to 4 months @ 3 per week)
- Maintenance (available in community & custodial settings)
- Brief Interventions

# Integrated Approach



SUPPORTED THROUGH SUPPLY REDUCTION & DETECTION

# SUPPORT

- Transitions program
- Transitional support service
- Links with external service providers
- DCS funded external service providers

# WITHOUT THE STRATEGY

## (THE NOW)

- Ad hoc and inconsistent service provision
- Services delivered not integrated
- No case management
- Lack of effective throughcare
- Limited pharmacotherapy program encourages drug use & increases possible transmission of blood borne virus
- Interventions limited; no drug treatment units, no brief interventions
- Drug testing not fully effective - provides sanctions but does not motivate change
- No bleach or condoms - increases risk of BBV transmission

# WITH THE STRATEGY

## (HOW IT COULD BE)

- Integrated & multi-faceted approach to treatment
- All offenders screened for alcohol & drugs at reception
- Withdrawal provided as first step preparation for intervention
- Withdrawal includes brief intervention
- Screening may provide brief intervention
- Peer based education/support available for all prisoners
- Pharmacotherapy available to increased number of prisoners
- Drug free incentive program provides drug free incentives
- Regular drug testing will identify drug users
- Availability of bleach & condoms will reduce BBV transmission
- Drug treatment units will target entrenched users
- Varying intensity substance abuse programs
- Transitional links provided to community aftercare services

# IMPLEMENTATION

- Phased implementation with mid-life review
- Components already in place
  - will be delivered using a more coordinated approach to delivery and consistency of product
  - will better fit the overall strategy
- Subject to initiative funding
  - Opioid replacement therapy
- Some new and/or reviewed procedures
- Legislation review underway
- Communication strategy
- Partnership arrangements with aftercare agencies

# Intervention Programs

Mark Rallings

Director

Offender Intervention Programs

# Intervention Programs

- Background to 'what works'
- Making sense of the evidence
- Assessment based referral
- Program Improvement Project
- Enhancing Capacity for Sex Offender Treatment
- Transitions Program Review

# Intervention Programs

- From 'everything works' onwards
- By 1991, 7 major meta-analyses (500 studies):
  - Possible to reduce re-offending by 10%+
  - Possible to identify predictors of re-offending
  - Possible to identify characteristics of effective interventions
- Programs consistent with 'what works' about 3 times more effective
- Now about...right person, doing the right program, at the right time in the right place with the support of family and community

# Intervention Programs

*Making sense of the evidence:*

1. Indiscriminate targeting of programs is counterproductive: medium to high risk offenders, target criminogenic needs
2. Of sufficient duration and intensity to impact on criminogenic needs – 100+ hours
3. Target underlying causes of offending
4. Requires accurate participant assessment

# Intervention Programs

5. Type of program important
  - structured cognitive-behavioural
  - multimodal approaches
6. Engage high levels of offender responsivity
7. Custodial programs linked structurally with community-based interventions
8. Maintain high program integrity
  - Trained staff
  - Delivery supported
  - Monitored for consistency

# Intervention Programs

9. Facilitate community re-integration
10. Not reliant on one type of delivery model
11. Don't have more effect each time repeated
12. Participation alone says little about community risk mitigation
13. Requires active support to maintain quality

# Assessment

- Cornerstone of effective offender management
- Requires comprehensive and accurate assessment
- Need to get it right at the start

# ORNI-R

- Primary tool for the assessment of general recidivism risk
- Consistent tool across Community and Custodial
- Reduced duplication
- Shared information
- Data collection
- Whole of sentence, integrated offender management planning

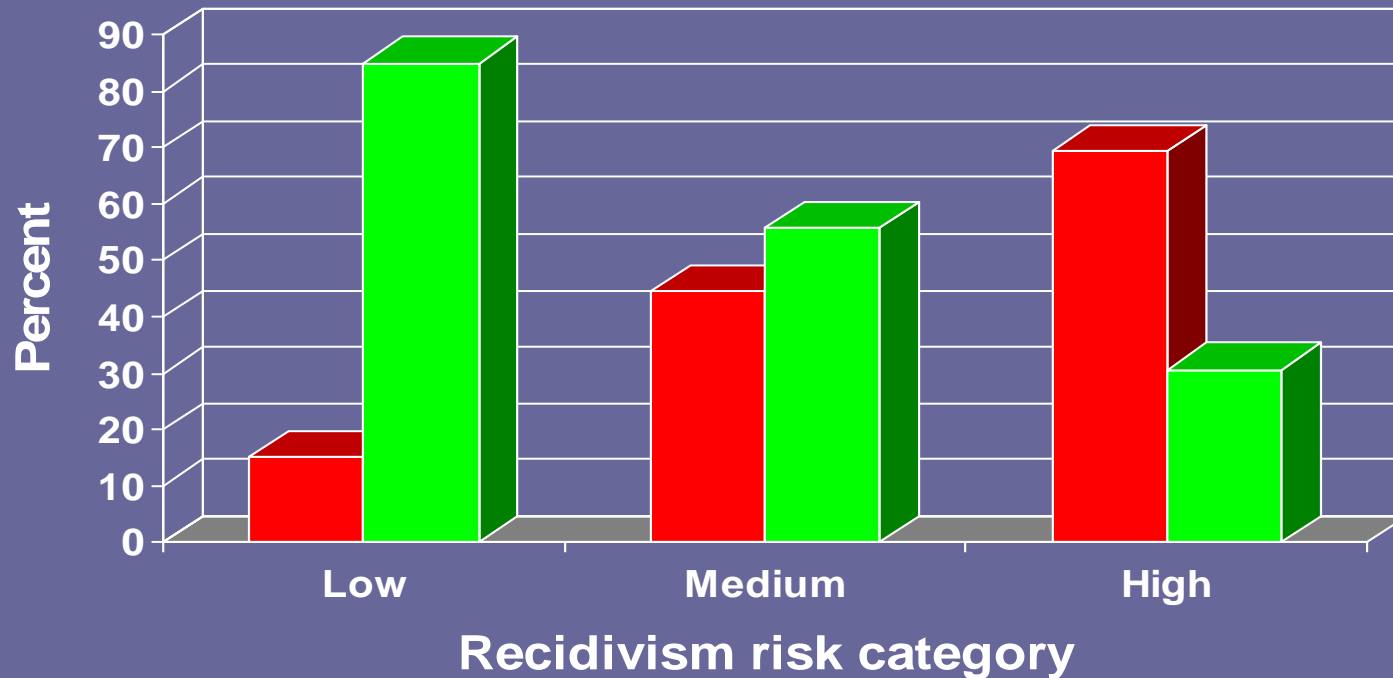
# ORNI-R - Purpose

- *Risk assessment (general recidivism)*
  - Score
  - Level: High/Medium/Low
  - Scores and levels used in program referral criteria
- *Needs assessment*
  - Identification of criminogenic needs to be targeted through intervention
- *Responsivity assessment*
  - 13 internal and external factors
  - Flags offenders for further assessment
  - Development of strategies to address responsivity

# What it doesn't do

- Doesn't assess offence specific risk
  - eg. sexual or violent offending
  - General recidivism risk relevant to these offenders
- Doesn't assess dangerousness

# Predictive Validity - ORNI



■ Returning to corrections ■ Not returning to corrections

Does not include returns for breaches or remand episodes.

Returns includes returns to prison and community supervision.

Sample size: 2 358

Recidivism period: 2 years from discharge/release from custody (2003), return to corrections (convicted)

# Specialised Assessment

- **Sexual Offending**
  - Occurring through the Enhanced Capacity for Delivery of Sexual Offending Programs Project
  - Undertaken by trained and supervised assessors
  - Training to expand number of trained staff
- **Violent Offending**
  - Mechanisms developed through the Program Improvement Project
- **Substance Abuse**
  - Dependency and harm

# Program Improvement Project

Keiren Bennett  
Project Manager

# Evaluated Programs 2001-2004

- Cognitive Skills
- Anger Management
- Substance Abuse: Preventing and Managing Relapse
- Sex Offender Intervention Program
- Community Corrections Sex Offender Program
- Violence Intervention Program

# Key Evaluation Findings

- Updating required to bring into line with current research and rehabilitation practice
- Not flexible or responsive to needs of different groups - ATSI, Women, Special Needs
- Poor targeting- scatter gun approach
- Poor program integrity
- Issues with training, supervision, resourcing

# Program Improvement Project

- Funding provided to replace or revise programs, train facilitators and support implementation.
- New programs to be in place by June 30, 2006.

# Program Improvement Project

- **Sourcing new programs**
  - Literature review, scan of available options  
Addressing evaluation recommendations
  - DCS Accreditation standards
- **Training**
  - Sustainable
- **Implementation support**
  - Implementation planning
  - Program integrity & Co-supervision

# Program Process

**Assess Risk, Needs & Responsivity**



**Enhance Responsivity**



**Intervene Against Criminogenic Needs**

**General**

**Addiction**

**Violence**

**Sexual**



**Reinforce Intervention Gains & Self  
Management Plans**



**Facilitate Community Re/Integration**

# New Programs Include....

- **Making Choices Program** which replaces Anger Management & Cog skills – male and female versions and maintenance group, program from NZ – 10 week program
- **Preparatory program** for offenders with motivation or other responsivity problems, program from USA – 10 session program
- **High Intensity Violent Offending Program** replacing VIP, program from UK – approx 6 month program

# New Programs Include....

- **Getting Smart** (Moderate intensity substance abuse program from NSW based on USA program), 12 sessions
- **High intensity Substance Abuse Program** (from USA) and **maintenance program**, approx 4 months
- **Transitions Program** being revised to include female, indigenous and special needs focus
- **Ending Family Violence, Ending Offending** remain as is

# Enhanced Capacity for Delivery of Sexual Offending Programs in Custody

Melissa Braden  
Project Manager

# Background

- CBRC funding provided to enhance sexual offender program service delivery within custodial centres
- Project commenced in January 2005

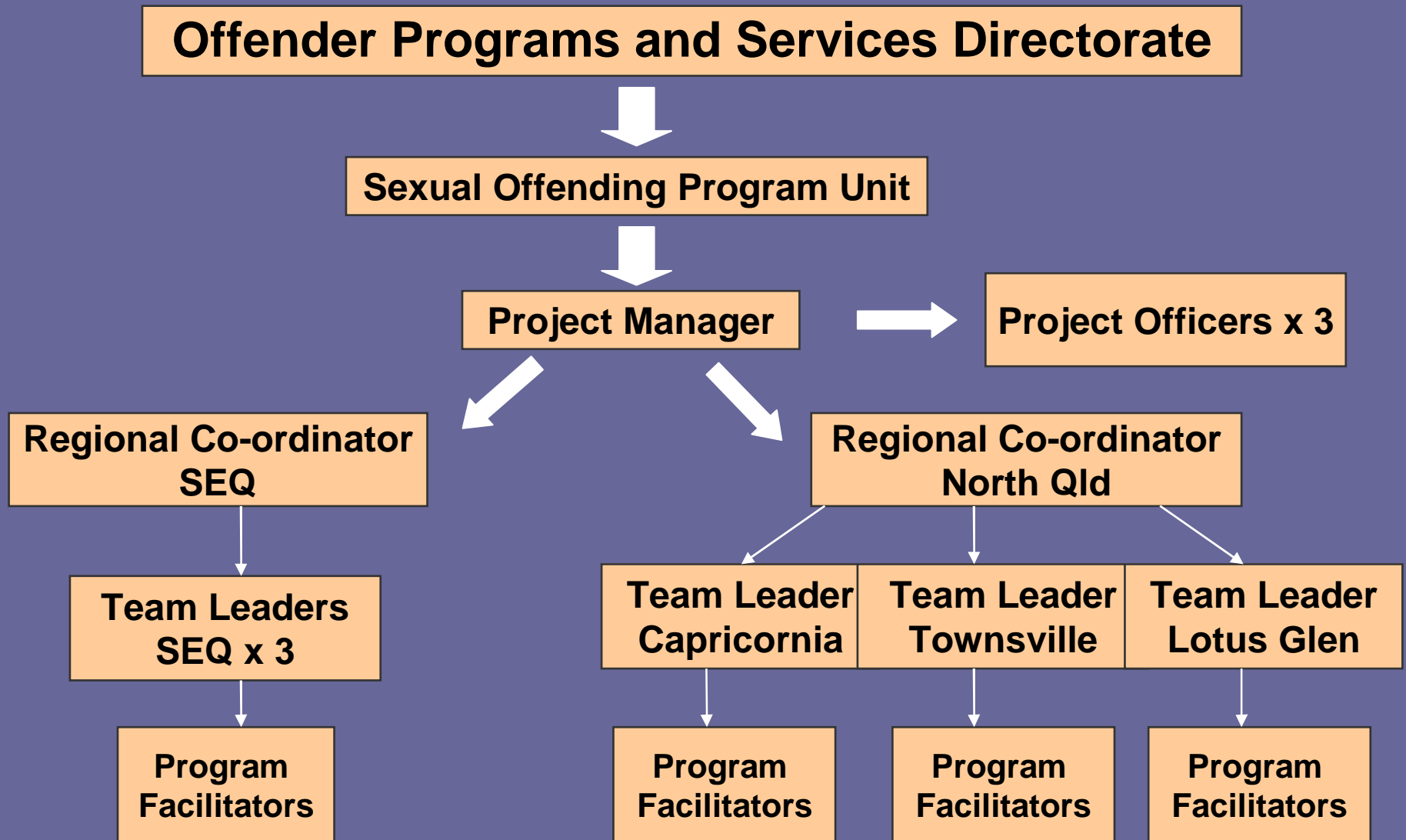
# Objectives

- Resolving the sexual offender program waitlist
- Improve sexual offender program delivery performance and management
- Meet anticipated ongoing demand

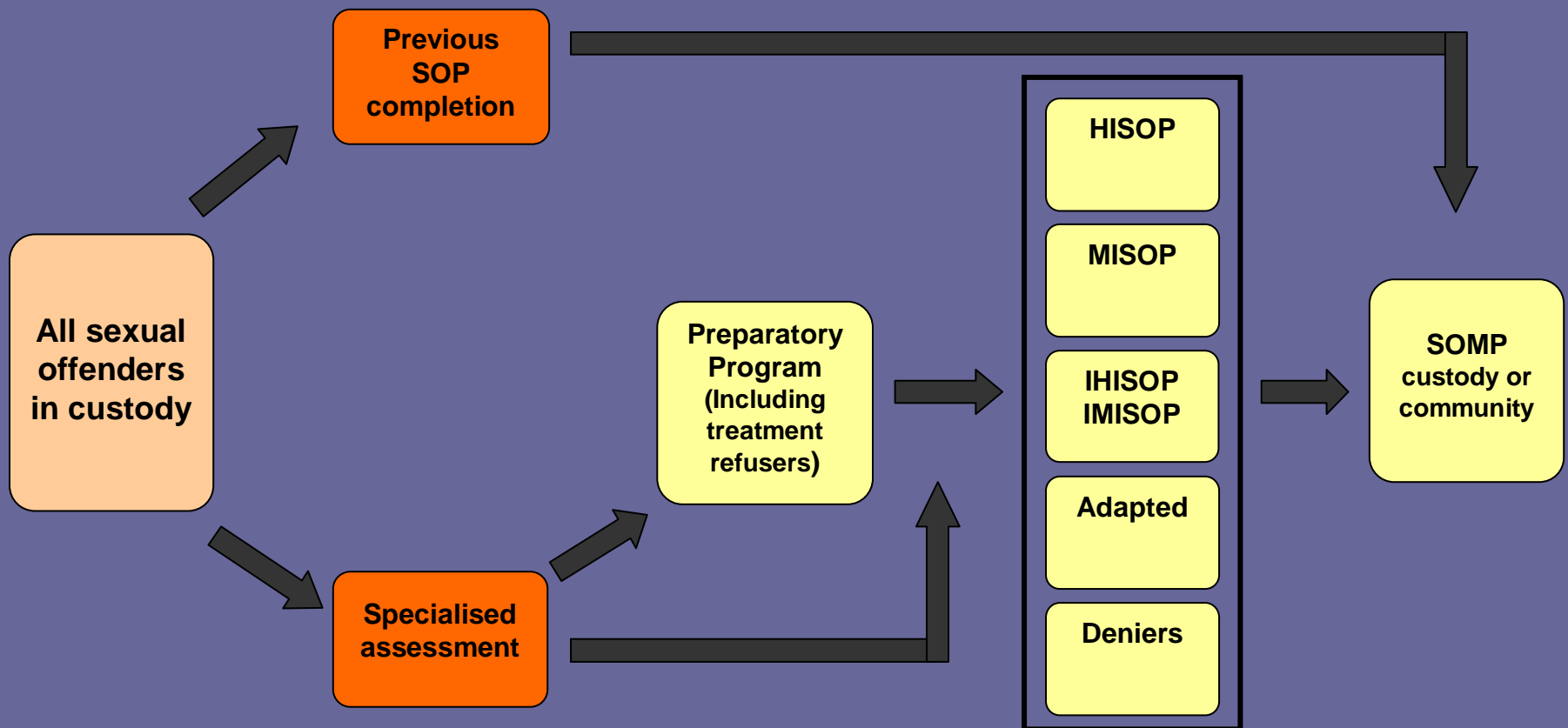
# Strategy

- Centralised service delivery model
- Specialised assessment
- Program integrity

# Centralised Delivery Model



# Specialised Assessments and Interventions



# Program Integrity

- International consultation
- Collaborative partnerships
- Adequate resources
- Sustainable training
- Supervision
- Evaluation / Review

# Current Program Status

- 837 Sexual Offenders in Custody
- Assessments
  - 294 to date
- Programs
  - Delivery of 10 programs
- Implementation Plan
  - Target 300 completions June 07
  - 45 completions to date

# Transitions Program Review

# Background

- Rates of re-offending
- Research Findings
  - Barriers to re-settlement
  - High risk for overdose, suicide and homelessness
  - Facilitating a supported re-entry minimises likelihood of re-offending

# Overview of Program

- Core modules focused on realistic expectations and preparedness for independent living
- Elective modules based on different areas of identified need
- Intended to be co-facilitated by community-based agencies

# Core Modules

- Introduction
- Getting Out: What to Expect
- Staying Out
- Closing: Putting it all together

# Elective Modules

- Dealing with change in relationships
- Applying for PPCBR
- Centrelink and Getting ID
- Budgeting
- Housing
- Employment and training
- Managing Addiction
- Staying Healthy

# Review of Program

- Planned, systematic review
- Revision of program content to meet the needs of female offenders and Indigenous offenders.
- Feedback / consultation with each Centre, community agencies

# Outcomes of Review

- **Delivery**
  - Less than 1 in 5 eligible participants
  - Inconsistent delivery model across Dept
- **Outcomes**
  - Less than 50% complete Transitions Plan
- **External Providers**
  - 42 different agencies involved
  - Uneven distribution of involvement
  - Crucial to program success
- **Response**
  - Overwhelmingly positive
  - Supportive of both concept and content

# Key Program Priorities

- Access at level of individual risk / need
- Sustainable delivery model
- Formal linkages with external service providers (Reform Agenda)
- Ability to respond to needs of different groups
- Action Plan

# Integrated Transitional Support

Reception into Custody



	<b>Group A:</b> Offenders 19+ ORNI-R score, Violent Offenders Sexual Offenders Offenders with significant reintegration needs	<b>Group B:</b> Offenders under 19 ORNI-R score Short-term offenders
Referral	Through ORNI-R to OMPR	OMPR or identified according to discharge / mandated parole date.
Needs Assessment	Integrated with core modules in Transitions program	Individual / small group needs assessment undertaken by Transitions Coordinator
Intervention	Complete Transitions program including core modules, elective modules co-facilitated by external agencies, support session facilitated by Transitions Coordinator and referral for any additional post-release support required.	Intervention determined by length of sentence. Participation in available elective modules co-facilitated by external agencies. Referral for additional post-release support required.
Outcomes	Program participation recorded on IOMS Reported through OMPR process Accountable through Corporate Scorecard process	Participation in elective modules recorded on IOMS. Transitional support interventions to be recorded and compared against total discharges.



Discharge from custody

# CPR - Victims Register

*Information Session*

Department of Corrective Services  
Queensland

# What is it?



- An information service for victims of violent crime regarding the offender who committed offence/s against them, or their immediate family

# Victims

- Why the need for a Victims Register
  - COVA 1995
  - Information
  - Feelings of safety
  - Experience of justice
  - Sense of involvement in resolution of case

# Current Eligibility

- The actual victim of an offence of violence
- An immediate family member or partner of an actual victim of an offence of violence, including a deceased person
- The guardian of a child victim, or of another victim with a legal incapacity, of an offence of violence

# Referrals

- Referral usually by:
  - Director of Public Prosecutions
  - Courts
  - Police
  - Community support agencies
- Brochures/Posters
- Community Presentations

# Registrations

- Registration form to be completed
  - Confidentiality clause to be signed
- Victim's details to be verified
  - Liaison with DPP, corrections staff, courts, police

# Information that **may be** provided

- Nature of offence and sentence imposed
- Current location and subsequent transfers
- Security classification
- eligibility dates and actual CED
- Absconds, escapes, death, deportation
- Advise of PPCBR eligibility 56 days prior
- Decisions by community corrections boards
- LOA/PPCBR home assessment
- Further convictions
- DPSOA matters

# Notifications

- Provided by:
  - Correspondence
  - Telephone
    - Free call number is available
  - No personal contact
    - Not a counselling service
- Automated database
  - Timing of information
  - Accuracy of information
- Confidentiality

# Boundaries

Register does not interfere in the management of offenders

# Offender details

- CPR cannot;
  - Provide any information to any interested members of the general public who are not registered
  - Provide any information to offender's families in relation to the offender unless they are registered
  - Register provide offender residential details
  - Register does provide offender custodial/area office locations only

# Confidentiality

- CPR cannot;
  - Advise any departmental staff if an offender has a registered victim
  - Provide any details in relation to a victim
  - Discuss any victim issues with any person except with the written permission of the victim

# Collaboration

- Register is able to assist;
  - Home Assessment reports. Refer to Procedure Home Assessment Report – PPCBR & LOA sponsor assessment
  - Use approved email template
  - Communicating with all departmental staff in relation to providing an understanding of victim issues

# Collaboration

- Offender Assessment & Centre staff e.g. remission decisions; scals
- CCB secretaries re Agendas, submissions and Board decisions
- Home Assessments
- DPSOA matters, Legal Services
- Justice Mediation - JAG
- Policy officers, CCOs
- Police & Victim related organisations

# Statistics – February 2006

- Total registrations 3,600
- Current registrations 2,000
- Direct victims 62%
- Gender breakdown 68% women
- Offenders in custody 90%

# Feedback

- Extent of information
  - Clients request information, regarding programs, offender behaviour and release of all PPCBR conditions
  - Receive information in advance of a event
- Quality of Service
  - 89% satisfied
- Criminal justice system
  - General complaints about sentence length and lack of response from CJS to fears held by victims

# Contact details

☞ Free call 1800 098 098

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