



# Director of Forensic Disability PROCEDURE

**Title:** Referral and Admission to the Forensic Disability Service

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## **Purpose**

This procedure is issued by the Director of Forensic Disability and sets out the process the Forensic Disability Service (FDS) must follow for the referral and admission of a person to the FDS.

This procedure:

- outlines the considerations to be undertaken to determine a person's suitability and capacity to benefit from the care and support at the FDS;
- outlines the process to be followed when admitting a new client into the FDS; and
- directs the actions that need to occur within the first week and within the first 21 days of the person's arrival at the FDS.

This procedure is to be read in conjunction with the *Director of Forensic Disability Policy - Referral and Admission to the Forensic Disability Service*.

## **Procedure**

### **1. Referral and Assessment**

#### **1.1 Initial screening of potential forensic disability client**

Upon receipt of a referral for a potential forensic disability service client, initial screening of the referred person will occur to establish if the person meets the minimum requirements for admission to the FDS (see paragraph 6.1.1 of *Director of Forensic Disability Policy – Referral and Admission to the Forensic Disability Service*).

In the event that a referral does not meet the initial screening requirements this fact should be communicated to the referring person or service, and the referral will be finalised accordingly.

#### **1.2 Documents, reports and records to assist assessment**

When a referral meets the requirements of the initial screening process, all supporting documentation pertaining to the referred person should be provided to the Director of Forensic Disability and the FDS in order to further assess suitability and make an evaluation regarding possible admission to the FDS.

Relevant documents, reports and records that may assist the evaluation process may include:

- A formal IQ assessment and current adaptive functioning assessment to assist in understanding intellectual and adaptive functioning;
- Neuropsychological assessments to understand how the person's cognitive impairment impacts on their behaviour and to inform strategies and rehabilitation approaches;
- Static risk assessments that assess the potential risk of long-term recidivism;
- Dynamic risk assessment to identify factors associated with recidivism that are amendable through targeted offence specific interventions (rehabilitation);
- Relevant hospital records relating to the person's intellectual disability, care and management;
- Cultural assessment or information about a person's cultural beliefs, values and practices to assist in understanding the person's cultural needs and inform approaches to culturally competent care;
- Assessments that may identify any barriers to interventions, including specific learning deficits, social communication and social interaction difficulties, personality traits/disorders, behaviour concerns and motivation issues;
- Historical outcome reports from previous rehabilitation and/or habilitation programs to understand previous progress made and identify historical strengths and challenges in participating in programs;
- Psychiatrist report/mental health assessment;
- Mental Health Court/Mental Health Review Tribunal judgments, decisions, reports and accompanying material;
- Police brief materials relating to the index offence and or/new charges;
- Occupational therapy assessment that may identify habilitative needs;
- Speech and language assessment to identify communication needs;
- Information regarding any behaviours of concern including type of behaviour, intensity, frequency, duration, likely triggers and approaches to supporting the person and managing the behaviour; and/or
- Reports or information regarding the person's ability to co-tenant with others such as history of prior co-tenancy, how behaviour may impact on others, how they interact with others and any vulnerabilities;
- Documents pertaining to guardianship;
- National Disability Insurance Scheme (NDIS) approvals.

### **1.3 Liaison with the referring service**

Most persons referred to the FDS are referred by an Authorised Mental Health Service (AMHS). In most cases the referring AMHS will not only be the primary source of information about the referred person but will likely also have practical experience/understanding of managing the referred person. Accordingly, it is expected that there will be liaison with staff from the referring AMHS to inform how referred person has been managed in the past and could be managed in the future.

### **1.4 Meeting with the client**

In order to obtain a proper understanding of the referred person and to understand the views, wishes and preferences of the referred person it is recommended that an interview be undertaken with the person to inform suitability, identify any responsivity issues, and support planning for admission where appropriate.

The referred person may not be able to attend the FDS in order to be interviewed. In those circumstances, the Administrator of the FDS and/or the Director of the Forensic Disability may decide to make arrangements for relevant representatives to attend the referred persons location in order to meet with the referred person and/or their guardian or support persons.

Whilst interviewing the referred person, the interviewer should explain the purpose of the FDS and the supports, services and programs the FDS can offer. The referred person should be invited to express their views, thoughts and wishes about a potential transfer to the FDS.

Where the referred person is Aboriginal or Torres Strait Islander, efforts should be made to ensure appropriate cultural support is present during the meeting. The interviewer should request to hear the cultural support person's opinion about the cultural impact that a potential move to the FDS may have on the referred person and how cultural ties and practices may be able to be maintained.

If the referred person is from a particular culture, religious, racial or linguistic background, efforts should be made to have another person from the person's background present in the meeting. The interviewer should request the other person from the person's background express their opinion about the cultural impact that a possible transfer to the FDS may have on the referred person and how relevant practices and connections to their background may be maintained at the FDS.

The referred person's guardian or nominated person (where known) should be informed about the purpose of the FDS and their views should also be ascertained regarding a possible transfer of the FDS.

### **1.5 Assessing suitability and likelihood that the person will benefit**

In determining suitability for admission to the FDS, a range of factors including, but not limited to, the following will be considered:

#### **Risk**

- static and dynamic risk factors related to offending;
- behaviours of concern that may harm self or others e.g. aggression, violence or sexualised behaviour towards others, self-harm, absconding; and
- any unique factors that increase or decrease the probability of re-offending e.g. environmental factors, places, people or situations that heighten the risk of harm to self or others.

#### **Need**

- identification of rehabilitation needs based on risk, habilitation needs based on functional assessment, and/or areas to address identified deficits and enhance quality of life;
- strategies, supports and programs that are likely to address the identified dynamic risk factors and rehabilitative needs; and
- strategies and supports that are likely to address the person's habilitative needs including developing their physical, mental, social and vocational ability.

#### **Responsivity**

- potential responsivity barriers to interventions, support and care such as intellectual/cognitive functioning, cultural needs, social communication and social interaction difficulties, personality traits, attitudes, behaviour and motivation;
- potential challenges in co-tenanting with others at the FDS; and

- how programs, interventions and support strategies can be delivered taking into account the person's identified responsivity barriers.

### **Intervention considerations**

The clinical identification of the care, support and programs from which the referred person will likely benefit including:

- key goals for the person and suggested approaches for achieving these goals;
- the programs and supports required to address the referred person's offence-related needs and behaviours related to harm to self and others;
- the programs and supports that are likely to promote the referred person's development and quality of life;
- how cultural needs may be met at the FDS;
- how to overcome any identified barriers to ensure the person will likely engage and respond to the support model and rehabilitative interventions; and
- proposed duration at the FDS, including recommended timeframes for rehabilitative and habilitative interventions and overall intervention completion.

### **Referred person's view**

- an outline of the views of the referred person, their guardian and/or cultural advisor/elder regarding a transfer to the FDS.

### **Logistical factors**

- the physical capacity to accommodate the referred person; and
- the capacity to provide care for the referred person at the FDS

## **1.6 FDS Referral and Admissions meeting**

The FDS Referral and Admissions meeting is attended by the Administrator, Senior Practitioner, Principal Clinician and the Director of Forensic Disability. Meetings are convened bi-monthly, however, additional meetings may be convened as necessary.

The purpose of the FDS Referral and Admissions meeting is to discuss the merits of referrals and prioritise potential clients for assessment, identify further steps in relation to assessment, organise engagement with the client, to ensure communication with relevant stakeholders is undertaken, and determine suitability for admission to the FDS.

Generally, a person who is suitable for the FDS will be a person who is assessed as being a moderate to high risk of future offending; requiring a medium secure service; and responsive to, and/or likely to benefit from the care, support and programs offered at the FDS.

## **2. Admission Plan**

Where the FDS Referrals and Admissions meeting results in a decision to admit the referred person to the FDS the Administrator of the FDS should ensure that an Admission Plan is prepared in relation to the referred person. The Admission Plan must be in place prior to any admission.

The Admission Plan should be developed by the Senior Practitioner. The Senior Practitioner will liaise with the AMHS or agency currently supporting the client in order to ensure all relevant information has been taken into account and roles and responsibilities of stakeholders are accurately documented. Information from relevant stakeholders, such as the AMHS, the guardian, family

members or non-government organisations should be taken into account in preparing the Admission Plan.

The Admission Plan should:

- identify known risk factors and outline risk management strategies to be applied during the initial stages of admission;
- outline expectations and responsibilities of the client upon admission to the FDS;
- outline the programs and services to be provided whilst the client is detained at the FDS;
- outline the timeframes for intervention;
- outline the agreed transfer arrangements to the FDS; and
- outline any ongoing roles and responsibilities of involved stakeholders.

Once the Admission Plan has been finalised, approved by the Senior Practitioner of the FDS and the referring service, a copy must be sent to the Director of Forensic Disability.

### **3. Transferring responsibility for the person to the FDS**

The Administrator will need to be satisfied that all formal documentation has been appropriately signed and received prior to any new client's admission to the FDS. Formal documentation will ensure that the new client may be lawfully detained at the FDS. Formal documentation will vary, depending on how the decision for admission has been made, i.e. through a decision by the MHC or MHRT or agreement between the Director of Forensic Disability and the Chief Psychiatrist.

Transfers by decision of the MHC will require:

- the decision of the MHC; and
- a copy of the Forensic Order (Disability) detaining the person to the FDS.

Transfers by order of the MHRT will require:

- a copy of the Forensic Order (Disability); and
- a copy of the MHRT decision to detain the person to the FDS.

Transfers from Authorised Mental Health Service (AMHS) will require:

- A signed agreement between the Director of Forensic Disability and the Chief Psychiatrist; and
- a copy of the Forensic Order (Disability).

#### **3.1 Prior to admission to the FDS**

The Administrator must ensure the following tasks are undertaken prior to admission:

- The Senior Practitioner is aware of the existing conditions of the Forensic Order (Disability) and there is an appropriate plan to manage the individual in accordance with the existing conditions at the FDS.
- The Senior Practitioner is to ensure they have contemporary knowledge about current factors that may affect the admission process, and to communicate the logistical plan for the client's physical admission so that stakeholders can adequately prepare.
- Supports and safeguards are organised and in place for the client as identified in the Admission Plan.

- The Senior Practitioner is to liaise with the transferring service to obtain medical records, information about any future medical appointments, and to request one week supply of all medication in a Webster pack.
- A house and bedroom at the FDS are allocated based on compatibility, risk management and current vacancies.
- Staff who will be involved in providing support to the new client should be provided with information about the client, including the Admission Plan and the opportunity to review any planned approach for the client's physical admission. In the event that staff are uncertain as to how to proceed in relation to the future client, staff should consult the Senior Practitioner.
- Current FDS clients within proposed accommodation are made aware of the future client's arrival.
- Client details are entered into the Forensic Disability Act Information System (FDAIS) and a client file is established.

### **3.2 On arrival of the person at the Forensic Disability Service**

The Administrator will ensure:

- The Admission Plan is given effect, safeguards are in place and observations are undertaken to inform ongoing risk assessment and risk management plans.
- Allied person(s), guardians and family members are included in aspects of the client's admission process where appropriate. If no allied person(s), guardians or family members are present, the client should be offered an opportunity to contact a support person via telephone to let them know of their arrival at the FDS.
- Culturally appropriate support is arranged for the client during the admission process.
- FDS staff in conjunction with the client itemise the new client's possessions and to ensure that decisions about what property the client may take to their room takes into account the least restrictive way to protect the client and other clients' health and safety.
- The client is assisted to decide which items they would like to place into their storage boxes and which items they will take to their room.
- Medication, cash and secure items are handed over for safe keeping.
- An identification photograph is taken of the client and placed on the client's file.
- The client is reminded of the Admission Plan and informed of house routines and rules, their schedule and what they can expect from the next few days.
- The client is provided with a security access card Fob to their room.
- The client is supported to meet and engage with other clients, under supervision.
- All staff involved in the admission process work collaboratively with the new client (and the new client's support network) to minimise difficulties associated with the admission.

### **3.3 Within seven days of a person's admission to the Forensic Disability Service**

The Senior Practitioner will ensure the following tasks are undertaken within seven days of the client's admission:

- Current assessment reports are prepared and reviewed. The Senior Practitioner must make a determination regarding whether any further assessments are required. Note - it is a requirement of the Act that a multidisciplinary assessment is completed prior to the development of the client's Individual Development Plan (IDP) (refer to *Director of Forensic Disability Procedure - Individual Development Plans*).

- Where further assessment is required, the Senior Practitioner will arrange for this to occur and explain to the client, their allied person and, where relevant, their guardian, the reasons for the assessment and how it will occur.
- If the client does not have an allied person, the Senior Practitioner will assist the client to determine who they would like to nominate to take on this role. If the client is unable to make this decision, the Administrator must be notified and make a decision under section 26 of the Act (refer to *Director of Forensic Disability Procedure - Working with Allied Persons*).
- Arrangements are in place for the client to manage their general finances and personal spending. The Senior Practitioner may need to contact the client's financial administrator to discuss how the client is to be supported in managing their personal spending.
- The client's Forensic Order (Disability) is explained to the new client in a manner that is appropriate to the client's communication needs.
- The MHRT process is explained to the client so they understand the purpose of regular reviews and their right to be involved in the process.
- The purpose of the IDP and the process that will be used to develop the plan will be explained to the client.
- The Statement of Rights and responsibilities must be explained to the client and allied person and a copy provided in a format that meets the communication needs of the client and be signed by the client.
- All discussions with the client about the Statement of Rights and the client's responsibilities should be recorded in the client's clinical notes and on the Forensic Disability Act Information System (FDAIS).

### **3.4 Within 21 days of the client's admission to the Forensic Disability Service**

Within 21 days of the client's admission to the FDS, the Senior Practitioner must ensure the following occurs:

- The client's IDP is completed and informed by the Admission Plan and the multidisciplinary assessment.
- A copy of the IDP is provided to the client in a meaningful format and the content of the plan discussed with them to ensure they understand their goals, responsibilities to attend programs and engage in activities, and how these link to planning for reintegration back to the community (refer to *Director of Forensic Disability Procedure - Individual Development Plans*).
- A copy of the IDP is provided to the Director of Forensic Disability.
- Links with culturally relevant supports and/or opportunities to support a client's connection to their culture are established.
- Where Limited Community Treatment (LCT) has been approved, relevant LCT plans are developed taking into consideration the conditions of the client's Forensic Order (refer to *Director of Forensic Disability Procedure - Community Treatment and Other Leave*).
- The Senior Practitioner will assess whether additional plans are required that will assist in the care and support of the client, e.g. a positive behaviour support plan or health plans and identify the timeframe for their completion.

## **4. Record keeping and documentation**

All original client file documents and records obtained for the purpose of evaluating the referral, creating the Admission Plan and facilitating the actual admission of the client must be retained and place in the client file.

## 5. Confidentiality

The Administrator of the FDS must ensure that any FDS staff member who gains confidential information through the staff member's involvement in the admission process manages that information in accordance with the Confidentiality of information provisions contained in section 122 of the Act.

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**Designation:** Director of Forensic Disability

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