



TREATMENT INNOVATION & COLLABORATION

CHAIR: SHANNON BELL, GROUP MANAGER, SPECIALIST PROGRAMS, UNITING

1. Providing dual diagnosis treatment to the highest risk offenders in the community: more than counselling
2. Does CBD help improve mood and sleep in daily cannabis users?
3. Walk-in, Walk with: Same day single session work in Thorne Harbour Health's LGBTIQ+ Walk-in AOD Program

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Providing dual diagnosis treatment to the highest risk offenders in the community: more than counselling

Gundula Roedel, Caraniche
Melissa Pardi, Caraniche

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CARANICHE

**Providing Dual Diagnosis Treatment to the Highest Risk
Offenders in the Community: More than Counselling**

Melissa Pardi and Gundula Roedel

INTEGRITY EXCELLENCE INNOVATION PARTNERSHIP



About Caraniche

Caraniche was established **30** years ago to deliver drug and alcohol treatment in Victorian Prisons.

We have a team of over **150** clinicians including; psychologists, provisional psychologists, social workers, counsellors, and clinical support staff working across the below areas:

Prisons



Specialist
AOD
services in
13 public
prisons

Community AOD



Dept of Health
funded AOD
services
including
HiROADS &
KickStart

Youth Justice



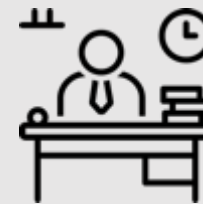
Youth
Justice
programs
at Parkville,
Malmsbury,
Community

Courts



AOD
treatment
in the Drug
Courts at
Ballarat &
Shepparton

Workplaces



EAP, training
& consultancy
to workplaces

Private Clients



Behavioural
Health
Services
through
Helm

Established in 2015, HiROADS is a specialist forensic dual diagnosis service that provides **1:1 dual diagnosis counselling** alongside **care and recovery co-ordination** for the most complex and high-risk offenders in Victoria.

Staffed by experienced Psychologists, Social Workers and Care and Recovery Coordinators (CRC) with expertise in Forensic AOD.

Supports offenders on parole, community corrections order, post-sentence supervision orders, JLTC and those on bail (CISP/ARC).

Supports individuals identified and referred through the Victorian Fixated Threat Assessment Centre (VFTAC).

Post-Sentence Authority Clients



Serious Violent Offenders or Serious Sex Offenders who the court determine to be an unacceptable risk to the community after finishing their prison sentence can be placed on post-sentence supervision orders.

Supervised by Corrections Victoria following their release from prison.

Can reside in the community or at treatment/transitional facilities (e.g. Rivergum or Corella Place).

Post-Sentence Supervision Order



Purpose of the post-sentence supervision order is to reduce the risk of reoffending.

If a person breaches a supervision order, they can be prosecuted in court for an offence of breaching a supervision order and be sentenced for that offence.

There are a number of stakeholders involved in clients care.

Post-Sentence Authority (PSA) Clients

Clients on post-sentence supervision orders can be subject to a number of conditions. These conditions can include:



- Accompaniment conditions
- Who the client can contact / socialize with
- Where the client can live
- Activities the client can engage in
- Electronic monitoring
- Areas the client can frequent
- Treatment programs the client must engage with
- Drug testing (only when there is reasonable grounds. Cannot be random)

Overview of working with PSA clients:

Prioritisation of allocation given client complexity and risk level

Preference for face-to-face treatment delivery

Weekly appointments with additional CRC appointments as needed

Longer engagement (on average 21 months)

Treatment goals developed in coordination with the client, care team and DSO recommendations



Overview of working with PSA clients continued:



Regular liaison and attendance at care team meetings

Secondary consultation

Contribution to Quarterly Services Reports and Coordinated Services Plans

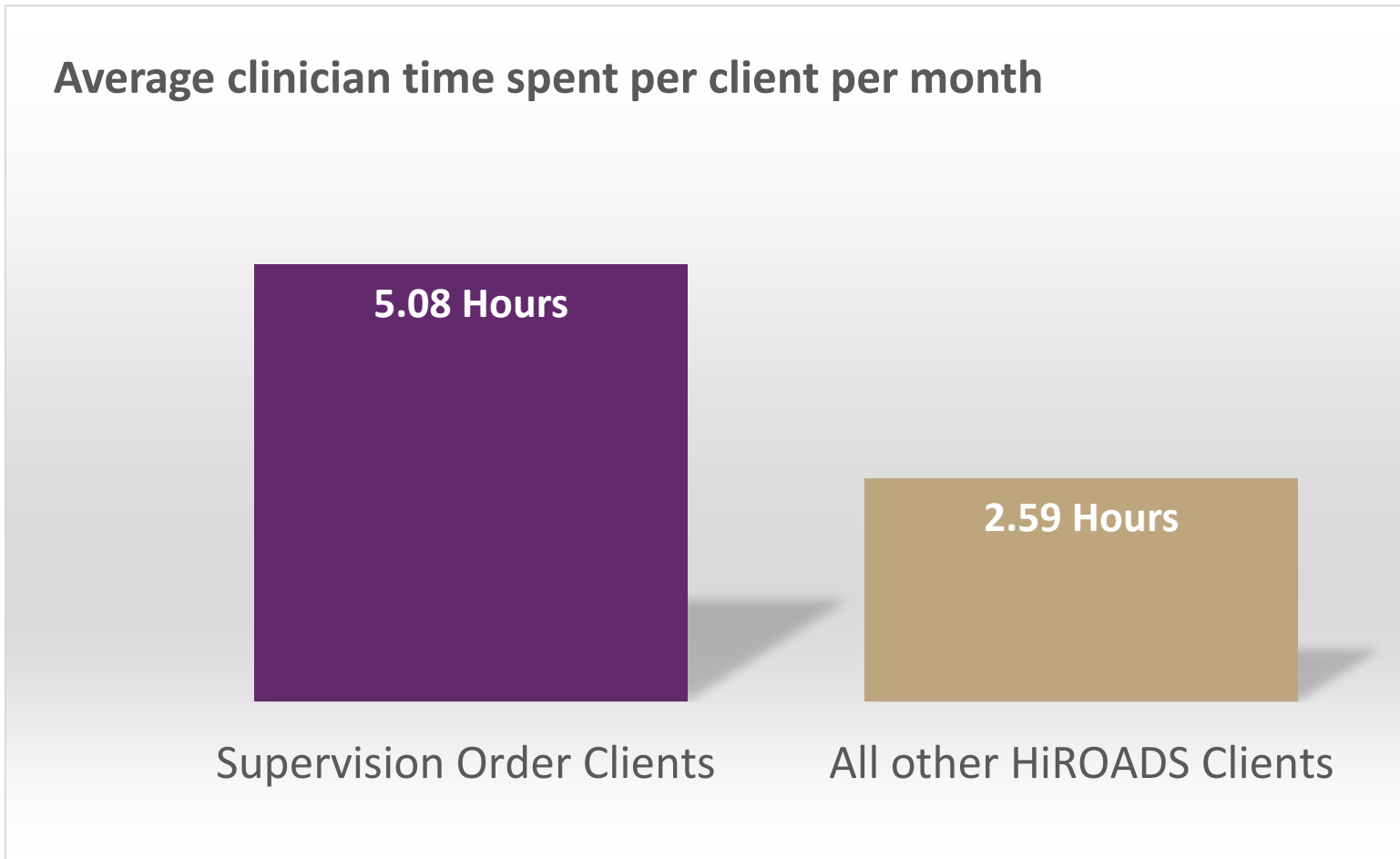
Increased responsiveness required to manage this client group (incl. frequency of updates; attendance at emergency care team meetings)

Challenges of working with PSA clients:



- First treatment episode generally focused on reintegration due to long periods of incarceration.
- Needing more time to build rapport.
- Treatment progression can be slower.
- Due to their complex presentation and level of risk, these clients are often ineligible for standard community services (e.g., resi withdrawal, resi rehab, private psychiatric services).
- Disruptions to treatment due to frequent returns to custody.
- Navigating large care teams.
- Navigating the line between therapeutic relationship and the high level of scrutiny/reporting with these clients (mandatory reporting of AOD use).
- No clear order end date.

PSA clients are a resource intensive cohort

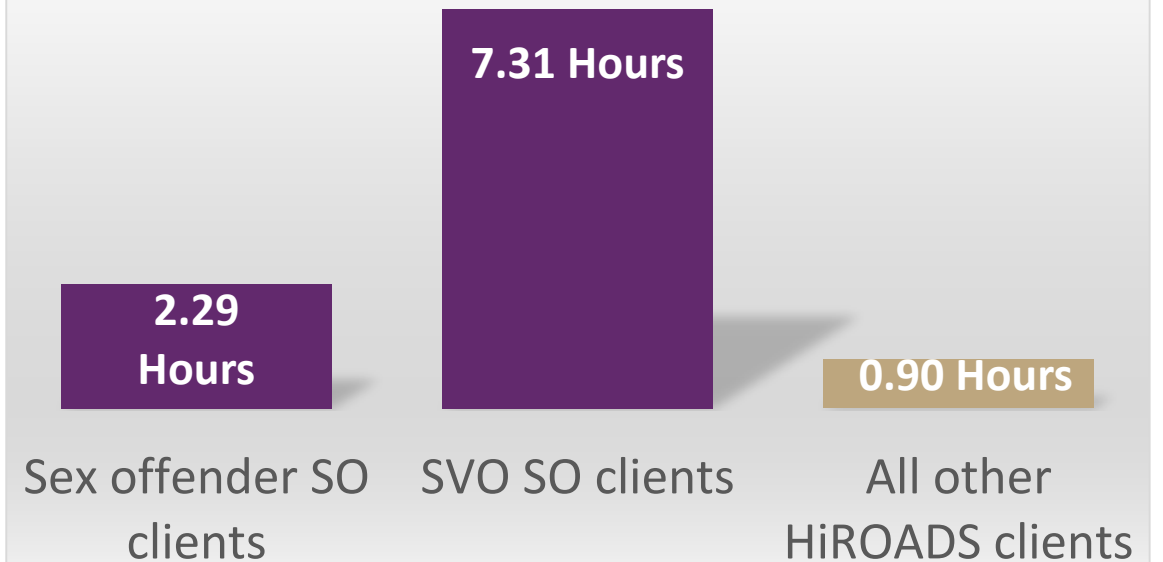


Clinician time: contact and non-contact hours

Average time spent per client on **direct client contact** per month



Average time spent per client on **client related tasks** per month



PSA client case study

“George”



“George” is a middle aged male referred to HiROADS for dual diagnosis treatment as per the conditions of his Supervision Order

Thank you for listening

Any questions?

Mel Pardi
Senior Psychologist

Gundula Roedel
Senior Psychologist

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