Benchmarking for Australian Mental Health Court Liaison Services

2017

Final Report – February 2018

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Contents

Introduction

The development of a framework and key performance indicators for Australian mental health Court Liaison Services (CLS's) represents the first national collaborative effort of this specialized area of forensic mental health. There is strong commitment by Australian CLS's to work together to develop an accountable and transparent approach to performance measurement and to compare service models.

This report describes the final results of the first national CLS benchmarking process which was undertaken in 2017. The project to develop this report has been coordinated by the Australian National Health and Medical Research Committee (NHMRC) Centre for Research Excellence in Offender Health (www.offenderhealth.net.au).

Australian Court Liaison Services had been active participants in a National Court Liaison Service (CLS) project which commenced in 2015. The work to date has thus far involved a national survey of court based diversion services and the establishment of the National Mental Health Court Liaison Performance Working Group. The Working Group has developed a nationally agreed performance framework and measures that are tailored to the needs of CLS's.

This component of the National Court Liaison Project involves a national collaborative benchmarking process, involving all jurisdictions using the key performance indicators that had been previously agreed to. The benchmarking process will enable best practice in this specialised area of mental health service provision to be identified.

Letters were sent to Directors of Forensic Mental Health in each jurisdiction inviting Court Liaison Service's to become members of the National CLS Benchmarking Project. Each Australian State and Territory Forensic Mental Health Service elected to participate in the project. Each jurisdiction has:

- Nominated a representative to participate in the reference group that is overseeing the project;
- Provided as much information as possible to construct the nationally agreed indicators for the nominated time period of 2015/2016. No individual patient records are required, rather aggregate data (as per the technical specifications in the national KPI document) have been used to describe each of the participating services;
- Ensured that relevant approvals from your jurisdiction are gained to enable participation in the project;
- Agreed to participate in discussions to review findings of the project.

Note that quantitative data was not available from the NT service.

It is intended that data will be shared amongst the participating jurisdictions to inform clinical service development. In addition, with the agreement of the relevant jurisdictions, data from this project will be published in at least a de-identified form.

It is important to note that for the majority of jurisdictions, this report includes information describing the provision of CLS for the State or Territory. An exception to this exists in the case of Victoria where data has been provided to describe the Metropolitan Mental Health Court Liaison Service. In addition to the Melbourne Metropolitan CLS, court liaison officers are located in district mental health services in Geelong, Latrobe, Ballarat, Shepparton and Bendigo. Clinical

activity for these court liaison staff is not able to be reported for the National Benchmarking Project.

This report contains the collated information that has been supplied by participating services. It was provided to the nominated representative for them to validate or make changes as appropriate.

Representatives were asked to consider the following questions:

1. Is the data in the report consistent with the data submitted by each participating CLS?

2. Having reviewed the report, are any amendments required?

3. Are there any additional notes regarding the data submitted with respect to data quality concerns or service model issues that should be included in the report to assist in the interpretation of the findings?

Participating services met at a forum in Sydney in September, 2017 to review findings, explore variation in results and to share information regarding service models. Feedback on a draft report was finalised in November 2017. This report represents the final version of data provided by services for the 2017 benchmarking project.

Data Submitted – 2015/2016

Data element	Total Number of people diverted by the CLS
Definition	Diversion is understood to mean linkage (referral) by the Court Liaison Service, of individuals with mental illness, with mental health treatment provider(s) outside of custodial settings. The number of individuals who are referred by the CLS to mental health treatment providers outside of custodial settings during the reference period.
Disaggregation	Indigenous status, Gender Diversion setting type: community MHS/inpatient MHS/other

Diversion - referral to MH treatment out of custody	**NSW**	**VIC**	**QLD**	**WA**	**SA**	**TAS**	**ACT**	**NT**
Total referred to MH treat (non-custodial) N	**2427**	**n/a[a]**	**434[b]**	**77**	**23**	n/a	**67[d]**	n/a
Women	n/a	n/a	90	14	3	n/a	11	
Aboriginal/TSI	346	n/a	83	22	7	n/a	n/a	
Community MHS (outpatient)	2003	n/a	n/a[c]	19	5	n/a		
Inpatient MHS	424	n/a	97	54	5	n/a	53	

a. Some data collection quality issues impeded the ability of the service to supply accurate information for this KPI.
b. Note that data in this report for QLD does not include child and youth CLS.
c. Data collection methods at the time of reporting do not allow accurate measurement of referrals to community MHS (as referrals to several agencies may be recorded simultaneously, without noting outcome).
d. Total referred to MH only reflects s309 referrals and does not include community or custody referrals.

Data element	Total number of people who received a face to face assessment by the CLS
Definition	The number of people who receive a face to face mental health assessment by the CLS during reference period
Disaggregation	Indigenous status

Face to Face Assessments	**NSW**	**VIC**	**QLD**	**WA**	**SA**	**TAS**	**ACT**	**NT**
TOTAL number of people who received a face to face mental health assessment by the CLS	**3512**	**n/a[a]**	**2132**	**351**	**7[b]**	n/a	**248**	n/a
Aboriginal/TSI (n)	547	n/a	437	94	0	n/a	n/a	

a. a known issue with the number of face to face assessments in Victoria exists. As such, data for this indicator has been omitted from the report.
b. Face to Face assessments are not a common practice in SA as we have a mental impairment legislation that requires psychiatric/psychological reports to be ordered where the person is not guilty by reason of mental impairment. The CL officers only deal with general court matters where the person presents or has a mental impairment history. The environment at the court buildings in SA are not conducive to safe interviewing. Face to face assessments need to be directly requested

by the presiding officer and this is not common practice. For more face to face assessments to occur, this would need to be developed as part of the CL role.

Data element	Total number of Full Time Equivalent staff that are employed by the CLS
Definition	The number of FTE staff that are employed by the CLS during reference period. Note that at times positions may be unfilled for a period of time. Actual FTE and not funded FTE should be reported here.
Disaggregation	Indigenous status – if any CLS staff identify as Aboriginal and/or Torres Strait Islander, this should be noted. Any identified positions should also be noted.

CLS FTE	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
Total staff	**21.7**	**6.5**	**17.6** [c]	**1** [d]	**2**	**2** [e]	**1**	n/a[f]
Nursing	17.7	4.5	13.1	0.8	0	1	0	
Psychiatrist	2	0	1.3	0	0	0	0	
Social Worker	0	1	1.2	0.2	2	0	0	
Psychology	0	0	0	0	0	0	1	
Occupational Therapy	0	1	1	0	0	1	0	
Administrative Support	1	0	0	0	0	0	0	
Manager / Team leader	1	1[b]	1	0	0	0	0	
Aboriginal and/or TSI	0[a]	0	0	0	0	0	0	

a. NSW has a separate Aboriginal Health Diversion Service which is not primarily focused on mental health. The approach is more holistic with a focus on housing, welfare etc. It is not staffed by MH clinicians.
b. In Vic the team leader is included in Social Worker total.
c. In QLD a small additional contribution to court liaison service provision is made by Area Mental Health Services on an as needed basis.
d. In WA there is 1 FTE allocated to CLS each day from the Community Forensic Service and this role is a rotational one comprised of nursing and social work staff.
e. In TAS there are two CLS staff allocated from the Community Forensic Mental Health Team to assist CLS. They are both psychiatric nurses.
f. A Court Liaison Service was commenced in the NT in early 2016.

Additional Note: enhancements for the Queensland CLS staffing profile took place in 2016/17 and are being planned for the Victorian CLS.

Data element	Safety – the number of reported adverse incidents towards staff
Definition	The number of reported incidents of occupational violence and aggressive behavior towards CLS staff during the reference period

Safety - occupational violence/aggressive behaviour to CLS staff[a]	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
Number of incidents	0	1[b]	0	0	0	0	0	n/a

a. All services noted that incidents of verbal aggression are very likely to be unreported.
b. 1 incident involving verbal aggression and sexually inappropriate behavior towards a clinician was reported during the reference period.

Data element	Referral to mental health service – any type
Definition	The number of people referred by the CLS to a mental health service provider of any type (including in custody) in any setting during reference period

Referral to mental health care -any provider (including in custody)	NSW	VIC	QLD	WA	SA	TAS	ACT[b]	NT
	3000	352	1331[a]	73	10	n/a	67	n/a
Aboriginal and TSI people	449	3	267	23	n/a	n/a	n/a	
Women	n/a	16	214	16	n/a	n/a	n/a	

a. Note that QLD data in this report does not include child and youth CLS.
b. Total referred to MH service includes s309 referrals not community or custody referrals.

Data element	Service expenditure
Definition	Total of the mental health service organization's recurrent expenditure on mental health court liaison service within the reference period.
Notes	Data for recurrent expenditure for salaries and wages + recurrent expenditure for non-salary operating costs were requested. While it was originally thought that that criteria as used by the National Minimum Data Set Community Mental Care would be useful, several services were unable to accurately report non-salary operating costs. An alternative approach was adopted by the group to add together the annual gross wage of staff and add 20% on-cost amount.

Comparative area resources - Labour expenses	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
Total gross wages for CLS +20%	3,454,267	683,766	2,373,796	159,441	216,000	259,806	128,425	n/a

Data element	Number of Magistrates Courts that receive service from CLS
Definition	The number of Magistrates Courts that receive service from the Court Liaison Service within the jurisdiction.
Notes	This data element may require further consideration and discussion as the CLS may provide varied types of service to court locations including daily in person attendance, attendance on request, checking of court lists with mental health data bases etc.

Court Coverage by CLS	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
Total number of Magistrates Courts that receive CLS	22	12	61[a]	27[b]	3	4[c]	1	n/a
Magistrates Courts in the jurisdiction that do not receive CLS	118	40	51	0	14	0	0	

a. In Queensland the CLS is in attendance on a daily basis at 12 locations, attends 17 additional courts on an as needed basis and cross checks court lists with a mental health service database on a daily basis at an additional 32 locations.
b. In WA the Central Law Court is attended on a daily basis, CLS is available to all others on an as required basis. Assessments are predominantly by videolink in both metro and regional areas.
c. All of Tasmania's courts (4) receive a CLS service via CFMHS input however these positions are not specifically funded for CLS.

Australian Bureau of Statistics Data

Data element	Number of finalised defendants in Magistrates Courts
Definition	The number of defendants in the Magistrates Courts for jurisdiction during the reference period as taken from Australian Bureau of Statistics – 4513.0 Criminal Courts, Australia (most recent annual finalized total). Access via ABS data cube.
Notes	Activity data for Magistrates Courts is reported by the Australian Bureau of Statistics using clearly defined counting methodology. The definition for a finalized defendant is as follows, 'A person or organization for whom all charges relating to the one case have been formally completed so that the defendant ceases to be an active item of work to be dealt with by the courts'. The ABS aggregates matters to create a 'merged finalized defendant.' The rule is that if a defendant has more than one case, which is finalized on the same date in the same court level, their defendant records will be merged and counted as a single record. Specialist court outcomes (drug courts etc.) are not included in this method. The ABS data exclude cases heard in the criminal jurisdiction of the courts which do not require the adjudication of charges (e.g. bail reviews and applications to amend sentences or penalties). Also excluded are matters dealt with by civil courts, breach of community-based orders, appeal cases, tribunal matters and defendants for whom a bench warrant is issued but not executed. Annual reports from jurisdictions describing court activity often uses a different counting method and may have varied inclusions/exclusions. Where the CLS is the ONLY service provider in the jurisdiction all finalized defendants for the reference period are used. For Victoria where a small number of CLS clinicians work in regional areas and their clinical activity is not able to be reported, an additional calculation is required. A similar process is employed for NSW where a small number of courts are attended by the Hunter New England District Health Service and an alternative model is employed. Detailed notes describing the calculations are located in appendix 1.

Data element	Estimated Resident Population for jurisdiction
Definition	The Estimated resident population for the jurisdiction, as eligible for Magistrates Courts.
Notes	Estimated resident population, by age at 30 June 2016 was used from ABS 31010DO002_201606 Australian Demographic Statistics, Jun 2016. For all jurisdictions the population aged 18 and over were used. In Queensland during the reference period, individuals aged 17 and over were dealt with in Magistrates Courts. Thus the QLD population count includes people aged 17.

ABS DATA	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
ERP 18 years and above*	6,007,323	4,739,255	3,767,994	2,018,968	1,347,278	405,183	307,473	181,255
Number of finalised defendants Mags Court (Adjusted)	132,918	88,621	161,827	79,458	36,209	12,271	4,156	11,182
% of ABS finalised defendants included	94	84	100	100	100	100	100	100

Key Performance Indicators

Domains: Effective, Accessible, Safe, and Continuous

Domain	KPI	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
Effective	Diversion to non-custodial mental health treatment [1]	1.83	n/a	0.27	0.10	0.06	n/a	1.61	n/a
Accessible	Rate of court attendees who receive a FtF CLS assessment [2]	2.64	n/a	1.32	0.44	0.02	n/a	5.97	n/a
Accessible	Comparative area resources [3]	0.16	0.07	0.11	0.01	0.06	0.16	0.24	n/a
Safe	Staff safety [4]	0	1	0	0	0	0	0	n/a
Continuous	Post CLS mental health treatment [5]	1.83	n/a	0.82	0.09	0.03	n/a	1.61	n/a
Efficient	Cost ($)/CLS FtF assessment [6]	984	2590	1113	454	>5000[a]	n/a	518	

a. Note that the SA CLS does not commonly conduct face to face assessments. Refer to notes on page 3.

Formulae used

1- [Number of people diverted to mental health care out of custody/Number of finalized defendants in Magistrates Court]*100
2- [Number of face to face mental health assessments undertaken by the Court Liaison Service/Number of finalized defendants in Magistrates Court]*100
3- [Number of CLS FTE/Finalized defendants in Magistrates Court]*1000
4- Number of reported adverse incidents towards staff
5- [Number of people referral to any type of mental health care (including in custody) by the CLS/Number of finalized defendants in Magistrates Court]*100
6- The total Gross Wages for the CLS *1.2/Number of face to face mental health assessments undertaken by the Court Liaison Service.

Domain: Capable

Service Orientation

The following questions relate to the orientation process for new clinical staff of the CLS.

Orientation to CLS Service	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
The CLS has a consistent approach to orientation	Yes	Yes	No[b]	No	Yes	Yes	Yes	
Time period (working days)	20	10	Variable	10	60	Not specified	20	
New staff partnered with experienced clinicians at commencement?	Yes[a]	Yes	Yes	Yes	Yes[c]	Yes	Yes	
Time period (working days)	15	2-3	10-20		Not specified	Not specified	5	

a. Modelling takes place over 3 weeks for new staff member to model another CNC practice across several metropolitan local court locations.
b. Standardized orientation existed in 2015/16 in the South East of QLD but not across the state. In 2017, the new 2016 Mental Health Act was implemented, which involved a significant change to the role of Court Liaison Officers. To support this role change, new Court Liaison Officers were recruited. Both new and existing Court Liaison Officers participated in three days of training to orientate them to their role. Additional local orientation (to the court and watch house) was conducted for the new staff.
c. Partnership of new staff happens with the Team Leader who is the most experienced of the team. Then short term mentoring with colleagues in the other Forensic Court Service roles.

Orientation Topics

NSW: Week 1: (General) Justice Health & Forensic Mental Health Network Orientation (manuals available if needed)
Weeks 2-4: (SCCLS) Court Liaison Operation Manual review; placement in several different local courts with supervision by experienced CNC and Forensic Psychiatrist to mentor. Identification, screening, assessment, disposition and court report writing, court process and stakeholder meetings, court policy and operational issues, MH legislation, court etiquette etc. Further information is available from the service operational manual.

VIC: MHCLS Program Guidelines / court etiquette / court report writing / IT and Security access / probation period / Safety / Emergency response / MHCLS program (philosophy, referral process, assessment process, interface with other stakeholders) / administration / Mandatory training / Clinical practice / HR / OHS / Critical Incident Management /Health Information.

QLD: Orientation to watch house and court house. Cross matching court lists with mental health records. Forensic provisions of the Mental Health Act. Business Procedures (manual established for South East corner). Court etiquette. Referral criteria. Clinical review processes. Documentation Involvement of CLS psychiatrists. Safety of working in a watch house environment or working with forensic population.

WA: How to undertake a videolink assessment to regional and metropolitan Courts and prisons. The process of conducting an assessment at the Central Law Courts (CLC) and the Metropolitan Courts e.g. assessment of an individual who is not able to be released from detention. PSOLIS data base documentation – e.g. how to check the arrest lists. Access to Court – parking, obtaining a swipe card. Morning intake meeting feedback from the CLS on the previous days business. Hospital Orders – e.g. communicating with the Frankland Centre, the Criminal Mentally Impaired Accused Act (CLMIA). The topics covered during orientation varies depending on the clinician who is accompanying the new staff member to Court.

SA: - Legislation – both the mental impairment legislation and the mental health act that governs health. Familiarization with all roles in the forensic court service (attendance and mentoring). Tour of inpatient unit and sitting in on ward round. Meet with forensic staff (different disciplines). Attend court with Team Leader and meet relevant staff. Attend professional development sessions that are fortnightly.

TAS: New staff are orientated to the service as a whole including policies and procedures. Staff are then orientated specifically to the Court Liaison Service. Topics covered are legislation, court protocols and processes, a physical orientation of the court, remand center and police cells, a personal introduction to the magistrates and other relevant staff, referral/discharge process, Mental Health Officer training.

ACT: New staff are oriented to the broader Forensic Mental Health Service and ACT Health Service. Following this, they will then undertake specific CLS orientation. Intially staff are supernumer and then will be buddied up with a senior clinician. Once this is finalized, cases must be discussed with the On-call Psychiatrist and Operational Director or Senior Manager prior to S309 being recommended. Orientation includes the following topics: legislation, model of care for ACT Forensic Mental Health Services & policies/procedures.

Education and Training

NSW: The SCCLS requires staff who are CNC with at least 5 years mental health experience. Must have tertiary degree. Good clinical skills, training and experience required in mental health. Highly developed mental health and risk assessment skills essential. SCCLS professional days (4 days held during the Magistrate Annual Conference) – guest speakers attend, team building activities and mandatory training (fire/CPR). Opportunity for all staff to get together and network.
Weekly team meetings; alternating Business Meetings, Journal Club, and Case Presentations.
Daily case supervision for all cases seen (via telephone access) and direct in person case assessment with CNC by Forensic Psychiatrist to all courts on a rotational or as needs basis.
Other organizational meetings held by Justice Health & Forensic Mental Health Network (JH&FMHN) e.g., Research Forum, Learning & Management etc. HETI training mandatory for all JH&FMHN.

VIC: As yet, there are no CLS specific training modules. Training is done on the job. However, the MHCLS requires staff who have at least 5 years mental health experience. They must have a

tertiary degree. They must have good clinical skills and have accumulated the training and experience expected in the clinical mental health field. Highly developed mental health risk assessment skills and report writing skills are essential. Mandatory training is provided with regard to the broader areas of respect and responsibility; emergency procedures (local sites); gender sensitivity and safety and; safe work practices. A monthly seminar series is provided with presentations on a wide range of topics. Monthly facilitated peer supervision (including case reviews) is provided.

QLD: The Queensland Forensic Mental Health Service held a monthly seminar series with presentations on a wide range of topics, and many stakeholders also invited to attend. Griffith University Forum – an annual free forum providing a professional development opportunity to forensic mental health clinicians. Planning days are also held on a 3 monthly basis. These are in person attendance events for a full day. Specific training also took place with the following topics: threats, assessment in mental health; diversion from custody; video conferencing.

WA: The Community Forensic Mental Health Service (CFMHS) does not have a CLS specific education & training package. All training is done on the job. New clinicians already in the CLS role liaise with each other to assist and discuss court assessments. The CFMHS has a monthly peer review meeting to discuss interesting/relevant/topical cases that have been dealt with by the CLS.

SA: A range of courses are run through Glenside Training Centre (clinical based – eg. BPD, Managing challenging clients, etc.). Forensic Court Service runs monthly education sessions that incorporate guest speakers from various areas in legal services, prosecutions, prison, victim services to present information and assist in the training and development.

TAS: Our education requirements are not specified but are arranged on an as needs basis. They include diagnostics topics, legislation training, case reviews, tribunal and court report based topics. On average, formal training occurs about three times a year.

ACT: CLS clinicians are employed at HP3 or RN3 level and above. As they are part of the wider Forensic MHS they are provided the same level of forensic specific training e.g. risk assessment, HCR20, PCLR etc. CLS specific training relates to legislation etc. Currently working with another state to establish education packages etc. especially for court reports.

Cultural Advice

NSW: Justice Health & Forensic Mental Health Network has appointed Aboriginal Health Workers to staff to assist with clients living and functioning needs in the community. Department of Justice employs Aboriginal Court Support Officers in some courts. The workers are available to CLS staff. JH&FMHN currently are piloting the Aboriginal Bail and Court Support Program at Campbelltown and Mount Druitt Courts. This Pilot aims to assist Aboriginal defendants to get bail.

VIC: Under the Department of Justice Koori Inclusion Action Plan, MHCLS staff have access to advice from the Koori Justice Unit and the Regional Aboriginal Justice Advisory Committee. Increasing Cultural Competence with Indigenous service users is a unit offered within the Forensicare Community Forensic Mental Health Service staff seminar series. MHCLS staff also have access to support from the I Empower Refugee Court Program which has offices close to both Sunshine Magistrate's Court and Dandenong Magistrate's Court. The MHCLS also liaise regularly with Victorian Aboriginal Legal Service and Victorian Aboriginal Health Service.

QLD: Queensland Forensic Mental Health Service had a dedicated Statewide Indigenous Forensic Mental Health position however this position was vacant during the 2015 – 16 year. Forensic MHS employs a number of indigenous mental health workers including the provision of the IMHIP (indigenous mental health intervention program). These clinicians are available to seek advice from if required. Indigenous patients referred to PMHS can also access IMHIP.

WA: The CLS will liaise with the Aboriginal Legal Service (ALS) and the Aboriginal Visitors Service (AVS) at Court to determine if any cultural input regarding mental health matters is required. Our service can also make phone contact with the State Aboriginal Specialist Mental Health Service (SAMHS) regarding Indigenous issues. There is a Salvation Army officer based at the CLC who can assist with individuals' cultural needs or requirements as well. At the CLS we have access to an interpreter service if needed.

SA: There are no cultural advisors within Forensic MHS, however the CLS can seek advice via Aboriginal Legal Rights in relation to indigenous clients, or appropriate migration services in relation to linguistically diverse background clients.

TAS: Our staff work very closely with the Aboriginal Legal Service as well as the Legal Liaison Officer for the Tasmanian Aboriginal Health Service. We also have access to NGO services that support people from culturally different backgrounds including refugees. We are able to access interpreter services at any time. Staff are required to complete training in the area of Culturally Sensitive Practice.

ACT: In ACT Cultural Awareness forms part of mandatory training for all ACT Health staff
There are 2 identified Aboriginal Health Officers employed by Justice Health services. CLS work closely with legal services including Aboriginal Legal Service. Referral pathways to NGO Winnunga Health Centre. Access to interpreter services is available at all stages of contact.

On Call Psychiatry Advice

NSW: Dedicated on call Forensic Psychiatrist available 5 days/week to discuss all cases with CNCs. This is a mandatory requirement to discuss all cases.

VIC: The MHCLS staff have access to on call advice from a Consultant Psychiatrist, 5 days per week (Clinical Director, Community Forensic Mental Health Service, Forensicare) and via case presentations once per month.

QLD: The Court Liaison Service in Queensland had one funded psychiatric position Statewide. This position was the Clinical Director position of the Court Liaison Service employed within the Queensland Forensic Mental Health Service. Other psychiatric support (0.3 not CLS funded) was provided to Court Liaison positions in the South East corner through the arms of the Queensland Forensic Mental Health Service. Psychiatric support throughout the remainder of the State was provided through the local Hospital and Health Service, the intensity of which varies significantly. Some locations had some limited psychiatry time available through the broader forensic team (Townsville, Rockhampton, Cairns). The Director of Queensland Forensic Mental Health Service also provided support to Court Liaison Clinicians as required throughout the State.

WA: The CFMHS has an allocated Duty Officer who is available Mon – Fri during office hours. They can provide mental health advice and assistance to the CLS. The CLS also has access to the CFMHS Consultant Psychiatrist and Psychiatric Registrar if they are available.
Perth now has a Magistrates Court running on Saturdays and Sundays. However there is no CLS service available to this Court. If the Court requires an assessment then the individual is remanded to custody and referral is made to the CLS for an assessment at the next working day.

SA: There is a high capacity for CLS to contact a psychiatrist for advice via James Nash House or the Forensic Community Team. These consultants are available to answer questions and guide. There is also a Consultant on call at all times.

TAS: We do not have dedicated psychiatry in the Court Liaison Service but we have access to the FMHS psychiatrists on an as needs basis. We can always reach a psychiatrist by telephone for immediate advice and we are able to book our clients in see a FMHS psychiatrist as required.

ACT: Court Liaison Service clinicians must contact the Psychiatrist/Senior Manager/Director if recommending s309.The current roster allows for a consultant psychiatrist to be contacted each day via phone for consultation purposes. Backup process is that the Senior Manager/Director be contacted.

Clinical Supervision

NSW: Psychiatrists rotate among 22 courts (metro and remote). The Psychiatrist supervises the content of the court reports for new staff members. This supervision continues until the Clinical Director is satisfied with the quality and content of the report. The CNC can continue to seek supervision as required.

VIC: MHCLS staff are provided with clinical supervision once per month. This is provided at all local sites by the Manager. Facilitated peer supervision is conducted each month.

QLD: On call psychiatry advice is available to Court Liaison Officers (CLO)s throughout the State. Within the SE corner, an established clinical review process was available to all clinicians, facilitated on a fortnightly basis. This process incorporated a complex case review with the whole team as required. CLOs had support and supervision through their Team Leader. Additionally all CLOs were encouraged to establish individual clinical supervision processes with a supervisor.

SA: The two CLS staff we have are Social work trained, therefore their supervision is via a professional discipline specific supervisor. For any complex clinical issues the CLS access their Team Leader or the Unit Head for the Forensic Community MHS. Supervision is 1 hour every month. There is also an open door policy for anything outside of that established process. There is daily access and contact with the Team Leader for advice and supervision.

WA: There is no separate clinical supervision for the CLS. The CFMHS receives fortnightly group clinical supervision. Court matters etc. can be discussed.

TAS: The CLO's have group supervision across the state four times per year. Each clinician sources their own supervision as per their professional requirements.

ACT: All clinical staff within ACT Health are encouraged to obtain clinical supervision. Current staff receive supervision from a senior psychologist.

Domain: Sustainable

Innovative Practice

NSW:

- AVL (audio-visual link) assessments routinely done from site specific courts to goals, police holding cells, remand centers.
- New Cognitive Impairment Diversion Service in 2 pilot courts – dedicated Psychologist available for neuro-cognitive testing.
- Some courts provide an in reach service for the correctional center close to their courts in person/AVL.
- All staff have access to mobile technology (phone and computer) that is linked to Justice Health & Forensic Mental Health Network.
- It is planned that from 1/10/17 all adult and adolescent diversion services in NSW will fall under one corporate and clinical governance run by the SCCLS.

VIC: MHCLS staff have joined stakeholder groups within their local areas. These initiatives have proven useful, particularly with regard to closer liaison with area mental health services. All clinicians are provided with mobile phones.

QLD:

- QLD: Preparation for changes that would occur under the Mental Health Act 2016, which would require Court Liaison Officers to provide assessments on Fitness for trial and Soundness of mind for simple offences before the Magistrates Court.
- Mobile phones for all clinicians
- Laptops were funded. This enabled videoconferencing of clinical reviews to be established
- Work in development for the automatic cross matching of Court Lists, held within the Justice and Attorney General system, with mental health records.

WA: No innovative practices have been implemented in recent times by the CLS. In November 2016 the State Forensic Mental Health Service (SFMHS) issued clinicians with Smart Phones – staff are now able to access emails and the internet directly at Court. However new staff members are not oriented on the use of the phones.

SA: CLS utilize the health data base – records of each client of mental health services. They each carry a mobile phone with access to email and have a laptop for use when in court.

TAS: The CLO service provides an integral service to the Diversion List. Our clinicians have access to smart tablets for immediate access to email and legislation etc. and we have full access to the electronic medical notes of the psychiatric wards across the state, FMHS, the health records of the prison and the intake section of Mental Health Services. This gives us immediate access to client's history with relevant services. It is governed by consent procedures.

ACT: The CLS office is closely located (within 500m) or the ACT Government precinct where other key stakeholder services are located.

Monitoring Processes

Clinical auditing/monitoring	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
The CLS has a consistent approach to clinical auditing/monitoring	Yes [a]	Yes [b]	No	Yes [c]	Yes [d]	No	No	

a. Annually all courts are audited: Files x 5 at random; Court visits by Clinical Director/Operations Manager; Psychiatrist sits with CNC in 2 cases per year minimum in remote areas, but much more frequently in metro areas; Audit of JH databases to ensure compliance.
b. Staff undergo annual auditing of clinical practices (MHCLS reports). MHCLS Manger has regular contact with other stakeholders and clinical processes are reviewed in regular supervision sessions.
c. The CFMHS Administration Officer collects the CLS statistics and closes all referrals to the CLS once the documentation has been checked. Once a month the CFMHS has a Business meeting and the statistics/information obtained from the CLS is discussed. Items focused on are activity, referrals and assessments conducted.
d. There is a regular monitoring/auditing process via the health data base which is independent to the CLS. The CLS provide monthly statistics to the TL which is an auditing process of their work. Handovers sent to the Team Leader on a daily basis is also audited for safety and quality.

Research

Research planning	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
The CLS has a research plan	Yes[a]	No[b]	Yes[c]	Yes	No	No	No	

a. Justice Health & Forensic Mental Health Network has a formal organizational research plan – available if needed)
b. Not specific to CLS
c. The Queensland Forensic Mental Health Service has an Academic and Research Strategy.

NSW: Linkage analysis of all court clients with BOSCAR (criminal recidivism) and Mental Health (CHERYL) data. Rae, Dean, Greenberg; Fiona Davidson's Benchmark Study; Dr's Soon, Greenberg, Dean, SCCLS recidivism Study.

QLD: Research is encouraged via CLS representation at the Academic Research Committee (ARC) coordinated by the Queensland Forensic Mental Health Service

WA: Commencing in March 2016 the WA CLS started to collect information regarding individuals who presented before the Perth, Northbridge weekend Court and required a mental health assessment. This was in response to it being noted that due to there being no CLS available at the weekend these individuals were being remanded into custody until a CLS service was available. A referral system was created by the CLS where by the Judicial Support Officer (JSO) would email the CLS with information required to follow up the referral. The service is open to individual clinicians putting forward research ideas that are relevant to the CLS.

Information Technology

Clinical auditing/monitoring	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
The CLS has a access to clinical mental health information systems at locations where assessments are conducted	Yes	Yes	Yes	Yes	Yes	Yes	No	

NSW: Patient Administration System (PAS), Justice Health Electronic Health System (JHeHS), Community Health Information Management Enterprise (CHIME), Databases. Access to electronic library – journals. Access to NSW Law Link (database used by Department of Justice).

VIC: Local work site computers provide access to:

- The Victorian Public Mental Health data-base Client Management Index data-base (CMI)
- The Forensicare Patient Management Index data-base (PMI)

For the MHCLS, getting access to clinical mental health information from Area Mental Health Services is often protracted and difficult. Basic information regarding past admission/diagnosis/episode of care is available via the Public Mental Health Database.

QLD: Yes, all Court Liaison Officer (CLOs) have access to the Statewide Public Mental Health Service information system, Consumer Integrated Mental Health Application (CIMHA).

WA: Since 2013 the CLS has been able to directly access PSOLIS and emails from the Perth, Magistrates Court. This was due to the START Court (Mental Health) pilot program commencing in the Magistrates Court building. The CLS has been operating from the Perth CLC since 2002. There is no direct access to clinical mental health information systems at the Perth metropolitan Courts. The CLS clinician if attending in person will need to contact the CFMHS duty officer to access mental health information. Videolinks are conducted at the Frankland Centre, Graylands hospital campus. The CFMHS are based on campus so access to information systems is available. The CLS can now access the PSOLIS data base which allows access to patient history, discharge summaries, recent contact with mental health services. Each CLS clinician is issued with an iPhone which enables access to clinical information via email and calendar.

SA: CLS staff must obtain permission for access to health database via the Team Leader as this protects the confidentiality of the client. This permission is obtained via email to ensure it can be tracked.

TAS: Our clinicians have access to smart tablets for immediate access to email and legislation etc. and we have full access to the electronic medical notes of the psychiatric wards across the state, FMHS, the health records of the prison and the intake section of Mental Health Services. This gives us immediate access to client's history with relevant services. It is governed by consent procedures. We are also able to have MHS files transferred to us and we regularly collect information by phone call or meeting with relevant staff. In addition to clinical information, the police provide us with any documentation about offences and records of prior convictions on request.

ACT: Access to information systems is currently only available within office. Staff must check all relevant details prior to attending court.

Workforce planning

NSW: Formal and Informal briefs directed to CE about workforce need and gaps in service.

VIC: Workforce planning is a key focus area with staff development and court coverage planning set as standing agenda items at monthly team meetings. Renewed efforts are underway to supplement the pool of backfill staff. An annual MHCLS planning day has been instituted to prioritise initiatives within key areas of clinical focus. Developments include enhancement of current program guidelines and enhanced IT functionality (i.e. online MHCLS report templates).

QLD: Court Liaison Officers were a relatively stable group of employees in 2015/16. At this time there was no structured approach to the development of new court liaison officers. Work shadowing was provided to staff interested in the role and function of the Court Liaison Service.

WA: The workforce for the CLS comprises of certain members from the CFMHS team; that being, 4 Clinical Nurse Specialists (CNS) and a Senior Social Worker (SSW). On a daily roster, one clinician is allocated to the CLS and one clinician is allocated to the role of Duty Officer (DO) - one shift per week for each clinician to the CLS. Two CNS's are currently on secondments; one of those positions was filled by a Clinical Nurse (CN) acting up into the CNS role. The other CNS position was not back filled, so short term casual contracts have been put in place to fill this positon.

Previously the SFMHS had taken the approach that vacant positions (secondments, annual leave) within the CFMHS team would be covered by existing staff. This meant that the members of the CFMHS team who could work for the CLS where attending Court and performing the role of DO more frequently. In April 2017 the SFMHS management organized a casual contract for a CNS to work in the CLS and as DO.
Workforce planning has proven difficult as the CFMHS provides two services with its staff allocation, the CLS and a case management service.

SA: The CLS was created from a pilot program in an effort to reduce the number of inappropriate court related presentations to the emergency departments in hospitals. There are plans to expand on this service which is still early days.

TAS: The workforce has expanded beyond our existing budgetary constraints and the planning is focused mainly on developing a model to ensure it is sustainable. Service risks including resourcing limitations are identified and recorded on a Service Risk Improvement Plan.

ACT: Recent recruitment drive in a bid to develop a pool of casual staff. Forensic Mental health Services adopts a process where staff can rotate through services for skill development purposes Targeted recruitment to Court Liaison role. Recent reallocation of funding to allow a second clinician to operate in C/L team.

Processes and events associated with workforce enhancements

NSW: Cognitive Impairment Diversion Service will be piloted in 2 local courts in years 2017 – 2019. Clinical Psychologists available for neuro-psychology testing (FTE 1.0) in each court. 0.4 FTE Psychiatrist to provide leadership and supervision in 2 courts. Brief written to CE for addition staff (CNC/Psychiatrist/Management) to expand service.

VIC: Greater attention has been paid to data collection which has resulted in enhanced resourcing. At the time of writing the MHCLS is preparing to for a significant expansion in its service provision following the allocation of increased Victorian Government funding. Collaboration between metropolitan and regional MHCLS clinicians is being enhanced by an extension of professional development and peer supervision resources to the regional clinicians.

QLD: No events occurred that warranted enhancement to the Court Liaison Service during the 2015/16 time period. Planning had commenced for the significant increase in full time employees that would be located throughout Queensland for the implementation of the Mental Health Act 2016. Implementation of the 2016 Mental Health Act has resulted in an increase of 23 FTE in Court Liaison funding, including an increase in psychiatry positons from 1.0 FTE in the State to 5.0 FTE.

WA: CLC Peer support meeting every month. The clinicians who work in the CLS discuss relevant court assessments etc. with the view to improving practice and expected outcomes. Clinicians who work in the CLS receive training from the Office of the Chief Psychiatrist (OCP) to become Authorized Mental Health Practitioners (AMHP). Over the past 18 months the CLS has formulated a more consistent approach to CLS clinicians entering data into PSOLIS and completing the relevant documentation. In December 2016 an Occupational Safety and Health (OSH) was completed highlighting that the CFMHS does not have the capacity to provide a full service. This has resulted in more staff being recruited to the service which has a direct positive effect on the CLS – more clinicians are available to work within the CLS.

SA: The CLS has evolved to cover the gap where clients who have mental health issues but not proceeding via the mental impairment legislation have support and assistance through the court process. CLS will only manage cases that Forensic MHS's are not responsible for as it is recognized this is an area of need and has the greatest risk in relation to court outcomes which impact on the service.

TAS: The initial funding for the role was as a result of a deaths in custody inquest. Since that time, the role was expanded by one further position to cover the north of the state. The success of the Diversion List has contributed to the need for further CLO input which has occurred through the use of FMHS case management hours.

Staff Backfill - What capacity does the CLS have to provide backfill for emergent and planned leave of clinical staff?

NSW: No emergent or planned backfill. Metropolitan courts have a "buddy system". When staff are on leave, the attending CNCs has to cover their own local court and cover unserviced courts 1 -2 times per week until staff member returns from leave.

VIC: The enduring challenge for backfill is finding suitably qualified staff to perform the role, given its highly "specialist" profile. The Manager, Mental Health Court Liaison Service provides EFT 0.5 backfill across program sites. There is a pool of additional backfill staff employed within the Forensicare network.

QLD: Within South East Queensland a rover position is employed to provide backfill support to Court Liaison Officer clinicians who are on emergent or planned leave. Outside of the South East corner backfill to Court Liaison Officer roles *may* be provided by other staff employed within the forensic team (Forensic Liaison Officers, CFOS clinicians).

WA: Prior to January 2017 there had been a lack of capacity as it had been difficult to fill short term vacancies. Secondments had been granted with no backfill provided. This meant that the CFMHS operated below capacity which had a direct effect on the CLS. Recent improvements in staff allocation have increased the capacity of the CLS. However new clinicians need to be trained for the CLS which requires supervision. This has an impact on other areas of service delivery for the CFMHS.

SA: No capacity for backfill of staff exists.

TAS: The challenge for backfill is finding suitably qualified staff to perform the role, given the highly specialist role. We tend to try to fill gaps with existing staff or free up FMHS staff to assist in the CLO role and then back fill those staff.

ACT: Use of casual pool. Reallocation of available staff within service is possible.

Appendix 1 – Adjustments to the Australian Bureau of Statistics number of finalized defendants

Adjustments to data available at the jurisdictional level from the Australian Bureau of Statistics (ABS) have been made only in cases where there is an additional court liaison service provider(s) within the state or territory to the service that is participating in the National Benchmarking Project. In all other cases the jurisdiction level data provided by the ABS is used.

For Victoria and New South Wales, a minor adjustment to the number of finalized defendants in Magistrates Courts has been made to ABS data. Data for finalized defendants at the magistrate's court level is only available via local sources, which use varied counting methods.

Victoria – In addition to the Melbourne Metropolitan CLS, court liaison officers are located in district mental health services in Geelong, Latrobe, Ballarat, Shepparton and Bendigo. Clinical activity for these court liaison staff is not able to be reported for the National Benchmarking Project.

Local reporting for court activity in Victoria utilizes a different counting methodology to that of the ABS as they define finalized defendants as, 'one defendant with one or more charges and with all charges having the same date of registration.' Therefore, one defendant may have multiple cases before the court at the same time and each of those is counted as finalized. This results in a lower count for ABS as they merge multiple cases for a defendant.

Consultation with the Magistrates' Court of Victoria, Registrar Business Analysis was undertaken and it was determined that 16% of Victoria's finalized defendants were dealt with in courts that were attended by area health court liaison staff. The remaining 84% of finalized defendants were dealt with in courts that are attended by the Metropolitan Court Liaison Service (benchmarking project participant). This proportion was applied to the ABS finalized defendants for Victoria in order to provide an estimate of finalized defendants for this service.

New South Wales – A small court liaison service exists in the Hunter New England (Newcastle) area which is not a member service in the project, and operates with a different model of service to the NSW Statewide Community and Court Liaison Service. As such, it is necessary to make an adjustment to the NSW ABS data for the courts that are attended by the Hunter New England CLS.

Consultation was undertaken with the NSW Bureau of Crime Statistics and Reporting (BOCSAR) who advised that the counting method used in their reporting differed to that of the ABS in the following ways: the ABS include all offences (including those under regulation), ABS includes committals to the higher court as a lower court finalization and the ABS exclude offences which are breaches of court orders. With 94% of finalized defendants

BOCSAR advised that in the reference period 6% of finalized defendants were dealt with in the courts attended by the HNE service (Newcastle, Tamworth, Armidale, Taree and Moree). The remaining proportion (84%) was applied to the ABS data for NSW finalized defendants to gain an estimate for the Statewide Community and Court Liaison Service.

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