

Presentation to Project ECHO 8 December 2022

Community of Practice AOD and Mental Health, Goulburn Valley



Justice and Community Safety

Justice Health – What we do



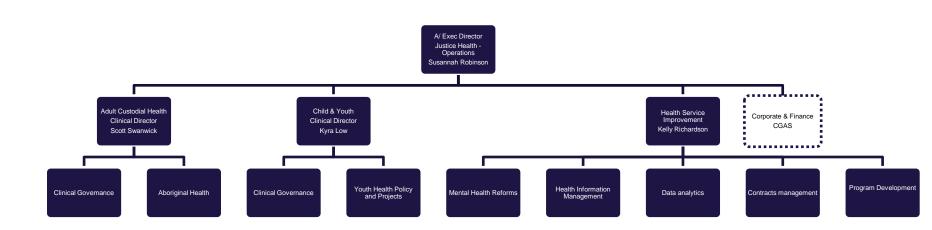
Justice Health

- Justice Health is the business unit of DJCS responsible for health, mental health and alcohol and other drug (AOD) services in Victoria's prisons and youth justice centres. Justice Health sets the standards for the delivery of these services, monitors service delivery, and manages contracts with service providers for public prisons and Youth Justice.
- Justice Health works in **collaboration** with other DJCS areas such as Corrections Victoria and Youth Justice, as well as the Department of Health and the Department of Families, Fairness and Housing (DFFH) to fulfil these functions. This collaboration helps to ensure that adults and young people in custody are effectively **transitioned to the community**, and that rehabilitation and mental health services are provided to young people on community-based orders or parole.

• Justice Health works in partnership with the Aboriginal community, under the Victorian Aboriginal Justice Agreement Burra Lotjpa Dunguludja, to improve outcomes for Aboriginal people and communities through active participation in the Aboriginal Justice Forum and associated Collaborative Working Groups.

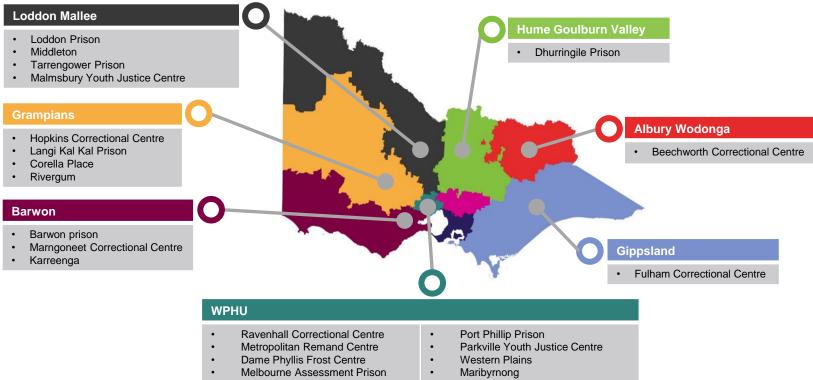


What are the Justice Health functional areas?



October 2022

Justice Health coverage of Custodial Facilities



Judy Lazarus Transition Centre

Adult and Youth Justice Health Clinical Governance Team Key Functions

Primary Health Care

- Oversee primary healthcare contracted service delivery including clinical governance oversight across custodial settings
- Respond to emerging health issues for people in custody
- Work with key partners to identify and deliver service improvements and new primary healthcare programs and services

Mental Health

- · Ensure contemporary mental health practice guidelines and processes are maintained for people in custody
- · Provide advice to mental health contracted services and support delivery of key system improvement actions and strategies
- Support coordination, collaboration and planning of care provision to improve outcomes for people in custody experiencing mental health issues

Forensic Alcohol and Other Drugs (AOD)

- Support the forensic AOD service response to people in custody
- · Focus and monitor rehabilitation and reintegration programs
- · Improve health outcomes and reduce drug related mortality among people who are released from custody
- Review AOD programs being delivered in custodial settings

Core clinical governance functions

- · Complaints and feedback management
- · Incident management, review and reporting
- SDO / KPI validation and reporting
- Undertake clinical audits
- · Review of Deaths in Custody and reporting
- · Support and provide expert health advice for new projects
- · Clinical review and case management
- · Monitoring service providers delivery of care
- · Supporting young people with mental health concerns leaving custody

Correctional Health Some of our projects for 2022

Primary Health Care

- Strengthening Aboriginal Health Care and Cultural Safety
- · Strengthening the provision of girls and women's health care
- Improving the health and wellbeing of LGBTQI+ people
- · Strengthening the quality of aged care services
- · Enhance end of life and palliative care services
- Dialysis and organ transplant

Mental Health

- · Strengthening mental health assessment and review processes
- · Review mental health recovery plans
- · Strengthening mental health risk processes

Forensic Alcohol and Other Drugs (AOD) Treatment and Services

- Expansion of the Naloxone program across public and private prisons and youth justice precincts
- Other points to include:
- Strengthening continuity of care for young people coming into custody and being released back into the community
- Design of enhance forensic youth mental health services in custody
- Strengthening processes for facilitating access to medication on release from youth custody, to reduce barriers



Specialist Forensic Youth Mental Health Services

Key community and custodial forensic youth mental health services that support young people involved with Youth Justice, including facilitating continuity of care



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Community Forensic Youth Mental Health Service (Community FYMHS)

Supports young people involved in YJ community services to access community mental health services, including young people on release from custody. Delivered by Orygen in North and West Victoria, and Alfred Health in South and East Victoria – primary consultation in metro areas, and secondary consultation in regional areas

Clinician located within community mental health services in Eastern Health, Monash Health, Victorian Aboriginal Health Service, Orygen and Goulburn Valley



Custodial Forensic Youth Mental Health Service (Custodial FYMHS)

Youth Justice Mental Health Initiative (YJMHI)

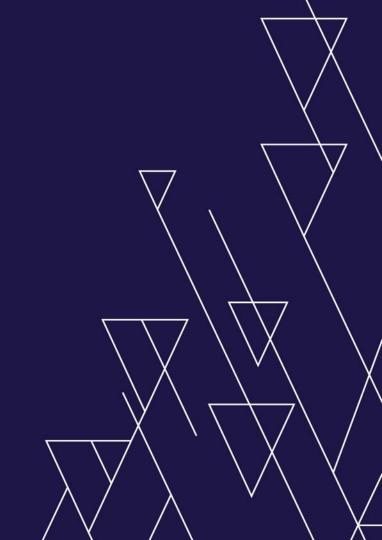
Multi-disciplinary, early intervention specialist mental health service provided by Orygen at Parkville and Malmsbury Youth Justice Precincts, providing mental health assessments and treatment (psychiatry, psychology / OT / social work, and neuropsychology) for young people in custody

Children's Court Mental Health Advice and Response Service (CC MHARS)

Mental health service provided by Orygen at the Melbourne Children's Court, providing mental health assessments for young people, advice to the Court, and facilitating access to treatment and mental health support



Case Study







Please note that ECHO sessions are not secondary consultations and do not replace referral to an Addiction Medicine specialist or Psychiatrist.

PLEASE SEND THIS CASE FOR DISCUSSION_TO	Relevant Medical history:
EMAIL JAMHECHO@GVHealth.org.au or phone 0448 837 096 to discuss Patient ID: John SMITH Referring Practitioner Year of Birth: 1999 23 yrs, SEX: Male	Asthma
Does the person identify as Aboriginal or Torres Strait Islander origin? Yes Ethnicity: Aboriginal Country of Birth: Australia (All patient information will be de-identified for Project ECHO) Question(s) for discussion: For general questions regarding prison care/discharge processes	Symptoms:Withdrawal:agitation, restless, insomnia, paranoiaMood/depressive:situational depressionPsychosis:drug induced psychosis at timesAnxiety:situational anxietyAgitation:when withdrawing or if there is a delay in responding to his needs
Principal diagnosis: Personality disorder, complex PTSD, substance use disorder, <u>depression, self</u> -harming behaviour	Investigations: BBV screen ECG Recommended for NPS antipsychotic monitoring tool screening
Alcohol use: Y Tobacco use: Y Cannabis use: Y	
On OAT: Yes ⊠ No □ Daily pick up □ Takeaways □ Other Relevant drug use: Amphetamines (IV and smoked), GHB, oxycontin (non-prescribed)	Medications: <u>Current:</u> Sertraline 100 mg mane Risperidone IM 50 mg 2 weekly
Relevant Social/psych/trauma history: Experienced CSA and emotional and physical abuse as a child, commenced smoking cigarettes at age 9 (supplied by parent), THC use at age 13, experimentation with other substances from age 15. In and out of foster homes and care facilities, poor school attendance (ongoing literacy issues), few prosocial supports in the community currently.	Olanzapine PRN for extreme agitation <u>Past:</u> Seroquel – rash and weight gain Xanax Naloxone on discharge
Strengths: Resilient, contemplative re reducing substance harms, willing to engage in therapy, some pro-social <u>behaviours</u> and peers, remains in contact with family	Other interventions: Admissions to AAU, Erskine unit, discharge on IAO

Questions?



Thank you

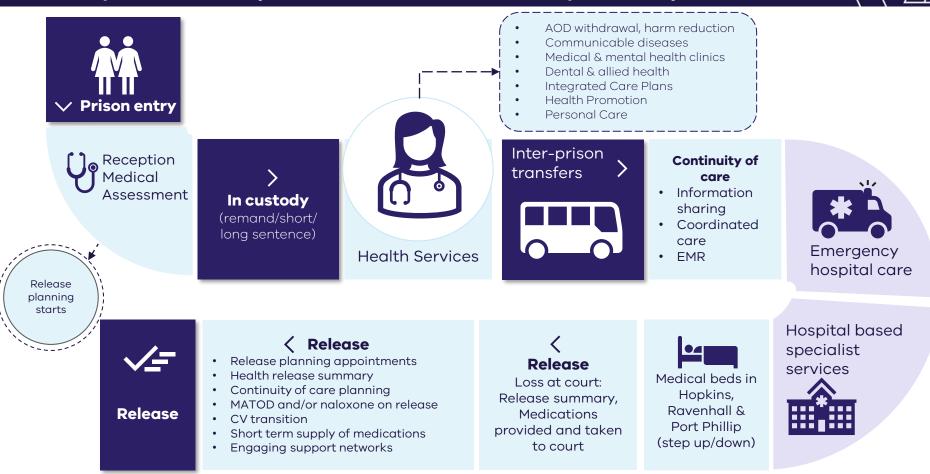


Pathways

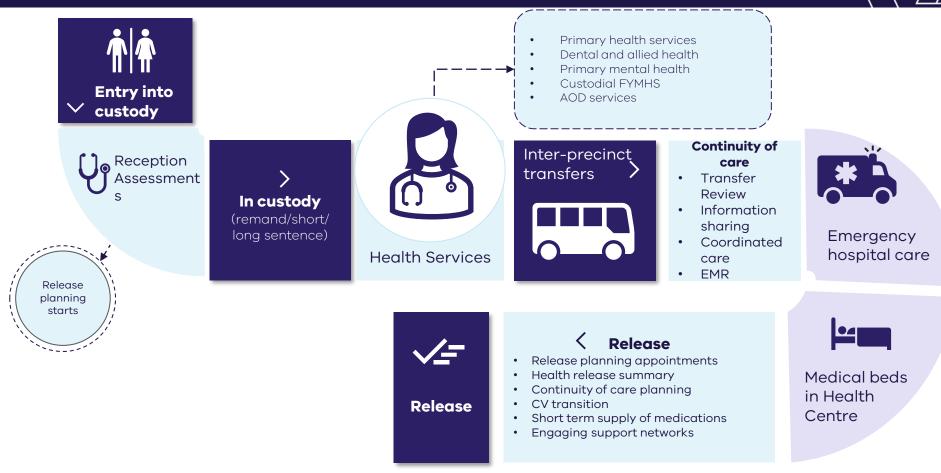


The following slides are examples of potential pathways through the custodial health systems which could be used if asked/have time

Example: Primary healthcare services pathway - adult



Example: Primary healthcare services pathway - youth





Justice Health Organisational Chart

