

# Health Services in adult prisons

Service Delivery Model Overview

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Justice and Communit Safety



## Aligning the new model with draft CJS Health Policy

#### **HEALTH CARE PRIORITY AREAS**

Right to health care

Improving health

Reducing recividism

Reducing overrepresentation of Aboriginal people in prison

#### **OPERATIONAL PRINCIPLES**

- Community equivalence
- · Outcome focused
- Person centred
- Culturally safe

- Evidence based
- Quality assurance
- Flexible and responsive

- Professional and independent
- Partnership approach
- Early intervention and prevention

- Continuity of care
- Information and information technology
- Cost effective and efficient

#### **ACTION AREAS**

- Building health agency
- Supporting the health journey
- Building protective factors

- Improving information sharing
- Meeting individual needs
- Building self-determination

**Primary Health Service Delivery Model comprising:** 

**Quality Framework** 

**Performance Framework** 

**Service Specifications** 







Release planning storts







**Health Services** 

#### Primary care

- AOD health services
- Communicable diseases
- Medical & mental health clinics
- Dental & allied health
- Integrated Care Plans
- Health Promotion (women's prisons)

#### Inter-prison transfers



#### Continuity of care

- Information sharing
- Coordinated care
- EMR





#### Release

#### Release

- · Release planning appointments
- · Health release summary
- Continuity of care planning
- MATOD and/or naloxone on release
- CV transition
- · Short term supply of medications
- · Engaging support networks

#### Release

Loss at court: Release summary, Medications provided and taken to court



Medical beds in Hopkins, Ravenhall & Port Phillip (step up/down)

Hospital based specialist services



## Adult Service System and sub contractors



Dame Phyllis Frost Centre

Western Health Tarrengower

Dhelkaya

Public Prison Mens

#### GEO HealthCare

MRC, MAP, Barwon, Dhurringile, Karreenga, Middleton, Marngoneet, Langi, Loddon, Hopkins, Beechworth

no AOD at JLTC

**Public** 

Fulham

**GEO Group** 

Ravenhall

PH = CCA AOD = GEO Group Port Phillip Prison

PH = St Vs AOD = G4S – subcontract to Uniting Regen

**Private** 

## **AOD Programs**

Criminogenic (Forensic Intervention Services)



Health / Harm Reduction Treatment (Justice Health)



Sentenced prisoners

2 - 6 month program length
Integrated with all
criminogenic treatment.

24 Hour Foundation + 40
Hour program

Mod to High Level Alcohol and
Drug Problem Score
Remand and Sentenced
Psychoeducational Programs
Info sessions – PRHR, RRHR
Identified Drug Users
Peer Educators

Some Programs Comorbid focus/dual diagnosis



## Key enhancements (summary)

Workforce	<ul> <li>Additional roles in the multidisciplinary team to manage complex care needs, including nurse practitioners</li> <li>Designated Aboriginal roles and expectations on the service provider to build cultural safety in their workplace</li> <li>Focus on culturally appropriate and trauma informed care for priority cohorts</li> </ul>
Culturally safe and responsive	<ul> <li>Strengthened response to priority cohorts and match community equivalence, e.g., Aboriginal Health Checks</li> <li>Foster partnerships with ACCHOs</li> <li>Provide access to traditional healing and cultural support (as part of the ICP; linkages to traditional healing and custodial programs), and family involvement to support Aboriginal person's health journey</li> </ul>
Targeted and efficient health services	<ul> <li>Population health services to better coordinate and integrate hepatitis treatment into the PH model</li> <li>Enhance early detection, prevention and health protection activities</li> <li>End-to-end response to drive integration between medical and psychosocial responses to AOD harm and withdrawal</li> <li>Release planning to commence on entry with close partnership with CV to support health related transitional needs</li> </ul>

## New document structure (2023)

AOD

Health



#### **JH Quality Framework 2014**

- Part 1: Introduction and Description
- Part 2: Health Service Standards
- Part 3: Requirements for Performance Assessment and Reporting

Alcohol and Other Drugs (AOD) Quality Framework 2016

Aboriginal Cultural Safety
Standards

Primary Health Service Delivery Model (NEW)

#### **Health Services Quality Framework 2023**

- Aligned with the National Safety and Quality Health Service Standards (NSQHS) and Safer Care Victoria Governance Framework
- Provides Clinical Governance with an auditable framework to assess compliance with the standards and whether the provider is meeting intended outcomes (clear language, measurable, outcomes-focused)
- Incorporates Aboriginal Cultural Safety Standards and AOD health service standards
- · Publicly available document

#### **Primary Health (PH) Specifications**

- Carries over detailed service requirements previously in the QF (e.g., HR and accreditation requirements, safety and risk management standards, etc)
- The PH Specs forms the services agreement/contract with the primary health providers

#### **Performance Framework**

- Consolidation of reporting requirements
- Defined indicators
- Performance measures for SDOs/contract compliance

Note: The Forensic Mental Health component of the 2014 QF will still apply until this has been reviewed as part of the FMH recommissioning



## New QF structure

## Part A: Universal Quality

#### **DOMAINS**

- 1. Clinical governance
- 2. Safe practice for health care in prisons
- 3. Rights and needs of people in prison
- 4. Person-centred care
- 5. Aboriginal people in prison (incl. Cultural Safety Standards)

## Part B: Primary Health Care Services

#### **DOMAINS**

- 6. Health assessments and planning
- 7. Population health new
- 8. Primary care
- 9. Alcohol and other drugs (AOD) health new

For the purposes of the presentation, only the domains with significant change are highlighted in the subsequent slides.

### Men's public prisons

#### **New service inclusions:**

- Deliver AOD health services and programs, with dual diagnosis capability (co-morbid AOD and mental health)
- Deliver services to Rivergum Post Sentence Residential Facility
- Include additional EMR fields and forms to support tailored assessments & new scope
- Aboriginal Health Checks (715 equivalent)
- Integrated Care Plans for transgender, gender diverse, or intersex people in prison
- Hepatitis treatment, include Point of Care testing (optional service - to be included when funding allows)
- Personal care for older people and people with a disability (optional)

#### Service enhancements:

reintegration

- Increased access to dental and allied health
- Enhanced release planning and transition to community, including engagement with Aboriginal families and/or carers to support
- Removed the 12 month wait for general dental and optometry care (optional service)
- Develop and introduce a new suite of AOD health programs (optional)
- Health promotion plans that reflect 'whole of system' approach with linkages to CV, and tailored to the needs and priorities of people in prison (optional)

- •
- Includes services in the men's public prisons, and 'optional services' listed (co-designed health promotion and prevention, etc)

Women's prisons

 Tailored AOD health services and programs for women (e.g., care for pregnant women, comorbidities, trauma & family violence)

Primary healthcare for children living with their mothers

Connection with maternity and other specialist services

#### **DPFC (Western Health)**

- Health assessment and management onsite to avoid unnecessary transfers to hospital
- 24-hour nursing
- · In-reach services from VAHS
- Ongoing staff training and health promotion

#### Tarrengower (Dhelkaya Health)

- In-reach services from Bendigo Health and BDAC
- Bendigo Health to provide dental and MH services
- Access to specialists (paediatrics, NDIS, aged care)

**New roles** in the multidisciplinary team to holistically & efficiently manage complex care needs:

- · nurse practitioners
- specialists
- · Increased pharmacy technicians
- Aboriginal Health Practitioners and Aboriginal Health Workers
- designated Aboriginal roles and expectations on the service provider to build the workforce and enhance cultural safety into their workplace (Manager, Aboriginal Health)
- GEO Healthcare has also committed to a 5% Aboriginal employment target and 5% nonlabour spend with Aboriginal businesses or social enterprises

#### DPFC (Western Health)

- Registered Nurse and Care Coordinator (4B)
- Enrolled Nurses (Medication Endorsed)
- · Senior Drug and Alcohol Clinician
- Addiction Medicine Consultant
- Pharmacy Technicians
- Social Worker
- Dietician
- Aboriginal Health Officer

#### Tarrengower (Dhelkaya Health)

- Aboriginal Health Workers
- AOD Worker
- Family & Housing Worker
- Aboriginal Health
  Promotion (BDAC)
- Health Promotion Officer

## Primary Healthcare Service Specifications

Assessment

Planing

#### **Health Assessment and Planning**

- Medical reception assessments
- Medical & mental health transfer assessments\* (inter-prison & court returns)
- At-risk assessments\*\*
- Targeted health assessments
- Integrated care planning
- Release planning

#### **Population Health**

- Communicable diseases
- Early detection of diseases (screen, assess, treat)
- Prevention (health promotion, immunisation)
- Protection (plan, prevent and manage for infection control and outbreaks)

#### **Primary care**

- Medical clinics
- Mental health clinics
- Medication management
- Dental services
- Chronic care treatment
  - Advanced care planning Specialist referrals Allied health services including: optometry,

dietetics, audiology, speech pathology, podiatry, social work, physiotherapy and occupational therapy

- Medical aids
- Personal care
- Primary care for children in the care of their mothers

#### **AOD Health**

- AOD medical support (withdrawal, (Medication Assisted Treatment of Opioid Dependence, specialist addiction clinics, Naloxone)
- Health psycho-educational programs
- Identified Drug User (IDU) reviews
- Harm reduction and AOD peer educators

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#### THE AOD HEALTH JOURNEY





#### The primary health provider will:

- · Identify AOD medical and support needs Provide AOD withdrawal medical support
- · Work in partnership with Mental Health Service



Reception Medical Assessment



#### **AOD Health Services** [JCare]

Pharmacotherapy support: Withdrawal management; Medication Assisted Treatment of Opioid Dependence (MATOD) (e.g.,

Who is eligible for AOD-Crim

services?

Minimum 7-month sentence, with minimum 3 months remaining of the

#### **JCare**

- · Identified Drug User
- reviews · Urine Drug

Screen Verification

#### [CVIMS] Prison

Related Harm Reduction (PRHR)

sessions

#### Access to AOD Criminogen

delivered by Forensic

**AOD Health** 

Program

Screening

 Assessed as medium to high risk level for general offending (LS/RNR) Assessed as medium, high or very high on AOD Problem scale (LS/RNR) I • Identified link between AOD use and Intervention

Self-referral: Referral from staff; Referral from FIS if identified AOD health needs

Naloxone

training and

dispensing [JCare]

- AOD Peer Educators
- · AOD Health programs delivered by primary
- · AOD health promotion

#### AOD Health Programs [CVIMS]



\_ offending

sentence

- health provider

#### > Prior to Release

- Release Related Harm Reduction (RRHR) sessions within 6 weeks of release [CVIMS]
- · Information provided on MATOD community pharmacy subsidy, where to get Naloxone in community



Release

#### Continuity of AOD health support

- · Referral to community GP if MATOD prescribing and medical support required
- · 7-day MATOD prescription sent directly to community pharmacist







<sup>1</sup> medium and maximum security prisons only

<sup>&</sup>lt;sup>2</sup> At MAP only

## Health information requests

#### 1. Continuum of care

Scripts/discharge summaries/treatment plan

- contact location directly

### 2. Summary of Health Care

Requests to be made to

Jh.healthinformation@justice.vic.gov.au

## Management of Benzodiazepines in prison

## Consider the Safety and Security and good order of the prison:

- 1. Clinical indication
- 2. Prescribed by exception/if at all
- 3. medication formulary
- 4. clinical discretion
- 5. balance of risk
  - supervised dosing

## Thank you



