OPERATING PROCEDURE	Referral Process to Corrections Programs
OPERATING PROCEDURE NO.	OR 10.3
SCOPE	Alexander Maconochie Centre and Community Operations

STATEMENT OF PURPOSE

To provide instructions to AMC Custodial Case Management, Offender Reintegration, and Community Operations teams on making referrals to the Corrections Programs Unit (CPU) through CORIS.

PROCEDURES

1. Creating a Service Referral

1.1.   All referrals for programs and interventions must be created in CORIS by the AMC Case Manager (AMC CM), Reintegration Case Manager (RCM) or the Community Corrections Officer (CCO) as part of the case management plan development and review process. This does not apply to referrals for Brief Intervention Programs (see section 1.7)

1.2.   The initial program referral type is called a 'service referral' and is a general referral to the Corrections Programs Unit (CPU).

1.3.   A service referral in CORIS is not a referral to a specific program or intervention however the AMC CM, CCO or RCM must use the comments box to describe the nature of programs or interventions required and provide sufficient information to assist with the assessment. Details include:

      a.   Index offence

      b.   LSI-R Score

      c.   Priority needs ie: does the offender require Alcohol and Other Drug intervention prior to other programs?

      d.   Priority scheduling ie: Does the offender require program completion for a Transitional Release Centre or Parole application.

      e.   Any special circumstances, requirements, or responsivity concerns.

1.4.   When an ACTCS staff member makes a referral not in accordance with 1.1, CPU staff must direct the referrer to this operating procedure, via email whenever possible. The CPU staff member must then enter a CORIS case note to this effect, and in accordance with the *Case Note Policy*.

1.5.   When a detainee or another person without access to CORIS makes a referral or enquiry to the CPU, the CPU staff member who receives this must acknowledge receipt and email the AMC Case Manager (AMC CM) or Community Corrections Officer (CCO) to inform them of the referral/enquiry, and to direct them to the *Referral Process to Corrections Programs Operating*

Procedure. The CPU staff member must then enter a CORIS case note to this effect, and in accordance with the *Case Note Policy*.

1.6. Service referrals in CORIS must be made through the **Task** Section of the **Case Plan** page, by adding a **Task** and selecting **Enrol** which will redirect to the Maintain Offender Program Enrolment page.

1.7. To generate the service referral, complete the Enrolment Details section and select **Save**.

1.8. Referrals relating to Brief Intervention Programs, for detainees and offenders at the AMC can be made by enrolment directly to that program. Program referrals in CORIS must be made by adding the offender to the programs waitlist through the **Program Enrolment** page.

2. Referring Offenders to the appropriate Program or Intervention

2.1. The AMC CM, RCM and/or CCO must seek the consent of the offender before any referral is made.

2.2. Where an offender does not give consent for a referral to be made, the AMC CM, RCM and/or CCO must record a note on CORIS to this effect, and in accordance with the Case Note Policy 2021. The AMC CM, RCM and/or CCO must continue to engage the offender in discussions around their criminogenic needs and maintain up to date CORIS records of this, include case notes and case plans.

2.3. The following sections apply where consent has been obtained from the offender.

2.4. All sentenced offenders in custody identified as **low risk** of general reoffending using the *LSI-R,* and who do not meet the criteria for offence specific programs, must still be referred for assessment of other suitable interventions. For example, 1:1 intervention, Solaris AOD treatment (for sentenced detainees only), and where applicable, the Sex Offender Treatment Program. If no other suitable interventions are identified, sentenced offenders must be referred by the AMC CM or RCM for Brief Intervention Programs.

2.5. All sentenced offenders in custody identified as **medium to high risk** of general reoffending using the *LSI-R,* and who do meet the eligibility criteria for offence specific programs, must be referred by the AMC CM or RCM to the relevant offence specific program.

2.6. Offenders managed in the community by CCOs who are identified as **medium to high risk** of general reoffending using the *LSI-R,* and who do meet the eligibility criteria for offence specific programs, must be referred by the CCO to the relevant offence specific program.

2.7. Offenders managed in the community by CCOs who are identified as **low risk** of general reoffending using the *LSI-R* but have serious or specific offending behaviour(s), must still be referred for assessment of other suitable interventions. For example, 1:1 interventions and, where applicable, the Sex Offender Treatment Program.

3. Assessing and Reviewing Referrals

3.1.   The Corrections Program Unit Team Leader (CPU TL) and Alcohol and Other Drugs Treatment Team, Team Leader (AODTT TL) must assess all service referrals for eligibility and suitability for the relevant programs and interventions.

3.2.   The CPU and the AODTT Team Leaders must meet fortnightly to review service referrals, allocations, and program closures, except those related to sex offending.

3.3.   The CPU Team Leader must review service referrals, allocations, and closures fortnightly in respect of sex offender treatment, and determine recommendations at each sex offender treatment team meeting. This will occur on the alternate week to the general programs/AOD related meeting and will not include the AODTT Team Leader.

3.4.   Referrals can be found in CORIS on the **Waitlist** page. Programs will appear in the **Waitlist's** search results. If one or more offenders have been referred to them, the staff member can select the program to review the referred offenders.

3.5.   The CPU and AODTT TLs must assess all service referrals, based on all available information. They must then make a recommendation for suitable intervention(s). The recommendation and rationale for this must be recorded on the offender's electronic file, in accordance with the *Case Note Policy* and *Clinical Governance Policy*.

3.6.   The Director, Programs and Interventions has oversight of this process, and must be consulted for complex referrals and eligibility considerations.

3.7.   When assessing service referrals, the following must be considered if available and where relevant:

   a.   LSI-R rating

   b.   STATIC 99R (applicable to sex offending only)

   c.   STABLE 07 (applicable to sex offending only and if deemed necessary to complete)

   d.   summary of criminogenic risks and/or identified needs

   e.   AOD specific info where known, i.e., frequency of use, choice of drug used, use while in custody, recent overdose etc

   f.   summary of offending history/current charges

3.8.   Recommendations for suitable interventions may include:

   a.   referral to offence related program(s)

   b.   referral to offence specific program(s)

   c.   referral to Brief Intervention program(s)

     d. referral to Solaris Therapeutic Community (STC)

     e. referral to the Community Operations Psychologist for group or individual intervention

     f. referral for individual or group intervention with an external provider

3.9. Referrals for externally provided intervention must only be made in the following circumstances:

     a. The detainee or offender is not eligible for internally available group or individual intervention; or

     b. there is no available internal intervention within required timescales (this must not be for reasons solely due to client, such as appeal, refusal of service etc); or

     c. there are other justifiable reasons why external intervention is appropriate; **and**

     d. the CPU TL's recommendation had been endorsed by the Director, Programs and Interventions.

3.10. The Director, Programs and Interventions must obtain a proposed schedule of work, with costings from any external provider, prior to formal authorisation being granted. The Director, Programs and Interventions must confirm that sufficient funding is available within the relevant cost centre, and must seek approval for the work to commence, from an Offender Reintegration Senior Director or above.

3.11. If the work proposed in the schedule exceeds 6 sessions, approval must be sought from the Assistant Commissioner, Offender Reintegration.

3.12. The Senior Director (or above) who authorises the externally provided service, must ensure that appropriate records regarding all external bookings and expenditure are available and stored appropriately on HPE Content Manager (TRIM).

3.13. The identified outcome for any referral, including recommendations for suitable interventions, must be recorded on the detainee's electronic file by the CPU TL within two (2) business days, and in accordance with the *Case Note Policy*.

4. Allocation to Programs Waitlist

4.1. Upon receiving a service referral outcome from CPU, the AMC CM, RCM or CCO must discuss the recommendations with the offender.

4.2. With consent from the offender, the AMC CM, RCM or CCO must add the offender to the waitlist in CORIS for the recommended program(s) and/or interventions.

4.3. The AMC CM, RCM or CCO must update the offender's case plan to reflect the recommended program(s) and/or interventions. All case plan reviews, or updates must undergo a team leader approval process. Please refer to the Case Management Plan Community Instruction and Custodial Case Planning Operating Procedure.

5. Enrolment to Program(s) and Intervention(s)

5.1. The waitlist for programs and interventions must be reviewed by the CPU and AOD TLs at each intake meeting.

5.2.   The CPU and AOD TLs must ensure offenders are enrolled in the required programs and/or interventions, and must consider a range of factors when prioritising enrolments, including:

      a.   the level of risk

      b.   the earliest release date

      c.   the nature of sentence and custodial history

      d.   motivation

      e.   the length of time on the waitlist

5.3.   The Director, Programs and Interventions is responsible for ensuring statistical information relating to programs and participant attendance is provided monthly in accordance with operational reporting.

RELATED DOCUMENTS

- Case Management Policy
- Case Note Policy
- Case Management Plan Community Instruction
- Custodial Case Planning Operating Procedure
- Clinical Governance Policy
- LSI-R
- STATIC 99R
- STABLE 07
- Programs Compendium

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9 May 2023

Document details

Criteria	Details
Document title:	*Referral Process to Corrections Programs Operating Procedure 2023*
Document owner/approver:	Assistant Commissioner Offender Reintegration, ACT Corrective Services
Date effective:	The day after the notification date
Review date:	3 years after the notification date

Criteria	Details	
Responsible Officer:	Senior Director Offender Reintegration	
Compliance:	This operating procedure reflects the requirements of the *Corrections Management (Policy Framework) Policy 2020*	

Version Control			
Version no.	**Date**	**Description**	**Author**
V1	October-22	First Issued	K Heidke
V2	9 May 2023	Revised	J Powsey