



Department of Justice  
North Metropolitan Health Service  
Mental Health Commission



**mental  
health**  
LAW CENTRE



COMMUNITY  
ALCOHOL & DRUG  
SERVICE  
NORTH METRO

# Start Court Guidelines

Revised as at December 2020

We acknowledge and pay respect to the Traditional Custodians of the lands and waters upon which we operate across Western Australia

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## **1. Definition and Mission Statement**

Start Court is a partnership between the Mental Health Commission and the Department of Justice, with support from North Metropolitan Health Service - State Forensic Mental Health Service (SFMHS), Outcare (NGO), WA Police, Legal Aid and Mental Health Law Centre, G4S, North Metro Community Alcohol and Drug Services.

In line with progressive mental health practice, the expertise of people with a lived experience of mental health issues and criminal justice involvement, and their families and supporters, informs the processes and practices of Start Court.

Start Court is a solution focused court, adopting principles of therapeutic jurisprudence, for people who are experiencing a mental health issue.

Through the Start Court Program ('the Program'), it seeks to address the overrepresentation of people with mental illness in the criminal justice system by addressing their offending behaviour as well as their mental health and psychosocial needs.

## **2. Goals of Start Court**

Start Court aims to work with participants who reside in the community in a manner that is safe, culturally sensitive, dignified and respectful in order to:

- Reduce their future contact with the criminal justice system and thereby improve community safety;
- Improve their mental health and overall wellbeing by formulating both short and long term Recovery Plans;
- Increase their access to treatment support services as well as their community connectedness by re-engaging or linking participants with the most appropriate services to manage their mental health as well as with other appropriate support services and organisations; and

- Achieve an outcome in respect of their charge/s that is proportionate, fair and appropriate to the circumstances of the offence and their mental health issues.

### 3. Target Participants of Start Court

As indicated above, Start Court is a solution focused court for people who are experiencing a mental health issue or issues. The expression mental health issue in these guidelines means a diagnosable mental disorder.

Diagnosable mental disorders are health conditions characterised by alterations in thinking, mood or behaviour (or some combination thereof), with identifiable symptoms over a period of time which cause significant distress and/or impairment in social, occupational or other areas of functioning.

While not an exhaustive list, diagnosable mental disorders may include:

- Psychotic disorders such as schizophrenia, delusional disorders, alcohol and other drug (AOD) induced psychotic disorders;
- Affective disorders such as major depressive disorder (depression), dysthymia, mania, hypomania, bipolar mood disorder; and
- Anxiety disorders such as social phobia, agoraphobia, panic disorder, generalised anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder.

For the purposes of eligibility for Start Court, diagnosable mental disorders do not include:

- A primary diagnosis of antisocial, histrionic or narcissistic personality disorder; or
- Impaired functioning arising predominantly from AOD use

There is no list of prescribed offences for which an accused person can be referred to Start Court (subject to the eligibility criteria set out at Part 6).

Regardless of the nature of offending behaviour Start Court must ensure that the response is proportionate. For example, an accused person who has committed a relatively minor offence, and who is assessed as suitable for the Program, should be involved with the Program for a shorter period and with less intensity.

An accused person does not have to demonstrate a direct link between the offence and the mental health issue. It is sufficient, and more likely, that the mental health issue played an indirect or coincidental role in the offending behaviour.

However, if there is a demonstrated causal link between a participant's mental health issue and offending behaviour this will be taken into account in the following ways:

- In applying the relevant legal principles to the sentencing outcome;
- In determining the consequences of non-compliance in accordance with Part 15; and
- In determining whether they have successfully achieved their goals in accordance with Part 16.

## 4. Eligibility Criteria

An accused person will be considered eligible for Start Court if:

- They have a diagnosable mental disorder as defined in Part 5 and which they wish to address;
- They have entered or are likely to enter a plea/pleas of guilty to at least a significant proportion of their charges;
- They are suitable for conditional bail; and
- They consent to participate in the Start Court Program.

Participants are not eligible to be referred or considered for suitability if:

- Their primary issue is an intellectual disability;
- Their primary issue is related to AOD use;

- They are remanded in custody with no reasonable prospect of bail being granted; or
- There is no prospect of them being sentenced other than to an immediate term of imprisonment.

An accused person may be referred more than once to Start Court but will be subject to Part 8 on each occasion.

## 5. Start Court as a Solution Focused Court

Therapeutic jurisprudence seeks to promote healthy behaviour by engaging behavioural science in a legal context. It recognises that the basic principles behind motivation and positive behavioural change should inform judging and advocacy practices in solution focused courts.

Start Court is a solution focused court in that it uses the methods and principles of therapeutic jurisprudence to address an individual's problems within a legal setting in a comprehensive way. Start Court adopts the core therapeutic values and practices of:

- Self-determination which recognises that if an individual chooses action personally meaningful to them they are likely to have a greater motivation to achieve it;
- Promotion of procedural fairness by:
  - The Start Court Magistrate acting independently with compassion and empathy;
  - Giving the individual the opportunity to be heard, especially when a decision affects them;
  - Acknowledging that the individual's own views about their recovery are important; and
  - Treating everyone in Start Court with dignity and respect, acknowledging that individuals who are more satisfied with the process and believe they have been treated fairly are more likely to comply with orders and have respect for the court; and

- Implementing evidence-based processes and strategies to promote compliance with the Program, engaging individuals in goal-setting and supporting them through the change process. Start Court seeks to accommodate cycles of relapse and progress, acknowledging they are part of the process of behavioural change and recovery.

## 6. Rationale

The prevalence in Australia of mental health issues is of concern generally and particularly so within the criminal justice system.

Individuals with mental health issues are acknowledged to be at increased vulnerability for many other risks such as health, social and legal. Particular risks include:

- Physical ill-health
- AOD use and dependence
- Mortality
- Underutilisation of mental health services
- Unemployment
- Social exclusion and family breakdown
- Homelessness
- Contact with the criminal justice system
- Disadvantage upon contact with the criminal justice system
- Barriers to due process in criminal proceedings.

(***Solution Focused Judging Benchbook***, Dr Michael S King and Natalia Blecher 2009, Chapter 3).

Some risk factors are known as criminogenic risk factors in that they have a relationship with an individual's offending behaviour. Examples might be AOD use and dependence, unemployment and homelessness. Other factors may not have a relationship with offending behaviour but may bear directly on an individual's overall wellbeing, for example physical health and mortality. Whether a risk factor is criminogenic will depend on the individual and their circumstances.



Interaction with the criminal justice system provides an opportunity for Start Court to address and minimise each of these relevant risk factors for individuals with mental health issues while ensuring both an appropriate and proportionate response to the offences with which a person has been charged and their circumstances.

Start Court acknowledges that the relationship between mental health issues and offending is contextual: mental health issues directly cause criminal offending only for a small number of individuals. For most individuals mental health issues play a more indirect role in offending behaviour. Start Court treats mental health as one of many factors, including criminogenic risk factors, which may have an impact on an individual's criminal behaviour and wellbeing. Therefore, the Program will be most effective when it seeks to address all relevant risk factors.

Start Court recognises there is a need to address and minimise risk factors both in the short term, while the individual is subject to the Program, and in the longer term after the individual has been sentenced, as part of a Recovery Plan.

Start Court adopts the following methods in accordance with the principles of therapeutic jurisprudence and solution focused interventions:

- Development of Individual Start Court Plans with active engagement of the individual and their family/carer where appropriate;
- Supervision and support by appropriately trained professionals and other specialist service providers, with access to coordinated and comprehensive treatment services;
- Monitoring by a judicial officer using techniques to encourage accountability, behavioural change and compliance; and
- A less-adversarial court setting with emphasis on self-determination, dignity, respect and voice.

## 7. The Start Court Team

### *Start Court Magistrate*

The Start Court Magistrate's role is to decide if the participant is eligible for assessment and acceptance to the Program, set bail conditions and encourage and monitor the participant's progress throughout the Program.

The Start Court Magistrate listens to the input of the Start Court Team, compiles information and renders the final decision about the participant's compliance in the Program and what penalty will be imposed in relation to the charges.

### *Court staff*

The Specialist Court Coordinator manages and coordinates the Start Court, providing support and assistance to the Start Court Magistrate, Senior Court Officer and Judicial Support Officer. They develop and implement strategies and procedures to review, monitor and improve the quality of service delivery of the Program as well as maintaining statistical data. They also present the Information Session referred to in Part 9(a)(iii).

The Senior Court Officer coordinates the physical and human resources for the Start Court within the Magistrates Court of WA Perth Registry and provides an advisory service in relation to the Court's practices and procedures.

The Judicial Support Officer prepares and maintains the court list and client files for Start Court and provides support services to the Start Court Magistrate in and out of court. They generate bail and other paperwork for accused persons and participants in Start Court.

The role of the Senior Aboriginal Liaison Officer is to assist and support Aboriginal and/or Torres Strait Islander court users who may want to engage or are currently engaged in Start Court and to ensure they understand the court process and court orders. The Senior Aboriginal Liaison Officer can also offer assistance and support in arranging time to pay for outstanding fines.

The Senior Aboriginal Liaison Officer can provide links and referrals to Community Support Services/Organisations that are culturally appropriate to meet the individual needs of Aboriginal and/or Torres Strait Islander participants. The Senior Aboriginal Liaison Officer attends the Start Court information sessions to provide support and understanding of the Program to Aboriginal and/or Torres Strait Islanders court users and their family and/or carers.

### ***Court security***

The Court security/Court Orderly coordinates the Start Court appearances, security and relevant paperwork associated with running the Start Court on a daily basis. They liaise with accused persons/participants, Clinicians, legal representatives, the Police Prosecutor, Judicial Support Officer and other court users who are appearing before or attending the Start Court.

### ***Police Prosecutor***

The role of the Police Prosecutor (prosecutor) is to prosecute criminal charges listed in Start Court, liaise with investigating officers in order to clarify disputed issues raised by participants and liaise with victims of offences where appropriate. The prosecutor has the opportunity to make submissions to the Start Court Magistrate about whether an accused person is eligible for the Program, appropriate bail conditions, the appropriate sentencing outcome and, if there are issues with non-compliance or new offending, whether a participant should be exited early from the Program.

The prosecutor attends court list review and pre-court meetings and records issues discussed at these meetings for reference, in conjunction with any medical or clinical reports, when considering legal submissions made by participants or when making sentencing submissions to the Start Court Magistrate.

The prosecutor is also responsible for contacting any relevant victim or victims of offending when an accused person charged in relation to that offending is to

be assessed in Start Court. The prosecutor will make all reasonable efforts to follow the process in Part 9(c)(vii), 12(c) and 17(d).

### ***Duty Lawyer***

The Legal Aid Duty Lawyer Service offers legal advice and/or legal representation to prospective and current participants. Where appropriate the Service can also assist in making applications for grants of Legal Aid. In some circumstances Aboriginal Legal Service lawyers or private practitioners can brief the Duty Lawyer to appear via the appropriate channels. The Duty Lawyer also attends and participates in the pre-court meetings for participants to ensure they are afforded procedural fairness, and can appear on behalf of participants at check-ins.

### ***Mental Health Law Centre (MHLC)***

The MHLC is a community legal centre that offers legal advice and legal representation to people who experience a mental health issue. The MHLC may be able to act for prospective and current Start Court participants and may also provide advice and representation for other legal matters participants may be experiencing, such as Guardianship and Administration Orders, Involuntary Treatment Orders and applications for Criminal Injuries Compensation. MHLC paralegals also give advice to prospective participants on the Consent Form and appear on behalf of participants at check-ins.

### ***Clinicians and Clinical Support***

The Mental Health Clinicians conduct comprehensive forensic mental health and risk assessments and complete assessment reports to advise on participants' suitability for the Program. They also provide a consultation and liaison role with all metropolitan mental health services, clinical input to the Start Court Magistrate and assessment and referral for participants in crisis or with acute presentations.

The Mental Health Clinicians case-manage participants on the Program and co-ordinate interventions and referrals, as well as recording outcome measures for participants in Department of Health records.

The Start Court Psychiatrist conducts complex case reviews, fitness to stand trial assessments, causal link assessments, diagnostic assessments, medication reviews, risk assessments and management plans often in the form of specialist reports to the court, both written and verbal. The Start Court Psychiatrist also provides clinical governance to and input into the multidisciplinary and interagency Start Court team.

The Start Court Clinical Psychologist provides specialist assessments, written reports and psychological interventions to clients on the program, whilst also contributing and participating in the multidisciplinary team meeting.

The Clinical Nurse Manager provides clinical and operational leadership to the multidisciplinary team, as well as operational and inter-agency oversight of other team members, namely Outcare, Community Corrections and the AOD Diversion Officer. This role incorporates coordination of service delivery, collaboration with community agencies, governance and Program development.

The Administration Officer provides a confidential reception, secretarial and administrative support role and is also responsible for processing all referrals, admissions and discharges to the Mental Health Clinicians. The Administration Officer collects and collates all statistical data for reporting purposes, maintains service quality, coordinates audits and updates policies and procedures.

### ***Community Corrections Officers***

The role of Community Corrections Officers is to represent Adult Community Corrections within the Start Court and at court list review, multidisciplinary team and pre-court meetings. They facilitate urinalysis within the Start Court and provide updated urinalysis results. They also case manage, or co-case manage, some participants on the Program. For sentencing purposes they provide Pre-Sentence Reports or Pre-Sentence Order Review Reports specifically relating to assessment for or participation within the Start Court.

### *Alcohol and Other Drug Diversion Officer*

The AOD Diversion Officer assesses participants for their suitability for Court Diversion programs in which they are provided with the opportunity to attend AOD counselling with an AOD treatment provider.

Once the AOD Diversion Officer has assessed a participant they will refer the participant to an appropriate AOD treatment provider and update the court on the participant's progress at the pre-court meeting on check-in days. They will also facilitate reports to be provided to the Start Court Magistrate outlining a participant's progress.

Aboriginal and/or Torres Strait Islander participants will be offered the opportunity to be referred to culturally appropriate AOD treatment providers should they prefer.

### *Outcare*

The Community Support Coordinators work alongside the Clinicians and Community Corrections Officers to assess the participant's needs and goals and provides psychosocial support to participants utilising a strengths-based case management model. This includes access to a small brokerage fund to purchase services or goods to assist participants when obstacles are identified to them achieving their goals. The Community Support Coordinators also participate in court list review, multidisciplinary team and pre-court meetings and attend court to support the process and participant where required.

The Peer Workers (consumer and family/carer) provide the above support in the context of lived experience of mental health and justice issues. They assist participants and their families or carers in achieving their goals and have the flexibility to spend more generous periods of time with the participant when required. Their role is to encourage and support the participants while working alongside and complementing the Community Support Services Coordinator.

The Peer Workers also facilitate the Start Court Wellness Group (see page 37).

### ***Consumer and Family /Carer Representatives***

The role of Consumer and Family/Carer Representatives is to provide a lived experience perspective to ensure the Start Court processes and guidelines recognise and respect the diversity of participants and their families/carers, including their backgrounds and experiences.

The Consumer and Family/Carer Representatives are also responsible for conducting Satisfaction Surveys of participants and/or carer and family members. The purpose of the Surveys is to provide quantitative and qualitative advice that will inform and influence the Start Court's continuous performance measurement processes.

## **8. Process for Referrals and Participation**

- Referral from other courts and application stage
- Information Session
- Assessment for inclusion
- Acceptance to Program
- Development of Individual Start Court Plan (Plan)
- Judicial case management on Program
- Early exit from the Program
- Graduation from the Program and sentencing

This outline will be expanded in the following section.

### ***(a) Referral from other courts and application stage***

#### **i. How referrals can be made**

An accused person can be referred to the Start Court in Perth Magistrate's Court by a Magistrate in any metropolitan court (including Northam and Mandurah in some cases). Referral can be made upon the request of the accused person, their lawyer, the prosecutor, a Community Corrections Officer,

a medical or mental health practitioner, supporting agency, carer or family member or upon the instigation of the Magistrate if:

- The accused person consents to the matter being referred to Start Court;
- The Magistrate is satisfied there is information before the court to suggest the eligibility criteria at Part 6 are likely to be fulfilled; and
- The Magistrate is satisfied there is not another less restrictive option open to the court in dealing with the accused person.

The accused person should be remanded to a Tuesday at 10am at Perth Magistrates Court for Start Court application.

## **ii. Evidence in support of mental health issue**

In order to determine the nature of an accused person's mental health issue or issues, the Start Court Magistrate may require the accused person or their lawyer to provide information in writing to the court from a suitably qualified medical practitioner or mental health clinician. The Start Court Magistrate may remand the accused person to a future court date for this to occur.

If required, the Start Court team can provide information to an accused person to assist them in obtaining some written confirmation of their mental health issue or issues.

## **iii. Identification and communication of risk issues**

At this stage there may be an initial review of an accused person as to their potential risk to others. This will occur from a clinical perspective, with input from the Clinicians, as well as from a community safety and legal perspective with input from the prosecutor and Community Corrections Officers.

Relevant information can include any history of violence, sexual offences or behaviour, stalking or other predatory behaviour or associations with organised crime. Any such information will be shared and discussed at the court list review meeting (see Part 10(b)).

If it is agreed by those present at the court list review meeting that such information suggests an ongoing, serious risk to the safety and wellbeing of the



Start Court team or other Start Court participants, the prosecutor will advise the Start Court Magistrate when the accused person appears in court.

The prosecutor will also advise the accused person's lawyer or duty lawyer prior to the accused person appearing, if practicable, that the issue of risk will be raised before the Start Court Magistrate.

If risk issues are raised, the Start Court Magistrate will request they be outlined in a report. A report could be either in the form of a clinical risk summary report to be provided by the Mental Health Clinicians, or a compliance and offending summary report to be provided by Community Corrections, or both depending on the nature of the risk issue. A report will be provided to the Start Court Magistrate within 14 days of it being requested. The accused person's matters will be remanded for up to 14 days to allow this to occur.

Such a report will be provided to the prosecutor and accused person's lawyer or the duty lawyer prior to the accused person appearing in court and a reasonable opportunity will be given to all parties to seek advice on the information contained in the report.

The prosecutor may also have an opportunity to seek further information or clarification of risk issues arising from such a report or from any other reasonable source, in order to put information verbally before the court.

The Start Court Magistrate will give the parties an opportunity to make submissions in court about any information pertaining to risk, or to seek further information, prior to making a decision to refuse or allow the accused person to proceed to attend an Information Session.

#### **iv. Information session**

After referral and first appearance in Start Court, and prior to being assessed, an accused person will be remanded to attend an Information Session (compulsory requirement) on a Wednesday at 9:30am prior to appearing before the Start Court Magistrate.

At the Information Session they will be provided with verbal advice and an information brochure about the Start Court process and requirements for participating in the Program.

The information provided to an accused person at this stage will include:

- That participation is voluntary;
- The possible conditions of the Plan, including what treatment may be involved (e.g. taking medication, attending AOD counselling, providing samples for urinalysis);
- The expectations generally of participation in the Program (such as attending check-ins and other appointments, working consistently towards abstinence from illicit substances, and demonstrating effort in abstaining from methamphetamine before commencing on the Program);
- The possible consequences of non-compliance;
- That consent to participate may be withdrawn at any time and the possible consequences of withdrawal; and
- Likely length of time on Program (6 months).

Family members or carers are welcome and encouraged to attend the Information Session where they will also be provided with a relevant information brochure, and introduced to the Start Court family/carers peer worker for support. Aboriginal and/or Torres Strait Islander court users and their family members or carers will be introduced to the Senior Aboriginal Liaison Officer for support and advice.

If an accused person does not attend the Information Session on the first occasion they will be remanded to the next available Information Session for a second opportunity to attend.

If an accused person does not attend on the second occasion, unless special circumstances exist, they will not be remanded to a further Information Session and instead will be returned to the general list.

The Start Court Magistrate will determine if special circumstances exist and will give the parties an opportunity to make submissions in court prior to making a decision to refuse or allow the request for a third opportunity to attend an Information Session.

#### **v. Consent Form**

Following the Information Session, if an accused person wishes to proceed to be assessed for the Program, they will sign a Consent Form which allows for the sharing of information about them with and by the Start Court team. This information includes their criminal record, the statement of facts for the charge/s, health records and Community Corrections records.

An accused person will have an opportunity to seek legal advice about the Consent Form and the Consent Form should be signed in the presence of a witness.

This role will ordinarily be performed by the MHLC paralegals following the Information Session. The MHLC paralegals will raise with the duty lawyer and a member of the multidisciplinary team any concerns they have regarding an accused person's capacity to understand the Consent Form prior to the accused person appearing before the Start Court Magistrate.

An accused person may sign the Consent Form immediately after the Information Session or they may ask the Start Court Magistrate to adjourn their matter/s to another date to allow time for them to consider the information they have received and the Consent Form.

Start Court Consent Form – Appendix 1

#### **vi. Declining to be assessed for the Program**

Participation by an accused person in Start Court at all stages is voluntary. An accused person may choose at any time not to participate further.

If an accused person chooses not to participate at a point prior to assessment they will be remanded back to the general list to have their charge/s dealt with unless the Start Court Magistrate is already appraised of information relevant to sentencing.

## ***(b) Assessment for inclusion***

### **i. Request for assessment**

Following the Information Session, if an accused person has signed the Consent Form, they or their lawyer may request an assessment interview.

### **ii. Discussion of eligibility**

When an accused person is seeking to be assessed for the Program, the Start Court Magistrate needs to be satisfied that they are eligible.

In court the allocated court clinician has the opportunity to ask questions and seek information about the existence and nature of an accused person's mental health issues.

If an accused person has previously been referred to Start Court, the allocated court clinician may also provide information about the outcome of a previous referral. This may include information about their level of prior engagement with the Program or any behavioural, risk or compliance issues that arose in respect of an accused person during their prior engagement with the Program.

The prosecutor can raise any issues about a participant's eligibility, particularly in terms of their likelihood of imprisonment.

The accused person will have the opportunity to respond to the information and submissions provided to the Start Court Magistrate about their eligibility.

If an accused person is a hospital inpatient or has already commenced a residential rehabilitation program, any assessment will be deferred until they

are discharged from hospital or have completed the residential rehabilitation program.

### **iii. Indicating pleas**

Where an accused person has not yet entered a plea, in order to be satisfied that they are eligible, the Start Court Magistrate will require an indication the accused person intends to plead guilty to at least a significant proportion of their charges.

The Start Court Magistrate can take into account any negotiations that have been, or are planned to be, undertaken by a lawyer on behalf of an accused person with the prosecution prior to a plea being entered when deciding if an accused person is eligible for an assessment interview. However, if an accused person faces a single charge which is still the subject of negotiation they will not progress to an assessment interview until the negotiations are complete and a plea of guilty is indicated.

### **iv. Identification and communication of risk issues**

The same process as described at para 8(a)(iii) applies.

The Start Court Magistrate will then make a decision to refuse or allow the request for assessment.

### **v. Assessment interview**

If a participant is suitable to be assessed the Start Court Magistrate will remand the individual to a future court date with an assessment interview scheduled on another specified time and place.

The assessment interview will be conducted by a Clinician, usually with a representative from Outcare. This initial assessment interview will focus on mental health history and current issues, history of AOD use, employment and family history, and psychosocial needs and risk factors. The assessment tools

used by Clinicians and Outcare will include Kessler 10+, HoNOS, Brief Risk Assessment (BRA), Mental State Examination and Justice Star.

Family members and/or carers are also encouraged to attend this assessment interview.

In some circumstances there will also be an assessment interview with a Community Corrections Officer in order to provide a Pre-Sentence Report or report as to suitability for conditional bail. Such a report will focus on criminogenic needs and risks using the LS/RNR assessment tool, as well as assessing motivation to change.

If the prosecutor submits that a term of imprisonment may be the only appropriate disposition for the accused person's charge/s, the Start Court Magistrate may order a Pre-Sentence Report to specifically consider the accused person's suitability for a Pre-Sentence Order.

A Pre-Sentence Report will always be ordered when an accused is already subject to Home Detention Bail.

## **vi. Assessment screening**

Accused persons are screened for their suitability to participate in the Program. The purpose of assessment screening is to identify participants who fulfil the formal criteria and engage participants with the Program who are most likely to be successful with reference to the goals set out in Part 4.

Assessment screening for suitability involves a discussion at the multidisciplinary team meeting (see Part 10(a)) about the details of the assessment interview/s in light of relevant suitability considerations.

Relevant suitability considerations can be divided into *formal* and *informal* criteria.

*Formal* criteria include the eligibility criteria as listed at Part 6 and are fixed, in that if an accused person does not meet all the eligibility criteria, they will not be eligible for inclusion in the Program.

Included in this criteria is whether an accused person consents and whether that consent is informed, knowing and intelligent.

*Informal* criteria are applied in a discretionary way, in that no single factor is necessarily determinative, and all the factors will be considered and weighed relative to each other and an accused person's circumstances. They include:

- Any risk issues as determined by accessing information from the accused person's criminal record, history with Department of Justice and/or Department of Health records;
- The nature of the offence/s with which the accused person has been charged and their prior performance under community supervision;
- Court/Program resource issues which may include consideration of the adequacy of any current treatment or psychosocial support the accused person may already be undertaking or receiving and/or the availability or existence of appropriate treatment or support;
- The accused person's perceived 'treat-ability' which is determined in part by their treatment history and their compliance with or response to treatment as well as their current willingness and ability to comply with the Program and the likelihood they will respond to it;
- Risk of reoffending related to ongoing AOD use, where the Start Court Program may not be as intensive as required to address long-standing or significantly entrenched AOD use, and/or where involvement in the Drug Court has failed to achieve progress or meaningful engagement;
- The degree of motivation and/or attitudinal response of the accused person in the assessment interview/s as an indicator of potential engagement and demonstrated willingness to identify and address relevant goals; and
- Whether, as a consequence of participating in the Program, the accused person's risks and needs are likely to be addressed and minimised.

The multidisciplinary team will consider these factors and make a final determination about whether the accused person will be recommended for participation in the Program and an Assessment Report will be prepared for the Start Court Magistrate. The Assessment Report will be prepared within no more than 16 days from the date of the assessment interview.

## **vii. Assessment Report**

The Assessment Report will set out this recommendation and, if the accused person is recommended as suitable, outline what would be proposed for them as a participant on the Program and the likely length of time they will be participating in the Program.

Possible recommendations in the Assessment Report are:

- To engage in and comply with treatment for mental health issues with a Community Mental Health Service, GP or private psychiatrist;
- To attend a review with a psychiatrist for diagnostic clarification or medication review;
- To engage in psychological counselling;
- To engage in AOD counselling;
- To provide samples for urinalysis;
- To engage with Outcare in respect of psychosocial needs (including referral to Start Court Wellness Group);
- To engage in other forms of intervention directed to issues such as family violence, gambling or finances;
- For a Pre-Sentence Report to be ordered;
- For a Clinician or a Community Corrections Officer to have primary management of the participant; or
- For the accused person to be assessed for suitability over a specified period before a decision is made whether they will be accepted to the Program.



### **viii. Referrals from higher courts or concurrent indictable charges**

An accused person who has an indictable charge which has been, or is yet to be, committed to the District Court can still be considered for suitability to participate in the Program.

The procedure to be followed is outlined in the protocol at Appendix 2.

Protocol: District Court Referrals to Start Court – Appendix 2

### ***(c) Acceptance to Program***

#### **i. Discussion of Assessment Report**

The Assessment Report and recommendations will be discussed at the future court date in front of the Start Court Magistrate, giving the lawyer and prosecutor an opportunity to dispute or challenge any aspects of the Report or provide additional information for the multidisciplinary team to consider.

If appropriate, the Start Court Magistrate, prosecutor, accused person or their lawyer can request an updated Assessment Report be prepared by a Clinician or Community Corrections Officer, taking into account the additional information. This report can be in verbal or written form.

Any disputes as to the factual content or recommendation of the Assessment Report may be referred to the Start Court Psychiatrist in the first instance.

#### **ii. Acceptance to Program by Magistrate**

The Start Court Magistrate will exercise judicial discretion in deciding whether an accused person will be accepted on to the Program. In doing so, they will independently consider all information before the court relevant to both the formal and informal criteria listed in Part 9(b)(vi), including the Assessment Report and recommendation.

### **iii. Trial Participation**

If there is some dispute or uncertainty as to whether an accused person ought be accepted on to the Program, or if it is recommended in the Assessment Report, the Start Court Magistrate may remand the accused person for one or more future court dates, with a requirement they comply with specified bail conditions, as a period of trial participation in the Program.

During trial participation attendance at urinalysis and engagement in mental health treatment in the community must demonstrate an accused person's genuine motivation and effort in this prior to being accepted on to the Program.

Urinalysis while on trial participation will ordinarily be to establish accurately an accused person's current level of AOD use. If Start Court expects an accused person on trial participation to demonstrate ongoing abstinence by the provision of urinalysis which is clear of illicit substances, this expectation will be communicated clearly to the participant.

### **iv. Managing substance use**

If an accused person's criminogenic risk factors include the use of illicit substances, or if the use of illicit substances is known to negatively impact upon an accused person's mental health, the Assessment Report will include a recommendation they be assessed by the AOD Diversion Officer prior to their first check-in.

Following this assessment, the AOD Diversion Officer will make referrals for an accused person to engage with appropriate AOD providers. The AOD Diversion Officer might also outline a plan for the accused to cease using substances within an agreed time frame. In some circumstances, it may be appropriate for individuals who are using significant quantities to decrease and detoxify from that use under medical management. For some individuals the AOD Diversion Officer might recommend a plan to enter residential rehabilitation.

Any recommendations and referrals made following this assessment will be discussed with the participant's key worker and a Community Corrections Officer prior to the first check-in and incorporated into the Plan.

The Community Corrections Officer might recommend the participant provides urinalysis to support the participant and monitor their progress. This could include a condition of the participant's bail to require them to *"comply with the lawful directions of a Community Corrections Officer, including to provide samples for urinalysis as directed."* In specific circumstances, where reduction of identifiable risk of serious reoffending is relevant, the condition might also include *"and any sample which positively detects illicit substances would constitute a breach of bail conditions."*

### iii. Entering pleas

Prior to the accused person being accepted to the Program the Start Court Magistrate will ordinarily require they enter a plea of guilty to at least a significant proportion of their charges.

The Start Court Magistrate can take into account any negotiations that have been undertaken by a lawyer on behalf of an accused person with the prosecution prior to a plea being entered when deciding if an accused person can be accepted on the Program.

If a Causal Link Report is requested, other than in exceptional circumstances, the Start Court Magistrate will not order this report until an accused person has entered pleas of guilty to all charges.

### iv. Declining to participate in the Program

An accused person may decline to participate in the Program at any time before signing the Program Contract and may voluntarily exit at any point during the Program.

If an accused person chooses not to participate at a point after assessment they can choose to remain in Start Court to have their charge/s dealt with unless the Start Court Magistrate considers it would be inappropriate to do so due to issues of risk management or practicability for the court or the accused person.

#### **v. Acceptance by participant of rules of participation**

If the accused person consents to engage in the Program they must accept the rules of participation detailed in the Program Contract by signing the Program Contract.

Start Court Contract – Appendix 3.

They must also verbally acknowledge that they understand and accept the following information in court with the Start Court Magistrate:

- Participation is voluntary and they can withdraw at any time;
- The likely conditions of the Plan, including what treatment may be involved (e.g. taking medication, attending alcohol and other drug misuse counselling, providing samples for urinalysis);
- The expectations generally of participation in the Program (such as attending check-ins regularly and on time, demonstrating appropriate behaviour with the Start Court team and external service providers, working consistently towards abstinence from illicit substances, in particular methamphetamine);
- The possible consequences of non-compliance with the rules of participation or bail conditions, such as not attending appointments or providing samples for urinalysis;
- That they may withdraw their consent at any time and the possible consequences of withdrawal;
- Likely length of time on Program (6 months); and
- General expectations for successful graduation and the potential benefits of participation, both in terms of improved mental health and overall wellbeing and sentencing outcome.

## **vi. Imposing conditional bail**

After the participant is accepted to the Program the Start Court Magistrate will remand them to a check-in date with bail conditions in accordance with the *Bail Act 1982*.

If urinalysis is recommended in the Assessment Report and/or Plan, and the participant has acknowledged they accept that recommendation, the Start Court Magistrate will add a condition to the participant's bail to require them to *"comply with the lawful directions of a Community Corrections Officer, including to provide samples for urinalysis as directed,"* and, if appropriate, *"and any sample which positively detects illicit substances would constitute a breach of bail conditions."*

## **vii. Informing Victims about the Program**

The prosecutor is responsible for liaising with any victim of offending at the time an assessment interview is ordered.

The victim will be provided with a copy of the brochure for victims, containing relevant information about the purpose and process of Start Court and the Program.

The victim will be invited to make a Victim Impact Statement through Victim Support Services for the Start Court Magistrate to consider when sentencing the participant and will be asked if they wish to be kept informed of a participant's progress on the Program.

# **9. Team Decision Making**

## ***(a) Multidisciplinary Team meetings***

The multidisciplinary team meetings are held weekly and involve active input by the Start Court team comprising Clinicians, Community Corrections Officers, Outcare and the AOD Diversion Officer; and are supported by the

Administration Officer. The Clinicians include the Psychiatrist, the Clinical Nurse Manager, Mental Health Clinicians and the Clinical Psychologist.

The purposes of the multidisciplinary team meetings are as follows:

- To discuss assessment of prospective new participants in the context of the relevant suitability considerations and the proposed content of the assessment report;
- To discuss the development of the Plan for participants new to the Program;
- To discuss the progress of existing participants on achieving goals in their Plan; and
- To assess and discuss the status of difficult or complex cases in which current treatment intervention and supervision do not appear to be working or where a participant's progress on their Plan has stalled.

Options and recommendations arising from discussion at multidisciplinary team meetings will also be raised during discussions about that participant during pre-court team meetings.

If the subject of these discussions relates to:

- What will form part of the Plan;
- Any suggested changes to the Plan;
- The possible imposition of a sanction or incentive;
- The possible early exit of the participant from the Program; or
- The possible setting of a sentencing date for a participant.

The participant's key worker or another member of the Start Court team will also discuss them with the participant (and their lawyer if they are represented) prior to appearing before the Start Court Magistrate. The participant or their lawyer will have the opportunity to raise any matters in dispute in court before the Start Court Magistrate prior to a decision being made.

### ***(b) Court list review meetings***

Court list review meetings are held on Tuesday and Wednesday mornings, prior to Start Court commencing.

Attendees are Clinicians, Community Corrections Officer, prosecutor, Outcare Community Support Coordinator and AOD Diversion Officer (Wednesday only). The Clinicians include the Psychiatrist (Wednesday only), Clinical Nurse Manager and Mental Health Clinicians. The meeting will be chaired by the clinician allocated to attend and monitor court that day.

The purpose of the court list review meeting is to discuss any accused person on the court list that day, including to:

- Identify previous and/or current engagement with mental health services via PSOLIS (Mental Health Database). This also includes any diagnoses and previous discharge summaries;
- Identify any risk alerts entered onto the PSOLIS Database;
- Identify previous and/or current court imposed community based orders via CBIS (Department of Justice Database), in particular response to orders, breaches or cancelled orders as well as any risk issues and offending history relevant to participation in Start Court;
- Review any previous involvement and/or engagement with Start Court; and
- Review Court Risk comments for accused persons listed for the Start Court Information Session.

Information gathered at the court list review meeting will be used to inform the allocated court clinician about all new referrals to Start Court. Information which suggests a significant risk to others may be disclosed to court staff and court security if obligations of 'duty of care' require such disclosure.

Where attendees at the court list review meeting agree that significant risk factors may preclude an accused person from proceeding to the Information Session or Assessment phase, part 9(a)(iii) applies and allows for all relevant concerns to be raised in open court.

### ***(b) Pre-court meetings***

Pre-court meetings are held at 9:15am, prior to check-ins by participants on Thursdays and Fridays. The participants for check-in on that day will be discussed.

Attendees are the Start Court Magistrate, prosecutor, lawyers (including duty lawyer, MHLC or a private lawyer), Clinicians, Community Correction officers, Outcare and AOD Diversion Officer.

The purpose of the pre-court meetings is:

- To discuss the content of the Plan for new participants;
- To discuss the progress of existing participants on their Plan, including any risk issues;
- To discuss appropriate referrals and interventions for all participants to assist in their progress on their Plan;
- To discuss the strategies that can be implemented for those participants whose current treatment, intervention or supervision does not appear to be working (e.g. use of incentives and sanctions, whether the Plan is in need of revision); and
- To discuss any risk issues that have arisen in respect of any participants.

In particular:

- Any behaviour or conduct by a participant that may impact on the appropriate management of Start Court, or safety of the Start Court team or other participants,
- Any alleged breaches of the Contract by a participant, or
- Any other issue as a result of which any member of the Start Court team will be asking the Start Court Magistrate to take action adverse to the participant.

Adversarial matters such as sentencing and bail will not be discussed in the pre-court meeting.

Decisions about whether a participant will be exited from the Program early will not be made in the pre-court meeting and will only be discussed to the extent necessary to ensure that the participant is able to be advised prior to appearing in court that the Start Court Magistrate may make a decision pursuant to Part 16(a), and what information and factors the Start Court Magistrate may take into account.



Any conclusion reached at the pre-court meeting is to be considered a proposal rather than a final determination. The conclusion is always open to review in the light of new information or submissions from the participant.

The attendees of the pre-court meeting acknowledge that all matters discussed:

- Should be of such a nature they are able to be shared with the participant by their lawyer after the meeting; and
- Are likely to be shared with the participant by their lawyer after the meeting.

## **10. Confidentiality**

Issues relating to confidentiality within Start Court are generally regulated by the use of the Consent Form (Appendix 1) but are always subject to the ethical obligations of professionals working within the court to disclose information pursuant to a duty of care.

Reports generated within Start Court are also subject to regulation by the Consent Form (Appendix 1). A party to any court or other proceedings who is seeking release of Start Court reports for another purpose must provide to the Start Court Magistrate written authority signed by the individual who is the subject of such reports, agreeing to the release.

## **11. Judicial Case Management on Program or ‘Check-in’**

### ***(a) Purpose and format of check-in***

The ongoing judicial supervision of participants is a key aspect of Start Court as a solution focused court. Judicial case management hearings are therefore held at regular intervals throughout a participant’s involvement in the Program and are referred to as ‘check-ins’.

#### **i. First check-in with Magistrate**

Once accepted on to the Program, a participant will be remanded on bail to their first check-in with the Start Court Magistrate on a Thursday afternoon or Friday morning. The participant will be provided with the contract and a draft copy of their Plan at their first check-in.

If appropriate, prior to the first check-in the participant's lawyer or duty lawyer will discuss with the prosecutor the available sentencing outcomes if the participant successfully graduates from the Program (successful sentencing outcome).

At first check-in the Start Court Magistrate will hear the statement of material facts of the participant's offence/s and discuss with a participant the goals that are to be set out in their Plan. If appropriate, the Start Court Magistrate will also discuss with the participant the successful sentencing outcome and endorse the outcome on the Plan.

Where a participant is recommended as suitable for a Pre-Sentence Order, at the first check-in the Start Court Magistrate will also make orders and impose obligations pursuant to Part 3A Division 1 *Sentencing Act 1995*.

#### **ii. Subsequent check-in**

The participant's next check-in will be their first check-in with their key worker and will be an opportunity for the participant and/or their family member/carer to provide any feedback or suggest amendments to the Plan and to finalise their goals.

After the first check-in, a participant will be remanded on bail to attend court regularly on a Thursday or Friday morning to check-in. This will occur for a period of approximately 6 months, depending on;

- A participant's progress towards achieving the goals set out in their Plan;
- The circumstances of the participant and the seriousness of their offence/s; and

- Whether the participant is subject to a Pre-Sentence Order

After the pre-court meeting referred to in paragraph 9(b), the participant will have the opportunity to meet with their key worker, lawyer and other members of the Start Court team where necessary prior to appearing in court before the Start Court Magistrate.

Check-in has two primary purposes:

- To establish a therapeutic alliance between the participant, the Start Court Magistrate and the Start Court team while reinforcing the collaborative approach of the Program; and
- To track the participant's progress in their Plan and apply sanctions and incentives where appropriate.

In court the Start Court Magistrate will hear from the participant's key worker about:

- How the participant has progressed since the last check-in; and
- What is planned for the participant to achieve or work on until the next check-in and in the longer term.

The Start Court Magistrate will also be advised of any results of urinalysis if that is a condition of bail.

The Start Court Magistrate will discuss these matters with the participant and ask questions about their motivation, well-being and compliance.

The Start Court Magistrate can do any of the following at a participant's appearance at check-in:

- Apply any of the incentives set out in Part 15(a);
- Apply any of the sanctions set out in Part 15(b);
- Set specific goals for the participant to achieve prior to the next check-in and if appropriate give a warning the participant is at risk of early exit for non-compliance if they do not achieve the goals set;
- Apply the process set out in Part 12(b);

- Apply the process set out in Part 16; or
- Where a participant has successfully achieved the goals set out in their Plan, set a sentencing date in accordance with Part 16(a).

The Start Court Magistrate will then remand the participant to the next check-in (or sentencing) date. Check-in generally occurs every 2-3 weeks, however, the frequency of a participant's check-in is subject to their progress and compliance in the Program.

### ***(b) Risk management at check-in***

If a participant presents at check-in in a manner that suggests they may pose a risk to any member of the Start Court team or other participants then the Court Security Officer, Judicial Support Officer and Clinical Nurse Manager should be notified before the participant is called to appear before the Start Court Magistrate.

If, in the opinion of a Clinician, Community Corrections Officer or prosecutor, the presentation or behaviour of a participant at check-in is of such a nature that the risk they pose may render them unsuitable to continue on the Program, the participant's lawyer or the duty lawyer should be notified before the participant is called to appear before the Start Court Magistrate.

In court the Clinician, Community Corrections Officer or prosecutor should inform the Start Court Magistrate of the nature of the presentation or behaviour, the risk posed and why it may render them unsuitable to continue on the Program.

If appropriate, the prosecutor should raise the matter in court on behalf of the multidisciplinary team. The Start Court Magistrate may adjourn proceedings to allow time for necessary communication between the prosecutor and the multidisciplinary team and participant's lawyer or the duty lawyer.

After hearing from the Clinician, Community Corrections Officer or prosecutor and the participant's lawyer (or the participant personally if they are not

represented and if it is appropriate in the circumstances), the Start Court Magistrate will decide whether the participant will be exited from the Program.

### ***(c) Start Court Wellness Group***

The Start Court Wellness Group is a peer-led behaviour change group, loosely based on the SMART Recovery model. The group is held regularly at or close to Start Court and facilitated by Outcare Peer Workers.

The group provides a safe space for participants to share and develop strategies to change problematic behaviours, including AOD use, gambling and more.

### ***(d) Keeping victims informed***

The prosecutor will be responsible for advising victims of a participant's progress on the Program if they have requested to be kept informed.

## **12. Individual Start Court Plan**

### ***(a) Purpose and flexibility***

The purpose of the Plan is to determine, co-ordinate, monitor and review the appropriate actions and referrals required to meet the mental health/psychological, AOD, psychosocial and criminogenic needs of a participant to reduce their risk of future contact with the criminal justice system, improve their mental wellbeing and assist the participant in achieving their other identified goals.

The Plan will also monitor a participant's commitment to and motivation within the Program and provide a framework for how the participant will manage and work towards their recovery.

The Plan can be adjusted according to a participant's individual needs and goals, recognising that compliance with treatment can fluctuate or change. For this reason, and consistent with the principle of self-determination, the

participant has input into their Plan and it will take into account the individual capabilities of the participant.

The Plan must be proportionate and appropriate to the circumstances of the participant and the seriousness of their offence/s. This will be particularly relevant when setting bail conditions, use of sanctions and incentives and graduation criteria.

## **Individual Start Court Plan – Appendix 4**

### ***(b) How to be developed and used***

After an accused person has been discussed at the multidisciplinary team meeting and a decision has been made to recommend them as suitable for the Program, a member of the multidisciplinary team will create a draft Plan for that person.

The draft Plan will be revised with the input of the participant and their family/carer (if attending) after their first and second check-in. The finalised and signed Plan will be provided to the Start Court Magistrate, prosecutor, participant's lawyer and to the participant before the next check-in date.

Features of a Plan include:

- A summary of a participant's mental health issue or issues and background information;
- Treatment goals and referrals aimed at mental health/psychological issues;
- Treatment goals and referrals for co-occurring AOD issues, including time frames within which reduction and/or abstinence from illicit substances will be achieved;
- Treatment goals and referrals for other criminogenic needs/risk factors;
- Identification of psychosocial needs;
- Treatment goals and referrals for psychosocial needs;
- Delineation of individual agency roles; and
- Collaboration with family/carers.

Individualised goals will be set out in the Plan with specific steps to be taken by the participant in order to achieve those goals. Approximate timeframes for achievement of goals will be identified.

The Plan will be used as a tool to help determine if a participant is to graduate from the Program. Within the Plan, outcomes will be reviewed every 3 months and notes made by the key worker regarding a participant's progress to clearly identify the goals a participant has achieved or made significant progress towards achieving. Progress on the Plan will be outlined at each pre-court meeting in a progress report to the Start Court Magistrate.

The Plan may be revised and altered where necessary to reflect the participant's progress, and in response to their level of compliance in the Program. This can occur at any point, often as a result of discussions in pre-court team meetings and multidisciplinary team meetings. Any changes to the Plan will be communicated by the multidisciplinary team to the Start Court Magistrate, prosecutor, participant's lawyer and, most importantly, to the participant.

The Plan may also need to be revised in the lead up to graduation and sentencing to reflect specific steps that must be taken in order that the participant is ready to graduate and transition out of the Program.

Any proposed changes to the Plan will be discussed with the participant prior to being implemented. If a participant disputes a change being made to the Plan, the participant, their lawyer or the key worker will raise the matter in court before the Start Court Magistrate. The key worker will also provide a revised copy of the Plan to the Start Court Magistrate, prosecutor, participant's lawyer or duty lawyer and the participant.

### ***(c) Responsibility for case management***

The key worker will be allocated to the participant at their first check-in date. The key worker will be responsible for co-ordinating treatment and referrals in accordance with the Plan.

The key worker will provide progress reports to the pre-court meeting and in court to the Start Court Magistrate on check-in days and will recommend when the Plan is in need of revision.

## **13. External Treatment and Service Providers**

### ***(a) Duties of Start Court***

The Start Court team, when referring participants, will provide to External Treatment and Service Providers (“Providers”) all relevant information about the participant to enable the Providers to:

- Provide the most appropriate treatment in the most appropriate way to the participant; and
- Undertake an appropriate risk assessment and management in relation to the provision of treatment to the participant.

This may include but is not limited to relevant clinical and forensic history that can determine and assist in the development of the treatment plan of the participant by the Providers.

When the Start Court team receives information from the Providers as to the engagement of the participant in treatment and any risk issues posed by the participant to the Providers’ staff , it will ensure that information is discussed as soon as practicable in a multidisciplinary team meeting and/or pre-court meeting and acted upon, where appropriate.

The Start Court team will always seek to act in a timely way upon information which suggests a participant poses a real risk to the safety of staff or other clients of the Providers.

### ***(b) Duties of External Treatment and Service Providers***

The Providers will provide to the Start Court team in a timely manner the following information:

- Whether the participant is attending appointments;
- Whether the participant is successfully engaging in treatment;



- The type of treatment in which the participant is engaging and an outline of the participant's treatment plan;
- Any changes to the types of treatment in which the participant will be engaging;
- Whether the participant has been discharged from the Providers and the reasons for discharge e.g. if the participant has disengaged from treatment without mutual agreement;
- Whether the participant has demonstrated behaviour that poses a risk to staff of the Providers and, if so, details of that behaviour; and
- Any concerns regarding changes in the participant's mental health status that are impacting on their capacity to engage in treatment.

### ***(c) Development of memoranda of understanding***

Where appropriate the Start Court and Providers can enter into a memorandum of understanding to set down specific rights, duties and responsibilities in respect of participants.

### ***(d) Use of confidential information by external treatment and service providers***

The sharing and use of confidential information about a participant is governed by the Consent Form (Appendix 1) and any other procedures adopted by a Provider to which a participant consents.

## **14. Incentives and Sanctions**

The use of incentives and sanctions will form part of the court record.

### ***(a) Incentives***

The purpose of incentives is to motivate participant compliance with their Plan and assist the participant in achieving their identified goals.

When a participant is compliant and demonstrates motivation to achieve their goals they will receive verbal acknowledgement and encouragement from their key worker and the Start Court Magistrate.

Other incentives will be administered alongside achievement of specific goals in the Plan. The Start Court Magistrate will administer these incentives based upon recommendations from the Start Court team and after discussion at the pre-court team meeting and in court with the participant at check-in.

Such incentives include less restrictive bail conditions, reduced frequency of court appearances/urinalysis, achievement certificates and graduation from the Program.

Incentives will be selected according to which would be most appropriate to bring about continued compliance and motivation with respect to the Plan.

### ***(b) Sanctions***

The purpose of sanctions is the same as the purpose of incentives; that is, to motivate participant compliance with their Plan and assist the participant in achieving their identified goals.

The Start Court Magistrate will administer these sanctions based upon recommendations from the Start Court team and after discussion at the pre-court meeting and in court with the participant at check-in.

Sanctions include verbal admonishment or reprimand by the Start Court Magistrate, more restrictive bail conditions, increased frequency of court appearances/urinalysis, setting targeted goals for the participant to achieve prior to the next check-in with a warning the participant is at risk of early exit if they do not achieve the goals set; and early exit of participation in the Program (pursuant to Part 16(a)).

Sanctions may be reinforced by the use of cards which are handed to the participant in court. By achieving set tasks or objectives within a specified time frame, the participant will earn the opportunity to return the card and proceed on the Program.

A participant's key worker and the Start Court Magistrate will also attempt to identify the reasons behind a participant's failure to comply with or respond to their Plan before deciding whether a sanction is appropriate, or specifically, what type of sanction is most appropriate to promote compliance and responsiveness.

The Plan may require alteration if the participant is consistently failing to meet requirements and sanctions are being administered frequently.

## **15. Early Exit from the Program**

### ***(a) Effect of new offending or non-compliance***

A participant may be exited from the Program in response to alleged new offending by the participant while on the Program. The Start Court Magistrate will make this decision, taking into account any submissions from the prosecutor and a lawyer on behalf of the participant (or the participant themselves if they are unrepresented), and any information from the multidisciplinary team.

Particular weight will be given to:

- The nature and number of the alleged new offences;
- The length of time the participant has been on the Program prior to alleged new offending;
- The strength of the prosecution case in respect of the alleged new offending; and
- The level of compliance and engagement the participant has already demonstrated while on the Program.

A participant may also be exited from the Program if they are non-compliant with or disengage from their Plan by:

- Failing to attend one or more check-in days or consistently attending late with no reasonable explanation provided;
- Failing to comply with one or more conditions of bail, such as providing samples for urinalysis;

- Failing to attend one or more appointments, where the appointment is directed at achieving a goal in their Plan; or
- Consistently demonstrating behaviour that is contrary to the rules of participation or to their goals as set out in their Plan.

Where a participant is attending for check-in but not complying with one or more conditions of bail the prosecutor may apply for the Start Court Magistrate to revoke or vary their bail. Where a participant does not attend for check-in the prosecutor may apply for an arrest warrant to issue.

If a participant's bail is revoked, they will no longer be suitable to participate in Start Court and will be exited from the Program.

The Start Court team will attempt to distinguish whether a participant is non-compliant or non-responsive. Non-compliance is defined as a wilful disregard for supervision mandates, whereas non-responsiveness is a treatment issue that may require revision of the Plan.

For example, if a participant chooses to stay up late and then sleeps in and misses an appointment, it is likely to be described as an incident of non-compliance. If a participant feels overwhelmed about catching the bus to an appointment and decides not to attend, it could be described as non-responsiveness and issues surrounding the participant's concern about using public transport could be addressed by the Plan.

Where the participant is exited from the Program their matter/s will be listed for sentencing in Start Court on a convenient future court date in accordance with the procedure at Part 17(a) and (b).

#### ***(b) By choice of participant***

The participant is able to voluntarily exit the Program at any time. Their matter/s will be listed for sentencing in Start Court on a convenient future court date in accordance with the procedure at Part 17(a) and (b).

## **16. Graduation from the Program and Sentence**

### ***(a) Procedure for sentence***

When a participant is listed for sentence the Start Court Magistrate may order a Pre-sentence Report (verbal or written) from the Community Corrections Officer. Other information can also be requested, such as a report from a psychologist or from another service provider. The participant or their lawyer can also provide any further information to the Start Court Magistrate relevant to sentencing.

On the sentencing date the participant will be sentenced in the normal manner, taking into account any additional material before the court.

### ***(b) Causal Link Report***

At any time after a participant enters pleas of guilty and prior to sentencing the Start Court Magistrate can also request the Start Court Psychiatrist prepare a Causal Link Report. A Causal Link Report comprehensively assesses the participant's mental health issues and their interaction with the offending behaviour.

It is produced in liaison with the participant's treating team and the multidisciplinary team with reference to the police statement of material facts, the participant's criminal history and all mental health contacts around the time of the offending behaviour.

The Causal Link Report offers a clinical opinion on the relationship between the participant's mental health issues and the offending behaviour, in particular whether the mental health issues deprived the participant of capacities that may reduce their moral culpability. The Start Court Magistrate may take this opinion into account for sentencing purposes.

### ***(c) Effect of Program on sentencing outcome***

The Start Court Magistrate has the same sentencing options available to them as any other Magistrate under the *Sentencing Act 1995*.

Participation in the Program is a relevant factor to be taken into account at sentencing when determining a proportionate sentence for a participant.

In considering factors in mitigation of sentence the Start Court Magistrate will have regard to:

- The participant's attendance at check-in (regularity and punctuality);
- The participant's engagement with their Plan;
- The length of time of their participation, as well as any bail conditions to which the participant has been subject;
- Whether their risk of future contact with the criminal justice system has been reduced;
- Whether there has been improvement in their mental health or overall wellbeing; and
- Whether any other risk factors have been addressed or minimised as a result of their participation in the Program.

When sentencing the participant, the Start Court Magistrate will summarise their achievements on the Program and give a measurable indication of the benefit to the participant in the sentencing outcome as a result of their participation ("measurable impact").

Examples of a measurable impact are:

- The granting of a Spent Conviction Order;
  - The imposition of a Conditional Release Order instead of a fine;
  - A reduction in the amount of a fine;
  - A reduction in the duration or conditions of a Community Based Order;
- or
- The suspension of a term of imprisonment.

If a successful sentencing outcome is included on the participant's Plan, the Start Court Magistrate will ordinarily impose that outcome unless there has been a substantial change in circumstances since it was discussed (e.g. the participant has committed new offences).

#### ***(d) Involvement of victims in sentencing***

Victim Impact Statements are the only appropriate method for a victim to communicate with the Start Court Magistrate about the impact of a participant's offending. Victim Support Services will provide any Victim Impact Statement to the Start Court Magistrate prior to the sentencing date in the usual way.

The prosecutor will be responsible for advising victims of the outcome of sentencing for a participant if they have requested to be kept informed.

#### ***(e) Graduation and presentation of Recovery Plan***

The Start Court Magistrate will decide if a participant is ready to graduate from the Program by taking into account the following:

- If they have successfully achieved the goals or significantly progressed towards achieving the goals set out in their Plan;
- If the goals set out in Part 4 have been successfully achieved or there has been significant progress towards achieving those goals; and
- The circumstances of the participant and the seriousness of their offence/s.

This decision will occur after consultation with a participant's key worker, with reference to the Plan, and with any additional information provided in a pre-sentence report (verbal or written) from the Community Corrections Officer.

In the lead up to graduation and sentence the key worker will prepare a Recovery Plan with the participant. The Recovery Plan will provide assistance in guiding and motivating the participant in the future and remind them of their achievements in Start Court. It will remind the participant to access appropriate treatment and services after their court supervision concludes and to continue to pursue particular goals to prevent relapse.

The Recovery Plan will ordinarily be handed to the participant by the Start Court Magistrate. There will then be an opportunity for the participant to comment on their own progress as well as an opportunity for any family/carer, key worker, prosecutor and/or lawyer to also comment on their progress and achievements and to offer encouragement for the future before the participant receives a round of applause from all present.

If the participant feels uncomfortable with this process it can be changed to accommodate the participant's wishes.

## **17. Survey**

At some point during the Program or following exit from the Program and sentence, and in accordance with the Consent Form signed by the participant, the Consumer and Family/Carer Representatives will approach the participant and/or their family member or carer to facilitate either a telephone, in- person or online survey questionnaire. Information collected from the survey will be used to review and measure the performance of Start Court in accordance with these guidelines.

A survey will only be conducted by the Consumer and Family/Carer Representatives with a family member or carer of a participant where appropriate consent has also been given by the participant and family member or carer.

## **18. Annual Review of Guidelines**

These guidelines will be reviewed by the Start Court team annually at the Start Court Planning Day and updated accordingly.



## **19. Appendices**

Appendix 1 - Start Court Consent Form

Appendix 2 - Protocol: District and Supreme Court Referrals to Start Court

Appendix 3 - Start Court Contract

Appendix 4 - Start Court Client Management Plan

Appendix 5 - External Treatment and Service Providers

## Appendix 1 - Start Court Consent Form

### START COURT

#### PRIVACY AND INFORMATION SHARING CONSENT FORM

##### Start Court participation and permission to use my information for the duration of the Program

1. I agree to participate in assessments and reviews so I can actively participate in the Start Court Program.
2. I provide my details below for the Start Court
3. I agree that the Start Mental Health Team may contact me/next of kin regarding my appointments.
4. I give permission for the Start Court consumer representative to contact me throughout the course of the program. I understand that the interview or survey process is to review and improve the Start Court service.
5. **I understand Start Court team needs information about me and my mental health (my information) and I give permission for the Start Court team to access my information, which may include from my GP, psychiatrist, psychologist, counsellor, hospital admissions etc.**
6. I give permission for the Start Court team to use my information as follows:
  - a. To undertake assessments and reviews;
  - b. To plan my treatment/set goals and for my use of services;
  - c. To monitor and report on my progress and for the purpose of my court hearings;
  - d. To share and exchange my information among members of the Start Court team and any other people, government agencies, non-government bodies and health service providers that the Start Court team considers appropriate;
  - e. To refer to my information in open Court; and
  - f. To include my name in published Start Court listings.

**My details- Full name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

##### Exiting the Start Court

When I complete the Start Court Program:

7. I understand that I may withdraw my consent at any time before I complete the Start Court Program by informing my case manager or any other Start Court team member. I understand that my criminal matters may proceed in the General Court instead.
8. I understand that my information collected before I withdraw my consent might still be used as outlined in items 1-6 of this consent form.

##### Nominated support person/next of kin

I would like to nominate a support person/next of kin who Start Court can contact to assist me during the Start Court process. Please tick the appropriate box and follow the instructions.

**Yes** ☐ **Please complete contact details in the section below**      **No** ☐ **Leave the section below blank**

**Full name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Contact number:** \_\_\_\_\_

9. I understand by ticking the 'yes' box above, **I give permission for the Start Court team to share and disclose my information with a support person/next of kin whom I list above.**
10. The family/carer representative may contact my nominated support person/next of kin upon completion of the program. I understand that the interview or survey process is to review and improve the Start Court service.
11. At any time, I may withdraw my above consent or specify that I do not want certain information disclosed to my support person/next of kin. This would still permit the Start Court team to share my information as per items 1-6 (inclusive).

**I MUST SIGN THIS FORM BEFORE I GET ASSESSED TO PARTICIPATE IN THE START COURT PROGRAM**

**I HAVE THE RIGHT TO SEEK ADVICE TO BETTER UNDERSTAND THIS FORM BEFORE I SIGN**

I have read and I understand the items on this consent form **OR** Someone has read the items on this consent form and I understand what was read to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name (Print)

\_\_\_\_\_  
Date



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**START COURT, PERTH**

## **PROTOCOL**

### **DISTRICT COURT REFERRALS TO START COURT**

#### **1. Purpose**

- 1.1 The following protocols set out the procedure to be followed when:
- a) an offender appearing before the District Court is potentially suitable to take part in the Start Court Program ("the Program");
  - b) an offender appearing before the Start Court in relation to an indictable charge/s, which has yet to be committed to the District Court, is potentially suitable to take part in the Program; or
  - c) an offender appearing before Start Court in relation to Magistrate's Court charges ("Start Court charges"), who also faces an indictable charge and who is potentially suitable to take part in the Program.
- 1.2 The terms and conditions are to facilitate communication between the two jurisdictions. It is not intended to in any way fetter the discretion of the Sentencing Judge.

#### **2. Responsibility**

##### **ELIGIBILITY GUIDELINES**

- 2.1 In the circumstances described in paragraph 1.1(a), referral can occur when:
- a) the offender's primary issue is a mental health condition,
  - b) the offender has pleaded, or intends to plead, guilty,
  - c) the Sentencing Judge might impose a sentence other than immediate imprisonment, if the Program is successfully completed by the offender, and
  - d) the offender is not remanded in custody.
- 2.2 In the circumstances described in paragraph 1.1(b) and (c), the Start Court Magistrate can proceed with an Assessment for the Program when:
- a) the offender's primary issue is a mental health condition,
  - b) the offender has pleaded, or intends to plead, guilty to the Start Court charges,
  - c) the Start Court Magistrate is satisfied that the District Court may benefit from an assessment of the offender's suitability to take part in the Program, and
  - d) the offender is not remanded in custody.



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**REFERRAL PROCESS PURSUANT TO 1.1(a)**

- 2.3 Where a referral is instigated by the District Court, the offender must be assessed by the Start Court Team for their suitability for the Program.
- 2.4 The Sentencing Judge should direct the offender to attend a Start Court Information Session at 9.30am on a Wednesday, at Court 55, Perth Magistrates Court.
- 2.5 The Sentencing Judge should set a future District Court date ("future Court date"), **a minimum of 8 weeks after the Start Court Information Session**, so the Start Court Assessment can be prepared.

The bail conditions for the future Court date should include the following:

**"To report to Perth Start Court on the date as directed by the District Court and thereafter to comply with all lawful directions of the Perth Start Court"**

- 2.6 The Sentencing Judge should order a PSR for the future Court date, to be completed by the Start Court CCO.
- 2.7 The Associate to the Sentencing Judge should enter the following results into ICMS:
- **Remanded** to the future Court date (with at least the bail condition in paragraph 2.6) and a PSR ordered (requesting this report to be prepared by Start Court CCO)
- and,**
- **Adjourned** to Magistrates Court Perth on the nominated Wednesday (at 10am) with an appearance outcome of "Application for Start Court".
- and,**
- A form advising the accused to attend the Information Session at 9.30am should be provided to the offender.
- 2.8 The Associate to the Sentencing Judge should send an email marked "Attention Start Court Coordinator" to [perthmagistratescourt@justice.wa.gov.au](mailto:perthmagistratescourt@justice.wa.gov.au) detailing the referral, attaching relevant transcript and outlining any other instructions.

**ASSESSMENT**

- 2.9 After the offender attends the Start Court Information Session, and if they are suitable and willing to be assessed, the Start Court will direct the offender to undergo an Assessment Interview with the Start Court Team as soon as an appointment is available.
- 2.10 Approximately two (2) weeks after the Assessment Interview, the Start Court Team will provide an Assessment Report to the Start Court Magistrate, who will determine if the offender is accepted onto the Program.

If more information is required by the Start Court Magistrate, further time may be needed to complete the Assessment Report.

- 2.11 When preparing the PSR ordered by the Sentencing Judge pursuant to paragraph 2.6, the Start Court CCO will include information from the Assessment Report.



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- 2.12 If an offender is not accepted into the Program, the Start Court Magistrate will exit the offender from Start Court, strike the matter from the list, and direct them to answer their bail at the future Court date previously set by the Sentencing Judge.

The Start Court Magistrate will request a copy of the transcript of proceedings in Start Court be sent to the Sentencing Judge.

**PROGRAM**

- 2.13 If the offender is accepted into the Program, they will be judicially case managed and required to attend Start Court as often as directed by the Start Court Magistrate.
- 2.14 If the Sentencing Judge places the offender on a PSO at the future Court date, the Sentencing Judge should order PSO Review Reports in the usual manner, requesting they be prepared by the Start Court CCO. The Start Court CCO will complete these reports.
- 2.15 When remanding the offender to future Court dates, the same bail conditions in paragraph 2.5 should be imposed.
- 2.16 Notification should be given to Start Court of any future Court dates by the process set out in paragraph 2.8, including when a final sentencing date is set.
- 2.17 When a final sentencing date is set, the Sentencing Judge should order a PSO Sentencing Report, requesting it be prepared by the Start Court CCO. The Start Court CCO will complete this report and will include the Start Court Exit Report.
- 2.18 At the completion of the Program and when notified that a final sentencing date has been set in the District Court, the Start Court Magistrate will strike the matter from the list and direct the offender to answer their bail at the final sentencing date set by the Sentencing Judge.

**PROCESS PURSUANT TO 1.1(b)**

- 2.19 Where an offender has already been assessed as suitable for the Program and the indictable charge is committed to the District Court for sentence, the Start Court Magistrate, when committing the indictable charge should order a PSR for the Sentence Mention Date to be prepared by the Start Court CCO.
- 2.20 The Start Court CCO will include in the PSR ordered by the Start Court Magistrate information from the Assessment Report including a recommendation as to whether the offender is suitable to take part in the Program.
- 2.21 If at the Sentencing Mention Date or Sentencing Date in District Court, the Sentencing Judge is willing to have the offender participate in the Program and the information from the Assessment Report indicates the offender is suitable for the Program, the Sentencing Judge should set a future Court date, **in approximately 6 weeks.**

The bail conditions for the future Court date should include:

**"To report to Perth Start Court on the date as directed by the District Court and thereafter to comply with all lawful directions of the Perth Start Court"**



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- 2.22 The Sentencing Judge should also direct the offender to attend Start Court on a Wednesday, at Court 55, Perth Magistrates Court **in approximately 1-2 weeks**.
- 2.23 The Associate to the Sentencing Judge should enter the following results into ICMS:
- Remanded** to the future Court date (with at least the bail condition in paragraph 2.22);
- and,**
- Adjourned** to Magistrates Court Perth on the nominated Wednesday (at 10am) with an appearance outcome of "Assessment for Start Court".
- 2.24 The Associate to the Sentencing Judge should send an email marked "Attention Start Court Coordinator" to [perthmagistratescourt@justice.wa.gov.au](mailto:perthmagistratescourt@justice.wa.gov.au) detailing the future Court Date and the next Start Court date on a Wednesday, and attaching relevant transcript and outlining any other instructions.
- 2.25 If an offender is not accepted into the Program, the Start Court Magistrate will exit the offender from Start Court, strike the matter from the list, and direct them to answer their bail at the future Court date previously set by the Sentencing Judge.
- The Start Court Magistrate will request a copy of the transcript of proceedings in Start Court be sent to the Sentencing Judge.
- 2.26 If the offender is accepted on the Program, they will be judicially case managed and required to attend Start Court as often as directed by the Start Court Magistrate.
- The Start Court Magistrate will request a copy of the transcript of proceedings in Start Court be sent to the Sentencing Judge.
- 2.27 If the Sentencing Judge places the offender on a PSO, the Sentencing Judge should order PSO Review Reports in the usual manner, requesting they be prepared by the Start Court CCO. The Start Court CCO will complete these reports.
- 2.28 If the Sentencing Judge wishes to defer sentencing until after an offender has participated in the Program, the Sentencing Judge should remand the offender to future Court dates as is convenient, and the same bail conditions in paragraph 2.21 should be imposed.
- 2.29 Notification should be given to Start Court of any future Court dates by the process set out in paragraph 2.24, including when a final sentencing date is set.
- 2.30 When a final sentencing date is set, the Sentencing Judge should order a PSO Sentencing Report or a PSR, requesting it be prepared by the Start Court CCO. The Start Court CCO will complete this report and will include the Start Court Exit Report.
- 2.31 At the completion of the Program and when notified that a final sentencing date has been set in the District Court, the Start Court Magistrate will strike the matter from the list and direct the offender to answer their bail at the final sentencing date set by the Sentencing Judge.

**PROCESS PURSUANT TO 1.1(c)**

- 2.32 Where an offender has already, or is in the process of being assessed for the Program in Start Court in relation to Start Court charges, and an indictable charge is committed to the District Court for sentence, the Start Court Magistrate, when committing the indictable charge should order a PSR for the Sentence Mention Date to be prepared by the Start Court CCO.



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- 2.33 The Start Court CCO will include in the PSR ordered by the Start Court Magistrate information from the Assessment Report including whether the offender has been deemed to be suitable to take part in the Program.
- 2.34 If the offender is not accepted on the Program, the Start Court Magistrate will request a copy of the transcript of proceedings in Start Court be sent to the Sentencing Judge.
- 2.35 If the offender is accepted on the Program, they will be judicially case managed and required to attend Start Court as often as directed by the Start Court Magistrate.
- 2.36 If the Sentencing Judge places the offender on a PSO, any PSO Review Reports ordered may be requested to be prepared by the Start Court CCO.
- 2.37 If the Sentencing Judge places the offender on a PSO, the same bail condition in paragraph 2.5 may be imposed, and the same process described in paragraph 2.16– 2.17 may be followed.
- 2.38 At the completion of the Program, the Start Court Magistrate will sentence the offender in respect of the Start Court charges. If this occurs prior to the District Court Sentencing Date, the Start Court Magistrate will request a copy of the transcript of proceedings in Start Court be sent to the Sentencing Judge.

**NON COMPLIANCE**

- 2.39 If an offender, during their participation in Start Court during the process described in paragraph 1.1(a), (b) or (c);
- fails to comply with lawful directions of the Start Court Team;
  - fails to attend Start Court as directed;
  - fails to comply with the conditions of a PSO;
  - commits further offences, or
- if there is concern for their safety or wellbeing, or the safety or wellbeing of others, the Start Court Magistrate may exit the offender from the Program.
- 2.40 The Start Court Prosecutor will advise the DPP of the non-compliance and, if the non-compliance consists of a breach of bail conditions, request an application be made to the District Court for the revocation of bail.
- 2.41 Once the Start Court Magistrate is satisfied the DPP have been advised, and if there are no Start Court charges listed in Start Court, any remaining matters will be struck from the list.
- 2.42 If an offender is placed on a PSO by a Sentencing Judge during the process described in paragraph 1.1(a), (b) or (c) and fails to comply with a condition of the PSO such that the CEO (Corrections) issues a Warrant for non-compliance, the Start Court CCO will send an email marked "Attention Start Court Coordinator" to [perthmagistratescourt@justice.wa.gov.au](mailto:perthmagistratescourt@justice.wa.gov.au) attaching a copy of the Warrant, Certificate of Breach and Progress Report (if applicable).
- 2.43 When the offender is apprehended on the Warrant and after they have appeared before the Sentencing Judge, The Associate to the Sentencing Judge should send an email marked "Attention Start Court Coordinator" to [perthmagistratescourt@justice.wa.gov.au](mailto:perthmagistratescourt@justice.wa.gov.au) detailing the outcome of the appearance and any future court dates, attaching relevant transcript and outlining any other instructions.

Signed by Chief Judge and Start Court Magistrate on 18 January 2018

## Appendix 3 - Start Court Contract

### START COURT OF WESTERN AUSTRALIA

#### PERSONAL CONTRACT – START PROGRAM

#### MAGISTRATES COURT

This individual contract is made between \_\_\_\_\_ and the Start Court of Western Australia.

1. I agree to follow all lawful directions of the Start Court and any member of the Start Court Team.
2. I agree to attend the services as recommended by the Start Court Team.
3. I want to improve my mental health and overall wellbeing and will do my best to work with the Start Court Team to reach this goal.
4. I understand and agree that my information will be shared amongst the Start Court Team and with other services I may attend where it relates to my participation in Start Court.
5. I agree to follow any bail conditions, including to attend for urinalysis as directed by the Community Corrections Officer.
6. I agree to appear before the Start Court Magistrate for regular check-ins as directed.
7. I accept that if I do not comply with any of the above or the Start Court Program's conditions, my participation in the program will be reviewed.
8. I agree that when attending Start Court or any appointments with the Start Court Team or at other services as recommended by the Team or as required by my bail conditions, I will display appropriate behaviour at all times.
9. I agree not to attend court or any appointments with the Start Court Team or at other services as recommended or as required by my bail conditions while intoxicated by alcohol or other drugs. I understand if I do attend court while intoxicated I will not be seen by the Start Court Team and I may be removed from the court building.
10. I understand that if I behave in a way that suggests a risk to others, this will be raised in open court.
11. I understand that contravening any part of the Start Court Program as set out above (including re-offending) may lead to me being exited early from the Start Court Program.
12. I understand that on completion of the Start Court Program, my participation will be taken into account by the Start Court Magistrate in sentencing.
13. I understand that participating in the Start Court Program is voluntary and if I wish to stop participating at any time, I should contact a member of the Start Court Team who will inform the Start Court Magistrate.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
On Behalf of the Magistrate – Start Court WA (Judicial Support Officer)

Dated:



<b>FORENSIC SERVICES ADULT</b>  <b>CLIENT MANAGEMENT PLAN</b>	Please use ID label or block print		
	SURNAME		UMRN
	GIVEN NAMES		CMHI
	BIRTHDATE	SEX	FILE NUMBER
	ADDRESS		

Case Manager	Stream Status	ACTIVE
Plan #	Start Date	21 Mar 2019
Plan Type	Next Plan Review Date	19 Jun 2019
Plan Status	Authorisation Date	
Assigned To	Completion Date	
Staff Role	Send Reminder	7 Days Before

## ISSUES/PROBLEMS

LEGAL ISSUES
--------------

Enter snapshot of the patient

## GOALS

TO IMPROVE FUNCTIONING IN THE COMMUNITY AND REDUCE REOFFENDING
--

### 1. MENTAL HEALTH/PSYCHOLOGY

Participant will engage with the services as recommended.

### 2. BAIL/ADULT COMMUNITY CORRECTIONS

Participant will comply with all lawful directions given by the Start Court Magistrate and the Start Court Community Corrections Officer.

First Court Check In Date:

Proposed Graduation Date: 6 months from the date of first check in

### 3. ALCOHOL AND OTHER DRUGS (AOD)

A Pre-sentence Opportunity (POP) assessment will be available to identify appropriate services

### 4. PSYCHOSOCIAL

Outcare community support co-ordination will be available to address identified recovery goals

## ACTIONS

<b>ACTION#</b>	1	<b>Action By</b>	CASE MANAGER
<b>Start Date</b>	21 Mar 2019	<b>Completion</b>	

Mental Health / Psychology

- Participant will engage with the services as recommended.

## OUTCOME

## COMMENTS

### APPENDIX 5

#### External Treatment and Service Providers

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## Appendix 5 - External Treatment and Service Providers

### 1. Counselling

#### 1.1 Mental health and relationship counselling/programs

##### *360 Health and Community*

- Offers counselling directed at helping people to gain an understanding of and develop strategies to manage symptoms related to issues such as depression, anxiety, stress, suicidal thoughts, trauma related symptoms, grief and loss, issues related to alcohol and other drug use.
- **Better Access program**  
Allows a maximum of 10 individual sessions with mental health clinicians for adults with mild to moderate psychological concerns that are able to be addressed with brief interventions. Requires a GP referral.
- **Partners in Recovery initiative:**  
Program helps recovery through meeting with the individual and assessing their needs. A Support Facilitator is assigned who works with the individual to understand their hopes and life goals. A personal recovery plan is developed, linking the individual with a range of services and supports. The individual is assisted in the process of applying for NDIS.
- **Group mental health programs:**  
Mind care for children  
Creative expression and mindfulness  
Living well and coping well  
Mood management workshop  
Mind Your Own Thoughts

##### *Anglicare WA*

- Relationship Counselling provided to individuals, couples or whole families if necessary. Telephone counselling offered.
- Specialist counselling for separating or divorcing couples.

##### *Beyond Blue*

- Provides information and support to help people with their mental health, particularly in relation to anxiety and depression
- Has a 24/7 helpline on 1300 22 4636

## Appendix 5 - External Treatment and Service Providers

- The online chat service is available 3pm-12am 7 days a week
- Runs online forums for people to support each other with their mental health
- <https://www.beyondblue.org.au/>

### *Black Swan Health*

- Offers low cost assistance and counselling for people experiencing mental health problems
- Service is designed to provide GPs with support from allied health professionals in treating people with a mental health disorder
- Areas of specialty include suicide prevention, children services, perinatal depression and Aboriginal and Torres Strait Islanders mental health
- **Partners in Recovery:** supports people with complex, severe and persistent mental illness. Develops plans to work towards improved health, wellness and recovery, and coordinates different services to meet clients' needs

### *Centrecare*

- Centrecare offers outreach and specialised counselling services
- **Family Dispute Resolution Services**
- **Family and Domestic Violence Services**
- **General counselling services**
  - ‘Counselling for Adolescent and Parents Service’
  - ‘Family and relationship services’
- **Youth and family counselling and support services**
  - ‘Family Link’ provides professional counselling and group programs for individuals and couples who have dependent children and live in the north eastern region of Perth.
  - ‘Parent Teen Link Counselling Service’ provides counselling services to Perth and Joondalup families where significant conflict between parent/s and a teenager occurs.
  - ‘Child and Parent Centre Gosnells/East Maddington’ is a hub for families with children 0 to 8 years offering parenting workshops, child and

## Appendix 5 - External Treatment and Service Providers

maternal health services, playgroups, early learning programs, counselling and family support.

### *Relationships Australia*

- Offers counselling to address matters including couple issues, relationship breakdown, parenting, domestic violence, anxiety, depression, grief, sexual issues, childhood sexual abuse, stress and conflict in various situations including work related conflicts
  - The fee for counselling per session is based on a sliding scale, according to the household income
  - No referral is required
  - Relationships Australia offers other programs including:
  - **4families** (Cockburn, Kwinana, Mandurah, Rockingham): provides whatever support families and carers need, linking them to a variety of services to reduce family stress and enable children and young people to reach their full potential. Services include counselling, information, home-based family support, workshops and groups, community activities and support for grandparents and carers.
  - **Play4therapy** (Kwinana): the play therapist guides the parent or carer and child through playful, fun games, developmentally challenging activities, and tender, nurturing activities. This helps the adult regulate the child's behaviour and communicate love, joy and safety to the child.
- Family Dispute Resolution (Mediation):** a service to help separating families resolve their family law disputes.
- Family Abuse Integrated Response (FAIR):** offers programs for men, women, young people and children who have perpetrated, experienced or seen abuse in their families or in their relationships.

### *SANE Australia*

- Provides information, guidance and referrals to people to help them manage their mental health concerns
- Helpline available weekdays 10am-10pm AEST on 1800 18 7263
- Helpline chat available weekdays 10am-10pm AEST

## Appendix 5 - External Treatment and Service Providers

- SANE runs online forums for people living with mental illness and for family, friends and carers <https://saneforums.org/>
- <https://www.sane.org/>

### 1.2 Services for Youth

#### *Anglicare WA*

- **Parent and Adolescent Counselling**

Explores new and more effective ways for family members to communicate and encourages both parents and young people to understand and consider their family members' needs.

Provides counselling to individuals, families and groups, parenting workshops and seminars, referrals to other services, mediation and assistance in resolving family conflicts.

Designed for young people aged 12-18 years old and their parents or carers.

#### *Centrecare*

- **Youth Support Service:** for young people aged 12-18 years and their families living in the Joondalup region. Provides counselling, support and linkages within the community.

#### *headspace*

- headspace is the National Youth Mental Health Foundation provided early intervention mental health services to 12-25 year olds, along with assistance in promoting young peoples' wellbeing.
- Covers four core areas: mental health, physical health, work and study support and alcohol and other drug services.
- headspace centres help people access health workers- whether it's a GP, psychologist, social worker, alcohol and drug worker, counsellor, vocational worker or youth worker.
- Service offered free or charge or at low cost
- Offers online and telephone counselling through [eheadspace.com](https://eheadspace.com)
- **Youth Early Psychosis Program:** early intervention and specialist support for young people experiencing, or at risk of psychosis

## Appendix 5 - External Treatment and Service Providers

### *Kids Helpline*

- Provides telephone and online (email and webchat) counselling for young people under 25
- Also offers a range of online resources and referrals
- Telephone service is available on 1800 551 800
- <https://kidshelpline.com.au/>

### *Mental Health Fellowship of WA*

- **Early Intervention Recovery Program:** young people aged 18-35 who have been diagnosed with first episode psychosis. 6 month program that includes psychosocial support, interdependent living support, employment and educational support, recreation programs, art and music.

### *ReachOut Australia*

- Provides e-mental health services to enable young people to take control of their mental health and wellbeing
- Offers professionally-reviewed mobile apps, tools and articles to help young people with their well-being
- Runs online forums to provide a supportive, safe and anonymous space where young people can speak to others who have been in a similar situation - <https://au.reachout.com/forums>
- <https://au.reachout.com/>

### *Wanslea Children and Family*

- Programs seek to enhance the mental health of children and young people, especially those who may be more vulnerable to the development of a mental health issue
- Offers opportunities for children, young people and their families who need extra support to improve their mental health and wellbeing including mental health promotion, informal counselling, peers support groups, pro social activities and community awareness/stigma prevention
- **COPMI: Children of Parents with Mental Illness**

## Appendix 5 - External Treatment and Service Providers

### *YMCA (YCounselling)*

- Ycounselling is for young people ages 12 to 25 and their families
- Young people can access Ycounselling to seek support for anxiety and depression, stress, conflict, self-harm, sexuality, grief and loss, sexual abuse, relationship problems, and other issues
- Counselling can be short term or long term

### *Youth Focus*

- Youth Focus provides counselling and support to young people
- Youth counsellors work exclusively with the young person or where appropriate in partnership with their family and a Youth Focus Family Counsellor
- The counsellors are trained professionals with the skills necessary to help assist young people in identifying coping strategies to deal with issues associated with suicide, depression and self-harm
- Youth counselling appointments are free of charge

### *YouthLink*

- Run through the North Metropolitan Area Mental Health Service
- Provides specialist mental health counselling, consultation, training and community development
- For young people between 13-24 years of age

## 1.3 Services for Women

### *Centrecare*

- **Women's Domestic Violence (Spouse Abuse):** counselling, group programs and a women's helpline

### *Fremantle Women's Health Care Centre*

- Counselling services provided by two senior counsellors
- Referrals not necessary
- After an assessment, short term counselling of up to 10 sessions is available
- For women experiencing antenatal or postnatal depression, anxiety and/or stress, individual counselling or group participation is available



## Appendix 5 - External Treatment and Service Providers

- General counselling is also offered
- Group workshops and presentations are provided to promote women's health and wellbeing. A range of therapeutic, support, exercise, self-help, educational and social groups are available

### *Ishar Multicultural Women's Health Centre*

- Offers a range of services focusing on the healing of lifestyle related problems and the promotion of independence for women, particularly those from culturally and linguistically diverse (CaLD) backgrounds
- Services include:
- **Health Services:** includes a clinical service, antenatal, Fun Being a Mum's group, Multicultural Counselling Service, Health Education/Promotion services, 'Pink Ladies' Breast Cancer Support Group Program.
- **Carer Support Services:** provides a range of free holistic services to unpaid CaLD Carers of someone needing support with their mental health. Program is open to male and female carers aged 18 and older from CaLD communities. Provides counselling, respite, group therapy, home visiting, outings/events, workshops, social activities, information sessions and referrals.
- **Neighbourhood Mother's Program:** program for Mothers who have children up to 12 years old and have been in Australia less than 10 years. Project aims to help women settle in the community. Provides information sessions and sewing
- **40+ Women's Lifestyle Program:** health and wellbeing information, and social activities specifically for women over 40 years from CaLD backgrounds.
- **Family Support Group:** an intergenerational women's group meeting for settlement issues, information, friendship, parenting and family relationships, health information and skill development.
- **CaLD Women of Canning CWC:** a program of health and wellbeing information, and social activities specifically for women over 40 years from CaLD backgrounds.

## **Appendix 5 - External Treatment and Service Providers**

- **Settlement Grants Program:** provides orientation to Australian services for women and their families who arrived on a Refugee or Humanitarian visa and have been in Australia for less than 5 years. Aims to assist clients to gain access to mainstream services such as accommodation, education, training and employment.
- **Daring to Speak Program:** women from CaLD backgrounds are invited to attend a ten week program, which will empower women to understand domestic violence through education, find a pathway to healing through art and narrative therapy, improve self esteem, rediscover courage, learn about inner peace and balance, and receive support.

### ***Lifeline WA***

- **Support for Separated Mums**
- Program provides support to mums before, during and after separation
- Lifeline's counselling team provides individual support, education and group workshops for mothers who want to negotiate shared care arrangements for their children, communicate effectively with the other parent, be prepared for mediation and to better understand the mediation process, understand the complexities of the Family Court and the legal system, access practical emotional support and assistance, create a parenting plan

### ***Midland Women's Health Care Place***

- Available to all women over the age of 16 years living in the East Metropolitan area
- Offers a variety of groups and courses at affordable prices
- Offers one-to-one counselling with female counsellors
- Able to assist with a variety of issues including relationship breakdown, domestic violence, low self-esteem, anxiety, depression and stress
- Specialising in depression/anxiety during pregnancy or after the birth of a baby
- There is a free weekly pap smear clinic, a crèche, and exercise/art/craft/well-being groups.

## Appendix 5 - External Treatment and Service Providers

### *Patricia Giles Centre*

- A feminist-based, non-profit organisation committed to providing services to women and children who have experienced or witnessed domestic violence and to men who seek to improve the quality of their family relationships.
- Offers counselling through its Counselling Service for Women. All counsellors have tertiary qualifications in counselling and extensive experience in the field.
- A series of support groups are run during school terms

### *Ruah Community Services*

- **Safe at Home Program** supports women and children who have experienced family or domestic violence to stay in their housing when it is safe to do so.

### *South Coastal Women's Health Services Association*

- Offers a range of counselling including Emotional Health Counselling, Perinatal Well-Being Counselling for Mums, and Family and Domestic Violence Counselling
- Organises self-help, therapeutic and support groups operating from the main hub in Rockingham
- Offers psychological services for whole family through Mental Health Plans

### *Women's Health and Family Services*

- Available to all WA women and their families, with consideration made for the unique needs of Aboriginal, migrant and refugee families
- Services include individual, couples and families counseling; peer-support and psycho-education group (**Getting Off Staying Off**), drama therapy group; education & information for families; **Drug and Alcohol Program** (DAP); PEPISU (**Pregnancy, Early Parenting and Illicit Substance Use**) <sup>[L]</sup><sub>[SEP]</sub>
- Women and Children's Program including: **Minding our Moods**, Coffee Morning and **Circle of Security** groups; School Holiday Programs and

## Appendix 5 - External Treatment and Service Providers

activities; and emergency relief. Creche facilities and interpreting services are available <sup>[1]</sup><sub>SEP</sub>

- **Foetal Alcohol Spectrum Disorder (FASD) Project** <sup>[1]</sup><sub>SEP</sub>
- **Body Esteem Program** (20 week recovery focused group)
- Counselling for women who have experienced trauma whilst seeing a health professional
- **Reclaiming Voices** Project: abuse and trauma counselling

### *Women's Health and Wellbeing Services*

- Supports women within the South East Metro Area of Perth
- Offers individual therapy and counselling, therapeutic groups, and couple and family counselling
- Services aimed at perinatal mental health include counselling, therapeutic groups, partner education and information, mother nurture group, the '**Circle of Security**' program and '**Bringing Up Great Kids**'. There is a 10 week closed group on perinatal depression and anxiety.
- Offers family and relationship services, including parenting education and support groups, relationships skills workshops, children's and family activities, and the 'Circle of Security' program
- Houses a Multicultural Women's Advocacy Service worker
- Provides ATSI services including parenting workshops, support programs, and physical activity programs

### 1.4 Services for Men

#### *Anglicare WA*

- **Menstime**

Program designed to assist, empower and educate men on a variety of issues, and develop their own self-reliance.

Offers counselling, seminars and groups programs that cover a broad range of topics, including relationship skills, depression, separation, fathering, emotion regulation, domestic violence, assertiveness and stress management.

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- **Changing Tracks**

24 week group program that encourages men to manage their anger and learn to communicate in a healthy, effective and safe manner.

Individual counselling also available.

Aimed at interrupting the cycle of domestic violence.

### *Centrecare*

- **Men in Family Relationships:** counselling (individual, group or family), groups and workshops for men
- **Men's Domestic Violence Helpline Groups:** a service for men who are concerned about the effects of their behaviour on the people they love, work and spend time with

### *Communicare*

- **Breathing Space:** offers a behaviour change program to men who have been abusive in their intimate partner relationships. Provides men with approximately three months of accommodation while they undertake a range of groups and individual counselling
- Groups include **Men Relating Safely (Domestic Violence education), Understanding Anger and Aggression, Understanding Emotions, Dadworx (Parenting) and Alcohol and Other Drugs (AOD) Co-morbid Domestic Violence**

### *Lifeline WA*

- **Support for Separated Dads**
- Program provides support to dads before, during and after separation
- Lifeline's counselling team provides individual support, education and group workshops for fathers who want to negotiate shared care arrangements for their children, communicate effectively with the other parent, be prepared for mediation and to better understand the mediation process, understand the complexities of the Family Court and the legal system, access practical emotional support and assistance, create a parenting plan

## Appendix 5 - External Treatment and Service Providers

### *MensLine*

- MensLine Australia is a telephone (1300 78 99 78) and online (online chat and video) counselling service for men with family and relationship concerns.
- <https://mensline.org.au>

### *Ngala – DadsWA*

- Aims to engage men in early parenting by providing a ‘male friendly’ environment
- Staffed by male workers and assists men to gain the skills needed for them to be fully involved in all aspects of parenting and fatherhood
- Involved with the following services:
- **Workshop for Dads**
- **Antenatal Classes**

### *Relationships Australia*

- **4dads** (Mandurah and Pinjarra): offers information, education, referrals and support for fathers of children up to 18 years.
- **Mensplace**: aims to support and enable men to address relationship and family issues. Offers counselling, community events and education. The counselling services cover a range of topics including anger management, couple issues, relationship breakdown, parenting, domestic violence, anxiety, depression, grief, sexual issues, stress and conflict including work related conflict
- **Men’s Domestic Violence Program**: run by Relationships Australia on contract to the Department of Corrective Services only for clients mandated by the courts.

### *Indigo Junction (formerly Swan Emergency Accommodation)*

- **Strong Fathers**: developed to assist and support Aboriginal fathers within the City of Swan to further empower themselves, their family and ultimately their children to create positive relationships
- For fathers with children between 0-12 years

## **Appendix 5 - External Treatment and Service Providers**

### **1.5 Services for Aboriginal people**

#### ***360 Aboriginal Outreach***

- Available in Perth east metro area as well as Kwinana, Rockingham and Fremantle
- The program is run by Aboriginal Outreach Workers in partnership with Moorditj Koort, which is a community-controlled, not-for-profit organisation that supports the health and wellness of Aboriginal and Torres Strait Islander people
- The program aims to make accessing health services easier for Indigenous Australians by encouraging them to work towards self-managing their chronic condition
- The outreach workers can assist people with the arrangement and transport to health care appointments, medication pickup and delivery, and paperwork such as PATS forms, referrals and registrations.

#### ***Aboriginal Family Respite Service (UnitingCare West)***

- Provides support to Aboriginal families who care for a family member with a mental illness by facilitating monthly respite days for the whole family
- Referrals open to Aboriginal families who reside in the northern suburbs and the respite days are delivered from the UnitingCare West Merriwa Service Centre

#### ***Arbor (Active Response Bereavement Outreach) - Anglicare***

- Offers community outreach, counselling, home visits and support groups also specifically for Aboriginal people bereaved by suicide

#### ***Black Swan Health***

- Offers low cost assistance for people experiencing mental health problems.
- Service is designed to provide GPs with support from allied health professionals in treating people with a mental health disorder
- Areas of specialty include Aboriginal and Torres Strait Islanders mental health.

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### *Centrecare*

- **Djooraminda's Indigenous Family Program (IFP):** culturally sensitive support and counselling to Aboriginal and Torres Strait Islander families. An IFP Community Caseworker visits the home and works with families on their own goals, needs and issues.
- **Djooraminda Reunification Service:** provides sensitive outreach counselling and support for Aboriginal and Torres Strait Islander families whose children have been returned to their care.
- **Family Support Service:** confidential outreach counselling and support service for Aboriginal and Torres Strait Islander families at risk of having their children removed from their care.
- **Family Enhancement Service:** for Aboriginal and Torres Strait Islander families with children aged 0-12 years. An intensive outreach service that supports people to enhance their family's strengths and their ability to care for their children

### *Derbarl Yerrigan Health Service*

- Offers individual counselling, group sessions, family sessions and couples counselling
- Workshops, information, referral and care coordination

### *Indigenous Psychological Services*

- Private company providing Aboriginal Mental Health Services including Aboriginal Mental Health Training Workshops; ELearning; Cultural Reviews and Audits of Organisation against best cultural practice; cultural competency intervention programs (mental health and general) as well as whole of Aboriginal community suicide intervention programs
- Note\*\* This Service does not provide counselling including psychological assessment services

### *Indigo Junction (formerly Swan Emergency Accommodation)*

- **Karnany Resource Centre** provides a safe space for people (both Aboriginal and non-Aboriginal) to meet and share their stories
- Programs include Strong Fathers, Lit Up (Adult Literacy), Work Readiness Program and Housing Support Program



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- Offers financial counselling and education and emergency relief
- Provides space for the following services: 360 Street Doctor and Counselling from Wungening Aboriginal Corporation

### *Kootamiara Quab Women's Healing Program*

- Aims to assist Nyoongah women in WA, through the healing process from trauma associated with child sexual abuse and domestic violence issues
- Uses cultural arts and spiritual identity to assist in the healing process, and as a part of this coordinates water colour and paperbark painting courses
- The program is an initiative of the Dumbartung Aboriginal Corporation (Waterford, WA)

### *Moorditj Koort*

- Has a range of programs designed to help Indigenous people in the community, including an Aboriginal Health Worker program
- Aims to strengthen the relationship between local health services, agencies and the community

### *Patricia Giles Centre*

- Provides a range of services for Aboriginal women and children including a parenting engagement program and playgroups for Aboriginal and Torres Strait Islander children under 5 years of age at selected metropolitan schools.
- **Coort Coolong:** an Aboriginal parenting support service for Aboriginal families living in the northern suburbs with a child between 0 – 3 years. The workers are able to do home visits, assist with transport to important appointments, provide parenting information, budgeting, and referrals to other useful agencies. The service is free and accepts self-referrals

### *Relationships Australia*

- Offers programs specifically for Aboriginal and Torres Strait Islander people
- The services include:

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- **Moorditj Yarning:** offered in the Langford/Gosnells and Clarkson/Joondalup areas. The counsellors have strong experience working with alcohol and drug problems, and other health concerns such as diabetes, family and relationship issues, grief, loss and domestic violence
- **Djinda Services:** provides support to Aboriginal and Torres Strait Islander women and children in the Perth Metropolitan area affected by family violence and/or sexual assault. Offers face-to-face meeting and support to attend appointments, advocacy, referrals and support to a range of services (legal/counselling/crisis accommodation). The service can provide lawyers to represent victims of family violence in court and legal advice in regard to restraining orders, child protection, victims' compensation, and family law including payment of child support. It is a free service

### *Ruah Community Services*

- **Growing Strong Staying Strong:** an Aboriginal Wellness Program Aims to help people manage worries and to celebrate strength and resilience. This program is person centred and adaptable to suit each person's life circumstances. Through art based activities and group exploration, it builds on a person's current strength and resilience and helps people to develop new skills and strategies to manage worries
- **Safe at Home Program** supports women and children who have experienced family or domestic violence to stay in their housing when it is safe to do so

### *Uniting Care West*

- **Aboriginal Family Respite Service:** pampering sessions and a crèche offered to Aboriginal carers and families affected by emotional and mental distress

### *Women's Health and Family Services*

- Available to all WA women and their families, with consideration made for the unique needs of Aboriginal families

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- Offers an **Aboriginal Grandparent Family Support Service** and an **Aboriginal Family Support Program Play Group**

### *Yorgum Aboriginal Corporation (Link Up)*

- Yorgum offers a team consisting of a psychologist and counsellors
- Yorgum provides one-on-one counselling for individuals, relationship counselling for couples, and group counselling for families, siblings, family groups
- The counselling staff can address a wide range of issues, recognising that there are often multiple and transgenerational issues that affect Aboriginal people
- Yorgum provides assistance in grief and loss, trauma, advocacy for family violence issues, coping mechanisms, dealing with racism, anger management
- Also offers a **Child Sexual Abuse Therapeutic Service** and counselling for **Aboriginal Children Experiencing Family Violence Counselling**

## 1.6 Services for Culturally and Linguistically Diverse people

### *ASeTTS (Association for Services to Torture & Trauma Survivors)*

- **Newly Arrived Youth Services (NAYS)**

Aimed at young people who have arrived in Australia in the previous 5 years.

Participants must be aged from 12-21 years and be homeless or at risk of homelessness.

Provides counselling, information, community development activities and referral services.

- **Settlement Grants Program**

Service for permanent residents who have arrived in the previous five years as refugees or humanitarian entrants.

Provides information, referral and advocacy services relating to domestic and social issues arising out of the settlement experience.

- **Families in Cultural Transition Programme (FICT)**

A series of workshops designed for refugees living in Western Australia

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Aims to simplify the process of understanding and adjusting to their new environment

- **Groups**

Operates centre-based groups aimed at breaking social isolation and increasing clients' participation in broader society.

E.g. The Former Yugoslav Group, Multicultural Women and Men's Group and Multicultural Parent and Child Group

### *Centrecare – Migration Services*

- Employs staff from different religions, ethnic and cultural backgrounds who are committed to meeting the needs of newly arrived migrants and refugees
- Provides a range of services supporting humanitarian refugees and migrants to settle in WA
- **Migration Advice Service:** provides advice on all areas of Migration/Immigration Law by qualified Migration Agents
- **Settlement Grants Group (SGP):** assists refugees by providing information, support and advocacy for all settlement related matters
- **Youth Program**

### *Ishar Multicultural Women's Health Centre*

- Offers a range of services focusing on the healing of lifestyle related problems and the promotion of independence for women, particularly those from CaLD backgrounds
- Services include a multicultural counselling service
- See 'Services for Women' above for other services and programs offered by Ishar

### *Multicultural Service Centre of WA*

- **MAITRI Mental Health Services:** provides professional mental health assessment, treatment and management; culturally appropriate counselling; psycho-education and psychosocial intervention
- Offers **Multicultural Health and Wellbeing program**, emergency relief, **Housing Services program** (advocacy and support), **Settlement**

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**Grants program, Multicultural Wellness program** (language specific day centre programs)

### *Transcultural Mental Health Clinic*

- Operates from Bentley Health Service
- Provides direct consultation for consumers from ethno-culturally diverse backgrounds
- Staffed by a consultant psychiatrist and clinical psychologist
- Face-to-face appointments available for adults aged 18-65

## 1.7 Services for Families/Carers

### *Anglicare WA*

- **Family Relationship for Carers:**  
Offers information support, referral, counselling and mediation services to the family or carers of individuals with disabilities.

### *Carers Australia WA*

- Counselling aimed at helping carers build resilience in their caring role, by creating a balance between caring responsibilities and self-care
- Offers a counselling helpline, face-to-face counselling, email counselling, skype and counselling events
- Specific programs include:
- **Carer Wellness at Home:** works alongside other community services to provide in-home support specifically to carers.
- **Prepare to Care Hospital:** Provides information and support to those family members or friends who will be providing ongoing care to patients both during a hospital admission and following being discharged from hospital.
- **Carers in Employment:** offers services to assist carers to enter or re-enter employment and to assist employers to be 'carer friendly'.
- **Young Carers:** provides support for carers under the age of 26 who helps to look after a family member with a disability, mental illness, chronic illness, or drug and alcohol problem.

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### *Families 4 Families WA*

- A peer support plus group for families and friends who support someone with ongoing mental distress, alcohol and other drug use and possibly criminal justice involvement.
- Offers education and support for families and friends dealing with co-occurring mental health and alcohol and other drug (AOD) issues.

### *Helping Minds*

- Counselling available to adults who support a family member or friend with a diagnosed mental health issues or an undiagnosed mental health concern

### *Ishar Multicultural Women's Health Centre*

- **Carer Support Services:** provides a range of free holistic services to unpaid CaLD Carers of someone needing support with their mental health. Program is open to male and female carers aged 18 and older from CaLD communities. Provides counselling, respite, group therapy, home visiting, outings/events, workshops, social activities, information sessions and referrals.

### *Mental Health Matters 2*

- A community action and advocacy group committed to progressing mental health reform.
- An alliance of volunteer people with a lived experience of mental distress, alcohol and other drug use and possible criminal justice involvement, as well as their families, supporters and people who work in mental health and allied services.

### *Mental Illness Fellowship of WA*

- **Well Ways Program for Carers:** a family education program facilitated by carers designed to increase the capacity of families, carers and friends to care effectively for themselves, other family members and their friends living with mental illness.
- The course provides informal workshops involving group discussions, videos and practical demonstrations

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### *North Metro Commonwealth Respite Carelink Centre*

- Provides a range of flexible respite options for carers of people with mental illness, intellectual disability or autism
- Camps and retreats
- School holiday programs
- In home respite (support provided in your own home)
- Community respite (reconnect with the community)
- Education and Training courses for you to attend

### *Parent and Family Drug Support Line*

- A confidential, non-judgemental telephone counselling, information and referral service for anyone concerned about a loved one's alcohol or drug use. Callers have the option to speak to an experienced parent volunteer or a professional counsellor
- Available 24/7 on (08) 9442 5050

### *Peel and Rockingham Kwinana (PARK) Older Adult Mental Health Services*

- Offers carer support services

### *SANE Australia Online Forums for Carers*

- The Carers Forum is a safe, anonymous community for the friends, family and carers of people living with mental illness, moderated 24/7 by mental health professionals.
- <https://saneforums.org/>

## 1.8 Suicide prevention, postvention and support

### *360 Health and Community*

- Suicide prevention and intervention services:  
**ATAPS- Suicide prevention:** program runs for up to eight weeks and provides psychological support as needed with the aim to link people with ongoing counselling services and programs where appropriate.  
**ALIVE:** program provides up to three months of mind care support as needed, with the aim to further link people with ongoing counselling services and programs. Service for people at increased risk of suicide or

## **Appendix 5 - External Treatment and Service Providers**

self-harm behaviour but not requiring referral to an emergency service and not engaged in long term case management.

**Conversations for Life:** sessions that teach people to identify suicide risk factors, approach the person in the correct way, ask the right questions and then take the appropriate action.

### ***Anglicare WA – CYPRESS***

- CYPRESS stands for Children & Young People REsponsive Suicide Support. It is a free and long term support service for children and young people between the ages of 6 and 18 who have been bereaved by suicide.
- CYPRESS operates across the entire metro area and offers outreach and office based support as needed.
- CYPRESS services offered include counselling, home visits and outreach, support groups, community capacity building, and peer support.

### ***Arbor (Active Response Bereavement Outreach) - Anglicare***

- Support for people bereaved by suicide
- Offers peer support, counselling, phone counselling, home visits, support groups, referral advice
- Offers community outreach, counselling, home visits and support groups also specifically for Aboriginal people bereaved by suicide

### ***Black Swan Health***

- Offers low cost assistance for people experiencing mental health problems.
- An area of specialty is suicide prevention

### ***Lifeline***

- Provides 24/7 crisis support through the telephone helpline on 13 11 14
- Offers online crisis support chat 7pm-midnight (AEST), 7 days
- Lifeline's crisis support and suicide prevention is accessible to everyone



## **Appendix 5 - External Treatment and Service Providers**

### ***Neami National***

- Suicide prevention services offered at East Victoria Park location

### ***Suicide Call Back Service***

- Counselling available to people who are feeling suicidal, people who are worried someone they know may be suicidal, and people who have lost someone to suicide
- Provides text-based online counselling with a professional counsellor <https://www.suicidecallbackservice.org.au/registration/>
- Offers a 24/7 helpline on 1300 659 467

### ***Youth Focus***

- Offers counselling and support to young people
- Helps assist young people in identifying coping strategies to deal with issues associated with suicide, depression and self-harm

## **1.9 Services for LGBTI people**

### ***Living Proud***

- Provides support, information and resources to the Western Australian gay, lesbian, bisexual, trans and intersex community
- Living Proud is currently implementing the peer counselling and referral phone line through QLife

### ***PFLAG (Parents, Families and Friends of Lesbians and Gays)***

- PFLAG Perth is a volunteer run, non-profit organisation in Western Australia, providing a support system for families and friends of people who are lesbian, gay, bisexual, transgender or intersex (LGBTI), along with education and advocacy in the community.
- Offers peer support through a phone line (0404 594 699) and support group meetings

### ***Qheadsapce***

- Provides online peer support for lesbian, gay, bisexual, trans, intersex, questioning and queer (LGBTIQ+) young people (aged 12-25).

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- Young people can seek support online from 'Queer Peers'- young people who have lived experience and training in peer support in a safe and welcoming space.
- <https://www.eheadspace.org.au/get-help/qheadspace/>

### **QLife**

- Qlife is the national counselling and referral service for LGBTI people
- Provides a telephone service and an online chat service
- Available for people of all ages experiencing poor mental health, psychological distress, social isolation, discrimination, experiences of being misgendered and/or other social detriments that impact on their wellbeing
- Visit [qlife.org.au](http://qlife.org.au) or call 1800 184 527

### **1.10 Other**

#### **1800 Respect**

- 1800RESPECT is the national sexual assault, domestic and family violence counselling service
- Provides support for people experiencing, or at risk of experiencing, sexual assault, domestic or family violence, as well as their friends and families
- There is a 24/7 online chat service, and a 24/7 helpline on 1800 737 732
- <https://www.1800respect.org.au/>

#### **Adoption Research and Counselling Service**

- Offers specialist adoption counselling to all those who have been touched by an adoption experience
- Based in Maylands

#### **ASeTTS (Association for Services to Torture & Trauma Survivors)**

- Counselling
- Available to individuals, families and groups for the effects of torture and trauma experiences (which may have occurred in a person's country of origin, during their flight to a country of asylum or while in detention).

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### *The Butterfly Foundation*

- Butterfly Foundation offers a multitude of services and programs that provide support, treatment, prevention, early intervention, education and training for eating disorders.
- Offers a national helpline on 1800 334 673
- Runs support groups including recovery support groups, carer support groups and online support groups

### *Care Leavers Australasia Network (CLAN)*

- A national, independent, peak membership body which represents, supports and advocates for people who were raised in Australian and New Zealand Orphanages
- CLAN offers free telephone counselling to any Care Leaver or a family member of a Care Leaver

### *Gambling Help WA (Centrecare)*

- WA provides free, confidential counselling, support and information services for all people affected by gambling.
- Face to face help is available in Perth, Bunbury, Cannington, Midland, Esperance, Gosnells, Joondalup, Kalgoorlie and Mirrabooka.

### *Mental Health Fellowship of WA*

- **Parent Peer Support Program:** support for Parents living with mental illness (North Metro)

### *Peel and Rockingham Kwinana (PARK) Older Adult Mental Health Services*

- Staffed by a team of health professionals from different disciplines, who specialise in working with people over the age of 65 who are experiencing mental health issues
- Treatment options include counselling, functional skills and psychotherapy
- Also offers a **Community Day Therapy Program**
- Referrals to service through GPs or other community services

## **Appendix 5 - External Treatment and Service Providers**

### ***Sexual Health Quarters***

- Offers specialised counselling in unplanned pregnancy, sexual health and sexual relationships

### ***Sexual Assault Resource Centre (SARC)***

- Provides free assistance to females and males, aged 13 and over who have experienced an unwanted sexual contact or behaviour either recently or in the past
- Staffed by female doctors and female and male counsellors
- An Aboriginal staff member is available to support Aboriginal people
- Offers counselling, 24 hour emergency service, medical and forensic examination
- SARC counselling is available in centres located throughout the metropolitan area

## **2. Alcohol and drugs**

### **2.1 Community Alcohol and Drug Services**

#### ***Metropolitan Community Alcohol and Drug Services (CADS)***

- South Metro
- South East Metro
- Next Step's East Metro Outpatient services
- North Metro
- North East Metro

#### ***Next Step Drug and Alcohol Service***

- Next Step is a government health service that provides a range of treatment services for people experiencing problems associated with their alcohol and other drug use, as well as support for families
- See 'Residential Rehabilitation and Withdrawal Services' for information about Next Step's inpatient service

## **Appendix 5 - External Treatment and Service Providers**

### ***Next Step Outpatient Services***

- In partnership with the non-government sector, Next Step provides outpatient health services at centres located in Warwick, Fremantle, Rockingham, Mandurah, Thornlie, Midland and East Perth.
- The health services provided through these community drug services include specialised medical AOD assessment, outpatient withdrawal, opiate and alcohol pharmacotherapy, clinical psychology, case management and counselling, and Pharmacotherapy dispensing for clients with special needs available from East Perth.

## **2.2 Counselling and groups**

### ***Wungening Aboriginal Corporation***

- Offers holistic assessment, support planning, culturally appropriate counselling, medical withdrawal support, referral to residential rehabilitation, family support, and advocacy.
- The services are available for people over 18 years of age, or young people between the age of 8-17 with the written permission of their parents/guardians
- Referrals: GPs, court officers, or any other agency can refer someone to Wungening Aboriginal Corporation. The referral form is available off the Wungening Aboriginal Corporation website
- Wungening Aboriginal Corporation services are free of charge
- Wungening Aboriginal Corporation currently has colocations throughout the metropolitan area, including in Kwinana, Maddington, Northbridge, Midland, Joondalup, Rockingham, Ballajura, Clarkson, Mandurah, Mirrabooka, Leederville and Armadale.

### ***Alcoholics Anonymous***

- Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.
- Organises meetings for alcoholics to support each other
- Has a 24/7 helpline available on 1300 22 22 22

## **Appendix 5 - External Treatment and Service Providers**

### ***Attach Program (Uniting Care West)***

- The Attach service provides a four to six month in-home counselling program for parents who have a drug or alcohol problem
- Attach supports parents to increase positive parenting skills, develop emotion management and coping skills, and build confidence to address drug and alcohol issues

### ***Blackwood River Clinic***

- Blackwood River Clinic runs Day Therapy Programs
- Programs are offered as Two Week and Four Week programs, with attendance required seven days a week. Some specialised weekend groups are scheduled throughout the year
- Blackwood is licensed to treat anyone over the age of 18
- Blackwood River Clinic provides treatment for a range of mental health issues such as anxiety, depression, trauma, PTSD as well as alcohol and substance abuse.
- The clinic does not offer detox services. If someone does have an alcohol or substance issue they are required to have gone through detox before admission.
- There is Equity Access Accommodation close to the clinic to make costs of attendance easier for people needing help
- Blackwood River Clinic partners with Abbotsford Private Hospital
- Treatment for substance use:

Rehab at Blackwood River Clinic takes the form of exploring reasons for substance use and the relationships around it rather than a medication-based approach. The Clinic adopts a holistic approach and blends psychotherapy and best practice models with mindfulness, meditation, creativity and exercise. The treatment is complemented by mental health professionals, therapists and a psychiatrist.

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### *Cyrenian House*

- Cyrenian House is a not-for-profit non-government organisation that provides a wide range of programs, both residential and non-residential, to suit individual needs
- Offers individual counselling and support to people voluntarily seeking treatment.
- Offers programs including:  
Contractual programs offered to people referred with treatment conditions from services such as Department of Justice, the Courts, Department for Child Protection and Family etc.  
Family Program targeting family and friends, including children that are affected by the alcohol and other drug use of another.  
Residential Pathway program, including assessment for entry to the Therapeutic Community (see 'Residential Rehabilitation and Withdrawal Services')

### *DAWN Youth Service*

- Provides on-site support for young people aged 12 to 25 who use alcohol and other drugs
- The DAWN Youth nurse is available to discuss your alcohol or drug issues over the phone or in person at headspace centres in Fremantle and Osborne Park

### *Drug and Alcohol Youth Service (DAYS)*

- DAYS is a partnership between Mission Australia and Next Step Youth Service to provide young people and their families with a range of alcohol and drug treatment services
- Youth & family counselling
- Group programs like: **Smart Recovery Group** for DAYS clients and non-clients aged 15-25
- Assessment & referral
- Medical reviews
- Clinical psychology
- Outreach counselling

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- Opiate and Alcohol pharmacotherapy treatment
- Aboriginal Youth Mentor
- Alternative therapies (including music and reiki)

### *Fresh Start*

- Provides a range of services and approaches geared toward individuals, couples and families
- Helps people address their substance use and the impact it may be having on their lives.
- Counsellors adopt an integrated person-centred and collaborative approach, ensuring that clients determine their own treatment goals and are actively involved in developing their own recovery plans
- Fresh Start also provides psychology services and access to Mental Health Nurses
- Fresh Start runs support groups at various locations (Subiaco, Fremantle, Warwick, Mundaring)

### *Holyoake*

- Holyoake is a non-profit, community based organisation that provides information, counselling and support to individuals and families impacted by addiction
- Each Holyoake location (Victoria Park, Midland, Northam, Narrogin, Merredin) offers a range of services
- Offers individual counselling and group programs for those using alcohol or other drugs, and for partners, parents and children of those using alcohol or other drugs.
- Programs include **Tools for Change** (a 4 week program for men wanting to create change around their methamphetamine use), **Men's Program**, **Women's Program**, **Parent's Program**, **Relationships in Focus**, **Childhood in Perspective**, **Childhood in Perspective**, **Couples Counselling**, **Young Adult's Program**, **Adolescent Program**, **Young People's Program**, **Art and Play Program**, **Building Resilience Through Play**.



## Appendix 5 - External Treatment and Service Providers

- Holyoake Midland provides access to Next Step Medical Services, DAWN nurses, an AADS counsellor and counselling for Court Diversion Programs.
- Holyoake offers the **Drumbeat program** which is a flexible course delivered across 10 sessions whereby participants build social skills, increase self-esteem and explore connections between making music together as a group and the development of healthy relationships
- Holyoake's counsellors and facilitators can provide a range of educational sessions and presentations to parents, teachers and students (for example, 'Alcohol and the Brain', 'Talking to your Teen', 'Early Responses to Mental Health' and 'Mindfulness').

### *Meth Helpline*

- A confidential, non-judgemental telephone counselling, information and referral service for anyone seeking help for their own or another person's meth use.
- The Meth Helpline offers free, professional drug counselling and support and is confidential
- Provides interim support to individuals waiting for face to face counselling/treatment
- Provides a free ongoing call back service to socially and geographically isolated clients
- Refers to local services that can provide ongoing support
- Available 24/7 on 1800 874 878

### *Palmerston*

- Palmerston offers a range of services to individuals who are affected by drugs and alcohol
- The services include: **Aboriginal Support Services**, Bereavement Support, Counselling, Court Diversion, Domestic Violence, Information and Education, Interpreter Services, Mental Health, **Needle and Syringe Program** (Albany and Mandurah), Pharmacotherapy Services, Referrals, **Walk Tall Program**, Withdrawal Management, Women's Art Group (Albany), **Young Parents' Program** (YAP)

## Appendix 5 - External Treatment and Service Providers

- Offers **Smart Recovery Groups** across multiple locations

### *Salvation Army 'The Bridge Programme'*

- The Bridge Programme offers crisis interventions, residential rehabilitation and non-residential options
- Non-residential options include the **Continuing Care Programme** (individual and family AOD counselling in Highgate) and **Outreach Case Management** (ongoing support for people exiting residential services)

### *SMART Recovery Australia*

- A free group program assisting any problematic behaviours including drugs and alcohol
- Guided by trained peers and professionals, participants come to help themselves and help each other using a variety of CBT and motivational tools and techniques

### *Women's Health and Family Services*

- Alcohol and Other Drug Services available including counselling and groups, as well as specific counselling and group activities for women who are pregnant and/or parenting children under 8 years old
- Programs include '**Getting Off and Staying Off**', '**Minding Our Moods**' and '**Circle of Security**'

Additional information about available services is available through:

- The Green Book (<http://greenbook.org.au/>). The Green Book is a directory of mental health and alcohol and other drug services in WA

## 2.3 Residential Rehabilitation and Withdrawal Services

### *Aboriginal Withdrawal Unit (Next Step)*

- Inpatient withdrawal unit
- Provides medically supervised drug and alcohol withdrawal for Aboriginal people in a culturally secure environment
- Generally withdrawal involves a 7 day admission

## **Appendix 5 - External Treatment and Service Providers**

- The unit is staffed by nurses and Aboriginal Health workers. There is 24/7 medical cover with doctors on site Monday to Friday and available on call after hours

### ***Drug and Alcohol Withdrawal Network (DAWN) Detox***

- Run through St John of God
- DAWN assists people to reduce or stop their substance use by providing care and support at home (either medicated or non-medicated)
- It is run by clinical nurse specialists who visit people at home and supports them in shared care with their GP
- Once assessed for suitability, the home-based withdrawal is provided to people of all ages
- DAWN has a Aboriginal Health and Cultural Worker to provide culturally appropriate support. This may involve yarning one-on-one with family, case management, after detox support, family support and counselling service referrals.
- The services offered by DAWN include assessment, a medicated or non-medicated home-based withdrawal plan, GP liaison, home visits, education and support for the participant and their family and GP, referral to appropriate counselling and rehabilitation services

### ***Drug and Alcohol Youth Service (DAYS)***

- DAYS is a partnership between Mission Australia and Next Step Youth Service to provide young people and their families with a range of alcohol and drug treatment services
- Provides inpatient withdrawal and respite services, inpatient residential rehabilitation service
- Transition support including housing
- 3 month residential rehab program in Carlisle

### ***Cyrenian House***

- Cyrenian House offers residential alcohol and other drug services using the Therapeutic Community (TC) model of treatment.
- **Rick Hammersley Centre Therapeutic Community (RHCTC):**  
At the RHCTC there are two programs:

## **Appendix 5 - External Treatment and Service Providers**

Mixed Gender Program – a TC program for adult men and women

Saranna Women and Children's Program – a TC program for women with young children in their care.

- **Serenity Lodge Therapeutic Community (SLTC):**

The SLTC is a TC program for adult men and women.

Serenity Withdrawal Unit is a self-contained, four-bed low-medical withdrawal facility and the SLTC site in Rockingham. The medical support is provided through DAWN.

### ***Fresh Start Recovery Programme***

- Fresh Start Recovery Programme offers medical and allied health treatments to addiction
- The Programme offers specialist addiction treatment (detox and prevention) and treatments for sedative dependence
- All Fresh Start patients have access to general health services through Fresh Start's GP clinic. In addition to this, patients have access to counselling, mental health and chaplaincy services.
- There is short term housing for patients in acute stages of pre-and-post detoxification and recovery (Harborne House), as well as limited transitional housing available for clients determined on a case-by-case basis
- Fresh Start also has two residential rehabilitation properties for men located in Northam. The program is a Modified Therapeutic Community model in which the community itself through self-help and mutual support is the principal means for promoting personal change

### ***Harry Hunter (Salvation Army)***

- The Harry Hunter Centre provides a 13 week residential Drug and Alcohol addiction recovery program. The program is a spiritual program run by The Salvation Army following its mission and values and is based around classes, work therapy, counselling & social activities.
- Capacity at the centre is 45 beds
- Available for adults over 18 years affected by alcohol and other drug misuse

## Appendix 5 - External Treatment and Service Providers

- Clients are assessed at Bridge House for eligibility to enter the residential rehabilitation program run at The Harry Hunter Centre

### *Next Step Inpatient Withdrawal Unit*

- 13 bed unit with 4 beds that comprise the Aboriginal Withdrawal Unit
- Provides medically supervised withdrawal from alcohol, opioids, amphetamines and other drugs
- Generally withdrawal takes place over a seven day admission to the unit, which is staffed 24/7 by nurses and allied health workers. Doctors are on site Mon-Fri and on call after hours
- Group programs are a large component of the withdrawal process. Clients also have access to psychology, social work and welfare services during their stay
- No visitors, no mobile use or internet access
- The **Aboriginal Withdrawal Unit** aims to establish a culturally secure, culturally appropriate service which meets the needs of Aboriginal people withdrawing from alcohol and/or drugs and which links with rehabilitation services to provide a seamless package of care.

### *Palmerston Farm*

- Palmerston Farm is a Therapeutic Community offering a residential rehabilitation program designed for people wishing to address their substance use issues
- The suggested minimum stay is 14 weeks, with residents having the opportunity to remain in the Therapeutic Community for up to a year
- The 10 acre semi-rural property is located 30 minutes south of Perth and offers 29 residential places for men and women and further transitional housing for three graduates of the program
- The Farm Program involves residents working together on the Farm each weekday morning on activities around gardening, planting and growing vegetables for consumption and general maintenance

## **Appendix 5 - External Treatment and Service Providers**

### ***Salvation Army 'The Bridge Programme'***

- The Bridge Programme offers crisis interventions, residential rehabilitation and non-residential options
- Crisis interventions include a sobering up service and a withdrawal service
- Residential rehabilitation services include assessment (approximately 3 weeks at Bridge House in Highgate), the Harry Hunter Rehabilitation Centre (a structured 13 week programme in Gosnells), and a more extended service (Gosnells)

### ***Teen Challenge***

- Teen Challenge includes many facilities along with a residential facility located in Esperance
- Provides youth, adults and children an effective and comprehensive faith-based solution to drug and alcohol addiction as well as other life-controlling problems
- Teen Challenge is available to people aged 16 or over with a substance abuse problem or a life control problem
- Applicants must be willing to consider an interdenominational Christian treatment approach
- It is a residential drug and alcohol rehabilitation program with an emphasis on developing structured lifestyle, reforming relationships, learning personal disciplines/work ethic, learning respect for authority and learning self-respect

### ***Turner River Residential Rehabilitation Centre***

- Provides treatment options for people living in the Pilbara region of WA who want to do something positive about their drug and alcohol problems
- The 24 bed facility is managed by The Yaandina Family Centre and is located at Turner River, approximately 20km south of South Hedland
- The centre provides a facility that allows individuals who have successfully completed a detoxification process from drugs and/or alcohol to recover from their addictions

## **Appendix 5 - External Treatment and Service Providers**

- The program is suitable for individuals as well as mothers with small children. The service addresses all addictions and most controlled comorbid conditions
- Clients are assisted to develop healthy lifestyle choices, and develop employment life skills
- As assessment for suitability from the referring agency is required, with the residential treatment option as the last resort for individuals with addiction problems

### ***XCeed Program (Abbotsford Private Hospital)***

- The Program is delivered in Nannup
- Each intake program lasts 3 months with a focus on rehabilitation and recovery

## **2.4 Other**

### ***WA's Substance User' Association (WASUA)***

- Peer based organisation that advocates the interests of people who use illicit substances
- Provides a needle and syringe exchange program, safe disposal of needles and syringes, free testing for Blood Borne Viruses (BBV) and Sexually Transmitted Infections (STI) and free hep A & B vaccinations, treatment support and referral, consumer advocacy, street based outreach.
- WASUA also runs several projects aimed at reducing overdose in the community, including 'Naloxone' (which trains people in how to prevent, recognise and respond to opiate overdose and prescribes a free naloxone kit. Naloxone is a substance that can reverse an opiate overdose) and 'OPAM' (which trains peers about preventing, recognising and responding to overdose as well as other skills in reducing the harms of injecting drug use).
- Located in Perth (Aberdeen St)

### 3. Community Support Services

#### *360 Health and Community*

- NDIS Support Coordination
- Offers a range of programs and services (see 'Mental health and relationship counselling/programs')
- Also offers physical health programs and programs to help people quit smoking

#### *Aftercare*

- A registered NDIS provider to help individuals, families and carers achieve their needs and goals and live as independently as possible
- In WA, Aftercare services operate in the Perth Hills area, Margaret River, Busselton and Manjimup
- Aftercare can assist with the NDIS application process, getting person centred help, support to live in the community, social and recreation activities, mentoring and peer support
- Part of the Individual Community Living Strategy for people with severe and persistent mental illness who have been in specialist hospital inpatient facilities for an extended period

#### *Avivo*

- Works alongside people with mental health issues to support them with everything from running a household to keeping a job, building friendships or being part of the community
- Involves developing a creative plan with the client
- Offers support to families and carers
- Operates out of Osborne Park, Jandakot and Mandurah, as well as regional areas

#### *Connect Groups*

- Provides a comprehensive directory of self-help and advocacy groups
- Available at <http://connectgroups.org.au/directory/>



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### *Community First*

- Partners with people living with mental illness in planning and supporting their road to recovery
- Supports people to create a unique and personalised plan and achieve personal goals
- Services available in Mandurah, Bunbury, Albany and surrounding regions
- Programs include **PHaMS, Individualised Community Living Strategy (ICLS), Partners in Recovery (PIR)**

### *Ethnic Disability Advocacy Centre*

- The Ethnic Disability Advocacy Centre (EDAC) is the peak advocacy organisation in WA and aims to safeguard the rights of ethnic people with disabilities and their families.
- Provides systemic advocacy as well as individual advocacy for people with all types of disability including physical, sensory, intellectual and psychiatric conditions.

### *Freedom Centre*

- A service for people under 26 years to support each other and their communities to be informed, happy and healthy about their sexuality, sex and gender
- Drop-in centre is a safe space to hang out, have fun, meet other LGBTIQ young people and get peer-support
- Runs activities and events, online forums, workshops and provides information

### *Health Consumers Council WA*

- Health Consumers' Council (WA) Inc (HCC) is an independent voice, advocating for patients in Western Australia. It offers a unique perspective on health policy and service delivery matters.
- Offers a general advocacy service and an Aboriginal advocacy service

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### *Helping Minds- PHaMS*

- The Personal Helpers and Mentors (**PHaMs**) service aims to provide increased opportunities for recovery for people whose lives are severely affected by mental illness, takes a strengths-based, recovery approach, and assists people aged 16 years and over whose ability to manage their daily activities and to live independently in the community is impacted because of a severe mental illness.
- PHaMs workers provide practical assistance to people with severe mental illness to help them achieve their personal goals, develop better relationships with family and friends, and manage their everyday tasks. One-to-one and ongoing support ensures the individual needs of the PHaMs participants can be addressed. They are assisted to access services and participate economically and socially in the community, increasing their opportunities for recovery.
- A person does not need to have a formal clinical diagnosis of a severe mental illness to be able to access the service.

### *Hope Community Services*

- Hope provides counselling and non-residential support services to encourage healthy individuals, families and communities.
- Drug and alcohol counselling and family support programs
- Parenting support is offered through individual/couples counselling and group programs

### *Indigo Junction (formerly Swan Emergency Accommodation)*

- **Karnany Resource Centre** provides a safe space for people (both Aboriginal and non-Aboriginal) to meet and share their stories
- Programs include **Strong Fathers, Lit Up (Adult Literacy), Work Readiness Program** and **Housing Support Program**
- Offers financial counselling and education and emergency relief
- Provides space for the following services: 360 Street Doctor and Counselling from Wungening Aboriginal Corporation

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### *JOC Wellness and Recovery*

- JOC is dedicated to supporting individuals with mental illness by assisting them to discover and develop a meaningful life
- Services include facilitating a recovery plan with the client, assisting the client to access a range of services, collaboration with mental health services, facilitating link to natural support and the wider community, and where required, assisting clients to manage household tasks and activities that enable daily living
- Focus on exercise and diet is typically part of the recovery plan, as well as alternative therapies such as music, art and massage therapy
- Runs **Hearing Voices Groups**

### *Mental Illness Fellowship of WA*

- **Lorikeet Centre Recovery Program:** rehabilitation service for adults with a diagnosed mental illness. Services include help gaining work skills, recreation, education, social support and advocacy. Includes social activities and a modified workday that helps people to develop and maintain daily living skills (Leederville)
- **Individualised Community Living**
- NDIS service provider

### *Mission Australia – youth services*

- Works with schools, families and communities to look for signs that young people are at risk of disengaging from school, developing drug and alcohol problems, losing contact with their family, becoming homeless or getting involved in crime
- Youth and community workers then provide support through tailored art and music, alternative education, body image education, mental health awareness and drug and alcohol programs
- **Youthbeat WA** provides mobile outreach to young people in Northbridge and inner city areas, as well as counselling and goal setting. Youthbeat also runs a recreation program for young people on Thursday and Friday nights. Youthbeat workers support young people to stay safe in public areas, overcome drug and alcohol abuse, receive

## Appendix 5 - External Treatment and Service Providers

accommodation support, connect with their community and plan for the future.

### *Neami National*

- East Victoria Park:
- **Community Outreach Support:** home and community outreach support involves a support worker and consumer working together to achieve or make progress towards goals. Funded through the Individual Community Living Strategy (ICLS).
- **Community and group programs:** Comet Arts, Flourish and Optimal Health Program. Programs funded through 'Day to Day Living Program' (D2DL)
- **Me Well Perth Hills:** offers a range of NDIS services.

### *Passages – Street Present Young People*

- Offers a safe, friendly and positive place for street present young people between the ages of 12 and 25 years to access essential support services.
- Services available include bathroom, kitchen & laundry facilities, computer and internet access, mail collection, workshops and activities, information and referrals
- Located in Northbridge

### *Outcare*

- Outcare is a non-profit provider of rehabilitation services in Western Australia who support people to break the cycle of re-offending
- Specialises in working with people prior to and after their release from prison as well as those at risk of becoming embedded in the criminal justice system
- Delivers a range of services within the community, including culturally specific programs for Aboriginal people, as well as specialist programs for people with cognitive disabilities and mental health issues
- Offers a range of services to assist families of prisoners
- Practical support includes help with finding steady accommodation, referral to health and addiction support agencies, helping to find a job,

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training and personal skill development, community engagement activities, emergency relief and financial assistance, and general advocacy

### *Perth Inner City Youth Service (PICYS)*

- Primary client group includes young people aged 16-25 who are homeless, or are at risk of being homeless who wish to seek support
- Provides support to homeless/at risk of people homeless young people who have a number of presenting, complex issues such as mental health, drug use, criminal behaviour, prostitution and young people with diverse sexuality and/or gender
- The service also works with young people's partners, children and family
- Provides medium to long term supported accommodation through the household network
- Also offers '**Pillars**', a psycho-social support program catering for 15-20 year old youths with a diagnosed mental health condition, that have a number of added risk factors that impinge on them achieving their treatment goals

### *Ngala Early Parenting and Early Childhood Services*

- Offers parenting workshops, early parenting groups, childcare, an Indigenous Parenting Service, Child and Parent Centres, Nurturing and Parenting Program for Youth (parents up to 25 years old)
- Services available for families with young children who work or reside in Western Australia

### *Richmond Wellbeing WA*

- NDIS support services: assists people to design their ideal life and develop goals for personal wellbeing, understand the information and paperwork, and get NDIS plans up and running  
Richmond Wellbeing specialise in support Aboriginal and Torres Strait Islander communities to understand and access the NDIS and other mental health services
- Community and Outreach Services: offers **Partners In Recovery program**, Personal Helpers and Mentors Scheme (PHaMS),

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### **Individualised Community Living Strategy (ICLS), Recovery Outreach Service (ROS)**

- **Hearing Voices Network of WA:** Hearing Voices Groups offer a safe place to talk about one's experiences and share ideas and strategies for coping with hearing voices.

### *Rise Network*

- **Individual Support - Mental health:** workers help to tailor an individual plan which provides assistance with areas such as social connection, education and occupation, daily living, health & wellbeing, finances, interests and talents, and group activities
- **Peer Support:** offers a series of fun and interactive workshops that are run by and for people with experience of mental distress (Peer Zone).
- **Youth Support:** for 14-21 year old young people presenting with complex health and related issues who are not receiving individually planned, or appropriate social support from other services; homeless or at risk of homelessness; pregnant/parenting. Provides assistance to young people obtaining a driver's license, and offers transitional houses, a 24-hour crisis house, and a drop-in youth centre.

### *Ruah Community Services*

- **Community Mental Health Services:**  
For people aged 16 or over who experience mental illness, trauma and associated problems in the metropolitan area including Mandurah.
- **Offers:**
  - Local Inreach Program;** ongoing one-to-one contact in the home, or other suitable places in the community. A tailored service to meet each individual's specific circumstances, needs and goals.
  - Individualised Community Living Strategy (ICLS):** assist people to access goods and services to enable them to live independently in their own home.
  - Early Episode Psychosis Program (EEP):** a specialised program dedicated to early detection and intervention for people in the early stages of psychosis (Peel and Rockingham Kwinana).

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**Recreation program:** a selection of popular community based group activities.

**Peer programs:** one-on-one support tailored to individual goals. Delivered Peer Support Workers who have a unique understanding of mental health.

### *SMART Recovery Groups*

- A free group program assisting any problematic behaviours including drugs, alcohol, cigarettes, gambling, food, shopping, Internet and others.
- Guided by trained peers and professionals, participants come to help themselves and help each other using a variety of CBT and motivational tools and techniques

### *Southern Cross Care*

- Offers a range of services that employ a planning facilitator who is responsible for leading the development of a person-centred, recovery philosophy and works with individuals, families and staff to ensure supports are built around personal needs, choices and aspirations
- Southern Cross Care is a part of the Individual Community Living Strategy which is a program to support people to live independently in their own homes
- Community Options program offers accommodation and intensive support, as an alternative to hospitalisation, for individuals with severe and persistent mental illness.

### *Stand By Me (Altone Youth Services WA)*

- Youth Service in Beechboro that provides a safe meeting place for young people aged 11-25 who reside, recreate or educate in the Lockridge/Beechboro area and surrounding areas
- Provides educational and recreational activities
- Drop-in session in the afternoons allows young people to use the facilities and talk to staff at the centre
- Offers informal and formal counselling sessions with young people and can refer to specialist services

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- Assists with a wide range of problems including homelessness, alcohol and drug problems, employment and educational difficulties, mental/sexual/health issues, financial problems, relationship conflict, legal and justice concerns, family and domestic violence, suicidal thoughts and self-harm

### ***St Patrick's Community Support Centre***

- Key services include emergency relief, housing (crisis & transitional accommodation), day centre & meals, health & allied services, education & training, recreation & outdoor activities, art & music programs and specialist programs (such as for youth and rough sleepers)

### ***Western Australian Menshed Association***

- WAMSA recognises a men's shed as any community-based, non-profit, non-commercial organisation that is accessible to all men and whose primary activity is the provision of a safe, friendly and welcoming environment where men are able to work on meaningful projects at their own pace in their own time in the company of other men.
- A major objective is to advance the health and wellbeing of their male members and to encourage social inclusion.

See South West Partnership Forum for a database of available services for the local areas of Cockburn, Fremantle and Melville:

- <http://www.swmpf.org.au/service-directory/>

## **4. Public Mental Health Services**

### ***Armadale Adult Community Mental Health Service***

- Provides outpatient services to adults (18-65) with a wide range of psychiatric and severe psychological disorders
- The Clinical Treatment Team is comprised of doctors, nurses, social workers and clinical psychologists and are based at the Eudoria Street Centre



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### *Bentley Mental Health Service (BMHS)*

- Provides outpatient services for adults (aged 18+) with a wide range of psychiatric and psychological disorders
- Services for adults aged 18-65 include acute inpatient mental health services, rehabilitation services and community mental health services
- Services for older adult patients (65+) include inpatient mental health services, community care and hospital-based day therapy service
- The Assessment and Treatment Team (ATT) provides initial assessment, clinical advice and treatment and creates an individualised care plan
- The Clinical Treatment Team receives all referrals via the ATT, and provides assessment and care coordination for consumer requiring care for more than 10 weeks
- Provides the **Early Intervention Psychosis Service (EIPS)** to patients aged 16 and 35 years of age who have been diagnosed with a first episode of psychosis and reside in the Bentley Health Service catchment area

### *East Metropolitan Health Service: Mental Health*

- Provides public mental health services for all ages through its community mental health services, hospitals and community health centres including the Armadale Mental Health Service, the Bentley Mental Health Service and Royal Perth Hospital Department of Psychiatry.

### *Fremantle Hospital and Health Service- Mental Health Services (Alma St)*

- Admission to in-patient services (adult and older inpatient units)
- Consultant Liaison Service
- Assessment and Treatment Team (ATT)
- Community Mental Health teams: **Early Intervention Psychosis (EIP) Service**, **Assertive Community Treatment Team (ACTT)**
- Community based programs: Older Adult Community Mental Health Service, Integrated Therapy Services, group programs, GP liaison service, Multicultural Mental Health Service, Community Liaison Team, Residential Unit

## Appendix 5 - External Treatment and Service Providers

### *Horizons – community mental health rehabilitation services*

- Free service located in Kelmscott that supports people aged 18-65 who are recovering from a mental illness
- Assists people to overcome the effects of mental illness, to establish a sense of belonging in the local community and to get more out of life

### *Mental Health Advocacy Service*

- The Mental Health Advocacy Service is established under the Mental Health Act to provide an independent advocacy service for people who are involuntarily mental health patients (including people on Community Treatment Orders) and those living in licensed psychiatric hostels and group homes.
- Located across the metropolitan area as well as in Bunbury, Kalgoorlie, Albany and Broome, callers can request a visit by an Official Visitor.

### *Metropolitan Child and Adolescent Mental Health Services*

- Armadale Child Adolescent Mental Health Service
- Child and Adolescent Mental Health Services (Subiaco)
- Clarkson Child and Adolescent Mental Health Service
- Fremantle Child and Adolescent Mental Health Service
- Joondalup Child and Adolescent Mental Health Service
- Rockingham Kwinana Child and Adolescent Mental Health Service (CAMHS)
- Warwick Child and Adolescent Mental Health Service
- YouthLink (Northbridge)

### *North Metropolitan Health Service: Mental Health*

- Youth Mental Health Program

**YouthLink:** provides counselling, therapy and case management to young people aged 13-24 with serious mental health problems and barriers to accessing mainstream services.

**YouthReach South:** specialised mental health service for marginalised young people aged 13-24 years who are homeless or experiencing other significant barriers to accessing mainstream services.

## **Appendix 5 - External Treatment and Service Providers**

**Youth Axis:** specialised mental health assessment, treatment, consultation and community capacity building. Focus on young people with emergency mental health issues, primarily associated with ultra high risk of developing psychosis and/or emerging borderline personality disorder.

- **Adult Mental Health Program**

Provides inpatient, rehabilitation and community services through hospital inpatient units, rehabilitation centres and community clinics across the north metropolitan area.

Services are targeted at people 18 to 65 years of age with mental illness. Community clinical services include emergency and non-urgent psychiatric services, mental health consultation, multidisciplinary community rehabilitation services.

### ***Older Adult Mental Health Services***

- Inpatient, therapy services and community services from locations in Armadale, Fremantle, Joondalup, Osborne Park and Shenton Park, Bentley, Rockingham
- Services provided include information and triage, case management, therapy services, inpatient units, physiotherapy, psychiatric and medical diagnosis and assessment, social work liaison, occupational therapy

### ***Osborne Community Mental Health Service***

- Provides support for psychiatric disorders through outpatient assessment and treatment, as well as individual, group, couple and family therapy
- Programs available include rehabilitation programs and counselling/group work
- Does not provide support with alcohol and drug addiction or marital problems
- Service available to adults (18-65)

### ***Rockingham Peel Community Adult and Older Adult Services***

- Provides services to adults living in the communities of Kwinana, Rockingham, Mandurah, Pinjarra and Waroona

## **Appendix 5 - External Treatment and Service Providers**

- Provides a range of services including mental health assessment, treatment and ongoing care planning
- Provides support and education for family and carers, mental health rehabilitation programs, and intensive day therapy
- The Mimidi Park mental health inpatient unit at Rockingham General Hospital provides inpatient services for adults and older adults (30 bed facility)

### ***South Metropolitan Health Service: Mental Health***

- Provides public mental health services for all ages through its community mental health services, hospitals and community health centres including the Fiona Stanley Hospital, Fremantle Mental Health Service, and the Peel and Rockingham Mental Health Service

### ***State Forensic Mental Health Service***

- Acute inpatient (The Frankland Centre): high secure forensic inpatient unit with 30 beds currently located on Graylands campus.
- Forensic Non Acute Inpatient Service (Rehab Program): an 8 bedded open unit on Graylands site which provides medium to long term rehabilitative care for forensic patients
- Community Forensic Mental Health Service: Moore House (Graylands). Provides assertive case management, Court Liaison Service, consultation liaison service to local mental health services.

### ***Wungen Kartup Specialist Aboriginal Mental Health Service (SAMHS)***

- Supports both Aboriginal consumers and carers in accessing mainstream mental health services
- Located at De Grey House, Graylands Health Campus
- Provides statewide consultation and liaison with service providers

## Appendix 5 - External Treatment and Service Providers

### 5. Residential Services for Mental Health and Accommodation Support

#### 5.1 Residential facilities for mental health

##### *Casson Homes*

- Accommodates 70 residents who have a history of mental illness
- Services include nursing services 24 hours, laundry, food, physiotherapy, aromatherapy, podiatry, doctor's visits and occupational therapy
- Many of the residents attend community outings or sheltered workshops

##### *Devenish Lodge*

- Located in East Victoria Park and provides supported accommodation for adults with chronic mental illness

##### *Franciscan House*

- Located in Burswood
- A special accommodation unit supporting adults with a chronic mental illness who needs supported accommodation

##### *Richmond Wellbeing WA*

- Offers supported residential accommodation service for people with a formal diagnosis of severe and persistent mental illness
- Bassendean: long-term supported accommodation recovery program.
- Kelmscott: long-term supported accommodation with 24/7 onsite support, so that people can connect with community after an extended period in hospital. Referrals through Graylands Community Options staff.
- **Ngulla Mia:** located in East Perth. Safe and secure residence for adults experiencing mental distress who are homeless or at risk of being homeless.
- Peel, Rockingham & Kwinana: shared living accommodation for 12 months with active participation in a recovery plan.

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- **Recovery House:** located in Queens Park. Offers a 15 week intensive program enabling participants to understand and master their experience through personal development and self-discovery.
- **Subiaco Dual-Diagnosis:** provides community-based supported accommodation for people who have both an intellectual disability and experiencing mental ill health.
- **Westminster:** located in Balga. Offers supported accommodation for up to 3 months for people experiencing mental distress and a social crisis situation. Also offers short-term respite program to support mental health carers.

### *Rise Network*

- Rise Network has a number of houses allocated to people who have a persistent and severe mental health challenge.

### *Romily House (Mediwest)*

- Licensed hostel providing supported accommodation to adults with a chronic mental illness
- Located in Claremont

### *Roshana (BP Luxury Care, Honey Brooke Lodge and Burswood Care)*

- Independent Residential Units situated around Perth Metro areas
- The recovery and rehabilitation program consists of a Transitional/Respite unit to accommodate residents who are in the psychiatric care facilities in Midland, Maddington and Victoria Park
- Both high care and low care facilities offered

### *Salisbury Home*

- Located in Guildford and licensed for up to 35 residents with chronic mental health issues

### *Southern Cross Care WA*

- Three houses in the metropolitan area staffed by mental health teams, providing long term recovery-focused support in a comfortable home environment
- Operate serves in Bentley, Stirling and Mount Claremont

## **Appendix 5 - External Treatment and Service Providers**

- Aims to provides supports to increase independence and to help residents to reconnect with families, friends and the community

### ***State Forensic Mental Health Service***

- Acute inpatient (The Frankland Centre): high secure forensic inpatient unit with 30 beds currently located on Graylands campus.
- Forensic Non Acute Inpatient Service (Rehab Program): an 8 bedded open unit on Graylands site which provides medium to long term rehabilitative care for forensic patients

### ***St Bartholomew's House***

- Community Supported Residential Units
- Medium to long term accommodation for people living with a mental illness who need 2-4 hours support per day in order to live independently in the community
- Located in Kelmscott, Bentley, Stirling, Middle Swan
- Transitional/respite accommodation units are also offered for adults living with a mental illness who are experiencing a social crisis, require respite or are homeless/at risk of homelessness (Cannington, Medina and Midland)

### ***St Jude's Hostel***

- Situated in Guildford
- Residential care for members of the community who have a diagnosed psychiatric illness

### ***Step Up Step Down Joondalup (Neami National)***

- A short-term support service for people with a mental illness, to prevent hospital admission or support early discharge from hospital
- Also provides assistance to people to transition back into the community after inpatient care
- The service is not a replacement for acute inpatient care but an option that can prevent the need for hospitalisation, when people are aware they are becoming unwell

## **Appendix 5 - External Treatment and Service Providers**

- 22 bed facility with 24 hour support and a range of individual and group rehabilitation and recovery programs
- Average stay is 2-4 weeks

### ***Step Up Step Down Rockingham (Mind Australia)***

- 10 bed short term residential service offering clinical and recovery focused support for people with mental illness
- Designed to support people managing a deterioration in their mental health, or to assist people transitioning back home after discharge from hospital

### ***Uniting Care West Homeless Accommodation Service***

- UnitingCare West's Homeless Accommodation Service provides short to medium term accommodation for individuals, couples and families who are homeless or at imminent risk of homelessness.
- As part of the service, staff support clients access and maintain secure accommodation. They also seek to develop a collaborative case management plan which aims to develop additional skills and opportunities.
- These include independent living and community integration skills, personal growth opportunities and issues associated with lifestyle change. The service also ensures clients have the ability to maintain suitable accommodation.

### ***Vincentcare***

- Provides accommodation and support for individuals experiencing severe and enduring mental illness including those who have a history of homelessness
- Located across WA and includes a range of different support levels
- Vincentian Village: offering 24 hour support, onsite case management, food preparation and provision, laundry and cleaning assistance to residents living in self-contained units
- Shared houses: offering visiting support and case management, weekday supervision, food preparation and cleaning assistance to residents in houses shared of 3-6 people



## Appendix 5 - External Treatment and Service Providers

- Social housing: limited visiting support for those capable of independent living

### 5.2 Accommodation support

#### *55 Central*

- 55 Central is a specialist organisation that operates in the inner metropolitan area and works to break the cycle of homelessness by providing person centred, evidence based services to people who are homeless or at risk of homelessness
- 55 Central's Crisis Accommodation provides 24 hour emergency crisis accommodation for single adult males between the ages of 18-65
- On entry to the service, all clients are assigned a dedicated case manager, to support them towards achieving sustainable housing, and greater social and economic inclusion
- Their Community Support Program provides a comprehensive range of integrated support services including clinical support, psychosocial rehabilitation and housing support which is delivered through a number of Department of Housing units managed by 55 Central
- Clients referred to the service must be engaged with a local Mental Health Service to receive supplementary clinical and medical care

#### *Access Housing Australia*

- Leading provider of Community Housing, specialising in tenancy and property management and property development for low to moderate income earners including seniors, people living with a disability or mental illness, families and singles
- **Property and Tenancy Management Services:** affordable rental options for low to moderate income earners and social rental housing for people on benefits or very low incomes
- **Affordable Housing Property Development:** properties retained by Access Housing for social and affordable rental housing, and properties for sale for affordable home ownership

## Appendix 5 - External Treatment and Service Providers

### *Anglicare*

- The Family Housing Program is for families who are homeless or at imminent risk of homelessness
- It provides accommodation throughout the greater Perth Metropolitan area, with 3 and 4 bedroom houses
- A housing support worker is assigned to each family in the program
- To be eligible, prospective families must have 2 or more children in their care and require urgent housing assistance

### *Centrecare*

- Offers accommodation and support services
- **Centrecare Family Accommodation Service (CFAS):** provides safe accommodation and support for families who are homeless or about to become homeless
- **Centrecare Family Accommodation Service (CFAS)-** Indigenous specific service: provides safe accommodation and support for Indigenous and Torres Strait Islander families who are homeless or about to become homeless.
- **Private Rental Advocacy and Support Service (PRASS):** helps tenants in privately rented accommodation meet their tenancy agreement and responsibilities
- **Rental Link Service:** assists eligible clients in accessing private rental facilities

### *Entry Point Perth (Centrecare)*

- A free assessment and referral service assisting people who are homeless or at risk of homelessness in WA to access accommodation and support options
- Assess individual circumstances and provides individuals with information and referrals to specialist homelessness services and other accommodation or support options

### *Foundation Housing*

- A developer and manager of affordable housing for people in need.

## Appendix 5 - External Treatment and Service Providers

- Provides accommodation support services, as well as support to help tenants sustain their home.
- Offers long-term housing options for singles, couples and families who are on low incomes (not crisis accommodation)
- **Foyer Oxford:** provides fully self-contained accommodation, with the capacity to house up to 98 young people between the ages of 16 and 25, including 24 young parents and their children.
- Lodging accommodation is available directly through Foundation Housing. This option provides you with a single, furnished room and shared facilities
- In general, social and affordable houses are only available to those on the Housing Authority's waitlist.

### *Government of Western Australia- Housing Authority*

- Rental Assistance Options include:
  - Bond Assistance Loan
  - Centrelink Rent Assistance
  - Community Housing
  - Information on tenant rights provided by Department of Commerce
  - The National Rental Affordability Scheme
  - Private Rental Aboriginal Assistance Loan
  - Public Housing
  - Remote Aboriginal Housing
  - Employment and Education Housing Program

### *Indigo Junction (formerly Swan Emergency Accommodation)*

- Provides homelessness services to youth, families and the local community in the north-eastern suburbs of Perth
- Offers housing, tenancy support and education to youth and families
- Indi House: emergency housing (people aged 15-25 years)
- Indi Place: onsite supported housing (young parents under 25)
- Indi Living Family: community housing

## Appendix 5 - External Treatment and Service Providers

### *Mission Australia*

- Wattle House **Emergency Relief**: located in Maddington. Available to people in the community who face significant life challenges, including homelessness and the risk of homelessness. Immediate relief is offered in the form of vouchers for food, utilities, clothing, medicines, utilities, transport and eye care. Also offers long-term solutions such as counselling, education, group activities and referrals.
- Wattle House **Family Accommodation Support Service**: provides people escaping domestic violence with National Affordable Housing Agreement (NAHA) accommodation services.
- **Drug and Alcohol Housing Support-** North West Metro: located in Balcatta. Provides intensive support to secure long term, stable accommodation. Aim of the program is to prevent people with drug and alcohol issues becoming entrenched in homelessness
- Drug and Alcohol Housing Support- South East Metro: located in Maddington at Wattle House.
- **Housing Support for Homelessness (NPAH)-** South East: program for people escaping domestic violence or who are homeless/at risk of homelessness; who are exiting the National Affordable Housing Agreement (NAHA) accommodation services.
- Reconnect- Mandurah. Service for young people between 12-18 who are homeless or at risk of becoming homeless.
- **Public Tenancy Support Service**: an intensive outreach case management service that aims to prevent homelessness by providing intensive support, providing clients with the skills to successfully maintain their Department of Housing Tenancy
- **Open Doors-** Osborne Park. Provides Case Management to Young people aged 12-18 who are at risk of homelessness due to adolescent/parent conflict.

### *Perth Inner City Youth Service (PICYS)*

- Primary client group includes young people aged 16-25

## Appendix 5 - External Treatment and Service Providers

- Provides support to homeless/at risk of people homeless young people who have a number of presenting, complex issues such as mental health, drug use, criminal behaviour, prostitution and young people with diverse sexuality and/or gender
- Provides medium to long term supported accommodation through the household network

### *Ruah Community Services*

- **Justice and Domestic Violence Services:**

Harmony Place provides professional case management and accommodation services to women with dependent children who are escaping domestic violence, homelessness, and/or other life crises.

Kambarang Place provides accommodation and professional case management services to sole Aboriginal women who are escaping domestic violence, homelessness or other life crises.

- **Housing & Homelessness:**

Ruah Centre is an inner-city Day Centre in Northbridge for men and women who are homeless or at risk of becoming homeless.

Street to Home Program is located at the Ruah Centre. Eight specialist homelessness services and a mental health mobile clinical outreach team work to assist people to access stable housing and address issues surrounding their homelessness.

- **South-East Tenancy** assists individuals and families to maintain and sustain private rental tenancies.
- **Support and Tenant Education Program (STEP)** is a service provided to individuals and families in public housing who are experiencing difficulties that are impacting on their tenancy.

### *St Patrick's Community Support Centre*

- St Patrick's has an expanding range of low cost housing options for people who are homeless or at risk of homelessness
- All accommodation is transitional in nature, both short and medium term

## Appendix 5 - External Treatment and Service Providers

- Qualified social workers liaise closely with lodgers to support them in overcoming their personal issues and breaking the cycle of long-term unemployment
- Majority of the housing offered is for males 21 years and over, but also specific accommodation facilities for women and youth
- **Fremantle Family Crisis Accommodation and Referral Service:** offers short term (12 weeks) accommodation to families that are in housing crisis

### *Salvation Army*

- **Crossroads West:** provides for young people a residential group living program (14-17 year olds), a therapeutic group living programme (12-17 year olds), and independent units in the community providing externally supported accommodation (16-21 year olds)
- Provides services to support women facing family and domestic violence, including accommodation/refuge services and community and outreach services.
- Men's support and accommodation offered at **the Beacon** (Northbridge)
- Balga Community Services including emergency relief, financial counselling, supported accommodation program, free hairdresser, early learning centre, and health care service for children

### *Vincentcare*

- **Tom Fisher House:** a custom designed and built facility that will provide a safe place to sleep for individuals who have been sleeping rough in the Perth city area
- The service receives referrals from **Street to Home's Assertive Outreach team** and offers consumers somewhere to shower, wash clothes, prepare a light meal, receive basic first aid and access information, counselling and connect with other service providers

### *Wooree Miya Women's Refuge*

- Provides crisis accommodation for women and their children escaping family and domestic violence.

## **Appendix 5 - External Treatment and Service Providers**

- Managed by the Wungening Aboriginal Corporation, the Wooree Miya Refuge is a discrete service aimed at providing crisis accommodation services and facilities to women who are escaping domestic violence and other family breakdown.

## Appendix 5 - External Treatment and Service Providers

### 5.3 Accommodation facilities: domestic violence

#### *Patricia Giles Centre*

- The Pat Giles refuge can provide safe, crisis housing for single women and women with children to 18 years who have experienced family violence.
- Counselling is available at the refuge
- The refuge provides outreach support to ex-residents, including ongoing emotional and practical support, advocacy, information and referrals to relevant services.
- The refuge provides pre-school child care (9:00am — 4.30pm) and after-school activities through the week. The refuge will help enrol children in the local school. Counselling for all children affected by domestic violence is available.
- **Rebecca West House:** provides crisis accommodation for single women or women with children to 18 years who are escaping family violence or who are at risk of homelessness due to other life crises. Women living in the suburbs north of Joondalup will be able to access domestic violence counselling and outreach support from Rebecca West House staff.
- **Housing support:** The Housing support staff assist women leaving refuges in the Northern suburbs to find safe alternative accommodation. This maybe a Department of Housing, Community housing or private rental home. Provies assistance for up to 12 months to help women settle into their new home.
- **Safe at Home Service:** provides support for women living in the northern suburbs. The staff can help women assess their risk and support them with safety plan and increased practical safety measures. The staff will provide regular outreach assistance and support while women rebuild a safe life for themselves and their children
- **Ellenbrook Family Support Service:** a crisis service for women and children who have experienced domestic or family violence. The service provides crisis accommodation with provision for an on-call arrangement to allow women and children, crisis support 24 hours, 7 days per week.



## **Appendix 5 - External Treatment and Service Providers**

The service provides an integrated and comprehensive service for women and children escaping family and domestic violence with a strong case management and empowerment approach.

### ***Warrawee Women's Refuge***

- Provides safe, affordable and supported crisis care accommodation for women and children, who have been subjected to domestic and family violence.
- Warrawee has residential communal living for up to 5 families escaping family and domestic violence.
- A case manager will be assigned to assist each family with a range of matters while they are in residence at Warrawee.
- Located in Fremantle

### ***Zonta House Refuge Association Inc***

- Provides accommodation for women over the age of 18 years (without their children), who are experiencing family and domestic violence/homelessness and crisis in their lives.
- The crisis centre is a 24 hour, 7 days a week service and has supported more than 9,500 women over 33 years. Accommodation includes short, medium and long-term housing for women over the age of 18 that have experienced and/or are at risk of Family and Domestic Violence (FDV).