

# Corrections Management (Management of Detainees in the Crisis Support Unit) Policy 2014

Notifiable instrument NI2014-525

made under the

**Corrections Management Act 2007, section 14(1) (Corrections policies and operating procedures)**

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**1 Name of instrument**

This instrument is the *Corrections Management (Management of Detainees in the Crisis Support Unit) Policy 2014*

**2 Commencement**

This instrument commences on the day after it is notified.

**3 Policy**

I make the

MANAGEMENT OF DETAINEES IN THE CRISIS SUPPORT UNIT  
POLICY

attached to this instrument, to facilitate the effective and efficient management of correctional services.

**4. Revocation**

This instrument revokes notifiable instrument NI2009-135.

[SIGNED]

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Executive Director  
ACT Corrective Services  
21 October 2014



Alexander Maconochie Centre (AMC)



## MANAGEMENT OF DETAINEES IN THE CRISIS SUPPORT UNIT POLICY

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### **1. Purpose**

To outline the policy to ensure the safe and effective management of detainees accommodated in the Crisis Support Unit (CSU).

### **2. Authority**

Legislation

*Corrections Management Act 2007*, section 14

*Human Rights Act 2004*

*Mental Health Treatment and Care Act*

### **3. Scope of Change**

This policy replaces the previous policy after a significant review.

### **4. Policy**

#### **3.1 Principles**

The CSU will be used to accommodate detainees who have engaged in suicidal or self-harming behaviour or who have been assessed as being 'at risk' in accordance with the *CIS Risk Alerts Policy* and the *Detainee At-Risk Procedure*.

Detainees deemed vulnerable for behavioural or psychiatric concerns, as the result of a mental illness/disorder, may also be accommodated in the CSU.

The CSU is to be used to house detainees who may be going through an acute psychological episode and require a period of stabilisation and more intense psychosocial engagement and support. It is not designed to accommodate detainees on a long-term basis or as a medical/protection holding ward.

All detainees will be managed in the CSU with consideration to exit in a timely and therapeutically appropriate manner.

### **3.2 Entry into the CSU**

A detainee's admission into the CSU will be initiated by Corrections staff where they identify or observe concerns related to risk of self harm or suicide. This will be dependent on the detainee's presentation during an induction assessment or at-risk assessment at other times throughout their period in custody.

Detainees will be admitted to the CSU where recommended by the Forensic Mental Health Service (MHS) following an initial at-risk assessment, or if awaiting an at-risk assessment by MHS (please refer to *Detainee At-Risk Procedure*). Admission into the CSU will be reflective of a detainee's level of "S" (Suicide /Self harm) rating (which can be placed by Corrections or Justice Health staff) and/or (where recommended) their "P" (Psychiatric) rating (which can be placed only by a mental health clinician or psychiatrist).

Generally, the entry criteria into CSU will be determined by the detainee's psychiatric, psychological and rehabilitative needs on a case by case basis, however an S1 and/or P1 rating will require a CSU placement as priority (unless otherwise determined by a behavioural management plan/treatment plan).

All initial admissions or recommendation of an admission into the CSU will be brought forward and discussed at the High Risk Assessment Team (HRAT) daily meetings (see section 3.5.1) where an interim/modified risk management plan will be endorsed for the detainee to confirm suitability of placement in and timely exit from the CSU. The Senior Manager, Corrections Psychological and Support Services (CPSS) or their delegate is responsible for final endorsement of the modified risk management plans.

### **3.3 Progression and Exit**

The objective of admission to the CSU is to engage and stabilise the detainee, and transition them to the general detainee population.

This will be achieved by development of a treatment plan (if only P rating admission) or modified risk management plan (if S rating admission), and CSU Exit Plan. All plans are to be developed through a multidisciplinary process by the agencies involved in the health, wellbeing and clinical care of the detainee, generally facilitated during the HRAT meetings. This includes MHS, CPSS, the CSU Supervisor/senior custodial staff and Primary health where appropriate.

Detainees deemed suitable for transition out of the CSU are required to have an endorsed Exit Plan (to be filed in both CIS and the CSU Folder). These exit plans are to be implemented after endorsement by the Senior Manager, CPSS and the Operational Manager/Deputy General Manager. Area managers are responsible for ensuring custodial staffs of the unit are aware of the exit plan in place for the detainee.

### 3.3.1 High Risk Assessment Team (HRAT)

Please read this section in accordance with the *Detainee At-Risk Procedure* for full definitions and responsibilities of the HRAT, as well as the HRAT Terms of Reference.

**High Risk Assessment Team (HRAT)** is the group formed to coordinate the management of ‘at risk’ detainees. This team will develop and review risk management plans for ‘at risk’ detainees and make changes to the plan where required and based on the input of various members of the team.

The purpose of the HRAT is to coordinate the management of ‘at risk’ detainees in a multi-disciplinary manner that engages MHS, CPSS and custodial staff. This team will develop and review risk management plans for ‘at risk’ detainees and make changes to the plan where required and based on the input of various members of the team. For the purposes of this policy, HRAT responsibilities as following:

- To determine entry to (where appropriate), ongoing admission in and exit from the CSU.
- To determine changes in S ratings or observation levels reflective of S ratings.
- To communicate risks associated with psychiatric P ratings or other mental health concerns for CSU (and other AMC) detainees.
- To facilitate and endorse modified risk management, treatment and exit plans.
- To communicate recommendations as per risk management plans for CSU accommodation.

### 3.4 Service Delivery Model and Clinical Management

In managing the CSU, ACT Corrective Services aims to operate a service delivery model in which detainee assessment, treatment and management is tailored to meet individual risks and needs and is delivered through an interagency and multidisciplinary approach between ACT Corrective Services and Justice Health Services.

The objectives of service delivery in the CSU are to:

- enable detainees deemed as requiring entry into the unit to achieve their optimal functioning;
- empower detainees to understand and manage their illness and/or suicide/self harm vulnerabilities and tendencies;
- enable the detainee to live independently within the AMC; and
- encourage the involvement of families and other support agencies in care both upon exit from the CSU and from the AMC.

The service delivery and clinical management responsibilities are as follows:

- **Forensic Mental Health Services (MHS)** – assist in entry, treatment and exit planning for all detainees housed in the CSU, reflective of their S and/or P ratings through ‘at risk’ reviews and participation in the HRAT. Clinicians from this service will be responsible for conducting risk assessment and clinical reviews/crisis support as per their operational requirements.
- **Corrections Psychological and Support Services (CPSS)** – is responsible for ensuring that support and management of detainees in the CSU is facilitated and provided with an emphasis on multiagency entry assessment, risk management, exit planning (refer to *CPSS Referral and Operational Guidelines*) and custodial staff training. CPSS is managed by the Senior Manager, CPSS and is responsible for ensuring that follow up care is facilitated for detainees exiting the CSU, whether that is through MHS or through CPSS service delivery where appropriate.

CSU service delivery will aim to ensure the detainee progresses through the following phases in a timely manner:

- **Engagement** - spending quality time with the detainee with the aim of empowering them to consent to treatment and actively participate in their care and in joint treatment planning.
- **Stabilisation** - face to face scheduled treatment activities in response to recently experienced psychiatric or behavioural crisis that is expected to stabilise the detainee and prevent deterioration.
- **Treatment** - bring about an improvement in the detainee’s mental health and/or suicide/self harm vulnerabilities or lessen the effects, distress and suffering that may accompany such issues.
- **Continuing care** - ensure care is continued when there is a change of accommodation or service provider and that psychosocial and criminogenic needs are met throughout transition.

The focus of treatment and continuing care should preferably occur within the AMC rather than the CSU where and when this is therapeutically conducive to the detainees safety, wellbeing and mental health.

Both ACT Corrective Services (CPSS and Custodial officers) and Forensic Mental Health Services (MHS) will be responsible for ensuring that the service delivery model and its phases are properly reflected in the detainee’s care and treatment planning/delivery. This includes involving other support services such as Offender Services case management (for program and activity referrals), Primary Health (for medical and or drug and alcohol concerns), Directions A.C.T (drug and alcohol counselling) and other services where appropriate and conducive to the detainee’s treatment plan.

**All modified risk management, and exit plans will be discussed at HRAT and must be endorsed by the Senior Manager, CPSS (or delegate).**

### 3.4.1 Activities

CSU activities and/or group treatment programs are facilitated and implemented by CPSS overseen by the Senior Manager, CPSS, and where operationally feasible, with the joint facilitation and support of clinicians from MHS.

Activities aimed at detainees within the CSU will incorporate the following rehabilitative principles and will typically be undertaken during stabilisation and treatment phases:

- **Psycho-education and illness management** – an ongoing process which includes providing information on illness and its management, early warning signs, detection and crisis intervention and management.
- **Cognitive remediation** – based on 3 principles i.e.; teaching new information processing strategies (mindfulness and relaxation); individualising treatment based on criminogenic needs as well as psychological needs; and helping to transfer this improvement to everyday life within and outside of the CSU and also of the AMC.
- **Job/Program matching and placement** – identifying suitable detainee employment or criminogenic programs and education to be undertaken in the AMC upon exit from the CSU.

## 3.5 Custodial Operations

### 3.5.1 Observation regimes

All detainees in the CSU will be subject to an observation regime in accordance with the *CIS Risk Alerts Policy* and the *Detainee At-Risk Procedure*.

### 3.5.2 Unit rules

Upon entry to the CSU, all detainees will be searched in accordance with the *Searching Policy and Procedure* and placed in their allocated cells.

Corrections officers will consult with the Senior Manager, CPSS regarding the issuing of clothing, bedding, and recreation equipment such as writing materials and books, and what personal items from a detainee's usual prison accommodation may be permitted in the CSU. Decisions on what material are provided/allowed will be made consistent with interim/modified risk management plans.

Detainees are required (and should be encouraged) to shower on a daily basis.

Bedding/ clothing is to be laundered on a regular basis.

These rules and requirements will be detailed in each detainee's treatment/modified risk management plan.

### 3.5.3 Buy-ups

Detainees in the CSU will have access to buy-ups from the CSU Buy-up List. On the recommendation of correctional officers, MHS and the Senior Manager, CPSS some

buy-up items may be prohibited for individual detainees in the CSU on the basis they present a risk to a detainee's safety or the safety of others.

#### 3.5.4 Exit Planning

A detainee exiting the CSU must have an exit plan in place, with signed endorsement from the Senior Manager, CPSS and Operational Manager/Deputy General Manager.

Copies of plans are to be kept:

- in hardcopy form in a folder titled "CSU Exit Plans" at the CSU officer's station for the reference of CSU custodial staff; and
- in electronic form on Custodial Information System (CIS).

The CSU custodial Supervisor or stationed officer is responsible for ensuring that when a detainee is moved out of the CSU, a copy of the exit plan is provided to the detainee's new accommodation area and the Supervisor and/or CO1 in that area is briefed on the plan.

#### 3.5.5 Staff Training

Correctional officers who are stationed in the CSU have an important and unique role, functioning as part of the treatment team. It is important to achieve a balance between firmness and sensitivity when dealing with detainees who have complex behavioural and psychosocial needs. Staff are required to attend any mental health awareness and suicide/self harm training as required and should seek other support and training where appropriate (eg. education, communication skills and problem solving training, stress management, crisis management and identification of early warning signs in detainees).

## **4. Forms/Templates**

Interim Risk Management Plan  
Modified Risk Management Plan  
CSU Exit Plan  
CSU Treatment Plan

## **5. Related Policies and Procedures**

CIS Risk Alerts Policy  
Detainee At-Risk Procedure  
Buy-ups Policy  
AMC Searching Policy and Procedure