



YEAR IN REVIEW 2010 / 2011



Health
Justice Health &
Forensic Mental Health Network



JUSTICE HEALTH & FORENSIC MENTAL HEALTH NETWORK

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CONTENTS

Letter to Minister for Health	2	Governance	32
Chief Executive's Year In Review	3	Executive Support & Planning Unit	33
Overview of Justice Health	4	Centre for Health Research in Criminal Justice	34
Performance Against NSW Health Strategic Directions	5	Our Staff	36
Justice Health Profile	6	Justice Health Executive	36
Justice Health Population	7	Staff Profile	39
Adult Inmate Profile	8	Equal Employment Opportunity	39
Juvenile Inmate Profile	9	Occupational Health & Safety	40
Health Care Map	10	Education & Training	41
Organisational Chart	11	Highlights & Achievements	42
Focusing On Care: Action Plan	12	Our Board	43
Key Achievements on the actions listed in the Focusing on Care: Action Plan	13	Role of the Board	43
Quality Health Care	15	Membership	43
Efficient Health Care	17	Board Committee Structure	46
Effective Health Care	18	Highlights & Achievements	47
Employee of the Year	20	Our Community	48
Our Services	21	Consumer Representation	48
Clinical & Nursing Services	22	Consumer & Community Group	48
Forensic Mental Health & Youth Services	27	Inmate Development	47
Financial Operations	30	Complaints Management	48
Corporate Services	31	Multicultural Policies & Service Plan	49
		Disability Action Plan	49
		Government Information (Public Access) Act 2009	50
		List of tables	53
		Abbreviations	54
		Index	55

Hon. Jillian Skinner MP
Minister for Health
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Minister,

We have pleasure in submitting the Justice Health 2010/2011 Year In Review.

Reflecting on another successful year there is a great sense of accomplishment given the considerable improvements made in the health status of those who come in contact with the NSW criminal justice system.

Justice Health has continued to enhance the quality and efficacy of services and significantly improved the continuity of care for patients. 2010/2011 saw the establishment and expansion of a broad range of services that make a positive difference to the lives of our patients, their families and the community at large.

This year also marks a transition for the organisation with the formation of the Forensic Mental Health Network, a speciality network that aims to improve the flow of patients accessing forensic mental health services in NSW. As a result of the establishment of this network, the organisation has become Justice Health & Forensic Mental Health Network. The term Justice Health will be used in this Year in Review as the Forensic Mental Health Network was in the process of being established in 2010/2011. Importantly both Justice Health and the Forensic Mental Health Network remain part of the NSW health sector.

With the ongoing support of all Board members, Justice Health has continued to provide high quality, efficient and effective health services within a growing and challenging environment. Thank you for your valued continuing support that allows us to improve the health of those who come in contact with the NSW criminal justice system.

Yours sincerely,



The Hon Patricia J Staunton AM
Chairperson



Julie Babineau
Chief Executive

CHIEF EXECUTIVE'S YEAR IN REVIEW



I am pleased to present the 2010/11 Year In Review for Justice Health.

2010/2011 has been a rewarding year for Justice Health, with significant achievements across all domains of the organisation. The window of opportunity for Justice Health to provide healthcare to individuals within the custodial setting is usually brief, patients rarely spend their entire sentences within the same correctional centre, with many movements annually between correctional centres and court complexes. As a result, strong partnerships with Corrective Services NSW, Juvenile Justice NSW and the Department of Attorney General and Justice NSW are essential to effective health care delivery.

For forensic patients, the past year has seen both positive change and new beginnings. In September 2010 the Government announced the formation of the Forensic Mental Health Network (FMHN). Justice Health has been working closely with Western NSW, Western Sydney and Hunter New England Local Health Districts on developing a model for the FMHN. The development of the FMHN will improve patient flow and the integration of current services as well as provide more responsive health care to forensic patients in NSW. This important development will be reflected in the shift in branding of the organisation to Justice Health and Forensic Mental Health Network that was underway at the time the Year in Review went to print.

A further substantial achievement for Justice Health has been the development, implementation, and monitoring of the *Focusing on Care: Action Plan*, a major culture change initiative. This plan was developed in response to a Staff Climate Survey undertaken in 2009. Continuing to address key issues in this action plan will ensure a continued movement towards a culture of success where there is high energy, optimism, trust and direction.

The commencement of the Care Navigation Support Program in April 2011 was a key highlight for the organisation. This program aims to support the patient journey and facilitate release planning activities to ensure a smooth transition to community health care providers.

The year also saw Justice Health publish two major reports: the 2009 Inmate Health Survey Aboriginal Health Report and the 2009 Young People in Custody Health Survey Report.

The establishment and expansion of services and the overall continued high quality of care provided to our patients is a credit to all staff. I convey my appreciation to all, for their hard work and dedication.

Among our priorities for 2011/2012 is ensuring that the standard of health care continues to advance and that a culture of care, clear communication, honesty, professionalism and respect are firmly embedded within Justice Health and the FMHN.

A handwritten signature in black ink that reads "Julie Babineau". The signature is fluid and cursive, written in a professional style.

Julie Babineau
Chief Executive

OVERVIEW OF JUSTICE HEALTH

WHO ARE WE

Justice Health is a statutory health corporation providing health services to those in contact with the criminal justice system.

WHAT DO WE DO

Justice Health provides a range of health services to patients throughout NSW.

Justice Health cares for over 30,000 patients annually, a health community that is unique in NSW.

OUR STAKEHOLDERS

Stakeholders include patients in contact with the criminal justice system, forensic patients, NSW Health, Corrective Services NSW (CS NSW), Juvenile Justice NSW (JJ NSW), Department of Attorney General and Justice NSW, Local Health Districts and the Mental Health Review Tribunal.

OUR VISION

Providing international best practice health care to those in contact with the NSW criminal justice system.

OUR VALUES

Values embraced by Justice Health include:

- Care
- Clear communication
- Honesty
- Professionalism
- Respect

KEY HIGHLIGHTS 2010/2011

- The development, implementation and monitoring of the *Focusing on Care: Action Plan* in response to the Culture Improvement Project.
- Development of a model for the Forensic Mental Health Network (FMHN). The aim of the FMHN is to improve the accountability, performance and efficiency of forensic mental health services in NSW.
- The Care Navigation Support program (CNSP) went live in April 2011 and had over 400 patients enrolled in the program as at 30 June 2011. The aim of the CNSP is to strengthen the management of patients with chronic disease and complex health needs.
- The establishment of a haemodialysis service in Long Bay Hospital. Since the service commenced 100% of eligible patients have received haemodialysis treatment at the Long Bay Hospital (LBH).
- Justice Health engaged in the Essentials of Care (EoC) program across 14 sites state-wide. The EoC program is a care improvement and evaluation framework that focuses on the 'essential' components of care. It seeks to promote participation of local clinicians in recognising the effectiveness of the care they deliver and it encourages ongoing practice development.
- The South Coast Correctional Centre was commissioned in December 2010 and recruitment to 90% of the staff profile is complete. This has included the recruitment of Aboriginal Health Workers to the health centre.
- Publication of two major reports: the 2009 Inmate Health Survey Aboriginal Health Report and the 2009 Young People in Custody Health Survey Report.
- Successfully achieved Accreditation until 2013 through the Australian Council on Healthcare Standards (ACHS) Evaluation Quality Improvement Program.

PERFORMANCE AGAINST NSW HEALTH STRATEGIC DIRECTIONS

Provided below is a summary of Justice Health's performance against NSW Health Strategic Directions.

1. MAKE PREVENTION EVERYBODY'S BUSINESS

The Adolescent Health Community Integration Team (CIT) has expanded and is now functional across 11 sites. Over 2010/11, 837 young people were accepted and managed by the CIT.

The Aboriginal Chronic Care Program (ACCP) is now operational across 17 sites throughout the state. Over 2010/11 there were 850 new enrolments into the program with a quarterly average of 1,100 patients participating in the program.

100% of eligible women were offered cervical screening.

2. CREATE BETTER EXPERIENCES FOR PEOPLE USING HEALTH SERVICES

There were no reported Healthcare Associated Infections or Multi-Resistant Organism infections for 2010/11.

88% of relevant staff completed the Deterioration, Evaluation, Treatment, Escalation & Communication in Teams (DETECT) training as a component of the Between the Flags initiative.

3. STRENGTHEN PRIMARY HEALTH CARE AND CONTINUING CARE IN THE COMMUNITY

A chronic care toolkit was released along with 15 clinical pathways for chronic disease management.

New communication tools were established to enable effective communication between Statewide Community Court Liaison Services (SCCLS) and Community Correctional Mental Health (CCMH) to assist with discharge planning and continuum of care for people released from custody/ courts to the community.

4. BUILD REGIONAL AND OTHER PARTNERSHIPS FOR HEALTH

Justice Health continued participation in the National Forensic Mental Health Benchmarking Program.

10 Memorandums of Understanding and 6 Visiting Medical Officer contracts were in place for specialist HIV and medical services in Justice Health.

100% of patients on HIV or Hepatitis C treatment leaving custody had a discharge plan completed.

5. MAKE SMART CHOICES ABOUT THE COSTS AND BENEFITS OF HEALTH SERVICES

A haemodialysis service was successfully established in the Medical Surgical Unit at Long Bay Hospital. 100% of eligible patients received haemodialysis treatment.

The Net Cost of Services (NCoS) budget for Justice Health totalled \$168M against which the service reported a favourable variance of 1.2%.

6. BUILD A SUSTAINABLE HEALTH WORKFORCE

Extensive consultation to support the development of the Justice Health Workforce Plan occurred over 2010/11. This plan is scheduled to be finalised in late 2011.

Local, national and international recruitment drive has built the staffing resources to close to full capacity for all clinical disciplines in the Forensic Hospital.

7. BE READY FOR NEW RISKS AND OPPORTUNITIES

The 2011 Communication Action Plan was developed and implemented.

Justice Health Risk Register was developed and implemented and now includes both clinical and corporate risks. This register is updated quarterly and available to all staff.

The implementation guide for the Enterprise Wide Risk Management Policy had been developed and implemented. This guide defines the roles and responsibilities for managing risk within Justice Health.

Justice Health is a statutory health corporation constituted under the NSW Health Services Act 1997. Justice Health cares for over 30,000 patients annually, a health community that is unique in NSW. Justice Health is responsible for providing comprehensive health services in a wide variety of settings.

Services to Adults are provided in:

- 32 Correctional Centres
- 8 Periodic Detention Centres
- 1 Transitional Centre
- 10 Police Cell Complexes
- Long Bay Hospital
- The Forensic Hospital.

Services to Adolescents are provided in:

- 9 Juvenile Justice Centres
- 1 Juvenile Correctional Centre
- Youth Drug & Alcohol Court
- Children's Courts.

Justice Health provides a range of community health services, these include:

- The Adult Drug Court Program
- The Compulsory Drug Treatment Program
- The Adolescent Court & Community Team
- The Community Integration Team
- The Connections Program
- Community Forensic Mental Health Service
- Statewide Community and Court Liaison Service.

The challenges facing Justice Health include:

- Continuity of care for patients coming into contact with the criminal justice system
- Successful establishment of the Forensic Mental Health Network
- Management of increased presentations of mental health, and drug and alcohol issues for both adults and young people
- Efficient and effective chronic care management for patients.

The Corrective Services NSW (CS NSW) 2010 Inmate Census shows that the daily average number of inmates and detainees in the NSW correctional system was 10,984 in full-time custody.

Health service delivery in custodial settings is influenced by a range of factors, many of which are outside the control of the health sector. There is an acknowledged need for custodial systems that ensure safety and security of the inmate population. The model of health service delivery to inmates in NSW involves two separate organisations with responsibility for security and health care respectively. There is growing recognition nationally and internationally that this model provides the best outcomes for patient care. In NSW, Justice Health has established effective working relationships with Corrective Services NSW (CS NSW) and Juvenile Justice NSW (JJ NSW) at all levels of both organisations to ensure the delivery of safe and effective health care. The quality of these relationships and the outcomes they deliver is demonstrated by the fact that the model of care in place in NSW continues to be replicated by both other jurisdictions within Australia as well as internationally.

PROVISION OF HEALTH CARE

Justice Health provides comprehensive health care to the patient population, while the security and good order of correctional facilities and juvenile justice centres is the responsibility of CS NSW and JJ NSW respectively.

Justice Health's partnership with CS NSW and JJ NSW is pivotal to ensuring patients can access health services and to the overall management and treatment of patients' health care needs.

The provision of health care by Justice Health entails a holistic and person centred approach that occurs across three key domains: pre-custody, custody, and post-release. To utilise the small window of opportunity usually available, the Justice Health state-wide service delivery model is focused on screening, triaging, providing and monitoring care. Reception Screening, or Reception Triage as it is more commonly known, provides a means for conducting health and risk assessments on patients entering NSW correctional centres and juvenile justice centres.

The priorities for Justice Health are to ensure the patient's immediate or acute health needs are met and to ensure that they remain safe and free from harm.

SCREENING AND TRIAGING

The Reception Triage Process is undertaken on all of the patients entering the NSW correctional system. Health assessment is conducted in three stages:

1. Triage: all patients undergo a triage process to determine any immediate or acute health needs.
2. Screen: all patients have a risk assessment undertaken to determine if they are at risk of harming themselves, being harmed by others or at risk of transmission of infectious diseases.
3. Comprehensive health assessment: any immediate health care needs are stabilised and appropriate health care referrals are made. This is a more detailed assessment that involves additional screening of targeted patients and the development of a management plan for their care.

ADULT INMATE PROFILE

People in custody generally have a poor health status characterised by general neglect, substance abuse and mental illness. Justice Health fulfils a valuable role in improving the health status of this group while also minimising the health consequences of incarceration on individuals, their families and the general community.

The window of opportunity for Justice Health to provide healthcare to individuals is often brief, with:

- 30% staying less than 6 months
- 16% staying 6 -12 months
- 18% staying 1-2 years
- 36% longer than 2 years.

Furthermore, inmates rarely complete their entire sentence within the same correctional centre. There are approximately 165,000 inmate movements between correctional centres, police cells and courts annually, further challenging the continuity of healthcare.

The CS NSW 2010 Inmate Census shows the following:

- 92.6% of inmates are male
- 22.1% of inmates are Aboriginal and/or Torres Strait Islander, compared with just over 2% of the general community in NSW, and
- the incarceration rate of Indigenous offenders is sixteen times higher than Non-Indigenous people.

The 2009 NSW Inmate Health Survey shows that the inmate population has the following characteristics:

Table 1:
Key findings from the 2009 NSW Inmate Health Survey

	Males	Females
% not finished year 10	49	39
% unemployed in the six months prior to incarceration	50	67
% had a parent in prison	18	17
% history of juvenile detention	42	21
% previously incarcerated	64	46
% ever had asthma	26	40
% ever had heart problems	19	24
% current smokers	75	79
% drank alcohol at risky levels in the year before prison	62	38
% ever had used drugs	86	78
% ever had injected drugs	40	50
% Hepatitis C positive	28	45
% ever had mental health treatment	47	54
% ever had depression	33	45
% ever attempted suicide	19	27
% head injury resulting in unconsciousness	52	35

JUVENILE INMATE PROFILE

The Adolescent Health stream of Justice Health provides healthcare to a daily average of 450 young people in Juvenile Justice Centres and the Juvenile Correctional Centre at Kariong. There are approximately 7,276 new admissions a year.

The 2009 Young People in Custody Health Survey identifies that young people in custody have the following characteristics:

- Identify as Aboriginal and / or Torres Strait Islander in custody (48%)
- IQ as extremely low and borderline (79 and under) (46%)
- Childhood abuse and trauma (60%)
- Parent ever in prison (45%)
- Ever placed in care before the age of 16 years (27%)
- Homeless prior to custody (6%)
- Average age left school (14.4 years).

Young people in custody are predominantly aged between 10 and 17. Depending on the security and risk level of a detainee, they can be transferred into the adult correctional system when they turn 18 years old.

Young people in custody commonly report experiences of neglect, physical, emotional or sexual abuse. This is particularly the case with young women. Many detainees report experiencing significant relationship problems in their families leading to periods of homelessness. A large number of detainees leave school before completing year 8. Due to their educational deficits and poor self-esteem, most have limited employment choices and report feeling powerless and socially isolated with many abusing alcohol and drugs.

Table 2:
Health of Young People in Custody

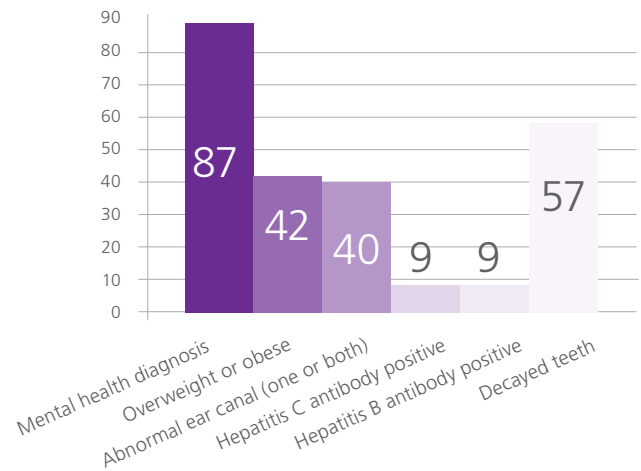
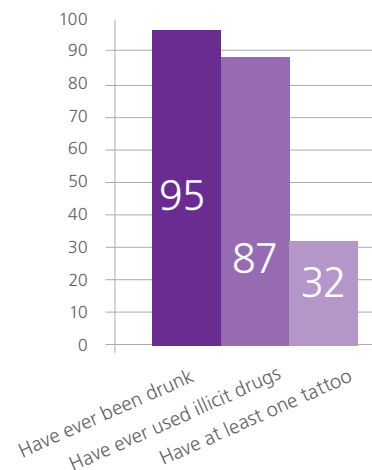
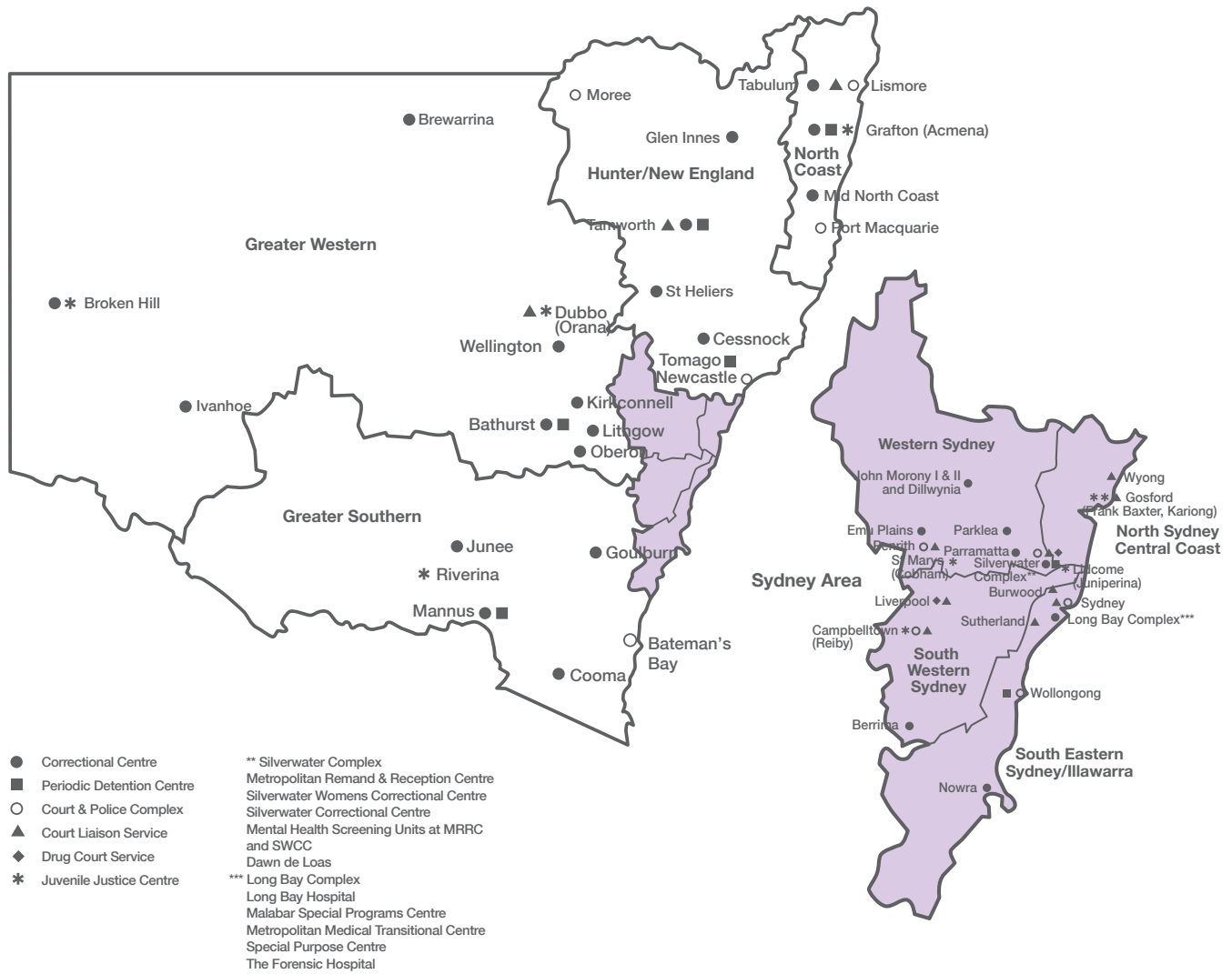


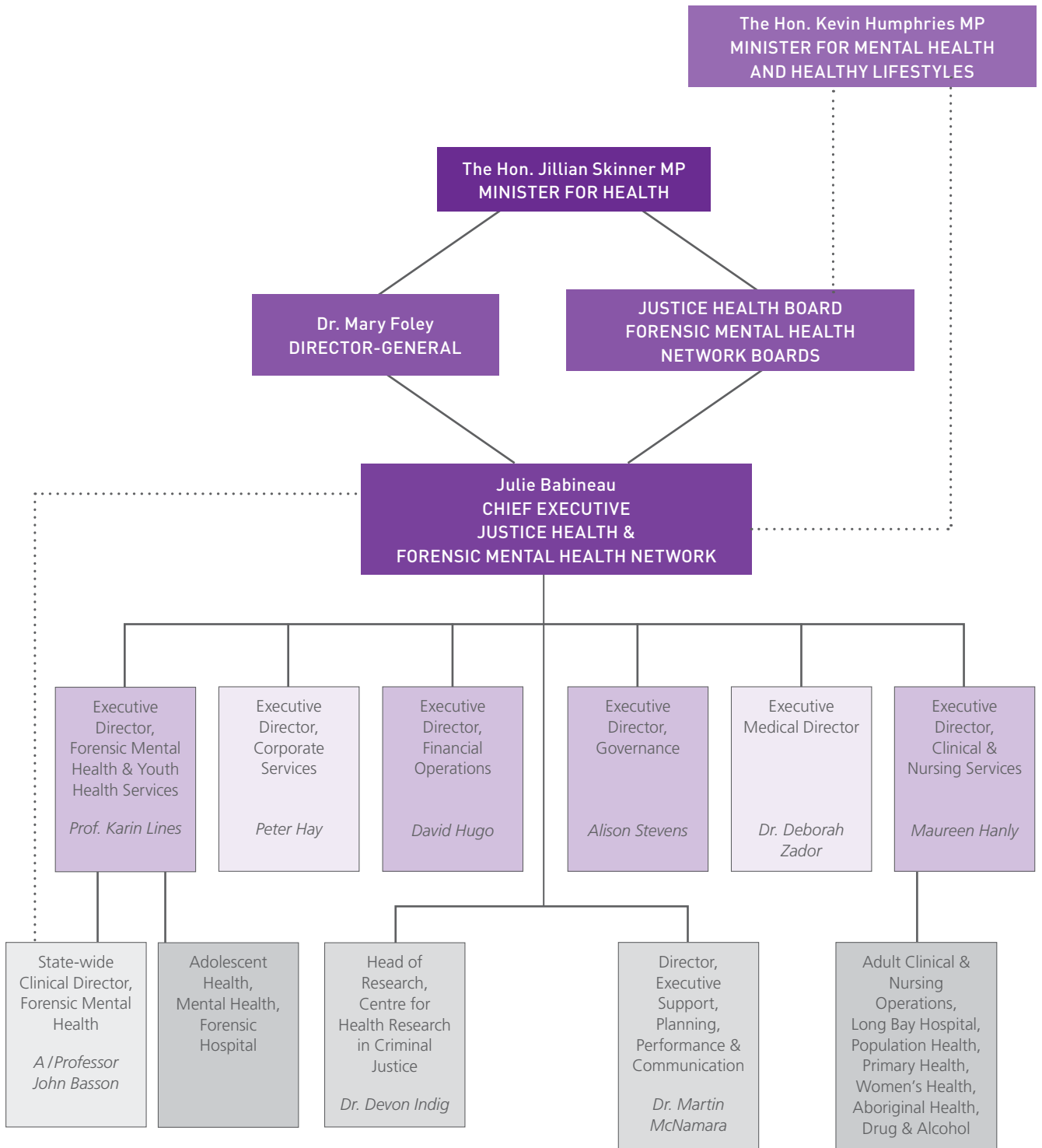
Table 3:
Health Behaviours of Young People in Custody



HEALTH CARE LOCATIONS MAP 2010/2011



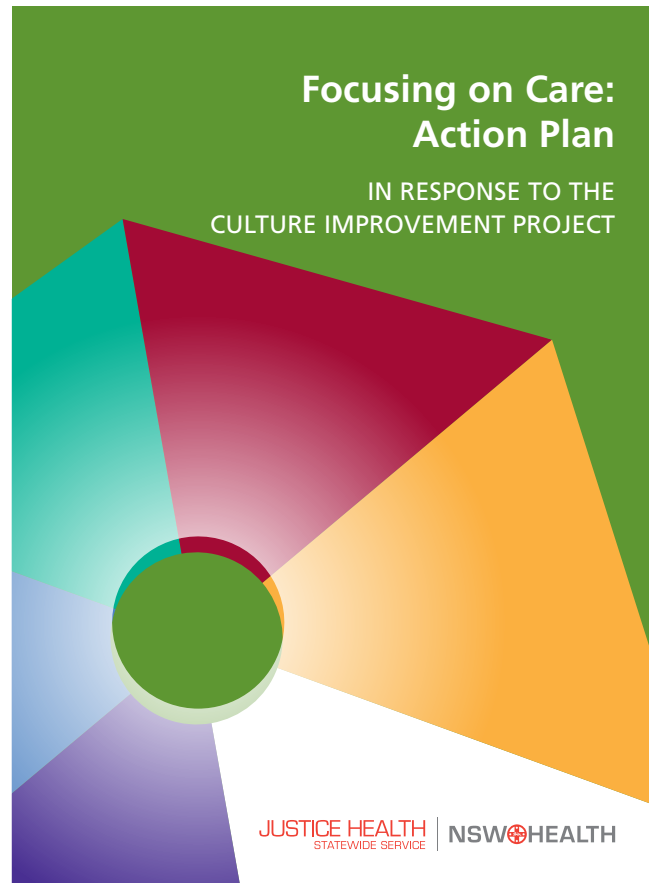
ORGANISATIONAL CHART



FOCUSING ON CARE: ACTION PLAN

Following a Staff Climate Survey commissioned by Justice Health in 2009, a number of areas for improvement in workplace culture and practices were identified. A Climate Survey Action Team (CSAT) was established to further consult on these issues and identify how they could be addressed. The CSAT visited sites across the State and held 104 face-to-face consultation sessions. The feedback provided through these consultation sessions informed the development of the *Focusing on Care: Action Plan*. This plan was broadly circulated for consultation in February 2011 and finalised in April 2011.

The CSAT is responsible for implementation and monitoring of the Action Plan and to ensure that the vision and values arising from this project are being embedded across the organisation. In May 2011 the CSAT issued an Expression of Interest in order to broaden its membership to include additional clinical and frontline administrative representation. The CSAT works to consider strategies to ensure that all staff across Justice Health remain engaged with the Focusing on Care workplace culture initiative.



Focusing on Care: Action Plan - in response to the Culture Improvement Project



In this photo L-R round table (as at July 2010): Bina Bhattacharya - Client Liaison Officer, A/ Prof. John Basson - Clinical Director Statewide Forensic Mental Health, Anderson Millen, Manager Hospitals Corporate Operations, Rory Maguire - Registered Nurse, Maxine McCarthy - Manager Learning & Development, Debbie Little - Nurse Manager, Lee Trevethan - Nurse Manager, Dr. Deborah Zador - Clinical Director Drug & Alcohol, Dr. Stephen Hampton, A/Clinical Director Primary & Women's Health, Julia McGinty - Project Officer, Gary Clark - Nurse Manager, Adam Cruickshank - Management Trainee, Christina Baker - Corporate Trainer, Shalin Kumar - Clinical Coordinator, Martin McNamara - Director Executive Support Planning Performance & Communication.

Absent from photo: Alison Stevens - Executive Director Governance and Michelle Eason - Nurse Manager Mental Health.

FOCUSING ON CARE: ACTION PLAN

KEY ACHIEVEMENTS ON THE ACTIONS LISTED IN THE FOCUSING ON CARE: ACTION PLAN

TRAINING AND ORIENTATION

More suitable types of training are available to more staff across Justice Health

More regionalised and centre-based training included on the Learning and Development (L&D) calendar, such as Primary Health & Population Health Cluster Education / Roadshows and Aboriginal History Awareness in Orange.

A broader range of training options, including methods other than train-the-trainer and more self-directed training, for example self-directed training for Medical Terminology for Clinical Support Officers (CSOs), Health Centre Clerks (HCCs) and Administration Officers (AO).

PLANNING AND DECISION-MAKING

Planning and decision-making processes are being made clearer and involve more consultation with staff

Monthly Senior Management Action Team (SMAT) meetings are now held to improve communication and provide more opportunities for consultation between the Justice Health Executive and senior managers, with notes from the meetings available to staff through their managers and on the Intranet.

A Justice Health Planning Framework is being developed to help with planning major new projects and to guide better communication of new projects.

COMMUNICATION AND CONSULTATION

Communication with staff is being improved

A contractor is working with Justice Health in the development of a new Intranet site for staff (Sharepoint). The new platform will improve communications within the organisation.

A quarterly performance and monitoring report on Justice Health activity is now available to all staff on the Intranet.

PROFESSIONALISM, PERFORMANCE AND RECOGNITION

More transparent and consistent performance management and access to professional development opportunities

Processes for promotional opportunities have been made more open and transparent, with all acting up and secondment opportunities longer than four weeks advertised through Memos and EOIs.

The Strengthening Local Nursing Leadership Project has commenced, providing professional development to Nursing Unit Managers (NUM's) and Nurse Managers (NM's) to help improve leadership.

A wider range of development and education days is included on the L&D calendar, including days especially for professional groups and particular services (e.g. NUM's, NM's, CNCs, EN's, CSO's, HCC's, AO's, VMO's, and Mental Health).

The performance appraisal format is being reviewed to make sure it is consistent across Justice Health and training for managers in performance management is now included on the L&D calendar.

Inside News has more stories on local worksites to recognise work being done across NSW, including at regional, rural and remote sites.

RESOURCES AND WORKLOADS

More communication of the capacity and resources available across Justice Health and expectations of what services will deliver

Through the NSW Health Clinical Re-design Project, Justice Health is commencing a project to review and identify potential service delivery benchmarks.

FOCUSING ON CARE: ACTION PLAN

PATIENT CARE

Roll-out of projects which help us to improve patient care

The Care Navigation Support Program (CNSP) has been rolled out to assist in the coordination of care for patients with chronic disease and complex health needs. It has already helped a number of at-risk patients link to a community care provider. For example, a patient released from custody unexpectedly was followed up in the community and offered support in accessing community-based health services. In addition, the planning for and roll-out of CNSP was a great example of improved consultation and implementation processes learned through the Culture Improvement Project. Staff have expressed that they really appreciated the opportunity to genuinely contribute to the development and implementation of CNSP through the 2010 Roadshow.

Fifty (50) staff have participated in Essential of Care development sessions and 52 staff have done 'Take the Lead' training.

WORKPLACE BEHAVIOUR

Clearer communication of what kind of workplace we want Justice Health to be

The bullying and harassment policy and procedures are being reviewed to make them clearer and easier to use and will be made available to all staff when completed.

The vision and values developed through the Culture Improvement Project consultations are being communicated to staff through upcoming team meetings, posters and mouse pads.

FACT SHEETS

Information on important issues which is easy to find and understand

Fact sheets have been finalised and made available to all staff to make information easy to access on incidents and staff grievances, processes for grievance management and recruitment timelines and processes.

LOCAL INITIATIVES

Individual sites are taking their own initiative to improve workplace culture

The Southern Cluster now includes the values and vision in meeting minutes, hand-over forms and orientation to make sure all staff are aware of our core values.

CARE NAVIGATION SUPPORT PROGRAM

The Care Navigation Support Program (CNSP) aims to strengthen the management of patients with chronic disease and complex health needs through the provision of Care Navigators to facilitate an integrated approach to case management of patients. A continuum of coordinated care from entry to the community includes shared care planning, health coaching and review of appointments and assistance with discharge planning to improve patient health outcomes.

The CNSP aims to:

- Support and enhance existing chronic disease management services through the provision of Care Navigators to case manage patients with chronic disease and/or complex health needs
- Ensure a smooth patient journey on a continuum of care through connecting and coordinating care from entry to exit from the custodial system and thereafter
- Ensure an integrated approach to chronic disease and/or complex health needs management through the establishment of linkages and collaborative partnerships with external care providers such as Local Health Districts (LHDs), Aboriginal Medical Services, Divisions of General Practice and Ageing and Disability Homecare Regions
- Improve patient health outcomes through a range of initiatives such as health coaching, care coordination and shared care planning.

- Over 400 patients were identified and enrolled in the CNSP as at 30 June 2011.
- 80 Aboriginal patients were enrolled in the CNSP as at 30 June 2011.
- 46 of the patients enrolled in the CNSP had shared care plans developed.

ESSENTIALS OF CARE PROGRAM

Essentials of Care (EoC) is a care improvement and evaluation framework that focuses on the 'essential' components of care, seeking to promote participation of local clinicians in recognising the effectiveness of the care they deliver and encouraging ongoing practice development.

EoC within Justice Health involves:

- Working with others
- Together exploring practice
- Aiming to enhance the health care experience for all
- Building our capacity to sustain a culture of inquiry, improvement and innovation.

- 14 health centres across Justice Health engaged in the EoC program.
- 54 staff members completed the comprehensive facilitation development training that supports local implementation of the EoC.

NURSE LED MODEL OF HEPATITIS C TREATMENT

The Nurse-led Model of Hepatitis Care was a two year pilot of an innovative model of health care for inmates with chronic Hepatitis C Virus (HCV) based in three correctional centres. The key feature of the model was decentralised care for patients that was made feasible by protocol-driven structured assessment and management of antiviral therapy by skilled Clinical Nurse Consultants (CNCs), with limited involvement by specialist physicians.

The pilot has provided strong evidence for the efficacy and safety of the model in the correctional setting with 408 patients enrolled after screening investigations revealed evidence of chronic HCV infection. Of these patients, 91 (22%) completed the clinical and laboratory evaluations and initiated therapy during the pilot. Another 131 (32%) remain in progress in the clinical pathway. The demographic and clinical characteristics of the patients who entered the model, completed the work-up and those who initiated treatment were representative of the broader prison population, with a high prevalence of Aboriginal and Torres Strait Islanders, and high lifetime histories of injecting drug use, and tattooing; as well as high lifetime and current rates of serious mental disorders. These patients are poorly represented in community-based clinic populations undergoing treatment for chronic HCV.

As expected antiviral therapy was associated with high rates of adverse events, predominantly constitutional symptoms; and lower rates of serious haematological, metabolic and psychiatric disturbances. Despite these frequent adverse events, the CNCs managed these adverse events without treatment interruption in the great majority of cases.

Several areas of limitation in knowledge amongst key stakeholders were identified in the qualitative evaluation component. This data led to the formation of targeted education programs individualised to relevant stakeholder groups (nurses, custodial staff and inmates). Several organisational barriers to the efficiency of the model were identified (e.g. access to ultrasound services) and rectified during the course of the project.

- This model expanded to an additional 5 sites with a functional total of 7.
- A Fibroscan was purchased to enhance the Nurse Led Model of care and remove the need for ultrasounds for approximately 80% of patients enrolled in the model.
- This project has been awarded an National Health & Medical Research Council (NHMRC) Partnership Grant for 2011-2013 for ongoing development of the evidence-base for the efficacy and safety of the model.
- This model has been the subject of acclaim, both locally and nationally with awards and requests from other jurisdictions to collaborate and implement a similar model in their services.

ESTABLISHMENT OF HAEMODIALYSIS SERVICE

Haemodialysis services commenced in March 2011 in the Long Bay Hospital.

Establishment of a haemodialysis service in Justice Health has resulted in the following outcomes:

- Improved patient experience
- Alleviation of the need to transfer patients to Prince Of Wales Hospital for dialysis treatment. This results in both practical and financial efficiencies
- Improved continuity of care.

- 100 percent of eligible patients received Haemodialysis treatment in the Long Bay Hospital.

ROLL OUT OF TRIM

The Corporate Records Project Team was established with staff members from within Justice Health to embark on a consultative process to determine the corporate information requirements of the organisation and implement an electronic recordkeeping system to meet legislative requirements and improve information access and sharing amongst staff. Comprehensive business interviews were held across multiple sites and with this insight the project team were able to design a unique electronic recordkeeping system that provides Justice Health with not only an effective document storage repository but a tool that has allowed the effective capture and reporting of data.

This successful and innovative initiative has been embedded into Justice Health policy and procedure and is supported by a dedicated team of Records Management Staff.

As a result of the Corporate Records Project Justice Health has a functioning records management plan and system which allows the organisation to meet the requirements of the State Records Act 1998 and other government directives.

- Over 250 Justice Health Staff have been provided with records management/TRIM training and have access to the application which enables the efficient capture, sharing and reporting of corporate information.
- Positive feedback has been received indicating an increase in productivity due to the increased ability to locate and retrieve information.
- Staff engagement since the implementation has greatly improved with statistics showing that there are 8 times more entries per user per week than there was prior to the implementation of the new processes.

MANAGEMENT OF MEASLES IN MID NORTH COAST CORRECTIONAL CENTRE

In September 2010 Justice Health identified a patient with measles in the Mid North Coast Correctional Centre (MNCC). The patient's movement indicated the patient was infectious while in Grafton Correctional Centre (GCC).

An environment scan revealed that due to the high throughput of inmates through correctional centres and open visiting rooms immediate action was required to stop measles being transmitted to numerous correctional centres and communities across NSW.

Justice Health, NSW Health, Corrective Services NSW and the then North Coast Area Health Service (NCAHS) formed a multi-agency team to prevent the spread of the virus.

- Due to the rapid response by the multi-agency team, the measles outbreak in NSW gaols was limited to MNCC and GCC with only 8 patients in total developing the illness and no transmission to any other correctional centres across the state.
- This is a significant achievement as there were 737 staff and inmates at MNCC and 273 staff and inmates at GCC that had been potentially exposed to the virus.

ADOLESCENT COURT & COMMUNITY TEAM

The Justice Health Adolescent Court & Community Team (ACCT) is a multi disciplinary team that both assesses young people at court with suspected mental health and/or drug and alcohol presentations for diversion options through the Court Diversion and Liaison Service and also supports existing community services in managing high-risk young people with existing or emerging mental health presentations through the Community Consultation Liaison Service. ACCT clinicians have extensive child and adolescent mental health experience and risk management skills to enable them to identify and assess risks posed by young people to themselves and others.

- The ACCT expanded and is now functional across 11 Justice Health sites.
- Over 2010/11, 407 mentally ill patients were diverted from the courts into treatment.
- The ACCT was awarded a Certificate of Merit at the 2010 Australian Crime and Prevention Awards.

COMMUNITY INTEGRATION TEAM

The aim of the Community Integration Team (CIT) is to coordinate integrated, ongoing care for young people, to aid successful reintegration into the community. Care is coordinated prior to and during the critical post release period with links made to appropriate specialist and generalist community services.

Objectives of the CIT are as follows:

- To assist young people in accessing community services.
- To provide young people and their families/carers with information in regard to effective health management.
- To improve mental health outcomes for young people.
- To improve drug and alcohol outcomes for young people.
- To reduce the number of young people re-entering custody as a result of mental health and/or drug and alcohol related offending behaviour.

- This program expanded and is now operational in:
 - Sydney Metro
 - Fairfield
 - Penrith
 - Gosford
 - Dubbo
 - Orange
 - Grafton
 - Broken Hill
 - Kempsey
 - Bourke
 - Wagga Wagga
- 837 patients were managed by the CIT over 2010/11.
- Aboriginal young people made up 55% of patients accepted and managed by the CIT.

IMPROVING FORENSIC PATIENT FAMILY AND CARER CONTACT IN THE METROPOLITAN REMAND AND RECEPTION CENTRE

A review of Justice Health compliance with section 72 of the Mental Health Act 2007 'Nomination of Primary Carer' found that processes for the nomination by a patient of a primary carer and contact with family and carers have been established in Long Bay Hospital and the Forensic Hospital but were yet to be established in ambulatory mental health care settings.

In July 2010, a Practice Improvement Project conducted at Metropolitan Remand and Reception Centre (MRRC) as part of the Clinical Leadership Program resulted in a change of processes and improved contact with carers. At the conclusion of this practice improvement project the following practice management changes were implemented:

- Introduction and completion of Section 72 Nomination of Primary Carer forms for all Forensic Patients in the ambulatory mental health care setting
- Commencement of regular contact with these nominated primary carers by Justice Health mental health clinical staff
- Clear documentation of contacts made with nominated primary carers and family
- Commencement of regular audits of contacts with family / carers
- The Forensic Mental Health Clinical Nurse Consultant based at the MRRC was made responsible for overseeing the introduction of the above changes
- Education sessions were conducted with Justice Health clinical staff outlining the importance of maintaining family/carer contact where possible and the legislative obligations of the organisation. This was achieved with a series of lunch time discussion and education sessions with both officers of Corrective Service NSW and Mental Health Nurses who work in the area.

An audit was completed in May 2011, which found:

- There were 35 forensic patients in the centre at the time of the audit being completed.
- Family and carer contact was found to have been initiated with 25 of these 35 patients (71%).
- Of the 10 patients for whom there was no family or carer contact, patients had only arrived at the centre in the last few days or refused to participate.

EMPLOYEE OF THE YEAR

CAROLYN COOPER - CORPORATE RECORDS COORDINATOR - RECORDS MANAGEMENT UNIT

Ms Carolyn Cooper was awarded the 2010 Employee of the Year Award for her dedication, passion and high standard of service delivery. Ms Cooper's colleagues nominated her for the Employee of the Year Award because of her continued drive to exceed the expectations of others, her demonstrated passion for the TRIM Records Management Project and her positive attitude towards her work, colleagues in her team and the customers she has contact with.

Ms Cooper has been required to work closely with both managers and staff to understand their corporate record needs and work collaboratively in the Records Management Unit (RMU) to deliver a TRIM system that exceeds the expectations of these staff. Ms Cooper's customer service skills were noted by many staff during the numerous consultation sessions she has been involved in. Ms Cooper has undertaken additional studies to improve her knowledge and understanding of records management.

Ms Cooper has been with Justice Health for over 4 years in administrative roles. In 2009 Ms Cooper was recruited to the Corporate Records Co-ordinator position where she has proactively and passionately monitored the Justice Health TRIM records.

Congratulations Carolyn!



Julie Babineau - Chief Executive with 2010 Employee of the Year
Carolyn Cooper - Corporate Records Coordinator

OUR SERVICES

Our range of services and levels of expertise are continuing to expand rapidly as we develop health interventions that allow us to improve the health and wellbeing of those affected by incarceration and detention. Health service provision has now evolved to extend far beyond the walls of the custodial setting. In addition to those in custody or detention, our patients now include released individuals, the families of inmates and detainees, populations at high risk of incarceration and the mentally ill.

The endeavours of Justice Health are assisted by a comprehensive service structure made up of the following directorates:

- Clinical & Nursing Services
- Forensic Mental Health and Youth Services
- Financial Operations
- Corporate Services
- Governance
- Executive Support & Planning Unit
- Centre for Health Research in Criminal Justice

This section provides an overview of directorates and an overview of their achievements for 2010/2011.

The Clinical and Nursing Services (C&NS) directorate provides a range of clinical, strategic and operational services mostly to adult patients across the correctional environment in NSW. The directorate has a matrix management structure that facilitates cooperative efforts between service areas to implement and coordinate strategic directions.

The directorate consists of the following service areas which are led by senior managers and clinicians who undertake service planning and determine clinical service requirements:

- Operations and Nursing
- Women's and Primary Health
- Aboriginal Health
- Population Health
- Practice Development
- Drug and Alcohol
- Long Bay Hospital.

COMMISSIONING OF THE SOUTH COAST CORRECTIONAL CENTRE

South Coast Correctional Centre is a 600 bed facility accommodating maximum and minimum security male and female patients. The commissioning of South Coast Correctional Centre was a collaborative effort of clinical and nursing services, corporate services and CS NSW. The South Coast Correctional Centre commenced taking new receptions on 8 February 2011.

South Coast Correctional Centre has provided Justice Health with the opportunity to enhance its multidisciplinary approach to health service delivery. The staff profile for South Coast Correctional Centre is based on a model of care which comprises of a mixture of Registered and Enrolled Nurses, Assistants in Nursing, Clinical Support Officer, Health Centre Clerk, Aboriginal Health Workers, Connections Workers, General Practitioners and Visiting Medical Officers such as Psychiatrists, Addiction Medicine and Hepatologists. This profile also includes Pharmacists and a Pharmacy Technician to support the patient self medication program.

Commissioning Meetings

- Justice Health worked closely with CS NSW on the design of the main health centre and the positioning and location of the satellite health centres.
- An Opioid Substitution Therapy (OST) administration point was built in the reception area of the centre, this has decreased the time required to administer OST.

Recruitment

- Justice Health was involved in the local area expedition of the new correctional facility.
- Justice Health played an active role throughout the Open Days in November 2010.
- Justice Health convened a Forum at the Correctional Centre and invited local clinicians to attend and hear about Justice Health and what the organisation had to offer.

No smoking pods

- The South Coast Correctional Centre offers smoke free pods in the maximum and minimum security areas as well as smoke free cells in the remand pod.
- Justice Health runs a Smoking Cessation Program and all patients who join the program are offered Nicotine Replacement Therapy (NRT).

OPERATIONS AND NURSING

OVERVIEW

Operations and Nursing is the operational arm of the Clinical and Nursing Services directorate. Operations and Nursing facilitates the development of best practice principles for clinical activities to ensure optimal clinical care with minimal risk. This includes benchmarking and auditing service delivery and undertaking a range of quality improvement initiatives to ensure best practice.

ACHIEVEMENTS/HIGHLIGHTS

- Completion of the Clinical Equipment Project for Health Centres.
- Commencement of a comprehensive review of the Nursing Unit Manager and Nurse Manager positions and Nurse in Charge position to ensure consistency in roles, responsibilities and remuneration is apparent across the organisation.
- Implementation of the Standard Adult General Observation (SAGO) charts at adult correctional centres in conjunction with the Governance Unit.

EXECUTIVE MEDICAL DIRECTOR

In recent years, the medical workforce of Justice Health has expanded considerably and at the same time become more specialised and more specialist, reflecting the unique clinical complexity of the patient population and the medical expertise required to manage it.

In 2011 an Executive Medical Director position was created. This position provides clinical leadership on all initiatives to improve patient care and is involved in strategic planning for clinical and medical services. The position also facilitates the delivery of high quality medical health services across psychiatry, primary health, addiction medicine and adolescent health to patients.

The creation of the Executive Medical Director position in Justice Health was a stimulus to review the role and reporting relationship of the Medical Director position. The Medical Director position played an important part in the further development and support of the medical workforce, and although historically located in the directorate of Clinical and Nursing Services, has exerted a far-reaching impact across all clinical streams within the organisation. As an outcome of the review the Medical Director is now under the responsibility of the Executive Medical Director and the position was re-titled Director, Medical Programs in order to better reflect the depth and breadth of the position's responsibilities.

WOMEN'S & PRIMARY HEALTH

OVERVIEW

The Women's and Primary Health clinical stream in collaboration with Operations and Nursing provides clinical pathways for disease management, interventions to identify and manage acute and chronic conditions, referrals to specialist services, gender specific services to women in custody and assists both staff and patients to navigate the complex health system in a correctional environment. The Women's and Primary Health clinical stream is responsible for the operational management of General Practitioners, Radiology, Physiotherapy, Optometry, Podiatry, Medical Appointments Unit, Pharmacy, Visiting Specialists, Primary Health Clinical Nurse Consultants, Dentists, Dental Assistants and Dental Therapists.

ACHIEVEMENTS/HIGHLIGHTS

- A chronic care toolkit was released with 15 clinical pathways for chronic disease management. Regular Clinical Nurse Consultant chronic care consultation clinics were also conducted.
- The locations and scope for the Rural Locum Dental Program were expanded and re-branded as the Rural Oral Health Outreach Service.
- Extended participation by patients in the self-medication program which aims to develop more patient focussed, primary care based pharmacy services. Services are based on clinical need, support and promote self-care. Since May 2009, 2,120 patients have been risk assessed for inclusion onto this successful program. The self medication program is currently being formally evaluated.
- Introduction of Clinical Pharmacy site visits to Health Centres. The site visits have proved to be beneficial from both a clinical and financial perspective.

ABORIGINAL HEALTH

OVERVIEW

The principal responsibility of the Aboriginal Health unit is to establish, manage, monitor and evaluate existing and enhanced health service provision for Aboriginal people in custody both in NSW correctional centres and juvenile justice centres. To ensure that Aboriginal patients have access to the full range of services expected in the custodial environment, existing health care services and programs are provided through collaborative partnerships between Justice Health, Aboriginal Community Controlled Health Services (NSW and ACT) and Local Health Districts.

ACHIEVEMENTS

- The Aboriginal Chronic Care Program (ACCP) expanded to the South Coast Correctional Centre and is operational in 17 facilities (including 2 Juvenile Justice Centres) with 50% of Aboriginal people having access to the program.
- 80 Aboriginal patients enrolled in the Care Navigation Support Program (CNSP) as at 30 June 2011.
- Aboriginal young people made up 55% of patients accepted and managed by the CIT.

POPULATION HEALTH

OVERVIEW

The Population Health stream has responsibility for the delivery of specialised clinical services across the state. These services reflect those of specialist HIV, hepatitis, sexual health and harm minimisation services in the general community. Clinical services encompass screening for, and management of, both blood borne and sexually transmissible infections, and the co-ordination of specialist hepatitis and immunology services. The Population Health stream provides population focused health improvement initiatives which include health protection, disease prevention including surveillance, infection control, immunisation, communicable diseases outbreak management and environmental health.

ACHIEVEMENTS

- Expansion of the Nurse Led Model of Care for Hepatitis C, with services provided in an additional 5 centres.
- Purchase of a Fibroscan to enhance the Nurse Led Model of Care for Hepatitis C and remove the need for approximately 80% of patients enrolled in the model.
- Successful management of a Measles outbreak across two gaols on the north coast.
- Successful management of 4 cases of Tuberculosis (TB) identified in a large cohort of immigrant detainees.

PRACTICE DEVELOPMENT

OVERVIEW

The Practice Development Unit was established in June 2010. It is responsible for the strategic planning and implementation of practice development programs and initiatives across Justice Health. This includes facilitating decision-making at all levels of the organisation in terms of operationalising the agreed program of work, leading research initiatives relating to practice development and developing networks and partnerships internally and externally to Justice Health in the area of practice development.

ACHIEVEMENTS/HIGHLIGHTS

- The Essentials of Care (EoC) program was established across 14 sites within Justice Health.
- 54 staff members completed the comprehensive facilitation development training that supports local implementation of EoC.
- Professional development days for nursing managers within Justice Health were re-engineered.

DRUG AND ALCOHOL

OVERVIEW

The Drug and Alcohol (D&A) stream provides risk assessment and management of intoxication and withdrawal from drugs and/or alcohol for all clients on entry to the custodial system. Opioid Treatment Programs (OTP) such as Methadone, Naltrexone, Buprenorphine and Suboxone are provided as per clinical need. The D&A stream facilitates referral to D&A services provided by CS NSW which include individual and group counselling and life style education. Post release care is arranged routinely for any client on an OTP such as Methadone or Buprenorphine to ensure continuity of care.

ACHIEVEMENTS/HIGHLIGHTS

- Successful continued roll-out of D&A service's new model of care to the Long Bay and Parramatta health centre sites.
- Successful introduction of new opioid replacement intervention Suboxone with the aim of reducing diversion of prescribed OTP medications.
- Drug and Alcohol Withdrawal Now (DAWN) project initiated - improving the management of pregnant incarcerated women with Drug and Alcohol issues. This project involves audits, clinical processes and consultation between streams to improve pregnancy outcomes for drug or alcohol dependent women entering the custodial system.
- The expansion of the Adult Drug Court Program to the Hunter region occurred in March 2011. This expansion has driven a review in treatment planning processes to strengthen the involvement of Local Health District's (LHD's) stakeholders in the development of community based treatment plans.

LONG BAY HOSPITAL

OVERVIEW

The Long Bay Hospital is a strategic step forward for both Justice Health and CS NSW enabling both organisations to respond effectively to the complex health needs of the inmate population of NSW and to provide international best practice health care for those in custody. The design of the facility caters for both male and female inpatients and is accessible to all persons throughout the NSW correctional system. Health care services for patients are provided by a multidisciplinary team of clinicians and include specialist medical officers, 24/7 nursing care and a range of allied health consultations.

Long Bay Hospital has three distinct units including:

- Mental Health Unit
- Medical Surgical Unit
- Aged Care and Rehabilitation Unit

ACHIEVEMENTS

- Successful implementation of the Between the Flags program in Long Bay Hospital in conjunction with the Governance Unit. The Between the Flags program assists with the identification and management of deteriorating patients.
- Long Bay Hospital introduced podiatry services in a continued effort to provide best practice holistic patient care.
- Specialised services including Occupational Therapists and Oncologists were established through a Memorandum of Understanding (MoU) with Calvary Hospital.
- A haemodialysis service was successfully established in the Medical Surgical Unit at Long Bay Hospital. 100 percent of eligible patients received haemodialysis treatment.

The Forensic Mental Health and Youth Health Services directorate is responsible for planning, coordination and setting the strategic direction in the areas of adolescent health and forensic mental health. The directorate has strong working relationships with other directorates within Justice Health, with senior staff of JJ NSW, CS NSW and with senior staff from Local Health Districts.

The directorate consists of the following service areas:

- Adolescent Health
- Forensic Mental Health
- The Forensic Hospital.

FORENSIC MENTAL HEALTH NETWORK

The NSW Government announced the formation of a Forensic Mental Health Network (FMHN) in September 2010 as part of a range of reforms to structures across the NSW health sector. The Health Services Amendment (Local Health Districts and Boards) Bill 2011, assented 16 May 2011, reconstituted the FMHN as a Board-governed specialty network. The FMHN includes:

- The Forensic Hospital at Malabar (135 beds)
- The Bunya Unit at Cumberland Hospital (24 beds)
- The Kestrel Unit at Morisset Hospital (30 beds)
- The medium secure forensic unit at Bloomfield Hospital (20 beds)
- A range of community-based services currently provided by Justice Health.

The aim of the FMHN is to improve the accountability, performance and efficiency of Forensic Mental Health services in NSW. The development of the FMHN will improve patient flow and the integration of current services and enable the delivery of more equitable, effective and responsive health care to forensic patients.

Justice Health has been working closely with Western NSW, Western Sydney and Hunter New England Local Health Districts (LHDs) in the establishment of the FMHN.

The majority of FMHN Governing Council members have been appointed and the Governing Council (now the Board) met three times in 2010/11.

ADOLESCENT HEALTH

OVERVIEW

The Adolescent Health stream provides nursing, general practitioner, psychiatric, drug & alcohol, dental and optometry services to all juvenile justice centres and the juvenile correctional facility at Kariong. Adolescent Health provides specific Aboriginal health education and the Aboriginal Youth Health Access program across designated juvenile justice sites. Adolescent Health works closely with external agencies including Juvenile Justice NSW, NSW Community Services and the Department of Education and Training.

ACHIEVEMENTS/HIGHLIGHTS

- Expansion of the Community Integration Team (CIT) to an additional 7 sites. It is now operational at 11 sites across NSW.
- Expansion of the Adolescent Court and Community Team to an additional 5 sites. It is now operational at 9 Children's Courts across NSW with recruitment currently underway to expand to a further 3 courts.
- Establishment of 1.5 FTE School-Link Positions and the School-Link Initiative across all Juvenile Justice Centres and the Forensic Hospital Bronte Adolescent Unit.
- Development and implementation of the Adolescent Health Diabetes Guidelines across all Juvenile Justice Centres.
- Completion of new Dental Surgery at Orana Juvenile Justice Centre and installation of a new dental chair at Reiby Juvenile Justice Centre.
- Successful trial of the Aboriginal Youth Health Access Workshop and subsequent nomination as a finalist at the 2010 Aboriginal Health Awards and 2010 NSW Health Awards.

FORENSIC MENTAL HEALTH

OVERVIEW

The Forensic Mental Health Service (FMHS) comprises the Statewide Community and Court Liaison Service (SCCLS), Community Correctional Mental Health Service (CCMHS) and Community Forensic Mental Health Service (CFMHS) and works closely with the Forensic and Long Bay Hospitals. These services provide comprehensive mental health care to people who come into contact with the NSW criminal justice system or to those who are at an increased risk of such contact. The Forensic Mental Health Service promotes continuity of care and health promotion, through a population health based model to optimise patient health outcomes.

ACHIEVEMENTS/HIGHLIGHTS

- Implementation of the Statewide Clinical Risk Assessment and Management Training Program to Mental Health Intensive Care Units and Psychiatric Intensive Care Units across NSW.
- Commencement of Psychiatric Emergency Telehealth Services.
- Establishment of an Aggressive Incidents Review Committee to review the seclusion and aggressive events in the Forensic Hospital.
- Publication of the Metabolic Syndrome – From Monitoring to Management resource for health professionals.
- Development of minimum practice standard guidelines for Family and Carer contact in various mental health settings and introduction of Section 72 Nomination of Primary Carer Forms for all forensic patients in the ambulatory mental health care setting.
- Establishment of a virtual fax to enable effective communication between Statewide Community Court Liaison Services and Community Correctional Mental Health to assist with discharge planning and continuum of care for people released from custody/courts to the community.

THE FORENSIC HOSPITAL

OVERVIEW

The Forensic Hospital is an integral part of the Forensic Mental Health Network (FMHN). The 135 bed Forensic Hospital commenced operation in November 2008. The Forensic Hospital is a stand-alone high secure mental health facility located in Malabar and is the first of its kind in NSW. The Hospital contains the first dedicated Adolescent Forensic Mental Health Unit in Australia. A private consortium, PPP Solutions Inc, in partnership with Justice Health and NSW Health, constructed the Forensic Hospital. On an ongoing basis, PPP Solutions Inc provides facilities management, catering, cleaning & linen services and perimeter security. All clinical services are provided by the FMHN & Justice Health through a multi-disciplinary team of medical, nursing and allied health professionals.

The Forensic Hospital provides specialist mental health care for mentally ill patients who have been in contact with the criminal justice system and high risk civil patients. The patient demographic consists of those found not guilty by reason of mental illness, those unfit to plead, mentally disordered offenders or those at risk of offending. The units in the Hospital cater for adults and young people, both male and female:

- Austinmer (23 bed High Dependency & Acute Male unit)
- Bronte Women's (17 bed Acute Female unit)
- Bronte Adolescent (16 bed Acute Adolescent unit)
- Clovelly (27 bed Extended care unit)
- Dee Why (32 bed Long stay unit)
- Eloura (20 bed Rehabilitation unit)

ACHIEVEMENTS/HIGHLIGHTS

- There were 163 Hospital Admissions for 2010/11.
- There were 59 Hospital Discharges for 2010/11.
- On-site Kiosk opened in November 2010 offering access to food and beverages for both staff and patients. Patient kiosk transactions are facilitated via a biometric system of recognition and link to individually managed accounts.
- Implementation of patient finance and trust accounting systems for the Forensic Hospital.

OVERVIEW

The Financial Operations directorate of Justice Health has responsibility for all financial administration matters, oversight of the service's Information Communications and Technology function as well as management of Corporate Reporting and Policy processes. This directorate provides essential support functions to management and enables the provision of health services throughout the state.

FINANCE

The Finance department provides expertise and leadership in finance and accounting services and ensures all relevant statutory and legislative requirements for the organisation are met. The Finance department undertakes negotiations with NSW Health to secure Justice Health funding.

INFORMATION COMMUNICATIONS AND TECHNOLOGY (ICT)

The ICT Department provides strategic planning and management of the following services; clinical applications, helpdesk and desktop support, email, data collection and database administration, research and evaluation of new and emerging technologies, internet and intranet updates, and database development and maintenance.

ACHIEVEMENTS/HIGHLIGHTS

- The Net Cost of Services (NCoS) budget for Justice Health totalled \$168M against which the service reported a favourable variance of 1.2%. The 2010/11 budget represents an increase of approximately 14% compared to the prior year.
- Completion of required modelling and analysis to receive growth funding awarded to the service by NSW Health as well as confirmation of escalation funding for the Forensic Hospital.
- Improvement in the overall compliance rates for policies submitted by their respective due dates from 75% to 91%. The improvement in the compliance rate will help ensure that policies are current and reflective of up-to-date evidence and corporate/clinical practice.
- Transition of remaining payroll entitlement systems from spreadsheet based applications onto the integrated Supero Payroll system.
- Completion of the Implementation Planning Study (IPS) in relation to the proposed e-Health project to implement clinical applications to support and enhance the agency's service delivery. Ultimately, this project will transition clinical processes which are almost wholly manually based onto online systems.

OVERVIEW

The Corporate Services directorate provides essential support functions facilitating the provision of health services throughout the state. Our team of dedicated staff supports front line services across Justice Health state-wide. The Corporate Services directorate consists of:

INFORMATION MANAGEMENT

The Information Management Unit was established in July 2006 to provide leadership in the development, management, utilisation and reporting of corporate and clinical information. This includes overseeing the coordination, development and reporting of Justice Health (JH) data, with the aim to support strategic and operational planning and decision making and compliance with NSW Health mandatory reporting requirements. The Unit also provides health records management and medico-legal services to all JH sites state-wide.

WORKFORCE

Workforce covers the full range of staff functions including Human Resources, Employee Relations, Employee Services, Workforce Planning, Payroll, Occupational Health & Safety, Injury Management and Learning & Development.

CORPORATE SERVICES

Corporate Services consists of the Records Management Unit (RMU) as well as facilities and logistics management division. It is responsible for managing the facility planning process for Justice Health, managing Justice Health Assets, directing corporate directorate projects, overseeing the Administrative Services functions and ensuring compliance with the State Records Act.

ACHIEVEMENTS/HIGHLIGHTS

- The Justice Health Corporate Records Program has continued to expand throughout 2010 and 2011 with an additional one hundred staff having access to the TRIM application to manage and store their corporate information.
- The RMU provided E-Brief Training to more than 100 staff which allows for internal Briefs to be registered and approved electronically within the TRIM application.
- Implemented changes to the receipt, distribution and maintenance of recruitment documentation from its current paper format to electronic format using the TRIM file management system. This has significantly improved the efficiency and effectiveness of the recruitment process.

OVERVIEW

The Governance Unit incorporates a variety of corporate and clinical governance functions and provides support for frontline staff as well as high-level support for senior management.

Major functions of the Governance Unit include client liaison and complaints management, quality improvement including ongoing involvement in the accreditation cycle, patient safety and clinical risk management, legal advice and coordination, support of Board activities, coordination of internal audit and support for the Medical and Dental Appointments and Advisory Committee (MADAAC).

ACHIEVEMENTS/HIGHLIGHTS

- Following successful implementation of the Clinical Excellence Commission Between the Flags Program (BTF) in both the Long Bay and Forensic Hospitals, implementation of the BTF Standard Adult General Observation Chart and Clinical Emergency Response System in Adult Correctional Centres, to improve the identification and management of deteriorating patients.
- Participation in the Clinical Excellence Commission Quality Systems Assessment Survey 2010 and verification audit.
- Successful completion of Periodic Review and Mental Health In-Depth Review by the Australian Council on Healthcare Standards.
- Development of a policy for management of End of Life in Justice Health inpatient settings.
- Development of an environmental scanning survey to identify fraud and corruption risks in Justice Health.
- The state-wide Clinical Leadership Program 2010 graduated 9 participants and the evaluation was again very positive.
- Successfully achieved Accreditation until 2013 through the Australian Council on Healthcare Standards (ACHS) Evaluation Quality Improvement Program.

OVERVIEW

The Executive Support & Planning Unit provides a range of services to assist and support the Chief Executive (CE) and the organisation. This includes managing the whole-of-organisation planning, performance, and communication functions. It also involves managing and responding to health sector wide reform activities. This unit is also responsible for liaison with the Offices of relevant Ministers and preparation of ministerials and high level briefings.

ACHIEVEMENTS/HIGHLIGHTS

- Performed the project management function for the due diligence process required to develop the FMHN model.
- Managed the Justice Health Performance Agreement with NSW Health and implemented the Justice Health Performance Management Framework.
- Coordinated the Senior Management Action Team that brought together senior managers within Justice Health to provide a discussion and consultation forum.
- Development, implementation and monitoring of the *Focusing on Care: Action Plan*.
- Implementation and monitoring of the 2010 Communications Action Plan.
- Continued provision of regular Chief Executive Bulletins, all staff emails and quarterly newsletters to share information across the whole organisation about directorates, services and projects being implemented.

OVERVIEW

The Centre for Health Research in Criminal Justice (CHRCJ) was formed in 2003 and arose out of the need to establish a centre of excellence to research prisoner health issues and health matters connected with the criminal justice system in general. The CHRCJ is one of the only research centres in the world specifically devoted to the study of prisoner health issues. The work of CHRCJ is recognised at the national and international level.

ACHIEVEMENTS/HIGHLIGHTS

- Published two major reports: the 2009 Inmate Health Survey Aboriginal Health Report, and the 2009 Young People in Custody Health Survey Report.
- Completed follow-up surveys for the 2009 Young People in Custody Health Survey.
- Completed 12-month follow-up interviews for NHMRC-funded smoking cessation clinical trial.
- Completed NSW data collection for 2010 National Prison Entrants Blood Borne Virus and Risk Behaviour Survey and Vaccine Preventable Diseases Study.
- Completed data collection for annual Patient Snapshot Survey.
- Completed data collection for Aboriginal Men in Custody study.
- Undertook an evaluation of the smoke-free Forensic Hospital.
- Commenced a study of Attention Deficit Hyperactivity Disorder (ADHD) and co-morbid substance use disorders among adults in custody.
- Commenced a pilot study of a randomised controlled trial of treatment for post-traumatic stress disorder among adults in custody.
- Commenced evaluation of Justice Health's Care Navigation Support Program.
- Presented at conferences including the International Urban Mental Health Research Conference and the CRIAH Aboriginal Health Research Conference.

RESEARCH/PUBLICATIONS UNDERTAKEN BY CHRCJ STAFF:

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- Bonevski, B., Bowman, J., Richmond, R., Bryant, J., Wye, P., Stockings, E., Wilhelm, K., Butler, T., Indig, D., Wodak, A. (2011). Turning of the tide: Changing systems to address smoking for people with a mental illness. *Mental Health and Substance Use: Dual Diagnosis*, 4, 116-129.
- Martire K, Sunjic S, Topp L, Indig D. Financial sanctions and the justice system: fine debts among Australian prisoners with a history of problematic substance use. Accepted for publication in *Australian and New Zealand Journal of Criminology* 2011; 44(2): 258-271.
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FUNDING AWARDED:

- Indig D, Una Champion, Carolyn Day, Dominic Dwyer, Eric Heller, Sarah Larney, Leigh Haysom, Denise Monkley, Monique Murray, Libby Topp, Lorraine Young. (2011) \$100,000. Hepatitis B Vaccination in Young People controlled trial.
- Lloyd A, Dolan K, Haber P, Treload C, Luciani, Post J, Indig D. (2010) \$1,399,934 NHMRC Partnership Grant: Prevention and Treatment of Viral Hepatitis among Prisoners.
- Degenhardt L, Burns L, Mattick R, Butler T, Weatherburn D, Gibson A, Indig D, Zador D. (2010) \$204,472 NHMRC Project Grant – Determining the impact of opioid substitution therapy upon mortality and recidivism among prisoners: a 22-year data linkage study.

OUR STAFF

JUSTICE HEALTH EXECUTIVE

JULIE BABINEAU
Chief Executive



The Chief Executive has responsibility for setting the strategic direction for the organisation, ensuring appropriate provision of governance and provision of high quality service for the organisation. The Chief Executive is also responsible for overall executive level management, strategic planning and ensuring effective health service delivery to the criminal justice system in NSW. Developing key strategic concepts with major stakeholders including NSW Health, Corrective Services NSW, Juvenile Justice NSW and the Mental Health Review Tribunal is a major part of the Chief Executive's role.

MAUREEN HANLY
Executive Director Clinical and Nursing Services



This role is responsible for the overall senior level management, strategic planning, coordinating and reviewing of clinical services within the directorate. Services include: Women's and Primary Health, Population Health, Drug and Alcohol, Aboriginal Health, Oral Health, Pharmacy Services, Allied Health, Operations and Nursing predominantly within primary health care facilities in adult correctional centres. This position is the peak professional lead for nursing in Justice Health. The Statewide Practice Development Unit is also under the responsibility of this position.

OUR STAFF

PROFESSOR KARIN LINES
Executive Director Forensic Mental Health and Youth Services



This role is responsible for the overall senior level management, strategic planning, co-ordination and reviewing of all clinical services within the directorate. Services include: Forensic Mental Health and Adolescent Health. This position also has the responsibility for developing and managing an integrated ambulatory, inpatient and community forensic mental health service for mentally disordered adult offenders within the NSW justice system and ensuring effective provision of health services to young people in juvenile justice and juvenile detention centres.

DR DEBORAH ZADOR
Executive Medical Director



This role provides clinical leadership on all initiatives to improve patient care and is involved in strategic planning for clinical and medical services. This position facilitates the delivery of high quality medical health services across psychiatry, primary health, addiction medicine and adolescent health to patients. The Director of Medical Programs is also under the responsibility of this position.

ALISON STEVENS
Executive Director Governance



This role is responsible for the coordination of area-wide Governance (clinical & corporate) and related policies, protocols and procedures, to enhance the quality and safety of patient care. The position is responsible for developing and maintaining a strong relationship between Justice Health and the Clinical Excellence Commission, and provides high-level advice to the Chief Executive on clinical governance issues.

A/PROFESSOR JOHN BASSON
Statewide Clinical Director Forensic Mental Health



This role provides clinical leadership and strategic advice in relation to service and clinical practice development of the forensic mental health services in NSW. The position is responsible for ensuring that clinical practices and protocols are evidence based, current and safe and are monitored effectively.

OUR STAFF

DAVID HUGO

Executive Director Financial Operations



This position provides strategic leadership, management, and advice on financial issues in the organisation. This position additionally holds responsibility for ensuring the organisation operates within available funds. The Information Communications and Technology (ICT) Department is also under the responsibility of this position.

PETER HAY

Executive Director Corporate Services



The position provides strategic leadership and management in the overall planning, developing, co-ordinating and reviewing of all operational matters relating to human resources, payroll, risk management, capital works, administrative services and facilities management. This position is responsible for the oversight of management of assets and support services as well as ensuring the continual revision of the Corporate Plan in line with the goals of the Health Service.

DR MARTIN MCNAMARA

Director Executive Support, Planning, Performance and Communication



This position is responsible for the overall management of the Executive Support & Planning Unit. The unit has the responsibility to coordinate, manage and monitor the performance and planning functions for Justice Health and effectively manage communications and public relations activities.

Justice Health & Forensic Mental Health Network wishes to acknowledge Ute Wegmann as the photographer of these photos.

STAFF PROFILE

Justice Health has over 1490 employees (1067.5 FTE) working at over 90 locations in metropolitan and regional NSW (Refer to Table 4). Nursing staff, general practitioners, psychiatrists, dentists, medical specialists, allied health professionals and administrative staff work together to deliver quality health services.

Table 4:
Number of Full Time Equivalent Staff (FTE) employed in Justice Health as at 30 June 2011

	JUNE 2007	JUNE 2008	JUNE 2009	JUNE 2010	JUNE 2011
Medical	36	37	50	53.9	49
Nursing	508	518	623	685.6	678.8
Allied health	12	11	22	29.6	32.5
Other professional & para-professional	5	7	9	19.7	83.1
Oral health practitioners & therapists	11	11	9	9.8	10.7
Corporate services	55	61	76	56.8	105.4*
Scientific & technical clinical support staff	8	11	12	6	10.3
Hotel services	22	22	47	38.6	30.4
Hospital support workers	86	114	131	156	68.1*
Other	1	-	1	0	0
Total	744	791	980	1,056	1068.3
Medical, nursing allied health, other health professional & oral health practitioners as a proportion of all staff	76.9%	75.1%	73%	76%	80%

* Increase in numbers due to Administration & Officer Workers being included in Corporate Services Classification - whereas previously reported in Hospital Support Workers.

EQUAL EMPLOYMENT OPPORTUNITY

Justice Health is committed to providing a workplace free from discrimination and ensures that all staff receive Equal Employment Opportunities (EEO). Equity is facilitated through a range of initiatives including the Justice Health policy framework, code of conduct, management and staff meeting structures at all levels within the health service and compliance with NSW Health and public sector management practices.

Significant outcomes achieved include:

1. Continued monthly orientation programs.
2. Continued implementation of zero tolerance to violence in the workplace.
3. Continued commitment to fund staff training & education.
4. Continued implementation of a service wide risk management framework to improve workplace health and safety.
5. Fair and consistent recruitment practices that focus on selecting the best applicant for the position.
6. Ensuring that workplaces are free from all forms of unlawful discrimination and harassment.

STAFF PROFILE

Table 5:
Equal Employment Opportunity profile 2010/11

	2007/2008	2008/2009	2009/2010	2010/2011
Total staff (permanent/temporary)	1,001	1,146	1,448	1,352
Respondents	619	771	1,088	1,083
Male	282	333	420	379
Female	719	813	1,028	973
Aboriginal Torres Strait Islander	14	21	33	36
People from racial, ethnic, ethno-religious minority groups	91	110	157	167
People whose language first spoken as a child was not English	114	154	228	206
People with a disability	20	25	41	40
People with a disability requiring work related adjustment	11	8	15	32

OCCUPATIONAL HEALTH & SAFETY

Justice Health is committed to providing a safe and healthy work environment for all employees, visitors, patients and contractors. The health and safety of all persons employed within Justice Health and those visiting are considered to be of the utmost importance. Justice Health is continually reviewing and improving its Occupational Health and Safety (OH&S) systems to prevent work related injuries and illness.

Justice Health demonstrates its commitment to a safe work environment by:

- Complying with its obligations under the OH&S Act 2000 and OH&S Regulation 2001.
- Developing appropriate policies, procedures and safe work practices to guide the management of occupational health and safety and injury management.

- Preventing, as far as possible, work related injury and illness through systematically identifying, assessing and controlling workplace risks.
- Requiring managers to investigate all workplace accidents and near misses and implement strategies to minimise the risk of the accident/near miss reoccurring.
- Ensuring all workplaces are suitably equipped and maintained to provide for all employees health and safety while they are at work.
- Encouraging employees to report any suspected workplace hazard, work related injury or illness affecting themselves or others via the agreed consultation process.
- Consulting with employees, visitors and contractors on issues affecting their health, safety and welfare.
- Supporting OH&S Representatives and OH&S Committees in their commitment to workplace safety.
- Providing the resources, training, information, on the job instruction and levels of supervision required to perform duties safely.
- Employing a continuous improvement approach to the management of OH&S.
- Providing adequate resources to the planning and implementation of OH&S throughout Justice Health.

Justice Health's risk management framework ensures that managers and staff are aware of and participate in maintaining a safe and healthy workforce. Current OH&S objectives and progress against these objectives are detailed in table 6. In 2010/2011 there were no prosecutions under OH&S Act 2000.

Table 6:
Justice Health OH&S objectives

OBJECTIVE	EVIDENCE
1. Provide OHS training to managers	At least 90% of managers have attended training
2. Improve the management of workplace hazards	All managers have identified with staff any workplace hazards and documented action taken
3. Workplace inspections completed by local managers	Bi-monthly workplace inspections completed in all workplaces
4. Reduce the number of workplace injuries	Between 2010/2011 there has been a 6% decrease in the number of workplace injuries

EDUCATION AND TRAINING

Justice Health is committed to creating a culture of organisational learning and training for the professional development of all staff. The annual program of education and training encourages all staff from all parts of the organisation to participate in the development and delivery of training initiatives linking professional development needs of staff to health service outcomes through effective resource management.

The Education and Development Framework is overseen by the Executive through the Workforce Development Committee. The Learning and Development team work closely with all sectors of the organisation to achieve strategic outcomes. A comprehensive education and training program is provided internally. Staff also have the opportunity to attend educational opportunities offered externally.

Justice Health has strong links with a number of Universities providing clinical placements for undergraduate nurses and medical students. A Student Placement Co-ordinator was appointed to manage an expanding interdisciplinary student placements program.

Table 7:
Staff education and training attendance 2009-2011

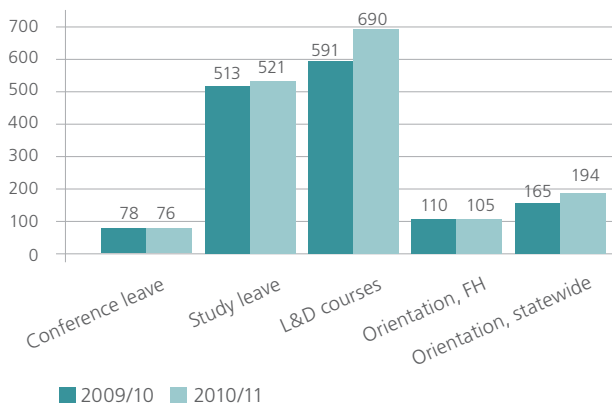
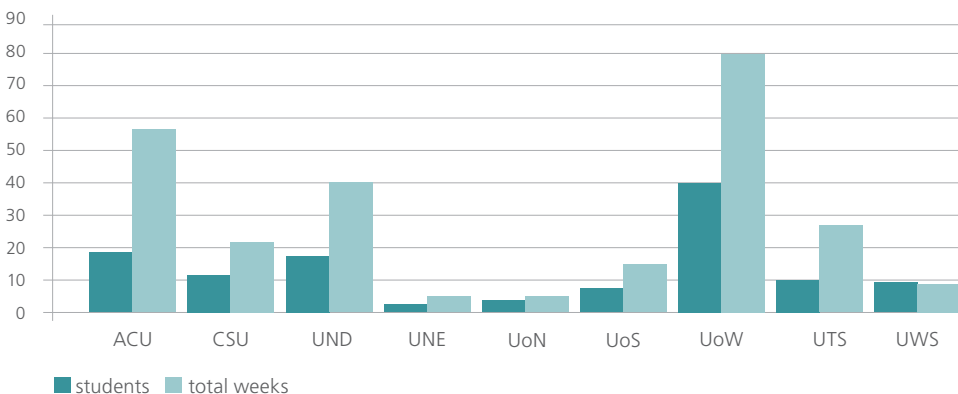


Table 8:
Number of undergraduate nursing placements 2010/11



HIGHLIGHTS & ACHIEVEMENTS

- 114 undergraduate nurses from 10 universities completed placements at Justice Health. The placement duration ranged from 1-8 weeks.
- The medical student program has expanded this year after the successful pilot in 2009. 43 medical students completed placements at Justice Health facilities. 40 were from the University of NSW (UNSW) and 11 attended regional centres as part of the UNSW Rural clinical school.
- 14 nurses completed the 2010 Transition Program for new graduates.
- 16 nurses commenced the 2011 program in March.
- The inaugural Specialty Year of Practice in Forensic Mental Health commenced with 4 participants.
- Orientation of new staff to the organisation is a prime focus for the L&D team. A total of 299 new staff attended 18 Orientation programs.
- From September 2010 to June 2011, 213 staff from the Forensic and Long Bay Hospitals participated in a mandatory one day Deterioration, Evaluation, Treatment, Escalation and Communication in Teams (DETECT) program. The DETECT education package is part of a series of programs that make up the strategies identifying and managing the deteriorating patient.
- Justice Health staff completed the following qualification as part of the Productivity Placement Programs (PPP):
 - 6 Diploma of Government (Project Management) (PSP512304)
 - 13 Diploma of Management (BSB51107)
 - 13 Certificate IV Training & Assessment (TAE40110) and
 - 1 commenced Certificate IV Dental Assisting (HLT43007).
- Training Needs Analysis was conducted for nurses across the organisation that involved participation of 362 nurses.
- New initiatives included in the education and training portfolio this year included:
 - Programs facilitated by Justice Health staff under the umbrella of /in partnership with NSW Health and the Registered Training Organisation.
 - 56 administrative staff completed the accredited Basic and Advanced Medical Terminology Program.
 - 25 Clinical Support Officers are completing Certificate 111 Health Administration HLT32907.
- New inclusions on the Education & Training calendar included:
 - Writing Briefs
 - Training and support days for Essentials of Care facilitators
 - Connecting with Family and Carers
 - Children of Parents with Mental Illness
 - Incident Control systems
 - Recruitment and Selection Refresher Program
 - Accelerated Implementation Methodology (AIM)
 - Forensic Mental Health Symposium
 - Allied Health Education Forum
 - Practice Development for Clinical Nurse Consultants
 - OH&S Consultation Committee Course.

ROLE OF THE BOARD

The Board carries out its functions, responsibilities and obligations in accordance with the Health Services Act 1997 and the determination of function for the organisation as approved by the Minister for Health.

The Board has in place practices that ensure that the primary governing responsibilities of the Board are fulfilled in relation to:

1. Ensuring clinical governance responsibilities are clearly allocated and understood
2. Setting the strategic direction for the organisation and its services
3. Monitoring financial and service delivery performance
4. Maintaining high standards of professional and ethical conduct
5. Involving stakeholders in decisions that affect them
6. Establishing sound audit and risk management practices.

MEMBERSHIP

For the 2010/11 financial year the Board consisted of a Chair, eleven (11) members appointed by the Minister for Health and the Chief Executive as an Ex-Officio member.

HON PATRICIA STAUNTON AM, CHAIRPERSON LL.B, M.CRIM, RN, RM

Attended 6/6

- Ms Staunton is a former Deputy President and Judicial Member of the Industrial Relations Commission of NSW.
- Former Chief Magistrate of the Local Courts of NSW from 1999 to 2002 - having been appointed a magistrate in 1997.
- Between 1995 -1997 Ms Staunton was elected to the NSW Legislative Council.
- Ms. Staunton is a Registered Nurse and Midwife with post registration qualifications in intensive care nursing.
- In 1995 Ms Staunton was awarded the Order of Australia for services to Nursing.
- Chair of both Justice Health & Forensic Mental Health Network Boards and Finance & Performance Board Sub-Committee.

MR NEIL WYKES B. Comm. FCA, ACIS, OAM

Attended 5/6

- Former Senior Partner with Ernst & Young.
- Served as Audit Partner and Advisor to a wide range of public and private health care organisations for many years.
- Treasurer of National Trust of Australia (New South Wales).
- Director of Variety International, The Children's Charity.
- Past President of the Accounting Foundation at the University of Sydney.
- Awarded with a Medal of the Order of Australia in the 2007 Queen's Birthday Honours List, for service to the community through organisations concerned with the health care of people in the criminal justice system, to the accountancy profession and to charitable organisations.
- Chair of the Audit & Risk Management Committee and Chair of the Centre for Health Research in Criminal Justice Board.
- Former Chair of Finance and Performance Board Sub-Committee.

OUR BOARD

MS JULIE BABINEAU

BSc. M.S.W

Attended 6/6

- Extensive international, Commonwealth and State Senior Executive Management experience.
- Selected to represent Canada on an International Executive program in 1996, leaving the position of CEO for the Atlantic region of Veterans' Affairs.
- Former Director of Health Care and Services at the Sydney office of the Commonwealth Department of Veterans' Affairs.
- Previous Assistant Director of the Drug Programs Bureau at NSW Health.
- Appointed as Director of Corporate Services and Finance at Corrections Health in June 2003.
- Appointed as Deputy Chief Executive, Justice Health in 2005.
- Julie has been in the Chief Executive role since July 2007 and was appointed to the position substantively in mid-January 2008.

DR KERRY CHANT

MBBS FAFPHM MHA MPH

Attended 3/6

- Deputy Director General Population Health & Chief Health Officer, NSW Health.
- Dr Chant is a Public Health physician.
- Former Director of Health Protection and Deputy Chief Health Officer, NSW Health.
- Extensive public health experience in NSW, having held a range of senior positions in NSW public health units since 1991.
- Dr Chant has a particular interest in communicable diseases and Indigenous health.
- Chair of the Medical and Dental Appointments Advisory Committee.

MS MICHELLE EASON

BSci (Nursing), Masters of Nursing (Mental Health)

Attended 6/6

- Employed in various positions in Justice Health since 1997.
- Ms. Eason has worked in many different mental health contexts including several forensic mental health settings.

- Has been engaged in practice development activities both internally and externally to Justice Health. Involved in facilitating Clinical Leadership Programs through the Clinical Excellence Commission and the International Practice Development School.
- Currently in role of Director of Nursing, the Forensic Hospital.
- Ms Eason has a special interest in Forensic Mental Health and developing Forensic Mental Health Nursing practice, to ensure forensic patients receive appropriate and effective nursing care.
- Member of the Consumer & Community Group.

A/PROFESSOR SANDRA EGGER

B Psych (Hons), BLegS, Ph.D.

Attended 6/6

- Associate Professor in Law at the University of NSW specialising in criminal law.
- Worked for 10 years in the NSW Government in the field of criminal justice research and policy prior to joining the University.
- Member of several high level bodies and major government consultancies in the field of criminal justice and has conducted a great deal of research in this area.
- Health-related research includes examination of the factors associated with removal from parents amongst indigenous prisoners, contribution to the Commonwealth Department of Health research program on alcohol and violence and research into AIDS in correctional centres.
- Chair of the Human Research & Ethics Committee.

MR LUKE GRANT

MSc

Attended 4/6

- Held a number of positions within Corrective Services NSW since 1992, including offender education, classification and case management.
- In 2000 Mr Grant became Assistant Commissioner Inmate Management, this position being retitled Assistant Commissioner Offender Management in 2006.
- Responsible for the development and delivery of offender services and programs in custody and in the community, including inmate employment and the operations of Corrective Services Industries.
- Member of the Corrective Services NSW Board of Management and Chairperson of the CS NSW Ethics Committee.

OUR BOARD

MS SHIREEN MALAMOO

Attended 4/6

- Involved in Aboriginal Affairs for more than 20 years, particularly in Northern Queensland.
- Former Chairperson of the Aboriginal Media Association, Aboriginal Legal Service, and the Aboriginal Medical Service (Townsville), as well as being Commissioner of Queensland's Aboriginal and Torres Strait Island Commission from 1990 to 1993.
- Previously a member of the NSW Parole Board and Juvenile Justice Parole Board.
- Current Director of the Aboriginal Medical Service – Redfern and the Institute of Eye Research Ethics Committee.
- Member of the Health Research & Ethics Committee.

MR PETER MUIR

BA

Attended 1/1

- Chief Executive of Juvenile Justice since 2008.
- Joined the Department of Youth and Community Services in 1979 and has worked as a District Officer and as a program officer in Family and Community Services, Substitute Care and Juvenile Justice.
- Previous Deputy Director General (Operations) from 1999 after serving as an Area Manager and Regional Director.
- Has 30 years experience in human services, juvenile justice, child protection, youth accommodation and children's services. He has held positions in rural, regional and metropolitan settings.
- Seconded to the newly formed NSW Department of Family and Community Services, and replaced on the Board by Mr John Hubby in October 2010.

MS THEA ROSENBAUM

LLB, ATCL, MBA, MAICD, FCIS

Attended 6/6

- Secretary of the Australian Prudential Regulation Authority.
- Extensive experience and expertise in the public sector, particularly in corporate governance, whistleblowing and ethical issues.
- Both practical and academic interest in outsourcing of professional and other services.
- Demonstrated expertise in engaging with community and representative groups.

- Chaired a public sector governance advisory group.
- Chair of the Justice Health Quality Council.
- Chair of the Justice Health's Consumer and Community Group.
- Chair of the Audit and Risk Management Committee for part of the year.

PROFESSOR TERRY CAMPBELL AM

BSc (Med), MB BS MD (UNSW), DPHIL (Oxon), FRACP, FACC

Attended 6/6

- Head of Department of Medicine at St Vincent's Hospital, University of New South Wales, and Deputy Dean of Medicine at UNSW.
- Clinical cardiologist, spent 10 years as Director of the Coronary Care Unit at St Vincent's Hospital Sydney (1990-99).
- Past President of the Cardiac Society of Australia and New Zealand (2000-2), and served as the Chair of the Therapeutics Advisory Committee of the Royal Australian College of Physicians from 1996 to 2000.
- Served 10 years as a Director of the New South Wales Division of the National Heart Foundation, and Honorary Secretary/Treasurer of the XIV World Congress of Cardiology in Sydney in 2002.
- Member of the Pharmaceutical Benefits Advisory Committee since 2001.
- Spent 17 years (including four as Chair) on the Human Research Ethics Committee (HREC) of St Vincent's Hospital, Sydney, and four years as a member of the HREC of UNSW.
- Extensive research work encompassing both basic laboratory research in cardiac pharmacology and clinical cardiological research, and has published well over 100 peer-reviewed papers in these fields.
- Awarded the Order of Australia in 2003.
- Member of the Audit & Risk Management Committee.

MR KEN BARKER
PSM, FIPA, GAICD

Attended 6/6

- Mr. Barker has 42 years of experience in public sector management and finance across four large NSW Government agencies.
- Extensive knowledge, practical experience and expertise in public sector finance and risk management.
- For more than two decades was the senior NSW Health public sector financial advisor, managing the large NSW Health budget and providing expert financial advice to assist the negotiations for numerous Commonwealth and State Health funding agreements.
- Recognised NSW leader in the development of successful policy and risk management strategies for insurable risks under the NSW Treasury Managed Fund (TMF).
- Retired from Health in July 2009 after 24 years working at a senior executive level in financial management and strategy, including 22 years as the Chief Financial Officer (CFO).
- Member of the Finance & Performance Committee.

MR JOHN HUBBY
BBA, MPH, MAICD

Attended 5/5

- Joined Juvenile Justice NSW in July 2009 as Deputy Chief Executive and was temporarily appointed to the role of Chief Executive in October 2010 while the incumbent Mr Peter Muir is seconded to the newly formed NSW Department of Family and Community Services.
- Extensive background in health and human services in Australia and the United States. Prior to joining Juvenile Justice NSW he was an executive at Justice Health where he worked on the organisation's response to the complex health issues of young offenders. Additionally, John has worked across multiple settings in the implementation of the NSW Government's model for shared corporate service delivery.
- Prior to his roles in NSW Health John held a variety of senior roles in both the public and private health sector in the United States.
- Holds a Master of Public Health from the University of Sydney and a Bachelor of Business Administration from the University of Texas at Austin.
- Member of the Medical & Dental Appointments Advisory Committee.

BOARD COMMITTEE STRUCTURE

The Justice Health Board has a committee structure in accordance with Area Health Services Model By-laws. These committees meet regularly and are chaired by the Board members.

The Justice Health Board committees include the:

- Quality Council
- Audit and Risk Management Committee
- Finance and Performance Committee
- Consumer and Community Group
- Human Research and Ethics Committee
- Medical and Dental Appointments Advisory Committee
- Centre for Health Research in Criminal Justice Board.

OUR BOARD

HIGHLIGHTS & ACHIEVEMENTS

- Three new members were welcomed to the Board: Professor Terry Campbell, Mr Ken Barker and Mr John Hubby.
- A strategic planning session was held at the Board Education Day in relation to the establishment of the Forensic Mental Health Network.
- The Board advised the new Minister for Health of Justice Health's key priorities.
- A visit was undertaken at Riverina Juvenile Justice Centre where the board met with staff, Juvenile Justice Management teams and consumers to discuss their health care.
- The revision of mechanisms for reporting to the Board on the management of incidents within Justice Health.
- A review of the Quality Council's oversight of activity across the six dimensions and five cross dimensions of the NSW Health Framework for Managing the Quality of Health Services in New South Wales was completed.
- An action plan was developed for the Consumer & Community Group arising from the 2011 forum, Health Priorities for Prisoners and Young Offenders.
- 46 Medical and Dental appointments were reviewed and approved by the Medical and Dental Appointments Advisory Council for the period 1 July 2010 to 30 June 2011.



In the photo - Back Row: John Hubby, Michelle Eason, Professor Terry Campbell AM, Ken Barker, Luke Grant. Front Row: Shireen Malamoo, Julie Babineau, Hon. Patricia Staunton AM and Neil Wykes. Absent from Photo: Thea Rosenbaum, A/Professor Sandra Egger and Dr Kerry Chant.

CONSUMER REPRESENTATION

Consumer participation within Justice Health is provided primarily through the Consumer & Community Group and through local Inmate Development Committees (IDC) at individual correctional centres.

CONSUMER & COMMUNITY GROUP

The Consumer & Community Group is a sub-committee of the Justice Health Quality Council and aims to provide a forum where consumer and community representatives can interface with Justice Health in addressing issues that relate to the provision of health services to adult and juvenile offenders. The group seeks to empower inmates and detainees by seeking their feedback and provide an effective forum for consumer participation.

The Group has representatives from prisoner support and advocacy organisations, Justice Health, and five consumers – one male and one female person in custody who participate in the meetings via teleconference, along with one male and one female consumer in the community and a custodian Aboriginal representative. The Group met 6 times in 2010/11, including a joint meeting with the Quality Council. The Consumer & Community Group receives feedback about healthcare issues and concerns through the Consumer & Community Group Feedback Form, provided to the Chairperson of each IDC at all correctional centres following each bi-monthly Consumer & Community Group meeting. Issues or concerns raised via the feedback forms are addressed at the local level by the Nursing Unit Manager (NUM) or escalated to the Client Liaison Officer (CLO) for follow-up and resolution.

INMATE DEVELOPMENT COMMITTEE

Inmate Development Committees (IDC) are operational across all adult correctional centres. Members of the IDC consist of inmate representatives, the facility General Manager, senior Justice Health nursing staff (by invitation) and depending on the facility, other CS NSW senior representatives. The Committees provide a forum to identify and address local issues pertaining to the treatment and care of inmates.

Key outcomes of the meetings include that:

- Justice Health focuses on the needs and well being of the individual patient and the best method of health care delivery within our environment
- Appropriate health services are being provided
- Consumers are informed by the health system about their care
- Consumers are comfortable about asking questions about their care
- Quality of service and budgets are seen as being equally important.

The Justice Health representative on the Committee is responsible for following up healthcare related issues and concerns. Inmate Development Committees are held as part of the Board's activities when the meeting is off-site and when the Board visits juvenile justice centres the schedule also includes a meeting with a representative group of young people. During 2010-11, the Board visited Cobham Juvenile Justice Centre and Goulburn Correctional Centre and met with consumers to discuss their health care. The Chief Executive meets with a representative group of inmates/detainees when visiting centres. During 2010/11, the Chief Executive visited Parklea, Silverwater, Silverwater Women's, Goulburn, South Coast and Grafton Correctional Centres and Acmena Juvenile Justice Centre.

COMPLAINTS MANAGEMENT

The Justice Health Client Liaison Officers (CLO) are the point of contact for an inmate/patient, relative, government and non-government organisations when wanting to raise a complaint, concern or enquiry about health services. Responses to these complaints range from informal to formal, depending on the severity of the complaint and the implications to the service. The nature of a complaint is analysed to identify any systemic and/or resource deficiency in order to improve and plan health services according to the health needs of inmates/patients.

Justice Health consistently meets and exceeds the NSW Health benchmark for complaints resolution, which is that 80% of complaints will be resolved within 35 days. For Justice Health, 90% of complaints were resolved within 35 days during 2010/2011. The NSW Health benchmark for acknowledgement of complaints within 5 days (100%) was achieved by Justice Health in 2010/11. Complaints are categorised using the Incident Information Management System (IIMS). The categories of complaints which are received by Justice Health are included in Table 9.

Table 9:
Complaints Report 2010/11
Source: Incident Information Management System (IIMS)

Element	Total number received	Percentage of total received
Inadequate treatment	118	25.89%
Medication	65	14.29%
Inadequate information	53	11.73%
Waiting lists	51	11.19%
Coordination of treatment	36	7.89%
Resource/service availability	35	7.68%
Delay in treatment	33	7.35%
Attitude	10	2.39%
Wrong misleading information	7	1.53%
Diagnosis	6	1.42%
Negligent treatment	6	1.31%
Certificates/reports	5	1.10%
Other	4	0.88%
Wrong inappropriate treatment	4	0.88%
Referral	4	0.88%
Privacy confidentiality	4	0.88%
Withdrawal/denial of treatment	3	0.65%
Accuracy inadequate records	3	0.65%
Discharge or transfer arrangements	2	0.24%
Hotel services	2	0.24%
Discrimination	2	0.24%
Refusal of treatment	1	0.23%
Character	1	0.23%
Assault	1	0.23%
Infection control	0	0.00%
Administrative services	0	0.00%
Billing practices	0	0.00%
Inconsiderate service	0	0.00%
Rough/painful treatment	0	0.00%
Attendance	0	0.00%
Total	456	100%

MULTICULTURAL POLICIES AND SERVICES PLAN

Justice Health implemented strategies to improve access to services for all patients. Multi-language signage has been installed at all health centres in correctional centres, Juvenile Justice Centres and Police Cells. Justice Health has published health service patient information brochures in Arabic, Chinese, Italian, Spanish and Vietnamese.

Justice Health has developed a multicultural mental health plan to improve the engagement of Culturally and Linguistic Diverse (CALD) communities and cross-cultural knowledge through the training of mental health clinicians.

Throughout 2010/11, Justice Health engaged in:

- Care planning to ensure language needs of all CALD patients were met
- An interpreter initiative for the Long Bay Hospital.

DISABILITY ACTION PLAN

In accordance with relevant regulations and NSW Health policy, Justice Health is in the process of developing a Disability Action Plan to highlight the commitment of the organisation to improving the quality of services provided to people with disabilities who come into contact with the NSW criminal justice system. A disability plan literature review has recently been conducted to inform the development of Justice Health's Disability Action Plan.

GOVERNMENT INFORMATION (PUBLIC ACCESS) ACT 2009

From 1 July 2010 the Government Information (Public Access) Act (GIPA) replaced the Freedom of Information Act 1989 (NSW). The object of the GIPA Act is to open government information to the public by:

- Authorising and encouraging the proactive release of government information by agencies
- Giving members of the public an enforceable right to access government information
- Providing that access to government information is only restricted when there is an overriding public interest against disclosure.

The following tables provide a statistical summary regarding access applications made to Justice Health since implementation of the GIPA Act.

Table 10:
Number of applications by type of applicant and outcome

Reason for invalidity	No of applications
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0
Total	0

Table 11:
Number of applications by type of application and outcome

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm or deny whether information is held	Application withdrawn
Personal information applications#	1	0	2	0	0	0	0	2
Access applications (other than personal information applications)	1	0	0	0	1	0	0	0
Access applications that are partly personal information applications and partly other	0	1	0	0	0	0	0	0

GOVERNMENT INFORMATION (PUBLIC ACCESS) ACT 2009

Table 12:
Invalid applications

Reason for invalidity	No of applications
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0
Total	0

Table 13:
Conclusive presumption of overriding public interest against disclosure:
Matter listed in schedule 1 to Act

	Number of times consideration used
Overriding secrecy laws	1
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0
Total	1

GOVERNMENT INFORMATION (PUBLIC ACCESS) ACT 2009

Table 14:
Other public interest considerations against disclosure: Matters listed in table to section 14 of Act.

	Number of occasions when application not successful
Responsible and effective government	0
Law enforcement and security	1
Individual rights, judicial processes and natural justice	2
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0
Total	3

Table 15:
Timelines

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	5
Decided after 35 days (by agreement with applicant)	1
Not decided within time (deemed refusal)	0
Total	6

Table 16:
Number of applications reviewed under part 5 of the Act (By type of review and outcome)

	Decision varied	Decision upheld	Total
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

Table 17:
Applications for review under part 5 of the act (by type of applicant)

	Number of applications for review
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0
Total	0

LIST OF TABLES

TABLE 1:	Key Findings from 2009 NSW Inmate Health Survey
TABLE 2:	Health of Young People in Custody
TABLE 3:	Health Behaviours of Young People in Custody
TABLE 4:	Number of Full Time Equivalent (FTE) Staff employed in Justice Health as at 30 June 2011
TABLE 5:	Equal Opportunity Profile 2010/11
TABLE 6:	Justice Health OH&S Objectives
TABLE 7:	Staff Education & Training Attendance 2009 - 2011
TABLE 8:	Number of Undergraduate Nursing Placements 2010/11
TABLE 9:	Complaints Report 2010/11
TABLE 10:	Number of Applications by Type of Applicant and Outcome
TABLE 11:	Number of Applications by Type of Application and Outcome
TABLE 12:	Invalid Applications
TABLE 13:	Conclusive Presumption of Overriding Public Interest against Disclosure: Matters Listed in Schedule 1 to ACT
TABLE 14:	Other Public Interest Considerations against Disclosure: Matters Listed in Table to Section 14 of Act.
TABLE 15:	Timelines
TABLE 16:	Number of Applications reviewed under part 5 of the Act (By type of review and outcome)
TABLE 17:	Applications for Review under Part 5 of the Act (By Type of Applicant)

ABBREVIATIONS

ACCP	Aboriginal Chronic Care Program	HHC	Health Centre Clerk
ACCT	Adolescent Court and Community Team	HREC	Human Research and Ethics Committee
ACHS	Australian Council on Healthcare Standard	ICT	Information Communications & Technology
ADHD	Attention Deficient Hyperactivity Disorder	IDC	Inmate Development Committee
AIM	Accelerated Implementation Methodology	IIMS	Incident Information Management System
AO	Administrative Officer	IT	Information Technology
CALD	Culturally and Linguistically Diverse	JJ	Juvenile Justice
CCMHS	Community Correctional Mental Health Service	L&D	Learning and Development
CE	Chief Executive	LHN	Local Health Network
CEO	Chief Executive Officer	MADAAC	Medical and Dental Appointment and Advisory Committee
CFMHS	Community Forensic Mental Health Service	MNCCC	Mid North Coast Correctional Centre
CFO	Chief Financial Officer	MOU	Memorandum of Understanding
CHRCJ	Centre for Health Research in Criminal Justice	MRRC	Metropolitan Remand and Reception Centre
CIT	Community Integration Team	NCOS	Net Cost of Service
CLO	Client Liaison Officer	NHMRC	National Health & Medical Research Centre
CNC	Clinical Nurse Consultant	NM	Nurse Manager
CNS	Clinical and Nursing Services	NCAHS	North Coast Area Health Service
CNSP	Care Navigation Support Program	NSCCAHS	Northern Sydney & Central Coast Area Health Service
CSAT	Climate Survey Action Team	NUM	Nurse Unit Manager
CSNSW	Corrective Services NSW	OH&S	Occupational Health & Safety
CSO	Clinical Support Officer	OSP	Opioid Substitution Program
D&A	Drug and Alcohol	PAS	Patient Administration System
DAP	Disability Action Plan	PPP	Productivity Placement Programs
DAWN	Drug and Alcohol Withdrawal Now	QSA	Quality Systems Assessment
DETECT	Deterioration, Evaluation, Treatment, Escalation & Communication in Teams	RACP	Royal Australasian College of Physicians
EEO	Equal Employment Opportunity	RMU	Records Management Unit
EOC	Essentials of Care	RTO	Registered Training Organisation
ESPU	Executive Support and Planning Unit	SCCLS	Statewide Community & Court Liaison Service
FMHN	Forensic Mental Health Network	SMAT	Senior Management Action Team
FMHS	Forensic Mental Health Service	TB	Tuberculosis
FTE	Full-Time Equivalent	TMF	Treasury Managed Fund
GIPA	Government Information (Public Access Act)	TNA	Training Needs Analysis
GST	Goods and Services Tax	UNSW	University of New South Wales
GCC	Grafton Correctional Centre	VMO	Visiting Medical Officer
HCV	Hepatitis C Virus	YDAC	Youth Drug and Alcohol Court
		YPICS	Young People in Custody Survey

INDEX

A

Aboriginal Health
Activity levels
Adolescent Court & Community Team
Adolescent Health
Adult Inmate Profile
Area Health Service Plan
Audit and Risk Management Committee

B

Board (Justice Health)
Board Membership
Board Role and Function

C

Care Navigation Support Program
Centre for Health Research in Criminal Justice
Chief Executive's Year in Review
Clinical & Nursing Services
Community Correctional Mental Health Service
Community Forensic Mental Health Service
Community Integration Team
Complaints Management
Connections Program
Consumer Community Group
Consumer Representation
Corporate Services

D

Disability Action Plan
Drug & Alcohol

E

Education & Training
Efficient Health Care
Employee of the Year
Equal Employment Opportunity
Essentials of Care Program
Executive Medical Director
Executive Support & Planning unit

F

Financial Operation
Focusing on Care: Action Plan
Forensic Hospital
Forensic Mental Health
Forensic Mental Health & Youth Services
Forensic Mental Health Network

G

Governance Unit
Government Information (Public Access) Act 2009

H

Haemodialysis Service
Human Research & Ethics Committee

I

Information Management
Inmate Development Committee

J

Justice Health Executive
Justice Health population
Justice Health Profile
Juvenile Inmate Profile

L

Learning and development centre
Letter to Minister for Health
Long Bay Hospital

M

Masters of Forensic Mental Health
Measles
Medical Administration
Medical Surgical Unit
Medical, Dental Appointments Advisory Committee
Mental Health
Mental Health Unit
Multicultural Policies and Services Plan

INDEX

N

Nurse Led Model of Hepatitis Treatment

O

Occupational Health & Safety

Operations and Nursing

Organisational Chart

Our Community

Our People

Our Services

Our Staff

Overview of Justice Health

P

Performance against NSW Strategic Directions

Population Health

Practice Development

Q

Quality Health Care

R

Research

S

South Coast Correctional Centre

Staff Profile

State wide Community & Court Liaison Service

T

Teaching and Training Initiatives

TRIM

W

Women's & Primary Health

Workforce



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