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Conference Abstract

## The Connections Program: From Correctional to Community Integration

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### Abstract

Prior to the Connections Program, patients leaving custody were generally provided with appointments to attend health services, with little practical assistance and fragmented service provision across Local Health Districts (LHDs). The Justice Health & Forensic Mental Health Network (JH&FMHN) Connections Program addressed this through a strategic state-wide approach to release planning.

Meetings with key stakeholders within the correctional environment informed how Connections could work within existing structures and programs avoiding role duplication. Agreements were put in place improving and enhancing access to government and non-government organisations in the community, meeting identified patient needs. Comprehensive training, orientation and mentorship programs for staff were developed with supportive clinical review structures and mandatory clinical supervision imbedded.

Connections works with illicit drug users in custody, assertively linking participants post release with existing community support services over four weeks. It operates within an assertive linkage model of engagement underpinned by the Personal Strengths Model of Care.

This population tends to have higher morbidity and mortality rates than the general population and returns to custody at very high rates. Patients released from custody are often complex with limited coping skills and require an assertive approach to engagement currently not available within existing Drug and Alcohol service provision. Connections ensures patients receive integrated health care and welfare supports addressing their needs, avoiding duplication of provision and removing barriers to access. This assertive team approach through a series of agreements with health and welfare services throughout NSW resulted in an integrated approach that reduced recidivism, mortality and morbidity. These outcomes are not found in other jurisdictions.

Since 2007, almost six thousand participants have been assisted by Connections. All complete comprehensive assessments, and collaborate in developing a release plan to meet their identified health and welfare needs. Following release, participants are provided with a worker for four weeks to achieve integration. Assistance provided includes obtaining identification, housing, education, employment, food, clothing and transporting patients as appropriate to health and welfare appointments while actively advocating and negotiating service access.

A 2009 evaluation of Connections completed by the National Drug and Alcohol Research Centre found completing Connections was associated with significant improved health and remaining in the community for a longer time than previously. In 2012 a further internal analysis found participants who remained engaged during the four weeks follow up period reported significantly

improved general health ( $p<0.001$ ), mental health ( $p<0.01$ ) and social functioning ( $p<0.001$ ). No differences were found between Aboriginal (who are over-represented in custody and on the Connections Program – 25% v's 2.2% of the NSW general population) and non-Aboriginal participants.

In NSW 1988-2002 the conservative death rate for a prisoner within 4 weeks post release was 104 (2.2%). Since 2007, Connections has had 27 (0.4%) known deaths of participants compared with an expected 132 (2.2%).

This approach to release planning could be replicated with other groups leaving institutions and across jurisdictions. Connections has received recognition at a number of awards and was a winner at the 2013 National Drug & Alcohol Awards and at the 2013 National Violence and Crime Prevention Awards.

## **Keywords**

**D&A; transition; prisoners; partnerships; outcomes**

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