

# Key Performance Indicators for Australian Mental Health Court Liaison Services

2016

**National Mental Health Court Liaison  
Performance Working Group**

Fiona Davidson  
PhD Candidate  
University of Queensland



**UNSW**  
AUSTRALIA



NHMRC Centre of Research  
- Excellence in Offender Health

The Kirby Institute

Published by the National Mental Health Court Liaison Service Performance Working Group & NHMRC Centre of Research Excellence in Offender Health

July 2016

Author: Fiona Davidson

Available via [www.offenderhealth.net.au](http://www.offenderhealth.net.au)

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## Introduction

Mental Health Court Liaison Services (CLS's) have emerged as a key part of the public health response to the over representation of people with mental illness in the criminal justice system [1]. These specialist services aim to intervene early in the criminal justice process by identifying mentally ill individuals at the post charge, pre-sentence stage, providing timely advice to courts and linkage with treatment providers. Court liaison services provide access to specialist mental health service and early intervention for people who are in police custody or attending court.

While there has been extensive progress in the area of mental health information development for public mental health services in Australia over the last twenty five years, the majority of the focus to date has been on the largest part of the mental health sector, acute inpatient and community services. Despite the existence of national policy to support early identification of people with mental illness who have come into contact with the criminal justice system and for diversion to treatment [2], a lack of clear national guidelines or cross border collaboration has resulted in the ad hoc development of these services [1]. Currently there is no nationally agreed approach to CLS performance measurement. A unified approach to performance measurement will permit comparison between CLS's in each Australian jurisdiction and add value to local and national quality improvement processes and planning.

The development of a framework and key performance indicators for Australian mental health CLS's represents the first national collaborative effort of this specialized area of forensic mental health. There is strong commitment by Australian CLS's to work together to develop an accountable and transparent approach to performance measurement and to compare service models.

This report outlines a framework and key performance indicators that have been formed through a process of cross border collaboration involving nominated representatives of CLS's from each Australian jurisdiction and an Aboriginal and Torres Strait Islander cultural advisor (the National Mental Health Court Liaison Performance Working Group). The project to develop this report has been coordinated by the Australian National Health and Medical Research Committee (NHMRC) Centre for Research Excellence in Offender Health ([www.offenderhealth.net.au](http://www.offenderhealth.net.au)). The measures have been developed to support future benchmarking activities and to assist services to identify best practice in this area of forensic mental health. Further refinement of key performance measures is likely in the future as the services continue to evolve and respond to emerging needs.

## Performance measurement in mental health - Australia

Commencing in 1992-93 Australia's mental health sector has undertaken an extensive process of mental health information development which has included the formation of performance indicators. The majority of the efforts in reporting on indicators of mental health reform have focused on the largest part of the specialised public mental health sector which is comprised of acute inpatient and community mental health services. To date, the framework has been developed without particular reference to discrete target populations (Child and Adolescent, Older Persons, Forensic).

A nationally agreed set of mental health system performance domains (figure 3) have been formed over the last thirty years and presented as National Mental Health Performance Framework (NMHPF). Tier 1 of the NMHPF concerns "health status" (e.g. prevalence rates of disease); Tier 2 concerns "determinants of health" (e.g. health behaviours); Tier 3 concerns "health system performance" and is focus of the Court Liaison Service Performance Working Group. Whilst the indicators of tiers 1 and 2 are important, these are out of scope for this project.

The domains of tier 3 of the framework aim to answer the following questions: *How well is the health system performing in delivering quality health actions to improve the health of all Australians?* and, *Is it the same for everyone?* The domains of this tier of the NMHPF can be used to form concepts relevant to the performance of mental health services. The tier 3 domains will be the starting point in the development of a CLS performance framework. Each domain will be considered in terms of its relevance to CLS's.

<b>Health System Performance ('TIER 3')</b> <i>How well is the health system performing in delivering quality health actions to improve the health of all Australians? Is it the same for everyone?</i>		
<b>Effective</b>	<b>Appropriate</b>	<b>Efficient</b>
Care, intervention or action achieves desired outcome	The care, intervention or action provided is relevant to the consumer's and/or carer's needs and based on established standards	Achieving desired results with most cost effective use of resources
<b>Responsive</b>	<b>Accessible</b>	<b>Safe</b>
Service provides respect for persons and is consumer and carer orientated: respect for dignity, confidential, participate in choices, prompt, quality of amenities, access to social support networks, and choice of provider	Ability of people to obtain health care at the right place and right time irrespective of income, geography and cultural background	Potential risks of an intervention or the environment are identified and avoided or minimised
<b>Continuous</b>	<b>Capable</b>	<b>Sustainable</b>
Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.	An individual or service's capacity to provide a health service based on skills and knowledge	System or organisation's capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring)

While there has been some focus on performance measurement specifically for forensic mental health services through a National Mental Health Benchmarking Project (NMHBP) conducted from 2005-2008, only four States and Territories participated in the project. Those that did participate identified that the nationally agreed KPI's were not sufficiently tailored to forensic organisations [3]. The NMHBP, however, did provide an opportunity for the nationally agreed KPIs to be tested at the Forensic Mental Health Service level (i.e. inpatient FMH, community treatment etc.).

Key findings of the National Mental Health Benchmarking Project (Forensic Forum) were as follows:

- The forensic mental health benchmarking forums demonstrated that benchmarking is feasible and likely to be useful in improving service performance and quality.
- Comparing performance on KPI's was helpful but of more interest was the process of exploring variation between jurisdictions through tailored special projects (audit of seclusion practices, census of community forensic service consumers, court liaison service audit [3]).

An audit of court liaison services was conducted to compare the 4 participating jurisdictions consumer profiles in the areas of demographics, diagnosis, most serious offence and recommendation to magistrates regarding mental health treatment. The information provided is described as supplementary information which can be used to understand variation in performance indicators.

## **Australian Court Liaison Services**

Court Liaison Services (CLS) emerged in Australia in the late 1990's. These services often perform multiple functions including conducting mental health assessments and court reports to support fully informed judicial determinations and to reduce delays in court proceedings (Victorian Auditor General, 2014) and remands (James, Cripps, Gilluley, & Harlow, 1997; Sirotych, 2009), providing advice in relation to diversion options available through mental health legislation and establishing linkage to mental health service providers. Court liaison practitioners seek to identify individuals with mental illness that have been charged with an offence including those who are linked with treatment services, those who have disengaged from treatment and individuals who are experiencing mental illness who have not come into contact with treatment providers. These specialist services intervene early in the criminal justice process at the post-arrest, and pre-sentence stages.

There is scant research about the effectiveness of CLS across Australia or what is deemed necessary for an optimal service. While there is national policy to support early identification of people with mental illness who have come into contact with the criminal justice system and for diversion to treatment, a lack of clear national guidelines or cross border collaboration has resulted in the ad hoc development of these services.

A national survey of court liaison services and mental health problem solving courts was conducted as a first phase of the court liaison project within the NHMRC Centre for Research Excellence in Offender Health in 2014. It provided a description of the various

court liaison service models and mental health court programs throughout Australia [1]. Note that the future focus of this project is Court Liaison Services and that while the performance measures may have some relevance for Mental Health Courts, they are not the focus of this report. The full report of the national survey is available from the CRE website ([www.offenderhealth.net.au](http://www.offenderhealth.net.au)). A summary of the key findings of the survey are as follows:

- At the time of the survey CLS's had been established in all Australian jurisdictions, with the exception of the Northern Territory (NT). Following the release of the national report, the NT has been successful in securing funding for a court liaison clinician.
- There was general consistency in the aims and role of each of the Australian CLSs. Services described their role as: assisting the courts with the identification of individuals with mental illness or disorder; the reduction in delays in court decision processes through timely provision of mental health information; and linkage of individuals in need of further assessment and/or treatment with appropriate services in the community, prison and inpatient settings.
- Court Liaison Services had varied staffing profiles
- Access to court liaison service provision varies between jurisdictions with some, but not all States and Territories able to provide assessments in all Magistrates Courts.
- All CLS's perform mental health assessments in both police cells and court environments.
- Feedback to courts from CLS's varies in form and level of detail CLS's provide service in a consultation liaison model, with very limited direct treatment provision provided by the service. Ongoing mental health treatment for individuals identified by CLS's is generally provided by public community, prison and inpatient mental health services.
- Legislation regarding the options available for individuals with mental illness who are charged with a criminal offence varies across Australia. This has an impact on the ways in which CLS's operate.
- Variation exists in the types of data that are routinely collected by CLS's
- Australian CLS have limited evidence regarding their effectiveness.
- There is currently no clearly defined method or agreed measures to demonstrate outcomes of the role that CLS's perform within the forensic mental health and criminal justice systems.

## **Aims of CLS**

The aims of CLS's were agreed to be common across services as listed below:

- To intervene early in criminal justice process (pre-sentencing)
- To identify individuals with mental illness who have been charged with an offence
- To provide linkage with appropriate treatment services in community, prison and hospital systems
- To reduce delays in court decisions through provision of advice
- To assist the courts with diversion of mentally ill people, where permitted by legislation
- To provide training and education in relation to mental illness and relevant legislation for stakeholders

# **The Development of a Framework and Performance Measures for Court Liaison Services**

## **Rationale**

The lack of an agreed approach to CLS performance measurements limits services ability to demonstrate the outcomes of the role that they perform within the mental health and criminal justice sectors. A unified approach to performance measurement would permit comparison between CLS's in each Australian jurisdiction and would add value to local and national quality improvement processes and planning. The issue of how to conceptualise and measure the outputs and outcomes that can be attributed to CLS's is an important consideration [4]. As CLS's provide a link between the mental health and criminal justice sectors, outcomes may be considered from a number of perspectives including mental health and criminal justice.

## **Inputs, Outputs & Outcomes**

While the aim of performance measurement in government services is to ascertain outcomes indicators – those which provide information on the impact of a service on the status of an individual or group - they are often difficult to measure. In contrast, outputs are the services that are delivered. Output information is also considered critical for equitable, efficient and effective management of services [5]. It is often this information which is of interest to people who access services. Consideration is required for both of these types of measures in relation to CLS's.

While national minimum data sets exist for mental health services, there are no minimum national data requirements that have been developed specifically for CLS. As services are predominantly a consultation liaison service, limited national outcomes and casemix data (HoNOS etc.) is collected directly by CLS services (NSW SCCLS is an exception). For individuals that have been assessed as requiring mental health treatment by CLS, those services that provide direct ongoing mental health care may be able to provide useful information regarding short and medium term treatment outcomes.

## **Variation and Common Ground**

The national survey of CLS indicated that while there are differences between the CLS that currently exist in each jurisdiction (size of service, geographic coverage, legislation for diversion), the aims and basic functions (assessment, recommendation to courts, negotiation/liaison with treatment providers) of each service are comparable. With similar aims and functions, the comparison of services via a benchmarking process is considered to be feasible. Supplementary information that describes the differences in services may need to be included in reports to ensure that measures are able to be interpreted. Currently there is variation in the types of data that services routinely record and will be able to access for the purpose of benchmarking. Where possible, performance measures should be feasible for the majority of CLS's, however in some cases services may not be able to provide all data requirements.



# The National Mental Health Court Liaison Service Performance Working Group

The National Mental Health Court Liaison Service Performance Working Group was established to assist in the conceptual development and technical specification of a performance framework and key performance indicators for specialised Mental Health Court Liaison Services (CLS's). The Working Group is comprised of nominated representatives of Forensic Mental Health Services from each Australian State and Territory, an Aboriginal and Torres Strait Islander representative & project investigators from the NHMRC CRE Offender Health (a list of working group members and other contributors to this document is included at the end of this document).

The role of the working group is to develop a Court Liaison Service specific framework and a set of key performance indicators that have been formed in consultation with key stakeholders and that complement Australia's existing national mental health performance measurement approaches

In addition to a set of KPI's that are deemed to be feasible for current CLS's , an 'ideal' set of KPI's (without the constraints of data availability) has also be identified for possible future development to guide information development priorities.

The working group was established in February 2016. The group established terms of reference and commenced its work plan at a National workshop in Sydney in February 2016. A series of national teleconferences were held following the workshop to progress the development of this report.

In determining a framework and measures that are relevant for Court Liaison Services the National Mental Health Performance Framework (tier 3) [6] were used as a starting point for discussion. A series of questions were considered by the members of the working group as follows.

- Are the domains of the National Mental Health Performance Framework (effective, appropriate, efficient, accessible, continuous, responsive, capable, safe, and sustainable) relevant to Court Liaison Services?
- Are there any domains that are more important than others?
- Are there concepts that are important for CLS's that are not included in the existing framework?
- Are the existing sub domains and key performance indicators relevant for CLS? If not, why?
- For each of the domains of the NMHPF: How can we apply this concept to a CLS? For example: What would an *accessible* CLS look like? In a perfect world, how could we measure this? Can this be measured with our currently available data? If not, is there a proxy measure that is feasible e.g. an output measure?

## **Criteria to assist in determining key performance measures.**

Criteria as developed for the Key Performance Indicators for Australian Public Mental Health Services [6] were used in the development of a framework and measures that are specific to Court Liaison Services.

### **The overall CLS indicator set should:**

- Be developed with consideration given to the relevance of the various domains (effective, appropriate, efficient, accessible, continuous, responsive, capable, safe, sustainable) and KPIs of the National Mental Health Performance Framework
- Identify and respond to new and emerging issues
- Be capable of leading change
- Provide feedback on where the system is working well, as well as areas for improvement

### **Indicators should:**

- Be worth measuring - represent an important aspect of the performance of the health system
- Be measurable for sub-populations – valid and reliable for the general population and diverse populations such as Aboriginal and Torres Strait Islander people whom are currently over represented in the criminal justice system)
- Be understood by people who need to act
- Galvanise action: of a nature that action can be taken at the national, state, local level
- Be relevant to policy and practice
- Measurement over time will reflect results of actions taken: if action is taken, tangible results will be seen indicating change over time
- Be feasible to collect and report: information required for the indicator can be obtained at reasonable cost in relation to its value and can be collected, analysed and reported in a reasonable timeframe
- Comply with national processes of data definitions
- Be reliable and valid

Indigenous Australians are over-represented in the criminal justice system. Given this, it is important to consider issues relevant to Aboriginal and Torres Strait Islander people within the National CLS performance framework and measures. The following principles were considered to be important for the indicators:

- Where possible, each measure should have a focus on culture embedded within it.
- A breakdown of some of the proposed KPIS's for CLS's to disaggregate by Indigenous status is important. In particular, measures for access to CLS and effectiveness.
- Descriptive information regarding how the service is able to meet the needs of Indigenous people should be included in the domains of capable, safe and responsive (Indigenous CLS workforce, how the service engages with the local community, referral pathways into the service, training and support for the workforce to promote cultural competency and safety).

## National Mental Health Performance Framework Domains

The NMHPF domains of tier 3 were considered by the working group and were acknowledged to be relevant to CLS.

### Domain rating

Working group members were invited to rate the tier 3 domains (as defined in the NMHPF) with respect to their relative importance to CLS. Each participant was asked to individually provide a rating of 1 for the three most important domains; 2 for the three domains considered to be somewhat important to CLS; and 3 for those considered least important to CLS. Each rating was given the following values (rating 1=3), (rating 2=2) and (rating 3=1). Total results were as follows:

Domain	Description	Total Rating	Rank
Effective	Care, intervention or action achieves desired outcome.	22	<b>1</b>
Accessible	Ability of people to obtain health care at the right place and right time irrespective of income, geography and cultural background.	22	<b>1</b>
Safe	Potential risks of an intervention or the environment are identified and avoided or minimised.	19	<b>2</b>
Appropriate	Care/intervention/action provided is relevant to the client's needs and based on established standards.	16	<b>3</b>
Continuous	Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.	15	<b>4</b>
Capable	An individual or service's capacity to provide a health service based on skills and knowledge.	14	<b>5</b>
Efficient	Achieving desired results with most cost effective use of resources.	13	<b>6</b>
Responsive	Service provides respect for persons and is client orientated: - respect for dignity, confidential, participate in choices, prompt, quality of amenities, access to social support networks, and choice of provider.	13	<b>7</b>
Sustainable	System or organization's capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).	10	<b>8</b>

## National Court Liaison Service Performance Framework and Measures

Domain	Sub Domain	Proposed Key Performance Indicator/s	Key Performance Indicator/s (for possible future development)
Effective	Consumer outcomes	<b>Diversion to non-custodial mental health treatment</b>	CLS impact on court processing time CLS reports to courts
Accessible	Access for those in need  Local access	<b>Court attendees who receive a mental health assessment</b>  <b>Comparative area resources</b>	
Safe	Provider safety  Community safety Consumer safety Carer safety	<b>CLS Staff Assaults</b>	Privacy of consumer information/informed consent  Risk assessment  Recidivism
Appropriate	Compliance with standards	*	CLS specific standards for practice
Continuous	Cross-setting continuity	<b>Post CLS mental health service contact</b>	Detailed pathways of care pre and post CLS contact
Capable	Provider knowledge and skill	<b>Descriptive information</b>	
Efficient	Consultation Liaison Care	<b>Average Cost of CLS assessment</b>	Cost savings of diversion
Responsive	Stakeholder experience	*	Magistrate perceptions of service
Sustainable		<b>Descriptive information</b>	

\* No measures proposed that can be collected currently

# Technical Specifications

## Boundaries and scope

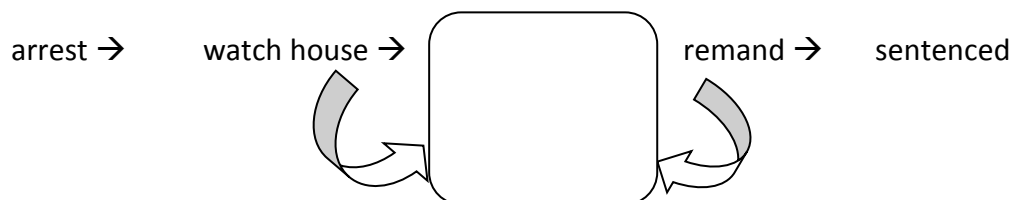
Currently there is some variation between Australian Court Liaison Services with regard to the stages of the criminal justice process at which they may have a role to play. Depending on the jurisdiction, CLS cross all or some of the below stages of the criminal justice process:

arrest → watch house → courts → remand → sentenced

While the role of CLS in each jurisdiction may differ slightly with respect to the criminal justice process, in developing a set of national indicators it is important to identify and define common ground and to define boundaries (i.e. clearly identifying what is in scope for measures, what is out of scope).

The National Mental Health Court Liaison Performance Working Group determined that the scope of the performance measures will be confined to matters that are brought before the court and referrals/interventions that are generated by the court. It was acknowledged by the working group that indicators may not cover all aspects of the court liaison service provision. As such, the boundaries and scope for Court Liaison Service activities are summarized below:

Figure x: Scope of Key Performance Indicators for Australian Mental Health Court Liaison Services



- CLS assessments/interventions in watch house and court environments are in scope
- CLS assessments/interventions of remandees who are attending court are in scope
- CLS assessments/interventions at the point of arrest and in prisons are NOT in scope

### Note:

- While the working group acknowledged that there are different levels of courts in which Court Liaison Services may function, there was agreement that the majority of cases where CLS is involved are dealt with in Magistrate Courts. As such, Magistrates Courts are to be used as the central focus in forming indicator denominators.
- To ensure consistency in comparison – the working group determined that statewide populations will be used in forming indicators (even when not all courts within the jurisdiction have access to CLS). This approach will provide a measure of statewide coverage of the CLS (access).

## Domain: Effective

### Existing national mental health performance framework sub domains and measures

NMHPF Sub domains	Consumer outcomes	Carer outcomes	Community tenure
Is the sub domain relevant to CLS?	✓	✓	X
NMHPF KPI's	Change in consumer's clinical outcomes		28 day readmission rate
Is the KPI relevant to CLS?	X		X

Community tenure was not considered to be relevant to the performance of CLS. Given that CLS provide brief assessment and do not provide ongoing treatment, the nationally agreed KPI (Change in consumer's clinical outcomes) was not seen as the most appropriate measure of CLS performance, although it was identified as having relevance from a mental health *system* perspective.

### Indicator: Diversion to non- custodial mental health treatment

Rationale	Court liaison services aim to intervene early in criminal justice process (pre-sentencing); identify individuals with mental illness who have been charged with an offence; provide linkage with appropriate treatment services in community, prison and hospital systems; and assist the courts with diversion of mentally ill people, where permitted by legislation.
Domain	Effectiveness
Numerator	The number of people diverted by the CLS during reference period
Denominator	The number of defendants in the Magistrates Courts for jurisdiction during the reference period
Calculation	Numerator /Denominator x 100
Data Source (numerator)	Self-report by CLS from locally managed databases
Data Source (denominator)	Australian Bureau of Statistics – 4513.0 <a href="#">Criminal Courts, Australia (most recent annual finalized total)</a> . Access via ABS data cube.
Definitions	Diversion is understood to mean linkage (referral) by the Court Liaison Service, of individuals with mental illness, with mental health treatment provider(s) outside of custodial settings.
Disaggregation	Indigenous status Gender Diversion setting type: community MHS/inpatient MHS/other
Notes	
Supplementary/ Contextual information	The rate of diversion to mental health treatment outside of custodial settings is determined, in part, by the relevant legislation in each Australian jurisdiction. A description of legislation as it relates to

diversion will be required to assist in interpreting this indicator. An additional factor that impacts on the CLS's ability to divert individuals with mental illness in some jurisdictions is the need for the receiving service (treatment provider) to accept the referral. An indication of the rate of referrals that are not accepted by the treatment provider would assist in the interpretation of this indicator.

Prisoner populations in each jurisdiction are also useful as a comparison for this indicator. Data from the Australian Bureau of Statistics – 4512.0 [Average daily number of persons in full time custody, Corrective Services, Australia](#) can be used to provide a comparison (Access via ABS data cube).

Court Liaison Services aim to reduce delays in court decisions through provision of advice and to assist the courts with diversion of mentally ill people, where permitted by legislation. Given these aims, a measure related to the impact of CLS's on courts and court processing is an area that has been identified for possible future development.

Mental health reports provided to courts by CLS's may be a useful metric for this domain in the future if consistent definitions and standards can be formed. Measures may include the number of reports, timeliness of advice to courts (written and verbal) and the extent to which information provided by the CLS speeds up court processing.

## Domain: Accessible

### Existing national mental health performance framework sub domains and measures

NMHPF Sub domains	Access for those in need	Local access	Emergency response
Is the sub domain relevant to CLS?	✓	✓	X
<b>NMHPF KPI's</b>	Proportion of population receiving clinical mental health care	New client index	Comparative area resources
Is the KPI relevant to CLS?	X	X	✓

### Indicator: Rate of Court attendees who receive a mental health assessment by Court Liaison Services

Rationale	Court liaison services aim to intervene early in criminal justice process (pre-sentencing) by identify individuals with mental illness who have been charged with an offence.
Domain	Accessible
Numerator	The number of people who receive a face to face mental health assessment by the CLS during reference period
Denominator	The number of defendants finalized, in Magistrates Courts for jurisdiction during reference period
Calculation	Numerator / Denominator x 100
Data Source (numerator)	Self-report by CLS from locally managed databases
Data Source (denominator)	Australian Bureau of Statistics – 4513.0 <a href="#">Criminal Courts, Australia (most recent annual finalized total)</a> . Access via ABS data cube.
Definitions	
Disaggregation	Indigenous status
Notes	
Supplementary/ Contextual information	The number of courts within the jurisdiction that receive court liaison service provision and number of court sitting days where a CLS clinician is in attendance.

### Indicator: Comparative Area Resources

Rationale	The ability of court liaison services to identify individuals with mental illness who have been charged with an offence is linked with the size of the workforce that is available to meet this need.
Domain	Accessible
Numerator	The number of CLS full time equivalent staff
Denominator	The number of defendants finalized, in Magistrates Courts for jurisdiction during reference period
Calculation	Numerator / Denominator x 100
Data Source (numerator)	Self-report by CLS from locally managed databases
Data Source (denominator)	Australian Bureau of Statistics – 4513.0 <a href="#">Criminal Courts, Australia (most recent annual finalized total)</a> . Access via ABS data cube.
Definitions	
Disaggregation	Indigenous workforce Clinical/Non Clinical FTE Clinical Discipline (Nursing, Psychiatry, Social Work, Psychology, OT)
Notes	An alternative denominator for this measure is the estimated resident population of the jurisdiction (Australian Bureau of Statistics)/100,000
Supplementary/ Contextual information	The number of courts within the jurisdiction that receive court liaison service provision and number of court sitting days where a CLS clinician is in attendance.



## Domain: Safe

### Existing national mental health performance framework sub domains and measures

NMHPF Sub domains	Consumer safety	Carer safety	Provider safety	Community safety
Is the sub domain relevant to CLS?	✓	✓	✓	✓

There are currently no nationally agreed KPI's for the domain of safety.

### Indicator: Staff safety

Rationale	Mental health workers are unfortunately sometimes exposed to occupational violence and aggression in the course of their professional role. Such incidents can have serious impacts and are a risk to the wellbeing and safety of the workforce.
Domain	Safety
Numerator	The number of reported incidents of occupational violence and aggressive behavior towards CLS staff during the reference period
Denominator	The number of face to face mental health assessments conducted by the CLS during the reference period
Calculation	Numerator / Denominator x 100
Data Source (numerator)	Self-report by CLS from locally managed databases
Data Source (denominator)	Self-report by the CLS from locally managed databases
Definitions	Incidents include verbal, physical or psychological abuse, threats or other intimidating behaviours, intentional physical attacks, aggravated assault, sexual harassment and sexual assault
Disaggregation	
Notes	Staff assaults are likely be very low (if any). Consider removing this draft indicator
Supplementary information	

Safety has been identified as a key component of quality for Court Liaison Services. As noted in the National KPI's it is a core component of both the National Standards for Mental Health and the National Practice Standards for the Mental Health Workforce.

Four sub domains were identified:

- Provider safety
- Consumer safety
- Carer safety
- Community safety.

While a measure that would serve as an indication of provider safety was identified, other sub domains have been highlighted as areas for possible future development.

- *Community Safety*: It was agreed that community safety is an important area of consideration for CLS's and that services should avoid diverting those from the CJS who put community at risk, as such recidivism and community safety could be considered to be long term system outcomes for future development
- *Consumer safety* could include the appropriate consent for sharing of sensitive clinical and other relevant information obtained during assessment. Other indicators may include incidents of self-harm and suicide.
- Risk assessment is an important component of forensic mental health service and should be conducted prior to CLS making recommendations. The number of risk assessments that meet a predefined standard may be an indicator that could be considered for future development.

## Domain: Appropriate

### Existing national mental health performance framework sub domains and measures

NMHPF Sub domains	Compliance with standards	Relevance to consumer and carer needs
Is the sub domain relevant to CLS?	✓	✓
<b>NMHPF KPI's</b>	National service standards compliance	
Is the KPI relevant to CLS?	✓	

### Things to consider

- A number of nationally endorsed standards for mental health services exist: The National Standards for Mental Health Services (2010); National Safety and Quality Health Service Standards (2011); National Practice Standards for the Mental Health Workforce (2002) and from a forensic mental health perspective, the Australian Health Ministers Advisory Committee National Statement of Principles for Forensic Mental Health (2006).
- Service standards that are considered to be specific to the specialized nature of CLS were discussed as an area for possible future development, e.g. does the service have clearly defined procedures and standards related to the following areas (note that these may be considered as measures of appropriateness of service):
  - Appropriateness of assessments
  - Court feedback
  - Consumer consent for information sharing
- No KPI's were proposed for this domain.

## Domain: Continuous

### Existing national mental health performance framework sub domains and measures

NMHPF Sub domains	Continuity between providers	Cross-setting continuity	Continuity over time
Is the sub domain relevant to CLS?	✓	Important to consider but may not be reflective of CLS performance	✓
<b>NMHPF KPI's</b>		- Rate of pre-admission community care - Rate of post discharge community care	
Is the KPI relevant to CLS?		<b>X</b> – more a measure of general mental health system performance	

### Indicator: Post Court Liaison Service mental health treatment

Rationale	Court liaison services aim to provide linkage with appropriate treatment services in community, prison and hospital systems.
Domain	Continuous
Numerator	The number of people referred by the CLS to a mental health service provider in any setting during reference period
Denominator	The number of defendants finalized, in Magistrates Courts for jurisdiction during reference period
Calculation	Numerator / Denominator x 100
Data Source (numerator)	Self-report by CLS from locally managed databases
Data Source (denominator)	Australian Bureau of Statistics – 4513.0 <a href="#">Criminal Courts, Australia (most recent annual finalized total)</a> . Access via ABS data cube.
Definitions	
Disaggregation	Indigenous status
Notes	
Supplementary/ Contextual information	

The brief nature of CLS contact with consumers through a consultation liaison model has relevance for this indicator. Consideration is needed to ensure that any indicators measure the performance of the CLS (not the broader mental health system performance).

A number of KPI ideas for future development were noted:

- Detailed pathways of care pre and post CLS contact may be possible at a local level but are unlikely to be feasible in a national benchmarking effort currently.
- It may be possible to examine the rate of individuals for whom Magistrates order mental health assessment who are subsequently seen on a face to face basis by mental health professional (public mental health service).

## Domain: Capable

### Existing national mental health performance framework sub domains and measures

NMHPF Sub domains	Provider knowledge and skill	Outcomes orientation
Is the sub domain relevant to CLS?	✓	X
NMHPF KPI's		Outcomes readiness
Is the KPI relevant to CLS?		X

Currently Court Liaison Services in only one jurisdiction (New South Wales) record outcome measures (National Outcomes and Casemix Collection – HoNOS etc.). This appears to be due to varied jurisdictional data reporting requirements for consultation liaison services.

No quantitative key performance indicators were proposed for this domain at this stage, however the national working group determined that brief descriptive information would be useful to collect via a questionnaire for the purpose of comparison in future benchmarking endeavours.

Descriptive information relevant to the domain that may be collected:

- Rate of staff who have received a comprehensive orientation to the service
- Induction processes for new staff – mentoring
- Rate of compliance with jurisdictional requirements for mandatory training
- Availability of senior colleagues for on call advice/supervision
- Access to cultural advisors
- Description of ongoing staff development and training that is specific to the role of CLS (frequency, mode of delivery, content)

A draft questionnaire for this domain is located in the appendix.

## Domain: Efficient

### Existing national mental health performance framework sub domains and measures

NMHPF Sub domains	Inpatient care	Community care
Is the sub domain relevant to CLS?	<b>X</b>	<b>X</b>
<b>NMHPF KPI's</b>	- Average length of acute inpatient stay - Average cost per acute admitted patient day	- Average treatment days per 3-month community care period - Average cost per community treatment day
Is the KPI relevant to CLS?	<b>X</b>	<b>X</b>

- Cost effectiveness analysis has not been conducted for CLS's in Australia and would be a challenging area of enquiry.
  - Cost savings of diversion (incarceration costs) is an area for future consideration

### Indicator: Average cost of Court Liaison Service Mental Health Assessment

Rationale	In the context of significant pressure on health system budgets, the extent to which Court Liaison Services are able to achieve desired results using available resources is considered to be an important consideration.
Domain	Efficient
Numerator	Total of the mental health service organization's recurrent expenditure on mental health court liaison service within the reference period
Denominator	The number of people who receive a face to face mental health assessment by the CLS during reference period
Calculation	Numerator/ Denominator
Data Source (numerator)	Self-report by CLS services
Data Source (denominator)	Self-report by CLS from locally managed databases
Definitions	
Disaggregation	
Notes	Recurrent expenditure – note that criteria as used by the National Minimum Data Set Community Mental Care maybe useful.
Supplementary/ Contextual information	

## Domain: Responsive

### Existing national mental health performance framework sub domains and measures

NMHPF Sub domains	Consumer and carer experience of care	Consumer and carer participation
Is the sub domain relevant to CLS?	✓	X
<b>NMHPF KPI's</b>		Consumer outcomes participation
Is the KPI relevant to CLS?		X

Currently there are no nationally endorsed measures exist for consumer and carer experience of care.

As noted previously, not all jurisdictions record outcome measures (National Outcomes and Casemix Collection – HoNOS etc.) for consultation liaison services. NSW is an exception.

Court Liaison Service stakeholder perceptions are considered to be relevant for this domain. Currently there is no nationally consistent approach to the measurement of stakeholder perceptions. An approach to the measurement of Magistrates perceptions in NSW has been developed. A period survey is conducted. Queensland is considering using the same measure (with minimal local adaptation) in the near future. This measure could be used to compare services in future.

A recent comprehensive qualitative assessment of stakeholder perceptions that was conducted in Victoria is a model that could be considered – although may not produce information that could be used as a KPI for comparison.

- No KPI's were proposed for this domain

## Domain: Sustainable

### Existing national mental health performance framework sub domains and measures

NMHPF Sub domains	Workforce planning	Training Investment	Research Investment
Is the sub domain relevant to CLS?	✓	✓	✓

There are currently no nationally agreed KPI's for this domain.

The lack of consistent definitions and data for this domain is likely to constrain the development of nationally agreed performance measures for this domain.

No quantitative key performance measures were proposed for this domain at this stage however the group determined that brief descriptive information would be useful to collect via a questionnaire.

Descriptive information relevant to the domain that may be collected:

- Innovative practices adopted by the service (e.g. use of existing and emerging technology such as audio visual linkage for communication etc.)
- Access to mental health and criminal justice information systems for CLS officers at point of service contact for clinicians
- Research capacity and output that is relevant to CLS
- Monitoring processes undertaken by the service (clinical auditing, service evaluation)
- Approaches taken by the service to workforce planning – key challenges and successes. What processes or events have been associated with enhancements to human resources in the past?

A draft questionnaire for this domain is located in the appendix.

## Contributors

**The National Mental Health Court Liaison Service Performance Working Group Members are:**

Professor David Greenberg	Clinical Director, Statewide Clinical Court Liaison Service	New South Wales
Mr Patrick Seal	Manager, Court Liaison Service, Forensicare	Victoria
Dr Velimir Kovacevic	Clinical Director, South East Queensland Court Liaison Service	Queensland
Dr Adam Brett	Psychiatrist, START Court	Western Australia
Dr Narain Nambiar	Clinical Director, Forensic Mental Health Service	South Australia
Ms Marita O'Connell	Court Liaison Officer	Tasmania
Dr Owen Samuels	Clinical Director, Forensic Mental Health Service	Australian Capital Territory
Ms Maraea Handley	Team Leader, Forensic Mental Health Service	Northern Territory
Dr Marshall Watson	Child and Adolescent Forensic Psychiatrist	Aboriginal and Torres Strait Islander Advisor
Ms Fiona Davidson	Project Coordinator	NHMRC CRE Offender Health

The NHMRC Centre for Research Excellence in Offender Health would like to acknowledge the valuable contribution of the following individuals:

Dr Ed Heffernan	Director, Forensic Mental Health Service (Qld)
Professor Phliip Burgess	School of Public Health, University of Queensland
Professor Tony Butler	Kirby Institute, University of New South Wales
MsCarolynn Dixon	Manager, Statewide Clinical Court Liaison Service (NSW)
Mr Jonathon Norton	Executive Director, Community Operations and Strategic Development, Forensicare (Vic)
Mr Chris Young	Court Liaison Service (WA)
Dr Natalie Pyzora	Clinical Director, Forensic Mental Health (WA)
Dr Jane Phillips	Forensic Psychiatrist, South East Queensland Court Liaison Service (Qld)
Mr Bruce Hamilton	Program Coordinator Statewide Court Liaison (Qld)
Ms Susan Bone	Court Liaison Officer (SA)
Ms Ingrid Johnston	AIHW
Ms Melanie Simpson	Kirby Institute, University of New South Wales



# Appendix 1 – Qualitative Information

## Capable

### 1.0 Service Orientation

The following questions relate to the orientation process for new clinical staff of the CLS.

1.1 Does your service have a consistent approach to orientation? Yes/No

1.2 What is the time period for orientation of new clinical staff? \_\_\_\_\_

1.3 What topics are included in the orientation process?

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1.4 Is there a period of time where new staff members are partnered with experienced staff to observe practice prior to fully engaging in their new role? Yes/No.

1.5 If yes, please describe:

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**2.0 Education & training** - Please provide a list and brief details of any CLS specific education/training requirements for clinical staff (name of training, brief description of content, mode of delivery, duration and frequency).

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**3.0 Cultural Advice** - Please describe the ways in which your CLS ensures that CLS clinicians have access to appropriate advice for consumers from culturally and linguistically diverse backgrounds? Include information regarding whether CLS staff have access to Indigenous cultural advisors.

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**4.0 On Call Psychiatry Advice** - Please provide a description of the capacity of your service to provide clinical staff with on call psychiatry advice.

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**5.0 Clinical supervision** – Please provide a description of the processes for clinical supervision within the CLS.

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## Sustainable

**1.0 Innovative practice** - Please provide a description of any innovative practices that the CLS has adopted (e.g. the use of new or emerging technology).

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**2.0 Monitoring processes** – Does the CLS employ a regular clinical auditing or monitoring process? Yes/No. \_\_\_\_\_

2.1 If Yes, please provide a brief description:

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**3.0 Research** – Does your service have a research plan? Yes/No \_\_\_\_\_

3.1 Please provide a description of any research undertaken by the CLS over the last twelve months. How does the service encourage the development of CLS research?

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**4.0 Information technology** – Do CLS clinicians have access to clinical mental health information systems at locations where assessments are conducted? Yes/No  
Please provide a description of the ways in which CLS staff access relevant clinical information:

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**5.0 Workforce planning** – Please provide a description of the approach that the service takes to workforce planning.

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5.1 What processes/events have been associated with enhancements to the CLS workforce in the past (if any...)?

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**6.0 Staff backfill** - What capacity does the CLS have to provide backfill for emergent and planned leave of clinical staff?

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## References

1. Davidson, F., et al., *A Critical Review of Mental Health Court Liaison Services in Australia: A first national survey*. Psychiatry, Psychology and Law, 2016: p. 1-14.
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