



VICTORIAN ALCOHOL AND DRUG ASSOCIATION

**Submission to the Drugs Policy and
Services Branch
(Victorian Department of Human Services)**

**RESPONSE TO *SHAPING THE FUTURE: THE
VICTORIAN ALCOHOL AND OTHER DRUG QUALITY
FRAMEWORK***

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Summary of Recommendations

- 1) That DHS consider developing models and tools for promoting consumer participation in developing and planning AOD services, to be attached to any new quality framework.
- 2) That a formal and fully independent review mechanism be established and attached to the Charter of consumers' rights and responsibilities. This mechanism would need to be adequately resourced and adequately advertised to clients.
- 3) That the development of quality requirements for AOD services be aimed at improving their capacity to work with CALD clients.
- 4) That DHS develop a comprehensive model of how to manage treatment agencies' contribution to the AOD evidence base, and that implementation of any such model be fully funded and supported by DHS.
- 5) That DHS consider developing resources to assist AOD agencies in maintaining the minimum standard of continuity of care required under any new quality framework.
- 6) That DHS consider not laying an evidence-based treatment pathways minimum requirement on AOD agencies until the relevant evidence base is established.
- 7) That DHS develop an information package for AOD agencies detailing how the proposed quality framework would fit in with existing CQI regimes; and describing agencies' respective responsibilities under CQI accreditation programs and under the minimum CQI requirements of any new quality framework.
- 8) That while developing any new CQI regime for the AOD sector, DHS take into account sector difficulties in consolidating current quality improvements, so as not to lay an unreasonable burden on agencies complying with the quality framework
- 9) That AOD agencies currently accredited under a business model be required to be accredited under a community health model; and that DHS fully fund and support these agencies in changing over to the new accreditation model.
- 10) That DHS consider developing specialised guidelines and tools for establishing transparent, robust and accountable governance structures among AOD agencies whose Board or staff are voluntary or funded on a non-recurrent basis; and that these agencies be fully supported during the implementation of these structures.
- 11) That while drafting its new quality framework DHS bear in mind that under the existing funding model AOD agencies already have difficulties attracting and retaining appropriately qualified staff.
- 12) That DHS consider developing a set of guidelines to assist AOD agencies in developing partnerships both within and beyond the AOD sector.

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The Victorian Alcohol and Drug Association

Who is VAADA?

The Victorian Alcohol and Drug Association (VAADA) is the peak body for alcohol and other drug (AOD) services in Victoria. We provide advocacy, leadership, information and representation on AOD issues both within and beyond the AOD sector.

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation, or research that minimises the harms caused by alcohol and other drugs.

As a state-wide peak organisation, VAADA has a broad constituency. Our membership and stakeholders include 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, disability services, religious services, general youth services, local government and others, as well as interested individuals.

VAADA's Board is elected from the membership and comprises a range of expertise in the provision and management of alcohol and other drug services and related services.

As a peak organisation, VAADA's purpose is to ensure that the issues for both people experiencing the harms associated with alcohol and other drug use, and the organisations that support them, are well represented in policy and program development and public discussion.

Discussion and Recommendations

Introduction

VAADA welcomes the opportunity to comment on the Department of Human Services' draft quality framework for the Victorian AOD sector, *Shaping the Future: The Victorian Alcohol and Other Drug Quality Framework*. VAADA's submission comprises a summary of our members' responses to the draft quality framework.

VAADA's membership reported that they were generally satisfied with the principles represented in the standards of the new quality framework. The standards were generally described as being positive, and a step in the right direction for the AOD sector.

Additionally, however, concerns were expressed that

- it was unclear how many of the minimum requirements would need to be implemented
- some of the proposed minimum requirements appeared redundant in the context of existing accreditation processes
- agencies were not adequately funded to implement some of the minimum requirements

VAADA has also received comments that the draft quality framework does not provide as clear an indication of how to ensure quality within agencies as DHS's earlier *Service Quality Framework*¹. AOD agencies believe that DHS could provide them with a clearer model of implementation by incorporating details from the earlier framework or from existing accreditation programs.

VAADA also requests that future drafts of the proposed quality framework specify to whom the quality framework will apply. Explicitly, VAADA requests that future drafts clarify whether the proposed quality will apply only to funded agencies, or also legislated agencies such as drink driving programs.

The remainder of VAADA's submission will discuss each of the draft quality standards of the proposed quality framework in turn, and make recommendations on the basis of these discussions.

Discussion of the Draft Standards

Standard 1: Consumer focus

VAADA strongly supports the draft quality framework's robust focus on the rights of consumers/clients and consumer input into the planning and development of services.

However, sections of VAADA's membership noted that while the draft quality framework endorses consumer participation in service planning, it does not supply service providers with a model of how to include consumer participation in their work.

¹ Department of Human Services. (2002). *Service Quality Framework*. Melbourne: Victorian Government Department of Human Services.

VAADA notes that the Victorian Quality Council has developed tools to assist the health sector incorporate consumer input in service development and planning. These include:

- a guide to assist health services in collaborating with consumers²
- an online guide for sourcing the input of consumers, carers, and community stakeholders³
- checklists for agencies describing minimum consumer participation requirements⁴

VAADA recommends

Recommendation 1:

That DHS consider developing models and tools for promoting consumer participation in developing and planning AOD services, to be attached to any new quality framework.

VAADA welcomes the development of a consumers' Charter of Rights and Responsibilities, and particularly welcomes its role in informing the draft quality framework.

However, VAADA also notes that, despite the draft quality framework's emphasis on accountability to consumers and the need for strong feedback and complaints mechanisms, the consumers' Charter of Rights and Responsibilities currently does not include an attached review mechanism. VAADA recommends

Recommendation 2:

That a formal and fully independent review mechanism be established and attached to the Charter of consumers' rights and responsibilities. This mechanism would need to be adequately resourced and adequately advertised to clients.

VAADA acknowledges that the minimum requirements make a step in the right direction by requiring that DHS-funded services are developed and delivered in a culturally sensitive manner. While we welcome this, VAADA's consultations with ethno-specific AOD services suggest that more will need to be done to address the needs of AOD clients from CALD communities and backgrounds.

VAADA also notes that increasing numbers of AOD clients are from CALD communities and backgrounds VAADA therefore recommends

Recommendation 3:

That the development of quality requirements for AOD services be aimed at improving their capacity to work with CALD clients.

Standard 2: Evidence-based practice

² Victorian Quality Council. (2004). *Enabling the consumer role in clinical governance: A guide for health services*. Melbourne: Metropolitan Health and Aged Care Services Division.

³ Accessible at <http://health.webcentral.com.au/consumers/>.

⁴ VQC, *ibid*.

AOD agencies consulted by VAADA report full support for evidence-based practice in all AOD services. However, these agencies are also concerned by some of the implications of the evidence-related requirements laid on agencies under the proposed quality framework.

- VAADA believes more clarification is needed around what proposed by the minimum requirement that AOD agencies “contribute further to developing the evidence base upon which AOD treatment is founded”.
 - Currently the proposed quality framework indicates only how information provided by clinicians and clients would be managed. It does not describe the mechanisms of collecting it, or the impact that it may have on service workloads.
 - VAADA is also concerned that expectations would be placed on agencies to contribute directly to research and additional data collation, which may have impacts on service delivery, including:
 - Increasing service workloads by requiring services to provide analysis of information they accrue
 - This would diminish the amount of resources available for front-line services
 - Exacerbate skills shortages in AOD treatment agencies – requiring more resources to recruit suitably qualified staff

Therefore, while supporting the strengthening of the AOD evidence base, VAADA wants realistic funding provided to services to ensure that this not achieved through a reduction in service delivery.

In light of all the above, VAADA recommends

Recommendation 4:

That DHS develop a comprehensive model of how to manage treatment agencies’ contribution to the AOD evidence base, and that implementation of any such model be fully funded and supported by DHS.

VAADA suggests that any such model take into account related developments in the AOD service system, such as the flexible funding initiative and the proposed brief interventions strategy.

- A second major issue arose during VAADA’s consultations with regard to evidence-based practice. VAADA has concerns about what implementing the “continuity of care” minimum requirement would mean in practice. In particular,
 - VAADA is concerned that no clear, concise definition of “continuity of care” is given in the draft quality framework.
 - VAADA is concerned that the draft quality framework gives no indication of what the minimum requirements for measuring agencies’ success in providing continuous care would be.
 - VAADA is concerned that continuity of care would be better placed under the Consumer Participation standard, rather than the Evidence-Based Practice standard.
- VAADA recommends

Recommendation 5:

That DHS consider developing resources to assist AOD agencies in maintaining the minimum standard of continuity of care required under any new quality framework.

- A third issue regarding evidence-based practice also arose during VAADA's consultations. VAADA supports the principle of AOD agencies having comprehensive, evidence-based policies canvassing all aspects of treatment pathways from initial contact with the overall system to exit. We note that this has a couple of important implications, however:
 - VAADA questions whether the existing evidence base is sufficient to planning evidence-based treatment pathways from entry to exit from the system.
 - It is unclear how successful compliance with this minimum requirement would be measured
 - Successful policies to cater to different client groups – such as translating services for CALD clients, or wheelchair access for some disabled clients – are expensive to implement. Currently there is no funding for agencies to implement these policies
- Given the above, VAADA recommends

Recommendation 6:

That DHS consider not laying an evidence-based treatment pathways minimum requirement on AOD agencies until the relevant evidence base is established.

Standard 3: Continuous Quality Improvement

AOD agencies consulted by VAADA reported several problems with the Continuous Quality Improvement (CQI) requirements proposed in the draft quality framework.

- Firstly, agencies reported existing problems with the current CQI accreditation regime. These include
 - Agencies are not specifically funded to undergo CQI accreditation
 - Many agencies – especially rural and smaller agencies – already find it difficult to cover the costs of CQI
 - DHS does not provide funding to train managers in how to manage the existing CQI regime
 - Agencies are not currently funded to pay accreditation fees, and must shift monies from other areas to pay these fees
 - Where grants are provided for workforce development/quality improvement, they are usually non-recurrent
 - Some agencies follow a business accreditation program rather than a community health accreditation program. This leads to problems with
 - Inconsistency in standards across agencies
 - Some NGOs working on a for-profit rather than a non-profit basis – which impacts on quality issues such as continuity of care

Given the impost on agencies to fulfil current CQI accreditation, fears were expressed that additional CQI requirements would exacerbate these problems, unless support funding is provided.

- Secondly, VAADA has concerns that while agencies may undertake the CQI process they are unable to consolidate improvements to service quality.
- Particularly strong barriers to consolidating service quality include:
 - Agencies have difficulties accessing research relevant to evidence-based service development
 - High turnover of staff within the sector leading to a constant need to train new staff to a Certificate IV level

- Thirdly, AOD agencies consulted by VAADA reported confusion as to how the proposed quality framework would sit with existing accreditation programs. Specifically,
 - It is unclear whether existing accreditation programs will need to be altered, or new accreditation programs be developed, to measure AOD agencies' compliance with the proposed quality framework
 - The third minimum requirement under the CQI Standard (regarding CQI policies and procedures) appears to be redundant given the requirements of the second (accreditation) minimum requirement.
- Agencies report concerns that there is some duplication between the proposed quality framework and existing accreditation programs.

Given the above, VAADA recommends

Recommendation 7:

That DHS develop an information package for AOD agencies detailing how the proposed quality framework would fit in with existing CQI regimes; and describing agencies' respective responsibilities under CQI accreditation programs and under the minimum CQI requirements of any new quality framework.

Additionally, VAADA recommends

Recommendation 8:

That while developing any new CQI regime for the AOD sector, DHS take into account sector difficulties in consolidating current quality improvements, so as not to lay an unreasonable burden on agencies complying with the quality framework.

Additionally, VAADA recommends

Recommendation 9:

That AOD agencies currently accredited under a business model be required to be accredited under a community health model; and that DHS fully fund and support these agencies in changing over to the new accreditation model.

Finally, VAADA notes that information about pharmacotherapies is to be added to the quality framework at a later point. We note that the availability of pharmacotherapies to Victorians is a matter of great concern to the AOD sector. VAADA respectfully requests that the AOD sector be given an opportunity to provide comment on the any standards concerning pharmacotherapy, once they have been added to the draft quality framework.

Standard 4: Corporate and Clinical Governance

In general, VAADA supports the minimum requirements expected of agencies under the Corporate and Clinical Governance standard.

However, while VAADA believes that the minimum requirements are good principles for agencies to follow, we note that in some circumstances the minimum requirements expected of AOD agencies would be difficult to implement, due to agencies not having the capacity to implement them. Specifically, VAADA questions the appropriateness of applying some of the guidelines where

- the Boards and/or CEOs of an organisation act on a voluntary basis
- the salaries of CEOs, staff and/or Board members are funded on a non-recurrent basis

Due to their reduced capacity, these agencies will face particular challenges in implementing highly detailed governance structures and policies. However, given that VAADA supports transparent, robust and accountable governance structures among all AOD agencies, we believe that these agencies received special support from DHS. Accordingly, VAADA recommends

Recommendation 10:

That DHS consider developing specialised guidelines and tools for establishing transparent, robust and accountable governance structures among AOD agencies whose Board or staff are voluntary or funded on a non-recurrent basis; and that these agencies be fully supported during the implementation of these structures.

Standard 5: Workforce Development

VAADA endorses the vision of a complex AOD workforce development strategy that takes into account

- the variety of types of expertise across the sector
- the variety of levels of expertise across the sector
- the different career paths appropriate to different types of worker
- the different workplace awards AOD staff work within
- the different funding models different agencies employ

We also support the general principle of AOD agencies having adequate training policies and staffing. However, we again note that without further funding for AOD agencies it may be difficult to implement these principles. Challenges in this area include:

- Salaries/wages in the AOD sector are lower than in other health sectors.
 - This can make it difficult for AOD agencies to attract and retain qualified staff
- Rural and regional agencies find it even more difficult to attract qualified staff, and to pay them at an appropriate level
- AOD agencies are not funded to provide backfill funding when staff undergo training

In light of all this, we recommend

Recommendation 11:

That while drafting its new quality framework DHS bear in mind that under the existing funding model AOD agencies already have difficulties attracting and retaining appropriately qualified staff.

Standard 6: Partnerships

As with the other minimum requirements presented in the draft quality framework, VAADA considers that the minimum requirement under the Partnerships standard is a good general principle for AOD agencies to follow. Again, however, we consider that the quality framework requires more detail concerning:

- how the partnerships minimum requirement will be measured
- how the sustainability of partnerships will be assessed

The Partnerships standard also presents challenges related to other standards discussed previously, including:

- Challenges around how quality in partnerships will be improved within current funding constraints
- Challenges around increasing bureaucratic imposts

Given the above, VAADA recommends

Recommendation 12:

That DHS consider developing a set of guidelines to assist AOD agencies in developing partnerships both within and beyond the AOD sector.