

July - September 2015
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New sector - year 1



The release of this Edition of the VAADA newsletter coincides with the anniversary of the commencement of the new arrangements for the adult nonresidential AOD treatment sector. It also sees the conclusion of the consultation process undertaken by ASPEX regarding the new arrangements and the commencement of VAADA's Regional Voices initiative. We are hopeful that the work undertaken by ASPEX will provide government with a blueprint on how to address the deficits evident in the system resultant of these new arrangements.

VAADA recently hosted, with the support of DHHS, the first Service Providers Conference in approximately three years. The conference, opened by Minister Foley, was well attended, with a variety of presenters speaking on a range of issues. This is discussed in more detail overleaf. VAADA will be hosting Service Providers Conferences on a six monthly basis.

Elsewhere in this edition, a number of contributors have provided details on various elements of the new system, as well as a range of other initiatives related to Victoria's Ice Action Plan.

The Bayside Integrated Consortium have provided a summary of the review of their centralized intake system which contains a number of recommendations, both specific to that region and applicable statewide. These recommendations highlight the need for greater collaboration, governance, service quality and access. Other areas for improvement include responding to the needs of specific populations and a complaints process.

APSU have reflected on how elements of the Ice Action Plan will benefit families, noting the myriad challenges families experience through the AOD dependency of a loved one, and how the Ice Action Plan provides for some initial activity to provide some relief for families.

Windana has provided a summary of a recent review undertaken to assess their recent endeavours in better tailoring residential withdrawal services to the needs of individuals experiencing methamphetamine dependency. The review detailed a number of recommendations, including enhanced care and coordination within withdrawal units to support individuals experiencing complex social and health issues, staff training and enhanced data service planning.

An update on the AOD Change Agent Network is also contained herein; this network, which draws together existing and emerging leaders to enhance the sector, aims to provide an expert voice for the sector and is currently undertaking some important work on trauma informed care.

This edition also contains a summary of a recent report assessing the Commonwealth funded capacity building endeavours administered by the jurisdictional AOD peak bodies. The findings highlight the benefit of these capacity building activities.

Over recent weeks work has recommenced on the State Governments Ice Action Taskforce. A range of issues are being examined including progress on implementation of Phase 1 projects already well under way. While it is premature to identify the results of current deliberations it is critically important for government, relevant departments and key stakeholders to continue the focus not only on such substances as methamphetamine but the required evolution of integrated and co-ordinated system responses that are required to make a difference.

Also of interest are Federal deliberations related to methamphetamine which are still taking shape. Other than some premature announcements of additional investment in law and order type responses we are awaiting the direction that the federal government will take. We will keep a watchful eye on this space and report back later when information becomes available.

Sam Biondo

AOD service provider's conference

VAADA has been funded to organise two AOD Service Providers Conferences in the 2015-16 financial year. The first of these one-day events took place on Friday 4 September 2015 at the Darebin Arts and Entertainment Centre in Preston. The agenda for the forum, developed in consultation with DHHS, sought to cover a number of emerging issues for the AOD sector, as well as provide opportunities for skills based development for working in the recommissioned system.

The program included a presentation from the Minister, the Hon Martin Foley MP, morning concurrent sessions focusing on the NDIS and family violence, a panel discussion to explore the delivery of AOD treatment services for forensic clients, and a series of afternoon workshops on facilitating group work; cultural safety in Aboriginal health; family inclusive practice in the recommissioned system; and working with complex forensic clients.

281 people registered to attend the conference. Delegates reflected the diversity in the sector and included CEO's,

managers, clinical staff and representatives from peak bodies and DHHS. Participants were encouraged to complete an evaluation form at the end of the forum to put forward ideas and themes for the next event scheduled in early 2016. Although a comprehensive analysis was yet to be undertaken at the writing of this newsletter, feedback appeared to support the delivery of the conferences with some exciting ideas for future topics.

An additional feature of the conference was the availability of service provider display tables. 12 agencies were invited to participate and had the opportunity to distribute information, resources and promotional material to delegates in attendance. This proved to be an excellent networking opportunity for all involved and will be a feature we seek to expand on at upcoming events.

VAADA would like to thank all presenters who volunteered their time and look forward to sector participation at the next conference in 2016.

The evaluation of the role of AOD peak bodies in building capacity in the non-AOD sector

The Australian Department of Health has funded the Australian state and territory alcohol and other drug (AOD) peak bodies to undertake capacity building within the sector, beginning with the Improved Services Initiative in 2009. However, whilst this initiative was considered to have been effective, no formal evaluation of the peaks' projects was undertaken at that time. The peaks subsequently determined that their performance in capacity building during the new Substance Misuse Services Delivery Grants Funds (SMSDGF) funding period (July 2012 – March 2015) would be formally evaluated against its objectives and identified outcomes.

David McDonald, Consultant in Social Research and Evaluation, was commissioned jointly by the peaks to undertake the evaluation, and the final report was completed in May 2015. A template was used to collect data on the peaks capacity building activities undertaken in both the 2012/13 and 2013/14 financial years, in addition to an online survey which all Commonwealth funded AOD agencies were invited to complete in November 2014.

The results of the evaluation included 8 key findings:

- There were sound outcomes from the capacity building work.
- The outcomes of the work are valuable.
- The work has produced valued changes
- Strategies used have met the funding objectives.
- The rationale underpinning the capacity building activities is sound.
- The priority strategies have been identified.
- The strategies and activities have been implemented well.
- The activities have provided value for money, though sustainability remains a concern.

The report also outlines a series of recommendations for future funding opportunities, and those areas in which capacity building work can be strengthened.

The report is available on VAADA's website: <http://www.vaada.org.au/wp-content/uploads/2015/09/National-AOD-Peaks-Capacity-Building-Evaluation-2015.pdf>

Building treatment capacity for people withdrawing from methamphetamine

Between January and July 2015 Windana Alcohol and Drug Recovery was funded by the Victorian Department of Health and Human Services (DHHS) to undertake a time limited initiative to develop improved capacity for methamphetamine withdrawal. This project had a particular focus on complex clients identified as requiring more flexible and intensive support.

The project objectives were to:

1. Increase completion rates of residential withdrawal
2. Increase the number of clients using residential withdrawal services
3. Increase post-withdrawal engagement
4. Increase staff confidence and skills

To meet these objectives, a Project Coordinator worked with clients, their families and staff to achieve the following:

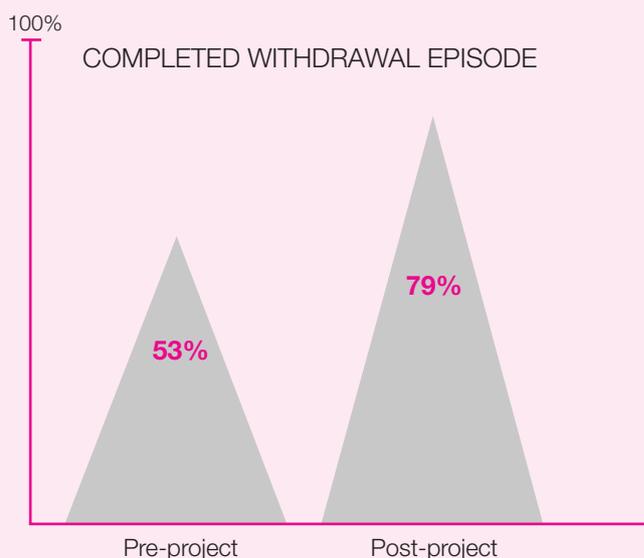
- identify and engage with clients at the point of referral to assist them to access and prepare for admission to withdrawal services
- assist these clients to engage with recovery and discharge planning activities while in the withdrawal unit
- develop programmatic support options for these clients in the withdrawal unit
- assist these clients to access appropriate support services post-discharge
- provide professional development opportunities for staff

Of the 500 clients referred to Windana during the project timeframe, 210 people identified methamphetamine as their primary drug of choice. Of this group, 49 agreed to engage with the Methamphetamine Project Coordinator and participate in this project

- Of these 49, 33 people entered treatment and 26 successfully completed a withdrawal episode – a 79% completion rate, a significant improvement on the pre-project completion rate of 53%.
- Utilising the WHO Quality of Life Scale project results show that 72% of clients engaged with the project experienced improvements post discharge.

- Significantly, 73% of clients remained engaged in treatment over the project period with only 27% of this group experiencing relapse.

Survey results show that 100% of staff reported that they have a better understanding of responding to and managing methamphetamine withdrawal as a result of the project. Staff also reported that the project positively influenced the culture of the residential withdrawal unit and established a more personalised and client centred approach to care.



RECOMMENDATIONS

Overall the success of the project is demonstrated by the high levels of treatment participation and low levels of relapse. The care coordination aspects of the project are viewed as highly significant and successful in supporting this client group.

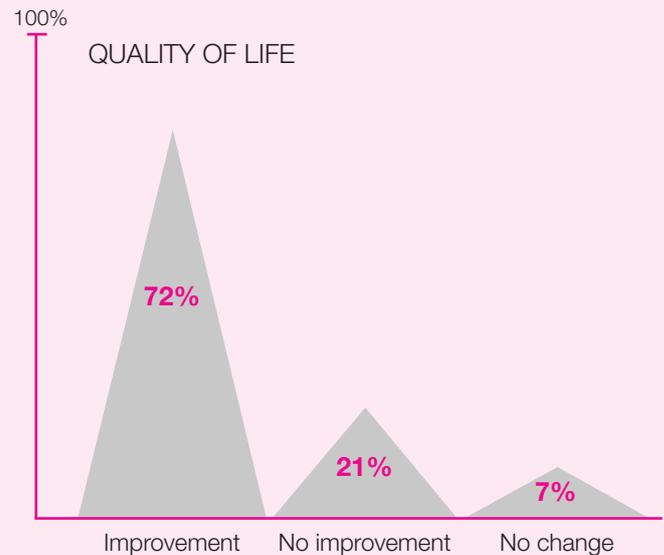
Based on the project objectives the recommendations were:

- That ongoing funding is provided for care coordination within withdrawal units to support day to day interventions and discharge planning and to assist clients in addressing health and social issues such as homelessness, domestic violence and engagement with mental health services
- That withdrawal services and funding bodies work collaboratively to further embed evidence informed methamphetamine withdrawal protocols

Building treatment capacity ... cont.

- That withdrawal services and funding bodies work collaboratively to review current data management systems to allow for better service planning
- That funding bodies provide for additional care coordinator positions to offer adequate assertive outreach to better meet the needs of clients with complex needs
- That provision is made for staff training specific to working with clients with methamphetamine-use challenges, dual diagnosis and other complex needs.

Kate Graham - Windana



Ice Action Plan – family engagement

Shock, fear, anxiety, helplessness, guilt, anger and grief ... families often use these words to describe the impact of their loved one's alcohol and other drug use. These situations can result in marital breakdown, poor mental and physical health, families being ostracised in their community, increased debt or bankruptcy and family violence.

Engagement with families at a clinical service level has been formally recognised in models such as Family Inclusive Practice. However these models still tend to regard families as additional support resources for their relative and little is offered to families whose loved one is not seeking treatment. Research tells us that families are instrumental to the recovery of the user.

Families describe the post reform system as complex and difficult to navigate. They are already overwhelmed and often in crisis and therefore have few resources remaining to tackle this. However, they appreciate the intention of accessing multiple services from one direct intake and assessment point. Families also express concern over long waitlists for their family member seeking treatment. Whilst their loved one is waiting to enter treatment, many families believe they lack the education and strategies to appropriately offer support.

Families frequently comment that they do not know what is helpful or harmful for their loved one. Exhaustion, isolation and confusion on where to turn and what to do are prevalent and there is a real hunger for families to access support.

Recent initiatives through the Victorian Government's Ice Action Plan will provide direct support for families affected by ice and other drugs. Families will benefit from the new drug education program and other services which are aimed at educating, guiding and supporting families through a difficult, complex situation. Families who find themselves trapped in a pattern or 'dance' with the user will be offered alternative ways of communicating and behaving which in turn can break the cycle. These services will complement existing family support services, such as Family Drug Help, which provides both a phone line and peer support groups.

Further information on how the Ice Action Plan can assist families can be found at: <http://ice.vic.gov.au/helping-families/>

See link for details on a list of services which have received funding to provide family support services: <http://ice.vic.gov.au/providers-for-family-support-services-announced/>

Ryan Peace - SHARC

Bayside catchment alcohol and drug central intake review

A significant proportion of Alcohol and Other Drugs (AOD) Services in Victoria were recommissioned by the Department of Health and Human Services effective September 2014 as part of the Sector Reform program set out in 'New directions for alcohol and treatment services: a roadmap'.

A major change was the introduction of a Central Intake Service (CIS) function. Seven months into the operation, The Bayside Integrated Consortium (ISCH, Salvation Army St Kilda Crisis Centre, and YSAS), the provider of the CIS in Bayside requested an independent review of the function in order to identify early risks, inefficiencies and areas for improvement.

Agency interviews were undertaken with AOD stakeholders in the Bayside catchment involved at least one representative of management and a representative of the team.

FINDINGS AND RECOMMENDATIONS (IN BRIEF)

The review made recommendations for improvements in five areas and identified a further group of issues outside the scope of one Central Intake Service. In summary, the five areas consist of:

Greater collaboration with non-AOD service providers: Additional face-to-face presentations with key staff at hospitals and clinics, and allied health and human services providers.

Collaboration with funded AOD services: Communication with the CIS team over the phone and the portal received positive reviews. Further engagement including CI staff visits to treatment sites to enable familiarity with clinical teams and treatment approaches recommended.

Clinical Governance: Need to create a Memorandum of Understanding to specify expectations of clinical governance (focused on duty of care) within the catchment.

Identify support within the catchment for persons experiencing challenges in accessing treatment, including legal resources and complaints processes.

Assessment Quality: Additional training for CIS staff was recommended in relation to withdrawal services and pharmacology, along with case-conferencing with a client's prescribing GP in order to coordinate withdrawal pathways.

Service Access: Build a community, consumers and carers view that CIS as a one-stop-shop for guidance in the AOD treatment pathway in coordination with other care.

Increase flexibility for Aboriginal and Torres Strait Islander clients in relation to assessment. Provide assertive outreach or promotion of the service among non-AOD services that engage with clients in homeless communities and refugee communities and provide an immediate comprehensive assessment for complex clients. Build more sensitive questions regarding Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) identity into Screening and Assessment.

The current system was described as being most effective for highly motivated individuals.

Recommendations for the provision of a catchment-based CIS service beyond the scope of Bayside

1. Clarify maximal expectations of clinical governance on behalf of a CIS service within the service specifications, including expectations of advocacy on behalf of the screening and assessment team where clients appear unsuitable for available treatment.
2. Specify the process for registering complaints and legal support resources for AOD consumers.
3. Recognise activity for the support of carers and consumers prior to engagement with the system.
4. Inclusion of LGBTI in the screening and assessment tools.
5. Specify whether and how harm-minimisation activity is accommodated in DTAUs; clarify when disengagement from a client is appropriate.
6. Develop practice principles for the youth and family population. For youth and family groups it is unclear whether the screen is youth-friendly as the process has been described as discouraging, inflexible and unresponsive to the population.

For a full copy of the review, please email me at amurnane@ischs.org.au

Alan Murnane - Inner South Community Health

Calendar

14 - 15 OCTOBER

Reconnexion 8th National Anxiety and Depression Conference

Brave new Worlds – innovations in clinical practice
Reconnexion, Melbourne

Registration: <http://www.reconnexion.org.au/conference>

15 OCTOBER

Understanding & responding to AOD issues – one day workshop

Turning Point, Fitzroy

Further information: <http://www.turningpoint.org.au/Education/Professional-Development.aspx>

19 OCTOBER

3rd Annual Youth Dual Diagnosis Service Providers Forum

Nexus dual diagnosis advisory service, Melbourne

Registration: <http://www.eventbrite.com.au/e/2015-buddys-forum-future-youth-interventions-tickets-17389819418>

21 - 23 OCTOBER

8th ACSO International Criminal Justice conference – Do prisons change lives?

ACSO, Melbourne

Registration and information: <http://acso.conferenceworks.com.au/>

22 OCTOBER

Symposium - Effectively responding to diverse and complex populations

Turning Point, Carlton

Registration: http://www.turningpoint.org.au/Media-Centre/Latest_News/Events-news.aspx

22 OCTOBER

Oration – Alcohol, violence, policy and politics: can we make progress?

Turning Point, Carlton

Registration: http://www.turningpoint.org.au/Media-Centre/Latest_News/Events-news.aspx

27 OCTOBER

Dual diagnosis – what works

NEXUS dual diagnosis advisory service, Fitzroy

Registration: <http://www.eventbrite.com.au/e/dual-diagnosis-what-works-registration-18109757773>

29 OCTOBER

Two sides of the story: research with parents and adolescents on the supply of alcohol

Turning Point, Fitzroy

Registration: <http://www.eventbrite.com.au/o/turning-point-8430074318?s=45239770>

The VAADA website now hosts an online calendar where events can be uploaded and sighted. To access this free online service, go to www.vaada.org.au/events

AOD Change Agent Network

The AOD Change Agent Network is a Department of Health and Human Services Workforce Development initiative that was established in 2014 and auspiced by Turning Point. It is the first Australian AOD community of practice uniting existing and emerging leaders in the Victorian AOD sector who are committed to developing and sharing leadership knowledge and expertise to enhance the AOD sector.

The AOD Change Agent Network has successfully recruited two cohorts of members. The first cohort was recruited during the state-wide reform process and the group “formed in a storm”. Members of the first cohort have noted that the Change Agent Network provided a safe environment to interact with their peers and provide one another with support during this challenging period.

A goal of the Change Agent Network is to enhance the degree to which evidence-based practice is embedded within AOD treatment delivery. A survey of AOD clinicians conducted by the Change Agent Network in 2014 identified that working with trauma was perceived to be an area of concern for many participants. This has led to the establishment of a working group within the Change Agent Network that aims to pilot a project that enhances the degree to which AOD services provide trauma-informed care.

The second cohort were recruited to the AOD Change Agent Network this year, and have been welcomed into the community of practice and embraced the work that has been achieved by the first cohort. The AOD Change Agent Network is currently working towards implementing the trauma-informed care pilot project. We are also keen to explore ways that the AOD Change Agent Network can provide an expert clinical voice to advocate for AOD clinicians and AOD clients. This will be important in the current climate of moral panic that further stigmatises our clients.

We welcome sector feedback and want the AOD sector to guide our further work. You can find out more about the Change Agent Network via this link www.changeagentnetwork.net and provide feedback and express interest in the work via changeagentnetwork@turningpoint.org.au

Moses Abbatangelo - Cohealth

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