

# Rural and Regional

Chair | Craig Harvey, Salvation Army

- 1. Exploring the need for an academic regional and rural addictions network (ARRAN)
- 2. The Hub: a walk-in solution for timely intervention and harm minimization in AOD services
- 3. Implementing an integrated model for mental health and AOD treatment



# STEPTHRUCARE

**Regional Care Partnerships - Mental Health and AOD** 

Implementing an integrated model for mental health and AOD treatment

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The funding is structured to deliver the Service Model in partnerships with expertise in Mental Health and AOD support



## **Priority Populations**

- People on low income (hold a healthcare or other concession card)
- People living in rural and remote communities who don't have access to other appropriate services
- People experiencing short-term displacement or homelessness
- People who identify as LBGTQIA+
- Aboriginal and/or Torres Strait Island people
- People in areas impacted by natural disaster, e.g., drought
- People from multicultural backgrounds
- Children under the age of 12 years
- People experiencing prenatal depression
- People with an intellectual disability who are experiencing AOD and/or mental health issues who encounter barriers when accessing care
- People experiencing or at risk of domestic violence
- Young people who don't have access to other appropriate services such as headspace

## **WVPHN Catchment**



## Referral and Assessment

#### **INITIAL CONTACT**

When a consumer is accesses Step Thru
Care they are assessed using a centralized intake system. This ensures all individuals receive a standardised comprehensive evaluation

STEP 1

### STEP 2

## COMPREHENSIVE ASSESSMENT

Trained professionals conduct a thorough assessment examining both mental health needs using the IAR-DST and AOD needs using the AUDIT and DUDIT

## CARE LEVEL DETERMINATION

Based on the assessment results the intake team in consultation with the consumer determine the appropriate level and mix of care required

STEP 3

## STEP 4

### ALLOCATION TO MH ONLY, AOD ONLY OR MH AND AOD ONLY SERVICES

Consumers are then allocated to the most suitable provider(s) to ensure they receive targeted care to address their needs and treatment goals





An Australian Government Initiative

## Step Thru Care Journey Map



With Jane's consent, the Mental Health clinician shares Jane's story with an AOD worker in Step Thru Care to arrange a warm transfer to also receive support from the AOD worker

Jane works with both clinicians and they share information to support Jane to reach her treatment goals



While working with her AOD clinician, Jane decides that she'd like some support with feelings of shame and stigma and with engaging in her community. A Peer worker is engaged through Step Thru Care to assist coordinating Jane's care



Jane is 26 years old and has been drinking since she was 15, which started shortly after she was assaulted

She experiencies flashbacks and has been using alcohol as a coping mechanism



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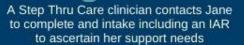
Jane is from Warrnambool in the Great South Coast sub-region



Jane speaks to her GP about her concerns and the GP refers her to Step Thru Care



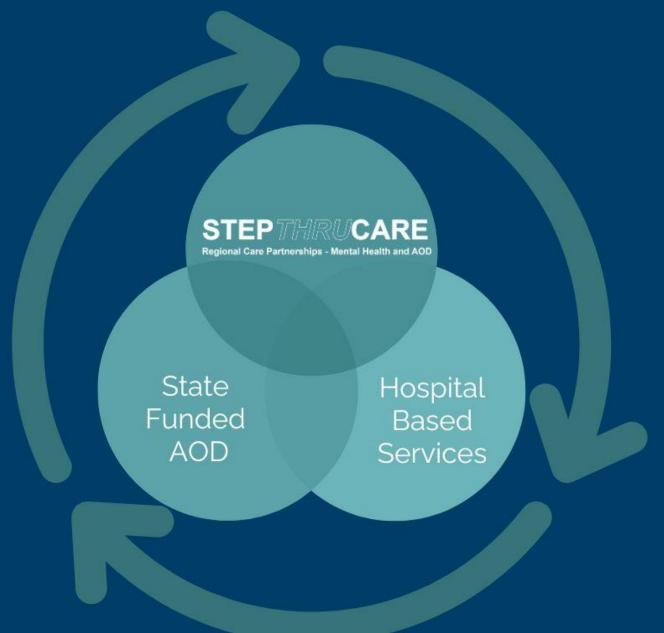
Jane and the clinician decide that she needs and wants <u>both</u> Mental Health and AOD support and is most suited to Structured Psychological Therapy (Level 3 Mental Health) and AOD treatment through Step Thru Care





Jane's MH Clinician, AOD worker, Peer Worker and GP continue to monitor Jane's mental, physical and social health needs to provide collaborative care

## **Integration with State Funded AOD Services**





## **Multidisciplinary Workforce**

**Psychologists** – Providing evidence-based therapy and treatment for complex cases

**Peer Workers** – Bringing their lived experience of living with mental health and/or AOD challenges

**AOD Workers** – specialists in AOD treatment and support

**Nurses** – providing medical care, medication management and health monitoring

**Mental Health Social Workers** – Offering psychosocial support and coordinating care for consumers

**Dual Diagnosis Clinicians** – skilled in the delivery of both Mental health and AOD support needs



# **Upskilling for a Dual Diagnosis Workforce**

Providers have developed training plans to upskill their workforce including:

- AOD Skill Set (Odyssey House Victoria)
- AOD Essentials for Mental Health workers (360 Edge)
- Various Trauma informed practice trainings (Blue Knot and 360 Edge)
- ASSIST (Applied Suicide Intervention Skills Training)
- EMDR (Eye movement desensitization and reprocessing) Training
- DBT (Dialectic behavior training)





## Partnership Development

A new way of working presented both challenges and opportunities:

- Partnership governance
- Clinical governance and oversight
- Data governance and information sharing
- Intake, assessment and allocation procedures
- Development of partnership workforce models
- Opportunities for shared learning
- Opportunities for collaborative practice between MH and AOD workforce
- New data reporting systems



## **Outcomes Focused Care**

Enables consumers to access the right blend of mental health and AOD support when and where they need it

K10/K5, AUDIT, DUDIT and consumer stories

Upskilling a dual diagnosis workforce to better meet consumer needs

**Provider satisfaction** surveys

Better Health St Lower Or Corcor Corc

Reduces the need to access multiple services and multiple intakes

Independent evaluation

Experience

Easier access to services through streamlined intake, less need to retell their story to access service

**YES Survey** 

Health Equit

Targets priority population who may be unable to otherwise access services **Independent evaluation** 



## **Demonstrating Impact – By the Numbers**

23083

Occasions of service delivered

885

Unique AOD Clients

330

AOD clients also received MH support

3361

Total mental health clients



## **Demonstrating Impact - Consumer Story**

42-year-old male, diagnosis of bipolar with extensive history of admission into acute MH services and binge drinking during episodes of mania.

Has been attending weekly sessions with clinician to address concerns around management of mania/depressive periods, along with alcohol use.

Weekly sessions have been focused on safety planning for these episodes and adaptation of regular routine to effectively manage this cyclic pattern (every 5-6 weeks).

Strategies discussed with client around urge surfing and identification of triggers in relation to alcohol which has resulted in client having a reduction in amount of alcohol consumed and periods where cravings are effectively managed.

Client is more confident in their ability to manage these episodes associated with bipolar and has a strong commitment to attending weekly sessions.

Client has not needed to access acute MH services recently and case management work is being undertaken with the client to link in with a psychiatrist for medication review.



# **Demonstrating Impact - Consumer Story**

A young client self-referred to Step Thru Care for relapse prevention and mental health support. They reported ongoing decline in mental health during Covid, dropped out of university, isolated from family and their occasional substance use in social settings increased to regular substance use on their own, which led them to experience of drug induced psychosis.

The client's initial goal was to gain confidence accessing support services, improve mental health, develop relapse prevention strategies and explore employment and education opportunities.

During the support period the client relapsed due to feelings of loneliness and was supported to attend detoxification and rehabilitation.

Following successful completion of rehabilitation, the consumer is looking to engage in a Cert IV In AOD with a goal of becoming a Peer Worker for Youth Mental Health and AOD





## **Questions?**



Step Thru Care

