

Achieving the vision of
Integrated Care with a
Multi-Disciplinary Team



Truly
Integrated
Care

All the help people want and need from
what feels like one team
in (if possible) one place.

Integrated Care Pilot LLE interviews

"Astounded at how siloed services were . . . Often told that a worker could work on one issue but not on this other issue.

"I have spent 10 years in the wilderness, feeling excluded, trying desperately to find the right support."

"For my son, experience has been very dependent on the quality of the worker – it's been a really traumatising experience."

What we
heard

Integrated Care Pilot LLE interviews

"It was a disaster. I ended up overwhelmed with too much on my plate having to go to all of these different places and getting a shopping list of diagnoses."

"Nurses are really nice but the system is so broken . . . it was like you were an animal."

"By the time my daughter builds rapport they are exiting her."

"No-one listened. Not to me. Not to my wife."

What we
heard

Integrated Care Pilot LLE interviews

"The workers let me 'drive my own bus', waited for me to be ready, were really patient."

"I felt accepted there. There was kindness and respect. . . they really listened and treated me like a human being."

"Understanding, supportive, flexible . . . She accepted me for who I was."

"It was all about the quality of connection."

But what
we also
heard

Integrated Care Pilot LLE interviews

"Thanks for bringing choice back into my life!"

"My doctor has more than mastered managing the tension of providing concern/support and equally maintaining the focus on change, and posing uncomfortable questions which can challenge me and help me to change."

"I was being educated, included not excluded. I knew what was happening, we had people who listen to us, both the person using and my family; we live with it every day. We were treated like we're experts in our own lives. And, despite the fuck ups, we are the experts."

But what
we *also*
heard

3
takeaways
from today

Something to celebrate

Something
you & your
team can
improve

Something you and your team can advocate for

About First Step

First Step is a not-for-profit **substance use, mental health and legal** services organisation supporting over 1,600 people each year

Vision: A community where people who use drugs and alcohol and people living with mental distress can live well, be safe and be supported.
agency, resilience and connection

We address the systemic barriers for people with **complex, co-occurring needs including drug use.**

This is delivered by a uniquely multi-disciplinary, **integrated** team.

All for free. All from one team. All at one site.



About us

Health Justice Partnership before the term existed

Productivity Commission (MH Inquiry) – best practice case study
<https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf> (p.718)

Royal Commission (VMHS) – *the* example of multidisciplinary teams
https://finalreport.rcvmhs.vic.gov.au/wp-content/uploads/2021/02/RCVMHS_FinalReport_Vol3_Accessible.pdf (p.350)

Published systematic review of Co-located AOD and MH services in *Drug and Alcohol Review (APSAD)*:
<https://onlinelibrary.wiley.com/doi/full/10.1111/dar.13651>

Led the state-funded Integrated Care Pilot to implement the Comprehensive Continuous Integrated System of Care (2022)

About us

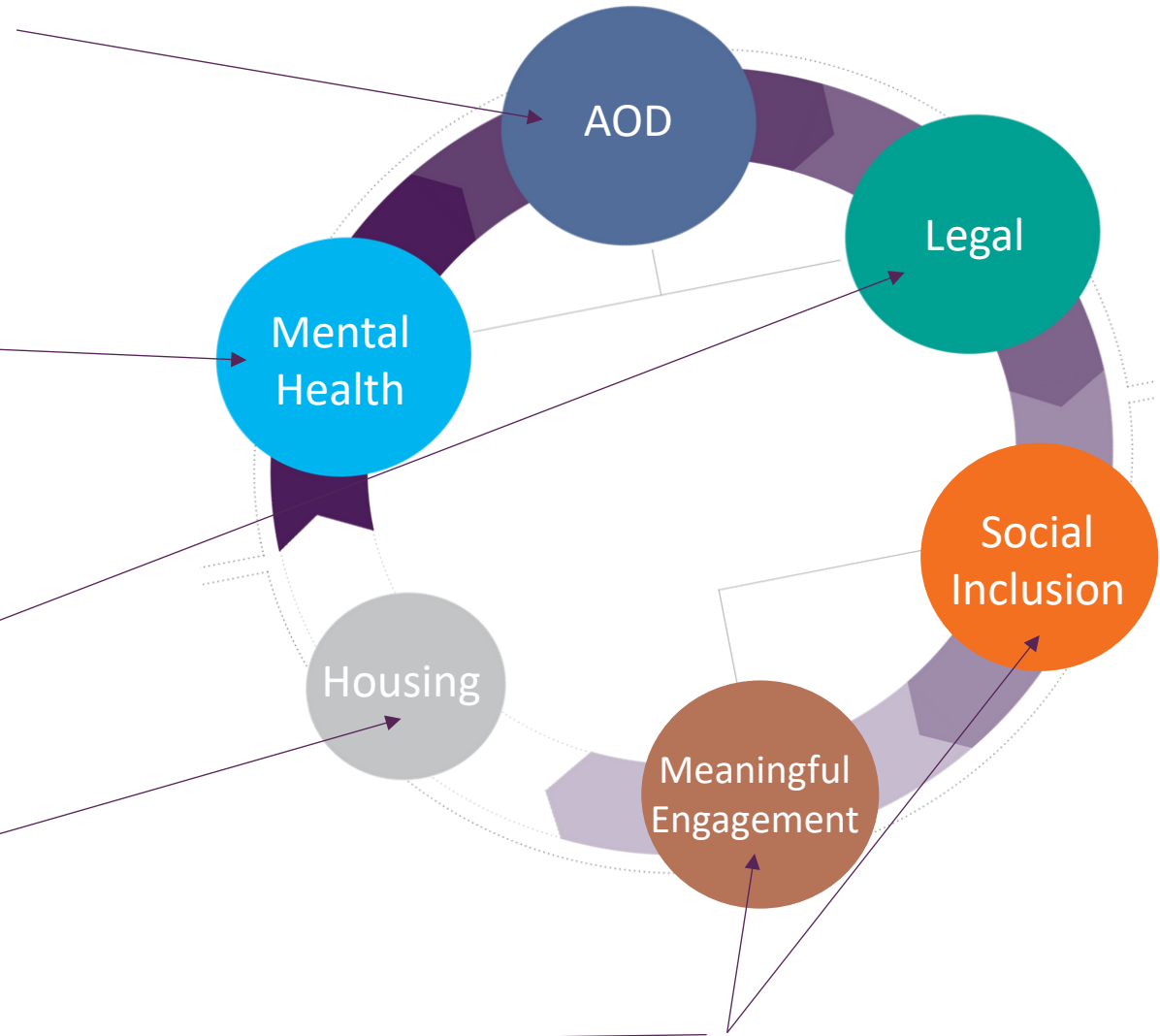
GPs
Drug and alcohol counsellors
Peers
Groups

Mental health nurses
Psychologists
Addiction Psychiatrist

Lawyers
(esp. criminal, family, fines)

Warm referral relationships
Onsite collaboration

Psycho-social workers
Brokerage Program



SCOPE

People actually get the **all the help** they need
(medical, clinical MH, AOD, psychosocial, legal)
while staff stay within their scope of practice.

IMPACT

That help is potentially more **impactful** than if it was delivered across
multiple sites (communication, coordination) and infinitely **easier** for the everyone.

CONSOLIDATION

Improvements in a person's life are **consolidated**, and setbacks can be mitigated.

Goal: incremental, whole-of-life improvements*

BALANCE

Clinical is forever **balanced** and rebalanced with psycho-social.
Care is **person-centred**: what's needed and when (the client is boss).

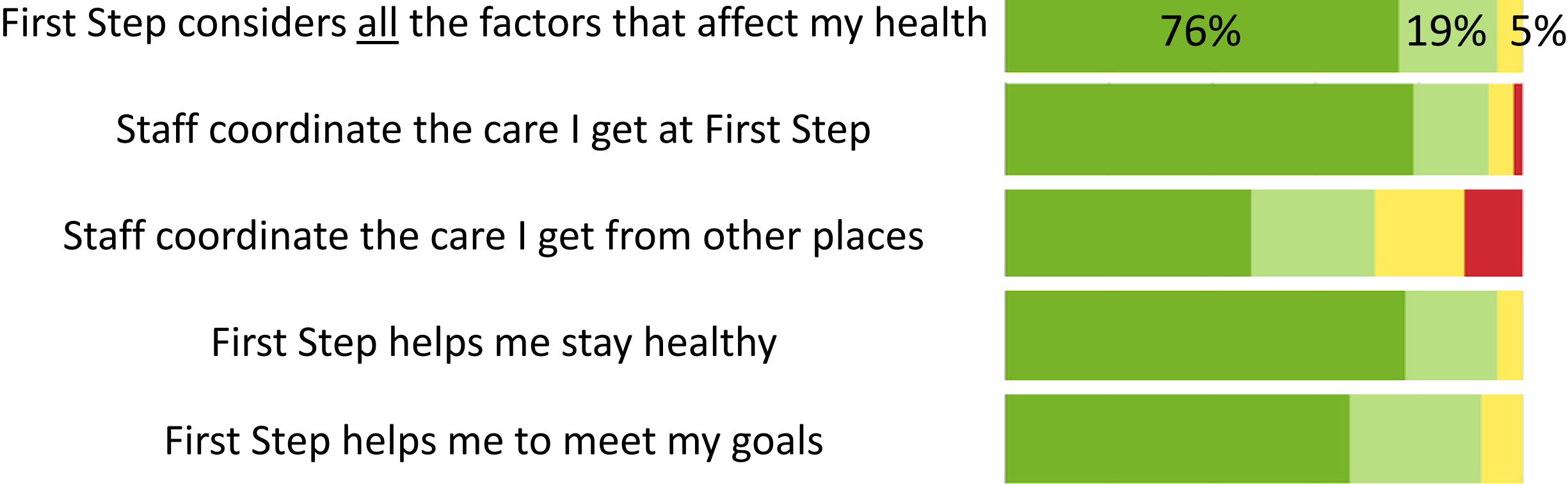
PROF. DEV.

Every discipline learns constantly about every other discipline.
Effective *and* satisfying (retention).

SATISFACTION

It's great to watch and be part of for client, nurse, peer, CEO, receptionist.

Client surveys



About us



First Step Evaluation Project

Evaluation Plan

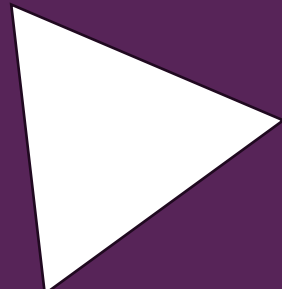
Annette Peart

Lauren Findlay

Victoria Manning

13 March 2024





VALUES/
ATTITUDES

WELCOME



HOPE

EMPATHY

WAYS (e.g.)

ENVIRONMENT

DOCUMENTATION

CQI SYSTEMS

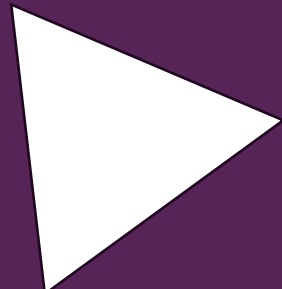
INTAKE

Vikki Reynolds

<https://vikkireynolds.ca/>

Jen Thompson

<https://www.yvholistichealth.com.au/jen-thompson>



VALUES/
ATTITUDES

WELCOME



EMPATHY

HOPE

WAYS (e.g.)

ENVIRONMENT

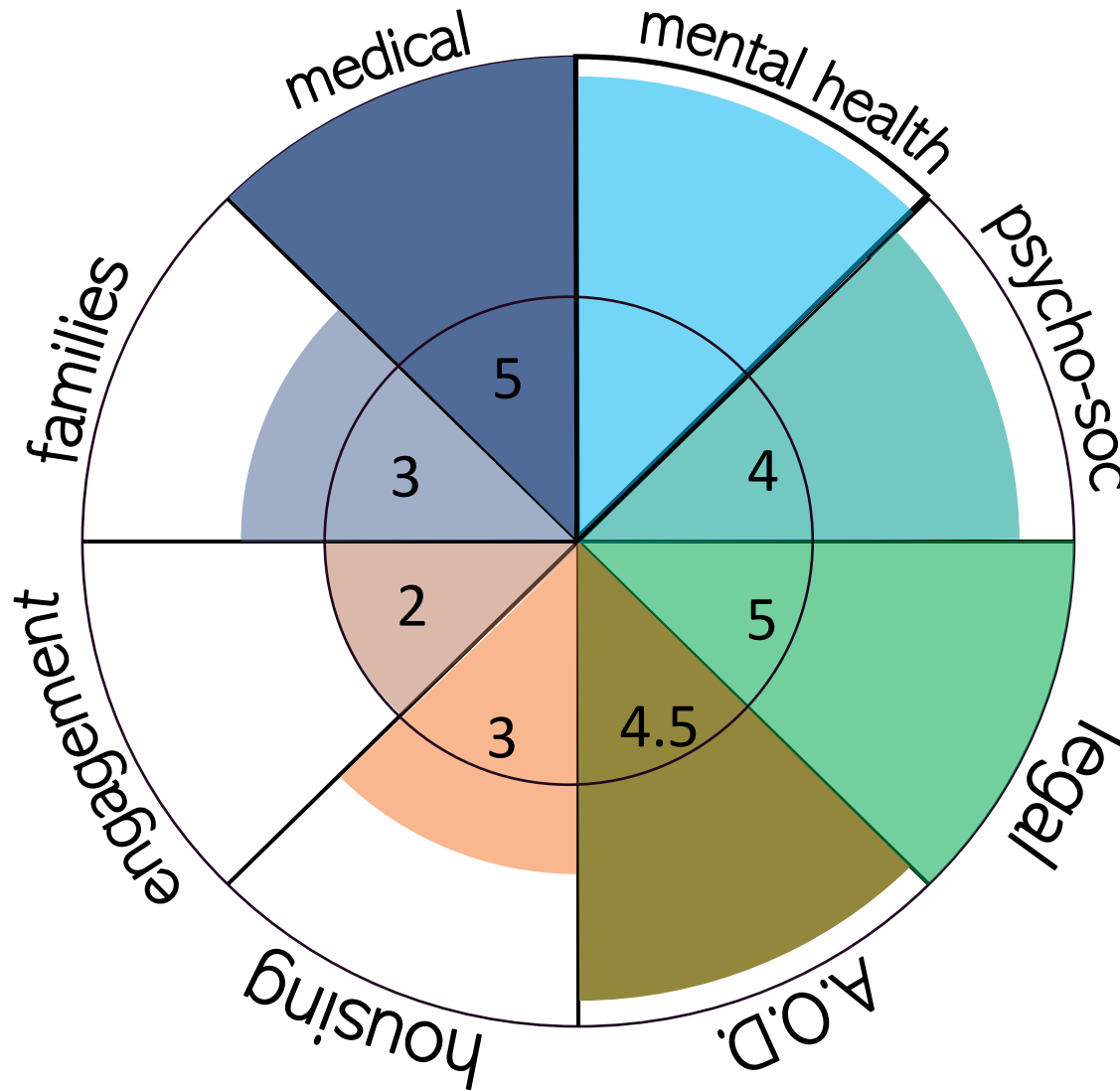
DOCUMENTATION

CQI SYSTEMS

INTAKE



Integrated care radar*

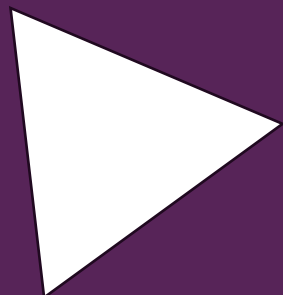


#	We do . . .	Referral is . . .
0	not even ask	nothing
1	ask, then . . .	give links
2	ask then . . .	warm referral (individual)
3	Minor/advice	Referral and teamwork
4	Co-located, comprehensive	NA
5	In-house & integrated	NA

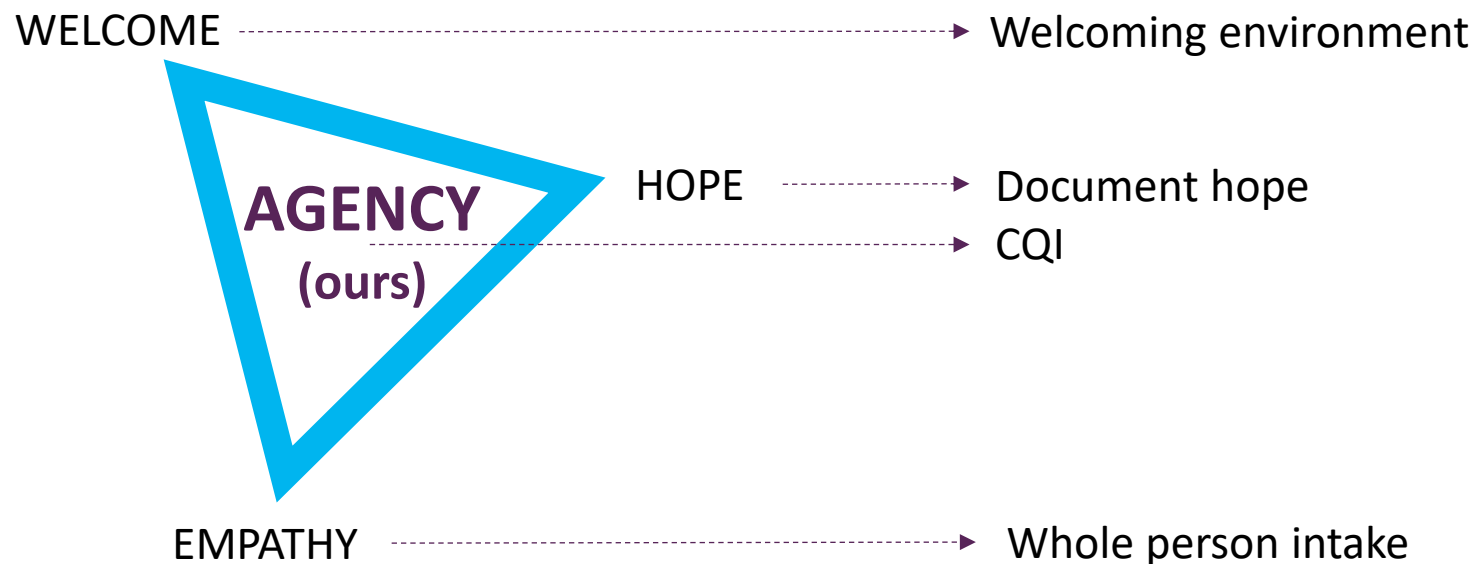
TO SCORE BETTER

- Check knowledge within org
- Research. Map your area: www.askizzy.com.au
- Do a learning tour of region
- Ask similar services
- Extend referral to partnership
- Deepen and formalize partnerships (MOUs)
- Brainstorm with your team

*Some thing that Patrick made up



VALUES/ ATTITUDES



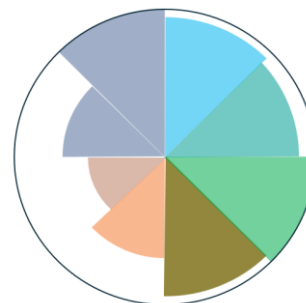
COMMIT Team
agreement

SAY Formal
statement

DO Start at the
beginning (intake)

MEASURE CQI

STRUCTURES



Quick fire truths

Prioritise inter-disciplinary **communication** in the highest order:

- Impromptu conversations (welcome them)
- Scheduled 'case conferences'
- Weekly case presentations (inc. hopes and dreams and past successes people!)

Recruit **team players**:

- Job descriptions (be specific)
- Interview questions
- Referee checks

Train staff in the above principles

- in-house
- Hamilton Centre
- CCISC (it's coming!)

Don't refer. Build a client's **team** (use those words!).

Quick fire truths

Understand client's legal needs, and how to help and refer.

www.legalaid.vic.gov.au

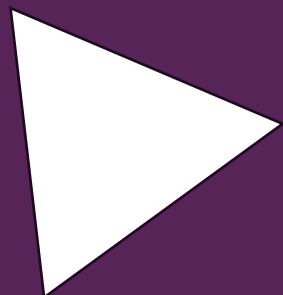
Help your clients with their fines.

<https://www.justice.vic.gov.au/wdp>

Prioritise **continuity of care**. Do people occur in episodes?

Accessibility. Accessibility. Accessibility. No fees, no catchments (if possible), no scary intake process, minimal wait, no wrong entry point.

If any of these things are impossible at the moment, then collectively **advocate** to make them possible.



VALUES/ ATTITUDES

WELCOME



HOPE

EMPATHY

Welcoming environment

Document hope
CQI

Whole person intake

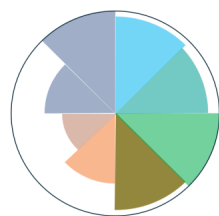
COMMIT Team
agreement

SAY Formal
statement

DO Start at the
beginning (intake)

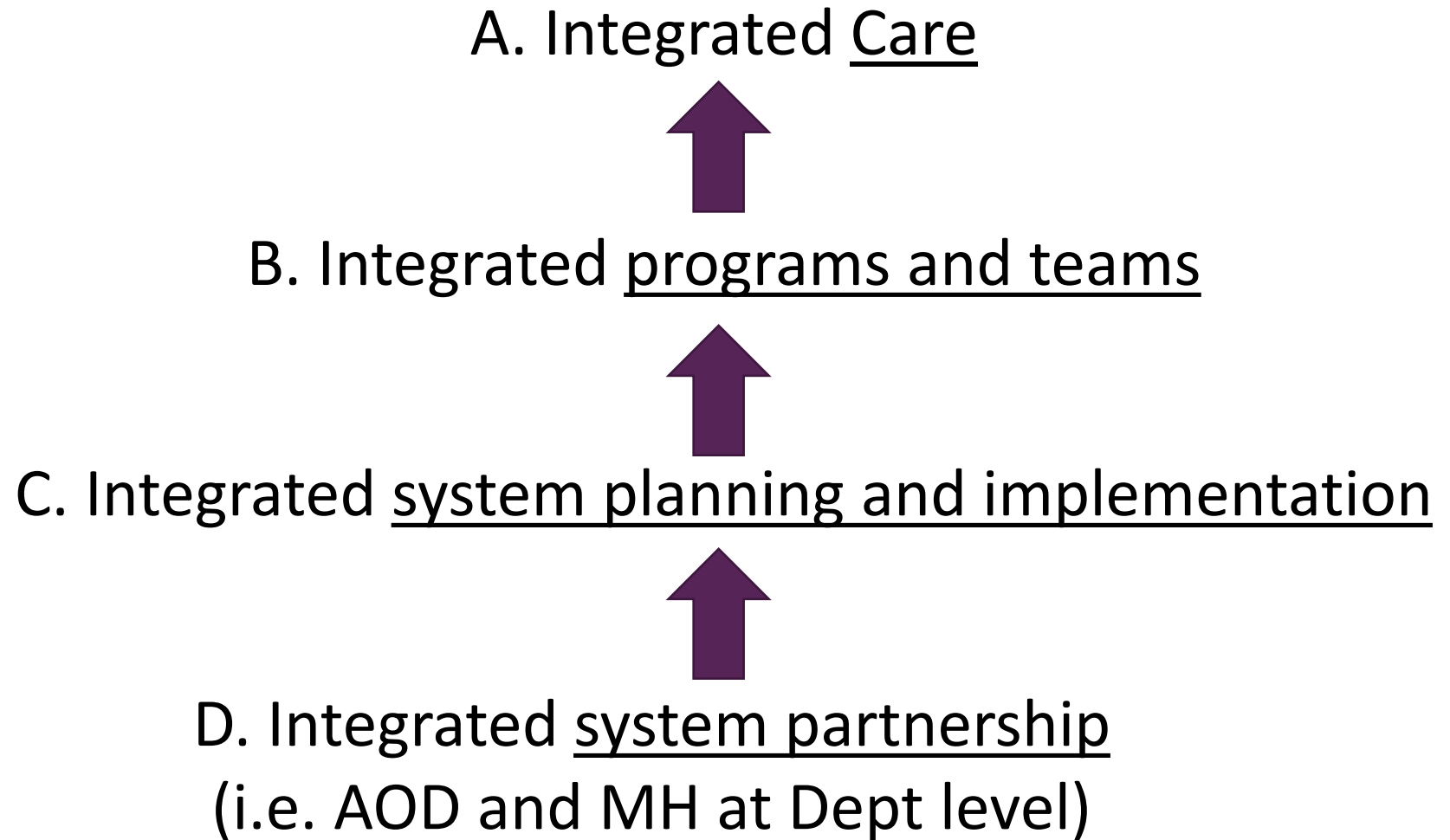
MEASURE CQI

STRUCTURES



Communication / recruitment / training / legal /
fines / continuity / accessibility / advocacy

FIRSTSTEP



Integrated
Care Tools
Project

patrick@firststep.org.au

www.ziapartners.com

www.firststep.org.au/icp

Thank you

Welcome

Empathy

Hope