phn MURRAY

An Australian Government Initiative

PART B
PROGRAM SPECIFIC INFORMATION

ALCOHOL AND OTHER DRUG SERVICES

SEPTEMBER 2020


Leadership


Collaboration


Knowledge


Innovation


Accountability

About these guidelines

This document provides guidance for health services commissioned by Murray PHN to deliver alcohol and other drug(AOD), including dual diagnosis services for people in the Murray PHN catchment. It outlines the scope, eligibility requirements, clinical governance obligations and workforce requirements specific to the provision of the following programs:

- Drug and Alcohol Treatment Services – NIAS (National Ice Action Strategy) Operational and Mainstream Funding
- Drug and Alcohol Treatment Services – NIAS (National Ice Action Strategy) Aboriginal and Torres Strait Islander People Funding
- Drug and Alcohol Treatment Services – Core AOD and Operational Funding (Transitional Services)
- Increasing Access to Drug and Alcohol Treatment Services in Regional, Rural and Remote Areas.

This document must be read in conjunction with Part A – Program Guidelines and Part C – Data Capture and Reporting Specifications.

Primary mental health, psychosocial recovery and alcohol and other drug services commissioned by Murray PHN represent part of the overall service system. As such, commissioned services are expected to ensure that service delivery and care are integrated and coordinated into the regional and/or local service system, and supported by clear referral pathways and options necessary to provide consumers with the right care, in the right place, at the right time.

This is the first version of Murray PHN's Part B Program Specific Information: Alcohol and Other Drug Services. These guidelines have been informed by feedback and ongoing collaboration with commissioned health services, consumers, other partners of Murray PHN and by priority areas and PHN funding guidance from the Australian Government.

In addition, relevant state and national practice and accreditation standards, clinical governance and service frameworks and legislative requirements have been used to guide and inform these program guidelines.

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Murray PHN acknowledges the traditional owners of the land on which we work and live. We pay our respects to elders past, present and emerging, and extend that respect to all Aboriginal and Torres Strait Islander people.

Part B: Alcohol and Other Drug Services contents

Version	Document Title	Date released	Prepared by	Approved
1	PART B Alcohol and Other Drug Services (Murray PHN Program Guidelines).	September 2020	T Moriarty and L Walklate	E Reid

1 Introduction

Alcohol and other drug (AOD), addiction and problematic use, are leading global risk factors for the burden of disease and may also manifest some of the characteristics of other chronic and relapsing conditions (World Health Organisation 2012). Additionally, as alcohol and other drug use is often associated with complex behavioural and other psychological issues, recovery from addiction can be a life-long journey.

A broad response to reducing preventable harms from AOD use includes prevention initiatives, early intervention, harm reduction and treatment programs. Evidence from social models of health shows that being engaged in study, employment, sport or other purposeful activity, and having stable housing and caring relationships with supportive friends and family, are important to sustained and long-term recovery[1].

To reduce preventable harms from AOD use and contribute to improving health and wellbeing, Murray PHN funds a wide range of AOD services and initiatives across the catchment. These funded services and initiatives aim to address gaps in AOD service arrangements, improve service integration and as part of the wider AOD service system, reduce the impact of substance misuse on individuals, families, carers and communities.

Services should complement existing Commonwealth and state/territory arrangements, improve regional coordination and sector efficiency.

2 Treatment principles

Funded services are expected to be delivered in keeping with the Victorian AOD Program treatment principles[2]. Based on these principles, all Murray PHN AOD programs and services must be:

- Reflective of the complex but treatable nature of substance dependence
- Person-centred
- Accessible
- Integrated and holistic
- Responsive to diversity
- Evidence-informed
- Provide continuity of care
- Involve people who are significant to the consumer
- Inclusive of a variety of biopsychosocial approaches, interventions and modalities oriented towards people's recovery
- Inclusive of the lived-experience of AOD users and their families at all levels
- Delivered by a suitably qualified and experienced workforce.

In addition, treatment principles are underpinned by service provider-organisational understanding that AOD services function best when:

- There is an explicit attitude that AOD treatment works and that, although dependence is a chronically relapsing condition, individuals can be assisted to avoid or reduce a range of physical, psychological and social harms, and recovery is possible
- Harm minimisation principles are incorporated into the culture, attitudes and values
- Workforce consumer caseloads are regularly reviewed and assertively managed
- There is an adequate workforce skill mix, with senior level clinical expertise and knowledge
- Regular team/service evaluation measures team performance and consumer outcomes
- Staff are provided with adequate professional development and training support
- Individuals, their families and significant others and other service providers are involved in all aspects of care
- Strong internal and external partnerships are established and maintained
- There is participation in research and evaluation to promote service quality and innovation.

Understanding stages of intervention

For consumer's requiring AOD services, treatment is just one part of a personal recovery journey.

AOD services intervene at a number of different stages in the recovery process from prevention, to tertiary treatment and support for building resilience and recovery *(Figure 1)*.

Figure 1 - AOD use stages of intervention

Harm minimisation

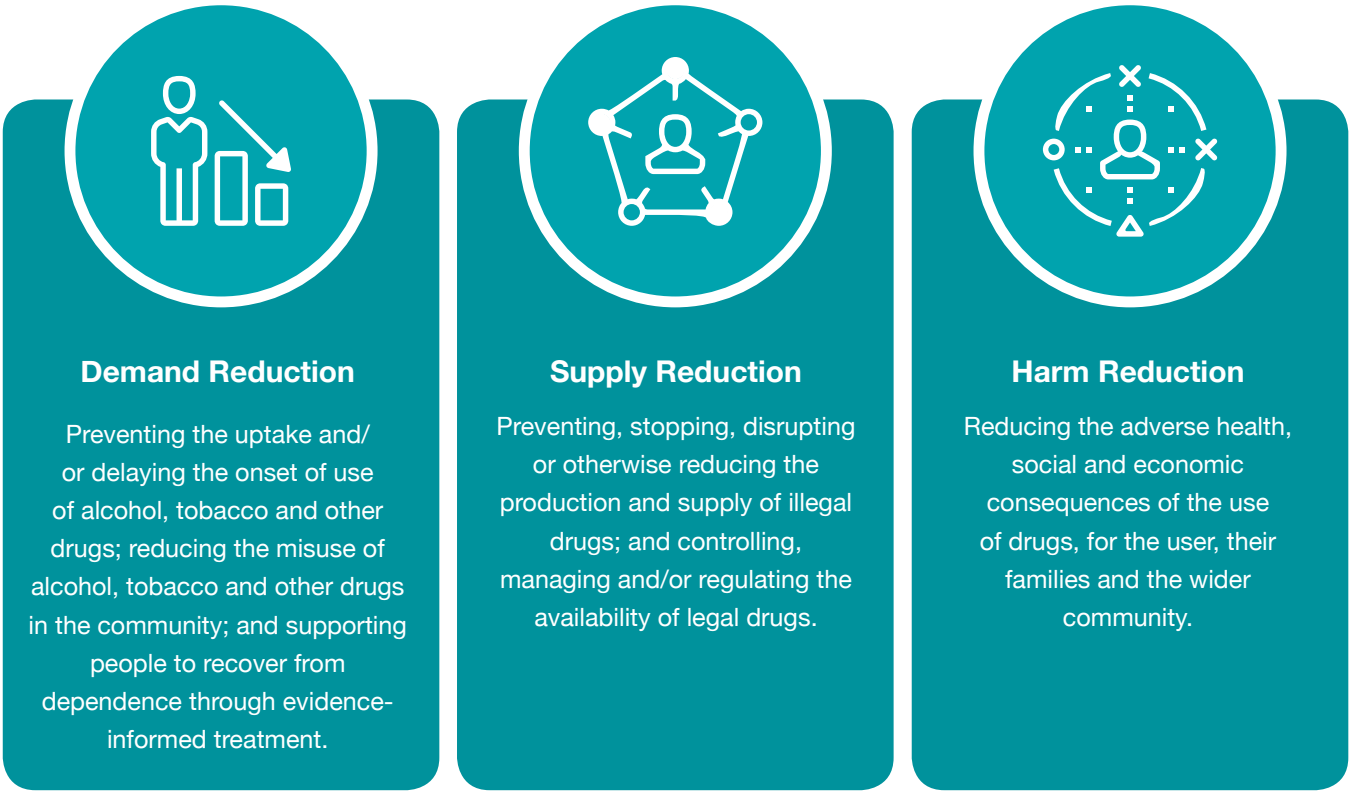
Australia's longstanding commitment to harm minimisation considers the health, social and economic consequences of drug use on individuals, families and communities as a whole and is based on the following considerations:

- Drug use occurs across a continuum, from occasional use to dependent use
- A range of harms are associated with different types and patterns of drug use
- The response to these harms requires a multifaceted response.

A harm minimisation policy approach recognises that drug use carries substantial risks, and that drug users require a range of supports to progressively reduce drug-related harm to themselves and the general community, including families. This policy approach does not condone drug use, but instead works with consumers to support the reduction in their drug use and ultimately, better health outcomes.

The National Drug Strategy outlines a national commitment to harm minimisation through balanced adoption of effective demand, supply and harm reduction strategies as depicted in Figure 2.

Figure 2 – A balanced approach across the Three Pillars of Harm Minimisation



Source: The National Drug Strategy

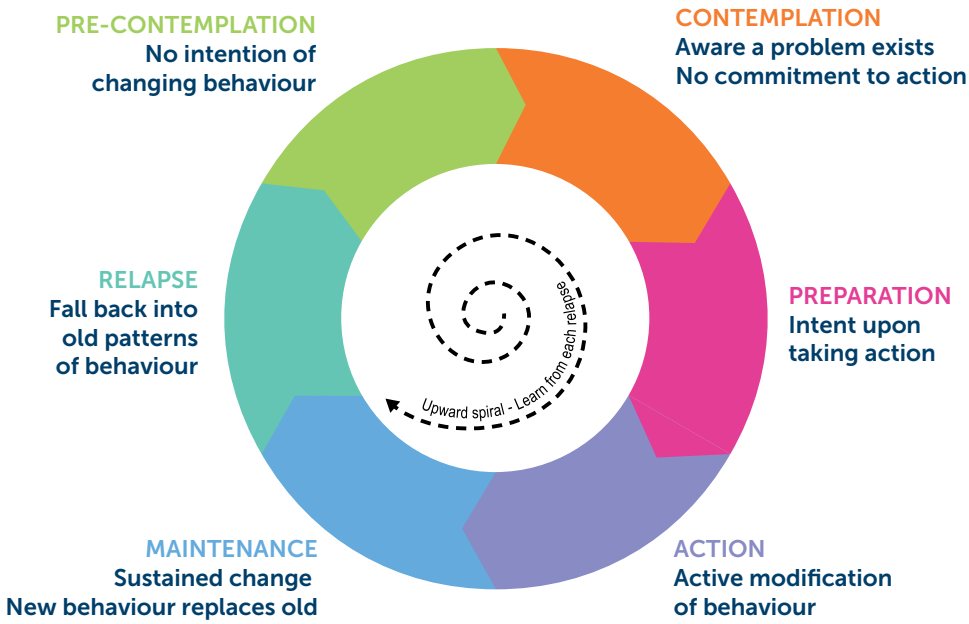
Stages of Change

In the early 1980s, James Prochaska and Carlo DiClemente (among others) developed a model to explain the process of change in the context of substance use and dependence. Based on their research of 'self-changers', the Stages of Change Model forms part of a broader conceptual framework known as the Transtheoretical Model (Prochaska and DiClemente, 1982; 1986).

This model recognises that different people are in different stages of readiness for change. It is important not to assume that people accessing AOD services are ready for or want to make an immediate or permanent behaviour change. By identifying a person's position in the change process, a worker can more appropriately match the intervention to the person's stage of readiness for change[3]. In summary, Prochaska and DiClemente's five stages of change are:

1. **Precontemplation**
   People in this stage are not thinking seriously about changing and tend to defend their current AOD use patterns. They may not see their use as a problem. The positives or benefits of the behaviour outweigh any costs or adverse consequences, so they are happy to continue using.
2. **Contemplation**
   People in this stage are able to consider the possibility of quitting or reducing AOD use but feel ambivalent about taking the next step. On the one hand, AOD use is enjoyable, exciting and a pleasurable activity. On the other hand, they are starting to experience some adverse consequences (which may include personal, psychological, physical, legal, social or family problems).
3. **Preparation**
   People in this stage have usually made a recent attempt to change AOD-use behaviour in the last year. They see the 'cons' of continuing, outweighing the 'pros' and they are less ambivalent about taking the next step. They are usually taking some small steps towards changing behaviour and believe that change is necessary and that the time for change is imminent. Equally, some people at this stage decide not to do anything about their behaviour.
4. **Action**
   People in this stage are actively involved in taking steps to change their AOD-use behaviour and making great steps towards significant change. Ambivalence is still very likely at this stage and they may try several different techniques but are also at greatest risk of relapse.
5. **Maintenance**
   At this stage of change, people successfully avoid any temptations to return to AOD-use behaviour. They have learned to anticipate and handle temptations to use and are able to employ new ways of coping. There can be a temporary slip, but don't tend to see this as failure.

Figure 3 – Prochaska and DiClemente's Transtheoretical Model of Change



Dual diagnosis

Dual diagnosis refers to one or more diagnosed mental health problems occurring at the same time as problematic drug and alcohol use. A dual diagnosis condition can include:

- A mental health problem or disorder leading to or associated with problematic alcohol and/or other drug use
- A substance use disorder leading to or associated with a mental health problem or disorder
- Alcohol and/or other drug use worsening or altering the course of a person's mental illness.

Co-occurring substance use is common rather than exceptional among people with serious mental health problems and disorders. Depression and anxiety are the most prevalent disorders co-occurring with drug and alcohol misuse, although rates of drug use among people with psychosis are also high.

Consumers with a dual diagnosis that present to services have a more complex and severe clinical profile, including poorer general physical and mental health, greater drug severity and poorer functioning[4].

Murray PHN funds organisations to provide a range of dual diagnosis services designed specifically for the needs of consumers in a given community/region, including:

- Dual diagnosis counselling
- Case management
- Care planning and coordination
- Early and brief intervention
- Workforce development and capacity building.

3 Stepped care for AOD services

The stepped care model has its origin in mental health reform and provides an important model for health services to reflect on and apply more broadly outside of mental health care.

A stepped care approach promotes person-centred care that targets the needs of the individual. Rather than offering a 'one size fits all' approach to care, individuals will be more likely to receive a service that more optimally matches their needs at that time, does not under or over service them, and makes the best use of workforce, technology and health service resources, allowing increased agility and responsiveness. This approach acknowledges the changeability of a person's needs and resources and therefore, the level of care they are offered.

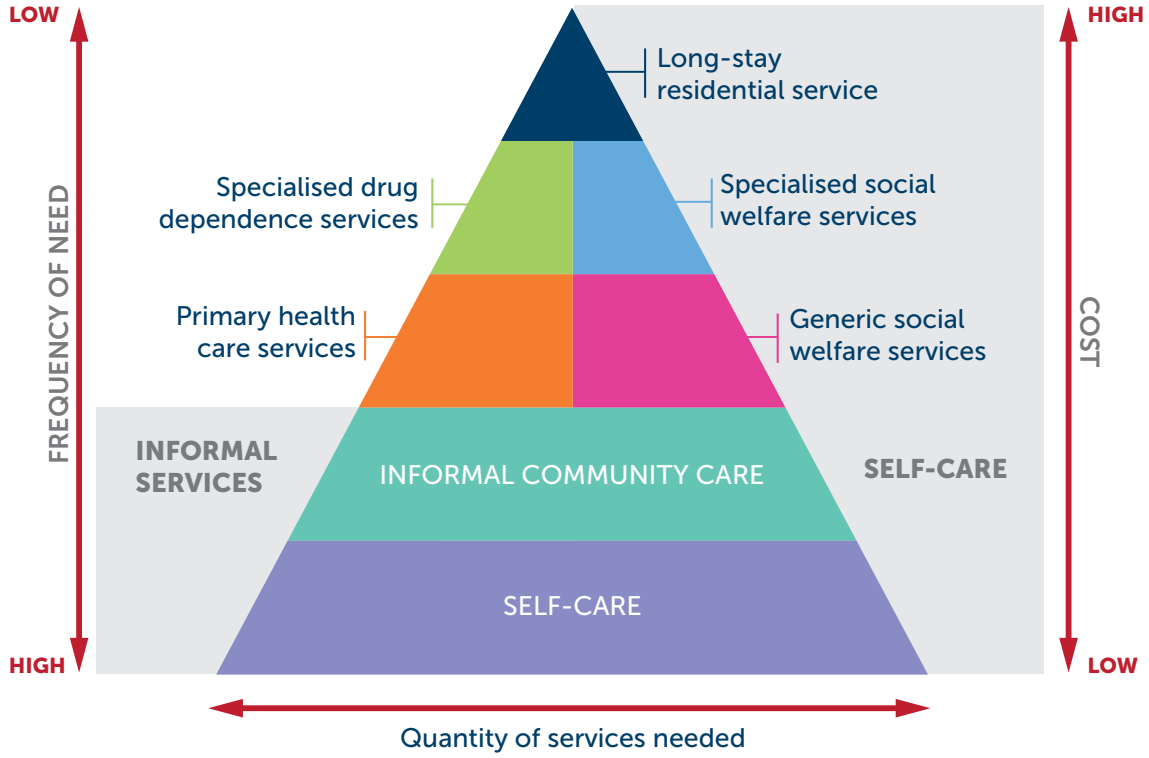
Murray PHN expects that AOD service providers will work within a stepped care approach to ensure consumers are able to move seamlessly between types of care *(and service providers)* and levels of intensity of care according to their need. This may be particularly critical in withdrawal settings where high-risk consumers treated in hospital settings and residential withdrawal settings may be stepped down to community non-residential withdrawal services once their condition has stabilised and they meet the entry criteria for that program. Stepping up occurs when a person requires a greater level of care than available at their existing provider, in order to provide appropriate treatment and support.

In a stepped care approach, a person presenting to the health system is matched to the intervention level that most suits their current need at that time. If that need changes, there is an opportunity to respond to this change in services quickly and easily within the system. A stepped care approach also promotes early intervention, providing the right service, at the right time and having lower intensity steps available to support individuals before illness increases in acuity. A stepped care model encourages the development of pathways with and between relevant services and supports, ensuring that services are provided by a workforce that possesses the capability, skills, qualifications and competencies commensurate with that intervention or have access to alternative interventions such as digital or self-management platforms.

4 An integrated and coordinated system of care

A comprehensive alcohol and other drug treatment system requires input from both specialist and generalist service providers *(Figure 4)*.

Figure 4: Service organisation pyramid for optimal mix of services for alcohol and other drug users



This type of integrated system involves strong primary health care that opens access to services such as brief assessments and interventions that then support more structured interventions for alcohol and other drug use. This conceptual approach also envisages the integration of systems across the health and human services sector to meet the various needs of alcohol and other drug users that are important to recovery.

A systematic planned treatment system provides greater opportunity for linkages between specialist and generalist services and a more structured approach to service delivery. A planned treatment system will be easier for both consumers and service providers to navigate to ensure optimal treatment outcomes. Achieving this sort of framework requires that primary health care service providers, and the health and human services sector in general, have a good awareness of alcohol and other drug issues. This in turn necessitates that alcohol and other drug issues are incorporated into training programs for a broad range of professions (Ali et al, 2014).

Please note that service providers can access assessment and management advice regarding alcohol and other drug services through Murray HealthPathways *(see section 12.3 Workforce Resources for further information)*.

Service integration is critical to ensure that a consumer's holistic needs are being met and that their continuing care is carried out effectively. Integrated and coordinated care is particularly important for consumers with dual or multiple diagnoses, or those with a range of complex needs that impact on their ability to benefit comprehensively from AOD treatment interventions.

Service activities that demonstrate service integration include agreed shared referral and service access pathways, shared care planning and review and discharge management.

Murray PHN expects service providers program stream where appropriate, to be integrated with other services in the broader AOD system and other sectors, including other service provider partners delivering primary mental health and psychosocial recovery support services across the Murray PHN catchment.

5 Program treatment streams

Murray PHN's drug and alcohol program provides Commonwealth funding for drug and alcohol related activities and aims to achieve improved health and social outcomes for individuals, families and communities at-risk of, or currently affected by, substance misuse in Australia.

The objectives of the program are to:

- Support drug and alcohol treatment services across the Murray PHN catchment to reduce the impact of substance misuse on individuals, families, carers and communities
- Support prevention and early intervention activities and promote evidence-based information about drug and alcohol use through education
- Support the development of drug and alcohol data to provide evidence-based treatment national policy and service delivery
- Support service linkages between drug and alcohol treatment services and mental health services, as well as with social, educational and vocational long-term support services.

Murray PHN funded program treatment streams are:

1. Drug and Alcohol Treatment Services – NIAS (National Ice Action Strategy) Operational and Mainstream Funding
2. Drug and Alcohol Treatment Services – NIAS (National Ice Action Strategy) Aboriginal and Torres Strait Islander People Funding
3. Drug and Alcohol Treatment Services – Core AOD and Operational Funding (Transitional services)
4. Increasing Access to Drug and Alcohol Treatment Services in Regional, Rural and Remote Areas.

5.1 Drug and Alcohol Treatment Services – NIAS (National Ice Action Strategy) Operational and Mainstream Funding

Drug and Alcohol Treatment Services under the Murray PHN NIAS Operational and Mainstream Funding will contribute to the following key objectives:

- Address the increased demand for access to drug and alcohol treatment through needs based and targeted planning in response to the changing needs of the community
- Support region-specific, cross-sectoral, and integrated approaches to drug and alcohol treatment services based on the needs of consumers locally, and focused on improving care coordination at the local level
- Facilitate and support evidence-based treatment for consumers using a range of substances, as well as flexible and stepped care models tailored to individual need and stage of change
- Promote linkages with broader health and support services, including mental health services and general practice, to better support integrated/coordinated treatment and referral pathways to support consumers with comorbid mental health disorders
- Ensure targeted and culturally appropriate drug and alcohol treatment services for Aboriginal and Torres Strait Islander people that link to broader Indigenous health services
- Promote quality improvement approaches and support primary health professionals and specialists through education and training.

Activities and services under the NIAS Operational and Mainstream Funding schedule include:

- Regional AOD planning
- AOD treatment services
- AOD collaboration and integration
- AOD workforce development.

5.1.1 Regional AOD planning

Regional AOD planning includes research, planning and consultation opportunities for Murray PHN to continue to refine treatment services and workforce development to ensure recognition of specific obligations to:

- Commission drug and alcohol services targeting areas of need; and
- Increase the effectiveness of drug and alcohol treatment services through improved coordination between sectors and collaborative approaches that reflect service systems capabilities and consumer need.

5.1.2 AOD Treatment Services

AOD Treatment Services will include a number of activities that will aim to address priorities.

Areas of AOD-related concern include elevated rates of smoking by adults; lifetime risk of alcohol-related harm; alcohol-related assaults; and emergency department presentations for co-occurring AOD mental health disorders.

The aims of the AOD Treatment Services activities must be to:

- Provide specialist roles in primary care settings to embed AOD Screening Brief Intervention (SBI)
- Develop evidence-based models of and pathways to screening and brief intervention services in general practice
- Provide early intervention for young people with risky AOD-use
- Pre- and post-treatment support
- Support workforce development to primary health services and small rural hospitals
- Use models of care to support referral to GPs, AOD providers and specialist treatments
- Provide youth models of care including outreach, family inclusion and mental health in a range of settings
- Support pre- and post-rehabilitation and withdrawal programs, ensuring timely support to consumers on waiting lists and post programs
- Link consumers to residential withdrawal and treatment services.

5.1.2.1 Types of funded AOD treatment services

Early intervention services

A nurse practitioner service works with young people in an assertive outreach model that provides:

- Dual diagnosis focused interventions
- Sexual health
- Immunisations
- Pharmacotherapy
- Evidence-based psychological interventions
- General counselling
- Harm reduction and harm minimisation interventions.

The nurse practitioner service can assist and support with direct referrals to youth AOD residential withdrawal and/or youth AOD rehabilitation admissions. Stakeholder and service engagement with secondary consultations, support and capacity building activities are also undertaken.

Youth support and outreach

Youth support and outreach services identify young people experiencing alcohol and other drug issues accessing a range of youth services. This service coordinates care and provides support for referrals to internal and external services such as GPs and AOD treatment services.

Recovery groups

The provision of recovery group programs is designed to promote healthy social and emotional development for adolescents and adults seeking help in alcohol and other drug, mental health, youth justice and primary care settings who present with complex issues.

General Practice Investment Strategy

This program supports general practices to treat patients with alcohol and other drug issues by implementing screening and brief interventions.

5.1.3 AOD Collaboration and Integration

The aims of AOD Collaboration and Integration programs are to:

- Increase support and education among family and carers
- Increase capacity of services to support family and carers
- Work with the National Psychosocial Support Measure pilot
- Offer SBI education and strategies to reduce alcohol and smoking in AOD/ mental health clients.

5.1.3.1 Types of funded AOD collaboration and integration activities

Duo programs

Duo programs are co-designed peer education programs for carers and families of people with dual diagnosis and to provide support to someone with a mental health and alcohol and other drug problem disorder.

The Duo program provides the opportunity for participants to:

- Increase their knowledge of mental health and AOD-use
- Understand the interaction of drug/alcohol use and mental health
- Access current support options
- Be in a supportive environment that promotes learning
- Participate in self-care and positive action and develop ongoing support networks.

Group programs are also facilitated and provide up-to-date research-based information with lived experience expertise. Facilitators are experienced family members or carers who are trained and accredited to deliver the program.

Project ECHO

Project ECHO is a well-established academic health-led model that aims to support AOD and mental health clinicians, psychiatrists, GPs, nursing staff and other disciplines to participate in a Community of Practice to access professional development and evidence-based practice by way of brief lectures and case presentations. This collaboration between AOD and mental health clinicians further builds and develops pathways to consumer care and professional development for clinicians working in all participating service sectors.

The establishment of an AOD Project ECHO for the Murray PHN region aims to ensure core principles of integrating addiction medicine expertise into general practice, rural settings, hospitals and broader AOD services, and to promote pathways to withdrawal services and management of complex patients in general practice.

5.1.4 AOD Workforce Development

The Murray PHN workforce development plan addresses identified workforce priority areas such as the AOD workforce and practitioner level interventions for knowledge and skills development and service/ system strategies. These aim to strengthen the health service environment in support of good practice in service provision.

The priority areas for AOD workforce development in primary health comprise:

- Confidence, competency and readiness to identify and respond to AOD concerns
- Screening Brief Intervention and Referral into Treatment (SBIRT)
- Knowledge of referral pathways and providers and capacity to link individuals with suitable services.

5.1.4.1 Types of funded workforce development programs

AOD Community of Practice

These workforce development initiatives aim to build and implement a hub of AOD leadership and expertise across the Murray PHN catchment through a collaborative partnership model and the establishment of an AOD Community of Practice (CoP).

The CoP aims to support AOD workforce development through bringing managers and AOD staff together who can identify the knowledge they need, create a link between learning and performance, network, and develop their leadership skills and capacity.

This creates an uplift in expertise, which is hoped will flow through to teams, organisations and ultimately consumers seeking AOD treatment services. The AOD CoP operates through online and face-to-face communication platforms.

Workforce development training

Workforce development training initiatives and programs must:

- Provide a meaningful response to people with co-occurring AOD and mental health concerns
- Increase capability in dual diagnosis and motivational interviewing
- Increase access to rural-based training opportunities in dual diagnosis and Motivational Interviewing
- Increase capability to work across the AOD sector for benefits of consumers
- Provide best-practice and evidence-based practice information
- Increase understanding of current trends in AOD use
- Build and increase capacity in dual diagnosis across the region
- Establish the development of the Recovery and Support Program in a rural setting and have a youth focus
- Provide training to the facilitators of the Recovery and Support Group Program
- Provide reflective practice, mentoring and coaching as well as access to Addiction Medicine Consultations to provide support to the facilitators of the program
- Provide support for nurse-led projects with provision of AOD specific tools, systems and education and the development of a CoP for nurses.

5.2 Drug and Alcohol Treatment Services – NIAS (National Ice Action Strategy) Aboriginal and Torres Strait Islander People Funding

Drug and Alcohol Treatment Services under the Murray PHN NIAS Aboriginal and Torres Strait Islander People Funding will contribute to the following key objectives:

- To ensure access to targeted and culturally appropriate health and supported services for Aboriginal and Torres Strait Islander people that link to broader Indigenous health services
- To promote linkages with broader culturally appropriate health and support services, including mental health services, to better ensure integrated/coordinated treatment and referral pathways to support Aboriginal and Torres Strait Islander people with comorbid mental health disorders
- To support region-specific, cross-sectoral, and integrated approaches to drug and alcohol treatment services based on the needs of Aboriginal and Torres Strait Islander people locally, and focused on improving care coordination at the local level
- To promote quality improvement approaches and support primary health professionals and specialists through education and training on culturally appropriate care in the delivery of drug and alcohol treatment services for Aboriginal and Torres Strait Islander people.

5.2.1 Types of funded Drug and Alcohol Treatment Services – NIAS (National Ice Action Strategy) Aboriginal and Torres Strait Islander People Funding

Murray PHN funds organisations to provide a range of dual diagnosis services designed specifically for the needs of Aboriginal and Torres Strait Islander people in a given community/region. These services include:

- Dual diagnosis counselling
- Case management
- Care planning and coordination
- Early intervention (including brief intervention).

The dual diagnosis services are funded to further support the Social Emotional and Wellbeing (SEWB) models that incorporate planned activity for AOD treatment and mental health interventions. These services provide targeted, culturally appropriate and integrated, support and evidence-based treatment services specifically for Aboriginal and Torres Strait Islander people across the continuum of care within a SEWB framework. The services have developed and implemented the Dual Diagnosis Integrated Model of Care.

5.3 Drug and Alcohol Treatment Services – Core AOD and Operational Funding (transitional services)

Drug and Alcohol Treatment Services under the Murray PHN Core AOD and Operational Funding (transitional services), will contribute to the following key objectives:

- To provide funding support to drug and alcohol treatment services to deliver evidence-based and best-practice treatment modalities for drug and alcohol misuse
- To provide service continuity to the drug and alcohol treatment sector by ensuring funding certainty to existing Commonwealth funded direct treatment activities
- To maintain service coverage to geographical areas serviced by existing drug and alcohol treatment services funded under the Drug and Alcohol Program
- To continue to build linkages across the broader drug and alcohol treatment sector, including with alcohol and other drugs peak bodies, and primary health care providers
- To support the drug and alcohol treatment sector through workforce and capacity building activities, in collaboration with alcohol and other drugs peak bodies.

5.3.1 Types of funded Drug and Alcohol Treatment Services – Core AOD and Operational Funding (transitional services)

Non-Residential Rehabilitation Program

Non-residential rehabilitation programs are evidence-based programs delivered in areas that target consumers who have amphetamine type substances as part of their substance-use history (though others who might benefit are also not excluded). There is a balance of activities, cue exposure and response prevention, information sessions and opportunities to experientially learn and practice new skills to manage the impact of using substances has had on the participant's health, relationships and feelings of hope.

Non-Residential Withdrawal Services

Non-residential withdrawal services provide information and clinical support about the undertaking of alcohol and/or other drug withdrawal. The target group is rural people impacted from their alcohol or other drug use.

Multidisciplinary Enhanced Rural Pharmacotherapy Support

These services provide multi-disciplinary approaches to enhance treatment and recovery outcomes for individuals with drug-use problems, particularly opiate use.

By using a multidisciplinary approach to support consumers, their families and carers where appropriate - to be engaged and remain in treatment, and also support prescribers, including GPs, medical practitioners and dispensers (community and hospital pharmacies) to maintain a responsive service and provide optimum service delivery.

5.4 Increasing Access to Drug and Alcohol Treatment Services in Regional, Rural and Remote Areas

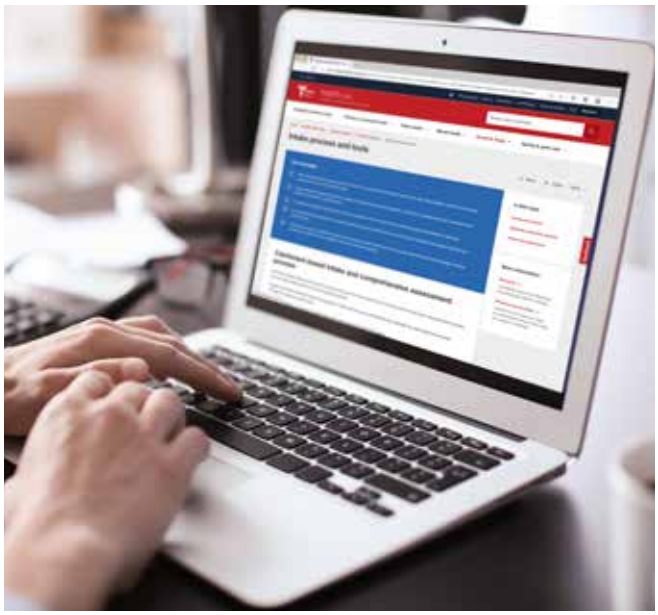
Organisations funded under the Increasing Access to Drug and Alcohol Treatment Services in Regional, Rural and Remote Areas stream will contribute to the following key objectives:

- Address the increased demand for access to drug and alcohol treatment in rural, regional and remote areas through needs-based and targeted planning
- Assist in overcoming the number of barriers regional and remote areas experience accessing drug and alcohol treatment, including transportation, by allowing for the delivery of two-day specialist outreach services to locations that do not currently have access to drug and alcohol services and are experiencing high demand for treatment and support
- Support region-specific, cross-sectoral and integrated approaches to drug and alcohol treatment services based on the needs of consumers locally, and focused on improving care coordination at a local level

- Facilitate and support evidence-based treatment for consumers using a range of substances, as well as flexible and stepped care models tailored to individual need and stage of change
- Promote linkages with broader health and support services, including mental health services and general practice, to better support integrated/coordinated treatment and referral pathways to support consumers with comorbid mental health disorders
- Ensure targeted and culturally appropriate drug and alcohol treatment services for Aboriginal and Torres Strait Islander people that link to broader Indigenous health services.

Activity under this stream must also be delivered with the aims of:

- Building on existing resources and the capacity of the organisation to provide additional drug and alcohol specialist services to remote, rural and regional areas of needs through the increase of full time equivalent (FTE) staff
- Allowing for the delivery of two-day specialist outreach services to locations that do not currently have access to drug and alcohol services
- Increasing the direct treatment service delivery of the drug and alcohol treatment sector in remote, rural and regional areas by increasing access to services, targeting areas of need
- Improving the access and effectiveness of drug and alcohol treatment services for people requiring support and treatment by increasing coordination between various sectors and improving sector efficiency.



6 Referral and intake

Referrals to Murray PHN funded AOD services may come from diverse and varied pathways. People seeking treatment may be referred to AOD intake services from a range of health and human service providers, or they can self-refer. Such referral points may include GPs, community health services, local hospitals and other specialist providers.

Catchment-based intake occurs through Regional Victorian AOD Intake services provided by Australian Community Support Organisation (ACSO). ACSO conduct an intake process to work out the most appropriate services for people experiencing alcohol and drug issues in regional Victoria (excluding Barwon region).

ACSO is the primary entry point for new clients to the Victorian alcohol and other drug treatment system, and the service also helps existing clients to move through the alcohol and other drug service system.

People entering the AOD treatment system, whether through catchment-based or directly to a Murray PHN funded AOD service, must be triaged and comprehensively assessed by the service provider. Through this process, service providers must:

- Identify the severity of a person's alcohol and other drug use and broader life issues
- Identify high-risk people for whom an immediate response is necessary (and have the capability to refer on to appropriate service)
- Identify people who require further treatment
- Obtain a baseline measure against which outcomes may be mapped over time.

Mental Health Hub referrals

Referral to Murray PHN commissioned services may be made from Murray PHN's Mental Health Hubs. This may come from a hub service provider or hub intake provider. These referrals should be treated as a ***provisional referral*** and do not require a GP Mental Health Treatment Plan. Services should ensure a no-wrong-door approach to ensure a smooth consumer pathway to care, working collaboratively through issues that may occur.

In addition, Murray PHN funded AOD service providers that also receive Victorian Department of Health and Human Services (DHHS) funding are mandated to use a suite of AOD Intake and Assessment Tools if providing AOD treatment

services. These evidence-based tools have been developed collaboratively in consultation with AOD services across Victoria. The Intake Tool provides information (e.g. dependence, level of risk, harm etc.) to support clinical judgement in making referrals to appropriate services. A further function of intake is to engage the consumer and discuss what they can expect from specialist AOD treatment.

7 Assessment

Assessment is essential to treatment planning and implementation. Service providers' assessment processes and tools will depend on the type of service/program being delivered and will be most relevant for transition and treatment programs.

Key factors for consideration at ***assessment*** include[5]:

- Ensuring clear communication and information exchange between the consumer and service provider practitioner
- Respecting consumer choice as well as practitioner clinical judgement
- Communicating and providing a detailed description of consumer rights, responsibilities and grievance procedures
- Providing a clear explanation of confidentiality protocols, including concerns regarding potential consumer harm to self and others, and the need to liaise with relevant professionals, such as GPs
- Bio-psychosocial assessment of risk factors (including suicide and harm to self and others)
- A consumption history (*daily quantity and frequency of use and the consumer's account of potency*)
- Identifying poly-drug use and current withdrawal status
- Underlying co-occurring physical and mental health conditions
- Identifying consumer treatment and/or recovery goal/s and plans
- Establishing an appropriate withdrawal plan (if appropriate)
- Identifying existing and potential service linkages that could offer post-treatment support
- Identifying psychosocial factors that may present barriers to achieving consumer goals
- Assessment of family violence, parenting and child protection issues
- Rural, remote location and/or geographic isolation
- Identifying any legal and financial and accommodation issues
- Identifying the consumer's support network (family, friends, workers, others).

The comprehensive assessment tool supports service providers to determine the level and type of treatment and support required by a presenting consumer. At the beginning of assessment, baseline data including substance-use, health and wellbeing is collected through a self-completion form. The comprehensive assessment tool is designed for use in conjunction with the self-completion form, and from information collected at intake, to ensure that a consumer's comprehensive treatment needs are adequately understood.

8 Treatment planning and review

Service providers must develop an initial treatment plan with the consumer. A treatment plan is a detailed overview of the planned interventions. In essence, treatment planning consists of matching a consumer to a theoretical rationale that both the service provider practitioner and consumer agree on, focusing on building a relationship, developing consumer expectations, and applying interventions that are consistent with the agreed rationale (Wampold, 2015; Wampold & Imel, 2015).

In general treatment plans must:

- Be well-developed, articulated, written and highly detailed
- Be jointly negotiated between the service provider practitioner and consumer
- Identify and be structured around meeting the consumer's goals and choice
- Match the consumer's treatment readiness and stage of change
- Contain practical, realistic consumer goals and the strategies for achieving them
- Where appropriate, include parents, partners, families and friends
- Include a plan for discharge or exit from service
- Be regularly reviewed and updated
- Be shared with GP or other clinicians involved in the individuals care (with consumer consent).

Addressing co-occurring issues

Many AOD consumers present with diagnosable mental health disorders that may interfere with AOD treatment progress. Some consumers will also present with symptoms of mental health disorders such as anxiety or depression, but do not meet criteria for a diagnosable disorder. These mental health symptoms can impact on consumer functioning and AOD treatment progress and outcome (Sterling et al., 2011). Therefore, it is important that service provider practitioners are alert for symptoms of mental health disorders and that consumers will need additional support with these issues. Depending on the severity of the mental health issues, practitioners must consider integrating strategies to address mental health symptoms and needs into the consumer treatment/interventions and/or referring the consumer for medication or specialised mental health services to a more appropriate service provider for this aspect of care.

Treatment review

Service providers are expected to undertake regular review of the consumer's treatment and care.

A treatment review must include communication with and input from the GP/medical practitioner (particularly where there is case complexity) and other significant team members (with consumer consent) providing service to the consumer.

The treatment review is an opportunity for the service provider practitioner and consumer to review the consumer's progress against:

- Treatment goals and strategies
- Treatment progress
- Personal and/or symptom distress
- Mental state and risk level (where appropriate)
- Ongoing treatment needs/treatment plan
- Interpersonal and social wellbeing
- Planning for step up/step down or discharge/exit from the service.

9 Interventions for AOD treatment services

Evidenced-based interventions for AOD treatment services include:

- Motivational Interviewing
- Trauma informed practice
- Problem-solving techniques and skills
- Goal-setting techniques and skills
- Relapse prevention and management
- Harm reduction strategies
- Brief interventions that can be applied to a range of health issues including smoking cessation, weight management, dietary and exercise habits, reducing alcohol consumption
- Group work such as support groups, task-focused and education groups and therapeutic community groups
- Relaxation strategies and techniques
- Mindfulness therapy and strategies
- Cognitive restructuring
- Anger management
- Assertiveness training.

10 Discharge management

When facilitating discharge, service providers should:

- Schedule follow-up appointments
- Create linkages with further treatment and service providers (consumers should not be sent to services without first contacting those services)
- Formalise referrals to other services and confirm acceptance/and or engagement with that service
- Provide resources and emergency assistance numbers
- Provide invitation to the consumer to re-engage in service if required.

Discharge planning is a process involving the transition of a consumer's care from one level of care to the next. The discharge process must be thorough, clear, comprehensive and understood by service providers as well as the consumer and/or their nominated representative.

The discharge plan must include a relapse prevention plan and service re-entry plan, given the chronically relapsing nature of substance dependence. Comprehensive liaison and handover must also occur with all other service providers who will contribute to ongoing care. Ongoing service providers must be involved in discharge planning.

Consumers must be encouraged to actively contribute to their discharge planning. All clinicians are responsible for ensuring that discharge letters are sent to key health service providers (e.g. GP) within one week of discharge. Discharge letters need to be comprehensive and indicate diagnosis, treatment, progress of care, recommendations for ongoing care and procedures for re-referral. Relapse patterns and risk assessment/management information will be provided where available. Follow up direct contact with ongoing key health service providers (e.g. the GP or a non-government organisation) is recommended and should be recorded in the consumer's clinical record.

Family and significant others may also be directly involved in discharge planning.

Where consumers cannot be contacted and are considered lost to follow up, service providers must have documented evidence of all assertive follow up attempts to contact them.

Selecting appropriate services

Choosing appropriate post-treatment services depends on a number of factors such as the consumer's:

- Support system (e.g. family, friends, GP or sponsor)
- Accommodation and transport
- Service-use history
- Relapse-risk
- Preferences
- Existing links with services and professionals.

11 Data and reporting

The Alcohol and Other Drug Treatment Services (AODTS) National Minimum Data Set (NMDS) is an annual collection of information regarding the consumers who use alcohol and other drug treatment services, the types of drug problems for which treatment is sought and the types of treatment they receive. Murray PHN funded AOD service providers must comply with these reporting requirements. These requirements are contained in Part C – Data Capture and Reporting Specifications.

12 Workforce requirements

To ensure a high-quality standard of service delivery, staff engaged to deliver AOD services under funded programs, ***where appropriate/required***, must:

- Be qualified according to the requirements of their role, position description and discipline-specific scope of practice
- Have currency of registration with state or national practicing authorities and demonstrate evidence of the continuing professional development requirements for annual re-registration
- Have membership with their discipline-specific professional association
- Agree to abide by their discipline-specific professional code of ethics and code of conduct
- Have currency of accreditation/ credentialing to practice with their discipline-specific professional association
- Have a working knowledge and be able to demonstrate compliance with relevant discipline-specific professional practice standards and competency standards requirements.

To ensure that the AOD workforce is appropriately trained and competent to work effectively with consumers, funded service providers must ensure staff have a minimum skill set relevant to the delivery of AOD services. These skills and competencies are identified in the Minimum Qualification Strategy (MQS).

12.1 The Minimum Qualification Strategy

To support a minimum standard of skills among AOD staff, the Department of Health and Human Services introduced a Minimum Qualification Strategy (MQS). Those who enter the AOD sector without health, social or behavioural science tertiary qualifications will need to demonstrate competence in (or be working towards) qualifications that meet the MQS. Recognition of Prior Learning (RPL) may be available to those seeking the minimum qualifications.

Those who have health, social or behavioural science tertiary qualifications in non-AOD courses will need to undertake further studies to meet MQS. This includes the completion of the four core competencies of the MQS or the completion of a Certificate IV or Diploma in Alcohol and other Drugs or an undergraduate degree in AOD or a postgraduate course in AOD.

The following four competencies from the Community Services Training Package (CHC) are also known as the CHCSS00093 Alcohol and Other Drugs Skill Set.

- CHCAOD001 Work in an alcohol and other drugs context
- CHCAOD004 Assess needs of clients with alcohol and other drugs issues
- CHCAOD006 Provide interventions for people with alcohol and other drugs issues
- CHCAOD009 Develop and review individual alcohol and other drugs treatment plans.

In addition to the above, the network of alcohol and other drug agencies (NADA) Workforce Capability Framework provides an evidence-based resource for service providers to use in the planning, recruitment, performance management, professional development and support of its workforce.

12.2 The peer workforce

The inclusion of peer support workers in primary health alcohol and other drug services care teams can help to improve the culture and recovery focus of services and help to reduce stigma in the workforce. Appropriate supervision and mentoring should be provided, including support from other experienced peer workers, and clinical support from other team members.

A peer support worker in the AOD treatment sector is a person, stable in their own recovery, who uses their lived experience of drug and alcohol issues, plus skills learned in formal training, to support a consumer's change processes and recovery. This means a peer support worker will have experienced drug and alcohol use and associated issues but have also transitioned onto a path of recovery.

12.3 AOD workforce resources

Across Australia, people can access online information and counselling at counselling online or call the National Alcohol and Other Drug Hotline 1800 250 015 to speak to someone in their state/territory.

Drug and Alcohol Clinical Advisory Service

Drug and Alcohol Clinical Advisory Service (DACAS) 1800 812 804 is a 24-hour 7-day, specialist telephone consultancy service that assists health and welfare professionals throughout Victoria to respond effectively to individuals with alcohol or other drug use problems. All calls are answered by experienced clinicians from Turning Point. Calls that require specialist medical advice are referred to consultants who are addiction medicine specialists.

Dual Diagnosis Unit

The Dual Diagnosis unit (DDU) is an eight-bed voluntary residential unit designed to treat individuals with mental health and drug and/or alcohol dependency.

The model of care emphasises a person-centred approach to all engagements with people who use alcohol or other drugs and experience mental health problems, which conveys a holistic approach and respect for the individual and their unique experience and needs.

The unit is staffed 24 hours a day, seven days a week with two nursing staff on each shift. There is also a psychiatrist, medical officer, occupational therapist and social worker. An expected stay on the unit is three months, however this is subject to individual needs. Two meals per day are provided. External referrals must be via Mental Health Regional Triage Service – 1300 363 788.

Once the referral is received, an AOD and mental health assessment will take place to ascertain suitability for the program. If accepted, a lead clinician will work with the consumer.

Family Drug Help

Family Drug Help is a program that provides practical help, information and support to families and friends impacted by someone's drug and alcohol use.

This service provides professional and peer-based services across Victoria, including:

- Family Drug Helpline 1300 660 068
- Quarterly newsletter
- In-focus education program
- Breakthrough – ICE Education for Families
- Sibling Support – Online resources for siblings
- Family Counselling – phone or video counselling.

Family Drug Support

Family Drug Support is a support line (1300 368 186) available 24 hours, 7 days a week.

This service provides support to families affected by alcohol and other drugs in Australia.

Online resources include fact sheets and coping tips are also available.

Orticare

Orticare is the Grampians Loddon Mallee Pharmacotherapy Network, one of five area-based networks in Victoria. Orticare works to create better access to pharmacotherapy services for all consumers living in this region. The purpose of Orticare is to support regional health professionals who are providing treatment through workforce education, clinical support, consultation and promotion.

Some of the resources offered are:

- Access to training and education opportunities
- Mentoring opportunities and secondary consultations
- Addiction Medicine Specialists for consultation about consumer's complex needs
- Best-practice guidelines, clinical information, business resources and supports
- Local networks for doctors, pharmacists and other professionals working with alcohol and drug issues.

RAMPS

The RAMPS Service provides GPs, nurse practitioners and other clinical health care staff with access to advice and consultation by an experienced Addiction Medicine Specialist. The Addiction Medicine Specialist can provide expert secondary consultations for consumer cases where:

- There is concern about opioid dependence – for consumers with with chronic pain conditions
- The consumer may be suitable for or is currently on opioid replacement therapy (pharmacotherapy)
- There are other/multiple concerns about a consumer's alcohol or drug misuse
- Expert advice is required regarding a medical withdrawal.

Reconnexion

Reconnexion provides support and tools to assist professionals and others to address benzodiazepine dependence.

The Reconnexion Benzodiazepine Toolkit is a guide which explains how benzodiazepines work, how to identify dependency, treatment options, withdrawal symptom management, how to deprescribe using a "taper" and resources to support professionals and the consumers they work with.

Murray HealthPathways

Murray HealthPathways for alcohol and other drug services provides local referral information for:

- Drug and Alcohol Referrals
- Drug and Alcohol Support
- Alcohol Screening and Brief Intervention
- Opioid Dependence
- Medication Assisted Treatment of Opioid Dependence (MATOD)
- Prescribing Naloxone
- Medications in chronic pain
- Hepatitis C.

Visit the Murray HealthPathways website and follow directions to request free access.

General Practitioner Clinical Advisory Service

The General Practitioner Clinical Advisory Service is a peer-to-peer advice and mentoring service for Victorian GPs with consumer issues relating to high-risk prescription medications identified through SafeScript.

The Australian Drug Foundation

The Australian Drug Foundation provides activities, programs, information and resources that directly support communities and people to adopt healthy behaviours and implement collaborative strategies to prevent and minimise the harm of alcohol and other drugs, including ice.

Women's Alcohol and Drug Service

Women's Alcohol and Drug Service (WADS) provides medical care, counselling and support to women with complex substance-use, dependence and assessment and care of infants exposed to drugs and alcohol during pregnancy. WADS is the only state-wide drug and alcohol service providing specialist clinical services to pregnant women with complex substance-use dependence. WADS use a multidisciplinary team approach to advance women's health and wellbeing and the medical needs of their infants. Support is further enhanced through the provision of secondary consultation, including a 24-hour on-call obstetric service.

There is a duty worker on each day from 9am – 5pm Monday to Friday who can receive referral calls and undertake screenings of potential consumers. Screenings determine whether a woman is accepted into the clinic, or whether she would be suitable for Team Care Management. The screening will also determine whether the woman's care could be managed in a maternity hospital where she is geographically based.

Victorian Opioid Management ECHO

The Victorian Opioid Management ECHO convenes each Wednesday at 7.30am and is an opportunity for primary care clinicians to participate in a case-based educational clinic to assist consumer outcomes by covering all aspects of opioid management in primary care, including:

- prescription and illicit opioid misuse/abuse and addiction
- opioids and addiction in chronic pain management
- medication assisted treatments for opioid use disorder
- overdose
- regulations and opioid prescribing
- trauma informed care and dual diagnosis.

Using simple video conferencing technology and featuring a team of expert addiction specialists and allied health professionals, the ECHO clinic allows participants to:

- Present a consumer case related to opioids and seek expert feedback
- Listen to other clinicians' cases
- Access a brief didactic lecture on a topic of interest
- Claim CPD accreditation points.

Syringe Vending Machines

Syringe Vending Machines (SVMs), also known as Needle Dispensing Machines (NDMs), are self-contained units that dispense injecting equipment, mostly for a small fee. There are several styles and models that are usually nondescript stand-alone or wall-mounted metallic units. Unlike snack, beverage or cigarette vending machines, they do not advertise their contents. SVMs may operate after NSP service hours or provide 24-hour access to injecting equipment.

Self Help Addiction Resource Centre

The Self Help Addiction Resource Centre (SHARC) promotes self-help approaches to recovery from severe alcohol and drug related issues. SHARC provides opportunities for individuals, families and communities affected by addiction and related problems to recover and achieve meaningful, satisfying and contributing lives.

SHARC provides a confidential telephone helpline and web-based information services; community-based training programs and support groups across Victoria, in metro, regional and rural areas; a peer based residential program for young people; a consumer advocacy and participation service; and training for health and welfare workers.

Victorian Needle and Syringe Program

The Victorian Needle and Syringe Program (NSP) is a public health initiative that aims to minimise the spread of blood-borne viruses such as human immunodeficiency virus (HIV) and hepatitis B and C among people who inject drugs and into the wider community. Victoria's Needle and Syringe Program provides sterile needle and syringes and injecting equipment and safe sharps disposal to people who inject drugs.

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