

Improved Services Initiative

SPRING/SUMMER EDITION 2011

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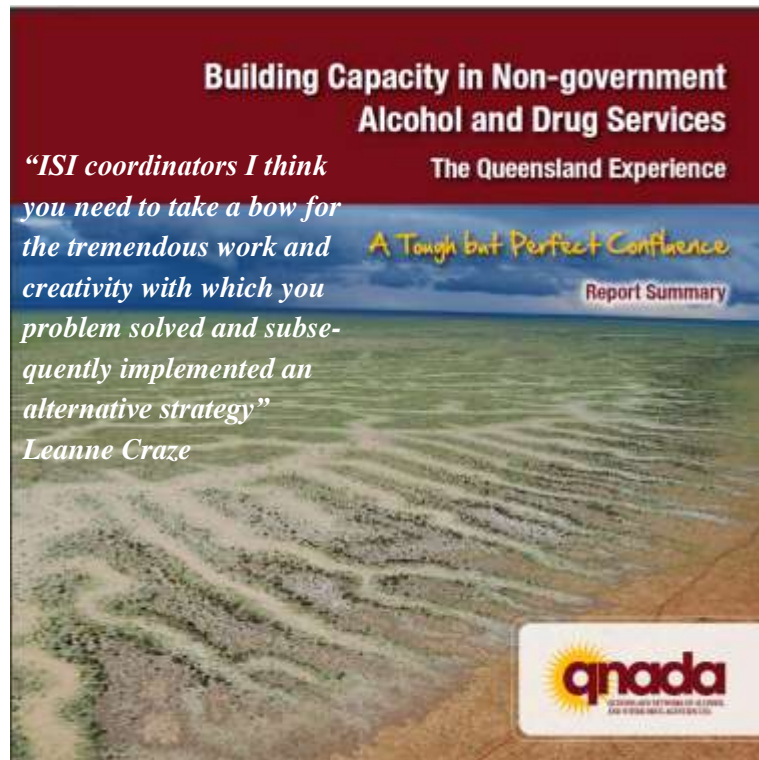
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The Queensland Experience: Building Capacity in Non Government Alcohol and Drug Services



As you know, the non-government health sector is undergoing rapid change. The National Health Reforms have altered the role of the community sector in health provision and the alcohol and drug sector is experiencing the biggest shift in policy, governance and practice in over 20 years. Under these conditions, organisations need to be flexible and able to change quickly. To help our members adapt to these changing circumstances, QNADA commissioned Leanne Craze and John Mendoza of ConNetica Consulting to research the way services funded under the Improved Services Initiative in Queensland

achieved the changes needed to build their capacity to address mental health and alcohol and drug misuse comorbidity. What the researchers found has implications for alcohol and drug services, mental health services, non-government organisations and their funding bodies.

Building Capacity in Alcohol and Drug Services – The Queensland Experience – *A Tough but Perfect Confluence* documents the three-year transition of Queensland ISI funded services. Rich in quotes and personal anecdotes, the report details strategies and resources developed, lessons learned and suggestions for similar funding programs. In it you will also find a range of tools, pathways and resources for organisations to quickly adapt to their changing circumstance.

Both the full and summary report are available for download at www.qnada.org.au



WORKING TOGETHER TO IMPROVE OUTCOMES FOR CLIENTS OF NON-GOVERNMENT DRUG AND ALCOHOL TREATMENT SERVICES IN AUSTRALIA

In early October 2011 a Fact Sheet was sent out to the drug and alcohol treatment sector providing an outline of the activities being undertaken by the Australian Government to establish the non-government drug and alcohol treatment sector as a leader in continuous quality treatment delivery.

The update builds on information provided in the Fact Sheet and summarises the linkage of this project to the new flexible funding arrangements under the Substance Misuse Service Delivery Grants Fund.

Under an input-based funding model, funding is provided to services for the inputs required to deliver a service. For example, funding may be provided to pay for a certain number of staff or certain levels of equipment.

In this instance, output funding is where funding is provided for the treatment result experienced by groups or individuals that use the service/s (whether recovered or along the recovery journey). It is expected that treatment outputs will flow into outcomes which drive quality improvement under a quality management framework.

The outcomes currently being proposed are high level at the program level that relate to all service types, for example outcomes that may relate to harm minimisation, reduction in drug and alcohol use, and wellbeing and recovery that are relevant to all drug and alcohol treatment provision regardless of service modality.

In developing outcomes, a series of performance measures will be developed for each outcome. The performance measures will represent the range of evidence that would indicate that the desired outcome has been met. For example, for harm minimisation or reduction in usage the performance measures for a detoxification service may seek to measure referral to community based service processes, appropriate handover to community based services and the sustainability and continuity of services.

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Establishing performance targets against these indicators would then occur. It would not be expected to establish performance targets until some understanding of the sectors current performance against the outcomes was obtained. It is important to understand each services performance against the desired outcomes before establishing performance targets otherwise the desired performance level may be unrealistic or unachievable.

The Australian Government acknowledges that a staged implementation is integral to the success of a quality framework linked to an outputs- and outcomes-based funding model.

Over time all treatment services that receive funding through the Substance Misuse Service Delivery Grants Funds will be required to comply with a quality framework linked to an outputs- and outcomes-based funding model.

HOLYOAKE EMBRACES QUALITY IMPROVEMENT

Holyoake Tasmania (Holyoake) is a non-profit community based organisation, providing counselling and education for people whose lives are adversely affected by addictive behaviours. Holyoake is located in Hobart and services the southern area of Tasmania.

In 2008 Holyoake was successful in obtaining funding under the ISI grants. As a major part of the ISI project Holyoake elected to undertake a full external accreditation process. This process was conducted over a three year period and involved the review of organisational and clinical systems. Existing systems were reviewed and improved and many new processes were introduced.

One key area of improvement was the **expansion of Holyoake's capacity to meet the needs of clients with comorbid issues.** This involved:

- extensive staff training introduction and embedding of co-morbid specific tools (Psycheck)



Sarah Charlton (CEO) and Kate Lord (State Manager of QMS)

- improved referral processes
 - improved data collection technology
- Holyoake selected Quality Management Services (QMS) as the external provider to undertake the accreditation review. Their support and encouragement were invaluable throughout the process.

The accreditation process was comprehensive and demanding, with every aspect of the organisation exposed and scrutinised. The process involved all members of staff, board members, stakeholders and consumers.

Holyoake was successful in gaining full accreditation with the nationally recognised *Quality Improvement Council*, and is proud to assure clients and key stakeholders that our services are of the highest standard.



Sarah Charlton (CEO) and Andrew Wilkie MP congratulate Holyoake on their achievement

Holyoake has now embraced a culture of continuous improvement into the future



DRUGS • ALCOHOL • OTHER ADDICTIONS
COUNSELLING & EDUCATION SERVICE

CHANGING LIVES

6224 1777

www.holyoake.com.au

OPEN DOORS: MILLIYA RUMURRA

Milliya Rumurra is an Aboriginal Community Controlled Substance Misuse Service. The organisation was first established in 1978. All **programs are based on the principles of “harm minimisation”**. **Milliya Rumurra provides a 12-24 week rehabilitation program.**

The program seeks to address the effect of alcohol and drugs upon the individual, family and community. A day Pre-Admission Program is available to eligible clients. This provides an opportunity for clients who are considering entering the residential program the experience of the program before making the commitment of being a resident. Once accepted and admitted into the program, the client can expect three components to their treatment; counselling, group therapy and interactive education sessions.

Through funding from the Improved Services Initiative (ISI) and implementation of the Comorbidity Project Plan, Milliya is now able to **provide an “open door approach” to clients** presenting with comorbid issues. The service now has a provision of psychological counselling held onsite, this reduces the stigma and potential for cultural barriers for clients needing to access this service. Providing clients with the skills to return to community and maintain changed behaviours is an important goal of residential treatment.

Milliya has been working in conjunction with Curtin University in the development of a Social and Emotional Well Being (SEWB) Family Assessment Tool.

As part of service capacity building undertaken through the ISI project, Milliya has been working in conjunction with Curtin University in the development of a Social and Emotional Well Being (SEWB) Family Assessment Tool. Through a consultation process involving key **stakeholders (including clients, clients’ family/significant others and community members)** the following was identified:

- Families and carers require information to be delivered in ways & formats that assist in supporting ties within Aboriginal communities
- Information needs to be presented in a format relevant to the interests of different age groups
- Local languages/dialects should be used.

This overview of findings has now lead to a plan to produce a series of DVDs based on **clients “Yarn’n”**. **Stories that record the individual journey through the rehabilitation process including aspects of comorbidity.** This strategy is seen as a way of addressing AOD misuse within communities by providing information that is relevant, culturally appropriate and will reduce the stigma in regards to mental health issues.



Milliya Rumurra Staff Group Oct 2011

COMORBIDITY BUS TOURS SUPPORT FRONTLINE WORKERS

The Comorbidity Bus Tours aim to increase the capacity of frontline workers to support people experiencing co-occurring alcohol, tobacco, other drug and mental health issues (comorbidity) in the ACT through an innovative workforce development initiative delivered in partnership by three peak bodies.

The tours provide an opportunity for participating workers to visit a range of ATOD and mental health services to learn more about the service model, pathways and referral options, as well as view the facility to get a greater understanding of a range of treatment options.

Since their commencement, the Comorbidity Bus Tours have become an important capacity building initiative of the ATOD; mental health; youth and allied sectors. Each tour has been evaluated and significant demand for the tours remains. Some examples of participants feedback include:

“Being able to see first hand the range of services available to people experiencing comorbid disorders. It makes it much easier to know what services to refer clients to.”



Information on this successful initiative has also been shared with the Alcohol Tobacco & other Drug Association to help inform their new service bus tour; representing another example of how the ISI has supported greater sharing across the jurisdictions.

For more information visit <http://www.atoda.org.au/activities/comorbidity-bus-tour/>

Contact Amanda Bode, ATODA amanda@atoda.org.au or (02) 6255 4070.

“I think the Comorbidity Bus Tours are a valuable resource for workers and are a method of maximising exposure to services in a manageable time frame.”



QUIHN'S PARENT, CHILD AND FAMILY TEAM

QuiHN is a dual diagnosis centre where we help and support people with drug and mental health issues. The Parent Child and Family (PCF) team supports parents who have dual diagnosis as well as people who are affected by the drug use or mental health of their significant others.

We have had many successes in the PCF team. These have come about due to hard work in the counselling room, popular psycho-educational groups as well as the facilitation of the development of relationships between clients, community workers and organisations such as Probation and Parole and the Department of Child Safety.

Some of our work has led to the early reunification of children in foster care with their biological parents.

Other success stories include parents stopping taking drugs and their families finding ways to communicate and support them during this arduous process.

The PCF Team is passionate about helping the Brisbane community and will continue to try our best to empower members of our community to make positive changes in their lives. I believe that the key to most of our success is involving the client in all aspects of case planning and networking with other service providers to develop a more holistic and effective approach to treatment.



David Ferguson PDC Case Manager/Dual
Diagnosis Counsellor

COMORBIDITY IN THE COMMUNITY

QNADA, with several community organisations in the area of mental health, alcohol and other drugs, coordinate a series of seminars that linked key services.

Speakers joined QNADA and delegates at the State Library of Queensland in Brisbane's cultural precinct from various locations around Australia.

Key speakers included:

Paul Flateau (WA) discussing intergenerational homelessness and key AHURI projects. Andrew Bruun (VIC) and Sophie Morson (QLD) discussed the key issues impacting youth with regard to service delivery. Helen Orcher introduced the role of Aboriginal Health Workers. Margaret Hornagold discussed the issues for our ATSI brothers, sisters and communities. Murray Sinclair discussed the journey through a therapeutic community. Sue Lee from WA discussed the Community Development Program at Womens Health and Family Services. Rita Prasad-Ildes shared her experience in the creation of accessible services for CALD clients by placing it in a SE Queensland context.

At the Brisbane Writers Festival, Margaret Hamilton was joined by Rose Neild (WA) to discuss Foetal Alcohol Spectrum Disorder (FASD).

Margaret then facilitated a controversial discussion with Queensland based Deb Kilroy, Maria Model, Bronwyn Buckley and Aunty Joan Hendricks.

The final seminar focused on LGBT communities with Ange Matheson (NSW) and one of the 25 most influential gay men in Australia, Paul Martin, Principle Psychologist with the Centre for Human Potential.

The seminars, recorded by Evertchnology, are accessible via www.qnada.org.au



PLAYING IN THE SAME SANDPIT - MAKING POSITIVE PARTNERSHIPS

Imagine a non-government drug and alcohol service, a government mental health service and a non government psychosocial rehabilitation service getting together and then working together to deliver a comorbidity program.

“It can’t be done!” You cry...actually, yes it can.

“Ok, but not without hair pulling,”...and no blood either!”

The project comprised of an eight week harm minimisation group, developed by Health Frameworks Victoria, specifically for clients with co morbidity. The partnership included:

- *Anglicare: Archway Services*, an abstinence based residential rehabilitation unit in Port Adelaide accepts co morbid clients if they are willing to become abstinent;
- *Port Adelaide Community Treatment Team* who provides tertiary psychiatric and psychosocial care for 18 to 65 year olds; and
- *Diamond Clubhouse* which provides psychosocial rehabilitation services to enhance recovery including recreational, educational and work related activities and relationship building and support.

So wouldn't it be a great idea to have facilitators from both sides of the fence for a balanced perspective? A hard sell, but we won over management. Mental Health agreed to provide a worker for one morning per week for the program.

And then hey! Why not run the group from a mental health rehabilitation service to link **participants into.....what a strange, but ingenious, thought.....**

The outcome included participants in the group attending Diamond Clubhouse weekly to come **to the “Making Positive Choices” group.** They received joint expertise and the opportunity to build awareness on issues. Facilitators learnt about each others services and fostered positive relationships. Participants had the option to choose other activities held at Clubhouse and get an excellent lunch.



An unexpected outcome included participants forming relationships outside the group and joining up with training courses!

The 5 key factors for successful ‘Sandpit Play’ that we learned are:

- Identify the target group
- Establish a joint goal which meets strategic guidelines
- Clearly communicate a common goal to management within strategic guidelines
- Be aware and understanding of boundaries as well as areas of strength.
- Have regular consultation and communication to agree on roles and responsibilities

Another group is in the pipeline for next year.....

Contact Details:
Yasmine Weatherall: Service Improvement Officer,
Anglicare’s Archway Services
yweatherall@anglicare-sa.org.au



ph: 08 3059652

ANGLICARE
HOPE IS HERE. SA.

SAFE IDEAS ON POSTCARDS PROJECT

As part of the Improved Services Initiative, Peninsula Health Drug and Alcohol & Youth Services Program provided small grants to three local mental health services; Peninsula Support Service, Impact and the Mental Illness Fellowship (Rosebud) with a view to improving consumer and community knowledge about the impact of drug and alcohol use.

Art groups were facilitated at these services with Peninsula Health staff providing information about drugs and alcohol, particularly relating to risky use. Consumers were encouraged to develop art that depicted positive messages about reducing harm from drug and alcohol use.

Six finalists were chosen from a broad range of artworks, including collage, computer generated images, oil, and other media and these were printed as postcards. The postcards, shown here, are being distributed to community agencies and services across Frankston and the Mornington Peninsula.

For further information, contact:

Jenny Symmons
PenDAP, Victoria
jsymmons@phcn.vic.gov.au
ph: 03 9784 7739



'One Too Many' Julie—Peninsula Support Service



'Are You Playing With The Full Deck'
Jodi - Peninsula Support Service



'Where's Your Head At?' - Vanessa—IMPACT



“Consumers were encouraged to develop art that depicted positive messages about reducing harm from drug and alcohol use..”

‘Who Is Pulling Your Strings?’
Susan - Peninsula Support Service



‘On The Edge of Reality’
Catherine
Rosebud Mental Illness Fellowship



‘And Then The Storm’
Catherine
Rosebud Mental Illness Fellowship

DAMEC TRANSLATED INFORMATION SHEETS COMING SOON

The Drug and Alcohol Multicultural Education Centre (DAMEC) has been working with culturally and linguistically diverse communities (CALD) to address drug and alcohol issues for the past 23 years.

Since 2007, DAMEC has been providing an **outpatient counselling service in Sydney's south west**. As DAMEC began to deliver this service, as well as addressing the needs of culturally and linguistically diverse clients, clients presented with a range of complex needs with high representation of clients with mental health issues.

DAMEC was successful in attracting Improved Services Initiative funding to build capacity to better deal with clients with mental health issues with dependency.

DAMEC has found working with CALD communities presents a range of challenges and difficulties which DAMEC has used to inform its changes to service model delivery and intervention it provides.

One of the big challenges DAMEC has identified is a lack of awareness of what drug and alcohol interventions for CALD communities are. In other words, there seems to be no awareness of counselling or therapeutic interventions within these **communities**. **DAMEC's counselling teams'** response was to change our engagement strategies. DAMEC works on a defined 12 session program using a modified Brief Solution **Focused Therapy model**. **DAMEC's bilingual** counsellors (Arabic, Vietnamese, Khmer, and Chinese) found it more beneficial to clients that the first 1 to 2 sessions be more psych-educational; describing the counselling model and principles of drug and alcohol intervention. This was then further extended to include concepts around mental health. DAMEC identified that many of

our CALD clients with complex needs: may have had a mental health intervention; most likely in a corrections setting; may have been diagnosed; may have been prescribed medication but then never reviewed for many years. As a result these clients are not active in their own health care.

As part of the ISI support, DAMEC is beginning to develop fact sheets for clients that describe concepts of counselling, treatment and healthcare. They are basically a summary of what the bilingual counsellors are already delivering in those first two sessions. Importantly however, they are written in culturally sensitive and culturally appropriate form. As an example, there is no straight definition for counselling or a psychologist in Vietnamese. Therefore the counsellors have developed phrases that equate culturally to what a psychologist does and what counselling is.

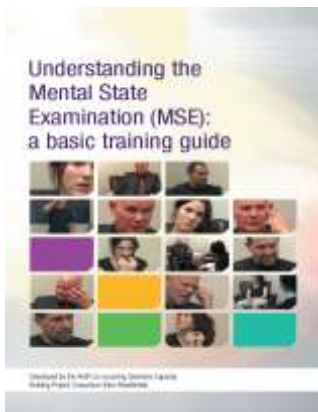
These fact sheets also aid in addressing family and client information needs after the session has finished. DAMEC has found especially amongst CALD communities, information is often digested and reviewed away from the treatment setting.

These information sheets are being written in three languages (Arabic, Vietnamese and Chinese). Once tested, the sheets will be available for download from the DAMEC website and from a link on the NADA website. DAMEC will make a further announcement once they are available.

For further information on the information **sheets or any aspect of DAMEC's work please** contact the CEO Kelvin Chambers on (02) 8113 1302.



RESOURCES AVAILABLE



Understanding the Mental State Examination (MSE):

a basic training guide

This free DVD and accompanying booklet is an instructional training tool that is designed to build the capacity of AOD clinicians to complete a baseline MSE on their clients. It contains three visual case study scenarios that clinicians can use to test their knowledge and skills in conducting an MSE.

Designed primarily for the AOD sector, however, trainers, educators and clinicians working in the mental health field will find this resource useful.

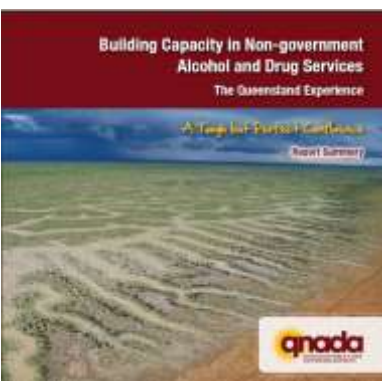
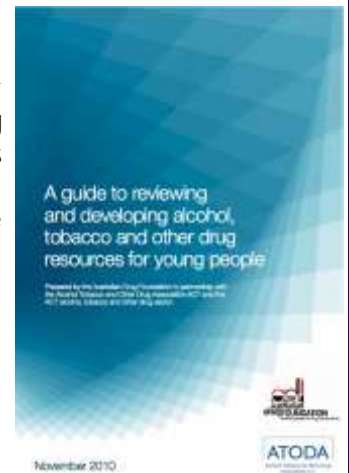
To request an order form for this resource please email: mail@palmerston.org.au or call Palmerston Association on (08) 9287 5400.

Guide to Reviewing and Developing ATOD Resources for Young People
Access to accurate, credible information is a fundamental aspect of all drug treatment prevention and intervention strategies. Whether you are looking at using existing resources or producing your own, this guide can assist you in ensuring that the resource is of a high quality and relevant to the target audience.

This guide was developed by the Australian Drug Foundation in partnership with the ATODA and the ACT ATOD sector.

To download a free copy, or for further information visit

<http://www.atoda.org.au/activities/guide/>



Building Capacity in Non-government Alcohol and Drug Services —

The Queensland Experience—A Tough but Perfect Confluence

This report details the pathways to effective capacity building that Queensland ISI grant recipients identified.

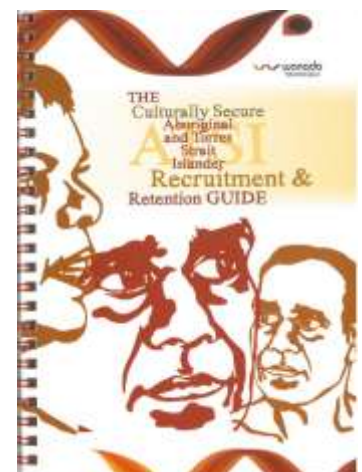
The findings, have implications for alcohol and drug services, mental health services, non-government organisations and their funding bodies.

To download a free copy, or for further information, visit www.qnada.org.au

Guide to Recruiting and Retaining Aboriginal Staff in the Alcohol and other Drug Sector.

This guide is designed to provide CEOs and line managers with a deeper understanding of Aboriginal and Torres Strait Islander workers and their culture. It is designed to give employers a better understanding of ATSI workers; their family and community; cultural security; recruitment and retention considerations; health and wellbeing of ATSI workers and ways to include whole organisations in creating culturally secure workplaces. The guide provides useful tips and examples of positive approaches to recruiting and retaining ATSI workers. The guide is a product of **WANADA's Aboriginal Network project, funded by the Department of Health and Ageing.** Copies of the guide can be downloaded at

<http://wanada.org.au/AOD-Sector-Resources/View-category.html>



Northern Territory Alcohol and Other Drug and Mental Health Services Directory

Developed by Northern Territory Council of Social Service, and Northern Territory Mental Health Coalition, the directory will enable users to easily locate and connect with AOD and mental health services in the Northern Territory. To download a free copy, or for further information visit

www.ntcoss.org.au

FOR MORE INFORMATION

If you would like to know more about the Improved Services Initiative or any of the articles in this newsletter please contact your local representative:

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CONFERENCES

NADA Trauma Informed Care & Practice Forum
5 December 2011
Venue: Citigate Central, Sydney
For more information <http://www.nada.org.au/>

2012 Frontiers of Trauma Workshops
19-20 March 2012 Sydney
22 – 23 March 2012 Brisbane
28 – 29 March 2012 Melbourne
This workshop aims to inform and up skill attendees with new and effective ways of treating clients suffering multiple psychological traumas (complex trauma). <http://www.byronclinic.com.au/workshop9.html>

**ATDC 2012 Challenging Conversations:
creating an inclusive system**
The Alcohol Tobacco and Other Drugs Council Tas Inc.
15-16 May 2012
Venue: Hotel Grand Chancellor, Hobart
For more information contact Amanda: amandas@atdc.org.au

Beyond 2012: Leading the Way to Action
National Indigenous Drug and Alcohol Committee (NIDAC)
This conference aims to highlight how the sector is able to lead the way to action in addressing the harmful effects of alcohol and other drugs and its associated harms among Indigenous Australians.
6 - 8 June 2012
Venue: Esplanade Hotel Fremantle, Western Australia
For more information <http://www.nidac.org.au/>.

Asia Pacific Conference on Mental Health
The conference aims to open possibilities for mental health professionals, inclusive of all cultures and disciplines.
11-13 June 2012
Venue: Perth, WA
For more information contact: ralph@eventswa.com.au

In the Age of Complexity
Drug and Alcohol Nurses of Australasia (DANA)
13-15 June 2012
Venue TBC – Melbourne, VIC
For more information <http://www.danaonline.org/>

Creating Synergy 2012 Drug and Alcohol Conference
27-28 June 2012

