

Case management across the Alcohol and Drug Service Sector

On behalf of ACT Health

DRAFT REPORT

May 2005

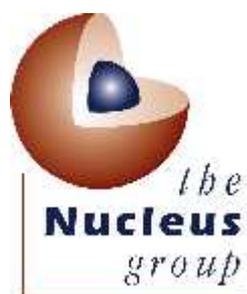


Table of Contents

1	<i>Introduction</i>	2
1.1	Background.....	2
1.2	Purpose of the Study.....	2
1.3	Study Framework.....	2
1.4	Summary.....	3
2	<i>Methodology</i>	4
2.1	Data Collection.....	4
2.2	Limitations of the data.....	4
2.3	Report presentation.....	5
3	<i>The Clients</i>	6
3.1	The profile of clients for each agency	6
3.2	Pattern of client contact with agency.....	8
3.3	Client awareness of services	9
4	<i>Case Management Practices</i>	10
4.1	The provision of case management services.....	10
4.2	Working definition of case management	10
4.3	Activities included in case management	11
4.4	Documented Policies	12
4.5	Trigger for case management.....	13
4.6	Approaches to service.....	14
4.7	Processes for assessment and prioritising client need	15
4.8	Client involvement in case planning.....	16
4.9	Access to multidisciplinary teams	17
4.10	Feedback from clients.....	18
4.11	Assessing client outcomes.....	20
5	<i>The Sector</i>	21
5.1	Regular Referrals and Collaborations	21
5.2	Formal Agreements.....	22
5.3	Primary Care Medical Benefits Scheme	23
5.4	Feedback from other agencies.....	24
5.5	Workforce profile.....	25
5.6	Supervision	25
5.7	Strengthening case management services	26
5.8	Obstacles to improvement	27
5.9	Unfilled Niches	27
5.10	Small improvements.....	28
5.11	Conceptual framework.....	29
6	<i>Summary of Findings</i>	30
7	<i>Appendix 1 – Data Collection.</i>	32

1 Introduction

1.1 Background

The ACT Alcohol, Tobacco and Other Drug Strategy 2004 – 2008 outlines the direction that the Government, in partnership with the community and non-government organisations, will pursue to reduce the harm associated with the misuse of alcohol and other drugs over the next few years. Strengthening and improving case management services for clients with complex needs has been identified as a high priority.

Funding has been made available in the 2004/05 Budget allocation to support the implementation of an initiative to:

- strengthen and increase case management of clients with complex needs, particularly those utilising pharmacotherapy treatments
- develop and implement a case management framework and protocols both within the alcohol and drug sector and across sectors (eg: health, education, housing and corrections)

1.2 Purpose of the Study

The purpose of the study is to identify and analyse the understanding and implementation of case management across the Alcohol and Other Drugs (AOD) sector in the Australian Capital Territory (ACT).

Any examination of case management inevitably leads to a broader consideration of the service system and the policies and procedures (service planning) within agencies that impact on service delivery to clients.

Networks, both formal and informal, and case management are the activities that turn the patchwork of separate programs, each with their own imperatives, goals, rules and processes, into a service system. Case management, is the mechanism that supports a client through the system and creates the possibility of a continuum of care.

This study provides information that will support the sector to make progress towards providing a more integrated and effective service to clients through the development of coherent case management definitions and practices.

1.3 Study Framework

Using the questions provided by the Department of Health, Alcohol and Other Drugs Policy Unit a structured interview was used to examine the following areas:

The Clients

- The profile of clients for each agency including:
 - demographic profile
 - drug use patterns
 - presenting problems
- Pattern of client contact with agency
- Client awareness of services

Case Management Practices

- Provision of case management services
- Working definition of case management

- Activities included in case management
- Documented policies
- Trigger for case management
- Approaches to service
- Processes for assessment and prioritising client need
- Client involvement in case planning
- Access to multidisciplinary teams
- Feedback from clients
- Assessing client outcomes

The Sector

- Regular referrals and collaborations
- Formal agreements
- Primary Care Medical Benefits Scheme
- Feedback from other agencies
- Workforce profile
- Supervision
- Strengthening case management services
- Obstacles to improvement
- Unfilled niches.
- Small improvements
- Conceptual framework

1.4 Summary

Across the sector there are many examples of excellent practice, procedures and policy. There is a high level of commitment to service provision by staff. The links between agencies are based on personal connections and often workers have been employed by more than one agency during their career. These connections work well where they exist.

Case management is generally not well defined, understood or practiced, although there are a few agencies (Gulwan Gulgan and ADFACT are examples) that have a well developed understanding of case management that is supported by good systems.

Agencies are sufficiently developed to look beyond their own practice and consider the changes needed in the sector to improve service delivery, planning and management. Working together to develop a common definition and operational framework for case management by drawing together the already established practices is one possible way forward.

The focus that has been brought to bear on case management by the ACT Alcohol, Tobacco and other Drug Strategy provides an opportunity to develop and implement coherent practice, procedures and policy.

The findings and conclusions drawn by the consultant are based purely on the consultations with services/agencies and may not reflect every stakeholder's views.

2 Methodology

2.1 Data Collection

The methodology for the project included structured interviews with the management and staff of the agencies delivering services in the AOD sector and collection of assessment, case management and evaluation materials.

The Alcohol and Other Drugs Policy Unit of ACT Health developed the set of questions used to guide data collection.

The data was collected through structured interviews with management and staff of agencies. The agencies that were consulted are:

- ACT Division of General Practice Pty Ltd – The Opiate Program
- ACT Health, Alcohol and Drug Program (ADP)
- ACT Health, Alcohol and Drug Program, Diversion Services
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- DIRECTIONS
- Gugan Gulwan Youth Aboriginal Corporation
- Salvation Army Incorporated – Oasis Bridge and Canberra Recovery Centre
- Toora Women Inc. – Lesley's Place and WREDD
- Ted Noffs Foundation Inc
- Winnunga Nimmityjah Aboriginal Health Service

Each agency determined the appropriate people to be present at the interviews.

Corrective Services and The Youth Coalition of the ACT were consulted to gather background information.

2.2 Limitations of the data

This study is part of a larger project that will cover case management in the Alcohol and other Drug sector more comprehensively. It should be noted that this study does have some limitations and the results should be understood in the context of its limitations.

These include that:

- Some people did not have time to prepare information for the interview since the questions did not reach them prior to their interview.
- Some crucial people were away at the time of the interview.
- The time allocated to the interview was limited in some cases.
- The interviews rely on respondents' self-report and there may have been some pressure to present the most positive view of current practice.
- Respondents' views of case management and its value may have influenced their responses.

- Other areas of Government that share case management responsibilities with the AOD sector such as Housing, Mental Health and Education were not consulted.
- Clients were not consulted.

2.3 Report presentation

The report is largely presented in tabular form. This reflects the qualitative approach taken to the project and the diversity of the respondents.

3 The Clients

3.1 The profile of clients for each agency

Demographic profile

Agency	Location	Clients
ACT Division of General Practice Pty Ltd – The Opiate Program	Tuggeranong	Aboriginal and Torres Strait Islander (ATSI) focus, others if involved in the ATSI community
Alcohol and Drug Foundation, ACT (ADFACT)	Isabella Plains	Over 18 years old, singles, couples, families, single parents and children
ACT Health, Alcohol and Drug Program (ADP)	Civic	Specialist workers for particular groups including families
ACT Health, Alcohol and Drug Program, Diversion Services	Civic	Those referred through the justice system
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	Civic	All drug users needing equipment (includes approximately 20 under 16 years old)
DIRECTIONS	Civic	Men and women, (no specified age group - but not usually 14 -18 years old), Non English Speaking Background (NESB), have an ATSI dedicated worker,
Gugan Gulwan Youth Aboriginal Corporation	Wanniassa	Male and female under 25 years old ATSI focus, others if involved in community
Salvation Army Incorporated – Oasis Bridge	Braddon	Young people under 18 years old, women esp. single mums, people coming out of crisis accommodation and Quamby and those with dual diagnosis
Salvation Army Incorporated - Canberra Recovery Centre	Fyshwick	Men 18 years old and over. Up to ¾ of clients at one time are from the criminal justice system
Toora Women Inc - Lesley's Place		Young women 16 years old and over, women and children, ATSI, NESB
Toora Women Inc - WIREDD	Civic	Women, families, ATSI, NESB
Ted Noffs Foundation Inc	Watson	Young people 14 -18 years old, high percentage of ATSI identified clients especially Torres Strait Islander people and their community
Winnunga Nimmityjah Aboriginal Health Service	Narrabundah	ATSI and others involved in the community in some way

Table 1 – Agency and client demographic profile

There is a spread of contact points and agencies. There is at least one contact point for young people, men, women, ATSI and NESB identified people and families. An audit of clients' backgrounds across time would give a more realistic picture of demographic profile of clients.

Agencies have responded to the geographic location of their clients in the past, with (5 out of 13) in Civic. This leaves them vulnerable to changes in the location of their clients (such as the current movement towards Woden) unless outreach or other mechanisms are put in place.

Client's drug use patterns

Only the ACT Division of General Practice Pty Ltd – The Opiate Program (Opiate, benzodiazepine, amphetamine and licit drug dependency) identified particular dependencies as their focus.

All of the other agencies reported that their services focus on groups of people and they provide services to people that fit their client profile.

Finding 1

- ***To identify gaps in service provision there would be benefit in auditing client's backgrounds over time and surveying clients to identify preferences in agency focus and location.***

Principle presenting problem/issue

All of the agencies reported that client's main presenting problem is alcohol and drug dependency.

Secondary presenting problem/issue

Every agency agreed that clients experience multiple secondary presenting problems. Most had one or two issues that stood out in their client group. These are noted in bold.

Agency	Secondary presenting problem
ACT Division of General Practice Pty Ltd – The Opiate Program	Social, physical, emotional and psychological functioning, legal issues and continuity of care.
Alcohol and Drug Foundation, ACT (ADFACT)	Social, physical, emotional and psychological functioning, legal issues and withdrawal
ACT Health, Alcohol and Drug Program (ADP)	Social, physical, emotional and psychological functioning, legal issues and continuity of care.
ACT Health, Alcohol and Drug Program, Diversion Services	Social, physical, emotional and psychological functioning, legal issues and continuity of care.
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	Social, physical, emotional and psychological functioning, legal issues and homelessness
DIRECTIONS	Social, physical, emotional and psychological functioning, legal issues and continuity of care, co-morbidity , impact of drug use on family
Gugan Gulwan Youth Aboriginal Corporation	Social, physical, emotional and psychological functioning , legal issues and continuity of care, issues with Juvenile Justice.
Salvation Army Incorporated – Oasis Bridge	Social, physical, emotional and psychological functioning, legal issues and rehabilitation .
Salvation Army Incorporated - Canberra Recovery Centre	Social, physical, emotional and psychological functioning, legal issues and physical, emotional and sexual abuse, sexual identity .
Toora Women Inc - Lesley's Place	Social, physical, emotional and psychological functioning, legal issues and continuity of care, supervised withdrawal issues .
Toora Women Inc - WREDD	Social, physical, emotional and psychological functioning, legal issues and domestic violence, eating disorders and self-harm .
Ted Noffs Foundation Inc	Social, physical, emotional and psychological functioning, legal issues and continuity of care .
Winnunga Nimmityjah Aboriginal Health Service	Social, physical – Hepatitis C , emotional and psychological functioning, legal issues, continuity of care, sexual abuse and domestic violence

Table 2 – Agency and client secondary presenting problem

This spread of secondary presenting problems indicates that there is a useful differentiation of services. However, it may also indicate that the staff in agencies have particular skill sets and are more likely to identify secondary issues that fit with their specialisation.

This emphasises the need for a coherent pattern of assessment across the sector. This does not mean that there should be a completely uniform assessment procedure, rather that any assessment that is done needs to fit into an agreed pattern of assessment that will comprehensively identify client needs so appropriate referrals can be made.

A comprehensive understanding of the skills and professional focus of people across the sector can support the appropriate referral of people.

Finding 2

- ***There would be benefit in developing a common approach to assessment across the sector.***
- ***Developing a comprehensive understanding of the particular skills and professional focus of workers and agencies would be useful.***

3.2 Pattern of client contact with agency

Client contact with agencies depends on the program that is being provided.

Drop in

Clients make contact in an episodic, crisis driven pattern. It was common for there to be intensive crisis based involvements (up to 4 hours, 2 or 3 times per week) for a short time (up to three weeks) interspersed with either regular or infrequent visits.

Program

There is more regular contact for most clients, but there is a group of people who are not stable and experience times when they do not continue with regular contact. The amount a regular contact is based on the needs of the client at that time.

Residential – detoxification and rehabilitation

Clients have Intensive involvement with groups or counsellors most days. This can be for up to 12 months (Karrilika, Canberra Recovery Centre) or up to 3 months (Ted Noffs Foundation).

After a residential program, clients usually move into a support program.

The focus on client based service delivery across the sector is supported by flexibility to meet the variety of need levels experienced by clients.

3.3 Client awareness of services

Agency	New Clients	Current Clients	Inform clients by
ACT Division of General Practice Pty Ltd – The Opiate Program	Basic	Yes	Pamphlets, Drug Awareness Week
Alcohol and Drug Foundation, ACT (ADFACT)	Yes	Yes	Pamphlets
ACT Health, Alcohol and Drug Program (ADP)	No	Yes	No promotion - restricted resources
ACT Health, Alcohol and Drug Program, Diversion Services	No	Yes	Drug Awareness Week
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	A bit	Yes	Radio, magazines, word of mouth
DIRECTIONS	Not really	Yes	Word of mouth, pamphlets, fliers, Drug Awareness Week
Gugan Gulwan Youth Aboriginal Corporation	Yes	Yes	Posters, pamphlets, outreach, community connections
Salvation Army Incorporated – Oasis Bridge	Yes –sought out by	Yes	Word of mouth and corporate profile of Salvation Army
Salvation Army Incorporated - Canberra Recovery Centre	Basic	Yes	Pamphlets, over phone, corporate profile of Salvation Army
Toora Women Inc - Lesley's Place	Only through referral	Yes	Outreach, written information, Drug Awareness Week
Toora Women Inc - WREDD	No	Yes	Word of mouth
Ted Noffs Foundation Inc	Referred	Yes	Brochures, website, Youth Coalition connection
Winnunga Nimmityjah Aboriginal Health Service	A bit	Yes	Word of mouth, having lots of ways into the service

Table 3 – Agency and client awareness of services

Most agencies make efforts to raise awareness of their services in the community although there were some misgivings about creating an expectation that needs could be met when, in fact, there are waiting lists. There were also issues about the resources required to effectively promote agency's services. WREDD and ADP both expressed concern about costs.

Despite its importance, there was considerable confusion about the current name of Drug Awareness Week (Drug Action Week).

Demand management is a pressing issue for many agencies and one strategy that is commonly used in the community sector is to limit information about services that are available. A more positive option might be to develop a common community communication strategy with planning to cope with any overload across the sector.

Finding 3

- **Further work could be done on the development of appropriate strategies to assist clients to obtain information about the role of each organisation, the client groups they target and what clients can realistically expect from each organisation.**

4 Case Management Practices

4.1 The provision of case management services

The definition of case management is very problematic across the sector, but there were only two agencies that were clear that they definitely do NOT provide case management. The other agencies all reported some activity that they considered to be case management.

Agency	Case management provided	Funded for case management
ACT Division of General Practice Pty Ltd – The Opiate Program	Care planning (a medical model of case management) is done for every client	No
Alcohol and Drug Foundation, ACT (ADFACT)	Yes	Yes, ACT Health
ACT Health, Alcohol and Drug Program (ADP)	Definition is a problem	Yes, ACT Health
ACT Health, Alcohol and Drug Program, Diversion Services	Definition is a problem	Yes, ACT Health
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	No – Drop in service	No
DIRECTIONS	Yes	Yes
Gugan Gulwan Youth Aboriginal Corporation	Yes	Yes, ACT Health 40 intensive per year
Salvation Army Incorporated – Oasis Bridge	Yes	No
Salvation Army Incorporated - Canberra Recovery Centre	Yes	No
Toora Women Inc - Lesley's Place	Yes	No
Toora Women Inc - WIREDD	No – Drop in service	No
Ted Noffs Foundation Inc	Yes	No
Winnunga Nimmityjah Aboriginal Health Service	Care planning using computer based package	No

Table 4 - The provision of case management services by agency

Given the range of activities that are considered to be case management, little can be drawn from this information. The reported 'case management' activities centre on care planning and managing service provision within agencies. Eight of the fourteen agencies supplied case planning forms. Gugan Gulwan supplied written case management policy and material about case management for individual workers.

The information supplied does not agree with the funding body's understanding of the agencies that are being funded for case management. This needs some clarification and support to the agencies to ensure that accountability is properly managed.

4.2 Working definition of case management

The responses included descriptions of:

- counselling and other direct service activities
- assessment, development of care plans and review of progress
- coordination of service delivery to clients across agencies.

These activities could be considered to include service provision, service planning and service (case) management.

4.3 Activities included in case management

Activity	Number (n = 13)
Assessment	11
Planning	9
Information	10
Education	8
Advocacy	11
Counselling (e.g. motivational, narrative, cognitive, behavioural therapy)	9
Therapy (e.g. psychotherapy)	2
Coordination of care and transitions between services	9
o Opioid Treatment Service Public- private systems	6
o Pre-withdrawal/ withdrawal/ post withdrawal	5
o Withdrawal/ rehabilitation/ after care	5
Referrals	9
Referrals and then worker follows through to ensure clients' needs were addressed (eg. They were able to access services they were referred to, the services were able to assist them)	10
Review & monitoring client progress	6
Follow-up	8
Outreach	5
Exit planning	1
Other - Treatment compliance	2

Table 5 - Case management activities by number of agencies reporting it as part of their case management practice.

Where there are smaller numbers it is because either that service is not provided by some agencies or it is excluded from the respondents' understanding of case management.

This indicates that there is a range of services available in the AOD sector in the ACT. It also indicates that the understanding of case management is not differentiated from the broader notion of service delivery management.

It also raises some concerns about the provision of exit planning and coordination of care transitions. These activities could be considered to be essential elements of case management and they appear to be underrepresented while service provision activities such as counselling are firmly represented (9 respondents).

The risks inherent in this situation are that:

- service delivery pathways for clients are unnecessarily difficult
- there is confusion for clients and across the sector about what is being delivered to clients when they are identified as receiving case management
- processes to ensure the quality of case management can not be implemented
- accountability for the provision of case management services to clients and across the sector can not be ensured.

Finding 4

- ***The development of an agreed operationalised definition of case management would enhance the sector's ability to provide quality services.***

4.4 Documented Policies

Agency	Documented Policies / Procedures
ACT Division of General Practice Pty Ltd – The Opiate Program	Program specific Policy and Procedures
Alcohol and Drug Foundation, ACT (ADFACT)	Quality Standards 6 monthly review as part of contract with ACT Health, Documented Policy and Procedures ongoing update.
ACT Health, Alcohol and Drug Program (ADP)	Act Community Care Standards, Quality Program, ACT Health and Commonwealth Health – not at program level
ACT Health, Alcohol and Drug Program, Diversion Services	Policy and Procedures Manual - recently reviewed
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	No information supplied
DIRECTIONS	Just redone, Funding agreement, Policy and Procedures
Gugan Gulwan Youth Aboriginal Corporation	Strategic Plan & Operational Plan –full manual
Salvation Army Incorporated – Oasis Bridge	Corporate Policy & Procedures – need revisiting, ACT Health and Privacy
Salvation Army Incorporated - Canberra Recovery Centre	Corporate Policy & Procedures – need redevelopment
Toora Women Inc - Lesley's Place	From service agreement, Policy and Procedures about everything
Toora Women Inc - WIREDD	Policy needs update
Ted Noffs Foundation Inc	Organisation generated, extensive policy framework, QMS accreditation
Winnunga Nimmityjah Aboriginal Health Service	Quality assurance process Others starting to implement

Table 6 – Agencies, documented policies and procedures

There is a broad range of understanding of the policies and procedures that are available to agencies and the obligations that agencies have as part of their funding and service agreements with ACT Health.

In some agencies, there appears to be an inadequate understanding of the role of policy and procedures in protecting agencies, workers and clients from risk.

Finding 5

- ***An audit of the policies and procedures used by agencies at Board, management and program levels would usefully identify areas that are well covered and those that need development.***
- ***The ACT Health, AOD Policy Unit could usefully identify policies that apply and exemplar procedures for agencies to use if needed and develop education opportunities to ensure their effective implementation.***

4.5 Trigger for case management

Agency	Trigger
ACT Division of General Practice Pty Ltd – The Opiate Program	All clients are case managed
Alcohol and Drug Foundation, ACT (ADFACT)	All clients are case managed
ACT Health, Alcohol and Drug Program (ADP)	Not really offered in classic sense
ACT Health, Alcohol and Drug Program, Diversion Services	Court involvement & client goodwill
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	Not applicable
DIRECTIONS	Multiple access/ complexity
Gugan Gulwan Youth Aboriginal Corporation	Automatic after 2-3 contacts
Salvation Army Incorporated – Oasis Bridge	Case managed by other services
Salvation Army Incorporated - Canberra Recovery Centre	Complexity of needs
Toora Women Inc - Lesley's Place	All have support plan
Toora Women Inc - WIREDD	Not applicable
Ted Noffs Foundation Inc	All clients are case managed
Winnunga Nimmityjah Aboriginal Health Service	Comprehensive data about clients including case management plans is managed through their computer system

Table 7 - Agencies and trigger for case management provision

In common with other areas of understanding and practice of case management, there is considerable difference in the triggers for case management provision. This area could also be considered when developing a common approach to case management across the sector.

Finding 6

- ***There would be benefit in developing a common understanding across the sector of activities and processes that make up comprehensive service provision for clients.***
- ***Approaches could be made to gather insights from other jurisdictions (Department of Health in New South Wales and Department of Human Services in Victoria) that have completed work in this area.***

4.6 Approaches to service

Agency	Approach	Emphasis
ACT Division of General Practice Pty Ltd – The Opiate Program	Primary health care, client centred	Client stabilisation
Alcohol and Drug Foundation, ACT (ADFACT)	Cognitive Behaviour Therapy (CBT), motivational interviewing, narrative,	Information, education, living skills and self efficacy
ACT Health, Alcohol and Drug Program (ADP)	CBT, client directed	Counselling and motivation
ACT Health, Alcohol and Drug Program, Diversion Services	Solution focussed, motivation, CBT, client directed	Following the process of the client
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	Harm minimisation, client centred	Education
DIRECTIONS	Motivation and CBT	Harm minimisation
Gugan Gulwan Youth Aboriginal Corporation	Client centred, family/network centred, realistic	Client based, even a small movement will do
Salvation Army Incorporated – Oasis Bridge	Strength based, client centred, solution focussed, CBT	Accountability across agencies and facilitation of services
Salvation Army Incorporated - Canberra Recovery Centre	Holistic, CBT	12 Step Program
Toora Women Inc - Lesley's Place	Eclectic –strength based, client centred with a key worker model	Recovery, empowerment
Toora Women Inc - WREDD	Feminist, client centred, strength based, CBT, narrative	Holistic, broad engagement
Ted Noffs Foundation Inc	Holistic, 'Live your best life', client centred	Planned meaningful engagement
Winnunga Nimmityjah Aboriginal Health Service	Holistic	Advocacy

Table 8 - Agencies, service approach and emphasis

There is an excellent coherence between the practice and emphasis of the agencies. Delivery of client centred, cognitive behaviour therapy with additions of strengths based and narrative approaches forms the core of the sector's practice.

This coherence is a very helpful beginning to building a whole of sector approach to providing services to clients and the implementation of cross sector service management.

This can be built on through further sector wide professional development underpinned by common approaches to policy and procedures.

Finding 7

- ***Sector wide professional development to learn from the experience of people in the sector and to improve understanding and practice across the sector would be worth implementing.***

4.7 Processes for assessment and prioritising client need

Agency	Assessment	Prioritising
ACT Division of General Practice Pty Ltd – The Opiate Program	Opiate Treatment Index	Medical criteria and the services they are already connected with
Alcohol and Drug Foundation, ACT (ADFACT)	Written assessment tool, verbal feedback, staff discussions	Done with client
ACT Health, Alcohol and Drug Program (ADP)	Written assessment tool	Can serve all who come in, but first in, first served
ACT Health, Alcohol and Drug Program, Diversion Services	CCIS, CADAS – pre-sentencing report, and written assessment tool	Court date, crisis, risk
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	Client based, verbal	Blood evident or out of control emotion (risk)
DIRECTIONS	Written assessment tool	Triage model – risk based
Gugan Gulwan Youth Aboriginal Corporation	Written assessment tool	Try to take everyone
Salvation Army Incorporated – Oasis Bridge	Written assessment tool	Degree of need assessed by life risk
Salvation Army Incorporated - Canberra Recovery Centre	Written assessment tool	Safety, under influence, mental state, previous experience with client, financial resources
Toora Women Inc - Lesley's Place	Written assessment tool	Client's needs - follow policy and procedures
Toora Women Inc - WREDD	Verbally	Crisis – but recognise that all contacts could be stopping a crisis
Ted Noffs Foundation Inc	Written assessment tool	Risk
Winnunga Nimmityjah Aboriginal Health Service	Verbally	No waiting list if possible –consider complexity and needs

Table 9 - Agencies and assessment and prioritising client need

There are many agencies using a written assessment tool. However, there are many different tools being used. For clients, having to be assessed in a variety of ways is difficult and sometimes experienced as demeaning.

A common assessment tool would smooth the experience of accessing services for clients. This could include identification, life and dependency experience information. Every agency needs information that is particular for the service they provide. However, identifying exactly what that information is and keeping it to the minimum would benefit clients accessing services.

Other jurisdictions have developed common assessment protocols and tools and there could be benefit in accessing their experience.

A client privacy release would enable information to be shared across the sector.

There is the beginning of a clear common approach to assessment of priority with a risk model most commonly being used (9 out of 13 agencies). This could be built on with the development of a common risk assessment protocol.

Finding 8

- *There would be benefit in conducting an audit of the assessment and risk assessment tools and protocols commonly used and identification of any that are used by other jurisdictions.*
- *There would be benefit in contacting other jurisdictions to explore their experience in using common assessment and risk assessment tools and protocols.*

4.8 Client involvement in case planning

Agency	Client involved in care planning	Client has access to a copy
ACT Division of General Practice Pty Ltd – The Opiate Program	Yes	Yes, client centred
ADFACT	Yes, fully involved	Review 6 weekly and copy given to client
ACT Health, Alcohol and Drug Program (ADP)	Yes, client directed	Yes
ACT Health, Alcohol and Drug Program, Diversion Services	Yes	No
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	No	No
DIRECTIONS	Yes, improving process. Client centred, write together	Can access
Gugan Gulwan Youth Aboriginal Corporation	Yes	Yes
Salvation Army Incorporated – Oasis Bridge	Yes, absolutely	Can have copy
Salvation Army Incorporated - Canberra Recovery Centre	Yes, new process about to be implemented. Focussed on the 12 step program	Yes
Toora Women Inc - Lesley's Place	Yes, absolutely client driven	Yes
Toora Women Inc - WIREDD	No ongoing planning	N/A
Ted Noffs Foundation Inc	Yes	Yes
Winnunga Nimmityjah Aboriginal Health Service	Build trust, verbal plan – develop options	Yes

Table 10 – Agencies and client involvement in case planning

There is a strong commitment to client centred process across all of the agencies. This is a very positive strength of the sector. This strength could be built on with:

- cross agency training to deepen the understanding and implementation of client centred processes
- development of a cross agency service planning process

4.9 Access to multidisciplinary teams

Agency	Access available	Internal/external
ACT Division of General Practice Pty Ltd – The Opiate Program	Yes	No clinical pathways but can access through personal contacts
Alcohol and Drug Foundation, ACT (ADFACT)	Yes	Internal and external
ACT Health, Alcohol and Drug Program (ADP)	Yes	Internal multi-disciplinary team
ACT Health, Alcohol and Drug Program, Diversion Services	Yes	Internal and external
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	Yes	External
DIRECTIONS	Yes	External
Gugan Gulwan Youth Aboriginal Corporation	Yes	Easy external access
Salvation Army Incorporated – Oasis Bridge	Yes	External
Salvation Army Incorporated - Canberra Recovery Centre	Yes	External
Toora Women Inc - Lesley's Place	Yes	External
Toora Women Inc - WIREDD	Yes	External -Doctors and Psychologists reduce fees
Ted Noffs Foundation Inc	Yes	External
Winnunga Nimmityjah Aboriginal Health Service	Yes	External

Table 11 – Agencies and access to multidisciplinary teams

Clients have good access to multidisciplinary teams. Four agencies indicated that they have difficulty accessing medical care for their clients.

It would be of benefit to clarify the roles of General Practitioners in the provision of services to people accessing services in the AOD sector and for increased understanding to be developed between General Practitioners and the sector.

Finding 9

- ***There would be benefit in working with the Division of General Practice to:***
 - ***clarify access to medical services by the sector***
 - ***identify opportunities for General Practitioners to become more aware of the issues in providing services to clients served by the sector***
 - ***identify appropriate roles and involvement of General Practitioners in service management.***

4.10 Feedback from clients

Agency	Process	Content
ACT Division of General Practice Pty Ltd – The Opiate Program	Client satisfaction surveys	+ve Individualised care, advocacy, flexibility, knowledge of sector
		-ve won't do home visits, not enough staff – a workforce issue
Alcohol and Drug Foundation, ACT (ADFACT)	Anecdotal evaluation, feedback forms	+ve clients have idea of goals but don't know how to get there – Staff do, they are knowledgeable and supportive
		-ve could have more contact
ACT Health, Alcohol and Drug Program (ADP)	Nothing specific, verbal reports and incident reports	+ve
		-ve
ACT Health, Alcohol and Drug Program, Diversion Services	Have had an evaluation. The client's chaotic lifestyle makes ongoing data collection difficult	+ve
		-ve think the program would take responsibility for them, but it doesn't, out of hours availability is an issue, no outreach
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	Anecdotal	+ve peer based program, services provided that the clients really want for free
		-ve Not open for enough hours
DIRECTIONS	Well used suggestions box Part of case management	+ve accessibility and continuity
		-ve there was a rigid approach in the past
Gugan Gulwan Youth Aboriginal Corporation	Formal evaluation once per year	+ve easily accessible, reliable, supportive, effective, multi-skilled, providing a broad range of skills.
		-ve Not quick enough in a crisis
Salvation Army Incorporated – Oasis Bridge	Exit form, developing a client evaluation form - comments and complaints form	+ve commitment, non-judgemental, stay engaged, respect holistic including spiritual
		-ve don't provide immediate need, availability is a problem especially for working people
Salvation Army Incorporated - Canberra Recovery Centre	Group evaluation form	+ve always give new things to consider and think about
		-ve don't meet clients immediate needs, 'you are taking my money' but this changes though the program
Toora Women Inc - Lesley's Place	Feedback form, open door policy, exit interview with verbal and written feedback, weekly house meetings provide forum	+ve supportive, have information and knowledge, flexible and individually based
		-ve not open for long enough, often full
Toora Women Inc - WREDD	Snapshot every six months- 2weeks of keeping records and receiving records, cards and verbal feedback. Also a group and evaluation feedback form	+ve supportive, friendly, safe, woman focussed and 'on my side'.
		-ve More drop in time – it was more but has been decreased to manage workload

Ted Noffs Foundation Inc	Morning meetings that are part of the therapeutic process, client satisfaction surveys and an annual stats pack	+ve respected, valued, treated fairly and it is a safe space
		-ve concerns around boredom and lack of activities
Winnunga Nimmityjah Aboriginal Health Service	Annual review by University, several days of meetings	+ve support, follow up, honest, straight to the point
		-ve don't meet pressing need NOW

Table 12 – Agencies and feedback from clients

There is a variety of processes for gathering information from clients. Some of the difficulties of gathering feedback from clients are inherent in their lifestyles and dependencies. The information that is cited here is from respondent's recollection of feedback of which they are aware.

This information is valuable. However, a systematic and coherent collection of information can contribute useful insights into improving practice for the sector.

The Youth Coalition of the ACT did a survey of the experience of young people receiving case management in 2004.¹ It contains valuable information for all service providers that have contact with young people in the ACT.

Finding 10

- ***A sector wide systematic program of gathering feedback from clients would give the sector valuable information about their's clients' experiences of and attitudes to case management. It could be based on current practices that agencies have found to be effective***

¹ Tim Moore. What Young People Want: Responses to a survey with young people about case management Youth Coalition of the ACT, 2004

4.11 Assessing client outcomes

Agency	Outcomes Assessment
ACT Division of General Practice Pty Ltd – The Opiate Program	OTI goal based instrument
Alcohol and Drug Foundation, ACT (ADFACT)	Review of treatment plan one to one with clients, feedback from clients in community, evaluation of service, ADIS database termination, treatment goals
ACT Health, Alcohol and Drug Program (ADP)	Written instrument, client plan is focus, plan to review every six weeks, Successworks' domains of outcomes
ACT Health, Alcohol and Drug Program, Diversion Services	Written instrument, client plan is focus, plan to review every six weeks, Successworks' domains of outcomes
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	Drop in service – no continuity of contact
DIRECTIONS	Informal done verbally, street survey, suggestion box and formal process being developed
Gugan Gulwan Youth Aboriginal Corporation	Review on the client plan, written instrument, progress report and meeting face to face
Salvation Army Incorporated – Oasis Bridge	Verbally review on goals. It is difficult to involve clients at the end of their involvement
Salvation Army Incorporated - Canberra Recovery Centre	Through documentation of the 12 Step Program, staff meetings to assess client progress,
Toora Women Inc - Lesley's Place	Weekly case plan review with clients
Toora Women Inc - WIREDD	No formal process, based on comments and staff observation of clients
Ted Noffs Foundation Inc	Written instrument, three months review against intake form
Winnunga Nimmityjah Aboriginal Health Service	Informal, through conversation

Table 13 – Agencies and client outcomes assessment

There is a strong commitment to assessing client outcomes and this is another area that could benefit from the cooperative pooling of ideas and experiences across the sector.

Given that there is cross referral between agencies, a more coherent system of outcomes assessment might aid effective service delivery.

Any such system of assessment of service outcomes for clients must include enough flexibility for agencies to add domains of outcomes that are their focus in service provision.

Finding 11

- ***A sector wide systematic program of assessing service outcomes for clients based on current practices that agencies have found to be effective would be useful.***

5 The Sector

5.1 Regular Referrals and Collaborations

Agency	Referrals and collaborations
ACT Division of General Practice Pty Ltd – The Opiate Program	ADP and CAHMA
Alcohol and Drug Foundation, ACT (ADFACT)	Relationships Australia, Mary Mead, FaCS, DCS, Corrections, Probation and Parole, MERIT, Sexual Health and Family Planning ACT, ACT Cancer Council, Acadia House, ADP – Detox, Mental Health, SAMSA, CIT, NRMA, RTA, Corrective Services NSW
ACT Health, Alcohol and Drug Program (ADP)	Corrections, Mental Health, Carers ACT, Division of General Practice, WIREDD, ACT Health ADP Diversion Services, Rape Crisis Centre, Relationships Australia, Department of Housing – emergency, Canberra Men's Centre, FaCS, Courts, Triage RNs, CAT Team, Rehabilitation and the prisons.
ACT Health, Alcohol and Drug Program, Diversion Services	Courts, AFP, Youth Justice, Corrections and all of the AOD services and some in NSW
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	Department of Housing, Methadone programs, Detox and Rehabilitation services and GPs
DIRECTIONS	Winnunga Nimmityjah an other Koori services, ACT Health, AOD services, Department of Housing Centrelink, AFP and Toora Inc.
Gugan Gulwan Youth Aboriginal Corporation	Juvenile Justice, Quamby
Salvation Army Incorporated – Bridge Oasis	Legal Aid, youth Legal Aid, Woden Detox, Crisis accommodation, Department of Housing, Menslink, GPs, internal community services, CRC, Linden, Turnaround, Ted Noffs Foundation
Salvation Army Incorporated - Canberra Recovery Centre	Mental Health, Detox, Accommodation, Courts and justice system, one GP, MERIC, Centrelink
Toora Women Inc - Lesley's Place	Woden Detox, Acadia House, Ted Noffs Foundation, Directions, ADFACT, Department of Housing, Women's Health Service, WIREDD, other Toora services, Alita, Psychology Departments in hospitals and GPs.
Toora Women Inc - WIREDD	Court program, Women's Information and Referral Centre, Alita, refuges and many others
Ted Noffs Foundation Inc	Juvenile Justice, Rape Crisis Centre, St. John Ambulance, Winnunga Nimmityjah, Gugan Gulwan, Sexual Health, First Choice Legal Service
Winnunga Nimmityjah Aboriginal Health Service	Department of Housing Belconnen Remand Centre, Acadia House, Woden Detox, Quamby, on site Doctors and Psychologists, Goulbourn and Cooma gaols, Relationships Australia, FaCS, DoCS,

Table 14 – Agencies, regular referrals and collaborations

There is a strong pattern of referral across agencies and involvement of other government departments. These referrals indicate the complex patterns of needs with which clients present and agencies attempt to

support. Respondents report that some of the partnerships and collaborations work well when communication, respect, acceptance of difference and understanding are present.

However, there were strong concerns about accountability for implementing actions that were agreed to by the various workers at case conferences. This is a particular concern when there are negative outcomes for clients because of the lack of worker follow through. There were no processes for managing accountability cited as existing. This is a concern since accountability underpins the mutual responsibility that agencies engage in when they refer clients.

5.2 Formal Agreements

Agency	Collaboration and partnerships	Cross agency case management
ACT Division of General Practice Pty Ltd – The Opiate Program	ACT Health, ACT Division of General Practice and Winnunga Nimmityjah have agreement	Informal only – works because of personal contacts
Alcohol and Drug Foundation, ACT (ADFACT)	Memorandum of Understanding (MOU) with Mental Health, developing partnerships with Mary Mead within Strengthening Family funding, partnerships with Tuggeranong Community Arts, CIT	No
ACT Health, Alcohol and Drug Program (ADP)	Informal agreements around referral pathways Corrective Services and Mental Health. Trying to develop agreements with Department of Housing and Centrelink	No, happens occasionally, but not expected
ACT Health, Alcohol and Drug Program, Diversion Services	Informal agreements around referral pathways with Youth Justice, ADP, Corrective Services and Mental Health	No
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	No	No
DIRECTIONS	MOU with AFP around harm minimisation issues, relationships with The Junction, ATSI groups, colleges and schools	No, some collaboration but nothing hard and fast
Gugan Gulwan Youth Aboriginal Corporation	TOPS, Winnunga Nimmityjah, Quamby, Ted Noffs, Woden Detox Centre, CADDAS, Aboriginal Legal Service, legal Aid, Belconnen Remand Centre, and FaCS, Reconnect program has links with Education Worker from Education Unit	No, if there is another case manager they step back and only step in if things aren't going well
Salvation Army Incorporated – Bridge Oasis	No formal relationships	With ACT Health ADP Diversion Services works well
Salvation Army Incorporated - Canberra Recovery Centre	Informal agreements with MERIC, ACT Health-Counselling hours contract, Salvation Army Shops	No, a priority would be with Department of Housing
Toora Women Inc - Lesley's Place	Intermittent partnership with Arcadia House	No, relationships are worked out case by case
Toora Women Inc - VMREDD	Program partnership with Women's Information and Referral Centre	No – requires resources that are not available
Ted Noffs Foundation Inc	MOUs Sexual Health and Family Planning	Only when there are bail conditions or orders
Winnunga Nimmityjah Aboriginal Health Service	MOUs with Karrilika, Arcadia House, Belconnen Remand Centre and Quamby	No

Table 15 - Agencies, formal agreement, protocols for cross agency case management

Agencies have few MOUs with other agencies and there is a patchy pattern of formal agreements. These agreements are particularly important when there is little sector coherence. The risks when there is a lack of formal agreements and little coherence across the sector are:

- it is unnecessarily difficult for clients to navigate the service system
- accountability for completion of tasks and client outcomes is unclear
- relationships between agencies and workers are unnecessarily pressured by the lack of a clear agreement.

Finding 12

- ***It would be beneficial to establish service pathway agreements that cover referral pathways, responsibility for service management, accountability between agencies and privacy and information management.***

5.3 Primary Care Medical Benefits Scheme

Only the Alcohol and Drug Foundation, ACT (ADFACT) and ACT Division of General Practice Pty Ltd – The Opiate Program had any involvement with General Practitioners in their case management processes.

No agency reported being aware of having more involvement with General Practitioners because of the Primary Care Medical Benefits Scheme.

See Finding 9.

5.4 Feedback from other agencies

Agency	Process	Content
ACT Division of General Practice Pty Ltd – The Opiate Program	Gp satisfaction surveys Referral numbers	+ve capacity building services on site
		-ve Sector wants what they are not set up to do
Alcohol and Drug Foundation, ACT (ADFACT)	Release of information as appropriate	+ve working with families, holistic approach, partnership with CIT to provide training
		-ve No information on negative feedback
ACT Health, Alcohol and Drug Program (ADP)	Nothing specific – have had evaluation but are not aware of feedback	+ve Being a government agency means that they have more money for staff
		-ve Not much clarity on this issue
ACT Health, Alcohol and Drug Program, Diversion Services	Have had evaluation	+ve Immediate, structured defined client base
		-ve No information on negative feedback
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	Anecdotal	+ve long fuses, will take the hard folk
		-ve seen as a 'drug users' organisation
DIRECTIONS	No formal mechanism	+ve a pragmatic approach, commitment to harm minimisation, taking people where they are
		-ve rigid approach in the past
Gugan Gulwan Youth Aboriginal Corporation	No formal mechanism	+ve Multi-skilled, holistic approach
		-ve Not there when the other agencies want them, sometimes there are inappropriate referrals on the basis of aboriginality which leads to difficulties
Salvation Army Incorporated – Bridge Oasis	No formal mechanisms	+ve ability to engage young people, to take tough cases and fill a gap
		-ve short of staff, long response time, the spiritual aspect of approach is not always valued
Salvation Army Incorporated - Canberra Recovery Centre	No formal mechanisms, but do get informal feedback	+ve having the length of time with the clients in a stable living environment
		-ve No information about negative feedback
Toora Women Inc - Lesley's Place	No formal mechanisms	+ve No information about positive feedback
		-ve very strong on confidentiality and any information release is decided by client
Toora Women Inc - WIREDD	No formal mechanisms	+ve woman centred
		-ve very strong on confidentiality
Ted Noffs Foundation Inc	Annual stats. pack	+ve open, collaborative, professional
		-ve don't market as well as they should and some agencies are not aware of their services
Winnunga Nimmityjah Aboriginal Health Service	Annual review by University, several days of meetings	+ve retention, following through, rapport with clients, honesty, will see people quickly
		-ve Don't visit as regularly as some agencies want and they advocate very strongly

Table 16 – Agencies and feedback from other agencies

There are few processes for gathering information from other agencies in the AOD sector. The information that is cited here is from respondent's recollection of feedback of which they are aware.

This information is valuable. However, a systematic and coherent collection of information can contribute useful insights into improving practice for the sector.

Finding 13

- ***It would be useful to implement a sector wide systematic program of gathering mutual performance feedback from agencies.***

5.5 Workforce profile

The respondents were not aware of the number of workers who provide case management services.

Only two workers were identified as having less than five year's work experience, all of the others were thought to have over five years experience with several having between 10 and 20 years experience.

Only three workers were thought to have no formal qualifications. Many of the other workers have a Certificate IV in an appropriate field while others have diplomas and degrees with several in ADP with post graduate qualifications.

This suggests that there is a sound base of experienced and qualified workers in the AOD sector in ACT.

Finding 14

- ***An audit of experience, skills and qualifications across the sector would usefully identify any need for further staff development and the staff with particular skills and qualifications.***

5.6 Supervision

Employers provide clinical supervision across most of the sector. Four agencies reported a high level of peer supervision that happened on a daily basis. Four reported regular internal supervision and six reported regular external supervision.

Staff reported that they preferred a mix of peer and external supervision with a person they choose. In one case, the person employed by the agency to provide supervision was not well liked and staff were choosing not to access supervision at all. They reported relying on their peers for guidance and debriefing.

Managers need to be aware of similar situations and act to ensure that supervision is available to workers.

5.7 Strengthening case management services

Agency	Own improvement	Sector improvement
ACT Division of General Practice Pty Ltd – The Opiate Program	Shift work is a limitation, need a coordinator to do triage function and perhaps case management	Develop referral pathways, improve discharge planning, <i>as a sector improve respect for professional community skills</i>
Alcohol and Drug Foundation, ACT (ADFACT)	Do reviews on time, improved systems so that any crisis can be dealt with and still do the background work	More joint case management services, clear identification of role to avoid duplication, improve communication
ACT Health, Alcohol and Drug Program (ADP)	Improved IT, fewer forms, <i>improved working environment for service delivery</i>	Improve CADDACT
ACT Health, Alcohol and Drug Program, Diversion Services	Clarify information management between Justice and ADP	Clarify key case manager and improved information sharing
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	No information supplied	Clarify the role of case managers, more opportunity to work together to support clients
DIRECTIONS	Better time management, delegation and follow up	To share the same information across agencies, standardisation of forms
Gugan Gulwan Youth Aboriginal Corporation	Specified case management process and more resources for workers to do it	Key case manager allocated to clients across agencies, increased recognition of role of Koori workers, increased accountability
Salvation Army Incorporated – Bridge Oasis	Improve record keeping	Joint service planning, improved sector knowledge, improved personal connection of workers
Salvation Army Incorporated - Canberra Recovery Centre	Further development of after care, and relapse prevention	No information supplied
Toora Women Inc - Lesley's Place	More staff, implementation of key worker model	Clear definition of what each service does and more cooperation and communication
Toora Women Inc - WIREDD	<i>Written resources, need research and development, more money, GPs to be available</i>	No information supplied
Ted Noffs Foundation Inc	More resources into post-detoxification planning	Develop a map of the sector, coordination within AOD sector and across sectors, IT infrastructure would help and co-location in new building replacing Griffin Centre
Winnunga Nimmityjah Aboriginal Health Service	Evaluation, Probation and Parole Supervision	Develop agreed protocols for visiting clients in Detox

Table 17 - Agency, own improvements and sector improvements

Italic = not to do with case management

The improvements that are suggested all point to the readiness of the sector to move to greater effectiveness and efficiency.

Many of the issues that have been identified here are considered in depth elsewhere in this study. Clarity of roles and better communication are areas of priority.

Finding 15

- ***The sector is ready to move to greater effectiveness and efficiency. Processes to build on the strengths and competencies existing in the sector would be supported by a greater clarity of roles and better communication between agencies.***

5.8 Obstacles to improvement

Obstacles to sector improvement were identified in policy, funding and human resources areas.

Policy

There is an identified need for the development of clear guidelines by the ACT Health AOD Policy Unit in collaboration with the sector. Respondents considered that this will help agencies to work together in a more flexible way.

Funding

Respondents reported that the history of agencies competing for funding from the same budget allocation has led to a segregated and competitive mentality. They considered that more adequate funding over longer timeframes would support the development of a more integrated service sector.

Human Resources

The respondents identified a serious problem in staff recruitment and retention. Maintaining the quality of management practices in a small sector and staff burnout are subsidiary concerns.

5.9 Unfilled Niches

Most respondents identified unfilled niches in the areas of managing co-morbidity and emergency and transitional housing.

Co-morbidity

Most concern was expressed about the lack of services for people with mental illnesses with AOD dependencies.

There was also concern about the availability of access to psychologists when people are not in crisis and more able to undertake therapy.

Emergency housing

The issues raised in emergency and transitional (from rehabilitation to community) housing included the lack of availability and the need for specialised housing for families and young people.

Other issues

Other issues raised included the need for more:

- detoxification beds including facilities suitable for families
- outreach services and services for people in their homes
- a Koori long stay facility and Koori family rehabilitation.

5.10 Small improvements

Possible small improvements were identified in the areas of communication, workload and a service pathway directory.

Communication

The outstanding area of concern was the desire for more clarity and communication within the sector. The issues raised included wanting:

- more contact with the workers from the ACT Health Policy Unit
- increased communication between AOD agencies
- to move from competition to cooperation
- clarity about the specialist roles of agencies
- to build respect between agencies by increasing knowledge of each agency's boundaries and strengths across the sector
- to build natural alliances between agencies
- to increase collaboration and interagency networks.

Workload

The issues raised in the area of workload were focussed on the need for a clarification of required administration tasks and the resources needed to complete them.

A Service Pathways Directory

A services pathways directory was seen as an important tool for building understanding of the sector for staff and clients.

Finding 16

- ***It would be useful for any group considering sector development to take these identified obstacles to improvement, unfilled niches and small improvements into consideration.***

5.11 Conceptual framework

There are quite a few possible conceptual frameworks that provide a common language and understanding for workers across the sector. One that builds on the practical work and record keeping that already exists in the ACT Alcohol and Other Drug sector is below.

		CASUAL	ENGAGED	STRUCTURED	FORMAL
LEVEL OF COMPLEXITY		Client has a clear need	Client has recurring contact with agency	Client has several needs	Clients has complex needs
SERVICES INVOLVED		One	One agency from AOD sector	One or more agencies from AOD sector	Two or more, including agencies from other sectors
SERVICE PROVISION	Client focus	Diary note	Case notes Intake forms Assessment forms Care plan Review forms Exit plan	Case notes Intake forms Assessment forms Care Plan Review forms Exit plan	Case notes Intake forms Assessment forms Care Plan Review forms Exit plan
		Policy and procedures Monitoring and evaluation processes Quality processes			
SERVICE PLANNING	Organisation focus	Record of interaction Timesheet	Record of interaction Client feedback Timesheet	Referrals Client feedback Time sheet	Referrals Client feedback Time sheet
		Policy and procedures Monitoring and evaluation processes Quality processes			
SERVICE MANAGEMENT	Sector focus	No	No – key worker	Referral pathways Accountability plans Assessment of service to client by all agencies	Referral pathways Accountability plans Assessment of service to client by all agencies
		Policy and procedures Monitoring and evaluation processes Quality processes			
MEETINGS		Client and worker	Client and worker	Client and workers from all agencies involved	Client and case managers from all agencies involved

Table 18 - A possible conceptual framework

In this framework, service delivery activities are divided into service provision, service planning and service management.

- The focus of service provision is on services provided directly to the client.
- Service planning focuses on the processes internal to an organisation that support service provision.
- Service management is centred on those activities that require cooperation between agencies.

6 Summary of Findings

Finding 1

- *To identify gaps in service provision there would be benefit in auditing client's backgrounds over time and surveying clients to identify preferences in agency focus and location.*

Finding 2

- *There would be benefit in developing a common approach to assessment across the sector.*
- *Developing a comprehensive understanding of the particular skills and professional focus of workers and agencies would be useful.*

Finding 3

- *Further work could be done on the development of appropriate strategies to assist clients to obtain information about the role of each organisation, the client groups they target and what clients can realistically expect from each organisation.*

Finding 4

- *The development of an agreed operationalised definition of case management would enhance the sector's ability to provide quality services.*

Finding 5

- *An audit of the policies and procedures used by agencies at Board, management and program levels would usefully identify areas that are well covered and those that need development.*
- *The ACT Health, AOD Policy Unit could usefully identify policies that apply and exemplar procedures for agencies to use if needed and develop education opportunities to ensure their effective implementation.*

Finding 6

- *There would be benefit in developing a common understanding across the sector of activities and processes that make up comprehensive service provision for clients.*
- *Approaches could be made to gather insights from other jurisdictions (Department of Health in New South Wales and Department of Human Services in Victoria) that have completed work in this area.*

Finding 7

- *Sector wide professional development to learn from the experience of people in the sector and to improve understanding and practice across the sector would be worth implementing.*

Finding 8

- *There would be benefit in conducting an audit of the assessment and risk assessment tools and protocols commonly used and identification of any that are used by other jurisdictions.*
- *There would be benefit in contacting other jurisdictions to explore their experience in using common assessment and risk assessment tools and protocols.*

Finding 9

- *There would be benefit in working with the Division of General Practice to:*
 - *clarify access to medical services by the sector*
 - *identify opportunities for General Practitioners to become more aware of the issues in providing services to clients served by the sector*
 - *identify appropriate roles and involvement of General Practitioners in service management.*

Finding 10

- *A sector wide systematic program of gathering feedback from clients would give the sector valuable information about their's clients' experiences of and attitudes to case management. It could be based on current practices that agencies have found to be effective.*

Finding 11

- *A sector wide systematic program of assessing service outcomes for clients based on current practices that agencies have found to be effective would be useful.*

Finding 12

- *It would be beneficial to establish service pathway agreements that cover referral pathways, responsibility for service management, accountability between agencies and privacy and information management.*

Finding 13

- *It would be useful to implement a sector wide systematic program of gathering mutual performance feedback from agencies.*

Finding 14

- *An audit of experience, skills and qualifications across the sector would usefully identify any need for further staff development and the staff with particular skills and qualifications.*

Finding 15

- *The sector is ready to move to greater effectiveness and efficiency. Processes to build on the strengths and competencies existing in the sector would be supported by a greater clarity of roles and better communication between agencies.*

Finding 16

- *It would be useful for any group considering sector development to take these identified obstacles to improvement, unfilled niches and small improvements into consideration.*

7 Appendix 1 – Data Collection.



CASE MANAGEMENT ACROSS THE ALCOHOL & DRUG SERVICE SECTOR INTERVIEWS WITH CASE MANAGEMENT PROVIDERS

A. PROFILE OF CLIENTS ACCESSING CASE MANAGEMENT SERVICES

1. Does your service/agency currently provide case management services? **Y** **N**
2. If it does, are you targeting your case management services towards any particular group or groups of clients? **Y** **N**

Demographic

- Young people (under 14s, under 18s, under 25s)
- Women/men
- Families
- Aboriginal and Torres Strait Islanders
- People from non-English speaking backgrounds
- Other _____

Drug Use

- Those who are currently having problems with their use of alcohol and/or drugs
If so, what type of drug _____
- Those who no longer identify as having a problem with use of alcohol and/ or drugs
- Those who have family or friends who are currently having problems with their use of alcohol and/or drugs (if so, what type of drug) _____

Principal Presenting Problem/Issue

- Social functioning (accommodation, food, financial support, employment)
- Physical health (physically unwell, harm minimisation/improved self care)
- Emotional and psychological wellbeing (trauma, grief, depression, anxiety)
- Legal issues (contact with the criminal justice system, legal help/advice)
- Continuity of care and transitions between services;
 - Opioid Treatment Service Public Clinic (methadone program)/ community based prescribing (general practitioners)/ dosing (pharmacies)
 - Pre-withdrawal/ withdrawal/ post withdrawal
 - Withdrawal/ rehabilitation/ after care
- Other _____

Secondary Presenting Problem/Issue

- Social functioning (accommodation, food, financial support, employment)
 - Physical health (physically unwell, harm minimisation/improved self care)
 - Emotional and psychological wellbeing (trauma, grief, depression, anxiety)
 - Legal issues (contact with the criminal justice system, legal help/advice)
 - Continuity of care and transitions between services;
 - Opioid Treatment Service Public Clinic (methadone program)/ community based prescribing (general practitioners)/ dosing (pharmacies)
 - Pre-withdrawal/ withdrawal/ post withdrawal
 - Withdrawal/ rehabilitation/ after care
 - Other _____
-
-
-

3. In general, what are the maximum and minimum number of contacts clients have with your agency?

MINIMUM	MAXIMUM
1-2	1-2
3-4	3-4
More than 5	More than 5

4. Generally, over what period do clients receive case management services from your agency?

1 day 1 week 1 month 1-3 months 4-6 months 7-12 mths 12 mths+

B. CURRENT CASE MANAGEMENT PRACTICES

5. What services/interventions does your service/agency provide under the heading of case management services?

- Assessment
 - Planning
 - Information
 - Education
 - Advocacy
 - Counselling (e.g. motivational, narrative, cognitive, behavioural therapy)
 - Therapy (e.g. narrative, cognitive, behavioural therapy)
 - Coordination of care and transitions between services
 - Opioid Treatment Service Public Clinic - methadone program)/ community based prescribing (GPs)/ dosing (pharmacies)
 - Pre-withdrawal/ withdrawal/ post withdrawal
 - Withdrawal/ rehabilitation/ after care
 - Referrals
 - Referrals and then worker follows through to ensure clients needs were addressed (eg. they were able to access services they were referred to, the services were able to assist them)
 - Follow-up
 - Outreach
 - Other
-

6. Does your agency use one or more defined approaches? (cognitive and narrative therapy)

7. What sort of emphasis would be given to each service/intervention? (E.g. a stronger focus on advocacy than information and education)

8. What determines whether a client is offered case management services by your agency?

- Complexity of the client's problems/needs
- Type of problem/s experienced
- Range and type of services/agencies they need to access
- Potential value of having a case manager to act as an advocate to assist clients access and make transitions between different services/ and or service providers (i.e. transition between getting methadone scripts and doses from Public Clinic to getting them from community based general practitioners and prescribers.
- Potential value of having a case manager follow up on whether clients attended services referred to and also whether clients' needs were subsequently addressed by these services
- Other...

C. CLIENT AWARENESS AND PARTICIPATION

9. Are the services provided by your service/ agency generally well known by;

- New clients;
- Current clients; and
- Other service providers.

10. How has your service/agency made clients, agencies and the service sector aware of your services?

11. Is a client plan developed? (a client services plan or a care plan).

12. How involved is the client in developing the plan and does the client receive a copy?

13. What mechanisms do you have for getting feedback from clients and service providers?

14. From feedback received from your clients and other service providers, what are the strengths and weaknesses they perceive in your case management services?

D. CLIENT NEEDS

15. How do you assess client needs? (Please provide a copy of any assessment tools and/or client planning pro formas).

16. How do you prioritise client needs? (Please refer to client demographics, drug use, presenting problems).

E. ORGANISATION

17. What is your agency's working definition of case management?

18. Is your agency funded to provide case management services? If so, through who?

19. How do you monitor and assess client outcomes? (What tools/mechanisms does your agency use to measure the success of a service and/ or interventions?)

20. How do you keep track of your workload?

21. Do case managers have supervision? If so, how is this provided? (Internally/ externally, responsibility of the case manager or of the organisation, peer/professional)

22. Are there any documented policies, procedures or standards which exist within your agency (quality improvement tools, assessment standards)? Where have they come from and how are they utilised?

Examples

ACT 'Raising the Standard': A Manual to Guide Quality Improvement in Community Service Organisations
Quality Improvement Council Ltd- Aust. Health and Community Service Standards- Alcohol, Tobacco and Other Drug Service Module

F. COLLABORATION AND PARTNERSHIPS

23. When providing case management services to clients, which services, organisations and / or service sectors does your service/agency collaborate with on a regular basis?

24. Explain the type and level of collaboration your agency has with other agencies and service sectors? (Do you have any formal partnerships with other agencies i.e. MOUs.)

25. How productive are these collaborations/partnerships? Do you have any examples of where this has been the case?

26. What makes these collaborations/partnerships successful?

27. Are there any protocols or policies in place when a client is being case managed by other agencies or sectors?

28. Have you participated in any case conferences or care planning activities with general practitioners?

29. Are you aware whether or not general practitioners' involvement is related in any way to the Enhanced Primary Care Medicare Benefits Schedule (EPC MBS) items that relate to either Care Planning or Case Conferencing for people with chronic conditions and multidisciplinary care needs?

30. If so, how would you describe the outcomes in terms of benefits or otherwise for the clients involved?

G. WORKFORCE PROFILE

31. How many and what level of staff are currently providing case management services in your organisation?

32. What level and type of qualifications do your staff providing case management services have?

33. What is the ratio of case managers to number of clients case managed?

34. Do clients have access to any multi-disciplinary teams either within your service or through linking up with other agencies? (case manager, general practitioners, psychologist, probation officer)

H. SERVICE FOCUS

35. What do you perceive to be your service/agency's focus in terms of case management services? (Suggest this be related to categories as outlined in Section 1. i.e. demographic, drug use, principal presenting problem/issue etc.)

36. What do you perceive to be the focus of other service/agencies providing case management services? (Suggest this be related to categories such as demographic, drug use, principal presenting problem/issue)

37. Are there any service gaps or niches that remain unfilled?

I. STRENGTHENING CASE MANAGEMENT SERVICES

38. Is there anything that you would like to improve in your services/agency's case management approach?

39. Is there anything you would like to see improved in the service sector's approach to case management services?

40. What would be/might be the impact upon you and others of improved/expanded case management services in the ACT?

41. What do you perceive to be the biggest obstacles/difficulties in improving/expanding case management services in the ACT?

42. Are there any small things that could be done to improve case management services?
