Results of a co-design process to identify alcohol and other drugs service opportunities in the Eastern Melbourne PHN catchment

360edge.

phn EASTERN MELBOURNE

An Australian Government Initiative

This document was prepared for EMPHN by Sarah Jones, Nicole Lee and Linda Jenner from 360Edge

1300 988 184
hello@360edge.com.au
360edge.com.au

Contents

Acknowledgements

The basis of this document was an extensive co-design consultation process with key stakeholders in the EMPHN catchment. We are very grateful to the following stakeholders who kindly participated in the consultations.

- Access Health and Community
- ACSO
- Anglicare Victoria
- Banyule Community Health
- Caraniche
- Carrington Health
- Central Bayside Community Health Services
- cohealth
- Consumer consultants and peer workers
- DHHS
- DPV Health
- EACH
- Eastern Community Legal Centre
- Eastern Health
- Eastern Melbourne PHN
- EDVOS
- Epworth Clinic
- Forensicare
- General practitioners
- Healthscope
- headspace
- Healesville Indigenous Community Services Association
- Hello Sunday Morning
- Inspiro CH
- Link Health and Community
- Maroondah City Council
- Mentis Assist
- Merri Health
- Mind Australia
- NEAMI National
- Nexus Primary Health
- NWMPHN
- North and West Metro AOD Service
- Northern Health
- Odyssey House Victoria
- Pharmaceutical Society of Australia
- TaskForce
- The Melbourne Clinic
- Turning Point Eastern Health
- Uniting Prahan
- Uniting ReGen
- SHARC Uniting ReGen
- VAADA
- VOICE
- Wellways
- Windana
- Yarra Ranges Council
- Youth Projects
- YSAS

Executive summary

Background

In 2018, Eastern Melbourne Primary Health Network commenced consultation to inform alcohol and other drug (AOD) service planning in the region to complement and enhance existing local services, and avoid duplication.

The consultation was intended to identify gaps and barriers and provide consumer support services or system changes to enhance the existing AOD treatment system.

Policy context

The work rests within a broader policy context and identified priorities at the national level through the National Drug Strategy 2017-2026 and the Australian Government AOD treatment objectives. It is also cognisant of Victorian state priorities and existing services.

Gaps and barriers

There were three key sources for identifying gaps and barriers:

1. catchment data analysis
2. EMPHN needs analysis
3. co-design workshops

Priority areas identified

Three key priority areas were identified through the consultation process:

1. Whole-of-person care: taking into consideration all of a person's specific needs, including cultural, socio-economic, psychological and social needs.
2. Integration and access: providing services that enhance consumer care by improving communication between services and with the general community, and providing an enhanced service through better integration or increase access to services, especially among under-serviced populations and geographical locations.
3. Meet the needs of families and carers: providing services that meet the needs of families and carers of people who use drugs, including those not in treatment.

Introduction

About this document

The purpose of this document is to provide a summary of the consultations with local service providers and other stakeholders conducted in a co-design process intended to improve the coordination of AOD services and integrate them in the system more broadly.

AOD policy context

National Drug Strategy 2017-2026[1]

EMPHN operates within the broader policy context of the National Drug Strategy. Australia's National Drug Strategy is the framework that identifies national priorities relating to alcohol, tobacco and other drugs, guides action by governments in partnership with service providers and the community, and outlines a national commitment to harm minimisation through balanced adoption of effective demand (prevention and treatment), supply (law enforcement) and harm reduction strategies. It aims to build safe, healthy and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities. The strategic principles are partnerships; coordination and collaboration; national direction with jurisdictional implementation; and evidence-informed responses.

[1] health.gov.au/internet/main/publishing.nsf /Content/55E4796388E9EDE5CA25808F00035035/ $File/National-Drug-Strategy-2017-2026.pdf

Table 1: Priorities of the National Drug Strategy 2017-2026

Priority Actions	Priority Populations	Priority Substances
Enhance access to evidence informed, effective and affordable treatment Develop and share data and research, measure performance and outcomes Develop new and innovative responses to prevent uptake, delay first use and reduce alcohol, tobacco and other drug problems Increase participatory processes Reduce adverse consequences Restrict and/or regulate availability Improve national coordination	Aboriginal and Torres Strait Islander people People with mental health conditions Young people Older people People in contact with the criminal justice system Culturally and linguistically diverse populations People identifying as LGBTI	Methamphetamines and other stimulants Alcohol Tobacco Cannabis Non-medical use of pharmaceuticals Opioids New psychoactive substances

Australian Government AOD treatment objectives

In 2015, the Australian Government's National Ice Taskforce set out a national plan for reducing the harm caused by illicit drugs, including ice, as well as the harm caused by alcohol and misuse of prescription medications. This led to a $241.5 million commitment over four years to new alcohol and other drugs (AOD) treatment services across the country. This funding includes a focus on services to support Aboriginal and Torres Strait Islander people.

Primary Health Networks (PHNs) are tasked to commission these treatment services to ensure local needs are met and that collaboration occurs with primary and other health providers.

The activities outlined in the Primary Health Networks program guidelines are designed to:

- Increase the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by targeting areas of need.

- Improve the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment by increasing coordination between various sectors and improving sector efficiency.

EMPHN strategic AOD priorities

EMPHN commissions a wide range of health services aimed at filling gaps and improving the efficiency of the health system. For the purpose of the initial AOD funding rounds EMPHN identified five priority areas:

Priority 1: Reduce avoidable deaths due to overdose through prevention and treatment.

Priority 2: Reduce avoidable hospital admissions due to alcohol and other drugs.

Priority 3: Reduce the ice-related harm on Aboriginal Communities including Outer East and Outer North Aboriginal and Torres Strait Islander Communities.

Priority 4: Reduce ice-related harm in the region with a focus on Knox, Yarra Ranges, Whitehorse, Whittlesea and Manningham.

Priority 5: Reduce problematic alcohol use.

EMPHN has also been tasked with the development of a Regional Integrated Mental Health, AOD and Suicide Prevention Plan. Developed in partnership with Local Hospital Networks (LHNs) and other key stakeholders in the region, the Regional Plan aims to support more integrated service delivery pathways that are targeted to consumers' needs across mental health, AOD and suicide prevention.

Objectives for enhancing integration of AOD services

The EMPHN's role is not to duplicate or disrupt the state-funded AOD treatment system which provides the bulk of care for the sector. Rather it is to look for opportunities to provide high priority services where there are identified gaps and barriers and provide consumer intervention or system changes to enhance the existing AOD treatment system.

The service integration intends to:

- Deliver a seamless and integrated AOD service system along a continuum that provides a stepped care approach, from promotion and prevention through to relapse prevention.
- Provide a range of support and treatment options for consumers and families, carers and networks.
- Better integrate all treatment service system components to achieve better outcomes for all consumers.
- Limit duplication.
- Better integrate AOD government and non-government treatment services.
- Better integrate AOD services with non-AOD services.

Out of scope

EMPHN supports an integrated 'stepped care' approach but some services are 'out of scope' because they better sit under other programs, including:

- public health, health promotion or primary prevention activities
- residential or in-patient services
- any detailed development of the operational elements of service delivery

Intended outcomes of enhancing integration of AOD services

- improved health outcomes for consumers
- improved consumer experience
- enhanced practitioner experience and satisfaction
- increased system efficiency

The co-design process

What is co-design?

We used a co-design process to elicit opportunities for improved service integration in the EMPHN region. Also known as co-creation, participatory design or cooperative design, co-design is a process that deliberately involves customers and users of products or services in their development. It combines generative or exploratory research, which helps to define the problem that requires a solution, with developmental design. It combines lived experience and professional expertise to identify and create an outcome. All critical stakeholders are encouraged to participate as equal partners sharing expertise in the design of the service.

What was the process?

A discussion paper was prepared that offered a detailed understanding of the current state of the AOD service system and analysis of issues, needs and gaps in the EMPHN catchment to provide a basis for consultations and workshops.

A series of workshops were conducted with key stakeholders. Utilising the background paper as a basis for discussion, the workshops examined gaps, barriers and potential solutions in a series of collaborative activities during the workshop. The workshop was well attended by clinical leaders, managers and key administrators as well as consumers and family members with lived experience.

The final phase is the development of a document outlining the co-design process and opportunities for the sector, a literature review exploring best practice in systems integration and services, and recommendations for future directions for AOD services in the EMPHN. Figure 1 provides an overview.

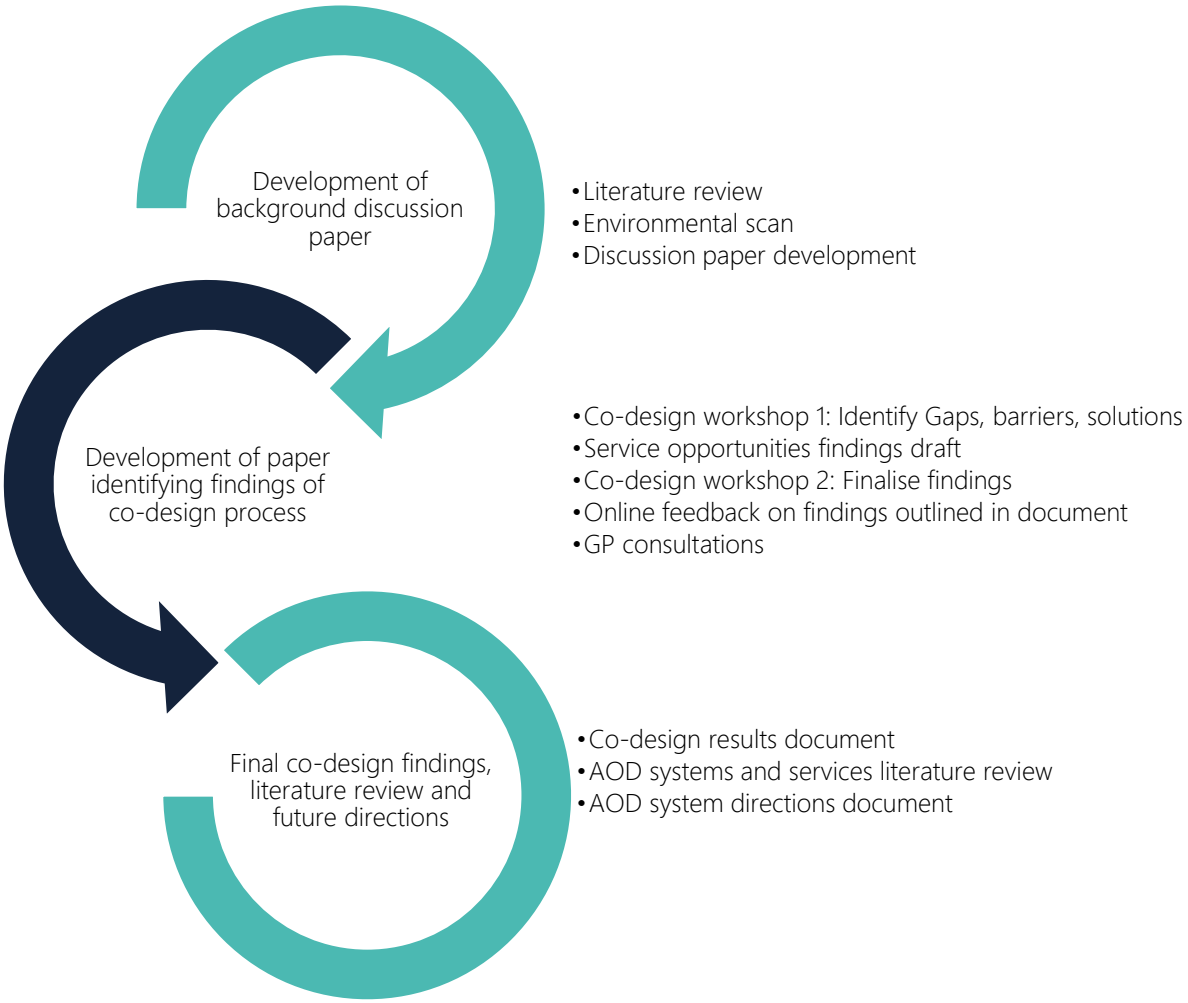

Figure 1: Co-design process

The current state of play

Overview

The current AOD service system comprises a mix of (primarily) state funded services covering most residential and non-residential clinical service types; Australian Government funded services through non-government organisation treatment grants administered through the Primary Health Networks, and primary care and private psychosocial services largely funded through the Commonwealth Medicare system.

Sometimes specific service types are funded through multiple state and Commonwealth streams, or funding runs across multiple organisations. But from a consumer point of view, there should be clear access points through the system with pathways to multiple treatment types tailored to the individual as their needs change.

A well-functioning AOD system

There are a number of features that enhance service delivery in the AOD sector, including:

- Consumer focused and person-centred, thus it be accessible, integrated, responsive to diversity, able to provide whole-of-person care and continuity of care, and inclusive of the lived experience of consumers and their families and significant others.
- Able to reflect the complex, relapsing nature of substance use.
- Accessible, easy to navigate, streamlined referral pathways, which reflect that consumers are part of the service system and may cycle through various programs and services.
- High-quality, evidence-based interventions that are in line with contemporary best practice.
- Delivered in partnership within the AOD service system and also with other sections of the health and human services system and other service sectors as appropriate.
- Intervention as early as possible.
- Sustainable and responsive to community needs.
- A skilled and competent workforce that is knowledgeable, qualified, skilled and flexible.
- Regular monitoring and evaluation of qualitative and quantitative performance and use of this to inform a process of continuous quality improvement.

- Clinical governance to provide oversight and to maintain and improve the quality of care within the AOD system.[2]

The Victorian State funded AOD system

The Victorian Government funds the majority of treatment services in the state under a defined set of principles, including coordinated care, integrated care and person-centred treatment.

Coordinated care

Catchment-based intake services are the primary point of entry into the Victorian alcohol and other drug treatment system inclusive of youth, adult, residential and non-residential, Aboriginal, state and Commonwealth-funded services. In practice, limitations with regard to integration result in Commonwealth funded services that are not always easily accessible through catchment-based intake services.

Catchment-based intake providers work closely with the state-wide screening and referral service, DirectLine, and other treatment providers to facilitate consumer intake and referral to treatment. Once intake has occurred, treatment providers conduct comprehensive assessment and treatment planning, incorporating the following service types: counselling, residential and non-residential withdrawal, rehabilitation, care and recovery coordination and pharmacotherapy.

Treatment streams also include youth-specific AOD and Aboriginal AOD services. These treatment streams are also supported by a separate planning function, led by a funded agency in each catchment. [3]

Integrated care

All State funded services are expected to work collaboratively with other services to ensure consumers receive integrated and whole-of-person support throughout their recovery. The AOD treatment system integrates with other health, human services and justice sectors through:

- A single catchment-based intake service provider facilitates consumer referrals into and out of the AOD treatment system in each catchment. Other service providers can

[2] Reform Agenda for Alcohol and Other Drug services in Tasmania Consultation Draft Aug 2015 Mental Health, Alcohol and Drug Directorate, Department of Health, Tasmanian Government

[3] DHHS, October 2015, Factsheet: Alcohol and other drug treatment in Victoria

refer consumers to intake service providers where they have concerns about substance misuse.

- In 2017, assessment services were moved to the treatment provider service to ensure more streamlined pathways of care for the consumer.
- A care and recovery coordination (CRC) function for complex consumers supports integration of service delivery across multiple services. Where a consumer is involved in a range of services or programs (e.g. housing, employment programs) the CRC works collaboratively with other services to ensure the range of consumer needs can be met.
- Catchment based service delivery and planning supports the establishment of strong linkages between AOD and other service providers at the local level, to ensure service delivery is tailored to consumer needs[4]

Figure 2 illustrates consumer pathways through the state funded alcohol and other drugs treatment system.

Person centred treatment

Person centred treatment is a governing principle in the service system. In order to refer a consumer appropriately, providers work with the consumer and intake services to understand the range of treatment options available to meet the consumer's needs.

[4] DHHS, Victoria, Factsheet: Alcohol and other drug treatment in Victoria April 2015

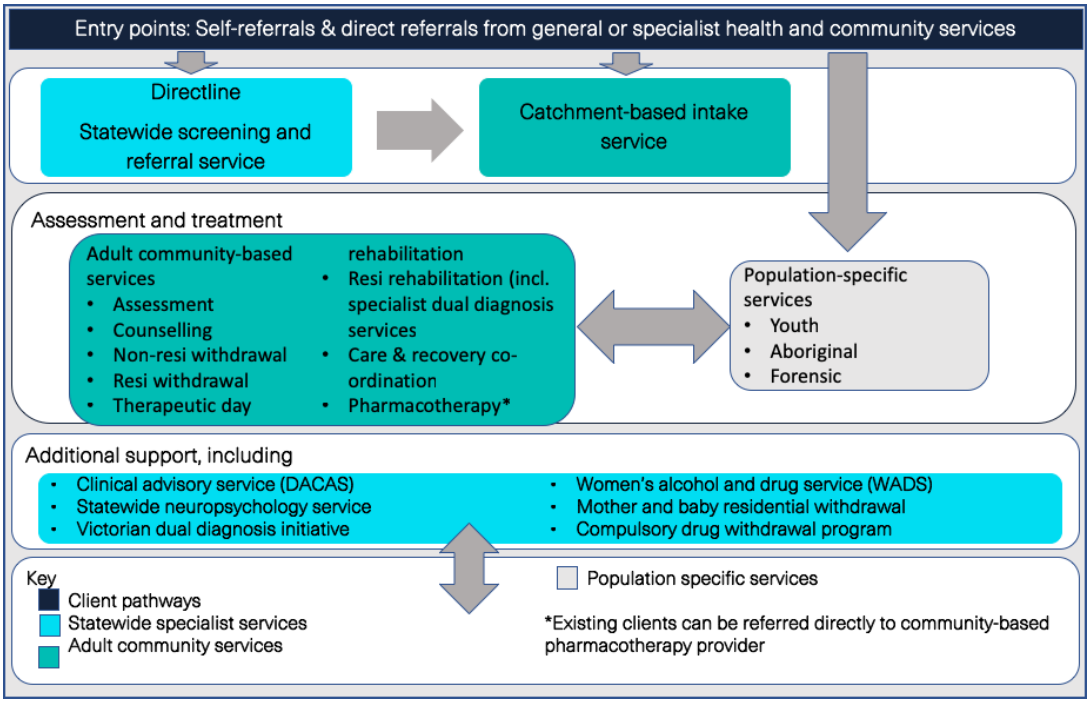

Figure 2: Victorian State Funded AOD system[4,5]

AOD services in EMPHN catchment

Overview[6]

The vast majority of treatment episodes within the EMPHN catchment occur within a non-residential treatment facility. There has been an increase in the number of closed treatment episodes for non-residential treatment. Other treatment episodes have remained flat, suggesting a high need for non-residential services.

Low threshold and harm reduction services

There are 16 needle and syringe program providers within EMPHN LGAs located in Banyule (2), Maroondah (2), Yarra Ranges (5), Whitehorse (2), Boorondara, Manningham, Nillumbik and Whittlesea.

Intake and assessment

Intake and assessment services are provided by ECADS consortium, EACH SURE Consortium, Uniting ReGen and Odyssey House Consortium, North and West Metro Alcohol and Other Drug Service and Australian Community Support Organisation (ACSO).

[5] DHHS, Factsheet: About residential rehabilitation March 2018

[6] See Appendix for further details

Care and recovery services

Care and recovery services are provided by EACH SURE consortium, Turning Point, Uniting ReGen and Odyssey House Consortium, Primary Care Connect and Goulburn Valley Alcohol and Drug Service.

Withdrawal services

Non-residential withdrawal services are provided by EACH SURE consortium, Turning Point, Uniting ReGen (including Odyssey House), Primary Care Connect and Goulburn Valley Alcohol and Drug Service.

Uniting ReGen provides outpatient withdrawal, homebased withdrawal and post-withdrawal support.

There are three residential withdrawal services within EMPHN, two operated by Uniting ReGen. Curran Place Community Residential Drug Withdrawal is based in Ivanhoe. It is a 12-bed facility which provides support to assist adults to withdraw from a range of drug types. The average length of stay is seven days. Williams House Community Residential Drug Withdrawal is a four-bed facility which provides withdrawal support and respite for up to four young people aged 12 to 21 years. There is also Eastern Health Wellington House in Box Hill with a 28-day extended stay option. Other withdrawal services available to those in the EMPHN catchment include:

DePaul House at St. Vincent's Hospital in Fitzroy providing services for adults.

The Windana Drug Withdrawal House, a 15-bed residential facility located in St Kilda providing services for adults.

Fitzroy Withdrawal Program, for young people aged 12 to 21, with intensive support to undergo respite or withdrawal from alcohol or other drug use. The program has eight beds for a stay of up to 14 days.

Glen Iris Withdrawal Service provides young people between 12–21 years with intensive support to undergo respite or withdrawal from alcohol and/or other drug use. The program has five beds for a stay of up to 14 days – this option is available within EMPHN catchment area.

Non-residential withdrawal services

Non-residential withdrawal services are provided by EACH SURE consortium, Eastern Health, Turning Point AOD consortium, Uniting ReGen and Odyssey House Victoria, Caraniche, Primary Care Connect and Goulburn Valley Alcohol and Drug Service.

Peer support programs

EACH, Access Health and Community and Banyule CHS offer peer support programs.

Residential rehabilitation

Residential rehabilitation services include Odyssey House Victoria, which provides a therapeutic community live-in-treatment for adults, couples, and parents with their children

(aged 0 to 12 years) in Lower Plenty as well as a ‘Circuit Breaker program’ which provides a six-week, live-in rehabilitation program in Molyullah, Victoria.

The Salvation Army provides the Bridge Programme, a live-in 16-week recovery program for men and women experiencing alcohol and/or drug dependence based in The Basin, Victoria.

EACH run a residential program called Maroondah Addictions Recovery Project (MARP) which has a residential rehabilitation program (three to four months) and a recovery housing program (approximately six months).

YSAS also provides a residential rehabilitation program for young people aged 16 to 20 years, called Birribi, which is a 15-bed facility in Eltham.

Aboriginal and Torres Strait Islander services

Ngwala Willumbong Coops runs outreach services throughout the EMPHN catchment. Case management services are also provided by Healesville Indigenous Community Services Association (HICSA) for Outer East and Bubup Wilam in Thomastown. EMPHN also refers to Bunjilwarra Koori Youth Alcohol and Drug Healing Service, a 12-bed Alcohol and Other Drugs residential rehabilitation and healing service for Aboriginal young people (male and female) aged 16 to 25 years, based in Hastings, Victoria.

Youth services

Youth Drug and Alcohol Advice (YoDAA) provides information services and Youth Support and Advocacy Service (YSAS) provide outreach services to the wider Melbourne metropolitan area. EACH SURE consortium also provides youth outreach services in the Inner and Outer East. Youth projects are funded to deliver AOD youth outreach in Whittlesea for 2018–19.

Opioid pharmacotherapy

There are 103 opioid pharmacotherapy prescribers in the EMPHN catchment.

Pharmacotherapy Area Based Networks

There are three Pharmacotherapy Area Based Networks within the Eastern Melbourne PHN catchment: Area 3 (Gippsland and Hume), Area 4 (Southern and Eastern Metropolitan Melbourne) and Area 5 (North West Metropolitan Melbourne). The PABNs are a state government service designed to support prescribers and dispensers of opioid pharmacotherapy, including methadone and buprenorphine-naloxone combination.

Primary care

Most of the chronic disease burden in the community is managed in general practice.

There are 391 GP clinics and 1,951 GPs across the EMPHN catchment. There are low GP numbers in Murrindindi (1) and Mitchell (20).

Approximately 82 per cent of adults living in the EMPHN catchment see a GP at least once every 12 months. On average, people attend their GP six times per year.

Some people require more visits to their general practice to manage their health care needs. In the EMPHN catchment, 10 per cent of adults visit the GP 12 or more times per year. People who live in a residential aged care facility see a GP an average of 19 times per year.

In 2016–17, 17 per cent of adults saw three or more health professionals for the same health condition.

Australian Government funded programs

AOD@theGP
This program places AOD clinicians within two GP clinics within the City of Whittlesea to provide brief interventions and secondary AOD consultation support for GPs.

Medication Support and Recovery Service
A specialist assessment and treatment service for people and families affected by pharmaceutical misuse or dependence. The Medication Support and Recovery Service is delivered by Connect4Health, a partnership of three community health services in the Inner East region comprising Access Health and Community (the lead agency), Carrington Health and Link Health and Community.

North East Recovery Support Program
An eight-week outpatient therapeutic group program delivered by Banyule Community Health at their West Heidelberg site.

Supporting Health Education, Recreation and Personal Autonomy of Young People (SHERPA)
Assisting YSAS to provide pro-social group based activities to engage young people in the Eastern Region into a service providing screening, assessment, brief interventions, assertive outreach, and support for families and carers.

Daybreak app
An online service providing screening, assessment and brief interventions, self-guided cognitive behaviour therapy, monitoring and support from health coaches, and a supportive peer group network.

Afterhours AOD in ED
This program was provided at Banyule Community Health, Eastern Health and Melbourne Health as a pilot in June 2018. This service involved AOD clinicians providing services to consumers and their families or carers afterhours in the Emergency Departments.

Anglicare Comorbidity Service
Service delivery supporting consumers with issues related to substance use and mental health; counselling and case management capacity.

Family Alcohol and Drug Service (FADS)
Service provided by Anglicare Victoria providing a therapeutic treatment option for young people and their families who use alcohol and other drugs.

AOD Relate
Assists Banyule Community Health develop and utilise relationships within the primary health care setting to identify people with complex AOD issues and channel them into existing treatment types or provide AOD treatment more flexibly as needed.

Day programs
North East Recovery and Support Program, run by Banyule Community Health, provides a personalised post-withdrawal, eight-week day program for consumers with complex needs. YSAS runs day programs in Abbotsford and Dandenong for young people.

Family Focus Project
Undertaken by EACH Social and Community Health in partnership with Access Health and Community and provided in Maroondah, Monash and Boroondara; this project aims to reduce substance use and harm associated with substance use for individuals and families whilst improving individual health, wellbeing and social connectedness.

Yarra Ranges Youth Project
Undertaken by EACH Social and Community Health, this project provides outreach drug and alcohol counselling to young people and their families who live in isolated and under-serviced communities in the Shire of Yarra Ranges.

Project Hope and Project Thrive
Undertaken by EACH, *Project Hope* offers integrated AOD and co-occurring care utilising a peer led recovery and person-centred design approach. *Project Thrive* provides clinical intervention for individuals with co-occurring substance use and mental health concerns and their significant others through specialised therapeutic counselling.

AOD/MH capacity building at Link Health and Community
Counselling services providing a range of therapeutic services including dual diagnosis, recovery and individual and family counselling as well as Chinese-speaking AOD counselling services.

Youth home-based withdrawal primary health service
Undertaken by YSAS, this program assists highly vulnerable young people aged 12 to 21 years in the management and treatment of problematic substance use through the provision of high quality, tailored and timely community based psychosocial support as well as safe and supervised home-based Alcohol and Other Drug (AOD) withdrawal. Youth Projects are also funded to deliver AOD youth outreach in Whittlesea for 2018–19.

Gaps and barriers

Overview

Several documents and processes have identified service needs and gaps in the EMPHN catchment. These are not the only gaps in services in the catchment, but key gaps were drawn from each of these three sources.

The three key sources were:

1. A range of data for the catchment published by various state and Commonwealth agencies.
2. A needs analysis, which is conducted on a semi-regular basis by EMPHN (the most recent was 2018).
3. Co-design workshops in 2018 involving key stakeholders in the sector and sponsored by EMPHN.

Addressing these identified gaps formed the basis of the co-design workshops and subsequent findings.

Catchment data[7]

Cultural diversity

EMPHN catchment is a large area with a diverse population, including some areas of high cultural diversity.

Physical health needs of people in drug treatment

Many areas experience poor health compared to the Victorian average, including higher levels of obesity, lower levels of fruit and vegetable intake, high rates of smoking, and high rates of chronic illnesses, sexually transmissible diseases and blood borne viruses.

Poor health literacy and understanding of the health system was reported, particularly within refugee and CALD communities in Whittlesea-Wallan and Monash.

[7] Further detail is available in Appendix 1

Domestic and family violence

Family violence incidents have been increasing across the catchment and are particularly high in Murrindindi, Mitchell and the outer east more generally. Women are disproportionately affected.

Specific geographical areas of high need

Despite AOD use across the catchment being lower than the Victorian average, some areas experience high rates of harm. Maroondah has a high rate of ambulance attendances for alcohol, pharmaceutical and illicit related events. The hospitalisation rate for alcohol is high especially in Maroondah, Whitehorse, Boroondara and Knox.

Ice related ambulance attendances have increased in the catchment in line with Victorian trends, especially in the Yarra Ranges.

Involvement of GPs in AOD

Boroondara is well serviced by GPs interested in mental health, but Knox and Yarra Ranges have low levels of mental health related services in the community. AOD consumers are most likely to seek mental health help from GPs.

There are 104 pharmacies that provide opioid replacement therapies in the EMPHN catchment.

Manningham has no AOD specific services.

EMPHN would benefit from more specialist AOD and mental health primary care providers and more integrated service delivery between GPs and AOD service providers.

After-hours services

There are few after-hours AOD services. After-hours access to GPs, MDSs, pharmacies and other healthcare services varies across the EMPHN catchment, with some geographic areas (mostly outer suburbs) lacking after-hours services altogether. General practices have limited opening hours in the after-hours periods, particularly after 8 pm on all days of the week, and there is a shortage of GPs that are prepared to work in after-hours clinics.

Additionally, there is limited availability of other health care services such as pharmacy, radiology and pathology in after-hours periods, particularly in outer metropolitan areas.

Access to travel options is also an issue, especially for those residing in the outer regions.

The concern with this gap is that consumers may be accessing the ED for non-urgent care because they preferred and were unable to otherwise obtain after-hours access.

Counselling services

Thirty-seven per cent of all AOD treatment service delivered were counselling episodes. As this is the service type most likely to be accessed by AOD consumers, further investment improving the application and outcomes of the most popular treatment type would yield benefits to outcomes.

EMPHN needs assessment

High priority geographical areas

The needs assessment identified a number of geographical areas with a high need for specific services:

- Areas with a high proportion of CALD communities: Manningham West, Whitehorse West, Monash and Wallan-Whittlesea.
- Areas with a high proportion of Aboriginal populations: Wallan-Whittlesea, Yarra Ranges and Banyule.
- Areas with a high level of socio-economic disadvantage: Knox, Maroondah, Monash and Whittlesea.
- Areas with a growing and aging population: Whittlesea (highest population growth and expected largest population of older people by 2031) and the whole of catchment.

High priority groups

High priority, under serviced groups for AOD services include:

- CALD communities
- young people with mental health problems
- older people and those still in the working age population group who will enter the ‘over 65 years’ demographic in coming years
- families and carers
- Aboriginal communities

Priority substances of concern

Current drugs of concern include:

- alcohol (including lifetime risk)
- cannabis
- methamphetamine
- heroin
- pharmaceuticals

High priority service system responses and treatment types

Counselling, withdrawal management and assessment are the most commonly accessed treatment types, suggesting resources should be directed to enhancing these services.

Identified gaps in services include: access to addiction specialists, services for families and carers.

Identified priority response areas include:

- reducing avoidable emergency department presentations and hospital admissions.
- reducing the impact of AOD use on communities including the Aboriginal and Torres Strait Islander communities.

Priority systems include:

- building the capacity of the primary care workforce to respond to AOD issues
- facilitating better integration of specialist AOD and primary care services.

Sector consultation

A number of gaps and barriers were identified in co-design workshops attended by key stakeholders in the catchment, including:

- access
- integration and coordination
- wrap-around support
- responding to diverse needs
- prevention and early intervention
- whole-of-person care
- workforce development

These were refined in the second set of workshops to:

- whole-of-person care
- integration and access
- needs of families and carers

Stepped care and AOD services in the EMPHN catchment

Background

Stepped care in the AOD service system

From 14 January 2019, EMPHN's Mental Health Stepped Care Model was fully implemented across the catchment.

A key factor in considering AOD service opportunities in the catchment is supporting mental health and AOD services to align and complement one another. Stepped care is an evidence-based, staged system, comprising a range of help and support options of varying intensity to match the level of need and complexity being experienced by the consumer.

Once an assessment is completed, the most appropriate level of care will be provided, and then continually reviewed to attend to the consumer's changing needs. Consumers interact with services based on both the severity of problem and their readiness and capacity to engage with treatment.

A stepped care model supports the delivery of integrated care where the consumer is at the centre of their health care planning and has pathways to connect to and access the care that they need, when they need it.

Stepped care models aim to:

- offer a variety of support options to different consumers according to need
- provide clear pathways between service options as the consumer's needs change
- improve collaboration and integration between services
- connect to mental health, community health, other health services available in the local area

Figure 3 describes how some of the identified opportunities for the sector may work in a stepped care process. In such a process it is likely that the focus for the catchment would be on the three middle steps with the first and last steps being out of scope.

Figure 3: Stepped Care in AOD

Principles that underpin the co-design process and findings

In identifying service opportunities, it is relevant to recognise the existing Victorian Alcohol and Drug Treatment Principles (May 2013).[8]

1. Substance dependence is a complex but treatable condition that affects brain function and influences behaviour.
2. Intervention and support are accessible.
3. Intervention and support are person-centered.
4. Intervention and support involve people who are significant to the consumer.
5. Policy and practice are evidence informed.
6. Intervention and support involves integrated and whole-of-person care responses
7. The treatment system provides for continuity of care
8. Intervention and support include a variety of biopsychosocial approaches, interventions and modalities oriented towards people's recovery.
9. The lived experience of alcohol and other drug users and their families is embedded at all levels of the alcohol and other drug treatment system.
10. The treatment system is responsive to diversity.
11. Intervention and support are delivered by a suitably qualified and experienced workforce including the peer workforce.

[8] Adapted from *The Victorian Alcohol and Drug Treatment Principles* (May 2013) Victorian Department of Health

Key considerations

In examining AOD service opportunities, there are a number of identified service factors that are likely to enhance these opportunities:

1. Services that explore opportunities for partnerships, consortia or multi-service relationships that amplify their reach or impact.
2. Services that can be provided on an ongoing basis and that implementation and sustainability are a key feature.
3. Including clinical and operational outcome measures and evaluation as key components of service delivery.
4. Offering programs and services that enhance or expand upon the existing Victorian AOD system rather than duplicate.
5. Promoting increased flexibility in the system to improve responsiveness to changes in consumer need, emerging trends in substance use patterns and government policy.
6. Utilising innovative design, delivery and implementation.
7. Demonstrating that the service provides a response to an identified priority area or service gap.

Service aims:

- Increase the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by targeting areas of need with a focus on methamphetamine use in the community.
- Improve the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment, particularly for methamphetamine use, by increasing coordination between various sectors and improving sector efficiency.[9]

Key service priorities

The service priorities identified take into account the gaps and priorities identified through a range of data sources and the information gathered in the co-design process.

[9] Department of Health Primary Health Networks Grant Programme Guidelines, February 2016

Attending to needs that address whole-of-person care

Whole-of-person care recognises that:

- Consumers and families will need different levels of care and different treatment responses at different times in their recovery experience.
- Consumers and families have needs in addition to issues relating to AOD use, and treatment outcomes may be improved when access to interventions with regard to other related needs are provided. These needs include physical health needs and engagement with GPs and other primary health providers.
- Not all consumers and families are alike. Specific diverse, marginalised or vulnerable population groups including youth and older people may require additional or alternative interventions to the mainstream treatment system. Considerations of intersectionality are particularly important.
- Recognition that access to peer workers, including family peer workers, provides an important and additional point of connection to professional treatment support. Health and community services that are not well integrated can create barriers to accessing appropriate treatment.
- Stigma is an ongoing issue that needs to be addressed and accounted for in all interventions, services and systemic changes.

Services, programs and innovations that address whole-of-person care:

- are responsive, not prescriptive;
- recognise different experiences, needs and goals of consumers over time;
- provide innovative responses to meeting whole-of-person needs to compliment AOD goals;
- develop relationships in AOD, primary and other health networks and community networks, promoting sustainability over time;
- address complex, diverse and marginalised consumer groups; and
- address the needs of families as part of consumer care and in their own right.

Figure 4 provides an overview of the key service priorities.

Figure 4: Key service priorities

Improve integration and access to treatment

Improving integration and access recognises the need to:

- Ensure that consumers and their families have a clear understanding of the services and pathways through the system that are available to them.
- Ensure that AOD intake and assessment services are adequately informed and kept up-to-date with relevant information needed to appropriately support consumers to access appropriate services and navigate the AOD system including Commonwealth funded services.
- Ensure that primary health providers, other health services and community health services are adequately informed of services, treatment options and pathways.
- Ensure sustainable relationships and systems are developed to ensure that relationships built with services outside of the AOD sector are maintained regardless of individual relationships and staff turnover (e.g. policies and procedures).
- Recognise that access to service is not equal for all consumers and potential consumers. Diversity, marginalisation, vulnerability and stigma may all create barriers to service access. Intersectionality describes the interplay between any kinds of discrimination, whether it's based on age, gender or sexual identity, race, class, socioeconomic status, physical or mental ability, religion, or ethnicity and may compound these barriers. The need to consider opportunities to improve access is paramount.
- Develop working relationships such as shared care and co-case management, as this improves both system integration and quality and experience of care for the consumer and their family.

Services, programs and innovations that address integration and access to treatment:

- Improve access to services for complex, diverse and marginalised groups including by addressing stigma.
- Develop and improve relationships among services by establishing procedures for information sharing, co-working, co-location and integration.
- Develop communication strategies to ensure service and system information is accessible and up-to-date for consumers, families, other related services and key professionals.
- Develop strategies in service delivery that target consumers with barriers to access.
- Include consumer, family and community consultation in the development of services, programs and innovations.

Responding to the specific needs of families and carers

Addressing the needs of families and carers recognises that:

- Involvement of families and carers can improve consumer outcomes and there should be mechanisms to include them across the AOD system.
- Families have needs in their own right and want to be able to access services and information regardless of whether their loved one is currently engaged in treatment.
- Families and carers need information to support their family member to navigate the AOD and health service systems.
- Like consumers, families and carers are diverse and may come from marginalised population groups. Services need to be responsive to this.
- Children and young people involved with consumers need to be recognised, as they are a particularly vulnerable and often overlooked population group.
- Substance use and family violence are often co-occurring issues and AOD services have a responsibility to be aware of and responsive to this issue.

Services, programs and innovations that address the needs of families and carers:

- Provide information on services and system navigation for families.
- Support families who have a family member currently involved in treatment.
- Support families in their own right – where the person using drugs is not currently involved in treatment.
- Are able to support parents of children and young people experiencing issues around substance use.
- Consider support for families including children and young people where there are issues around substance use and family violence.

Workforce development

The AOD sector includes a diverse workforce including a peer workforce. In working towards meeting the needs of the whole-of-person and diversity needs of consumers, creating a more integrated system and working with other relevant health and community groups, staff need to be competent and capable of understanding and delivering best-practice and evidence-based service.

Workforce development refers not only to training and professional development but also stresses the importance of implementation and long-term sustainability. Opportunities to disseminate knowledge and skills throughout the sector through co-case management, partnerships, reciprocal learning arrangements, networking and leadership groups need to be considered.

Workforce development holds the consumer needs at the focus but is also interested in increasing workforce retention and developing satisfying and rewarding opportunities for staff that are acknowledged as valuable to the individual and to the sector.

Valuing the input of consumers, peers and families

In addition to the findings of the co-design process, the Victorian Alcohol and Drug Treatment Principles also recognises the inherent value in involving consumers, peers and family members in the design, implementation and review of new services. Consumers, peers and family members should be meaningfully involved across the spectrum of service development and provision, including through consultation, evaluation and feedback processes.

Evaluation and outcome monitoring

Program evaluation and monitoring of consumer and operational outcomes is an essential component of service provision. Understanding whether a program or service is effective is important to ensure the consumer is receiving the best possible care, to identify workforce strengths and gaps and to establish effective programs and services.

The EMPHN's main objectives are:

- **Health outcomes** for consumers: improved quality of life, improved consumer pathways.
- **Consumer experience:** satisfaction and improvement in wellbeing and integrated care.
- **Practitioner experience:** capability, feedback (satisfaction).
- **System efficiency:** demand management, access, response times, sustainability, referrals from stakeholder and sector groups and integrated care.

EMPHN and the Victorian state-funded AOD system: working together

The relationship between EMPHN commissioned services and the State-funded AOD service system

The State funded AOD service system delivers the majority of AOD services in Victoria. The role of EMPHN is to understand the opportunities to enhance this service delivery and in particular to address the priority needs and identified gaps in the EMPHN catchment area and to improve service co-ordination and integration.

Figure *5* demonstrates the relationship between the service opportunities that have been identified and the Victorian funded AOD system, which provides the majority of AOD service in the State and in EMPHN. It describes the key priorities that emerged through the co-design process and opportunities for the EMPHN to support services to address gaps and priorities and to improve coordination and integration.

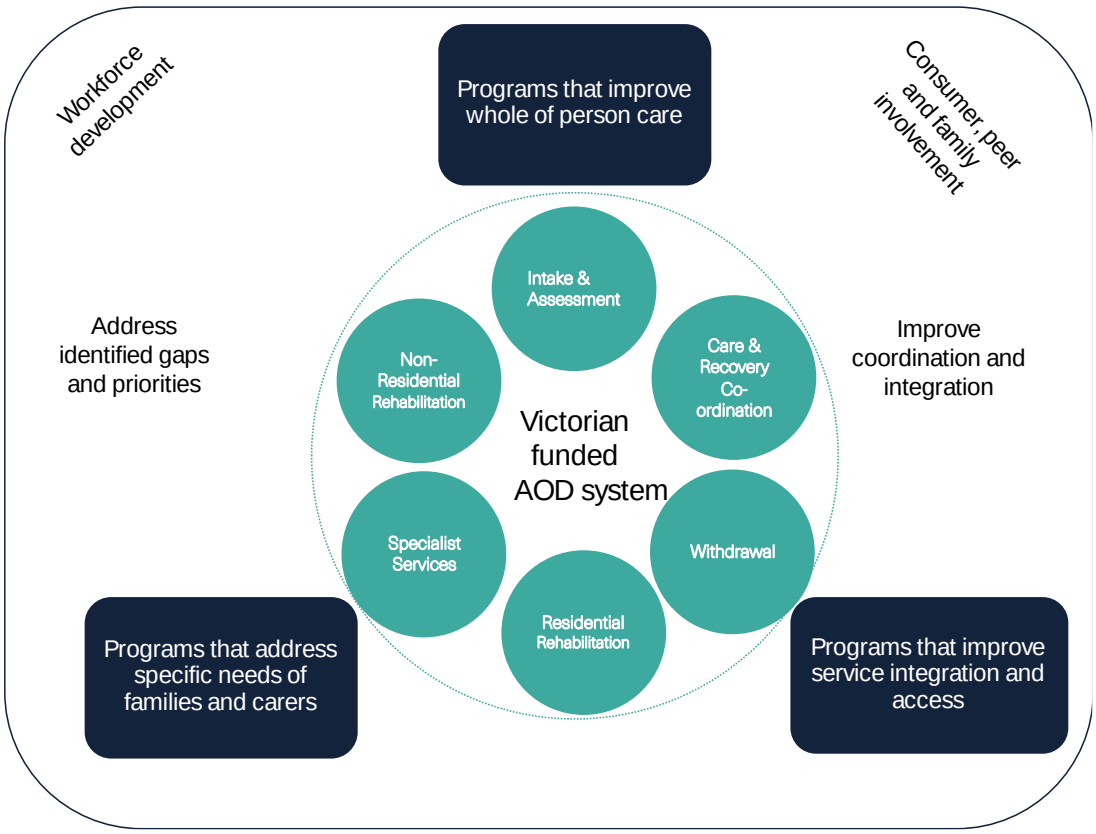

Figure 5: Systems integration and relationship between Victorian and Australian Government funded services

Appendix 1: Findings from the EMPHN co-design workshops

Gaps and barriers identified during initial 'gaps and barriers' workshop

Six main areas relating to gaps and barriers were identified during the workshop. These are summarised in Figure 6.

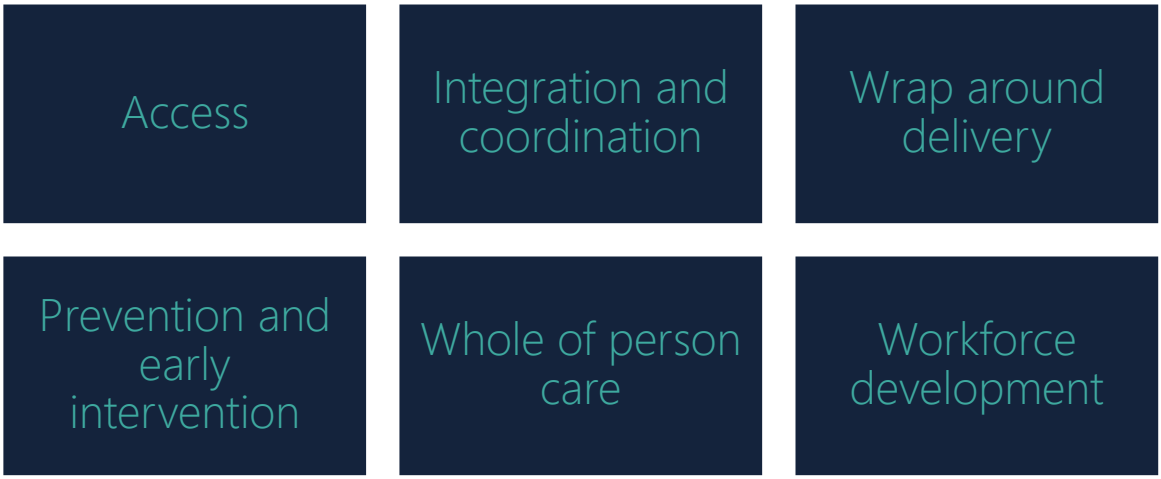

Figure 6 Key gaps and barriers identified during co-design workshop

Access

Ability of services to respond effectively to diversity and recognition of intersectionality – consumers can experience multiple issues that increase vulnerability and reduce their ability to access services that meet their needs.

Services need to be more responsive in modalities of care. Centre-based treatment can be a barrier for consumers (e.g. single parents, people with disabilities, young people, consumers with transport or financial limitations).

Aboriginal communities – the capacity of services to effectively engage and respond to the unique needs of Aboriginal consumers.

CALD communities – ability of services to respond effectively to these consumers. Barriers may include immigration status, language, capacity to access culturally respectful and appropriate treatment, trauma.

Integration and coordination
Consumers that have multiple needs require services to work cohesively together to meet the needs of complex consumer presentations.

Wrap around delivery
There is a gap in systems that support the utilisation of intentional stepped care processes to reduce the "cookie-cutter", one size fits all approach to treatment.

Prevention and early intervention
Opportunities are missed to engage people before they require more intensive service**.** Need to reduce burden on existing AOD and other health services**.** Need to look for opportunities to disseminate current evidence-based knowledge and brief intervention practices either before individuals become AOD service uses, to engage those who are pre-contemplative or contemplative or resist engaging with AOD services due to stigma.

Whole-of-person care
Although some improvements in family/carer engagement, services remain largely individually focused. Gaps exist in adequately involving families, and connecting consumers to social and community networks, and meeting other allied needs like training and employment. Potential responses: Responses that enhance the capacity of consumers to manage their AOD issues by enhancing lifestyle.

Workforce development
Workforce retention is difficult as is ensuring adequate training, experience and expertise**.** System and services limited in recognising the unique needs of the peer workforce. Potential responses: Systematic initiatives to improve the capacity of the workforce.

Other themes (out of scope)
Funding was a theme that emerged. Initiatives to address systematic funding shortfalls or distribution are beyond the scope of this work, it is included here for completeness. Key areas of concern were:

- The system is chronically underfunded and cannot meet demand across the board
- The allocation of funding through episodes rather than outcomes is a barrier to best practice
- Programs are funded on a short-term basis resulting is uncertainty and high turnover of workers.

Agreed key priority areas from the priority refinement workshop

Whole-of-person care
Whole-of-person care recognises that:

- Consumers and families will need different levels of care and different treatment responses at different times in their recovery experience.

- Consumers and families have needs in addition to issues relating to AOD use and treatment outcomes may be improved when access to interventions with regard to other related needs are provided.
- That not all consumers and families are alike. Specific diverse, marginalised or vulnerable population groups may require additional or alternative interventions to the mainstream treatment system. Considerations of intersectionality are particularly important.
- The importance of access to peer workers including family peer workers provide an additional point of connection to professional treatment supports.
- Siloed and poorly integrated health and community services can create barriers to accessing appropriate treatment.
- Stigma is an ongoing issue that needs to be addressed and accounted for in all interventions, services and systemic changes.

Integration and access

Integration and access recognises the need to ensure that:

- Consumers and their families have a clear understanding of the services and pathways through the system that are available to them.
- AOD intake and assessment services are adequately informed and kept up-to-date with relevant information to appropriately support consumers to access appropriate services and navigate the AOD system.
- Primary health providers, other health services and community health services are adequately informed of services, treatment options and pathways.
- Sustainable systems are developed to ensure that relationships built with services outside of the AOD sector are maintained regardless of individual relationships and staff turnover (eg. policies and procedures).
- Recognise that access to service is not equal for all consumers and potential consumers. Diversity, marginalisation, vulnerability and stigma may all create barriers to service access. Intersectionality may compound these barriers. The need to consider opportunities to improve access is paramount.
- Developing working relationships such as shared care and co-case management improve both system integration and quality and experience of care for the consumer and their family.

Families and carers

In improving responsiveness to families and carers, services need to consider:

- Families and carers have particular support needs that are not uniformly met in the wider AOD treatment sector. Some services offer specialist treatment for families and others do not.
- Families and carers, like consumers will have different treatment needs at different times

- Families and carers can struggle to access service if they are not involved with a person currently in the AOD treatment system
- The needs of children and young people (and young carers) are often overlooked in mainstream treatment
- Families and carers are sometimes the first to make contact with a treatment service and often remain as supports long after treatment has ceased or when treatment is interrupted (by a relapse for example)
- Efforts to reconnect service users to their families (particularly young people who are homeless or at risk of becoming homeless) can improve treatment outcomes
- Family violence is an emerging issue of focus for the AOD sector and awareness of appropriate treatment pathways is essential

Workforce development

The AOD sector includes a diverse workforce including a peer workforce and an even more diverse consumer group. In working towards meeting the needs of the whole-of-person and diversity needs of consumers, creating a more integrated system and working with other relevant health and community groups, staff need to be competent and capable of understanding and delivering best-practice and evidence-based service.

Workforce development refers not only to training and professional development but is interested in implementation and long-term sustainability. Opportunities to disseminate knowledge and skills throughout the sector through co-case management, partnerships, reciprocal learning arrangements, networking and leadership groups need to be considered.

Workforce development holds the consumer needs at the focus but is also interested in increasing workforce retention and developing satisfying and rewarding opportunities for staff that are acknowledged as valuable to the individual and to the sector.

Consumer, peer work and families

Across all three priority areas it was emphasised that consumer, peer workforce and family members be included in consultation, evaluation and feedback processes.