Metro South Addiction and Mental Health Services

Clinical Service Plan

Addiction Services Academic Clinical Unit
Addiction Services

The misuse of alcohol and other drugs has profound impacts on the lives of many Queenslanders. Substance use can damage people's health and wellbeing, destroy families, and lead to crime, lost productivity and reduced life opportunities.

The Addiction Services Academic Clinical Unit (ACU) strives to achieve a specialist service, within a Harm Minimisation policy with a No Wrong Door philosophy, where individuals directly or indirectly affected by their own or another's alcohol and/or drug use, can access a comprehensive alcohol and drug assessment and a range of specialist interventions from the Addiction Services ACU.

Our plan

This clinical service plan has been written to outline the services provided by the Addiction Services ACU in Metro South for individuals, carers, families and the general community.

Our vision

To build safe and healthy communities by taking action to minimise the health, social and economic harms caused by alcohol, tobacco and other drugs.

Our mission

To provide the Metro South Hospital and Health Service community with a specialist and comprehensive service across the continuum of alcohol and other drug assessment, intervention and community support.
Our strategic objectives for 2014-2017

The Addiction Services ACU has identified the following key strategic objectives to achieve in the next three years. These support Metro South Addiction and Mental Health Services’ four strategic priorities.

1. Better outcomes for consumers, families, carers and the community
   - Ensure the provision of services are: timely, equitable, accessible and appropriate

2. A partnership approach - linking and engaging with our community
   - Services are delivered through collaboration, consultation and integration

3. Accountability and confidence in our health system
   - Ensuring clinical care is supported by an organisational framework that is based accountable corporate and clinical governance

4. Excellence in clinical care, education and research
   - Support an organisational culture that promotes integrated care through research and education for evidence best practice care

Addiction Services Academic Clinical Unit

Strategic Objectives 2014-2017

<table>
<thead>
<tr>
<th>Strategic objectives</th>
<th>Key strategies</th>
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</table>
| 1. Ensure consistency of service delivery across three clinical teams | - Clinical Redesign has commenced and will be implemented in a staged approach across the next 12 months  
- Ongoing evaluation |
| 2. Improve access for clients to a range of treatment interventions | - Development and refinement of Addiction Services ACU’s core business  
- Implementation of a suite of evidenced based interventions across the service  
- Development of current outreach and shared care models of care  
- Establishment and development of the Addiction Services ACU’s Liaison team  
- Partnership and engagement with a range of key partners across public, private and the NGO sectors |
3. Improvement of health outcomes for clients

- Implementation of standardised individual treatment planning, case review, and outcome measurement
- Implementation and ongoing evaluation of the Australian Outcome Treatment Profile (OTP) tool.

**Key identified risks**

- It is recognised that services need to utilise our current resources more efficiently and effectively that will refer to appropriate health service planning methodology due to the financial limitations and lack of expansion of service delivery.

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**Our service delivery**

A range of services are provided across three community clinical teams located within the Metro South Health and Hospital Service locality area including:

- Bayside
- Inala
- Logan.

Each of the clinical teams will provide:

- Counselling/psychosocial interventions
- Opiate treatment
- Other pharmacotherapies and medical interventions for other substances
- Consultation liaison
- Outpatient detoxification
- Needle and syringe programs
- Information and education
- Group programs
- Indigenous interventions and programs.

The clinical teams will be also develop a range of outreach and shared care options, to ensure enhanced client accessibility. In addition, there are the specific teams within the Addiction Services ACU that will provide services to all sites.

These include:

- Alcohol and Drug Homeless Outreach Team
- Prevention and Health Promotion Team
- Consultation and Liaison Team.
**Alcohol and Drug Homeless Outreach**

The Alcohol and Drug Homeless Outreach Team operate as a specialist team within the Addiction Services ACU, and specifically provide services to homeless clients within five kilometres of the Brisbane CBD, consistent with the Homeless Health Outreach Team at the Royal Brisbane Women’s Hospital.

This team provides intensive outreach support and interventions to primary homeless people. These interventions will be provided through a consultative/liaison framework for community and government agencies to seek specialist advice on alcohol and/or drug interventions.

The team works within an outreach model, which includes:

- Education and training for community and government agencies
- Activities focussing on health promotion
- Specialist advice on alcohol and drug interventions
- Client case management
- Advocacy to enhance access primary health care services.

**Prevention and Health Promotion Team**

The Addiction Services ACU's Preventative Team provides a range of early intervention services and programs which aim to prevent the misuse of alcohol and other drug problems.

This team focuses on measures that stop or delay the uptake of drug use and protect against progression to more frequent or regular use amongst at risk populations.

Key areas of focus include:

- Strengthening community action through partnerships and capacity building
- Supporting state-wide social marketing
- Promoting healthy policy and legislation
- Developing personal skills (of the population/community)
- Creating supportive physical and social environments
- Raising awareness
- Advocating for alcohol, tobacco and other drug prevention.

The team provides a wide range of consultancy and training services, as well as working in partnership with other Department of Health units, government services and community organisations.

Priorities for the Addiction Services ACU’s Preventative Team include:

- Stopping or delaying the uptake of alcohol, tobacco or other drugs
- Protecting the healthy development of children and young people
- Reducing harm associated with drug use.
Working with:
- Young people 16-29 years of age
- Aboriginal and Torres Strait Islander people
- Culturally and linguistically diverse communities
- Socially and economically disadvantaged and vulnerable groups.

Within key settings of:
- Communities – community groups and events
- Educational setting – secondary schools, universities, TAFE
- Venues – Licensed premises and the surrounding environment
- Workplaces and organisations
- Social, cultural or sporting groups.

Consultation and Liaison Team
The Consultation and Liaison Team is under development and will provide advice and information to health professionals, community organisations and other groups who come in contact with alcohol and drug issues and concerns.

The key focus of this team will be to provide specialist advice and information to a range of professionals and organisations to enable clients to be managed in a range of settings.

Specific programs run in the Addiction Services ACU

Opioid Treatment Program
Opioid maintenance treatment aims to decrease the risks associated with drug use for the individual and the community at large. It is a specific treatment modality for people with problems related to dependence on opioids, in particular heroin or other opiates.

Entry into opioid treatment programs allows people to receive appropriate other treatment and help, so that if they subsequently wish to withdraw from their opioid treatment program, they have a realistic chance of maintaining abstinence.

The service is free, except for the supply of medication, and confidential.

Services include:
- Methadone and Buprenorphine treatment
- transfer from Methadone treatment to Buprenorphine treatment
- stabilisation
- maintenance
- reduction and withdrawal.
Needle and Syringe Programs (NSP)

The provision of injecting equipment, brief intervention and access to treatment services for the intravenous drug using population. Information and resources are also available to the community in relation to safe disposal of needles and syringes and the prevention of the spread of blood borne infections.

There are seven NSP locations (three primary and four secondary) within the Metro South Health Service situated at:

- **Primary**
  - Logan Central Community Health Centre
  - Redlands Health Service Centre
  - Inala Community Health Centre

- **Secondary:**
  - Beenleigh Community Health Centre
  - Browns Plains Community Health Centre
  - Beaudesert Hospital
  - Wynnum Health Service

- **Vending Machines**
  - Redland Health Service Centre
  - Inala Community Health Centre
  - Wynnum Health Service.

Diversion programs

The Addiction Services ACU provides the following drug diversion initiatives, at present:

**Drug Court Program**

The Queensland Drug Court program diverts offenders who are dependent on illicit drugs into treatment rather than into the traditional criminal justice system.

The Drug Court involves a whole of government response and subsequent intervention strategies, with the Department of Justice and Attorney General as lead agent for coordinating the various stakeholders.

This is funded by the State Government and is a form of court diversion with special courts established to hear these matters.

The Drug Court Program within Metro South is based at the Logan-Beaudesert Addiction Services clinic. In addition there is a funded position to provide outpatient services based at the Inala Addiction Service clinic.

This initiative is ceasing as of the 30 June 2013 with alternative options being considered by the Department of Justice and Attorney General.

Funding for the Addiction Services ACU positions is ongoing and recurrent and a future Court Program is under development for referrals received within Metro South.
Queensland Illicit Drug Diversion Initiative (QIDDI)
The Queensland Illicit Drug Diversion Initiative (QIDDI) is a joint initiative of the Commonwealth and Queensland Governments which aims to divert offenders with drug problems into assessment, education and treatment programs.
This is funded by the Commonwealth under the COAG Illicit Drug Diversion Initiative and includes:
- The Police Diversion Program for minor cannabis offences
- The Illicit Drugs Court Diversion Program.

In the Metro South Hospital and Health Service, this program is currently offered through the Inala Addiction Services at Inala and Mt Gravatt. In addition, the Princess Alexandra Hospital Alcohol and Drug Unit (ADAU) receive funding to offer this program to those individuals referred in the nearby catchment area.

Summary of service provision
The Addiction Services ACU comprises of a multidisciplinary team\(^1\) of skilled professionals.

<table>
<thead>
<tr>
<th>Programs offered</th>
<th>Logan</th>
<th>Bayside</th>
<th>Inala</th>
<th>Liaison</th>
<th>Preventative Team</th>
<th>ADHOT</th>
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<tbody>
<tr>
<td>Outpatient detoxification</td>
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<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Opioid Treatment Program (OTP)</td>
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<td>✓</td>
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<td></td>
</tr>
<tr>
<td>Community Alcohol and Drug Services – Counselling</td>
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<td></td>
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<tr>
<td>Needle and Syringe Program (NSP)</td>
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<td>✓</td>
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<td></td>
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<tr>
<td>Shared care and outreach</td>
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<tr>
<td>Indigenous outreach services</td>
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<tr>
<td>Homeless outreach service</td>
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<td>✓</td>
</tr>
<tr>
<td>Health promotion and prevention and training</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Consultation and liaison</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>Queensland Illicit Drug Diversion Initiative</td>
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<tr>
<td>Court</td>
<td>✓</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Community Involvement</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
</tbody>
</table>

\(^1\) For more information about our staff in the Addiction and Mental Health Services please refer to the link provided; [www.health.qld.gov.au/metrosouthmentalhealth/consumer/our-staff.asp#consultant](http://www.health.qld.gov.au/metrosouthmentalhealth/consumer/our-staff.asp#consultant)
Our service partners

Metro South Addiction and Mental Health Services acknowledge that effective clinician engagement and successful partnerships are essential for high quality consumer care.

A clinician engagement strategy has been developed that explores models addressing how to improve integration and coordination across all health care settings and types between government agencies, non-government and private organisations.

The Addiction Services ACU has a **commitment** to ensuring that clinicians actively consider all our key partners, both internal and external who assist in ensuring better health outcomes for an individual experiencing alcohol and drug issues.

The Addiction ACU has collaborative partnerships with the following organisations:

- General Practitioners
- Medicare Locals
- Emergency Services
- Other government services
- Non-government organisations
- Private sector
- Other Health and Hospital Services (HHSs)
- Diamantina Health Partners.

Client journey - Navigating our service

The Addiction Services ACU incorporates recovery principles into service delivery, culture and practice providing clients, carers and families with access and referral to a range of programs that will support sustainable recovery. Typically the patient care system would look like the following diagram:
Access to the Addiction Services ACU

Addiction Services ACU services are accessible through contact with the individual clinical teams:

- Bayside:  (07) 3825 6060
- Inala:     (07) 3275 5300
- Logan:    (07) 3290 8923

In addition, clients may contact the 24-hour Alcohol and Drug telephone information service (07 3837 5989) staffed by a multidisciplinary team of professionals who will provide confidential telephone counselling, information and referral for people with concerns about their own or someone else’s alcohol and/or own drug use.

Referrals

Individuals can self refer to the Addiction Services ACU by phone or in person, or can be referred from other ACUs, services or agencies.

Triage

On referral an intake form will be completed to gather personal demographics and relevant clinical information. This information will be discussed at a multidisciplinary team meeting on the next business day and will be allocated to an Addiction Service ACU clinician to follow up. Urgency is assessed at the time of referral.

Care provided (also known as Individual Treatment Plans)

Individual Treatment Plans form a crucial component of effective treatment service provision. Good service involves a thorough assessment, including a collaborative determination with the client of the most effective care plan.

This will include:

- consideration of the type of treatment to be provided (for example withdrawal, substitution pharmacotherapies, counselling, or a combination of treatment types)
- the nature of the goals that the client may wish to achieve
- the timelines or length of treatment, and a review component.

Care planning is the cornerstone of effective intervention and is a part of reflective and evidence based practice. The use of Individual Treatment Plans enable effective care planning. Clinicians usually have a plan in their heads, and an Individual Treatment Plan is a way of documenting and formalising that plan in conjunction with the client.

An Individual Treatment Plan should be completed after the comprehensive assessment and in the first session with a client, although in some instances, it may be completed during the assessment process. It can be an ongoing, staged process with new goals or new actions arising throughout the course of the intervention.

The Individual Treatment Plan documentation is up-dated and reviewed in subsequent contacts. The most important components of an Individual Treatment Plan are the formulation of the problem and the specification of treatment goals.
Key therapeutic Interventions

Our Addiction Services ACU references established international clinical guidelines and protocols to ensure that care is based on contemporary scientific evidence. This is aimed to reduce variation in practice.

Interventions for the treatment of alcohol and drug presentations in adults fall into three (3) main categories:

- Biological/pharmacological therapies (medications)
- Psychological therapies
- Social therapies.

<table>
<thead>
<tr>
<th>Biological</th>
<th>Psychological</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pharmacotherapy</strong></td>
<td>✓ Brief interventions</td>
<td>✓ Relationships</td>
</tr>
<tr>
<td>✓ Opiate Replacement Therapies</td>
<td>✓ Psycho-education</td>
<td>✓ Employment</td>
</tr>
<tr>
<td>✓ Nicotine Replacement Therapies</td>
<td>✓ Motivational interviewing</td>
<td>✓ Budgeting</td>
</tr>
<tr>
<td>✓ Alcohol Anticraving medications</td>
<td>✓ Cognitive behavioural therapies</td>
<td>✓ Life skills</td>
</tr>
<tr>
<td>✓ Nicotine Anticraving medications</td>
<td>✓ Solution focused</td>
<td>✓ Housing</td>
</tr>
<tr>
<td>✓ Antipsychotics medications</td>
<td>✓ Anxiety and stress management</td>
<td>✓ Advocacy</td>
</tr>
<tr>
<td>✓ Antidepressants medications</td>
<td>✓ Grief and loss</td>
<td>✓ Legal</td>
</tr>
<tr>
<td>✓ Anti-anxiety medications</td>
<td>✓ Sleep hygiene</td>
<td>✓ Referrals</td>
</tr>
</tbody>
</table>

**Detoxifications**

- ✓ Medicated
- ✓ Symptomatic

Medical investigations for possible other factors.

The following list identifies the most common conditions managed by the Addiction Services ACU:

- Substance use disorder
- Alcohol use
- Drug use
- Tobacco use
- Co-occurring alcohol and drug and mental health disorders.
The duration of therapy provided will be determined by the intervention type. There are four (4) main types of intervention types:

1. **Counselling / psychosocial interventions** – maximum of six sessions with a possibility of further six sessions after a clinical review is conducted. The clinical review will involve the reapplication of the ATOP outcome tool at session five, and a rationale as to how ongoing intervention will assist the client and their goals.

2. **Opiate Treatment Program** - Written instructions produced in relation to the need of the client, with clients scripted only until their next review appointment. Stable clients will be reviewed on a three monthly basis; all clinical reviews will be with either a Medical Officer and/or assigned clinician.

3. **Detoxification** – as per protocols for detoxification for each substance

4. **Replacement therapies** – as per protocols for each medication.

### Ongoing care and review of individual treatment plans

Review of the individual treatment plan ensures all relevant clinical information, client’s progress, the outcome of relevant assessments/measures and review of the clinical outcomes data to monitor and measure the person’s progress is evaluated against treatment interventions provided.

Ongoing care in the Addiction Services ACU will involve the collaborative development of an individual treatment plan between the client, carer (as appropriate) and representative from the multidisciplinary team. This plan will be reviewed, at a minimum, after an individual has attended five counselling sessions or attends for review for stable OTP clients (and more often if required). The review will involve presentation at a team case review meeting.

### Transition of care

On completion of the initial assessment, recommendations for ongoing care arrangements will be provided, this may include:

- Contribution of multidisciplinary team members
- Co-management and/or referral to another ACU or Metro South HHS service (e.g. persistent pain, chronic disease)
- General Practitioner care coordination
- Referral to specialist non-government support services
- Referral to specialist community support services
- Other identified course of action.

On completion of treatment goals the clients care will be closed or handed over to their primary care providers and/or other providers depending on the client’s needs and choice. Transition from the Addiction Academic Clinical Unit is a process which ensures that key elements identified at assessment, inclusive of illness and co-morbidity, support services and client capacity, are addressed at time of transition.

The Addiction Services ACU will advise of the appropriate community supports and facilitate care transition and referrals to other support services, as appropriate.
Re-Entry

It is recognised that alcohol and drug issues can be episodic, chronic in nature and that clients may require re-referral for further assessment and treatment, given the high rates of relapse. All clients, including those who have received comprehensive care from the Addiction Services ACU over a period of time, will be provided with a reassessment or review of care as needed.

Measuring our performance

Measurement of client outcomes

All health information about an individual is to be retained in our electronic medical record system called ERIC. Client demographic details are also recorded in ATODS-IS and CHIMS to provide National Minimum Data and appointment scheduling, respectively.

The Addiction Services ACU utilises Australian Outcome Treatments Profile (ATOP) tool. Clinicians use the tool with clients who are entering or currently undergoing a drug and alcohol treatment service episode. The ATOP contains a series of simple questions, asked by the clinician and answered by the client as a way of measuring treatment outcomes.

Clinicians use the ATOP tool to engage clients in an assessment of behaviours in two general domains in the preceding four weeks:

1. Substance use (including injecting behaviours).
2. Health and wellbeing measures (including physical, psychological, social and quality of life outcomes).

In addition, clinicians may utilise a variety of assessment and care planning tools to assist in the care planning for clients on a case by case basis. These may include (but are not limited to):

- Outcome Star
- K10
- DASS
- GHQ
- AUDIT
- DAST
- SDS.

Expected outcomes for clients of the Addiction Services ACU

The goal of the Addiction Services ACU is to utilise interventions based on evidence based strategies and work in a recovery oriented paradigm so that we demonstrate positive outcomes for our community. All interventions can be described in terms of one or more of the above treatment goals.
It is expected that an individual, carer or family member will benefit from the service provided in the following ways:

1. **Increased client engagement and satisfaction**
   One of the primary goals of an intervention is to ensure that the client is engaged in treatment, and that a good therapeutic relationship is established. Examples of indicators include:
   - attendance at appointments
   - satisfaction with service delivery
   - re-engagement after a relapse.

2. **Reduced substance use**
   For most clients, a change in substance use is clearly an important goal of drug treatment services. However, for some individuals the actual amount of substance use may not change, but they may become more aware of the negative consequences of use. Examples of indicators for this goal include:
   - acknowledgement of the need for change
   - improved knowledge of harmful effects
   - knowledge of relapse prevention strategies
   - skills for relapse prevention have been applied
   - re-engagement after relapse
   - changed behaviour, including reductions in the number of drug-free days, reduction in usage, reduction in number of drugs used, or maintenance of reduced drug use.

3. **Reduced high risk behaviour**
   For most clients, reducing high-risk behaviour is an important goal of treatment services – minimising the harm to the individual and the community. Examples include:
   - increased knowledge of risk behaviours
   - increased ability to assess risks
   - safe practices increased
   - reduced attempts at self-harm.

4. **Improved physical health**
   Improving the physical wellbeing of our clients can be an important goal. This may include:
   - acknowledgement of the effects of drug use on health
   - increased knowledge of physical health
   - improved self-care
   - positive changes in health status
   - successful engagement with health services
   - increased knowledge of available health services.
5. Improved social functioning

Social functioning includes areas such as:

- daily living requirements (accommodation, food, financial support, clothing, meaningful daily activity, employability)
- communication and conflict resolution skills
- problem-solving, planning and self-advocacy skills
- reduced need for criminal activity
- acknowledgement of need to meet legal requirements
- development of positive social and family networks
- improved parenting knowledge and practices (where there are dependent children).

6. Improved emotional and psychological well being

Whilst it would be typical for a counselling episode of care to concern itself with emotional and psychological wellbeing, other service types such as withdrawal and outreach, can also aim towards changes in this area where appropriate and identified by the client.

Examples include:

- identification of problematic emotional states contributing to substance use (e.g. anxiety, depression, anger, boredom, self-esteem, locus of control)
- acknowledgement by client of need to address these issues
- specific interventions aimed at altering emotional and psychological wellbeing.

Mandatory key performance indicators

The Addiction Services ACU's organisational performance is measured against the mental health and alcohol and drug key performance indicators which measures across select domains to ensure care delivery is effective, appropriate, efficient, accessible, timely, safe and sustainable. These are mandatory key performance indicators which is the responsibility of Metro South to report against as a whole system.