

## ACT Health Directorate Response to:

### *Review of the need to expand drug and alcohol rehabilitation services*

#### *in the ACT, 2012*

In 2011, the ACT Government undertook to complete a review of the need to expand drug and alcohol rehabilitation services. Health Directorate commissioned the Review and engaged two consultants, Dr Rod MacQueen and Mr Andrew Biven, with a background and expertise in drug and alcohol rehabilitation services, to work on the Review, which was completed in March 2012.

The *Review of the need to expand drug and alcohol rehabilitation services in the ACT, 2012* makes an important contribution to the ongoing work of maintaining and improving the quality of Alcohol, Tobacco and Other Drug Support Services in the ACT. The Review examines a range of evidence. This includes:

- evidence on the need for drug rehabilitation services in the ACT;
- international and local evidence of what contributes to good outcomes from drug rehabilitation services;
- consumer input on drug rehabilitation services in the ACT; and
- data on current drug rehabilitation service provision and usage patterns.

The Review finds that there is a high level of cooperation and communication between Alcohol, Tobacco and Other Drug Support Services in the ACT and that planning is well underway towards a number of services extending their criteria for access to their services to allow greater flexibility in program delivery.

Nonetheless, the Review finds that there are service gaps, including gaps in access to non-residential rehabilitation programs, and gaps in access to rehabilitation programs for those who are on Opioid Maintenance Therapy and for those with special needs.

The Review makes nine key recommendations, including strengthening and improving:

- access to a range of Alcohol, Tobacco and Other Drug Support Services;
- access to primary care for those with alcohol, tobacco and other drug problems;
- consumer, carer and family member participation in service planning;
- the delivery of culturally competent and secure services to Aboriginal and Torres Strait Islander peoples with alcohol, tobacco and other drug problems; and
- intake, transition, and aftercare support for those entering and leaving Alcohol, Tobacco and Other Drug Support Services.

As detailed in the table below, Health Directorate agrees to three of the recommendations, and notes six of the recommendations. Health Directorate commits to continuing to work with Alcohol, Tobacco and Other Drug Support Services in the ACT to promote quality enhancement in service delivery.

RECOMMENDATIONS	ACT HEALTH DIRECTORATE RESPONSE
<p>1. Improve access to a range of alcohol, tobacco and other drug treatment and support services (ATODTSS) and improve treatment outcomes for clients by:</p>	<p>Noted</p>
<ul style="list-style-type: none"> <li>• providing referrers, prospective clients and family members/ friends of those with alcohol, tobacco and other drug (ATOD) problems, with more detailed information about the eligibility criteria, structure and content of programs and expectations of those who participate in programs</li> </ul>	<p>Continuing to improve the level and type of information about treatment programs provided to referrers, prospective clients and family members/ friends of those with alcohol, tobacco and other drug (ATOD) problems is considered by the Health Directorate to be core business for rehabilitation services.</p>
<ul style="list-style-type: none"> <li>• considering opportunities for joint initiatives between services and with external partners in order to offer a greater range of rehabilitation program options, reduce barriers to access and achieve greater efficiencies including the provision of: <ul style="list-style-type: none"> <li>○ day programs</li> <li>○ out of regular business hours (e.g. evenings, weekends) programs,</li> </ul> </li> </ul>	<p>A number of the rehabilitation services have already expressed interest in jointly piloting a day program within their existing resources.</p> <p>This requires further consideration within a budgetary context as resources would be required on a one-off basis to assist services to undertake joint planning, implementation and an evaluation in conjunction with relevant experts who have implemented such programs elsewhere and those with skills in research and service evaluations.</p>
<ul style="list-style-type: none"> <li>○ programs which accommodate both those on Opioid Maintenance Treatment (OMT) and those wishing to reduce off OMT</li> </ul>	<p>Karralika Programs Inc and Canberra Recovery Services, Salvation Army in partnership with Alcohol and Drug Services, Health Directorate (ADS) established a working group in late 2011 to progress planning for a pilot program that could enable those on OMT to be admitted to the two residential rehabilitation services. Karralika Programs Inc has secured funding from the Department of Health and Ageing to open access to their residential rehabilitation program to those on OMT.</p>
<ul style="list-style-type: none"> <li>○ smoking reduction and cessation programs for staff and clients</li> </ul>	<p>Rehabilitation services need to continue to improve access to smoking cessation and reduction programs for clients and staff and enhance related workplace policies and procedures. The Health Directorate considers the provision of smoking cessation and reduction support core business for ATODTSS.</p> <p>This requires further consideration within a budgetary context as resources would be required on a one-off basis for the Alcohol, Tobacco and Other Drug Association ACT (ATODA) to provide support to services following the successful completion of the Workplace Tobacco Management Project last year, particularly those services who did not participate in the project. This could include staff and clients of</p>

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	the SOLARIS rehabilitation program in the Alexander Maconochie Centre (AMC).
<ul style="list-style-type: none"> <li>○ sporting activities, vocational education and employment</li> </ul>	<p>Rehabilitation services are encouraged by the Health Directorate to establish relevant strategic partnerships and thereby enhance recreational, vocational, educational and employment components of all day, out of regular business hours (e.g. evenings, weekends), residential and aftercare programs.</p>
<ul style="list-style-type: none"> <li>● tailoring programs to address the special needs to target populations such as people with ATOD related disabilities, people affected by criminal activity and disadvantage, people from culturally and linguistically diverse backgrounds, including migrants and refugees and people from gay, lesbian, bi-sexual, sex and gender diverse communities.</li> </ul>	<p>Rehabilitation services need to continue to improve the ways in which they address the special needs of target populations through the development of specific strategies.</p> <p>This requires further consideration within a budgetary context as resources would be required on a one-off basis to assist services undertake joint planning, implementation and an evaluation in conjunction with relevant experts from interstate who have implemented such strategies and local experts with skills in research and service evaluations.</p> <p>Additional resources on a recurrent basis for the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) would also assist to enable them to contribute to this work.</p>
<p>2. Strengthen human resource management practices across rehabilitation programs including:</p>	<p>Noted</p>
<ul style="list-style-type: none"> <li>● improving the staffing of some programs by employing:                             <ul style="list-style-type: none"> <li>○ more staff,</li> <li>○ better qualified and experienced staff, and / or</li> <li>○ better remunerated staff,</li> </ul> </li> </ul>	<p>This requires further consideration within a budgetary context as resources would be required on a recurrent basis to increase funding to the Canberra Recovery Service, Salvation Army to assist them to employ more staff and better qualified and remunerated staff. Alternative approaches to improving staff capacity within the Canberra Recovery Service also need to be considered.</p>
<ul style="list-style-type: none"> <li>● seeking recurrent funding for programs currently funded only on a short term basis, and</li> </ul>	<p>Further consideration is required within a budgetary context of the resources required for the provision of treatment and support services for those in the AMC and those leaving the AMC.</p>
<ul style="list-style-type: none"> <li>● further strengthening access to and participation in local, jointly-delivered high quality and diverse ACT alcohol, tobacco and other drug (ATOD) sector training in conjunction with the Alcohol, Tobacco and</li> </ul>	<p>The Alcohol and Other Drug Policy Unit, Health Directorate will continue to work with ATODTSS and ATODA to ensure the results of the regularly undertaken ACT ATOD Workforce Qualification and Remuneration Profile inform</p> <ul style="list-style-type: none"> <li>- service planning and funding decisions;</li> </ul>

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Other Drug Association ACT (ATODA).	<ul style="list-style-type: none"> <li>- recruitment and retention strategies;</li> <li>- expansion of the successful work undertaken on implementing a Minimum Qualification Strategy beyond a Certificate IV in AOD and also into other relevant areas (e.g. mental health).</li> </ul>
3. Enhance access to primary health care, mental health services and subsidised childcare services to improve the health and wellbeing of clients of rehabilitation programs and their families.	Noted
	The Health Directorate will continue to work with DIRECTIONS ACT regarding the implementation of changes to the Althea Wellness Centre to enable outreach services to be regularly provided into rehabilitation services and the North of Canberra.
	The Health Directorate and ATODTSS need to continue to work with the Medicare Local and encourage and support medical practitioners including general practitioners to work with those experiencing ATOD problems in the general community and those accessing drug treatment services. This will include investigating more broadly opportunities for Resident Medical Officers (RMOs) to rotate through ADS, Health Directorate.
	The Alcohol and Other Drug Policy Unit, Health Directorate and ATODTSS will seek to explore opportunities to expand access to subsidised childcare currently available to parents undertaking treatment with Karralika Programs Inc to other parents undertaking drug treatment programs.
4. Develop an Infrastructure Redevelopment Fund as a systematic, long-term response to ageing infrastructure at some rehabilitation programs and investigate opportunities for resource sharing amongst services, such as buses and recreational equipment.	Noted
	Currently responsibility in relation to maintaining infrastructure such as buildings is shared between organisations responsible for operating the services and the ACT Government. The ACT Government owns most of the buildings rehabilitation services operate from. Annually many of the services have an opportunity to submit a request to the Health Directorate for Capital Upgrade Funding to be accessed

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	for this purpose. An audit will be undertaken to scope the current issues relating to ageing infrastructure and to ascertain priorities for further improvements.
	<p>The Health Directorate will continue to work with ATODTSS to:</p> <ul style="list-style-type: none"> <li>- take greater advantage of services being physically co-located and opportunities to more effectively share resources such as access to buses and recreational equipment and the establishment of sector wide worker pools (e.g for casual staff and specialised staff such as clinical psychologists) and</li> <li>- expand the successful use of computer-based on-line ATOD treatment and support programs.</li> </ul>
<p>5. Increase consumer, carer and family member participation in service planning and delivery to improve the quality of rehabilitation programs.</p>	<p>Noted</p>
	<p>The Health Directorate will continue to work with ATODTSS to expand and support the work on development and implementation of a consumer participation framework in conjunction with experts including researchers and ATODA. This requires further consideration within a budgetary context as resources would be required on a recurrent basis to increase funding for CAHMA to enable them to contribute to this work.</p> <p>The Health Directorate will continue to work with ATODTSS to improve the quality of services' promotional materials so that they are clear, accessible and appropriate to a range of audiences, including consumers, carers, family and key referrers through engaging in participative review processes. This work will be underpinned by the sector wide policy in the Guide to Reviewing and Developing ATOD Written Materials.</p>
<p>6. Strengthen the delivery of culturally competent and culturally secure services for Aboriginal and Torres Strait Islander peoples.</p>	<p>Agreed</p>

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	<p>The Health Directorate will encourage ATODTSS in the ACT to support the integration of the Ngunnawal Bush Healing Farm into the broader ATOD treatment field through supporting: partnerships and collaborations; its workers and managers accessing relevant ATOD sector training and networks; and ensuring its programs and practices are based on the best available evidence of effective programs.</p>
	<p>The Health Directorate will support all ATODTSS to deliver culturally secure practices, in collaboration with Aboriginal and Torres Strait Islander communities and ATODA, including:</p> <ul style="list-style-type: none"> <li>- implementing annual workplans through the newly established ACT ATOD Sector Reconciliation Working Group, made up of one representative from each Health Directorate funded ATOD organisation, to implement the ACT Council of Social Service's Cultural Awareness Self-Assessment Toolkit;</li> <li>- facilitating access to, and uptake of, cultural competency professional development and training that is both general and ATOD specific.</li> <li>-</li> </ul>
	<p>The Health Directorate will work with all ATODTSS to develop and implement strategies to support Aboriginal and Torres Strait Islander workers in the sector.</p>
<p>7. Strengthen ADS, Health Directorate by:</p> <ul style="list-style-type: none"> <li>• establishing an outpatient clinic offering assessment and treatment for people with complex ATOD problems to complement services currently offered by ADS' Opioid Treatment Service and Inpatient Unit</li> <li>• expanding the current 10 bed inpatient bed unit to provide improved treatment capacity into the future for those with complex ATOD problems</li> <li>• ensuring the Young Adult Mental Health Unit is able to work effectively with young people with ATOD problems</li> <li>• providing tertiary level clinical drug treatment services on an outreach basis into the North of Canberra</li> </ul>	<p><b>Noted</b></p> <p>The Health Directorate will ensure the Health Directorate's Clinical Services Plan and Health Infrastructure Program are informed by this recommendation with regard to strengthening ADS, Health Directorate.</p> <p>This recommendation also requires further consideration within a budgetary context as funding would be required for physical infrastructure as well as staffing of programs.</p>

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<p>(including clinical assessment, prescriptions and / or supervised dispensing of OMT for people with complex ATOD problems</p> <ul style="list-style-type: none"> <li>ensuring an ADS interdisciplinary program (including nurse practitioners) offers consultation liaison advice, professional development support, and clinical outreach services to assist medical practitioners including general practitioners, DIRECTIONS ACT's Althea Clinic and other ATODTSS.</li> <li>expand the role of the Intake Line to provide drug counselling services and to better promote its role and the role of the range of ACT ATODTSS available to key referrers such as general practitioners.</li> </ul>	
<p>8. Improve intake, transition and aftercare support for people seeking to enter and leave ATODTSS including assertive waiting list support.</p>	<p>Agreed</p>
	<p>The Health Directorate will continue to work with rehabilitation services and relevant experts including researchers to conduct evaluations and identify and implement strategies that remove barriers for those who could benefit from accessing treatment, increase consumer retention in treatment and remove barriers for people returning to treatment and / or seeking alternative forms of treatment and support. Work will also be undertaken on reviewing waiting list and entry policies and procedures and opportunities for increasing the provision of assertive follow-up to those waiting to enter programs and those leaving programs. Discharge planning policies and practices will be reviewed from point of entry to service to aftercare.</p>
<p>9. Establish clear governing arrangements to guide the implementation and evaluation of supported recommendations from this report.</p>	<p>Agreed</p>

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	<p>The Health Directorate will seek support from the CEOs and Executive Directors of the ACT ATODTSS Group for a proposal that the group lead the implementation of supported recommendations in collaboration with their staff and members of the ACT ATODTSS Workers Group. Information about the progress made by this group should be reported to relevant boards of organisations and the Evaluation Group, chaired by the Health Directorate that oversees the ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014.</p>