IN THE MATTER OF THE ROYAL COMMISSION INTO FAMILY VIOLENCE

ATTACHMENT JA-13 TO STATEMENT OF JUDITH DORENE ABBOTT

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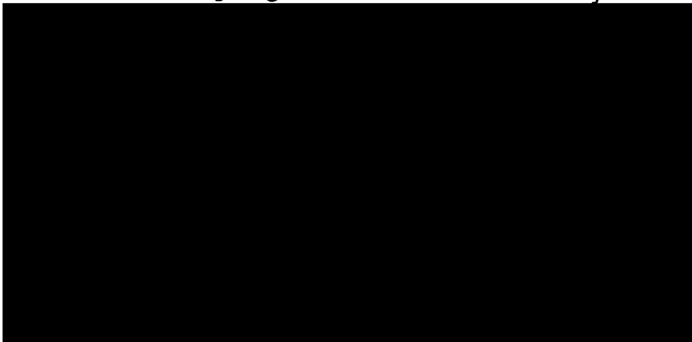
This is the attachment marked "**JA-13**" produced and shown to **JUDITH DORENE ABBOTT** at the time of signing her Statement on 14 July 2015.



An Australian Legal Practitioner within the meaning of the Legal Profession Uniform Law (Victoria)

health

Service specification for the delivery of selected non-residential alcohol and drug treatment services in Victoria

Released as part of the Advertised Call for Submission #2487 'Delivery of Selected Alcohol and Drug Services In Victoria.'

Department of Health

State Government Victoria

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Service Specification for the Delivery of Selected Alcohol and Drug Treatment Services in Victoria

Annex 1: ACS#2487 Delivery of Selected Alcohol and Drug Treatment Services In Victoria

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If you would like to receive this publication in an accessible format, please email: AODReform@health.vic.gov.au

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Introduction

This Service Specification provides information to assist Prospective Service Providers to prepare a submission/s for the delivery of selected Alcohol and Drug Treatment Services.

These comprise community based, adult non-residential alcohol and drug treatment services as well as two whole of catchment functions:

- Catchment based intake and assessment
- Care and Recovery Coordination
- Counselling
- Non-residential withdrawal
- Catchment-based planning function

Information is provided on the objectives, funding model and pricing, and key features for each service and function. Please note this document is not intended as an exhaustive service guideline.

Information is also provided on the Information Management/Information Communication Technology domains Prospective Service Providers should take into account when preparing this aspect of their submission.

This document forms part of the Advertised Call for Submission No. 2487. The Department of Health (the Department) reserves the right to modify any aspect of this service specification.

Statement of Treatment Principles

The Victorian Government has developed a set of treatment principles for Victorian alcohol and drug treatment services to underpin and inform practice and service delivery. The principles were developed in consultation with users of alcohol and drug treatment services and their families and are consistent with national and international best practice.

The principles have as their foundation a philosophy of harm reduction and a recovery orientation. The principles should underpin all practice approaches, models of care, treatment modalities, policies and procedures, planning, performance, supervision, training and quality activities.

The following principles will guide and inform the way high quality alcohol and drug treatment services are planned and delivered for people with an alcohol and/or drug problem in Victoria:

- Substance dependence is a 'complex' but treatable condition that affects brain function and influences behaviour
- Treatment is accessible
- Treatment is person-centred
- Treatment involves people who are significant to the consumer
- Policy and practice is evidence informed
- Treatment involves integrated and holistic care responses
- The treatment system provides for continuity of care

- Treatment includes a variety of biopsychosocial approaches, interventions and modalities oriented towards people's recovery
- The lived experience of alcohol and drug consumers and their families is embedded at all levels of the alcohol and drug treatment system
- The treatment system is responsive to diversity
- Treatment is delivered by a suitably qualified and experienced workforce.

More information about the treatment principles can be found at: www.health.vic.gov.au/aod/sectorreform.htm

In addition to delivering services in ways that align to the treatment principles, funded alcohol and drug treatment providers will be expected to:

- Provide a friendly, welcoming and culturally safe environment for all clients, including Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds, and their families.
- Deliver services in ways that are also consistent with the *Victorian alcohol and other drug client charter*. More information about the Client Charter can be found at: http://www.health.vic.gov.au/aod/pubs/
- Ensure clients have the right to privacy and should provide informed consent for any information regarding their care to be exchanged between workers within an alcohol or drug treatment service or with other agencies. There is a need to balance the client's right to privacy with the needs of significant others involved in the person's informal day to day support for information essential to this role. Service providers must have clear policies and processes regarding this that are consistent with the Victorian Information Privacy Act and associated Information Privacy Principles.

Target client group

Community based non-residential treatment providers will be expected to meet the treatment and support needs of people who have alcohol and/or drug use issues, and their families, including consideration of the needs of dependent children of clients.

Services must be targeted primarily to people with serious issues arising from their use of alcohol or other drugs and who are:

- at risk of long term harm or impairment, and
- not able to be assisted by primary health providers alone.

These alcohol and drug treatment services should have the capacity to address all harmful drug use and reduce the damaging effects of these on individuals and their families. This includes the use of alcohol and tobacco as well as pharmaceutical drug misuse, illicit drug use, poly drug use and the use of emerging synthetic substances.

The alcohol and drug treatment services providing these services in each catchment should be responsive to the shifting patterns of drug use over time, and should have the capacity to orient service delivery to attend to specific alcohol and drug use trends as they arise. Equitable access to services must be provided to groups of people who are particularly vulnerable or are experiencing high levels of disadvantage.

The client population in a given catchment should reflect the cultural and demographic diversity of the local population and the expected over-representation of disadvantaged groups. Specific strategies and where required, cross-agency partnerships, to meet these needs will be expected.

Note: Younger clients (people aged 16 years or older) are eligible to access these catchment based services. In such instances, Approved Service Providers will be expected to deliver age and developmentally appropriate service responses. Young people (aged up to 25) should be also offered the choice of referral to a youth specific service, as appropriate.

Prioritisation

Priority for alcohol and drug treatment services will be given to people who are identified as being at most risk of short-term harm by their alcohol and/or drug problem when assessed using the common screening and assessment tool[1].

Only where there is more than one eligible person with a similar level of severity and need should priority of access be determined on the basis of length of time that someone has waited for alcohol and drug treatment services. This eligibility criterion applies to all alcohol and drug treatment programs and services.

Where there are similar levels of need, priority will be given to those people who also:

- have dependent children who are reliant on them for their safety and wellbeing
- are in contact with the justice system, particularly those referred to treatment by courts, corrections, police or parole boards
- have a history of long-term homelessness
- are Aboriginal[2]
- have a co-existing intellectual disability or acquired brain injury; and/or
- have a mental illness.

Forensic clients

Forensic clients represent a significant proportion of presentations at Victorian alcohol and drug treatment services. Service delivery to forensic clients is considered a core function of these services.

Under the new service arrangements, the Australian Community Support Organisation (ACSO) will provide the intake and assessment function for this client group, with individual clients to be referred to appropriate alcohol and drug treatment services based on their assessed needs.[3]

It is anticipated that a higher proportion of these clients will be assessed as complex through the intake and assessment process. Some may also be eligible to receive care and recovery coordination support throughout their treatment.

It is also recognised that there are additional costs associated with the delivery of services to forensic clients, and hence a 15 per cent price weighting will be applied from 1 July 2014 to those alcohol and drug treatment services that are being recommissioned through Stage 1 of reform.

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[1] The new Adult Alcohol and Drug (AOD) Screening and Assessment Tool commissioned by the Department, can be accessed at http://www.health.vic.gov.au/aod/sectorreform.htm

[2] Aboriginal specific alcohol and drug treatment services provided by Aboriginal Controlled Health Services (ACCHOs) are available to the Aboriginal community but are out of scope for this recommissioning

[3] ACSO will use an enhanced version of the standard screening and assessment tool that is tailored specifically for forensic clients.

The brokerage funds held by ACSO to support drug treatment of forensic clients are currently outside the scope of this recommissioning exercise, although they will be subject to future review. In the interim this funding will continue to be available to providers who require additional capacity.

Family support

Families and other support people can be critical for people with an alcohol and drug problem. They may provide important emotional support, as well as practical assistance. At times, this support can make a significant difference to a person's recovery journey. Consistent with a family focused approach family members, including the dependent children of a person who is a client of an alcohol and drug treatment service will be eligible for focused support. Service Providers, as part of their core service delivery, will be required to:

- Engage family members in the development and review of a client's individual recovery plan.
- Consider the needs of family members and dependent children throughout the treatment process. This should include:
    - Provision of information and advice regarding their support role and associated challenges, including information on alcohol and drug dependence or abuse, and other issues such as mental health, and how to identify early warning signs and provide positive responses in challenging circumstances.
    - Provision of supported referral to a range of relevant community services that can assist with the safety and wellbeing of the family members, in particular the needs of dependent children.

Statement of outcomes

Table 1 provides a summary of indicative types of outcomes the Victorian Government is seeking to achieve for people with an alcohol and drug problem through the delivery of accessible, efficient, effective and responsive alcohol and drug treatment services. It also illustrates the type of benefits clients should expect as a result of receiving this treatment, acknowledging that alcohol and drug treatment providers alone will not be able to achieve all of these outcomes.

Alcohol and drug treatment services will be required to meet the accountability and reporting requirements set out in a new outcomes-focused performance management framework. This framework will be developed in 2013-14 in consultation with stakeholders and will include further development of these outcomes. Please note this information is illustrative only. The Department reserves the right to amend **any** aspect of this statement of outcomes.

Table 1: Indicative outcomes and benefits to client to which alcohol and drug treatment services are expected to contribute

Outcome domains	Indicative Outcome	Ways benefit might be measured
Effectiveness	Alcohol and drug taking behaviours of clients stabilised, improved or ceased	- Reduced frequency and/or level of alcohol and/or drug use - Increased protective behaviours associated with alcohol and/or drug use
	Improved quality of life	- Client reports better/greater satisfaction

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	status	with living conditions
	Improved social connectedness/reduced social isolation	- Family or significant other are positively engaged with the client and are part of the support system provided to the client - Improved quality of personal relationships - Improved safety and wellbeing of dependent children - Client participates in mainstream social and recreational activities that are meaningful to them
	Improved physical and mental health status	- Client reports fewer or less severe physical health symptoms - Improved engagement with primary health for prevention and/or management of chronic health problems - Reduction in preventable illness, key health risks and chronic disease (for example obesity, diabetes, smoking) - Reduction in co-occurring health problems (including mental health issues)
	Clients' capacity for engagement in alcohol and drug treatment services and decision making about their own treatment planning improved	- Clients have the skills, knowledge and confidence they need to make informed choices about the type of treatment and ongoing support they need - Clients articulate recovery oriented treatment goals - Self-management capacity
Effectiveness	Contribution to improved long-term housing security	- Reduction in number of clients experiencing repeated or chronic homelessness - Timely access to appropriate and affordable stable housing - Maintenance of stable tenancy
	Contribution to improved economic participation	- Engagement by clients in schooling/ vocational training opportunities of their choosing - Improved employment participation
	Client engagement with health, human services and other key social supports	- Improved engagement with primary health for prevention and/or management of chronic health problems - Improved engagement with human services and social supports (e.g. housing, community services)
	Reduced involvement with the justice system	- Reduction in the number of clients that come into contact with the justice system and the frequency of contact by individual clients

	Improved involvement of families in support provided to the client	- Families have the skills, knowledge and confidence they need to support the person they care for - Active, respectful involvement of family in decisions related to the provision of support
Efficiency & sustainability	Services are cost efficient	Services delivered within specified prices
Responsiveness	Responsiveness to population diversity	- Services are culturally safe - Services effectively engage and respond to diversity - Services effectively engage and respond to individuals/groups known to experience significant disadvantage, particularly: o Aboriginal people, their families and the community o People experiencing or at risk of homelessness o People with a dual diagnosis/disability o People with criminal justice involvement o People from culturally and linguistically diverse backgrounds
	Improved responsiveness to family members including children and significant others	- Family members provided with timely information, referral and advice to support
	Improved responsiveness to dependent children of clients	- Dependent children identified and needs recognised in client care and support - Dependent vulnerable children referred to appropriate supports - Clients more confident in managing parenting responsibilities
Accessibility	Alcohol and drug treatment services are easy to find and access	- Referral agencies, clients, and family members find it easy to locate alcohol and drug treatment services - Services are able to accept new clients on referral within a timely manner
	People who are most in need are prioritised for access	- People with high-level alcohol and drug problems receive priority access and support in a timely manner
	The alcohol and drug treatment services system is easy to navigate	- Clients do not have to retell their full histories multiple times - Complex clients are actively supported through their treatment
	People have reasonable access to alcohol and drug treatment services no matter where they live	- People living in rural Victoria have reasonable access to alcohol and drug treatment services - More people and services are accessing treatment via centralised screening and

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		catchment based intake units - More people are accessing online screening and self-directed treatment options through the centralised screening and referral service
Continuity	Pathways between alcohol and drug treatment streams, including intake and assessment, are well established and support continuity of care	- No gaps exist in the alcohol and drug treatment pathway for clients because: o Coordination at the statewide, catchment based, service and client level is effective and supports continuity of care for clients o Coordination and referral pathways between intake and assessment and alcohol and drug treatment services, are effective and support continuity of care for clients
	Pathways to and from local human services and other social support services are well established and support continuity of care	- Alcohol and drug treatment services and human services/social support services collaborate and plan together to achieve improved outcomes and continuity of care for shared clients. - Well established and effective referral pathways exist between alcohol and drug treatment services and human services/social support services e.g. no gaps exist between elements of the treatment and support pathway
Safety	Client safety	- Number of critical incidents involving clients
	Family safety	- Number of critical incidents involving families and dependent children
	Worker safety	- Number of critical incidents involving workers

Description of in scope functions

This section provides brief descriptions of the key treatment streams and functions that are in scope for stage one recommissioning. Figure 1 describes the way each treatment stream fits together under the new system.

Figure 1: Alcohol and Drug Treatment Services – Key Functions

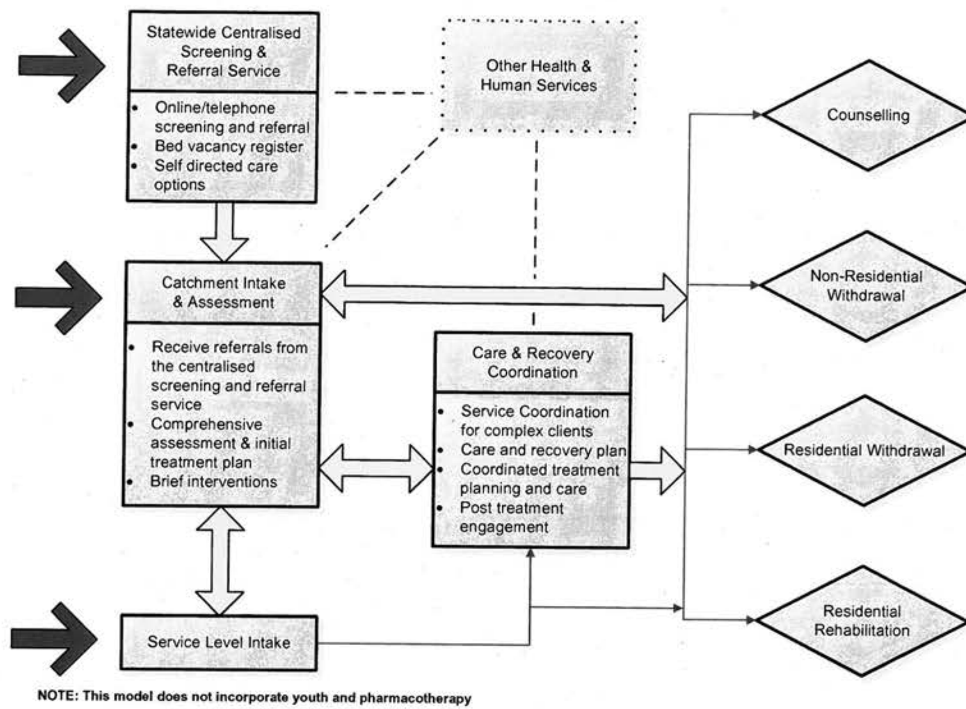
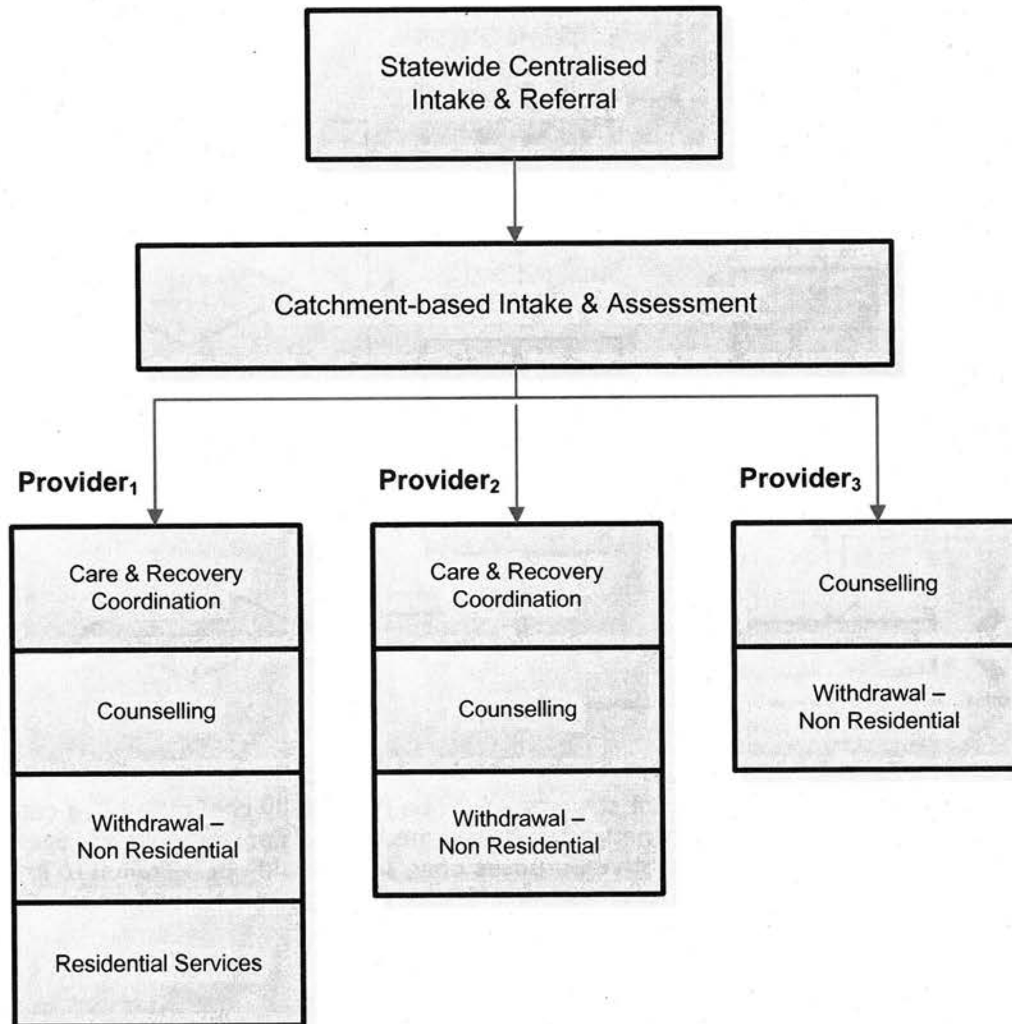


Figure 2 describes how treatment streams might be potentially configured in a catchment, to show how the various components of the reformed system are likely to fit together at a catchment level. It is for illustrative purposes only, and should not be taken to imply the relative number of providers in a catchment.

Figure 2: Alcohol and Drug Treatment Catchment Providers System (example only)



Note: The provider of the catchment-based intake & assessment service may also be a provider of non-residential services.

Intake and assessment

Intake and assessment functions in each catchment will be the key entry points to the Victorian Government funded alcohol and drug treatment system for most clients, with the exception of clients referred through the courts for whom ACSO will provide the intake and assessment function.

Catchment based intake and assessment services will work in close partnership with the centralised statewide screening and referral function as well as funded alcohol and drug treatment providers to provide streamlined entry, assessment and access to alcohol and drug treatment services. There will also be some capacity for individual providers to conduct intake and assessment where necessary.

The elements of the overall intake and assessment function are described below. Standardised tools and resources (such as the Department-endorsed screening and assessment tool) will be used for these functions to promote consistency.

Centralised statewide screening and referral

While not subject to recommissioning, the centralised screening and referral service will form an important component of the overall alcohol and drug treatment system in Victoria.

The centralised statewide screening and referral service is an enhancement of the existing statewide DirectLine service and will provide telephone and on-line screening, early intervention and supported referral for assessment and treatment locally. The centralised screening and referral service will also manage a bed vacancy register4 and provide a suite of self-directed care options for people who don't want or need face-to-face treatment.

Centralised screening and referral will:

- Operate 24 hours a day, seven days a week
- Provide online and telephone screening and referral to catchment based intake and assessment units for comprehensive assessment
- Refer people who do not require alcohol and drug treatment services out of the system and to other health/human services/support services as appropriate
- Manage the bed vacancy register in collaboration with catchment-based intake services and alcohol and drug treatment services
- Enhance access to people from rural and remote areas and those unable or unwilling to attend face-to-face services.

Catchment-based intake and assessment

The Victorian Government is seeking to appoint Service Providers to deliver the intake and assessment function in each of the 16 catchments.

The intake and assessment function will be delivered by a single Service Provider in each catchment. It will receive self-referrals from people with alcohol and/or drug use issues, as well as referrals from the centralised screening and referral service, alcohol and drug treatment services, general practitioners and other providers.

Approved Service Providers are expected to have the capability and capacity to deliver this function across the entire catchment they operate in, and to have in place arrangements to manage service level presentations across the breadth of the catchment's geography.

Catchment based intake and assessment services will deliver standardised, comprehensive assessments and develop initial treatment plans that will accompany clients to treatment services. The initial treatment plan will be used by the service (see below) to develop and implement an appropriate course of treatment. It will also be used by the care and recovery coordination service to inform the development of a more comprehensive longer term care coordination response for those people assessed as complex and requiring enhanced support during treatment.

To achieve this goal, intake and assessment providers will be expected to establish appropriate mechanisms:

- to ensure client data, including screening, assessment and care plan information accompanies clients throughout their treatment journeys in a secure and timely manner
- for sharing client information between services at a catchment level.

Catchment based intake and assessment services will work with local alcohol and drug treatment services to intake and assess clients who present directly to those services, either via telephone, web, face-to-face or on an outreach basis. The intake and assessment

4 The bed vacancy register will provide centralised, up-to-date information about current and future availability of beds in residential services across the state. Residential service providers will be required to update the registry daily on current and future availability of beds.

functions should primarily be delivered by the catchment based community intake and assessment provider, although service providers will have the option to use some of the flexible component of their funding allocation to support the intake and assessment of clients who present directly to their service where this is necessary and in accordance with the pricing for this function as specified in this document.

This will reduce the need for the person to repeat their story and avoid duplication of effort by staff at alcohol and drug treatment services. The end result will be a better experience for people entering the service system and better use of limited resources across the treatment system.

Early engagement of the care and recovery coordination function will be critical for those clients the intake and assessment service identifies as needing this support. The intake and assessment function will need to have close working relationships in place to achieve this.

Functions of catchment-based intake services

In each catchment, the intake and assessment function will determine and prioritise client access for Victorian Government-funded alcohol and drug treatment services. This will also include pharmacotherapy and residential services.

Prior to the recommissioning of residential alcohol and drug treatment services in stage 2, the new intake and assessment will commence. Following recommissioning of stage one it is the expectation that most clients will be referred to residential services through catchment-based intake and assessment services. Approved service providers of alcohol and drug treatment services will be required to accept all referrals from catchment based intake and assessment services.

Catchment-based intake and assessment services will:

- Be responsive to the needs of all clients and their families (including dependent children) with appropriate approaches to CALD, Aboriginal, dual diagnosis, homeless and forensic clients
- Identify the clinical treatment and support needs of people who have alcohol and/or drug use issues and the associated support needs of their family and dependent children.
- Deliver timely, high-quality, culturally safe alcohol and drug screening, assessment for people seeking alcohol and drug treatment. These will be done utilising the department-endorsed tool, thus reducing the need for repeat assessments and providing immediacy of response
- Provide brief interventions in the form of short talking-based therapeutic interactions which may be introduced as an integral part of the assessment and treatment planning process. These are opportunistic in nature and provide advice that aims primarily to achieve short-term reduction in problematic drug taking behaviours
- Develop initial treatment plans that accompany clients to their treatment destination
- Be based in location/s that is/are easy to access, operate Monday to Friday during standard business hours, and demonstrate capacity for after-hours responsiveness
- Deliver screening and assessment services via telephone, online and face to face modalities as well as on an outreach basis as required
- Receive client referrals from the centralised intake, screening and referral service and other health/human services/support services
- Refer 'complex' and residential alcohol and drug clients to care and recovery coordination and liaise with the provider of that function to initiate longer term care

planning for eligible clients. This may also include ensuring the client is appropriately connected to further treatment and support post withdrawal

- For clients not receiving care and recovery coordination, and who have completed an initial course of treatment (e.g. withdrawal) the intake and assessment service may refer the client for a subsequent course of treatment
- Work with the centralised, screening and referral services, ACSO and the bed vacancy register to coordinate catchment based referrals into the residential system
- Promote the service to other health/human/support services and justice services, so they know where to refer their clients if they have AOD issues
- Ensure support and engagement strategies are in place to manage the period between when a client is assessed as requiring treatment and their entry into treatment
- Provide advice to assist families in their support role.

Funding model and accountability

This function will be funded through an activity based model.

Payment will be made on the basis of a standard fixed price. A price will be set for three different modes of contact as well as the development of a comprehensive assessment and preliminary treatment plan.

The prices for catchment-based community intake assessment activities are:

- Intake and referral – phone: $58.60per completed referral
- Intake and referral – face to face: $58.60per completed referral
- Intake and referral – via internet: $46.40per completed referral
- Comprehensive assessment and initial treatment plan: $503.00 per completed assessment and initial treatment plan

The provider will be expected to report activity to the Department on a regular basis. Other measures may be developed as part of the performance measurement framework for alcohol and drug treatment services.

The Department of Health will not pay for additional activity beyond the agreed activity.

Note: brief interventions will be delivered through comprehensive assessment and initial treatment planning.

Care and recovery coordination

Overview

The Victorian Government is seeking to appoint Service Providers to deliver care and recovery coordination services. Care and recovery coordination services will operate in each of the 16 catchments.

Care and recovery coordination will facilitate more seamless and integrated treatment pathways for a portion of clients assessed by the catchment based intake and assessment function as being complex. It will provide additional individualised and flexible support that supplements other alcohol and drug treatment over a longer period.

Care and recovery coordination will be available from the point a client is assessed by a catchment based intake and assessment service and will be able to assist the person throughout their treatment journey, if required. Clients will be referred when their assessment indicates they require more than the basic planning provided by the intake and assessment service.

Clients eligible for care and recovery coordination will typically present with behaviours and/or conditions that:

- place the individual at high risk to self, to staff and/or the community
- are identified at assessment as requiring a long term supportive service response
- require residential treatment.

The Department expects that up to one third of all assessed clients may be eligible for a care and recovery coordination response.

All providers of care and recovery coordination will be expected to work closely with the catchment based intake and assessment service. It is expected that the care and recovery function will incorporate activities tailored to specific priority groups and as such, will involve significant outreach and interagency collaboration.

Please note:

- The current alcohol and drug supported accommodation program has been consolidated under the care and recovery coordination stream. Existing agreements between the Department of Health and Department of Human Services regarding the provision of transitional housing services specifically for alcohol and drug clients will be maintained and where necessary, transfer of nomination rights will be negotiated with Preferred Service Providers of care and recovery coordination services during the determination of service delivery arrangements.
- A designated Aboriginal care and recovery coordination function must be available in each catchment. The function will encompass a diversionary and generalist service response for Aboriginal clients as required. Plans for the implementation of this function will be negotiated with the Department in the service planning phase of the selection process.
- It is anticipated that expertise in responding to clients presenting with an acquired brain injury (ABI) will be required in each catchment.

Objectives

Care and recovery coordination seeks to support integrated treatment and care pathways for the highest need/highest risk clients within alcohol and drug treatment services who require a coordinated care response by, at a minimum:

- Coordinating treatment planning and care in accordance with recovery goals
- Supporting people's access to other health/human/support services
- Supporting meaningful involvement by the person and their family in care coordination and goal setting to maximise opportunities for meaningful social and economic participation.

Key features

The key features of the care and recovery coordination stream include:

- Delivering care coordination to highest need/highest risk clients who present with characteristics of complexity
- Delivering pre-care support to complex clients on waiting lists via multiple modalities (for example, telephone, face-to-face, online)
- Delivering care coordination throughout a client's alcohol and/or drug treatment pathway, and post-exit for up to 12 months from commencement of treatment

- Creating and sustaining strong interagency connections and more integrated service responses to meet the holistic needs of clients5
- Dedicated capacity to respond specifically to the needs of Aboriginal clients
- Demonstrated capacity to respond to other priority groups as listed on page 3 of this document and as relevant to each catchment
- Use of peer support as an important and valid service response for clients as relevant to local need
- Coordinating homeless specific service responses for clients as relevant to local need

Functions

Care and recovery coordination will operate on a catchment basis, with flexibility to service multiple sites, via face to face and telephone modalities, at a minimum. It will deliver services to clients 52 weeks a year, Monday-Friday during standard business hours and demonstrate capacity for after-hours service. Provision to respond to urgent client needs will be expected.

Care and recovery coordination will:

- Receive eligible client referrals from catchment based intake and assessment services
- Work with clients, their families and other key services (including catchment based intake and assessment services) to develop Care and Recovery Plans that:
  - are informed by the comprehensive assessment and initial treatment plan
  - identify a clear treatment pathway where multiple interventions are required
  - identify service coordination activities
  - set out specific, measurable, achievable, realistic and time-bound goals so that treatment and recovery can be tracked and regularly reviewed
  - address the associated needs of families and dependent children
- Be responsive to the individual treatment needs of clients, including variations in the intensity and duration of treatment (e.g. intense treatment over a short period, less intense over a longer period).
- Provide clients with supported referral to other alcohol and drug treatment services as required
- Liaise with alcohol and drug treatment services regarding the person's progress against treatment goals
- Deliver information, advice and brief interventions such as motivational interviewing or group work and relapse prevention to clients, as required
- Lead care coordination or provide support where the person has an existing care coordination worker (for example, a forensic or DHS worker especially Services Connect or MHCSS), to ensure continuity of care for the person, by:
  - preparing the person for their next phase of treatment or care
  - onward referral, liaison, case conferencing or collaborative work with other service providers, including those beyond the AOD sector, re the needs of the person
  - identifying and linking clients to peer workers, volunteers and broader community supports
  - advocating on behalf of clients, where necessary

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5 To facilitate this, common service coordination tools such as the Service Coordination Tool Template (see Attachment 3) tools will be used where appropriate.

  - Undertake discharge planning, recording goals/outcomes achieved and post-treatment goals

- Facilitate access to other health and human services support that the client may require
- Deliver assertive follow-up to an agreed number of care and recovery coordination clients at 3 and 12 months post treatment exit to:
- track progress of recovery post-treatment
- support re-engagement with AOD treatment or other supports, where appropriate
- Create and sustain strong interagency connections with, for example, local Aboriginal community-controlled health organisations, prescribing GPs, dispensing pharmacies, housing workers, and homelessness support, child protection, family services, debt/financial counselling, employment services, and community health services.

Funding model and accountability

Payment will be made on the basis of a standard fixed price. A price will be set for a course of coordination of up to 12 months duration.

The price for care and recovery coordination will be $1431.00 per course of coordination.

The provider will be expected to report activity to the Department on a regular basis. Other measures may be developed as part of a performance measurement framework.

The Department of Health will not pay for additional activity beyond the agreed targets.

Counselling

Overview

The Victorian Government is seeking to appoint Service Providers to deliver catchment based alcohol and drug counselling services. Counselling services will be located in each of the 16 catchments.

Where the catchment based intake and assessment unit assesses a person as needing counselling, they will be referred for this service. The counselling stream incorporates face-to-face, online and telephone counselling for individuals and families, as well as group counselling and day programs.

Counselling is classified as standard or complex and duration can range from a brief intervention/single session to extended periods of one-to-one engagement or group work.

The new counselling stream comprises the existing counselling functions that currently sit within Generalist, Forensic, and Therapeutic Counselling, Consultancy and Continuing Care types and Family Counselling.

Clinical assessment and review is an ongoing process throughout the service period and this information will be shared with other services, where appropriate.

At completion of counselling treatment, clients will leave with an exit plan or will continue to work with the care and recovery coordination function for further supported referral.

Objectives

The counselling stream aims to support positive behavioural change in the AOD client through:

- The delivery of evidence-based therapeutic counselling interventions to clients and their families

- Working collaboratively with clients and their families.

Key features

The key features of the counselling stream include:

- The delivery of robust, evidence-based, therapeutic individual, group and family counselling interventions
- A focus on recovery-oriented care
- Priority access for 'complex' clients and those transitioning to and from bed-based services
- The use of new technologies as an adjunct to counselling.

Functions

The Counselling stream will, at a minimum:

- Operate Monday to Friday during standard business hours and demonstrate capacity for after-hours service
- Deliver therapeutic counselling interventions of varying duration and intensity to individuals, families and groups
- Liaise with care and recovery coordination regarding care planning, referrals and progress and to prevent duplication of service as required
- In collaboration with the client and their family, build on the client's initial treatment plan to:
    - Determine details of the type of counselling interventions required to address the therapeutic needs of the person, building on the plan provided at intake and assessment.
    - Deliver evidence-based psychosocial interventions including but not limited to brief interventions, cognitive behavioural therapies, community reinforcement therapy, contingency management, motivational enhancement therapy, social behavioural therapy and group work.
    - Undertake exit planning.
- Work flexibly to meet people's varying needs, including on an outreach basis as appropriate
- Provide secondary consultation where required
- Make follow up contact with standard clients at 3 and 12 months post treatment exit to:
    - Track progress of recovery post-treatment
    - Support re-engagement with alcohol and drug treatment services or other supports, where appropriate.

Funding model and accountability

This function will be funded through an activity based model based on courses of counselling.

Payment will be made on the basis of a standard fixed price. A price will be set for a course of counselling. Where counselling is delivered through day or group programs, the number of courses accounted for should be on the basis of the number of participants divided by the number of EFT required to run the group.

There are two prices for counselling, based on whether the comprehensive assessment conducted as part of the intake and assessment function by either the catchment based intake and assessment service or by the ACSO identifies the client as being complex.

- Standard counselling price: $ 586.00 per course of treatment
- Complex counselling price: $ 2198.60 per course of treatment

These represent average prices. It is expected that providing the care necessary to meet the identified needs of some clients may cost more in some instances and less in others. However the overall cost will average out and service providers will be expected to adjust the duration and intensity of the treatment response to meet the complexity of the client's presentation. The model has been designed to give providers the flexibility to respond to a spectrum of client needs. There will be scope for reclassifying between standard and complex should a client's clinical requirements change significantly during the treatment episode, or to source additional treatment activity in some instances.

The provider will be expected to report activity to the Department on a regular basis. Other measures may be developed as part of the alcohol and drug treatment performance measurement framework.

The Department of Health will not pay for additional activity beyond the agreed targets.

Non-residential withdrawal

Overview

The Victorian Government is seeking to appoint Service Providers to deliver catchment based non-residential alcohol and drug withdrawal services. Non-residential withdrawal services will be located in each of the 16 catchments.

Alcohol and drug withdrawal services currently comprise home-based withdrawal, outpatient withdrawal, rural withdrawal and residential withdrawal. The new withdrawal stream consolidates these four service types into two subcategories: non-residential and residential6 withdrawal services.

Non-residential withdrawal may be suitable for:

- Low risk clients with an alcohol and/or drug dependence
- Clients with a level of stability in their lives such as supportive friends or family, and stable housing
- Clients accessing shared care arrangements with rural hospitals

The client will be assessed as either complex or standard.

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[6] Residential services meet the needs of people assessed as'complex' or those whose family and accommodation circumstances are less stable and consequently unsuited to non-residential withdrawal. Residential withdrawal services will be recommissioned in Stage 2 of reform.

Where the catchment based intake and assessment unit or ACSO assesses a person as needing non-residential withdrawal, they will be referred for this service. Prioritisation of access to non-residential withdrawal will be based on level of acuity and need, including psychosocial need. The service model may differ from catchment to catchment and should be developed to be responsive to local need.

Objectives

The non-residential withdrawal stream supports people to safely achieve neuroadaptation reversal through an abrupt cessation or gradual reducing regime, in coordination with medical services such as hospitals and general practitioners.

Non-residential withdrawal seeks to:

- Cease or reduce AOD use to a level that restores a person's health and wellbeing in the short term
- Provide a firm foundation for a person's longer term improved health and wellbeing
- Form part of an integrated and coordinated care pathway via linkage with the care and recovery coordination service for clients assessed as complex.

Key features

Non-residential withdrawal will include a clinical withdrawal assessment, withdrawal treatment in the person's home or at an alcohol and drug service or in association with a rural hospital, and referral and information provision via face to face and telephone modalities, at a minimum.

All non-residential withdrawal providers will:

- Deliver timely, high-quality non-residential withdrawal for people seeking neuroadaptative reversal

Functions

The non-residential withdrawal treatment stream will include the following functions, at a minimum:

Operate Monday-Friday during standard business hours and ensure after hours support where required

Build on the comprehensive intake and assessment plan to determine the clinical components of the withdrawal treatment required, engaging and involving clients and families as appropriate

Deliver clinical withdrawal assessment, withdrawal treatment, referral and information via face to face and telephone modalities

Provide access to a medical practitioner, including General Practitioners and/or Addiction Medicine Specialists to provide generalist and specialist medical support during and post-withdrawal, as required

Provide access to appropriate nursing care, including withdrawal nurses, nurse practitioners, mental health nurses and practice nurses, as required

Utilise evidence-based withdrawal management, pharmacotherapy and behavioural therapies.

Utilise symptomatic medications, pharmacotherapies and supportive care consistent with best practice and evidence-based guidelines

Link clients to further alcohol and drug treatment, and refer to other health/human services/ support services, as required

Link with care and recovery coordination services to ensure that continuity of care is maintained for clients along their entire treatment and care pathway, as well as deliver post-withdrawal care that addresses psychological, social and behavioural problems associated with substance dependence as required

Work with the intake and assessment service and care and recovery coordination to manage the period between when a client is assessed as requiring non-residential withdrawal and their entry into treatment

Pathways in and out

Non-residential withdrawal treatment is not a stand-alone treatment. Rather, it is one step towards commencing sustained behaviour change. Post-withdrawal treatment such as counselling, residential rehabilitation and maintenance pharmacotherapy can support longer-term behavioural change.

The main pathway into non-residential withdrawal treatment will be through catchment-based intake and assessment and same-service referral (i.e. from another stream within the same alcohol and drug treatment service). Comprehensive intake and assessment information will journey with clients to their new treatment provider. Post-withdrawal, the care and recovery coordination function or intake and assessment service will ensure clients are linked to further alcohol and drug treatment such as counselling and/or other health, human services and support services, as required.

Funding model and accountability

There are two prices for non-residential withdrawal, based on whether the client has been assessed as complex.

- Standard non-residential withdrawal price: $ 546.80 per course of treatment
- Complex non-residential withdrawal price: $ 1367.90 per course of treatment

These represent average prices, and it is expected that some clients may cost more and some less, but the overall cost will average out. Service providers will be expected to adjust the duration and intensity of the treatment response to meet the complexity of the client's presentation. The two prices are based on the average number of contacts required for a course of non-residential withdrawal across the client population. The model has been designed this way to give providers the flexibility to respond to a spectrum of client need.

There will however, be scope for reclassifying between standard and complex should a client's clinical requirements change significantly during the treatment episode, or to source another additional treatment activity in some instances.

Catchment-based planning function

Overview

The Victorian Government is seeking to appoint Service Providers to deliver the catchment based planning function in each of the 16 catchments state wide.

The catchment based planning function will be undertaken by a single provider in each catchment. Services delivering this function must also be the provider of at least one other alcohol and drug treatment stream in the service catchment/s.

This planning function will assist alcohol and drug treatment providers operating in a given catchment to develop an evidence based catchment plan which will identify critical service gaps and pressures and strategies to improve responsiveness to client and community need and population diversity, including disadvantaged population groups. Each plan will provide

the basis for improved cross-sector service coordination and by doing this achieve a more planned, joined-up approach to the needs of clients.

It will also support providers of all alcohol and drug treatment services within a catchment to efficiently participate in relevant service coordination and planning platforms managed by, for example, Services Connect, Medicare Locals, Public Health Services and Local Governments. As local networks are established to progress the Victorian Government Commitments in key areas such as Protecting Victoria's Vulnerable Children, the catchment based planning function will be expected to work with them and form a valuable point of interface.

Prospective Service Providers will be required to submit a budgeted proposal for this function. It is anticipated this function will be undertaken by staff with experience in service system planning and coordination.

All Approved Service Providers in a given catchment will be required to actively participate in the development of an annual catchment-wide plan. This will be a condition of funding.

Objectives

The objective of the catchment-based planning function is to:

- Gather and analyse relevant health and population data to identify and understand the distinct and diverse needs of people with alcohol and drug problems living in the service catchment, particularly those facing significant disadvantage and discrimination such as those who are homeless or at risk of homelessness, Aboriginal and Torres Strait Islander people, CALD and refugee populations and people with a dual diagnosis/disability
- On behalf of, and in collaboration with, other alcohol and drug treatment providers in the catchment and other stakeholders (including the Department), develop and regularly review a catchment based alcohol and drug plan which will identify current and projected service gaps and pressures and develop cohesive strategies to improve responsiveness to community need and population diversity.
- Engage with relevant agencies and planning structures (for example, Services Connect, Medicare Locals and Local Government through health and well-being plans) and participate in discussions and planning to:
  - identify and develop shared strategies to address systemic barriers to access and deliver a more coordinated response to the needs of people with alcohol and/or drug problems at the system level across the catchment
  - ensure the needs of people with an alcohol and/or drug problem in the catchment are taken into account in other local planning activity.
- Ensure the views of clients and their families inform the development and review of the catchment-based alcohol and drug plan and are represented in other relevant planning forums by creating or engaging in existing catchment level processes and opportunities
- Catchment based planning processes must engage all alcohol and drug treatment services within the catchment, including those out of scope for recommissioning and alcohol and drug treatment services to be reformed through Stage 2.

Regular meetings will be held with local/regional Department of Health and other relevant government officials regarding the development, review and implementation of the catchment plan.

Key deliverables

This function will be expected to deliver:

- A single common catchment based alcohol and drug plan developed in collaboration with funded alcohol and drug treatment services in the catchment and other key stakeholders, including clients and their families
- The plan will be based on analysis of relevant health and population data, supplemented by targeted consultation as required
- Active involvement with relevant planning structures and processes to influence and jointly plan for the needs of clients and their family at the catchment level
- Advice on current and emerging trends at the local (catchment) level.

Funding model and accountability

This function will be funded on a block basis at $48,000 per annum (inclusive of salary, on-costs and corporate support costs) per catchment. It is expected that this function will involve the engagement of a qualified and experienced planner.

The provider will be expected to provide an updated, catchment based plan on an annual basis.

Information management and information communication technology systems

Prospective Service Providers are required to describe the information systems that will be used to support the delivery of alcohol and drug treatment services, in addition to their organisational Information Management/Information Communication and Technology (IM/ICT) governance arrangements, policies and practices.

Detailed specification of reporting requirements will be developed over the next 12 months and will continue to evolve, tied to a range of parallel developments including the development of the outcomes-focused performance management framework for Victorian Government funded alcohol and drug treatment.

Alcohol and drug treatment providers will need to commit to a continuing process of enhancement but will need a sound IM and ICT capability on which to build.

In responding to the requirements in this ACS, Prospective Service Providers should take account of the IM/ICT domains described in Table 2 and other domains they deem relevant.

Table 2 Information Management & Information & Communication Technology capabilities

Domain	Requirement
Application flexibility	Prospective Service Providers should have information systems that are: • Customisable (e.g. can be upgraded with additional functions) • Extendable (e.g. allows for growth in data volumes) • Scalable (e.g. allows for easy deployment at other sites) • Maintainable (e.g. system administrators can update code-sets, add users, create extracts etc.) • Integrated across consortia and partner agencies (where relevant)
Information systems functionality	Prospective Service Providers should have an information system/s that captures the following data domains (as a minimum). • Client details (e.g. name, address etc); Client socio-demographics (e.g. sex, employment status, etc); legal status; Client relationships (e.g. dependents, family/carer details); Service events (e.g. service start date, contacts, source of funding, etc); Assessment and screening (e.g. AOD problem severity, co-morbidities, etc); Client outcomes (e.g. quality of life) Prospective Service Providers should have information systems that support (as minimum):

	• Case management functionality including (as a minimum):
	  ○ Recording individual and group-based service provision
	  ○ Recording of referrals made to other agencies
	  ○ Recording client case notes
	  ○ Electronic document management (e.g. ability to electronically store and organise scanned documents) and ability to generate, securely send and receive records (e.g. referrals)
	  ○ Allocation of clients to waiting lists/wait times
	• Assessment and screening functionality
	  ○ Ability to implement standardised tools for intake screening and assessment
	  ○ Ability to electronically send and receive assessment and screening summaries (e.g. email PDF documents)
	• Client level outcome measures
	  ○ Ability to implement standardised tools such as outcome measurement tools and protocols
	• Business intelligence
	  ○ Ability to interrogate own data to inform service planning, quality assurance, understanding client experience of care etc
	• Data export functionality
	  ○ Ability to create customised data extracts for the purposes of more sophisticated analysis e.g. for evaluation purposes
	• Resource management

Privacy, security and business continuity	Prospective Service Providers should have implemented business and technology processes to ensure compliance with the V*ictorian Health Records Act (2002)* and Victorian Information Privacy Principles. Prospective Service Providers should have an actionable disaster recovery plan in the event of data loss and/or infrastructure failure.
Governance & quality assurance	Prospective Service Providers should have clear IM/ICT governance policies, standards and guidelines in accordance with Victorian Government ICT Strategy: 2013-2014.