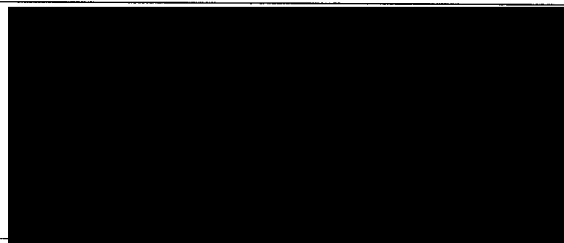


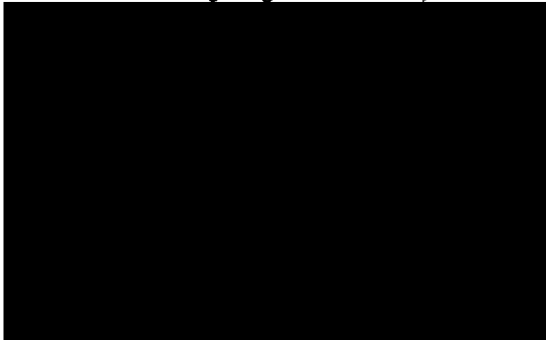
**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

ATTACHMENT JA-14 TO STATEMENT OF JUDITH DORENE ABBOTT

Date of document: 14 July 2015
Filed on behalf of: State of Victoria
Prepared by:
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This is the attachment marked "**JA-14**" 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)**

Alcohol and drug treatment services

Catchment based intake and assessment guide

April 2015

Information for health and human service providers

This guide provides an overview of the catchment based intake and assessment function. It is particularly directed to catchment based intake and assessment providers.

The catchment based intake and assessment function supports client pathways to all Victorian services, inclusive of youth¹, adult, residential and non-residential, state and commonwealth-funded AOD services. This means intake and assessment providers will assist people to navigate the AOD service system and engage more proactively than ever before with treatment providers on behalf of, and in partnership with, AOD clients and their families.

Person-centred treatment is a governing principle in the delivery of intake and assessment services. Clients may choose to seek intake and assessment service outside their residential catchment. Client access to drug and alcohol services is not limited by catchment boundaries.

Scope

Catchment based intake and assessment services are the critical entry points into the Victorian alcohol and drug service system. Intake and assessment services will work closely with Directline's statewide screening and referral service and other treatment providers to facilitate client intake, screening, assessment and referral to treatment, including the use of brief interventions.

Attachment 1 outlines the scope of catchment based intake and assessment services.

Target group

Catchment based intake and assessment services will be the primary point of entry for new AOD clients and will support the movement of existing AOD clients through the AOD service system.

Intake and assessment providers offer services to people aged 16 years and older. Young people aged up to 25 years must also be offered the choice to attend a youth specific AOD service, as appropriate. There is no upper age limit in place for AOD services.

Intake and assessment services will also support families and significant others of people with AOD issues.

Screening, assessment and initial treatment plan

All catchment based intake and assessment services are required to use the department-endorsed AOD screening and assessment tools.² Services will utilise their preferred initial treatment planning tool.

¹ Including youth-specific services

² Available on the AOD sector reform website at <http://www.health.vic.gov.au/aod/reform/index.htm>

The screening tool

A key activity of the catchment based intake and assessment function is to screen presenting clients using the department-endorsed screening tool. The AOD screening tool enables intake and assessment services to:

- Identify client AOD severity and life complexity factors
- Identify high risk clients for whom an immediate response is necessary
- Identify standard clients and complex clients (which are priced differently)
- Identify complex clients for whom the additional support of Care and Recovery Coordination may be appropriate
- Obtain a baseline measure against which outcomes may be mapped over time (using the DH endorsed review tool from the suite of screening and assessment instruments)
- Report on domains that will be collected as part of the Performance Management Framework.

Clients may also present to catchment based intake and assessment services with the department-endorsed screen already completed. The screen may have been self-completed by the client or completed with another AOD or non-AOD provider. Other services may share a previously completed screen with the intake and assessment service with the client's consent. Wherever possible, AOD screening should not be duplicated at catchment based intake and assessment services.

The screening tool is widely accessible via:

- Hard copy (PDF for download from AOD reform website)
- Online screen (at Directline.org.au)
- PC, Mac, tablet and phone compatible fillable PDF (and associated database)³

Screening for substance severity and life complexity

In 2013/14 the department commissioned Turning Point to develop a population level demand model to help understand the characteristics of AOD treatment seekers and the treatment responses they may require. The demand model has resulted in the development of a tiered model which describes a person's level of risk and need.

Five tiers of alcohol and drug problem severity and life complexity were identified, reflecting the range of clients accessing Victorian alcohol and drug services, from non-dependent people to the most at-risk people who require intensive treatment and coordinated support. The tiers provide a standardised way of understanding which client groups may require further assessment for face to face treatment and which groups are suitable for lower intensity telephone and online supports. Clinical judgement is a critical factor in allocating a client's tier.

The Department-endorsed AOD screening tool, combined with clinical judgement, form the basis for determining the most appropriate tier for each client and enable catchment based intake and assessment providers to clearly identify pathways for:

³ A fact sheet on the fillable PDF and database is available on the AOD sector reform website at <http://www.health.vic.gov.au/aod/reform/index.htm>

- Low to moderate risk non-dependent clients suitable for telephone and online supports (Tiers 1 and 2)
- Clients who are likely AOD dependent and require comprehensive assessment (Tiers 3-5)
- Complex clients who should be prioritised for comprehensive assessment (Tiers 4 and 5)
- Complex clients for whom Care and Recovery Coordination may be appropriate (Tier 5)

Tier 5 identifies clients who are likely to require a 'complex' intervention. In addition to the screening tool, a number of other clinical and situational factors will need to be considered by the clinician in allocating a person to a 'complex' treatment. The endorsed screen should not replace clinical judgement. Clients considered to be at risk should be supported to access appropriate treatment/s, regardless of tier classification.

Changes in client circumstances and wellbeing may necessitate a review of a client's tier. As a result, eligibility for standard and complex treatments may change. In these cases, counselling, non-residential withdrawal and care and recovery coordination providers may vary a client's standard or complex status.

When this occurs, providers must advise catchment based intake and assessment providers of the change in status to assist in monitoring capacity. Catchment based intake and assessment services are to acknowledge variation notifications. It is not necessary to refer the client to the catchment based intake and assessment service for re-assessment unless significant change to the treatment plan is sought.

Further work is being undertaken in 2014/15 to refine the tiers model and explore its application in local, catchment and population level treatment planning.

Fact Sheets on the Demand Modelling Project and Screening for Complexity are available at:
<http://www.health.vic.gov.au/aod/reform/index.html>

Assessment

Those providing AOD assessment will use the department-endorsed comprehensive assessment tool and clinical judgment as a basis for verifying a client's tier and determining the level and type of treatment and support required by presenting clients. This work should occur with the support of clinical supervision.

Priority assessment should be provided to those identified at significant risk and Tier 5 clients due to their level of AOD dependence and life complexities identified at screening.

Initial treatment plan

AOD practitioners providing assessment will develop an initial treatment plan for all clients. Information collected in the screening tool, the comprehensive assessment, the identified treatment needs and the client's own preferences will inform the development of the initial treatment plan.

The initial treatment plan forms part of the package of referral information provided by catchment based intake and assessment services to treatment providers.

Pathways for existing AOD clients

To support smooth pathways between AOD treatment streams, clients seeking additional AOD treatment beyond their current course of AOD treatment are not required to return to the catchment based intake and assessment provider.

In most cases, the existing treatment provider will facilitate access to further treatment, update the treatment plan and inform the catchment based intake and assessment service of the client's allocation to a new course of treatment (for adult non-residential treatment services) or episode of care (for all other AOD service types). This referral activity is built into the funding product of the existing treatment provider (i.e. course of counselling, withdrawal or coordination).

DirectLine and catchment based intake and assessment services can provide referral information for further treatment options.

Clients may be referred back to catchment based intake and assessment for re-assessment if a significant change in need or life complexity suggests that this is warranted.

Interface with other services

Directline

DirectLine is a confidential and anonymous 24/7 telephone and online service which provides people with support, information, advice and service referral in relation to alcohol and drug issues. DirectLine is the statewide point of access to the AOD service system and provides an important pathway into catchment based intake and assessment services for people requiring further assessment and treatment.

For callers identified as AOD dependent and wanting to enter treatment, with client consent DirectLine will provide facilitated referral to catchment based intake and assessment services. Facilitated referral means that DirectLine will link clients into a three-way telephone call with the appropriate catchment based intake and assessment service.

The DirectLine operator will ensure that the client is handed over to a catchment based service prior to leaving the call, where possible, and will provide an introduction based on the initial telephone contact. Where the DirectLine operator is not able to speak with an intake and assessment worker in the appropriate catchment, with the client's consent DirectLine will email the service with brief information about the caller. This email will include contact details and preferences regarding appropriate contact by the intake and assessment service.

DirectLine also provides a wide range of early interventions suitable for non-dependent or pre-treatment populations. Self-guided information, advice and brief interventions are available for clients as an alternative to referral for face to face assessment and treatment. Information, advice, and brief interventions are also valuable tools available for clients during treatment, and as post-treatment supports. This includes the 4-6 session Ready to Change program which delivers more intensive telephone support. Catchment based intake and assessment services may support clients to access this DirectLine program where it is seen as an appropriate alternative to face-to-face treatment.

Where an after-hours intake and assessment response is not available, DirectLine will accept diverted phone calls from catchment based intake and assessment services and will liaise directly according to protocols established with individual agencies.

Forensic clients

ACSO will continue to undertake the majority of intake and assessment services for forensic clients through the COATS program, in particular clients referred through Community Corrections, Courts and the Adult Parole Board. For these clients, ACSO will develop the initial treatment plans, refer clients to the most appropriate local service and notify the catchment based intake and assessment service of all referrals.

Department of Health and Human Services

Catchment-based intake and assessment providers are expected to deliver intake and assessment services for forensic diversionary clients. This includes clients referred through the Court Integrated Services Program (CISP), Court Referral and Evaluation for Drug Intervention and Treatment (CREDIT) program and other at risk clients such as those previously captured under Rural Outreach Diversion and Koori Drug Diversion programs.

An annual target of 10 per cent of the Intake and Assessment Drug Treatment Activity Unit (DTAU) funding for each Intake and Assessment provider is allocated for this purpose.

Catchment intake and assessment providers will be required to submit a Treatment Completion Advice (TCA) to ACSO for each intake and assessment service for a forensic client for reconciliation against the 10 per cent DTAU allocation and referral to treatment if indicated. Fee for service arrangements are in place for intake assessment provided over and above the 10 per cent DTAU allocation.

For further information on funding and reporting related to the intake and assessment of forensic clients, a Forensic Fact Sheet is available at: <http://www.health.vic.gov.au/aod/reform/index.html>.

Drug Diversion Appointment Line (DDAL)

DirectLine will continue to manage DDAL referrals from Victoria Police. Low risk DDAL clients will receive a structured telephone intervention from DirectLine. Substance dependent or at risk DDAL clients will be referred to the relevant catchment based intake and assessment service.

Catchment based intake and assessment services are required to accept DDAL referrals and provide screening, assessment and brief interventions to DDAL clients. Two DDAL service delivery options are now available to catchment based intake and assessment services:

- A single face to face session incorporating screening, assessment and brief intervention
- Two face to face sessions incorporating screening, assessment and brief intervention

The use of one or two DDAL sessions will be determined by the client's substance use severity and life complexity. DDAL clients who require AOD treatment beyond the DDAL requirement will be referred to ACSO for forensic brokerage to treatment under the COATS program.

Catchment based intake and assessment services will be required to submit Treatment Compliance Advice (TCA) forms to ACSO for all DDAL clients on completion of the session(s).

Care and Recovery Coordination

Clients identified at intake and assessment as complex may be recommended for enhanced support through the Care and Recovery Coordination function. Facilitated referral is required for these clients to ensure they make contact with the Care and Recovery Coordination Worker. To minimise duplication, Care and Recovery Coordination will not be available to AOD clients where a Services Connect Key Worker has a leading role in coordinating their care (see Services Connect section below).

Residential AOD services

Residential AOD service providers are critical partners in the provision of joined up services to AOD clients. Catchment based intake and assessment services will be expected to work closely with residential AOD providers to support client access to these services, where required.

With client consent, consistent with the service's legislative requirements, client referrals to residential AOD services will include the screening and assessment information collated by the catchment intake and assessment provider.

Residential providers will continue to accept direct clients referrals from AOD services, youth AOD providers, ACCHOs, ACCOs, Commonwealth funded AOD services and private providers. Residential providers will be responsible for informing their local catchment based intake and assessment service of accepted referrals.

Residential services are responsible for any client assessment and information above and beyond the endorsed comprehensive AOD assessment. To minimise duplication, any additional residential-specific assessment should build on and complement the existing comprehensive assessment of referred clients. Residential services should liaise with intake and assessment providers to clarify intake and assessment processes.

Youth AOD services

Catchment based intake and assessment services will be expected to work closely with youth AOD providers to support client access to these services, where required. Subject to legislative requirements and the consent of the young person, catchment based intake and assessment services will provide a young person's screening and assessment information to the receiving youth AOD treatment provider.

Youth AOD treatment services will continue to accept referrals from a range of AOD and other sources, including child protection and out of home care providers, youth services agencies and youth justice providers, Youth AOD providers will be responsible for informing their local catchment based intake and assessment service of accepted referrals.

Victoria's youth AOD providers have established the Youth Drug & Alcohol Advice (YoDAA)⁴ as a 24/7 one-stop shop to support better outcomes for young people with problematic substance issues in Victoria. YoDAA provides online content, telephone support, live webchat and email services.

Catchment based intake and assessment services should be familiar with pathways to youth-specific service AOD responses offered by the YODAA platform, as well as other youth AOD services.

Pharmacotherapy services

Pharmacotherapy is one of the six treatment streams that comprise the AOD treatment sector in Victoria, and a critical service delivery partner at the catchment level. Catchment based intake and assessment services will support client access to pharmacotherapy services, where required.

Catchment based intake and assessment services should provide clients with warm referrals to pharmacotherapy prescribers and pharmacists. This involves supporting the client referral by making direct contact with approved prescribers and pharmacists on behalf of clients.

Intake and assessment services may also contact DirectLine on behalf of clients to obtain information about pharmacotherapy providers. Where clients have other AOD treatment needs, intake and assessment services should also offer screening and assessment, and referral to treatment and support.

⁴ www.yodaa.org.au

DirectLine will continue to provide callers to their statewide service with referrals to pharmacotherapy services, where appropriate.

Clients may also continue to seek pharmacotherapy directly through primary care providers.

Clients seeking a pharmacotherapy referral will only require screening and comprehensive assessment at catchment based intake and assessment services where additional AOD treatment is sought.

Intake and assessment services should also liaise with local Pharmacotherapy Area Networks to support enhanced referral pathways to pharmacotherapy services, and with the Pharmacotherapy Advocacy, Mediation and Support (PAMS) service which provides telephone-based information, support, advocacy, referral and mediation for opiate pharmacotherapy consumers.

Other AOD providers in the catchment

Catchment based intake and assessment services will be responsible for establishing strong relationships with all AOD providers⁵ in their catchment to support smooth referral pathways for clients and the appropriate flow of client information in line with relevant legislative requirements and client-centred practice. Existing provider relationships should be preserved wherever possible.

Intake and assessment services should be mindful of existing assessment arrangements at other AOD agencies. For example, some Commonwealth-funded AOD services are required to deliver assessment as part of their funded model of care. Intake and assessment agencies should liaise with Commonwealth-funded providers to minimise the assessment burden on clients. Options to minimise duplication include intake and assessment services providing screening and referral only to clients, where appropriate. This should be recorded under the relevant Intake and Referral funding product and be reporting to the catchment based intake and assessment provider.

Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Controlled Community organisations (ACCOs)

Catchment based intake and assessment services and ACCHOs and ACCOs will need to work closely to facilitate smooth and expedited pathways for Aboriginal clients. Intake and assessment services should establish strong relationships with local ACCHOs and ACCOs with a focus on enhancing service accessibility, clarifying client pathways and delivering culturally responsive services for Aboriginal clients.

To enhance AOD treatment accessibility, Aboriginal clients may continue to directly access ACCHOs and ACCOs, in addition to accessing catchment based intake and assessment services. ACCHOs and ACCOs may refer Aboriginal clients directly to all AOD services as long as catchment based intake and assessment services are informed of the referral in writing. Agreed processes for informing intake and assessment services of direct Aboriginal client referrals should be negotiated between ACCHOs or ACCOs and local intake and assessment services.

Intake and assessment providers in other catchments

Catchment based intake and assessment providers will be required to ensure the smooth flow of clients across catchments by working closely with other intake and assessment providers. The secure and timely

⁵ Inclusive of youth, adult, residential and non-residential, state and commonwealth-funded AOD services.

transmission of client information must also be supported between catchment based intake and assessment providers to minimise duplication and burden on clients. Appropriate client consent must be obtained prior to client information being shared.

Services Connect and Partners in Recovery

Some AOD clients presenting at specialist AOD services may be referred from or in receipt of case management support and care coordination from Services Connect Key Workers or Partners in Recovery workers. With the client's consent, catchment based intake and assessment services will be required to clarify the level of support provided to the client by other services.

Where a Services Connect Key Worker is in place and providing a guided or managed level of support, Services Connect will take the lead role in care coordination and AOD staff will support the client to ensure access to appropriate AOD treatment services. This inter-sectoral liaison is a key component of the intake and assessment function, as reflected in the 60 minutes of care coordination activity incorporated into funding for the Comprehensive Assessment & Initial Treatment Plan product.

To minimise duplication, Care and Recovery Coordination will not be available to AOD clients where it is determined that a Services Connect Key Worker has a leading role in coordinating inter-sectoral care.

Severe Substances Dependence Treatment Act 2010

The Severe Substances Dependence Treatment Act (SSDTA) 2010 provides for court-ordered detention and treatment of people with a severe substance dependence where this is necessary as a matter of urgency to save their life or prevent serious damage to their health. It aims to enhance the capacity of those individuals to make decisions about their substance use and personal health, welfare and safety. St Vincent's Health provides residential withdrawal treatment to SSDTA clients, who may be detained for up to 14 days⁶. In 2013-14, nine clients were ordered to undertake withdrawal treatment under the SSDTA 2010.

Catchment based intake and assessment services will work closely with St Vincent's Health⁷, as the provider of the declared treatment program operating under the SSDTA, to facilitate client access to AOD treatment and support.

Other services

Intake and assessment services will be required to liaise with catchment based and statewide service providers to support smooth access and clear pathways for clients to and from a range of services. These services include but are not limited to primary care, housing, mental health, family and Lesbian, Gay, Bisexual, Transgender Intersex (LGBTI) services.

Families and significant others

Intake and assessment services should be responsive to the needs of families and significant others of people with an AOD issue, even when the user is not yet engaged in treatment.

Relevant parts of the endorsed screening and assessment tools should be completed with family members and significant others. Noting that family members and significant others who are not AOD-dependent will

⁶ Further information on the Severe Substances Dependence Treatment Act 2010 is found at <http://www.health.vic.gov.au/ssdta/>

⁷ Enquiries about SSDTA to Martyn Lloyd-Jones at St Vincent's Health - 03 9231 2211 (switch) or (03) 9231 2627 (direct)

screen as tier 1 or 2, clinician discretion and client preference will inform the need for comprehensive assessment and referral to family-focussed face to face AOD support, telephone or online interventions.

Depending on the needs of families and significant others, referrals should be made to family and generalist supports or group and peer based programs and forums where these are available.

If appropriate, catchment intake and assessment providers are able to provide brief interventions or single session therapy for families and significant others and refer to counselling services where this need is identified.

Family members and significant others may also access AOD services directly via walk-ins. Services may 'intake and assess' using the 20% flexibility in their total DTAU allocation, ensuring that this information is shared with the intake and assessment provider to enable monitoring of capacity.

To ensure the needs of family members and significant others are addressed, pathways to support should be well established by intake and assessment providers.

Bed Vacancy Register

Catchment based intake and assessment providers have access to a new electronic Bed Vacancy Register (BVR) to facilitate client access to residential beds. Developed by Turning Point in collaboration with Victorian residential AOD providers, the BVR maintains timely information about current and projected bed availability in residential withdrawal and residential rehabilitation services in Victoria.

The electronic BVR is updated daily (excluding weekends) and is available at Directline.org.au to catchment based intake and assessment and care and recovery providers and ACSO COATS. The BVR will provide information on bed availability by bed type (withdrawal; rehabilitation) and client suitability (men or women; parents with children; forensic or voluntary client). This information will guide direct liaison with residential services to discuss referral and admission.

Refer to the Bed Vacancy Register Fact Sheet for further information at:

<http://www.health.vic.gov.au/aod/reform/index.html>.

Walk-ins at other agencies

In most instances client flow will be directed through the catchment based intake and assessment function. Some clients, particularly in the early stages of system establishment, may present directly to counselling and non-residential withdrawal services. Services can 'intake and assess' these clients using the 20% flexibility in their total DTAU allocation. In this instance, services should ensure that this information is shared with the intake and assessment provider to enable monitoring of capacity and support client movement through the AOD service system.

The Intake & Assessment provider should also have some capacity to in-reach or outpost to locations or services identified as having significant number of service level presentations and provide equity of access across their catchment. This may include service delivery to prisons. It is expected that local services will work together to agree on options for facilitating access to intake and assessment services for walk-in clients.

Prioritisation

Priority for alcohol and drug treatment services will be given to people identified with significant issues regarding risk and/or life complexity. Those at highest priority will typically be complex clients screened at Tier 5.

Consideration of priority should also apply to people who:

- 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 Aboriginal⁸
- have a co-existing intellectual disability or acquired brain injury; and/or
- have a mental illness

After hours service

All intake and assessment services should demonstrate capacity for after-hours responsiveness. This includes some service provision beyond standard business hours and management of online/telephonic responses to ensure any afterhours calls or overflow are diverted to the 24/7 number at DirectLine.

Where after-hours service provision is not in place, DirectLine will accept diverted phone calls from catchment based intake and assessment services. DirectLine counsellors can provide immediate support and information to callers seeking information and advice, and where required will provide after-hours referral via email to catchment-based intake and assessment services.

Waitlist support

The care and recovery coordination function has a responsibility for delivering waitlist support to care and recovery coordination clients awaiting entry into AOD treatment.

For all other clients awaiting treatment entry, the coordination of interim support is funded through 60 minutes of care coordination activity which is incorporated into funding for the Comprehensive Assessment & Initial Treatment Plan product.

Upon the point of intake, catchment based intake and assessment providers are responsible for engaging and supporting clients awaiting AOD assessment and/or treatment. Waitlist support provided by intake and assessment services and care and recovery coordination services is a particularly important response during high volume periods or service peaks and is to be responsive to a client's level of risk, complexity and preferences.

Various local approaches (individual and group) and modalities (face to face, telephone, online, SMS) may be used to support clients awaiting service. DirectLine offers a range of interventions including self-guided information, advice and a range of brief interventions that are suitable as adjunctive supports for clients who are pre-treatment, in treatment or post-treatment.

Waitlist support should be delivered collaboratively, where available, with other service providers.

⁸ Aboriginal specific alcohol and drug treatment services provided by Aboriginal Controlled Health Services (ACCHOs) are available to the Aboriginal community.

Clinical governance of clients on waitlists

Intake and assessment providers retain clinical responsibility for a client referred to another service's waitlist until the receiving service accepts the client's transfer of care, delivers any intervention or any activity⁹ to that client. From this point, **both** the referring and receiving services hold responsibility for a client on the waitlist. In this instance, the clinical governance responsibility for a client on a waitlist is shared between services.

This means that where a *receiving* service (i.e. a counselling provider) has engaged a client in some way whilst they are on their waiting list, the *referring* service (i.e. intake and assessment provider) still shares duty of care for that client until the client moves off the waiting list into treatment. This will be underpinned by clear communication processes between referring and receiving services.

Note that clinical governance is a clinical rather than operational issue and should be managed by services in the context of their own clinical governance and risk management strategies.

Fillable PDF and data base

The department has released fillable PDF tools and a database for the screening and assessment instruments. Fillable PDFs are available for all elements of the screening and assessment tool. An online database has been also developed to capture the key domains in the PDF forms. De-identified data may be extracted from the database into a secondary excel file and used to inform agency, catchment and state wide planning, and may contribute to reporting on performance.

Refer to <http://www.health.vic.gov.au/aod/reform/index.html> for a fact sheet on the Fillable PDF and database for screening and assessment tools.

Information management

Referral information

All catchment based intake and assessment services are required to ensure that a client's screening and assessment information and initial treatment plan is available to treatment providers. Catchment based intake and assessment services will ensure this occurs in a secure and timely manner to support treatment commencement, and that the appropriate client consent has been obtained.

Appropriate and secure transmission of relevant client information will assist to minimise unnecessary repetition of screening and assessment on clients and allow treatment services to focus their work on delivering treatment interventions.

Information on client flow

Catchment based intake and assessment providers will be required to maintain a record of client flow across the entire catchment in order to understand the capacity of services to which intake and assessment refer. Understanding service level capacity will inform pattern and volume of referral from intake and assessment to catchment level services.

⁹ Intervention or activity is inclusive of brief contact with a referred client to confirm receipt of referral and other client information.

The intake and assessment service's record of client flow will be inclusive of all in scope and out of scope AOD services. Intake and assessment providers will be expected to collaborate closely with all specialist AOD providers in the catchment to facilitate information transfer about client movement, within their relevant legislative obligations. Local protocols and agreements among intake and assessment providers and other AOD providers will support this process.

Providers of residential, youth and Aboriginal services will be required to advise their local catchment based intake and assessment service of the movement of clients into and out of their services. This will inform the volume of referrals from catchment based intake and assessment services to residential, youth and Aboriginal services.

Client continuity

Catchment based intake and assessment providers will liaise with DirectLine, ACSO COATS, and all local services to clarify catchment level information management processes.

Catchment based intake and assessment providers will keep DirectLine, ACSO COATS and their regional departmental representative informed of any issues impacting on client flow to or from catchment based intake and assessment services.

Further information

Please refer to <http://www.health.vic.gov.au/aod/sectorreform/index.htm> for further information on:

- Service specifications for the adult non-residential treatment functions including the catchment based intake and assessment function
- Demand modelling
- Screening for complexity
- Funding model
- Forensic
- DirectLine
- Bed Vacancy Register
- Fillable PDF and database
- Information for clients and families

Attachment 1 – Scope of catchment based intake and assessment services

Catchment-based intake and assessment services are funded to:

- Be responsive to the needs of all clients and their families (including dependent children) with appropriate approaches to CALD, Aboriginal, dual diagnosis, homeless, forensic and LGBTI 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 and 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 intake service, the bed vacancy register and ACSO 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.