

Grampians AOD Catchment Plan

Plan 2015-2016

Part 1

"To deliver on the goal of individual and collective well-being, we must embrace a person-centric approach to services...we must find new ways of grasping the experience of people who encounter our system and constantly, rapidly, recalibrate our systems around that experience. We must focus, not just on widgets or even outcomes, but rather on the outcomes that matter to people"

Pradeep Philip and Vishaal Kishore DHHS August 2015 "Rethinking a contemporary social justice in government"

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Executive Summary

This plan primarily covers the period 2015 -2016, the first year of a three year planning process. Catchment wide thinking and catchment wide activity are new aspirations and a new experience for many AOD workers. In order to meet the needs of clients throughout the region, organisations must find new ways of working effectively together.

In year one, catchment planning will focus on creating opportunities for integrated and collaborative work to be facilitated and supported across the region. Interconnectedness is especially important when dealing with complex clients, including those who have a dual diagnosis. This approach will create a professional structure and build capacity in a workforce that is responding to significant change. If successful, the new structures will be a strong foundation to increase client engagement and focus on client needs and service system gaps in the following years.

A well-defined Governance process has been in place for the planning function since December 2014. There has been consultation with the AOD sector including a facilitated strategic planning process undertaken in July 2015.

The key areas of action identified are:

- Shared AOD workforce identity across all AOD agencies leading to a shared system, and a catchment wide approach
- Building workforce capacity and momentum in times of significant change
- Meeting the needs of complex clients in a new system
- Better meeting the needs of vulnerable children and families as a sector
- Linking of the Pharmacotherapy treatment type into the AOD service system

There are two parts to this plan:

Part One includes an introduction to the Grampians region, the rationale for the approach and the key strategies. The System Level Leadership Framework has been adopted in order to support the catchment approach to the strategic plan. It describes three key domains, these being:

Domain 1: Creating System Intelligence and Awareness, where main activities are to map, scan and join the dots.

Domain 2: Create Networks of Influence, where the main activities are to clearly define the formal processes such as governance and communication pathways between stakeholders and defining consumer interfaces. It also encourages the development of informal and fluid networks and enables the work of Innovation Teams.

Domain 3: Identify Action Platforms which enable new or redesigned services, products or processes and shape the settings in which we work locally. Influence around broader systems may be possible through this work.

Part Two contains data collated for its relevance to the Alcohol and Other Drugs sector, the client group and the workforce. It is evident that alcohol and other drug misuse

contribute to the prevalence of chronic disease in our area and that the AOD sector has a valuable contribution in providing primary care services that improve client outcomes.

- Vulnerable groups in our catchment have been identified as Aboriginal, CALD, homeless people, farming families experiencing hardship in the Wimmera and prisoners leaving prisons.
- This data will contribute to the work on improving the AOD sector response to complex clients and this may include those with a dual diagnosis.
- The AOD sector has also sought data on vulnerable families as this is an area that the sector is committed to improving their response. It will be a role of the AOD catchment planner to work with agencies to find meaningful data at the agency level to measure improvement in this domain.
- Pharmacotherapy is included in the catchment plan to assist in the integration of this treatment type in the AOD service system. The AOD catchment function has a role in engaging all treatment agencies. The Pharmacotherapy Network provides links to GPs and Pharmacists. The key area of work will look at strengthening the relationship between ACSO and ORT providers.

While there has been no direct consumer input into the development of the first year plan, the consumer perspective is considered through the results of consumer survey (n = 25) undertaken by the Grampians consortium of five member agencies. The AOD workers have been advocates for their clients and many of the reports sourced have included clients' needs. There will be an increase in the focus on client engagement in Year 2.

A recent presentation by Pradeep Phillip and Vishaal Kishore from the Department of Health and Human Services, "Rethinking a contemporary social justice in government," contains thinking which supports the approach taken in the development of this plan and is summarised by their comment,

"A new approach to social policy will demand that we...seek new principles, new platforms and a new engagement model."

Introduction

The Grampians region, connected by the ribbon of Western Highway that runs through nearly all the LGAs within its borders, occupies a large swathe of Victoria.

Most of the population lives in the eastern shires, with Horsham having the biggest population base west of the Grampians National Park. The region is characterised by a growing older population, areas of significant disadvantage and services in many sectors are stretched in both capacity and resources.

Travelling distances is part of the lifestyle and part of the organisational response for many agencies and while there are increasing facilities for teleconferencing and video-conferencing, there is ongoing necessity for face to face service provision and meetings. Working across a large regional area brings challenges not experienced in the metropolitan areas. Face to face interaction, so essential for strengthening connections between people, helps build relationships between organisations and service providers, but has a significant cost in time out from planning and direct service provision due to travel requirements.

People potentially at risk in relation to Alcohol and Other Drugs are clearly evident in the region. Our population includes recently arrived refugees, families having a child with a disability, families experiencing financial hardship, Aboriginal and Torres Strait Islander families, people with mental health problems and/or a history of family violence, people experiencing situational stress, forensic issues, chronic health conditions and those who have a parental history of abuse and neglect.

The region has its own particular requirements including:

- The need to have at least one Residential Withdrawal unit available in the region. At present, rural and regional clients attend Residential Withdrawal in Geelong, Bendigo or Melbourne. Transport is provided for clients across the region to/from these centres and can involve a network of AOD service staff acting as drivers and support at a cost to hours available for direct service provision. A community-based rehabilitation program, funded post-reform for Central Highlands and Grampians Pyrenees has recently commenced in Ballarat. This 7 week program, called "Making a Change" has been established for clients who are aged 18 years and over. It demonstrates a responsive approach for people who need assistance in their recovery journey, through its provision of facilitated and meaningful participation in the community.
- The need for additional Rural Withdrawal nurses, particularly in the Wimmera regions
- The need to assist access to the system for rural clients, enabling them to have a timely response and face to face interviews at assessment and intake services across the region, *should they choose*. This would negate their need to travel in a region with sparse public transport if face to face contact is what they are seeking.

The above requirements remain as ongoing advocacy issues for the AOD agencies who will take up any opportunities for funding in order to meet these needs. While noting the

impact these requirements have on service delivery, catchment planning will focus on creating opportunities for integrated and collaborative work to be facilitated and supported across the region.

Background and Context

Victorian Context

In 2014, the Victorian State Government introduced a reform process for Adult Alcohol and Other Drug (AOD) Treatment services. Key reform actions include:

1. Emphasis placed on a person-centred approach and recovery-oriented treatment. Model of practice needs to be culturally safe and inclusive and ensure that children of people in treatment become core business for AOD services
2. Establishing a central intake and assessment service for all adult clients (25 years and over) who would attend all in-scope services to improve accessibility to services
3. Demonstrated high-quality, evidence-based treatment
4. Introduction of common screening and assessment tools
5. Establish integrated pathways and joined-up services for clients that also connects with other sector supports and services
6. A capable and high quality workforce

("New directions for Alcohol and Drug Treatment Services – A roadmap" DHHS 2012)

Catchment based planning is a new role funded by the Department of Health and Human Services in line with the reforms. The role has been established across all 16 Victorian catchments together with Mental Health Catchment Planning as part of the 2014 Victorian AOD treatment services reform.

Catchments were established to improve collaboration, planning and service coordination between AOD services and other health and welfare services, and to reduce system fragmentation. It is intended that approved service providers work together under a common plan that identifies critical service gaps and development needs at the local level. Catchments are not intended to restrict client choice.

(Factsheet: Alcohol and other drug treatment in Victoria April 2015 DHHS)

Grampians Region

With the reform process that is currently being implemented across the state, AOD service provision in the Grampians region is occurring against a background of massive change within the adult treatment system.

Significant changes have occurred within AOD provider agencies, in their staffing and in the way they do business. New professional relationships have to be established between three main parties, the Grampians Uniting Care Consortium (Uniting Care Ballarat being the lead agency), the Grampians AOD Consortium (Ballarat Community Health being the lead agency) and ACSO – the Australian Community Services Organisation which has been commissioned to work as the central intake and assessment agency across this catchment.

Anecdotally, changes noted after reforms were introduced in the Grampians include:

1. Impact on clients and treatment services from central intake and assessment - clinicians often need to reassess as part of their approach
2. Clients can find it difficult to use the new system
3. Capacity for services to undertake Care and Recovery does not match demand
4. Retaining experienced staff during the uncertainty of the implementation process
5. More competitive, less collaborative environment for service providers
6. Confusion about system requirements, referral pathways and communication processes
7. Family inclusive treatment and information is not always evident in assessment and service provision
8. Time needed to undertake new administrative requirements impacts on time for service provision.

It has been now over a year since the reform was introduced and agencies are beginning to find new ways to work together, but have limited capacity to undertake much of the work required to support this process effectively.

Assumptions

The Grampians Region approach to catchment wide planning includes the following assumptions:

- There is a genuine commitment by the AOD sector to improve health and wellbeing outcomes for AOD clients and their families
- Client centred care is a product of a skilled, quality workforce
- Catchment wide thinking and catchment wide activity are new aspirations and a new experience for many AOD workers that has developed in response to catchment wide funding
- Re-establishing and strengthening relationships in the AOD network primarily, will help to support the AOD workforce through the change process and to coordinate improvements

Approach

This plan describes activity relating to the first year of a three year planning process, where some of this activity will be ongoing.

In the first year, development of the catchment wide plan in the Grampians region has focused on capacity building of the AOD sector which includes identifying people and processes to govern and action catchment wide thinking and activities that will improve client health and wellbeing outcomes in the future.

In Year One, there is emphasis on sector intelligence to inform, as there is limited existing capacity and limited resources to undertake projects and implement change. Good will and sector leadership will be required to harness shared capacity to create a local culture of quality improvement.

In Year Two the emphasis will shift to consumers and carers. This shift will be supported by having improved structures and processes in place and help create opportunities to identify gaps in processes around unmet consumer needs.

The framework adopted to inform this plan is System Level Leadership and the action areas identified around building staff capacity have come from Steering Group meetings, agency meetings and a facilitated workshop.

The majority of staff from the Grampians AOD sector attended a strategic planning session facilitated by the consultants "Foresight Lane", where the desire to build a shared identity for members and the capability for shared service delivery was strongly identified.

Finding ways to assert their voice and expert knowledge within the current AOD system, would not only give momentum to the AOD workforce, but is essential for them in order to maintain effective guidance and support for their clients.

While their focus is firmly on service delivery to clients, the AOD workforce also expressed the desire to remain aware of their contribution to a wider service system.

Evidence for Creating Networks of Influence and Capacity Building

A recent report on the evaluation of the Alcohol and Other Drugs Peak Bodies throughout Australia made a number of points that resonate with the direction the Grampians region is utilising with this strategic planning process.

- **Capacity building has been defined as** "building a strategy that improves the ability of AOD workers, services and/or the broader AOD system to achieve better AOD health and social outcomes ¹

Discussion within the Grampians Catchment Wide Planning Steering Group considered the following questions in relation to the point above:

- What abilities do we want and/or need to improve in AOD workers?
 - What skills do we need?
 - How can we measure outcomes?
 - How are we currently measuring this?
 - What are we doing to respond to that information?
- When surveyed about the ***most important long-term outcomes that capacity building*** can bring, the peak AOD bodies across Australia identified most frequently (in descending order of frequency)
 - Increased awareness of best practices in AOD service delivery
 - Strengthened networks and collaborations
 - Increased implementation of best practice delivery
 - Better skilled AOD agency staff
 - Enhanced dissemination of information and other resources
 - Improved awareness of and responses to complex needs clients
 - Improved agency governance
 - Improved sector planning

- Stronger mental health responses
- **Effectiveness of staff resources cannot always be measured in quantifiable terms.** These resources include “good will and in-kind contributions of high level expertise”.² These can be garnered when accessing the intellectual knowledge capital of the AOD workforce and may occur at a “swap meet” of capacity building activities.
- **The relative importance of four capacity building strategies** were rated by respondents in the survey and are as follows from (1) most important to (4) least important
 1. Building sustainable linkages and strategic partnerships
 2. Assisting services to undertake service improvement
 3. Identifying and facilitating training opportunities
 4. Developing and promoting relevant information and resources
- **Where capacity building takes place** (for peak bodies), but related to Grampians region
 1. Individual workers within other AOD organisations
 2. Networks (both formal and informal)
 3. Other organisations in the AOD and or/related sectors
 4. The state/territory peak body itself
 5. Individual workers within the state/peak body
 6. The external enabling (or impeding) environment
- All the AOD peak bodies have **clearly articulated strategies for obtaining feedback** from members and others

The following statements are included in the body of the 10 recommendations from this evaluation study and are pertinent for our region

- Capacity building needs to continue to be supported (funded) by the Commonwealth as a key service strategy, acknowledging that **improved client outcomes are contingent** upon strengthened worker, agency and sector capacity³
- Funding capacity building work from the same pool of money used to support agencies’ service delivery could have potential **adverse consequences of direct competition for the limited funds available**
- Future capacity building work by peaks will include **strengthening professionalism, improving governance and better management of data**
- Related to this is the need to strengthen AOD workforce and agency flexibility, so that they can **respond efficiently and effectively to changing needs and opportunities**
- A broadly accepted **sound capacity building strategy** is to engage in advocacy and sector representation activities
- An emphasis on **continued opportunities for training.**

Source: David McDonald, "Evaluation of the Alcohol and other drugs Peak Bodies' Roles in Building Capacity in the non-government alcohol and other drugs sector", Social Research and Evaluation, May 2015

1, p. ii

2, p 11

3, p vi

Governance

Catchment Planning Role

In the Grampians region, the AOD catchment planning role is auspiced by Ballarat Community Health and has been in place since September 2014. Governance is provided through an AOD Catchment-Wide Planning Steering Group which was established in December 2014 to help guide this work.

The aim of the Catchment Planning position is to work with all partners, undertake data analysis including gathering sector intelligence and consumer input and facilitate change in a planned and agreed way in order to assist and support all organisations to more effectively meet the needs of clients in the region.

The catchment planning role is a resource for all AOD services and is intended to form a valuable point of interface with other agencies and taskforces.

A key requirement of the role is to develop an evidence-based annual catchment-wide plan. This is to be developed in consultation with all AOD treatment providers in the region. In creating a more strategic, targeted and joined-up approach, it is anticipated the region can better respond to identifying and meeting the needs of clients

Steering Group

The Grampians Catchment-Wide Steering Group represents all services across the Grampians region including AOD treatment services recommissioned in Stage 1, those identified in Stage 2 recommissioning and also those out of scope. The Catchment Planning Steering Group reports to the Grampians region CEO /DHHS group as required.

The Steering Group's Objectives

1. Review relevant health and population data that identifies and increases understanding of regional needs, especially for diverse and vulnerable populations
2. Development of and regular review of the catchment based plan
3. Support engagement and discussion with other relevant agencies and planning structures
4. Ensure views of clients and their families inform the development and review of the catchment based plan
5. Engage all alcohol and drug treatment services within the catchment planning process.

Vision

To create a responsive and coordinated AOD system based on the client and their support people's needs.

Mission

The role of the Steering Group is strategic thinking and planning for our catchment.

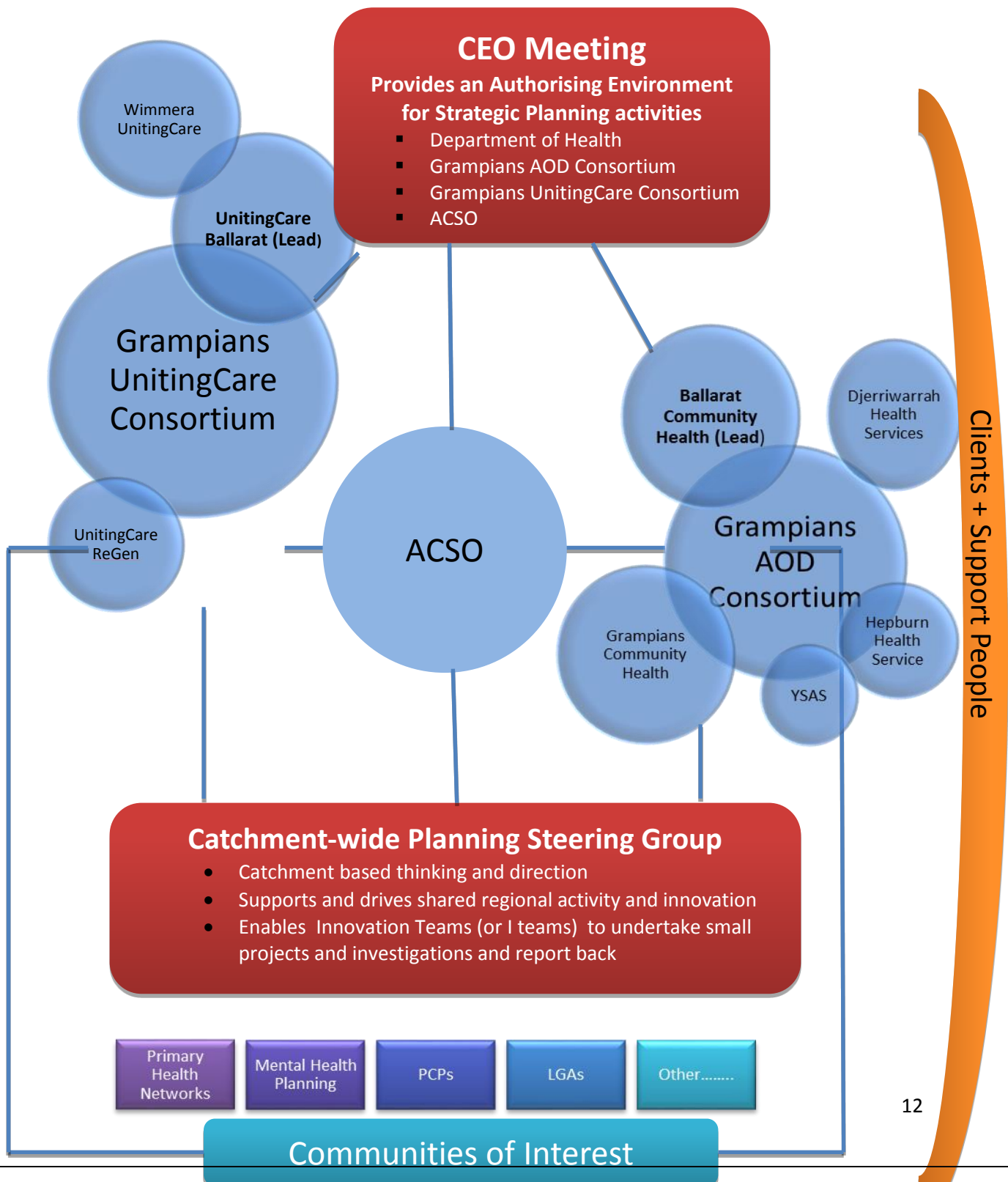
See Appendix 1: Steering Group Terms of Reference

Core membership of the group includes:

- Grampians AOD consortium

- Grampians Uniting Care consortium
- Intake assessment service (ACSO)
- Grampians PCP
- Manager of the Orticare Network
- Grampians Region Network Coordinator
- Mental Health Catchment Planner
- Manager ABI services

Figure 1: Governance Model of Catchment Planning in Grampians region



Changes in governance since the facilitated strategic planning process

Steering Group Meetings

Steering Group meetings have been held on a monthly basis however, the strategic planning process has identified how this group could be more effective, including frequency of meetings. Steering group meetings will now continue every 6 weeks. Reports and plans are to be presented to the DHHS/Adult AOD CEO meeting as required. Clearer relationships and other changes in the governance approach is to be defined in work undertaken in the first year.

The creation of Innovation Teams

Strategic planning also encouraged the creation of Innovation Teams. This process enables the sector to “adopt a maker approach”, that is, taking action that matters to clients, to the workforce and to organisations. It involves engaging interested members of the AOD sector for their wisdom and expertise in order to progress the implementation of catchment- wide activities as identified in the strategic plan.

Current thinking around Innovation Teams is as follows:

- Teams will be enabled by the Steering Group and supported by the Catchment Planner
- Teams will comprise small groups of people (no more than 8)
- Teams will be engaged for a specified period of time
- Teams will be provided with a brief consistent with the strategic plan
- Teams will report to the Steering Group, Consortium and Agency meetings as required
- Members of teams will have the opportunity to attend training in quality improvement approaches, be willing to abide by the Terms of Reference and be willing to commit to the tenure of the brief

This approach will help build relationships, will help promote best practice in the region and will assist in supporting isolated workers (through their participation or contribution to Innovation Team findings).

It has an evidence base in the work of John P Kotter, an international expert who is widely regarded as the foremost speaker on Leadership and Change. He has developed an updated change management approach which utilises a network composed solely of volunteers who undertake strategic work in addition to their regular jobs.

The approach is described in a 2014 Harvard Business Review article “Building Strategic Agility for a Faster Moving World,” John P. Kotter

Strategic Planning Consultations

In November 2014, all service agencies were invited to attend a regional planning meeting auspiced by the CEOs of consortium lead agencies, the Department of Health and ACSO. From this meeting, the Grampians Region AOD Catchment Planning Steering Committee was created and membership is representative of most consortium members.

Members of the newly formed Steering Group identified:

1. **Vulnerable Children and Families** - as the first domain to explore. While there is substantial evidence around the families at risk in the region, there is no region-wide knowledge of the data currently collected by agencies about vulnerable children and families currently being provided AOD services, or the indicators used to identify them.

Within the AOD sector, adults are seen as the primary clients and children are regarded as secondary clients only. Services are not consistently providing a holistic response to families and the impacts of issues facing the family are not commonly assessed across the region. We don't know how many children are affected and what responses are available or provided.

Other top priorities to come into focus were:

2. **Pharmacotherapy** – Much work has been undertaken within the region over the past year to develop a service system and referral pathways to increase access to pharmacotherapy services. The region could build on this work and establish a link between adult AOD intake and pharmacotherapy treatments, with the aim of normalising pharmacotherapy as a treatment regime
2. **Workforce**-The AOD workforce has been depleted in service capacity since the reform. Data collected to date also indicates fewer clients have been referred to services since the reform process began. Where are they going? Are they accessing other more readily available services such as Emergency Departments? In addition to reduced funding for EFT, there has been increasing evidence from agency and interagency meetings, that capacity building will be essential to ensure better outcomes.
3. **Complex Clients** – It is recognised that the majority of clients in AOD services have trauma in their background and that they often sit at the intersection of service sectors that may include Mental Health, Alcohol and Other Drugs and Homelessness. When services are siloed we cannot meet the needs of these clients well. They are a very vulnerable group with multiple vulnerabilities and can be very difficult to engage and to sustain contact with. Anecdotally it is recognised they should be first in line, but they're often not. They can fall between the cracks and management is often long-term.

See Appendix 2 – Definition and Profile of a Complex Client – Management is facilitated by Grampians Partners in Recovery

Facilitated Workshop

In July 2015, the consultancy group "Foresight Lane" was engaged to conduct a strategic planning workshop for AOD service staff from across the Grampians region and where the majority of AOD staff attended. Five action areas were identified.

Identified Action Areas with Focus on Year One (2015 – 2016)

Action areas in year one are:

1. Shared identity leading to a shared system
2. Building workforce capacity and hope
3. Some activities will be ongoing.

Action Areas that will commence in Year One and that have more focus in Year Two and Three and involve input from consumers and carers

4. Working with complex clients
5. Better meet the needs of vulnerable children and families
6. Pharmacotherapy

The strategic plan needs to be relevant for the context within which it is being developed. This is a period of significant change as ongoing fiscal constraints mean that service systems are struggling to keep up with community demand and need. Recent reforms have placed further strain on the system as organisations and staff adapt to the new arrangements.

System Level Leadership Framework

The System Level Leadership Framework is used to support this plan. Work undertaken in Domain 1 and Domain 2 effectively supports activities in Domain 3.

Whilst periods of significant change present challenges for providers, they are also often a time when players in the system start to innovate and trial new ways of doing things.

In providing system level leadership, the Grampians AOD Catchment Wide Steering Group will use this framework through which stakeholders can regain a sense of agency and trial innovative responses. A 'maker philosophy' will be adopted by starting small with trial projects. This will mitigate the risk to providers and ensure that the models are refined and adapted as they are tested in the marketplace.

System Level Leadership Framework

Foresight Lane Framework for System Level Leadership (August 2015)

This model has been used to drive the development of the Grampians region Strategic Plan.

Table 1: System Level Leadership

Project Name:	Describe the problem:	What's the value we are creating? <ul style="list-style-type: none"> Improved outcomes Better meet consumer/client needs Stakeholder interests strengthened Efficiency/ productivity dividends 	
Enablers	Domain 01 System Intelligence/ Awareness	Domain 02 Networks of Influence	Domain 03 Action Areas (Platforms)
Leadership <ul style="list-style-type: none"> Connection to strategy Connection to decision makers Backbone support 	Map <ul style="list-style-type: none"> Customer Need Service Profile Performance System Perspectives 	Formal/ Hierarchical <ul style="list-style-type: none"> Governance Works parties Consumer interface 	Consumer facing innovation <ul style="list-style-type: none"> New/redesigned service New/redesigned product New/redesigned process
Capabilities <ul style="list-style-type: none"> Skills Tangible resources New tools and new rules 	Scan <ul style="list-style-type: none"> Best practice & inspiration (cross sector) Trends Policy and market drivers Relevant research 	Dynamic <ul style="list-style-type: none"> Permeable boundaries Serendipitous encounters New partnerships Innovation teams 	Shape the settings (a) Influence the broader system <ul style="list-style-type: none"> Policy and market reform Attract investment (b) Local reset <ul style="list-style-type: none"> Strengthen system capability <ul style="list-style-type: none"> New business and financing models Workforce redesign Consumer custodianship (behaviour change) Business systems Build organisational capability Improve system pathways and flows Reallocation of resources
Culture <ul style="list-style-type: none"> Mindset Catalysing discretionary effort Rewards 	Join the dots <ul style="list-style-type: none"> What really matters? Novel insights Identify leverage points & big opportunities Establish innovation missions/ metrics 		
	Communicate <ul style="list-style-type: none"> Simple story 		
Innovation = Any change that adds value			
Generate	Select	Convert	Diffuse

The Catchment Plan 2015 - 2016

Table 2: Domain 1.0 – Create System Intelligence

Domain	Logic	Possible Strategies	Lead
Map and Scan	<ul style="list-style-type: none"> • Evidence – based planning • Be informed by client perspectives and needs • Understand workforce perspectives and needs • Identification of emerging needs and trends • Maintain awareness of policy and market drivers • Consider the impact of any changes from system perspective 	<ul style="list-style-type: none"> • Create a profile of services and develop and regularly maintain a living document of AOD services across the Grampians region. • Assemble an overview of data currently collected by all AOD service providers and consider benefits/effectiveness of routine collection • Investigate and implement the most effective way of obtaining client input and consider value in establishing a feedback mechanism for clients and advise Steering Group of possible actions • Staff surveys, staff input at meetings and determine value of implementing a feedback mechanism • Build a knowledge bank to share information with AOD service providers and other sectors • Review regional funding sources to ensure services delivered are considered within a systems perspective and are responsive to local needs. • Review and evaluate the benefits and the costs for all activities as appropriate. 	<ul style="list-style-type: none"> • Consortium Managers • Catchment Planner • Innovation Team • Consortium Managers • Catchment Planner

Table 2: Domain 1.0 – Create System Intelligence (Continued)

Domain	Logic	Possible Strategies	Lead
Join the Dots and Communicate	<ul style="list-style-type: none"> Identify the major leverage points for creating positive change Develop a regional AOD community of practice collaboration Improve client outcomes by enhancing cross-sector coordination and 	<ul style="list-style-type: none"> Determine most effective communication processes to reach AOD workforce across the region and advise Steering Group of possible actions Analyse information for others and share information across region Identify existing and planned organisational innovations and develop a means for sharing, evaluating and adopting good practice across the region Regular time for reflective practice to be encouraged and supported within and across agencies (and possibly between sectors) Develop collective vignettes about the AOD Service system in the Grampians region to support effective advocacy and create a strong, united regional voice Explore options for collaboration both formally and informally with other sectors including Mental Health, Homelessness, ABI, Pharmacotherapy 	<ul style="list-style-type: none"> Innovation Team Catchment Planner Innovation Team Consortium Managers Consortium Leads to gather, Steering Group to finalise and CEO group to endorse Catchment Planner

Table 3: Domain 2.0 – Create Networks of Influence

Domain	Logic	Possible Strategies	Lead
Consolidate formal networks	<ul style="list-style-type: none"> • Clear pathways of communication are established for AOD catchment wide planning and thinking within the Grampians region • Wide spread representation of AOD sector for governance in catchment planning • Clear areas of responsibility for agencies, for decision-making and for planning • Agreement is present on the structure in place and known across the region • Provides a guiding coalition for actions and innovative work undertaken in the sector 	<ul style="list-style-type: none"> • Redesign the Catchment –wide AOD Planning Steering Group to reflect the catchment wide approach to planning • Encourage all agencies and/or consortiums and closely aligned sectors such as Mental Health to have representation on the Steering Group • Support engagement of members so that Steering Group meetings are primarily for authorisation and direction • Governance approach is known and understood both at the CEO and DHHS level and at AOD consortium and agency level • Build in a process of evaluation 	<ul style="list-style-type: none"> • Steering Group members • Catchment Planner • Catchment Planner • Catchment Planner and Consortium Managers • Steering Group
Encourage informal and fluid networks	<ul style="list-style-type: none"> • Innovative work is underpinned by formal networks • Informal networks can be more nimble in response to fast-changing environments 	<ul style="list-style-type: none"> • Members of Innovation teams are trained in a quality management approach such as PDSA cycles prior to commencing work • Clear process in place for formal networks to authorise innovative work and to provide direction as necessary to Innovation teams • Build in an evaluation of Innovation teams, the costs and benefits as part of a review of this approach 	<ul style="list-style-type: none"> • Catchment Planner • Steering Group • Steering Group

Table 4: Domain 3 – Action Platforms

Domain	Logic	Possible Strategies	Lead
Create a shared identity for the AOD workforce that speaks to a shared influence	<ul style="list-style-type: none"> • Improve communication between AOD agencies across the region • Develop common processes and shared language to assist communication • Create a sense of belonging to a Grampians region workforce, regardless of where the agency is located or in which consortium 	<ul style="list-style-type: none"> • Develop a new name for the AOD catchment-side planning steering group that the region can better relate to • Identify communication and network champions to reinforce catchment wide cooperation and activity • Create annual peer-nominated awards for regional achievements • Encourage informal conversations about client service and interventions that may/may not be associated with Reflective Practice opportunities • Identify existing and planned organisational innovations and develop a means for sharing, evaluating and adopting good practice across the region 	<ul style="list-style-type: none"> • Steering Group • Consortium Leaders • Steering Group • Team Leaders • Innovation Team
Promote workforce capacity and hope	<ul style="list-style-type: none"> • Establish new ways for AOD services to work effectively together in order to better meet client needs • Eliminate, improve or reduce additional administrative tasks where possible • Improve the response and management of complex clients within the AOD sector 	<ul style="list-style-type: none"> • Review the IT systems in place with an on the management of client data and if/how the need for double-entry can be avoided • Support a regular time for a process of formal reflective practice to be encouraged within and across agencies (and possibly between sectors). 	<ul style="list-style-type: none"> • Innovation Team • Consortium Leaders

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Table 4: Domain 3 – Action Platforms (Continued)

Domain	Logic	Possible Strategies	Lead
Complex Clients	<ul style="list-style-type: none"> • Upskilling AOD workforce • A culture of improvement • Creating a regional approach 	<ul style="list-style-type: none"> • Encourage informal conversations about client service and interventions that may/may not be associated with Reflective Practice opportunities • Identify educational opportunities and workshops to upskill staff in relation to working with complex clients • Consider the facilitation of collaborative case conferencing 	<ul style="list-style-type: none"> • Team Leaders • Innovation Team
Better meet the needs of vulnerable children and families	<ul style="list-style-type: none"> • Ensure that dependent children in vulnerable families are identified and appropriately supported 	<p>In preparation for Year Two/Three</p> <ul style="list-style-type: none"> • Audit current practice and approach • Determine how AOD sector can consistently identify and collect data on vulnerable children and families • Identify possible pathways of support for vulnerable children identified in the AOD sector • Identify related activity being undertaken by other sector networks • Consider current EFT resources available and what would be required to respond appropriately 	<ul style="list-style-type: none"> • Catchment Planner • Innovation Team

Enhance the delivery of pharmacotherapy	<ul style="list-style-type: none"> • Promote ongoing and robust communication between Pharmacotherapy service providers and AOD treatment providers • Referral pathways to ensure timely access to treatment services 	<ul style="list-style-type: none"> • Clarify referral pathways between ACSO and General Practitioners (Pharmacotherapy prescribers) • Develop clear communication and referral pathways between General Practitioners (Pharmacotherapy Prescribers and AOD Treatment services and Pharmacotherapy dispensers (Pharmacists) • Consider possible follow-up in Year 2 	<ul style="list-style-type: none"> • Manager Orticare Network
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Appendix 1: Steering Group Terms of Reference



Grampians Region AOD Catchment Planning Steering Group Terms of Reference

Purpose:

The Grampians Region Catchment-wide AOD Planning Steering Group guides the development of the Grampians Region Catchment-wide AOD Annual Plan. It seeks foster a catchment-wide thinking and approach between the Consortia, ACSO, Department of Health, AOD Clients, Families/Carers.

The Steering Group will:-

- provide catchment-wide direction, advice and decision making to enable the development of an annual catchment-wide plan that is underpinned by client and their support people's needs;
- identify priorities for action
- adopt the Annual Catchment plan (once Department of Health approval gained); and
- foster catchment-wide thinking and approach among all AOD providers in the catchment

Overall, our goal is a responsive and coordinated service system that is based on client and their support people's needs.

Steering Group Values and Principles:

- have **authority for decision making and agreed actions**
- **Collaboration** as our way of working
- **Respect** for clients, providers, communities and each other
- **Community** focused in catchment plan thinking and action
- Inclusive of **consumer and their support people**
- **Trust** in what we say we will do
- **Sharing** of information and knowledge
- Be **region wide inclusive**

Membership:

Members are invited. Duration of membership of the Steering Group is until 30 June 2015.

Current Steering Group Members:

- Prue Bagley Mental Health Catchment Planner (WUC)
- Joan Eddy Manager Counselling (DJHS)
- Kath Heading Direct Care Programs Manager (GCH Horsham)
- Jacqueline Keevins Manager Grampians Loddon Mallee Pharmacotherapy Network (BCH)
- Ryan Kerr Team Leader and Intensive Case Manager (Uniting Care Ballarat)
- Maureen McPhail Manager, ABI Clinic, Ballarat Health Services
- Nikki Stiefel Regional Manager, Grampians and Great South Coast (ACSO)
- Jax Roan Grampians Region Network Coordinator (Uniting Care Ballarat)
- Claire Ryan AOD and Refugee Team Leader; Grampians Consortium Team Leader (BCH)

Non-Voting

- Heather Campbell AOD Planning Officer Grampians Region (BCH)

Previous Members

- Claire Coutts AOD Youth Outreach Worker (Uniting Care Ballarat)
- Peter Cranage Manager AOD Programs (Uniting Care Ballarat)

- Jane Freak Manager Specialist Support and Community Development (WUC)
- Marianne Hendron Executive Officer, Grampians Pyrenees PCP
- Jane House Assistant Manager Western Region (ACSO)
- Lexie Marsh Practice Manager Tabor House (Uniting Care Ballarat)
- Meagan Ward Acting Executive Officer Grampians Pyrenees PCP

Non-Voting

- Elaine Dunn AOD Planning Officer Grampians Region (BCH)

Reporting responsibilities;

The Steering Group reports to the Grampians Region CEO meeting on a monthly basis or when meetings held.

Steering Group Objectives:

1. Review relevant health and population data that identifies and increases understanding of 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
2. Development of 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.
3. Support engagement 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:
 - a. 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
 - b. ensure the needs of people with an alcohol and/or drug problem in the catchment are taken into account in other local planning activity.
4. 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
5. Engage all alcohol and drug treatment services within the catchment, in planning processes including those out of scope for re-commissioning and alcohol and drug treatment services to be reformed through Stage 2.

Meeting Rules:

The chair person will be rotated according to the meeting host agency and will:

- ensure all members at each meeting are aware of the meeting rules;
- chair meetings of the Network (face-to-face and virtual)

Convener:

The AOD Planning Officer is responsible to;

- Ensure the Agenda covers standard items and is set and distributed one week prior to the meeting.
- By liaising with each meeting agency host, ensure teleconference and/or meeting room is booked and communicated to all members.
- Ensure minutes are taken and forwarded to Steering Group members following the meeting.
- At the current meeting, the previous minutes are accepted by the Steering Group.

Frequency of Meetings:

Meetings will be held monthly on the first Tuesday of the month unless agreed otherwise.

Quorum:

A minimum of five members of the Steering Group must be present, one of whom must be the AOD Planning Officer or BCH staff member, in order for the meeting to proceed and for decisions to be made. A proxy can be sent if a member is unavailable however the proxy must be up to date with Steering Group progress to date and have authority to make decisions and agreed actions.

Acceptance of Terms of Reference

Formal review of Terms of Reference will be completed by members at the first meeting allowing for ongoing changes if necessary.

This version June 2015

Appendix 2: Profile of a Complex Client

Definition of a Complex Client

The literature provides many definitions of complex clients, as the following three examples demonstrate. However, one factor is clear in that clients with multiple and complex needs often fall through the "gaps".

The Mental Health Commission, State of Western Australia (2010)

People with Exceptionally Complex Needs (PECN): have been defined as those who pose very real challenges to a range of human service agencies. Despite significant efforts, this cohort can fall through service gaps or conversely become frequent inappropriate users of emergency and other services. This group was defined as those with two or more of the following:

- A mental disorder as defined under the Mental Health Act 1996;
- An acquired brain injury;
- An intellectual disability;
- Significant and problematic substance use and/or
Pose a significant risk of harm to self or others;
Require intensive support and would benefit from receiving coordinated services
For whom the existing system is not working.

People with Exceptionally Complex Needs (PECN): Interim Evaluation Report Mental Health Commission, State of Western Australia (2010)

NAVNET Project Newfoundland Canada

People with **complex needs** are understood as having multiple issues in their lives which can include mental health and/or addictions, developmental issues, involvement in the Criminal Justice system, problems finding and maintaining housing etc. These needs, often in combination with one another, require individuals to access services and support from a wide variety of government systems and community organizations.

A coordinated systems response in St. John's for individuals with complex needs 2010

<http://navnetnl.ca/needs/>

Western Region Health Centre Victoria

Multiple and Complex Needs Initiative (MACNI) Project 2013

An eligible person is one who is 16 years or older; and appears to satisfy two or more of the following criteria:

- has mental disorder,
- has an acquired brain injury,

- has an intellectual impairment,
- is alcoholic or drug- dependent; and
- has exhibited violent or dangerous behaviours towards themselves or others, or is reasonably likely to place themselves or others at risk of serious harm; and
- in need of intensive support and supervision and would derive benefit from coordinated services.

Uncovering stories, making meaning: How the Indigo Program delivers assessment and care plan services for Victoria's Multiple and Complex Needs Initiative (MACNI) 2013 Western Region Health Centre

Rhonda's Story

"Last birthday I had \$200 and I spent it on heroin. This year for my birthday, I had \$200 and I spent it on a fish tank."

In 2014, Rhonda was referred to the Grampians Partner in Recovery Team for Care Coordination by a Ballarat Community Health general practitioner who was concerned about her physical and mental health. She had not engaged with any services at all prior to this GP visit.

A GPIR facilitator was appointed, but Rhonda was very difficult to engage and not trusting of any services. It required several home visits and contact attempts before the facilitator was allowed entry to Rhonda's home. Trust was built slowly over time and several issues emerged.

It was found that Rhonda has a history of alcohol and other drug abuse, severe anxiety, depression and Post Traumatic Stress Disorder from family violence. There has been police involvement at times over the past 10 years and client has had hospital admissions for her injuries. Her 12 year old son, who had not attended school for several months, had already been physically violent towards her for a few years. She had a supportive partner living in another town and neither had their own transport. Rhonda had also suffered tooth ache for many years.

Although now trusting of GPIR, Rhonda will cancel visits or appointments on a regular basis. GPIR facilitation takes this on board and continues to support Rhonda to engage with the intention of moving to less supported facilitation in future. In the past 12 months outcomes include:

Rhonda

- Follow up GP care including full physical check up
- Dental care at Ballarat Health Services (all teeth removed and dentures now being fitted)
- Hearing aids have been replaced
- Rhonda is engaged with BCH Alcohol and Other Drug services, Youth Support Service and is registered to attend the HEAL Program (Healthy Eating, Activity and Lifestyle) at Lucas
- Referral and arrangements were made for Rhonda to stay in Residential Detox, but this was cut short due to lack of service funding
- Rhonda has also engaged with a private psychiatrist
- She is due to commence Equine Therapy (funded by GPIR) next month
- Client had not had new clothes for herself for approximately 7 years as any spare money was spent on her son. GPIR provided funding to assist client to buy warm winter clothes and shoes. Client states she feels like Imelda Marcos with 3 pairs of shoes!
- Centre Link appointments were made and Rhonda supported to arrange ongoing support
- Advocacy support provided by GPIR at many meetings and appointments including GP visits
- Successful in gaining a residency certificate for client through the National Archives in Canberra, the Department of Immigration and Border Control and the British Consulate

Carer

- He is now engaged with services that have been involved since his referral by GPIR to the Liver Clinic

Son

- He also has difficulty engaging with services and has not attended school for a long time.
- Through GPIR he has attended Headspace for assessment, agreed to and has been referred to Child and Youth Mental Health Services.
- More successfully he has engaged with BCH Youth Support Services and through them has successfully engaged in Equine Therapy

What does intensive case management look like?

Note: All services shown are only those recorded by Grampians Partners in Recovery

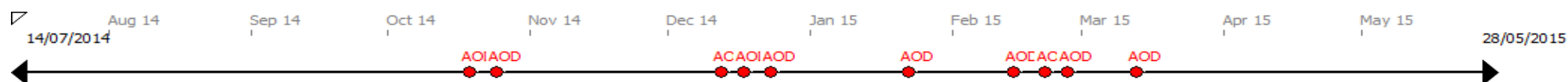
The chronological Time Lines below indicate the intensity of effort over a 12 month period where input from various teams into Rhonda's case is marked with symbols as below.



All services over 12 months



AOD services over 12 months



All recorded services over a one month period – depicted by weeks

