

Victorian Travelling Fellowship 2005-06

Final report

Felicity Lawrence

Section 1: project information	3
Section 2: project summary	4
Dates	4
Site visits and organisational liaison	4
Top three outcomes	4
Main activities undertaken.....	4
Major learnings.....	5
Lessons for the Victorian health care system.....	5
Context to study tour	6
Section 3: description of study tour	6
Purpose	6
Quality improvement.....	7
Service models.....	7
Workforce sustainability.....	8
Outcome measurement.....	8
Methodology	9
Process	9
Procedure	9
Results.....	9
Section 3: description of the study itinerary.....	10
Section 4: improving the healthcare system	11
Key learnings and recommendations to improve the Victorian health care system	11
Quality improvement and models of care.....	11
Building and sustaining the workforce.....	11
Outcome measurement.....	12
Section 5: sharing and promoting the project	13
Appendices	14
References.....	27

Section 1: project information

Fellow's name: Felicity Lawrence
Title of project: Models of services and indicators of organisational effectiveness in the specialist field of dual disability. A comparative review between the Victorian Dual Disability Service and selected Services in Canada and the USA.
Fellow's study area: Multiple mental disorders: co-occurring intellectual disability with another mental disorder.
Fellow's organisation: Victorian Dual Disability Service
Contact details: T: 9288 2951
F: 9288 2953
E: Felicity.Lawrence@svhm.org.au
Date of report: August 2006

Acknowledgments

I would like to thank the Department of Human Services and the Victorian Quality Council for making the fellowship available. Special thanks to Paula Marsh who, throughout the 'journey of the fellowship', provided support, encouragement and guidance.

Thanks are also extended to the following; without them the insights I have gained would not have been possible:

Tina Donnelly, Dr Caron Byrne, Ms Susann Mongrain (Fraser Valley Mental Health Support Services, Vancouver), Simon Singh (Provincial Assessment Centre, Vancouver), Ted Myerscough (University of Toronto), Sussan Morris (Centre for Addiction and Mental Health, Toronto), Professor William Gapen (George Brown College, Toronto), Karen de Prinse (Centre for Addiction and Mental Health & George Brown College, Toronto), Laurie Dart (Griffin Centre, North York, Canada) Michael Schroeder, Jim Healy (Ohio Department of Mental Health), Lisa Benjamin-Jones (Mental Health Support Program, Montgomery County, Ohio), Heidi Nunemaker (Development Disability Services Cincinnati, Ohio), Jason DiGiannatoni (SouthEast Inc. Recovery and Mental Health, Columbus, Ohio) Dr Arnold (Nisonger Centre, Columbus), Dr Betsey Beatson (Nisonger Centre, Ohio State University), Elliot Green (Department of Mental Hygiene, New York City), Phil Hore (LifeSpire), John Jaeger (Earn and Learn,) Dr Robert Fletcher (National Association for Dual Disability, Kingston, New York State), Marguerite Harder (Specialist Program for Assessing Need, New York City) and Kim Haley (Sovner Centre, Massachusetts).

Section 2: project summary

Dates

23 June – 14 July 2006

Site visits and organisational liaison

Canada

Fraser and WestCoast Mental Health Support Teams, Vancouver.
StageDoor, Vancouver.
Provincial Assessment Centre, Vancouver.
Centre for Addiction and Mental Health, Toronto.
Quality of Life Research Centre, University of Toronto.
Surrey Place, Toronto.
Griffin Centre, North York.
Department of Psychiatry, University of Toronto, Toronto.
George Brown College, Toronto.

USA

Department of Mental Health, Columbus, Ohio.
Nisonger Centre, Ohio State University, Columbus, Ohio.
Coordinating Centre of Excellence, Ohio.
Cincinnati Mental Health Services, Cincinnati, Ohio.
Montgomery County Mental Health Services, Ohio.
SouthEast Inc., Recovery and Mental Health Care Services, Columbus, Ohio.
Department of Mental Health, New York City.
LifeSpire, New York City.
Earn and Learn, Staten Island, New York City, New York.
Prevocational and Supported Employment Programs, Staten Island, New York City.
Specialist Program for Assessing Need, Queens, New York City.
National Associate for Dual Disability, Kingston, New York State.

Top three outcomes

1. Relationships have been established with managerial and clinical staff working in specialist dual disability services in Canada and the USA.
2. My working knowledge and familiarisation with alternative models of service delivery and care has been enhanced and meaningful comparisons have been made to systems and processes employed in Victoria and by the Victorian Dual Disability Service (VDDS). Informed by these comparisons it is now possible to conceptualise the VDDS along a spectrum of 'care models' that have evolved since deinstitutionalisation.
3. A framework for ascertaining and operationalising organisational effectiveness within dual disability services has been developed. The framework enables comparisons to be made between the VDDS, Victoria's specialist mental health services and the services visited. It includes comparisons between models of care, strategies to improve workforce sustainability and processes to collect and report clinical outcomes and quality of life.

Main activities undertaken

1. Contact with key stakeholders initiated and the creation of an itinerary that reflected the purpose of the study.
2. Literature review on service models, organisational effectiveness, workforce sustainability, quality improvement and outcome measurement was completed to ensure that the study was appropriately conceptualised.
3. Completed 15 interviews and additional non-clinical site visits. The interviews were guided by a semi-structured, cross-referenced survey.

Major learnings

Quality improvement/ models of care

There is an international trend toward establishing mental health services tailored to meet the mental health needs of people with an intellectual disability. These services are referred to as specialist dual disability services. Many of the services have been established to provide the same continuum of mental health care provided by the specialist mental health services in Victoria. The reported benefits of specialist dual disability services include improvements on a number of outcome measures including psychiatric symptoms, overall level of functioning, severity of mental health problem and behavioural disturbance. Cascading benefits for the service system are also reported and include, but are not limited to, reducing the length of time that consumers with an intellectual disability spend in acute inpatient facilities.

Workforce sustainability

Specialist dual disability services are well positioned to make a significant contribution to enhancing and maintaining a sustainable workforce that is competent in meeting the needs of consumers with a dual disability. Partnerships between service providers, academic institutions and professional organisations smooth the progress of:

- Dual disability courses that provide competency-based training at the certificate, diploma, graduate and postgraduate level, being developed and delivered by industry experts.
- Creating opportunities for students to demonstrate their competence through student placements across the disciplines of medicine, nursing, psychology, physiotherapy, social work and occupational therapy.
- Creating opportunities for industry experts to have joint clinical and academic positions.
- Creating incentives for the workforce to attend training events dedicated to dual disability. Many professional bodies and registration boards make it mandatory that ongoing registration is conditional on professionals accruing a predetermined number of professional development points on an annual basis. Having the training activities delivered by accredited dual disability services improves the sustainability of the workforce two ways; staff are more likely to attend training if there is the opportunity to accrue mandatory professional development points as well as improving their competence to fulfil their duty of care in assessing and managing the mental health needs of consumers with a dual disability.

Outcome measurement

There are a range of formal and informal, tailored and generic instruments used to monitor clinical outcomes and the quality of life of consumers with a dual disability. Expanding the range of indicators the VDDS uses to trial some of the measures used internationally would enable the VDDS to contribute to collaborative, multi-site research and evaluation activities. At the same time, it would be possible for the VDDS to contribute to establishing a 'critical mass' database, which is necessary to ensure the reliability and validity of any conclusions drawn from such endeavours.

Lessons for the Victorian health care system

From an international perspective, Victoria remains characteristic of health care systems that manage the mental health needs of people with an intellectual disability in mainstreamed (generic) mental health services. There are indisputable advantages to this approach including lack of discrimination and stigma. It is important that such advantages are weighed up against the likelihood that care within the generic mental health service system may be sub-optimal because the parameters of care (purpose of admission and length of stay) are often inconsistent with the priority and focus of care provided to the non-disabled population.

The insights gained from the fellowship will be useful should Victoria at some point include in its service continuum specialist dual disability services for people with a dual disability. Independent of such developments, the VDDS is now well positioned to develop partnerships and strategies that will improve the sustainability of a competent workforce as

well as having the service positioned as a stakeholder in international research and evaluation activities.

Context to study tour

The VDDS was established in March 1999 and works within a framework of national and state mental health policies. The VDDS is publicly funded through the Mental Health Branch (MHB) of the Department of Human Services (DHS) and is a joint initiative between the mental health programs of St Vincent's and Melbourne Health. The VDDS is located at St. Vincent's Health (Melbourne). The objective of the VDDS is to improve the mental health and well being of Victorians referred to the service. This is achieved by supplementing area mental health services (AMHS) clinical activities through consultation and liaison and delivering a range of training programs designed to improve staffs' knowledge and confidence in providing mental health services to people with an intellectual disability. Currently the service is comprised of six full-time EFT (including management and administration) representing the professions of medicine, psychiatric nursing and psychology. The VDDS has recently received new funding from Disability Services. The funds have been provided to enhance the service response in the North and West Metropolitan Region for people with a known or suspected dual disability. The enhanced service response will enable the VDDS to provide primary treatment and management services in addition to secondary consultation and training within the Region. In 2001 the VDDS was awarded the gold award at The Mental Health Services (Australia and New Zealand) conference for the best specialist mental health service.

Section 3: description of study tour

Purpose

1. Collect information that may, in time, inform a set of performance indicators for the VDDS across the domains of appropriateness, efficiency, accessibility, continuity, responsiveness, safety and sustainability.
2. Build a professional peer base key personnel in the selected services in Canada and the USA.
3. Become operationally familiar with the various models of consultation, treatment and management used to deliver mental health services to people with an intellectual disability.
4. To position the VDDS as a stakeholder in international research and evaluation activities dedicated to improving the mental health and well being of people with a dual disability.

Improving mental health outcomes was a central goal of the First National Mental Health Strategy when all Australian Health Ministers first agreed to it in 1992. The need to improve service effectiveness continued as a priority under the Second National Mental Health Plan (1998-2003) and is further reinforced by the current National Mental Health Plan 2003-2008. Prioritising quality requires a shift from the historical focus on service inputs and structure to qualitative indicators of effectiveness, sustainability, quality and outcome measures. Edgar, Burgess and Buckingham (2005) propose that outcome measurement, quality improvement and building a sustainable workforce are used as indicators of effectiveness in Australia's mental health services; these measures are consistent with the key focus areas of the Victorian Travelling Fellowship 2005-06. Edgar, Burgess, Buckingham (2005) have made some progress toward defining qualitative measures and identifying performance indicators for Australian public mental health services (see Appendix 1), however, by their own admission, the framework is far from complete. The paragraphs the follow provide a brief overview of the frameworks that inform the current strategies relating to quality improvement, workforce sustainability and outcome measurement in Victoria's specialist mental health services and contextualise current issues for the VDDS.

Quality improvement

The need for a continued focus on quality in the delivery of mental health care is a priority of the Third National Mental Health Plan 2003-2008. The third plan identified four priority themes:

- promoting mental health and preventing mental health problems and mental illness
- increasing service responsiveness to consumers and carers, including access to care, continuity of care and support for families and carers
- strengthening quality, including consumer rights, consumer and carer participation safety standards and monitoring, funding and workforce
- fostering research, innovation and sustainability.

The Victorian Strategy for Safety and Quality in Public Mental Health Services (2004) guides the mental health service workforce and systems developments under the New Directions for Victoria's Mental Health Services (1996). Collectively these strategies influence and inform developments relating to models of service, care and delivery. The Victorian Strategy for Safety and Quality ensures that new directions are underpinned by evidence-based practice that is informed by research and evaluation. The infrastructure required to support the Department of Human Services Service Quality Framework includes:

- leadership to drive and promote service quality
- a consumer and carer focus in mental health care
- effective management and communication of information
- an organisational culture that supports continuous quality improvement and innovation (Department of Human Services, 2004).

In Victoria, specialist mental health services collect data intended to further improve service responsiveness and outcomes for people with a mental illness and their carers. These activities include, but are not limited to, routine consumer outcome measurement, measures of consumer and carer perceptions of care, development of best practice guidelines and care pathways, monitoring and benchmarking of key performance indicators, implementation of standards, risk management and workforce development. The DHS Service Quality Framework (2004) specifies and defines nine dimensions of quality, each of which are outlined and described in Columns 1 and 2 of Appendix 1: Column 5 identifies the indicators for the VDDS.

Service models

In most countries, the services and community supports for people with an intellectual disability and other mental illness, emerged and grew separately as two discrete specialities and service systems. Since deinstitutionalisation, a challenge has been to identify and create an understanding of those individuals with dual disabilities who do not fit discretely into either service system. As the knowledge base and understanding of the needs continues to grow it is becoming increasingly recognised that the traditional ideologies of normalisation and integration are not always useful in meeting the needs of people with dual disabilities. As a consequence service providers are being challenged to rethink their systems of care (Dart, Gapen & Morris, 2003 Xenitidis, et. al., 2004). Ensuring that the service systems which have been created to meet the needs of people with a dual disability do not just comply with the policy or ideological frameworks, but that they operate to actually meet the range of needs for which they are designed, is the key force driving the new perspectives emerging in the literature (Chaplin, 2004, Dart, Gapen & Morris 2002, Day, 1993).

The clinical activities of the VDDS are intended to reflect best practice, it is therefore crucial that service model used is purposely designed to achieve its' purpose and and the needs of the consumers it serves. To this end, the knowledge gained from exploring the strengths and limitations of alternative modes of care is invaluable. Using the nine dimensions of care outlined in Column 1 of Appendix 1 provides an informative framework for exploring these comparisons.

Workforce sustainability

Gaining an improved understanding of future workforce requirements, workforce supply and the degree to which these can be balanced are important to the sustainability of mental health services in Victoria (DHS, 2005). In response to the key findings of the 2005 Workforce Study, DHS has proposed numerous strategies which include increasing the attractiveness of mental health careers, improving the preparedness of prospective employee's for public sector mental health work and increasing the supply of qualified staff.

Since deinstitutionalisation, the mental health and disability workforces have developed independently. Each sector has separate training pathways resulting in knowledge and skills being focused primarily on responding to intellectual disability or mental illness; a situation that has promoted segregation rather than integration of assessment, treatment and management.

Establishing and maintaining a sustainable workforce dedicated to the clinical speciality of dual disability has been identified as is a critical success factor influencing effectiveness and viability of the VDDS (VDDS 2003). To achieve this, additional strategies to those mentioned earlier need to be developed that will enable staff in both the mental health and disability workforces to be competent in assessing, treating and managing the mental health needs of people with an intellectual disability. These strategies will need to take into account the diverse practice settings and treatment approaches employed in each sector and build on the expertise of the staff already dedicated to disability and mental health service provision. Understanding how other dual disability services have achieved a sustainable workforce will assist the VDDS achieve this task. The 'sustainability' domain of Appendix 1 will be instrumental in gathering these insights.

Outcome measurement

At the National level, the Third National Mental Health Plan has placed renewed emphasis on the measurement of consumer outcomes as an indicator of effectiveness. This has necessitated a shift from the historical focus on service inputs and structure to service standards, quality and outcome measurement. At a national level, outcome measures have been identified and their selection was informed by clinical field trials and extensive consultation with consumers and carers. A specific suite of measures has been agreed for use with each broad age grouping: mental health services for children and adolescents, adults and older persons. Each suite of measures covers severity of symptoms, psychosocial functioning, disability, focus of care and consumer self-evaluation of mental health status. The suites of measures for national collection have been selected for their clinical relevance, their relative ease of administration, their psychometric properties and their sensitivity to change. In Victoria, the Health of the Nation Outcome Scale (HONOS), Life Skills Profile (LSP) and Behaviour and Symptom Identification Scale (BASIS 32) measures comprise the suite for adults accessing specialist public mental health services. Administering the HoNOS and LSP¹ provides valuable information in relation to people with a dual disability and enables comparisons to be made between the sub-population of people with a dual disability and the non-disabled population who accessing specialist mental health services in Victoria.

It is also important for the VDDS to consider collecting additional data, similar to that collected by other dual disability services. Contribution from multiple sites will help build a 'critical mass' of data that is necessary to inform valid and reliable evaluation and research activities. The effectiveness domain of Appendix 1 was operationalised to ascertain what outcome measures as used by the Services visited.

¹ The BASIS-32 cannot be used because it is a self-report measure and an exclusion criteria for self-administration is intellectual disability.

Methodology

Process

Fifteen (15) specialist dual disability services in Canada and the US were approached to be involved in the study. The organisations visited were selected because they provide a full continuum of mental health care to people with a dual disability, which is in contrast to the consultation and training model used in Victoria.

A semi-structured interview (Appendix I) was developed to collect qualitative data. In addition to the interview, site visits, observing clinical assessments and quality and research meetings were undertaken. Presentations on the structure and functions of the VDDS were comprised the standard introduction; so too did recognition of the opportunity made available by the Victorian Travelling Fellowship.

Procedure

Each key focus area of the fellowship (quality improvement, outcome measurement and workforce sustainability) was divided into domains, clustered into sub-domains and then operationalised through a series of questions that formed the basis of a semi structured interview template. The template is comprised of six columns. Column one specifies the effectiveness domain; of which there are nine in total. The sub-domains are specified in Column 2. The specific questions asked by the interviewer are presented in Column 3. Each interviewee was asked each of the eighteen questions. Column 4 lists the indicators that have been set for Australia's public mental health services and column five specifies the indicators that have been set for the VDDS. The final column was left for the interviewer to write down the response provided.

Results

The information collected was collated in terms of key trends rather than being quantified and statistically analysed. The findings are reported as key themes in Section 4.

Section 3: description of the study itinerary

Organisation Visited	Country, State, City	Service Model	Activity			
			Presentation about the VDDS	Interview	Site visit	Clinical observation
Centre Addiction and Mental Health	Toronto, Canada	Specialist Dual Disability Service				
Griffin Centre	North York, Canada	Specialist Dual Disability Service				
Surry Place	Toronto, Canada	Specialist Dual Disability Service				
Nisonger	Columbus, Ohio, USA	Specialist Dual Disability Service				
Coordinating Centre of Excellence	Columbus, Ohio, USA	Advocates for specialist Dual Disability Service				
LifeSpire	New York City, USA	Specialist Dual Disability Service				
SPAC	New York City, USA	Specialist Dual Disability Service				
Fraser and WestCoast Mental Health Support Teams	Vancouver, Canada	Specialist Dual Disability Service				
Provincial Assessment Centre	Vancouver, Canada	Specialist Dual Disability Service				
Centre for Addiction and Mental Health	Toronto, Canada	Specialist Dual Disability Service				
Sovner Centre	Boston, Massachusetts	Specialist Dual Disability Service				
Montgomery County	Ohio, USA	Specialist Dual Disability Service				
South East Mental Health Service	Ohio, USA	Specialist Dual Disability Service				
Cincinnati Mental Health Services	Ohio, USA	Specialist Dual Disability Service				
Surry Place	Toronto Canada	Specialist Dual Disability Service				
Planned visits that did not result in any contact						
Philadelphia	National Human Service	Comment: contact did not proceed as planned as key contact had gone on vacation.				

Section 4: improving the healthcare system

Key learnings and recommendations to improve the Victorian health care system

Quality Improvement and Models of Care

Key learnings

1. From an international perspective, services for people with a dual disability have emerged in different ways. Victoria remains characteristic of the health care systems that manage the mental health needs of people with an ID in mainstreamed, generic mental health services.
2. The direct contribution the VDDS is able to make to improve the mental health and well being of consumers with a dual disability is more limited when compared to the contribution of the specialist mental health services visited. The differences observed are in part, a reflection of the variation in service model and breadth of purpose.
3. A sustained commitment to quality improvement is integral to pursuing best practice and better systemic and consumer outcomes are achieved if all partners have shared a responsibility that is made explicit that is regularly monitored. To the author's knowledge, the Co-ordinating Centre of Excellence in Dual Disability in Ohio (CCOE) is the only one of its kind in the world. The CCOE has created a framework that informs 'clinical governance' throughout the 88 counties of Ohio. The CCOE oversees the operationalisation of the States 'Best Practice Guidelines in Dual Disability'. In the authors opinion, that of all the Services visited, the State of Ohio is the most sophisticated; particularly in relation to issues of clinical governance, development and implementation of best practice guidelines, training and education, networking and partnerships.
4. The standards of care that inform practice in VDDS are more similar than they are different to the standards used in the US and Canadian service systems.
5. The barriers that are reported between the mental health and disability service systems are bureaucratic and administrative in nature and not informed by a comprehensive knowledge of multiple mental disorder nor the clinical and support needs of the consumers they are set up to serve.
6. Using the Diagnostic and Statistical Manual (DSM IV) as the classification system to diagnose mental disorder in people with an intellectual disability has been an issue of clinical priority for many years, particularly because the criteria depends heavily on consumers having well developed expressive and receptive language skills. The National Association for Dual Disability (NADD) is in the process of developing the Diagnostic Manual for Intellectual Disability (DM-ID); a modified version of the DSM IV to be used by clinicians assessing mental disorders in people with an intellectual disability.
7. The VDDS, and the services visited have very valuable sources of clinical data; unfortunately however, the data is not shared.

Recommendations

1. Victoria could benefit from having a Co-ordinating Centre of Excellence in Dual Disability and with an extended brief the VDDS is well positioned to assume such a role.
2. VDDS accept the invitation by National Association for Dual Disability (NADD) to become its the Australian Affiliate.
3. VDDS commence participation on the field trials of the DM-ID.
4. VDDS to commence exploring the need, role and purpose of creating a specialist continuum of mental health care for Victorians with a dual disability. A need analysis of this kind should include inpatient beds for the purpose of conducting assessments and introducing new treatment and management regimes.

Building and sustaining the workforce

Key Learnings

1. It is consistently reported that staff that choose to work in the field of dual disability generally stay in it for a considerable period of time. Fortunately, this enables the specialist workforce to be maintained, however it is not sufficient in its own right to neither build nor sustain the workforce in the medium or long term.

2. Developing and making dual disability courses available at a Certificate and Diploma level create opportunities for staff employed or entering the mental health and disability workforces to be competent in assessing, treating and managing the mental health needs of people with an intellectual disability. Significant developments of this kind are underway in Toronto and are proving to be successful.
3. In parts of the US and Canada, Advanced Nurse Practitioners are crucial, complimentary and capacity building members of dual disability workforce.

Recommendations

1. In addition to building the dual disability capability of the workforce, the VDDS needs to contribute to building and maintaining a sustainable workforce dedicated to the clinical speciality of dual disability. Including dual disability in future versions of DHS 'Workforce Strategies' could facilitate this.
2. With the support of DHS, the VDDS should explore opportunities to introduce and/or expand the dual disability curricula included in under and post graduate courses offered throughout Victoria's tertiary institutions.
3. VDDS to expand its capacity to accommodate students on placement and make such placements widely available for postgraduate students studying psychology, social work, occupational therapy and nursing.
4. VDDS provide leadership for advancing the introduction of Advanced Nurse Practitioner's into the field of dual disability in Victoria.
5. VDDS to co-host a conference in affiliation with NADD, and for staff attendance at the conference to be recognised by professional bodies through the endorsement of professional development points.
6. VDDS to build on the course curricula developed by Professor Gapen and Karen de Prinse (George Brown College, Toronto) and progress developing a certificate course in dual disability to be made available for current and potential staff working in the field of dual disability.
7. VDDS to commence negotiations with professional organisations and registration boards to have the training and education activities delivered by the VDDS accredited for the purposes of accruing professional development points. Doing so could improve the capacity within the mental health and disability workforce two ways; staff are more likely to attend training if there is the opportunity to accrue mandatory professional development points and at the same time have the opportunity to improve their competence in assessing and managing the mental health needs of consumers with a dual disability.

Outcome measurement

Key Learning

1. Despite its importance, there is a significant discrepancy in the types of measures across the services visited and a critical mass of data is yet to be established. The attitude toward the validity and priority of outcome measurement is polarised; some of the organisations visited value and prioritise it to the point that standardised and structured processes are in place to collect and analyse data. In contrast, other Service's, which, from an observational perspective, provide services of equitable value, use the time that could have been spent measuring and reporting outcomes to 'just doing the job'.
2. The Ohio Department of Mental Health (ODMH) uses a generic suite of outcome measures for consumers with an intellectual disability. The ODMH has a database from which relevant data could be extracted and used by the VDDS.
3. The Quality of Life Research Unit at the University of Toronto has a database that contains valuable information in relation to Quality of Life measure designed specifically for people with an intellectual disability.
4. There is interest in developing an outcome measure dedicated to monitoring the mental health of consumers with an intellectual disability.

Recommendations

1. VDDS commence negotiations with the services visited to develop an outcome measure that is tailored to measure clinical outcomes for people with a dual disability.
2. VDDS to accept the offer of the Griffin Centre, Centre for Addiction and Mental Health and the ODMH to participate in collaborative evaluation and research activities that focus on measuring and monitoring consumer outcomes.

Section 5: sharing and promoting the project

1. Present findings and key recommendations at appropriate conferences.
2. Present findings and key recommendations at appropriate professional development sessions.
3. Present findings and key recommendations at service development, evaluation and quality meetings of the VDDS.
4. Use key findings and recommendations to inform future quality activities of the VDDS.
5. Use key findings and recommendations to inform the strategic plan of VDDS.
6. Use key findings and recommendations to inform the agenda the VDDS Steering Committee.

Appendices

Appendix 1

Interview Template

Legend: = Indicators for development. This table has been adapted from Edgar, Burgess, Buckingham (2005)

Domain	Sub domain	Question	Indicators for Victoria's AMHS	Indicators for the VDDS	Indicators for visited service
Effective <i>Refers to well the type of care, intervention and actions achieves desired outcome</i>	OM Consumer outcomes	Do you measure outcomes for the end users of your Service?	HoNOS LSP BASIS 32	HoNOS LSP	To be ascertained
	OM Carer outcomes	Do you measure quality of life of family members and other carers as they support a person experiencing mental illness?			To be ascertained
	QI Community tenure	Does the service have alternatives to hospital care?	28 day re admission		To be ascertained

Domain	Sub domain	Question	Indicators for Victoria's AMHS	Indicators for the VDDS	Indicators for visited service
Appropriate Refers to how suitable the care, intervention and action provided is relevant to the consumers needs and based on established standards.	QI Compliance with standards	Are you required to conform with guidelines that are evidence based or derived from expert consensus on what contributes to best practice?	Compliance with National Mental Health Standards	To be ascertained	Compliance with National Mental Health Standards
	QI Relevance to client needs	Does the organisation provide care that is tailored to the individual characteristics and requirements of the consumer?		To be ascertained	

Domain	Sub domain	Question	Indicators for Victoria's AMHS	Indicators for the VDDS	Indicators for visited service
Efficient Refers to how competent the service is in achieving desired results with most cost effective use of resources.	QI Inpatient Care	Does the organisation collect data on the average cost of inpatient admissions?	Cost per acute inpatient episode Average length of acute inpatient stay		To be ascertained
	QI Community Care	Does the organisation collect data on the average cost community care?	Cost per 3-month community care period Treatment days per 3-month community care period		To be ascertained

Domain	Sub domain	Question	Indicators for Victoria's AMHS	Indicators for the VDDS	Indicators for visited service
Accessible Refers to how easy it is for consumers to obtain mental health care at the right place and right time irrespective of income, geography and cultural background.	QI Access for those in need	What is your criteria for access to your Service?	Population receiving care New client index		To be ascertained at interview
	QI Local Access	Is service provision local or regionally provided?	Comparative area resources Local access to inpatient care		To be ascertained at interview
	QI Emergency response	Does the service provide an emergency response when it is needed, with a particular focus on psychiatric crisis?			To be ascertained at interview

Domain	Sub domain	Question	Indicators for Victoria's AMHS	Indicators for the VDDS	Indicators for visited service
Continuous Refers to the capacity of the Service to provide uninterrupted, co-ordinated care or service across programs, practitioners, organisations and levels over time.	QI Continuity between providers	Does the service integrate services delivered by multiple providers?		To be ascertained at interview	
	QI Cross-setting continuity	Does the service co-ordinate services as consumers move between treatment settings?	Pre admission community care Post discharge community care	To be ascertained at interview	
	QI Continuity over time	Does the service ensure continuity of care across the course of illness, recognising that consumers will have different needs at different points in time?		To be ascertained at interview	

Domain	Sub domain	Question	Indicators for Victoria's AMHS	Indicators for the VDDS	Indicators for visited service
Responsive <i>Refers to how consumers and carer orientated Services are – respect for dignity, confidentiality, participation in choices, prompt delivery, quality of amenities, access to social support networks and choice of provider.</i>	QI Client perceptions of care	Does the service appraise how well it meets consumer and carer's expectations?		To be ascertained at interview	
	QI Consumer & carer participation	Does the service actively involve consumers and carers in treatment planning, decision-making and treatment planning?		To be ascertained at interview	

Domain	Sub domain	Question	Indicators for Victoria's AMHS	Indicators for the VDDS	Indicators for visited service
Capable Refers to the capacity of individuals and the service system is in providing a health service based on skills and knowledge	WF <i>Provider knowledge & skill</i>	Does the Service consider how well its workforce meets core competency requirements		To be ascertained at interview	
	OM Outcomes orientation	Does the Service have processes in place that inform how consumer outcomes are monitored and measured?	Outcome readiness	To be ascertained at interview	

Domain	Sub domain	Question	Indicators for Victoria's AMHS	Indicators for the VDDS	Indicators for visited service
Safe Refers to the potential risks of intervention or the environment are identified and avoided or minimised.	QI NA	Does the Service avoid or reduce harm from health care management or environment in which it is delivered?			To be ascertained at interview

Domain	Sub domain	Question	Indicators for Victoria's AMHS	Indicators for VDDS	Indicators for visited service
Sustainable Refers to the Services capacity to provide infrastructure such as workforce, facilities and equipment and be innovative and respond to emerging needs.	WF Workforce planning	Does the organisation plan for workforce change and turnover to met anticipated future demands			To be ascertained at interview
	WF Training investment	Does the Service keep the workforce up to date with current knowledge and in building new skills?			To be ascertained at interview
	QI Research investment.	To what extent does the Service invest in research activities, both in terms of conducting research and applying established research findings from elsewhere?			To be ascertained at interview

Appendix 2: Overview of services visited

Fraser Valley and West Coast Mental Health Support Teams

Provides services for people with both mental illness and mental disabilities. Services include assessment and diagnosis; psychiatric treatment; counselling; music or art therapy; therapies to deal with behavioural disorders; one-to-one support at home or in hospital for people in crisis; and case management. Clients must meet government funding criteria. The client, client's family, or care providers can make referrals, by contacting the client's social worker. Teams also provide educational, training and consultative services and work in collaboration with existing community resources and support networks. Each team is divided into two mini teams. Defined by geographical locations. Team Psychiatrists, a mental health nurse, a mental health therapist and a mental health support worker staff the mini teams. Each mini team works collaboratively with specialised therapists and other allied health professionals. The service provides the following services:

- psychiatric assessment and treatment
- medication monitoring when indicated
- behavioural assessment and intervention when indicated
- short term follow up and care
- specialised counselling services, speech/language assessments art and music therapy
- assistance facilitating individual hospital admissions
- short terms direct intervention to individuals in crises
- liaison with regional and community advisory groups to plan and monitor services
- support and consultation to general practitioners (GPs) and other health providers
- education and in-service training to clients and their families, support networks
- Training in psychiatry for nurses, physicians and other health care professionals
- specialised training courses that are designed to provide practical knowledge to support networks.

StageDoor - Vancouver

A supported day-placement program for consumers with a DD. All the consumers accessing StageDoor have a diagnosed DD and receive clinical support from Fraser Valley Mental Health Support Services.

A troupe of talented, mentally challenged actors perform improvisation and comedy theatre for the general public; they can also be booked as entertainment for special events such as conferences, meetings and schools events. StageDoor also provides catering services. The on-site Wood Shop makes scenery and props for StageDoor productions, as well as selling wooden items such as bookshelves, desks and custom orders.

Provincial Assessment Centre - Vancouver

A 12 bed designated mental health tertiary care facility in British Columbia. The service provides short-term inpatient assessment treatment, medication review and pre admission outreach and community consultation. The length of admission does not exceed three months and the facility compliments generic inpatient assessment beds. The service works in collaboration with DS and MH however is administered through MH services.

Centre for Addiction and Mental Health - Dual Diagnosis Program – Toronto

The Dual Diagnosis Program operates both an inpatient unit and community based services. It is a specialised program for individuals with a developmental disability and emotional, behavioural or psychiatric difficulties, their families and care providers. The program provides services, which are coordinated within the broader continuum of supports and services, using approaches that integrate mental health and developmental perspectives.

Dual Diagnosis Program - Day Treatment Service

Day treatment for the inpatient unit and individuals in the community who can benefit from time limited admission for consultation, assessment, treatment, training and skills development as an alternative to hospitalisation.

Dual Diagnosis Resource Service

Provides consultation, assessment, diagnosis, time limited treatment, respite, in-home and crisis supports, education, training and system facilitation including referrals to housing, vocational, educational and treatment services. Consultation and support to family members and service providers caring for individuals with a dual diagnosis. Time-limited case management is available as part of these services.

Inpatient Unit

This unit has 15 beds for time limited admission, assessment and treatment for clients referred with a dual diagnosis.

Peel Region Consultation Service

Provides consultation, assessment, diagnosis, program recommendations, system facilitation, crisis planning, education and training.

Quality of Life Research Unit – Toronto

Quality of Life is an area of study that has attracted an ever-increasing amount of interest over the past two decades, particularly in the areas of health, rehabilitation, disabilities studies and social services, but also in medicine, education and others. The Quality of Life Research Unit has been developing conceptual models and instruments for research, evaluation and assessment since 1991. In partnership with the Department of Occupational Therapy and the Centre for Health Promotion at the University of Toronto, the unit carries out quality of life research that relates to communities, families and individuals from a variety of population groups. Instruments, reports, manuals and other publications developed through their research are made available on a cost-recovery basis. The study of quality of life is an examination of influences upon the goodness and meaning in life, as well as people's happiness and wellbeing. From this perspective, the ultimate goal of quality of life study and its subsequent applications is to enable people to live quality lives – lives that are both meaningful and enjoyed.

Surrey Place – Toronto

A leading community-based agency in Toronto, Surrey Place Centre, in conjunction with the University of Toronto, offers a wide range of services and programs for people of all ages and their families living with, or suspected of having, a developmental disability. Through a wide range of programs and services provided by interdisciplinary teams of clinical and other professional staff, Surrey Place Centre support clients to achieve their maximum independence and to enhance their quality of life. Special areas of expertise include:

- infant and child development
- mental health
- behaviour issues
- parenting skills training for adult clients
- intensive behaviour intervention (IBI) through Toronto Pre-school Autism Service - Community Partnership.
- Surrey Place Centre uses a distinctive inter-disciplinary approach to providing service and consultation to its clients. Diagnosis, counselling, service coordination, behaviour therapy, other specialised clinical assessments and interventions are all considered in developing a service plan.

There are four geographic areas or quadrants in the city, each of which provides services to clients of all ages. Interdisciplinary teams deliver the services based on three age-related programs:

- infants and early childhood programs for children from birth to six years of age
- children and youth programs for those aged seven to eighteen
- adult programs for those over 18 years of age.

The Centre also provides citywide leadership for an innovative treatment approach for preschool aged children living with autism or pervasive developmental disorder through a community partnership called the Toronto Preschool Autism Service. Through small groups and educational workshops directed to clients of all ages and to their families and caregivers, Surrey Place Centre offers a unique opportunity for mutual support and learning, education around common issues and challenges and social networking. Surrey Place Centre receives core funding through the Ministry of Community, Family and Children's Services. Services are offered free of charge to eligible clients.

Griffin Centre – North York

The Griffin Centre (GC) is a unique mental health centre, providing a range of services for individuals with complex needs associated with developmental delays and/or serious emotional, psychiatric and behavioural concerns. The professional staff are committed to helping youth, adults and their families deal with the challenges they face in their lives. Collectively, GC have helped thousands of people to attain the goals they have set for themselves and to make positive changes in their lives. The GC also hires nurses, psychologists and administrative staff to ensure the provision of multi-disciplinary perspectives in meeting the needs of those they serve. The GC provides a range of responsive community mental health services to youth and adults with complex needs. The centre has served the community for 30 years and is committed to building better futures for those served. The GC primarily offers counselling for youth, age 12-18, living in the area of North York.

George Brown College – Toronto

An academic institution that works with business, government and the community to identify the key sectors that will drive Toronto's economic growth and social development. The planning results in the creation of targeted academic centres, each built in partnership with a specific sector and fully aligned with its needs. GBC offers a broad spectrum of educational opportunities – bachelor programs, certificates and apprenticeships – appropriate to the goals of each sector. Delivery of these programs stresses flexibility and innovation, with multiple points of access to enable continuous learning.

Nisonger Centre - University of Ohio

The Nisonger Centre was founded in 1966 as an interdisciplinary program of the Ohio State University.

Professionals who lead the Nisonger Centre clinics and services have between 10 and 30 years experience. The Centre serves approximately 3,500 consumers each year. The United States Administration on Developmental Disabilities has designated Nisonger Centre a 'University Centre for Excellence in Developmental Disabilities (UCEDD)'. Nisonger Centre has the following four goals:

1. To provide high quality interdisciplinary university training programs to help meet the professional and research manpower needs of the DD field.
2. To operate clinics and related services that demonstrate nationally important innovations or fill gaps in services available in Central Ohio.
3. To provide consultation and other technical assistance to government agencies, non-profit organisations and consumer advocacy groups.
4. To expand knowledge on developmental disabilities by engaging in world-class scientific research.

Nisonger's academic faculty are recognised experts in their fields. The Centre's psychopharmacology research is aimed at evaluating scientifically the safety and efficacy of psychotropic medications and will be expanding to include research evaluations of treatment outcomes.

Department Mental Health – Ohio

Ohio's public mental health system includes the Ohio Department of Mental Health (ODMH), 50 county and multi-county boards and nearly 500 community mental health agencies. The boards do not provide services directly. They act as local mental health authorities, funding, planning, monitoring and purchasing services provided by private agencies and the behavioural healthcare organisations operated by ODMH. The department funds, reviews and monitors community mental health programs coordinated by 50 county-level boards serving all 88 counties. ODMH also reviews and certifies services provided by private agencies and licenses private psychiatric hospital inpatient units and community residential programs. The ODMH is the lead agency for the Ohio Coordinating Center of Excellence in DD.

Center of Excellence – Columbus Ohio

The Ohio Coordinating Center for Excellence in Dual Diagnosis (MI/MRDD CCOE) is a three-year grant funded project. The CCOE Dual Diagnosis design is that of a virtual centre organised around a collaborative partnership of expertise, which includes the Wright State University Department of Psychiatry, the Ohio State University Nisonger Centre, Cincinnati Children's Hospital Medical Centre Division of Developmental Disabilities and Case Western Reserve University, along with the Cuyahoga County Board of MRDD. Together they will plan, develop and implement the activities of the CCOE.

The partnership intends to develop:

- four regional training programs where identified systemic and clinical best practices will be presented
- a series of consultative mini-grants to foster collaboration at local levels across the state to increase service capacity
- consultative services in Ohio for clinicians treating individuals with dual diagnosis
- research efforts and identification of other funding sources to expand systemic and clinical best practices for individuals with dual diagnosis living in Ohio.

The Coordinating Center of Excellence in Dual Diagnosis (Mental Illness/Mental Retardation) initiated activities in Ohio on January 1, 2004.

Mental Health Support Services – Cincinnati and Montgomery Counties and Southeast Inc.

Plans and provides services to consumers with a dual disability and their families. Primary consumers are individuals who have, or who are thought to have, a dual disability. The services provide technical assistance, training and consultation to professionals in the mental health, disability, education and criminal justice systems.

Department of Mental Health - New York City

The New York City Department of Health and Mental Hygiene, Division of Mental Hygiene, Bureau of Mental Retardation and Developmental Disabilities (MRDD) is responsible, under the City Charter and in accordance with State Mental Hygiene Law, for planning, contracting, monitoring and evaluating community mental health, mental retardation and alcoholism services within the City of New York. The department is a contracting and supervisory agency, rather than an operating agency, in that it contracts with voluntary, not-for-profit provider agencies for the delivery of services. These services include a range of programs for individuals with developmental disabilities. In the years since the scandalous conditions at the Willowbrook State School on Staten Island were exposed, great strides have been made in improving conditions and services for people with

developmental disabilities and in developing a comprehensive community-based service system. Policies now focus on person centred planning and the development of individualised, comprehensive, community-integrated DD services.

Earn and Learn Center – New York City

The Earn and Learn Center is a New York State operated day program designed to teach program participants the skills needed to function independently in the community. Sixty-five consumers can access the service at any one point in time; all have a dual disability and a history that prevents them from receiving support in less restrictive environments. The program provided is two-fold and is comprised of training and supervision to facilitate supported employment and classes to teach academic skills. Student placements (across disciplines) are available.

LifeSpire – New York City

LifeSpire is a non-government organisation that offers a wide range of services to developmentally disabled adults, including those with a dual disability. Services include:

- Medicaid service coordination
- mental health services
- day habilitation
- residential services
- pre-vocational
- day treatment
- supported employment
- family support.

Lifespire's services are provided throughout the five Boroughs of New York City as well as community settings and the home.

SPAN – New York City

The SPAN (Special Program for Assessing Needs) provides comprehensive therapeutic services for adults dually-diagnosed with a mental health and mental retardation disability. Some of the services provided are:

- Screening and placement for aging-out consumers (SPAC): a referral service for persons who are aging-out of residential facilities sponsored by the New York State Education Department and New York City's Agency for Children's Services (ACS).
- Continuing day treatment: day treatment services that encompass psychiatric and individualised therapeutic daily activities.
- Workshop: evaluation, counselling, vocational training and rehabilitation, paid work experience.
- Clinic treatment: comprehensive clinic treatment services including psychiatry, individual, group and family therapy.
- Enclave in industry: enhancement of the vocational skills of the individual consumer and the reinforcement of the ability to maintain a position in an integrated employment enclave.
- Peer advocate: facilitate the integration of the consumers into community services and inform consumers about their rights under the law.

NADD – Kingston, New York State

NADD is the leading North American expert in providing professionals, educators, policy makers and families with education, training and information on mental health issues relating to persons with intellectual or developmental disabilities. The mission of NADD is to advance mental wellness for persons with developmental disabilities through the promotion of excellence in mental health care.

Sovner Center – Lynn Massachusetts (Consultation completed but not site visit)

The Sovner Centre provides coordinated, collaborative and comprehensive behavioural healthcare services for the dually diagnosed population in Eastern Massachusetts. The Sovner Centre is licensed, through the Department of Public Health, as an outpatient mental health clinic. The center receives it's funding through third party billing for services from insurance networks. The following services are provided by the center:

- diagnosis and assessment of mental health issues in individuals with developmental disabilities
 - psychopharmacology
 - severe or persistent mental illness
 - geriatric services
 - forensic services
 - neuropsychiatry
 - psychological testing
 - behavioural psychology
 - individual, group and family therapy, specialising in conflict resolution, couples therapy, sexuality and trauma counselling, family therapy and systems work
 - diagnostic assessment
 - SCoPE (Start Comprehensive Psychiatric Evaluation)
 - emergency assessment and evaluation
 - crisis intervention and prevention
 - case management services.
-

References

- Allen, D 1998, Changes in Admissions to a Hospital for People with Intellectual Disability Following the Development of Alternative Community Service, *Journal of Applied Research in Intellectual Disability*, vol. 11, 156 – 165
- Australian Health Ministers, Second National Mental Health Plan (1998-2003), Mental Health Branch, Commonwealth Department of Health and family services, Canberra
- Australian Health Ministers, Third National Mental Health Plan (2003 - 2008), Mental Health Branch, Commonwealth Department of Health and family services, Canberra
- Chaplin, R, 2004, General Psychiatric Services for Adults with Intellectual Disability and Mental Illness, *Journal of Intellectual Disability Research*, vol 48, part 1, p. 11
- Day, K 1993, Mental Health Services for people With Mental Retardation: A Framework for the Future. *Journal of Intellectual Disability Research*, vol 37, 18 – 21
- Department of Human Services (2004) Future Directions for Victoria's Mental Health Services (2002 - 2007). Department Of Human Services, Melbourne
- Department of Human Services (2004) Victorian Strategy for Safety and Quality in Public Mental Health Services 2004 – 2009. Department Of Human Services, Melbourne
- Department of Human Services (2005) Victoria's Direct Mental Health Workers: The Public Mental Health Workforce Study 2003 – 04 to 2011 – 12, Braemar, Southbank
- Department of Human Services (2005) Victoria's Direct Mental Health Workers: The Public Mental Health Workforce Study 2003 – 04 to 2011 – 12, Braemar, Southbank.
- Dart, L., Gapen. W. & Morris, S, 2002, 'Building responsive Service Systems' in eds D. Griffiths, C. Stavrakaki and J. Summers *Dual Diagnosis: An Introduction to the Mental Health Needs of persons with developmental Disabilities*. Habilitative Mental Health resources Network: Ontario.
- Edgar, K, Burgess, P and Buckingham, B, 2003, *Towards National Benchmarks for Australian Mental Health Services* ISC Discussion paper No 4. Commonwealth Department of Health and Aging, Canberra.
- Edgar, K, Burgess, P and Buckingham, B, 2005, *Key Performance Indicators for Australian Mental Health Services* ISC Discussion paper No 5. Commonwealth Department of Health and Aging, Canberra.
- Lunsky, Y., Bradley, E., Durbin, J., Koegi, C., Canrinus, M., and Goering, P 2005, The Clinical Profile of service Needs of Hospitalised Adults with Mental retardation and Psychiatric Diagnosis. *Psychiatric Services*, vol. 57, 77 - 83
- Moss, S., Bouras, N., and Holt, G., 2000, Mental Health Service for People with an Intellectual Disability: A Conceptual Framework. *Journal of Intellectual Disability Research*, Vol 44, 97 – 107.
- O'Brien, G., Radley, J. and Joyce, J, 2000, Adult learning Disability Psychiatric Services: :Local Implementation of National Guidelines. *Hong Kong Journal of Psychiatry*, vol 10, 22 – 24

Robbins ,S and Barnwell, N 2004, *Organisational Theory in Australia*. Pearson, Sydney
Smiley, A 2005 *Advances in Psychiatric Treatment* (2005), vol. 11, 214–222

Victorian Dual Disability Service (2003) *Summative Evaluation of the Victorian Dual Disability Service 1999 – 2003*, St Vincent's Health, Fitzroy.

Xenitidis, K., Gratsa, A., Bouras, N., Hammond, R., Ditchfield., H., Holt, G., and Brooks, D., 2004, *Psychiatric Inpatient Care for Adults with Intellectual Disability: Generic or Specialist Units*. *Journal of Intellectual Disability Research*, vol 48. 11 - 18