

Human
Services



Peoplefirst

*Victoria's Alcohol and
Drug Treatment Services
The Framework for Service Delivery*

*Drug Treatment Services
Aged, Community and Mental Health Division*

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Minister's Foreword

The Framework for Service Delivery of Victoria's alcohol and drug treatment services sets the context in which specialist drug treatment services will be purchased and describes the key components of the range of services.

This framework initiates the final phase of the redevelopment of specialist drug treatment services which commenced in 1994 with the closure of large government-run institutions.

Specialist drug treatment services had been concentrated in the Melbourne metropolitan area, leaving country Victorians with barriers to access to often fragmented and distant services. In addition, services were inaccessible to young people who suffer significant social, psychological and physical harm from alcohol and drug use.

For the first time, every component of Victoria's specialist drug treatment service will be located throughout the State in a comprehensive and consistent pattern. Now, people and their families can seek assistance in their community, near their homes and workplaces.

Initiatives as part of *Turning the Tide*, the Victorian Government's response to the recommendations of the Premier's Drug Advisory Council, will significantly add to the existing network of services by filling the gaps in service provision.

Under the impetus of *Turning the Tide*, new services will be developed for young people. Service gaps will be addressed and better linkages will be created to strengthen access to each element of the service network. Barriers to services, created by cultural and linguistic differences, will be reduced.

Underpinning *Turning the Tide* is a philosophy of community-wide involvement to educate Victorians about all aspects of alcohol and drug use, to prevent the harm

which can arise and develop a more responsive and humane treatment service.

Each region of Victoria will tender services competitively to ensure that Victorians receive a service which meets 'best practice' standards.

This framework, and a range of measures under *Turning the Tide*, reflect the Victorian Government's strong commitment to ensuring that the harm suffered by people and their families from alcohol and drug use is lessened.



The Hon. Rob Knowles MP
Minister for Health

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Introduction

It is widely recognised that use of licit and illicit drugs causes many Victorians problems in dealing with their lives, at work and at home. Alcohol and drug use can cause a range of harms, which have severe psychological, social and physical consequences for individuals and their families.

Many people experience some form of alcohol and drug problem during their lives. They may seek help and advice from many sources—their personal networks, general practitioners or specialist treatment services.

This framework defines the components of the specialist drug and alcohol service system in Victoria and the context in which services are delivered. It describes the purpose and objectives of the service and the key specifications for each component of the service. It outlines the way services will be organised and managed across the State and how funds will be distributed for the purchase of services. The document also lists the principles under which services will operate to ensure access for all Victorians, by eliminating barriers to service for young people, for those with linguistic and cultural differences, and for those who have historically been unable to gain access to existing services.

Background

Services for people who suffer harm as a result of their alcohol and drug use have been delivered in one form or another for many years. Initially, in common with many other human services, drug and alcohol services were provided in large, residential institutions centralised in the metropolitan area. There were also approximately fifty non-government agencies, funded by both Commonwealth and State governments, which provided a range of services to some groups in some parts of Victoria.

Specialist drug and alcohol services were fragmented, isolated and disconnected from the general health sector. Their accessibility to some Victorians was extremely limited—young people seldom sought help, and

women with children were often unable to attend because of barriers to child care and the particular stigma associated with their substance use.

Victoria was not unique in Australia in experiencing many of these problems.

New Directions

At A National Level

Both the State Government and the Federal Government have focused significant effort on reducing the harm associated with drug use. In 1985 a joint Commonwealth and State strategy, the National Campaign Against Drug Abuse, now the National Drug Strategy, was established to minimise the harmful effects of drug use on Australian society. The campaign has operated since 1985.

Australia has earned a high international reputation for its progressive, balanced and comprehensive approach to dealing with the problems posed by the use and misuse of drugs in the community.

There have been significant achievements in policy development, increases in the number and range of relevant programs and services, positive changes in alcohol, tobacco and other drug use trends as well as in people's attitudes to alcohol and other drug use.

The key elements underlying the policy approach are:

- Harm minimisation—an approach that aims to reduce the adverse health, social and economic consequences of misuse of alcohol and other drugs, by minimising or limiting the harms and hazards of drug use for both the community and the individual, without necessarily eliminating use.
- Drug control—a broad spectrum of control measures is required, ranging from legislative provisions to controls on the access, availability and use of drugs for certain groups or in certain situations.
- Intersectoral approach—alcohol and drug problems

need to be addressed in an integrated manner across a broad range of sectors.

- International cooperation—drug abuse is an international concern. Treaties, conventions and global action plans have been formulated to address drug-related issues in a concerted and cooperative manner. Australia is an active participant.
- Evaluation and accountability—commitment to the application of needs-based planning and evaluation activities to ensure the effectiveness and efficiency of strategies to minimise drug-related harm.

Redevelopment in Victoria

The Victorian Drug Strategy adopted a five-year Strategic Plan in 1993 as part of the National Drug Strategy.

In 1994, large institutions were closed and the first phase of redevelopment of the service network was undertaken. The Government released *New Directions in Drug and Alcohol Services in Victoria* which confirmed their commitment to improving services for people with a drug and alcohol problem.

The first phase of the redevelopment saw the establishment of:

- Drug withdrawal services.
- Counselling and support services.
- Specialist methadone services.
- A centre for leadership in clinical service, research and training.

The expanded range of community services will also mean that many of those who received hospital or institutional services in the past will now be able to receive services in their local area which are targeted to early intervention and prevention.

To achieve change, the final stage of the redevelopment involves:

- Developing a framework for the provision of services.
- Developing a standard set of key specifications to

ensure consistent service provision across Victoria.

- Establishing a purchasing policy which accurately targets services to populations in need across Victoria.

This ongoing redevelopment will focus services on priority target groups, maximise the linkages between drug treatment and other services and ensure that high quality services are approved and funded on a unit cost basis.

Turning the Tide

In 1996, in response to the Premier's Drug Advisory Council report (*Drugs and the Community*, March 1996), the Victorian Government announced a substantial range of new initiatives in the development of alcohol and drug services in Victoria under the title *Turning the Tide*. These initiatives will substantially strengthen and develop the service network with funding to provide the impetus for new forms of service delivery to many Victorians.

New treatment services under *Turning the Tide* focus on:

- Providing specialist services for young people.
- Strengthening community-based treatment services.
- Providing training to health professionals.
- Developing a community education and information strategy.

These new initiatives, particularly specialist services for young people and strengthening community-based treatment services, are being integrated with the ongoing redevelopment of alcohol and drug services. This will ensure one coherent service system and a consistent standard of service delivery of specialist drug and alcohol services to those Victorians who need them most.

The Service Mapping Project

This project has identified service types and key features of services existing prior to the commencement of the service redevelopment. It identified the location of services across Victoria, the clients and the types of services which they receive. It provides an accurate and

comprehensive picture of the types of services and the number of clients accessing them.

Data obtained from the Service Mapping Project has been analysed in order to inform the planning process for the redevelopment of the alcohol and drug service system. The data will continue to be useful as a means of further refining the service requirements and the purchasing policy described below.

Principles of Service

The State Government has emphasised four principles on which health and community services are to be based in Victoria:

- To put people first rather than institutions or systems.
- To ensure a fairer distribution of limited resources.
- To obtain value for taxpayers' funds.
- To provide a better health status and outcome for all Victorians.

These priorities underpin the framework described in this document.

Clear directions are provided about the way services are to be delivered. Services must:

- Provide adequate standards and conditions of care and treatment for persons who suffer harm from use of drugs.
- Be comprehensive, accessible and acceptable.
- Take into account the religious, cultural and language needs of persons who suffer from alcohol and drug abuse problems.
- Be designed to reduce the incidence of drug-related harm in the community.
- Support the client in the community and coordinate with other community services.

The effect of implementing the service delivery framework detailed here will be to give these principles practical impact.

Effective care and treatment will require assistance from a range of professionals operating within and across public and private hospital and community-based settings.

A comprehensive treatment service must encompass services which cater for acute episodes and longer-term treatment. It should include residential, community and home-based care options. Integration of service delivery is required to ensure continuity of care, so that clients can move between service elements as their needs change and receive the most appropriate service response at any time. This requires coordination at two levels:

- From a service system perspective, it relates to the deployment of a region's drug and alcohol treatment budget in such a way that the appropriate range of service options are available to meet the needs of the community being served.
- From a client perspective, it reflects the need for case management, so that each person is able to access the services they need, when they need them, and with one clinician accountable for ensuring, but not necessarily providing, their proper treatment and support.

Effective case management processes will be critical to achieving and maintaining continuity of care for clients, including cases where clients have linkages with other services such as accommodation, child welfare, disability or mental health services. Services must be sensitive to this and support the involvement of carers wherever possible. Victoria will introduce standard approaches to case management through a common framework for client services delivery.

Together with an appropriate mix of services in each region, this should achieve integrated service delivery across the State.

Summary

The framework for service delivery outlined in the following chapters will lead to greater consistency and quality in the type, range and operation of services across the State.

Through this framework, the Department of Human Services will ensure that:

- Alcohol and drug services will be responsive to needs of clients.
- Choices for treatment and care are available.
- Services are delivered in a timely manner.
- The providers of services are accountable.
- Services do not stigmatise patients.
- The best possible standards of care are used.
- Value for money is achieved.

Significant steps have now been taken to bring the overall management of specialist drug and alcohol services into the same framework as the rest of the general health and welfare system. In each region of the Department, the regional director will be responsible for configuring services according to this framework. Specialist alcohol and drug treatment service provision is now a set of contracted services in common with many services provided by, and through, the Department. Drug treatment services will no longer be isolated from other health services.

The Victorian Government is funding a very substantial increase in the size of the alcohol and drug service system, through *Turning the Tide*. Although demand for services may continue to exceed supply, a firm foundation for future growth will be laid with the implementation of the Framework for Specialist Alcohol and Drug Treatment Services.

The Organisation of Services

Department of Human Services Regions

Health and welfare services are delivered on a contractual basis across the State through the nine regions of the Department. The regional offices are responsible for planning, implementing systemic redevelopment, contracting and monitoring services. Overall policy and program direction is provided by Head Office through the Drug Treatment Services Unit (DTSU).

The regional role in service planning and implementation facilitates coordination and liaison with other human services, and will be particularly helpful when dealing with clients who use services in addition to alcohol and drug services. Regional structures currently allow the provision of services on a statewide or regional basis and this will continue to apply to the delivery of alcohol and drug services.

The service planning function means that regions determine the mix, number, type and location of alcohol and drug services required, based on the framework for specialist alcohol and drug services developed by DTSU in collaboration with regions and service providers. It is expected that these decisions will be influenced by a range of features including:

- Population characteristics such as age, ethnicity, family structures, socioeconomic status and other indicators.
- Geographic features including transport and mobility factors.
- Special needs such as recent and expected population growth, level of homelessness in the area, number of people with alcohol and drug use problems.
- Available service demand and utilisation data.
- The spread of alcohol and drug and other human services.
- The most effective deployment of resources.

Distribution of Resources

Until 1990, funding for alcohol and drug services concentrated on four large government alcohol and drug centres: Pleasant View Centre, Smith Street Clinic, Gresswell Rehabilitation Centre and Heatherton Hospital Alcohol and Drug Unit. These centres were geographically isolated, provided limited access for clients and were not linked to other alcohol and drug and health and welfare services. The last of these centres was closed in June 1995. Funding has since been redistributed across the State for the establishment of community-based drug withdrawal services, specialist methadone services and specialist counselling and support positions.

There were also approximately fifty non-government organisations (NGOs), funded in part through the National Drug Strategy. While providing important services to local communities, NGOs tended to be small and poorly coordinated with inconsistent service standards and quality of care. Funding to these services was provided on an historical basis, resulting in inequities between regions and poor regional planning for services.

Under the current redevelopment of the alcohol and drug services system, the budget has been redistributed to regions using a population-based funding formula, which combines both population and proxy measures of service need. It also takes into account the additional costs of delivering services in rural areas. Statewide services are separately funded. A purchasing policy, containing the funding formula, has recently been prepared (see *Resourcing Alcohol and Drug Services* for details of this approach to funding).

The allocation of funds to service providers within each region will be based on the region's internal planning processes which will determine the number, type, location and mix of services required to best meet the needs of the region. The regional service system will be put to tender in March 1997. All funding agreements will

be time-limited and will relate to specific service delivery targets.

Management of Services

The recent restructuring of the Department has been based on the principle of greater operational flexibility for regions with a corresponding increased responsibility for the achievement of departmental program outcomes.

Under the new structure, regions will have a greater capacity to purchase services which encourage local service integration and responsiveness.

During the first phase of alcohol and drug redevelopment, regions were required to develop a regional service plan. These plans must now be updated to outline how the available resources will be used to best meet local needs and priorities in the most cost-effective manner. To target service provision to best meet local client needs, the plan will be based on a thorough understanding of local community and client needs and of the complementary roles of local providers in meeting these needs. Potential service gaps or opportunities to maximise the use of local infrastructure must also be identified.

Regions are responsible for monitoring provider performance and taking corrective action where performance is below target.

Regional directors are responsible for:

- Distributing the alcohol and drug budget equitably throughout the region.
- Ensuring the planning and provision of a balanced range of services to meet local needs.
- Negotiating funding and service agreements and monitoring standards of service delivery.

Local service planning and management will ensure the development of formal links between alcohol and drug services and related service systems.

Planning the distribution of services and arrangements for service management will ensure that agency responsibilities are clear and that an appropriate response will be provided to people who require treatment or support for an alcohol or drug use problem.

Management of Service Elements

Each regional alcohol and drug service system will provide services at two levels:

- Services for young people.
- General services.

These services will operate through a number of service elements, provided locally, regionally, supra-regionally or on a Statewide basis.

In implementing this framework, each Departmental regional office will identify the strengths, weaknesses and gaps in their present service delivery systems. Strong and effective service elements will provide the basis for future redevelopments. Redirection of service arrangements must lead to improved service outcomes.

There are major differences in the needs and opportunities in the nine regions. Each region will determine the most appropriate approach to the delivery of alcohol and drug services. The development of stronger linkages with general practitioners and a range of other health and welfare services is encouraged. The development of networks and protocols will be required.

The choice of service providers by the Department will be achieved through the tendering process, which aims to lead to a better level of service delivery and improved customer outcomes. Confidence that the auspice agency will deliver the type of service with the right outcomes is paramount. In most cases, that will include agreement on the following issues:

- Capacity to develop and manage the service.
- Capacity to provide a high quality, consumer oriented, community focused alcohol and drug service.

- Expertise, or capacity to develop the necessary expertise, in the provision of drug and alcohol treatment and support services.
- Compliance with the conditions specified in the tender brief.
- Resource management skills and experience.

The Provision of Services

Delivery of Services

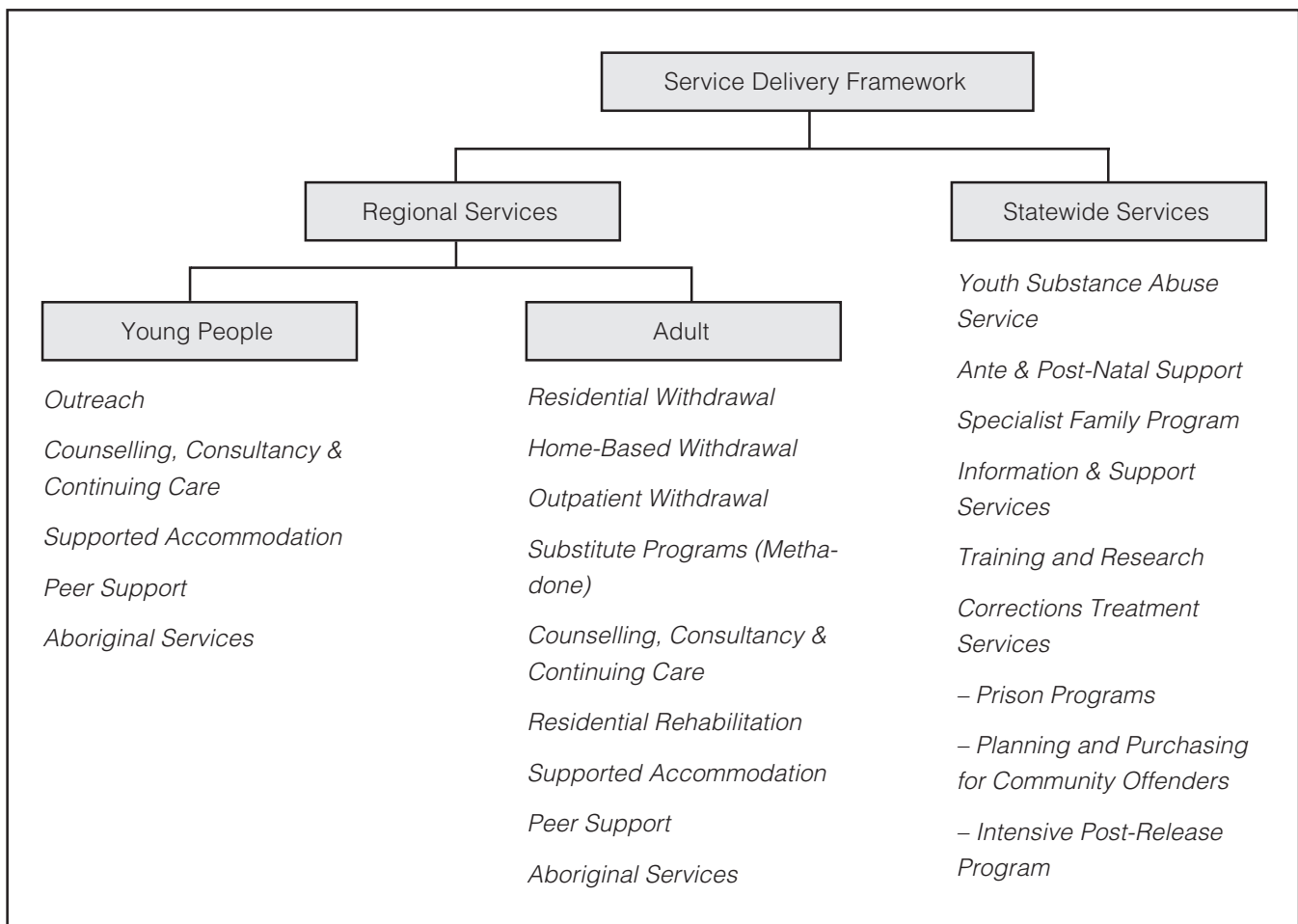
The alcohol and drug service system will focus on two client groups within each region—young people and general adult (see *Program Descriptions* section, page 15). Common general principles and direction will apply to both of these client groups, and, although programs are broadly organised around age levels and the needs of clients in these groups, some overlap and flexibility between the two groups is expected depending on the client's circumstance and need. Most of the general

adult services will also cater for young people where it is considered appropriate. Also, although the upper age for clients of services for young people is 21 years, it is expected that circumstances will arise when young people up to 25 years of age are deemed suitable to attend such services.

Assessment and individual case management will assist the matching of client needs and service provision across the program areas.

Victoria's Specialist Alcohol and Drug Services

The Framework for Service Delivery



Services for Young People

A range of services will be developed to provide treatment and support for young people up to the age of 21 engaging in, or at risk of engaging in, problematic substance use.

Services for young people will operate within the framework of the Youth Drug Strategy developed by the Department in 1994. The objectives of the Youth Strategy are:

- To minimise the level of harm associated with the use of drugs by young people in Victoria.
- To provide appropriate and accessible treatment services with a view to increasing the number and rate of tobacco, alcohol and drug-dependent young people who overcome their dependency.
- To develop alternatives to drug and alcohol use by young people; for example, by increasing young people's acceptance of smoke free and alcohol and drug free entertainment and recreation opportunities.
- To provide increased education and information about drugs designed to reach young people and their families.
- To promote better coordination between government departments and between government and community agencies to ensure that government agencies are consistent in their response to youth drug issues and are appropriately informed by, and linked to, community initiatives and concerns.

Service Elements

- Outreach.
- Counselling, Consultancy and Continuing Care.
- Supported Accommodation.
- Peer Support.
- Aboriginal Services.

General Services

These are services for the general population who have problems with alcohol and other drug use. These services will also cater for the families or carers of the primary client, if required.

A range of service types will be provided which aim to meet the objectives of the Victorian Drug Strategy Strategic Plan 1993–1998, which are:

- To minimise the level of illness, injury and death associated with the use of alcohol, tobacco and other drugs in Victoria.
- To minimise the level of drug offences and other alcohol- and drug-related crime committed in Victoria.
- To minimise the social disruption and loss of productivity attributable to alcohol and other drug use in Victoria.

Well-focused strategies are required to meet these goals, targeted to groups and areas where the real problems lie and where the potential for harm is greatest. At the same time, we need broader strategies to ensure that problems are prevented well before they emerge, and that the whole community is properly informed and able to take responsibility for addressing drug problems.

Alcohol and drug services will provide specialist treatment and support services, but often will not be able to meet all the needs of a person with serious alcohol and drug use problems. Strong linkages will need to be forged with a range of other health and welfare services.

Service Elements

- Residential Withdrawal.
- Rural Withdrawal Support.
- Home-Based Withdrawal.
- Outpatient Withdrawal.
- Substitute Pharmacotherapy: Specialist Methadone Services.
- Counselling, Consultancy and Continuing Care.
- Residential Rehabilitation.
- Supported Accommodation.
- Peer Support.
- Aboriginal Services.

Community Oriented Service Delivery

This framework is based on the principle that people with alcohol and drug use problems can be effectively treated in community-based settings and that this practice will lead to improved consumer outcomes. All tendered alcohol and drug services will be located in community-based settings, including residential withdrawal, which is to be located in a residential setting close to hospital-based medical and psychiatric services.

Access to Services

Alcohol and drug services must be accessible to all Victorians. Regional service systems must be designed to ensure that all people living within the region have access to appropriate alcohol and drug services.

Access to services will be assisted through the appropriate location of a mix of services within the region which:

- Are close to public transport.
- Facilitate arrangements for child care for children of clients.
- Provide a service which is age, gender and culturally appropriate.

Entry to the Service System

A person who wants advice or referral for alcohol or other drug problems may access the service system through contact with DIRECT Line, a 24-hour telephone information, counselling and referral service. Alternatively, people should approach their general practitioner or local community health service.

The client will then be referred to a specialist alcohol and drug worker in a generic agency, or an alcohol and drug service. An assessment of the client will be arranged, followed by the provision of appropriate treatment.

In an emergency, individuals should attend the accident and emergency department of the local hospital.

Funded alcohol and drug services should ensure that they have appropriate links with relevant general health and welfare professionals, information and support services and other organisations to facilitate client access to their service.

Continuity of Care

An important feature of the redevelopment of the alcohol and drug treatment service system is the requirement to provide continuity of care for clients. All alcohol and drug services are required to manage their clients from point of entry into the service system through to case closure. The primary objectives of this form of care are to:

- Enable a client's service needs to be met effectively and efficiently through the use of a common set of processes and functions.
- Enable planned and coordinated service provision to individual clients.
- Provide staff with a common practice framework.
- Strengthen links between service delivery and service planning.

Within this context, case management will be used to facilitate coordination, accountability and continuity of service delivery, and ensure appropriate services are provided in a timely manner. The case manager will guide the client through the system, ensuring that the client's needs are assessed, planned for and met in a timely and effective manner. The level of intensity of case management support will vary according to the needs of the individual client. Clients with complex, multiple needs requiring a range of services will need more intensive support from a case manager than will clients with less complex needs. Intensity of case management support will also vary as a client's needs change.

Linkages with Other Service Providers

The provision of specialised alcohol and drug services must occur in collaboration with other services to provide responsive service options.

Linkages need to be developed with other health and welfare professionals, in particular with general medical practitioners, and with other services including mental health, housing and accommodation, social support, community health, child care, domiciliary services, and employment and training.

Where alcohol and drug services are dealing with young people, additional linkages need to be made with schools, juvenile justice and child protection, police, and recreational services, as well as working with the young people's families.

The development of strong linkages with such services will help to ensure that the varying needs of clients are being addressed through the provision of effective case management from the time of entry into the service system to the point of case closure.

Key Features of a Good Regional Alcohol and Drug Service

- An appropriate mix of services is available, accessible and promoted across the region.
- The progress of all clients is monitored to ensure that services are targeted, coordinated and provided in the most effective way.
- Professional, service and community linkages and networks are developed, maintained and formalised with written protocols where appropriate.
- Services are provided to clients and carers by appropriately skilled health and welfare, medical and nursing staff, as well as people who have relevant personal experience of alcohol and drug use.
- The use and demand for services is monitored, and the

budget applied, to secure a balanced range of services across the region.

- The qualitative and quantitative performance of services is regularly reviewed and service agreements accurately and specifically define the expectations of funded services.

Monitoring, Evaluation and Quality Assurance

The operation of an effective and efficient alcohol and drug treatment service system requires the development, maintenance and review of systems for monitoring and evaluating the effects of service delivery.

This framework for service delivery identifies a range of key service requirements for individual service types. Standards for alcohol and drug treatment services will be developed by the DTSU and will be regularly monitored through the regions. Key performance indicators have been developed to allow comparative evaluation and monitoring of service performance against identified targets within and across regions.

Funding and service agreements will reflect these requirements and form the basis for service monitoring. Agreements negotiated for the 1997–98 financial year will ensure that funds provided deliver the type of service required.

Service evaluation will include consumer and carer involvement in its design and implementation and will be seen as a priority.

In order to undertake effective service monitoring and evaluation, a relevant database and information system must be available. The Department of Human Services is currently developing a new data collection system for alcohol and drug services—the Alcohol and Drug Information System (ADIS), which will:

- Computerise the reporting requirements under the

Health Services Act 1988 (Health Service Agreements), the *Alcoholics and Drug Dependent Persons Act 1968*, and the joint Commonwealth/State National Drug Strategy (NDS) Grants Program.

- Facilitate the introduction of unit-based funding.
- Allow the assembly of comprehensive management information for planning and decision-making at head office, regional and service/agency level.
- Allow the assembly of extensive data on the alcohol and drug in-treatment population for the purposes of epidemiological analysis, statistical monitoring of trends and the evaluation of treatment approaches.

This system replaces the outdated Drug and Alcohol Information system (DAISy).

The Victorian Government is committed to ensuring that health resources are used efficiently for maximum health gain. In achieving this aim, greater emphasis must be given to evaluating the outcomes produced for individuals and the population as a whole. Outcome-oriented service delivery evaluation will increasingly become the focus of evaluation. At the treatment level, outcomes may be used to determine the effectiveness of particular treatment types, or to define the best treatment pathways for particular clients.

Quality assurance systems will be expected to form a routine part of treatment service activity. Such systems should be open to scrutiny and involve the participation of consumers and carers. The development of quality assurance processes will be required from each service provider.

Program Descriptions

Regional service systems should be able to cater for the treatment needs of both adults and young people. It is anticipated that there will be youth specific services as well as services catering across age ranges. Where services are offered to young people within a larger agency, the relevant programs must be tailored to their needs and staff should have skills and experience in working with young people.

General Services

Objectives

General alcohol and drug services will provide a network of community-based services including residential and non-residential withdrawal services, residential rehabilitation services, supported accommodation, specialist methadone services, peer support and counselling, consultancy and continuing care. In summary, the objectives of these services are:

- To provide a range of services which aim to meet the treatment and support needs of people who have alcohol and drug use problems and their families and/or carers, in a timely and effective way.
- To provide services appropriate to the specific needs of the individual client.
- To monitor and coordinate the provision of services to clients to ensure continuity of care.
- To ensure that service delivery is appropriately informed by, and responsive to, review and evaluation of service delivery within the context of best practice developments.

Target Group

Alcohol and drug services will provide assessment, treatment and support services to adults and young people who have alcohol and drug use problems, and their families or carers.

Matching clients to services will ensure that clients are provided with the type and level of service most appropriate to their needs. For example, residential rehabilita-

tion services will be appropriate for people who suffer the more severe consequences of harm related to alcohol and drug use, such as criminal involvement and social disadvantage and whose home setting or social circumstances are not supportive of non-residential treatment options. These clients will also have undergone a withdrawal program or other alcohol and drug treatment/rehabilitation programs and will have not been successful in reducing or overcoming their drug use problem.

Service Elements

The following general service types should be available, or able to be accessed, from each region:

- Residential Withdrawal.
- Home-Based Withdrawal.
- Outpatient Withdrawal.
- Rural Withdrawal Support.
- Specialist Methadone.
- Counselling, Consultancy and Continuing Care.
- Residential Rehabilitation.
- Supported Accommodation.
- Peer Support.

General Key Service Requirements

All service types should be characterised by the following general requirements:

- Services must be targeted primarily to people with serious problems resulting from their use of alcohol or other drugs.
- The principle of harm minimisation is fundamental to the approach of funded drug treatment services. Harm minimisation focuses on reducing the harm to both the individual and society from alcohol and drug use.
- Services must ensure continuity of care for clients through an appropriate case-management process.
- Where services are offered to young people, agencies should ensure that programs are tailored to their needs, are accessible, have flexible hours, work closely with the young person's family group and build strong links with other relevant agencies.
- To provide education and information relating to

alcohol and drug issues which will enhance prevention and harm minimisation.

- To facilitate arrangements for the care of client's children while their parents are in the program.
- To operate under age, gender and culturally sensitive protocols in relation to client care.

Each type of service has specific mandatory service requirements in addition to these general requirements. The specific requirements are listed on the following pages.

Residential Withdrawal Service

Residential withdrawal services provide alcohol and drug withdrawal to young people and adults through a community residential drug withdrawal service or through hospital-based treatment. Community residential drug withdrawal is provided to clients in a suburban setting located close to a public hospital with psychiatric facilities. The treatment emphasis is on a short length of stay.

Target Group

Clients who require 24-hour supportive care to withdraw, with some pharmacotherapy and medical care for non-acute illness, can be managed in community residential withdrawal services. Where there are serious physical and/or psychiatric problems, transfer to the co-located hospital may be required. Community residential drug withdrawal units are suitable for clients without adequate supports at home or with psychological or social crises that require a high level of support.

Key Service Requirements

- To provide structured assessments of drug consumption, health and psychological factors.
- To provide case management services for clients, including:
 - The development of an Individual Treatment Plan in partnership with the client comprising regular structured and documented monitoring of the course of withdrawal, the application of a protocol for support-

ive care and basic health care and pharmacotherapy where indicated.

- The development of a discharge plan which ensures appropriate linkages and referrals are made to post-withdrawal services.
- To ensure that medical and psychiatric care is readily available to address routine problems that may arise in the course of withdrawal.
- To utilise treatment approaches based on research, experience and needs.
- To provide 24-hour supportive care in an environment with low interpersonal stress and where mutual support and close supervision are possible.
- To provide facilities that meet the specifications of the Generic Brief for Community Residential Withdrawal Units.
- To provide appropriate services, where relevant, for carers and families of those affected by alcohol and drug use.
- To provide facilities and programs suitable to young persons.

Rural Withdrawal Support Service

In country Victoria, general practitioners and health services are often utilised for the treatment of withdrawal syndromes. Rural withdrawal services combine a short hospital stay (where required) with a period of home-based withdrawal.

Key Service Requirements

- To operate in association with a country hospital to provide 24-hour, 7-day nursing consultation support to a local medical practitioner or hospital in the management of alcohol or drug withdrawal at home or in hospital.
- To provide information and support to the client and support person about the course of withdrawal, including information on how to deal with emergencies. The support person, whether a family member or not, must be present or available and in the immediate vicinity during withdrawal.

- To monitor the course of withdrawal and liaise with the medical practitioner concerning the need for pharmacotherapy and medical care.
- To provide an on-call, out-of-hours service to advise on and manage difficulties or queries that may arise during the course of withdrawal.
- To negotiate an Individual Treatment Plan with the client.
- To provide other appropriate services, where relevant, for carers and families of those affected by alcohol and drug use.
- To facilitate links to other services for post-withdrawal support.

Home-Based Withdrawal Service

Home-based withdrawal services are provided in cases where the withdrawal syndrome is of mild to moderate severity and the client is able to be supported by a family member or friend at home. This service may be provided as part of the rural withdrawal support service following a short hospital admission, or as the complete treatment if no hospital admission is required. The service is provided by an experienced nurse in conjunction with a medical practitioner, preferably the client's general practitioner.

Target Group

Young people and adults requiring withdrawal where the withdrawal syndrome is of mild to moderate severity and not complicated by illness or significant psychosocial problems, and where a support person is available and in the immediate vicinity during withdrawal.

Key Service Requirements

- To provide a home-based withdrawal service by an experienced nurse in conjunction with a medical practitioner.
- To provide an initial assessment and physical examination of the client.
- To provide information and support to the client and support person about the course of withdrawal, includ-

ing information on how to deal with emergencies. The support person, whether a family member or not, must be present or available and in the immediate vicinity during withdrawal.

- To monitor the course of withdrawal in liaison with the medical practitioner concerning the need for pharmacotherapy and medical care.
- To provide an on-call, out-of-hours service to advise on and manage difficulties or queries that may arise during the course of withdrawal.
- To negotiate an Individual Treatment Plan with the client.
- To facilitate links to other services for post-withdrawal support.
- To provide other appropriate services, where relevant, for carers and families of those affected by alcohol and drug use.

Outpatient Withdrawal Service

Outpatient withdrawal services are provided to clients who have a withdrawal syndrome which can be appropriately managed without admission to a residential service.

There will be a greater proportion of problem drinkers and individuals consuming benzodiazepines attending outpatient withdrawal than residential or home-based services. This means that an average duration of withdrawal may be longer, with more gradual reductions in drug use to negotiated levels of consumption.

The service provides a series of intensive individual outpatient consultations over a short period, followed by ongoing counselling and support to complete the withdrawal.

Target Group

Adults and young people who have a withdrawal syndrome of mild to moderate severity.

Key Service Requirements

- To provide intensive counselling to achieve withdrawal.

- To provide case management for clients, including:
 - Assessment of alcohol and drug consumption, health and psychological factors.
 - The development of an Individual Treatment Plan in collaboration with the client comprising regular structured and documented monitoring of the course of withdrawal, the application of a protocol for supportive care and basic health care and pharmacotherapy where needed.
 - The establishment of appropriate linkages and referrals to post-withdrawal services.
- To provide appropriate services, where relevant, for carers and families of those affected by alcohol and drug use.

Substitute Pharmacotherapy: Specialist Methadone Service

Methadone treatment for opioid dependence has been well-proven in clinical trials demonstrating improvements in health, social and occupational functioning across a wide range of people. While the methadone program is generally administered through general medical practitioners, the need for specialist methadone services occurs where there are associated complex medical, psychiatric or psychological problems. Specialist methadone services operate in association with a general hospital.

Target Group

Adults and young people on the methadone program who have treatment needs that generally cannot be met by their local medical practitioner. These include clients with:

- Unstable psychiatric conditions, including psychosis, depression and severe personality disorders.
- High risk patterns of substance use, including significant alcohol and benzodiazepine use.
- Chronic pain disorders who are abusing prescription and/or illicit opiates; and
- serious medical conditions including HIV and Hepatitis C.

Key Service Requirements

- To provide assessment, referral and specialist counselling services.
- To provide case management including:
 - Assessment of client's needs.
 - Negotiation of an individual treatment plan with the client.
 - Appropriate integration with community methadone services.
 - Discharge planning.
 - Case monitoring.
- To work with a pharmacist skilled in treating those with problems of injecting drug use.
- To provide pathology services.
- To facilitate client access to other services appropriate to their health and welfare needs.
- To provide advice and clinical opinion to general practitioners prescribing methadone concerning clients with complex needs.
- To provide training and a consultancy service for health practitioners, including pharmacists and counsellors providing methadone services.
- To provide appropriate services, where relevant, for carers and families of those affected by drug use.

Counselling, Consultancy and Continuing Care

To provide a range of services and support appropriate to the needs of clients who have alcohol and drug use problems. Services provided may include assessment, treatment and consultancy, outreach, referral and ongoing case management.

Counselling, consultancy and continuing care services may be provided in a range of settings, including stand-alone alcohol and drug agencies, community health centres, hospital-based alcohol and drug services, and other generalist health and welfare services. Services are delivered by a range of professionals, including social welfare workers, health professionals, psychologists, general practitioners, consultant physicians and

psychiatrists. These services ensure that continuity and quality of care are provided.

Target Group

Target groups for these services are people who have alcohol and drug problems, and who require treatment and support services to effect and maintain therapeutic change or who require assistance in controlling their drug use. This service will also provide services to meet the needs of families of clients of alcohol and drug services.

Key Service Requirements

- To provide a range of psychosocial treatment and support services, including counselling and outreach, to effect and maintain therapeutic change in individuals with alcohol and drug use problems.
- To provide a variety of counselling interventions, including individual or group-based interventions, relapse prevention, cognitive-behavioural interventions, motivational interviewing, controlled use interventions and psychotherapy, when appropriate.
- To provide case management and planning for clients with complex problems or who require assistance in controlling their drug use which includes:
 - Conducting an assessment of the client's continuing alcohol and drug service requirements.
 - Developing an Individual Treatment Plan with the client which is based on the initial assessment, including appropriate referrals.
- To ensure that programs for young people are tailored to their needs, are accessible, have flexible hours, work closely with the young person's family group and build strong links with relevant agencies.
- To provide appropriate services, where relevant, for carers and families of those affected by alcohol and drug use.
- To facilitate linkages with other health service providers in relation to the management and treatment of alcohol and drug problems.
- To provide expert advice to a range of clinical services

within or across organisations including primary and acute care settings and other services funded by the Department.

Residential Rehabilitation

Residential rehabilitation services will provide a 24-hour staffed residential treatment program of an average of three months duration. They will provide a range of interventions which aim to ensure lasting change and assist reintegration into community living.

Residential rehabilitation services will be provided from a community-based setting, such as a house or houses located in a residential area.

Target Group

Residential rehabilitation programs will be offered to clients who have undergone a drug withdrawal program or other alcohol and drug treatment/rehabilitation program and who have not been successful in reducing or overcoming their drug use problem and are not suited to attend an outpatient program. Clients will include those who suffer the more severe consequences of harm associated with alcohol and drug use, such as criminal involvement or social disadvantage, and whose home setting or social circumstances are not supportive of non-residential treatment options.

Key Service Requirements

- To provide an intensive residential rehabilitation program to clients who have undergone an alcohol and drug withdrawal program or who require such treatment to manage their alcohol and drug use problems.
- To provide a range of treatment interventions which includes behavioural treatment approaches, social and community living skills training relevant to the client's needs, counselling, group work and relapse prevention.
- To provide case management for clients including a negotiated Individual Treatment Plan with a community reintegration component.

- To facilitate client access to other services appropriate to their health and welfare needs, including vocational training and employment skills.
- To support the client in obtaining safe, secure and affordable accommodation.
- To provide appropriate services for carers and families of those affected by alcohol and drug use.
- To establish and maintain strong professional links with other relevant agencies.

Supported Accommodation

Supported accommodation will provide a supportive environment to help clients achieve lasting change and assist their reintegration into community living.

Supported accommodation services will be provided with the minimum of a day support worker, from a community-based setting, usually with public housing.

Target Group

Persons who have undergone an alcohol and drug withdrawal program or who require assistance in controlling their alcohol and drug use and need a period of one to twelve months supported accommodation to assist reintegration into community living.

Key Service Requirements

- To provide short-term supported accommodation to alcohol and drug clients who have undergone a drug withdrawal program or who require assistance in controlling their alcohol and drug use.
- To provide support and assistance to enhance the client's capacity for non-drug abusive community living through skill acquisition, counselling, personal care activities and relapse prevention.
- To facilitate client access to other services appropriate to their health and welfare needs.
- To negotiate an Individual Service Plan with the client.
- To support the client in safe, secure and affordable accommodation.

- To provide appropriate services for carers and families of those affected by alcohol and drug use.

Peer Support

Peer support provides mutual support and information by individuals with personal experience of alcohol and drug use for individuals who may be having, or who have had, difficulties in the past associated with their alcohol and drug use.

Peer support groups or activities are usually established by current or past alcohol and drug users, and may operate out of and be supported by community organisations, alcohol and drug agencies or community health centres.

Target Group

Men and women who may be having difficulties or who have had difficulties in the past associated with their alcohol and drug use.

Key Service Requirements

- To provide regular support in a group setting and to share information to facilitate change and help maintain safe behaviours and healthier lifestyle options.
- To provide advocacy services for marginalised alcohol and drug users or ex-users.
- To ensure that individuals are aware of appropriate health and welfare services.
- To develop linkages with a range of health and welfare services.
- To operate in a manner which is age, gender and culturally sensitive.

Services for Young People

Research and service usage data indicate that young people traditionally do not access general alcohol and drug services. The redeveloped alcohol and drug service system will provide greater access to young people through the development of services specifically

targeting young people regionally and on a statewide basis, as well through encouraging general adult services to provide services which enable easier access for young people. The following service types which are available, or able to be accessed from each region, will be established specifically for young people:

- Outreach.
- Counselling, Consultancy and Continuing Care.
- Supported Accommodation.
- Peer Support.

The key service requirements for these service types are the same as for general services within the context of creating a 'youth-friendly' and accessible environment, with staff skilled in dealing with young people.

It is anticipated that a small number of young persons will require access to withdrawal services and a specialist methadone program.

In addition, outreach alcohol and drug services should be established specifically for young people.

Youth Alcohol and Drug Outreach Services

An outreach service will provide assessment, support and ongoing case coordination to young people with alcohol and drug problems, in their own environment. It will also support generalist agencies that work with young people, through information, education and training.

Target Group

Young people up to the age of 21 years whose use of licit and illicit drugs causes significant physical, psychological and social harm.

Key Service Requirements

In addition to the General Key Service Requirements:

- To minimise the harm caused by alcohol and drug use.
- To encourage withdrawal and provide post-withdrawal

support.

- To provide assessment, support and case management on an outreach basis to young people in their own environment.
- To operate from a location which is accessible to young people, for example co-location in an existing youth service.
- To provide ongoing support to young people in an accessible, 'open door' capacity.
- To maximise flexibility in treatment and support services so that, where possible and appropriate, young people can maintain their current environment with minimal disruption to themselves or others.
- To provide support, information and resources to generalist agencies that work with young people.
- To develop inter-service networks and linkages to ensure appropriate and coordinated ongoing case coordination and referral processes.
- To make and follow through supported referral.
- To provide appropriate services for carers and families of those affected by alcohol and drug use.

Aboriginal Services

Aboriginal alcohol and drug services provide culturally appropriate prevention, education, information and support programs for Koori people and aim to reduce the incidence of alcohol and drug problems in Koori communities.

Services include the Koori Alcohol and Drug Prevention and Support Program and the Sobering Up Centres Program. Sobering up centres were established in response to the recommendations of the Royal Commission into Aboriginal Deaths in Custody (1989). The centres provide accommodation for Aboriginal people found intoxicated in public, as an alternative to the criminal justice system.

The Sobering Up Centres Program and the Koori Alcohol and Drug Prevention and Support Program are conducted through Aboriginal cooperatives.

Target Group

Aboriginal youth and adults with alcohol and drug use problems.

Key Services Requirements

Prevention and Support Program

- To provide structured assessments of drug consumption, health and psychological factors.
- To increase awareness of alcohol and drug problems and their effects through participation in culturally sensitive and appropriate health promotion activities.
- To provide referral to withdrawal services.
- To provide counselling and post-withdrawal support.
- To ensure strong linkages with other health and welfare services in the general community.
- To ensure access by assisting with arrangements for the care of children whose parents are participating in this program.
- To provide other appropriate services, where relevant, for carers and families of those affected by alcohol and drug use.
- To operate under age, cultural and gender sensitive protocols in relation to their agency and client care.

Sobering Up Centres

- To provide care, protection and a safe environment for persons found to be intoxicated in public.
- To reduce the risk of injury to the individual or others.

Statewide Services

A number of statewide services provide specialist assistance to complement services provided at the regional level. Statewide services will be reviewed as part of the overall redevelopment of the system. Statewide services include:

Youth Substance Abuse Service

This specialist alcohol and drug treatment and support service for young people aged 12 to 21 provides outreach, residential care and training for other agencies.

Ante and Post-Natal Support

The Royal Women's Hospital provides counselling, information, education, referral and follow-up as well as specialist inpatient and outpatient treatment and advice for pregnant women and babies with drug problems.

Specialist Family Program

A residential rehabilitation program provided by Odyssey of Victoria for drug-dependent parents with their children.

Information and Support Services

DIRECT Line

A 24-hour telephone service which provides anyone in the community with access to drug and alcohol counselling, information and referral to services.

DRUGInfo

A 24-hour telephone counselling service targeted to students, parents, friends, relatives and other people interested in obtaining relevant, up-to-date information about alcohol and other drugs. This information covers both the short- and long-term effects of various drugs, statistical data on use trends, and information on the social health issues associated with drug use.

Drug and Alcohol Clinical Advisory Service

A 24-hour telephone service which provides health professionals with advice on the clinical management of drug and alcohol issues.

Women for Sobriety

A self-help service for women with drug- and alcohol-related problems providing regular support groups, which are compatible with other self-help programs such as Alcoholics Anonymous and Narcotics Anonymous. It provides a 24-hour telephone line, counselling and referral.

Tranquilliser Recovery and New Existence (TRANX)

Services for people with problems related to the use of minor tranquillisers, including assessment and referral, individual and family counselling, outpatient withdrawal support, self-help groups, information and resource services, and staff training.

Training and Research

Turning Point Alcohol and Drug Centre provides leadership in research, education, training and evaluation to the alcohol and drug field in Victoria.

Corrections Treatment Services

Under *Turning the Tide*, a comprehensive range of alcohol and drug treatment services are being funded for offenders in prison and in the community.

Services for People with Special Needs

Linguistic and Cultural Differences

Ensuring that services are accessible to all Victorians who may need them is a responsibility of every funded alcohol and drug service provider. In particular, service providers should ensure ease of access by people from a non-English-speaking background or those whose cultural differences require different approaches.

In partnership with service providers, the Department of Human Services will investigate systemic solutions to ensuring access across language and cultural differences, in order to assist services to effectively tackle the issue.

Women

While men usually have twice the alcohol and drug problems of women, they are three times more likely to use alcohol and drug treatment services. This highlights the need for services to encourage women to participate in treatment and be responsive to their needs.

Alcohol and drug treatment services are expected to operate in a gender-sensitive environment. The special needs of women must be considered as part of the treatment process, and in agency operating practices and environment. In particular, where women are responsible for children, they may need to make child care arrangements in order to undergo residential withdrawal or participate in other alcohol and drug services. It is expected that there will be formal protocols in place to address this and other issues—such as sexual abuse and domestic violence—that are relevant to women.

Dual Disability

It is well recognised that people with a mental illness and a concurrent alcohol and drug problem require specialised care and treatment for their disability. Alcohol and drug misuse amongst the seriously mentally ill has been

associated with various adverse consequences, such as homelessness, that contribute to the deterioration of the individual's mental state. It is also recognised that substance misuse is more likely to exacerbate an individual's acute psychiatric symptoms.

To ensure that alcohol and drug clinicians and services are able to respond to the complex needs of a service user with both a mental illness and an alcohol and drug problem, the Department is developing a number of initiatives to enhance service practice. However, protocols need to be developed at the local level to guide service practice between individual mental health services and alcohol and drug services.

Often alcohol and drug clients experience a number of other problems, all of which need attention. These include acquired brain injury, homelessness, serious medical problems, involvement with the criminal justice system and child protection issues.

The redevelopment of the specialist alcohol and drug treatment service system recognises that clients with alcohol and drug problems may also have other disabilities or suffer multiple problems. The Department is committed to refining the work on this subject based on best practice, and strengthening links with other government agencies. In addition, research is being fostered such as that being undertaken into the links between cannabis and psychosis under the *Turning the Tide* strategy.

Workforce

The Mix of Skills

The quality of alcohol and drug treatment services largely depends on the staff who provide the treatment, rehabilitation and supportive care. The alcohol and drug service system will continue to utilise a multidisciplinary approach, drawing on staff with a range of qualifications, training and experience.

Specialist alcohol and drug agencies need to provide leadership in treatment approaches to the many generic workers who have clients with alcohol and drug problems. Service managers must ensure that staff are able to work cooperatively and effectively with staff in other relevant service areas.

Managers must also ensure that appropriate arrangements for clinical supervision are in place and that lines of clinical accountability and decision-making are clear and explicit in all settings.

The range of professional and non-professional staff in alcohol and drug services includes general medical practitioners, nurses, social workers and welfare officers, psychologists, community development workers, pharmacists and disability workers. Persons with personal experience of alcohol and drug use are a valued part of successful drug treatment services.

In the case of rural or home-based withdrawal services, the primary staff member will be a nurse working with the client's general practitioner. The medical safety of the client during withdrawal is provided by the nurse who is in a unique position to assess the client's ongoing needs, liaise with the medical practitioner and administer medications to the client under the direction of the medical practitioner.

Services for young people should be staffed by those with skills and experience in working with young people; for example, youth workers, community workers, social workers and community nurses.

Services which cater for, or are specific to, Aboriginal people, such as Sobering Up Centres, should be staffed by workers who are culturally sensitive to the needs of Koori people.

In any tender process, the Department's regional offices will be concerned to ensure that successful tenderers are employing the appropriate mix of staff to ensure the highest quality outcomes.

Training

Health professionals in generalist and specialist health care settings require training to ensure that they develop the requisite competencies to identify, assess, manage and refer people with problems in their use of alcohol and other drugs. Once these skills are acquired, these professional people are able to provide earlier interventions to people experiencing difficulties with their and other people's drug use, therefore increasing the likelihood of a successful intervention.

A small number of graduate training programs have been developed in Victoria for health and welfare workers who work or wish to work in alcohol and drug treatment services. However, such training has to date been largely ad hoc and uncoordinated.

There is an identified need to develop core competencies and curricula that are relevant to the designated priority groups requiring training. Priority groups are recognised to include medical practitioners, people who work with young people (including psychiatric staff, protective staff and staff in the Supported Accommodation and Assistance Programs), nursing practitioners and other health and welfare workers, including workers in corrections and juvenile justice services.

As a *Turning the Tide* initiative, the Department has recently called for tenders to develop a framework for purchasing additional training and support services for generalist health and welfare practitioners and others

who work with people affected by drugs. A training scheme for general practitioners designed to meet similar objectives has already been developed by Turning Point Centre.

The new Youth Substance Abuse Service will provide training to health and welfare, drug and alcohol and youth workers about issues related to young people and substance use. Training will focus on the development of requisite competencies in the identification, assessment, management of, and appropriate referral options for young people with complex substance use issues.

National competency standards for alcohol and drug professionals are being developed by Community Services and Health Training Australia, the designated National Industry Training Advisory body. These standards will describe what workers must do to be competent service providers in the drug and alcohol field. Once endorsed, the competency standards will be used in curriculum development in the vocational, education and training sector.

Resourcing Services

Source of Funds

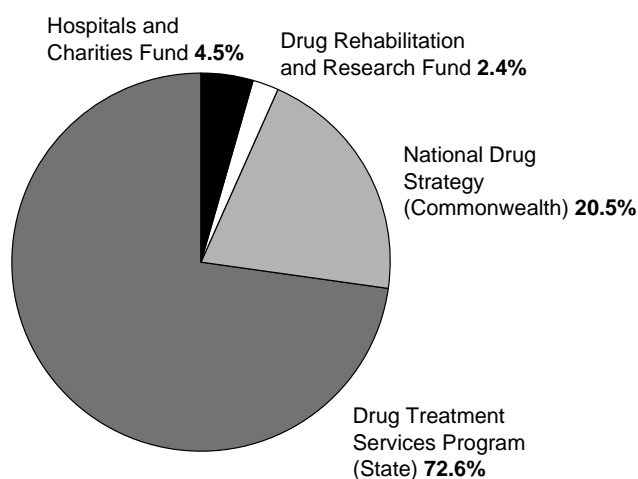
Public expenditure must be directed to the provision of appropriate services to people in need of drug treatment. It is vital that scarce public resources be spent as efficiently and effectively as possible.

Public funding for drug treatment services in Victoria is obtained from a number of sources. As shown in Table 1, State funding for the Drug Treatment Services Program provides the largest share (72.6%).

Table 1: Funding for Drug Treatment Services in Victoria 1996–97

National Drug Strategy (Commonwealth)	\$4,852,300	20.5%
Drug Treatment Services Program (State)	\$17,174,300	72.6%
Hospitals and Charities Fund (State)	\$1,060,100	4.5%
Drug Rehabilitation and Research Fund	\$578,400	2.4%
Total	\$23,665,100	100.0%

Figure 1: Funding Sources for Drug Treatment Services in Victoria 1996–97



Turning the Tide

The State Government will provide a further \$100 million over four years, commencing in 1996–97, through *Turning the Tide* initiatives. Of this, an additional \$14.6 million recurrent funding will enhance treatment services. Other funding is directed towards initiatives in the education system, prisons, law enforcement, promotion and community education, research and local community initiatives.

In the 1997–98 financial year, the drug treatment services program budget will be boosted by \$8 million from the Community Support Fund as part of the *Turning the Tide* initiative. The additional resources are to be spent on new services for young people and to ensure that the full range of specialist alcohol and drug services is available to people in every region in Victoria.

Expenditure by Service Element

Figure 2 illustrates the proportion of the drug treatment services program budget spent on each service element in 1996–97. 'Other Services', receiving less than 1% each, include peer support (0.9%), supported accommodation (0.1%), youth outreach (0.2%) and youth counselling, consultancy and continuing care (0.6%).

Figure 2: Services Purchasing by Activity in 1996–97

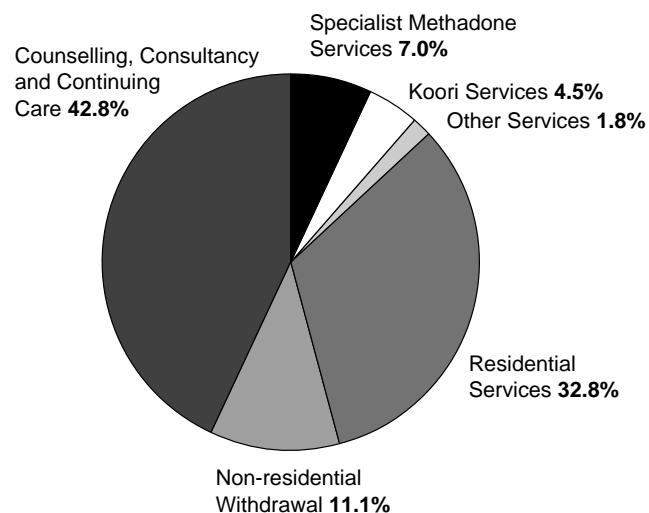
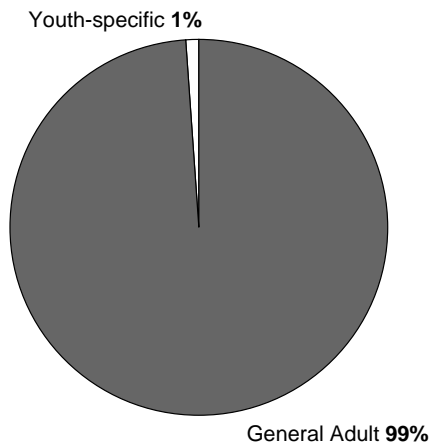


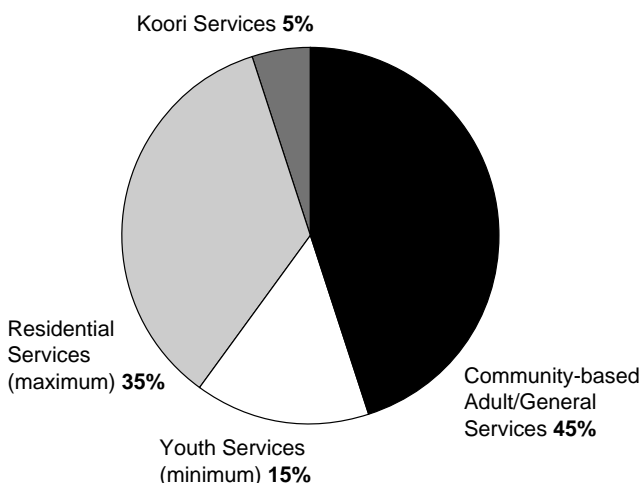
Figure 3: Estimated Expenditure for Adult and Young People's Services in 1996–97



In the 1996–97 financial year, less than one per cent of resources were dedicated to youth-specific services, as figure 3 illustrates. Such services were provided in only two (metropolitan) regions.

Figure 4 illustrates the estimated pattern of resource allocation in 1998–99 as a result of the redevelopment. The most notable feature is the greatly increased share—at least 15 per cent—dedicated to youth-specific services.

Figure 4: Estimated Expenditure for Adult and Young People's Services in 1998–99



Principles of Resource Allocation

In allocating public resources for drug treatment services, the Department will pursue the following objectives:

- Priority will be given to services addressing issues identified as part of the *Turning the Tide* policy response to recommendations of the Premier's Drug Advisory Council, including services for young people, community-based forensic services, and filling identified gaps in the service system.
- Resources will be directed with the goal of dedicating a minimum of 15 per cent to young people's services and approximately 5 per cent to Koori services. A maximum of 35 per cent will be devoted to residential rehabilitation services.
- Resources will be reallocated to promote more equitable access to services across different geographic regions and needs groups.
- Allocations will be targeted to meet community needs.
- Efficiency will be encouraged so that the available drug treatment service funding will provide the maximum quantity of high quality services, that is, value for money.

To achieve these objectives, a number of strategies will be applied, including:

- The expansion and refinement of unit cost standards for services.
- The clear and comprehensive specification of the drug treatment service system framework.
- Global budget allocations to regions rather than to individual agencies.
- A redistribution of resources among regions and services according to need.

Unit Costs

In the past, funding for drug treatment services was largely allocated according to historical precedent. Regional agencies were allocated the same resources they received in former years without critical analysis of efficiency or appropriateness. From 1997–98, funding for

drug treatment services will be managed within a unit cost standard for Effective Full Time positions (EFTs) or separations per bed, as appropriate to each type of service.

Table 2 indicates the unit costs for drug treatment service types with the number of episodes purchased at the unit cost.

Table 2: Unit Costs for Drug Treatment Services

Service Type	Number of Episodes	Cost Per Average EFT (\$)	Cost Per Bed-Day (\$)
Residential Withdrawal	Ave. 60 separations per bed p.a.		178
Home-Based Withdrawal	110	65,400	
Rural Withdrawal	110	65,400	
Outpatient Withdrawal	220	54,500	
Specialist Methadone Service	140	52,500	
Counselling, Consultancy and Continuing Care	175	54,500	
Residential Rehabilitation	Ave. 4 separations per bed p.a.		77
Supported Accommodation	8–10 places	47,500	
Youth Outreach	70	40,500	

The Needs-Based, Purchaser-Provider Approach

There is reason to expect that an area's population size and density, socioeconomic profile, and population structure (in terms of such variables as age, gender, or English-speaking proficiency), each represent functional indices of that area's need for and utilisation of drug treatment services, as well the costs involved in providing those services. Measures of these factors will be

used from 1997–98 to establish regional 'shares' of the drug treatment services budget, providing a basis for resource distribution. Shifts in resources between regions to complement the new resource allocation mechanism will also be introduced in 1997–98.

Under the new approach, global budget allocations for drug treatment services will be made to regions to enable flexibility and an effective capacity for regional planning. Regional directors will determine the most appropriate mix and structure of services in each area, after considering the distribution of population, the demand for services and the treatment service specifications given in the redeveloped system framework.

Services will either be 'purchased' from a hospital or a non-government organisation. Predominantly, services will be purchased and provided at a regional level, however, more specialised Statewide services may be purchased directly by DTSU. To enable the necessary changes to staffing and infrastructure, purchasing regions will need to give an agreed period of notice before shifting resources between different regions.

Resource Allocation Mechanism

A major task of the DTSU has been the development of a purchasing policy for drug treatment services, in consultation with the Budget and Services Purchasing Unit of the Aged, Community and Mental Health Division. The DTS purchasing formula provides a basis for regional resource allocations according to weighted regional populations. The formula takes account of each region's projected 1997 base population, making adjustments for regional Koori and poor English-speaking proficiency populations, and weighting by socioeconomic disadvantage, rural population density and population structure factors. These factors are considered to effect differences in service demand and service delivery cost across regions.

Inter-Regional Purchasing

Not all regions will be self-sufficient in the full range of drug treatment service elements. Accordingly, regional directors will need to purchase services from other regions. Services would normally be purchased on a planned annual basis. It is expected that auspice agencies will provide services to those clients resident in the catchment area of the region purchasing the services.

Service Fees Policy

A fees policy for residential drug treatment services will be part of the purchasing policy for 1997–98. It is a policy objective that financial status does not represent a barrier to clients obtaining assessments and other drug treatment services. Hence, community residential drug withdrawal programs should incur no charge to the consumer. In the case of residential rehabilitation, it is considered appropriate for a fee to be charged. For example, the fee might be set at 85 per cent of the single person's JobStart Allowance. Where such a fee is applied by any funded agency, a fee relief policy should be in place to ensure that potential clients who were unable to pay the set fee would not be denied the opportunity of accessing needed services.

Where service providers did set fees for services, funding for services would be gross funding at benchmark rates minus any revenue target. Grants made to fee-charging service providers, for the purchase of residential rehabilitation services, would be debited by an amount based on the expected revenue to be gained from fees charged. In determining the amount to be deducted, it would be assumed that some 20 per cent of clients would qualify for rebates under fee relief arrangements. In future years, the deduction of revenue from grants would be calculated on the basis of the previous year's occupancy or service utilisation rates, as given by the ADIS database.

The level at which an agency grant was modified according to expected revenue will be decided upon by regional Departmental offices. Regions might choose to allow a greater rebate level, however, such concessions to service providers would lessen the region's capacity to purchase further services. The appropriate fee policy for non-residential drug treatment services is currently under consideration.

Financial Incentives and Quality Bonuses

DTSU is currently examining options for the provision of incentives and quality bonuses as a further means of improving the quality of drug treatment services in Victoria. Such incentives and bonuses could be awarded to regions or service providers on the basis of performance targets relating to particular aspects of service delivery, such as the provision of access to appropriate services, or the accommodation of the requirements of special needs groups in the community.

Further Strategies

Community Education and Information

The provision of information and education is part of the overall role of agencies within their local community. Information and education should adhere to the principle of harm minimisation, which includes abstinence.

The Public Health Division of the Department is responsible for education, information and training initiatives for the alcohol and drug service system. Under *Turning the Tide*, the Government is committed to a sustained community education and information strategy. The first step has been the distribution to every Victorian household of the booklet, *Drugs: A practical guide to reducing the harm from drugs*.

This booklet aims to provide parents with information about drugs and to encourage them to talk with their children about the issue. It aims to break down the difficulty faced by many families in discussing drug use and misuse.

Needle and Syringe Exchange Program

Needle and syringe programs have been directly associated with the low sero-prevalence (when compared to other countries) of the Human Immunodeficiency Virus (HIV) and Acquired Immune Disease among injecting drug users (IDUs). Needle and syringe exchange programs have been estimated to have directly avoided 300 cases of HIV among IDUs in Australia. The public health and social benefits of the Needle and Syringe Exchange Program remains significant.

Regions will continue to facilitate and support linkages by alcohol and drug agencies into existing Needle and Syringe Exchange Program outlets.

Research

The achievement of best practice alcohol and drug services will be substantially assisted by high quality research. Current research relates to young people and alcohol and drugs, dual disability, and alternative pharmacotherapies.

Future Initiatives

Defining the specialist alcohol and drug treatment system, its key service requirements and the Department's approach to purchasing services, followed by selection of the best service providers through open competition, establish a clear basis for service redevelopment.

To achieve an effective best practice service system, the next task is to encourage clear practice standards to achieve positive client-focused outcomes.

The next steps are:

- Service standards—develop standards for each service type.
- Case management—develop an alcohol and drug treatment service approach to coordinated care.
- Key performance indicators—refine output and outcome-based performance measures, with emphasis on client satisfaction and quality of care.
- Continuity of care—improve treatment across service systems for clients with dual disability or multiple problems.
- Improved access—explore innovative solutions to facilitate access to services by people with language and cultural difficulties and by women.
- Better purchasing—refine unit costs through work on episodes of care, rationalise fee policies for non-residential services, and develop financial incentives, such as quality bonus.