

FURTHER INFORMATION: CORE TREATMENT PROCESSES FOR AOD

Core treatment processes outline key elements of care expected to be provided in alcohol and other drug treatment. As part of the AOD NGO Service Development Grant Program, organisations seeking funding for Stream 1 should define a specific issue/problem and demonstrate how their project specifically aligns with and improves one or more of core treatment processes of care for AOD treatment services.

ORGANISATIONS MAY CONSIDER UNDERTAKING PROJECTS THAT FOCUS ON:

- Evaluating the effectiveness of current core processes and developing and implementing strategies to improve
- Improving systems and tools to support better client pathways through treatment
- Ensuring that all health care workers have the skills and resources to deliver the best care

INTAKE

Intake is the initial contact between a person or referrer and the AOD treatment system. The purpose of intake is to identify any urgent issues requiring priority action, to obtain key clinical information and facilitate access to the most appropriate service.

WHAT THIS MEANS IN PRACTICE

Sound intake processes ensure that a person seeking information or treatment for alcohol and other drug use will have access to advice, referral, and timely appropriate treatment. At the intake stage:

- **Clients** are to be involved in the plan for their care and gain an understanding of what options they may consider for treatment
- **Health workers** are to assess and triage the client in line with any risks identified. Those identified as high risk/priority are to be prioritised for comprehensive assessment and/or linking with other services
- **Health services** are to ensure appropriate systems are in place to support health workers to prioritise and transition clients from intake to comprehensive assessment and/or linking with other services

COMPREHENSIVE ASSESSMENT

A comprehensive assessment of clients is conducted at the start of treatment. The purpose of conducting a comprehensive assessment is to gain a thorough understanding of the presenting problems including what outcome(s) the client is seeking, how the range of physical, psychological and social factors are contributing to the problems, and what needs to be considered and included in the care plan.

WHAT THIS MEANS IN PRACTICE

All clients presenting to an alcohol and other drug service are to have a comprehensive bio-psycho-social alcohol and other drug assessment. At the assessment stage:

- **Clients** are to be engaged when being assessed and made aware of the outcomes of the assessment. They are to be orientated to their rights and responsibilities and treatment options.
- **Health workers** are to conduct a comprehensive assessment and communicate the outcomes to the client as a foundation for determining client goals, options for services, level of risk and their recommended treatment plan. They are to ensure clients are aware of their rights and responsibilities and treatment options.
- **Health services** are to ensure health workers are suitably qualified and skilled to undertake assessment. They also ensure that systems are in place to support health workers to effectively assess clients in a timely manner.

CARE PLANNING

Following on from the comprehensive assessment, the health worker will work with the client to develop and document a care plan. The care plan outlines a client's short to medium-term goals regarding substance use, health and welfare.

WHAT THIS MEANS IN PRACTICE

All clients receiving alcohol and other drug treatment are to be engaged in the development of their comprehensive care plan, to ensure it is tailored to their individual goals and needs. At the care planning stage:

- **Clients** are to be engaged to identify and agree on a care plan to support their treatment. These are to be reviewed periodically throughout the client's care.
- **Health workers** are to develop the care plan in collaboration with the client and where relevant, other care providers. The care plan is to be operationalised by the health worker and reviewed periodically.

- **Health services** are to ensure systems and resources are in place to facilitate documentation of care plans and monitoring of outcomes. They are to systematically review compliance and develop pathways to support health workers to facilitate care.

IDENTIFICATION, MANAGEMENT AND ONGOING MONITORING OF RISK

Assessing risk is an important part of AOD treatment. Identifying and responding to risk commences at intake and continues throughout treatment. There are a range of risk factors that need to be considered including personal characteristics and circumstances, behaviours the client may be engaging in and risks associated with the substances being used.

WHAT THIS MEANS IN PRACTICE

A client entering alcohol and other drug treatment is to have substance use related risks identified, responded to and monitored throughout treatment. When identifying, managing and monitoring risk:

- **Clients** are to be assessed for any risks associated with their care and the treating health workers are to discuss strategies to reduce the impact of harm to the client or any other persons.
- **Health workers** are to ensure that client risks are identified and management strategies are documented and communicated to clients and all others involved in the delivery of care. They are to regularly review and respond to identified risks with ongoing review of client outcomes.
- **Health services** are to ensure systems are in place to support health workers in identifying and managing client risks. They are to ensure health workers are competent in risk identification and strategies to support management of client risks including escalation processes.

MONITORING TREATMENT PROGRESS AND OUTCOMES

The monitoring of treatment progress and outcomes is an ongoing process and brings together the information collected in continuous assessment (including comprehensive assessment), care planning, identifying, responding to and monitoring risk, implementing the treatment plan, reviewing treatment progress, and discharge planning.

WHAT THIS MEANS IN PRACTICE

Clients are to be engaged in ongoing alcohol and other drug treatment monitoring, that provides opportunity for joint reflection on progress and priorities, which may inform ongoing care planning. When monitoring treatment progress and outcomes:

- **Clients** are to be encouraged to give feedback and raise any matters of concern regarding their treatment, at any time. Any proposed changes are to be outlined and clients fully engaged in any adjustments to their collaborative comprehensive treatment plan.
- **Health workers** are to ensure treatment progress is monitored and documented as individually required. The care plan should be updated following treatment review and a copy given to the client.
- **Health services** are to ensure systems are in place to undertake regular clinical review of all clients. They should also trend and analyse data to improve client experience and outcomes of treatment.

TRANSFER OF CARE

Transfer of Care (either between services, between carers or to a client's own care) may be required at any time throughout the client's journey. Transfer of care, including discharge, involves identifying and documenting a client's needs including their level of engagement in treatment, plans for relapse prevention and harm reduction information, as appropriate.

WHAT THIS MEANS IN PRACTICE

When a client is discharged or transferred, a detailed transfer of care summary is to be provided to the client and all relevant ongoing care providers. This should include a comprehensive summary of all the treatment provided, outcomes and ongoing treatment needs, with a focus on client safety. The process should facilitate access to a range of professionals and agencies, as required. As part of the transfer of care:

- **Clients** are to be engaged to identify support people and develop plans for ongoing support or treatment. The plan will set out the client's goals for maintaining their wellbeing and ways that they can continue to reduce risks of relapse and prevent complications from any other health matters.
- **Health workers** are to provide clients with appropriate information and advice to maintain their wellbeing, when discharge is unplanned. When the client is discharged or transferred to another service or health worker, a copy of the client's updated care plan and an appropriate handover should be provided.
- **Health services** are to ensure systems to support health workers undertaking the discharge processes are in place.