

APPENDIX 3

# **Canterbury**

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District Health Board

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Te Poari Hauora o Waitaha

## **Alcohol and Other Drug Project**

**Resource Centre**

**Information for the RFP**

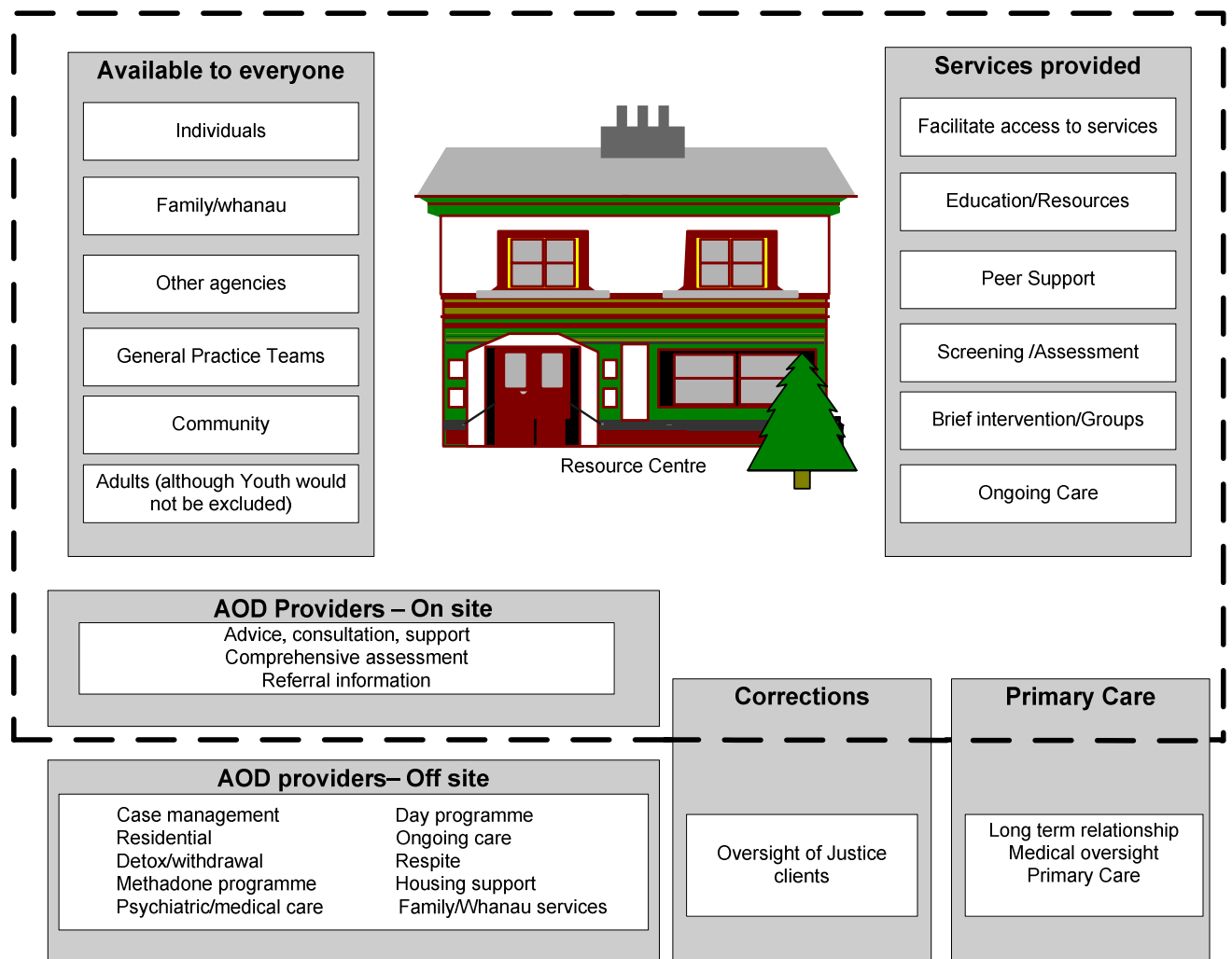
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# 1 Part of the bigger picture

The Resource Centre is a central gateway to AOD services. It will provide an access point for information, education and resources for all people with an interest/concern in AOD.

It is not necessarily the only way to access AOD services, but it is expected that a majority of people will use this gateway as a first step in their AOD journey. It is part of a bigger, community based, flexible, responsive, consumer and family/whanau focussed system.



# 2 The Resource Centre

The Resource Centre will be easily identifiable and located for easy access for the residents of Canterbury. It will provide an attractive and friendly environment, catering for a wide range of people at all stages in their alcohol and drug journey. It will have consumer friendly hours of operation. This may include evenings and weekends.

It is envisaged that the Centre will be managed by a lead provider, with staff to provide the core services. Staff may include one manager/coordinator, two AOD practitioners (ideally with post graduate AOD qualifications), two other staff, and three – four peer support staff. The provider will need to demonstrate good working relationships with other agencies as the Centre will serve as a base for other agencies to engage with and maintain relationships with consumers. Maori workers have been identified by the sector as important staff to also be available to the Resource Centre.

The Centre will provide a central point for the community, responding to people in a timely way and a hub for leadership, collaboration and engagement within the AOD sector. The essential elements of the Resource Centre are ready access, immediate response, coordination and facilitation.

### **3 Overview**

The Service provides a relationship with consumers and families/whanau that:

- is strong, supportive and equitable with a focus on the service user's needs
- enables the Service user to get a better understanding of their addiction problem
- supports the Service user in understanding, developing and implementing their own recovery
- facilitates access to the level of intervention/support as required
- supports and teaches coping mechanisms and strategies
- considers the Service user's mental, physical, spiritual and cultural needs
- promotes the Service user becoming an active member of their own community connecting/reconnecting with people and activities
- links the Service user with peer support networks
- provides information and assistance in accessing other health services, education, employment, housing and any other government and non-government agencies.

#### **3.1 Facilitate access to services**

The Resource centre will facilitate access to services provided by other agencies. This may be achieved by:

- Co-ordinating the other agencies involvement with the resource centre to:
  - engage with consumers,
  - provide assessment and intervention
  - provide groups
- Providing information to consumers about the other agencies, philosophy, treatment programmes etc.

- Referring on to other agencies, and monitoring the referral process.

## **3.2 Education/Resources**

Increasing the availability of community support, education and motivational opportunities is important. The Resource centre may develop specific groups and activity based options to meet consumer need.

While always being mindful of risk, the Resource centre will encourage and support people to access information, community groups and peer support. For some people this may be all that is required while others may need an individual package of care. A key person or 'navigator' will ensure the consumer and family/whanau experience a coordinated approach to this care which may be provided by one or more agencies.

Resource centre staff may be chosen by the consumer and their family/whanau to undertake the 'navigator' role, and will therefore be involved with the consumer from engagement, through to ongoing support and aftercare.

## **3.3 Peer Support**

The AOD sector has a strong history of peer support. Current Peer Support involves people with a lived experience of addiction (peers) giving and receiving help based on key principles of respect, shared responsibility and mutual agreement regarding what is helpful for the Service user. The support is individualised to each person with the goals of engagement, modelling recovery and strengthening service user involvement in the wider community.

Peer support will be part of initial contact, providing a 'meet and greet' function, potentially undertaking screening and brief intervention (with appropriate training). Peer support workers may also provide a 'navigator' function; consumers and their family/whanau will be able to choose who they want as their navigator through the AOD system and one option will be a peer support worker.

Additionally peer support workers will be able to provide information/education to individuals and groups, activity based support and ongoing support and aftercare.

## **3.4 Screening/Brief intervention/Groups**

The Resource centre will screen people to determine the most useful next step, and support primary care and other agencies in the use of screening tools to find out whether there is an AOD issue.

Brief intervention may be a non clinical intervention, providing information about safe use, strategies to reduce/control use and motivational work. It may also be the first step of a clinical process to identify significant risk, co-existing disorders and access specialist care.

Brief intervention may be delivered via the telephone or internet, it is expected that the Resource centre will build on existing capacity to enhance opportunities for people to access information and support.

### **3.5 Assessment**

The resource centre will offer brief assessment and more comprehensive assessment, both following standardised clinical processes,. This may involve Resource Centre staff and/or other AOD provider staff.

The brief assessment will determine whether there is mild dependence (which indicates that a brief intervention is appropriate) or moderate to severe dependence (which indicates a more significant intervention is likely to be required). Engagement, determining expectations/needs of the consumer and their family, and building motivation are all key aspects of any response.

The comprehensive assessment will focus on AOD diagnosis, identification of other MH issues, family and personal history, mental state and risk, and other relevant information. It is important that information gathered at the screening, brief intervention and brief assessment process are made available to the comprehensive assessment team to 'build on' the engagement and avoid duplication.

The critical part of the assessment process will be the development of a plan with the consumer, and/or family/whanau.

### **3.6 Ongoing Care**

Peer Support groups, including those involving activities and ongoing opportunities to remain connected to a positive recovery network will be provided. This will be made available to consumers from a number of sources including the Resource Centre, and will include individual and group support. Respite care, support with housing and other everyday activities will be facilitated from the Resource Centre as part of ongoing care.

## **4 Interface with other agencies**

### **4.1 AOD Providers**

There will be wide access to education, information and brief intervention through the Resource Centre, with treatment services being reserved for those people that will benefit most from them. The Resource Centre will take a lead role in engaging with and co-

ordinating the other AOD providers role in the Centre. It is envisaged that there will be clinicians on site at the Centre to provide advice, consultation, support and clinical assessment. Representatives of AOD providers will be on site at co-ordinated times to provide information, education, referral, screening, assessment and brief intervention.

The focus of the AOD providers will be on meeting consumers needs, rather than determining 'fit' for a specific programme. This will require respectful and trusting relationships amongst providers. The Resource Centre will be able to take a lead role in facilitating these relationships.

## **4.2 Other agencies**

Consumers may have involvement with a number of sectors including Work and Income, Child, Youth and Family, Community Probation, Courts, Prison etc. The Resource Centre will help facilitate good working relationships with these sectors. These sectors may also use the Resource Centre as a place to engage and maintain relationships with consumers.

## **4.3 Corrections**

Consumers may be involved with the Ministry of Justice or the Department of Corrections. The Resource Centre will facilitate good working relationships with these sectors. Staff from these sectors may work with the Resource centre in co-facilitating groups, co-management of consumers and supporting opportunities to build motivation for their shared consumers.

## **4.4 Primary Care**

The Resource Centre will facilitate good working relationships with primary care, as it is this sector that will have the long term relationship with the consumer, provide medical oversight and look after the consumers primary care needs.

The Resource Centre will keep the primary care team up-dated on the consumers care, forming a whole of sector approach. They will also be available to provide advice and support to the primary care sector. They will also facilitate enrolment with a primary health team for those people who are not currently enrolled.

## **4.5 Outreach**

The resource centre will in ongoing years broaden capacity and capability to screen and provide brief interventions in the community by providing advice, consultation, support, assessment and brief intervention. The Resource Centre will also provide training and ongoing support to frontline agencies, including primary care and NGO's, and to people with an interest and the capacity to undertake these functions.

## 5 Leadership

The Resource centre will be the hub for leadership in the AOD system. The Centre will facilitate the alliance of all parties working to support consumers. This alliance will involve a mind shift as all parties share roles and responsibilities as opposed to the traditional models of working in competition. The Resource Centre will facilitate a collaborative process that promotes openness, trust, risk and responsibility sharing and the alignment of interests. All parties will need to invest in better and more frequent communication.

The alliance principles may include:

- Decisions made on the basis of “best for the population”
- Responsibilities clearly defined within a “no blame” culture
- Innovation encouraged
- All communications are open and based on a relation of trust and honesty
- Accountability to both the wider community and shareholders

## 6 Some practice examples

### 6.1 Example One

Fiona is a 45 year old woman whose drinking has caused concern with both her family and workmates. One of Fiona’s colleagues rang the Resource Centre seeking information about problem drinking and asking about services that might be available to help Fiona. The Resource Centre provided the colleague with some information and suggested that Fiona attend the Centre with support to explore her options.

Fiona arrived at the Centre after work the following day, and was greeted by a Peer Support worker who talked to Fiona about her drinking, asking her if she thought there was a problem and if she wanted some help.

Fiona indicated that she would like some help. The Peer Support Worker provided Fiona with information about safe use, and strategies for cutting down. Fiona was interested in these and agreed to consider these, and attend the Centre again the following evening to attend a Peer Support group.

After attending the group, Fiona decided she needed to be more active in solving her alcohol issues, and sought information on the treatment options available to her. After meeting with several providers at the Resource Centre where she learned about the treatment options available, Fiona chose to engage with an AOD provider and undertake treatment.

Fiona continued to make use of the Peer Support groups at the Resource Centre whilst engaged with the AOD provider, and at the conclusion of the treatment programme, Fiona

made sure she touched base with the Resource Centre on a monthly basis to attend groups to maintain her motivation to improve her lifestyle.

## 6.2 Example Two

Jeff is a 28 year old man who has had addiction issues for the last 5 years. Over the last 3 years he has been involved in a number of burglaries. He has been in a relationship over the last 10 months, which has become violent. He has since been charged with theft and assault. At his District Court hearing the Judge ordered Jeff to have an alcohol and drug assessment.

Jeff contacted the resource centre and made a time to attend an assessment. The assessment found that Jeff has a serious addiction issue; but Jeff does not believe he has a problem, and is not motivated to attend AOD treatment.

The Resource Centre suggests Jeff attends a group specifically for court referred consumers. The group provides information about addiction issues, treatment options and legal implications. Jeff attends four group sessions and.....

**Ending One** - reluctantly agrees to attend a residential programme. The Resource Centre facilitates access to the residential programme. Jeff stays in the programme for 4 weeks before deciding to withdraw from the programme. The residential programme advises the court of Jeff's decision to withdraw. The court considers what needs to happen next.

**Ending Two** – decides he does not require help for his addiction. The court is advised of Jeff's decision. The court considers what needs to happen next.

**Ending Three** – in conjunction with the Resource Centre and his probation officer, decides on a mixture of residential and non-residential services to assist him on his alcohol and drug journey. He is supported to gain employment, and remains engaged with the Resource centre on a weekly basis to attend groups to maintain his motivation work through his ongoing alcohol and drug issues.

## 6.3 Example Three

Nigel is a 30 year old man, who has been using hard drugs for many years. Nigel's friends have noticed that he is increasingly more anxious, and they think he may be hallucinating. Nigel has had a previous admission to Hillmorton Hospital. Nigel's friends contact the Resource Centre, and they are encouraged to bring Nigel to the centre for an assessment. The friends arrange to bring Nigel to the Centre that afternoon.

The Resource Centre arrange for an clinical case manager to be available at the resource centre that afternoon to undertake a comprehensive alcohol and drug, and mental health

assessment. Following the assessment, the case manager is concerned about Nigel's mental state and requests a further assessment of Nigel's mental state by a Consultant Psychiatrist. The Consultant Psychiatrist is not available until the following afternoon.

Resource Centre staff facilitate access to crisis respite for Nigel, as there are concerns for Nigel's safety. An AOD provider takes Nigel as a crisis respite admission overnight and takes Nigel back to the Resource Centre the following afternoon where he is seen by the Consultant Psychiatrist.

The Consultant Psychiatrist diagnoses Nigel with both a mental health issue and an alcohol and drug addiction. The Psychiatrist believes that Nigel's mental state requires an admission to Hillmorton Hospital, and this is arranged.

Upon discharge from Hillmorton Hospital, Nigel is followed up by the clinical case manager and psychiatrist. He re-engages with the Resource Centre, taking part in Peer Support activity groups so to remain connected to a positive recovery network.

## **6.4 Example Four**

Mary works as a Brief Intervention Counsellor in the primary sector. One of the General Practitioners has referred a client to Mary. Mary undertakes an assessment and feels that the client may have alcohol and drug related issues. She completes an initial screening asking about the clients alcohol and drug use. Mary provides the client with some information about safe use, but wonders if there is anything else that would be useful for her client.

Mary contacts the Resource Centre for advice. The Resource Centre advises Mary about a more in-depth alcohol and drug assessment and brief intervention strategies. Mary completes these.

Mary suggests the client attend the Resource Centre for additional input, but the client is engaged at the primary care centre and is reluctant to attend.

Mary contacts the Resource Centre again for advice. A Peer Support worker from the resource centre meets with Mary and her client at the primary care centre and the client begins to develop a relationship with the resource centre for ongoing support.