Government of **Western Australia**
Mental Health Commission

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Immediate Drug Assistance Coordination Centre

Model of Service

June 2022

1 Table of contents

1 Table of contents 1
2 Version Control 3
3 Background 4
4 Service Overview 4
4.1 Service Aims 6
4.2 Target Cohort 7
4.3 Location and Facilities 8
4.4 IDACC Facility Access and Flexible Provision of Support 10
4.5 Staff Culture 10
4.6 Exclusion Criteria 11
5 Service Components 12
5.1 Here for You AOD and mental health support and system navigation phone line 12
5.2 Drug and Alcohol Clinical Advisory Service (DACAS) phone line 13
5.3 Drop in Hub and Short-Term Crisis Beds 14
5.3.1 Staffing 18
5.3.2 Safety and Security 19
5.3.3 Length of Stay 20
5.3.4 Access 21
5.4 Assertive Outreach and Care Coordination Team 22
5.4.1 Location and Catchment 23
5.4.2 Staffing 23
5.4.3 Safety and Security 24
5.4.4 Length of Engagement 25
5.4.5 Access 25
6 Service Provider 26
6.1 Procurement 26
6.2 Clinical governance 26
6.3 Partnerships 26

6.4 IDACC Service Governance 27

Appendix: Immediate Drug Assistance Coordination Centre Model Components – Access and Exit Pathways 28

2 Version Control

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3 Background

Central to current mental health, alcohol and other drug (AOD) reforms is the delivery of better care options for people with mental illness and AOD issues, closer to where they live, while also reducing the pressure on hospital inpatient beds. This is consistent with the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 (the Plan) that aims to achieve a more balanced mental health system through investment in community-based treatment and support services.

Recommendation 29 of the Methamphetamine Action Plan (MAP) Taskforce Report states that:

> Within 12 months, the Mental Health Commission, Western Australia Police Force and Department of Health establish an appropriate alternative crisis intervention response that would provide a short-term place for methamphetamine users when they are in crisis that will keep them, their families and the community safe, including in the regions.

A number of initiatives are being developed in response to Recommendation 29 of the Report, however, a gap exists in supporting individuals in the short term who are intoxicated and/or in crisis related to their AOD use and require immediate assistance. Both nationally and internationally this is a difficult cohort to provide an effective response to, however contemporary research, sector engagement and existing models of service have been used to inform the development of a new model as an additional immediate response to fill this gap and support appropriate access.

4 Service Overview

In order to support appropriate access, a model has been developed to provide immediate assistance for individuals and families experiencing a social crisis in relation to methamphetamine and other AOD use. In relation to AOD services, crisis can be defined as an unstable period, decisive moment or turning point[1] related to an individual's AOD use. If supported appropriately, an AOD related crisis can be an opportunity for growth through which great change may be possible.[2] Psychosocial and co-occurring issues which often accompany AOD use may result in the precipitation of a crisis.

This model supports the provision of 24 hour a day, 7 day a week assistance for individuals and has five core service components:

1. **Here For You AOD and mental health support and system navigation phone line** which will provide a first point of contact for individuals and families concerned about AOD use (including methamphetamine) and mental health concerns. This service will

[1] Mental Health Commission, Western Australia (MHC). (2018). Crisis referral tool: For AOD services. Perth, WA: Author. Retrieved from https://www.mhc.wa.gov.au/media/2422/crisis-referral-tool-2018.pdf
[2] Ibid.

be critical in ensuring expedited access to AOD and mental health related support by providing 24-hour-a-day, seven-day-a-week specialist counselling, information, referral and system navigation services (currently available 7am to 10pm daily). Here For You will also support the promotion of, and access to, other components of the IDACC, as well as providing follow up support for people exiting the IDACC Facility, as required.

2. **Drug and Alcohol Clinical Advisory Service (DACAS) phone line** which provides rapid access for Western Australian health professionals to an Addiction Specialist who provides system navigation support and expert clinical advice on AOD client management within a general practice, mental health service, or hospital setting. DACAS will prioritise the provision of support to clinicians operating the Assertive Outreach and Care Coordination Team, Drop in Hub and Short-Term Crisis Beds. DACAS currently operates 8am to 8pm Monday to Friday.
3. An immediate access **Drop in Hub** providing a walk-in facility comprised of a safe, low-stimulus environment designed to provide short-term support and stabilisation in a calm and welcoming space for individuals experiencing an AOD related crisis. The service will be available 24/7 and provide brief intervention, provision of harm reduction information, peer support, family support, and warm referral to AOD, mental health and/or social services for individuals who need help with their own AOD use or that of another person.
4. **Short-Term Crisis Beds** which will provide a safe, low-stimulus environment where brief intervention, harm reduction information and assisted referral to social and other services can occur. This component is an extension of the Drop in Hub and will consist of beds that can be utilised for individuals requiring a safe space to 'crash' during their AOD related crisis for up to 72 hours.
5. An **Assertive Outreach and Care Coordination Team** which will engage with street present and other individuals, in a location suitable to them, with the aim of providing brief intervention, harm reduction information, transport to the Drop in Hub if required and assisted referral[3] to relevant social and other services. This will include a focus on relationship development and persistent attempts at engagement in order to maximise contact and outcomes for individuals.

Please refer to the Appendix for more information about how the service components of the model are connected via access and exit pathways.

It is anticipated that by providing unplanned access to immediate support for people experiencing an AOD related crisis, this model will address a gap in service provision for the target cohort that is currently being met by telephone only (e.g., Alcohol and Drug Support Line) and/or emergency services (e.g., hospital, police). If appropriate, these services can refer individuals to the Assertive Outreach and Care Coordination Team or

[3] Assisted referral involves contacting another service provider directly and making an appointment on behalf of the client, and/or providing information about the client to the other service provider to assist with assessment and referral. This can only occur with client consent.

Drop in Hub and Short-Term Crisis Beds for additional support and stabilisation. Once engaged with the Assertive Outreach and Care Coordination Team or Drop In Hub, individuals will be supported to access appropriate, longer term services within the current AOD and mental health service system.

4.1 Service Aims

Service components 3 – 5 of the model are the Drop in Hub, Short-Term Crisis Beds and Assertive Outreach and Care Coordination Team. These three components together are known as the IDACC Facility.

The primary aims of the IDACC Facility, and the related service objectives, are:

- Provide immediate support to assist individuals experiencing an AOD related crisis.
    - Help individuals experiencing a crisis event to gain relief quickly and to resolve the crisis situation when possible;
    - Provide appropriate, person-centred, AOD care and support while avoiding unnecessary law enforcement involvement, emergency department use, and hospitalisation;
    - Provide immediate, brief support and advice to families of those experiencing an AOD crisis;
    - Provide a safe environment for staff and service users to enable positive engagement; and
    - Provide a culturally safe environment that offers non-judgemental support in a culturally welcoming environment, utilising inclusive practices from a diverse workforce.

- Provide follow up support to link individuals experiencing an AOD related crisis with a broad range of other services that will support their recovery journey.
    - Increase individuals' knowledge of local supports and services, and how to access these services; and
    - Support individuals, their families and significant others to engage with appropriate services and treatment as required, through the development of rapport and trust.

Components one and two (Here For You and DACAS phone lines) support these aims by providing complementary support and system navigation functions to consumers of the IDACC Facility, health professionals and family members/significant others. Here For You will also support individuals and families to access the IDACC Facility and provide support to those exiting the IDACC Facility, as required.

4.2 Target Cohort

The Service will aim to support individuals in the short term who are in crisis related to their AOD use and require immediate support. This includes individuals who may be intoxicated, agitated, or displaying challenging behaviours. Individuals will be able to access IDACC at any point during an AOD related crisis. This includes people who are struggling with their AOD use and are looking for assistance (pre-crisis), those who are experiencing an acute AOD related crisis, and those who have recently experienced an acute crisis and require assistance to reduce the chance of the crisis recurring. Families and significant others in crisis related to the AOD use of another person will also be provided with brief support.

In the context of the IDACC, crisis can be defined as an unstable period, decisive moment or turning point[4] related to an individual's AOD use. This definition of a social crisis related to AOD use is intended to be broad, encompassing a variety of situations and is not limited to a specific cohort, situation or acuity level. A broad range of people in various stages of crisis will access the IDACC and some examples which illustrate this include:

- An individual who is experiencing mental health issues, has engaged in problematic AOD use, and their behaviours have become increasingly erratic due to intoxication and confusion, but has walked into the emergency department and cannot receive help;
- A family member who requests help due to a domestic violence situation whereby their significant other is intoxicated, and they are worried they might become threatening or aggressive;
- An individual who has recently become street-present and has become disoriented in the Perth CBD area due to AOD use, and walks in to the IDACC hub asking for help;
- An individual in the Perth CBD area who has been engaged with by WA Police when they are intoxicated and at the 'peak' of their crisis, but are now de-escalating and require non-judgemental support to keep them stable and avoid becoming over-stimulated;
- A carer who looks after someone with psychosocial issues is concerned that the individual is becoming unstable due to AOD use; and
- An individual who has contacted the Here For You support line in distress regarding their AOD use and wants help now.

The cohort likely to access these services present a higher risk than usual clients of AOD treatment and support services as they are unknown to the service. The service provider delivering the IDACC Facility will be required to ensure additional safeguards are in place

[4] Mental Health Commission, Western Australia (MHC). (2018). Crisis referral tool: For AOD services. Perth, WA: Author. Retrieved from https://www.mhc.wa.gov.au/media/2422/crisis-referral-tool-2018.pdf

to address this higher level of risk to staff and other service users during the operational set up of the service.

While this model has been developed as part of a range of responses to the recommendations of the MAP Taskforce Report, to ensure equity of access and acknowledging the harms related to all substances, all components of the service will be available for people with AOD use issues, not just methamphetamine use issues.

4.3 Location and Facilities

The IDACC Facility will be located in the Perth Central Business District (CBD) and be:

- Located close to public transport options where possible; and
- Close to a hospital in case of medical or mental health emergency (specifically due to risks associated with cardiotoxicity, psychosis and methamphetamine use).

While the Perth CBD location of the IDACC Facility is central, close to hospitals and other health/social and community services that people in crisis will be supported to access, it is also a location that is associated with a high degree of AOD use and involvement in anti-social behaviour. The Assertive Outreach and Care Coordination team will play a key role in minimising the instances in which people exit the IDACC facility into the Perth CBD area, providing the option to transport people back to a safe place of residence or other community/housing service to access further support or to recover.

The IDACC Facility will require the following features:

- An Acknowledgment of Country to feature above the entrance to the facility;
- Natural lighting incorporated throughout the facility;
- Welcoming and home-like décor with no plain white walls, featuring Aboriginal art throughout;
- Incorporation of Aboriginal signage throughout the facility, for example rooms named after Aboriginal places in the Perth CBD (e.g. Derbal Yerrigan, Kaarta Koomba);
- Designed so that there is a central, “living room” style space with multiple exits and open sight lines for staff where people can move around or sit in a lounge room style and be appropriately engaged and observed while they are agitated/awake;
- Central “living room” style space designed to include both quiet areas, and space for family and community groups to come together;
- Sufficient separation within the central “living room” space, or an additional room, where stimulating activities can be undertaken;
- Provision of a quiet space and six (6) single rooms with beds that can be utilised by individuals requiring a safe place to sleep when they ‘come down’/crash, including the ability for staff to observe these rooms as required;

- Private and comfortable rooms to provide counselling and support to individuals and families;
- Private and comfortable rooms for use by external health/social/welfare care providers and consumer groups to engage with individuals and their families at the facility;
- Kitchen facilities for staff (not accessible by service users). Catering can be brought into the service to ensure meals and snacks are available for service users as required, however a preparation area must be available for staff to prepare and serve meals;
- Bathroom facilities for service users and staff, including a 'patient call system';
- An appropriate dining area for service users to be provided meals;
- Access to laundry facilities (e.g., sheets/towels, service user clothes);
- Multiple office areas for staff, including a specific office space for the Assertive Outreach and Care Coordination Team;
- Pleasant, landscaped outdoor areas incorporating plants and trees visible from within the facility and an outdoor area appropriate for individuals waiting to access the facility (as an alternative to waiting inside in the waiting room, depending on demand). A designated outdoor smoking area will also be required;
- Consideration of a secure storage facility/lockers at the IDACC facility for service user property/belongings to reduce the requirement to search property on entering;
- Dedicated parking for police and/or ambulance access, dedicated parking for Assertive Outreach and Care Coordination Team cars and a limited number of general parking bays (including accessible bays);
- Access to multiple safe exit points for staff and service users (including exit only doors in some parts of the facility);
- Provision of fixed and on-person duress alarms within the facility;
- Consideration of ligature points, especially in the bathrooms and quiet space where the beds will be located; and
- Compliance with building requirements for all AOD facilities (including accessibility) and fire and safety requirements including the appropriate fire detection and alert system.

While the Short -Term Crisis Beds would ideally be located on-site with the Drop In Hub, this may not be the case if a suitable facility cannot be found. If the beds are located separately to the Drop in Hub, the Assertive Outreach and Care Coordination Team will be utilised to transport suitable individuals between the components of the service.

To maximise accessibility to the Drop in Hub from people outside of the Perth CBD area, the service provider should ensure relationships are developed with a broad range of community outreach and transport services that operate in suburban communities outside of the IDACC Assertive Outreach and Care Coordination team catchment area.

4.4 IDACC Facility Access and Flexible Provision of Support

A triage function will need to be established within the IDACC Facility to manage incoming referrals from police, paramedics, emergency departments or other service providers who may have a client that would benefit from immediate assistance, where they are located. This triage function will coordinate the appropriate response to meet the needs of the referral, for example directing the Assertive Outreach and Care Coordination team to locate and transport the individual to the Drop in Hub for bio-psycho-social assessment and crisis support.

The Short-Term Crisis Beds will be an extension of the Drop in Hub, providing a bed-based component to the IDACC Facility where individuals accessing the service can 'crash' and recover/stabilise for up to 72 hours if required. Access to the Short-Term Crisis Beds will be dependent on an initial assessment by Drop in Hub or Short-Term Crisis Bed staff.

The IDACC Facility will provide a broad range of flexible supports while engaging with individuals, their families and significant others, depending on their needs. This includes both support to resolve the immediate crisis situation as well as service co-ordination and referral if required. The level of service co-ordination and referral provided will vary depending on individual need and may range from assisted referral to services to meet immediate health and welfare needs, through to the provision of service planning, support and follow up to link individuals with other services to support their individual recovery journey. This follow up support may be provided by the Drop in Hub, Assertive Outreach and Care Coordination Team and/or the Here For You support line.

Family and significant others will be provided with support both when they accompany an individual to the Drop in Hub, as well as when they are themselves in crisis related to the AOD use of another person.

4.5 Staff Culture

To ensure the IDACC is delivered and supported by clinical and non-clinical staff who can meet the needs of consumers, families and carers, the service needs to employ a workforce that reflects the diversity of the community it serves. The service, where possible, needs to employ a diverse range of people including those who are LGBTQIA+, Aboriginal and Torres Strait Islander, and Culturally and Linguistically Diverse. Recruitment processes should provide strong encouragement for applications from people from these diverse backgrounds.

All IDACC staff, including those in security and administration roles must receive cultural security training. All staff will be responsible for demonstrating inclusive practices and culturally secure ways of working, regardless of background.

In order to provide an inclusive, welcoming service that makes individuals in crisis feel safe and supported, the IDACC must ensure that staff delivering clinical and non-clinical supports are open-minded, inclusive, empathic and have demonstratable experience working with diverse people.

Recruitment within the IDACC should be focussed on employing a workforce who can meet all the needs of consumers, families, and carers, not just the clinical capabilities they possess. Other equally critical skills required by IDACC staff include:

- Ability to provide non-judgemental support when interacting with individuals whose behaviour is or has been impaired due to AOD use;
- Can actively listen to and support individuals in a vulnerable state to identify what their most critical and immediate needs are (often basic needs like human comfort, hygiene, a place to relax);
- Ability to remain calm when interacting with highly erratic individuals who are displaying challenging behaviours; and
- Are resilient and client-focussed.

Whilst the staff complement will be determined by the service provider in response to the needs of the local cohort, it is anticipated that the majority of IDACC's core staff will be non-clinical roles.

4.6 Exclusion Criteria

Exclusion from the IDACC facility should be the exception, not the rule. In order to access the IDACC, individuals must be:

- Able to consent to voluntarily entering the centre;
- Not experiencing a medical or psychiatric emergency;
- Not displaying actively violent behaviour that is unable to be deescalated by IDACC staff; and
- Over 18 years of age.

The service provider will be required to develop relevant policies, procedures, and referral pathway partnerships in relation to the engagement and referral of all ineligible cohorts listed above. This includes assisting individuals who require support from emergency services or expert mental health clinicians so that people are not left unsupported during their crisis.

The IDACC is <u>not</u> the most appropriate service for individuals experiencing a medical emergency or psychiatric emergency. IDACC's safe, low stimulus, home away from home environment will be beneficial for individuals in crisis who are experiencing symptoms (drug induced or otherwise) such as agitated behaviour and/or mild psychotic symptoms.

However, for those individuals who are displaying acute psychotic symptoms and a subsequent risk assessment has identified the presence of perceptual disturbance or

delusional beliefs which may put the individual or others at risk, and/or has identified the presence of suicidal or homicidal ideation and lack of insight, IDACC is not the most appropriate service. The needs of these individuals will be more appropriately met by emergency services and expert mental health clinicians via existing pathways into mental health crisis support (e.g., Mental Health Emergency Response Line, Police Co-Response, Mental Health Observation Areas, Mental Health Emergency Centres, Urgent Care Clinics etc).

The IDACC aims to support individuals who may display violent and/or threatening behaviours. However, in situations where staff are unable to de-escalate the individual's situation and it remains a safety issue for both staff and other service users, existing emergency services mechanisms should be employed. In addition, as the IDACC is a community-based service and has no powers to use restraint or seclusion, individuals who are actively violent to a level which would require this should not be brought directly to the IDACC. Instead, they should be managed via existing mechanisms.

If an individual presents to the IDACC facility and is assessed as requiring the assistance of emergency services or expert mental health clinicians, IDACC staff will contact the most appropriate service and request assistance (e.g., 000 for police or ambulance, Mental Health Emergency Response Line).

5 Service Components

5.1 Here for You AOD and mental health support and system navigation phone line

Here For You commenced on the 2 March 2022 and is a state-wide telephone support service which will provide 24-hour-a-day, seven-day-a-week specialist counselling, information, support, referral and system navigation services (currently available 7am to 10pm daily). Staffed by professionally qualified and experienced counsellors and peer practitioners, Here For You will provide a first point of contact for individuals and families concerned about methamphetamine or AOD use and mental health concerns.

Here For You staff can provide:

- Information about AOD use (including methamphetamine) and mental health and wellbeing;
- Emotional support and counselling, including exploration of coping and relapse prevention strategies;
- Options and information about local services and other resources that can provide ongoing treatment and support;
- Call-back support (where appropriate) including to socially and geographically isolated clients;
- De-escalation and support in crisis;

- System navigation and other supports to health professionals working with individuals and families impacted by AOD use and/or mental health issues; and
- Expectation management for those entering treatment within the system.

In addition to the above, Here For You staff will engage with callers to identify their primary presenting issue and determine if access to the IDACC Facility or engagement with the Assertive Outreach and Care Coordination Team is appropriate. If so, assisted referral to the relevant component of the service will be facilitated. Here For You will also be available to provide call back support to individuals, via referral from other IDACC staff, in order to promote continued engagement and assistance.

Methods of referral and follow up between Here For You, Assertive Outreach and Care Coordination Team and the Drop in Hub will be determined in consultation with the service provider and an appropriate Memorandum of Understanding (MOU) will be developed.

5.2 Drug and Alcohol Clinical Advisory Service (DACAS) phone line

DACAS line commenced in April 2020 and is Western Australia's first widely advertised service for AOD related support and advice for all Western Australia health clinicians.

The DACAS provides rapid access for Western Australian health clinicians to an Addiction Specialist who may provide support and clinical advice on AOD patient management within a general practice, mental health service, or hospital setting.

The DACAS doctors provide advice on referral pathways to appropriate community services including the Community Alcohol and Drug Services, residential rehabilitation services, and Specialist Treatment Services including access to the Inpatient Withdrawal Unit at Next Step East Perth.

The DACAS doctors provide advice on:

- Ambulatory withdrawal management
- Options for medical supervised substance withdrawal;
- Alcohol relapse prevention pharmacotherapies;
- Opioid maintenance treatment options and provision of naloxone to individuals using opioids;
- Management of pregnancy and substance use;
- Management of co-occurring mental health and substance use;
- Advice on pain management including Department of Health requirements;
- Medication Stewardship advice, including use of Prescription Shopper Information Service and advice regarding safer prescribing practices;
- Guidance in the process of weaning clients off high dose schedule 8 opioids in general practice; and
- Substance use and driving.

DACAS doctors will provide priority support and expert clinical advice to the IDACC, which may include visits to the facility.

5.3 Drop in Hub and Short-Term Crisis Beds

The Drop in Hub and the Short-Term Crisis Beds are the third and fourth components of the model and are part of the IDACC Facility. These service components are designed to provide short-term support and stabilisation in a calm and welcoming space for individuals experiencing an AOD related crisis. As previously noted, the IDACC Facility will be located within the Perth CBD area and will be open 24 hours a day, 7 days a week. The maximum number of individuals who will be able to access the IDACC Facility at any one time will be determined by the service provider once the size of the available space and staff to client ratios have been assessed.

The Drop in Hub will provide a comfortable and welcoming environment where individuals and families can access immediate support and assistance related to their own AOD use or the AOD use of a loved one. This may include brief intervention, harm reduction information and assisted referral to social and other services.

On accessing the service, individuals will be provided with a bio-psycho-social assessment. This will allow the opportunity for rapport to be built and a clear picture of the individuals' current situation and presenting needs to be determined. This assessment will also provide information about current symptoms being experienced, possible medical issues, and risk of harm to self or others. Clinical staff must be involved in the assessment process if there are identified concerns regarding physical or mental health needs and suitability for the service.

If an individual is assessed as requiring the assistance of emergency services or expert mental health clinicians, IDACC staff will contact the most appropriate service and request assistance (e.g., 000 for police or ambulance, Mental Health Emergency Response Line). If required, transfer to a hospital setting may be arranged. Referral pathways and collaborative working practices between the service provider and local hospital and other emergency services must be developed prior to service commencement. These partnerships will help enable a shared response to individuals presenting in AOD crisis.

If assessed as suitable for the Drop in Hub, individuals will be shown through into either the safe, low stimulus, 'living room' style area of the facility to engage with staff or in available activities, or be escorted into the quiet, Short-Term Crisis Beds area to sleep if required.

The IDACC will provide:

a) Triage, Screening and Assessment

In order to access the IDACC facility, an individual must be assessed by staff to be:

- Able to consent to voluntarily entering the centre;

- Not experiencing a medical or psychiatric emergency;
- Not displaying actively violent behaviour that is unable to be deescalated by IDACC staff; and
- Over 18 years of age.

All individuals accessing the facility will be provided with a bio-psycho-social assessment. Explicit attention to screening for suicidality using an accepted, standardised suicide screening tool should be a part of triage and initial assessment.

At the initial contact the individual may not be able to participate in a full bio-psycho-social assessment, due to the levels of distress and/or agitation they are experiencing at that moment of crisis. The individual may benefit from a period of rest prior to full completion of the assessment.

The bio-psycho-social assessment will be undertaken in collaboration with the individual and will identify their current situation and immediate support needs, as well as taking into consideration their broader recovery goals. Once the assessment has been completed service expectations should be set (e.g., agreements regarding confidentiality and the inclusion of support people, options for transition out of the IDACC Facility).

Withdrawal needs will also be assessed. If an individual is interested in accessing withdrawal services, a facilitated referral to the appropriate service will be initiated. Again, the need for robust partnerships and pathways to be established by the service provider prior to service commencement to enable a shared response to people in AOD crisis will be critical.

In cases of suspected psychiatric emergency, a risk assessment must be undertaken for those individuals in crisis who are experiencing symptoms such as agitated behaviour and/or psychotic symptoms such as delusions and hallucinations. Where the presence of perceptual disturbance or delusional beliefs has been identified as putting the patient or others at risk, and/or the presence of suicidal or homicidal ideation and lack of insight have been identified, a referral must be made to existing emergency services mechanisms.

Ongoing assessment will occur throughout the individual's time at the IDACC and will include but will not be limited to:

- Causes leading to the crisis event, including any ongoing mental health issues, substance use, social, familial, and legal factors[5];

[5] Legal factors refer to any legal issues that the person may have (eg: court appearances, fines, etc). These issues will be discussed as part of the assessment process, and the person will be provided support or referral to appropriate services for assistance with legal issues if required.

- Safety and risk for the individual and others involved, including an explicit assessment of suicide risk;
- Strengths and resources of the person experiencing the crisis, as well as those of family members and other natural supports.

b) Handover processes

Where possible the staff member who conducts the bio-psycho-social assessment should be the main support contact for the individual throughout their stay at the service. Where possible this staff member should also be responsible for the coordination and referral of the individual out of the IDACC Facility.

Where handover to another staff member is required this should be communicated in advance to the individual, and all relevant assessment and care information communicated to the next staff member as appropriate.

c) Access to cultural services

The IDACC facility will provide access to cultural services, including interpreter services where required and access to staff of similar backgrounds where possible.

De-escalation and resolution

Individuals will be engaged in supportive interventions throughout their time in the IDACC facility in order to de-escalate the presenting crisis. The goal of the engagement is to both determine the level of care required in order to provide appropriate intervention and referral for the individual, and also to resolve the situation so a higher level of care is not necessary.

d) Active engagement

The IDACC facility will provide meaningful activities and opportunities for engagement for service users who are awake and stimulated. This is an important component when working with individuals using methamphetamine as it allows for engagement and observation in a non-threatening environment.

e) Sobering up

Access to the Short-Term Crisis Beds will provide a quiet space for individuals requiring a safe space to sleep after the acute phase of intoxication, or a quiet low stimulus environment to recover. This space will consist of six beds in private cubicles. While sleeping, clients will be monitored regularly for any changes in their mental or physical state that could indicate health problems and the need for medical attention. Clients who are sleeping will be checked every 30 minutes and the check noted on an observation chart. If a client goes into unplanned withdrawal while in the IDACC Facility they will be assisted to access the most appropriate service to support them, especially if medication is required (see *Medication* section below).

f) Medication

Medication will not be provided on site. Individuals requiring sedation or other medications will be required to access support via existing mechanisms (e.g., emergency department).

If individuals have their own medication with them when they access the IDACC facility, they will remain responsible for the use of that medication. The service provider will be required to ensure clear policies and procedures in relation to this have been developed prior to service commencement, including safe storage and access while on site. Staff will not be permitted to administer medication to service users.

g) Service Coordination planning, referral and follow up support

Dependent on the individual's needs, referral to other services will be facilitated. Depending on the varied needs of the individuals accessing the service, this may include referral to services to resolve the immediate crisis, and/or referral to services that will support the individual's identified recovery journey goals. For example, while some individuals may only require low level support such as information about relevant services they can access, others may require and be ready for more intensive support. This may include the development of an individual service co-ordination plan, referral and follow up support to check on progress. Where possible, individuals should also be engaged in crisis planning to examine the factors that led to the current crisis and explore ways to minimise the occurrence of these factors in future.

Relevant referral services should include, but not be limited to:

- Withdrawal, residential rehabilitation, outpatient counselling, accommodation, mental health and homelessness services;
- Local health services (e.g. general practice, dental, pharmacies)
- Government social services (e.g. Centrelink); and
- Financial support services, advocacy services and community support groups.

If an individual refuses formal referral to another service they may be followed up by the Assertive Outreach and Care Coordination Team to see if other supports can be put in place. Referral to the Here For You support line for call back support should also be utilised as appropriate.

h) Family and Significant Others

If an individual has been brought into the IDACC by a family member or significant other, that person will also be provided with immediate, brief support and/or referral to appropriate services for ongoing support.

Families and significant others in crisis related to the AOD use of another person will also be provided with brief support and/or referral to appropriate services for ongoing support.

i) Practical Considerations

Individuals staying in the Short-Term Crisis Beds will be provided with access to shower facilities and the opportunity to launder the clothes they are wearing (if required) and receive meals/snacks for the duration of their stay.

j) Liaison with Key Stakeholders

The IDACC facility will be responsible for ongoing liaison with key stakeholders to identify ongoing opportunities for improved collaboration and clearer pathways of care, including but not limited to WA Police, Emergency Departments and AOD service providers.

k) Promotion of IDACC Services

Through continued engagement with service providers, community members and potential referrers, IDACC staff will increase awareness of the IDACC, its target cohort and suite of services available to those in AOD-related crisis.

5.3.1 Staffing

All components of the service model must be appropriately staffed to protect both service users and staff. The staff of the Drop in Hub and Short-Term Crisis Beds will be required to have strong rapport building and relationship development skills, and work from a recovery and strengths-based approach in order to promote the best outcomes for service users. Training in trauma-informed models of care, culturally secure ways of working with Aboriginal people, de-escalation and working with intoxication, overdose and methamphetamine toxicity, recovery focused ways of working with people experiencing psychosis symptoms (such as the Hearing Voices approach), will also be essential.

Acute intoxication with amphetamine-type stimulants can be associated with symptoms such as agitated behaviour and/or psychotic symptoms such as delusions and hallucinations. The possibility of adverse cardiovascular and cerebrovascular effects makes it important that monitoring occurs throughout a service user's stay in order to ensure referral to emergency medical assistance if required.

As a 24/7 facility, the multi-disciplinary team on each shift at the IDACC facility will be determined by the service provider, however, in order to provide support to individuals as required, and ensure staff and client safety, the composition of staffing at each shift must include at a minimum:

- AOD Worker/Counsellor/Peer Support Workers
- Aboriginal Health Worker

- Two (2) Nursing staff (mental health/AOD and general health)
- Security staff

The composition of staffing may also consider:

- Assistant in Nursing
- office staff including coordination, managerial, administration, reception and project workers.

It is anticipated that the majority of staff will be non-clinical, however the minimum of two (2) clinical staff available at each shift across the Drop in Hub and Short-Term Crisis beds will ensure appropriate staff are available to manage any presenting medical or clinical risks.

Peer support workers must be engaged to complement the roles of clinical and counselling staff by establishing rapport, sharing experiences, and strengthening engagement with individuals experiencing crisis. They may also engage briefly with the family or significant others of those accessing the IDACC Facility to educate them about self-care and ways to access ongoing support. Governance and support of peer support workers must be comprehensive and robust to reduce any associated risks. This governance framework must be developed by the service provider prior to service commencement.

The service provider may also consider incorporating the provision of mobile services from the IDACC Facility (e.g., medical, dental, social/welfare etc) depending on the needs of the cohort accessing the service, and will need to develop the appropriate partnerships to enable this to occur.

Security staff will also be required (see section *5.3.2 Safety and Security*).

5.3.2 Safety and Security

As the service will be supporting individuals who may be intoxicated and/or display violent or threatening behaviour, the safety of staff, other service users and all individuals is of upmost importance.

Security staff will be on site to provide support to IDACC Facility staff as required. It is anticipated that management of service users and others in the immediate vicinity of the IDACC Facility may be required. Security staff must be trained in the use of de-escalation techniques, cultural security training and present as non-threatening to service users to reduce the risk of escalating presenting issues (including paranoia).

In addition to security staff and the environmental factors outlined in section *4.3 Location and Facilities*, the following practices will increase clinical safety for staff and service users:

- All staff trained in and working from a trauma-informed, culturally secure and strengths-based approach;
- Recruitment of a high proportion of Aboriginal and Torres Strait Islander staff to ensure cultural safety;
- Strong clinical governance policies and processes, including clear escalation processes to IDACC clinical staff and DACAS in the event of a clinical incident;
- Clear Job Description Forms (JDF) which include reference to the specific responsibilities of each role pertaining to client safety, health and wellbeing and managing clinical risks;
- Strong supervision/support provided to staff, acknowledging the impact of vicarious trauma; and
- Ongoing staff training in de-escalation and other crisis management techniques (including first aid and intoxication/overdose responses).

The service provider will be required to appropriately account for a range of service safety risks and develop a comprehensive suite of policies and procedures designed to ensure the safety of staff and service users of the IDACC Facility including (but not limited to):

- Suicide risk assessment;
- Working with intoxication, aggression and other behavioural issues;
- Medical and withdrawal crisis management;
- Clinical monitoring/observation of clients;
- Clinical handover;
- Search of a client's person and property;
- Safe storage and access to own use medication;
- Identifying, holding, and disposing of weapons;
- Critical incident management; and
- After hours staff safety.

5.3.3 Length of Stay

The possible length of stay will vary for each service user, determined by their presenting issue(s), immediate and ongoing needs.

Individuals accessing the Short-Term Crisis Bed component of the IDACC Facility will be able to stay for a maximum of 72 hours. The 72-hour period will allow for stabilisation, assessment of ongoing treatment and support needs, and referral.

The service provider will be required to develop policies regarding access and the length of stay for both the Drop in Hub and Short Term Crisis Bed components of the IDACC Facility prior to service commencement.

5.3.4 Access

As noted above in section *4.6*, in order to access the IDACC Facility, an individual must be assessed by staff to be:

- Able to consent to voluntarily entering the centre;
- Not experiencing a medical or psychiatric emergency;
- Not displaying actively violent behaviour that is unable to be deescalated by IDACC staff; and
- Over 18 years of age.

No referral is required to access the Drop in Hub; it can be accessed in the following ways:

- Individuals requiring immediate assistance for their AOD use can access the service as a walk-in client;
- Families and significant others of individuals in crisis or who have expressed a desire for immediate assistance with their AOD use can bring them in for support;
- The Assertive Outreach and Care Coordination Team can assist people to present for immediate assistance;
- Here For You and other AOD, mental health, health and social services can advise clients to present to the Drop in Hub for immediate assistance (e.g., Community Alcohol and Drug Services, Alcohol and Drug Support Line, community mental health services); and
- Police and paramedics can bring people to the Drop in Hub as an alternative to emergency departments or police lock ups (subject to the criteria above).

People who are actively violent to a level that would require seclusion or restraint or those experiencing a psychiatric emergency should not be brought to the Drop in Hub or access the Short-Term Crisis Beds and should be assisted via existing mechanisms (e.g., emergency department, Police 000, Mental Health Emergency Response Line).

For safety reasons, individuals under the age of 18 years will not be able to access the ‘living room’ area of the Drop in Hub or Short-Term Crisis Beds however, they will be assisted to engage with relevant youth services. The service provider will be required to develop relevant policies, procedures and referral pathway partnerships in relation to the engagement and referral of young people under the age of 18 years.

Similarly, individuals with dependent children in their care will not be able to access the ‘living room’ area of the Drop in Hub or Short-Term Crisis Beds, but they will be able to be provided with immediate brief intervention, support and referral as required.

Individuals are able to access the Drop in Hub and Short-Term Crisis Beds on an ongoing basis as required; however, it is not intended to provide ongoing accommodation. If it is observed that an individual is accessing the Short-Term Crisis Bed component of the IDACC Facility on a regular basis, staff are encouraged to explore accommodation options with a view to engaging the service user in alternative services that will better meet their needs.

The service provider will be required to develop a procedure to facilitate alternative engagement and referral options for individuals when the IDACC Facility is full.

5.4 Assertive Outreach and Care Coordination Team

The community-based Assertive Outreach and Care Coordination Team will offer outreach and support to people in crisis related to their AOD use within a specified geographical area (close to the Drop in Hub and Short-Term Crisis Beds).The team will meet with people wherever they are, including engagement with street present individuals and meeting with people in other locations suitable to them (e.g, people's homes).

The Assertive Outreach and Care Coordination Team will:

- Be street present to engage with people where they are at;
- Provide face-to-face intervention and support, tailored to meet individual client needs, including brief intervention (e.g., counselling support, information, harm reduction) and encouragement to engage with other service providers as appropriate;
- Provide transportation to the Drop in Hub for individuals that have engaged with them and want to access the Drop in Hub or Short-Term Crisis Beds;
- Provide transportation for individuals that have accessed the Drop in Hub or Short-Term Crisis Beds and need to return to either a safe place of residence for recovery, or a community/housing/other service to access further support;
- Provide assisted referral to other services (referrals may be to any social/health service required, including homelessness, accommodation, finance, health etc), including assistance and/or transportation for disadvantaged people to attend appointments;
- Provide follow up support to individuals who have to wait to access other treatment/support services and those who do not accept referral to other services;
- Increase awareness of the IDACC, its target cohort and suite of services available to those in AOD-related crisis through ongoing engagement with service providers, community members and potential referrers; and
- Establish and maintain strong working relationships and partnerships with potential referrers to ensure individuals experiencing AOD related crisis are effectively supported.

The Assertive Outreach and Care Coordination Team may engage with the same street present people on an ongoing basis, which may or may not lead to those individuals accessing the IDACC Drop In Hub or other services; however engagement with the Assertive Outreach and Care Coordination Team may also affect change as an end in itself and should be encouraged as appropriate.

In line with guidelines developed in the United Kingdom for Assertive Outreach and Care Coordination Teams working with people with alcohol use issues[6], the Assertive Outreach and Care Coordination Team will:

- Maintain small caseloads in order to facilitate intensive engagement;
- Consist of a multidisciplinary team with staff from at least three different professions including nursing, psychology, social work, Aboriginal health worker, or AOD worker;
- Ensure regular contact between the individual and staff member(s);
- Focus on both health and social care needs, including accommodation, finance, leisure, occupation, and physical and mental health; and
- Provide extended care and engagement.

The hours of operation for the Assertive Outreach and Care Coordination Team will be negotiated with the successful provider to best meet the needs of the target cohort. However, it is anticipated that the service will be available seven days a week during extended and/or after hours.

5.4.1 Location and Catchment

The Assertive Outreach and Care Coordination Team will be based at the same location as the Drop in Hub and will service clients within a specified geographical area. Given the potential overlap of Assertive Outreach and Drop in Hub clients, the location of the Assertive Outreach and Care Coordination Team within the IDACC Drop in Hub facility is important to assist relationship development and trust between service users and the service provider, which is a critical success factor for the assertive outreach model.

Prior to commencement, the service provider and the Mental Health Commission (MHC) will define the catchment boundaries for the Assertive Outreach and Care Coordination Team.

5.4.2 Staffing

The Assertive Outreach and Care Coordination Team will include a multi-disciplinary team in order to meet the range of possible needs of the target cohort. The Assertive Outreach and Care Coordination Team will also have access to the clinical staff of the Drop in Hub as required.

[6] Drummond C, Gilburt H, Burns T, et al. (2017) Assertive community treatment for people with alcohol dependence: a pilot randomized controlled trial. Alcohol 52:234–41.

The staff of the Assertive Outreach and Care Coordination Team will be required to have strong rapport building and relationship development skills, and work from a recovery and strengths-based approach in order to promote the best outcomes for service users.

Training in trauma-informed models of care, working in culturally secure ways, recovery focused ways of working with people experiencing psychosis symptoms (such as the Hearing Voices approach), de-escalation, first aid, and working with intoxication, overdose and methamphetamine toxicity will also be essential.

The Assertive Outreach and Care Coordination Team will be staffed separately to the Drop in Hub. The Assertive Outreach and Care Coordination Team will likely operate seven days per week (service hours and shift times to be determined by the service provider). The service provider will determine the composition of staffing of the Assertive Outreach and Care Coordination Team, which will include at a minimum:

- AOD Workers/Counsellors
- Aboriginal Health Workers;
- Security staff; and
- May include office staff including coordination, managerial, administration and project workers.

Whilst the staff complement will be determined by the service provider in response to the needs of the local cohort, it will be essential for AOD support staff to have access to clinical staff 24 hours a day. It is also essential that at a minimum, two staff members are together at any one time when providing outreach services.

5.4.3 Safety and Security

As the Assertive Outreach and Care Coordination Team will be supporting individuals who may be intoxicated and/or display violent or threatening behaviour, in unknown environments, the safety of staff is of upmost importance.

The following practices will increase safety:

- All staff trained in and working from a trauma-informed, culturally secure and strengths-based approach;
- All staff must receive cultural security training, including staff in security and administrative roles;
- Recruitment of a high proportion of Aboriginal and Torres Strait Islander staff to ensure cultural safety;
- Strong clinical governance policies and processes, including clear escalation processes to IDACC clinical staff and DACAS in the event of a clinical incident;
- Strong supervision/support provided to staff, acknowledging the impact of vicarious trauma;

- Ongoing staff training in de-escalation and other crisis management techniques (including first aid and intoxication/overdose responses); and
- A comprehensive suite of policies and procedures designed to ensure safety of staff working in outreach environments with unknown clients who may be intoxicated.

Technology will also be utilised alongside the safety procedures to ensure that staff can be contacted, and their location known at all times (e.g., mobile phones with GPS tracking, personal duress alarms etc).

5.4.4 Length of Engagement

The length of engagement with the Assertive Outreach and Care Coordination Team will be determined by the service provider. Assertive outreach guidelines encourage long term engagement (up to 12 months[7]) in order to maximise the benefits of the rapport and trust that can be built with clients.

It is anticipated that the Assertive Outreach and Care Coordination Team would engage with individuals for up to six months, or until the individual is engaged with another service provider for case management support. The service provider will be required to develop a client engagement policy which references appropriate length of engagement and how this will be monitored.

5.4.5 Access

Individuals can access the Assertive Outreach and Care Coordination Team if they are located within a specified geographical area (this includes individuals who are homeless or have no fixed address). It is anticipated that the Assertive Outreach and Care Coordination Team will be street present and/or have developed relationships with services that work with street present individuals. Individuals under the age of 18 years will not be able to be engaged on an ongoing basis by the Assertive Outreach and Care Coordination Team, however, they will be assisted to engage with relevant youth services.

Individuals may be referred to the Assertive Outreach and Care Coordination Team by other components of the IDACC service, WA Police Force, Emergency Departments, or other AOD, health or social services for immediate engagement and or follow up. For example, an individual may present to another service requesting immediate support for their AOD use. If this individual resides within the specified catchment of the Assertive Outreach and Care Coordination Team (including those who are homeless or have no fixed address) the service provider can contact the IDACC Facility and request that the Assertive Outreach and Care Coordination Team engage directly with the client.

[7] Drummond C, Gilburt H, Burns T, et al. (2017) Assertive community treatment for people with alcohol dependence: a pilot randomized controlled trial. Alcohol 52:234–41.

6 Service Provider

6.1 Procurement

Components one and two of the IDACC are already operational. Here for You is operated by the Alcohol and Drug Support Service and DACAS is operated by Next Step.

An Open Tender process will occur to procure a suitable provider for the operation of the IDACC Facility which is comprised of the Drop in Hub, Short-Term Crisis Beds and Assertive Outreach and Care Coordination Team. A consortium approach for the delivery of these services will be recommended and may be adopted.

Once a suitable service provider has been identified, a transition period will be required for the service provider to ensure recruitment of suitably qualified and experienced staff, the provision of appropriate training (including trauma informed care, culturally secure ways of working with Aboriginal people, first aid de-escalation and working with intoxication, overdose and methamphetamine toxicity, recovery focused ways of working with people experiencing psychosis symptoms (such as the Hearing Voices approach), development of the required clinical and operational policies and procedures to ensure staff and service user safety (and governance arrangements if a consortium approach has been adopted), and partnerships and referral pathways with key stakeholders (including WA Police Force, local emergency department).

Evaluation of the service will allow for review of the model as required.

6.2 Clinical governance

The service provider(s) operating the service should have an existing clinical governance structure that would overarch the new services. Comprehensive and culturally secure training, supervision, debrief, critical incident, and safety policies and procedures must be in place prior to service commencement.

6.3 Partnerships

The service providers will require strong partnerships (preferably in the form of a Memorandum of Understanding) with local hospitals (including for emergency department access), the WA Police Force, Next Step, Here For You, DACAS and other relevant health and social services to enable a cohesive and comprehensive response to people in AOD crisis.

It will also be essential for service providers to establish and maintain strong partnerships and working relationships (preferably in the form of Memorandum of Understanding) with local Aboriginal-led community service providers, particularly those who deliver outreach and/or community services. These strong relationships will enable IDACC to leverage the

experience and expertise of these services and support the embedding of culturally safe practices within the IDACC.

Partnerships should also be sought with a broad range of services within the local area of the IDACC Facility to ensure tailored referral and provision of holistic and culturally secure support for service users. In addition, partnerships with relevant youth services will need to be established in order to assist people under the age of 18 years who may attempt to access the Drop in Hub and/or be identified by the Assertive Outreach and Care Coordination Team as requiring assistance. Partnerships should be established prior to service commencement where possible.

If a consortium approach to service delivery is adopted, clear governance arrangements must be in place prior to service commencement.

6.4 IDACC Service Governance

The service provider will be required to establish and maintain appropriate governance mechanisms for the IDACC, including the establishment of an Operational Group and Steering Committee, with membership to include the following organisations at a minimum:

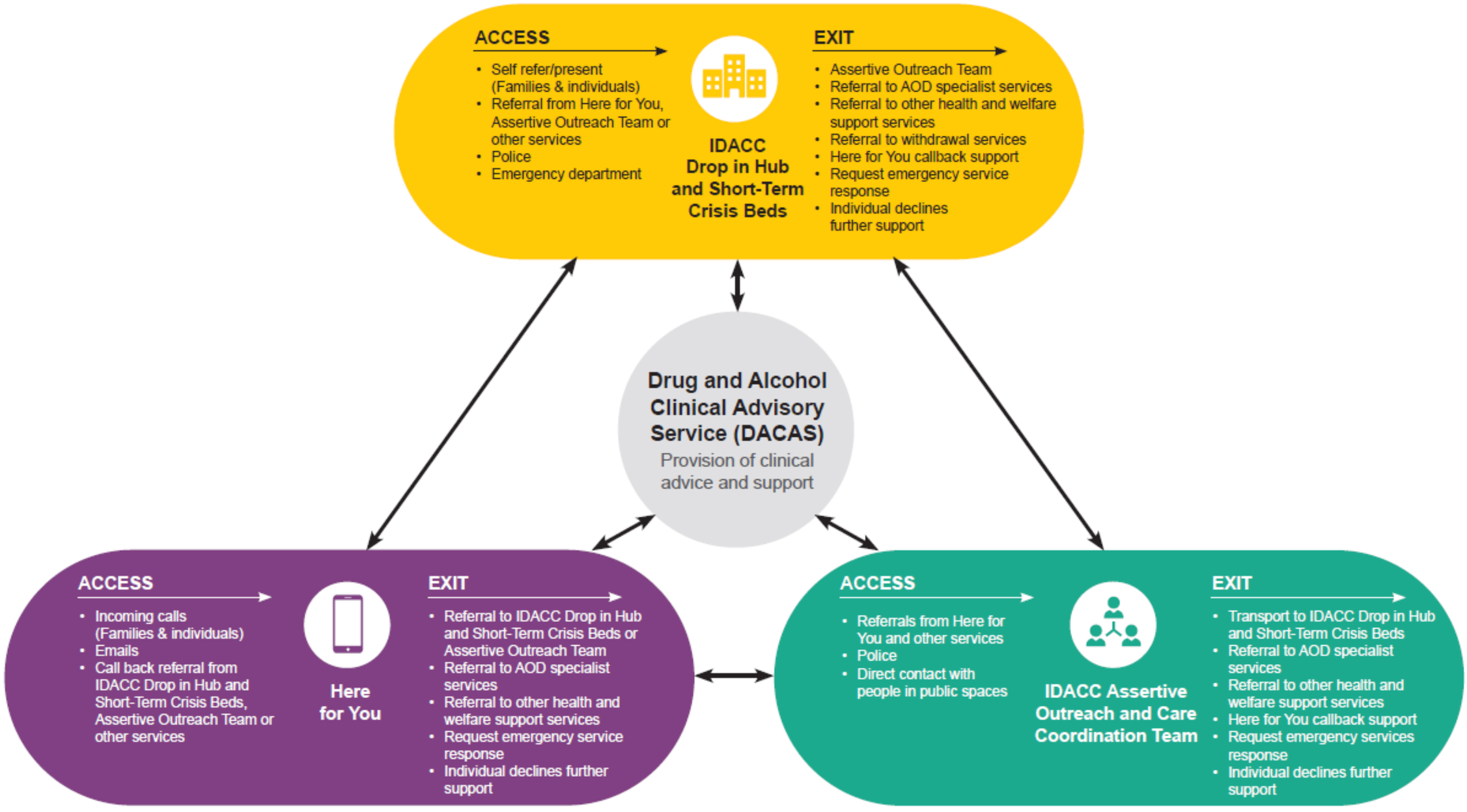
- Mental Health Commission;
- WA Police Force;
- Local Emergency Department representative;
- Department of Health;
- Next Step;
- Here For You;
- AOD providers;
- Local Aboriginal led community service providers;
- Other relevant health and social services; and
- Consumer and family/carer representatives.

The purpose of the Operational Group will be to manage and seek resolution on a range of operational issues that are impacting on the IDACC day to day operations. The Operational Group will be responsible for highlighting emerging trends and providing advice and recommendations in relation to strategic issues that may impact on IDACC to the Steering Committee.

The Steering Committee will provide high level executive interagency support and strategic guidance to achieving an integrated and coordinated response to the IDACC. One of the roles of the committee will be to seek resolution and advice at an interagency level on the issues impacting service delivery.

The MHC IDACC project team will provide support to the service provider in seeking representatives from key stakeholder agencies and establishing the governance mechanisms.

Appendix: Immediate Drug Assistance Coordination Centre Model Components – Access and Exit Pathways



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