



Canberra
Health
Services



ACT
Government

Model of Care – Diversion and Therapy Alcohol & Drug Services

Mental Health, Justice Health, Alcohol and Drug
Services (MHJHADS).

June 2024, Version 1.0



Approvals

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Document version history

Version	Issue date	Issued by	Issued to	Reason for issue

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1. Introduction

This Model of Care (MoC) for Canberra Health Services Diversion and Therapy Alcohol & Drug Services sets out the evidence-based framework describing the right care, at the right time, by the right person / team and in the right location across the continuum of care. A clearly defined and articulated MoC helps ensure that all health professionals are ‘viewing the same picture’, working towards common goals and most importantly, evaluating performance on an agreed basis.

This MoC:

- Outlines the principles, benefits and elements of care
- Provides the basis for how we deliver evidence-based care to every consumer, every day through integrated clinical practice, education and research
- Contains information of consumer flows (the areas from where consumers enter and exit the service) and service co-ordination, that is the linkages required for seamless consumer treatment.

A MoC is a dynamic document and will be reviewed and updated as required to support new evidence and improved ways of working. Any updates will include relevant change management principles and processes to ensure clear engagement and communication.

Detailed information on specific processes of how care is provided is outlined in Operational Procedures and relevant Canberra Health Services (CHS) policies, procedures and guidelines.

1.2 Background

This MoC is relevant to CHS Diversion and Therapy Alcohol & Drug Services which are primarily located at both City Community Health Centre and ACT Courts. Diversion and Therapy Alcohol & Drug Services include:

- Police and Court Diversion Service
- Counselling and Treatment Services
- Drug and Alcohol Sentencing List.

1.3 Purpose of this document

This MoC aims to describe and guide service delivery within CHS Diversion and Therapy Alcohol & Drug Services (hereafter, Diversion and Therapy Services).

1.4 Terminology

There are a number of terms used in the literature to describe consumers with alcohol and other drug disorders or concerns. For the purpose of this MoC, the term “substance use disorder” will be used to describe consumers with alcohol and other drug disorders as well as concerns (i.e. the consumer does not have a diagnosed disorder, however their substance use is perceived as concerning). A substance use disorder is defined as a treatable mental disorder that affects a

person's brain and behaviour, leading to their inability to control their use of substances like legal or illegal drugs, alcohol or medications¹.

There are also a number of terms used in the literature to describe services which support people with substance use disorders. In order to differentiate between CHS Alcohol & Drug Services (ADS) and other services, the term alcohol and other drug (AOD) services will be used throughout this MoC.

2. Vision and principles

To ensure consistency across services provided by CHS, this MoC aligns with the CHS vision and values. This section provides an overview of the CHS vision, role and values. A clear vision and principles for Diversion and Therapy Services which underpin the MoC are also outlined.

2.1 Canberra Health Services vision, role and values

Our vision and role reflect what we want our health service to stand for, to be known for and to deliver every day. The vision and role are more than just words, they are our promise to each other, to our consumers and their families and to the community. We all have a role to play in delivering on this promise:

- CHS vision: Creating exceptional health care together
- CHS role: To be a health service that is trusted by our community.

Our values together with our vision and role, tell the world what we stand for as an organisation. They reflect who we are now, and what we want to be known for. They capture our commitment to delivering exceptional health care to our community. Our values:

- We are reliable - we always do what we say
- We are progressive - we embrace innovation
- We are respectful - we value everyone
- We are kind - we make everyone feel welcome and safe.

2.2 Diversion and Therapy Services vision

A dedicated vision for Diversion and Therapy Services was developed with members of staff who work across these services. The vision provides a shared picture of Diversion and Therapy Services and what they strive to deliver.

¹ [https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Substance%20use%20disorder%20\(SUD\)%20is,most%20severe%20form%20of%20SUD.](https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Substance%20use%20disorder%20(SUD)%20is,most%20severe%20form%20of%20SUD.)

“Through our progressive and inclusive approach, we will support positive and meaningful change in the lives of people affected by alcohol and other drug use”.

2.2 Diversion and Therapy Services principles

The *National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-2029* outlines six treatment principles that should underpin alcohol, tobacco and other drug treatment interventions in Australia². These treatment principles are used in many AOD services across Australia³. Service delivery within Diversion and Therapy Services are underpinned by these treatment principles, which include:

1. Person-centred

Treatment is tailored to the individual needs, preferences, values and goals of the consumer. Treatment recognises consumers’ diversity, and they are empowered to make decisions about their treatment planning and goal setting.

2. Equitable and accessible

All consumers have equal opportunities to seek and receive treatment that is suitable to their individual needs, preferences, values and goals, regardless of their presentation. There is no ‘wrong door’ to accessing Diversion and Therapy Services.

3. Evidence-informed

Service delivery is based on the most current and emerging AOD research and evidence. Practices, policies and procedures are regularly reviewed to ensure they are reflective of evidence-based best practice in AOD service delivery.

4. Culturally responsive

Consumers cultural, ethnic and religious differences are recognised and respected. This means care is culturally responsive, safe and appropriate for every consumer engaged with Diversion and Therapy Services.

5. Holistic and coordinated

² Principles for effective alcohol, tobacco and other drug treatment. National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-2029. <https://www.health.gov.au/sites/default/files/documents/2020/08/national-framework-for-alcohol-tobacco-and-other-drug-treatment-2019-29.pdf>

³ Alcohol and other drug treatment principles. Victorian Department of Health. <https://www.health.vic.gov.au/aod-service-standards-guidelines/alcohol-and-other-drug-treatment-principles>

Consumers experiencing substance use disorders often experience mental health, physical health and social concerns as well. Strong collaboration, partnerships and referral pathways ensure all consumer's needs are addressed by the appropriate team in CHS.

6. Non-judgemental, non-stigmatising and non-discriminatory

Consumers receive care that is non-judgemental, non-stigmatising and non-discriminatory. They are treated with respect and dignity, regardless of their individual circumstances.

In addition to the treatment principles described above, members of staff who work across Diversion and Therapy Services emphasised that service delivery is also underpinned by trauma-informed care with recovery-oriented and harm minimisation approaches utilised. Thus, the three additional treatment principles for Diversion and Therapy Services include:

7. Trauma-informed

Understanding, recognising and responding to consumers' trauma is at the core of service delivery. It is understood that the experience of trauma is unique and personal. The core trauma-informed principles of safety, trust, choice, collaboration, empowerment and respect for diversity are used in daily practice to support positive outcomes for consumers.

8. Recovery-oriented

Consumers recovery journeys are unique. In this context, recovery is defined as a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential⁴. It is acknowledged that recovery is possible for everyone and emphasises the importance of personal goals, hope and self-determination.

9. Harm minimisation

Harm minimisation, also known as harm reduction, is a public health approach intended to reduce the negative consequences of substance use without the consumer necessarily having to stop their use entirely⁵. This approach acknowledges that if consumers continue to use substances, the impacts of this use can be reduced through harm minimisation approaches.

3. Benefits to be realised

This MoC aims to achieve the following:

⁴ <https://store.samhsa.gov/sites/default/files/pep12-recdef.pdf>

⁵ <https://www.counsellingonline.org.au/understanding-addiction/What-is-harm-minimisation>

- Improved awareness and understanding of the role and function of the Police and Court Diversion Service, Counselling and Treatment Services and the Drug and Alcohol Sentencing List
- Improved access to high quality, evidence-based services to support consumers with substance use disorders
- Improved consumer experience with consumers receiving the right care, in the right place, at the right time
- Improved consumer, family, carer and/or supporter engagement in care delivery
- Improved staff experience and satisfaction
- Increased positive feedback and reduced complaints received by the CHS Consumer Feedback and Engagement Team.

The range of benefits associated with Diversion and Therapy Services will be assessed qualitatively and quantitatively, outlined in the Monitoring and Evaluation section.

4. Description of Services

- Diversion and Therapy services are delivered either face to face, via telephone or via telehealth (video link) between the hours of 8:30am – 5:00pm
- The Police and Court Diversion Service is delivered at City Community Health Centre (1 Moore Street, Canberra City)
- Counselling and Treatment Services are delivered at City Community Health Centre and at other Community Health Centre's across Canberra. They are also offered to detainees within the Alexander Maconochie Centre (10400 Monaro Highway, Hume)
- The Drug and Alcohol Sentencing List is delivered at ACT Courts (4 Knowles Place, Canberra City)
- All services aim to prevent or minimise alcohol, tobacco and other drug related health, social and economic harms by building safe, healthy and resilient individuals, families and communities, in line with the *National Quality Framework for Drug and Alcohol Treatment Services*, the *National Quality Framework for Alcohol, Tobacco and Other Drug Treatment Services 2019-2029*, the *National Drug Strategy 2017-2026* and the *ACT Drug Strategy Action Plan 2022-2026*.

4.1 Police and Court Diversion Service

The Police and Court Diversion Service (hereafter, Diversion) aims to divert people who are using substances and have been arrested and/or charged with an offence into health education and treatment and/or away from the justice system. There are five programs within Diversion:

Youth Alcohol Diversion Program

The Youth Alcohol Diversion (YAD) Program, which is run in conjunction with ACT Policing, provides an early intervention program for young people who have been found by ACT Police to be using and/or in possession of alcohol. The purpose of the program is to educate young people

on the risks of alcohol, to provide harm minimisation education and to offer referral to relevant counselling and/or treatment services.

Adult Alcohol Diversion Program

The Adult Alcohol Diversion (AAD) Program, which is run in conjunction with ACT Policing, provides assessment and harm minimisation education to adults who may benefit from information on alcohol use. Referrals to relevant counselling and/or treatment services are also offered. Referrals to the AAD Program are considered “opportunistic welfare referrals” which typically result from a person coming into contact with ACT Police.

Illicit Drug Diversion Program

The Illicit Drug Diversion (IDD) Program, which is run in conjunction with ACT Policing, provides assessment and harm minimisation education to people who have been apprehended for the use and/or possession of a small, specified quantity of illicit drugs, or the illicit use of licit drugs, in lieu of a fine. The purpose of the program is to educate people on the risks of using and/or possessing illicit drugs, provide education around harm minimisation approaches and offer referral to relevant counselling and/or treatment services.

YAD, AAD and IDD compliance is relayed back to ACT Policing, who determine whether further action is required. Engagement with these programs typically involves one session with a Diversion case worker, which includes an AOD assessment and a brief information and education intervention. Consumers who require additional support can be referred to a Diversion clinician for additional counselling.

Court Alcohol and Drug Assessment Service

The Court Alcohol and Drug Assessment Service (CADAS) is used in the ACT Courts to engage people in AOD assessment, education, counselling, case management and referral following Court proceedings. The purpose of CADAS is to reduce recidivism (i.e. re-offending) and support people to address their AOD use.

Service engagement is reported back to the ACT Courts, who determine whether further action is required. Engagement with CADAS typically involves an AOD assessment and up to 10 case management* sessions with a Diversion case manager. Consumers requiring additional support can be referred to a Diversion clinician for additional counselling.

*Case management sessions involve fortnightly contact for up to three months, either prior to or after sentencing, with a minimum of two in-person sessions to be attended.

Alcohol Interlock Program

The Alcohol Interlock Program (hereafter, Interlock) is for people who have:

- Been charged with a high range (i.e. level four) drink driving offence or,
- Had two or more drink driving convictions in the last five years or,
- Refused a breath test.

Interlock provides assessment and education on the risks of drink driving and offers referral to relevant counselling and/or treatment services. Engagement with Interlock typically involves an AOD assessment and can include four counselling sessions with a Diversion clinician.

4.2 Counselling and Treatment Services

Counselling and Treatment Services (hereafter, CTS) aims to provide support to people using alcohol and/or other drugs, enabling development of appropriate and achievable treatment plans. CTS is available to individuals, family members and carers. Family members and carers are offered up to four sessions to assist them in supporting the person affected. There are four programs within CTS:

Adult Drug and Alcohol Program and Youth Drug and Alcohol Program

The Adult Drug and Alcohol (ADAP) Program and the Youth Drug and Alcohol Program (YDAP) offers individual counselling sessions to people using alcohol and/or other drugs with the aim of working with people to:

- Reduce and/or cease their AOD use
- Increase their ability to manage their lives, regulate their emotions and solve life problems
- Build and maintain constructive relationships with family / carers, peers and broader social networks such as interest or sporting groups and educational, health and social establishments
- Develop and implement, in association with other services and agencies, plans to address health, legal and social problems that are impacting adversely on their life, relationships and social participation.

Engagement with ADAP or YDAP typically involves an AOD assessment and up to ten sessions with a CTS clinician, with additional sessions to be offered upon clinical determination.

Dialectical Behaviour Therapy Program

The Dialectical Behaviour Therapy (DBT) Program offers individual and group counselling to people with Borderline Personality Disorder who are using alcohol and/or other drugs. The aim of the DBT Program is to work with people to:

- Reduce and/or cease their AOD use
- Increase their ability to manage their lives, regulate their emotions and solve life problems
- Build and maintain constructive relationships with family / carers, peers and broader social networks such as interest or sporting groups and educational, health and social establishments
- Develop and implement, in association with other services and agencies, plans to address health, legal and social problems that are impacting adversely on their life, relationships and social participation.

Engagement with the DBT Program typically involves a DBT eligibility assessment followed by participation in the Program for a minimum of 12 months with a CTS DBT trained clinician. Participants of the Program are required to commit to all sessions, which include:

- 6 weeks of a “pre-treatment” program, which includes weekly, one hour face to face sessions with the clinician
- Weekly face to face group sessions (running for 2.5 hours) for up to 12 months
- Weekly face to face individual sessions (running for 1 hour) for up to 12 months.

Alexander Maconochie Centre Counselling Program

The Alexander Maconochie Centre (AMC) Counselling Program provides individual counselling to detainees who are using alcohol and/or other drugs. The aim of the AMC Counselling Program is to work with detainees to reduce and/or cease their substance use and assist them to abstain from use when transitioning back into the community. Participants of the Program are offered a total of six sessions with additional sessions to be offered upon clinical determination.

4.3 Drug and Alcohol Sentencing List

The Drug and Alcohol Sentencing List (hereafter, DASL), which is run in conjunction with the ACT Courts, provides a specialised sentencing option for eligible people whose criminal offences are linked to their alcohol and/or other drug use. Following referral to DASL, recommendations are made regarding a consumer’s eligibility and suitability to be sentenced to a Drug and Alcohol Treatment Order (DATO), whereby they progress through three phases, depending on their individual rehabilitation.

Engagement with DASL typically includes:

- AOD eligibility screening, suitability assessment and case management with a DASL clinician or case manager
- Urinalysis (i.e. urine testing)
- Counselling
- Referral to and engagement with relevant counselling and treatment services (either within or external to CHS).

A consumer’s length of involvement with DASL is for a period of one to two years, the length of which is determined by the details within the individual consumer’s treatment and supervision component of their DATO.

5. Consumer population and eligibility

Specific eligibility criteria for each Diversion and Therapy Service are listed below.

In addition to meeting specific eligibility criteria, consumers must:

- Be engaging in current substance use (i.e. alcohol and/or other drug use or nicotine use with alcohol and/or other drug use) that is negatively impacting their life, or be dependent on the use of substances
- Consent to participating in the service or program.

People who identify as Aboriginal or Torres Strait Islander and pregnant women will be given priority access as it is acknowledged they are a vulnerable population.

5.1 Police and Court Diversion Service

Youth Alcohol Diversion Program

- Referred by ACT Policing
- Aged up to 17 years inclusive
- Not remanded in custody
- Not be linked with any other CHS Police and Court Diversion Service*.

Adult Alcohol Diversion Program

- Referred by ACT Policing
- Aged 18 years and over
- Not remanded in custody
- Not be linked with any other CHS Police and Court Diversion Service*.

Illicit Drug Diversion Program

- Referred by ACT Policing
- No age exclusion
- Not remanded in custody
- Not be linked with any other CHS Police and Court Diversion Service*.

Court Alcohol and Drug Assessment Service

- Referred by ACT Courts, specifically:
 - Childrens Court (child aged up to 12 years or young person aged 12 to 17 years inclusive) or,
 - ACT Courts (aged 18 years and over)
- Not remanded in custody
- Not be linked with any other CHS Police and Court Diversion Service*.

Alcohol Interlock Program

- Referred by ACT Courts
- No age exclusion
- Not be linked with any other CHS Police and Court Diversion Service*.

*If consumers are referred to more than one service within the Police and Court Diversion Service (e.g. Adult Alcohol Diversion Program and Court Alcohol and Drug Assessment Service), only one assessment will occur.

5.2 Counselling and Treatment Services

Adult Drug and Alcohol Program

- Living, working or studying in the ACT
- Aged 18 years and over
- Not currently engaged with a private/external counsellor/psychologist or similar for substance use.

Youth Drug and Alcohol Program

This program is for young people aged between 12-25 years inclusive who are living, working or studying in the ACT. The purpose of YDAP is to assist young people who are engaging in problematic substance use that is impacting with activities such as school, study, work, hobbies and/or relationships with family, friends or similar, that require more specialist and intensive support.

Young people aged between *12-17 years* must be engaging in current substance use, and/or injecting drug use and/or poly drug use. In addition, the young person may identify with the following:

- Disconnection from family
- Disengagement from education/employment or meaningful activities
- ACT Child and Youth Protection Services involvement and/or history of child abuse or neglect
- Homelessness or at risk of becoming homeless
- Living with a disability, including physical, intellectual and/or cognitive disability
- Identifying as Aboriginal or Torres Strait Islander, Culturally and Linguistically Diverse and/or LGBTQIA+.

Young people aged between *18-25 years* must be engaging in current substance use, and/or injecting drug use and/or poly drug use. In addition, the young person may identify with the following:

- Disconnection from family
- Disengagement from education/employment or meaningful activities
- History of child abuse or neglect
- Homelessness or at risk of becoming homeless
- Living with a disability, including physical, intellectual and/or cognitive disability
- Identifying as Aboriginal or Torres Strait Islander, Culturally and Linguistically Diverse and/or LGBTQIA+.

Dialectical Behaviour Therapy Program

- Living, working or studying in the ACT
- Aged 18 years and over
- Fulfilling at least five of nine diagnostic criteria for Borderline Personality Disorder (BPD) as per the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) or, having BPD traits
- Able to actively engage in and commit to, the Dialectical Behaviour Therapy Program, which runs for a minimum of 12 months.

Note: People with severe cognitive impairment or psychotic disorders will be assessed to determine suitability.

Alexander Maconochie Centre Counselling Program

- Current detainee of Alexander Maconochie Centre (AMC), specifically:
 - Sentenced and eligible for release from AMC within the next 6 months or,
 - Sentenced and eligible for release from AMC's Transitional Release Centre within the next 12 months
- Aged 18 years and over
- History of, or current substance use (i.e. alcohol and/or other drugs or nicotine use with alcohol and/or other drugs) that is negatively impacting their life, or be dependent on the use of substances.

Detainees on AMC's Opioid Maintenance Program (OMP) will be given priority access.

5.3 Drug and Alcohol Sentencing List

- Referred by ACT Courts
- Living in the ACT
- Aged 18 years and over
- Dependent on alcohol and/or other drugs.

Exclusion criteria

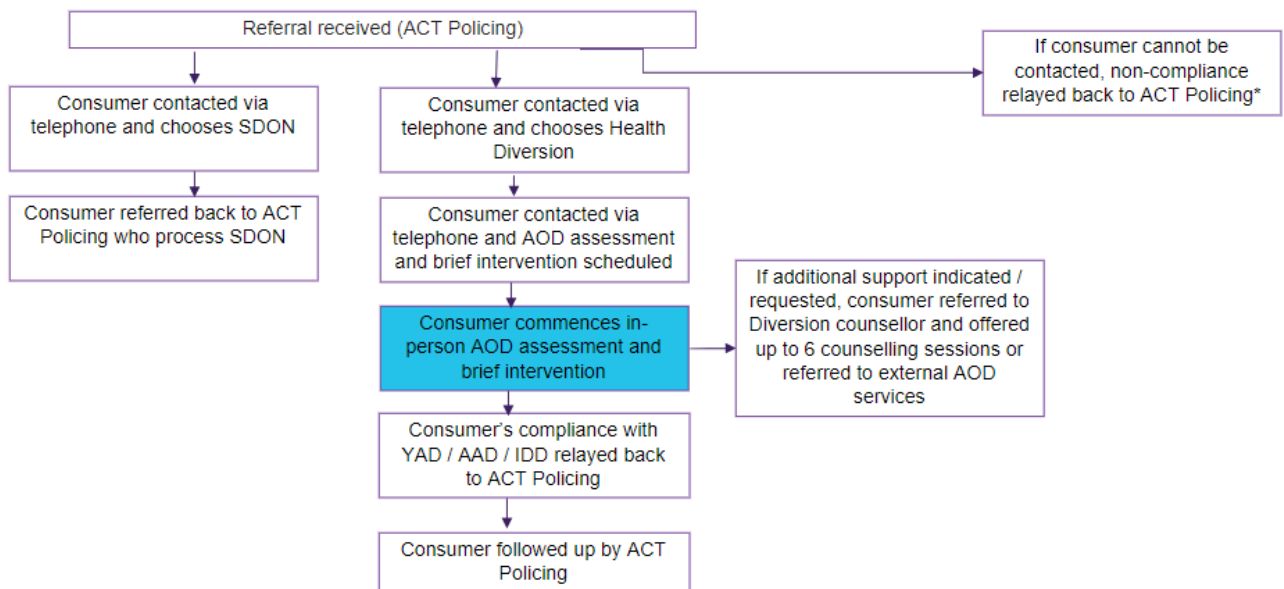
There are currently no exclusion criteria for each Diversion and Therapy Service. However, all consumers will be reviewed at multidisciplinary team meetings or clinical discussions to confirm suitability.

6. Consumer journey

The consumer journey details the typical transition for consumers from entry through to exit of each Diversion and Therapy Service (including their programs).

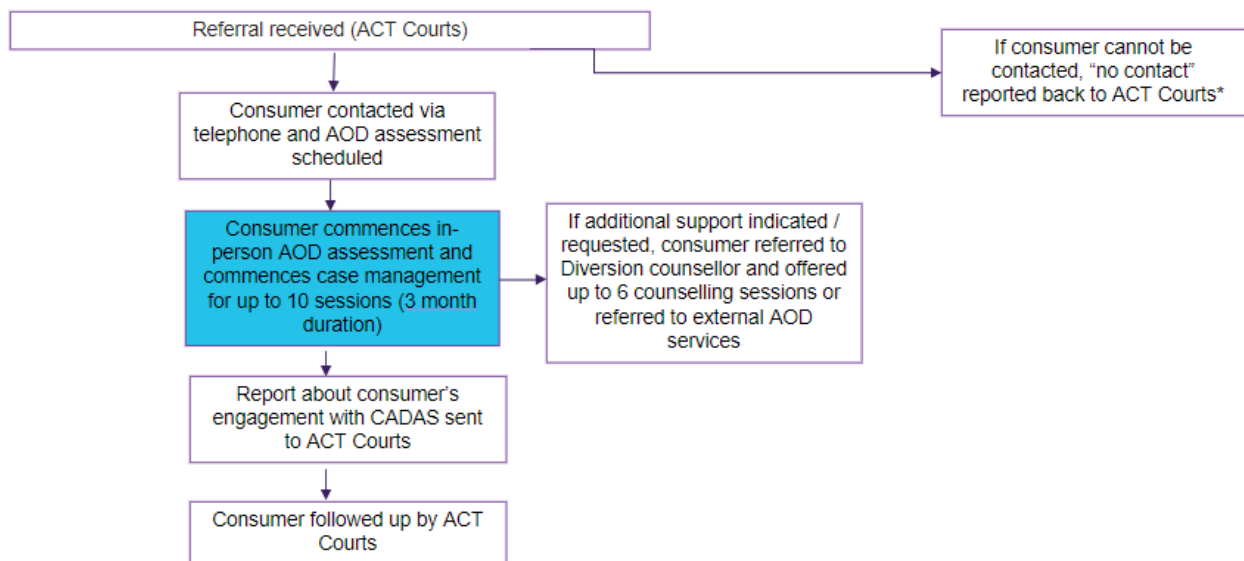
6.1 Police and Court Diversion Service

Youth Alcohol Diversion (YAD) Program, Adult Alcohol Diversion (AAD) Program and Illicit Drug Diversion (IDD) Program



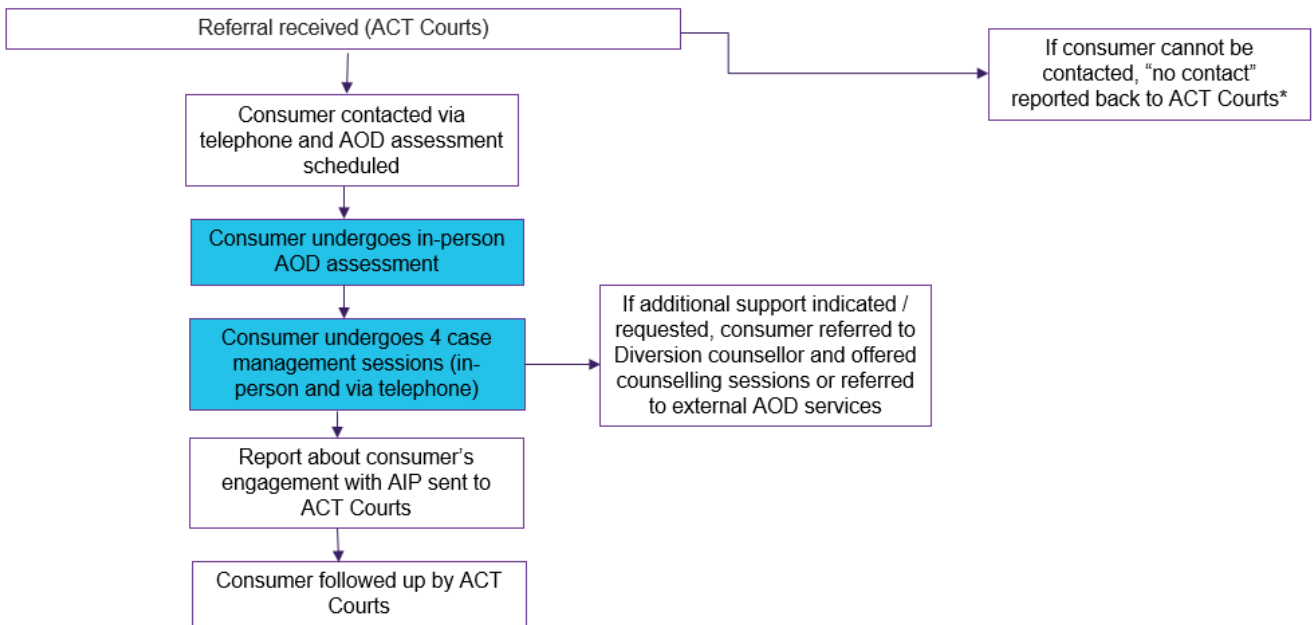
**Diversion staff follow a strict contact protocol to get in touch with consumers. This involves telephone calls, emails and/or letters to the consumer over a 2-week period.*

Court Alcohol and Drug Assessment Service (CADAS)



**Diversion staff follow a strict contact protocol to get in touch with consumers. This involves telephone calls, emails and/or letters to the consumer over a 2-week period.*

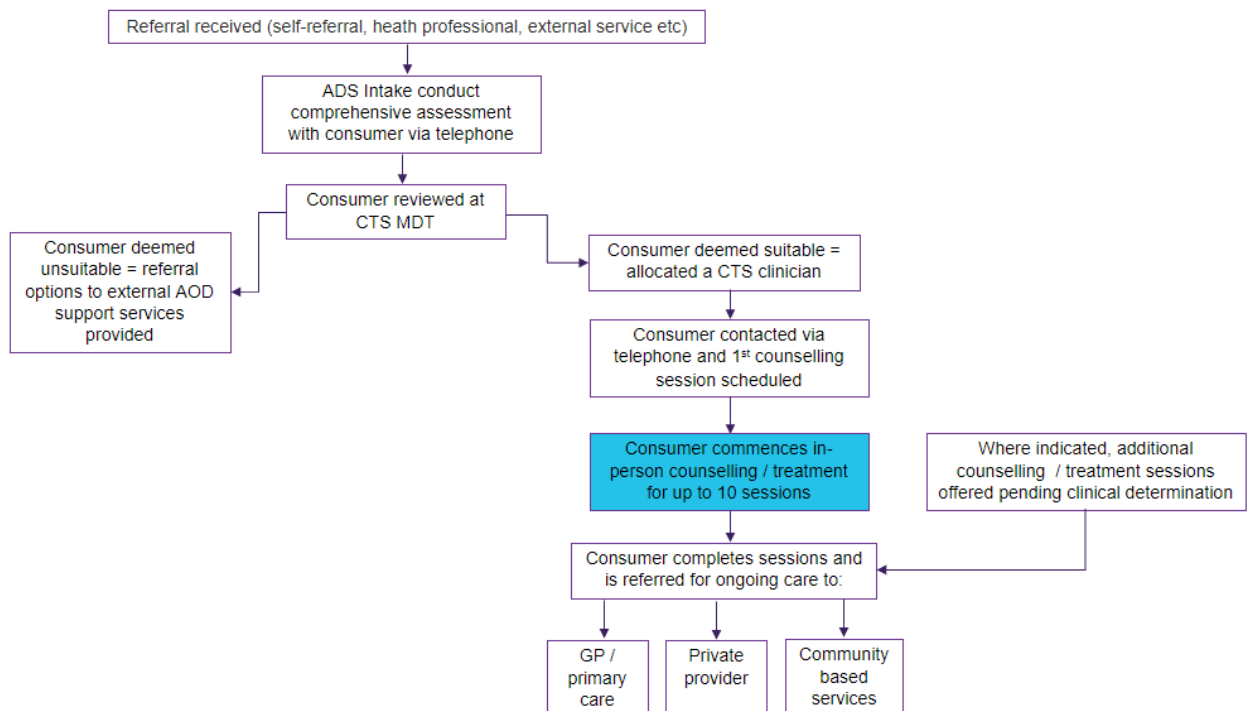
Alcohol Interlock Program



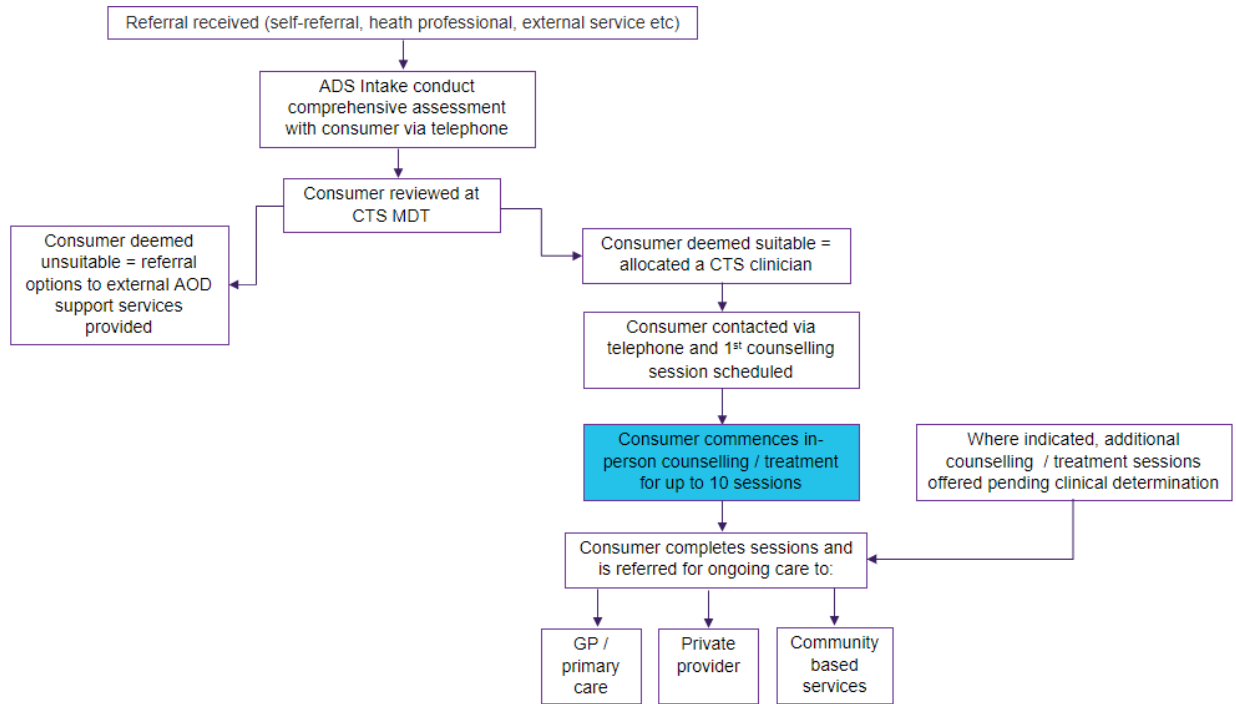
**Diversion staff follow a strict contact protocol to get in touch with consumers. This involves telephone calls, emails and/or letters to the consumer over a 2-week period.*

6.2 Counselling and Treatment Services

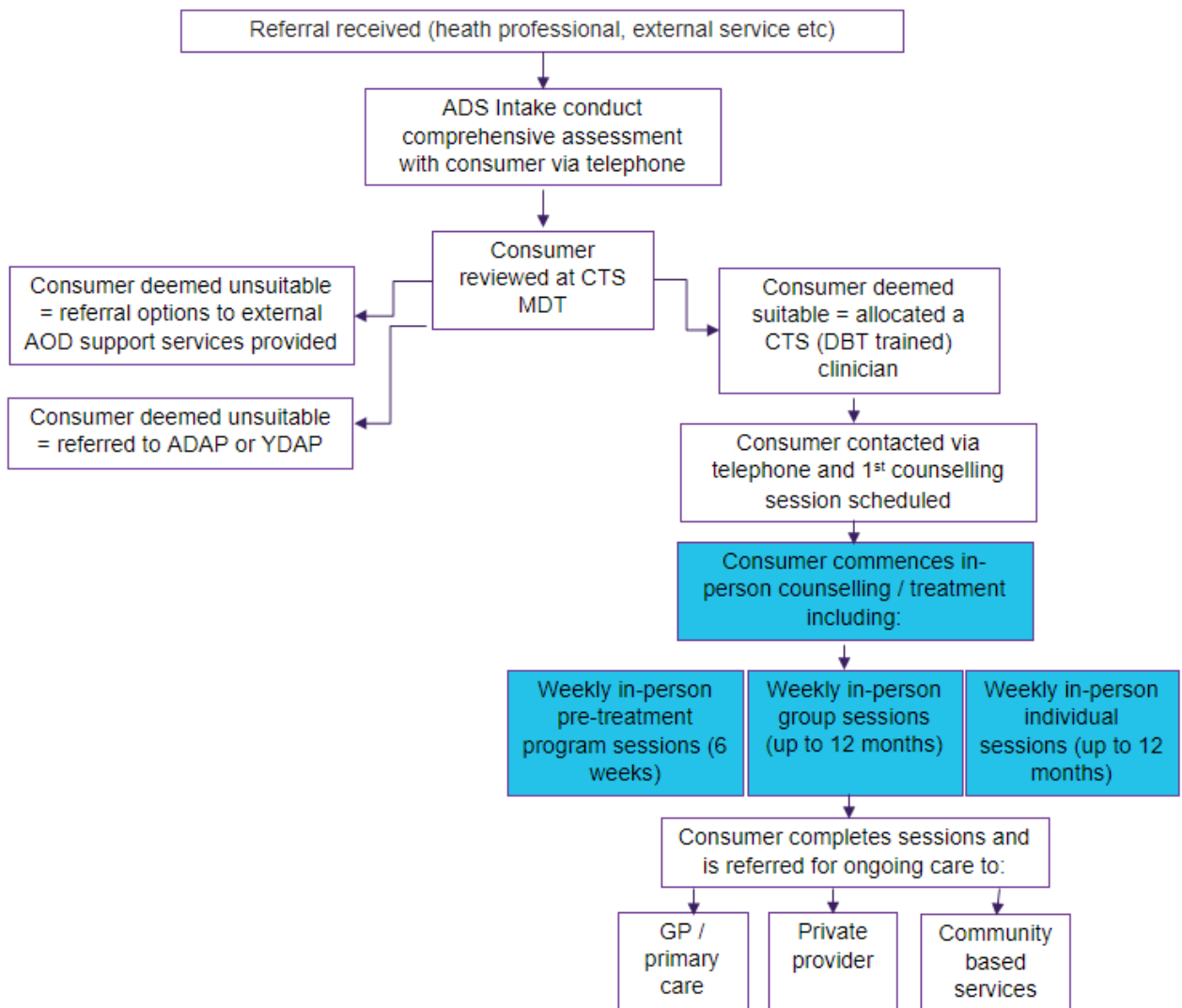
Adult Drug and Alcohol Program (ADAP)



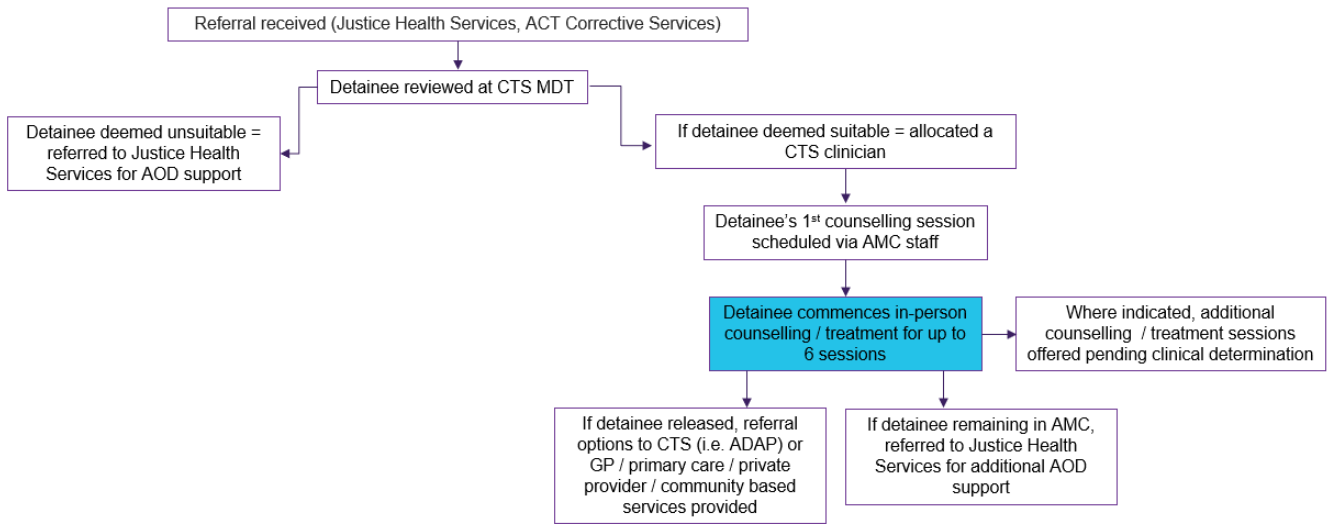
Youth Drug and Alcohol Program (YDAP)



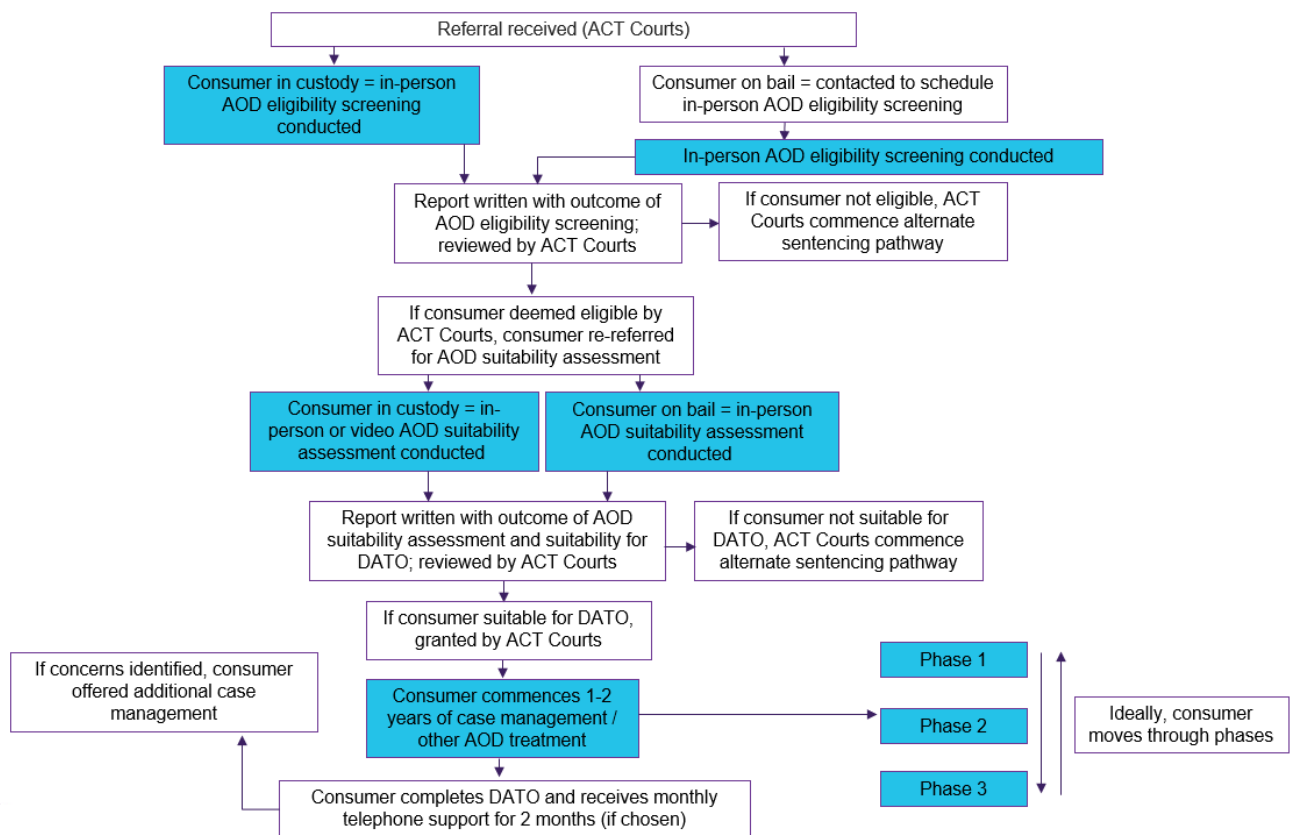
Dialectical Behaviour Therapy (DBT) Program



Alexander Maconochie Centre (AMC) Counselling Program



6.3 Drug and Alcohol Sentencing List



Ideally, consumers participating in DASL progress through three phases over 1 – 2 years. This is dependent on their individual rehabilitation. Phases include:

Phase 1: Stabilisation

Consumer is seen by a DASL clinician or case manager weekly and undergoes urinalysis three times a week. The minimum length of time in Phase 1 is 3 months.

Phase 2: Consolidation

Consumer is seen by a DASL clinician or case manager fortnightly and undergoes urinalysis twice a week. The minimum length of time in Phase 2 is 4 months.

Phase 3: Reintegration

Consumer is seen by a DASL clinician or case manager monthly and undergoes urinalysis once a week. The minimum length of time in Phase 3 is 5 months.

Depending on their progress, consumers may 'move back' a phase. The level of case management and other AOD treatment is generally less intensive as consumers move through the phases.

7. Treatment and support interventions

This section outlines the treatment and support interventions delivered as part of Diversion and Therapy Services, depending on which service / program the consumer is engaged in. The ultimate goal of all treatment and support interventions is to work with the consumer to address their substance use, including the underlying reasons for use, in a safe and supportive environment. All treatment and support interventions are informed by evidence of effective AOD prevention and treatment and are respectful of, and responsive to, the individual preferences, needs and values of the consumer. The consumer's goals underpin all treatment and support interventions.

7.1 AOD assessment

All consumers will undergo an assessment for clinicians / case managers to gain a thorough understanding of the consumer's substance use, its impact on their life and their readiness for change. Consumers will be asked questions around their:

- Current and past alcohol, tobacco and other drug use
- Social and family history
- Physical and mental health history
- Criminal and legal history
- Vulnerability to suicide, using the Suicide Vulnerability Assessment Test (SVAT) tool.

AOD assessments for Diversion and DASL are conducted by case managers or health professionals (also referred to as clinicians) (such as counsellors, social workers or psychologists). AOD assessments for CTS are conducted by the ADS Intake team.

7.2 Brief intervention

A brief intervention is a structured, consumer-centred, non-judgemental type of therapy using sessions of a shorter duration⁶. Based on a harm reduction approach, a brief intervention aims to reduce a consumer's risk of harm when engaging in substance use, reduce the level of use or to achieve a substance-free life. Brief interventions promote a continuum of care by integrating prevention, intervention and treatment. The purpose of brief interventions delivered as part of YAD, AAD and IDD Programs is to educate consumers on the harms and effects associated with substance use and offer referrals to relevant support services. All brief interventions are supported by self-help materials, which include 'take home' information on substance use and contact information for relevant support services. Brief interventions are conducted by Diversion case managers.

7.3 Case management

Case management assumes a more holistic approach, taking into account all of the consumer's needs, including their general welfare needs⁷. Case management includes assessment, planning, linkage, monitoring and advocacy, and occurs over a longer duration than a brief intervention⁸. It is driven by the consumer's needs, and seeks to link them in with relevant support services beyond just substance use. Case management in CADAS and DASL covers a variety of topics depending on the consumer, such as:

- Harms and effects associated with substance use
- Harm minimisation, which involves learning strategies to help reduce harms associated with drug use. These may include using sterile injecting equipment, not mixing certain drugs and having naloxone available when using opioids
- Relapse prevention, which involves learning strategies and gaining confidence to avoid or deal with lapses, and prevent lapses from turning into full relapses
- Safety planning, which involves working with the consumer to develop a list of coping strategies and sources of support
- Referrals to other support services, which includes understanding whether these referrals were taken and whether they were helpful to the consumer.

Case management is undertaken by case managers and health professionals (also referred to as clinicians) for Diversion and DASL.

7.4 Counselling

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5844156/>

⁷ <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia/contents/treatment-types/support-and-case-management>

⁸ <https://www.ncbi.nlm.nih.gov/books/NBK571736/>

Counselling is the most common type of treatment for problematic alcohol or other drug use⁹. There are many different approaches to counselling, including brief intervention (described above). Counselling is a therapeutic intervention, designed to assist with the psychological and social challenges of reducing or managing substance use, and is delivered by counsellors, psychologists and social workers. Counselling may also aim to improve a consumer's overall wellbeing and address their related personal and social issues.

Individual therapy

Depending on the program, consumers will engage in individual counselling sessions with an allocated clinician. Sessions are structured and typically last for one hour. The clinician will work collaboratively with the consumer in a way that respects their experience, expertise, perceptions and treatment goals. Depending on the consumer, various evidence-based techniques are used, such as, but not limited to:

- Problem solving, which involves the clinician working with the consumer to develop their problem solving skills so they can address the issues they may encounter while trying to reduce or manage their substance use
- Motivational interviewing, which involves the clinician working with the consumer to help strengthen their motivation and readiness to change. Acceptance and compassion underpin motivational interviewing
- Cognitive Behaviour Therapy, which involves the clinician working with the consumer to understand the connections between their thoughts, feelings and actions and increase their awareness for how these may impact their substance use, including their recovery
- Family based therapy, schema therapy and other therapies.

Group therapy

Social milieu (i.e. social environment) can be a powerful agent for change. Group therapy, which is offered as part of the DBT Program, fosters social connection and allows for peer feedback and reflection, as well as accountability and support between consumers. Group therapy sessions are structured and typically go for two and a half hours. Evidence-based techniques will be used depending on the group, such as problem solving, motivational interviewing and Cognitive Behaviour Therapy.

8. Interdependencies

⁹ <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia/contents/treatment-types/counselling>

In addition to Diversion and Therapy Services, CHS ADS is comprised of three other services, which include Withdrawal Services, the Opioid Treatment Service and the Consultation Liaison Service. These are outlined in the ADS Speciality Services Model of Care. Relationships exist across all CHS ADS, which allows consumers to be referred between services and programs, where indicated.

8.1 Legislation governing AOD treatment

All Diversion and Therapy Services staff are required to comply with legislation that is relevant to AOD service delivery. In the ACT, this includes the *Human Rights Act 2004*, the *Medicines, Poisons and Therapeutic Goods Act 2008*, the *Drugs of Dependence Act 1989*, the *Road Transport (Driver Licencing) Regulation 2000*, the *Crimes (Sentencing) Act 2005*, the *Mental Health Act 2015* and the *Children and Young People Act 2008*.

Human Rights Act 2004

The *Human Rights Act 2004* is the foundational human rights framework for the ACT. It protects and promotes the human rights of all individuals within the jurisdiction. In the context of AOD services, this legislation ensures that the rights of consumers with substance use disorders are respected and upheld. It sets the standard for the ethical and dignified treatment of individuals with substance use disorders, safeguarding their fundamental human rights. This includes rights related to privacy, dignity, freedom from discrimination and access to adequate healthcare.

Medicines, Poisons and Therapeutic Goods Act 2008

The *Medicines, Poisons and Therapeutic Goods Act 2008* is legislation designed to regulate the control, handling and distribution of medicines, poisons and therapeutic goods in the ACT. The Act aims to ensure the safe and effective use of substances, promote and protect public health and safety and prevent misuse. The Act aims to balance the availability of essential medicines and therapeutic goods with the need to protect individuals and the community from potential risks associated with their use.

Drugs of Dependence Act 1989

The *Drugs of Dependence Act 1989* is legislation designed to regulate and control the use, possession, distribution and manufacture of drugs that have a high potential for dependence and misuse in the ACT. The Act establishes a framework to manage these substances to promote and protect public health and safety.

Road Transport (Driver Licencing) Regulation 2000

The *Road Transport (Driver Licencing) Regulation 2000* governs the issuance, renewal, suspension and cancellation of driver's licences in the ACT. The regulation ensures that drivers meet the necessary standards of competence and fitness to drive.

Crimes (Sentencing) Act 2005

The *Crimes (Sentencing) Act 2005* is legislation that outlines the principles and procedures for sentencing individuals convicted of crimes in the ACT.

Mental Health Act 2015

Many consumers engaged with Diversion and Therapy Services present with co-occurring needs, that is, substance use disorders *and* mental health conditions. The *Mental Health Act 2015* provides the legal framework for the assessment, treatment and care of individuals with mental health conditions in the ACT. Its central function is to balance consumers rights and needs with the community's protection. It aims to ensure that mental health interventions are delivered with a focus on the least restrictive interventions and respect for consumer rights.

Children and Young People Act 2008

Some consumers who access Diversion and Therapy Services are children or young people. The *Children and Young People Act 2008* provides a comprehensive legal framework for the care and protection of children and young people within the ACT. The Act aims to ensure that any children or young people engaged with Diversion and Therapy Services are safe and that their best interests are promoted through all processes and decisions.

8.2 External relationships

Successful operation of Diversion and Therapy Services relies on relationships with a range of agencies, services and organisations external to CHS ADS. These relationships ensure consumers are appropriately referred into and out of Diversion and Therapy Services. Further, they ensure that consumers receive comprehensive and holistic care – meaning their recovery journey does not stop when they leave a particular service or program. Key relationships are described in the table below.

Agency / service / organisation	Primary role	Function
Police and Court Diversion Service		
ACT Policing	Referrer	ACT Policing refer consumers to YAD, AAD and IDD Programs through SupportLink. Compliance or non-compliance is reported back to ACT Policing to address.
ACT Courts	Referrer	ACT Courts refer consumers to CADAS and AIP. Compliance or non-compliance is reported back to ACT Courts to address.
Counselling and Treatment Services		

ACT Child and Youth Protection Services	Referrer	ACT Child and Youth Protection Services can refer consumers to CTS (excluding AMC Counselling Program).
Justice Health	Referrer	Justice Health (division of MHJHADS) can refer detainees to the AMC Counselling Program.
ACT Corrective Services	Referrer + oversight / management of detainees within AMC	ACT Corrective Services can refer detainees to the AMC Counselling Program. ACT Corrective Services also assist facilitating detainees' participation in the AMC Counselling Program (i.e. scheduling of appointments, transfer of detainee from cell to session and back).
Drug and Alcohol Sentencing List		
ACT Courts	Referrer	ACT Courts refer consumers to DASL. Engagement is reported back to ACT Courts throughout the consumer's DATO.
All – Diversion, CTS and DASL (or specified)		
CHS Aboriginal Liaison Service	Support for Aboriginal and Torres Strait Islander consumers	Aboriginal Liaison Officers (ALOs) are available to provide emotional, social and cultural support to Aboriginal and Torres Strait Islander consumers engaged with Diversion and Therapy Services.
CHS mental health teams / programs	Referrer + mental health assessment and care	Referrer: Can refer consumers to CTS (excluding AMC Counselling Program). Many consumers with substance use disorders also present with mental health conditions. There are times where consumers may need to be referred to these teams / programs for a more thorough mental health assessment and ongoing care.
GPs and other primary care professionals	Referrer + oversight of consumer's physical and mental health	Referrer: Can refer consumers to CTS (excluding AMC Counselling Program). Consumers are encouraged to regularly see a GP who can provide long-term oversight and management of their physical and mental health.

Private clinicians	Referrer + care and therapy post service / program engagement	Referrer: Can refer to CTS (excluding AMC Counselling Program). Consumers may need additional counselling / therapy beyond what can be provided by Diversion and Therapy Services. Private clinicians (e.g. psychologists, social workers, counsellors etc.) can provide this in an ongoing manner.
Non-government drug and alcohol services / programs – community and residential (e.g. Directions Health Services, Karralika Programs etc.)	Referrer + care and therapy post service / program engagement	Referrer: Can refer consumers to CTS (excluding AMC Counselling Program). Consumers who need additional counselling / therapy beyond what can be provided by Diversion and Therapy Services can be referred to these services / programs. Consumers who are not suitable for Diversion and Therapy Services can be referred to these services / programs as an alternative.
Non-government mental health services / programs – community and residential (e.g. Headspace, Beyond Blue etc.)	Referrer + care and therapy post service / program engagement	Referrer: Can refer consumers to CTS (excluding AMC Counselling Program). Consumers who need additional counselling / therapy beyond what can be provided by Diversion and Therapy Services can be referred to these services / programs, particularly if additional mental health support is required. Consumers who are not suitable for Diversion and Therapy Services can be referred to these services / programs as an alternative.
Aboriginal and Torres Strait Islander programs / services (e.g. Gugan Gulwan Youth Aboriginal Corporation, Winnunga Nimmityjah Aboriginal Health and Community Services)	Referrer + support for Aboriginal and Torres Strait Islander consumers	Referrer: Can refer consumers to CTS (excluding AMC Counselling Program). Aboriginal and Torres Strait Islander consumers who need additional counselling / therapy beyond what can be provided by Diversion and Therapy Services can be referred to these services / programs. Consumers who are not suitable for Diversion and Therapy Services can be referred to these services / programs as an alternative.

9. Monitoring and Evaluation

Diversion and Therapy Services are committed to ongoing improvement and contributing to the evidence base for the role of diversion and therapy programs and services to support consumers with substance use disorders.

9.1 Minimum data set and key performance indicators

As part of the *ACT Data Collection for Alcohol and Other Drug Treatment Services*, information to be collected as part of the minimum data set and key performance indicators includes the following measures:

Data Item	Frequency
Enrolment date Enrolment reason	Commencement of episode
Consumer type Living arrangement Usual accommodation Primary drug of concern Method of use Consumer injecting status Other drugs of concern Main treatment type Treatment delivery setting Other treatment type Previous treatment received Diagnosed with mental illness	First service contact between consumer and treatment provider when assessment and/or treatment occur
End date Closed reason	End of treatment

9.2 Health of the Nation Outcome Scale (HoNOS)

The Health of the Nation Outcomes Scale (HoNOS) is a brief, 12-item clinical assessment tool that rates various parameters of psychiatric symptoms and psychosocial functioning on a scale. HoNOS is used across CHS MHJHADS.

9.3 Australian Treatment Outcomes Profile (ATOP)

The Australian Treatment Outcomes Profile (ATOP) is a 22-item clinical assessment tool that assesses various parameters of substance use and general health and wellbeing over the past 4 weeks. It is a patient reported outcome measure (PROM) and clinical risk screening tool, eliciting responses directly from consumers¹⁰.

10. Workforce

The Diversion and Therapy Services workforce is diverse and multidisciplinary. Staff have a range of skills, knowledge and experience to deliver comprehensive services and programs to support consumers with substance use disorders. This section details the workforce model for Diversion and Therapy Services and includes three subsections which provide an overview of the multidisciplinary team, staffing profile and workforce training requirements.

10.1 Multidisciplinary team

Care is delivered by experienced health professionals who are appropriately trained and passionate about working in the AOD sector. This includes staff from diverse professional backgrounds who provide comprehensive, discipline-specific and evidence-based interventions, known as a multidisciplinary team (MDT). An MDT approach involves collaborative efforts and combined expertise to offer access to therapeutic interventions, holistic treatment formulation and comprehensive clinical review. The future peer workforce will support the MDT in delivering active collaboration and partnership with participants and carers, families and supporters.

10.2 Staffing profile

Diversion and Therapy Services require a skilled workforce adept at assessing, treating and caring for people with substance use disorders. Staff include:

- Nurses
- Occupational therapists
- Psychologists
- Social workers
- Counsellors
- Case workers

¹⁰ <https://www.seslhd.health.nsw.gov.au/australian-treatment-outcomes-profile>

In addition, a number of administration staff support service delivery.

Diversion and Therapy Services provide opportunities for students to complete placements under the supervision of staff who meet relevant CHS and Australian Health Practitioner Regulation Agency (AHPRA) supervisor requirements.

The staffing profile is outlined in Appendix A.

10.3 Accreditation and training

Professional development, supervision and clinical teaching are essential to delivering high quality care, and adequate time and resources should be provided to meet clinicians' learning and teaching needs. This includes opportunities for supervision and establishing and promoting linkages with other AOD services to support staff development.

AHPRA and other professional bodies oversee clinical disciplines that have specific requirements for continuing professional development and supervision. Clinicians must adhere to these requirements to maintain their professional registration. Canberra Health Services has also supported the continued maintenance of clinical competence for healthcare workers not covered by AHPRA by endorsing the National Code of Conduct for Healthcare Workers.

It is recognised that there are core skills needed by staff to provide AOD treatment and support. Diversion and Therapy Services promote ongoing training and professional development for staff, including clinical supervision, engagement with the Strengths, Engagement and Development (SED) plans, training and education based on identified areas of need and the National Safety and Quality Health Service (NSHQS) standards.

Orientation includes familiarising new staff with service components and work duties, as well as orientating them to the principles of care and culture underpinning the MoC. All new staff are provided with the MHJHADS Orientation Booklet as an essential element of their induction to CHS and to the Division. All staff complete mandatory education specific to their discipline and role as per CHS, MHJHADS and local procedures. It is an expectation that all staff remain current in their mandatory training and maintain currency with their annual training as identified by the organisation.

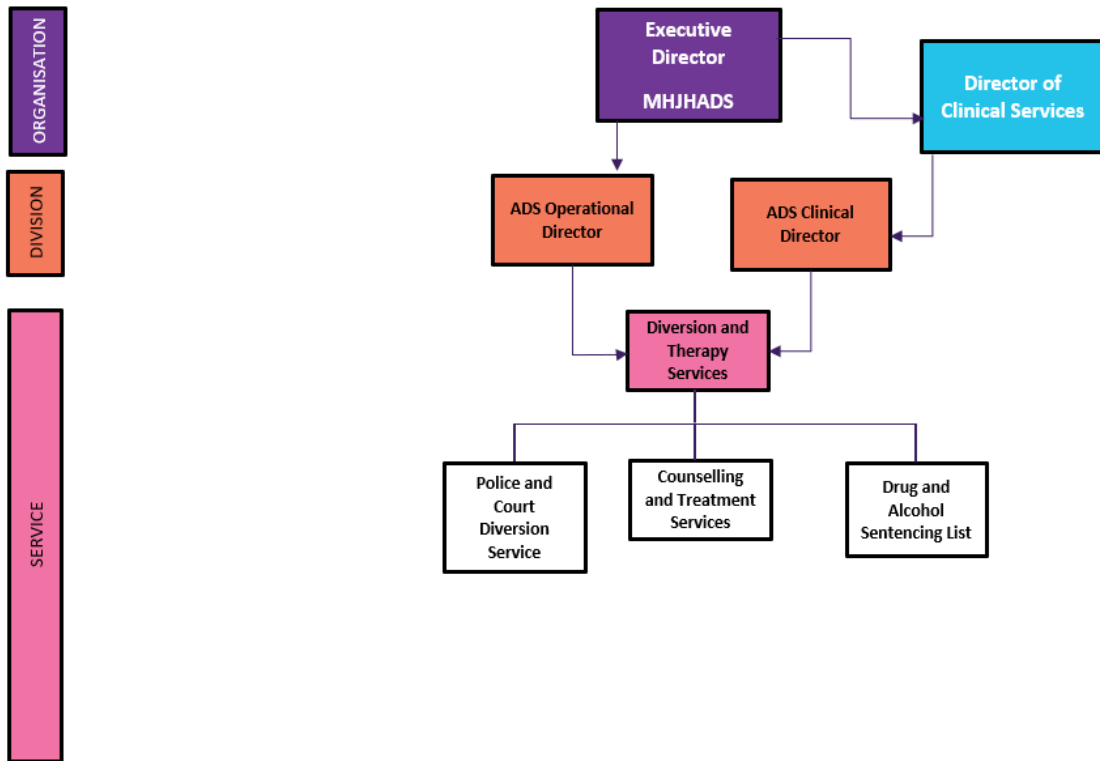
10.4 Research and collaboration

Diversion and Therapy Services are committed to building the knowledge and evidence base in alcohol and other drug treatment by contributing to and engaging in research and academic forums. Staff are encouraged to pursue post graduate qualifications relevant to AOD support and treatment and to participate in academic teaching and research opportunities. Quality improvement and research activities are actively sought and supported as are attendance and participation in local and national research forums and conferences. Diversion and Therapy Services acknowledges it is part of a broader network of AOD services and has a role to play in contributing to national benchmarking and research activities and the body of academic literature in the field. Research and evaluation may be undertaken by staff and/or in partnership with universities with relevant ethics approvals obtained.

11. Leadership and governance

Diversion and Therapy Services, which are part of CHS Alcohol & Drug Services, are under the governance of the MHJHADS Executive Director. The ADS Operational Director and the ADS Clinical Director are responsible for the governance of the CHS ADS and in turn, Diversion and Therapy Services. A Senior Manager oversees the operations of CHS ADS. This can be seen in the organisational chart below.

Diversion and Therapy Services Organisational Chart



12. Records management

Records are managed as per the Health Records (Privacy & Access) Act 1997 (ACT) and CHS procedures. Following relevant consultation, this finalised document and any further updates will be electronically stored on the CHS intranet site – ‘Models of Care’, to ensure accessibility for all staff. The MoC will be publicly accessible through the CHS website.

13. Abbreviations

Abbreviation	Meaning
AAD	Adult Alcohol Diversion
ADAP	Adult Drug and Alcohol Program

ADS	Alcohol & Drug Services
AHPRHA	Australian Health Practitioner Regulation Agency
AIP	Alcohol Interlock Program
ALO	Aboriginal Liaison Officer
AMC	Alexander Maconochie Centre
AOD	Alcohol and other drug
ATOP	Australian Treatment Outcomes Profile
BPD	Borderline Personality Disorder
CADAS	Court Alcohol and Drug Assessment Service
CHS	Canberra Health Services
CTS	Counselling and Treatment Services
DASL	Drug and Alcohol Sentencing List
DATO	Drug and Alcohol Treatment Order
DBT	Dialectical Behaviour Therapy
HoNOS	Health of the Nation Outcome Scale
MDT	Multidisciplinary team
MHJHADS	Mental Health, Justice Health and Alcohol & Drug Services
MoC	Model of Care
IDD	Illicit Drug Diversion

NSQHS	National Safety and Quality Health Standards
SED	Strengths, Engagement and Development
SDON	Simple Drug Offence Notice
SVAT	Suicide Vulnerability Assessment Test
YAD	Youth Alcohol Diversion
YDAP	Youth Drug and Alcohol Program

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15. Appendix A – Staffing Profile

Position Title	Classification	Budgeted FTE (2024)	Head Count (2024)	Comments
Police and Court Diversion Service				
Health Professionals				
Diversion Manager	HP4	1	1	
Diversion Clinician	HP3	1	1	
Diversion Clinician	HP3	1	.6	
Diversion Clinician	HP3	1	1	
Diversion Clinician	HP3	1	0	
Diversion Clinician	HP3	1	0	
Diversion Clinician	HP2	1	1	
Case Managers				

Diversion Case Manager	AS06	1	1	
Diversion Case Manager	AS06	1	1	
Diversion Case Manager	AS06	1	1	
Diversion Case Manager	AS06	1	1	
Diversion Case Manager	AS06	1	1	
Diversion Case Manager	AS06	1	1	
Administration				
Administration Officer	AS04	1	1	
Counselling and Treatment Services (CTS)				
Health Professionals				
CTS Manager	HP4	1	1	
CTS Clinician	HP3	1	1	
CTS Clinician	HP3	1	1	
CTS Clinician	HP3	1	0.7	
CTS Clinician	HP3	1	1	
CTS Clinician	HP3	1	0.9	
CTS Clinician	HP3	1	1	

CTS Clinician	HP3	1	1	
CTS Clinician	HP3	0.6	0.6	
CTS Clinician	HP3	0.6	0.4	
CTS Clinician	HP2	1	1	
CTS Clinician	HP2	1	0	
Nurses				
Intake	RN2	0.84	0.53	
Intake	RN2	0.53	0.53	
Intake	RN2	0.53	0.53	
Intake	RN2	0.53	0.53	
Administration				
Intake	ASO6	1	1	
Drug and Alcohol Sentencing List (DASL)				
DASL Manager	HP4	1	1	
Nurses				
DASL Nurse	RN3	1	1	
DASL Nurse	RN2	0.63	0.63	
DASL Nurse	RN1	0.63	0.63	
Health Professionals				
DASL Clinician	HP3	1	0.8	
DASL Clinician	HP3	1	0	

DASL Clinician	HP2	1	1	
Case Managers				
DASL Case Manager	AS06	1	1	
Administration				
DASL Data Officer	AS05	1	0.5	
DASL Administration Officer	AS03	0.5	1	

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Information about the directorate can be found on the website: www.canberrahealthservices.act.gov.au



Acknowledgement of Country

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.

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