

**INQUIRY INTO SERVICE COORDINATION IN  
COMMUNITIES WITH HIGH SOCIAL NEEDS**

**Organisation:** Drug ARM

**Date received:** 14/08/2015

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14 August, 2015

The Director  
Standing Committee on Social Issues  
Parliament House  
Macquarie Street  
Sydney NSW 2000



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Dear Committee Members

Thank you for the opportunity to provide a submission to the inquiry into **Service coordination in communities with high social needs**. Please find our submission attached.

Drug ARM is a specialist alcohol and other drug agency that has provided education, information, prevention, early intervention and treatment services to individuals and communities for over 150 years. More specifically, Drug ARM has operated in the Fairfield, NSW community for over 15 years. This community represents broad cultural diversity and individuals with often high and complex needs. A broad understanding of these needs is well recognised and addressed by our organisation and on this basis we make some specific responses to the terms of reference to this enquiry.

Drug ARM would be happy to provide further information, or discuss any aspect of this submission. Please don't hesitate to contact myself as the due representative at \_\_\_\_\_ or by calling \_\_\_\_\_

Yours faithfully,

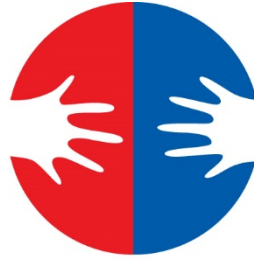
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**Drug ARM**  
Australasia

Submission to the enquiry into  
**Service coordination in communities with high social needs**

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*Standing Committee on Social Issues*

This submission has been prepared by Drug ARM Australasia. The content of this submission is based on existing knowledge and experience in providing services to high needs individuals and communities, existing knowledge of service coordination activities, and knowledge of best practice and guidelines in the area of service coordination.

Focused responses to the terms of reference a), b) and c) is made in this submission.

**a) The extent to which government and non-government service providers are identifying the needs of clients and providing a coordinated response which ensures access to services both within and outside of their particular area of responsibility.**

Drug ARM recognises a range of approaches but highlights this organisations adopted approach. It is based on the quadrant approach as developed by Queensland Health

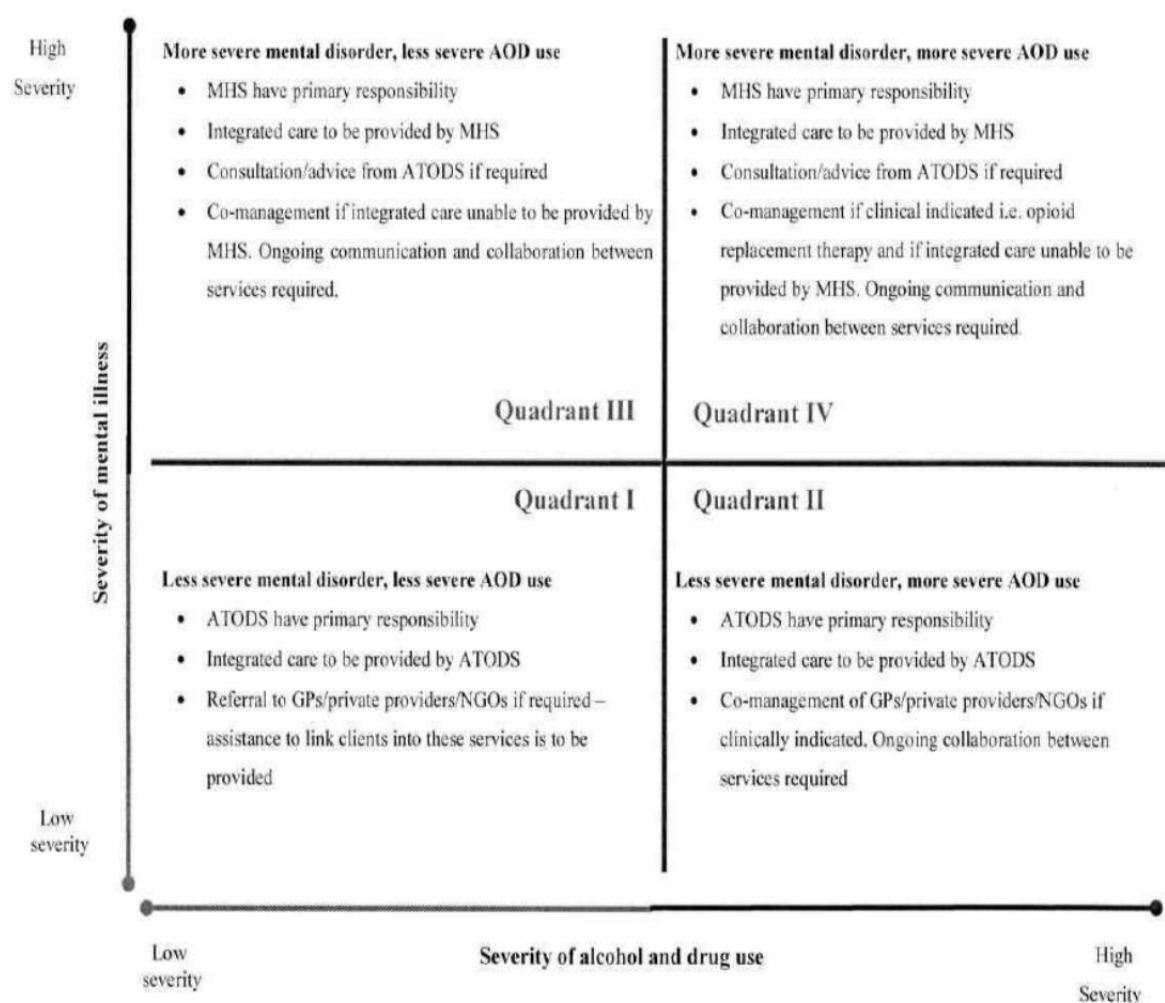


Figure 6: The Quadrant Model for Understanding Co-occurring Mental Health and Alcohol and Other Drug Use Disorders (Queensland Health 2010, pp.15).

This Quadrant Model represents a simple design that reflects a single tool that has relevant application across sectors in the assessment and treatment of co-occurring issues (in this case mental health and alcohol and other drugs)

Drug ARM asks the Committee to consider the following:

- The development of standardised tools that can be used across/between sectors in a way that reduces assessment needs for individual clients seeking services from multiple organisations.

**b) Barriers to the effective coordination of services, including lack of client awareness of services and any legislative provisions such as privacy law**

Currently individuals seeking services from multiple agencies receive multiple assessments and treatment plans that can often cause re-traumatisation and increased vulnerability. This highlights a worrying systems issue that sees a siloed system that limits the ability to easily share information and avoid individuals having to re-tell their story. The MyEHealth initiative can be seen as one information sharing initiative seeking to address this.

To effectively coordinate services, information sharing is a recognised pre-requisite and is influenced by Privacy Laws. These laws are not widely understood in their ability to gain individual client consent for disclosure. When client consent forms are explored with clients, there is often anxiety and resistance due to a lack of understanding and trust in how this information will be used by the third party. This is made even more difficult in communities such as Fairfield where high numbers of individuals with English as a second language and limited understanding of the systems they engage with is seen.

Drug ARM asks the Committee to consider the following:

- A standardised cross-sector approach to collecting client consent so that it is consistent and understood by the service user.
- A worker and client awareness initiative to increase understanding of Privacy Laws, particularly client consent and how the information can be used.
- Initiatives to achieve improved system integration that increases multiple party access to client information.

Currently integrated care where cross sector issues can be dealt with by the same service provider and/or same clinician is limited (eg/ mental health and alcohol and other drug issues). Integrated care prompts a model of reform that addresses fragmentation of services however a range of limitations to such reform can be identified including but not limited to the impacts of short term and competitive funding models, purchasing duplication, the broad systems and infrastructure required by organisations to implement integrated care and the limited capacity of the broad non-government sector to create innovative partnership models that combine resources to achieve integrated care models.

Drug ARM asks the Committee to consider the following:

- The inclusion of integrated care as a feature of service coordination.
- The need for a broad systems review.
- A review of funding purchasing arrangements with the aim of achieving purchasing that promotes innovative partnerships in a long term purchasing environment that avoids duplication.

- Support for cross/between-sectors to explore the opportunity of innovative partnership models.

**c) Consideration of initiatives such as the Dubbo Minister's Action Group and best practice models for the coordination of services**

The Commonwealth Government, Department of Health has funded the Partners in Recovery Initiative from 2013-16. This initiative aims to increase access to services for individuals with severe and persistent mental illness through a cross-sector service coordination approach. This initiative is currently being evaluated by the Commonwealth and interim evaluations have been completed. Service coordination outcomes appear strong at this time. Regional evaluations, including a large Sydney cohort representation has also been conducted by an external evaluation company – Connetica.

Service coordination requires its own practice framework. Drug ARM has referenced integrated care as a feature but also highlights the need for a whole of government and cross-sector approach to a reform initiative that will require investment in workforce development, comprehensive systems review and defined outcome measures. Currently health, employment, housing and a range of other sectors are entertaining reform that reflects all mentioned features so the timing and introduction of the conversation across sectors appears to be timely.

Drug ARM asks the Committee to consider the following:

- The development of a cross-sector approach to service coordination practice framework
- The Partners in Recovery model be considered in the review of best practice models.
- The opportunity for the Partners in Recovery service coordination model to inform the development of a future framework for service coordination.

