Core Service Standards for the Provision of Alcohol and Other Drug Treatment to Members of the Veteran Community

	Core Service Standards Indicator	Rationale/ Comment
Service Access	1. The service provides printed (including website) information on the type and style of services(s) offered; for whom the service is appropriate; for whom the service is inappropriate; and referral procedure.	Treatment effectiveness is enhanced and better treatment outcomes are achieved when clients are provided with information that allows them to make informed decisions about their treatment. A variety of benefits ensue from the active participation of clients in the making of decisions about treatment, including increased satisfaction with treatment and decreased symptom burden.
	2. The service has a system of regular contact with clients on the wait-list, which may include telephone or web-based communication, outreach services, delivery of wait-list groups, and regular updates regarding progress on the wait-list. In addition, the service should provide wait-list clients with alternative options for treatment and support services.	Contact with clients while they are waiting for structured treatment, providing information and updates on the length of the wait in the form of regular phone calls or text messages has been found to enhance treatment engagement and retention. During this time, the service should also offer advice and information on other support services such as drop-in services, induction/preparation, group support, referral to wraparound services such as housing, or assistance with finances.
Evidence Based Practice & Governance	3.1 The service holds current accreditation with either: a. Quality Improvement Council (QIC) Health and Community Service Standards. b. International Organization for Standardization (ISO) 9001:2008 Quality Management Systems. c. EQuIP Australian Council of Healthcare Standards (ACHS). d. National Standards for Mental Health Services 2010.	Meeting accreditation standards provides assurance to consumers and health service management that services meet a set of agreed healthcare standards (Australian Commission on Quality and Safety in Healthcare, 2013).
	3.2 The service is linked with the broader AoD sector through structured professional relationships or strategic alliances (with, for instance, University-based research centres, peak body memberships, sector networks).	Organisational and professional isolation from the broader AoD and healthcare sector is incompatible with high quality service delivery. The establishment and maintenance of professional networks and alliances is a vital component of professional development and an indicator of organisational performance, as they can provide a forum for professional debate and review, access to new research, benchmarking opportunities and enhanced accountability through exposure to external/independent scrutiny.

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Evidence Based Practice & Governance	3.3 The service has explicitly incorporated the A New Code of Ethics for the Australian Alcohol and Other Drug Field (2007) into its policies and practices. Other profession-based Codes (such as the Australian Psychological Society Code of Ethics 2007 or the Code of Ethics for Nurses 2008) may also apply. The service ensures clients are aware of the Codes.	People working in the AoD field come from diverse backgrounds and professions. While individuals may bring their own personal and professional ethics to their work in the AoD field, clients have a right to expect high ethical standards and a consistent approach to identifying and responding to ethical dilemmas across different services and workers.
	4.1 Staff members are appropriately qualified for the positions that they hold. For example, staff members who provide AoD interventions directly to clients should hold relevant qualifications. Professions with registration requirements (i.e. psychologists, social workers, nurses, pharmacists, medical practitioners, etc) hold current registration. Membership of professional bodies such as the Australasian Professional Society on Alcohol and other Drugs (APSAD) or the Drug and Alcohol Nurses Australasia (DANA) is well-regarded as it indicates connection with peers in the AoD field.	The need for clinical staff to have relevant professional qualifications is vital. An appropriately skilled and qualified workforce is critical to achieving and sustaining effective responses to drug use. A consistent level of sector-specific skills and knowledge base amongst AoD clinicians not only contributes to the quality of client care but also enhances the credibility of AoD clinicians as sector professionals and experts particularly by those in related health and welfare fields who call upon them for specialist support, consultancy and auxiliary care.
	4.2 Staff members are adequately experienced in the provision of AoD treatment. There is a clear definition of staff roles and responsibilities. Staff members engage regularly in professional development activities and receive regular professional supervision.	Professional development of staff contributes to the quality and effectiveness of AoD treatment services and is a defined quality standard for quality assurance.
	5. The service/clinician has formally incorporated clinical guidelines or other evidence-based standards into routine practice. As a minimum standard, treatment is consistent with: a. Guidelines for the Treatment of Alcohol Problems 2009 b. Guidelines on the Management of Co-occurring AoD and Mental Health Conditions in AoD Treatment Settings 2009 c. Management of Cannabis Use Disorder and Related Issues: A clinician's guide 2009 d. Relevant clinical practice guidelines issued by State Health Departments (e.g. NSW Drug and Alcohol Treatment Guidelines for Residential Settings 2007; Qld Clinical Protocols for Detoxification in Hospitals and Detoxification Facilities 2002;	The purpose of guidelines is to help clinicians and patients make appropriate decisions about health care. Guidelines attempt to do this by: Describing a range of generally accepted approaches for the diagnosis, management, or prevention of specific diseases or conditions. Defining practices that meet the needs of most patients in most circumstances The use of clinical guidelines and other evidence-based standards improves clinical effectiveness.

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Evidence Based Practice & Governance	6. The service has in place a framework for clinical training and supervision that promotes access for all staff, is consistent with professional and industrial obligations and supports clinical governance. Policies and procedures outline the models and processes of clinical training and supervision in the service. The service has in place evaluation processes to regularly monitor the implementation of clinical supervision and the impact on consumer and service outcomes.	Well-managed supervision and professional development programmes improve the quality of client service, improve staff confidence, skills, and peer relationships and provide opportunity for positive feedback and enhanced career opportunity. Clinical supervision and professional development are important aspects of any treatment service as they assist the maintenance and improvement of clinicians' standard of practice.
	7. The philosophy of the service is clearly articulated and there is a common understanding of the service's philosophy, aims and objectives, and therapeutic approach. The client understands the approach, and treatment provision is compatible with the needs, philosophy and goals of the client.	Treatment varies depending on the type of drug and the characteristics of the patients. Matching treatment settings, interventions, and services to an individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.
	8. Individual treatment plans are devised for each client and documented in case notes. Treatment plans: a. Are jointly negotiated between clinician and client; b. Are directly derived from the results of assessment, goal setting and client choice; c. Contain practical, realistic goals and the strategies for achieving these goals; and d. include parents, partners, families and friends, and other service providers where appropriate	Individual treatment plans ensure treatment covers the particular concerns relevant to the client and also provide clients with a sense of hope by highlighting the fact that many of their seemingly insurmountable practical difficulties can be overcome. Detailed individual treatment plans as the basis for intervention with clients are particularly necessary in the AoD field given the complex and multidimensional nature of the problems many clients tend to present with. Research indicates individualised treatment plans, consistent with client goals, enhance treatment effectiveness and are associated with better therapeutic outcomes.
	9.1 A client's risk assessment is continually reviewed throughout treatment, alongside the treatment plan. Particular attention is paid to co-occurring disorders, medications, history of violence, child protection issues, risk of the client committing a serious offence, engaging in self harm, or putting other people's lives and well-being at risk.	Targeted risk assessments are required in order to comply with Guidelines for the Treatment of Alcohol Problems; the Guidelines on the Management of Co-occurring AoD and Mental Health Conditions in AoD Treatment Settings and the Management of Cannabis Use Disorder and Related Issues: Clinician's Guide.
	9.2 Various policies are in place to manage unplanned exit. These include making re-engagement attempts, giving harm reduction advice, and arranging transport back home, all underpinned by a risk assessment. When a departure is unplanned, the service notifies the referring agency. The risk assessment is shared, with any details of the client's intentions.	

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Evidence Based Practice & Governance	10. Clearly articulated policies exist to ensure clients undergo a semi-structured assessment interview and standardised assessment on entry into the treatment programme. Clinical staff are trained in the use and interpretation of formal assessment instruments. Clients are provided with a rationale for assessment procedures and results of all assessment procedures are provided (in summary form) to the client. Standardised assessment is completed upon entry and exit from the treatment programme, as well as at follow-up (1 and 3 months post-treatment where possible). A summary of the assessment is included in the treatment plan. The summarised assessment incorporates: presenting problems; predisposing factors; precipitating factors; perpetuating factors; and protective factors.	Evaluation of outcomes using standardised tools to gather data are an integral part of the treatment system. Key domains of client functioning for standardised outcome measurement include: AoD use, quantity, frequency and level of dependence; blood-borne virus risk exposure and behaviour; general health; social functioning; psychological functioning; criminality; engagement in treatment and treatment completion; and client satisfaction with treatment.
	11. The service has adopted a 'no wrong door' policy. Staff are engaged in ongoing professional development in relation to identification and management of common co-occurring conditions. The service routinely screens clients for co-occurring conditions, and conducts ongoing monitoring of symptoms and assessment of client outcomes. The service has a structured approach to working collaboratively with other health care services (including GPs) to ensure the most effective multi-disciplinary approach to addressing complex co-occurring conditions.	No wrong door' refers to formal recognition by a service system that individuals with co-occurring disorders may enter a range of community service sites; that they are a high priority for engagement in treatment; and that proactive efforts are necessary to welcome them into treatment and prevent them from falling through the cracks. AoD services and clinicians are encouraged to identify individuals with co-occurring disorders, welcome them into the service system, and initiate proactive efforts to help them access appropriate treatment in the system, regardless of their initial site of presentation. Because substance use disorders and other mental health problems frequently co-occur, clients presenting with one condition should be routinely assessed for the other(s), and treatment should address both (or all) conditions.
	12. Clients are prepared ahead of time for cessation of treatment and actively involved in exit planning (in particular, relapse prevention and other strategies to manage high-risk situations are addressed). A structured process for referral to further treatment or support is followed, and the exit plan is documented in the client's record.	Exit planning is integral to the treatment process and is conducted in close consultation with the client, occurs in a planned, collaborative manner. Clearly established and effective exit procedures protect the safety and integrity of the service, staff, and clients.

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Systems	13. The service has developed and implemented a comprehensive set of policies, procedures and practices that support client involvement. As part of continuous quality review mechanisms, the service has systems that solicit and make appropriate use of client feedback, suggestions and complaints. Clients are used in agency review and planning activities where possible. Client participation in decisions about their own care and treatment is encouraged and enabled. At the commencement of treatment, clients are given verbal and written information about treatment options, their rights, responsibilities and formal agency complaints mechanisms. The service systematically plans and implements client surveys or other mechanisms, analysing these and developing strategies to address client concerns.	Systems that ensure clients are meaningfully engaged in the planning, implementation, delivery, review and evaluation of interventions and services contribute to a dynamic and responsive AoD treatment sector. A programme of continual improvement that incorporates client feedback contributes to high quality AoD service standards.
	14. The process for making a complaint is routinely provided to clients and widely promoted in public access areas. Support is available to clients to assist them to make an effective complaint and clients are made aware of this support. The organisational culture support complaints handling, for example, complaints are positively received, they are genuinely taken seriously, staff see complaints as part of ongoing quality improvement. Issues related to client safety to make a complaint have been appropriately considered and incorporated into complaints procedures.	There is a large body of evidence about the benefits of consumer participation in health services. In summary, the rationale for involving consumers is that: · participation is an ethical and democratic right for health service consumers. · Involving consumers assists in ensuring that health services are appropriate and accessible; responsive to the needs of consumers; have consumer input into quality improvement processes · that the process of participation itself improves health outcomes for participants.
	15. The service and its clinical staff maintain professional networks and strategic relationships with the broader AoD field. There is a structured process for incorporating new research into policy, practice and service development. The service and its clinical staff have ready access to key professional journals and other publications (e.g. those from the National Research Centres).	Evidence based treatment involves integrating clinical expertise with the best available clinical evidence derived from systematic research. Translating research findings into practice promotes improvements in the quality of treatment.
	16. Client records include assessment results, treatment plans, goals, case notes, outcome measures, referral and reporting documentation. Client records are marked confidential and securely stored. Access to client records is strictly limited to the treatment team (or as required by law).	Safe storage of, and restricted access to, client records is a core quality standard for AoD treatment services Clinicians have an obligation to refrain from disclosing information received in confidence unless there is a sufficient and compelling reason to do so. Sufficient and compelling reasons include: a. if the client threatens to harm him or her self or someone else; b. if a child is currently 'at risk' of abuse or neglect; and c. if the clinician or case notes are subpoenaed to court.

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Systems	17. Service review is conducted at least every 18 months. A quality improvement process is in place at the service, in which staff are involved, and includes review and revision of: intake and referral procedures; evidence-based treatment; client focussed practice; staff development, support and supervision; client records; risk management; organisational governance and management; and agency and client rights and responsibilities.	Quality improvement programmes involve continuous process development, review, implementation and modification of policies and procedures to improve clinical practices. Quality improvement programs contribute to ensuring service quality. All AoD agencies should be involved in a quality improvement programme which involves wide consultation throughout the service, and with external agencies and stakeholders, including consumers.