THE LOOKOUT
RESIDENTIAL ALCOHOL & OTHER DRUG CENTRE

Proposed Management Plan for

THE LOOKOUT RESIDENTIAL REHABILITATION CENTRE

May 2018

WRAD
WESTERN REGION ALCOHOL & DRUG CENTRE INC

Western Region Alcohol and Drug Centre (WRAD)is the lead agency in the Great South Coast Alcohol and other Drug Treatment Consortium.

Table of contents

Glossary

AOD	Alcohol and other Drug
CCO	Community Corrections Order
Client	Individual that has been referred and accepted to LRRC but has not been admitted to the program
CCG	Community Consultative Group
CFA	Country Fire Authority
CJS	Criminal Justice System
COATS	COATS Community Offender Advice and Treatment Service - ACSO
DHHS	Department of Health and Human Services
LRRC	Lookout Residential Rehabilitation Centre
OHS	Occupational Health and Safety
QDC	Quarterly Data Collection
QIC	Quality Improvement Council
Resident	Individual that has been admitted to the LRRC program and is living onsite at 43 Aitkinson's Lane, Dennington.
WRMS	WRAD Risk Management System
TC	Therapeutic Community
TP	Treatment Plan
WRAD	Western Region Alcohol and other Drug Centre
RRS	Re Residential Rehabilitation service
CBT	Cognitive Behavioural Therapy

Community Consultative Group (CCG)

WRAD will establish a Lookout CCG (LRRC CCG) to assist with the establishment of the centre and provide advice on how the centre can successfully integrate within Warrnambool and the broader Great South Coast Catchment Region. WRAD will seek expressions of interest for membership from the Warrnambool Community and the broader Great South Coast Catchment Region. The CCG will be established as part of the Project Plan for construction of the LRRC.

The specific logistics of how the CCG will operate will be established in consultation with its inaugural members; such as terms of reference and meeting schedule.

Section 1 - Background

Delivery Model

The Lookout Residential Rehabilitation Centre (LRRC) is a 20-bed residential rehabilitation centre for individuals with problematic AOD use and associated problems. This service model is a major priority as identified in the Great South Coast catchment based plan.

The LRRC is an evidence-based AOD residential rehabilitation service (RRS) that will break the cycle of drug use and negative behaviour. The LRRC addresses a need articulated in *the Great South Coast AOD Plan,* for residential rehabilitation beds in the catchment for individuals requiring intensive support in their recovery that 'cannot be met by therapeutic non-residential services'. Researched data informs us that there are significantly high levels of AOD usage in the Great South Coast Catchment however access to RRS is limited and the majority of referrals are directed outside the region.

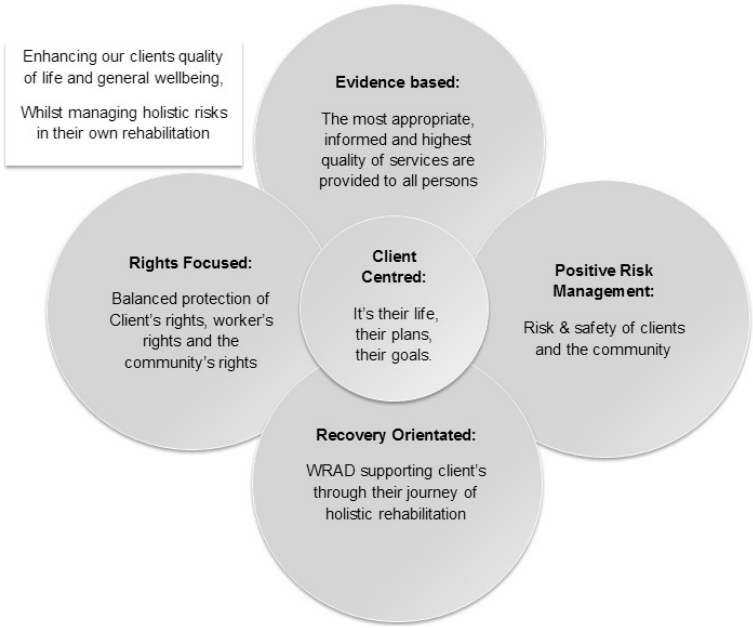
The 20-bed LRRC will support around *80 clients per year;* the target cohort being adult male and female (18+) individuals with problematic AOD use and a variety of clinical presentations. The LRRC will operate as a Therapeutic Community and address the multiple issues of AOD dependence. This model will use Cognitive Behavioural Therapy (CBT), individual counselling, group work and specialist support services within a structured and monitored environment. We anticipate that the entry point to the LRRC will be through multiple referral pathways, court system with a planned exit and supported into community integration model. Cohort 'exclusions' include those charged with sex offences at any time, those whose current offence is defined as a serious or violent offence those who have not yet completed AOD withdrawal and some who have behavioural and other factors that may impact on treatment outcomes.

The Lookout Residential Recovery Centre's service delivery model offers a comprehensive intake and assessment on entry utilising a range of State-sanctioned tools including the Step 1: AOD Initial Screen and the Step 2: Comprehensive AOD Assessment Tool. The Intake and Assessment phase identifies those clients who are suitable and motivated towards treatment. On exit participants receive seamless referral into community-based organisations and other support services.

Complex Service Delivery

WRAD will deliver flexible, person-centred care. LRRC will ensure the treatment approach is cognisant across the full spectrum of the individual's needs including mental and physical health, individuals with mild intellectual and/or cognitive disabilities, and other complex presentations. We are also cognisant that Aboriginal and Torres Strait Islander (ATSI) persons are significantly over-represented in the health system and have higher rates of AOD usage than the general and non-ATSI population. Our model ensures an individually-tailored service that is responsive to cultural needs and ensures seamless referral into ACCHOs where required.

The Lookout Residential Rehabilitation person-centred approach to care



Evidence Based Service delivery Model

(1) Therapeutic Community: participative, group-based treatment, with evidence of successful outcomes across the AOD and mental health sectors. Deloitte Access Economics concluded in their cost-benefit analysis of prison and RRSs, that TC resulted in better health outcomes and was a comparatively cheaper option[1].

(2) Cognitive Behaviour Therapy (CBT): achieving life-long change in the attitudes and behaviours of offenders, with regard to problematic drug usage sustainable beyond the life of the program. CBT is well supported in the literature as successful in addressing the offending needs of diverse forensic populations and supports the objectives of LRRC in reducing offending[2]. Landenberger and Lipsey reviewed meta-review and found CBT to be successful in reducing recidivism in both adult and youth offenders in prisons, residential and community correctional settings[3].

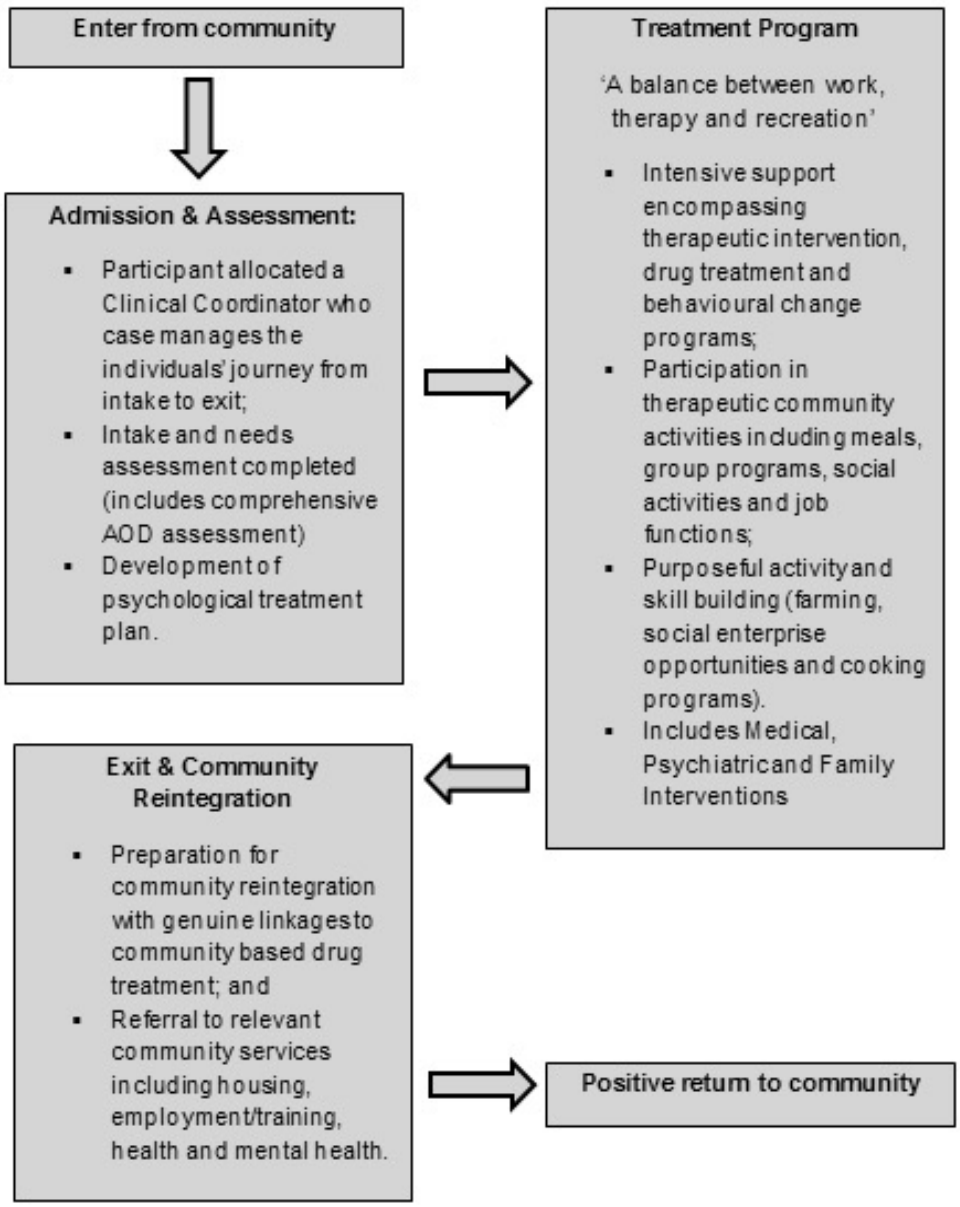
[1] ANCD 2012, An economic analysis for Aboriginal and Torres Strait Islander offenders, ANCD Research Paper 24.

[2] Jeglic, E.L., Maile, C., & Mercado, C.C. 2010 Treatment of Offender Populations: Implications for Risk Management and Community Reintegration. In L. Gideon & H. Sung (Eds.), Rethinking Corrections: Rehabilitation, re-entry and reintegration. Thousand Oaks, CA: Sage Press.

[3] Landenberger, N.A., & M. Lipsey 2005, "The Positive Effects of Cognitive-behavioral Programs for Offenders: A Meta-analysis of Factors Associated With Effective Treatment," *Journal of Experimental Criminology*, 1 (2005): 451-476.

LRRC Program Service Delivery Model

The Lookout Residential Rehabilitation delivery model



Section 2 - Eligibility for LRRC

The following criteria are from Victoria's specifications, which state that residential rehabilitation may be suitable for:

- Clients who have experienced substance dependence and seeking to address the issues related to their AOD use
- Clients at high risk of harm from AOD misuse impacted by multiple life complexities, such as mental illness, homelessness, family violence
- Clients requiring a sustained period of structured tertiary intervention in a therapeutic environment
- Clients whose home setting or social circumstances are not supportive of non-residential rehabilitation options
- Clients who are assessed as treatment-ready at admission (i.e., AOD-free, stabilised on pharmacotherapy treatment or undertaking slow-stream pharmacotherapy withdrawal treatment) (VDHHS, 2017b, p. 27)

Additional criteria for The Lookout include:

- Clients will be 18 years or older. Both females and males will be eligible. Dependent children cannot be accommodated
- Clients must be alcohol and other drug free on admission, preferably coming from residential withdrawal. At the discretion of staff involved in the admission process, new clients may be subject to urine screens / breathalyser tests before taking up residence at The Lookout
- Voluntary clients only
- Clients with low prevalence psychological conditions (e.g., antisocial personality disorder) will be accepted on a case-by-case basis. This will include consideration of the client's mental health condition, additional treatment options (e.g., psychiatrist providing sessions on an in-reach basis) and the composition of the therapeutic community (i.e., to support community well-being)
- Individuals who encounter the Justice System via police and courts for offending behaviour that relates to their substance abuse. The LRRC will focus on preventing individuals from entering prison subject to an appropriate screening and risk assessment.

Section 3 - Referral Process

Referrals for the LRRC are made from individuals seeking admission (self), family/partner on behalf of an individual, medical professional, community agency (including another AOD treatment service), magistrate, police or legal and health professional.

Section 4 - Intake, Assessment & Admission Process

Intake Process

Once a placement is accepted for the LRRC, the intake process involves an intensive assessment and treatment planning phase that is overseen by the LRRC Manager and conducted by the Clinical Manager and Care Coordinators (LRRC Intake Team). The assessment process is conducted based on individual needs and circumstances, this may take up to 3 weeks and is conducted offsite. Consideration is given to ensure that clients can transition straight from a withdrawal program to the LRRC, where possible. During this process the referred client is visited by members of the LRRC Intake Team at their current living arrangements. If appropriate, contact is made with significant and meaningful people in their life including; family, partner, children, Doctor, case workers, counsellor etc. The client will visit the LRRC once and be given a supervised site tour, which includes a presentation from a senior peer support resident.

Assessment Process

During the intake process, a thorough assessment is conducted to evaluate the resident's level of risk and individualised needs to inform their Treatment Plan and provide baseline measurement for future evaluation of needs and progress. The assessment involves the use of various standardised assessment tools at various points of time, as outlined in the table below. The assessment process utilises multiple sources, and is multidisciplinary to provide a comprehensive overview of the client's risks, needs and available management strategies.

Proposed suite of assessment measures and person/s responsible during assessment process.

Assessment/Measure	Person/s Responsible	Frequency of Administration
Kessler Psychological Distress Scale[6] (K-10)	Referring agency LRRC Intake Team	Intake Exit
Alcohol Use Disorders Identification Test (AUDIT)	Referring agency LRRC Intake Team	Intake
Drug Use Disorders Identification Test (DUDIT)	Referring agency LRRC Intake Team	Intake
The Adult AOD Comprehensive Assessment (Turning Point)	Referring agency LRRC Intake Team	Intake
Suicide Self Harm Risk Assessment	LRRC Clinical Team	Intake Ongoing
WRAD Client Risk Assessment Profile – Intake Form	LRRC Clinical Team	Intake
Dynamic Risk Assessment Monitoring Tool (DRAMS)	LRRC Clinical Team	Weekly
Global Assessment Scale (GAF)	Residential Support Worker	Daily

Admission Process

The admission of a new resident only occurs on a business day and only once the intake and assessment process is completed.

- On the day of admission, the new resident undergoes a thorough induction process that Search of belongings and clothes to ensure no drugs, contraband or weapons are brought onto the property. Random room checks may be conducted for all residents during their stay.
- Urine and breath testing is completed upon arrival. Random urine and breath testing is conducted for all residents during their stay. During treatment this will be monitored 4 times weekly. Specific policies and procedures to conduct these tests will be developed.
- Each new resident is allocated a 'LRRC Buddy', which is a fellow resident who has completed a significant part of their program. The Buddy assists the new resident to settle into the program, makes introductions to other residents and monitors the new resident closely for the first 48 hours. The Buddy will raise any behavioural concerns with LRRC staff to ensure new residents receive intensive support. Every resident must undertake the role of a 'LRRC Buddy' in order to successfully complete the program.

Resident (Client) Statement and costs

Prior to service commencement the client will be provided with an individual Residential Statement, which describes the house rules that residents and WRAD will abide by during the provision of service. These rules are:

- No violence or threats of.
- No drugs or contraband.
- No stealing.
- No sexual relationships.
- No gambling.

The Residential Statement is written in plain English to be easily comprehended. Any changes will be communicated to residents and documented accordingly. Residents are required to sign a contract agreement.

Information regarding the Residential costs is also documented in the Residential Statement to be clarified with the client prior to entering the residence. The costs will be reviewed yearly or as required to be responsive to changes in costs borne to WRAD. WRAD has proposed that the Residential costs will be paid as a proportion of a resident's income/pension/allowance not greater than 75%.

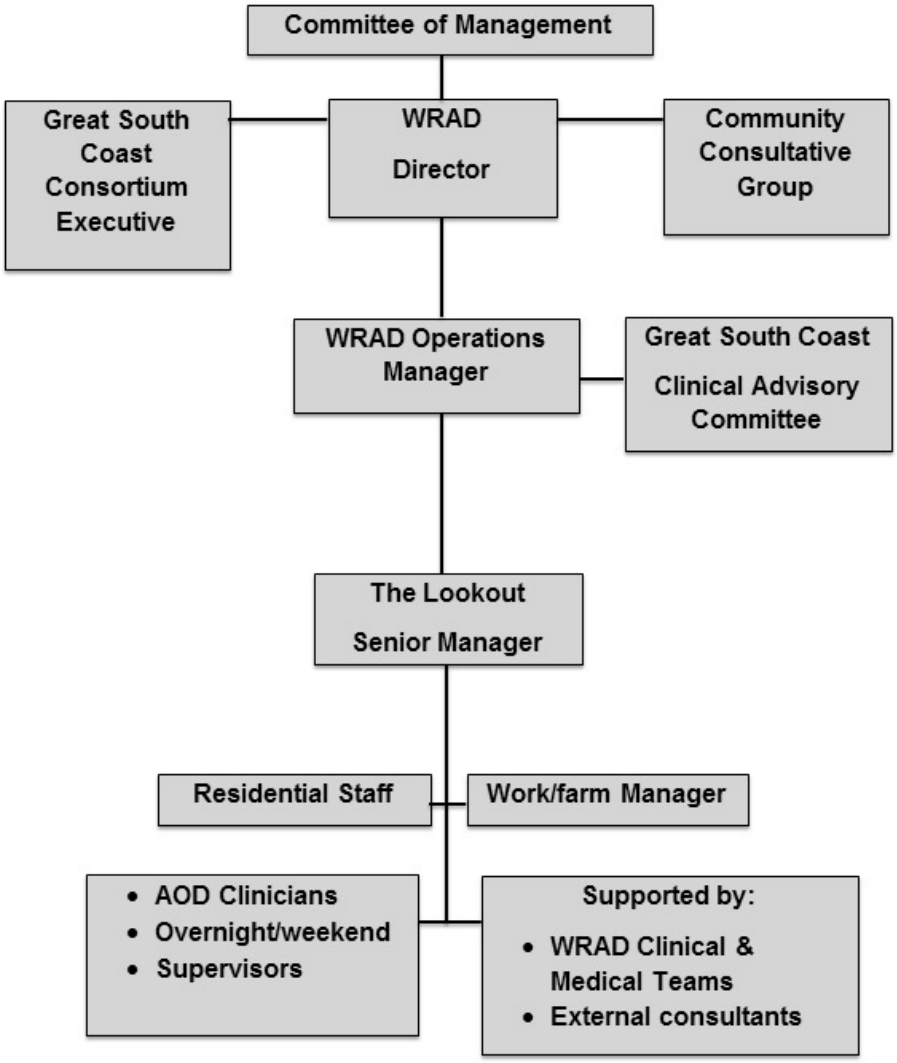
Section 5 - Health and Medication

Every LRRC resident will have a Health and Medication Plan that outlines their individual needs including their current treatment and any new treatment that needs to commence whilst they are at LRRC. The principle of maintaining continuity of care will be prioritised where possible; residents will be supported to continue their treatment with their existing practitioners. If the LRRC is approved WRAD will work closely with WRAD Medical Services to develop treatment pathways for LRRC residents. These arrangements would also include developing onsite visitation protocols for GP visits and pharmacotherapy.

Section 6 - Staff and Resident Roles

The LRRC will be staffed by qualified and experienced professionals with a clear management structure and roles that enhance safety, therapeutic and recovery outcomes. Operational management of the LRRC will be the responsibility of WRAD. The consortium governance executive will monitor the performance and standards of the residential rehabilitation service.

Proposed management



The indicative staff qualifications and roles that will be used at the facility will include the following. The specific position descriptions will be developed if the LRRC is approved.

- **Senior Manager**; Allied Health Professional with Post Graduate Level Degree (Psychologist, Nurse, Occupational Therapist, Social Worker). Responsible for the day to day running of the LRRC including the staff that are employed and ensuring the services/programs delivered are compliant with the LRRC Operating Manual.

- **Clinical Services Manager**; Allied Health Professional with Post Graduate Level Degree (Psychologist, Occupational Therapist, Social Worker). Responsible for clinical treatment model (referral, intake/assessment/admission, AOD treatment planning) and the successful functioning of the Therapeutic Community including line manager for AOD clinicians.

- **AOD Clinicians**; Allied Health Professional with Graduate Level Degree (Psychologist, Occupational Therapist, Social Worker). Responsible for delivery of AOD treatment (individual and group), care planning, facilitating and supporting the TC, peer support residents and LRRC Buddies.

- **Residential Support Workers**; Diploma Level and/or Certificate IV in AOD, Community Services, Mental Health Support. Responsible for maintaining a safe and clean environment, through processes such as weekly fire safety checks and safety sweeps, maintenance of the evacuation pack, and regular evacuation drills. Case notes, incident reporting, maintenance of household money and schedule regular 'shift handovers' to maintain service continuity.

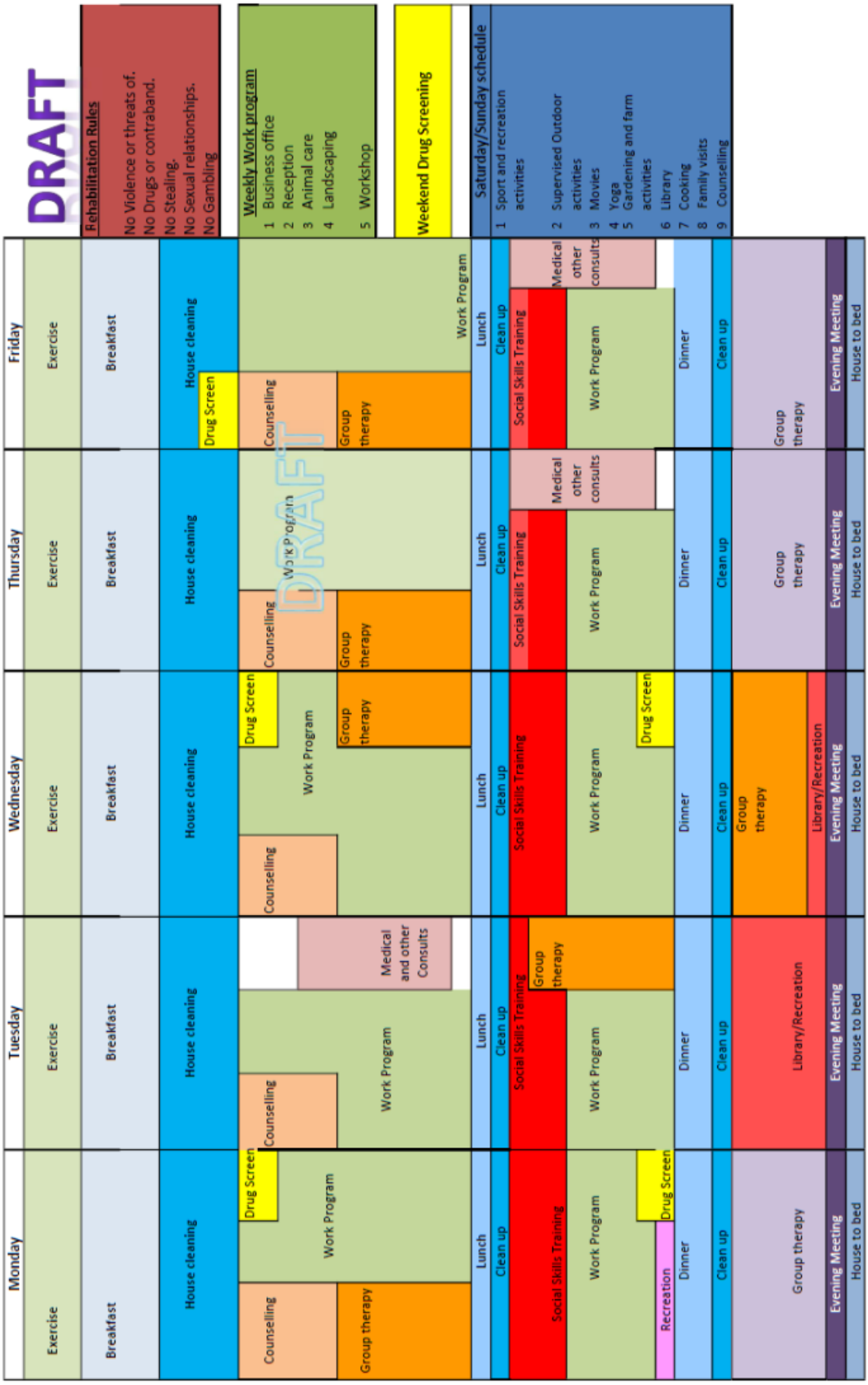
- **Farm/ Work Manager**; agriculture related experience and qualifications including Certificate IV in Workplace Training and Assessment. Responsible for establishing and operating the agricultural enterprises onsite, general rural and garden maintenance of the property (not buildings) and providing training/mentoring to residents in either small groups or 1:1.

All positions will be Level 2 Qualified Mental Health First Aid and the Clinical Team and Care Co-ordinators will have an up-to-date and working understanding of AOD assessment and treatment interventions, mental health diagnosis and presentations, appropriate psychotropic medication types, risk assessment and management and common side effect symptoms.

Role of LRRC Residents (Clients)

The LRRC will use the principles of the 'Therapeutic Community' model which is proven and evidenced based. This is a participative, group-based approach. The residents and staff form the 'LRRC community' through self-help and mutual support in a highly supervised environment. For example; activities include all resident/house evening meetings, residents allocated to different 'teams' to manage and do household, personal chores and meal preparation. This approach encourages residents to learn or further develop social skills and to function in a community rather than be isolated.

DRAFT WEEKLY HOUSE SCHEDULE



Section 7 - Afterhours on Call Management and Support

The LRRC program will be provided with 24/7 On Call Management Support from WRAD. There will be management support available which means there are three WRAD managers available after hours 365 days per year.

Section 8 - Co-ordination with Emergency Services

WRAD has a strong history of building positive relationships and operational protocols with Victoria Police, Metropolitan Fire Brigade and Country Fire Authority and Victoria Ambulance. WRAD will FURTHER develop these collaborative relationships with local CFA, Ambulance and Police during planning phase for the LRRC. Victoria Police have continued to work with WRAD on developing the LRRC program.

WRAD will develop a formal 'Emergency Management Protocol' with CFA, VicPol and Ambulance Victoria to ensure the LRRC is appropriately serviced in the event of a significant resident incident and/or natural disaster.

Section 9 - Emergency Management

WRAD's Code Red and Bushfire Response Policy require that a Fire Plan is developed for the LRRC. WRAD will develop a Flood Plan. Bushfire and Flood Plans will be developed as part of the 'Emergency Management Protocol' in consultation with the CFA, VicPol and Ambulance Victoria.

The LRRC Bushfire Plan will have a condition for an evacuation/relocation procedure to be activated for all days classified as Code Red by the CFA. The LRRC will have the appropriate number of vehicles to safely transport up to 20 residents from the site. Any relocation will occur either the night before or early morning of the Code Red day. Relocation of residents on these days will be to Warrnambool. WRAD will have arrangements in place to rent self-contained apartments for the day or overnight if required and residents will be supervised in small groups.

Section 10 - Risk Management Framework

WRAD has in place a proven risk management framework and relevant policies and procedures and utilises the Victorian Risk Management data base and reporting system. The WRAD senior managers meet weekly to discuss all matters relating to risk monitoring and the Committee of management have a risk subcommittee. The Department meet regularly to monitor performance and contracts and legislative requirements. WRAD is accredited by the Quality Improvement Council and AGPAL. These mechanisms ensure that WRAD is not an organisation where its programs 'do what they have always done', and remain abreast of sector progress, new opportunities and innovation and quality improvement systems. This is implemented in a manner that protects the individual's privacy/identity.

Risk Assessment

All LRRC clients will undertake risk screening and assessment upon intake and AOD clients are subject to the State-mandated AOD assessment tools and optional modules. Risk assessment is used to inform the client's treatment plan and provide further detail to client referrals and reports. **Incident and hazard reporting** are used to identify occurrences that have potential to be or are non- compliant. All such reports are reviewed by a line manager and/or the OH&S management representative. In addition, hazard inspections provide an opportunity to identify non-compliant behaviours, which are remedied through taking corrective action.

Staff behaviour that is non-compliant with legislation, regulations or WRAD policies is remedied through performance management processes as per the Performance Management review process.

Risk register

All clients are placed on the Risk Register and those who present with a significant level of risk to self or others are placed on the High-Risk Register. This ensures that support workers and service providers are in no doubt about how to work safely with the client, and that those who are not in a working relationship but may have intermittent contact with the client (front-end staff for example) are also able to safely process the client's needs. WRAD maintains its client's confidentiality as per our legislative responsibilities.

Specific Risk Issues for the LRRC

In relation to managing any anti-social behaviours, WRAD policies are very clear and have proven to be effective in preventing significant harm. Our staff are qualified and well trained to resolve and minimise conflict, there is ongoing professional training and program orientation for new staff, and we use evidence based clinical assessment and interventions to assist residents to manage

problems and anger. Serious incidents of violence by residents towards others and absconding from residential facilities are rare.

The LRRC will be well staffed. WRAD has proposed a staffing model that has a staff complement of 10 with support backup from the WRAD clinical team and consultants. There will be a minimum of two staff available overnight and on weekends.

The LRRC will be a ‘dry facility’, no drugs or alcohol will be tolerated onsite. Residents who are in possession of, or use, drugs or alcohol will be in breach of their residential agreement and their placement will end. All residents will be subject to periodic room searches, breath testing and urine testing to ensure the integrity of the LRRC model is maintained.

Based on the experience of current providers it is unlikely that residents will choose to leave the residential rehabilitation site without notifying staff (abscond) from the LRRC. Residents will have the opportunity to leave the LRRC, supported by staff, if they do not wish to continue the program. All residents will have an agreed ‘emergency exit plan’ that provides a safe accommodation option if they do not make it through the program. This support will ensure their exit occurs the next business day and they are transported by LRRC staff, which limits the need or motivation to abscond. Our experience tells us that any unplanned exits will most likely occur in the first week of the placement. During this first week, all new residents are allocated a ‘LRRC Buddy’ who will monitor their movements and engage with them 24 hours a day. This intensive support combined with the assessment and planning process undertaken by LRRC staff will provide clarity on whether the new resident is a risk of absconding. If a resident who is court referred does abscond LRRC staff will notify VicPol immediately. To enhance security, the LRRC will have controlled window exits, CCTV on exits and on the front gate to the property. Alarms will also be installed on exits during the evening for everyone’s safety.

Section 11 - Community Access

LRRC residents will have access to the community during their stay, however, the process for community access will be supervised and assessed on an individual basis. We do foresee community visits to Warrnambool and surrounding areas for recreation and education purposes, however, this would not occur within the first two weeks of an admission. All community access visits will be supervised by LRRC staff either 1:1 or in small groups. Community access visits are approved by the LRRC Manager, only after an individual readiness assessment is completed for each resident on the day of the planned visit. Residents will not be given community access if they are agitated or unwell. Upon return from community access visits all residents will be searched to ensure they are not in possession of any contraband, drugs, alcohol or weapons. There will be strict boundaries applied across the property.

Section 12 - Exit Planning

LRRC exits will involve a planned and documented process. Resident Transition Plans are based on the resident skills, needs and participation in service activities and their achievement in agreed goals. Exit planning commences from the point of admission to ensure each resident and their community supporters participate fully in their transition plan. Service links to housing, support, legal aid, mental health, life skills, and community based support for sustainable solutions for independent living will be facilitated. Planned exits will be transported safely from the residential rehabilitation centre.

Care Co-ordination - Throughcare

Each LRRC resident will have transition and exit support from a Care Co-ordinator to ensure that their return to the community is planned, safe and maximises achievement of their treatment goals. Clinicians will focus their support and planning on family relationships, accommodation, employment, recreation and health needs (physical, AOD and Mental Health support). We expect that most LRRC residents will have some form of ongoing community based or residential AOD treatment upon their exit from the program. The LRRC Care Co-ordinators will assist each resident to manage these critical life domains to ensure success after leaving the LRRC.

Section 13 - Service Quality and Clinical Governance

Quality Assurance

Quality, Safety and Service delivery are reviewed by the WRAD Board Quality and Safety sub-committee at scheduled intervals per our quality framework. WRAD has embedded systemic quality assurance processes that apply across all services of the organisation. These include external accreditation, internal auditing and service improvement planning.

The key process is WRAD's accreditation by Quality Innovation Performance. WRAD has maintained accreditation since 2002, and has completed five quality accreditation cycles of external reviews. We are currently accredited against the following standards:

- Quality Improvement Council (QIC) Health and Community Services Standards
- Quality Improvement Council (QIC) Australian General practice accreditation Standards

Participating in accreditation leads to optimal client outcomes as the processes involve regular external reviews, externally conducted interviews with staff, with clients and other stakeholders, and comprehensive audits against domains of service delivery, commitment to continuous improvement, governance, consumer satisfaction, staff supervision and many other aspects of service delivery. The process requires immediate rectification of non-compliance and includes recommendations for systemic improvement where necessary to mitigate future non-compliance, and to facilitate continuous improvement at an overarching level. This leads to improved reintegration outcomes for clients by ensuring consistency and the highest standards of governance, operational management, and service provision on the ground.

Clinical Governance

WRAD has invested in a whole-of-organisation approach to care and service improvement and have developed systems that ensure all staff including WRAD managers, clinicians and direct care staff, share a responsibility and accountability for improving quality of care, minimizing risks and fostering an environment of excellence in the delivery of specialist forensic services.

We have in place a **practice framework**, which guides our work with clients. The framework puts the person at the centre of the work we do whilst balancing the safety of the community, particularly with regards to clients who engage in substance use and associate behaviour.

Key Roles in Clinical Governance

WRAD has a **Quality, Risk and accreditation project worker Clinical Excellence** who supports the Executive to further develop, manage and improve WRAD's quality, risk reputation, management, clinical excellence and clinical safety programs. With senior WRAD staff this provides strategic direction of the development, implementation and review of WRAD's quality, risk management and clinical excellence and continuous improvement frameworks to ensure the best practice across the organisation and that a disciplined approach to risk management and clinical safety is developed.

This team ensures that the business operations of the organisation are compliant with relevant legislation, Government policy, Australian standards and WRAD policy. This team provides high quality support advice and guidance to the committee of management. This is designed to mitigate risk and deliver compliance across all business operations. WRAD are committed to providing a culture of clinical safety, risk management and continuous improvement are embedded and achieved throughout the organisation.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