One Step Forward, Two Steps Side-ways: A Model of Assertive Outreach for Complex Community AOD clients

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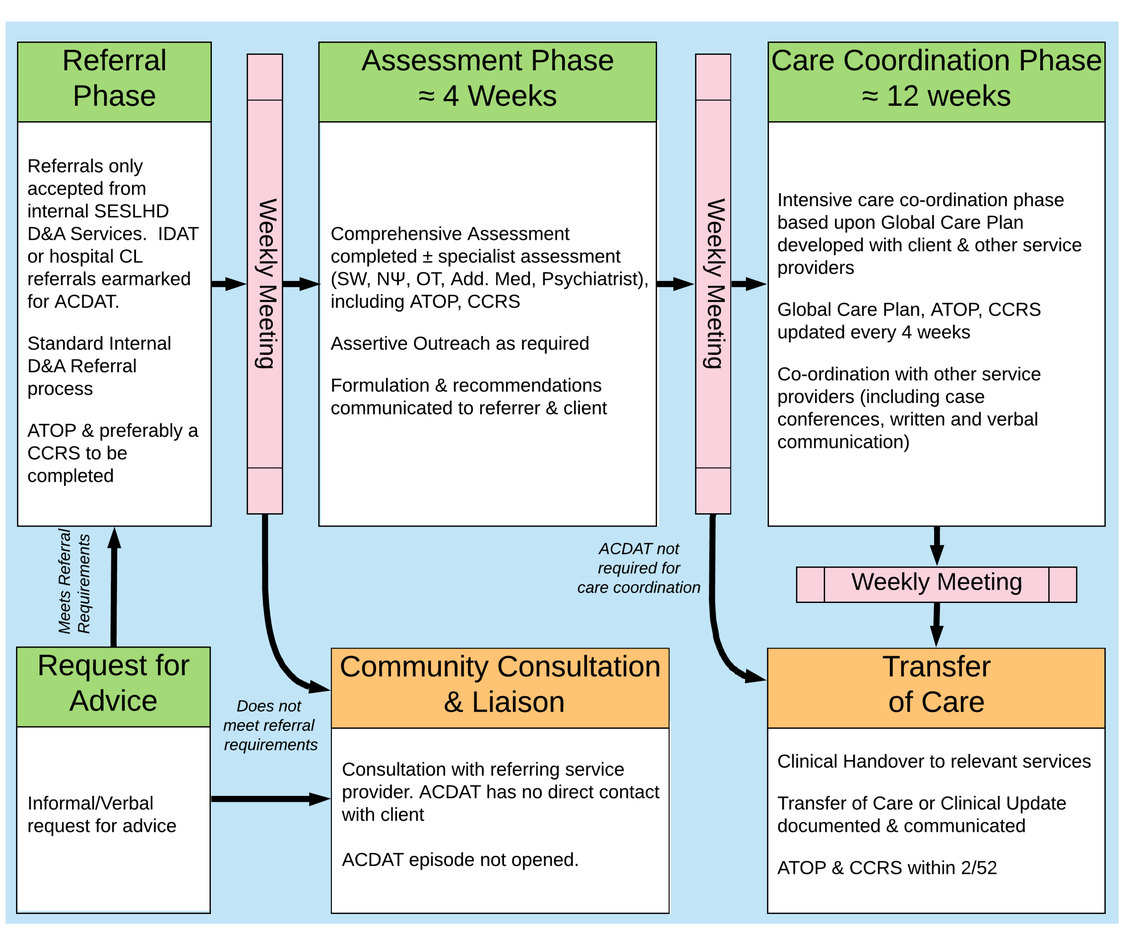
Introduction

In April 2018, South Eastern Sydney Local Health District (SESLHD) rolled out an assertive outreach service to complement clinic-based services. The aim is to assist complex clients better engage with AOD and other health services by providing time-limited specialist assessment and care-coordination. ACDAT is staffed by a multi-disciplinary team including senior social workers (2.0 FTE), a neuropsychologist (.2FTE), occupational therapist (.2FTE) and an addiction medicine specialist (.1FTE).

Clients are eligible for the service if they are treatment seeking, have complex needs, and have poor adherence for treatment recommendations.

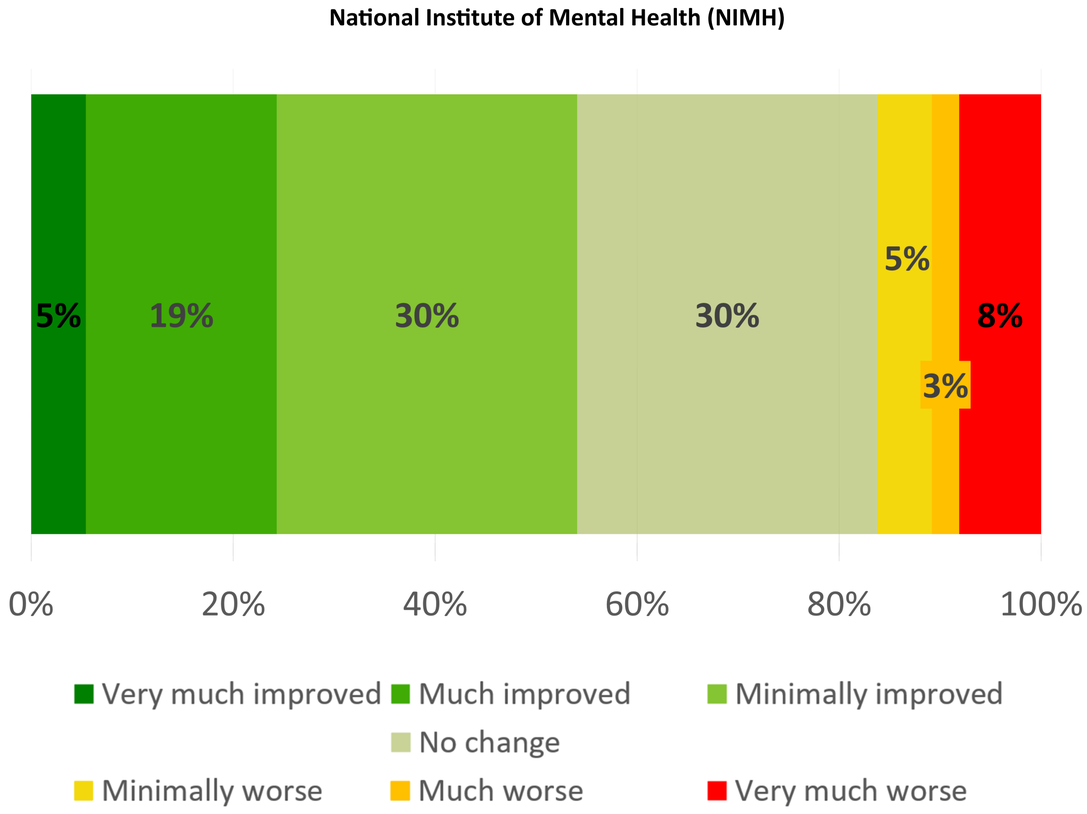
The model of care (seen to right) has 3 stages: 1) referral; 2) assessment; and 3) care coordination. ACDAT also provides community consultation-liaison services.



SESLHD Assertive Community D&A Team Model of Care.

ATOP: Australian Treatment Outcome Profile. CCRS :Client Complexity Rating Scale

Clinical Global Impression Scale – Improvement (CGI-I)



Clients of the program were rated by clinicians on the *CGI-I* at time of discharge – measuring changes in drug use, mental and physical health and quality of life.

54% had improved from time of entry into program in ratings of drug use, mental and physical health and quality of life. 30% were stable and 16% had declined.

Key findings from April 2018 to August 2019

- 63 referrals; 43 (81%) accepted
- 73% male; average age of 51.43
- Primary drugs of concern were alcohol (65%), benzodiazepines (22%), stimulants (11%), opiates (8%), and THC (8%)
- Particularly poor self-rated physical health (74%), and poor psychological health (52%) and quality of life (59%)
- Average duration in program was 143 days (range 2-399 days)
- Cognitive assessments (25%) and occupational therapy assessments (11%) were frequently utilised

Interventions were many and varied and included:

Assessment for involuntary treatment, IDAT	22%
NDIS plan obtained & implemented	16%
Guardianship/Financial Management applications approved	16%
Accommodation obtained	16%
Admission to detoxification or rehabilitation facilities	16%
Referred to long term assertive case management	14%
Carer and/or family support	14%
Aged Care Packages obtained	8%

Conclusions

- Assertive outreach is a feasible and well received approach that can complement existing clinic-based community AOD treatment.
- Indirect interventions are central to ACDAT work and appear incompatible with activity-based funding models.
- Further evaluation including patient outcomes and experiences and impact upon hospital and other service utilisation is required.

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