

ONE STEP FORWARD, TWO STEPS SIDEWAYS – A MODEL OF ASSERTIVE OUTREACH FOR COMPLEX COMMUNITY DRUG AND ALCOHOL CLIENTS

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Introduction: Community drug and alcohol treatment (D&A) is traditionally provided in outpatient clinics and is appointment-based. This approach limits some clients who have complex issues (e.g. mobility issues, cognitive impairment) from fully accessing and benefiting from treatment.

Approach: In April 2018, SESLHD D&A Service rolled out an assertive outreach model of care that sits along-side clinic-based services. The aim is to assist complex clients to better engage with D&A and other health services, by providing time-limited specialist assessment and care co-ordination (including outreach). The team providing this service is called ACDAT (Assertive Community D&A Team) and is staffed by a multi-disciplinary team involving senior social workers, neuropsychologist, medical specialist and occupational therapist.

The model of care encompasses three key stages; 1) referral, 2) assessment (one month), and 3) care-coordination (12 weeks). The ACDAT team also provides community consultation-liaison services. Clients are eligible for the service if they are an active D&A client (i.e. treatment seeking), have complex needs, and have poor adherence to treatment recommendations.

Key Findings: Over the period from April 2018 to April 2019, ACDAT had good uptake within the broader service (46 referrals; 39 accepted). Of those accepted, average age was 52 and 26% were female. Frequent interventions included referrals to the National Disability Insurance Scheme and facilitating admission to inpatient treatment.

Conclusions: Assertive outreach is a viable model of care for community based D&A treatment that can sit along-side clinic-based care. This approach can assist to remove barriers to treatment for clients with complex issues.

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