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# Engaging people with Lived and Living Experience of AOD Treatment in AOD Value Based healthcare in NSW.

*I live, work and relax on the lands of the Gadigal and Wangal people and recognise that sovereignty has never been ceded.*



# Why does the AOD VBHC Program have a Lived & Living Experience (LLE) Engagement Plan?

- The LLE Strategic Engagement Plan aims to:
  - help us make sure the team engages with people with LLE meaningfully
  - help guide Consumer Engagement Coordinator's workplan
  - help us communicate to the variety of people involved in our program how we are including people with LLE
  - Acknowledges the different spheres of influence people with LLE can have in treatment



# Priorities

1. Facilitate meaningful engagement of our LLE advisors in the AOD VBHC Program governance and activities.
2. Support clients and clinicians to work in partnership to improve treatment safety, experience, and outcomes.
3. Support AOD services to access, collate and analyse patient reported outcomes and experiences to inform service planning and continuous quality improvement
4. Contribute to facilitating positive work experiences for the AOD LLE workforce
5. Contribute to reducing the impact of stigma and discrimination on the quality of healthcare provided to people with LLE



# Strategic Priority<sup>+</sup>1: Facilitate meaningful engagement of our LLE advisors in the AOD VBHC Program governance and activities.

To facilitate meaningful involvement of our LLE advisors into AOD VBHC Program decision-making, by:

- including our LLE advisors in Program governance processes;
- developing safe and accessible mechanisms for our LLE advisors to meaningfully contribute to Program planning and implementation;
- recognising that to meaningfully engage people from priority populations our approaches to LLE engagement must be sensitive to social and cultural factors.
- valuing and incorporating the perspectives that our LLE advisors provide; and
- closing the feedback loop by demonstrating to our LLE advisors the impact of their feedback on Program decision-making.



# Strategic Priority 2: Support clients and clinicians to work in partnership to improve treatment safety, experience, and outcomes.

## Objective 2.1

To contribute to developing the capability of clients to actively partner in their own treatment, and specifically:

To increase clients' understanding of the elements of good care, and their right to expect that their treatment will deliver those elements.

## Objective 2.2

To contribute to developing the capability of clinicians to provide collaborative, person-centred, safe and effective care, and specifically:

to support clinicians to use patient reported measures to improve the quality, outcomes, experiences, safety, effectiveness and efficiency of care.



## + Strategic Priority 2: Example actions

- Produce written and video resources for clinicians and clients that include stories of clients' experiences of AOD treatment.
- Provide training to clinicians to support their understanding and practice of collaborative care planning, and the purpose and value of routinely measuring client outcomes.



# Clinical Care Standards Resources

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6 videos for clients and 6 videos for clinicians (total=12)

6 Brochures for clients

Developed by people with lived and living experience of AOD treatment in partnership CAOD and a communication team experienced in AOD.

All messaging workshopped and approved by people with LLE



### What are the Clinical Care Standards?

Alcohol and Other Drug (AOD) Treatment Clinical Care Standards tell you what to expect at different stages in your treatment journey when you're seeking help for a drug or alcohol problem.

### Who are they for?

#### People in treatment:

They help you understand what to expect with your treatment so you can make informed choices about your care.

#### People who help you:

They help workers and services to provide high-quality AOD treatment as part of your care program.



#### The Standards:

1. Intake
2. Assessment
3. Care Planning
4. Ongoing Monitoring
5. Outcomes
6. Transfer of Care



"That one step leads to a thousand more."  
—Curtis

### What the Standard says:

Intake is the first contact between a person or referrer and the AOD treatment system. A person seeking information or treatment for alcohol and other drug use will have access to advice, referral and appropriate support treatment options.

Information is obtained through an intake interview to find out key information and work out the best service providers for you. The intake process also helps you with any urgent issues that need immediate action.

We acknowledge the traditional custodians of the lands that we live and work on and pay our respects to Elders past and present.

Check out more online:

[www.governor.nsw.gov.au](http://www.governor.nsw.gov.au)



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### Alcohol and Drug Treatment Clinical Care Standards



## Intake

When you start

## Experiences of Intake

### Intake is...

the first step on your treatment journey. You'll speak to an AOD worker who'll ask you some initial questions. In most cases, you'll then be booked in for a full assessment. They'll also help you with any urgent issues that needs immediate attention.

### What can I expect?

The most common questions you'll be asked at the Intake stage will be about:

- 1 your name, address and next of kin
- 2 details of the person or agency that referred you and reasons for the referral
- 3 your drug and alcohol use—the drugs you take and the frequency of your drug use
- 4 your current and earlier AOD treatment
- 5 your current physical and mental health, as well as any immediate needs you have
- 6 who can be contacted in the event of an emergency.

"You need to trust yourself and tell your story the best way you can."  
—Curtis

"Be proud of yourself for the fact you can ask for help."  
—Sarah



"The important thing is to be gentle with yourself."  
—Ben

### Preparing for Intake

When you're ready for treatment, contact an AOD intake line to find out how to access treatment.

The intake worker will ask you some questions. You can also ask them questions about what your options are and what will happen next. Most people will be booked in for an assessment appointment after intake.

The intake worker will give you information on how to keep safe before your assessment appointment and take the time to discuss any concerns you have.

Not all service providers offer all treatments, so ask about the options they can provide.

The intake worker will ask you for the details of someone who can be reached in an emergency.

Thanks to Curtis, Sarah, Ben, Ben, John, Patrick, Lisa and the other members of the Alcohol and Drug Experience Working Group for participating with us on this project.

### What happens next?

Most people will have a more in-depth assessment. There is a framework the service provider will use for prioritising those with the most urgent needs.

If a health professional has referred you, the intake worker will let them know you've been booked in for an assessment appointment if you're okay with this.

### Remember!

- If you don't know what's happening, you have the right to ask.
- Peer workers are on hand at some service providers—they can tell you first-hand about their experience of treatment.
- You should expect staff to be upfront, non-judgmental and respectful to you.

