

CAHMA Peer Treatment Support Model if Care

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Canberra Alliance
for Harm
Minimisation &
Advocacy

Acknowledgement of Country

I wish to acknowledge the traditional owners and custodians of the land on which we are meeting the Gadigal people of the Eora Nation and pay respect to elders past and present. This land always was and always will be Aboriginal land.

Acknowledgement of Funders

This model of care was funded by the ACT Health and Community Services Directorate and CAHMA thanks the ACT Government for their ongoing support.

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Acknowledgements

Thanks to ATODA for their ongoing support.

Thanks to the service users who informed this model of care, especially those who gave testimonials and case studies.

Thanks to the peer workers of CAHMA and in particular the PTSS workers who provide this fantastic service.

CAHMA Vision

A society where people who use drugs and people who use drug treatment services are safe, respected, and live free from stigma, discrimination and criminalisation.

CAHMA Purpose

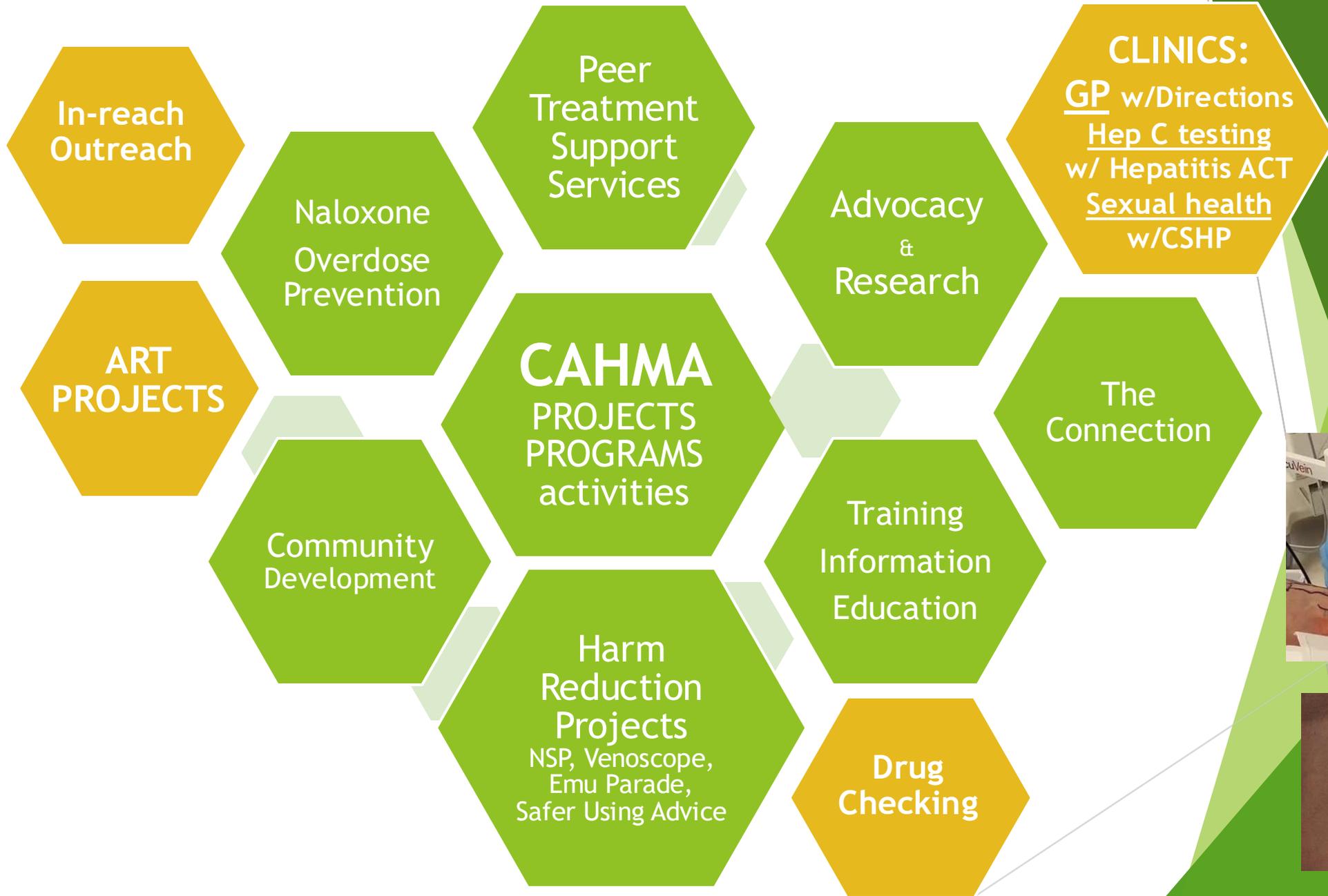
To enhance human rights & health of people who use drugs and people who use drug treatment services by:

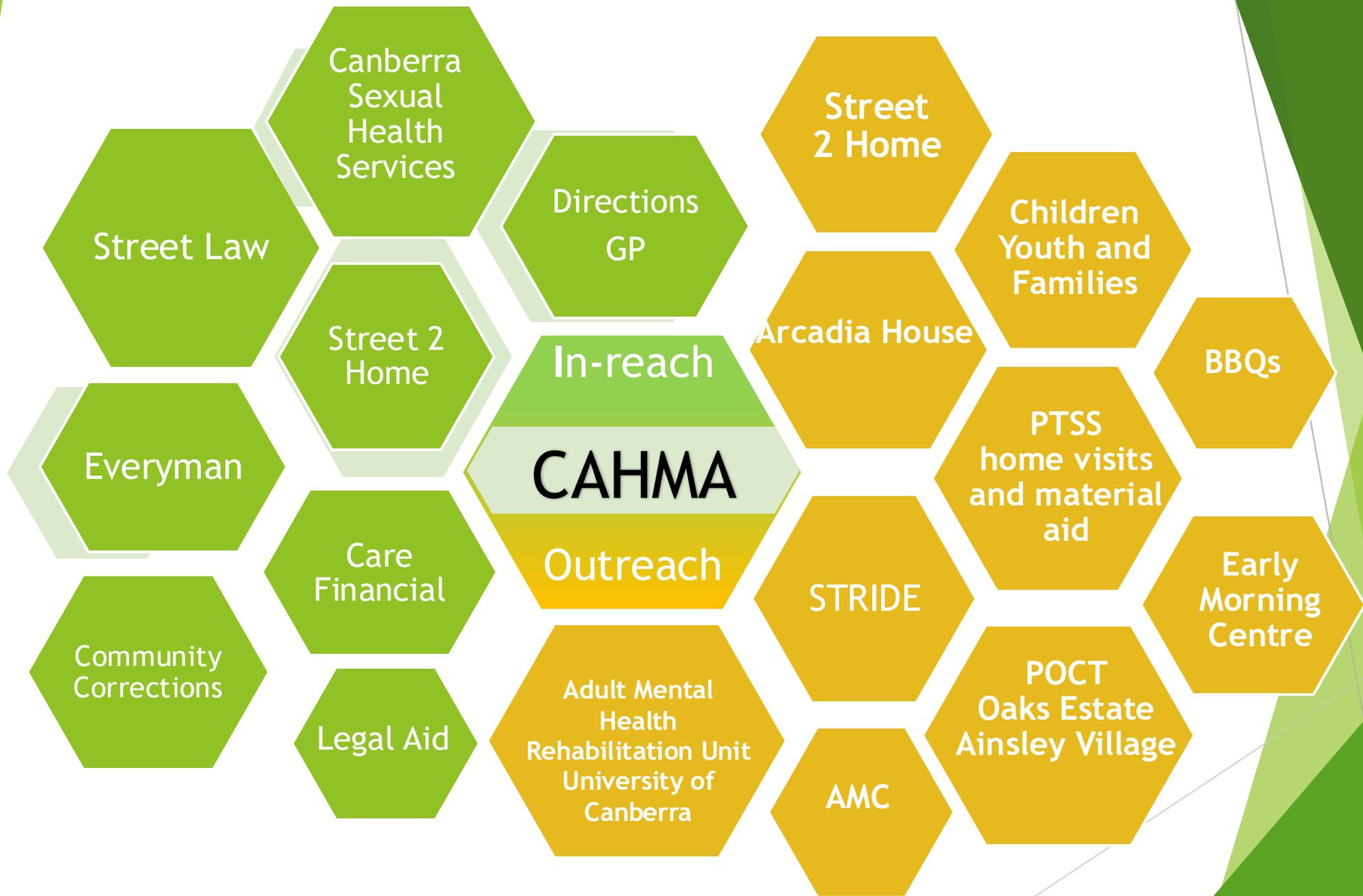
- Consulting, creating and co-designing innovative, responsive and high-quality health and community services and policies.
- Collaborating, networking and navigating to ensure equitable access to services.
- Advocating for systemic change and legislative reform.



CAHMA APPROACHES:

- ▶ Peer based ATOD services
- ▶ Integrated Harm Reduction 'One stop shop'
- ▶ Low threshold
- ▶ Outreach and inreach
- ▶ Person-Centered and timely
- ▶ Human Rights based
- ▶ Community Development
- ▶ Individual flowing to systemic advocacy
- ▶ Individual care across broad scope of practice





MH & AOD Peer
Treatment
Support Service



- GP clinic
- CanTEST
- Pat Van and BBQs



Wagga Wagga
Recovery Hub
PWF support



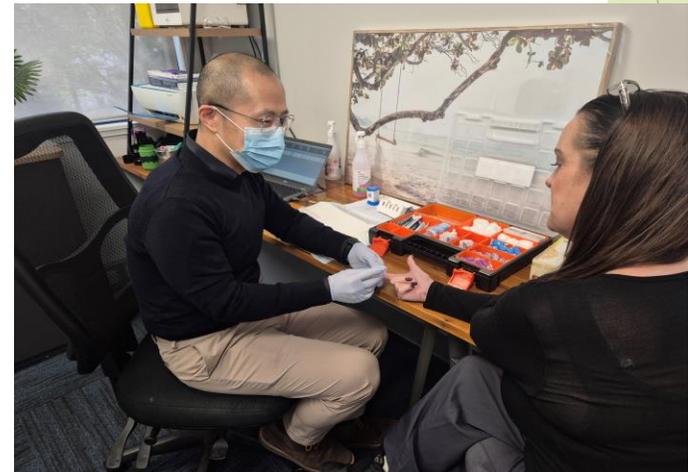
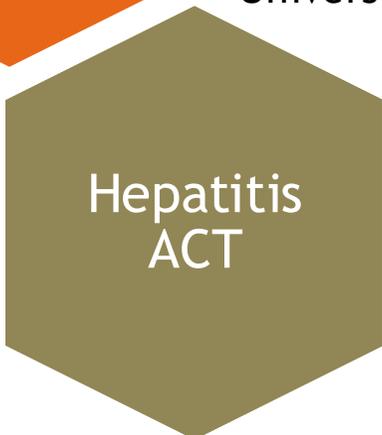
Reach Teach Treat Thrive (RTTT)

Point Of Care Testing (POCT)

Flinders and Kirby Universities



Advocacy
Drug Law Reform
SUSOSE
Art projects
NRT



PEER TREATMENT SUPPORT SERVICE

- Individual care program - one on one support
- Individuals engaged through drop-in centre and outreach programs
- Provide goal-based 'case management'
- Provide peer support - emotional and practical support and material aid
- Provide hope, identity solidarity, role modelling and innate understanding
- Identify goals, reduce barriers and navigate and support across health, housing, all other systems
- Always on the side of the individual
- Aim- empowerment and control of own health and wellbeing



WHAT DOES THE PTSS TEAM DO?

WARM REFERRALS

COMPREHENSIVE SERVICES

HARM REDUCTION APPROACHES

ABSTINENCE APPROACHES

MANAGE CRISIS PRESENTATIONS

FOOD, CLOTHING, & MATERIAL AID

COMPLEX CASE MANAGEMENT

ENGAGING COMMUNITY MEMBERS

TRANSLATE TREATMENT ADVICE TO PERSON

COMMUNICATE PERSONS SITUATION AND NEEDS TO TREATMENT PROVIDER

INREACH SUPPORT

ONGOING SUPPORT/HELP

CLIENT CENTRED PRACTICE & DECISION MAKING

SUPPORT IN APPOINTMENTS

SAFER USING ADVICE

FOLLOWUP SUPPORT

INCREASE PERSONAL SUPPORTS

TRANSPORT TO APPOINTMENTS

CASE CONFERENCE

TREATMENT PLANS

ONE ON ONE CASE MANAGEMENT

SUPPORT LETTERS

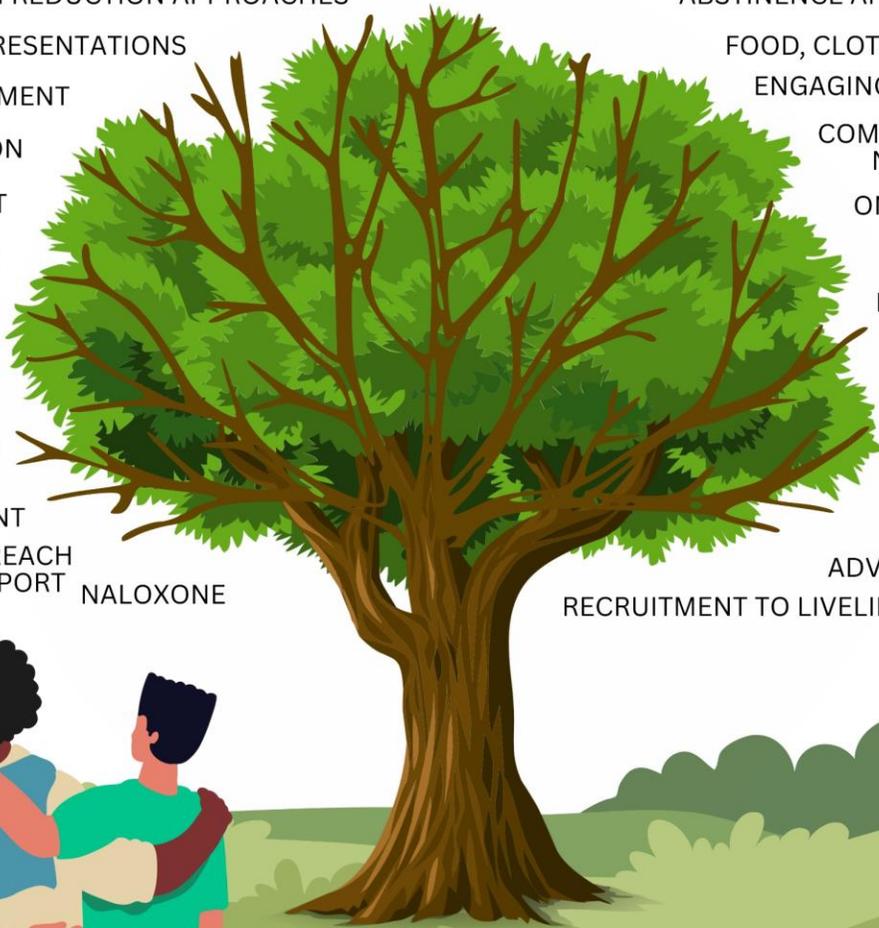
OUTREACH SUPPORT

DROP IN SUPPORT

NALOXONE

ADVOCACY

RECRUITMENT TO LIVELIHOOD



Engagement Mechanisms

Low- Threshold services

Drop-in centre



OUTREACH

Minimal demands on the client to engage with services

Provide safe environments to promote help seeking

Offering support where the person is and at the time that they require



CAHMA PROJECTS



Drop-In centre

- ▶ Providing essential services for visitors
- ▶ Safe place - tea, coffee, meals
- ▶ Building social capital and service linkage
- ▶ Referrals, brief interventions, entry to PTSS
- ▶ Information/Education /Training
- ▶ Fun, community connection, belonging and ownership



Outreach

Community free feed (BBQ)

Monday - Oaks Estate/ Condamine Court
(alternating weekly)

Thursday - Ainslie Village (ft)

Friday - Veteran's Park (w)

In collaboration with other services:

Directions Health Service - PAT Van

Hepatitis ACT - Hep C testing

Charity Orgs - material aid

Street to Home/Street Law/ Care Financial

Early Morning Centre - Harm Reduction Advice

STRIDE/AMHRU



Peer Treatment Support Model of Care

- Model for individual service user care at CAHMA
- Moving from crisis to control-fix crisis then actively work on goals
- Stage and sequence goals based on what important for person
- Combining complex case management, with peer support
- Material aid and transportation component
- Patient advocate and support before, during, after appointments
- Helps build social capital and a health support team across the system
- Empowers people to control their health and wellbeing
- Livelihood options post engagement

PTSS - scope of practice

Scope of practice:

- Broad - harm reduction and abstinence - one stop shop for your health and wellbeing goals.
 - Drug use as a fundamental human right
 - Drug use as a dangerous and unwanted aspect of life - a health issue requiring treatment
- Broad - Work across a wide range of social systems not just ATOD treatment - rarely say no we don't do that here. Help navigate the person wherever they need to go - ATOD, other health, housing, CYF, legal, etc.

Consequences:

- Identity definitions change - People who use drugs and people who use drug treatment services.
- Peer Treatment Support Workers - not experts on everything. Experts on building networks and navigating systems and services. Hold significant social capital and help others build that capital (relationships).

PTSS - Definitions

Lived and living experience – just defined as **lived experience**. No us and them, no issues if a person starts using drugs again, no false dichotomies, no issues for staff feeling awkward if their drug using status changes. Just people who share the experience of drug use and stigma and discrimination.

Peer - AIVL definition - 2 elements - lived experience and identity - identify yourself and be identified by a group.

Peer worker - A peer worker is someone who identifies and is identified as sharing an experience of alcohol, tobacco and other drug use and who uses their lived experience and their individual and group identity to inform their work by 1) building trust with service users within the context of an equitable relationship; 2) shaping therapeutic interventions and care provision; 3) giving support and understanding; 4) providing information and education; and 5) progressing individual and systemic advocacy.

ATOD - Use Alcohol, tobacco and other drug throughout - but do acknowledge the differing levels of stigma, discrimination and criminalisation present between illicit and licit drugs - alcohol and tobacco.

Benefits to PTSS

Benefits peer workers through building skills and specialisations in individual care.

Benefits service providers and systems by enhancing linkages, building referral pathways, providing transition supports

Provides real time information that informs wider social change through systemic advocacy and showcases what is possible with a truly person centred approach.





PTSS GUIDING PRINCIPLES

PROVIDING AN ACCESSIBLE SERVICE	PROMOTING HEALTH AND WELLBEING	ADVOCATING FOR HUMAN RIGHTS	CHALLENGING STIGMA AND DISCRIMINATION
<p>Providing accessible, inclusive and non-judgemental services</p>	<p>Recognising that people who use drugs and people who use ATOD services care about their health and the health of their community</p>	<p>Driving initiatives that promote social justice and equity</p>	<p>Recognising the damage caused by stigma and discrimination</p>
<p>Valuing and respecting diversity</p>	<p>Making healthy choices the easy choice</p>	<p>Acting as a voice for the oppressed, marginalised and powerless</p>	<p>Challenging public misconceptions in addressing stigma and discrimination</p>
<p>Building social capital among the community that CAHMA serves</p>	<p>Putting ATOD consumers in control of their health outcomes</p>	<p>Promoting empowerment and self-determination for people who use drugs and who use ATOD services</p>	<p>Recognising the value of the lived experience of people who use ATOD services</p>
<p>Building mutual respect within the ACT's ATOD sector</p>	<p>Focussing on promoting positive health and wellbeing outcomes, not only on addressing ill health</p>	<p>Challenging dehumanising policies and procedures</p>	<p>Using peer identity to role-model resilience to stigma and discrimination</p>



PTS APPROACH TO HEALTHCARE



PERSON CENTRED
CARE

TIMELY, FLEXIBLE SERVICE
PROVISION AND BROAD
SCOPE OF PRACTICE

INTEGRATED CARE AND
PARTNERSHIP APPROACH

LOW THRESHOLD
ENGAGEMENT

- Rapport, trust and relationship with CAHMA already established
- PTSS when one on one support needed - because complexity of systems makes engagement difficult or lack of social capital
- Assessment conducted through active listening and conversation.
- Goals are identified, discussed and sequenced - not dismissed.
- Treatment plan development dynamic and changeable as person's journey through system develops.
- Supports include material aid, transport, advocacy, understanding and role modelling, active advocacy and case conference organisation, risk management planning.
- Independent system navigation through building social capital, confidence, system understanding.
- Building realistic expectations and understanding of what is possible with options available.

THE PEER TREATMENT SUPPORT PROCESS



Hope, role modelling and matching experience

- Provision of hope and role modelling is fundamental to the PTSS
- Help achieving different goals requires help from peers with those specific experiences:
 - Completing residential rehabilitation
 - Accessing OMT
 - Regaining custody of children and navigating parenthood
 - Involvement with the criminal justice system
 - Sleeping rough and transitioning to housing
 - Completing HCV treatment and safer using
 - Gaining employment
 - Staying safer and being in control of opioid and stimulant use
 - Balancing what to say and what to keep private when using drugs and accessing health services.
 - Navigating stigma and discrimination and staying sane.
- Matching experience and goals fundamentally important to successful support.

Hope, role modelling and matching experience

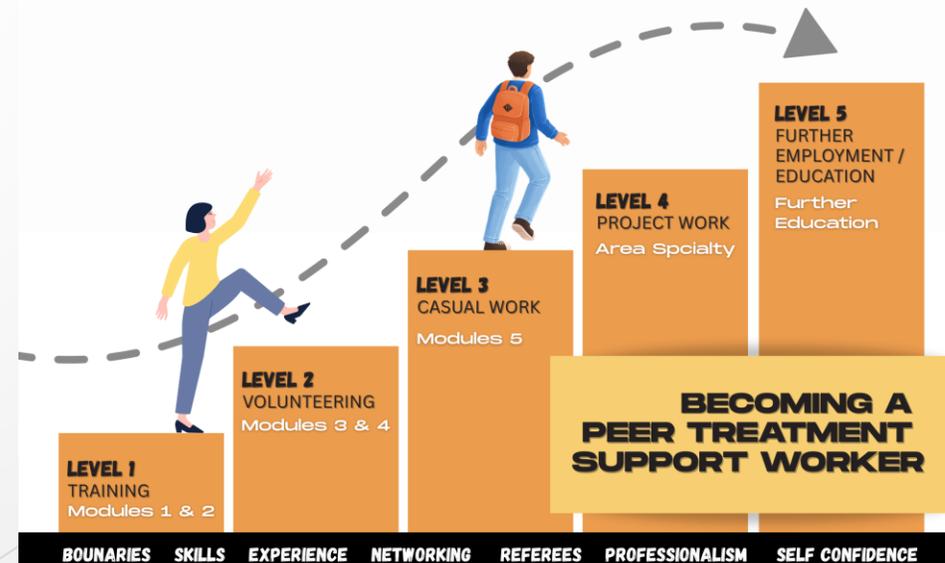
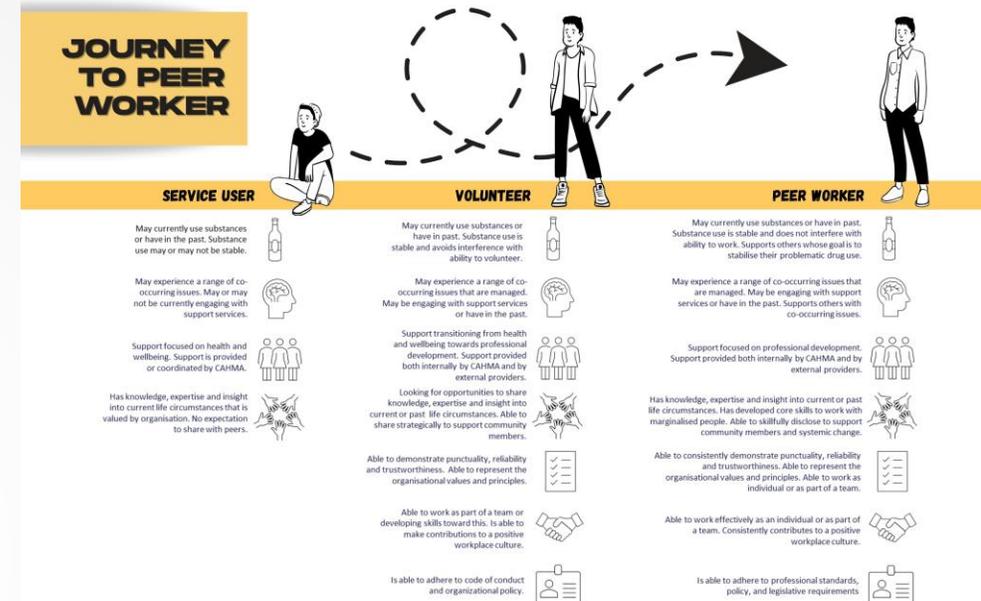
- Wide range of different PTSS workers with a wide range of experiences:
 - PTSS workers who are abstinent
 - PTSS workers who consider drug use a human right
 - PTSS workers who have regained custody of their children
 - PTSS workers who are on OMT
- PTSS workers carefully matched to service users to ensure best fit. Re-allocation does happen but rarely and carefully.
- However - all PTSS workers are trained to work across all domains of health and wellbeing and with any goal someone may have which is where the idea of expert navigators and not subject matter experts becomes important.

Data, Worker Supports, Supervision, Case Conferences, Re-allocation

- Data collected through the national ATOD-NMDS - case management only
- Vicarious trauma common so support crucial - workers have weekly supervision and monthly group supervision - varies as needed and have informal support daily.
- PTSS relies heavily on training provided by ATODA as part of the Qualification Strategy for the ATOD sector and proactively discuss and decide on training through the ATODA Workers Group and Executives Group
- Case conferences with other services are often held at CAHMA as a safe place

CAHMA Community Development and the PTSS

- PTSS - fundamentally a community development approach - Livelihood approach.
- Helping transition people from service users to volunteers and then to peer workers based on a strength based approach
- PTSS training is a specialization that is possible as part of the CAHMA Community Development Program (volunteer program).
- Provides pathways for peer workers who want to do individual care to build careers.



Peer Treatment Support for Other Organisations

- Identified peer work positions becoming popular - but it isn't appropriate to confuse a worker with lived experience with an identified peer worker
- Peer work is a discipline which requires the same structures as any other discipline - training, leadership, supervision, management, support
- Therefore critical issue with organisational and systemic readiness and providing safe, inclusive, fulfilling work environments for identified peer positions
- Employing single peer worker roles without the right change management, expertise and support is dangerous for the organisation, worker and the service user.

Suggested Elements of Building a Successful Peer Team

- Ask questions at governance level:
 - What is the purpose of peer inclusion?
 - how much strategic change do we want?
- Management level questions - how are we going to training, recruit, manage, support, supervise?
- Where is the peer expertise coming from? Resource an expert peer organisation? Or employment of a peer leadership position?
- Consultation with service users crucial
- Consultation with front line staff crucial
- Think in terms of peer teams with peer leader/s not individual positions.



THANK YOU



CAHMA and The Connection

<https://www.facebook.com/CAHMAandTheConnection/>



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