Service Guidelines

Supported Accommodation Assistance Program (SAAP) and Alcohol and Drug Treatment Services

November 1997
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These service guidelines establish a model of collaboration between the Supported Accommodation Assistance Program (SAAP) Services and alcohol and drug treatment services. They will promote coordinated and effective service delivery to people requiring the services of both programs.

Given the diversity of need among homeless people, it is unrealistic to expect that one program area can fully meet these needs. The Department of Human Services has a responsibility to ensure that:

- All of its programs provide relevant and flexible services.
- The complex needs of homeless people are met.

When both issues need to be dealt with, a coordinated approach between the two service systems is necessary.

These service guidelines recognise that to achieve the best possible outcome for clients using SAAP services and alcohol and drug treatment services, cooperative and flexible working relationships between local services are essential.

It is important to highlight that this document is not a substitute for the collaborative working agreements developed between services at the local level. This document is designed to provide a broad framework for service delivery and coordination.

For ease of use, the service guidelines are divided into three sections:

- 3. Resources.
1. Context for Service Delivery

This section includes:
- Aims and objectives of the service guidelines.
- To whom the service guidelines apply.
- Principles.
- Definitions.
- Background.
- SAAP and alcohol and drug treatment services service delivery framework.

This section will be of use to:
- Managers of SAAP and alcohol and drug treatment services.
- Direct care workers.
- Supervisors.

1.1 Aims of the Service Guidelines

The service guidelines aim to:
- Promote coordinated care for people requiring SAAP services and alcohol and drug treatment services.
- Clarify the working relationships between SAAP services and alcohol and drug treatment services staff.
- Provide a broad framework to support working agreements between services at the local level.
- Promote linkages between SAAP services and alcohol and drug treatment services to ensure more appropriate service delivery for people who are homeless or at risk of homelessness, and who have alcohol and drug misuse or dependence issues.

1.2 Objectives of the Service Guidelines

The service guidelines:
- Define the processes for reciprocal access to services by clients of SAAP services and alcohol and drug treatment services.
- Provide guidelines to assist SAAP services and alcohol and drug treatment services staff to meet the needs of homeless people who have, or are believed to have, an alcohol and drug problem.

1.3 To Whom These Service Guidelines Apply

These guidelines apply to any Department of Human Services-funded SAAP service or alcohol and drug treatment service.

1.4 Principles

- A person with an alcohol and drug-related problem has the same entitlement to access SAAP services as any other member of the community.
- A person who is homeless, or is at risk of becoming homeless, has the same entitlement to have their alcohol and drug problem assessed and treated as any other member of the community.
- Responses to homeless people should empower and maximise independence.
- When there is service provision by SAAP services and alcohol and drug treatment services, consultation should occur at all key decision points with the consent of the client (intake, assessment, planning, service delivery and review).
- Where there is involvement by both services, one service should be identified as having the primary case management role.
- Services should respond to clients' needs in a way that:
  - Respects their dignity as individuals.
  - Enhances self-esteem.
  - Is sensitive to their social and economic circumstances.
  - Respects their cultural background and beliefs.
• SAAP services and alcohol and drug treatment service providers will collaborate with each other, with the consent of the client, to ensure that the client receives a coordinated, quality service.

1.5 SAAP Definition of Homelessness

The following definition of homelessness is set out in the Supported Accommodation Assistance Act 1994. It defines homelessness more broadly than the absence of shelter.

When a person is homeless.

4.(1) For the purpose of the Act, a person is taken to have inadequate access to safe and secure housing if the only housing to which the person has access:
   (a) Damages, or is likely to damage, the person’s health; or
   (b) Threatens the person’s safety; or
   (c) Marginalises the person through failing to provide access to:
      (i) adequate personal amenities; or
      (ii) the economic and social supports that a home normally affords; or
   (d) Places the person in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing.

In this sense, homelessness is more than being ‘houseless’. It relates to broader issues of safety, security, health, and support.

1.6 Background

Homeless people do not constitute a homogeneous group; they come from a variety of backgrounds and have a diversity of needs. Significant numbers of homeless people also experience alcohol and drug misuse in addition to one or more of the following:

• Mental illness.
• Physical or intellectual disability.

• Family violence.
• Low income.

SAAP provides a ‘safety net’ for this disadvantaged group and assists with reintegration into the community. SAAP provides generic support to assist the transition to secure, long-term accommodation. Therefore, access to, and coordination with, specialist services is crucial to achieve positive outcomes for homeless people.

Alcohol and drug problems affect many people within the community, including those who are homeless or at risk of becoming homeless. For some people experiencing alcohol and drug problems, access to the wide range of services that SAAP services and alcohol and drug treatment services currently provide is essential for effective treatment outcomes. This is particularly important as the alcohol and drug treatment services system has become more defined with the redevelopment of alcohol and drug treatment services in Victoria.

A philosophy of care that links or integrates SAAP services and alcohol and drug treatment services concurrently is a more holistic way of treating people. This approach calls for close working relationships and flexibility between appropriate service providers within the health and welfare system. For people experiencing alcohol and drug problems, access to safe accommodation is often the primary need that must be addressed before other lifestyle issues. Therefore, SAAP services and alcohol and drug treatment services have a joint responsibility to ensure that homeless people have access to safe and secure accommodation to ensure that clients can maximise the benefits of treatment.

1.7 The Relationship Between Homelessness and Alcohol and Drug Problems

People experiencing alcohol and drug problems who are also homeless, or are at risk of becoming homeless, are a major concern for both service systems. Homeless
people need the same access to drug withdrawal services as other people. This means that access to the range of withdrawal services, including residential services, will continue to be important to address the needs of this target group. Post-withdrawal services have been identified by both programs as an important feature of long-term treatment.

Homeless people are recognised as a 'special needs group' in *New Directions in Alcohol and Drug Services*.

The needs of homeless people are addressed in *Victoria's Alcohol and Drug Treatment Services: The Framework for Service Delivery* through supported accommodation that will provide a supportive environment to help clients achieve lasting change and assist their reintegration into community living. Supported accommodation services will be provided with the minimum of a day support worker, from a community-based setting (usually with public housing).

Access to treatment within the alcohol and drug treatment services system has, in the past, often been delivered on an ad hoc basis with SAAP services requesting immediate intervention. This has meant that some residential alcohol and drug treatment services have inadvertently became pseudo-accommodation shelters for homeless people in an attempt to address their alcohol and drug problems.

The Department of Human Services will continue to investigate ways to ensure that homeless people have access to alcohol and drug treatment services. The development of standards for alcohol and drug treatment services will ensure that quality assurance standards are clearly developed and maintained. In the context of these standards, the accessibility of services for people with special needs (such as youth, women and people from culturally and linguistically diverse backgrounds) will be ensured.

This policy document recognises that SAAP services and alcohol and drug treatment services share joint responsibility to ensure that homeless people with drug and alcohol problems receive the best possible services and care.

### 1.8 SAAP Services

#### 1.8.1 Role and Provision of SAAP Services

Supported accommodation for homeless people is provided by a wide range of government-funded programs, the largest of which is the SAAP.

The legal basis for the current SAAP program is the *Commonwealth Supported Accommodation Assistance Act 1994*. This joint Commonwealth-State program is administered in Victoria by Homeless and Family Violence Services Unit, Department of Human Services.

Groups assisted by SAAP include:
- Homeless youth above school leaving age.
- Women and women with children escaping family violence.
- Single women.
- Single men.
- Families, including single parent families.

The SAAP offers assistance for people who are homeless, or are at imminent risk of becoming homeless and in crisis. The program is aimed at:
- The active resolution of crisis.
- Re-establishment of family links where appropriate.
- The achievement of greater independence by improving homeless people's access to:
  - The labour market.
  - Long-term secure and affordable housing.
  - The range of social support services.

SAAP is not an accommodation program. Its funding provides support to homeless people or people at risk of becoming homeless. This support may be linked to
accommodation provided by other agencies, programs or departments.

1.8.2 Framework for Service Delivery

There are five main service types recognised by SAAP in Victoria:

- Crisis Supported Accommodation.
- Transitional Support.
- Homeless Persons' Support Centre.
- Telephone Information and Referral.
- Service Support.

In Victoria, approximately 20 per cent of outlets provide crisis or short-term support, and approximately 70 per cent of outlets provide transitional or longer term support.

SAAP-funded local government and non-government organisations provide the following models of service:

**Crisis Supported Accommodation.** Provides women escaping family violence and homeless people in crisis with immediate, short-term accommodation and support. Services include youth refuges, women's refuges and night shelters.

**Transitional Support.** Provides a range of supports to women escaping family violence and homeless (or 'at risk') people in crisis/transition to assist them toward independence. Locations for service delivery may include where the service user is living, streets and parks, rooming houses, pubs and squats, the agency office, or other services. Supports may include accommodation, meals, living skills, counselling and personal care.

**Homeless Persons' Support Centres.** Provides a range of supports to homeless people in crisis/transition that are delivered at a primary location. Supports may include meals, living skills, counselling and personal care. They also provide facilities for the linked delivery of support by other services or programs (for example, legal services, health care).

**Telephone Information and Referral.** Provides information and referral to women escaping family violence, homeless people, other service providers or members of the public. Provides limited immediate response counselling.

**Service Support.** Provides policy, consultative, and training or community education support to services at a regional or State level. May include coordination, public relations, representation to government, and assistance to individual agencies regarding service development. May also include provision of specialist support on service-user needs (for example, incest or domestic violence).

1.9 Alcohol and Drug Treatment Services

1.9.1 Role and Provision of Alcohol and Drug Treatment Services

The Department of Human Services, through the Drug Treatment Services Unit, Aged Community and Mental Health Division funds a range of non-government services for people with alcohol and drug problems. In 1995-96, funding for these services was approximately $30 million.

Alcohol and drug treatment services include a range of crisis, withdrawal, counselling, support and information services to people who experience alcohol and other drug problems, or who are at risk of experiencing the problems outlined in the Victorian Drug Strategy Strategic Plan 1993-1998. Alcohol and drug treatment services also include assessment and referral services within a wide variety of settings such as community health centres, specialist drug treatment services, hospitals and other non-government services. Telephone services are also offered as part of the statewide service to the community.
1.9.2 Rationale for the Government's Alcohol and Drug Treatment Policy

Harm minimisation is the fundamental principle upon which government-funded alcohol and drug treatment services are based. This approach aims to reduce the adverse health, social and economic consequences of drug use by minimising drug-related harm, without necessarily eliminating its use. The principle of harm minimisation 'recognises that there is a broad spectrum of levels of drug use, acute and chronic and of associated risks of physical and social harm' (National Drug Strategic Plan 1993-97). It involves a range of approaches to prevent and reduce drug-related harm including prevention, early intervention, specialist treatment, supply control, safer drug use and abstinence.

1.9.3 Redevelopment of Alcohol and Drug Treatment Services in Victoria

The Victorian Drug Strategy

The Victorian Drug Strategy adopted a five-year strategic plan in 1993 as part of the National Drug Strategy. The Victorian Drug Strategy Strategic Plan 1993-97 sets out an agreed plan to reduce drug-related harm in Victoria. It provides a framework to guide policy development, program planning, resource allocation, monitoring and evaluation. The strategy has a prevention focus, and defines its objectives in terms of risk factors linked to specific harms.

Many of the target groups outlined under SAAP, such as young people and women, are identified explicitly or implicitly. Some examples include reducing the:

- Incidence of periodic heavy or binge drinking, particularly among young people.
- Number of young people who misuse minor tranquillisers and other prescribed drugs, stimulants, steroids and inhalants.
- Community prevalence of drinking at levels above that identified by the National Health & Medical Research Council as 'low risk'. This means no more than four standard drinks per day for men, two standard drinks per day for women and a two-day alcohol-free period per week.

New Directions in Alcohol and Drug Services

In 1994, the first phase of the redevelopment of the alcohol and drug service network was undertaken when large government institutions were closed. New Directions in Alcohol and Drug Services in Victoria was released, confirming the Government’s commitment to improving services for people with a drug and alcohol problem.

The first phase of the redevelopment saw the establishment of:

- Drug withdrawal services.
- Counselling and support services.
- Specialist methadone services.
- A centre for leadership in clinical service, research and training.

The expanded range of community services has meant that many of those who received hospital or institutional services in the past are now able to receive services in their local area that are targeted to early intervention and prevention.

Turning the Tide

In 1996, the Victorian Government announced Turning the Tide in response to the Premier’s Drug Advisory Council Report (Drugs and Our Community, March 1996). It contained major initiatives for developing alcohol and drug services in Victoria. Particular attention has been focused on provision of specialist services for young people, forensic community-based treatment, strengthening community-based treatment services, the provision of training to health professionals and the development of a community education and information strategy.
Victoria's Alcohol and Drug Treatment Services: The Framework for Service Delivery

This report, released in 1997, initiates the final phase of redeveloping specialist alcohol and drug treatment services. It specifies the range of services necessary for an effective alcohol and drug treatment service system, and includes a standard set of key service specifications to ensure consistent service provision across Victoria. A purchasing policy that accurately targets services to populations in need across Victoria has also been developed. The new initiatives that have resulted from Turning the Tide, particularly specialist services for young people and strengthening community-based treatment services, are being integrated within this final phase of the redevelopment of alcohol and drug treatment services. This will ensure one coherent service system and a consistent standard of service delivery of specialist alcohol and drug treatment services to those Victorians who need them most.
2. Guidelines for Service Delivery

The section includes:
- Guidelines on how to access SAAP services and alcohol and drug treatment services.
- Ongoing service delivery responsibilities.
- Building partnerships.
- Special needs groups.
- Grievance procedures.

This section will be of particular use to:
- Direct service delivery staff.

2.1 Accessing SAAP Services and Alcohol and Drug Treatment Services

This section provides information on how to access SAAP services and alcohol and drug treatment services, and details important points to consider when making a referral.

2.1.1 Consent

When making referrals, speaking with staff of other services or convening case conferences, staff of SAAP and alcohol and drug treatment services need to consider the factors listed below.

Client consent is generally necessary to:
- Initiate referrals of the client to other services.
- Involve other services or people in discussions about the client.

It is important to note that written consent for treatment by the client is required within the alcohol and drug treatment service system and for the release of client information. Alcohol and drug treatment services staff should ensure that clients understand what they are agreeing to when signing consent forms. For further information, SAAP staff should consult the section on consent in the SAAP Standards Implementation Guide.

2.1.2 Confidentiality

When making a referral, or participating in a case conference, SAAP services and alcohol and drug treatment services staff should cooperate as much as possible in exchanging information directly related to the client. This will usually occur with the consent of the client or their guardian.

Confidentiality relating to clinical records and client’s personal information is subject to ethical and legal protection. It is mandatory that all alcohol and drug treatment services staff adhere to the principles established in section 141 of the Health Services Act 1988, which prohibit the release of information regarding clients of alcohol and drug treatment services except in certain circumstances. These circumstances include:

- Where the client has consented.
- Where information is disclosed regarding the condition of a client in general terms.
- Where the information is given in connection with the further treatment of the client.
- Where information is communicated by medical staff to the next of kin or a near relative of the client, in accordance with the recognised customs of medical practice.
- Where information is given to a person to whom, in the opinion of the Minister for Health, it is in the public interest that the information be given.

SAAP staff should refer to the SAAP Standards Implementation Guide for guidelines and principles concerning the exchange of information.

In managing complex clients, the dissemination and documentation of appropriate client information among case staff, with the client’s consent, is essential to ensure coordinated client care.
2.1.3 Gender-Specific Service Provision

Of those people who require access to a broad range of services within the SAAP service system, there is a choice of gender-specific and general support services.

Factors indicating a need for gender-specific services include a direct request, history of sexual abuse, physical abuse, family violence, vulnerability to abuse, and parenting responsibilities.

The requirements of people may include:
- Access to staff of the same gender.
- Female only services and supported accommodation.
- Flexibility and recognition of the carer role.
- Child care arrangements.
- Access to workers from linguistically and culturally diverse backgrounds.

Alcohol and drug treatment services are expected to operate in a gender-sensitive environment. The special needs of women must be considered as part of the treatment process, and in agency operating practices and environment. In particular, where women are responsible for children, they may need to make child care arrangements in order to undergo residential withdrawal or participate in other alcohol and drug services. It is expected that there will be formal protocols in place to address this and other issues (such as sexual abuse and domestic violence) that are relevant to women.

2.2 How SAAP Services Can Access Alcohol and Drug Treatment Services

SAAP staff can access alcohol and drug treatment services through:
- Direct contact with a specific alcohol and drug service.
- DIRECT Line (a 24-hour telephone service).
- The Drug & Alcohol Clinical Advisory Service (DACAS).

It is expected that SAAP and alcohol and drug treatment services staff will develop strong local networks and links across services. Identifying a senior clinician, or staff member, in the SAAP service and the alcohol and drug treatment service to act as a liaison person would enhance coordination and collaboration between services. Where these links are well developed and SAAP staff are familiar with the services provided by an alcohol and drug treatment service, direct referral by SAAP staff to the alcohol and drug treatment service can occur.

However, if the SAAP staff member is unsure where to refer a client, or if referral is the best option for the client, additional information can be sought from DIRECT Line.

2.2.1 How Access Can Occur Directly

Where SAAP staff have well-developed links/working agreements with relevant alcohol and drug treatment services in their regions they may choose to directly access services.

Alcohol and drug treatment services may have differing assessment criteria. Alcohol and drug treatment services do not charge fees except in the case of long term residential rehabilitation.

It is important to note that fee-for-service for treatment of clients should not preclude their entry into residential treatment. The SAAP staff member should clearly notify the referring alcohol and drug treatment service that the client will need exemption or special conditions for fee payment.

2.2.2 How Access Can Occur Through DIRECT Line

Contact may be made through DIRECT Line. DIRECT Line is a 24-hour telephone service that provides information, referral and confidential counselling related to alcohol and drug issues. The DIRECT Line telephone counsellor will discuss the client's needs and consult the staff member.
DIRECT Line’s telephone numbers are (03) 9416 1818 (metropolitan), or 1800 136 385 (non-metropolitan).

DIRECT Line may provide advice about the type of service required. Alcohol and drug treatment service contact details may be given to the SAAP staff member so they can initiate a referral.

The DIRECT Line counsellor may advise the staff member to contact the Drug and Alcohol Clinical Advisory Service (DACAS) for advice on how they might manage the client themselves.

2.2.3 How Access Can Occur Through DACAS

Contact may be made through DACAS. DACAS is a 24-hour clinical advisory telephone service exclusively for health/welfare professionals. It provides advice on the clinical management of clients with drug and alcohol issues.

This service provides advice about diagnosis, clinical management and treatment options for people with drug and alcohol problems. It is staffed by specialist alcohol and drug professionals including specialist medical and nursing practitioners. The service can assist with issues such as the clinical management of withdrawal syndromes, prescribing information, and management of acute intoxication.

DACAS’s telephone numbers are (03) 9416 3611 (metropolitan), or 008 812 804 (non-metropolitan).

2.2.4 Important Information for Referrals to Alcohol and Drug Treatment Services

The alcohol and drug treatment service staff member will discuss the referral, client’s needs and, if appropriate, accept the referral for assessment. Each alcohol and drug treatment service has its criteria for admission to its programs. Individual services will be responsible for the acceptance, or otherwise, of clients referred for assessment and treatment.

Information that may be useful to have when referring to other alcohol and drug treatment services or DIRECT Line includes:

- Name*
- Age/gender/culturally and linguistically diverse background/legal status
- Address
- Residential location
- Current presentation, including risk to self or others
- Current medical conditions
- Current psychiatric treatment and support
- Past history of mental illness
- Past history of homelessness or domestic violence
- Current alcohol and drug use/history/pattern/amount
- Alcohol and drug treatment, current and past
- Care of dependant children and others
- Other agencies involved and existing case management responsibilities
- Other known stressors or causes
- Current medication
- Pending court cases
- Guardianship

* DIRECT Line is a confidential and anonymous service and does not require this information from the client.
Figure 1: SAAP Staff Access to Alcohol and Drug Treatment Services

SAAP Worker Access to Alcohol and Drug Services

Advice

Information

SAAP Worker Maintains Case Coordination Role

 DIRECT Line 24-Hour Agency Advice
 (03) 9416 1818
 (008) 13 6385

 DACAS 24-Hour Clinical Advice
 (03) 9416 3611
 (008) 81 2804

SAAP Service Assessment/Intake Referral

Information/Referral eg. to GP, Hospital, NGO

SAAP Worker Maintains Care Coordination Role

Alcohol and Drug Treatment Service

Intake Assessment

Management Plan

Treatment

Discharge Plan

Case Coordination Role Determined

Collaborative Inter-service Planning

Collaborative Inter-service Planning

A&D Service takes on Case Coordination Role

SAAP Maintains Case Coordination Role

Case Closed No Further Action

Legend

● Decision Point

Entry Function
2.3 How Alcohol and Drug Treatment Services Can Access SAAP Services

2.3.1 Who Can Make Referrals to a SAAP Service?

Anybody from alcohol and drug treatment services can make a referral to a SAAP agency. All people have the right to access a SAAP Service; however, referral to a SAAP agency should only be made in consultation with, and the consent of, the client.

2.4 Crisis Supported Accommodation Services

2.4.1 Youth Refuges

Youth refuges provide crisis accommodation and support to homeless young people up to 25 years of age who are in crisis. Youth refuges offer young people support for limited periods. (For more information on youth refuges, see appendix 1.)

Making a Referral

To access a youth refuge for a client, alcohol and drug treatment services staff can contact the Melbourne City Mission Melbourne Youth Support Service (MYSS) (telephone: (03) 9296 6929). This service is a central referral point for access to SAAP-funded youth refuges. MYSS’s hours of operation are Monday to Friday 10.00 a.m. to 8.00 p.m.; Saturday and Sunday midday to 8.00 p.m. If staff wish to refer to a specific youth refuge, they may contact it directly. (See resource section.)

Before contacting the service, the alcohol and drug treatment service staff member should assess whether refuge accommodation is an appropriate option for the client. Criteria used to assess the appropriateness of a youth refuge service include whether the client:

- Is homeless or at risk of homelessness.
- Is in crisis and requires accommodation and support.
- Wants a refuge placement.

- Is between 15 and 25 years of age.
- Can exercise a degree of independence.
- Can live communally.

If placement in a refuge is considered appropriate, the alcohol and drug treatment service staff member should:

- Contact MYSS to find out if a vacancy exists.
- Provide basic information concerning the client, including their special needs. If a vacancy exists in a youth refuge, MYSS will provide the alcohol and drug treatment service staff member with the telephone number of the refuge so that the referral can be made.

Interagency agreements developed at the local level between SAAP and alcohol and drug treatment services will detail the arrangements to be implemented if no vacancy exists.

2.4.2 Women’s Refuges

Women’s refuges provide high security and support to women and their dependent children who are escaping family violence. Refuges offer intensive support until alternative safe accommodation is located.

For the safety of women, secrecy of address is paramount. As such, alcohol and drug treatment service staff will not know where the woman resides while in a refuge.

Criteria for Referral

Criteria for referral include whether the woman is:

- Homeless or at risk of homelessness.
- In need of security of address and support.
- Escaping family violence.
- Consenting to a refuge placement and prepared to accept the rules and parameters of refuges.

Making a Referral

To assist a woman to access a woman’s refuge, the alcohol and drug treatment service staff member must contact the Women’s Domestic Violence Crisis Service (WDVCS) (telephone: (03) 9329 8433). WDVCS operates...
24 hours a day and provides a central point for referrals to women's refuges. WDVCS also provides telephone information and support to women subject to family violence.

For women who have difficulties with English, the Immigrant Women's Domestic Violence Service (IWDVS) provides business hours telephone information and support in the client's preferred language. It also acts as a point for referral into refuges for non-English speaking women. If this type of service is required after business hours, the Telephone Interpreter Service should be contacted. It will assist in making the referral to WDVCS.

To complete a referral, the WDVCS or IWDVS worker will need to speak with the woman being referred to finalise her assessment. Discussion will include:
- Seeking information regarding the current family violence situation.
- Giving information regarding refuge and legal options.
- Assessing the woman's ability to live communally and with a degree of independence.
- Assessing safe and unsafe areas for the woman. Safe areas refer to where the refuge is located in relation to where the woman lives. To ensure her safety and confidentiality, the WDVCS will not refer a woman to a refuge in an area where she has relatives, friends or other connections that may compromise her safety or that of others in the refuge.
- Presenting a range of accommodation options.

If the referral does not meet refuge criteria, the woman and the alcohol and drug treatment service staff member will be informed and alternative options will be suggested.

If the referral meets refuge criteria, the woman and the alcohol and drug treatment service staff member will be informed of a refuge in a safe area that will accommodate the client's needs.

The refuge will be contacted directly by WDVCS, and the refuge will contact the woman to discuss the referral.

Transport arrangements will be negotiated between the refuge and the woman.

After-Hours Referral

If the referral occurs out of business hours, an interim placement will be considered. WDVCS will organise transport and refer the woman to the refuge on the next working day.

Contact with Women in a Refuge

The safety and security of women in a refuge is paramount. As a result, the address and telephone number of the refuge cannot (by departmental ministerial agreement) be given out to anyone, including alcohol and drug treatment services staff. The alcohol and drug treatment service staff member may be given access to the refuge's pager number.

If alcohol and drug treatment services staff need to contact the woman while she is in a refuge, they can contact WDVCS and ask that the client telephone the staff member. WDVCS will then telephone the refuge with the message.

Upon entering the refuge, the woman will compile a list of people with whom she wants telephone contact. Alcohol and drug treatment services staff need to discuss their inclusion on this list.

2.4.3 Night Shelters

Night shelters provide crisis accommodation and support to people aged 18 years and over. They are generally staffed 24 hours a day and provide accommodation and varying degrees of support. Communal living arrangements mostly exist. (For more information on night shelters, see appendix 1.)

Criteria for Referral

The client:
- Is homeless or at risk of homelessness.
- Is 18 years or older.
- Requires emergency accommodation.
Making a Referral
Access to the night shelters is through direct contact with the service.

Alcohol and drug treatment services staff should:
• Telephone the service directly to determine whether a vacancy exists.
• Provide basic information concerning the client, including their special needs.

If the referral does not meet access criteria, the alcohol and drug treatment service staff member will be informed and alternative options suggested.

2.5 Transitional Support Services
The majority of SAAP funded outlets in Victoria provide support to homeless people in transition to independent living. Transitional support is usually used by people who are no longer experiencing immediate crisis, but who are or have been homeless and require ongoing support toward independence.

Making a Referral
Access to transitional support is through direct contact with the service.

In addition to Cross-Target Transitional Support Services, SAAP also funds a number of Transitional Services which specifically target young people and women escaping family violence. These services include:
• Intensive Youth Support Services.
• Family Violence Outreach Services.
• Adolescent Community Placements.

2.5.1 Intensive Youth Support Services (IYSS)
The Intensive Youth Support Services (IYSS), partly funded by the Drug Treatment Services Unit, provides accommodation, outreach and support to homeless young people from 15 to 25 years of age with severe emotional, psychological or behavioural problems.

Criteria for Referral
The IYSS is available for young people who are homeless or at risk of homelessness.

Access to support is usually available on a 24-hour basis.

Making a Referral
Access to transitional support is through direct contact with the service.

The alcohol and drug treatment service staff member should:
• Telephone the IYSS to determine whether a service capacity exists.
• Provide information necessary to the client’s requirements for accommodation and support.

If the referral does not meet access criteria, the alcohol and drug treatment service staff member will be informed and alternative options suggested.

2.5.2 Family Violence Outreach Services
Within a case management framework, Family Violence Outreach Services (FVOS) provides support, information, and referral for women and women with children escaping family violence. FVOS recognises the needs of children, and arranges for appropriate services and referrals where necessary.

Criteria for Referral
Before attempting to make a referral, the alcohol and drug treatment service staff member should assess whether the outreach service is an appropriate option. FVOS services are targeted at women who:
• Are homeless or at risk of homelessness.
• Are experiencing family violence but choose to stay in their homes.
• Have left violent perpetrators.
• Have moved into accommodation in the community, including private rental and public and community housing.
• Do not meet the criteria for access to a women’s refuge, or choose not to access refuges.
• Have left a refuge and are within the catchment of particular outreach services.

Making a Referral
Access to FVOS is through direct contact with the service. The alcohol and drug treatment service staff member should telephone the FVOS and provide information concerning the client’s requirements for accommodation and support.

2.5.3 Adolescent Community Placement (ACP)
Adolescent Community Placements provide community placement of young people within households in the community. Outreach support is provided to the host household and service users.

Criteria for Referral
ACP targets homeless youth between the ages of 15 and 18 years. Placement, wherever possible, is within the client’s community.

Making a Referral
• Referrals are made directly to SAAP services offering Adolescent Community Placements.
• Information concerning the client, including their special needs, will need to be provided to enable a full assessment to take place.

2.6 Homeless Persons’ Support Centres
Homeless Persons’ Support Centres provide meals, living skills, counselling, personal care, activities and support to people in the community. (For more information on Homeless Persons’ Support Centres, see appendix 1.)

Making a Referral
As services are provided on a ‘drop-in’ basis, no specific referral is necessary. However, the alcohol and drug treatment service staff member can contact the Homeless Persons’ Support Centre and discuss the service options for individual clients.

2.7 Service Delivery and Case Management Responsibilities
The following section outlines service delivery and case management processes for SAAP and alcohol and drug treatment services.

2.7.1 Case Management in SAAP Services
Case management in SAAP is a planned approach to achieving individual client outcomes, and includes assessment. It may also include appropriate referrals, provision of direct assistance, and the use of mainstream services as necessary. It may involve a personal plan or support agreement developed in consultation with each client after assessment. It may include linking clients with the range of supports that they will require after leaving SAAP. Case management operates from the initial point of contact with the client to exit from the SAAP program. It may involve follow-up of SAAP clients.

2.7.2 Case Management in Alcohol and Drug Treatment Services
Alcohol and drug treatment services are required to provide each client with a case manager during their drug treatment. The case manager assists each client to develop individual service plans that include treatment and follow-up.
Figure 2: Alcohol and Drug Services Staff Access to SAAP Services

SAAP Service Delivery

Legend
- Decision Point
- Entry Function
In situations where SAAP services also has a case management responsibility, alcohol and drug treatment services will collaborate with SAAP services. A decision will be made and documented about who has primary case management responsibility and what the reciprocal roles are.

Alcohol and drug treatment services may undertake an intensive case management role in complex situations where a number of agencies are involved, and the alcohol and drug treatment service is playing a primary role over an extended period of time.

When the SAAP service has the primary case management role, alcohol and drug treatment services can supply a secondary consultation role to SAAP services. This can provide another opportunity where services can collaborate.

2.7.3 Cooperative Case Management Between Programs

Coordination and cooperation needs to occur between programs to achieve continuity of care for homeless people. When dealing with homeless alcohol and drug treatment users, services should give consideration to convening a case conference to ensure that a coordinated plan is implemented across services. All services that are involved with the client should be invited to attend. The participation of the client in the case conference needs to be discussed and agreed upon with the client and all services involved.

At this case conference, the issues, tasks, responsibilities and timelines for intervention need to be discussed between services and the client to ensure that services are working collaboratively. The outcomes of this should be documented and used to guide and monitor future intervention.

One service should be identified as having primary case management responsibility. This ensures there is proper communication between services and that treatment and support plans are facilitated to achieve a common goal. It is not possible to be definitive regarding who should have primary case management responsibility. The decision needs to be made after taking into account each client's needs and preferences, the agency's anticipated involvement, the services offered, and service availability.

As a guide, if a client accesses a SAAP service and then seeks assistance from an alcohol and drug treatment service, then the SAAP service would undertake primary case management. The SAAP service would continue in this role until either the SAAP service was no longer required by the client, or intensive care was being provided from an alcohol and drug treatment service over an extended period of time. In certain instances, the case manager may be a worker from another service area; for example a Psychiatric Services case manager, a community health centre worker, or the client's General Practitioner may take on this role because of their ongoing relationship with the client.

2.7.4 Completion of Treatment/Support by One Service

In situations where one service has completed its involvement with the client, but the other service is continuing involvement, the continuing service will undertake the primary case coordination role. This should be documented by the service providers.

Responsibilities for completing outstanding tasks will be clearly communicated and agreed upon prior to termination of involvement by either service.

2.7.5 Issues Relevant to Inpatient Withdrawal

If a client is admitted to an inpatient facility directly from a SAAP service, exit planning regarding accommodation needs to begin as soon as possible after admission. This
planning should involve the client, SAAP staff and the alcohol and drug treatment service staff. The best possible accommodation and support options should be explored and put in place for this client, thereby reducing their chances of being homeless following discharge.

For example, when a client leaves an alcohol and drug treatment service, the alcohol and drug treatment service's case manager will ensure, prior to a client exiting, that SAAP staff are:

- Invited to participate in the discharge planning meeting.
- Provided with information that is relevant to their response to the client's accommodation and support needs.
- Advised of ongoing care and support arrangements.

2.7.6 Closure

The decision to close a case will be made with the client and other significant people in their life where appropriate. A case will be closed when the client no longer requires alcohol and drug treatment services or SAAP services, or when the services are no longer appropriate to the needs of that client.

The case will not be closed until all involvement from alcohol and drug treatment services has ceased, including monitoring the effectiveness of transfer arrangements. All clients are to be advised that they will be able to re-engage with an alcohol and drug treatment service after case closure if further needs arise.

2.8 Continuing Building Partnerships

2.8.1 Cooperative Interservice Arrangements

The development and maintenance of sound interservice practice is vital to achieving positive client outcomes. Collaborative arrangements should reflect local area needs, the mix of services available, the specific role of each service, and how these services are managed. Therefore, flexibility in service provision is paramount. The role of the senior staff member in the alcohol and drug treatment services and SAAP services is central to the development of strategies for coordination and collaboration between services. They have the responsibility to:

- Monitor the relationships between services.
- Identify service gaps.
- Work to enhance coordination and collaboration.

For further information on developing cooperative interagency arrangements, please see Working Together: A Guide to Developing Joint Service Responses to Homeless People developed by Homeless and Family Violence Services.

2.8.2 Referral and Assessment Processes

While the above document outlines broad expectations regarding effective and flexible access and coordination mechanisms, working agreements between services still need to be developed at the local level.

These working agreements should be developed to ensure that homeless people with alcohol and/or drug problems have access to both service systems and that service provision is coordinated to achieve agreed positive client outcomes.

These agreements will allow for a degree of sophistication not possible in these guidelines. For example, issues such as information flow, maintenance of waiting lists, specific service responses for particular clients under certain circumstances and so on, are best dealt with at the local level.

2.8.3 Knowledge and Skill Development

The SAAP service and alcohol and drug treatment services will develop cooperative strategies at a local level. These will assist staff in both services to develop
knowledge and skills about working with people who have an alcohol and drug problem and are homeless.

These strategies may include:
- Joint staff training activities.
- Agency visits.
- Co-working arrangements.
- Regional networks.
- Co-location.

2.9 Special Needs Groups

The National Drug Strategic Plan is founded upon the principle of social justice. Inequities in the health status of Australians has focused attention on injustices and the situation of special needs groups. Priority population groups for prevention and treatment activities include: Aboriginal Australians, Torres Strait Islanders, prisoners, people from culturally and linguistically diverse backgrounds, women, young people and injecting drug users. Socioeconomically disadvantaged and homeless people have been highlighted as groups whose unequal status needs to be addressed (National Drug Strategic Plan 1993–94).

2.9.1 Children

It is the responsibility of all members of the community to contribute to the protection of children and young people from physical, sexual or emotional abuse or neglect. Professionals who come into contact with children and young people (either directly or indirectly during the performance of their duties), are in a valuable position to ensure that abuse is identified and responded to as early as possible.

Staff of the SAAP service are not mandated under the Children and Young Persons Act 1989 to make notifications to Protective Services. However, when they hold a belief on reasonable grounds that a child or young person is being physically or sexually abused, staff are expected to uphold the spirit of the legislation and make a notification to the appropriate authority. Non-mandated staff of alcohol and drug treatment services are also expected to make a notification to the appropriate authority.

SAAP currently funds a number of positions that are specifically targeted to the needs of children. In Victoria, there are 24 child support workers in women’s refuges. The child support workers in refuges focus on the emotional, physical, educational, developmental and security requirements of resident and post-refuge children.

2.9.2 Aboriginal and Torres Strait Islander People

Aboriginal people should be given every opportunity to access specialist and/or generalist services. Staff should pay particular attention to the client in their family, community and cultural context.

When providing a service to Aboriginal and Torres Strait Islander people, alcohol and drug treatment services staff and SAAP staff should consider:
- Using Aboriginal liaison officers and/or Koori alcohol and drug community resource workers.
- Involving the client’s community as early as possible in the process, if appropriate.
- Administering the service in a culturally appropriate manner.
- Using every option to keep the client within their community.

2.9.3 People with Acquired Brain Injury

Staff from SAAP services and alcohol and drug treatment services need to assess clients for acquired brain injury.

The Alcohol Related Brain Injury Assessment Accommodation and Support Service (ARBIAS) offers neuropsychological assessment and specialist referral services to
people with acquired brain injury and focuses on homeless people.

Staff from ARBIAS are available to provide specialist support for users of SAAP services who have acquired brain injury. They also offer secondary consultation for staff of SAAP services, case management for people leaving SAAP services, and follow-up for ARBIAS clients who become users of SAAP services. ARBIAS's telephone number is (03) 9417 7071.

2.9.4 People with an Intellectual Disability
Where an alcohol and drug treatment service's staff member or SAAP service staff member is aware that a client has been declared eligible for Intellectual Disability Services, or believes following assessment that a client may be eligible, a referral on behalf of, and with the consent of, the client or their guardian may be made to the intake worker of the regional Department of Human Services: Intellectual Disability Service.

2.9.5 People from Culturally and Linguistically Diverse Backgrounds
Staff will pay particular attention to the client in their family, community and cultural context. To assist clients from culturally and linguistically diverse backgrounds to receive equitable access to SAAP and alcohol and drug treatment services, the services will ensure that:
- Multilingual signs and/or international symbols that indicate the availability of interpreting services are prominently displayed.
- All clients are informed of their right to request an interpreter and staff know how to contact interpreter services.
- Where an interpreter card is presented, the interpreter services are organised.
- Relevant translation information is available.

2.10 Grievance Procedures
During the intake and service delivery process, alcohol and drug treatment services staff and SAAP staff may disagree about the action to be taken for a particular client. This may occur when a referral does not result in further action, or when there is disagreement about the discharge plan for a shared client. Where differences arise there is an underlying principle and expectation that the agencies involved will work collaboratively to resolve this difference in the best interest of the client.

Action should be taken to resolve grievances at the earliest point possible. Staff should, wherever appropriate, involve the client when developing solutions that impact on the client's service outcomes.

If staff are unable to resolve the grievance, they should discuss their concerns with their supervisors who may provide advice or intervene directly.

If there is no resolution at this level, the issue can be referred to the manager of the SAAP service or auspicing body, and the staff member with overall management responsibility in the particular alcohol and drug service.

If there is no resolution at this level, the issue should be referred to the relevant departmental regional person responsible for the program. Referral to the above people should only occur for input to clarify appropriate case management roles, rather than to seek advice on matters of clinical expertise.
3. Endnotes


Appendix 1: Elements of the SAAP Service System

Crisis Supported Accommodation Services

Youth Refuges
Youth refuges provide:
- Emergency accommodation and support to young people aged between 15 and 25 years.
- Support to residents in securing medium to long term accommodation and support to residents in relation to income, health and a range of other issues.
- A safe environment for residents.

While significant variation exists across refuges, some general principles of operation apply:
- Youth refuges are not equipped to cater for young people with significant alcohol and drug issues who require intensive support.
- Preference is given to young people who have no alternative supports.
- Refuges are staffed for 24 hours, seven days a week and only one person is employed at night and on weekends.
- Referrals after midnight may be accepted if a vacancy exists and the young person is in a crisis situation.
- Referrals are accepted from anywhere in Victoria. However, preference is given to young people who have links to a region where the refuge is located.
- Referrals are generally assessed over the telephone to minimise inconvenience or expense to the young person.

Women’s Refuges
Women’s refuges provide:
- High security and support to women and women with accompanying children who are escaping family violence.
- A safe and secure environment to women and children aged up to 17 years. Women may also be accompanied by adult female children and extended family.

While some variation exists across women’s refuges, some general principles of operation apply:
- Most refuges are staffed from 9.00 a.m. to 5.00 p.m. Monday to Friday. In an emergency, residents are able to access help through a pager or central number.
- Women can stay in a refuge until other safe accommodation is secured.
- Security of address must be adhered to at all times for the safety and confidentiality of residents.
- Women will not be accommodated in an area that is unsafe for them (that is, close to the woman’s and/or perpetrator’s family, friends and/or workplace).
- Most women’s refuges are not equipped to cater for women and children with a significant alcohol and drug issue who require intensive support, unless otherwise agreed by individual refuges.
- Referral services are accessible on a 24-hour basis.
- Referrals are accepted statewide and, at times, from interstate.
- Referrals can only be made via WDVCS and Immigrant Women’s Domestic Violence Service (IWDVS).
- Women from culturally and linguistically backgrounds may be provided with culturally specific support through IWDVS.
- Koori-specific refuges are also available.

Refuge criteria:
- Refuge accept women from all cultural backgrounds.
- Women are unable to disclose the address or area in which they reside.
- Women may have to temporarily delay employment or study commitments.
- Accompanying children will have to attend a school near the refuge.
- Some refuges will not accept accompanying male children aged 17 years and over.
Night Shelters
These services provide:
• Emergency accommodation and support to people aged upward of 18 years.
• Support to residents in securing medium- to long-term accommodation and support to residents in relation to income, health and a range of other issues.
• Emergency accommodation and support for single men and women and families.

While significant variation exists across crisis accommodation services, some general principles of operation apply:
• Most crisis accommodation services are staffed 24 hours a day, seven days a week.
• Access to crisis services is available on a 24-hour basis, seven days a week.
• Patrons are assisted toward acquiring independent living skills through the development, implementation and referral to appropriately designed programs.

Transitional Support Services
Cross-target transitional support and accommodation services provide outreach support to men and women aged from school leaving age.

While some variation exists across these services, some general principles of operation apply:
• Referral is made directly to the service.
• Intensity of support depends upon client need.

Intensive Youth Support Services
Intensive Youth Support Services (IYSS) offer accommodation, outreach and support to homeless young people with severe emotional, psychological or behavioural problems.

While significant variation exists across IYSS, some general principles of operation apply:
• Access to support is available on a 24-hour basis.
• Every effort will be made to work effectively with a young person in all circumstances.

Family Violence Outreach Services
Family Violence Outreach Services (FVOS):
• Provide outreach services to women and women with children escaping family violence.
• Provide support, information, resources and referral for women and women with children escaping family violence, within a case management framework.
• Recognise the needs of children, and arrange for appropriate services and referrals where necessary.

FVOS eligibility criteria include women who:
• Are experiencing family violence who choose to stay in their own homes.
• Have left violent perpetrators.
• Have moved into accommodation in the community, including private rental and public and community housing.
• Do not meet the criteria for access to a women’s refuge, or choose not to access refuges.
• Have left a refuge and who are within the catchment of particular outreach services.

Adolescent Community Placement
Adolescent community placements provide:
• Community placement of young people within households in the community.
• Outreach support to the host household and service users.

While some variation exists across Adolescent Community Placements, some general principles of operation apply:
• Youth between the ages of 15 and 18 are targeted.
• Referrals are generally made during office hours and directly to the service.
• Placement is within the young person’s community.
Appendix 2: Elements of the Alcohol and Drug Treatment Service System

General Services

Objectives

General alcohol and drug services will provide a network of community-based services including residential and non-residential withdrawal services, residential rehabilitation services, supported accommodation, specialist methadone services, peer support and counselling, consultancy and continuing care. In summary the objectives of these services are to:

- Provide a range of services that aim to meet the treatment and support needs of people who have alcohol and drug use problems and their families and/or carers in a timely and effective way.
- Provide services appropriate to the specific needs of the individual client.
- Monitor and coordinate the provision of services to clients to ensure continuity of care.
- Ensure that service delivery is appropriately informed by, and responsive to, review and evaluation of service delivery within the context of best practice developments.

Target Group

Alcohol and drug treatment services will provide assessment, treatment and support services to adults and young people, and their families or carers, who have alcohol and drug use problems.

A range of services will be provided to meet the specific service needs of clients and their families or carers.

Client-matching to services will ensure that clients are provided with the type and level of service most appropriate to their needs. For example, residential rehabilitation services will be appropriate for people who suffer the more severe consequences of harm related to alcohol and drug use, criminal involvement and social disadvantage and whose home setting or social circumstances are not supportive of non-residential treatment options. These clients will also have undergone a withdrawal program or other alcohol and drug treatment/rehabilitation programs, and will have not been successful in reducing or overcoming their drug use problem.

Research and service usage data indicate that young people traditionally do not access general alcohol and drug services. The redeveloped alcohol and drug service system will provide greater access to young people through the development of services specifically targeting young people regionally and on a statewide basis, and through encouraging general adult services to provide services that enable easier access for young people.

Service Elements

The following general service types will be established which ought to be available, or able to be accessed, from each region:

- Residential Withdrawal.
- Home-Based Withdrawal.
- Outpatient Withdrawal.
- Rural Withdrawal Support.
- Specialist Methadone.
- Counselling, Consultancy and Continuing Care.
- Residential Rehabilitation.
- Supported Accommodation.
- Peer Support.
- Youth Outreach.
- Aboriginal Services.

General Key Service Requirements

All service types should be characterised by the following general requirements:

- The principle of harm minimisation is fundamental to the approach of funded drug treatment services. Harm minimisation focuses on reducing the harm to the individual and society from alcohol and drug use.
- Services must be targeted to people with serious problems resulting from their use of alcohol and other drugs.
- Services must ensure continuity of care for clients.
through an appropriate case management process.

- Where services are offered to young people, agencies should ensure that programs are tailored to the needs of young people, are accessible, have flexible hours, work closely with the young person’s family group, and build strong links with other relevant agencies.
- Education and information relating to alcohol and drug issues that will enhance prevention and harm minimisation should be provided.
- Arrangements should be facilitated for the care of client’s children while their parent/s are in the program.
- Services should operate under age, gender and culturally sensitive protocols should operate in relation to client care.

Each type of service has specific mandatory service requirements, an addition to these general requirements. The specific requirements are described in *Victoria's Alcohol and Drug Treatment Services: The Framework for Service Delivery*, March 1997.
Appendix 3: Management of an Intoxicated Person

SAAP services and alcohol and drug treatment services can find it difficult to assess whether their services are appropriate for a person who is intoxicated.

Options for an Intoxicated Person

For a person whose immediate problem is intoxication, coupled with behavioural problems, suicidal risk and/or aggression, the alternatives are:

- If the person has or appears to have a serious mental illness and the person is a serious danger to themselves or others, then they could be considered for treatment by a CAT (Crisis Assessment Team) service or admission to a psychiatric inpatient service for risk management and ongoing treatment.
- If the person is exhibiting behavioural disturbance, including suicidal behaviour and aggression, they may be admitted to alcohol and drug services. The decision about whether to accept the referral will be made by the alcohol and drug service based on the risk assessment and the capacity of the service to provide safe management. Formal arrangements between individual alcohol and drug services and general hospitals will determine whether general hospital services may be used.
- If the person has or appears to have physical illness or injury (including acute withdrawal syndrome), assessment at a general hospital emergency department should be sought.
- If a person appears to be at high risk of experiencing withdrawal symptoms or appears to have serious mental illness, they could be considered for treatment for a CAT service or for admission to a psychiatric inpatient service. The CAT service should seek medical advice regarding their ability to handle the withdrawal symptoms or they may contact the Drug and Alcohol Clinical Advisory Service (DACAS) if they require specialist clinical advice about a person who is intoxicated. The SAAP service can also contact DACAS for specialist advice.
- If there does not appear to be either serious mental illness or physical illness or injury, and the person is considered to be an immediate risk to themselves or others, referral to Victoria Police may be an appropriate option.

In Victoria, the only alcohol and drug treatment services proclaimed for the specific purpose of safe management of intoxicated persons are sobering-up centres for Koori people.

Voluntary Admission of an Intoxicated Person to Alcohol and Drug Services

An intoxicated person may be admitted to a withdrawal service if they have, or appear to have, an alcohol or drug problem, are willing to be admitted to an alcohol and drug service for withdrawal treatment and the organisation has the capacity to manage the client. The issue of consent can be difficult if the person is intoxicated. If the person has a guardian, they may be able to consent on the person's behalf.

Involuntary Admission of an Intoxicated Person to Alcohol and Drug Services

Under specific circumstances, a person can be admitted involuntarily to a designated assessment centre. Essentially, this process involves a complaint being made by the husband, wife, mother, father or other designated person that the person appears to be an alcoholic or drug-dependent person. This complaint must include evidence from a medical practitioner. A judge or magistrate may then order that the 'drug-dependent person' attend the assessment centre for assessment for seven days.

However, generally the Act does not allow alcohol and drug services staff to physically restrain people; therefore, the person cannot be physically detained by alcohol and drug service staff at these centres against their will.
Appendix 4: Glossary

Advanced clinicians: Counsellors/therapists at this level have a key role in planning, developing and implementing clinical services for alcohol and other drug problems. In addition, they may coordinate or provide expert advice to a range of clinical services within or across organisations including primary and acute care settings and other Department-funded services. Clinicians at this level would have the recognised expertise to give advice to regional offices or the Department’s Drug Treatment Services Unit on effective planning of services for the purposes of reducing drug-related harm.

ACP: Adolescent Community Placement

ARBIAS: Alcohol Related Brain Injury Assessment Accommodation and Support Service

ABI: Acquired brain injury

CAP: Crisis Accommodation Program (Department of Planning and Development)

CHP: Community Housing Program

DACAS: Drug and Alcohol Clinical Advisory Service

FVOS: Family Violence Outreach Services

Independent clinicians: Counsellors/therapists at this level independently provide a full range of psychological interventions to effect therapeutic change. They are responsible for the development, implementation and evaluation of a range of interventions within a service. These professionals will be able to independently manage individuals with complex alcohol and other drug problems including suicidal people and those at risk to others. They will be able to develop, adapt and apply established interventions for a broad range of problems. Professionals at this level will provide consultation on professional training, evaluation, clinical backup and advice to health, welfare and education agencies and other professional staff.

IWDVS: Immigrant Women’s Domestic Violence Service

IYSS: Intensive Youth Support Services

Pharmacotherapy: The use of prescribed medications for countering the effects of neuroadaptation reversal by providing symptomatic relief or graduated reduction from the bioequivalent substitute medication.

SAAP: Supported Accommodation Assistance Program

Secondary consultation: The provision of consultation for the purpose of clinical backup and advice to health and welfare and other professional staff.

SHARC: Self Help Addiction Resource Centre

Supportive care: A systematic approach to providing psychosocial support.

TIS: Telephone Interpreter Service

WDVCS: Women’s Domestic Violence Crisis Service