

The Working Together Strategy

A Quality Improvement Initiative

**involving Mental Health, Protection and Care, Drug Treatment Services and
Juvenile Justice**

**Undertaken by the Aged, Community
and Mental Health Division
and the Youth and Family Services Division**

Acknowledgments

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Preface

The *Working Together Strategy* provides an organisational framework for the Aged, Community and Mental Health and the Youth and Family Services Divisions (specifically Mental Health, Protection and Care, Juvenile Justice and Drug Treatment Services) to achieve better outcomes for shared clients.

In recent years, coronial inquests, program reviews, child death inquiries, the Auditor General's review of Child Protection and the judgements of criminal, family and magistrates' courts point to deficits in cooperation between these services to the detriment of clients. All programs have developed specific service responses to such criticisms.

Every day, services are faced with the challenge of increasing numbers of joint clients. Client involvement with multiple services demonstrates their added vulnerability and the complexity of their needs. Good models of cooperation exist but are not widely known or promoted. Program specific initiatives fall short through lack of understanding and sponsorship. Service specifications and organisational solutions point to collaboration but cannot substitute for assertive leadership and a willingness to solve problems in their varied presentations. Skilful and effective work across programs is not universally acknowledged or rewarded.

In this demanding environment, practitioners seek clinical and practice solutions to impacts of severe abuse and neglect, significant emotional and behavioural disturbance and extreme risk taking behaviour. It is likely that no one clinical or practice framework can provide the practice innovation increasingly needed.

The *Working Together Strategy* has been established to address these issues.

This document represents the outcome of consultations held with service providers and the Department of Human Services staff on the draft paper circulated in September 1998. It outlines the overall aim and describes the first phase of the *Working Together Strategy* which will include a number of projects and is expected to realise key service enhancements. The initial focus will be on adolescents and, subsequently, the needs of children and families.

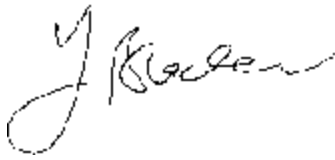
The *Working Together Strategy* will be implemented along side the system changes being achieved through the Youth and Family Services and Primary Health and Community Support redevelopments, Turning the Tide and Mental Health reforms and will provide a strong basis for ongoing service improvements.

A handwritten signature in black ink, appearing to read "Alan Clayton". The signature is written in a cursive style with a large initial 'A'.

ALAN CLAYTON

Director

Aged, Community and Mental Health

A handwritten signature in black ink, appearing to read "Yehudi Blacher". The signature is written in a cursive style with a large initial 'Y'.

YEHUDI BLACHER

Director

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1. Purpose

In order to improve the quality and consistency of outcomes for clients of Drug Treatment, Juvenile Justice, Mental Health and Protection and Care services, the *Working Together Strategy* will:

1. Identify best practice for clients requiring access to two or more services.
2. Determine effective service relationships.
3. Ensure understanding of existing programs and program innovation.
4. Establish ongoing inter sectoral discussion, program innovation and processes for continuous service improvement.

2. Scope

2.1 Description

The *Working Together Strategy* acknowledges that people frequently need more than one service and that cooperation between services is beneficial to clients and assists service delivery staff in undertaking their work.

Researchers and experts in Protection and Care, Mental Health, Drug Treatment Services and Juvenile Justice agree that working together is difficult. Differing statutory responsibilities and mandates, varying community expectations of service sectors, inequitable power relations between professions, the challenges of clients with multiple and complex needs and rigid boundaries between health, justice and welfare services are suggested as some of the issues that contribute to this difficulty. The Strategy provides an opportunity for service sectors to define, explore and extend the capacity for, and effectiveness of, cooperation.

The *Working Together Strategy* is:

- A framework for improving inter sectoral service provision between Mental Health, Protection and Care, Drug Treatment Services and Juvenile Justice. All relevant cross program initiatives will be coordinated through the Strategy.
- A quality improvement process, aimed at all levels of service provision.
- A review of the strengths and weaknesses of current inter sectoral service delivery for clients requiring access to, or who are engaged in some way with, more than one of these service sectors.
- A framework for the development of knowledge regarding what constitutes effective cooperation and best inter sectoral practice at the levels of program, region, provider agency and practitioner.
- A series of joint initiatives and joint activities between the service sectors directed at enhancing knowledge and improving communication between the service sectors.

2.2 Management Structure

A statewide Working Together Steering Group consists of the participating programs. The Steering Group will lead the statewide strategy by initiating a number of activities.

The statewide Steering Group will be advised by a Working Together Advisory Group (WTAG) which will include representatives of Regional Directors, Client Services Managers, Provider Managers and leading practitioners in each of the program areas (appendix A).

It is expected that each Region will sponsor a regional process and undertake local activities to meet the goals of the Strategy. Regional learning and feedback will provide the primary source of new information to the Strategy.

2.3 Sequencing

The tasks associated with improving services to clients of more than one of the programs is complex. The absence of a clear and manageable process is likely to lead to little change and overwhelmed services. It has therefore been determined that the *Working Together Strategy* will be divided into two phases. Phase 1 will target services to adolescents with Phase 2 focusing on children and their families.

3. Background

The *Working Together Strategy* was initiated by the Minister for Health and the Minister for Youth and Community Services in May 1998. Originally the Strategy brought together Victoria's Child Protection and Mental Health services and aimed to improve the quality of relationship and joint service delivery between these two high profile areas. As a starting point it was agreed that the first stage would focus on the service needs of adolescents.

The announcement and subsequent development of this approach received widespread interest and enthusiasm. During the second half of 1998, consultations throughout the State saw discussion and debate, the identification of good models of practice and some obvious areas for improvement. Two other service sectors, Juvenile Justice and Drug Treatment Services identified the benefit of the approach to their clients and committed to the Strategy.

In its augmented form, the *Working Together Strategy* brings together the services most frequently involved in delivering intensive, tertiary services to adolescents at high risk of disturbance and harm. The collaboration of Drug Treatment Services, Juvenile Justice, Mental Health, Protection and Care provide the basis for a quality improvement approach that must benefit its shared clients.

Other services, including Disability Services, Youth Homelessness Services, Acute Health Services, Employment and Education are important to achieving the aims of this Strategy. These services will be consulted and invited to participate in projects and activities as the Strategy proceeds. It is also hoped that what is learned through the Strategy may be of benefit to all human services seeking greater cooperation.

Equally, while the *Working Together Strategy* focuses on tertiary services for adolescents, consideration will be given to opportunities for early detection and intervention.

The *Working Together Strategy* has a number of key drivers:

- The challenges presented to the human services system by clients with multiple and complex needs.
- The need for ongoing development and improvement of service systems so that they are tailored to best meet the needs of clients. Such improvements must be consistent with the overall policy directions of Government and particularly the key result areas identified within the Department of Human Services Strategic Framework (appendix B).
- The experiences of program staff, managers, and practitioners have highlighted difficulties in the provision of services to those requiring responses

from a number of service sectors. External reviews such as coronial inquests and Child Death Inquiries provide further documentation of problems.

- Department of Human Services commitment to continuous quality improvement processes, essential to the achievement of best-practice in the delivery of human services.
- Respect for client feedback obtained formally through processes such as Mental Health and Drug Treatment Services consumer and/or carer satisfaction surveys, peak bodies as well as anecdotal comments from parents and carers.

4. Policy Directions and Legislative Framework

The *Working Together Strategy* has been established by the Youth and Family Services (YAFS) and Aged, Community and Mental Health (ACMH) Divisions of the Department of Human Services in the context of other initiatives currently being implemented by the Victorian Government to improve service provision for clients. Listed below are some of those key initiatives. Appendix C provides an outline of more specific projects currently being implemented.

4.1 Victorian Legislative Framework

The *Mental Health Act 1986* and the *Children and Young Persons Act 1989* provide the legislative framework under which Mental Health, Juvenile Justice and Protection and Care Services are provided. The *Health Services Act 1988* and the *Alcoholics and Drug Dependent Persons 1968* provide the legislative framework for the provision of Drug Treatment Services. Other relevant legislation includes *Disability Services Act 1991*, *Drugs, Poisons and Controlled Substances Act 1981* and *Sentencing Act 1991*.

4.2 Youth and Family Services Redevelopment

The Redevelopment of Victoria's Youth and Family Services—Strategic Directions (January 1998) provides details of the key directions of YAFS services, including Child Protection and Placement Services.

The YAFS strategic directions identify the following key areas for further improvement:

- Clear specification of the core outcomes and objectives of the service system.
- Strengthening of the preventive services to balance and complement the statutory intervention services.
- Clear access points to appropriate services.
- Introduction of client based funding where appropriate.
- Grouping of services to provide effective responses to a range of family and individual needs.
- Delivery of services on the basis of appropriate area configurations.
- Development of accountability measures based on improving client outcomes.

The YAFS redevelopment seeks to eliminate the fragmented approach to service configuration and purchasing. This direction has been further described in *Youth and*

Family Services Redevelopment—Service Integration and Purchasing (July 1998). A range of new service groups, comprised of several formerly separately funded programs and services, is proposed. These service groups include support and intensive support services and their purchase at the service group level will better meet client needs through the delivery of a broader service continuum.

The range of quality improvement initiatives in Child Protection and placement services also seeks to achieve improved services and outcomes for clients. Particular initiatives have focussed on improving the service response for high risk clients, improving approaches for the assessment of and response to presenting risk, and ensuring greater flexibility to respond to the needs of clients requiring out-of-home care.

4.3 Primary Health and Community Services (PHACS) Redevelopment

Primary health and community support services are the community's preferred responses to illness, frailty and disability. The Aged, Community and Mental Health Division in consultation with providers, consumers, carers and other key stakeholders has developed new policy directions to position the sector for the demands of the next century. These directions are outlined in *A Stronger Primary Health and Community Support System: Policy Directions* which was released in December 1998. The policy directions are to:

- Improve the accessibility, responsiveness and quality of services for consumers, their carers and families.
- Increase provider capacity to implement the social model of health with a key focus on better managing disease in the community and optimising health promotion and prevention opportunities.
- Improve service cohesiveness through improved information management systems and simplified purchasing arrangements.
- Strengthen links with other health and support services, such as GPs.

ACMH is inviting partnerships of primary health and community support providers to work collaboratively with the Department in implementing the reforms by establishing demonstration projects. This is outlined in *Towards a Stronger Primary Health Community Support Service System: Demonstration Projects Request for Proposals*, which was released in February 1999.

4.4 Turning the Tide Strategy Against Drug Abuse

The policy directions for development and provision of alcohol and drug services are found in *Victoria's Drug Treatment Services: The Framework for Service Delivery* (1997)

which articulates essential elements of the drug treatment services that should be available in, or accessed from, each of the Department's Regions. A key feature of the Framework is the development, maintenance and formalisation of linkages and networks with other service providers. The Victorian approach operates within the context of the National Drug Strategic Framework.

In addition, the *Turning the Tide Strategy Against Drug Abuse* is the Victorian Government's cross-sectoral approach to reducing the individual, social and economic harms resulting from drug abuse. The emphasis of the *Turning the Tide Strategy* is on collaboration and partnership between the health, welfare, education, justice systems, police and the community.

The *Turning The Tide Strategy Against Drug Abuse* was developed by the Victorian Government in response to the report of the Premier's Drug Advisory Council in 1996. Under the impetus of the *Turning The Tide Strategy Against Drug Abuse*, the alcohol and drug service system has been redeveloped to provide greater access to young people through initiatives in relation to information and health education, expanded support and treatment, law enforcement, legislation and sustained local and statewide action.

4.5 Suicide Taskforce Report and Implementation

The Premier established the Victorian Suicide Prevention Taskforce in January 1997 to conduct an intensive public investigation into the nature and extent of suicide in Victoria, particularly youth suicide, and to recommend strategies to reduce its incidence. The Taskforce presented its report in July 1997 outlining a framework for a comprehensive suicide prevention strategy and making recommendations for its implementation.

In November 1997, the Premier announced the Government's response to the Suicide Taskforce Report, committing \$23.91 million for recurrent programs and \$1.63 million one-off funds to strengthen existing services. A number of projects established as a result of the Report have a direct relationship with the *Working Together Strategy* and outlined in appendix C.

4.6 Child and Adolescent Mental Health Framework

The policy directions for the development and provision of child and adolescent, and adult mental health services in Victoria are articulated in *Victoria's Mental Health Service, The Framework for Service Delivery: Child and Adolescent Services (1996)* and *Victoria's Mental Health Service: The Framework for Service Delivery: Better Outcomes Through Area Mental Health Services (1996)*. The *Framework* documents articulate the requirement for linkages between service sectors.

4.7 Placement and Support Redevelopment

Victoria's placement and support services are being redeveloped. The first stage, completed during 1998, focussed on services which were internally delivered by the Department of Human Services and shifted the balance of service provision from residential to home based care and service responsibility was changed to enable full delivery through the non government sector.

The second phase will ensure the future arrangements are congruent with the YAFS strategic directions for purchasing services on a contestable basis.

4.8 Transforming Business 21

Transforming Business 21 is a major initiative of the Department of Human Services, its mission statement is: *In partnership with the human services sectors, the Department will transform the way it works through better use of technology to improve the health and well being of all Victorians.*

Transforming Business 21 has established six major business initiatives which are:

- Purchasing Client Services
- Managing Clients
- Managing Resources
- Managing Information
- Managing Information Technology
- Transforming Client-Centred Care.

These business initiatives are critical to the achievement of the Department's strategic business objectives. They are broadly defined and embrace business process redevelopment, information requirements and information technology. Although they are identified as separate Business Initiatives, they are interdependent management processes to ensure consistency of approach and coordinated timing will be integrated into each initiative.

5. Context

The respective Mental Health, Protection and Care, Juvenile Justice and Drug Treatment services are designed and delivered to meet specific needs of clients. Each service responds to a problem—mental illness, child abuse, juvenile crime, substance abuse—that has been identified as needing public attention and government action.

Although these problems have long existed, the origins and history of each of the contemporary program responses differ. Each problem is regarded as significant in its own right and worthy of continued development of a specialist expert response. To ensure effectiveness and consistency, each of these responses has designated eligibility criteria for a 'client' of the service. Each of these services hold that client need must determine the nature of the program response. Ongoing efforts to improve each of the responses to these problems ask, 'What best meets a client's needs in relation to this problem?'

Blumer (1971)¹ identifies five stages in the public recognition of a social problem: 1) emergence of the problem, 2) legitimisation of the problem, 3) mobilisation of action with regard to the problem, 4) the formation of an official plan, and 5) the transformation of the official plan to its empirical implementation.

In recent years, public attention has been increasingly drawn to the frequent **coexistence** of mental illness, child abuse, juvenile crime, substance abuse (and other) problems and the need for an official plan to respond to clients who need two or more such services. Every day, services are faced with the challenge of increasing numbers of joint clients. Client involvement with multiple services demonstrates their added vulnerability and the complexity of their needs.

Media reports, coronial inquests, program reviews, child death inquiries, the Auditor General's review of Child Protection, judgements of criminal, family and magistrates' courts point to deficits in cooperation between these services to the detriment of clients. All programs have developed specific service responses to such criticisms, yet criticisms continue.

The solution might be more effective implementation of the program specific responses to deficits in cooperation between services. Perhaps these responses are not widely enough known, not understood, not embraced by, or not achievable for all relevant parties. Or it might be that the solutions to these deficits have not fully addressed an underlying problem.

1. Blumer, H. (1971), Social Problems As Collective Behaviour, *Social Problems*, 298-306.

Inherent in the desire to achieve better outcomes for clients with multiple problems is the tension between having sufficient specialist expertise to deal with the nature and intensity of each of these specific problems while providing services to clients which are coherent, viable and respectful of the whole person. This tension may need to be better understood before solutions can be fully effective.

From the perspective of a client with two or more problems, dilemmas exist about their right to confidentiality and to choose to receive a service. For a client receiving two or more services, there is increased chance of conflicting advice or diagnosis, competing service demands and requirements, having to deal with too many professionals or no-one taking responsibility for service provision, believing responsibility lies elsewhere.

Services are confronted with the need to identify and understand other service involvement, negotiate coordinated interventions and address differences of opinion about which services should be involved. Services must ask, 'What best meets a client's needs in relation to each of these problems?' and 'How can the integrity of each response be sustained?'

In this demanding environment, practitioners seek clinical and practice solutions to impacts of severe abuse and neglect, significant emotional and behavioural disturbance and extreme risk taking behaviour. It is likely that no one clinical or practice framework can provide the practice innovation increasingly needed. It is possible that some of these clients need new approaches to their problems. Programs and practitioners must ask, 'Does the coexistence of each of these problems change the nature of the response required?'

6. Issues

Good models of cooperation exist but are not widely known or promoted. Program specific initiatives fall short through lack of inter sectoral understanding and sponsorship. Service specifications point to collaboration but cannot substitute for assertive leadership and a willingness to solve problems in their varied presentations.

Skilful and effective work across programs is not universally acknowledged or rewarded. Inter sectoral protocols are often not progressed with local implementation plans to support ongoing effort. There is still much room for improvement in the quality of cooperation between services and the quest to understand the inherent tension in working together. The following issues are thought to be significant.

6.1 Systems and Structures

Each service has its own legislative requirements and has developed its own set of policy and program standards. Legislation and policy govern duty of care and service accountability, eligibility for service, requirements and limitations of service delivery, authority for decisions, funding relationships and monitoring and review mechanisms. The key legislation and policies have been developed at different times and for differing purposes.

The respective systems and structures for services represent different types of purchaser and provider power and influence and a variety of professional approaches and clinical paradigms.

Service provision is based on differing geographical boundaries and structural models. Systems for access, intake and referral processes, assessment of need, waiting time, case management and flexibility of out of hours service delivery are all examples of differences between services.

6.2 Communication

Communication between services relies primarily on worker to worker contact. Such contact is frequently the result of a crisis and less often an attempt to anticipate best service delivery for a client. Computer information systems are a feature of each of the services but are not linked to one another. Some guidelines and protocols for information sharing have been produced but their value and use has not been examined.

Some local forums for information sharing and problem solving have been established but they are not consistent across the State.

Promotion and availability of information and training is largely specific to each of the services. Recently introduced opportunities for joint training remain limited.

The need for sharing of client information between services raises the complexities of privacy and confidentiality.

6.3 Leadership

Leaders of each of the services have a crucial role in managing the delivery of adequate, appropriate and timely service provision. Notwithstanding the challenges of systems and structures, leaders must intelligently referee debates about service inclusion, arbitrate the conflicts and disputes that arise among their staff and influence sensible modification of procedures.

Leaders can ensure a client-centred focus, empower others to create innovative solutions, and model a willingness to work together rather than blame one another for challenges and problems. Leaders have a fundamental role in managing the perception among their staff that service cooperation is essential to good results for clients by showing that all efforts to overcome barriers are valued.

6.4 Priorities, Roles and Responsibilities

One of the major risks of multiple service provision to a client is competition for the client's focus and input. For each of the services, risk management of a client involves an assessment of needs, the development of a plan and the implementation of a response, monitored through case management.

Working together involves clear identification of the priority of risk and needs, processes for agreeing on management plans, coordination of case manager allocation and clarification of the different case management roles.

6.5 Benefits of Cooperation

In order to sustain efforts at service cooperation benefits to clients need to be known and shared. At present few sources of information exist about service outcomes for clients or client perceptions of their involvement with services.

Monitoring, data collection and management information are all service specific and currently limit the capacity for review of joint service activity. The development of relevant shared information would enable greater acknowledgment and reward for service cooperation.

7. Phase 1—Focus on Adolescents

The first phase of the *Working Together Strategy* effort will centre on young people (generally) aged 12–18 years whose needs relate to two or more of the participating programs.

7.1 Service Delivery Context

Services provided by Mental Health, Protection and Care, Drug Treatment Services and Juvenile Justice are directed towards particular client groups. However, the *Working Together Strategy* will also require a focus on the issues that arise as a result of the respective service areas being a consumer of each other in the delivery of services.

The Mental Health framework for service delivery consists of three programs:

- Child and adolescent (0–18 years)
- General adult
- Aged persons.

The Protection and Care Branch framework for service delivery comprises:

- Child protection (0–17 years)
- Placement and support (0–17 years).

The Juvenile Justice framework for service delivery comprises four programs:

- Community order supervision (10–16 years)
- Custodial supervision (10–16 years)
- Custodial and parole supervision (17–20 years)
- Specialist support services.

The Victorian Specialist Alcohol and Drug Services framework for service delivery comprises two programs:

- Young people up to 21 years
- General adult.

In the first instance, within these parameters, the *Working Together Strategy* is targeted at improving joint service delivery to those adolescents between the ages of 12 and 18 years inclusive and their families/carers, who require the services of at least two of Mental Health, Protection and Care, Juvenile Justice and Drug Treatment Services.

7.2 Definitions

Although the focus of this Strategy is on improvement in inter sectoral service provision by Mental Health, Protection and Care, Juvenile Justice and Drug Treatment Services to a shared client group, in practice, a common definition as to who constitutes this group is not always shared between the sectors. Agencies and program areas at times have differing views as to what services are needed by a particular client, who should provide these services and who should take lead agency responsibility.

For the purpose of the Strategy and to assist in addressing this complexity, 'client' means those who are viewed by Protection and Care, Mental Health, Juvenile Justice or Drug Treatment Services as needing the services of the other service sector.

8. Strategic Initiatives

The *Working Together Strategy* will be developed and enhanced through a sustained program of work over the coming years. The 1999 calendar year will see the development and implementation of a number of key initiatives.

At statewide level, shared responsibility for client outcomes will be heightened through:

1. A quality improvement project to develop and implement a **self assessment tool**. A statewide report, by region, will identify areas for improvement.
2. Identification of **local, national and international best practice** through relevant literature and program reviews.
3. **Statewide forums** for leaders, managers and practitioners to promote existing good practice and urge its further development.
4. Resourcing **regional activities** with strategy requirements and documentation.
5. Examination of opportunities for **recognising and rewarding improvements** in service cooperation through utilising, for example, key performance indicators and regional service agreements.
6. **Implementation of the outcomes of a recent review of adolescent deaths** as a shared program response.
7. Consideration of the most appropriate response to adolescents at very high risk for whom there is currently no adequate **accommodation and extended treatment** response.
8. Regions identifying, monitoring and reporting progress in working with up to six shared clients in the form of **case studies**.
9. Examination and resolution of systemic issues between service systems through service and clinical guideline development
10. The *Working Together Strategy* will be subject to regular review in order to ensure that it is achieving its stated objectives. It is expected that the first **evaluation of work to date** will occur in early 2000.

Regions will increase their service system effectiveness through:

- Local promotion of the Strategy and its aims and providing a key contact for statewide involvement.
- Participation in the self assessment process and development of the consultant's report.
- Ongoing sponsorship of inter sectoral problem solving for joint clients.
- Identification of key regional issues including quantum of joint clients, definitions of high risk and complexity and priorities for regional action.
- Monitoring of six significant joint clients over six months and preparation of their case studies as models of service cooperation.

8.1 Self Assessment Tool

A statewide quality improvement process will be conducted which in the first instance targets clients up to 18 years of age.

The first stage of the process will involve a review of inter sectoral service provision. The process will build on the already established mental health Quality Improvement Strategy (*Evaluation of Child and Adolescent and Adult Mental Health Services Responsiveness to the needs of Statutory Clients and their Carers*). This new ***Evaluation of Protection and Care, Mental Health, Juvenile Justice and Drug Treatment Services' Responsiveness to the needs of Multi Service Clients*** is a one off activity which will produce a descriptive analysis of each regional service system.

A self assessment instrument will be developed by the project consultant, for use by regions, covering areas of inter sectoral service provision and collaboration. The tool will be developed to provide a means of qualitative and quantitative data analysis to report on service provision to clients requiring two or more of the *Working Together Strategy* services.

Key areas of interest will include:

- Identification of existing inter sectoral service provision activities that are viewed as best practice.
- Identification of issues and barriers to inter sectoral service provision.
- Identification of opportunities for strengthening inter sectoral service delivery within current resource levels.
- Exploring key concepts of service collaboration and coordination.

The methodology includes provision of the draft evaluation protocols and instrument to service providers for comment. The consultant will conduct a series of workshops to elicit views concerning the approach and redistribute materials for final comment. Amendments will be then be incorporated to produce the final evaluation tools.

An evaluation will then be undertaken by each Department of Human Services region, supported by the project consultants and, on completion, a summary report will be prepared and submitted to the steering committee. A draft statewide summary report detailing the evaluation outcomes will be produced and circulated to regions for comment. Following the completion of the evaluation, forums will be held to discuss and present the findings providing the basis for region specific implementation.

8.2 Local, National and International Best Practice

A literature search examining models of service coordination and collaboration will be conducted. A report will be widely distributed to assist in the development of service models, outcome and performance measures that relate to inter-agency coordination.

8.3 Statewide Forums

A series of statewide forums will be initiated and sponsored jointly by YAFS and ACMH divisions. The forums will be an opportunity for the Strategy to be promoted, discussed and refined. Managers and practitioners will share problems and solutions for joint service provision to clients. Local, national and international speakers will reflect on the emerging body of knowledge on clients with multiple needs and participants will have the chance to strengthen their networks across programs and across the State. It is intended that three of these forums be held during 1999.

8.4 Regional Activities

Department of Human Services Regional Offices will nominate a contact person for coordination of statewide activities and will actively participate in the *Working Together Strategy* through direct involvement in number of statewide projects. Many regions have already established relevant project management groups and processes and will build on achievements providing leadership to other regions where progress is slower. Regionally initiated activities will complement the statewide projects and focus on particular local needs. At regional level it may be appropriate to seek direct participation of other services not included in the Strategy.

It is recognised that the current levels of inter sectoral good will and best practice must be maintained throughout the life of the *Working Together Strategy*. With this in mind, the service enhancement activities will be designed to ensure that a statewide approach is adopted to create a synergy between all regions. Regions will have a leading role in areas such as:

- The sponsorship of joint training, professional development and research across the service sectors.
- Development of output/outcome key performance indicator's for integrated service provision.
- Involvement in joint service forums that explore and extend a local understanding and implementation of collaboration.
- The establishment and utilisation of a *Working Together Strategy* regional project management group involving representatives of all sectors that will provide a forum for further regional development of inter sectoral initiatives.

8.5 Valuing Working Together

The Working Together Steering Group will examine opportunities for recognising and rewarding improvements in service cooperation by utilising, for example, key performance indicators and regional service agreements.

An important aspect of all the *Working Together Strategy* activities is the search for the most appropriate ways to give meaning and value to 'working outside the box' when faced with clients whose needs cannot be met by one service. The technology and attitude required for this challenge needs to be creative, lateral and innovative.

8.6 Adolescent Death Review

This review was commissioned by the Victorian Child Death Review Committee in conjunction with the *Working Together Strategy* steering committee to address issues arising from the investigation of individual client deaths, and, in particular, propose action to address a recurring theme of service coordination.

More specifically it aims to:

- Identify common themes and issues arising from individual inquiries into 16 client deaths between 1994 and 1998 with a particular emphasis on inter sector coordination.
- Scope further work required to address critical interface issues between Protection and Care, Juvenile Justice, Mental Health and Drug and Alcohol services arising from the inquiries.
- Provide recommendations for action by the *Working Together Strategy* and the individual programs.

The Working Together Steering Group will oversight the implementation of recommendations arising from this project.

8.7 Accommodation and Extended Treatment Review

Protection and Care and Mental Health have established a project focusing on an extremely high risk group of young people up to 18 years of age (with specific regard to 11–16 year olds) who display long term, severe, challenging behavior and significant mental health issues including self harm.

This project is being undertaken in order to improve service provision to a very small and targeted group of highly challenging young people, who are usually subject to a custody and guardianship order and require intensive treatment and care to meet their specific needs. It is recognized that the current service system often struggles to meet these needs.

Specific outcomes of the project include:

- Determination of the characteristics and needs of this small group of young people.
- Mapping of the service responses that are currently available and that are already employed in addressing their needs.
- Identification of the nature of service gaps for the identified target group.
- Identification of barriers to optimum service delivery.
- Analysis of literature to identify national and international best practice models.
- Recommendations on and specification of treatment and care service options, including better use of existing services.

8.8 Case Studies

Regions and agencies will be asked to identify, track, monitor and report on progress with up to six clients needing multiple services. It is anticipated that this will be in the form of non-identifying case studies which can be disseminated across all services.

Case studies will be a means by which systemic problems can be identified and responses assessed by the services involved. They will also provide a useful body of practice information for exploring the dimensions of clinical paradigms and profession-specific approaches.

8.9 Evaluation of Working Together Strategy

Consultants will be engaged to review the *Working Together Strategy* early next year. It is expected that the process will examine progress to date, make recommendations to the steering committee on areas in need of improvement and areas for further work.

9. Phase 1

9.1 Outcomes

1. The identification, development, trial and evaluation of best practice in direct care service delivery to the target group that enhances inter sectoral service provision and working together within the specified catchment area.
2. Evidence of improved collaboration between Mental Health, Protection and Care, Juvenile Justice, Drug Treatment and other relevant agencies.
3. The development of strategies to incorporate knowledge gained from the project into ongoing mainstream service delivery.
4. The development and agreement by the service sectors on service provision processes, methods and mechanisms for conflict resolution when differing views arise between staff. Increased satisfaction of staff, stakeholders and consumers regarding joint service provision.

9.2 Outputs

1. A *Working Together Strategy* document.
2. A project brief and final report for each phase of the Quality Improvement Process.
3. For the *Evaluation of Protection and Care, Mental Health, Juvenile Justice and Drug Treatment Services' Responsiveness to the needs of Multi Service Clients'* the following will be produced:
 - Evaluation materials including a regional self assessment tool (produced by the project consultant).
 - Nine regional summary reports (one from each Region).
 - A statewide Summary Report (produced by the project consultant).
4. A series of issues papers.
5. Final reports of service enhancement projects.
6. A literature review.
7. Quarterly inter sectoral newsletters.
8. A *Working Together Strategy* evaluation report.

10. Appendix A: Strategy Management Structure

The project management structure comprises a Steering Group, the Working Together Advisory Group and a Project Team.

Steering Committee (WTSG)

Andrew Stripp	Assistant Director, Mental Health (Chair)
Margaret Wagstaff	A/Assistant Director, Protection and Care
Gill Parmenter	Assistant Director, Youth Services
Laurie Bebbington	Manager, Drug Treatment Services
Christina Fleischer	Manager, Child Protection.

Working Together Advisory Group (WTAG)

Andrew Stripp	Assistant Director, Mental Health (Chair)
Margaret Wagstaff	A/Assistant Director, Protection and Care
Gill Parmenter	Assistant Director, Youth Services
Christina Fleischer	Manager, Child Protection
Terry Garwood	Regional Director, Hume Region
Pam White	Regional Director, Eastern Region
Jan Collett	Manager, Provider Management, Northern Region
Wendy Middleton	Manager, Client Services, Grampians Region
Laurie Bebbington	Manager, Drug Treatment Services
Paul McDonald	Chief Executive Officer, Youth Substance Abuse Service
Chris Asquini	Manager, Youth and Family Services, Western Region
Dr Neil Coventry	Director, Austin & Repatriation Medical Centre, CAMHS
Pam McKenzie-Trail	Manager, Juvenile Justice, Loddon Mallee.

Appendix B: Department of Human Services 3-Year Strategic Framework

MISSION					
To ensure that the people of Victoria have access to services that protect and enhance their social well being and to best allocate available resources to meet their needs.					
KEY RESULT AREAS					
Protect and care for those at risk.		Be responsive to client needs.		Be accessible.	Be focussed on performance and efficient management.
PRIMARY DEPARTMENTAL GOALS 1998/99 TO 2000/01					
Improve services for the most vulnerable sectors of the client population.	Improve and maintain high quality services and facilities.	Strengthen population wide interventions and outcome measurement to underpin sectoral strategies.	Strengthen service integration to better tailor services to clients' needs.	Achieve a more adequate mix and equitable distribution of human services.	Drive further performance improvement in purchased and directly delivered services.
KEY 3 YEAR STRATEGIES					
Deal with the most urgent unmet needs.	Provide safe and secure facilities for the Department's clients.	Utilise evidenced-based research to underpin responsive service model development inform resource allocation.	Implement models of more integrated service purchasing tailored to the life stage or continuing care needs of clients.	Meet and manage demand for increased services arising from population and technology changes.	Extend the level of contestability and private sector involvement in the human services sector.
Implement sectorial strategies to address the needs of priority target groups.	Continuously improve the quality of human service delivery.	Strengthen early intervention and prevention services to reduce inappropriate and unnecessary use of tertiary services.	Modify service products to address identified gaps in service provision.	Develop and maintain the viability of essential human services in local communities.	Maintain a high level of technical efficiency in hospital service provision.
		Maintain and strengthen Victoria's leadership in medical research.		Better utilise technology to improve access to services, particularly in rural areas.	Enhance electronic service delivery and use of information technology across the human services sector.
				Better utilise capital infrastructure to improve community access to local services.	Contribute to the reform of inter governmental finances and clarify responsibilities.
					Achieve best practice performance

					measurement within the Victorian Public Sector
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12. Appendix C: 1999–2000 ACMH and YAFS Projects

Listed below is a brief outline of key projects currently being implemented by the two Divisions in relation to adolescents.

Drug Treatment Services

A specialist drug treatment service system has been developed to support vulnerable young people involved in substance abuse. Services include youth outreach, youth counselling, home based and residential withdrawal, peer support and alcohol and drug supported accommodation for young people. A Youth Substance Abuse Service (YSAS) has been established consisting of a residential unit, youth outreach teams based at eight identified hotspots throughout the State, a funding pool to ensure a package of services are available for young clients on a case by case basis and a training unit. Four residential withdrawal units and 11 home based withdrawal services for young people will be established in 1999.

Under the *Turning The Tide* services have been established or expanded for young people in the Juvenile Justice system, consisting of the provision of counseling for individuals and groups, peer education, a flexible service purchase pool and outdoor and personal development programs. Further initiatives for young people include the Drug Diversion Pilot program which provides a cautioning option with treatment to persons arrested for use or possession of illicit drugs other than cannabis. A pilot extension of the *Turning The Tide* forensic initiatives—Community Offenders Advice and Treatment Service (COATS) and Intensive Post Prison Release Drug Treatment Service (Stepout) to provide drug treatment for young people leaving juvenile justice youth training centers will also run in 1999.

Drug Education for First Offenders provides drug education for offenders convicted of possession of small amounts of illicit drugs (other than marijuana) who receive a bond with an undertaking to attend such education.

The *Turning The Tide* prevention initiatives include the Illicit Drug Users Peer Education Projects such as The Flats (an assessment of information needs of high risk, current illicit drug users from the high rise, housing commission area of two inner Melbourne suburbs), RaveSafe (aimed to improve the level of information and education about drug use, unsafe practices and drug and health services to those in the rave party subculture), Summer/Autumn Events Peer Education Projects (provided factual information regarding alcohol and cannabis, to mainstream young people no longer in the school system aged between 16 and 22 years) and a media design and production involving cinema, radio and youth magazine advertisements.

The *Turning The Tide* strategy is allowing a systematic exploration of substance abuse issues regarding young people. Projects include Young People Drugs Needs Analysis, Developing Best Practice Drug and Alcohol Treatment and Support Service Models for Young People of a Cambodian, Laotian or Vietnamese Origin, Development of Best Practice Models for Effective Interventions in Dealing with Problematic Drug Use by Young People in Juvenile Justice Youth Training Centres and Involving Families in Treatment of Young People with Problematic Drug Use.

Other initiatives include:

- **Acquired Brain Injury and Alcohol and Drug (ABI/A&D) Problems: Better Practice Project.**

This is a joint project between Drug Treatment Services and Disability Services which commenced in 1997 and is due to be completed on 30 June 1999. The purpose of the project is to improve accessibility and effectiveness of service responses for people with an acquired brain injury and co-existing alcohol and drug problem. The project comprises three phases: phase 1—the identification of current problems and service needs of clients, phase 2—the implementation of a range of interventions to support assessment and services access and phase 3—the development and implementation of training for workers.

- **The Protocol between Child Protection and Drug Treatment Services** was last reviewed in 1995. The Protocol will be updated and will be re-issued.

- **Research Project into Developing Best Practice Models for Effective Interventions in Dealing with Problematic Drug Use by Young People in Juvenile Justice Youth Training Centres.**

The aim of this project is to identify a comprehensive framework for effective interventions in dealing with problematic drug use by young people in Juvenile Justice Centres. In order to make appropriate recommendations to the Department, the study will critically review and analyse current practice and programs in relation to substance abuse by young offenders at Malmsbury, Parkville and Melbourne Juvenile Justice Centres, investigate innovative models in addressing the drug treatment needs of young offenders in custody and hold focus groups with Juvenile Justice Centre staff and clients. The CEOs of all Juvenile Justice Centres and the YAFS Juvenile Justice Unit helped shape the project and are on the Project Reference Group with the Drug Treatment Services Unit.

- **Intensive Post Prison Release Drug Treatment Service (Stepout) Juvenile Justice Pilot.**

A 12-month pilot project to extend the Intensive Post Prison Release Drug Treatment Service (Stepout) to include offenders leaving Malmsbury, Melbourne and Parkville Juvenile Justice Centres. Stepout will work with the Juvenile Justice Health Team to link the offender, while incarcerated, with a Youth Alcohol and Drug Outreach Worker who will both work with the

- young person, once released, and link him/her to the appropriate drug treatment services. The pilot has been designed in close consultation with the Juvenile Justice Unit and Juvenile Justice Centre CEOs.
- **Community Offenders Advice and Treatment Service (COATS) Juvenile Justice Pilot:** A pilot project to extend the Community Offenders Advice and Treatment Service (COATS) to young people who are on parole from Malmsbury, Melbourne and Parkville Juvenile Justice Centres. COATS will work with Juvenile Justice Officers in assessing and preparing drug treatment plans for young people eligible for parole and will purchase appropriate drug treatment services for these young people upon their release from custody. The Department of Human Services Regional Juvenile Justice worker will act as case manager. The pilot has been designed in close consultation with the Juvenile Justice Unit and Juvenile Justice Centre CEOs.
 - **Involving Families in the Treatment of Young People with Problematic Drug Use:** This research project is examining ways in which Victoria's Drug Treatment Service System can best work with families and/or carers of young people with problematic substance use, in order to effectively engage them in the treatment process for the young person and to provide support to the family and/or carer which is timely and addresses their needs. The project commenced in August 1998 and will be completed in early 1999.

Protection and Care

In recognition of the need to improve the service response to high risk adolescents and ensure that high risk young people receive services that meet their needs, the Protection and Care Branch embarked on a rigorous quality improvement program with a review of Placement and Support Services response to high risk adolescents. The *Overview of High Risk Adolescents in Placement and Support Services 1997* was the culmination of this process and formed the platform for the development of a new quality improvement initiative for high risk adolescents.

In April 1997, Protection and Care Branch received \$5.2 million recurrent funding to provide a highly targeted, intensive response for high risk adolescents. This included the development of a coordinated and Intensive Case Management Service through the enhancement of five existing Intensive Youth Support Services and the establishment of four new rural services. These services comprise the employment of specialist child and mental health and drug and alcohol direct care staff. To enhance the capacity and service provision, funds totaling \$441,000 were allocated to the two secure welfare services programs to provide a strengthened multi disciplinary staffing and management structure.

The High Risk Adolescents Service Quality Improvement Initiative comprises an integrated service response which includes three key service components which are;

intensive case management, brokerage funds and one to one home based care and is a highly targeted service response to a specific group of highly vulnerable, at risk young people.

Funding has been allocated through *Turning The Tide* to provide extensive training on alcohol and drug issues to Protection and Care workers over the period January 1999 and June 2000. This project will be known as the YAFS Turning the Tide In-Service Training Initiative.

As part of the Towards Business 21 initiative there is an examination of the case management of individuals who are clients of multiple programs and services is being undertaken, with a view to identifying opportunities to re-design work processes and improve information systems. Some activities will include a client survey, a client volumes list and continued workshops examining case management processes.

Juvenile Justice

The Turning the Tide Juvenile Justice 'Gaps Initiative' will realise extra funding of \$1.1 million for specialist substance abuse counsellors including Indo-Chinese and young women offenders, withdrawal management in custody and enhanced flexible purchase pool for metropolitan and rural regions. There is also a major staff training initiative for juvenile justice workers on drug assessment, treatment, referral skills and associated issues.

Youth Services: Education and Welfare

As part of the Victorian Government's response to the recommendations of the Suicide Prevention Taskforce report, student welfare and support services are being significantly strengthened to provide increased access to expertise in the area of student counselling, welfare and support services. An additional \$8.08 million has been provided to supplement the current services provided by guidance officers, social workers and other agencies to schools in the Department of Education. Increasingly the emphasis will be on preventive strategies and approaches.

In addition, \$4 million has been allocated to the Department of Human Services to support the development of coordinated service provision for students and youth at risk, in partnership with the Department of Education. These funds will be supplemented by \$1.02 million previously used to fund the Department of Education's Extra Edge Program. This will involve the implementation of a model for integrated student welfare support that addresses all levels of response to the needs of students and families both within the Department of Education and Department of Human Services and across relevant departments and agencies. Resources will be allocated on a regional basis with outsourced services provided to identified school and community clusters.

The Department of Education is implementing various strategies in support of the *Turning The Tide Strategy Against Drug Abuse*. Department of Education's major Turning the Tide initiatives include the Individual School Drug Strategy (ISDES) which ensures that drug education is included as a core component in the health curriculum of schools. ISDES provides professional development for teachers, copies of guidelines and core support materials and other promotional activities to raise awareness about alcohol and drug issues. The Connect Project under ISDES identifies the roles of different agencies in providing and/or facilitating information dissemination and gathering.

Mental Health

The Substance Abuse and Mental Illness Treatment Team (SUMITT) is a two year pilot project which aims to improve service delivery to people with a dual diagnosis of substance abuse and mental illness through:

- Actively encouraging linkages between drug treatment and mental health services.
- Identification of best practice models.
- Providing and coordinating training and professional development.
- Facilitating service innovation and applied practice research.

The document *Victoria's Mental Health Services and Protective Services, Working Together: A Guide for Protective Services and Mental Health Services Staff* was developed by Mental Health and Protection and Care and launched in May 1998. The guide outlines the roles and responsibilities of each service area and provides information on how to access each service. Focussed on improving service delivery to those who are clients of both service systems, this guide provides valuable information for staff of public mental health and Protective Services.

The Family Sensitive Training for Mental Health Staff (Fa.S.T.) conducted by Bouverie Family Centre aims to improve the sensitivity and responsiveness of mental health staff to the needs of families. Focussing on ways to develop treatment partnerships with families, this training was conducted across the state throughout 1998 and involved staff from both mental health and other health and welfare services.

In 1995, Child and Adolescent Mental Health Services were funded for Mental Health Intensive Youth Support Service (MHIYSS) positions. These staff provide mental health assessment, treatment and consultation for clients of the Intensive Youth Support Services (IYSS) established by regional Protective Services (now called the Intensive Case Management Service).

The target population for MHIYSS is young people aged between 13 and 18 years, who are statutory clients and who have developed, or are at risk of developing serious

psychological and psychiatric difficulties. The MHIYSS workers aim to increase the responsiveness of mental health services to the identified target group and also assist the IYSS workers increase their understanding and skill of mental health problems amongst their clients.

The specialist Dual Disability Service operates on a statewide basis. It provides consultation and assistance to public mental health services in relation to assessment and treatment of clients with an intellectual disability as well as a mental illness.

As part of the Mental Health Branch Quality Incentive Strategy, '*The Evaluation of Child and Adolescent, and Adult Mental Health Services' Responsiveness to the Needs of Statutory Clients and Their Carers* project will involve the development and implementation of an evaluation of child and adolescent, and adult mental health services responsiveness to the needs of statutory clients—clients of Child Protection or Juvenile Justice services—and their carers. The project brings a focus to the interface between mental health services and child protection and juvenile justice services and the intersectorial activities that underpin an effective service response to a shared client group. The evaluation will be conducted in 1998–99 and 1999–2000.

13. Appendix D: Activities and Timelines

Develop and implement a self assessment tool.	July 1999
Literature and program review.	August 1999
Statewide forums (3 x 1999)	March, July, December
Resourcing regional activities with Strategy requirements and documentation.	Ongoing
Examination of opportunities for recognising and rewarding improvements in service cooperation by utilising, for example, key performance indicators and regional service agreements.	October 1999
A review of adolescent deaths and development of a shared program response.	March 1999
Consideration of the most appropriate response to adolescents at very high risk for whom there is currently no adequate accommodation and extended treatment response.	June 1999
Regional case studies to examine client issues. (Regions will identify, monitor and report progress in working with up to six shared clients in the form of case studies).	September 1999
Communication—Newsletter (bi-annually).	May, November 1999