

**Forging stronger partnerships to
address homelessness**

“Let’s make it happen !”

WA SAAP Protocols

Protocols between

**Department of Health WA
Drug and Alcohol Office**

and

**Department for Community Development
SAAP funded services**

in order to improve linkages between

Drug and Alcohol sector services

and

SAAP services

The Supported Accommodation Assistance Program (SAAP) is jointly funded
by the Commonwealth and State/Territory Governments.

FOREWORD

This Protocol acknowledges the agreement between the Drug and Alcohol Office Department of Health WA (DAO) and the Department for Community Development (DCD) to work collaboratively to enhance operational relationships between Alcohol and Other Drug services (AOD services) and Supported Accommodation Assistance Program (SAAP) services with the purpose of ensuring improved outcomes for mutual clients.

This protocol has been developed by the SAAP Protocol Project in consultation with a working party comprising of relevant DAO and Department for Community Development staff together with representatives from AOD and SAAP funded services.

A copy of this Protocol will be distributed to all SAAP and AOD services in Western Australia.

It is recognised that, SAAP services are, in essence, linkage services. Likewise, developing effective interagency linkages is also a major function of the AOD services. The challenges for achieving better client outcomes for mutual clients as well as improved service delivery are increasingly dependent on improved communication processes being established and maintained at and between all levels, including;

- strategic policy and planning
- program planning and management
- service delivery

This Protocol addresses issues of consultation and information sharing at a strategic policy and planning level as well as planning of services and program management. Interagency cooperation and coordination at this level will support the development of individual protocols between funded agencies at the service delivery level.

It is hoped that these protocols will encourage the development of effective working relationships and local linkages between service providers. Additionally, a WA SAAP Protocols Project File has been developed for SAAP services incorporating a guide and other support material for developing interagency protocols at the local level.

Let's make it happen!

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1. RATIONALE FOR THE PROTOCOL

Strong coordination between the Drug and Alcohol Office (DAO) and the Department for Community Development (DCD) both at a departmental level and between their respective direct service delivery agencies, is necessary to both improve the outcomes for people requiring services, and to improve the quality of services provided.

DAO and DCD funded services have a shared client group. This includes clients whose homelessness or risk of homelessness, is either directly or indirectly linked to problematic alcohol and/or other drug abuse.

DAO and DCD have a shared responsibility for serving the needs of people who require the professional assistance of both SAAP and DAO services.

A collaborative relationship between DAO and DCD will ensure that common issues and any overlap or gaps in agency response can be dealt with effectively to enhance the service received by clients. A commitment to effective collaboration and coordination for SAAP clients is important at and between all levels including:

- strategic policy and planning
- program planning and management
- service delivery

This document addresses coordination at policy, planning and program management levels, and sets a foundation for the development of protocols between service providers at the local level.

This protocol has been agreed to by the Executive Directors of both agencies. It provides a context within which staff and funded services can work together to improve the outcomes and quality of service for SAAP clients.

NOTE

This document is a revised version of an earlier protocol that was endorsed by the Executive Directors of the former Western Australian Drug Abuse Strategy Office (WADASO) and Family and Children's Services in September 1999.

The protocol was refreshed in June 2003, in line with the creation of the Drug and Alcohol Office within the Department of Health and change for the Department of Family and Children's Services in becoming the Department for Community Development.

The revised protocol has been circulated for consultation amongst a group of representatives from SAAP services and Drug and Alcohol services. The processes and agreement contained within reflect quality practice and continue endorsement from the Executive Directors of the Department for Community Development and the Drug and Alcohol Office.

2. AGENCY DESCRIPTIONS

DRUG AND ALCOHOL OFFICE (DEPARTMENT OF HEALTH WA)

The Drug and Alcohol Office (DAO) is an initiative of the State Government and was formed on recommendation 21 of the Community Drug Summit. DAO amalgamates the drug and alcohol related activities of the WA Drug Abuse Strategy Office (WADASO), Next Step Specialist Drug & Alcohol Services, the Department of Health's Alcohol & Drugs Policy Branch, and the Alcohol & Other Drugs Program within the Health Enhancement Branch of the Department of Health. DAO now incorporates the funding roles and service functions of all these units.

A key role of DAO is to coordinate the implementation of the across government Drug and Alcohol Strategy 2002-2005. This strategy, provides direction for the combined efforts of Government (including funded non-government organisations) and the community at large. A strong emphasis of the 'whole of Government' focus in the strategy is to enable an improved continuity of care for all.

To further enhance the Strategy, the Drug and Alcohol Office has produced Models for 'Drug and Alcohol Prevention and Early Intervention' and 'Drug and Alcohol Treatment and Support Services'. Both documents provide a comprehensive framework for specialist drug and alcohol services, targeted to community needs.

The Drug and Alcohol Treatment and Support model aims to ensure that a comprehensive range of community orientated support services are provided in such a way as to maximise access and equity in service delivery.

The model provides for a streamlined system of care and a more coordinated response from the agencies and individuals involved. The following key services have been identified as essential components of an integrated treatment and support model:

- withdrawal services (both residential and home based);
- pharmacotherapies;
- counselling and support;
- residential rehabilitation;
- youth specific residential and respite services; and
- blood borne viruses (BBV) programs.

A continuum of treatment interventions will be provided by general practitioners, community based AOD services and the wider health system. The needs of families, youth, Indigenous people and people living in regional and remote are particularly highlighted.

One key to the model is the development of linkages with all relevant government and non-government agencies providing drug related health education, youth, welfare, justice, housing, education and employment services, and with local communities. In this context, the development of a joint protocol with Supported accommodation support services is both a significant and timely for DAO.

NOTE!

For further information on DAO and AOD services contact the Alcohol and Drug Information Service, Drug and Alcohol Office on (08) 9442 5000, or 1800 198 024 or check the DAO website address <http://www.dao.health.gov.au>

THE DEPARTMENT FOR COMMUNITY DEVELOPMENT

The goal of the Department for Community Development is to enhance the quality of life in communities throughout Western Australia by:

- advancing the general well-being of families, individuals, and groups within the community, particularly those who are disadvantaged;
- providing and promoting preventative community support and assistance to people, which may reduce the need for welfare services;
- preventing maltreatment, neglect and exploitation of children.

An important program for achieving these aims is the Supported Accommodation Assistance Program (SAAP).

Supported Accommodation Assistance Program (SAAP)

SAAP is a joint Commonwealth/State program administered in Western Australia by DCD.

SAAP Aims

The aim of SAAP is to assist people who are homeless or at imminent risk of becoming homeless, and in crisis, to achieve the maximum possible degree of self-reliance and independence. This includes people who are experiencing long term homelessness, and those escaping domestic violence.

Assistance is aimed at the resolution of crisis, re-establishment of family links where appropriate, and reintegration into mainstream society. This is achieved by providing, or actively promoting, access to a range of services including accommodation. The degree to which this is achieved for each person varies.

Program Management

A Commonwealth/State SAAP Agreement and National Strategic Plan sets broad parameters and directions for the program. The plan identifies goals, priorities and specific gaps needing addressing.

DCD purchases SAAP services from the non-government sector. The variety of SAAP services across WA addresses the specific needs identified within the SAAP State Plan. SAAP funds are used to purchase services against generic service specifications for seven types of service as follows:

- Domestic Violence Supported Accommodation Services
- Domestic Violence Support Services
- Supported Accommodation Services for Young People
- Services for Young People
- Supported Accommodation Services for Families and Single Adults
- Supported Accommodation Assistance Program: Day Centres
- Counselling Services

Currently DCD has 123 Service Agreements for the provision of SAAP services. A list of the current SAAP services and the contact information can be accessed from the Department for Community Development website.

NOTE!

For further information on SAAP and SAAP funded services contact
The Senior Policy Officer SAAP on (08) 9222 2641
or the local Community Development and Funding Officer
at regional offices of the Department for Community Development

3. THE AIMS OF THE PROTOCOL

The aims of the Protocol between DAO and DCD are:

1. To enhance the working relationship and communication between DAO and DCD for SAAP clients in respect of:
 - strategic policy and planning
 - program planning and management
 - service delivery.

2. To establish and nurture a collaborative relationship by which DAO and DCD promote and assist the development of operational protocols between their respective funded services.

3. To acknowledge the process of establishing and maintaining effective interdepartmental and interagency agreements requires a commitment of time and resources by all participants.

4. PRINCIPLES

The principles underpinning this Protocol include:

1. The best interests of the client are the primary focus for the development and implementation of this Protocol. Improved client outcomes will be achieved by addressing operations at and between all levels:
 - strategic policy and planning
 - program planning and management
 - service delivery
2. The agreements promoted within this Protocol should be implemented flexibly to ensure that the needs of all clients are considered, and there is not a group of clients who fall through the safety net provided by DAO and SAAP funded services.
3. This Protocol intends to promote a mutual climate of co-operation, professional respect and goodwill between DAO and DCD staff and funded services.
4. Both DAO and DCD will strive to maximise the potential of funded services to serve the needs of mutual clients in SAAP services. This may include:
 - ensuring relevant departmental information and communications are exchanged in a timely manner
 - ensuring relevant departmental information and communications are passed on to non-government service providers in a timely manner;
 - encouraging the development and nurturing of collaborative relationships between funded services at local and/or regional levels;
 - encouraging participation and input into the development of new services and strategies at local and/or regional levels;
 - encouraging opportunities for combined learning and professional development to enhance service delivery, this includes service providers, policy officers, planners and program managers.
 - Establishing additional mechanisms to facilitate collaboration between DAO and DCD

5. PROTOCOL GUIDELINES

Agreed Practice for Service Delivery

Issue addressed	Intent of Protocol	Practice
SAAP referral to AOD service for client substance use assessment	Clear process of referral for assessment of severity and impact of substance use	<ul style="list-style-type: none"> • AOD service will receive referrals from SAAP agencies and discuss the urgency and appropriateness of each referral. An appropriate assessment plan is to be agreed between the local AOD service and the SAAP service and include: <ul style="list-style-type: none"> -clients unknown to the AOD service system -clients known to the AOD service system • AOD staff will provide feedback on the outcomes of any assessment to the SAAP service (with consent from the client to release information) • AOD staff will suggest strategies that will assist the SAAP service providers in their work with the client
Access to AOD detox facility or other intensive residential or community based support for client	Clear process of referral and access to detoxification service – residential or other	<ul style="list-style-type: none"> • AOD services and SAAP services will jointly agree on a plan for client detoxification where appropriate • AOD service will arrange for entry to the program • SAAP service will assist the client in undertaking a detox program, and where possible continue support to the client if appropriate
SAAP worker can access AOD rehabilitation support & continuing care services for client	Clear process for access to drug rehabilitation programs	<ul style="list-style-type: none"> • AOD services and SAAP services will jointly agree on a plan for rehabilitation or continuing assistance • AOD service will arrange for entry to the program • SAAP service will support the client to undertake a rehabilitation program
AOD worker can access SAAP accommodation and other services for clients	Clear process for AOD to access SAAP accommodation or other support services	<ul style="list-style-type: none"> • SAAP service will receive referrals from AOD services and discuss the urgency and appropriateness of each referral. • SAAP service will provide feedback on the outcome of any referral from an AOD service and offer alternative or additional resource knowledge where SAAP service has not been provided

Agreed Practice for Service Delivery

Issue addressed	Intent of Protocol	Practice
Release of client information	Clear parameters about shared client information with respect to confidentiality and privacy	<ul style="list-style-type: none"> • With informed consent of the client, information pertaining to the social history, care plan, accommodation and substance use treatment program will be shared between the AOD and SAAP services • Where informed consent is not provided, AOD and SAAP services have an obligation to provide information about any history of criminal/violent/disruptive client behaviours in order to protect other users of the service, agency staff and the client in question. • The parameters of the Privacy Act apply to this information which should be stored securely and given only to authorised agency staff to assist in the performance of their duties
Joint case management / support planning	Clear agreement for cooperative, collaborative and consistent treatment plan and supportive service delivery	<ul style="list-style-type: none"> • AOD services and SAAP services will establish agreements for the coordination of support services • Planning for exit from a SAAP service or completion/exhaustion of AOD services will occur in a coordinated and collaborative manner with maximum client input • Clients with co-occurring AOD and Mental Health problems have intensive and long term needs. When a client in a SAAP service has co-occurring illnesses service providers will be mindful of the existing SAAP protocols with the OMH and involve agencies from both sectors in case discussion.
Maintenance of involvement	Mutual agreement for maintenance or withdrawal of service	<ul style="list-style-type: none"> • AOD services and SAAP services will determine the continued involvement of each other at the time of acceptance of the referral and be regularly reviewed • With informed consent of the client, support and specialised/clinical services will be provided in a coordinated and collaborative manner with maximum client input

<p>Consultation services for SAAP staff on alcohol and other drug issues</p>	<p>Clarification of available resources accessible to SAAP</p>	<ul style="list-style-type: none"> • SAAP services are able to contact local AOD services to investigate resource and service availability • SAAP services can informally discuss an issue with the AOD service and seek advice on the most appropriate strategy to resolve the problem or minimise risks associated • SAAP staff are encouraged to contact the 24hr ADIS telephone service at any time
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Agreed Practice for Service Delivery

Issue addressed	Intent of Protocol	Practice
Access to training and education in AOD issues for SAAP	Clear understanding of general and individual training and education opportunities for SAAP	<ul style="list-style-type: none"> • AOD services will invite SAAP workers to training and professional development sessions with AOD staff where this is relevant • SAAP services will invite AOD staff to training and professional development sessions with SAAP workers where this is relevant • AOD training opportunities will be promoted to SAAP services wherever possible • A wide range of addiction and AOD education and professional development opportunities are available through CSTC, TAFE, and Tertiary facilities
Promotion of AOD and SAAP services	Local AOD and SAAP services understand what each can provide	<ul style="list-style-type: none"> • SAAP and AOD workers will visit local services to meet the staff and gain an understanding of the services they provide • Local AOD and SAAP services will arrange ways in which staff can meet and gain an understanding of each others working environment
SAAP access to after hours consultation and emergency treatment regarding AOD issues	Clear understanding of SAAP 24 hr access to Alcohol and Drug Information Service	<ul style="list-style-type: none"> • Emergency overdose treatment will be provided by the relevant medical emergency service such as Ambulance, Accident and Emergency Ward of the local hospital, RFDS, nursing post, locum doctor etc • People exhibiting violent/disruptive/self-harming behaviour due to suspected drug toxicity can be referred to the local police service for restraint and custody • Consideration may be given to transfer to mental health service or admission to involuntary acute psychiatric care and treatment facility

Agreed Practice for Service Delivery

Issue addressed	Intent of Protocol	Practice
Grievance Process	Clear process to resolve differences and deal with complaints speedily and professionally	<ul style="list-style-type: none"> • Staff involved will endeavour to resolve differences speedily and in a professional manner • Staff will attempt to discuss their concerns directly with the person involved as the first step in a resolution process • If resolution is not achieved at this level, Line Managers and Senior Staff will be consulted to mediate, clarify and resolve the issue • The aim of a grievance process is always to identify the best possible outcome for client service within the resources available to an agency and achieve a respectful mutually satisfactory outcome that addresses the issue in a workable and professional manner

CONSULTATION

DAO and DCD agree to consult with each other around the development of:

- * strategic policy and planning
- * program planning and review, and
- * service delivery.

in respect of SAAP services and their clients.

Up-to-date contact details of the relevant officers responsible for the above areas will be provided and updated by each agency.

Consultation with key stakeholders will need to occur at both a program level and at a service delivery level. Key stakeholders may include consumers, service providers, program advisory committees, sector representatives and DCD and DAO staff.

Strategic Policy and Planning

Interdepartmental consultation regarding strategic policy and planning will focus on ensuring that any changes to policy in one program will not adversely affect the clients of the other program. The outcome of enhanced interdepartmental consultation at this level will ensure the complimentary nature of program design and management.

Program Planning and Review

Consultation on program planning and review will ensure that the needs of joint clients in both services are taken into account, and that the impact on clients of any changes are monitored and reviewed. The outcome of enhanced interdepartmental consultation at this level will ensure the complimentary nature of service design and establishment or purchasing of services.

Both DAO and DCD have in place planning processes that identify strategies and priorities for their respective programs.

These planning mechanisms will ensure consultation with key stakeholders regarding SAAP in both DAO and DCD at all levels.

NOTE!

For further information contact
The Principal Contracts Manager Drug and Alcohol Office

SAAP planning in Western Australia is conducted by
Strategy and Funding Management, DCD

For further information contact the
Senior Policy Officer SAAP on (08) 9222 2641.

Service Delivery

DAO and DCD will consult with each other about changes which impact or have the potential to impact on service delivery areas accessed by SAAP clients. Non-government service providers will be encouraged and supported to develop interagency protocols and consultative processes at the local level.

INFORMATION SHARING

DAO and DCD undertake to share relevant information with each other, and to disseminate information both from service providers to program managers and vice versa.

In this way, all stakeholders will have access to the information they require to best meet the needs of their clients.

Information with the potential to impact upon SAAP services will be shared, this includes;

- strategic policy and planning
- program planning and review
- program management
- funded services.

Information on Strategic Policy and Planning

DAO and DCD policy staff will share relevant information regarding changes to strategic policy and plans, which may have an impact on SAAP clients or the provision of services for SAAP clients. Copies of relevant strategic policy documentation will be made available.

Information on Program Planning and Review

DAO and DCD program planning staff will keep each other informed regarding:

- changes to overall program aims and objectives
- planning and review processes and timelines
- opportunities for input and consultation
- the outcomes of planning and review processes.

in respect of SAAP services.

Copies of relevant reports will be provided. These include:

- SAAP National and State Reports
- SAAP National Data Collection Agency (NDCA) reports
- WA Drug and Alcohol Strategy 2002-2005 and supporting documents

Information on Program Management

DAO and DCD program management staff are to inform each other of any changes which affect, or have the potential to affect the policy, or planning of services for SAAP clients. Changes may include:

- programmatic changes in policy
- changes of Minister and/or department holding the portfolio
- requests for Tenders or Requests for Proposals and procurement time lines
- significant changes in resource allocations
- reform projects, restructuring

Information on Funded Services

DAO and DCD program management staff will keep each other informed of any changes to funded services which affect or have the potential to affect program planning or service delivery for SAAP services.

Service providers will also be encouraged to develop interagency protocols at the local level, and to keep each other directly informed about changes. Changes may include:

- new initiatives
- a new service becoming operational
- agreed changes to a service's operational model
- agreed changes to a service's target group (eligibility)
- agreed changes to a service's capacity
- a service ceasing

6. IMPLEMENTATION OF THE PROTOCOL

In order to ensure continuing commitment to the full implementation of this Protocol, the following actions are agreed:

Nominated officers

- DAO and DCD will nominate a senior officer from each agency to be responsible for the implementation and monitoring of the Protocol within their agency. These officers will identify the names of other staff within their agency with specific responsibilities for implementing the protocols.
- Regular liaison between the senior officers and/or delegated staff will occur to share information and identify and address any issues that may arise.

Implementation at all levels

- DAO and DCD will support the development and implementation of protocols at the service delivery level consistent with this protocol.
- DCD will develop and distribute a WA SAAP Protocols file, which will incorporate a guide as a tool to assist service providers to develop interagency protocols.
- DCD will consider the need for the provision of relevant training in the development of protocols between SAAP services and other agencies in the annual SAAP training plan.
- DCD, in conjunction with DAO, will facilitate a forum in each region to encourage the development of interagency protocols at a local level, and the development of regional processes for consultation and information sharing between Department of Health regional offices and SAAP services.

EVALUATION

This Protocol will be reviewed within three years of implementation. The review process will involve departmental staff from both DCD and DAO as well as representatives from SAAP and DAO funded services.

Any proposed amendments and/or additions to this Protocol are to be circulated for comment with a reasonable period for feedback prior to agreement.

Further reviews are to take place every two years to ensure the arrangements are relevant to the identified needs of the target group and any other significant influencing factors.

RESOLUTION OF DIFFERENCES

Where there is a disagreement between DAO and DCD and staff have been unable to resolve the matter, the matter will be directed to the respective Managers.

If the matter is unable to be resolved at management level it should be directed to the respective Executive Directors for resolution.

In the event of a SAAP service experiencing a disagreement with a DAO funded agency, the matter is to be dealt with in accordance with their interagency agreed process. A contact list of DAO funded agencies is included in appendix 2 “Summary information about departments” of the WA SAAP Protocols File which will assist in clarifying who to contact.

Attachment 1:

Abbreviations and Terminology

Agencies - include government departments, commissions, authorities, local government authorities, as well as non-government organisations such as incorporated associations, businesses, etc.

AOD services – Drug and Alcohol Office funded Alcohol and Other Drug services to deliver substance abuse treatment and counselling services.

Collaborative relationship – working together for the benefit of the client.

DAO – Drug and Alcohol Office

DCD - The Department for Community Development

Mutual client - could be either

- a Supported Accommodation Assistance Program (SAAP) client who is engaged with both parties;
- a client accessing a SAAP service and/or a Drug Alcohol Office funded Alcohol Other Drug service who requires the services of the other party.

Protocol¹ - is an agreement between agencies to enable all parties to gain maximum benefits and outcomes

SAAP - Supported Accommodation Assistance Program ²

SAAP services - service delivery agencies in the Supported Accommodation Assistance Program.

SAC - SAAP State Advisory Committee

¹ See diagram titled 'Mandates and Responsibilities', taken from the *SAAP Protocols Project Planning Process*

² See Supported Accommodation Assistance Act 1994.

Attachment 2:
Relevant DAO Documents

- WA Drug and Alcohol Strategy 2002-2005
- Model for Drug and Alcohol Treatment and Support Services
- Model for Drug and Alcohol Prevention and Early Intervention services and programs
- DAO Generic Service Agreement

Relevant DCD and SAAP Documents

- National SAAP Case Management Manual
- DCD – WA SAAP Protocols Manual
- National Memorandum of Understanding between the Commonwealth Department of Family and Community Services and the Department for Community Development to 2005
- National SAAP Strategic Plan to 2005
- SAAP Service Standards 2002
- DCD – SAAP Service Agreements generic specifications and outcomes