NSW GOVERNMENT | Health

Crystal Methamphetamine – NGO Project

Evaluation Report

July 2021

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Contents

Abbreviations

AA – Alcoholic Anonymous

AMS – Aboriginal Medical Service

AOD – Alcohol and Other Drugs

ATS – Amphetamine type substances

CALD – Culturally and Linguistically Diverse

COAG – Council of Australian Governments

COMs – Client Outcomes Measures

ED – Emergency Department

EUROHIS-QoL-8 - A shortened version of the World Health Organization Quality of Life Instrument-Abbreviated Version (WHOQOL-BREF)

FTE – Full Time Equivalent

GP – General Practitioner

LGBTQI – Lesbian, Gay, Bisexual, Transgender, Queer, Intersex

LHD – Local Health District

MERIT – Magistrates Early Referral Into Treatment

MoH – Ministry of Health

MoU – Memorandum of Understanding

NADA – Network of Alcohol and other Drugs Agencies

NGO – Non-Government Organisation

NIAS – National Ice Action Strategy

NSP – Needle and Syringe Program

NSW MDS DATS – New South Wales Minimum Data Set for Drug and Alcohol Treatment Services

PCYC – Police Citizens Youth Club

PDC – Principle Drug of Concern

PHN – Primary Health Network

PI – Performance Indicator

SDS – Severity of Dependence Scale

SMART – Self Management and Recovery Training

WHO-QoL – World Health Organisation Quality of Life Measure

WIO – Work It Out - culturally responsive, chronic condition self-management program

Executive Summary

Overview

This report presents results of a Ministry of Health (MoH) process and outcomes evaluation of the NSW Health Crystal Methamphetamine NGO Project, considering four key evaluation components: the extent to which the project has been successfully implemented; service demand and reach; impact on client outcomes; and whether the services represent good value for money.

The period for the data used in this report was from the commencement of services under the Crystal Methamphetamine NGO Project in 2016 to 31 December 2019.

Data analysis included review of service provider performance reports, semi-structured telephone interviews with service providers and stakeholders, analysis of NSW Minimum Data Set (MDS) for Drug and Alcohol Treatment Services (DATS) data, and a cost-consequence analysis. Detailed analyses of each of the four evaluation components is included in the appendices.

Evaluation findings have been used to inform service improvements and future year program funding has been secured.

Project Background and Objectives

Reducing the impact of crystal methamphetamine ('ice') on individuals, families and communities is a Government priority at both the state and federal level. The impact of methamphetamine use on communities disproportionately affects regional NSW and has been particularly harmful for Aboriginal and Torres Strait Islander communities and young people in regional Australia.

Available alcohol and other drug (AOD) treatment and rehabilitation services do not meet the needs of regional communities with increasing demand generated by methamphetamine use. In addition to unmet demand for residential rehabilitation services, there is demand for greater community-based intensive support that facilitates recovery in the context of home, family, and social supports.

In March 2015, the NSW Government announced a four-year, $11 million package of enhanced policing, education and treatment services intended to reduce the impact of crystal methamphetamine on individuals and the community. As part of this investment, $4 million was invested in the non-government sector to enhance local AOD rehabilitation services in rural and regional areas via the establishment of new treatment programs in Western NSW, Southern NSW, and Murrumbidgee Local Health Districts (The Crystal Methamphetamine NGO Project).

The intended outcome of the Crystal Methamphetamine NGO Project was to reduce methamphetamine-related harms in the target LHDs by:

1. Improving access to methamphetamine treatment services;
2. Establishing effective, locally integrated services; and
3. Improving methamphetamine-related health outcomes for individual users.

Following a 2015 Request for Tender process, contracts were awarded in 2016 as follows:

Local Health District	*Servicing*	*Provider*
Western NSW	Dubbo, Wellington and surrounding areas	Lives Lived Well (then called the Lyndon Community
Southern NSW	Goulburn, Braidwood, Crookwell, Gunning, Collector, and Yass	Directions Health Services (Pathways)
Murrumbidgee	Wagga Wagga, Griffith/Narrandera, Young/Cootamundra	Directions Health Services (Pathways)

The three newly established services were to follow an intensive case management model and to complement and actively integrate with the existing services delivered by the relevant LHD and other primary service partners.

Specific activities of the three services required under the funding agreement include:

1. Establish and maintain relationships with the Ministry and the Local Health District;
2. Establish and maintain linkages with local services (such as primary care, housing and employment services), community groups and related key stakeholders, including Aboriginal health services;
3. Provision of counselling, withdrawal management, rehabilitation, consultation, support, case management and/or assessment;
4. Transition planning out of the service, taking account of consumer preferences, consultation with family or guardians as required, and negotiation with potential services to support seamless transition.

Service effectiveness and progress was to be monitored through feedback from the client and their support network, communication with service providers, use of outcome measurement tools and case reviews.

Key findings

This evaluation finds that the methamphetamine-specific treatment services are reported to be of strong value to the community, filling several important gaps in service by addressing the particular needs of clients with methamphetamine related issues, increasing treatment options and timely access to support for clients, easing the workload on other services, supporting clients while awaiting admission to residential rehabilitation or day rehabilitation programs, supporting clients after leaving residential treatment, and providing a holistic wrap-around service.

Evidence for successful implementation of the Crystal Methamphetamine NGO Project

There is evidence for the successful implementation of the project, with services reaching capacity by April 2017 and sustaining an average of 57 active clients per service per month thereafter. The evaluation finds that greater alignment across services is needed with respect to how long episodes of care should remain open, and when a new episode of care should be opened for a given client. Given the variation in reported principal drug of concern for clients of the Crystal Methamphetamine NGO Project, clarification of eligibility criteria is warranted.

Service demand and reach

The evaluation finds that while distance and transportation are major barriers to adequate service delivery, these have somewhat been addressed by outreach and the use of telehealth. Brokerage funds would likely further increase client access to services. The number of FTE staff able to be employed is the number one factor influencing services' ability to meet client needs.

Impact on client outcomes

With regards to client outcomes, measures were taken at both service entry and exit for less than 10% of all clients who exited the service from commencement to 31 December 2019. Client outcome data should therefore be interpreted with caution. The evaluation finds that average Severity of Dependence Scale scores declined, and Quality of Life scores increased from entry to exit for clients of all three services (for whom exit scores were available).

Economic evaluation

In terms of economic evaluation, employment related expenses are the main cost driver of the Crystal Methamphetamine NGO Project, at a ratio of approximately 2:1 when compared to other costs. In the absence of sector benchmarks determining appropriate service costs per treatment episode, it is not possible to draw accurate conclusions about the cost effectiveness of services provided. Different models of care impact the number of treatment episodes that can be provided and are also likely to influence the client cohort.

1. Background

1.1. Project History

In March 2015, the NSW Government announced a four-year, $11 million package of enhanced policing, education and treatment services intended to reduce the impact of crystal methamphetamine on individuals and the community.

As part of this commitment, $4 million was invested in the non-government sector to enhance local drug and alcohol rehabilitation services in rural and regional New South Wales via the establishment of new treatment programs in three target LHDs: Western NSW, Southern NSW, and Murrumbidgee. The key aims of these new services were to:

1. Enhance access to treatment in the NGO sector for those with methamphetamine dependence;
2. Increase the capacity of NGOs to deliver a response to methamphetamine;
3. Increase linkages with other health and welfare services to ensure access to holistic support needs;
4. Extend the reach of services outside of main population hubs and provide treatment of individuals in their local communities, with service models being responsive to local priorities and needs;
5. Deliver effective care and improve health outcomes for clients with methamphetamine dependence.

The Program Logic Framework is attached at **Appendix D**.

The decision to target rural and regional NSW considered the following:

- Methamphetamine use is higher in rural and remote Australia than urban areas;
- Fewer drug and alcohol services are available in rural and regional NSW in general than in metropolitan areas;
- Young people (15-21 years) in rural and regional areas are at particular risk of experiencing problems from methamphetamine use because of the drug's ready availability, potency and user's lack of awareness of harms;
- In rural areas, young people are less likely to access treatment because of limited availability of treatment services in general (and lack of youth services in particular), but also because of concerns about confidentiality and privacy;
- There are significant harmful impacts from methamphetamines for Aboriginal communities and particularly those in remote parts of regional NSW.

In October 2015, NSW Health published a Request for Tender inviting NGOs to submit proposals aimed at strengthening community-based service responses to methamphetamine and enhancing non-government service provider capacity in the target LHDs. The successful NGO providers were Lives Lived Well (to provide services in Western NSW LHD) and Directions Health Services (to provide services in Southern NSW). No suitable NGO provider was identified for Murrumbidgee LHD through the initial open tender process, however Directions Health Services were identified in February 2016 to deliver services in the Murrumbidgee LHD.

Following execution of the Funding Agreements in 2016, contracts were awarded in the three target LHDs as follows:

Local Health District	*Servicing*	*Provider*
Western NSW	Dubbo, Wellington and surrounding areas	Lives Lived Well
Southern NSW	Goulburn, Braidwood, Crookwell, Gunning, Collector, and Yass	Directions Health Services
Murrumbidgee	Wagga Wagga, Griffith/Narrandera, Young/Cootamundra	Directions Health Services

1.2. Policy Context

In April 2015, the Federal Government established a National Ice Taskforce to report on actions needed to address increasing methamphetamine use in Australia. This move was prompted by a doubling of the number of methamphetamine users in Australia between 2007 and 2013, a five-fold increase in methamphetamine-related hospitalisations between 2009-10 and 2013-14, and a three-fold increase in provision of specialist drug treatments for meth/amphetamines. The National Ice Action Strategy (NIAS) developed by the Taskforce received the commitment of the then Council of Australian Governments (COAG) in December 2015.

The objectives of the NIAS are to ensure that[1]:

- families and communities have better access to information, support and tools to help them to respond to ice;
- prevention messages are targeted at high-risk populations and accurate information about ice is more accessible;
- early intervention and treatment services are better tailored to respond to ice-related harms and meet the needs of the populations they serve;
- law enforcement efforts are better targeted to disrupt the supply of ice; and
- better evidence is available to drive responses to ice.

NSW Government drug policies and services align with the objectives of the NIAS and are informed by a harm minimisation approach that seeks to reduce demand, supply and drug-related harms. Responses to the issue of methamphetamine use are considered in the broader social context in which it occurs, and recognise that the impacts can have far reaching consequences for individuals, their families and the community.

In August 2018, the New South Wales Parliament Legislative Council Portfolio Committee No. 2 – Health and Community Services submitted its Parliamentary inquiry into the provision of drug rehabilitation services in regional, rural and remote New South Wales. The goal of the Inquiry was to determine (i) gaps and shortages in the provision of services in regional areas including geographical gaps in access, shortfalls in resources and funding, workforce issues and costs to patients/clients, and (ii) evidence of the effectiveness of rehabilitation service models and detoxification programs.

Recommendations from this Inquiry that are particularly relevant to the Crystal Methamphetamine NGO Project include:

> *Recommendation 2:* That the NSW Government significantly increase funding to drug and alcohol-related health services, and tender for the establishment of more services throughout regional New South Wales, including facilities for Aboriginal people and young people.

[1] Commonwealth of Australia, Department of the Prime Minister and Cabinet, *National Ice Action Strategy 2015*.

Recommendation 5: That the NSW Government pilot a Drug Court in Dubbo in parallel with an increase in rehabilitation services for the area.

Recommendation 6: That the NSW Government commit to providing funding grants to non-government drug and alcohol-related service providers that run for a minimum of three years, with the option of a two-year extension.

In November 2018, the NSW Premier and Minister for Health and Medical Research established the Special Commission of Inquiry into the Drug 'Ice'. The Terms of Reference required the Commissioner, Prof Dan Howard, to inquire into and report to the Governor by 28 January 2020, on:

- The nature, prevalence and impact of crystal methamphetamine and other illicit amphetamine type stimulants
- The adequacy of existing measures to target ice and illicit amphetamine type stimulants in NSW
- Options to strengthen NSW's response to ice and illicit ATS, including law enforcement, education, treatment and rehabilitation responses.

Submissions to the Special Commission highlight the following impacts of methamphetamine use on regional NSW, emerging trends, and existing gaps in service provision:

- The impact of methamphetamine use on communities disproportionately affects regional NSW, in terms of harms to individual users, increased rates of possession offences and crime, and perceived impacts on personal and community safety;
- Regional areas of NSW appear to have a higher rate of psychostimulant-induced death than major cities;
- Responses to methamphetamine in metropolitan areas may not be as effective in rural, regional and remote settings for a variety of reasons, and therefore bespoke measures need to be developed that consider the specific needs of the community;
- Current drug and alcohol treatment and rehabilitation services do not to meet the needs of regional communities in the face of increasing demand generated by methamphetamine use;
- Unavailability of accessible residential rehabilitation contributes to the impacts of AOD on the community;
- Long waiting lists mean that residential rehabilitation services may elect to not offer withdrawal services or accept certain clients – for example clients exiting prison or with serious mental health issues;
- Outreach counsellors are under-resourced for the scale of need;
- In addition to residential rehabilitation, there is also a need for more community-based intensive support that facilitates recovery in the context of home, family and social supports;
- Young people may experience difficulties with ongoing access to specialist support services, especially in rural or regional areas;
- The impact of methamphetamine use has been particularly harmful for Aboriginal and Torres Strait Islander communities in regional Australia, and culturally appropriate education, treatment and rehabilitation responses are strongly needed;
- Aboriginal and Torres Strait Islander people are seven-times more likely to receive AOD treatment services than non-Indigenous Australians and, among persons receiving treatment, amphetamines are eight-times more likely to be the principle drug of concern compared to non-Indigenous Australians. However, there is a shortage of Aboriginal and Torres Strait Islander AOD caseworkers in regional areas.
- It is impossible to examine responses to methamphetamine-related problems without examining the adequacy of measures to respond to all drug and alcohol-related problems. Particularly in the context of

widespread polydrug use, standalone drug measures will be less effective at meeting the needs of the community.

1.3. The Crystal Methamphetamine NGO Project Objectives

The intended outcome of the Crystal Methamphetamine NGO Project is to reduce methamphetamine-related harms in the target LHDs by:

1. Improving access to methamphetamine treatment services in target LHDs;
2. Establishing effective, locally integrated services;
3. Improving methamphetamine-related health outcomes for individual users.

1.4. Service Model

The three newly established services were to follow an intensive case management model and to complement and actively integrate with the existing services delivered by the relevant LHD and other primary service partners.

The intensive case management model is attached at **Appendix E**.

Specific activities of the three services required under the funding agreement include:

1. Establish and maintain relationships with the Ministry and the Local Health District;
2. Establish and maintain linkages with local services (such as primary care, housing and employment services), community groups and related key stakeholders, including Aboriginal Health Services;
3. Provision of counselling, withdrawal management, rehabilitation, consultation, support, case management and/or assessment
4. Transition planning out of the service, taking account of consumer preferences, consultation with family or guardians as required, and negotiation with potential services to support seamless transition

Referrals to the services are accepted from all sources, with a no wrong door approach. Service effectiveness and progress will be monitored through feedback from the client and their support network, communication with service providers, use of outcome measurement tools and case reviews.

1.5. Project Delivery

Anticipated challenges and potential barriers to the achievement of project objectives include:

- Demand management: The degree of existing unmet need at the time of service initiation may result in an early spike in referrals. Over the longer term, partnerships with local service providers and marketing/awareness campaigns may be required to maximise service utilisation;
- Cultural appropriateness and acceptance: The needs of people from culturally and linguistically diverse communities must be respected and catered for. Meaningful engagement with Aboriginal liaison officers and employment of Aboriginal and Torres Strait Islander staff members is strongly encouraged;
- Large geographic service area and lack of transport and other infrastructure: The service model has been designed to enable mobile services to be provided close to clients' homes, in diverse locations and at a frequency that meets local community requirements. Innovative approaches to increase the reach and the sustainability of the program are encouraged;
- High levels of disadvantage: Extra support is needed to improve client education levels, facilitate job opportunities, assist with access to stable accommodation, and deliver financial management skills. Linkage to local support services is critical;

- High rates of sharing injecting equipment and other health risks: Education, health promotion and harm reduction strategies need to be a core component of the service provided to all clients. Clients will be encouraged to undertake regular health checks, including blood borne virus screening;
- High rates of 'drive illicit' and other drug-related offences: Clients referred subsequent to a criminal charge should be referred to appropriate services based on the nature of the offence. Clients with low-level use and clients unwilling to engage in more intensive services can be referred to alternate services. Working relationships need to be established with the Police, Community Services, Corrective Services and other government and non-government stakeholders;
- Absence of MERIT services: Clients involved in the criminal justice system can be referred to services that offer the Magistrates Early Referral Into Treatment (MERIT) program. The services developed under this project do not deliver the MERIT program.

2. Project Evaluation

2.1 Evaluation Questions

Process

1. How many capacity-building training sessions have been delivered to staff? What gaps remain in staff training for dealing with methamphetamine-dependent clients?
2. What is the extent of linkages established between the NGO providers, the LHD and other health and welfare services? What challenges were experienced in establishing these networks and what will be required to maintain them?
3. What has been the uptake and ongoing demand for the service since implementation?
4. What is the referral to acceptance ratio? Have the services been continually operating at capacity?
5. Have referral pathways been established and are they functioning as they should be? What could be done to increase awareness of the methamphetamine treatment service?
6. How well are the funded services coordinated and delivered? What if any change(s) could be made to enhance this?
7. What differences, if any, in the model of service delivery exist between service providers?

Outcomes

1. Did access to methamphetamine treatment in the LHD increase overall?
2. Were measurable improvements in client outcomes observed, including reduction in substance use, improvements in Severity of Dependence Scores, Psychological wellbeing, and Quality of Life?
3. Has there been a measurable reduction in the community impact of crystal methamphetamine use in those LHDs where grants were awarded – for example a reduction in deaths and/or ED presentations?
4. Who does the program work best for and under what circumstances?
5. Has the delivery of the funded outcomes and activities resulted in any unintended positive or negative consequences for clients, providers or stakeholders? How could adverse results be corrected?
6. Did the Project yield good value for money? (cost-consequence analysis)
7. What do staff, consumers and stakeholders perceive the value of the program to be?

2.2 Evaluation component 1: Evidence for the successful implementation of the Crystal Methamphetamine NGO Project

Component 1 involved (i) a review of service providers' six-monthly performance reports submitted over the duration of the grant, and (ii) semi-structured interviews conducted with service providers, the Local Health District, and other stakeholders.

2.2.1 Aims

1. To determine whether linkages and referral pathways had been successfully established between the NGO providers, the LHD, and other health and welfare services;

2. To determine whether there has been successful uptake of the services;
3. To determine whether the services are being delivered effectively;
4. To identify barriers and challenges to successful service delivery;
5. To make recommendations for future service improvement.

2.2.2 Methods

Performance Reporting Review

Service providers were required to submit Performance Measures Reports every six-months for the duration of the grant. As of July 2017, the key performance indicators required to be included in these Reports were:

i. Number of clients assessed
ii. Episodes of service opened and closed
iii. Episodes of service provided to Aboriginal and Torres Strait Islander people
iv. Number of clients with outcomes assessment
v. Number of clients with substance use reduction during the reporting period (measured using validated tool e.g. SDS)
vi. Number of clients with improved quality of life during the reporting period (measured using a validated tool e.g. WHO-QoL)
vii. Number of clients who completed comprehensive psychosocial assessment
viii. Number of clients with a treatment plan in place
ix. Number of clients with an exit/aftercare plan in place
x. Number of referrals made
xi. Number of formal partnerships/working groups/MOUs developed or maintained.

At the end of each financial year, service providers were also required to provide a narrative overview of service objectives and targets (i.e. activities over the reporting period, changes in service delivery/demand), strategic direction, organisational governance and business processes (including quality improvement), service design, partnerships and collaborations, and workforce issues

Submitted reports were reviewed to summarise key information, flag problematic indicators (data not available, reporting issues etc.) and summarise barriers to the achievement of service objectives and targets as identified by the providers. This information will be used to inform the design of improved performance indicators for the next round of methamphetamine grant funding.

Interviews with Service Providers

In-depth telephone interviews were conducted with senior management from Lives Lived Well and Directions Health Services (Pathways) regarding achievements and challenges of the Methamphetamine Project with respect to:

a. Network building, referral pathways and community engagement;
b. Service delivery and equity of access;
c. Client outcomes;
d. Workplace capacity and staff development;
e. Strategic planning;
f. The overall success of the Project in its first 3 years of operation.

The provider survey is attached at **Appendix A**.

For Directions Health Services, a combined interview was conducted with the CEO and the Director of Service Delivery. For Lives Lived Well, an interview was conducted with Group Manager Clinical Services (NSW), and Manager of Community Services. Interview questions were provided in advance, and preliminary written responses were discussed in detail in a telephone interview of approximately 60 minutes duration.

Interviews with Local Health Districts

In-depth telephone interviews were conducted with representatives from each of the three LHDs in which the Crystal Methamphetamine NGO Project is delivered. The goal of these interviews was to establish the extent which the LHD viewed that Methamphetamine NGO Project was successful in its objectives of improving access to methamphetamine treatment services in target LHDs and establishing effective, locally integrated services.

The Drug and Alcohol Directors from each LHD were contacted and a senior staff member sought who was familiar with the stimulant treatment services offered by Directions Health Services or Lives Lived Well. Awareness of the service was variable, and senior staff were often insufficiently familiar to provide comment. If this was the case, referral to persons likely to be familiar with the service was sought.

The following LHD staff were interviewed:

- Western NSW LHD: Team Leader, MERIT/Drug & Alcohol & Region programs, Dubbo & Region and Director, Integrated Mental Health, Drug & Alcohol Services
- Southern NSW LHD: District Director, Mental Health Drug and Alcohol, Cancer, Renal, Palliative Care and Breast Screen) and an AOD Clinician)
- Murrumbidgee LHD: Director Mental Health and Drug and Alcohol.

LHD contacts were each sent a list of questions for consideration (**Appendix A**). This was followed by a telephone interview of 30 minutes duration.

LHD contacts were provided with a draft of this report for comment and approval prior to its release.

Surveys of Service Stakeholders

Service providers were asked to identify 3 to 5 key stakeholders with whom the service had established a relationship/partnership in relation to the Methamphetamine NGO Project Grant. These stakeholders were surveyed to (i) understand the strength of the networks and referral pathways formed under this grant and (ii) identify challenges/barriers to successful network building.

The following stakeholders were contacted in relation to the services provided by Directions Health Services:

- Headspace Griffith
- Noffs Foundation
- Calvary Riverina Drug and Alcohol Services
- Grand Pacific Health, Youth Mental Health Services)

The following stakeholders were contacted in relation to the service provided by Lives Lived Well:

- Dubbo Headspace
- Dubbo Aboriginal Medical Service
- Corrective Services – Dubbo

Stakeholders were sent a questionnaire to complete (**Appendix A**), with written responses to be returned by email to the Ministry of Health.

If further details were required, a telephone interview was conducted.

Table 1: Summary of the interviews/surveys performed as part of this evaluation.

Stakeholder	Interviews (N)	Participants (N)
Service Providers	2	4
LHDs where services are located	3	5
Service Stakeholders*	5	5
Total	10	14

*Stakeholders were invited to respond to an electronic survey and were not interviewed, except for one stakeholder in which case a 60-minute teleconference was conducted.

Data Analysis

Interview and survey data were analysed qualitatively using thematic analysis. Transcripts were coded using an inductive sematic approach (i.e. allowing the data to determine the themes and analysing the explicit content of the data as opposed to subtext). After coding, themes were generated based on the pooled responses of each stakeholder group – service providers, LHDs, and service stakeholders.

2.2.3 Results

KEY FINDINGS

Referral pathways

- Appropriate referrals need to be defined and referral pathways clarified in consultation with the LHD and other key referrers. Streamlined and documented referral processes, good communication and strong relationships with referrers were identified as being important.
- Colocation of services has several advantages, including greater safety of workers (avoids having staff alone on site), greater client privacy (clients walking into the building could be accessing any one of the services located there), and ease of referral and better communication with stakeholder agencies.
- A high proportion of Lives Lived Well's clients were Aboriginal or Torres Strait Islander (~60% of referrals). This high rate of referrals was due to a strong relationship with Dubbo Regional Aboriginal Medical Service and the Aboriginal Family Health Service at Dubbo Neighbourhood centre

Successful uptake of services

- The methamphetamine-specific treatment services are reported to fill several important gaps, by addressing the needs of clients with methamphetamine related issues, increasing treatment options and timely access to support for clients, easing the workload on other services, supporting clients while awaiting admission to residential or day rehabilitation programs, supporting clients after leaving residential treatment, and providing a holistic wrap-around service.
- The LHDs and responding stakeholders reported that there is strong value to the community of a methamphetamine-specific treatment service. They positively viewed the existence of an identified service to which to refer people with methamphetamine-related problems and noted the additional benefit of such a service being able to educate and support other service providers in the community. Numerous benefits of in-reach to health and social services were identified.

- Having methamphetamine-specific services available outside of large population centres is particularly beneficial to younger clients, who are already reluctant to go to treatment and for whom travelling long distances to access treatment may not be feasible.

Effective service delivery

- Formal written arrangements with the LHD (whether an MoU or service level agreement) facilitated clarity around referral processes and care coordination and create opportunities for collaboration and improved service integration. Regular meetings with the LHD were an important component of relationship building and communication.
- Plans for care coordination need to be developed between the NGO and LHD, with a plan for ongoing regular meetings and case conferences. Open information sharing and regular informal communication between the service team the LHD staff also contribute to successful care coordination.
- Well-established partnerships with Aboriginal organisations were crucial to service delivery with the local Aboriginal and Torres Strait Islander community. Recruiting and supporting Aboriginal and Torres Strait Islander staff was also recognised as important.

Barriers and challenges, and recommendations to address these

- Having an MoU with the host LHD was established as a performance indicator in the initial funding agreement, however two out of three LHDs did not sign off on the MoU prepared by the service. Formalising partnerships between the services and LHDs is a key recommendation.
- Distance and transportation are major barriers to adequate service delivery. This has been somewhat addressed by outreach, although numerous remote communities have not been included in outreach due to service capacity limitations.
- Brokerage funds would likely make a difference to clients' ability to access services.
- The role of telehealth in this client population is unclear. Many clients lack the resources to access telehealth, and staff have limited additional capacity to deliver telehealth services on top of existing outreach. While some clients are open to telephone/video consultations, service providers state many prefer/require primarily face-to-face interventions and support.
- The inability to refer clients to appropriate services due to scarcity of relevant AOD, health and social services is one of the main barriers affecting successful transition of clients out of the stimulant treatment service. This results in services being provided for extended periods of time and for a wide range of needs including mental health, relationship issues and housing services.
- Supporting local GPs to support AOD clients in the community (especially supporting clients to undergo withdraw management in the community) may help to address the scarcity of withdrawal management services.
- The number of FTE staff able to be employed is the number one factor influencing ability to meet client needs. Outreach services have waiting lists, and staff to client ratio affects ability to intensively case manage. The services currently are doing a lot of work with limited resources across a large geographic area; however, to comprehensively meet the needs of the community would require the investment of additional resources. Both services identified an opportunity to expand services for people in correctional centres (e.g. brief group interventions) if additional staff capacity were made available.
- Staff recruitment is highly challenging as few suitable candidates apply for advertised roles. As services are running at capacity, the loss of staff means that clients are turned away or placed on

waiting lists. Staff satisfaction should be assessed at regular intervals to proactively identify workforce issues that need to be addressed.

- Staff turnover has a major impact on stakeholder relationships. Efforts should be made to ensure continuity of these relationships in the event of staff turnover (MoUs, documentation of referral pathways etc).

2.3 Evaluation component 2: Service demand and reach

To assess the nature of the demand for crystal methamphetamine treatment services in the regions where these three services were established, client numbers and data on client demographics were examined.

2.3.1 Aims

The aims of this component of this analysis were to answer the following:

1. What has been the uptake and ongoing demand for the services since implementation?
2. Have services been running at capacity?
3. Where are referrals primarily coming from?
4. What are the demographics of those using the service?
5. What are the social and economic circumstances of the clients accessing this service and what is the nature of their treatment and support needs?

2.3.2 Methods

All government and non-government drug and alcohol treatment services receiving NSW Health funding must collect and report the NSW Minimum Data Set for Drug and Alcohol Treatment Services (NSW MDS DATS).MDS DATS data were extracted for the three services that are the subject of this evaluation, from the date of service commencement up to 31 December 2019.

2.3.3 Results

KEY FINDINGS

- From the commencement of services under the Crystal Methamphetamine NGO Project in 2016 to 31 December 2019, at total of 1576 service episodes were opened for 1257 distinct clients
- Services reached capacity by April 2017, after which they sustained an average of 57 active clients per service per month
- Greater alignment across services is needed with respect to how long episodes of care should remain open, and when a new episode of care should be opened for a given client
- Principal referral sources varied by service provider. Lives Lived Well received most referrals from Community Corrections, whereas Directions Murrumbidgee received the majority of their referrals from community health and Directions Goulburn via Court Diversion. These referral patterns are consistent with linkages established as described in section 2.2.3.
- Self-referral also constituted a substantial proportion of referrals for all services, suggesting that community engagement and outreach activities have been successful. Another factor, as reported by service providers, is a high rate of word-of-mouth, peer-to-peer referrals.
- GPs, hospitals and mental health services accounted for relatively few referrals. An exception to this was a high rate of referrals to Lives Lived well from the Dubbo Regional Aboriginal Medical Service.
- A large proportion of episodes of service were delivered to Aboriginal and Torres Strait Islander clients, particularly in the case of Lives Lived Well (64% of all episodes of service)
- Given the variation in principal drug of concern for clients of the Crystal Methamphetamine NGO Project, clarification of eligibility criteria is warranted.
- A high proportion of clients of the Crystal Methamphetamine NGO Project had a history of injecting drug use. Overall, 31% had injected drugs within the previous 12 months.
- Most clients of the Crystal Methamphetamine NGO Project were living on a temporary benefit or pension. Rates of homelessness and temporary accommodation were lower than the state-wide figure for clients of NGO AOD service in 2019.
- Directions' practice of assertive follow-up with clients who unexpectedly disengaged from the services was successful in re-engaging clients, with almost no clients having their episode closed due to leaving the service without notice; 13-16%, however, left against advice.

2.4 Evaluation component 3: Impact on client outcomes

An important question for the purposes of this evaluation is whether there is evidence that the individual services have been successful in improving the wellbeing of clients. Client wellbeing and substance dependence were measured at service entry and again at service exit using standardised metrics.

2.4.1 Aims

1. To determine whether measurable improvements in individual client wellbeing occurred from intake to service exit, including reduction in substance use and improvements in severity of dependence, psychological wellbeing, and quality of life scores.
2. To examine the completeness of client outcomes data (i.e. how often formal measurement tools are being used at client intake and exit).

2.4.2 Methods

The funding agreements for the Crystal Methamphetamine NGO Project require that providers use formal measurement tools to assess:

1. Dependence on stimulants (e.g. Severity of Dependence Scale)
2. Distress (e.g. Kessler 10 Distress Scale)
3. Quality of life (e.g. SF12, WHOQoL).

Ideally, these tools should be applied at client intake, at least one progress point, and at service exit. Client outcomes data are either entered into to the Network of Alcohol and Other Drug Agencies' Client Outcomes Measures database (NADA COMs) or reported directly to the NSW Ministry of Health.

Based on these reported client outcomes data, average well-being scores at service entry were compared with average well-being scores at exit.

2.4.3 Results

KEY FINDINGS

- Client outcomes measures were taken at service exit for 121 clients of Crystal Methamphetamine NGO Project services as of 31 December 2019, less than 10% of all clients who exited the service over this period. Client outcomes data should therefore be interpreted with caution.
- Average K10 scores at entry ranged from 20.5 for clients of Lives Lived Well to 25.8 for clients of Directions Goulburn, which are within the range indicating a mild to moderate mental disorder. Average K10 scores at service exit fell to 15 for Lives Lived Well clients, 14 for Directions Murrumbidgee clients, and 19 for Directions Goulburn clients - within the normative range for the Australian population.
- Average Severity of Dependence Scale scores declined from entry to exit for clients of all three services (for whom exit scores were available).
- Quality of life scores increased from entry to exit for clients of all three services (for whom exit scores were available).

2.5 Evaluation component 4: Economic evaluation

The intended outcomes of the Crystal Methamphetamine NGO Project include a range of benefits from the clients' perspective, including improved access to treatment, reduced substance dependence, improved quality of life, and reduced psychological distress.

While it would theoretically be possible to perform a cost-utility analysis of the stimulant treatment services provided versus no treatment, only a small subset of clients completed quality of life surveys at exit, limiting the extent to which these data are representative of clients receiving treatment. Also, extrapolating quality of life data to estimate quality-adjusted life years gained is complicated by the fact that substance use problems tend to be chronic and recurring. An improvement in quality of life over an individual treatment episode may not be sustained long term, hence it is difficult to extrapolate the impact of a single episode of treatment over the life-course of the client.

For these reasons, the economic evaluation type chosen for the present analysis evaluation is a cost-consequence analysis. Cost-consequence analysis recognises that there are often multiple outcomes from an intervention, and reflects changes across each type of outcome, measured in natural units

2.5.1 Aims

1. To determine whether the Crystal Methamphetamine NGO Project yielded good value for money.

2.5.2 Methods

A cost-consequence analysis was performed for each of the 3 services. Costs were from the perspective of NSW Health, and were defined as the funding amount provided to each service under the Crystal Methamphetamine NGO project. Consequences of interest were defined as

1. Number of unique clients accepted for treatment by the service over the grant period
2. Number of clients from priority populations (Aboriginal and young people)
3. Number of service episodes opened and completed over the grant period
4. Average reduction in psychological distress (K10 scores) for those completing the service and with exit scores available
5. Average reduction in severity of dependence scores for those completing the service and with exit scores available
6. Average improvement in quality of life scores for those completing the service and with exit scores available.

2.5.3 Results

KEY FINDINGS

- Employment related expenses are the main cost driver of the Crystal Methamphetamine NGO Project, at a ratio of approximately 2:1 when compared to other costs.
- In the absence of sector benchmarks determining appropriate service costs per treatment episode, it is not possible to draw accurate conclusions about the cost effectiveness of services provided. Different models of care impact the number of treatment episodes that can be provided.
- The main point of difference between the services is that Lives Lived Well accepted all clients regardless of PDC. By Contrast, the Directions services had a much greater percentage of clients with methamphetamines as their PDC.
- Lives Lived Well conducted less outreach and consequently had less travel expenses than the Directions services.
- For Lives Lived Well, shifting their focus to outreach and more clients with methamphetamine as PDC may involve the trade-off of seeing fewer Aboriginal and Torres Strait Islander clients.

3. Key Implications

3.1 Summary of key findings

The methamphetamine-specific treatment services were found to have been successfully implemented through evidence of established referral pathways, high uptake of services and effective service delivery. Services under the program are meeting the needs of people using methamphetamines by providing timely access to treatment options and holistic support and case management.

Demand for the methamphetamine-specific treatment services was found to be high, with services operating at full capacity. Both services identified opportunities to expand services to provide additional outreach and to provide better access to people in correctional centres, if they had additional funding.

Each service was found to have established referral pathways, including from Community Corrections, court diversion programs, community health and self-referrals, indicating strong community engagement and linkages. A large proportion of service episodes were delivered to Aboriginal and Torres Strait Islander clients, people with a history of injecting drug use, and people living on a temporary benefit or pension.

The true impact of the *Counselling for People Using Methamphetamines* program on client outcomes was difficult to determine from this evaluation because of the low number of client outcomes measures collected at service exit by service providers. Nevertheless, the small available dataset indicated a positive impact of the Program on client outcomes. For clients accessing the service in any of the locations, outcome measures indicated clear improvements across three key aspects of wellness, including psychological distress, severity of substance dependence and quality of life.

Service providers' choices regarding the amount of outreach conducted and accepting clients who had methamphetamines as their principal drug of concern had implications for both their client volumes and demographics. Both providers faced the challenge of employment-related expenses accounting for most of their costs.

Overall, this evaluation found that there is a strong value to the community of the methamphetamine-specific treatment services provided under this Program. The Program is meeting is objectives of improving access to methamphetamine treatment services; establishing effective, locally integrated services; and improving methamphetamine-related health outcomes for individual users and should continue to be funded.

3.2 Implications for the future

Given the importance of strong relationships in maintaining referral sources, service providers are encouraged to develop formal MOUs and/or documentation of referral pathways where possible to facilitate good communication and streamlined processes and create opportunities for collaboration and improved service integration. Formalised partnerships are also a risk mitigation strategy for maintaining service levels despite staff turnover.

Service providers are encouraged to further explore the role of telehealth in expanding access to services where distance and transportation are barriers to access, or where outreach is not currently possible due to service capacity limitations.

Service providers should be provided with further guidance on reporting to establish consistency with regards to the opening and closing of episodes of care and the collection of outcomes data. As well, a discussion should be held with service providers on attracting and retaining clients whose principle drug of concern is methamphetamines.

Increasing the percentage of clients whose outcomes measures are collected at service exit would create a more robust dataset from which to interpret the true impact of the Program on client wellness outcomes such as psychological distress, severity of substance dependence and quality of life.

Benchmarking of the true cost of providing alcohol and other drug treatment services would allow for better evaluation of the cost effectiveness of service provision.

Increased Program funding would facilitate greater reach since demand for services is high, outreach has waiting lists, and lower staff to client ratios affect the ability to intensively case manage clients. Increased funding would also provide for brokerage funds to facilitate access to services where transport or access to telehealth resources are currently barriers.

The Ministry of Health acknowledges and appreciates the ongoing service delivery by Directions Health and Lives Lived Well.

APPENDIX A: Evaluation Questionnaires

PROGRAM EVALUATION QUESTIONNAIRE – SERVICE DIRECTORS

Service provider:	

1. Network building, referral pathways and community engagement
(1.1) Do you have a current MoU in place with the LHD that specifies consent and referral processes, joint assessment and review processes, coordinated service delivery, dispute resolution and a consumer complaint process?
(1.2) List the key (up to 5) relationships/partnerships that your services has established with other local services and key stakeholders (government and non-government) in relation to this grant. (1.2b) What actions have you taken to maintain and strengthen these relationships?
(1.3) How does your organisation coordinate services for clients provided by other government agencies, such as housing and employment services?
(1.4) What actions have you taken to taken to increase provider awareness of your program? Has this been effective in increasing referrals?
2. Service delivery and access
(2.1) Please provide a narrative description of your service model for methamphetamine treatment services provided under this grant.
(2.2) How has your organisation ensured methamphetamine services accommodate the needs of culturally and linguistically diverse clients? (2.2b) What actions have you taken in the past 2 years to increase cultural awareness within your organization?
(2.3) What has your service done to accommodate the needs of LGBTQI clients?
(2.4) What are the facilitators and barriers to delivering services in remote locations? (2.4b) Do you use video-link or tele-health to deliver services to remote locations? (2.4c) If yes, has this been successful?
(2.5) What are the main challenges to client retention? (2.5b) Do you use social media and/or SMS follow-up calls to assist with client retention? (2.5c) If yes, has this been successful? (allow for additional free text comments)
(2.6) What outreach services do you provide? What are the principal challenges to the provision of outreach services?
(2.7) What impacts has distance and lack of transport had on client access to the service? (2.7b) How has the organisation facilitated access for people with distance and transport issues?
(2.8) What other barriers to access have been identified and how has your organization addressed these?
(2.9) What harm reduction services are provided as part of the treatment service? (2.9a) How is the appropriateness and effectiveness of these harm reduction services determined?
(2.10) How have you assessed client satisfaction with your service? (2.10b) If yes, what have been the results of this assessment?
3. Client outcomes
(3.1) What are the main factors affecting treatment outcomes in the following client groups: Non-indigenous men Non-indigenous women Aboriginal and Torres Strait Islander men

	Aboriginal and Torres Strait Islander women
(3.2) What measures do you use to monitor treatment progress and client outcomes with respect to :	AOD use Physical health Mental health Quality of life
(3.3) What are the main barriers and facilitators affecting the successful transition of clients out of the service? (3.3b) What has your organization done to address any barriers to successful transition of clients out of the service?	
(3.4) Has the service been successful in supporting clients to find housing, training and employment? If not, why not?	
4. Workforce capacity and staff development	
(4.1) Does your service currently have adequate case worker/clinician capacity to treat methamphetamine dependent clients? (4.2b) Has adequate capacity building training been available for the needs of your organisation?	
(4.2) What gaps remain in staff capacity to effectively deliver services to clients affected by methamphetamine use that need to be addressed? What support could be provided to enhance staff capacity?	
(4.3) How many Aboriginal identified positions are part of your service?	
(4.4) How have you assessed staff satisfaction with your service, and what have been the results of this assessment?	
5. Strategic direction and service planning	
(5.1) Is there need to enhance service delivery to special population groups and/or locations, i.e. women, Aboriginal people, young people, people from the LGBTQI community? How could this be implemented?	
(5.2) Is there a need to expand outreach services? How could this expansion be implemented?	
(5.3) Identify other service expansion needs and opportunities.	
6. Overall	
(6.1) To what extent did the service achieve the intended outcomes of the grant with respect to:	Improved access to methamphetamine treatment services in target LHDs More effective locally integrated services Improved methamphetamine-related health services Reduced methamphetamine-related harms in the District?
(6.2) What specific additional support would be needed to sustain and/or extend these outcomes?	
(6.3) Have cost constraints limited the ability of the service to meet client needs? If so, how?	
(6.4) Do you rely on other funding in addition to the Crystal Methamphetamine grant to deliver this service? If so, what percentage of the overall service budget is met from other sources?	
(6.4) Were any unintended positive or negative consequences/outcomes for clients observed as a result of this service?	
(6.5) Were any unintended positive or negative consequences for stakeholders observed as a result of this service?	
(6.6) What are the opportunities (if any) for service redesign?	

PROGRAM EVALUATION QUESTIONNAIRE – LHD

Name, Position:	

(1) Have you been successfully referring clients to the methamphetamine treatment service provided by Directions Health Services/Lives Lived Well? Have you experienced any difficulties/barriers to referral? Please describe your experience of client referral.

(2) How well is the partnership between the LHD and Directions Health Services/Lives Lived Well working in relation to the delivery of methamphetamine treatment services in your District? What are the main areas for improvement?

(3) Can you outline the process for shared care coordination between the LHD and Directions Health Services/Lives Lived Well for clients seeking treatment for methamphetamine?

(4) How does the partnership between your LHD and Directions Health Services/Lives Lived Well in relation to methamphetamine treatment services benefit clients? Please give details and/or examples

(5) How valuable to the District is the methamphetamine treatment service provided by Directions Health Services/Lives Lived Well? How would you rate the importance of the continuation of this service on a scale from 1-5? (where 1 is not important and 5 is essential)

(6) What has been the impact of the establishment of this service on access to appropriate drug treatments services for your clients?

(7) Prior to the establishment of the methamphetamine service provided by direction Directions Health Services/Lives Lived Well, what treatment services were available in your LHD for people with methamphetamine as their principal drug of concern?

(8) What are the main principal drugs of concern in your District at the current time? Please list the top 3.

(9) What are the greatest needs in relation to alcohol and drug treatment services in your District at the current time?

i. Day programs
ii. Residential rehabilitation programs
iii. Outpatient psychosocial counseling
vi. Withdrawal management
vii. Other

(10) How can the service provided by Directions Health Services/Lives Lived Well improve to better meet the needs of clients in your District?

(11) Were any unintended positive or negative consequences for stakeholders experienced as a result of this service that you are aware of?

(12) Do you have any other specific comments about the service provided by Directions Health Services/Lives Lived Well?

PROGRAM EVALUATION QUESTIONNAIRE – STAKEHOLDERS

Name, Position:	
Organisation:	

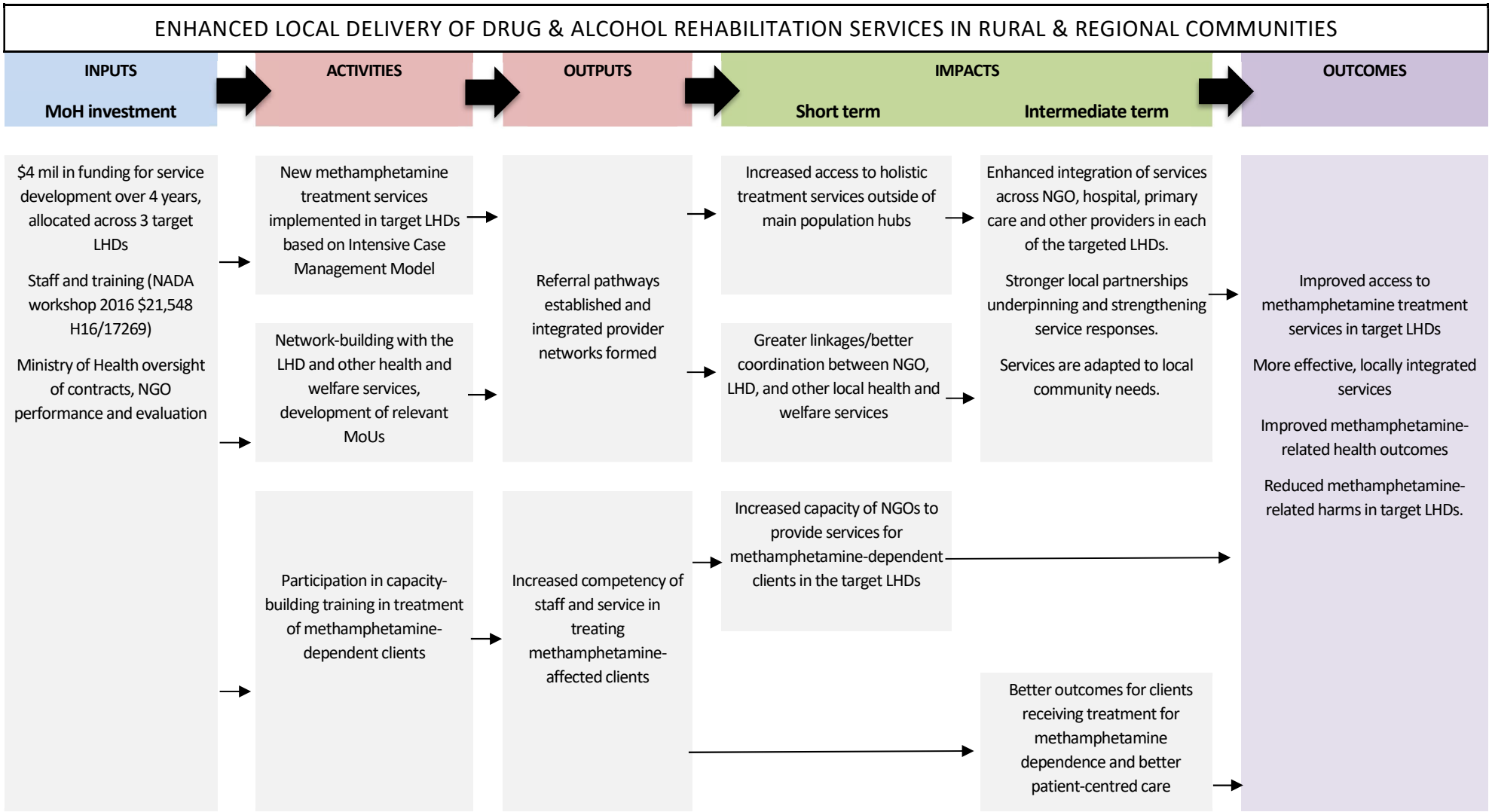
1. Relationship to Service
(1.1) What is the nature of the relationship/partnership between your organization and Directions Health Services/Lives Lived Well?
(1.2) What is your view of the value to the community of the methamphetamine treatment service delivered by Directions Health Services/Lives Lived Well?
(1.3) How does the current relationship between your Organisation and Directions Health Services/Lives Lived Well benefit clients?
2. Referral to service
(2.1) Have you been successfully referring clients to this service? (Yes/No/Not applicable)
(2.2) Please describe your experience of client referral. Have you experienced any difficulties/barriers to referral?
(2.3) What has been the impact of the establishment of this service on access to appropriate drug treatments (i) for your clients and (ii) for the region more broadly
3. Demand for methamphetamine treatment services
(3.2) What are the main principal drugs of concern in your region at the current time?
(3.4) What are the greatest needs in relation to alcohol and drug treatment services in your District at the current time? i. Day programs ii. Residential rehabilitation programs ii. Outpatient psychosocial counseling vi. Withdrawal management vii. Other
4. Opportunities for service improvement
(4.1) How can the service provided by Directions Health Services/Lives Lived Well improve to better meet the needs of your community?
(4.2) Were any unintended positive or negative consequences as a result of your relationship with Directions Health Services/Lives Lived Well?
(4.3) Do you have any other specific comments about the service provided by Directions Health Services/Lives Lived Well?

APPENDIX B: Quantitative data analysis plan

QUANTITATIVE ANAYSIS – MDS & NADA COMS

Question	Metric
Descriptive Statistics – Client demographics	
1. What number and proportion of the client population are under 25?	Client age, median, range and %<25
2. What number and proportion of the client population are Aboriginal or Torres Strait Islander?	Client-reported Aboriginal or Torres Strait Islander status
3. What proportion of the client population are non-Australian born/have a preferred language other than English?	Country of birth (distribution) and Preferred Language (distribution)
4. What distances do clients have to travel for treatment services?	Postcode of residence at commencement of service episode AND postcode of service contact AND Main service provided
5. What number and proportion of admissions report methamphetamine as PDC?	Principal drug of concern
6. What are the other major drugs of concern in this client population?	Other drug of concern
7. What proportion of clients report polydrug use?	Principal drug of concern and other drug of concern
8. What proportion of clients report injecting drug use at entry?	Injecting drug use
9. What types of extra support are required by the client population? Is there a high level of disadvantage in the client population?	Principal source of income Living arrangement Compare to MDS data from clients receiving services in metropolitan areas
Service Evaluation	
1. What services were provided to clients?	Main service provided and Other services provided (distribution and number)
2. How many clients have been treated by the service under the methamphetamine grant?	Episodes of service and Completed episodes of service
3. How many have successfully completed the service	Reason for cessation of service episode
4. Number of service contacts	Median and range
5. Length of service	Median and range
6. What services were provided to clients?	Main service provided and Other services provided (distribution and number)
7. Where are referrals coming from?	Source of referral to service
Client Outcomes	
1. Were measurable improvements in client wellbeing observed? Stratify results by client age group, male/female, Indigenous/non-Indigenous	Improvement in Severity of dependence scores (SDS) Psychological wellbeing (K10 Distress Scale, Brief Psychiatric Rate Scale, SF12 Mental Health Scale) Quality of life (WHO QoL)
2. Was there a reduction in client substance use?	Number and proportion of clients with reduction in substance use over the duration of the program

APPENDIX C: Crystal Methamphetamines NGO Project Program Logic Framework



APPENDIX D: Intensive case management model

The Intensive Case Management Model is comprised of the following components:

- Holistic Case Management: comprehensive assessment, referral to specialist mental health and other health services as required, development of individual treatment and support plans and relapse prevention plans, and establishment of shared care arrangements with other health and community services
- Withdrawal services: facilitated arrangements for supported withdrawal in collaboration with local health services or residential withdrawal services
- Counselling
- Primary Health Care: facilitated health care in collaboration with local medical practices
- Family Support Interventions: support, education, mediation and early intervention
- Community Reintegration: support clients to connect/reconnect into work, study, apprenticeships and the broad range of community services, agencies and facilities
- Group Work: connecting clients with support groups available in the region
- Field Support: a dynamic approach to treatment, travelling to locations to meet clients, utilising video conferencing and computer conferencing systems and social media to effectively meet client needs and maintain ongoing communication
- Intensive Transition Support: for people transitioning from hospital inpatient care, prison, out of home care etc.
- Pharmacotherapies
- On-call: the treatment and support services team are available after-hours for consultation by health staff, policy and community service providers
- Early intervention services: for at-risk individuals who are currently low-level users of methamphetamine and do not have complex needs. Includes education, harm minimisation strategies, brief interventions and exploration of other treatment options, counselling, family support and assistance with other issues (e.g. education, employment, reconnection with community activities).

APPENDIX E: Detailed analysis for evaluation component 1: Evidence for the successful implementation of the Crystal Methamphetamine NGO Project

Performance Reporting Review

Relationship with the host LHD

The signing of an MOU with the host LHD was a performance indicator established at the commencement of funding. This MOU was to cover consent and referral processes, joint assessment and review processes, coordinated service delivery, LHD/Organisation complaints/disputes process, and a consumer complain process.

Lives Lived Well reported that they drafted an initial MOU, but that this became obsolete after the service moved from the LHD offices to their own premises on Jan 27, 2017. The LHD did not sign the MOU in the 11 months during which LLW were collocated with the LHD and did not provide telephone or internet connection for the LLW service.

Directions Goulburn have an MoU signed with the LHD. Quarterly governance meetings take place and 6 weekly meetings are held between the Pathways team leader and the Goulburn Mental Health Drug and Alcohol Community Manager to discuss mutual clients. Case conferences are held for clients engaged with multiple services

Directions Murrumbidgee drafted an MoU with the LHD but this was not signed as of July 2017. Despite this, the relationship was reported as constructive, with meetings and discussions about referral processes and shared care pathways. Case conferences and join care planning activities have been occurring.

Other relationships and linkages

Services highlighted the importance of networking to being able to provide a service that meets the needs of all clients, by providing options of treatment and therefore more choice and control. Initiatives that were reported to be effective in promoting engagement with local services, community groups and other key stakeholders included:

- In-service training (with the support of NADA) on providing support for methamphetamine use (capacity building workshops)
- Regular attendance at interagency meetings
- Participation in mental health and drug and alcohol Alliances, Networks and projects
- Inviting agencies to attend meetings, trainings, forums and workshops
- Attendance at community events and attendance at social groups for persons in treatment
- Information sessions at appropriate venues (e.g. inpatient mental health units)

The Lives Lived Well team developed formal written agreements with Mudgee Legal Aid Service and Community Health, and Community Corrections in Dubbo and Wellington. Community Corrections was the source of the largest number of referrals to the Lives Lived Well Crystal Methamphetamine service (41% of all referrals). In response to a low number of women being referred to the Lives Lived Well service, a partnership was also established with Barnardos in Mudgee.

Directions reported holding 2 MoUs with parties in Goulburn, and numerous additional MoUs across the ACT. Directions Goulburn have been running monthly group sessions at Chisholm Ross Centre Inpatient Mental Heath Unit to provide information on AOD services. A Legal Aid solicitor provides monthly outreach sessions at Directions Goulburn.

Directions Goulburn regularly delivers MAPP (methamphetamine awareness and harm prevention program) – a 3 session group program for clients in the pre-contemplative phase or contemplative stage of change. A referral pathway was established with the Goulburn magistrate in 20177 into MAPP. Client engagement with this program is strong, and several have gone on to access Directions' treatment and support services.

Table 2: Linkages with other services and stakeholder agencies formed by Crystal Methamphetamine NGO Project services.

LLW (Dubbo)	Directions (Goulburn)	Directions (Murrumbidgee)
Dubbo Regional Aboriginal Medical Service (Dubbo AMS) Barnardos Apollo House Aboriginal Family Health Service (Dubbo Neighbourhood Centre) FACS Uniting Circle Sentencing Communities for Children Mission Australia Emmanuel Care Community Corrections Dubbo and Wellington Marathon Hospital (PIR) Dubbo Base Hospital The Salvation Army Wellington Information and Neighbourhood Centre Royal Flying Doctors Service LLW Roadmaps program	Noffs Foundation (Noffs) Chisholm Ross Centre Inpatient Goulburn Mental Health Drug and Alcohol Service Spring Field House Coordinare (South Eastern NSW PHN) Goulburn magistrate Headspace Goulburn Legal Aid Police Community corrections Marymead Child and Family Centre	Murrumbidgee Mental Health and Drug and Alcohol Service Calvary Riverina Drug and Alcohol Service Health Services Griffith Aboriginal Medical Service RiveMed (AMS) Aboriginal Land Councils in Wagga Wagga, Griffith, Leeton and Narrandera Headspace Griffith and Wagga Wagga Work It Out Program (program for young Aboriginal and Torres Strait Islander people whose work or study is impacted by AOD use) Juvenile Justice Community Corrections Edel Quinn (mental health inpatient unit) Griffith Neighbourhood House Tumut Regional Family Services Personnel Group Relationships Australia Likeminds Mission Australia Community Mental Health Drug and Alcohol Service Local GPs

Provision of services to Aboriginal and Torres Strait Islander clients

Commencing in July 2017, services were required to report the number of episodes of service provided to Aboriginal and Torres Strait Islander clients as a performance indicator.

Lives Lived Well have maintained referrals for Aboriginal and Torres Strait Islander clients at approximately 60% of total referrals. Reasons for this high rate of referrals for LLW included:

- One of the LLW caseworkers works in partnership with the Dubbo Regional Aboriginal Medical Service (Dubbo AMS). The GPs at this service refers their clients to the LLW caseworker for AOD treatment. One day per week is dedicated to referrals from the Dubbo AMS;
- The Aboriginal Family Health Service at Dubbo Neighbourhood centre is also a key referrer.

In 2018, Directions commenced implementation of its Reconciliation Action Plan. Items on this action plan included a focus on increasing the number of Aboriginal workers in their organisation, particularly in regional offices. In 2018, 8% of Directions Goulburn staff and 30% of Directions Murrumbidgee staff were of Aboriginal background. Directions also require compulsory cultural awareness and strength-based practice training for all staff. From July 2016 to July 2019, 23% of Directions Goulburn and 26% of Directions Murrumbidgee service episodes were delivered to Aboriginal and Torres Strait Islander clients.

Service utilisation and client engagement

One of the performance indicators against which service providers were required to report was 'Length of time taken for individual to engage in treatment and/or support'. LLW noted that the length of time to engage is variable. Caseworkers aim to make contact within 24 hours of referral but attempts at contact may be unsuccessful. An audit of a sample of clients from the LLW database in 2017/2018 found that 17% of referrals were not responded to within 49 hours. This was influenced by the day on which the referral was received (e.g. a Friday) and the availability of staff to respond to the referral at the time of receipt. The introduction by Lives Lived Well of a client management system will make it possible to track and report on response rates.

Directions Goulburn and Murrumbidgee reported that all new referrals from family or external agencies were responded to within 2 working days, based on a practice of assertive follow-up of possible clients. If clients can't be contacted, the referring agency is notified. Contact rates are monitored at the weekly clinical meeting. Directions Goulburn claim anecdotally that their follow-up processes have resulted in engagement of typically hard to reach clients.

Services report variable client engagement. Clients that come to the service voluntarily generally engage more effectively than clients sent by Community Corrections who may have been coerced to attend. Regardless of the level of engagement, Lives Lived Well note that they advise all referring agencies and clients that they are welcome to refer again to the service. Since clients may choose at any time to not continue attending the service, Lives Lived Well caseworkers take every opportunity to provide a brief intervention with the client or information about AA/SMART groups or detox programs.

Directions services reported that file audits indicated that assertive follow-up with clients who unexpectedly disengaged from the services had been successful in re-engaging clients. 83% of Directions Goulburn and 86% of Directions Wagga clients had their episode of care closed due to service completion (compared to 42% of Lives Lived Well clients). Only a very small proportion of Directions clients had their episode closed because they had left without notice (<1%). Directions Murrumbidgee reported that they have continuous quality improvement processes in place in relation to referral pathways and client engagement.

Directions Goulburn and Murrumbidgee also noted the challenge of client engagement for those living in smaller, isolated towns. The service has had to plan outreach logistics carefully to optimise outreach visits. Outreach locations for Direction Goulburn include Headspace Goulburn, and outreach to community and home settings in Yass, Braidwood, Crookwell, Collector, Gunning, Tarago and Bungendore. For Directions Murrumbidgee, outreach locations include Tumut, Junee, Cootamundra, Harden, Young, Temora, Coolamon, Leeton and Narrendera. Staff have fixed days to set towns, with capacity to be flexible.

Client experiences and outcomes measurement

The number of clients with treatment outcome measurement tools used as part of treatment was introduced as a performance indicator in July 2017.

For the 2017-18 financial year, Directions Goulburn reported that 99% of new clients completed outcomes measures surveys at service entry. Directions Goulburn reported early evidence of improvement in client outcomes measures and observed that the longer clients remained engaged with the program, the greater their reduction in substance use.

The implementation of a new Client Management System by Lives Lived Well caused a delay in the capacity to monitor the number of clients to have completed outcomes measures surveys.

With regards to client experiences, Directions services reported that they have a Community Advisory Group, comprised of current and past clients and family members who have accessed Directions services, who provide feedback on the service and recommendations for change. Directions Goulburn and Directions Murrumbidgee have members on Advisory Group, which meets five times a year to inform decision making and provide feedback for Directions services in Goulburn and Wagga Wagga.

Learnings for Client transition out of service

The number of clients with an exit/after-care plan in place was introduced as a performance indicator in July 2017 but was removed from the reporting requirements in 2019.

Directions services reported that exit and aftercare planning begins at commencement of service provision. Relapse prevention plans are also prepared in collaboration with clients exiting the service. Case managers ensure any referrals to other services are followed through and clients are assisted to attend appointments. Ongoing informal support via text messaging or Facebook is offered and clients are told they are welcome to re-engage with the service at any time, if required

If Directions clients disengage unexpectedly from the program, staff provide assertive follow-up and make attempts to reengage them.

For Lives Lived Well clients, service exit or the transition to another service is done in consultation with the client and family (if they are involved). Open communication with the client about progress, goals and exit was identified as being key to successful transition. For clients transitioning to another service, a warm hand-off and follow-up call are undertaken. Clients are made aware they can contact the original service at any time if they need assistance or to re-engage, and informal support is offered via text message or Facebook

Unexpected outcomes and other achievements

Lives Lived Well reported a substantial number of word-of-mouth referrals. Clients who had engaged with the service have told their friends to come and seek support from Lives Lived Well. Self-referral constituted 9% of Lives Lived Well referrals (first time referrals) between 2016 and 2019, 19% of Directions Goulburn referrals and 24% of Directions Murrumbidgee referrals.

In Nov 2018, Lives Lived Well partnered with NSW Health, Wellington Aboriginal Corporation Health Service (WACHS) and William Wilberforce Foundation for a 6-month trial of SMART recovery in Wellington. The 4 agencies rotated on a roster system to deliver the program. Despite a good start with consistent attendance, two key team members became unavailable and access to the venue ceased. Participants fell away and in Feb 2019 it was ceased

Directions Goulburn launched a new methamphetamine awareness and harm reduction group in Goulburn in August 2017. This group was primarily established as a referral pathway from magistrates for driving related charges and is an entry point into treatment for people who may not otherwise be incentivised to access treatment.

Interviews with Service Providers

From the interviews with the service providers, the following 5 themes emerged in relation to the experience of implementing and delivering stimulant treatment services in regional NSW:

1. The importance of partnership building and stakeholder engagement
2. Workforce issues – number of staff, staff diversity, recruitment and retention
3. The impact of distance on service delivery
4. The referral process and facilitators of referral
5. Impact of service scarcity – lack of AOD and related social services in regional NSW.

THEME 1: Partnership building and stakeholder engagement

Partnerships with the LHD and health and social services

MoUs between the service provider and the LHD were in place in Murrumbidgee and Southern NSW LHD, but not with Western NSW LHD.

Directions noted that high-level MoUs were supported by regular Partnership Meetings, which provided an opportunity to discuss referrals, joint care planning, complaints, collaborations and other matters, and to receive feedback on their service and the referral process. Local service delivery-level meetings provided an opportunity to discuss referrals and cases. Directions participates in the Murrumbidgee Mental Health & Drug and Alcohol Alliance, which supports monthly contact between LHD and NGO services as well as LHD/NGO collaboration, new initiatives and improved service integration. Each service takes turns presenting at this forum, to ensure everyone is aware of the scope of the various services, as well as key updates and current issues. Directions has also presented at the Southern NSW Leadership Meeting, further developing collaborative working arrangements.

Lives Lived Well reported that their MERIT worker sits within the LHD MERIT team in Dubbo and provides linkages with the LHD. The Dubbo outreach team is also developing a relationship with the LHD. Lives Lived Well did not consider that an MoU with the LHD was necessary for improved delivery of the service. A Lives Lived Well worker attends at interagency meetings and care coordination meetings. Lives Lived Well does have a formal MoU with Headspace, however. Outreach case workers sit in the Corrections office to provide the service

Lives Lived Well had a complete staff turnover in 2019, and the significant impact of this on stakeholder relationships was noted. Stakeholder relationships take time to develop, and new staff will need time to embed these relationships again. For new staff, orienting them to key referrers and establishing interpersonal relationships is a priority.

High turnover of staff within referring services also requires that these stakeholder relationships be built again, which can present a challenge for service awareness and referral rates.

Strong relationships with other NGO and government services – such as health, housing, legal and employment agencies – are supported by interagency meetings, regular communication, case conferences, in-services, warm-referrals and in-reach where possible. In-reach examples provided by Directions include:

- In-reach to a GP clinic has supported the GPs to address AOD-related issues, and had led to a collaboration to enable quicker access to Telehealth psychiatry for Pathways clients
- A lawyer provides monthly in-reach to Pathways Goulburn to support clients in navigating non-criminal matters
- Pathways Goulburn in-reach to Chisholm Ross mental health in-patient unit to present about AOD issues and harm reduction options and receive warm referrals
- Pathways Murrumbidgee in-reach to Corrections, Aboriginal Land Councils, LikeMinds, Headspace, Griffith multi-cultural service, Community Health and others, and visit prisons to introduce themselves to new clients pre-release.

Partnerships with Aboriginal organisations and cultural safety

Pathways Murrumbidgee collaborate with local Aboriginal community-controlled organisations, elders and community members, and Pathways services are delivered from several Lands Councils including Narrandera and Leeton Lands Councils. A particularly strong relationship has been developed with Narrandera Lands Council in order to support access to services for local Aboriginal families. An Aboriginal-specific program (Work it Out) is offered to young people to address their AOD use and its impact on their work or education. SMART is co-delivered with an Aboriginal Medical Service. Pathways Murrumbidgee also have partnered with a local Wiradjuri artist to deliver self-help groups for Aboriginal community members, which function as a 'soft entry' to engage with more formal AOD support services.

Lives Lived Well have a partnership established with Bila Muuji Aboriginal Health Corporation, with staff co-located at the Bila Muuji site (although there is no shared case management with Bila Muuji). Scope to expand service delivery to Aboriginal populations via collaboration with Lives Lived Well's Aboriginal programs and with local Aboriginal services (AMS, Apollo House), was noted. Previous linkages with Apollo House were lost due to staff turnover.

THEME 2: Workforce issues

Staff recruitment and retention

Staff recruitment and retention is a recognised issue in the AOD sector that extends beyond the Crystal Methamphetamine NGO Project. A complete turnover of the Lives Lived Well staff working on this project in 2019 was an undesirable outcome, though not necessarily indicative of problems unique to Lives Lived Well. Lives Lived Well noted that they had to suspend services to Mudgee during the 2019 staffing changes.

Having a workforce that is representative of the local community, including staff who identify as Aboriginal or Torres Strait Islander Australian, was recognised as being important. Thirty-five percent of Directions staff involved in the Crystal Methamphetamine Project identify as Aboriginal. Successful recruitment to these positions was aided by culturally sensitive recruitment and HR practices. Directions had advertised Aboriginal-identified case manager positions in the past, but - based on community feedback and response - de-identified them and subsequently had a greater number of Aboriginal applicants. All Directions staff complete compulsory cultural awareness and strengths-based training, and Directions line managers complete Supporting Aboriginal Staff training. Directions staff also complete diversity and inclusivity training. Lives Lived Well do not have any Aboriginal staff working on the Crystal Methamphetamine NGO project, but the Roadmaps Team is co-located with this service and has two Aboriginal staff.

Directions and Lives Lives Well reported that their stimulant treatment services under the Crystal Methamphetamine Project are running at or beyond capacity, and that an increase in demand over time is diminishing their ability to do intensive case management. Lives Lived Well had a period in 2019 during staff transition when they had a waiting list or were turning people away. It took approximately 6 months to find a team leader in Dubbo due to lack of applications. More applications were received for case worker roles but 90% of applicants were not suitable. Directions has had to ration its delivery of outreach services and would need an increase in staffing to be able to reach additional communities that need services. The ability to meet the needs of all potential clients is largely dictated by the number of FTE employed under the Crystal Methamphetamine Project.

Staff training

Directions staff are trained in safer injecting practices and overdose awareness and response training is offered to all staff, with Naloxone kept on site and taken on outreach. Lives Lived Well have plans to conduct Naloxone education for all staff and have Naloxone available for clients.

Other workforce issues

- Given the small complement of staff, it is a safety concern to only have one worker on site, therefore colocation with another program is preferable so that there are always two clients on site when clients are being seen.
- When asked if they had assessed staff satisfaction with the service, Directions reported their annual survey indicates levels of satisfaction and engagement with their work among staff are high. Lives Lived Well has not assessed staff satisfaction.
- Directions noted that their service receives a lot of phone enquiries from family and friends that don't progress to an MDS-recorded episode. This volume of work providing informal family support is not captured in the data that are reported to the Ministry; however, this support provided to family members has contributed to their wellbeing as well as their capacity to support the person they are concerned about.

THEME 3: The impact of geographical distance on service delivery

Distance poses significant challenges for service delivery and client retention for the Crystal Methamphetamine NGO Project. Access to transportation and the extent of the physical distance makes accessing services difficult for clients, many of whom have lost their licence or are unable to afford a car.

Directions operates on a hub-and-spoke model and relies heavily on fleets of vehicles and careful scheduling to maximise outreach locations to surrounding towns. Not all remote communities can receive outreach visits, but clients might be able to travel to the nearest outreach site. Outreach days and times are communicated with key stakeholders and referrers to ensure services are well utilised.

Directions expressed the view that they are insufficiently meeting the needs of the region and that outreach services are spread thinner than what was originally intended. Many communities visited are only able to receive fortnightly services due to the demand for outreach services elsewhere. Current services need to be carefully rationed and factors such as staff leave and car servicing have to be carefully scheduled. In addition, the need to support staff morale and permit opportunities to debrief should be considered. With so much time on the road and working in isolation, staff require support for their own psychological wellbeing.

Services reported that brokerage funds would improve clients' ability to access the service and could be used to facilitate entry into detox or rehab, or to assist with finding stable housing.

Lives Lived Well noted that outreach services may necessitate times where a sole worker in on site, which creates issues for safety of staff. At-home risk assessments are offered, but two staff need to be available for the first visit.

While Skype/telehealth might theoretically be used to deliver services to more remote locations, clients often don't have access to the technology required. While some clients are open to phone or video consultations, many prefer and require primarily face-to-face interventions and support. Intensive case management requires a degree of person-to-person intervention. In addition, services report that they do not currently have the staff complement to both maintain existing outreach and implement telehealth services to reach an expanded number of clients. Telehealth is useful, however, as interim support between scheduled face-to-face support sessions, especially for younger clients. Directions are also offering an online SMART group for clients based in remote locations.

TELEHEALTH IN THE COVID-19 ERA

Services had to adapt their service delivery models in response to the COVID-19 pandemic to help prevent infection and transmission of illness. At the 2020 mid-year performance review, services reported that the transition to telephone and online-based service delivery had mixed impacts on clients. Some clients reported finding the service more accessible due to the removal of travel/distance as a barrier to engaging in treatment, while others struggled with technology limitations and engaging in an online format. Service providers also reported that some clients found telephone appointments less intimidating as they did not face the anxiety and stigma associated with attending a face to face appointment. Clients were also less likely to miss appointments scheduled via telephone, which accounted for an increase in active clients and episodes of care during the first half of 2020.

THEME 4: Referral pathways

The importance of streamlined referral processes was raised by service providers. For example, Directions reported that the Murrumbidgee Mental Health & Drug and Alcohol Alliance had developed a common referral and consent form to support seamless referrals, shared care and a stepped care model.

The importance of building strong-interpersonal relationships with key referrers was also noted. Again, staff turnover within the service provider or within referring agencies has had an impact on these relationships, and in turn on referral processes.

The range of potential referrers is broad, and it is important to accommodate the needs of culturally and linguistically diverse (CALD) clients. Directions reported that relationships with local multicultural services facilitated referral pathways. Having culturally and linguistically diverse staff may also facilitate uptake of the service by people from CALD communities.

Strong referral pathways into other services were also identified as important facilitators of successful client transition out of the stimulant treatment service. Regular communication with other agencies and standard protocols for client exit and transfer of care were identified as supporting smooth exit and transition of clients into other services.

THEME 5: Local availability of AOD and related health and social services

The inability to refer clients to appropriate services was one of the main barriers to successful transition of clients out of the service. Limited referral options for clients exiting the service often resulted in services being provided for extended periods of time and for a wider range of needs, including mental health, relationship issues and housing services. A smaller community means a smaller range of services, and in some cases, clients may have 'burned their bridges' with existing services. Getting clients into detox or residential rehabilitation services is particularly difficult, especially when clients live in remote locations.

Bulk-billing GPs are also scarce. Directions works with willing GPs to support clients to withdraw in the community were this is appropriate and safe. This reduces the burden on bed-based services and is often a preferable option for clients. For GPs to take in more severe clients, more staff would be needed with appropriate qualifications.

Clients in regional NSW often have difficulty accessing clean injecting equipment. Improved access to injecting equipment, an increased range of equipment and sharps disposal would benefit clients and the community. Directions run the NSP in the ACT and noted that they could have capacity to provide an NSP within the Crystal Methamphetamine NGO project, including a mobile service.

The scarcity of mental health services in regional and remote areas makes it difficult to engage clients with coexisting mental health and AOD issues. For complex clients, understaffing of LHD services, general transport and service access issues, and lack of choice of mental health service options are barriers to accessing appropriate treatment.

Housing service capacity limitations result in difficulties with advocating for client's needs. There is a lack of social and affordable housing suitable to support client transition.

In terms of employment and education, strong linkages with various employment and training service providers supports successful outcomes. Directions described co-case managing clients with employment service providers to support them back into employment and worked with PCYC to support young people to stay engaged in education and training. Directions also offers a WIO program for Aboriginal clients seeking to address employment and education. They reported that client employment rates increased significantly after engaging with the service.

Interviews with Local Health Districts

Interviews with the LHDs indicated variable perceptions of the Crystal Methamphetamine NGO Project. Support was expressed for the concept of dedicated stimulant treatment services for regional NSW, though scope for improvement of the existing services was expressed.

From interviews with representatives of the LHDs, the following 4 themes emerged:

1. Need for clarity regarding the scope of the Crystal Methamphetamine NGO Project services and the nature of appropriate referrals
2. Importance of communication between the services and the LHD
3. The role of the Crystal Methamphetamine NGO Project in expanding treatment options for clients
4. Factors influencing successful care coordination.

THEME 1: Need for clarity regarding the scope of the service and appropriate referrals

Western NSW LHD reported a lack of clarity about what the Crystal Methamphetamine NGO Project is about – whether it is for methamphetamine only or for all substances, which referrals are appropriate, and what the program has been specifically funded for. Lives Lived Well have indicated that they take all referrals. Western NSW also noted a previous issue with duplicate referrals, i.e. clients being referred simultaneously to the LHD and to Lives Lived Well, which was confusing for clients.

Southern NSW LHD were able to describe the types of clients they refer and under what circumstances. They noted that the case of clients with comorbid mental health issues, the LHD will see the client for longer before referring them to Directions.

Murrumbidgee LHD expressed that the current governance framework between the LHD and the service is insufficient to support accountability or adequately define how the two services work together.

THEME 2: Importance of communication

Western NSW LHD noted that the partnership with Lives Lived Well was ad hoc and not highly functioning. They noted regular breakdowns in communication between the two services and expressed a wish to create a better partnership. Initially, Western NSW and Lives Lived Well held meetings and were working towards a regular care coordination meeting, but following staff turnover at Lives Lived Well, this did not eventuate. Prior co-location of Lives Lived Well within the LHD had also facilitated communication, and the idea of co-locating again in future was proposed.

Southern NSW LHD stated that referrals to Directions Goulburn were generally functioning well. The LHD follows up with the client after referral to make sure they have made contact and have an appointment. While there were a small number of instances of clients not being proactively followed up, direct communication between the LHD and Directions was able to resolve the issue. Southern NSW noted that the relationship with Directions improved after commencing monthly interagency meetings.

Murrumbidgee LHD noted that regular partnership meetings were not occurring with Directions Murrumbidgee, but that such meetings would be beneficial.

THEME 3: Expanded treatment options for clients

LHDs reported that the establishment of the new stimulant treatment services under the Crystal Methamphetamine NGO Project has expanded the options available to clients locally. From the perspective of the LHDs, the implementation of the Crystal Methamphetamine NGO Project has benefitted clients in the following ways:

- It enables clients to choose where they would like to receive a service
- It relieves some of the pressure from the LHDs AOD waiting list and gets clients referred to services sooner
- It provides a longer-term option for one-on-one support
- Services can do home visits and outreach
- Availability of SMART recovery
- Availability of drop-in appointments (clients often find it hard to maintain scheduled appointments)
- It fills a gap in the services that were available in the LHD previously and provides an option for methamphetamine-specific referral.

The value of the service from the perspective of the LHDs has more to do with the availability of additional community based AOD treatment services that are flexible to client needs, as opposed to the availability of methamphetamine treatment services *per se*.

THEME 4: Factors influencing successful care coordination

Western NSW noted that there is minimal care coordination with Lives Lived Well occurring at the present time and there is a need for more care coordination meetings between services.

Southern NSW LHD reported having monthly meetings with Directions Goulburn, with the Directions team coming to the LHD to meet with the AOD and Mental Health team. Southern NSW also reported that Directions staff are proactive in contacting the LHD directly regarding shared clients, which facilitates successful care coordination.

Unmet AOD treatment needs

The top principal drugs of concern identified by the 3 LHDs involved in this Project are:

- Alcohol
- Methamphetamine
- Cannabis
- Opioids.

Western NSW LHD identified current needs for residential rehabilitation, withdrawal management, and out-patient psychological counselling. The LHD has received positive feedback on the Lives Lived Well Roadmaps day program.

Southern NSW LHD identified withdrawal management as the greatest unmet need, and noted residential rehabilitation is also very hard to get into.

Murrumbidgee LHD identified withdrawal management and outpatient psychosocial counselling as the two greatest areas of need.

Survey of Service Stakeholders

Five out of the seven stakeholder agencies approached for this evaluation responded to the written survey – four stakeholders associated with Directions services and one associated with Lives Lived Well. Three major themes emerged from these surveys:

1. The role of the Crystal Methamphetamine NGO Project in increasing the effectiveness, efficiency and reach of local AOD treatment services
2. The importance of service coordination and relationship management
3. The impact of workforce issues.

THEME 1: The role of the methamphetamine service in increasing the effectiveness, efficiency and reach of local AOD treatment services

Stakeholder agencies noted the value to their communities of a service set up to respond to the needs of people who are experiencing problems with methamphetamine abuse, including pre- and post-treatment needs. Having this type of dedicated service gives individuals and other service providers a place to refer people for support and ongoing treatment. It also enables other agencies and individuals to receive education and support to be able to provide better treatment/support to persons with methamphetamine-related issues. This is particularly valuable in these communities with high rates of methamphetamine use, given the difficulty of withdrawing without support. Where long waiting lists for AOD counselling exist, people may cause significant harm to themselves, their families and the community before engaging in treatment.

Overall, the establishment of these services has increased the range of treatment options for people with issues related to methamphetamine use through the immediate availability of both 1:1 counselling and group work in a community setting. Increased options have in turn increased timely access to treatment for clients, and the dedicated service has also reportedly eased the workloads on other existing services. For clients referred by Corrections in particular, quick and easy access to treatment while there is motivation to change was identified as important to reducing risk of returning to custody or breaching orders.

Waiting lists for admission to residential or day programs can be long and unpredictable, and stakeholders reported that this dedicated service provides support and case management to clients waiting admission to these programs. People leaving

residential treatment also require ongoing support and case management, and this service fills an important gap in this regard. The fact that the services provided under this grant are more holistic in nature, providing both counselling and case management (a more wrap around service) to address co-occurring social factors, was identified as being of value to the community and unavailable elsewhere.

Some stakeholder agencies are collocated with the methamphetamine treatment service, and this was noted to facilitate referrals and allows for resource sharing. Headspace Griffith (stakeholder of Directions Murrumbidgee) noted that collocation facilitated referral of young clients who come to Headspace for mental health support. The fact that these young people have already identified Headspace as a safe place increases the willingness to get support from Directions. Collocation also makes warm handover easier (increasing engagement) and facilitates care coordination between services and ensure clients have the best opportunity for good outcomes.

Elsewhere, in-reach services (e.g. in-house counselling at Community Corrections Office in Dubbo), enables quick turnaround of referrals and effective interventions to be provided in a timely manner.

Partnerships also offer opportunities for mutual learning. Noffs (a youth service) noted of the partnership with the methamphetamine treatment services in Goulburn and Murrumbidgee that Noffs staff were able to educate those working with adults to be less sensitive and more resilient when working with clients who are being antisocial or challenging.

Lastly, the importance of services being available outside of larger population centres was emphasised by stakeholders. Distance/travel is a major barrier to treatment, as clients in small rural centres often have unreliable public transport and no private transport and would be unlikely or unable to travel to seek support. Calvary Health Care Riverina particularly valued having a service that can pick up clients and take them to residential treatment as well as providing support pre- and post-treatment. Grand Pacific Health (Goulburn) valued the fact that a local service has meant that people –especially young people - don't have to travel long distances away from their support networks to receive support. Noffs noted that young people are reluctant to go to treatment in general, let alone if it is difficult or they must do a lot of work to make it possible.

It was noted that these services do a large amount of work with limited resources across a large geographic area. To better meet the needs of the community, it would be necessary to increase resourcing to be able to deliver comprehensive services across the District.

THEME 2: The importance of service coordination and relationship management

Stakeholders identified that the methamphetamine services play an important role in coordinating referrals between the LHD and other health and social services, thus filling a gap with respect to service coordination for methamphetamine clients.

Formal agreements are in place with certain stakeholders: Calvary Health Care Riverina Drug and Alcohol services (stakeholder of Directions Murrumbidgee) noted that they have working agreements in place that define how the services work together to support clients pre and post-treatment. Grand Pacific Health (stakeholder of Directions Goulburn) noted they have a Service Delivery Agreement in place with Directions to provide co-located AOD services to young people.

Ease of communication between stakeholders and the services in question was identified an important factor in successful service coordination and relationship building/maintenance. Conversely, inter-personal relationship breakdown was reported between Noffs and Directions Murrumbidgee to the extent that the MoU between these agencies was dissolved. Noffs reported that, in the process of trying to resolve this issue, they determined that it was necessary to have better processes in place in future for conflict resolution.

In addition to facilitating referrals and service delivery, strong stakeholder relationships may also present opportunities such as joint ventures of service delivery, collaboration regarding new funding opportunities, mutual learning and skills sharing.

THEME 3: The impact of workforce issues

While noting gaps in current service delivery, stakeholders acknowledged that, for the methamphetamine services to reach more of the community, more resources would be required.

Staff recruitment and retention outside of large population centres was noted as a difficult issue across all stakeholder groups that participated in the survey. Loss of staff on either side has a significant impact on the stakeholder relationship. Management turn-over at Directions Murrumbidgee was noted as a key factor affecting their stakeholder relationship with Noffs. The changing management structure of Southern Local Health District was also noted as having impacted relationships with stakeholders including Directions Goulburn and Noffs.

APPENDIX F: Detailed analysis for evaluation component 2: Service demand and reach

Uptake of services

From the commencement of services under the Crystal Methamphetamine NGO Project in 2016 to 31 December 2019, at total of 1576 service episodes were opened for 1257 distinct clients, and 1437 episodes of services were completed. Lives Lived Well opened 771 and closed 748 episodes over the interval from commencement to 31 December 2019; Directions Murrumbidgee opened 387 and closed 301, while Directions Goulburn opened 418 episodes and closed 388.

Figure 1 shows the uptake of Crystal Methamphetamine NGO Project services as activity scaled up following commencement. Services initially reached capacity by April 2017, after which time an average of 57 active cases per service per month was sustained until April 2019. After April 2019, the number of monthly active cases increased, although this is attributable to low rates of episode closure between January and June 2019, as opposed to an increase in the number of episodes being opened (see **Figure 2**). The spike in active cases for the Directions Murrumbidgee service between January and June 2019 is directly related to the drop in the number of episodes closed over the same interval.

Variable practices were observed across the service providers with respect to how long episodes of care remained open, and how often multiple episodes of care were opened for the same client. Median episode duration was 35 days for clients of the Lives Lived Well service, 97 days for clients of the Directions Murrumbidgee service, and 82 days for clients of the Directions Goulburn service (see **Table 3**). Twenty-two percent of Lives Lived Well clients had more than one episode of service opened, compared to 9% of Directions Murrumbidgee clients and 28% of Directions Goulburn clients.

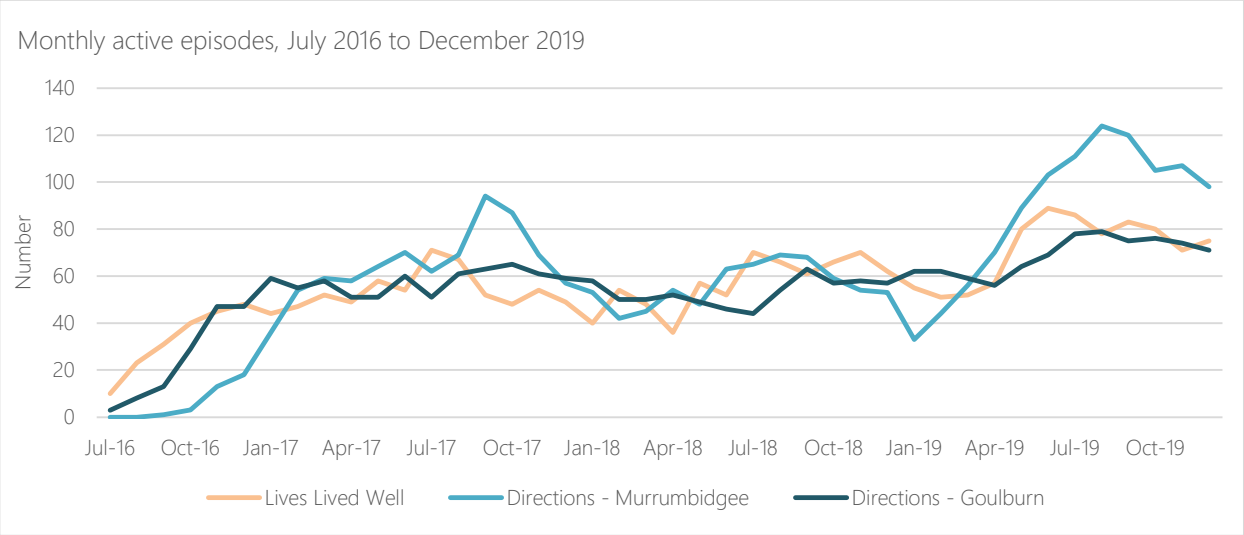


Figure 1: Monthly active episodes delivered by Crystal Methamphetamine NGO Project service providers, from 1 July 2016 to 31 December 2019. Episode count are cumulative – an episode that is opened in one month is still counted in the next month unless the episode has been close in between. Cases continue to be counted as active until the episode is recorded as closed in the NSW MDS DATS database.

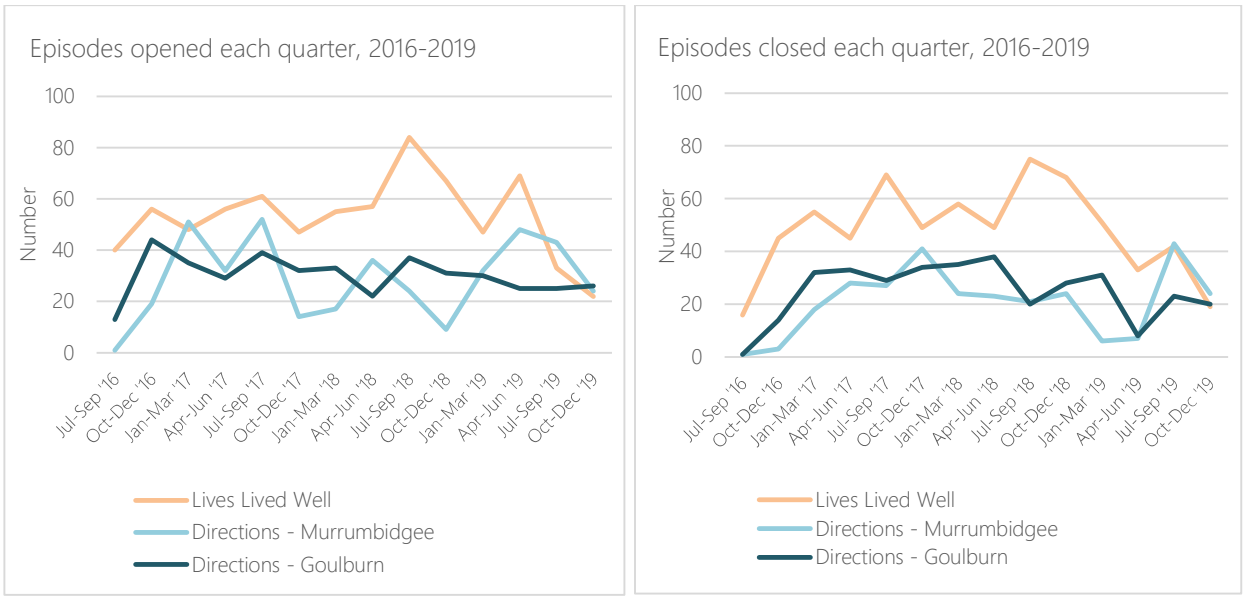


Figure 2: Number of episodes opened and number of episodes closed each quarter, from July-September 2016 to October-December 2019, by service provider.

Table 3: Episode duration (days), for all episodes delivered between July 2016 and December 2019

	Lives Lived Well	Directions Murrumbidgee	Directions Goulburn
Average (std, dev.)	51 (62)	123 (119)	112 (99)
Median	35	97	82
25th percentile	12	58	52
75th percentile	67	155	139

Source of referral

Principal referral sources varied by service provider. Lives Lived Well received most referrals from Community Corrections, whereas Directions Murrumbidgee received most of their referrals from Community Health and Directions Goulburn via Court Diversion. These referral patterns are consistent with the linkages established by each service as described in section 2.2.3.

Self-referral also constituted a substantial proportion of referrals for all services, suggesting that community engagement and outreach activities have been successful. GPs, hospitals and mental health services accounted for few referrals. This is consistent with referral patterns observed for other AOD services. Particularly in regional, rural and remote settings where the size of the community is small, potential clients may be reluctant to seek help due to stigma and lack of anonymity, or because of previous negative interactions. Primary care physicians who are not familiar with working with AOD issues and trauma-informed care may not follow through with referrals to stimulant treatment services.

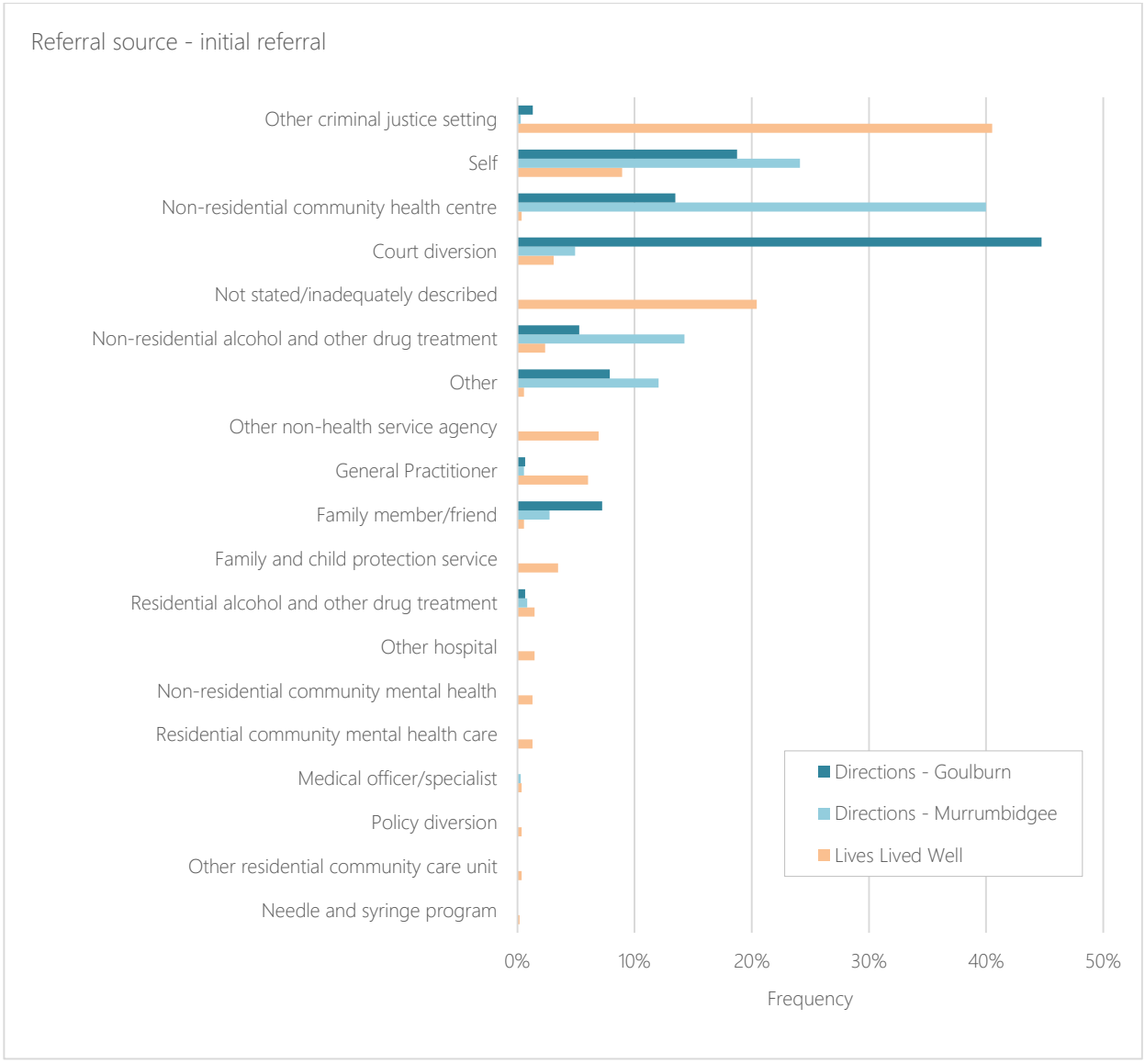


Figure 3: Source of initial referral for clients of Crystal Methamphetamine NGO Project Services

Client demographics

Overall, 26% of Crystal Methamphetamine NGO Project clients were under 25 years of age (25% of Lives Lived Well clients, 26% of Directions Murrumbidgee clients, and 25% of Directions Goulburn clients). The average age of clients ranged from 32 for client of the Directions Murrumbidgee service, to 34 for clients of the other two services (see **Table 4**).

The distribution of age and sex of clients was broadly similar across services. Directions Goulburn had a higher proportion of clients under 18 years (consistent with their early MoU with Noffs to provide services to youth clients). The proportion of female clients was 32% for Lives Lived Well, 33% for Directions Murrumbidgee and 35% for Directions Goulburn. This is similar to the overall proportion of clients of NGO AOD services between 2016 and 2019 who were female (37%).

Table 4: Age distribution of clients, based on age at time of first service contact, all unique clients between July 2016 and December 2019

	Lives Lived Well	Directions Murrumbidgee	Directions Goulburn
Average (std, dev.)	34 (11)	32 (10)	34 (11)
Median	33	31	34
25th percentile	25	25	25
75th percentile	42	38	41

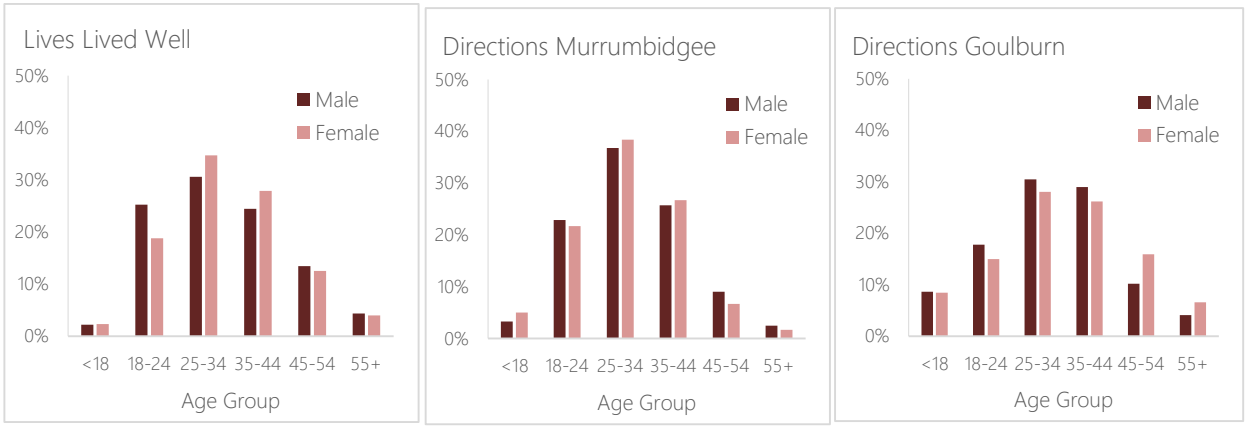


Figure 4: Distribution of age and sex among Crystal Methamphetamine NGO Project clients (all unique clients between July 2016 to December 2019, age taken as age at the time of first service contact).

A high proportion of episodes of service delivered under the Crystal Methamphetamine NGO Project were to Aboriginal or Torres Strait Islander clients (43% overall). By comparison, of all episodes of service delivered by AOD NGOs between 2016 and 2019, 19% were delivered to Aboriginal or Torres Strait Islander clients. Lives Lived Well reported the highest proportion of service delivery to Aboriginal and Torres Strait Islander clients, who accounted for 64% of their episodes of service as of 31 December 2019.

As expected, the principal drug of concern for most episodes of care delivered under the Crystal Methamphetamine NGO Project was methamphetamine or other amphetamine type stimulants. Amphetamine type stimulants were the principal drug of concern for 70% and 73% of episodes of care delivered by Directions Murrumbidgee and Directions Goulburn respectively. However, only 36% of Lives Lived Well episodes were attributed to amphetamine type stimulants, which was lower than expected. The next most common principal drugs of concern were cannabinoids and alcohol. Other major drugs of concern were rarely listed by Directions Murrumbidgee or Goulburn; for Lives Lived Well clients, the most common other drugs of concern were cannabinoids, nicotine and amphetamine type substances. The proportion of episodes with amphetamine type stimulants listed as any drug of concern (principal or other) is given in **Table 5**.

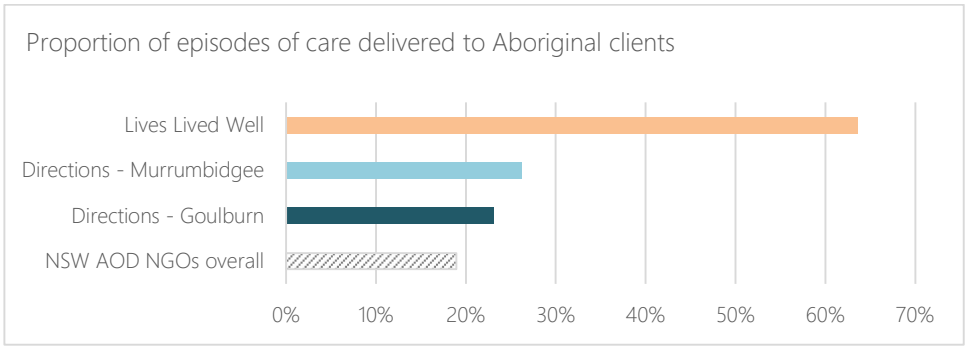


Figure 5: Proportion of episodes delivered to Aboriginal and Torres Strait Islander clients by Crystal Methamphetamine NGO Project services as of 31 December 2019, compared to the proportion of episodes delivered to Aboriginal and Torres Strait Islander clients by NGO AOD services overall from 2016-2019.

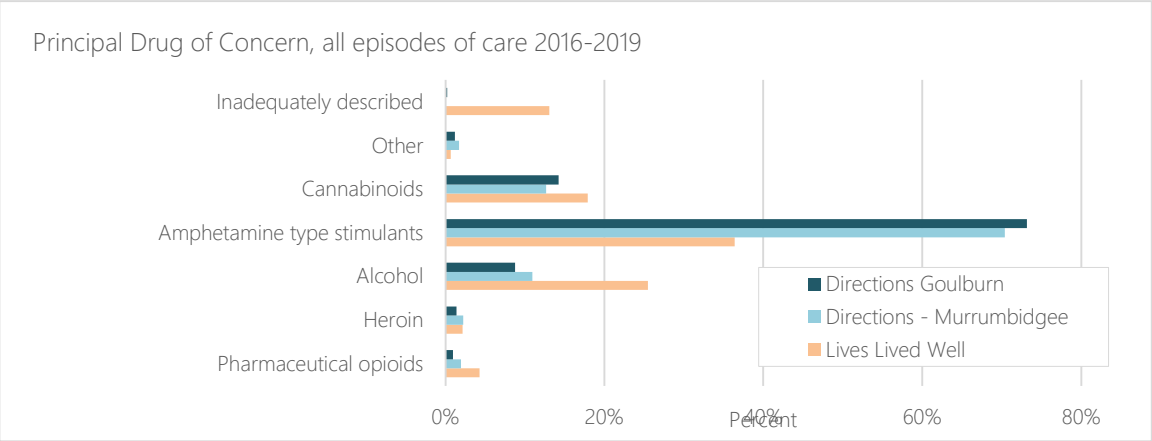


Figure 6: Principal drug of concern, all episodes of care as of 31 December 2019

Table 5: Proportion of episodes with amphetamine type stimulants as any drug of concern (principal or other), all episodes of service from commencement to 31 December 2019.

	Lives Lived Well		Directions Murrumbidgee		Directions Goulburn	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Amphetamine type stimulants listed as a drug of concern	333	45%	286	71%	310	74%
Amphetamine type stimulants not listed as a drug of concern	409	55%	116	29%	111	26%

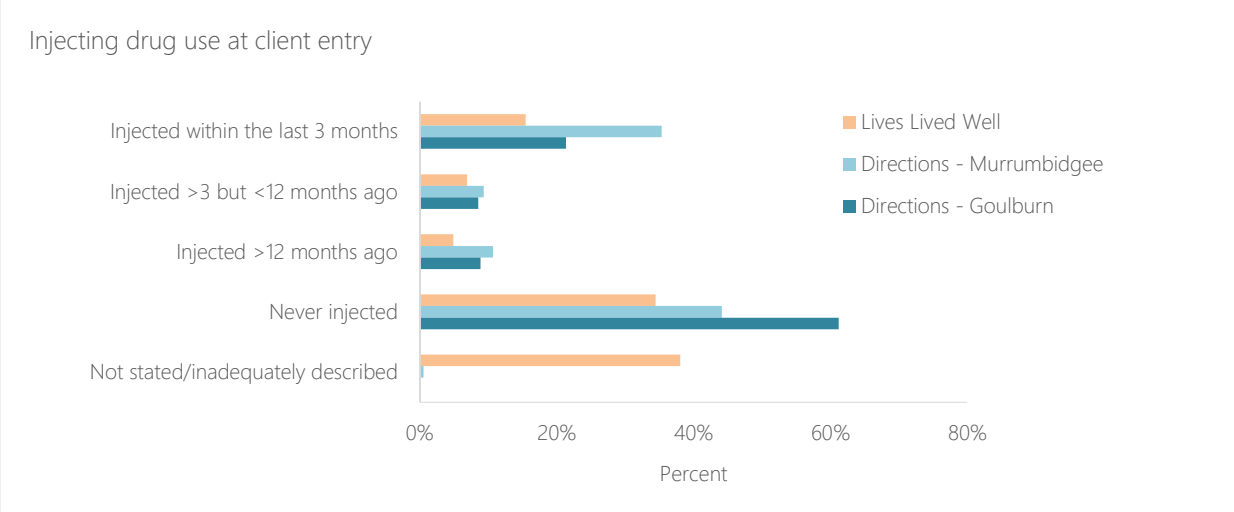


Figure 7: Proportion of Crystal Methamphetamine NGO Project clients reporting injecting drug use at service entry, from service commencement to 31 December 2019.

Figure 7 shows the proportion of clients with a history of injecting drug use. Clients of Directions Murrumbidgee had more commonly injected drugs within the past 3 months (35%) compared to clients of Directions Goulburn (21%) or Lives Lived Well (15%). Overall, 31% of clients of the Crystal Methamphetamine NGO Project had injected drugs within the previous 12 months.

Socioeconomic indicators

Most Crystal Methamphetamine NGO Project clients were living on temporary benefits or a pension at the time of service entry (72% overall). Less than a quarter had any type of employment, full-time or part-time (see **Figure 8**).

The distribution of accommodation type was similar across service providers, with most clients (70-90%) living in a rented or privately-owned house or flat (see **Figure 9**). Only 5% of clients were homeless or living in a shelter/refuge, compared to 9% of clients of AOD NGO services across NSW in 2019.

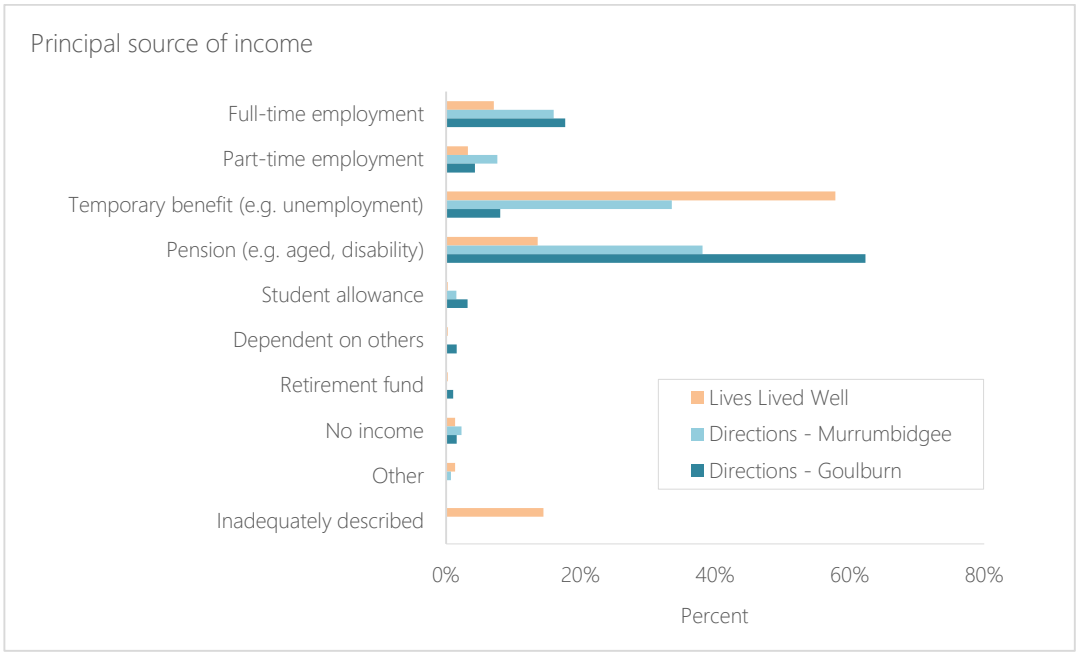


Figure 8: Distribution of principal source of income at entry among clients of Crystal Methamphetamine NGO Project services, for unique clients from service commencement to 31 December 2019.

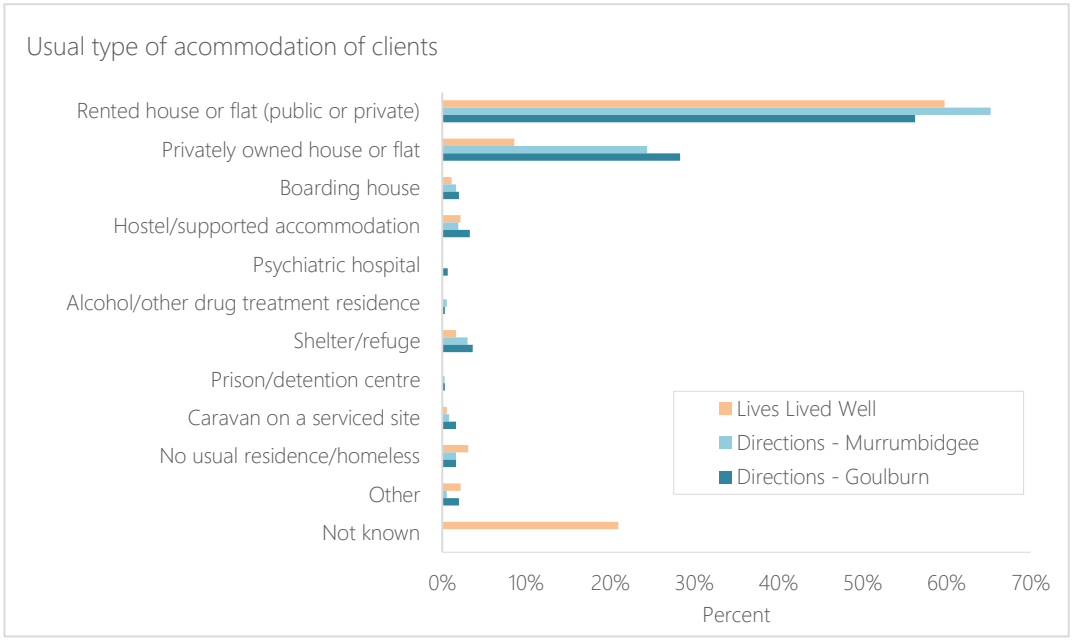


Figure 9: Distribution of accommodation type at entry among clients of Crystal Methamphetamine NGO Project services, for unique clients from service commencement to 31 December 2019.

Service exit and onward referral

Most clients of Crystal Methamphetamine NGO services had their episode of service closed due to service completion (**Figure 10**). Thirty percent of Lives Lived Well clients, however, left without notice, compared to <1% of Directions Murrumbidgee and Directions Goulburn clients. Directions Murrumbidgee and Directions Goulburn clients were more commonly reported to have left against advice (13% and 16% respectively).

For clients that were referred on to other services, the most common referrals were to non-residential AOD treatment services, residential AOD treatment services, general practitioners, non-residential community mental health, and non-health service agencies.

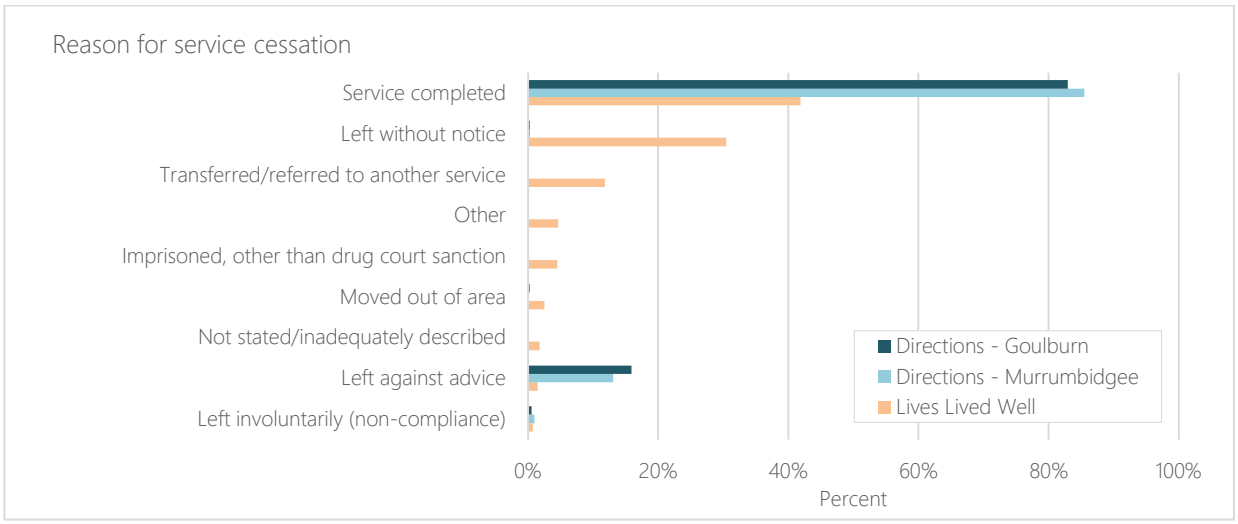


Figure 10: Reasons for service cessation, for all episodes of care from service commencement to 31 December 2019.

APPENDIX G: Detailed analysis for evaluation component 3: Impact on client outcomes

Exit Surveys

Exit surveys were performed for a total of 121 episodes of care across all Crystal Methamphetamine NGO Project services (21 from Lives Lived Well, 23 from Directions Wagga and 77 from Directions Goulburn). This represents only a small proportion of completed episodes of service, and therefore results should be interpreted with care, as it is not clear whether the minority of clients who completed an exit survey constitute a representative sample of the Crystal Methamphetamine NGO Project client population. Exit surveys were available for only 3% of Lives Lived Well episodes closed as of 31 December 2019. This may relate to the high proportion of clients who left the service without notice (30%). Directions Goulburn had the highest rate of exit survey completion (20%), corresponding to a very low rate of clients leaving the service without notice (0.3%).

Table 6: Exit surveys performed as a proportion of episodes of care closed, from service commencement to 31 December 2019

Service	Number of episodes closed as of 31 December 2019	% exiting due to service completion	Number of exit surveys completed as of 31 December 2019	% completing an exit survey
Lives Lived Well	748	42%	21	3%
Directions – Murrumbidgee	301	86%	23	8%
Directions – Goulburn	388	83%	77	20%

Kessler 10 Scores

The Kessler Psychological Distress Scale (K10) is a ten-item symptom scale for assessing the level of psychological distress in an individual. The maximum score is 50, indicating severe distress, and the minimum score is 10, indicating no distress. When applied in the general Australian adult population the K10 has a median score of 12. K10 scores under 20 indicate that a person is likely to be well.[2] Scores from 20-24 are likely to indicate a mild mental disorder whereas scores from 25-29 are likely to indicate a moderate mental disorder.

Average K10 scores at entry for clients of Crystal Methamphetamine NGO Project services ranged from 20.5 for clients of Lives Lived Well to 25.8 for clients of Directions Goulburn, indicating that clients of this service have a degree of psychological distress that is above the population norm at service entry and are likely to have a mild to moderate mental disorder. Average K10 scores at service exit fell to 15 for Lives Lived Well clients, 14 for Directions Murrumbidgee clients, and 19 for Directions Goulburn clients (see **Figure 11**). These average exit scores are within the normative range for the Australian population.

[2] Andrews G and Slade T (2001). Interpreting scores on the Kessler Psychological Distress Scale (K10). Australian and New Zealand Journal of Public Health, 25, 494-497.

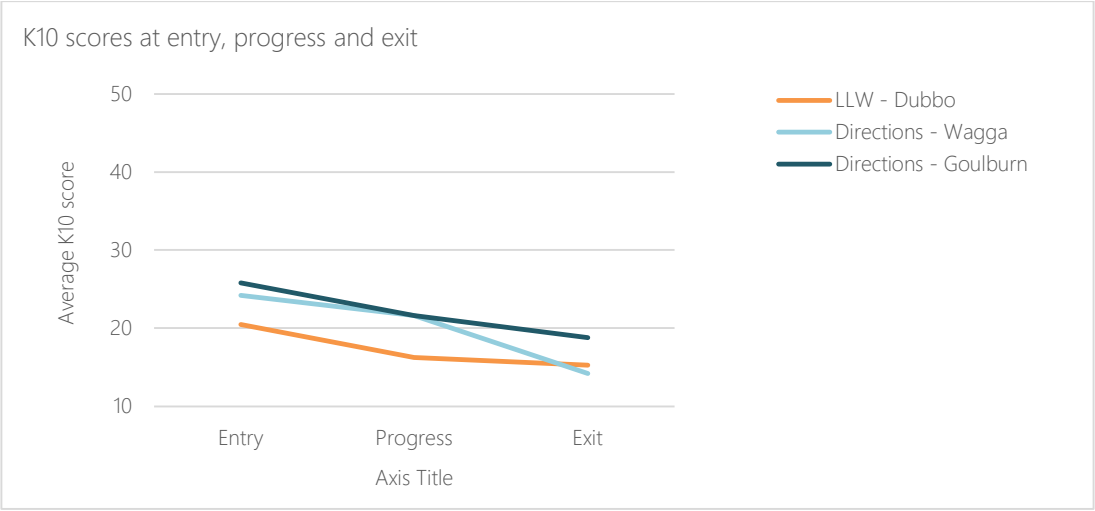


Figure 11: Average K10 scores at entry, progress and exit, by service provider. Scores below 20 indicate that a person is likely to be well.

Severity of Dependence

Average Severity of Dependence Scale (SDS) scores at entry for clients of Crystal Methamphetamine NGO Project services ranged from 6.9 for clients of Lives Lived Well to 8.6 for clients of Directions Goulburn. Average SDS scores at service exit fell to 3.7 for Lives Lived Well clients, 2.5 for Directions Murrumbidgee clients, and 6 for Directions Goulburn clients.

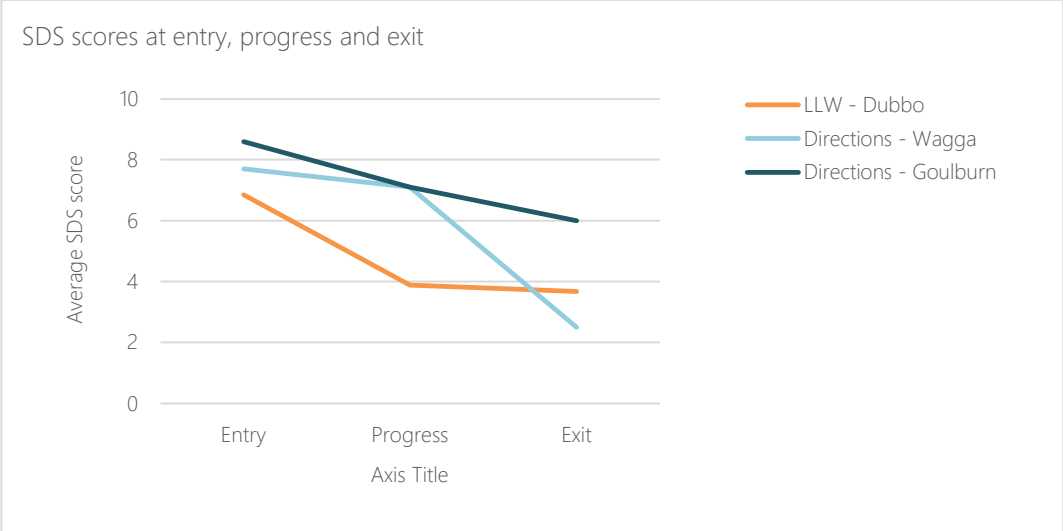


Figure 12: Average SDS scores at entry, progress and exit, by service provider

Quality of Life

Quality of life was measured by the three services using the EUROHIS-QOL-8 instrument, which asks 8 questions, scored from 1 (no quality of life) to 5 (excellent quality of life). The instrument therefore gives a total score from 8 to 40 with 8 representing the very worst quality of life and 40 the best perceived quality of life.

Average quality of life scores at service intake ranged from 24.5 for clients of Directions Goulburn to 26.4 for clients of Lives Lived Well. These average scores corresponded to the moderate range for QoL-8 scores among clients of NGO AOD treatment services in NSW.[3] Average scores at exit increased to 28.8 for clients of Directions Goulburn, 32.1 for clients of Directions Murrumbidgee, and 29.4 for clients of Lives Lived Well. These scores correspond to the high range for QoL-8 scores among clients of NGO AOD treatment services in NSW.

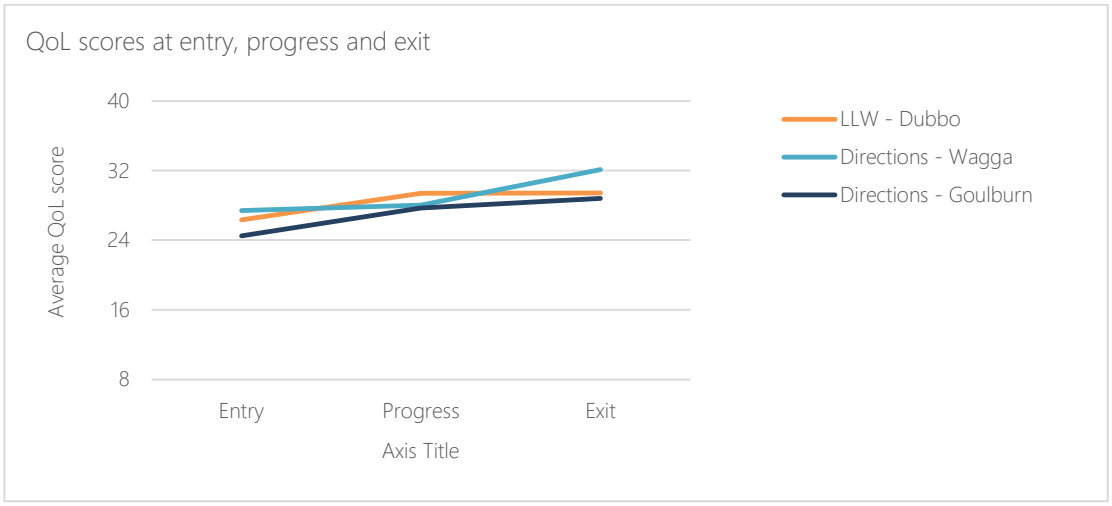


Figure 13: Average quality of life scores at entry, progress and exit, by service provider

[3] Kelly P, Robinson L, Baker A et al. Quality of life of individuals seeking treatment at specialist non-government alcohol and other drug treatment services: a latent class analysis. Journal of Substance Abuse Treatment 2018; 94(47-54).

APPENDIX H: Detailed analysis for evaluation component 4: Economic evaluation

From the perspective of NSW Health, the total cost of the Crystal Methamphetamine NGO Project from 2016 to 31 December 2019 was $4.68 million. A total of 1576 episodes of care were delivered to 1257 clients (including 501 Aboriginal and Torres Strait Islander clients), at an average cost per episode of $2,970.

Looking at each service individually, the costs of delivering the Lives Lived Well program over the interval from service commencement in 2016 to 31 December 2019 was $1.51 million. A total of 771 episodes of service were delivered to 580 unique clients, at an average cost of $1,958 per episode (or $2,603 per client). A 25% reduction in average psychological distress scores was observed among those who completed exit surveys, as well as a 46% reduction in severity of dependence scores. Overall, quality of life scores improved by 12% for Lives Lived Well clients who completed an exit survey at service completion.

The costs of delivering the Directions Murrumbidgee program over the interval from service commencement in 2016 to 31 December 2019 was $1.54 million. A total of 387 episodes of service were delivered to 365 unique clients, at an average cost of $3,979 per episode (or $4,219 per client). A 41% reduction in average psychological distress scores was observed among those who completed exit surveys, as well as a 68% reduction in severity of dependence scores. Overall, quality of life scores improved by 17% for Lives Lived Well clients who completed an exit survey at service completion.

The costs of delivering the Directions Goulburn program over the interval from service commencement in 2016 to 31 December 2019 was $1.63 million. A total of 418 episodes of service were delivered to 388 unique clients, at an average cost of $3,900 per episode (or $4,201 per client). A 27% reduction in average psychological distress scores was observed among those who completed exit surveys, as well as a 30% reduction in severity of dependence scores. Overall, quality of life scores improved by 18% for Lives Lived Well clients who completed an exit survey at service completion.

Table 7: Costs and outcomes of the Crystal Methamphetamine NGO Project, from service commencement in 2016 to 31 December 2019.

	Lives Lived Well	Directions – Murrumbidgee	Directions - Goulburn
COSTS			
Employment Costs	$1.06 M	$995,203	$1.14 M
Other costs	$455,862	$546,407	$484,320
TOTAL	$1.51 M	$1.54 M	$1.63 M
OUTCOMES			
Number of episodes of care opened, from service commencement to 31 December 2019	771	387	418
Number of episodes of care closed, from service commencement to 31 December 2019	748	301	388
Number of unique clients, from service commencement to 31 December 2019	580	365	312
Number of Aboriginal and Torres Strait Islander clients	335	98	68
Number of clients aged <25 years	139	96	77
Change in average K10 scores at entry versus exit (% change)	-5.2 (-25%)	-10 (-41%)	-7 (-27%)
Change in average SDS scores at entry versus exit (% change)	-3.2 (-46%)	-5.2 (-68%)	-2.6 (-30%)
Change in average WHO-QOL scores at entry versus exit (% change)	3.1 (12%)	4.7 (17%)	4.3 (18%)