Metro South Alcohol & Drugs Service

- 3 clinical community teams:
  - QOTP
  - Counselling
  - NSP
  - Mandated clients

- Clinical Liaison Team
- Preventative Team
- Homelessness Team

Full time employees:

52.14

(21.84 Nursing Staff)
Organisational Chart

Chief Executive Officer
Metro South Health

Executive Director
Addiction and Mental Health Services

Metro South Addiction and Mental Health Services Executive

Director of Corporate Governance
Director of Medical Services
Director of Social Inclusion and Recovery
Director of Therapies and Allied Health
Director of Nursing
Director of Clinical Governance

Resource and Access Services
- Academic Clinical Unit
  - Corporate Services
  - Workforce Services (OH&S and Fire)
  - Medical Recruitment
  - Medical Admin
  - Medical Education, Training and Research

Inpatient Services
- Academic Clinical Unit
  - Corporate Services
  - Workforce Services (OH&S and Fire)
  - Medical Recruitment
  - Medical Admin
  - Medical Education, Training and Research

Consultation Liaison
- Academic Clinical Unit
  - Corporate Services
  - Workforce Services (OH&S and Fire)
  - Medical Recruitment
  - Medical Admin
  - Medical Education, Training and Research

Mood
- Academic Clinical Unit
  - Corporate Services
  - Workforce Services (OH&S and Fire)
  - Medical Recruitment
  - Medical Admin
  - Medical Education, Training and Research

Psychosis
- Academic Clinical Unit
  - Corporate Services
  - Workforce Services (OH&S and Fire)
  - Medical Recruitment
  - Medical Admin
  - Medical Education, Training and Research

Child and Youth
- Academic Clinical Unit
  - Corporate Services
  - Workforce Services (OH&S and Fire)
  - Medical Recruitment
  - Medical Admin
  - Medical Education, Training and Research

Older Adult
- Academic Clinical Unit
  - Corporate Services
  - Workforce Services (OH&S and Fire)
  - Medical Recruitment
  - Medical Admin
  - Medical Education, Training and Research

Rehabilitation
- Academic Clinical Unit
  - Corporate Services
  - Workforce Services (OH&S and Fire)
  - Medical Recruitment
  - Medical Admin
  - Medical Education, Training and Research

Addiction Services
- Academic Clinical Unit
  - Corporate Services
  - Workforce Services (OH&S and Fire)
  - Medical Recruitment
  - Medical Admin
  - Medical Education, Training and Research

Transcultural Mental Health
- Academic Clinical Unit
  - Corporate Services
  - Workforce Services (OH&S and Fire)
  - Medical Recruitment
  - Medical Admin
  - Medical Education, Training and Research

Nursing Specific Leadership
- Inpatient Unit Operations
  - Nursing Specific Education, Training and Research

Information Management
- Quality
  - Patient Safety
  - Clinical Governance

Data and Literacy
- Education, Training and Research
  - Mental Health Act 2000
What is the ATOP?

• One page validated instrument

• Outcomes monitoring tool for AOD treatment

• Self report measures across two key domains in the preceding four weeks:

  1. Substance use (including injecting behaviours)
  2. Health and Wellbeing (Bio/Psycho/Social model)
     - Global ratings 0 – 10
     - Housing, employment & study, violence, legal issues, child protection
# ATOP

**Access database version**

**v4 Feb 2013**

<table>
<thead>
<tr>
<th>ATOP DATE</th>
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**CLINICIAN**

- **Discharge**
- **Post Discharge**

**Main treatment type**

- Pharmacotherapy
- Withdrawal management
- Counseling
- Rehabilitation

**Principal drug of concern for this treatment episode**

- Alcohol
- Cannabis
- Amphetamine Type Substance
- Benzodiazepines

### Section 1: Substance use

**Record number of days used in each of the past four weeks**

<table>
<thead>
<tr>
<th>Typical qty on each day</th>
<th>Week 4</th>
<th>Week 3</th>
<th>Week 2</th>
<th>Week 1</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcohol</strong></td>
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<tr>
<td><strong>Cannabis</strong></td>
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<td></td>
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<tr>
<td><strong>Amphetamine type substances</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td><strong>Benzodiazepines (prescribed &amp; illicit)</strong></td>
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<tr>
<td><strong>Heroin</strong></td>
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<tr>
<td><strong>Other opioids</strong> (not prescribed methadone/buprenorphine)</td>
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<tr>
<td><strong>Cocaine</strong></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other substance</strong></td>
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</tbody>
</table>

**Daily tobacco use?**

- Yes
- No

**Record number of days client injected drugs in the past four weeks.**  

<table>
<thead>
<tr>
<th>Injected</th>
<th></th>
<th></th>
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<th></th>
<th>TOTAL</th>
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<tbody>
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</table>

**Inject with equipment used by someone else?**

- Yes
- No

### Section 2: Health and Wellbeing

**Record days worked and at college, school or vocational training for the past four weeks**

<table>
<thead>
<tr>
<th>Week 4</th>
<th>Week 3</th>
<th>Week 2</th>
<th>Week 1</th>
<th>TOTAL</th>
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</thead>
<tbody>
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</tbody>
</table>

**Record the following items for the past four weeks**

- Have you been homeless?
- Have you been at risk of eviction?
- Have you, at any time in the past four weeks, been a primary caregiver for or living with any child/children?
- Have you been arrested?
- Have you been violent (incl. domestic violence) towards someone?
- Has anyone been violent (incl. domestic violence) towards you?

**Client's rating of psychological health status**

- Anxiety, depression and problem emotions and feelings
  - Poor
  - Good

**Client's rating of physical health status**

- Extent of physical symptoms and bothered by illness
  - Poor
  - Good

**Client's rating of overall quality of life**

- Able to enjoy life, gets on well with family and partner, satisfied with living conditions
  - Poor
  - Good
Development of the ATOP

• Treatment Outcome Profile (TOP)
  – Validated tool introduced by the National Treatment Agency in the UK in 2007
  – Introduced across all NHS funded Drug & Alcohol Services in England

• Modified for Australian conditions (ATOP)
  – Reflecting substances commonly used in Australia
  – Made more intuitive to complete
  – Validated in Australian populations & against common Australian instruments
Validation

Validation and implementation of the Australian Treatment Outcomes Profile in specialist drug and alcohol settings


- (1) South Eastern Sydney Local Health District Drug and Alcohol Service, Sydney, Australia.
- (2) Hunter New England Local Health District Drug and Alcohol Clinical Services, Newcastle, Australia.
- (3) Sydney South West Area Drug Health Service, Sydney, Australia.
- (4) University of Western Sydney, Sydney, Australia.
“The ATOP may have the following uses”

- To assist in providing feedback to clients and clinicians regarding treatment progress over time
- To assist in treatment care planning by identifying client status across a range of substance use, health and social domains
- To assist in communicating between clinicians and services
- To assist in service evaluation activities by measuring clinical outcomes
- To assist in quality improvements and service planning.
ATOP is a preferred tool for MS ADS as it assists in providing feedback to clients and clinicians regarding treatment progress over time:

- A brief tool that captures client treatment outcomes
- Compliments routine treatment planning and review processes (Individual Treatment Plan)
- Easy to administer (*incorporated into drug and alcohol recent use history*)
- Rolled out June 2013
MS ADS Individual Treatment Plan (ITP):

• **MS ADS employ a client goal directed ITP**

• **6 Domains involved in the ITP:**
  – Client Engagement & Satisfaction
  – Reduced Substance Use
  – Reduced High risk Behaviour
  – Improved Physical Health
  – Improved Social Function
  – Improved Emotional & Psychological Wellbeing
Using the ATOP in the treatment delivery phase

- Evidence that good treatment planning improves client outcomes.

- Assists in setting treatment plan objectives & goals, and charting progress (e.g. enhancing the ITP).

- Change in scores will help the clinician & client to clearly see if there has been improvement & where further work might be needed to help clients improve things.

- Feedback of real, measured change can be a real motivational tool in the clinicians’ work with a client.
How MS ADS Integrates ATOP with ITP

• For example - QOTP clients 3 monthly review

• For Counselling clients: 5\textsuperscript{th} Session Review
  
  – Show clients previous ATOP in comparison with the current ATOP
  – Discuss the any changes in their presentation
  – Update ITP incorporating the client’s new or revised goals
Our experience

- Implementation commenced June 2013

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>Inala</td>
<td>804</td>
</tr>
<tr>
<td>Logan</td>
<td>760</td>
</tr>
<tr>
<td>Bayside</td>
<td>299</td>
</tr>
<tr>
<td>Liaison PAH</td>
<td>38</td>
</tr>
<tr>
<td>Liaison LH</td>
<td>33</td>
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<tr>
<td>ADHOT</td>
<td>46</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1980</strong></td>
</tr>
</tbody>
</table>
Inala Team

- Multidisciplinary team comprising of:
  - Clinical Nurses x 4
  - Medical Officers x 1.5
  - Psychologists x 3
  - Social Workers x 1.5
  - Indigenous Health Worker x 1
  - Administration Officers x 1.5
ATOPS completed at Inala ADS

- 804 ATOPS completed
- From 445 clients

- 46% of clients have one ATOP
- 54% of clients have more than 2 ATOPS
More than 2 ATOPS completed at Inala ADS

- 206 clients (59% of 445) have more than 2 ATOPS completed
More than 2 ATOPS completed by program

- Clients that have more than 2 ATOPS completed by program

- Pie chart showing:
  - QOTP: 77%
  - Counselling: 23%
Multidisciplinary Team Approach

![Bar chart showing the distribution of Multidisciplinary Team (MDT) roles within the Addiction and Mental Health Services (AMHS). The chart indicates the number of roles (ATOPs) across different categories including MOT, Psychologist, Social Worker, Clinical Nurse, and Other. The chart highlights the significant contribution of the MO role, with other roles having lower numbers.]
Personal Experience:

- Lan’s experience
- Elly’s experience
Now let’s look at 6 individual client results…
Case 1

- ATOPs completed by the MO & AH
- 54 years old, male
- Diagnosis:
  - Alcohol dependence
  - Reactive depression associated with job loss and family grief
- Interventions:
  - Controlled alcohol use
  - CBT
Case 2

- ATOPs completed by MO & AH
- 48 years old, female, Caucasian
- Diagnosis:
  - Opiate dependence
  - Depression/ dysthymia
  - Cannabis dependence
- Interventions:
  - Counselling
  - Commenced QOTP on 24/02/2014 (Suboxone 4mg)
Case 3

- ATOPs completed by AH, CN & MO
- 43 years old, male
- Diagnosis:
  - Heroin dependence
  - Schizophrenia
  - Dependent personality traits
- Intervention:
  - Counselling with AH
  - Commenced QOTP on 3/02/2014
Case 4

- ATOPs completed by MO only
- 37 years old, male
- Diagnosis:
  - Dysthymia/ Depression with personality traits such as obsessionality and compulsivity.
- Interventions:
  - Counselling with CN & AH
  - Commenced on Naltrexone in March 2013 (12/28 days), changed to Campril in Jan 2014
  - Commenced Diazepam in Aug 2013 by private Psychiatrist to assist sleep and reduce stress
Case 5

Treatment Resistant Alcohol Dependence

- ATOPs completed by MO, AH & CN
- 57 years old, male
- Diagnosis:
  – Chronic alcohol dependence with comorbid cardiovascular risk factors (Hypertension, Hypercholesterolemnia and Type 2 NIDDM).
- Interventions:
  – Naltrexone commencing on 3/09/2013
  – Counselling from AH & CN

Health and Wellbeing

Client’s rating of psychological health
- 0 = poor, 10 = good

Client’s rating of physical health

Client’s rating of overall quality of life
Case 6

**Internal Reliability?**

Accidentally MO & SW both administered an ATOP on the same day with different self reported scores.

First scores are from MO which are lower than the second scores when administered by a social worker.

**Possibilities:**
- Discipline specific, MO prescribing mood stabilisers
- MO has known client longer
- Different interviewing techniques

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**Health and Wellbeing**

- Client's rating of psychological health
- Client's rating of physical health
- Client's rating of overall quality of life

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**Substance Use**

- Number of days used in past 4 wks
- ATOP interview date
- Client's rating (0 = poor, 10 = good)
ATOP clinician survey:

- Easy to administer
- Appropriate for client group
- Identifies main problem
- Easy to understand
- Appropriate length
- Useful to develop ITP
- Appropriate for setting
- Happy to use
**Inala ATOP Survey Data n=11**

**District ATOP Survey Data n=27**

**NSW ATOP Survey Data n=20**

- Easy to administer
- Appropriate for client group
- Identifies main problem
- Easy to understand
- Appropriate length
- Useful to develop ITP
- Appropriate for setting
- Happy to use

Survey data shows varying percentages of agreement, neither, and disagreement on the criteria listed above for each survey dataset.
Summary

• MS ADS are in the process of developing a base line for the Activity Based Funding (ABF) - Treatment Packages 2014/15
  – ITP
  – ATOP
  – Treatment Description (ICD)
  – Case Conference

• ABF to be commenced in the year of 2015/16
Summary (continued..)

• **Survey of the 17 HHS in QLD:** 10 responded that they are using ATOP tool or experimenting with using the ATOP tool.

• **Surprised by low rate in counselling clients, however, if client was QOTP and counselling, only recorded as QOTP.**

• **Issues we have identified based on MS ADS experience**
  
  1. Need to develop processes around discharge and follow up
  2. Do we need to have separate ATOP data base for QOTP and counselling?
References


• Validation and implementation of the Australian Treatment Outcomes Profile in specialist drug and alcohol settings. (2014). Drug and Alcohol Review.