

<b>PIR Agency:</b>	MIFQ												
<b>Date:</b>	September 2014 – May 2015												
<b>Key issue(s)</b>	The initial aim of this project was to strengthen the <b>referral processes</b> between Metro North Mental Health Service (MNMHS) and Alcohol and Drug Service (ADS) and Non Government Organisation (NGO) alcohol, drug and mental health services. As the project developed it became clear that in order to achieve this purpose, a forum for <b>enhanced communication</b> was necessary.												
<b>Main Objective(s)</b>	<p>Strengthen the communication and referral processes between MNMHS-ADS and NGO drug &amp; alcohol and mental health services, in relation to people with dual diagnosis of mental illness and AOD. By:</p> <ul style="list-style-type: none"> <li>• Collaboration between MNHHS and NGO's to forge improved and expanded partnerships that will advance practitioner knowledge, ability and efficiency to refer and support the client group.</li> <li>• Improved and gain a shared understanding of referral pathways developed into a flow chart map.</li> <li>• Engage MNHHS and NGO's in conversation with each other on a regular basis by way of a network meeting to: <ul style="list-style-type: none"> <li>➢ Share knowledge and resources</li> <li>➢ Gain an understanding of services available and how to access them</li> <li>➢ Engage in professional development to improve practise</li> <li>➢ Problem solve around current and emerging issues relating to the client group</li> </ul> </li> </ul>												
<b>Summary of Impact or Result</b>	<p>Gathered key stakeholder commitment, and began a forum for conversation and collaboration between stakeholders, in the area of dual diagnosis in Metro North Brisbane.</p> <p>Areas of agreed priority included:</p> <ul style="list-style-type: none"> <li>• enhance communications between NGO's and MNMHS ADS</li> <li>• sharing resources</li> <li>• developing a dual diagnosis community care pathway</li> <li>• developing a dual diagnosis interagency network in metro north Brisbane</li> </ul> <p>These will now be further developed by the Pir Innovation fund project that QNADA (a project stakeholder) will implement.</p>												
<b>Context</b>	<p>Evidence informing the need for the project was gathered by surveying Partners in Recovery Support Facilitators in metro north Brisbane to scope the prevalence of the issue.</p> <p>Nine Partners in Recovery Support Facilitators were surveyed and the following quantitative evidence was gathered to support the need to explore the issue further:</p> <table border="1" data-bbox="199 1780 1316 2085"> <tr> <td>1</td> <td>How many people whom you are working with have a co-occurring substance misuse issue?</td> <td>58</td> </tr> <tr> <td>2</td> <td>Of these, how many have presented to Qhealth for a mental health assessment?</td> <td>32</td> </tr> <tr> <td>3</td> <td>How many were referred to appropriate AOD support by Qld health following assessment?</td> <td>11</td> </tr> <tr> <td>4</td> <td>Do you have any examples of cases where the AOD issue was not picked up by Qld health upon assessment? If yes, how many?</td> <td>8</td> </tr> </table>	1	How many people whom you are working with have a co-occurring substance misuse issue?	58	2	Of these, how many have presented to Qhealth for a mental health assessment?	32	3	How many were referred to appropriate AOD support by Qld health following assessment?	11	4	Do you have any examples of cases where the AOD issue was not picked up by Qld health upon assessment? If yes, how many?	8
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The lead PIR Support Facilitator (SF) met with Dual Diagnosis Coordinator (DDC) and Service Integration Coordinator (SIC), ADIS manager and QNADA representative individually to gain an understanding of the current referral policies, procedures and resources in the sector:

- Current clinical assessment performed by acute care teams
- Metro north dual diagnosis intranet capability
- QNADA membership listing
- ADIS resources and procedures
- Qhealth dual diagnosis clinical guidelines
- Qhealth dual diagnosis clinician tool kit

A further 3 meetings were held with this initial group to develop a project rationale fact sheet (appendix A) formulate a project plan (appendix B), and identify who the key partners would be moving forward.

The rationale fact sheet was then used by initial stakeholders to gain support for the project from managers and additional NGO interested parties. The below partners were then invited to join, and committed to involvement in the stakeholders group for the DDC project.

Stakeholders/Partnerships	<ul style="list-style-type: none"> <li>• MIFQ</li> <li>• Communitify</li> <li>• MNMH-ADS (ADIS and Dual Diagnosis Coordinators)</li> <li>• QNADA</li> <li>• QuIHN</li> <li>• Drug Arm</li> <li>• Noffs</li> </ul>
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Project Management	
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Two methods for achieving the project purpose were identified by the initial stakeholder group:

1. Engage practitioners working with people with a dual diagnosis in a collaborative relationship inclusive of MNHHS and NGO staff. This will be done by creating a network and / or utilising existing networks for Mental Health and AOD practitioners in North Brisbane.
2. Research and design a flow chart to map the referral pathways to accessing AOD support from MNHHS and NGO's for ease of access by the target group and those assisting them.

Description of Activities	
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An initial stakeholder meeting took place on December 16<sup>th</sup> 2014 which the above partners were invited to. The project purpose and plan was presented and discussed – topics covered included:

- Current referral processes and resources (including ADIS fact sheet)
- Components that are required to develop a flow chart (identify services and pathways)
- What dual diagnosis networks currently exist and the potential to utilise these
- The importance of cross service communications and connection

Stakeholders were invited and committed to attending quarterly meetings to deliver the project.

In follow up from this meeting, lead PIR SF explored the possibility of utilising QuIHN reference group or Dual Diagnosis MHPN in metro south Brisbane for the purpose of a network and potential case coordination mechanism to achieve project purpose. Neither of these options proved valid from these conversations.

The second stakeholder meeting was held on 4<sup>th</sup> February 2015. This meeting explored:

- Program updates from stakeholders
- Presentation from ADIS to clarify role and functions
- Potential network spaces such as an online space (eg community door network space)
- Ideas for improved inter agency referral tracking
- Utilising the map of medicine to formulate a flow chart
- Potential for collaboration for PIR innovation fund application

A further meeting was scheduled to look at potential for submitting a shared innovation fund application. This meeting took place on 4<sup>th</sup> March 2015.

Topics covered included:

- Map of medicine
- Harm reduction training for mental health professionals
- Establishing a community of practise

At this meeting QNADA shared that they will apply to the Metro North Brisbane PiR Innovation fund as a lead agency to address:

- 1. Developing an AOD map of medicine**
- 2. Developing an online Dual Diagnosis community of practise**

It was agreed by agencies around the table that they would follow up with support letters from appropriate managers from their organisations should the applications make it to the second round. All attendees supported these applications.

A third and final project stakeholder meeting was held on 13<sup>th</sup> May 2015.

This meeting covered:

- Stakeholder updates
- Innovation fund application update from QNADA –calls for feedback on application prepared and circulated by QNADA.
- Project Plan and future strategy update

The PIR SF lead proposed to the stakeholder meeting that if innovation funding comes through for QNADA project, it would cover the intentions of the DDC project, as it currently stands:

*‘Strengthen the referral processes between MNMHS-ADS and NGO drug and alcohol and mental health services, in relation to people with dual diagnosis of mental illness and AOD’*

Circles and iceberg diagrams (appendix C) were presented to the meeting to describe how the DDC project may adjust itself to look at strengthening and structuring ‘communication channels’ rather than referral pathways. This would mean that the group focus could shift to developing a shared vision and strategy together, of which the Innovation fund project would contribute to.

The stakeholder group discussed the potential for a new stakeholder group to be engaged if the focus shifts and is actioned. It was decided that the group hold off on planning future meetings pending the outcome of the PiR Innovation fund application (to be decided within a month).

The outcome of the Innovation fund application was successful and the dual diagnosis collaboration project was ceased in its current form in order to avoid duplication of cross purpose with the Innovation fund project.

No post surveys were conducted (as initially planned) as part of this project as it was discontinued when stakeholders enrolled in the PIR Innovation fund project	
Project Impact	
<p>The dual diagnosis collaboration project achieved the following:</p> <ul style="list-style-type: none"> <li>• Gathered key stakeholder commitment, and began a forum for conversation and collaboration between stakeholders, in the area of dual diagnosis in Metro North Brisbane.</li> <li>• Assisted communications between NGO's and MNMHS ADS to share tools, resources and systems currently in use. This will be further developed with the PIR Innovation fund project.</li> <li>• Explored the potential to develop an inter- agency dual diagnosis network by scoping sector interest. At the time it was determined that current models (Quihn reference group and metro south dual diagnosis MHPN) could not be adapted but were available for practitioners to attend if they choose to.</li> <li>• Explored the idea of developing a map of medicine style flow chart for the dual diagnosis sector in metro north Brisbane – this will be further developed by the PIR Innovation fund project.</li> <li>• The PIR innovation fund project will also fulfil the project purpose of developing and integrating harm reduction resources to the mental health sector workers.</li> </ul>	
Lessons Learned	
<ul style="list-style-type: none"> <li>• Identify key stakeholders at early stage of the project – engage and invite all to participate. Continue to grow these relationships.</li> <li>• Create the project plan together and adjust collaboratively</li> <li>• Get commitment from managers and participants early on</li> <li>• Ask for, and be open to, feedback</li> <li>• Share challenges and celebrate achievements along the way</li> <li>• Create an easy to use minutes and agenda template that includes actions and timeframes. Document all meetings and share minutes with attendees promptly.</li> <li>• Continue to scope for already existing resources or models throughout the life of the project to avoid duplication, save time and energy and keep it simple.</li> </ul>	
Appendices	