Alcohol and Other Drug Program: Profile of Services and Interventions Survey

This survey seeks to gain information about all alcohol and other drug intervention services in the Northern Territory. The information will be used for two purposes, firstly to develop a clearer understanding the relationship between the need for services and their availability, and secondly to expand knowledge of the overall alcohol and other drug intervention system by gaining consistent information about each service.

Most questions are multi-choice with scope including out of range responses as appropriate. In early April 2005, representatives of HMA will be visiting about 30 services across the Northern Territory to gain more detailed information about the interventions provided and to discuss the alignment of practice with the current evidence base. We thank you for completing this questionnaire.

Completed questionnaires may be returned by 2005 using the reply paid envelope or mailed to:

Healthcare Management Advisors
Reply Paid 10086
ADELAIDE BC SA 5000

Questionnaire responses may also be faxed on (08) 8150 5599 or if you wish to provide verbal responses to the questionnaire, please contact Ms Kristy de Poel on (08) 8150 5555.

Part 1 Agency Details

This first part records characteristics about your agency and will be used to support identification of your service and development of a refined service directory.

Service Name: «Service»
Organisation: «Organisation»
Address: «Street_Address»
«Address_2»
«City» «Postcode»

Region: «Region»
Telephone: «Phone» Facsimile: «Fax»

Part 2 Organisational Characteristics

Q1 Which one of the following best describes the sector in which your organisation belongs?

Government ☐ 1
Non- Government ☐ 2
Private (not for profit) ☐ 3
Private (for profit) ☐ 4

Q2 Is your service a stand alone service or part of a larger organisation?

Stand alone service ☐ 1
Component of a larger organisation ☐ 2

If a component of a larger organisation, please provide the name of that organisation below.

Parent organisation _____

Q3 Which of the following best describes the catchment of your service?

Immediate town or city ☐ 1
The whole region ☐ 2
Rural and remote communities ☐ 3
The whole Territory ☐ 4
National ☐ 5

Part 3 Service Capacity

Q4 What is the staffing structure of your service?

Staff Member	Professional Background (e.g. Nursing, Psychology)	FTE (1= full time; 0.2 = 1 day per week)	Qualifications (If yet to be completed please indicate this)	AOD specific training* (If yet to be completed please indicate this)	Years of AOD experience	Minimum qualification required for the position	Role (Admin/ Clinical) A= Admin C=Clinical O=Non clinical other
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

* Certificate IV in Drug and Alcohol, Masters of Addiction Studies
(if additional space is required, or there are more than 11 staff, please copy this and attach additional copies to the completed survey)

Q4 If you provide an inpatient service please complete the following questions.

a. How many alcohol and other drug beds are there in your service? (Beds) ☐☐☐

b. What was the average occupancy rate for 2004? (Percent) ☐☐.☐

c. What was the average length of stay during 2004? (Days) ☐☐.☐

Q5 **If you provide a community based or outpatient service, please complete the following questions.**

a. How many staff (FTE) are involved in providing direct clinical services in this service? [ ][ ].[ ]

b. What is the average active case load per Full Time Equivalent? [ ][ ][ ]

b. What is the average length of treatment? (Weeks) [ ][ ][ ]

Part 4 Clients treated

Q6 **Which client groups does your service cater for? (Tick one or more)**

Age and Gender		Other characteristics	
Adult men	☐ 1	Aboriginal and Torres Strait Islander	☐ 1
Adult women	☐ 2	Non-Aboriginal	☐ 2
Adolescent males	☐ 3	People from non-English speaking backgrounds	☐ 3
Adolescent females	☐ 4	People with a mental illness	☐ 4
Women with Children	☐ 5	People with physical disabilities	☐ 5
Men with Children	☐ 6	People with developmental disabilities	☐ 6
Families	☐ 7	Other *(Please specify)*_____	☐ 7
Children (unaccompanied)	☐ 8		

Q7 **Does your service accept clients who are coerced by a court or other authority? (e.g. Court Diversion Program)**

Yes ☐ 1 **No** ☐ 2

If yes, what proportion of your clients in 2004 were coerced? [ ][ ].[ ]

Q8 **Which main drug(s) of concern do clients entering your service report?? *(Tick one or more)***

Alcohol	☐ 1
Amphetamines	☐ 2
Benzodiazepines	☐ 3
Cannabis	☐ 4
Cocaine	☐ 5
Ecstasy	☐ 6
Methadone	☐ 7
Nicotine	☐ 8
Solvents	☐ 9
Other opioids	☐ 10
Other *(Please specify)*_____	☐ 11

Q9 **Where clients present using a range of drugs or substances, does treatment focus on the range of substances used?**

Yes ☐ 1 **No** ☐ 2

Part 5 Services provided

Q10 Does your service undertake client assessments? (yes/no)

Yes	No
☐ 1	☐ 2

If "no", go to Question 15

Q11 Which of the following activities are included in the assessment undertaken by your service? (Tick one or more)

Informal Assessment		Formal/Standardised Assessment	
A social history	☐ 1	Severity of Dependence Scale	☐ 1
A family history	☐ 2	Opiate Treatment Index	☐ 2
A medical history	☐ 3	Severity of Alcohol Dependence Questionnaire (SADQ-C)	☐ 3
A drug use history	☐ 4	Benzodiazepine Withdrawal Symptom Questionnaire	☐ 4
Readiness to change	☐ 5	General Health Questionnaire (GHQ)	☐ 5
History of suicidal ideation	☐ 6	Alcohol Use Disorders Identification Test (AUDIT)	☐ 6
Exploration of strength/weaknesses	☐ 7	Client consent	☐ 7
Mental health history	☐ 8	Client rights and responsibilities	☐ 8
Exploration of support networks	☐ 9	Other *(Please specify)*_____	☐ 9
Other *(Please specify)*_____	☐ 10		

Q12 Do clients receive feedback from the assessment? (yes/no)

Yes	No
☐ 1	☐ 2

Q13 Is information gained through assessment used to match clients to treatment interventions? (yes/no)

Yes	No
☐ 1	☐ 2

Q14 Is treatment plan developed for all clients using information gained through the assessment? (yes/no)

Yes	No
☐ 1	☐ 2

Q15 What interventions does your service provide *(Tick one or more)*

Sobering up	☐ 1	Detoxification (Un-medicated)	☐ 2
Assessment and Referral	☐ 3	Detoxification (Medicated)	☐ 4
Brief Intervention (Single Session)	☐ 5	Detoxification (Outpatient)	☐ 6
Brief Intervention (Multiple sessions)	☐ 7	Residential Rehabilitation (less than 35 days)	☐ 8
Cognitive Behavioural Therapy	☐ 9	Residential rehabilitation (Over 35 days)	☐ 10
Psychotherapy	☐ 11	Case Management	☐ 12
Social/living skills training	☐ 13	Relapse Prevention	☐ 14
Self help groups	☐ 15	Halfway-house	☐ 16
After care	☐ 17	Pharmacotherapies	☐ 18
		Other *(Please specify)*_____	☐ 19

Q16 What is the focus of the intervention(s) provided through your service? (Tick one or more)

- Abstinence ☐ 1
- Reduced substance use ☐ 2
- Harm minimisation ☐ 3

Q17 In which locations does your organisation provide its services? (Tick one or more)

- Within the facility(ies) ☐ 1
- In the community ☐ 2
- Outreach to other facilities ☐ 3
- Outreach to remote communities ☐ 4

Part 6 Linkages and referrals

Q16 What type of individuals, organisations is your service closely linked to? *(Tick one or more)*

- The local hospital ☐ 1
- Community Health Centres ☐ 2
- DHCS Alcohol and Others Drug Services ☐ 3
- Warden and cultural hosts schemes ☐ 4
- The local Aboriginal medical service ☐ 5
- Local general practitioners ☐ 6
- The criminal justice system (Police/Courts/Corrections) ☐ 7
- CentreLink ☐ 8
- The local mental health service ☐ 9
- The Department of Housing ☐ 10
- Supported accommodation services ☐ 11
- Community Night Patrol ☐ 12
- **Other *(Please specify)*_____** ☐ 13

Q17 Where do most referrals to your service come from? *(Tick one only)*

- The local hospital ☐ 1
- Community Health Centres ☐ 2
- DHCS Alcohol and Others Drug Services ☐ 3
- Warden and cultural hosts schemes ☐ 4
- The local Aboriginal medical service ☐ 5
- Local general practitioners ☐ 6
- The criminal justice system (Police/Courts/Corrections) ☐ 7
- CentreLink ☐ 8
- The local mental health service ☐ 9
- The Department of Housing ☐ 10
- Supported accommodation services ☐ 11
- Community Night Patrol ☐ 12
- Needle and syringe exchange ☐ 13
- The Department of Education ☐ 14
- **Other *(Please specify)*_____** ☐ 15

Part 7 Supervision and Professional Development

Q18 Do your clinical personnel receive clinical supervision? (yes/no)

Yes	No
☐ 1	☐ 2

If "no", go to Question 21

Q19 What type of clinical supervision is provided? ***(Tick one or more)***

Individual supervision	☐ 1
Peer review	☐ 2
Case discussions/presentations	☐ 3
Group supervision	☐ 4
Other ***(Please specify)*****_____**	☐ 5

Q20 How many hours of clinical supervision does each clinical position receive each month? ***(Tick one only)***

One to four hours	☐ 1
Five to eight hours	☐ 2
Nine to twelve hours	☐ 3
More than twelve hours	☐ 4

Q21 Are your clinical personnel required to undertake continuing professional development? (yes/no)

Yes	No
☐ 1	☐ 2

Q22 On average, how many days of professional training did each of your clinical staff receive in 2004? ***(Tick one only)***

Less than one day	☐ 1
One to three days	☐ 2
Four days or more	☐ 3

Q23 Does your organisation operate a quality assurance program (e.g. accreditation, external quality audit)? (yes/no)

Yes	No
☐ 1	☐ 2

Q24 If you answered yes to Question 23, can you briefly describe the quality assurance program you operate?

_____

_____

_____

_____

_____

Part 8 Other information

Q26 To assist in developing a detailed description of alcohol and other drug intervention services in the Northern Territory, can you please provide a description of what your service does (e.g a 15 bed residential rehabilitation service for indigenous families affected by alcohol with outreach services to remote communities to provide ongoing support to clients discharged from the service)

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Q27 In which service areas do you believe there is still significant unmet need for alcohol and other drug interventions within the Northern Territory? *(Tick one or more)*

Sobering up	☐ 1	Detoxification (Un-medicated)	☐ 2
Assessment and Referral	☐ 3	Detoxification (Medicated)	☐ 4
Brief Intervention (Single Session)	☐ 5	Detoxification (Outpatient)	☐ 6
Brief Intervention (Multiple sessions)	☐ 7	Residential Rehabilitation (less than 35 days)	☐ 8
Cognitive Behavioural Therapy	☐ 9	Residential rehabilitation (Over 35 days)	☐ 10
Psychotherapy	☐ 11	Case Management	☐ 12
Social/living skills training	☐ 13	Relapse Prevention	☐ 14
Self help groups	☐ 15	Halfway-house	☐ 16
After care	☐ 17	Pharmacotherapies	☐ 18
	Other *(Please specify)*_____		☐ 19

Q28 Is there any other advice you would like to provide regarding areas of unmet need for alcohol and other drug interventions in the Northern Territory? If so, please use the space below to provide this advice.

_____

_____

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Thank you for taking the time to complete this survey

Please return completed surveys to

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By 2005