

IMPROVED SERVICES OUTCOMES PRESENTATION
2009-2010 Data base information



W R A D

WESTERN REGION
ALCOHOL & DRUG CENTRE INC.

Vision

- A service system in South West Region which works collaboratively to enhance the mental health and wellbeing of people in the community.
- A systematic alignment of the way South West Alcohol and Drug Services deliver and record service provision.

\$\$ Funding

- The grants, of up to \$500,000 for individual services, are being provided under the *Improved Services for People with Drug and Alcohol Problems and Mental Illness* initiative.

Rationale

- To professionalise the base line data collection
- Improve data collection
- Enhance Client involvement
- Improve follow up mechanisms.
- Provide relevant data for referral.
- Assess trends to aid service delivery
- Make current data more accessible.

Information sharing allows WRAD to compile and track client information more effectively and more efficiently

The screenshot shows a 'Client Details' form with the following fields and sections:

- Client Services PHS Info Forms**
- Personal Information:** First name, Surname, Address, Suburb, State/Postcode, Date of birth, Sex, Transgender, Phone, Bus. phone, File No.
- Registration Details:** Country of birth, Indigenous status, Preferred language, Cultural background, Interpreter.
- Other Info:** Client no. (15967007), Code, Agency (221206-000), D/C File No.
- Notes:** A large text area for notes.
- Services:** A table with columns: First Contact, Start date, Service, Staff, Test date, Group Number.

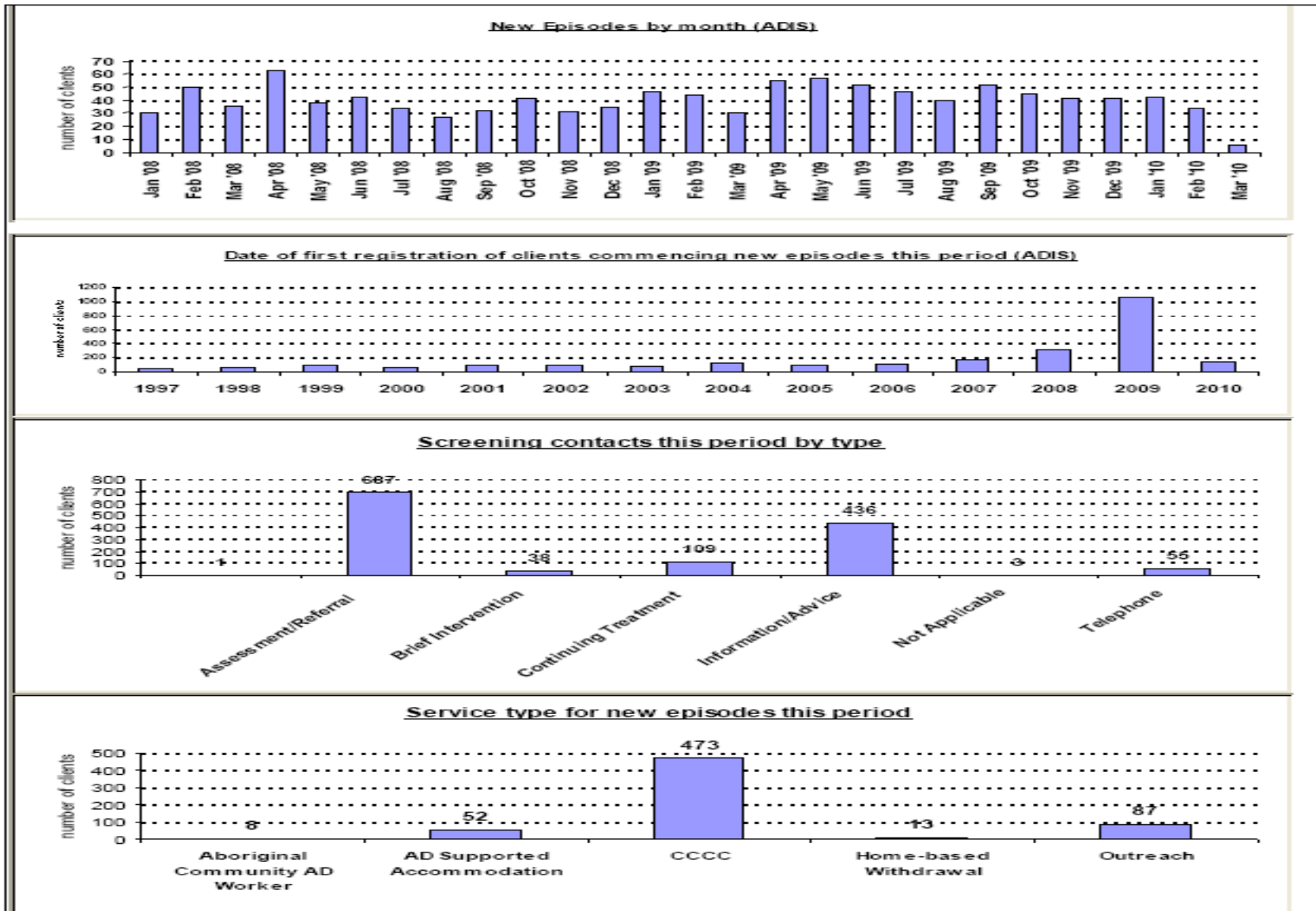


The screenshot shows the 'WRAD Clinical Database' interface with the following elements:

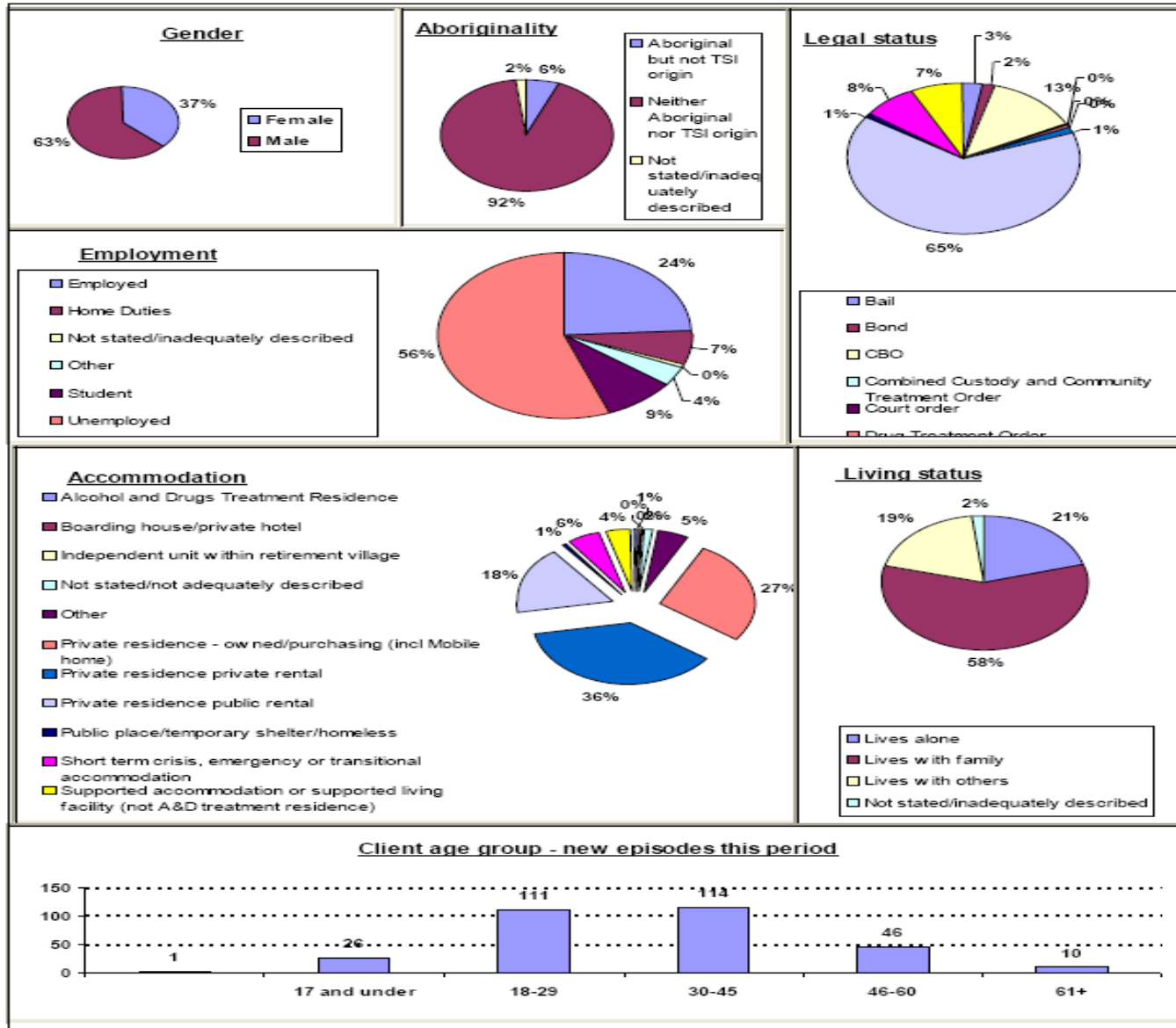
- WRAD Logo:** A red square with a yellow DNA helix and the text 'WRAD WESTERN BIOMEDICAL ALLIANCE & RESEARCH CENTRE INC.' and 'WRAD Version 1.8 April 2009'.
- Navigation Buttons:** ADD DATA, REPORTS, MAINTENANCE.
- Search Functionality:** A search bar labeled 'Search client records' with a dropdown menu and buttons for 'update new client', 'update search list', 'enter Non-Clinical Clinician Test', and 'enter brief intervention data'.
- Additional Links:** 'Go To Reports Menu' and 'random Clinician List'.



service data

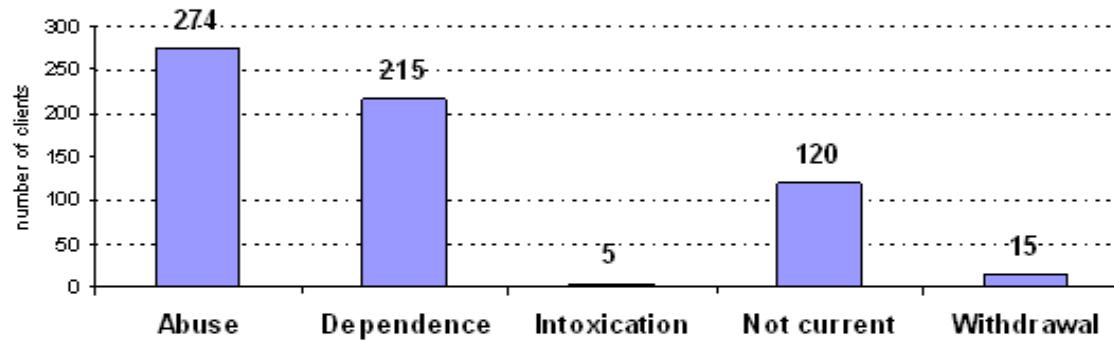


Client demographics for this period

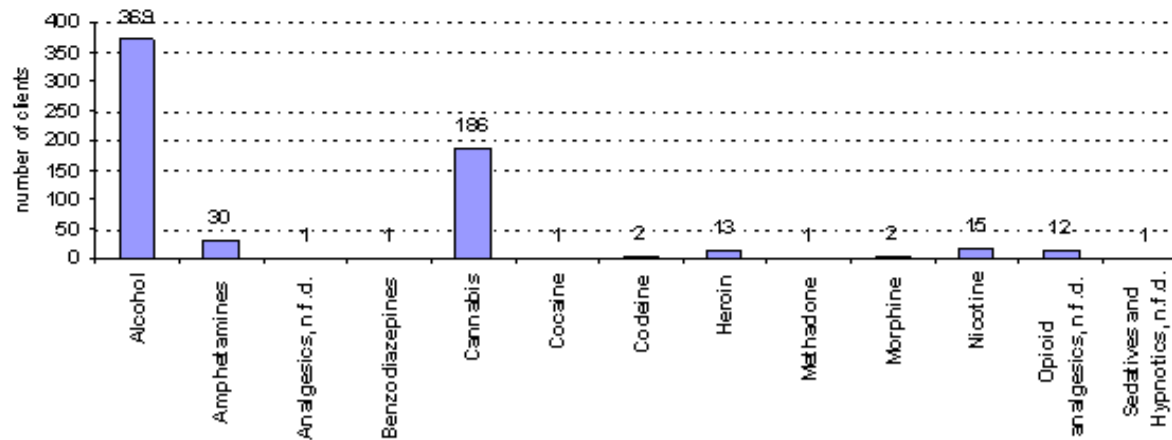


WRAD Data Report 1/01/2008 - 9/03/2010

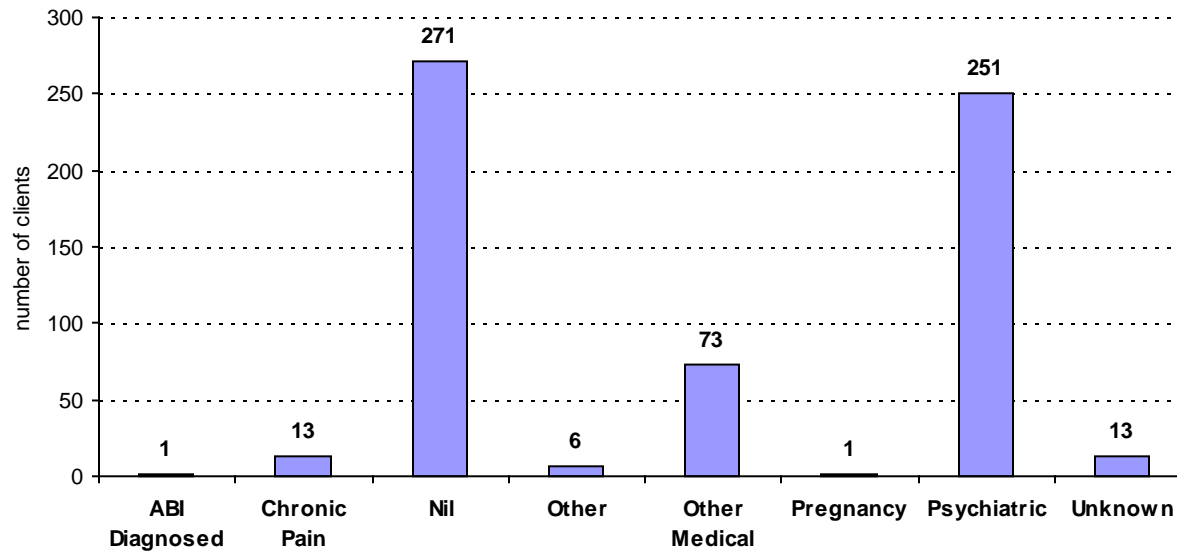
Level of substance use - new episodes this period



Primary drug this period

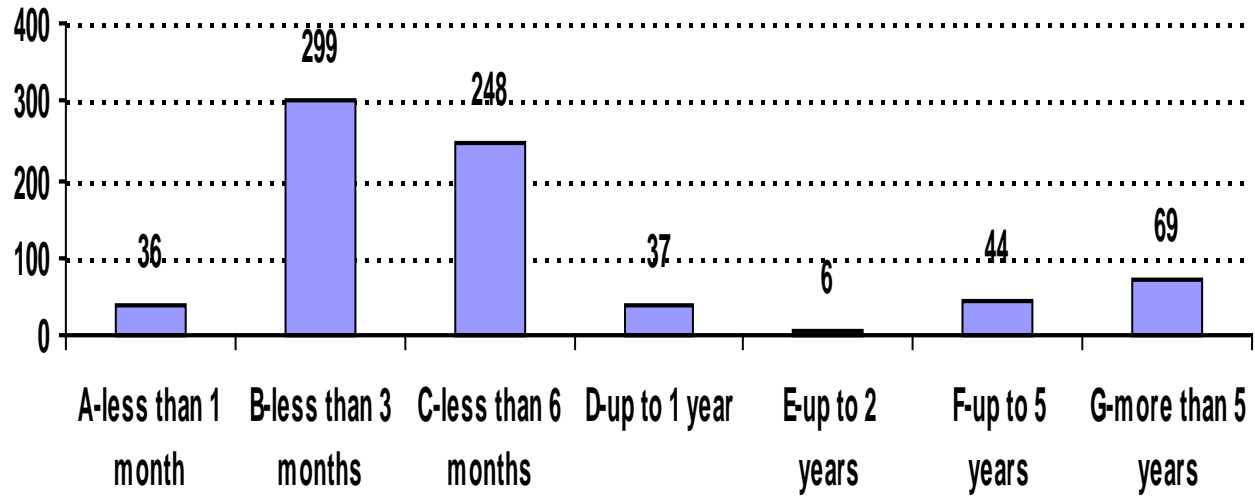


Associated conditions - new episodes this period

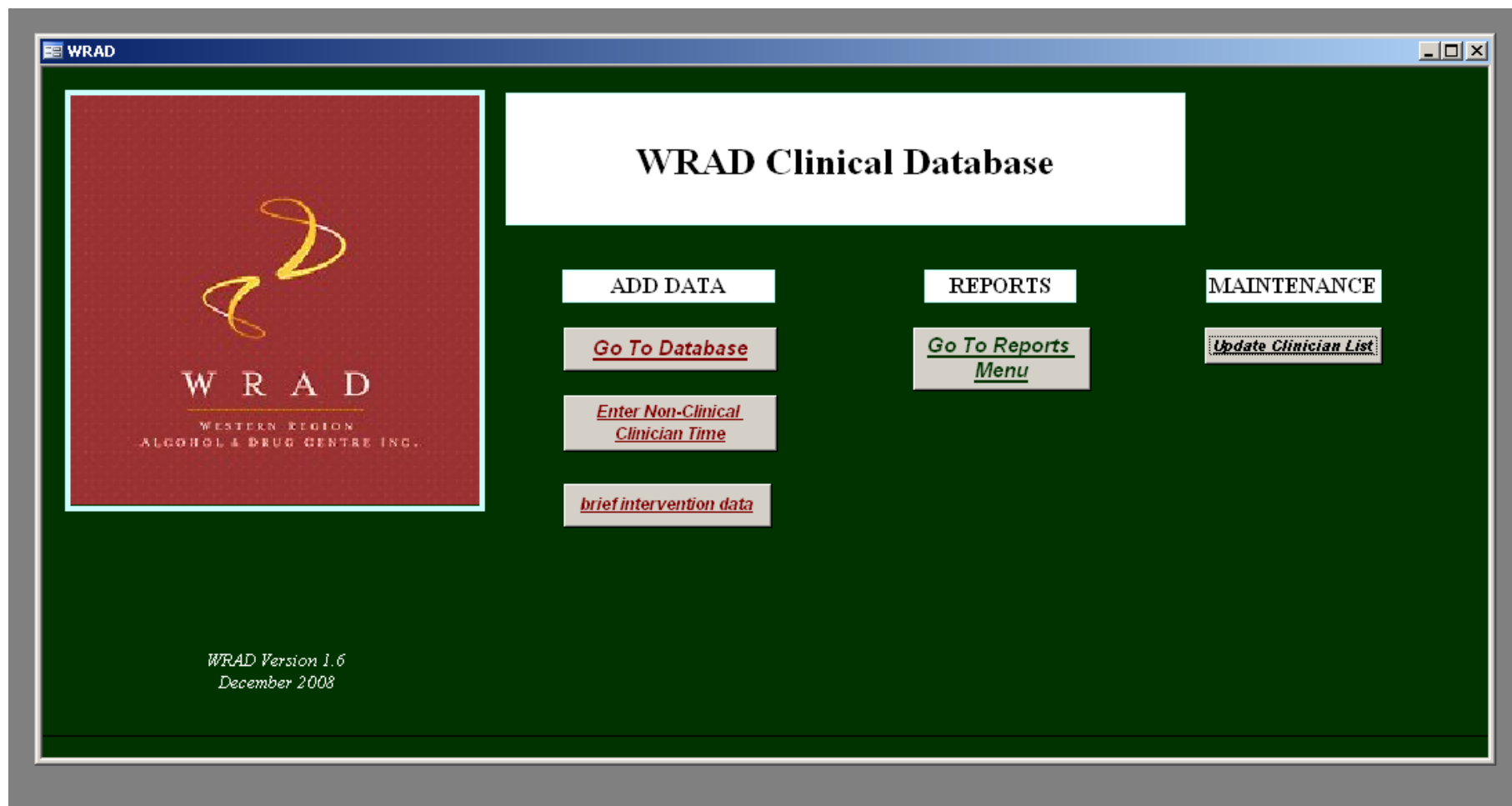


WRAD Data Report 1/01/2008 - 9/03/2010

Episode length (closed clients this period)



WRAD Clinical Database



Clinical meeting form

Episode Detail Start New Episode for this client if required SAVE Records View Client Screening Record

Episode start date: 30/03/2009 **Consent obtained** **Clinician:** Not yet assigned 288
Homer Simpson 654

Notes: test case **Key agency involved:** Psychiatric services
other agency: Aspire
other agency:

Team Meeting and updates Add New Meeting Record for this client Delete Record
Homer Simpson

Date: 30/03/2009 654

Triage Dual diagnosis client
 Assessment **Psychiatric Diagnosis:** **Save and Close Form**
 Review **Meeting Outcome:** refer psychiatric assessment
 Acute Issue **Clinician following up if not the case manager:** Daryl **Do Not Contact**
 Closure
 post-closure follow-up **NOTES:**

Record: 1 of 1

Record: 1 of 1 (Filtered)

WRAD_CD Client form

WRAD

WRAD Clinical Database

Always search database for existing information before adding a new client record

Search Surname

First registration date File No

Surname FirstName Alias

Date of birth Postcode PhoneNumber

NOTES

| | | | | | |
|---|---|--|--|--|--|
| <input type="button" value="ASSIST"/> | <input type="button" value="BASIS 32"/> | <input type="button" value="Readiness to Change"/> | <input type="button" value="User Motivation"/> | <input type="button" value="Life Skills Profile (LSP)"/> | <input type="button" value="Cognitive Status (CSE)"/> |
| <input type="button" value="Mini Mental Screen (MMS)"/> | | <input type="button" value="Substance Abuse Treatment Scale"/> | <input type="button" value="Anxiety-Depression (HADS)"/> | <input type="button" value="HONOS"/> | <input type="button" value="Acquired Brain Injury (ABI)"/> |
| | | <input type="button" value="Clinician Rating of drug/alcohol use disorder"/> | | <input type="button" value="Gambling Screen (VGS)"/> | <input type="button" value="GAF - Global Functioning"/> |

Last Episode Closed

ASSIST Screening Tool

ASSIST : Form
_ □ ×

ASSIST Scoring Tool

Based on the WHO-ASSIST VERSION 3.0 Ref: Henry-Edwards, G. et al (2019) The Alcohol, Smoking and Substance Involvement Test: Guidelines for Use in Primary Care. Geneva: World Health Organization

Client

Name

when administered:

date of test:

completed by:

Q1

Q2

Q3

Q4

Q5

Q6

Q7

Q8

Q2 In past 3 months how often have you used the substances you mentioned (first drug, second drug etc)?

2 Tobacco products:

2 Alcoholic beverages:

2 Cannabis:

2 Cocaine:

2 Amphetamine type stimulants:

2 Inhalants:

2 Sedatives or Sleeping Pills:

2 Hallucinogens:

2 Opioids:

2 Other:

2 Other - specify:

(If "never" for a substance in the last 3 months skip to question 6 for that substance)

aggregate scores

Tobacco products

Alcoholic beverages

Cannabis

Cocaine

Amphetamine type stimulants

Inhalants

Sedatives or Sleeping Pills

Hallucinogens

Opioids

Other

risk level

tobacco risk

alcohol risk

cannabis risk

cocaine risk

amphetamine risk

inhalants risk

sedatives risk

hallucinogens risk

opioids risk

Record: of 1 (Filtered)



ASSIST Client Report

9/03/2010

john doe

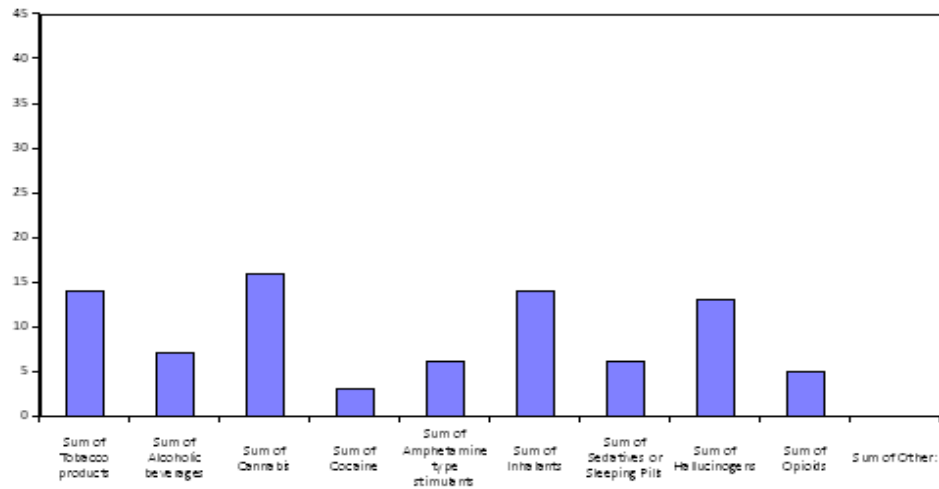
1093

aggregate scores

| | |
|-----------------------------|----|
| Tobacco products | 14 |
| Alcoholic beverages | 7 |
| Cannabis | 16 |
| Cocaine | 3 |
| Amphetamine type stimulants | 6 |
| Inhalants | 14 |
| Sedatives or Sleeping Pills | 6 |
| Hallucinogens | 13 |
| Opioids | 5 |
| Other | 0 |

risk level

| | |
|--------------------|----------|
| tobacco risk | moderate |
| alcohol risk | low |
| cannabis risk | moderate |
| cocaine risk | low |
| amphetamine risk | moderate |
| inhalants risk | moderate |
| sedatives risk | moderate |
| hallucinogens risk | moderate |
| opioids risk | moderate |



Based on the WHO ASSIST USER GUIDE Part: Perry-Edwards, S. et al (2009) The Alcohol, Smoking and Substance Involvement Test: Guidelines for Use in Primary Care. Geneva: World Health Organization

MODIFIED MINI SCREEN (MMS) - Mental State

Client:
 Name:
 Date:

[Add New Record](#)

when administered:

SECTION A

- Have you been consistently depressed or down, most of the day, nearly every day, for the past 2 weeks?
- In the past 2 weeks, have you been less interested in most things or less able to enjoy things you used to enjoy most of the time?
- Have you felt sad, low or depressed most of the time for the last two years?
- In the past month, did you think that you would be better off dead or wish you were dead?
- Have you ever had a period of time when you were feeling up, hyper or so full of energy or full of yourself that you got into trouble or that other people thought you weren't your usual self?
- Have you ever been so irritable, grouchy or annoyed for several days, that you had arguments, verbal or physical fights, or shouted at people outside your family?

A. mood score

Question 4 refers to suicidal ideation. Any patient who answers YES to this should be referred for further evaluation, regardless of the

SECTION B

- Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable or uneasy even when most people would not feel that way?
 7a. If yes, did these intense feelings get to be their worst within 10 minutes?
 7b. If yes, did these intense feelings get to be their worst within 10 minutes?
- Do you feel anxious or uneasy in places or situations where you might have the panic-like symptoms we just spoke about?
 9. Have you worried excessively or been anxious about several things over the past 6 months?
 10. Are these worries present most days?
 11. In the past month, were you afraid or embarrassed when others were watching you, or when you were the focus of attention?
 12. In the past month, have you been bothered by thoughts, impulses, or images that you could get rid of that were unwanted, distasteful, inappropriate, intrusive or distressing?
 13. In the past month, did you do something repeatedly without being able to resist doing it?
 14. Have you ever experienced or witnessed or had to deal with an extremely traumatic event including actual or threatened death or serious injury to you or someone else?
 15. Have you re-experienced a dreadful event in a distressing way in the past month?

B. anxiety

Questions 14 and 15 refer to Post-Traumatic Stress Disorder (PTSD). If BOTH questions 14 and 15 are answered YES, the client should be referred for further evaluation, regardless of the patient's total score.

Modified Mini Mental Screen

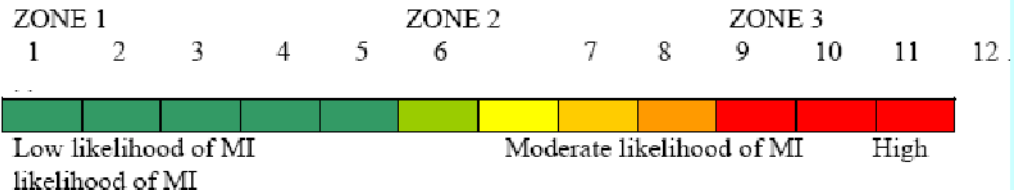
SECTION C

- Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you?
- Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking?
- Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self?
- Have you ever believed that you were being sent special messages through the TV, radio, or newspaper? Did you believe that someone you did not personally know was particularly interested in you?
- Have your relatives or friends ever considered any of your beliefs strange or unusual?
- Have you ever heard things other people couldn't hear, such as voices?
- Have you ever had visions when you were awake or have you ever seen things other people couldn't see?

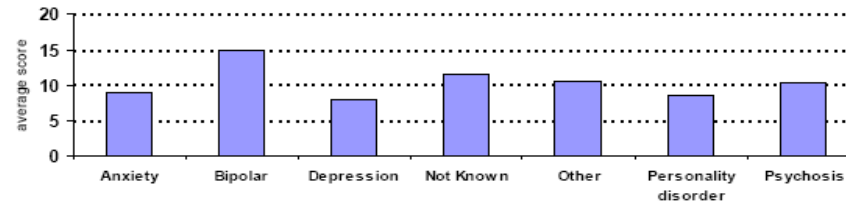
WHAT SCORE SHOULD TRIGGER A REFERRAL FOR A MENTAL HEALTH ASSESSMENT?

C. psychosis score

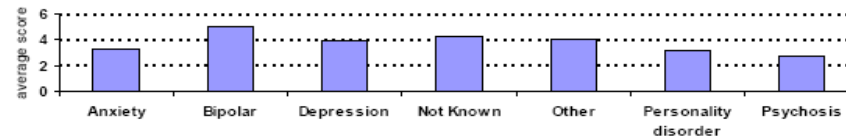
Total MMS score



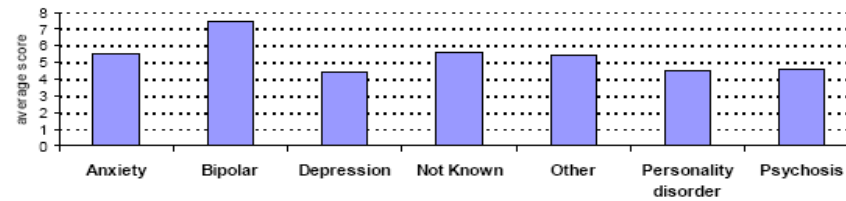
Comparison of diagnosis and total MMS score



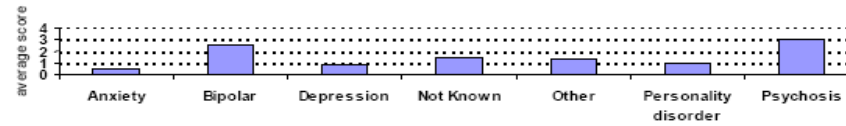
Comparison of diagnosis and average mood score (MMS)



Comparison of diagnosis and average anxiety score (MMS)



Comparison of diagnosis and average psychosis score (MMS)



BASIS-32™ (Behavior And Symptom Identification Scale)

654

name

Homer Simpson

date

1/01/2009

when test
intake

IN THE PAST WEEK, how much difficulty have you been having in the area of:

| | |
|---|-------------------------|
| 1. Managing day-to-day life | no difficulty |
| 2. Household responsibilities | quite bit of difficulty |
| 3. Work | no difficulty |
| 4. School | no difficulty |
| 5. Leisure time or recreational activities | no difficulty |
| 6. Adjusting to major life stresses | no difficulty |
| 7. Relationships with family members | moderate difficulty |
| 8. Getting along with people outside of the family | quite bit of difficulty |
| 9. Isolation or feelings of loneliness | no difficulty |
| 10. Being able to feel close to others | moderate difficulty |
| 11. Being realistic about yourself or others | extreme difficulty |
| 12. Recognizing and expressing emotions appropriately | quite bit of difficulty |
| 13. Developing independence, autonomy | no difficulty |
| 14. Goals or direction in life | no difficulty |
| 15. Lack of self-confidence, feeling bad about yourself | no difficulty |
| 16. Apathy, lack of interest in things | no difficulty |
| 17. Depression, hopelessness | no difficulty |
| 18. Suicidal feelings or behavior | no difficulty |
| 19. Physical symptoms | no difficulty |
| 20. Fear, anxiety, or panic | no difficulty |
| 21. Confusion, concentration, memory | little difficulty |

BASIS 32

| | |
|--|-------------------------|
| 21. Confusion, concentration, memory | little difficulty |
| 22. Disturbing or unreal thoughts or beliefs | no difficulty |
| 23. Hearing voices, seeing things | no difficulty |
| 24. Manic, bizarre behavior | quite bit of difficulty |
| 25. Mood swings, unstable moods | extreme difficulty |
| 26. Uncontrollable, compulsive behavior | moderate difficulty |
| 27. Sexual activity or preoccupation | no difficulty |
| 28. Drinking alcoholic beverages | quite bit of difficulty |
| 29. Taking illegal drugs, misusing drugs | no difficulty |
| 30. Controlling temper, outbursts of anger, violence | little difficulty |
| 31. Impulsive, illegal, or reckless behavior | quite bit of difficulty |
| 32. Feeling satisfaction with your life | no difficulty |

a: Relationships:

14

d: Impulsive/addiction:

13

b: Depression/anxiety:

0

e: Psychosis:

3

c: Daily living/roles:

4

BASIS total

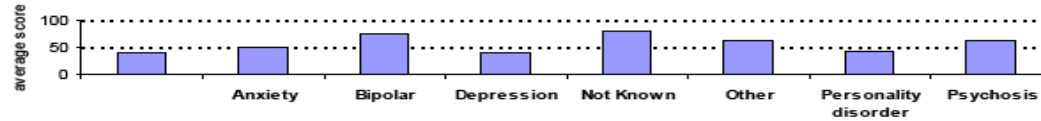
34

completed by ms

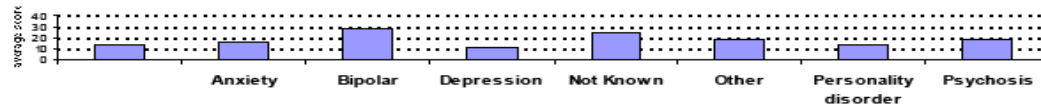
Add New Record

S.

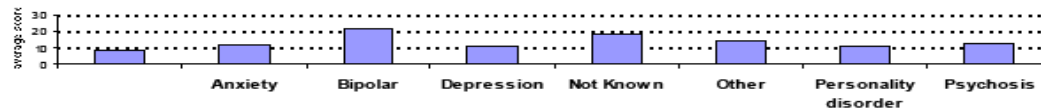
Comparison of diagnosis and total BASIS 32 score



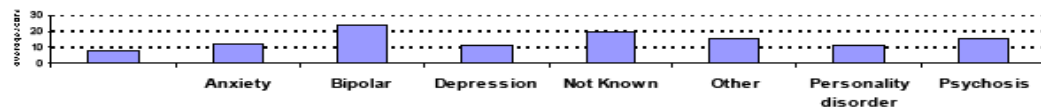
Comparison of diagnosis and BASIS daily living score



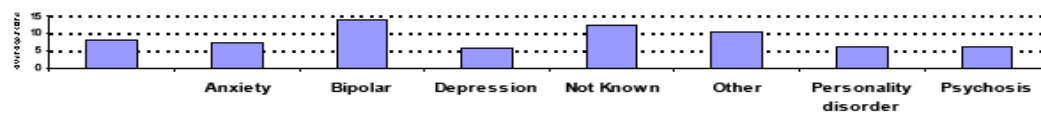
Comparison of diagnosis and average BASIS depression score



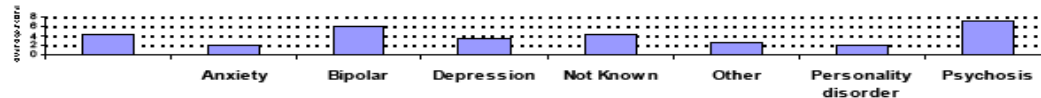
Comparison of diagnosis and average BASIS relationship score



Comparison of diagnosis and average BASIS addiction score

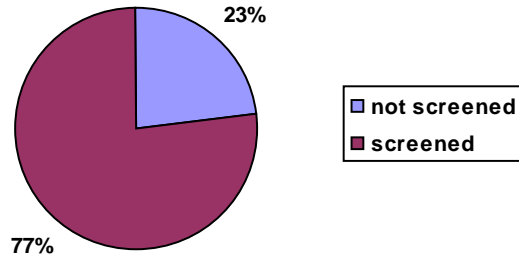


Comparison of diagnosis and average BASIS psychosis score

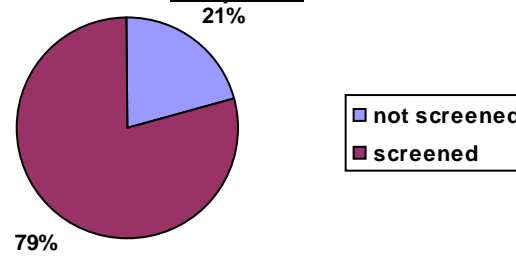


WRAD Data Report 1/01/2009 - 9/03/2010

MMS Screening - new episodes
this period

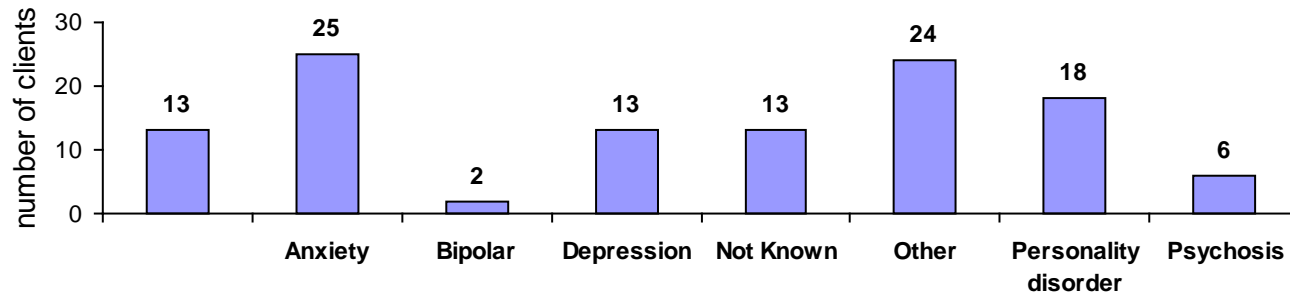


ASSIST Screening - new episodes
this period



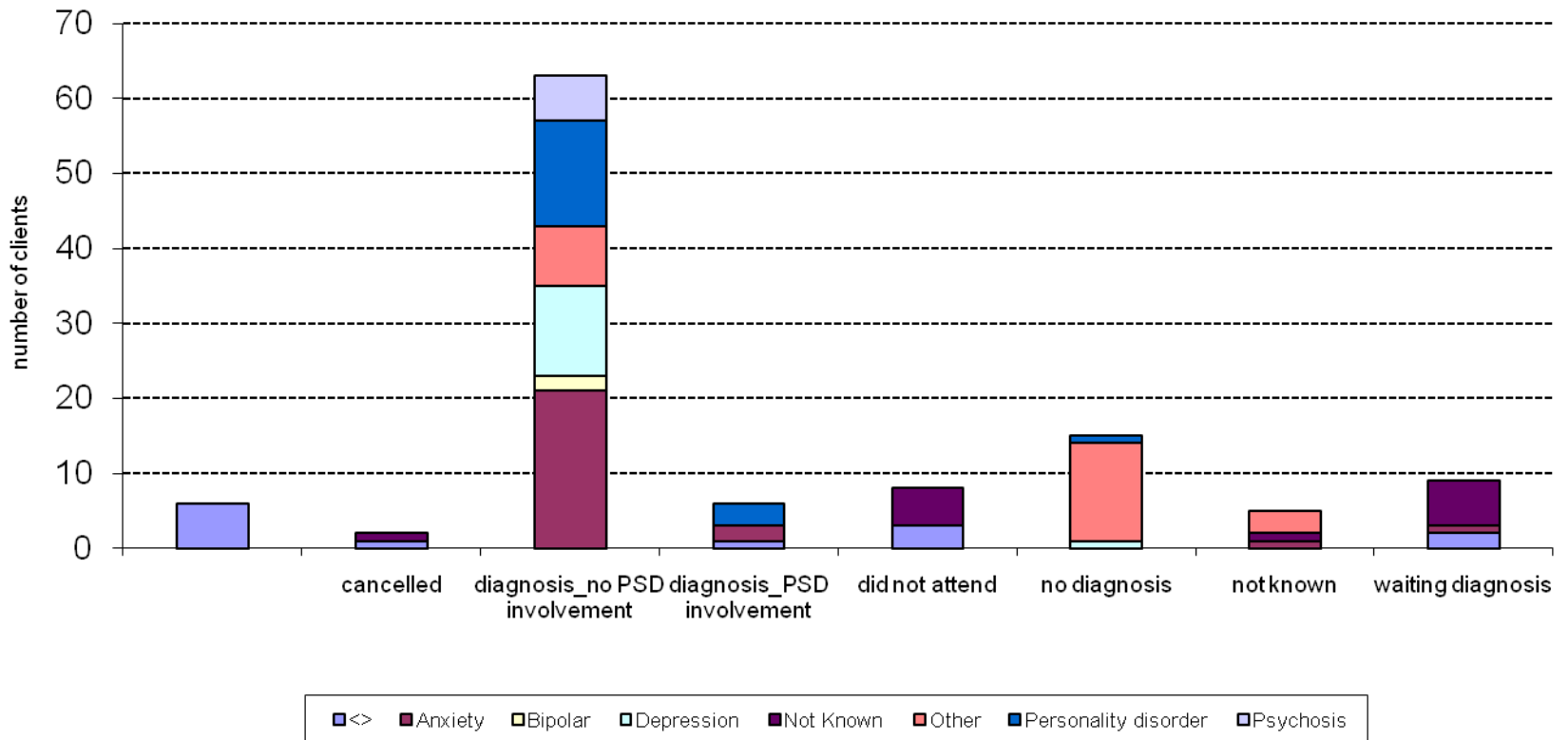
WRAD Data Report 1/01/2008 - 9/03/2010

Psychiatric assessment - diagnosis



WRAD Data Report 1/01/2008 - 9/03/2010

Comparison of Diagnosis with Outcome



WRAD Client Closure Report

WRAD Client Closure Report 20/08/2009 232 Name of Client: Jane Doe
File No: 003988
DOB: 01/01/1970 **Gender:** F **Service:** CCCC
address: 123 Road, WARRNAMBOOL, VIC 3280 **Episode Start Date:** 16/02/2009
phone: 04xxxxxxx, **Case Manager:** geoff
First Registration: 5/07/2007 **Termination Date:** 21/08/2009
Psychiatric diagnosis if applicable: Personality disorder Completed Treatment

Referral: Self **Contact Details:**
Reason for referral: Continued treatment regarding her desire to reduce her substance use and continue to have support with other familial issues

Drug use

Primary drug: Alcohol **Secondary drug:** **method:** Ingests (swallows)
polydrug use? No **use:** Dependence **additional information:**

Contact summary

| No. sessions | method | total time (minutes) |
|--------------|-----------|----------------------|
| 26 | In person | 1545 |
| 1 | Other | 10 |
| 5 | Telephone | 90 |

Formulation at termination: She commenced counseling as well as had two detox sessions. Since detox, has begun taking Naltrexone to help reduce alcohol cravings and hence reduce her over consumption of alcohol. She completed a month long day program and has continued reducing her consumption of alcohol at this time. Jess has completed treatment at this stage regarding her ITP goals and was notified that she would be able to re-engage in active counseling again at WRAD when she is ready. Jess has made many changes since her time at WRAD and so has been asked to take more responsibility for her goals and follow through at this time. This EOC has been open since Feb, 09 **and has had a case review in April and is due for another one** – however clinician was away for a month's time and Jess has accomplished most of the goals she has set out to do at this time. Continued work is needed regarding her ED issues as well as some co-dependency issues between her and other family members. These would need to be addressed continually during any other further episodes.

Relapse prevention plan: To remain positive about the changes she has made and can rely on her support systems set in place for her as well, Would benefit from getting more involved with her community and possibly doing some sort of work in order to keep her engaged with society as a whole

Stage of change at ENTRY: Contemplation Preparation Action Maintenance Relapse

Stage of change at EXIT: Contemplation Preparation Action Maintenance Relapse

Goals achieved

Reduced risk-taking behaviors' Linked successfully to GP or other health services
Linked successfully to (other) meaningful regular activity Achieved compliance with family court recommendations
Reduced self-harming behaviors

Referral at closure

Referral: Self **Referral to:** Psychiatric Service

Notes: Just notified that this episode would be closing and that it would be up to Jess to indicate what she wanted to continue working on at this time and how she was going to implement assistance from services.

Case reviewed: Clinician signature _____ **Date:** 20/08/2009

Client accepted 3 month follow up: Yes No **Client signature** _____

Follow up date: 19/11/2009 **Date contacted** ____/____/____

Outcome of follow up:

Clinician signature _____ **Date contacted** _____

THANK YOU FOR LISTENING 😊