CNAP Concepts and Sticky Date Pudding

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What are the benefits of Partnership for Families

- Integration of services
- Improved systems coordination
- Collaboration between government, non-government & private health care providers
- Comprehensive care planning & continuity of care across systems/service boundaries
- Identify & respond to issues including reducing gaps & duplication of service
Complex Needs Panels!

- To meet the challenges in building a more effective response to people with multiple & complex needs
- To establish an implement a wide scope of expertise for improved service provision
- To provide care coordination involving multiple services whilst reducing barriers
- Bringing together non-traditional partnerships to address common cause
- To stabilise health, housing, social connectedness, safety & social justice
- To provide a framework to monitor & evaluate service provision in an effective and timely manner
Defining Complex Needs

A diverse condition that affects the bio/psycho/social/spiritual domains of an individual & significant others – generally in the context of severe social, service, support and systems fragmentation
Defining Disadvantage: a delicate dance to negotiate a relentless daily struggle to meet life's demands in an environment perceived (by disadvantaged) as void of social justice, equality & fairness! (a dog eat cat world)
Case Study: Complex Needs + Disadvantage

Mali Mali

- Reflection through journey – the issues & challenges
- Does anyone really understand?
- Strong & proud Aboriginal Torres Strait Woman with traditional attitudes/beliefs
- White man intervention – removal of the children; demands from the Western Model CSS; life within ‘white man’ attitudes & directives
- Rapid Response – Attitudes focused on ‘crisis management’ perhaps ignorant of the ‘real’ cultural needs
- Lives managed within ‘mainstream’ systems perceived through the eyes of indigenous life
Rapid Response Intervention v Complex Needs Panel Concepts

- ‘Rapid Response’ model – expensive with no sustainable outcomes
- Referral to – Case Coordination Working Group?? Rejected too Complex! Rapid Response best fit!
- Identified through stakeholders as ‘most challenging’

- Complex Needs Response??
- Panel Assessment offered with recommendations
- Referral to Modified TC & Complex Needs Assessment Panel Integrated Support (CNAPIS)
- Challenges –
  - Poly-substance Dependence/Generational Trauma/Abuse/Mental Health
  - Homelessness/Disconnection/Social Justice
  - Geographical
  - Culture
  - Legacy
The Needs – (external enquirer)

- Willingness = Engagement
- Travel & Admission to TC as part of needs plan – leaving country
- Panel to reduce financial/logistical barriers
- Internal service barriers & attitudes traditional TC v Modified TC
- Further assessments & potential harm – Panel involvement
- Modified program/TC roles – Panel support to compliment TC treatment plan
- Culturally appropriate – linkages
- Travel – family needs, children reunification, ongoing geographical barriers
Maslow’s Hierarchy of Needs
(original five-stage model)

- **Self-actualisation**
  personal growth and fulfilment

- **Esteem needs**
  achievement, status, responsibility, reputation

- **Belongingness and Love needs**
  family, affection, relationships, work group, etc.

- **Safety needs**
  protection, security, order, law, limits, stability, etc.

- **Biological and Physiological needs**
  basic life needs - air, food, drink, shelter, warmth, sex, sleep, etc.
Addressing the Needs (internal enquirer)

- Mali Mali – do you feel safe within this ‘crazy’ complex system?
- Basic needs are met – assessing safety, security, warmth
- Please NO more repetition of yarning story!
- Partnerships & cultural links??
- Proximity & “lots of services at rehab” – less confronting
- Yarning and relationships fostered on property with treatment governed within sound frameworks – “feels safe”
- Many relationships (confusing, varied & diverse) key people coordinating – relief, safety with familiar faces
- Role modeling management of complex relationships assist in the unraveling of complex needs??
CNAPIS providing mechanism for imagination & innovation to modified TC approach
Imagination realized through flexibility of funds/service delivery (brokerage)
CNAPIS support worker & services as conduit to innovation & community/cultural linkages
Links with Indigenous Services critical for providing cultural security
Geographical barriers reduced through allocation of flexible $$
Creating connection
Relationship as key!
Imagination – opening of doors old/new
Mali Mali willingness & participation
Some ‘Ah Ha’ moments
Old/new relationships kept alive – agencies, services, resi-rehabs, children, family – developing connection
Development of new connections “wow! look who I’m talking to”
Self care, self development
House Coordinator role – amazing outcome in the context of the journey
Media & art as a powerful healer/life story/ empowerment/ validation
Acceptance/support of new peers Indigenous & non-Indigenous
12 step support, realization that fellowship as critical element for recovery – crosses racial barriers
Values shift, spiritual enlightenment, embracement of culture
Integration plan close to treatment support/networks
Acceptance of real circumstance of children, working with CSS System
Outcomes

- 40% treatment provision 60% percent Mali effort
- Foundation of a renewed trust in the system essential for engagement & self empowerment
- Engagement/relationship success = treatment outcomes
- Working with relapse as part of the therapeutic journey
- Hope/self determination /support/ community/ cultural revitalization
- Diverse groups, differing philosophies working together for a common cause
- Family reunification a distinct reality – no longer a painful memory
- Healing of body, mind, spirit and sense of community
Today

- Catalyst for creation of further partnerships providing for Housing Options (Homes for Life) placement
- Opportunity through collaboration to provide $$ for training vocation
- Current permanent care for 1 of 2 children; further conversations for bringing sibling – ‘home for life’
- Connected, belonging, performing a role in the community as a proud Indigenous mother, daughter, contributor!
- Lives lived well
The ‘Ah Ha’ Moment

Sticky Date Sauce –
1/3 – Full Cream
1/3 – Butter
1/3 – Soft Brown Sugar

Place in a pot over heat & ‘Yummo!’
Research Undertaken through Bond University

- CNAPIS Referrals June 09 – Nov 10
- Total open clients 52
- Age range 8 to 44 years
- Referrals from mental health services, counselling & support services, drug & alcohol, child safety, Indigenous services, corrective/justice services, Gold Coast Hospital, employment agencies etc.
- Vast variance in referral source
Multiple mental health concerns
- Substance-related disorders 48%.
- Anxiety disorder 48%.
- Mood disorder 37%.
- Psychotic illness 20%.
- Personality disorder 12%.
- Intellectual disability 12%.
- ADD 8%, ADHD 4%.
- Self-harm or suicide attempts 36%.
Multiple method evaluation:

- Chart reviews
- Client interviews
- Stakeholder interviews
- Camberwell Assessment of Need – Forensic Version (CANFOR) – selected for coverage of wide array of needs, allow evaluating change in need met/unmet overtime
Clients appeared well informed regarding CNAPIS involvement
Timely service provision
CNAPIS rated very highly by clients
Stakeholders perceived CNAPIS as addressing service gaps
Improving the quality and availability of support to referred people

- Clients appeared well informed regarding CNAPIS involvement
- Timely service provision
- CNAPIS rated very highly by clients
- Stakeholders perceived CNAPIS as addressing service gaps
Clients presented with multiple diagnoses, numerous psychosocial concerns & impaired social functioning requiring coordination of multiple services.

Stakeholders reported a good level of coordination between services, agreement on client goals & continuity of care.
Client files & interviews indicated integration of multiple services – legal support, medical, mental health, housing, educational/vocational, transport, disability

Stakeholders perceived services as well coordinated with panel meetings providing a central role in integration
Client plans clearly documented services, key contacts & support workers to assist in transition between services

Stakeholders described service provision that was flexible & holistic in meeting social functioning, family, mental health, health, & substance use, while maintaining respect for individuals and culture
Integrated and holistic response to clients’ complex physical, mental and social needs

- Accommodation
- Food
- Living Environment
- Self-care
- Daytime Activities
- Physical Health
- Psychotic Symptoms
- Information on Condition and Treatment
- Psychological Distress
- Safety to Self
- Safety to Others
- Alcohol
- Other Drugs
- Company
- Intimate Relationships
- Sexual Expression
- Child care
- Basic Education
- Telephone
- Transport
- Money
- Benefits
- Treatment (understanding or consent)
- Sexual Offences
- Arson
Conclusions

- CNAPIS is providing a key role in coordination of services
- CNAPIS is meeting its stated objectives
- The longer term outcomes for clients has been mixed, reflecting the complexity of this client group
Conclusions

- Recommendations include –
  - facilitating periphery stakeholder involvement
  - consider size of meetings in relation to client anxiety
  - generate service list, regular monitoring of client outcomes
  - further evaluation of client disengagement
  - ongoing staff support to prevent burnout