

Policy Update and Change Summary – Open Arms staff

This document provides a summary of all major updates, changes and new policies that have been included in the new Open Arms Veterans & Families Counselling (Open Arms) Policy Hub.

Any questions regarding the content of this summary, or the policies referred to, should be discussed with Line Managers and Directors, before being directed to the National Operations Policy and Quality Team at openarmspolicy@dva.gov.au

Feedback on individual policies can also be provided directly through the Policy Hub via the *'Provide feedback on this policy document'* link which is located in the top right hand corner of every policy and procedure page on the Policy Hub. Feedback submitted via this link will automatically identify the policy that is being discussed.

A summary of all user feedback provided on the policies can be found in the [Policy Feedback Log](#) which can be accessed via the [Policy Hub landing page](#). The link to the Policy Feedback Log is currently located at the bottom of the Page Tree on the left side of the landing page.

All staff are encouraged to read this summary, review relevant policies as part of daily business, discuss the policies with colleagues and managers, and provide feedback as required through appropriate channels.

Policy Update Summary Table

Policy Area	Updates
National Advisory Committee (NAC) and Regional Forums 100 Governance Policy	Changes to more clearly reflect the relationship between NAC and Regional Forums, including renaming Regional Advisory Forums (RAF). This change is already in practice.
Media and social media 100-03 Media Procedure 100-04 Social Media Procedure	Clarifications of media and social media policies but no major changes in approach. Developed in collaboration with the media team.
Privacy and confidentiality 100-02 Privacy and Confidentiality Procedure	Privacy and confidentiality related policy and procedures have been significantly updated based on legal advice to properly reflect changes in the Privacy Principles and to allow for increased communication when a client is at risk. Reflects changes in information sharing that have been taking place for some time.
Release of Information 101-02/02 APP12 Release of Information (ROI) Instruction	Release of Information (ROI) has been significantly revised to reflect legal advice and the new role Client Assist will have in processing ROI requests. Developed in collaboration with Client Assist and regions.

Continuous Quality Improvement 102 Continuous Quality Improvement Policy	New Continuous Quality Improvement Policy that includes procedures relating to research, managing projects, business planning, audits, adverse event reviews and accreditation. The various components of this policy, such as, projects and research, have been in place for some time but not previously incorporated into policy.
Clinical Audits 102-07/01 Clinical Audits Instruction	Clinical audits procedure substantially redeveloped in line with the clinical audit trial conducted last year with region involvement.
Adverse event review 102-05 Adverse Event Review Procedure	Adverse event review policy redeveloped as a continuous improvement activity. Regions have been involved in the development of this new approach for over a year including attendance at Root Cause Analysis workshops
Client Feedback Management System (CFMS) 102-06 Client Feedback Management Procedure	CFMS procedure has been significantly revised by the Coordination Team to align with DVA requirements.
Eligibility 201 Eligibility Policy	Eligibility Policy has been updated to align with what is now generally understood, with some further clarification around boundary issues such as WW2 family eligibility. This policy clarifies information already in circulation about the eligibility criteria.
Services to Minors 201-01 Services to Minors Procedure	Services to Minors Procedure had been updated to reflect legal advice and Gillick Competency in consent by a minor. The updated procedure strengthens the Open Arms process for determining consent by a minor.
Care Policy and Principles of Care 202 Open Arms Care Policy	Creation of the Open Arms Care Policy, incorporating the Open Arms Principles of Care. This policy brings together the Principles of Care which have informing Open Arms practice for some time now; such as recovery-oriented, person-centred and multidisciplinary.
Intake 202-01 Intake Procedure	Intake procedures have been substantially rewritten to reflect the role that Client Assist have had for some time. Developed in collaboration with Client Assist and through consultation with regions.
Clinical Assessment, Treatment Planning and Counselling 202-02 Clinical Assessment and Treatment Planning Procedure 202-03 Counselling Procedure	The cluster of procedures and instructions relating to assessment, treatment planning and counselling have been updated for greater clarity, but without any fundamental changes in practice. Barriers to making a diagnosis and the need to seek approval to use psychometrics have been removed. **SEE EXPANDED INFORMATION BELOW
Online Video Counselling 202-03/02 Online Video Counselling & Support Instruction	Online Video Counselling and Support has been added. The new policy for this was promoted as part of the COVID19 preparations.
90 Minute Sessions 202-03/04 Approval of 90 Minute Sessions Instruction	Approval for 90 minute sessions has been updated to be clearer and more open following direct input from regions. **SEE EXPANDED INFORMATION BELOW
Assistance Animals 202-03/03 Assistance Animals Instruction	There is now guidance for presence of Assistance Animals at sessions or groups, following input from regions.

<p>Crisis Accommodation Program (CAP) 202-06 Crisis Accommodation Procedure</p>	<p>Changes to CAP eligibility and service management. This was promoted through an interim policy released by the NM in 2019, and the updated policy has been discussed extensively with regions throughout 2020.</p>
<p>Group Programs 202-04 Treatment Group Programs Procedure</p>	<p>The Group Program policy has been significantly redeveloped to align with the new approach to group treatment groups. The policy is currently in use.</p>
<p>Mental Health Training Workshops 202-05 Mental Health Training Workshops Procedure</p>	<p>A new Mental Health Training Workshops policy has been developed to provide clear differentiation for mental health and suicide prevention workshops that are not treatment programs. The policy reflects the currently in use approach to mental health training workshops.</p>
<p>Psychiatric Referrals 202-07/01 Psychiatric Referrals Instruction</p>	<p>The Psychiatric Referrals procedure has been significantly updated to include broader eligibility matching general Open Arms eligibility, and a clearer statement of services included. The broader eligibility has been in place since 2019.</p>
<p>Defence Referrals 202-08 Defence Referrals Procedure</p>	<p>The Defence Referrals Procedure has been rewritten to reflect the new agreement between Defence and DVA – the Joint Support Services Agreement (JSSA). The JSSA has not been finalised however the policy has been written to reflect the updated agreement with Defence. **SEE EXPANDED INFORMATION BELOW</p>
<p>Care Coordination 202-09 Care Coordination Procedure</p>	<p>Care Coordination has replaced Complex Needs Client Support as the case management model for Open Arms, featuring a stepped, ‘universal’ approach to client care. Work towards the new care coordination model has taken place over an extended period approaching two years, including consultation with the regions.</p>
<p>Safe Zone Support 202-10 Anonymous Counselling Line (Safe Zone) Procedure</p>	<p>The new Anonymous Counselling (Safe Zone) Procedure has been developed to support the new service being provided by Client Assist.</p>
<p>Community and Peer Program 202-11 Community Engagement Procedure 202-12 Peer Support Procedure</p>	<p>New policies have been developed to support the Community Engagement Program, including the new Peer workforce and Community Engagement Teams. This has involved ongoing engagement with regions over the past year and reflects significant regional input.</p>
<p>Risk Management and Assessment 203 Clinical Risk Management Policy</p>	<p>Replacement of the Risk Assessment and Management Plan (RAMP) with the SafeSide Framework management of risk. This includes developing a replacement for the RAMP, the Open Arms Risk Assessment (OARA). This has involved significant regional consultation, as well as leadership training and rollout of In-Place-Learning.</p>
<p>Clinical Escalations 203-04 Escalations Procedure 203-04/01 Client Liaison Pathway Instruction</p>	<p>A new clinical liaison policy and Clinical Liaison Pathway has been developed to reflect regional and Client Assist needs in relation to escalation and other client liaison tasks. The pathway has been in operation for some time now.</p>
<p>Organisational Risk 300 Organisational Risk Management Policy</p>	<p>The Organisational Risk policy has been developed and updated via consultation, but not substantially changed.</p>

Recruitment and New Employee Induction 400-01 Recruitment Procedure 400-01/01 New Employee Induction Checklist Instruction	Updated Mental Health Workforce policy and procedures have been implemented to support recruitment and new employee induction. This includes a New Employee Induction Checklist.
Professional Practice 401 Professional Practice Policy	Updated Professional Practice policy and procedures, featuring a new qualification and typical workload to cover clinicians, Peers and clinical support staff.
Learning and Development 401-01/01 Learning and Development Framework - Clinical Support Teams 401-01/02 Learning and Development Framework - Peers	Newly developed Learning and Development Frameworks for Peers and Clinical Support Teams (a companion for clinicians will be developed in the near future).
Staff Recognition and Rewards 401-01/03 Staff Recognition and Rewards Framework	New Staff Recognition and Rewards Framework developed by the Deputy National Manager.
Professional Supervision 401-02 Professional Supervision Procedure	Clinical Supervision has been expanded and renamed Professional Supervision to accommodate external supervision for Peers. Peer supervision arrangements are already in place nationally.
Flexible Delivery 401-04 Flexible Delivery Procedure	New Flexible Delivery Procedure to incorporate work that is not office based or in normal work hours, including home visits and other external meeting locations. Developed in consultation with regions.
External Providers 500-06 External Providers Procedure	External Providers Procedure developed from OPC procedures to account for the expanded scope of statutory registration and changes in the management of the Outreach Program. This is an ongoing process that has involved extensive consultation with regions and will continue to be developed in consultation with ADCOGs nationally.

Expanded Information

90 minute sessions

When 90 minute sessions were first introduced, the controls around their use were quite tight, as was reflected in the previous instruction relating to the use of 90 minute sessions. These restrictions include the requirement of a diagnosis of PTSD to access 90 minute sessions (or evidence using CAPS-5), evidence that the clinician is proficient in an exposure-based treatment, Regional Director approval to proceed, and a limit of two such sessions in any approved set of sessions.

Regional Assistant Director (AD) feedback via the Deputy National Manager identified that the previous policy was not in line with current treatment guidelines. An alternative was suggested by the AD group, which is the basis for the revised instruction.

The key differences are:

1. An increase to six sessions allowable in any reporting period;
2. Inclusion in an approved treatment plan being sufficient, rather than also requiring Regional Director approval; and
3. More specificity in treatments covered - Trauma Focussed Cognitive Behavioural Therapy (TFCBT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Eye

Movement Desensitisation and Reprocessing (EMDR) - should enhance the delivery of these treatments.

Diagnosis and the use of psychometrics

The previous Clinical Practice Policy 2016 (CPP 2016) stated that “VVCS does not formally diagnose under DSM-5 or ICD-10” and “VVCS clinicians do not provide formal clinical diagnosis”. However, this represents an unrealistic condition in the context of conducting comprehensive clinical assessments within person centred care coordination, and has been removed from the new policy.

Section 5.2 in the new Clinical Assessment and Treatment Planning Procedure states, “The first step in delivering comprehensive clinical care is undertaking a clinical assessment. Clinical assessment should be based on the patient’s subjective report of their symptoms and course of the illness or condition, and objective findings from use of psychometric instruments to determine provisional and differential diagnoses.”

The use of appropriate psychometrics is intrinsically bound up with clinical assessment, and Open Arms has always supported their use. CPP 2016 states “VVCS supports the practice of psychometric assessment to enhance services provided to VVCS clients by appropriate use of psychometric instruments, with informed consent (informed consent to the use of a psychometric instrument includes consideration of use of the instrument, storage of results, release of results and risks)”. The previous constraints on the use of psychometric instruments, essentially requiring approval to use with a client, have been eased to enable the effective use of psychometrics to support clinical assessments.

Section 6.5 of the new Clinical Assessment and Treatment Planning Procedure now states, “A clinician may also elect, within their area of professional expertise, to administer other evidence-based measures and psychometric instruments. Where this occurs, and where permitted by copyright, electronic copies of completed measures are uploaded to VERA. The Open Arms Psychometrics Instruction provides additional guidance on the use of psychometric tests and a non-exhaustive list of additional evidence-based measures that may be considered”. This will facilitate higher quality clinical assessments and more responsive client support.

Defence Referrals

Open Arms currently provides services to serving members of the Australian Defence Force (ADF) through either self-referral, or via Defence-initiated referrals. The existing Agreement that facilitates Defence-initiated referrals is known as the Agreement for Services (AfS), which sits as a Schedule under the broader Memorandum of Understanding between the Departments of Defence and Veterans’ Affairs. This AfS is currently being redeveloped into a new arrangement, known as the Joint Service Support Agreement (JSSA), between Defence and Open Arms.

A key difference between the AfS and the JSSA is an enhanced focus on collaboration and reciprocity between both organisations; extending beyond services provided to current serving members. This includes consideration of opportunities for joint projects; including programs, training, evaluations etc. JSSA-related policy and procedures will be released after the new Agreement has been signed by all parties. Until then, it will be business as usual under the existing AfS. The Defence Referrals Procedure in the Policy Hub can still be used, reading JSSA as AfS, noting that Appendices C and F (referred to in the policy) will not be accessible until the JSSA is signed.