Queensland Alcohol and Other Drugs (AOD) Treatment Service Delivery Framework

A state-wide framework for comprehensive care

1. Establishing common ground

Challenges facing AOD services in Queensland

- Increasing demand of AOD services
- The variation of area-specific AOD services
- Consistency of care
- Collaboration and learning opportunities
- Effective use of resources

Purpose of the state-wide framework

The framework document describes the ‘common ground’ underpinning AOD treatment service delivery in Queensland. It outlines the mission, purpose, values, understandings, established tools, therapeutic approaches, practice principles and standards that inform the state’s AOD treatment service delivery. The framework is intended to provide a clear starting point for AOD treatment providers across Queensland.

Framework applications

- Communicating with other sectors the overall aim, purpose and defining characteristics of AOD treatment in Queensland
- As a benchmarking tool against which to assess new or alternative treatment approaches to determine whether they are consistent with what is commonly accepted as good practice
- As a critical reflection tool for individual workers and services to enhance quality practice
- As a tool for orienting new workers for individual workers and services

Key partners

Dovetail (Drug and alcohol counselling)

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2. How the framework was developed

The framework document has been developed by a partnership of the AOD sector in Queensland. The framework was developed based on extensive consultation with AOD services across Queensland.

Surveys conducted with Public Health Alcohol, Tobacco and Other Drug Services (ATODS) and non-government AOD service providers in April and May 2014.

Data collected at the Queensland AOD Convention held on Wednesday, 23 July 2014 in Brisbane. This convention was attended by service managers, policy-makers and sector representatives from across the government and non-government AOD sector in Queensland. The feedback obtained from the convention was used to inform the Queensland Alcohol and Other Drugs (AOD) Treatment Service Delivery Framework.

The Queensland AOD Convention Report (October 2014)

Measuring the impact of AOD treatment in the lives of clients and carers is essential to ensuring that organisational practice standards continue to improve. Because clients of AOD services often have multiple and complex needs, the same set of providers or services are not sought for each and every individual.

Nevertheless, there is general consensus around a number of outcome domains that can be reasonably expected to be impacted by AOD treatment which could be measured.

Developing new and improved outcomes measurement tools that offer a good balance between validity, reliability and utility across treatment settings is a priority for the AOD services sector in Queensland.

Future directions for the AOD sector in Queensland

- Managing increasing demand upon services with limited resources
- Clarifying clinical roles and maximising resources to enhance the client journey
- Challenging current stigma around the AOD client population
- Establishing client outcome measurement
- Increasing the reach of AOD resources through consistency and collaboration
- Increasing the participation of clients and their support networks in developing and delivering AOD services

3. Context and considerations that have shaped the AOD state-wide framework

“Working within national and state policy frameworks...”

Queensland AOD policy

The Queensland Mental Health Commission


Department of Health: Mental Health Alcohol and Other Drugs (MHATOD) Branch

- Sixty Eight AOD Services policy and investment framework and key performance indicators
- The most appropriate and effective state-level AOD treatment provisions
- Core functions of non-government AOD services

“...and uphold our shared values.”

Practice values

- Client-centered practice
- Strengths-based practice
- Holistic care
- Inclusivity, accessibility, flexibility and responsiveness
- Voluntary access

Sector and workforce values

- Innovation and creativity
- Respect and care for individuals and communities
- A commitment to excellence
- A commitment to achieving outcomes and results
- A commitment to continuous quality improvement

Improving the lives of clients and carers is essential to ensuring that organisational practice standards continue to improve. Because clients of AOD services often have multiple and complex needs, the same set of providers or services are not sought for each and every individual.

Nevertheless, there is general consensus around a number of outcome domains that can be reasonably expected to be impacted by AOD treatment which could be measured.

4. Core functions within the state-wide framework

Based on more than 30 years of experience, the Queensland AOD sector has identified core functions of effective specialist AOD treatment services. These are outlined in detail in key features of effective AOD treatment services.

Outreach

Locate and engage with clients

Intake, Screening and Assessment

Determine a client’s needs and assess their appropriateness for the most appropriate service offering

Waiting list management

Ensure a service is multimodal and flexible

Service provides options and explanation of what is available

Harm reduction

Reduce adverse outcomes and experiences related to alcohol and other drug use

Case management and Casework

Uses case management and/or casework in appropriate circumstances

Effective care can impact life outcomes and experiences in the following ways

- Changes in substance use
- Changes in risky behaviour
- Changes to participation in criminal activities
- Changes in social and recreational activity
- Changes in overall health
- Changes in employment
- Changes in family-related engagements

Example: Smoking

- Changes in frequency of smoking
- Changes in the percentage of occasions when smoking
- Changes in number of cigarettes smoked per day
- Changes in the number of days per week that smoking occurs
- Changes in the number of hours per day that smoking occurs
- Changes in the number of weeks per year that smoking occurs
- Changes in the number of years per year that smoking occurs
- Changes in the number of years per year that smoking is resolved

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