

### 1. Why do we need a Queensland Health AOD model of service?

Due to the significant harms that can result from AOD use, we have created a state-wide HHS model of service to ensure that clients will receive consistent specialised AOD treatment in the Queensland public health system.

**These services have been designed to:**

- ▶ provide people with a range of accessible, client-focused and evidence-informed interventions;
- ▶ reduce harm to individuals, families and the community;
- ▶ ensure continuity of care by working with other services.

This document outlines the scope of HHS AOD services in Queensland and seeks to complement and support the delivery of high quality and safe AOD services. Additionally, it seeks to support consistency of practice and reduce variation across the state. The accessibility of information allows greater transparency about public AOD services and informs clients, carers, service partners, staff, managers and services.

### 2. What are the benefits?

Queensland Health has traditionally provided varying levels of service delivery across each HHS reflecting:

- ▶ the resources available; and
- ▶ the needs of the clients in each region.

By creating an AOD HHS state-wide model of service, Queensland Health is promoting a high quality and consistent service provision that translates into improved client outcomes while continuing to tailor services to meet local needs.

**Our clients get the best outcomes when our relationships with them are:**

- Client-centred
- Recovery-oriented
- Culturally secure
- Family responsive
- Non-judgemental
- Inclusive and flexible
- Respectful and supportive

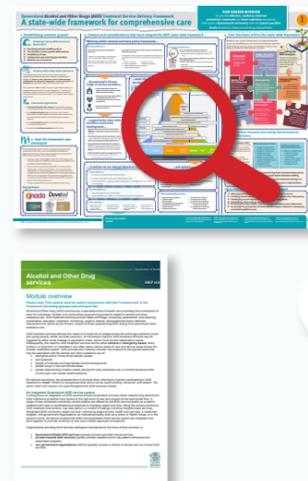
**Our clients rely on us to help them transition seamlessly into (and out of) our care by:**

- Self-referral/walk-ins
- GP/Primary Health Care
- NGO/community controlled services
- Clients' social support network (e.g. family, friends and carers)
- Internal HHS services
- Across HHSs
- Other government departments
- The court system and law enforcement

### 3. Queensland Health AOD services are well placed to provide interventions to people experiencing significant harm

The HHS AOD model of service draws upon the Queensland AOD Treatment Service Delivery Framework, as well as the Queensland Health CSCF v3.2\*. The full spectrum of AOD services encompass three main components:

1. Prevention and Early Intervention
2. Intervention/Treatment
3. Maintenance/Aftercare



### 4. Maximising our impact by focusing our services



	Phase 1- PREVENTION AND EARLY INTERVENTION Harm has not yet occurred	Phase 2 - INTERVENTION/TREATMENT Harm is occurring	Phase 3 - MAINTENANCE/ AFTERCARE Mitigating further harm
<b>Our primary role as a HHS AOD service</b>	<b>We collaborate with</b> our partners to deliver services	<b>Our core focus as a HHS AOD service</b>	
<b>Where the service system is unable to support community needs</b>	<b>We lead</b> the delivery of services as needed		
		<b>We collaborate with</b> our partners to deliver services	<b>We lead</b> the delivery of services as needed

### 5. Our core partners

We work collaboratively with our partners to ensure that the client receives the appropriate care

#### Specialist AOD NGOs

Specialist AOD NGOs (including Aboriginal and Torres Strait Islander community controlled organisations) provide a complementary range of services and coordinate care with our services where appropriate.

#### Other HHS services

Other HHS services provide treatment to clients who may also require AOD services (e.g. Mental Health, Hospital Inpatient and Sexual Health, etc.).

#### Primary Health

These services include GPs (AMS\*) and are often the first to identify people who may need AOD services.

#### Other NGOs

These services include community managed mental health, housing, welfare services etc., who provide a range of other essential support.

#### Private providers

These services include private psychiatrists, private hospitals as well as rehabilitation facilities and may work with HHS AOD services to provide clinical care.

#### Queensland Community

The Queensland community provides valuable feedback on our service provision and allows for more responsive service delivery as resources allow.

#### Other government departments

Other government departments often identify people who are experiencing AOD-related issues.



HHS = Hospital and Health Service

CSCFv3.2 = Clinical Services Capability Framework DABIT = Drug and Alcohol Brief Intervention Team

AMS = Aboriginal Medical Service

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