



Report on the
Queensland AOD

Sector Convention 2018

The Queensland Alcohol and Other Drug Sector Convention 2018 was made possible by the generous support (both financial and in kind) of the following organisations:



Table of Contents

1. About the Queensland AOD Sector Convention 2018.....	4
2. Convention participants.....	4
3. Queensland AOD Treatment and Harm Reduction Outcomes Framework.....	4
4. Notes from Portugal.....	6
5. AOD sector resolutions 2018	7
6. Evaluation	9
7. Conclusion.....	9
Appendix A: Pre-convention survey responses	10
Appendix B: Implementation workbook responses.....	13
Appendix C: Implementation live polling responses	17
Appendix D: Regional issues	22
Appendix E: General Comments, Ideas and Suggestions from Delegates.....	24
Appendix F: Evaluation results.....	25

1. About the Queensland AOD Sector Convention 2018

The Queensland Alcohol and other Drugs (AOD) Sector Convention was held in Brisbane on 22 June 2018 and brought together 110 service managers, policy makers and sector leaders from across the government and non-government alcohol and drugs sector in Queensland. The aim of the Convention was to:

1. Consider a draft Queensland AOD Treatment and Harm Reduction Outcomes Framework for endorsement
2. Review the 2014 Queensland AOD Sector Convention resolutions and priorities
3. Identify new AOD sector resolutions and priorities moving forward.

This report documents the Convention and the content of delegate discussions and feedback received on the draft Queensland Alcohol and other Drugs Treatment and Harm Reduction Outcomes Framework. The *Queensland AOD Treatment and Harm Reduction Outcomes Framework* (THROF) was developed in consultation with the sector, informed by the Convention outcomes and will be published by end of 2018.

The Convention and the development of the THROF was a joint initiative of the Queensland Network of Alcohol and other Drug Agencies (QNADA), Insight, Dovetail, the Queensland Aboriginal and Islander Health Council (QAIHC), the Queensland Indigenous Substance Misuse Council (QISMC), the Queensland Mental Health Commission (QMHC), the Australasian Professional Society on Alcohol and other Drugs (APSAD), the Alcohol and other Drug Service Improvement Group (AOD-SIG) and the Queensland Department of Health. The Convention and THROF were made possible by funding provided by the Queensland Department of Health and sponsorship by QMHC.

2. Convention participants

The full range of specialist AOD services available in Queensland were represented, including medication assisted treatment, withdrawal management, psychosocial interventions, residential treatment and harm reduction. Delegates were from a range of professional backgrounds, including doctors, nurses, allied health workers, AOD workers, youth workers and harm reduction specialists. Invited delegates who were unable to attend were forwarded the Convention materials by email and invited to submit their feedback in writing via an online survey.

There were a total of 110 delegates:

- 55% were from non-government services
- 37% were from government services
- 8% were representatives of Primary Health Networks (6 of the 7 Queensland PHNs were represented).

3. Queensland AOD Treatment and Harm Reduction Outcomes Framework

The Queensland Alcohol and Other Drugs Treatment and Harm Reduction Outcomes Framework (THROF) builds on the primary objectives and anticipated outcomes of AOD treatment included in the Queensland Alcohol and Other Drug Treatment Service Delivery Framework. The THROF was

developed through comprehensive sector consultation including a sector symposium in 2016, a series of treatment specific reference groups in 2017 and this Convention held in 2018.

All invited delegates were provided with the draft THROF and access to an online survey for feedback approximately 6 weeks prior to the convention. There were 10 responses to the survey prior to the Convention. These results are included in Appendix A. Comments regarding the need to contextualise the framework for working with Aboriginal and Torres Strait Islander peoples were taken on board and a commitment was made to further consultation with the community controlled sector on the day of the convention.

During the Convention, all delegates were provided with a convention workbook and encouraged to write down suggestions, comments, and revisions to the framework throughout the day. Delegates were provided with an overview of THROF development with an opportunity to ask questions, seek clarity on any issues and asked to review the outcome indicators in their framework workbooks and record/identify:

- Anything missing
- Anything that doesn't make sense
- General comments, suggestions and feedback.

Delegates were then provided with an opportunity to vote anonymously on Framework endorsement via a live electronic voting application. Results were as follows:

- Five percent of delegates voted 'Yes! I am happy with the framework as it is'
- Ninety-one percent of delegates voted, 'Yes, with minor revisions'
- Four percent of delegates voted, 'Yes, with major revisions'.

Other voting options were, 'No, a whole new approach is needed' and, 'No, I don't support having an outcomes framework for Queensland. No delegates voted for these options.

Primary messages from delegates regarding the THROF on the day of the convention were:

- The Framework should be further contextualised for working with Aboriginal and Torres Strait Islander peoples and other specific populations highlighted in the framework
- The scope of the 'harm reduction services' definition should be broadened to ensure it covered future harm reduction services that might be added (eg sobering up services or drug safety checking services)
- Psychosocial intervention services definition and examples should include social intervention elements.

All workbook feedback was collated for the review of the Queensland AOD Sector Network with amendments to be made to the THROF following further consultation with the Aboriginal and Torres Strait Islander community controlled sector before releasing the framework.

Following framework endorsement, delegates were asked to consider framework implementation challenges, benefits and how the Queensland AOD Sector Network could support services considering implementation of the THROF. Delegate responses were captured in their workbooks and via live polling.

Three themes are identifiable from delegate responses to the implementation questions, which are included in full in Appendix B (workbook responses) and Appendix C (polling responses). These themes were:

- Having sector wide consistency and a shared language with regards to AOD outcome measurement is a major benefit to implementation of the THROF
- There will be a range of challenges to implementation for service providers in relation to resource and time constraints
- There are logistical challenges for service providers to consider such as ensuring data collection systems alignment with selected THROF indicators.

Delegates were also asked to comment on any regional or statewide issues in both their participant workbooks and via online polling. Please see Appendix D for responses.

4. Notes from Portugal

Queensland Mental Health Commissioner, Ivan Frkovic; QNADA Board President and Program Manager at WHO's Najara, Trevor Hallewell; QNADA CEO, Rebecca Lang; and Metro North Alcohol and Drug Service Clinical Director, Dr Jeremy Hayllar travelled to Portugal earlier in the year to observe their alcohol and other drugs treatment system and policy response to illicit drug use. A panel session was held with the Portugal delegation which provided an overview of learnings from the trip and insights as to what could be learned and applied in a Queensland context.

The key messages from the panel session were:

- Evidence from Portugal demonstrates that a shift to a more health focused response to illicit drug use, including the removal of criminal penalties for personal possession and use, leads to a significant decrease in drug-related harm and overdose deaths
- Current Queensland police and court diversion programs could be used as a basis to continue to move Queensland toward a more health focused response to illicit drug use
- Such a shift must be accompanied by increased access to treatment services, which can be achieved through justice reinvestment.

Delegates of the Convention were supportive of the Portuguese approach, which is reflected in their general comments, ideas and suggestions (Appendix E) and the AOD sector resolutions 2018 below.

5. AOD sector resolutions 2018

The final session of the Convention consisted of a large group discussion with delegates identifying a range new Queensland AOD sector resolutions and resolving to maintain ongoing resolutions from the 2014 convention.

New resolutions

System responses

- The sector calls for continued reforms to a more health-focused – rather than criminal justice – response to drug use and possession, including the establishment of an expert panel to investigate evidence-informed responses.
- The sector recommends the consolidation of Aboriginal and Torres Strait Islander AOD treatment funding and oversight with the Commonwealth Department of Health to ensure stability in funding arrangements.
- The sector recognises the need for joint planning across commissioners of services to deliver investment where specialist AOD treatment and harm reduction services are needed and to support quality and sustainability of services.
- The sector identifies the current lack of investment and coordinated activity in prevention and early intervention responses to substance use and advocates for a greater focus and investment in this area.
- The sector calls for the inclusion of the human rights of people who use substances as part of the development and implementation of a Human Rights Act in Queensland.
- The sector identifies the need for AOD services to be included as critical stakeholders in the planning and delivery of suicide prevention responses.
- The sector commits to providing family- and child-responsive AOD treatment models
- That the AOD Sector Convention be held bi-annually on alternate years to the Australia Winter School conference.

Sector responses

- Delegates of the 2018 Queensland Alcohol and other Drugs Convention commit to trialling the *Queensland Alcohol and other Drugs Treatment and Harm Reduction Outcomes Framework* in their services.
- The Queensland Alcohol and other Drugs Sector Network commits to the development of an implementation strategy for the *Queensland Alcohol and other Drugs Treatment and Harm Reduction Outcomes Framework* that includes consideration of data, benchmarking, reporting and capacity building.
- The Queensland Alcohol and Other Drugs Sector Network commits to working with the sector to contextualise the *Queensland Alcohol and other Drugs Treatment and Harm Reduction Outcomes Framework* for Aboriginal and Torres Strait Islander people, and other specific populations groups identified in the Framework
- The Queensland Alcohol and other Drugs Sector Network commits to reviewing the *Queensland Alcohol and other Drugs Treatment and Harm Reduction Outcomes Framework* based on feedback from services on trial issues in two years' time (June 2020).

Continuing resolutions from the 2014 AOD Convention

Supporting services

- Delegates insist we should not conflate the budgets for alcohol and other drug and mental health work – integration of services should not equal integration of budgets.
- Delegates support the need for a robust and well supported Community Controlled alcohol and other drug sector.
- Delegates highlight the need for more sector development activities to be undertaken in regional areas.

Supporting clients

- Delegates support the need for discussions with clients (past and present) across services to identify better ways to engage with and support clients.
- Delegates call for the development tools and resources to support organisations to better engage clients (past and present), ensuring a feedback loop to check on improvement.
- Delegates call for the implementation of strategies to reduce stigma towards alcohol and other drug service clients from other parts of the health system.
- Delegates support the development of an e-health record for alcohol and other drug service clients to support seamless delivery of services.

Supporting people who use substances

- Delegates support the need for a campaign aimed at reducing stigma in the community for people with AOD issues.

General

- Delegates support the need for consultation to clarify where alcohol and other drug and mental health treatment and prevention services should be integrated and where there is a place for separate and distinct services.
- Delegates reaffirm the need for and relevance of a stand-alone alcohol and other drug treatment and prevention sector.
- Delegates acknowledge the causal effect of the social determinants of health on problematic substance use.
- Delegates call on governments to invest in population based prevention strategies and interventions, including those that focus on place-based strategies.
- Delegates call on governments to ensure alcohol and other drug issues are on the primary health agenda.

6. Evaluation

Convention participants were invited to submit evaluations electronically via the online voting application at the end of the day. 53 delegates (approximately 48%) responded to the evaluation. Detailed results are included in Appendix F. Of the 53 respondents, key results are as follows:

- 62% rated the convention as excellent
- 36% rated the convention as good
- 2% rate the convention as average
- No delegates rated the convention as poor, very poor or unsure.

Convention participants identified as:

- 39% from an urban/metro area
- 33% from a rural / regional / remote area
- 22% statewide
- 6% policy and research

58% of delegates were in management roles across the sector.

7. Conclusion

The Queensland Alcohol and other Drugs Treatment and Harm Reduction Outcomes Framework (THROF) is the first of its kind in Australia and demonstrates the high level of coordination, collaboration and commitment amongst Queensland alcohol and other drugs service providers to ensuring quality services for their clients.

The Queensland AOD Sector Convention 2018 brought together sector leaders from across the state, who endorsed the THROF via an anonymous live online voting application. The process of consultation, transparency and accountability of the Queensland AOD Sector Network to the Queensland AOD Sector was integral to the successful development of the THROF.

During the convention, there was a very high level of engagement and consensus from government and non-government sector leaders who set the future priorities for Queensland's alcohol and other drugs treatment and harm reduction sector as reflected in the AOD sector resolutions 2018.

The Queensland AOD Sector Network acknowledges and thanks service providers and clients for their contributions, time and commitment to the development of the Queensland Alcohol and other Drug Treatment and Harm Reduction Outcomes Framework. We look forward to providing ongoing support for the Queensland AOD sector in future.

Appendix A: Pre-convention survey responses

Do you have any suggestions, comments or feedback about the draft AOD Outcomes Framework?	Do you have any comments or concerns about how it might be implemented at a service level?	Do you have any suggestions or ideas for items that could be discussed at the upcoming Queensland AOD Convention on the 22nd June in Brisbane?
not at this time	each service will need to decide which is most appropriate to them...followed by staff training	not at this time
Its pretty comprehensive.	Services will need to be flexible on which assessment measures to apply so that clients do not become overwhelmed with paperwork.	
Thorough guideline for service approach and delivery Wondering about Dual Diagnosis Capacity and Capability	No	Approach to working with people who use substances- Trauma informed care, Language,and Stigma
I think some of the recommendations are too general. Indicators 14-16, the framework recommends use of Client Satisfaction Questionnaire (CSQ) tool. There are many options for this, is this framework able to recommend a specific CSQ which is most suitable for this setting? Indicator 28 'time for first contact to intake'. The context states 'as short as possible'. Can this be given in a recommended timeframe, for example: "evidence states best time for intake within 7 days after first contact." I recommend a system indicator of least restrictive treatment options should be provided to patients, in a sense that gives the least treatment burden for the patient. I know this is covered in the Mental Health Act 2016. However I think the point should be made when specially discussing treatment and harm reduction outcomes, as treatment burden is shown to have adverse impacts.		
At least we are establishing some baseline measures for consistency across the sector	Each service may have their own client / clinical system, and it is about being able to extract the	We all yearn for unity and consistency, but must remember the varies layers and disparities of each

Do you have any suggestions, comments or feedback about the draft AOD Outcomes Framework?	Do you have any comments or concerns about how it might be implemented at a service level?	Do you have any suggestions or ideas for items that could be discussed at the upcoming Queensland AOD Convention on the 22nd June in Brisbane?
	information at implementation	community and locations
It is very comprehensive. It provides a great platform for determine what outcomes we need to focus on and possible tools to measure them with.	Each organisation will have its own challenges to implementation. One challenge I can see for our organisation is convincing senior decision makers to adopt the outcomes framework when the services they provide aren't just alcohol and drug services.	How to develop implementation plans for the Outcome framework, and what expert support, if any, there will be for this. How the organisations in the sector can support each other in the implementation process. eg Community of Practice Meetings, other forums?
A few minor points in the draft (mostly typos).	Not much different from what is already implemented in Public Services	No
As far as the draft is concerned, it does not clearly outline work required for Aboriginal and Islander people. It does not address; cultural responsiveness in practice to cultural nuances; it does not offer critical cultural information about Lateral Violence and what it is and how alcohol and substances are impacted upon by LV; it does not address the wholistic health issues stemming from alcohol and drugs use. The rhetoric used is like a document I would read from a government department written to discombobulate rather than enlighten.	At the implementing stage with my people, I would probably have to redefine it to fit it into an Aboriginal Terms of Reference Framework to make any sense for understanding by Practitioners who want to see harm reduction better promoted and fitting into a health care Model because of the high rates of illnesses inclusive of Mental health illnesses that result from use of alcohol and drug use. Last week we lost two people to illness resulting from alcohol	Change the Frameworks to fit the cultural context - not the cultural content - of the population groups that you are writing these stories about. How can you blithely suggest ideas or items for treatment if there has been little or no say, or if the interpretations about the little say are one sided coming from the majority mindset of an alien cultural group where cultural nuances, responsive practice, and or legitimised intelligence from users is not respected,

Do you have any suggestions, comments or feedback about the draft AOD Outcomes Framework?	Do you have any comments or concerns about how it might be implemented at a service level?	Do you have any suggestions or ideas for items that could be discussed at the upcoming Queensland AOD Convention on the 22nd June in Brisbane?
	and drugs and the agencies AOD staff's interventions were ineffective because the families, were unable to support what was being offered because they were confused.	supported or appreciated as points of discussion.
It will be great to have consistency across the service system in measuring outcomes, this framework also should be able to replace any existing outcome measurement processes so not to burden services and workers with duplication, it will be important for reporting to funding bodies that this framework is the standard procedure.	It will require investment in time and energy from Management and Team Leaders, with an acknowledgement that measuring outcomes at this standard will require adequate time allocated for workers and clinicians above their current responsibilities. There is likely to be training requirements for staff implementing the framework. Measures should be taken to ensure that this outcome evaluation and implementation does not have a negative impact on client experience.	Review of the AOD treatment services framework. Templates available of the outcome measures so that Managers can try them out with a mock case scenario.
Comprehensive outline of measurable outcomes in relation to AOD treatment across the spectrum of service delivery.	Logistics around measuring indicators sufficiently across the three domains	Best practice for measuring indicators within an organisation.

Appendix B: Implementation workbook responses

Implementation opportunities

- Provides a framework that can support existing service delivery
- Allows us to report on outcomes to demonstrate what we do
- Provides a common language/point of reference for the sector with opportunities for benchmarking
- More knowledge among AOD workers about what tools are out there to capture good results where things are not working.
- PHNs aren't here to use outcome frameworks in a punitive manner but to work with providers to maximise outcomes and put a case to DoH for increased funding
- Agreed framework; consistency; flexible for organisations; drives quality improvement
- Opens dialogue between agencies/services on implementation. Allows opportunity to review current data collection and agree on meaningful metrics.
- Consistent approach across the sector. Clients receive consistent care. Increased opportunities for funding. Increase employment opportunities.
- A shared understanding about providing services with standards that are endorsed as best practice by the sector. Communication about the framework is bringing the sector together.
- Yes with minor amendments
- I agree that we should include measure on spirituality, ask if it is important. Need to acknowledge it is important even if these is not shared language.
- Measure quality of services provided.
- Won't have the PHN inventing things
- Clients and accountability
- Clients - standardised service delivery guideline for staff to follow in AOD sector. Unity in AOD workforce. Consistency. Accountability.
- Understanding the work we are doing - reviewing the treatment outcomes ensures good quality services
- Research opportunities
- Having a standardised suite of indicators to discover gaps in service delivery.
- An opportunity within services to share outcomes with the team
- Development of new approaches to treatment"
- Many good measures of engagement
- Service user friendly measures
- Cultural change
- Standard measurements for all treatment opportunities
- Great doco -congrats!
- Standardisation of sector, whilst maintaining unique service provisions across both sectors and the multiple evaluations of service delivery."
- Consistent language/terminology
- Ability to streamline info across all of QLD
- Collective approach and service delivery expectation consumer experience input
- Consistent approach across the sector. Consistent client care. Data increases funding. Increasing employment. Organisation transparency.
- Consistency, flexible, tailored to each org.
- Consistency, accountability, flexibility and shard language
- Our PHN would like to ask our AOD commissioned providers to self-select/identify what elements of the framework that already use AND what parts they are aspiring to.
- Consistency
- Resources serve the sector
- Interpretation MH
- Improve quality of service
- Training
- Consistent approach leads to consistent care
- Political voice - funding
- Employability - AOD workers have similar values and views across Qld

- *AOD workers speak the same language"*
- *Assisting organisations to have a robust evaluation system in place*
- *Assisting organisations in setting org KPIs*
- *Client has a voice*
- *Consistency*
- *Standardised*
- *Leads to service development and service improvement across the sector*
- *Lifestyle Improvement Measure*
- *Consistency, agreement and shared language*
- *Consistent approach across QLD. Has clients expectations considered. Client engagement from feedback.*
- *Develop spirituality components to this framework.*
- *Better reflection of outcomes > research > improved practice*
- *Some of the opportunity sits outside the net of THROF. I can see some standards at a system level adding to the scope and depth of evaluation (eg, clinical tools, guides, documentation template). Other tools would also assist business planning framework. Would support universal indicators.*
- *Shared language and validated tools*
- *Generates a common language*
- *Common language around outcomes in AOD sector*
- *Allow for conversation between organisations about the usefulness and suitability of tools*
- *Possibility of use by funding bodies for other purposes. Resources and time requirements*
- *Capacity and resourcing - agencies are already operating either at or above capacity. Requires investment for adequate implementation. Requires some ability for funding and review as programmes.*
- *Influencing buy-in. Technology and databases. Skill sets. HOW TO OVERCOME THIS: organisational investment (top down), having the process embedded, clinical supervision, education and training as part of induction.*
- *Metro and regional differences in need*
- *Statewide applicability - regional and rural areas. Tools suitable for young people.*
- *Standardized use and data collection*
- *Upgrades to old system*
- *Data collection. Resources. How is the data used and reported back? Policies and procedures will need to reflect this. Collaboration*
- *Data collection. Rural and remote AOD services for treatment in metro areas*
- *The challenge will be to convince some of the sector that the outcomes aren't directly relating to funding. However could better shape funding opportunities*
- *Services who might consider this to be another "big brother" and how results will be used e.g. loss of funding, competition for funds*
- ****** of outcome measures is likely to be a ***** when considering long term funding. Addition of hand date ***** outcome measures may be useful longer term.*
- *Making sure the "one size fits all" approach is not adopted. Harm min requires complete re-think. Collection mechanisms and costs associated.*
- *Standardisation of language*
- *Brining whole sector together as one*
- *Updating all workers - to gain ownership. Time, resources to "train" workers. Cost of adding new field to database*

Implementation challenges

- *Workforce capacity in AICCHO sector*
- *Getting staff to use tools. Irregular attendance by clients particularly in Indigenous Services. Clients come once and then do not attend next appointment. We might see them next when they are in crisis. More prevention services needed.*
- *Data collection, which costs time and money and can take away from service delivery, are shoved in a file and never used.*

- *Geographical, funding, cultural barriers, language, workforce*
- *Challenge to workplace to implement org capacity. Workforce development?*
- *Organisational levels - getting others on board. Promoting the framework to other organisations ie. Mental health.*
- *Time.*
- *Thorough implementation plan. 3rd party request for feedback.*
- *Sector might see it as "additional" work however it is current practice eg. That old chestnut about being under funded - better value to put in delivery not admin.*
- *Please, just consider the admin as part of best practice. Need business systems to make that work easy for the org.*
- *Need people to understand and co-operate and change. Need resources*
- *Qld decentralisation*
- *State and Commonwealth coordination*
- *Number of providers*
- *ATSI*
- *CALD*
- *Data does not accurately reflect service*
- *Data collection*
- *Systems to collect data"*
- *Marketing shared vision - influence peers, management, clients*
- *Resources, technology*
- *Uploading or storing of screening tools*
- *Space to administer tools*
- *Rural*
- *Skillset*
- *Finding \$*
- *Databases may need modification; need a DB to capture! Tools aren't always appropriate. Government needs to find proper data collection. Clients/staff may be put off by having to complete so many questions. How to align F.W. with ATSI C.CC. services. How to contextualise.*
- *This framework is very likely to influence contracts and service/treatment requirements. Some services may not have capacity to meet/track all of these indicators. Some client indicators are difficult to collect from the client. Cost of*

implementation . Cultural awareness and appropriateness of services isn't tracked.

- *Gaining a comprehensive understanding of the framework*
- *How to benchmark with other types of services.*
- *Refining together over time.*
- *Work vs outcome benefits."*
- *Getting buy in from large organisation which has a diversity of services of which the AOD services are a small number.*

What the Queensland AOD Sector Network can do

- *Work with QAIHC/QISMC to adapt to community controlled sector*
- *Roll out support/training to services"*
- *Seek to understand PHN objectives and intentions and trust that we have communities at our heart and wish to work collaboratively with the sector, not just evaluate and be punitive.*
- *Share learnings. Advocate resourcing and investment required from commissioning.*
- *High level influence*
- *Guide our organisation toward best practice and accountability.*
- *Agenda item in network meetings. Representatives disseminating inform and what is/isn't working - ongoing guidance. Realistic timeframes*
- *Keeping doing what you are doing. Highlighting the needs of the sector.*
- *I know you are thinking about young people and indicators. There are specific needs/indicators for family and carers."*
- *Difficult concentration in regards to mandatory treatment. NSW has a legal framework.*
- *How to overcome need better*
- *Statewide access to training on the framework*
- *Use the framework as a shared language for dialogue.*
- *eLearning*
- *Videoconferencing*
- *Data set (minimum)*

- *Workforce credentialing/clinical supervision*
 - *ADIS access/clearinghouse web page"*
 - *Embedding in practice*
 - *Top down*
 - *Induction, training, PAD, supervision*
 - *Consumer involvement - peer led consumer organisations like QuHNN, BIG VOICE*
- *Eddie!! Consult.*
 - *Common tools. Simplify result analysis.*
 - *Training*
 - *Practice guidelines*
 - *Develop implementation guide for small and large orgs.*

Appendix C: Implementation live polling responses

What are the main opportunities or benefits to implementing the framework?

- *Benchmarking our efforts*
- *Agency Territorial boundaries set up by them for survival.*
- *Agree with other comments submitted*
- *Time poor NGOs*
- *Client focused*
- *ability to Stream line data and information about what works and what is needed*
- *An agreed framework*
- *Standardised service delivery across AOD services to benefit the client. Unity in workforce across the state.*
- *Look forward to having a benchmark for performance improvement*
- *Outcomes to be used to understand service*
- *Replace QLD health reporting requirements*
- *Great to have a AOD sector wide indicator*
- *Clarity*
- *Outcomes - research_ improved practice*
- *Need consistent measurement not just consistent concepts*
- *Values prems and proms*
- *Show outcomes to lobby for more funding*
- *service transparency*
- *Accountability*
- *Very client oriented*
- *Shared understanding between organisations on what is best practice and endorsed by the wider sector*
- *Devising new approaches to treatment for those in regions where few services exist*
- *Consistency across the sector*
- *Capturing the great work being done*
- *Diversity within a commonly agreed framework*
- *bringing clients in from the cold*
- *First 45 if could be standardized would be good as these cover most services*
- *Opens up dialogue between agencies on implementation and understanding of outcomes*
- *Gives the individual a greater involvement in their care and feedback of their care*
- *A whole sector approach*
- *Brings a combined approach to evaluation from all aspects of treatment programs provided*
- *Clarity for staff and managers on what expectations are per treatment types and outcomes*
- *Assisting orgs to have robust systems*
- *improve client care*
- *Shared language*
- *Needs to take some consideration of Aboriginal and Torres Straight Islander and Culturally and Linguistically diverse clients*
- *Encouraging client feedback and participation*
- *Support system integration*
- *Opportunities for continuous quality improvement in service provision and sharing successes with teams*
- *Strengthen planning and direction*
- *Supports our work on an international stage*
- *Service delivery expectation*
- *Provides commonality across the sector*
- *A consistent approach*
- *Allow opportunity to review and agree meaningful metrics*
- *standard measurement tool*
- *Consistency for funders by using organisational indicators while contextualising indicators at client level to reflect the type of work. And vice versa*
- *Increased client confidence in service quality*
- *Share common language*
- *Implementation could mean closing the gap between policies, procedures, and practice between agencies*
- *Better reflection of outcomes*
- *Whole sector speaking the same language*
- *Ensure staff*

- *confidence and wellbeing*
- *Client involvement/feedback*
- *More standardisation across services and sectors*
- *Evidence gathering*
- *If we use the framework we will be working towards a share language across the sector*
- *Consumer experience input*
- *Increases opportunities for funding*
- *Establish data evidence to drive sector*
- *Benchmarking and identifying stand out processes to improve quality*
- *data and outcomes can increase funding*
- *Might stop the phn's inventing their own*
- *Accountability*
- *Ability to be flexible*
- *Love that it's sector driven and a reflection of the realities of our work*
- *Benchmark*
- *Transparency for the client*
- *Shared language*
- *Shared language :)*
- *Shared understandings*
- *Improved guidelines and consistency of outcomes and comparison*
- *Consistent approach across the sector. Provides opportunities for benchmarking.*
- *Consistency across services in Queensland*
- *Consistent language/terminology*
- *Psycho social needs to be expanded to social, community, cultural.*
- *Consistent approach*
- *Opportunity to show and recognise the diversity of the sector*
- *Specific to AOD sector ...*
- *Consistency*
- *Consistent language and approach*
- *consistent client care*
- *benefits are for the client above all*
- *Consistency and identity to sector*
- *Consistency across the sector*
- *Shared language*
- *tailored to each org*
- *Benefits*
- *consistent approach across the sector*
- *flexible*
- *Consistent*

What do you think are the major challenges or barriers to implementation?

- *Need telehealth services funded in regional and remote area's so it can be fairly implemented statewide*
- *Due to language being open to interpretation risk that data can be misrepresented*
- *Z*
- *Need telehealth services funded in regional and remote area's so it can be fairly implemented statewide*
- *Money to implement good collection*
- *Relevance for clients? How will they feel outcomes collection is useful?*
- *QLD Health to increase funding*
- *Post measures from clients difficult to capture*
- *Aggregating data across different contexts*
- *Organisational rejection*
- *Understanding what is already collected before superimposing additional collections*
- *Getting buy in from a large organisation with a diversity of community services programs.*
- *Ongoing debate about language definitions will never be fully resolved - always points of divergence*
- *People involved need to understand so that they can move with the change*
- *Data retrieval and reports available*
- *System changes - money, training, consistency of input*
- *More time with clients less time on data bases*
- *Updating all workers with the Framework so they have ownership eg training times and cost.*
- *Improving collaboration and resource sharing*
- *Need cultural appropriateness*
- *Implementation & finding the right tools to use*
- *Some things not straight forward to measure*
- *Processes that limit impact on service delivery and resources*

- *System capabilities across different sectors being a*
- *Funding organisation outcome requirements*
- *Concern about how outcomes will be used and whether this will be tied to funding*
- *What will stop this from being a piece of paper on a shelf?*
- *Staff involvement*
- *Capacity & resourcing - requires support and resourcing for adequate implementation*
- *Lack of understanding of the framework*
- *Cultural change in organisations to support "additional paperwork"*
- *Focus upon tools rather than the spirit of Framework*
- *Staff time to input*
- *Cost of implementation*
- *Rural and remote application*
- *Need required resources*
- *promoting the framework to other organisations*
- *Flow out of this across remote areas considering language and cultural barriers and resourcing needs to be considered*
- *Challenges in collection of client indicators*
- *Duplication/integration of current systems*
- *Incentive to make it the priority*
- *Whole service changes to policy and procedures*
- *Notions that this is another layer of bureaucracy/big brother*
- *Workforce issues: who collects /training*
- *Resistance to change*
- *aligning the framework to Aboriginal and Torres Strait Islander needs*
- *Technology can create barriers -*
- *Data collection system*
- *Influencing buy in to implementation*
- *harm min needs complete rethink*
- *Data systems!*
- *Need good data management systems and infrastructure*
- *organisational level, gettings colleagues on board*
- *Finding the value add- the "why"*
- *Change management with the workforce*
- *Individual organisations acceptance to change*
- *Resources that will be needed to implement this*
- *Indicators are not KPIs*
- *Rural and remote implementation*
- *Modifying database to capture outcomes ..time and cost*
- *Every one on same page*
- *Time & resource cost*
- *Time and resources required*
- *Departments and organization will need to agree to invest the time and resources to implement*
- *The resources need to implement*
- *Paucity of outcome measures is likely to lead to top down approach*
- *Funding diversity*
- *How data will be collected and what will be impacted or done with this*
- *Conversation with funders as to when and how important implemented*
- *don't fall for 1 size fits all approach*
- *Time poor NGOs*
- *Cost of implementation*
- *Tools that work across client groups*
- *Regional difficulties*
- *Costs associated with implementation*
- *Competitive tendering*

How can challenges or barriers be overcome?

- *Support to select and design data tools*
- *Communities of practice*
- *Comprehensive database*
- *Regional working groups for implementation*
- *The use of consortia approaches*
- *Training*
- *Interest groups*
- *Including more outcome measures*
- *too many indicators*
- *Follow up promotion of long term benefits*
- *Education and training as part of induction process*
- *Funders to assist in supporting the creation of partnerships between agencies*
- *Funding for Client Data Management systems (for those that don't have this*

capacity - don't add more for those who do have them)

- *Top down organisational investment*
- *Look at other models where this has worked*
- *State wide access on a local basis to access training for all workers on the Framework.*
- *Minimal and simplified data collection*
- *Shared resources to support implementation*
- *Embed within existing data collection points eg. CIMHA*
- *Education and training as part of induction*
- *Show me the money*
- *The great J Buckley*
- *Commitment and access to data by all orgs*
- *AOD Sector Network being able to continue great work*
- *Lots of communication*
- *Information utility*
- *Medicare incentives needed*
- *PHNs to work together and their co commissioned services*
- *Clinical supervision*
- *Organisational acceptance of framework and ability to engage staff*
- *need better understanding of final implementation*
- *capacity funding*
- *Assistance to implement from external agency like QNADA*
- *State wide training with specific bench marks ...*
- *Collaboration and partnerships*
- *Investment in developing tools such as webinars to bring the sector across the framework*
- *Web based solution with customisable data extraction*
- *Need to demonstrate the relevance of collecting the data*
- *Local collaboration*
- *Future planned conventions*
- *Ensure not all indicators are mandatory*
- *introduce framework for all staff orientation program.*
- *Open discussion between funding orgs and providers*

- *Education*
- *Organisational investment and embedding into practice*
- *High level implementation group*
- *By being careful and not rushing*
- *Capacity building dollars*
- *Inclusion in quality framework*
- *Ensuring the data collected is used effectively so justify the amount of data collection by front line workers*
- *Capacity funding*
- *Close the feedback loop, demonstrate the value*
- *Same service types agree on tools to use for indicators*
- *Real and meaningful discussion*
- *Orgs allowed to implement in their own time*
- *Consistent statewide training (with good catering)*
- *Local networks collaboration*
- *Implementation training, guidelines and support?*
- *Choice and time to implement*
- *FUNDING*
- *Thorough, practical implementation plan*
- *Time and \$\$\$\$\$*
- *Practice guidelines*
- *Consistency*
- *Funding*
- *Training*

What can the AOD Sector Network do to assist you in your efforts to implement the THROF?

- *Greater integration with mental health - dual diagnosis / transdiagnostic*
- *Official endorsement of this group which has slowly become more influential*
- *Data analysis technical support*
- *Assist with cost of updating organisational Database system to reflect some extra points identified in the Framework.*
- *Information sharing*
- *Recreation of ministerial advisory committee*
- *THROF champions*
- *Work to recognise mental health conditions*

- *Regular evaluation of implementation*
- *Provide some data on effectiveness*
- *Support the previous comment about data sharing*
- *Speak to decision makers or boards if required to get endorsement*
- *Realistic time frames to implement*
- *Training and support for staff*
- *Training in specific tools*
- *Share challenges and opportunities in implementing within network*
- *Ensure appropriate and adequate benchmarking*
- *Support for staff to know tools*
- *Momentum...staged implementation*
- *Ongoing support and guidance*
- *Take a risk, be more directive*
- *control funders over enthusiastic desire for data*
- *Shared data*
- *Advocate for us if government/phn tries to make the whole thing mandatory*
- *Data comparison*
- *Develop database*
- *Training resource developed for workforce*
- *Dissemination of information along the way, sharing about what is working*
- *Presentation at Insight*
- *Communicationconsistently*
- *Embed in current data sets/source*
- *Embed into orgs*
- *Sample implementation plan*
- *Webinar / training*
- *Consult with aboriginal and Torres Strait Islander community controlled organisations*
- *Seek funding to present to individual organisations.*
- *Advocate for resourcing & investment*
- *Excitement is contagious!*
- *Revisit and reinforce the benefits*
- *Common tools*
- *Visit agencies to educate*
- *Include phns along way to support consistency and coordination*
- *Develop an implementation guide for small and large orgs.*
- *Lobby government*
- *Run online and roving training workshops*
- *Consultation when implementing*
- *High level influencing*
- *Developing tools such as webinars to bring staff across framework*
- *Develop a training framework*
- *them*
- *Have the resources to provide individualised on the ground support for each service to implement the framework in the way that best suits*
- *Keep conversations alive*
- *Support to select and design contextually appropriate data tools*
- *Ministerial endorsement*
- *Share learnings*

Appendix D: Regional issues

- *Funding for research partnerships between ngo's and researchers for the development of innovative treatments (including evaluation of existing ngo innovations)*
- *People still dying.. look at legislation to mandate treatment in serious cases*
- *What role do we have in relation to harm reduction and legal status of e-cigarettes*
- *Services for offenders who leave corrections and are not eligible for current AOD services.*
- *Integrating family and community in treatment models so that addiction/substance use becomes oriented as a social issue not just an individuals problem*
- *Short term funding and late funding renewal uncertainty*
- *Scholarships to support specialist workforce*
- *Ageing PWID and OTP populations*
- *De-gendered services that are inclusive if gender diversity*
- *Been mindful of the additional complexity of young people coming through and the impact that will have on Aod services in the future*
- *Lack of networking and coordination*
- *Stigma, promoting help seeking*
- *Coordinated response in addressing stigma*
- *Provide AOD services prior to court proceedings*
- *If want more staff link in with universities to provide the training that AOD need*
- *Workforce development*
- *Stigma*
- *Need for further support for specific groups- Lgbtqi+ groups; cald groups;*
- *Community lead strategies*
- *Better relationships with criminal justice, child protection, housing services etc*
- *Funding is a mess*
- *tackling growing inequality and the shrinking state sector*
- *Commitment to review 'Alcohol Management Plan'*
- *Access to general health care for clients with AOD issues when they get rejected by those general services*
- *NMDS needs greater cross-over between mental health and AOD - could facilitate greater integration of client care*
- *Shared care model for complex AOD clients on OTP*
- *Build on follow up plans*
- *More positive communication between services*
- *Research translation*
- *The need to address addiction as a social issue.*
- *Sexual health harm reduction education alongside safe injecting practices education*
- *Tackling aod issues as a community concern rather than an individual concern. May increase holistic approach and decrease stigma*
- *Managing multisite and multi region contracts with different reporting requirements*
- *Funding fragmented*
- *Better communication between services*
- *Qualified AOD workforce in r & r Qld*
- *Stigma of drug use*
- *Regional collaboratives to increase service knowledge*
- *AOD stand alone specialty*
- *Longer funding contracts - 5 years.*
- *More collaboration with the justice system*
- *Withdrawal management support*
- *Allowing NGO sector access to the QH Telehealth network*
- *Utilising 24/7 support services to assist in regional and rural areas*
- *Decriminalise drugs, keep it as the health issue it is*
- *Greater integration with mental health - dual diagnosis - transdiagnostic*

- *Primary care capacity building, alternative models of care, better utilisation of practice nurses*
- *Sustainability and capacity of staff*
- *Dual diagnosis*
- *More outpatient withdrawal services, including for young people*
- *More youth programs*
- *More dedicated supported accomm*
- *Need greater investment in workforce development*
- *More focus on alcohol, less focus on methamphetamine*
- *support for family members*
- *More regional AoD nurse prescribers / practitioners*
- *Closer links with QPS*
- *Improve partnership with child safety to encourage and support clients to engage in treatment especially residential rehab*
- *More outpatient withdrawal services.*
- *Discontinuities between funders - duplication, gaps*
- *Funding for capital projects*
- *Need for definitions of peer workers and discussion about roles/ qualifications*
- *Increased use of Telehealth*
- *Increase of regional services*
- *More withdrawal management beds especially in Northern Queensland*
- *We need home detox*
- *The treat of mental health integration*
- *GP engagement in regional AOD services.*
- *QOTP - need more pharmacies in Rural and Remote Qld becoming private prescribers*
- *Prevention strategy and services are absent in a sector with ever increasing demand*
- *Residential services for 12-18 year olds*
- *Prevention strategies*
- *Early intervention services*
- *More medical and psychiatric staff needed in aod treatment services*
- *The role of family/carer*
- *Dual Diagnosis awareness and training*
- *Preventative strategies*
- *funding for capital expenditure*
- *Bring back prevention positions*
- *Referral and treatment pathways - and wraparound support*
- *Under 18 resi services*
- *Decriminalisation*
- *The greying workforce*
- *Additional dosing pharmacies in rural areas*
- *GP partnerships*
- *Easier transition from detox to rehab*
- *Fragmentation of funding, regions, HHSs, PHNs leading to inconsistency*
- *More QOTP prescribers in rural & remote areas*
- *Access to withdrawal services*
- *more effort to increase service capacity not just service enhancements*
- *Developing the workforce*

Appendix E: General Comments, Ideas and Suggestions from Delegates

From delegate workbooks

- *I really like that this piece of work has been completed and we have a comprehensive range of measures and tools. It would be great to know what tools people are finding the most useful. Also the tools that will measure that data funding bodies are requiring*
- *PHNs aren't the bad guys. PHNs have a job to do within the parameters set by DoH. Healthier communities are at the core of what they want to achieve*
- *YES! That Portugal Business! Health response instead of criminal justice response. ***Exciting****
- *Consider spirituality in universal or specific areas. Meaning, purpose, hope, identity.*
- *I think the framework should include factors relating to spiritual facets of a client*
- *Consistent language. Problem with inconsistent scales = limited possibility of higher level data. Barriers: change, need framework and implementation. Time, resources, investment. Data base / collection. System changes - change recording processes. Linking merging data within and across organisations. Competition between organisations. Overcome: Look at other models where this has worked.*
- *Telehealth capacity - good internet connection. Computers / laptops all equipment required plus tech support. Access for NGOs (even at QLD Health Sites).*
- *I hope this doesn't mean too many more KPIs for funding! Maybe just better ones!*
- *Good day. Useful. Appreciate that it was well organised and has specific goals and outcomes.*
- *Nice venue*
- *A great resource*
- *Focus on "in home detox" support around this for GPs and primary health care providers*
- *Previous delegate resolutions from 2014 were somewhat unclear*
- *You have done a great job of developing this work in partnership with the AOD sector*
- *Great to see the Portugal/decriminalisation/AOD as health issue resolution get up at the end of the day!"*
- *Need to stop categorising ATSI, CALD, gender diverse, altogether (such as in the new resolutions)*
- *ATSI groups need to have own resolution focus and CALD and other groups should have a separate resolution focus*

Appendix F: Evaluation results

Overall the Convention was:	Total Responses	53	
	Unique Participants	53	
	Response options	Count	Percent
	Excellent	33	62.26
	Good	19	35.85
	Average	1	1.89
	Poor	0	0
	Very Poor	0	0
	Unsure	0	0
How would you rate the VENUE?	Total Responses	53	
	Unique Participants	53	
	Response options	Count	Percent
	Excellent	30	56.6
	Good	22	41.51
	Average	1	1.89
	Poor	0	0
	Very Poor	0	0
	Unsure	0	0
How would you rate the CATERING?	Total Responses	53	
	Unique Participants	53	
	Response options	Count	Percent
	Excellent	8	15.09
	Good	28	52.83
	Average	14	26.42
	Poor	2	3.77
	Very Poor	0	0
	Unsure	1	1.89
How would you rate the MC/Facilitator?	Total Responses	52	
	Unique Participants	52	
	Response options	Count	Percent
	Excellent	31	59.62
	Good	19	36.54
	Average	2	3.85
	Poor	0	0
	Very Poor	0	0
	Unsure	0	0
	Total Responses	52	
	Unique Participants	52	

How would you rate the OPPORTUNITY TO NETWORK	Response options	Count	Percent
	Excellent	37	71.15
	Good	14	26.92
	Average	1	1.92
	Poor	0	0
	Very Poor	0	0
	Unsure	0	0
Please rate the following comment: "I have learned something that will assist me in my job."	Total Responses	52	
	Unique Participants	52	
	Response options	Count	Percent
	Strongly Agree	29	55.77
	Agree	16	30.77
	Neither Agree nor Disagree	7	13.46
	Disagree	0	0
	Strongly Disagree	0	0
	Not Sure	0	0
	Please rate the following comment: "I have a clearer picture of statewide AOD priorities."	Total Responses	51
Unique Participants		51	
Response options		Count	Percent
Strongly Agree		24	47.06
Agree		21	41.18
Neither Agree nor Disagree		4	7.84
Disagree		2	3.92
Strongly Disagree		0	0
Not Sure		0	0
Aspects of this event I really enjoyed were:		Total Responses	41
	Unique Participants	41	
	Responses		

- *Networking*
- *Networking and interactive nature*
- *The puppies*
- *Panel*
- *Portugal panel*
- *Opportunity to share*
- *Portugal panel*
- *Feedback opportunities in lots of ways*
- *Uniformity, synergy*
- *Networking*
- *Networking*
- *Collaborative, panel discussion, excited about the future of healthcare systems for AOD*
- *A focus on practical results and action*
- *Group discussion*
- *How well put together it was*
- *Really well organised day*
- *Discussion with others*
- *Portugal discussion*
- *Framework discussion. Poll opportunities. Panel discussion.*
- *Poll everywhere*
- *Treatment framework and Portugal*
- *Panel*
- *Transparent communication, mixed tables*
- *Networking*
- *Information, the whole experience*
- *The inclusion of a consultation process to develop a framework*
- *Networking*
- *Collaboration, consistency and endorsement*
- *The delivery*
- *Working with AOD focused people*
- *Notes from Portugal*
- *Presentation of data*
- *Hearing the feedback, positive responses, networking*
- *Interaction, comprehensive approach*
- *Better understanding of the Outcomes Framework*
- *Portugal panel*
- *Seeing movement going forward*
- *Progress on outcomes framework and Portugal model delegation feedback*
- *The content and the possibilities of moving forward on the decriminalisation agenda*
- *Allocation of table forcing Interaction with other services from state*
- *It's great to see this important long term piece of work coming together and having near consensus acceptance in the room, with some good ideas to adjust it a little. Kudos to all the contributors and the sector network. Great day, well organised and a great use of time to be here. Thank you.*

Aspects of this event that could be improved are:	Total Responses	25	
	Unique Participants	25	
	Responses	<ul style="list-style-type: none"> • Nil • None • 2 day event • Not much great work Sean • N/A • Nil • Nothing • Nil • Can't think of any • Nil • Commitment to practical solutions and getting real outcomes of the day • Nothing it was well organised & pace was appropriate • Nothing • Chairs were uncomfortable and bad for backs - distracting from discussion. • Nil • Nothing • Catering • Next steps a bit more time , perhaps input into how we think things could be implemented, what next steps to take • More time to workshop resolutions • Better outline of the day - what were the aims and objectives. But if context • Stronger coffee • N/a • Details of planning tool would have been useful • A sector wide group to join for giving and non-govi AOD interested professionals/ workers • All good! 	
Finally, a bit about you: What type of organisation are you from?	Total Responses	51	
	Unique Participants	51	
	Response options	Count	Percent
	Government	23	45.1
	Community / NGO	26	50.98
	Private Sector	1	1.96
	Education	1	1.96
	Total Responses	49	
	Unique Participants	49	

More about you: My work primarily focuses on...	Response options	Count	Percent
	Urban / metro area	19	38.78
	Rural / regional / remote	16	32.65
	Statewide	11	22.45
	Policy / Research	3	6.12
More about you: I primarily identify as a...	Total Responses	48	
	Unique Participants	48	
	Response options	Count	Percent
	Service Manager	28	58.33
	Allied Health (SW, Psych, OT)	4	8.33
	Nurse / Medical	5	10.42
	Youth Worker	1	2.08
	Education and Training	3	6.25
	Policy / Research Officer	7	14.58
Please record any further comments that you wish to make here:	Total Responses	14	
	Unique Participants	14	
	Responses	<ul style="list-style-type: none"> • <i>Thanks</i> • <i>Thanks</i> • <i>Let's keep the conversation going. Change needs to happen</i> • <i>None</i> • <i>Thankyou, great day</i> • <i>Thank you! !</i> • <i>Thank you</i> • <i>Nil</i> • <i>Thank you</i> • <i>Sean rocks.</i> • <i>Thank you. Impressive day</i> • <i>Thank you for the opportunity and all your hard work. Great event.</i> • <i>Thank you for the opportunity to part of the convention</i> • <i>Love being in an AOD group</i> 	