AADANT
ASSOCIATION OF ALCOHOL AND OTHER DRUG AGENCIES NT
Together we make a difference

FASD SOLUTIONS??

1. FASD LISTED ON THE NATIONAL DISABILITY REGISTER

- ☐ Immediate action to see FASD recognized as a disabiliy.
- ☐ Increasing the ability of clients, families and carers to access support and assistance.

2. COMPETENT AND APPROPRIATE DIAGNOSTIC TOOLS

- ☐ Providing the ability to formally diagnose FASD and provide appropriate treatment as a result.

3. FASD SUPPORT SERVICE INCLUDING FRAMEWORK OF HEALTH SERVICES AND PUBLISHED REFERRAL PATHWAYS

- ☐ Please note response 9 in the survey. This comment indicates the level of ignorance that exists in regard to FASD even within operating AOD services – in this instance residential rehabilitation. AADANT believes this is not necessarily due to the lack of FASD training but often the inability to release staff for training and/or the inadequate dissemination of information and resources. We have a solution to address these barriers.
- ☐ AADANT has been attempting to seek funding for the development of the STITCH Project (attached). This project seeks to provide a mobile networking, communication, information dissemination and training hub. Operating as a collaborative and multi-disciplinary space STITCH has the potential for sustainability through shared or hire costs from other agencies that are seeking access to remote locations.
- ☐ STITCH, through collaboration with existing projects such as the Healing Pathways Portal, has the potential to operate as a mobile referral space thus improving the patient pathways.
- ☐ The aim of AADANT and the STITCH project is the unification of disparate services and the development of an AOD service framework that provides the physical and technical capabilities to link agencies, health providers and clients that operate in isolated and remote locations – further articulated in the Making TRACCS Project (currently partially funded - $100,000 by NTG DoH) that sits within the STITCH concept.

4. PUBLIC EDUCATION STRATEGY

- ☐ The STITCH project is designed as an interactive public education space that has the capacity to reach clients in the most remote communities.

AADANT – Association of Alcohol and Other Drug Agencies NT

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Foetal Alcohol Spectrum Disorder FASD

A REPORT BY AADANT - THE ASSOCIATION OF ALCOHOL AND OTHER DRUG AGENCIES NT

In formulating this report, as a response to the inquiry, AADANT circulated an NT AOD sector survey and held discussion with some of its member agencies. The results of the survey are attached. Further responses are expected and can be forwarded as required.

FASD is being increasingly recognized in Australia as a cause of long term, irreversible brain injury which effects children and persists into adulthood.

In analyzing the survey data some significant and common areas of concern were raised across the sector.

Most notable is the desire from 100% of respondents, whether working in AOD specific services or complementary services, to see FASD recognized as a disability. They see this step as the cornerstone to the potential recognition of the severity of the problem and the consequent provision of treatment, support and assistance, for those living with FASD, their families and carers, and the agencies providing treatment services.

Diagnosis rated as the next most significant issue with multiple agencies citing that they had difficulty in assessing how many FASD clients attended their services. This was due to either a lack of training in identifying FASD or a reluctance to label a client without formal and appropriate diagnosis. Those that attempted to put a figure on the number of clients with FASD attending their services reported anywhere from 10 – 80%. The highest number of responses being in the 10 – 20% range.

When asked what they felt was lacking in the treatment and support of FASD and what change they would like to see our agencies listed the following:

- Competent and appropriate diagnostic tools for adults and children suspected of being on the FASD spectrum
- Early Intervention and Allied Health services - multi -discipline service response, increased medical care and alcohol pharmacotherapy, a strong referral path for case workers to refer a client for testing & diagnosis enabling appropriate, individualised programs to be developed.
- Public Education Strategies
- Individual case management - one to one care packages. Most of the FASD client do not have the capacity to function in a residential group environment. Specalised carers are required in severe cases.
- Training - FASD Case Management Training - Case worker training in recognition of clients with FASD, behaviour management techniques.
- FASD Support Service – to assist and advise agencies in the treatment and management of clients
- Education Programs for Government and NGO Service Provider Agencies

- Respite services for carers and parents
- Support and strategies for carers and parents
- Safer supported accommodation options
- Longer term public guardianship arrangements
- Resources and education for remote services

A particularly bleak comment stated that there are no realistic FASD services or programmes in the NT.

When asked what steps do you think the Government could take to assist in the prevention, treatment and diagnosis of clients with FASD?

The responses were ranked in the following order from highest to lowest:

1. Development and provision of FASD specific resources – 94.74%
2. Preventative education strategies, localized training support and/or provision, and public education (ranked equally) – 84.21%
3. FASD specific funding and stronger communication and dissemination of information (ranked equally) – 78.95%
4. Regional training support and/or provision – 68.42%
5. Capacity building and program implementation support (IT and Infrastructure) (ranked equally) – 63.16%

Some other responses included:

Support Groups for families and carers

Mentoring and skill sharing networks

and

Australia wide meta-analysis of the extent of the issue - to fully scope the funding required to begin to implement sincere long term intergenerational strategies.

The recent Australian Government decision to provide $9.2 million to the National Fetal Alcohol Spectrum Disorders (FASD) Action Plan to address the harmful impact of FASD on children and families is acknowledged as a step in the right direction.

It is the hope of AADANT and the Katherine Region Action Group that this funding finds its way to the NT and into the provision of diagnostic tools, supports and services as outlined in this report.

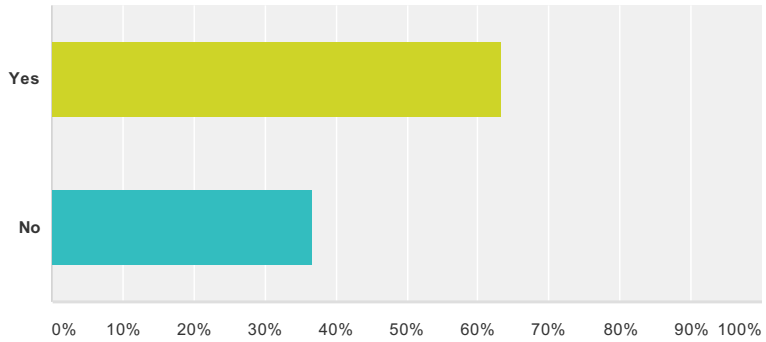
It should also be noted that AADANT and KRAG support the listing of FASD on the National Disability Register.

Report compiled by Michelle Kudell – Executive Officer, AADANT.

Foetal Alcohol Spectrum Disorder - Sector Response

Q1 Are you an AOD specific service provider - treatment or support services?

Answered: 19 Skipped: 0



Answer Choices	Responses	
Yes	**63.16%**	12
No	**36.84%**	7
Total Respondents: 19		

Q2 What percentage of clients attending your service are identified, or suspected, as having FASD?

Answered: 19 Skipped: 0

#	Responses	Date
1	Unknown	7/28/2014 7:26 PM
2	Don't know	7/28/2014 5:39 PM
3	This is difficult to assess.	7/28/2014 5:13 PM
4	5%	7/15/2014 9:19 AM
5	Secondary clients maybe estimated 30%	7/14/2014 12:52 PM
6	3 - 5	7/14/2014 10:27 AM
7	Difficult to say with any accuracy. Probably about 5-10% reasonably obvious or some background history of it.	7/14/2014 10:13 AM
8	not sure but suspect that it would be very higt percentage	7/14/2014 9:55 AM
9	Any that are admitted pregnant which is very few	7/12/2014 8:10 PM
10	not sure	7/11/2014 4:52 PM
11	nil	7/11/2014 3:01 PM
12	In the past 3 year, no client has presented with the diagnosis of FASD, however there are individual clients (10 -20%?) who, had the diagnostic investigation been undertaken may well have been diagnosed as being on the FASD spectrum	7/11/2014 10:29 AM
13	20%	7/11/2014 9:30 AM
14	Estimate between 30-40%	7/8/2014 12:26 PM
15	70% - 80%	7/8/2014 11:25 AM
16	In the past 12 months we have only had 2 young clients with a firm diagnosis. Conservative estimates of clients attending the service with suspected FASD (including adult clients and children attending with thier caregivers) may be around 8-10%.	7/8/2014 10:18 AM
17	Could not say	7/7/2014 5:49 PM
18	Nil but many are suspected of having FASD, currently undiagnosed	7/7/2014 5:28 PM
19	Unsure	7/7/2014 5:20 PM

Q3 When working with FASD clients what would you describe as the most significant effect/s on the client or their lifestyle?

Answered: 19 Skipped: 0

#	Responses	Date
1	Communication problems and delays	7/28/2014 7:26 PM
2	In the past working with children - the behaviour, apparent no cognicence, lack of control, no remorse.	7/28/2014 5:39 PM
3	Working in Early Childhood and Parent Support I would say learning and development of young children	7/28/2014 5:13 PM
4	Intellectual disability and lack of support to assist clients with FASD	7/15/2014 9:19 AM
5	Feeling frustrated and different than their peer expected 'norm'	7/14/2014 12:52 PM
6	ability to plan and organise ability to remember new learning	7/14/2014 10:27 AM
7	poor self care, physical and financial exploitation, poor extended family support, often pressured to drink more than they usually want to.	7/14/2014 10:13 AM
8	Their memory and consequential thinking deficits. Their gaps in education due to learning delays.	7/14/2014 9:55 AM
9	That everything relating to the pregnancy and Unborn child is complied with from a health point of view	7/12/2014 8:10 PM
10	not sure	7/11/2014 4:52 PM
11	nil	7/11/2014 3:01 PM
12	I cannot provide a clinical response, and would be relying on anecdotal information.	7/11/2014 10:29 AM
13	Cogitive delay Stigma re looks Distress and frustration intolerance Distractability	7/11/2014 9:30 AM
14	No FASD funded programmes in the Northern Territory. No realistic Training programmes. Have to get information of the internet usually from Canada, states, one small programme in Kimberely WA. Difficult to get adequate assessments done in Alice Springs.	7/8/2014 12:26 PM
15	limited cognitive functioning, and low IQ, limiting understanding	7/8/2014 11:25 AM
16	Compromised componants of executive functioning. Issues with future orientated thinking (inability to plan), issues with associating actions with future consequences. These barriers often mean that traditional AOD treatments which incorporate behavioural, learning and social therapies are ineffective with this client group resulting in high dropout rates and high rates of relapse following program completion.	7/8/2014 10:18 AM
17	The fact that day to day services are hard for them to access.	7/7/2014 5:49 PM
18	Have trouble with impulse control and controlling emotions, specifically anger. Older clients often having issues with alcohol misuse. Poor memory recollections and limited intellectual capacity, poor comprehension.	7/7/2014 5:28 PM
19	more information	7/7/2014 5:20 PM

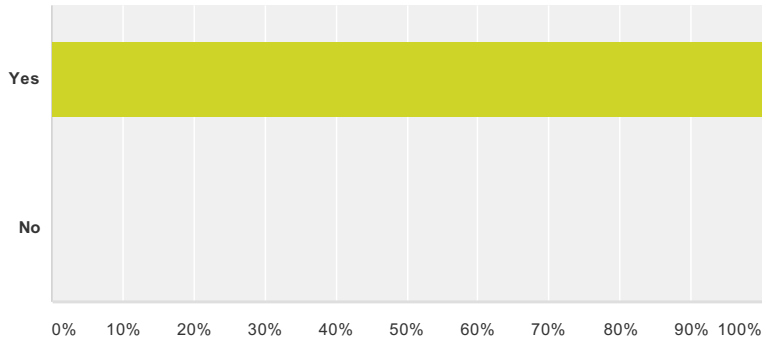
Q4 What types of services or support do you think are currently NOT provided to FASD clients and what change would you like to see?

Answered: 19 Skipped: 0

#	Responses	Date
1	Specific FASD support service that could provide expert advice and support to other services such as AOD.	7/28/2014 7:26 PM
2	1. Diagnosis to enable appropriate support and management for life plans, need to have on National disability register??	7/28/2014 5:39 PM
3	I would like to see more early intervention service, allied health.	7/28/2014 5:13 PM
4	FASD Case management Training and support for health care providers Public education	7/15/2014 9:19 AM
5	Education Programs for Government and NGO Service Provider Agencies Increased diagnostic capabilities and multi -disciple service response Respite for carers and parents Tangible support and strategies for carers and parents	7/14/2014 12:52 PM
6	support services, assessment and identification of the issue, recognition that this is often a significant injury, behaviour managment techniques	7/14/2014 10:27 AM
7	Some safer supported accommodation options and longer term public guardianship arrangement. M0re attentive medical care and alcohol pharmacotherapy.	7/14/2014 10:13 AM
8	FASD is relatively unknown to the wider community.	7/14/2014 9:55 AM
9	Nothing... I believe most facilities would accept pregnant women and work closely with their Primary Health provider and OCF in some cases.	7/12/2014 8:10 PM
10	professional follow up with clinic and education	7/11/2014 4:52 PM
11	remote services with the resourses and education to deliver information and supports to clients	7/11/2014 3:01 PM
12	- Appropriate diagnostic tools administered for adults suspected of being on the FASD spectrum - Case worker training in recognition of clients with FASD - A strong referral path for case workers to refer a client for testing & diagnosis - as this would enable for appropriate, if necessary individualised programs to be developed.	7/11/2014 10:29 AM
13	Adequate services to diagnose and offer supports not just emotional but addressing all social determinants Support and information for family/carers Individual case management	7/11/2014 9:30 AM
14	There is no realistic service or programme in the NT Information on FASD Spectrum disorders, training for front line staff, FASD specific services and support systems	7/8/2014 12:26 PM
15	most of the young clients that i have seen with FASD need one to one care packages. Most of the FASD client do not have the capacity to function in a residential group environment. Specalised carers are required in severe cases.	7/8/2014 11:25 AM
16	access to specialist care (e.g. FASD specialists), better access to early diagnosis (though pathways and systems imbeded in general and allied health settings) and increased placements for early intervention.	7/8/2014 10:18 AM
17	Supported accomadation	7/7/2014 5:49 PM
18	There are no services being specifically provided to FASD clients, clients are accessing general supports such as health and wellbeing services or AOD services for generalised issues. There is nothing in Katherine that directly services FASD clients	7/7/2014 5:28 PM
19	more information in an appropriate way	7/7/2014 5:20 PM

Q5 Do you feel FASD should be a recognised disability?

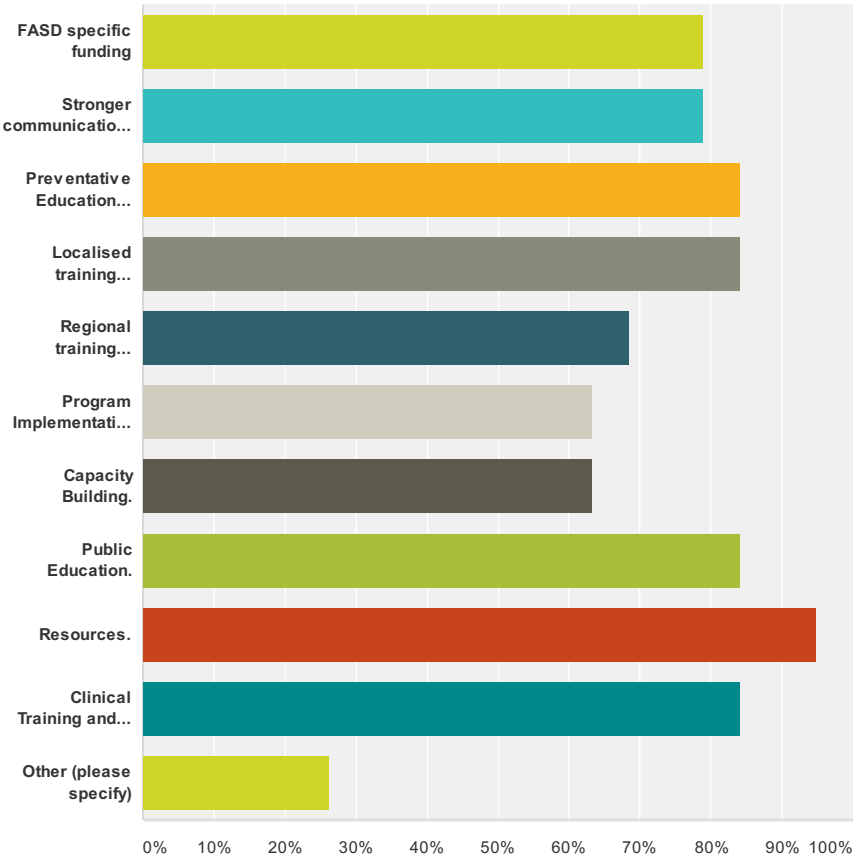
Answered: 19 Skipped: 0



Answer Choices	Responses	
Yes	**100.00%**	19
No	**0.00%**	0
Total Respondents: 19		

Q6 What steps do you think the Government could take to assist in the prevention, treatment and diagnosis of clients with FASD?

Answered: 19 Skipped: 0



Answer Choices	Responses	
FASD specific funding	78.95%	15
Stronger communication and dissemination of information.	78.95%	15
Preventative Education Strategies	84.21%	16
Localised training support and/or provision.	84.21%	16
Regional training support and/or provision.	68.42%	13
Program Implementation support - IT, Infrastructure etc	63.16%	12
Capacity Building.	63.16%	12
Public Education.	84.21%	16
Resources.	94.74%	18
Clinical Training and/or support	84.21%	16
Other (please specify)	26.32%	5
Total Respondents: 19		

Question 6 - Other Responses:

1: Managed accommodation with built in supports including respite for families:

2: Support Groups for families and carers Mentoring Respite opportunities Skill sharing networks

3: Safer supported accommodation options and longer term public guardianship arrangement. More attentive medical care and alcohol pharmacotherapy

4: media is the best information carrier a new song, short films newspaper stories,

5: Meta analysis of the extent of the issue - Australia wide, to fully scope the funding required to begin to implement sincere long term intergenerational strategies

Q7 Thank you for taking the time to complete this survey. If you have any other comments please use the box below.

Answered: 5 Skipped: 14

#	Responses	Date
1	Acknowledging behaviour with management plans for adults living with FASD	7/28/2014 5:39 PM
2	Thanks for asking:)	7/14/2014 12:52 PM
3	Training in this field is required for all social services sectors especially D&A, Child Protection & Disability Services including and paramout Mental Health Services who do not recognise at all - development of a measuring scale such as DSMIV needs to happen sooner rather than later	7/14/2014 10:27 AM
4	keep up the good work	7/11/2014 4:52 PM
5	Most of the young people we see through our service have been affected by FASD and nearly all of the young people we have also have chronic medial issues.	7/8/2014 11:25 AM

S.T.I.T.C.H – Strategic Touring Information Training and Communication Hub

Stitch:

1. length of thread in material: a short length of thread that has been passed through one or more pieces of material, either for decoration or to join pieces together

2. surgical thread: a single loop of surgical thread used to close up a wound

AOD STITCH:

1. A mobile unit: a small group of trainers that pass through a community to link one or more organisations together, either for individual enhancement or group community strength.
2. A quality unit: Closing the Gap and providing best practice training, networking and information to remote health and community services.
3. A meeting place: Assisting remote communities struggling with Alcohol and Other Drug (AOD) management issues through enhancing and developing life skills, strengthening communication, promoting interest activities, supporting health promotion strategies and strengthening client referral pathways.

The design of the project respects the health and healing principles of the Aboriginal and Torres Strait Islander people.

"To us, health is about so much more than simply not being sick. It's about getting a balance between physical, mental, emotional, cultural and spiritual health. Health and healing are interwoven, which means that one can't be separated from the other." —Dr Tamara Mackean, Australian Indigenous Doctors' Association

Pilot Project Scope

The project will provide a Mobile Training, Communication and Networking Unit (S.T.I.T.C.H), based in Katherine and servicing from Tennant Creek and above and seeking to enhance community capacity, improve sector strength and coordination and promote individual growth through life skilling. Offering multi-disciplinary services targeting community capacity development and the treatment and management of AOD and substance abuse including mental health, comorbidities and suicide prevention, a team of trainers/communicators supported by a range of health professionals (including general practitioners, allied mental health professionals, allied health professionals, specialists and Aboriginal health workers) will be involved in the delivery of public education and skills workshops, on-site training, provision of communication, including facilitation of organisational and community networking, and information dissemination to support best practice and other complementary services.

People with alcohol and substance abuse issues including comorbid mental disorders frequently need care from several different disciplines. According to the National Drug Strategy, there are significant problems with the management of people with comorbidity including the fact that most specialist mental health or alcohol and other drugs services, where they are available, are usually separated physically, administratively and philosophically. The project aims to implement a best practice model to unite these services on all levels, including delivery, to provide best possible

outcomes for patients. As a mobile service, access and education options are enhanced for providers and their communities and delivered in a holistic manner.

The S.T.I.T.C.H unit will provide complementary multi-disciplinary training and information sharing including targeted community education, life skilling and resource initiatives. This will include promoting the use and implementation of best practice guidelines, mock audits, promotion of initial and follow up health checks, liaison and advocacy services, links to eHealth/telehealth services through group GP and specialist consultations, delivery of school based early intervention and community education packages targeting drug and alcohol abuse and its comorbidities, mental health and suicide prevention and enhanced social skills to promote family connections and personal support options.

The S.T.I.T.C.H unit will provide a base for these services and include appropriate clinical training space, telehealth/eHealth link up and act as a community resource, training and feedback centre. It will also operate as a collaborative space providing opportunity for practitioners and member agencies to join the team as they tour and deliver services where a gap has been identified or remoteness has inhibited delivery of service.

An integral part of this project is promotion of the S.T.I.T.C.H unit as a meeting place for the local community, service providers and members. To strengthen the value of the S.T.I.T.C.H unit it will not only hold and disseminate literature from all relevant local and nearby services but also act as a point of referral for patients, GPs, Allied Health providers and community organisations when needing to locate a particular service (discussions regarding collaboration with an existing referral portal is already underway). Creating a central information point will allow the community greater ease of access to resources and information and limit confusion and duplication of service. The S.T.I.T.C.H unit can access community events, schools and local centres to deliver AOD messages to a larger audience .

Personnel from AADANT (Alcohol and Other Drug Agencies NT) will oversee the Project, and in particular will undertake community and stakeholder consultations, formalise partnerships, facilitate the S.T.I.T.C.H unit purchase and fit-out, and facilitate planning and implementation of service delivery model.

The project will be governed by an advisory group consisting of AOD Clinicians, AADANT Project Team, Community Representatives, Member Agencies and other Medical and Training professionals identified as intrinsic to the project's success. The purpose of this group is to maintain the direction and relevancy of the service to the sector and avoid duplication of service.

The successful project will be replicated for delivery in the remaining areas of the NT pending outcomes and funding.

<u>Rationale</u>

Qualitative data collected from preliminary consultations undertaken by AADANT with stakeholders in NT in 2014, indicate that improved training and communication amongst alcohol and other drug treatment and management services including mental health and suicide prevention services is a key priority area. Specific issues identified included:

- Shortage of workforce - General Practitioners, mental health professionals, support staff
- Recruitment and retention of staff, including training and personal development
- Inefficient or non-existent communication and information support and networking
- Lack of resources to respond to change and increase in service demand
- Cultural challenges in service provision and reporting
- Sustainability of diversity (small/big and range of services) with limited financial and human capacity
- High alcohol, other drug and volatile substance abuse coupled with high suicide rates in remote communities
- Critical levels of volatile substance abuse in certain areas
- Increasing mental health issues within Indigenous and lower socio-economic communities

The introduction of a Mobile Training, Communication and Networking Unit will increase multi-disciplinary services capacity to provide best practice outcomes and provide a solution to access issues that inhibit appropriate training and information provision for providers in remote Indigenous communities across the NT. It is identified that services could be contracted and directly provided through the Mobile Training, Communication and Networking Unit where a gap is identified. The types of services or programs that could be promoted or provided include the Closing the Gap Health initiatives, Access to Allied Health Services Program and Mental Health Services for Rural and Remote Areas Program to name just a few.

While initial consultations regarding this proposal have been positive, it is recognised that further consultations will be required to ensure that opportunities are maximised.

<u>Proposed Strategy</u>

- Appoint Team Leader to oversee management of the Project
- Consultation with stakeholders including but not limited to targeted community representatives, Local Government and local network groups , other Peak Agencies, service providers, training agencies, Flinders University Rural Clinical School, Centre for Rural and Remote Health, Menzies School of Health Research, KRAHRS.
- Formalise Agreement between partnering organisations to confirm commitment including any available financial and administrative support
- Purchase and fit-out of S.T.I.T.C.H Unit
- Employ trainers to operate the Mobile Training, Communication and Networking Unit
- Develop service delivery model and form advisory group

- Promote and deliver services to the community providers and members

Design Concept

The mobile unit will consist of a 4WD bus conversion that is primarily an office/meeting space, internet/IT equipped with a convertible living space to limit imposition on already housing poor communities. It will be able to cater for up to 4 trainer/communicators. It is designed as a collaborative space and will be available for use by any agency that can provide a valuable contribution to NT communities struggling with AOD issues.

Funding

Preliminary investigations indicate that a total of $410,000 (GST excl.) is required to purchase, fit-out and staff the Mobile Training, Communication and Networking Unit. Total funding of $490,750 (GST excl.) is being sought which would also allow for initial marketing, administrative and service delivery costs. AADANT will provide in-kind support for personnel involved in facilitating the Project as described above. Ongoing funding through partnerships and collaborations will provide project sustainability.

Please Note: Quotes are currently being sought in regard to the purchase and fit out as described above. A final full budget will be available shortly.

AADANT Project Officer – AOD **Making T.R.A.C.C.S** *Project*:

Training, **R**esources **a**nd **C**ultural **C**apacity **S**caffold

Proposed Concept:

To employ a project officer for a pilot period of 12months to develop a ***T**raining, **R**esources and **C**ultural **C**apacity **S**caffold* (TRACCS) to support NGOs working in the AOD sector in the NT.

Proposal Brief:

The Project Officer would be responsible for the development of a scaffolding system that would provide a framework for an ongoing support and training protocol for use within the AOD sector.

The scaffold would incorporate the following 4 elements:

Trainings Sessions: developed and delivered in collaboration with existing training agencies the TRACCS Project Officer would build a **suite of suitable workshops** (face to face, blended delivery, eLearning presentations, video conferencing and/or podcast activities) that target identified sector needs including, but not limited to the following:

Clinical Training, Case Management, Governance training and Culturally compliant Organisational development.

Collaborative examples include: *Currently conversations have commenced with Cancer Council around development of a program for mobile delivery at remote locations targeting tobacco misuse and utilising the Peak to assist with mentoring, delivery and ongoing communication and networking.*

This would also include development and provision of a **Training Diary** – with links to available training, regular dates and agency contacts.

Development of website and physical resources also planned include tips for maximising the benefits of training, an Internal Professional Development – *how to*, and agency health checks and training audits.

Organisational Support and Resource Development:

The TRACCS Project Officer will also work on sourcing existing resources and developing a **Resource Map** containing links to available resources locally, nationally and internationally.

Other resources for potential development include:

a **Case Management Package** providing templates and information, links to existing resources or software (such as *Redicase*) and fact sheets and clinical guides for reproduction and development within agencies;

a **Referral Pathways Tool – *Walking Together…making tracks*** that identifies and provides an easy guide to support and complementary services that simplify treatment and support pathways for both the agency and the client. This tool, or package, also provides an identification tool to assist workers in choosing the most appropriate treatment pathway for their client.

Workforce Development:

This part of the project would research, design and develop support structures that enhance recruitment and retention in the AOD sector.

The following strategies or ideas form part of this area:

Unpacking Governance: A collaborative project that would look at unpacking Governance and providing regular "**tidbit training**" via email and podcast and directed at CEO and Organisational leaders. This group would receive regular "tidbits" that would unpack Governance and provide mini resources to support ongoing good practice within their organisation.

Other Tidbit Training that could occur would include: **helpful fast facts, feedback tools** – who are we and what do we do? And **Audit Me** (a resource to assist organisations to identify and address weaknesses).

Workforce Development would also include development of a **linkage tool** to assist agencies to form partnerships and collaborate to reduce workloads and improve client outcomes, grants and proposals – how to guides, potential development of a volunteer relief army – to assist agencies under stress and **Cultural Competencies** (in collaboration with local Elders).

eLibrary: Continuous development of the AADANT e-library to include templates and proformas that support the development of **policies and procedures** including recruitment, delegations, quality systems, board and governance practices, WHS, HR etc.

This space also includes **fact sheets and guides** around what it means to be a board member, what makes a leader, cultural competency, high performing teams.

Physical Support:

As part of the TRACCS Project the project officer will provide physical support to agencies including, but not limited to, mock audits, training support and mentoring, resource

familiarisation, communication and networking. This support also encompasses supporting appropriate providers/trainers to deliver training and ensure sector coverage and access.

Summary:

This very brief concept document will be elaborated on and supplied in detail by the 20th June 2014. The areas described above are only some of the ideas for development and do not negate the many great projects and tools that have already been developed. A strong component of this project is the researching, drawing together and creating pathways to already existing tools and resources developed for the AOD sector or able to be reproduced for the AOD sector.

AADANT's current activities and plans also underpin and support the TRACCS Project and include the completion of the AADANT website (for linkages and information sites), resource development and networking and communication. The documents attached to the end of this document include an AADANT concept document and a project proposal (for future development). Both of these documents assist in articulating the vision for AADANT and how this will interact with the TRACCS Project and ensure its success.

Proposed Budget:

Wages:	$70,000
Staff On-costs:	$8,500.00
Travel:	$15,000.00
Set-Up and Resourcing:	$46,000.00
Office Space:	$25000.00
Administration:	$24,675.00
Total:	**$189,175.00**

Timeline:

July – September: Development of scaffold framework and operational plan including initial research and scoping to identify target areas/needs, existing providers, trainers and resources and development of collaborative projects where gaps are identified.

October – June: Implementation, physical support and ongoing resource development.

AADANT *Concept Strategic Plan* Document:

Attached to email as separate document.

Information in this document will assist elaboration of the proposal in its final form but provides a reference to AADANT's proposed direction and focus.

Proposed Future Development:

AOD S.T.I.T.C.H – AOD Sector Touring Information Training and Communication Hub

Stitch:

1. length of thread in material: a short length of thread that has been passed through one or more pieces of material, either for decoration or to join pieces together
2. surgical thread: a single loop of surgical thread used to close up a wound

AOD STITCH:

1. A mobile unit: a small group of trainers that pass through a community to link one or more organisations together, either for individual enhancement or group community strength.
2. A quality unit: Closing the Gap and providing best practice training and information to remote, primarily, indigenous AOD services.

The design of the project respects the health and healing principles of the Aboriginal and Torres Strait Islander people.

"To us, health is about so much more than simply not being sick. It's about getting a balance between physical, mental, emotional, cultural and spiritual health. Health and healing are interwoven, which means that one can't be separated from the other." —Dr Tamara Mackean, Australian Indigenous Doctors' Association

Pilot Project Scope

The project will provide a Mobile Training, Communication and Networking Unit, based in Katherine and servicing from Tennant Creek and above, offering multi-disciplinary services targeting the treatment and management of AOD and substance abuse including mental health, comorbidities and suicide prevention. A team of trainers/communicators supported by a range of health professionals, including general practitioners, allied mental health professionals, allied health professionals, specialists and Aboriginal health workers, will be involved in the delivery of on-site

training, providing communication and information to support best practice and other complementary services including workforce support.

People with alcohol and substance abuse issues including comorbid mental disorders frequently need care from several different disciplines. According to the National Drug Strategy, there are significant problems with the management of people with comorbidity including the fact that most specialist mental health or alcohol and other drugs services, where they are available, are usually separated physically, administratively and philosophically. The project aims to implement a best practice model to unite these services on all levels, including delivery, to provide best possible outcomes for patients. As a mobile service, access and education options are enhanced for providers and delivered in a holistic manner.

The Mobile Training, Communication and Networking Unit will provide complementary multi-disciplinary training and information sharing including targeted community education and resource initiatives. This will include best practice guidelines and implementation strategies, mock audits, promotion of initial and follow up health checks, liaison and advocacy services, links to eHealth/telehealth services through group GP and specialist consultations, delivery of school based early intervention and community education packages targeting drug and alcohol abuse and its comorbidities, mental health and suicide prevention. The Mobile Training, Communication and Networking Unit will provide a base for these services and include appropriate clinical training space, telehealth/eHealth link up and act as a community resource and feedback centre. It will also operate as a collaborative space providing opportunity for practitioners and member agencies to join the team as they tour and deliver services where a gap has been identified or remoteness has inhibited delivery of service.

An integral part of this project is promotion of the Mobile Training, Communication and Networking Unit as a meeting place for the local community providers and members. To strengthen the value of this the Mobile Training, Communication and Networking Unit will not only hold and disseminate literature from all relevant local and nearby services but also act as a point of referral for patients, GPs, Allied Health providers and community organisations when needing to locate a particular service (discussions regarding collaboration with an existing referral portal is already underway). Creating a central information point will allow the community greater ease of access to resources and information and limit confusion and duplication of service. The Mobile Training, Communication and Networking Unit can access community events, schools and local centres to deliver AOD messages to a larger audience .

Personnel from AADANT (Alcohol and Other Drug Agencies NT) will oversee the Project, and in particular will undertake consultations, formalise partnerships, facilitate the Mobile Training, Communication and Networking Unit purchase and fit-out, and facilitate planning and implementation of service delivery model.

The project will be governed by an advisory group consisting, potentially, of Government Health Advisors, AOD Clinicians, AADANT Project Team, Medicare Local representative, Community Representatives, Member Agencies and other Medical and Training professionals identified as intrinsic to the project's success. The purpose of this group is to maintain the direction and relevancy of the service to the sector and avoid duplication of service.

The successful project will be replicated for delivery in the remaining areas of the NT pending outcomes and funding.

Rationale

Qualitative data collected from preliminary consultations undertaken by AADANT with stakeholders in NT in 2014, indicate that improved training and communication amongst alcohol and other drug treatment and management services including mental health and suicide prevention services is a key priority area. Specific issues identified included:

- Shortage of workforce - General Practitioners, mental health professionals, support staff
- Recruitment and retention of staff, including training and personal development
- Inefficient or non-existent communication and information support and networking
- Lack of resources to respond to change and increase in service demand
- Cultural challenges in service provision and reporting
- Sustainability of diversity (small/big and range of services) with limited financial and human capacity
- High alcohol, other drug and volatile substance abuse coupled with high suicide rates in remote communities
- Critical levels of volatile substance abuse in certain areas
- Increasing mental health issues within Indigenous and lower socio-economic communities

The introduction of a Mobile Training, Communication and Networking Unit will increase multi-disciplinary services capacity to provide best practice outcomes and provide a solution to access issues that inhibit appropriate training and information provision for providers in remote Indigenous communities across the NT. It is identified that services could be contracted and directly provided through the Mobile Training, Communication and Networking Unit where a gap is identified. The types of services or programs that could be promoted or provided include the Closing the Gap Health initiatives, Access to Allied Health Services Program and Mental Health Services for Rural and Remote Areas Program to name just a few.

While initial consultations regarding this proposal have been positive, it is recognised that further consultations will be required to ensure that opportunities are maximised.

Proposed Strategy

- Appoint Team Leader to oversee management of the Project
- Consultation with stakeholders including but not limited to NT Medicare Local, Local Government and local network groups , other Peak Agencies, service providers, training

agencies, Flinders University Rural Clinical School, Centre for Rural and Remote Health, Menzies School of Health Research, KRAHRS.

- Formalise Agreement between partnering organisations to confirm commitment including any available financial and administrative support
- Purchase and fit-out Mobile Training, Communication and Networking Unit
- Employ trainers to operate the Mobile Training, Communication and Networking Unit
- Develop service delivery model and form advisory group
- Promote and deliver services to the community providers and members

Design Concept

The mobile unit will consist of a 4WD bus conversion that is primarily an office/meeting space, internet/IT equipped with a convertible living space to limit imposition on already housing poor communities. It will be able to cater for up to 4 trainer/communicators. It is designed as a collaborative space and will be available for use by any agency that can provide a valuable contribution to NT communities struggling with AOD issues.

Funding

Preliminary investigations indicate that a total of $410,000 (GST excl.) is required to purchase, fit-out and staff the Mobile Training, Communication and Networking Unit. Total funding of $490,750 (GST excl.) is being sought which would also allow for initial marketing, administrative and service delivery costs. AADANT will provide in-kind support for personnel involved in facilitating the Project as described above. Ongoing funding through partnerships and collaborations will provide project sustainability.

The Making T.R.A.C.C.S project would form part of the total spend on this project. If funded as a separate project it is anticipated that funding sought for the AOD S.T.I.T.C.H project would be reduced to $301,575.