Queensland Health

Drug Diversion Programs

Operational Manual April 2024

Queensland Government

Drug Diversion Programs: Operational Manual

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List of Acronyms

AOD: Alcohol and Other Drug/s

AODTS-NMDS: Alcohol and Other Drugs Treatment Services - National Minimum Data Set

CALD: Culturally and Linguistically Diverse

CIMHA: Consumer Integrated Mental Health Addictions

DAAR: Drug and Alcohol Assessment and Referral

DCS: Diversion Coordination Service

DDAP: Drug Diversion Assessment Program

IDCDP: Illicit Drugs Court Diversion Program

PDDP: Police Drug Diversion Program

QPS: Queensland Police Service

RSS: Referral and Support Service (Department of Justice and Attorney-General)

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1 Introduction

1.1 Context

1.1.1 Police and Court Diversion Programs

Queensland has a long-standing history of diverting people away from the criminal justice system for minor drug offences and for offences where alcohol and other drug (AOD) use has been a contributing factor to their offending. There are three existing state-wide drug diversion programs;

- **The Police Drug Diversion Program (PDDP)** – is a three-tiered linear model for people arrested for, or being questioned about, minor drug offences under the *Drugs Misuse Act 1986*. The PDDP is provided for under sections 378 and 379 of the *Police Powers and Responsibilities Act 2000 (PPRA).* The model consists of a drug diversion warning and then two opportunities to participate in a health response (referred to as the drug diversion assessment program in the PPRA. Eligible minor drug offences include the personal possession of dangerous drugs or unauthorised prescription pharmaceuticals which are under specified quantities.
- **The Illicit Drugs Court Diversion Program (IDCDP)** - people charged with minor drug offenses under the *Drugs Misuse Act 1986* who are ineligible for the PDDP. The IDCDP operates under a legislative framework specified in the *Penalties and Sentences Act 1992* (for adults) and the *Youth Justice Act 1992* (for children) in any Queensland Magistrates or Queensland Children's Court.
- **Drug and Alcohol Assessment and Referral (DAAR)** - for people appearing in the Magistrate's Court that intend to plead guilty and identify drug and/or alcohol use as a contributing factor to their offending. A person may be referred to DAAR under a recognisance order or bail condition. DAAR includes a broader range of offences for which a person may be diverted, such as stealing, assault, fraud and wilful damage. The DAAR also operates under a legislative framework specified in the *Penalties and Sentences Act 1992* and *Bail Act 1980* and is available for adults appearing before a Magistrate's Court.

Diversion programs reduce peoples engagement with the criminal justice system for minor drug use and possession and provide people with the opportunity to access AOD treatment.

- **N.B: Throughout this manual, the IDCDP and DAAR program will be referred to together as court diversion programs**

1.1.2 Minor Drug Offences

A minor drug offence is:

(a) an offence against the *Drugs Misuse Act 1986*, section 9 involving possessing not more than the prescribed quantity of a dangerous drug; or

(b) an offence against the *Drugs Misuse Act 1986*, section 10(1), (2), (4) or (4A) or 10A(1)(a), (b) or (c) involving possessing a thing for use, or that has been used, for the administration, consumption or smoking of a dangerous drug; or

(c) an offence against the *Medicines and Poisons Act 2019*, section 34(1) involving possessing not more than the prescribed quantity of an S4 or S8 medicine.

Completion of the PDDP will mean the individual will not be required to appear in court and a conviction will not be recorded for the minor drug offence.

Completion of the IDCDP will mean the individual will not be required to return to court and a conviction will not be recorded for the minor drug offence.

For DAAR, the person may or may not be required to return to court after completing the program. If the person has completed DAAR under a recognisance order, a conviction will not be recorded and the person will not be required to return to court. If the person has completed DAAR as a bail condition, they may be required to return to court to have the matter finalised with no a conviction recorded for the offences for which they were diverted.

1.1.3 A partnership approach

The police and court diversion programs are implemented in partnership with the Queensland Police Service (QPS), Queensland Health, the Department of Justice and Attorney-General (DJAG) and a range of key government and non-government service providers.

QPS and DJAG are responsible for assessing eligibility, offering the diversion programs to eligible persons, supporting appointment scheduling and reporting and finalising police and court records.

Queensland Health is responsible for coordinating and delivering a health response for people diverted through police and court diversion programs which is provided through a mix of services including:

- Hospital and Health Services (HHS) specialist Alcohol and Other Drug (AOD) services
- State funded non-government organisation (NGO) providers of specialist AOD services
- Queensland Health's state-wide Adis 24/7 Alcohol and Drug Support telephone service
- A state funded NGO delivers the Diversion Coordination Service (DCS) which works with police, court and health service providers to manage diversion appointments and program reporting.

1.1.4 Purpose of the Operational Manual

This operational manual is designed for health service providers who deliver and coordinate a health response to persons referred through police and court diversion programs. It aims

to assist service providers to understand the purpose, processes, and operational requirements of delivering the health response for diversion programs.

Service providers are required to deliver the programs in alignment with this operational manual and service agreements.

This operational manual does not outline the processes and requirements of QPS or DJAG.

1.1.5 Changes to the manual

This manual was formerly known as Police Drug Diversion Program and Illicit Drugs Court Diversion Program Manual and has been updated to include operational processes for:

- the DAAR program (previously a separate operational manual);
- expanded PDDP;
- streamlined rescheduling for PDDP; and
- video conference delivery

2 Foundations of the health response

The health response for police and court drug diversion programs is based on the below foundations and approach:

- contemporary, evidence-informed model consistently delivered by specialist AOD services
- proportionate as a response to low-level illicit drug offending, requiring a person's attendance at a single session health response
- tailored for the person's current or cumulative situation
- include an assessment of the person's AOD use and related factors
- involve a health response as appropriate for the individual and any combination of information and education, motivational interviewing and other counselling approaches and harm reduction advice
- provide options and active referral (where indicated and agreed) for further, voluntary engagement in more intensive AOD treatment as part of the broader treatment service system
- may be undertaken through multi-modalities to suit individuals and providers
- be effective, efficient, timely, responsive and flexible to adapt to changes in diversion referrals and the needs of the person
- support a streamlined approach to coordination and timely completion of a health response

In addition, Queensland Health supports the utilisation of a person-centred approach to provision of care which is individualised, trauma-informed, recovery-oriented and is focused on harm reduction. Service providers should consider people in a holistic way to understand

the personal factors which contribute to their wellbeing including cultural diversity, parenting and carer roles, physical health, gender and sexual diversity, and involvement and engagement with families and support people.

3 Provision of a health response

The health response for the diversion programs is tailored, or personalised, to suit the individual and their situation. This means the health response is adapted to the person's AOD use, their goals, age, gender, culture and other health or social issues. It also means, that, following AOD screening and assessment, the appointment can include supporting the person to address their most pressing or urgent needs, even if this is not their substance use. Examples of other urgent issues may include insecure housing or homelessness, food insecurity, or domestic and family violence.

Taking a responsive and person-centred approach is respectful, empowers the person to manage their own health, improves the likelihood that the person will benefit from the health response and return for further voluntary support if they want and need it.

For diversion to a health response, a person is required to attend a single session health response but may choose to engage voluntarily in further treatments.

To support state-wide consistency and good practice, the health response response is required to include the following elements:

- screening and assessment of the person's AOD use
- any combination (tailored for the individual) of:
  - information and education,
  - harm reduction strategies,
  - other counselling approaches
- a referral for further voluntary treatment and support (if indicated from assessment and with client agreement).

This section provides guidance on delivering a drug diversion health response.

N.B: It is not within the scope of a health service to provide information about drugs and the law. People (including family members) seeking information about drugs and the law should speak to a legal representative.

3.1 Engagement and Rapport

Before commencing the health response, it's important to make the person feel welcomed, establish rapport, and discuss rights and responsibilities. There are numerous ways to do this including being well prepared for the session, through your body language and/or verbal cues, by introducing yourself and by listening to the person and checking what you have heard. It is also important to explain:

- The role of your service

- The role of the diversion program
- Confidentiality provisions and limits
- Information provided to the DCS
- An outline of the session.

3.2 Screening and Assessment

Service providers are to undertake a screening and assessment of the person's AOD use to ensure the health response can be tailored to the person's current situation. Screening enables an immediate decision regarding the response to the persons needs and informs the development of actions, such as the assessment process.

Providing feedback from screening and assessment tools can be also useful way to engage the person and can contribute to the assessment process in a meaningful way.

Services should use valid and reliable screening and assessment tools. The tools used may vary between health responses depending on the outcome of screening or appropriateness of the tool for the person who has been diverted. There are a range of valid and reliable screening and assessment tools such as:

- Alcohol, Smoking and Substance Use Screening Test (ASSIST)
- Alcohol Use Disorders Identification Test (AUDIT)
- The Kessler Psychological Distress Scale (K10)
- the Depression Anxiety and Stress Scale (DASS21)
- Indigenous Risk Impact Screen (IRIS)

HHS and Tele-D are required to deliver a diversion health response in alignment with the *Statement of comprehensive integrated care*. For more information, and to access tools and resources, visit http://qheps.health.qld.gov.au/mentalhealth/mha/clinicaldocs

3.3 Information and Education

Providing information and increasing awareness of the impacts of AOD use on health, mental health, legal issues, work or study and relationships can help the person to make informed choices about their AOD use. It can also include discussing social supports, identifying positive relationships and healthy activities. Information and education can also provide support to reduce harms associated with AOD use.

3.4 Harm Reduction

Harm reduction advice may be generic or specific to the individual. Harm reduction can include a range of strategies, depending on the persons AOD use and their environment. Examples of harm reduction strategies include:

- Not driving after using AOD

- Using sterile equipment (needles, syringes, smoking devices)
- Avoiding the use of multiple substances at the same time
- Visiting a drug checking service

For more harm reduction strategies, specific to drug types, visit http://hi-ground.org/substances/

3.5 Other Counselling Theories and Approaches

Stages of Change and Goal Setting

You may introduce the Stages of Change model (Prochaska & DiClemente) when introducing the idea of change and allow the person to identify the stage they may currently be in.

Goal setting is also important for considering the intervention that might be provided. It may be useful to break down goals into clear actions to make them easier to achieve. For example, an individual in the Pre-contemplation stage, whose goal is to avoid interaction with police or courts might benefit from the provision of harm-reduction strategies and information about the harms of substance use on health and mental health, whereas an individual in the Maintenance stage, whose goal is to not use substances for the next 12 months, may be best supported by focusing on relapse prevention.

For more information on treatment matching for the Stages of Change, a short video can be found on the Insight website: https://insight.qld.edu.au/training/treatment-matching-for-the-stages-of-change/detail

Motivational Interviewing

Motivational Interviewing seeks to enhance a person's motivation and commitment to achieve a behaviour change goal by taking a collaborative and empowering approach to explore reasons to change, build confidence to change and resolve ambivalence.

For more information on how to undertake a motivational interview, please refer to the Insight eLearning module on Motivational Interviewing: https://insight.qld.edu.au/training/elearning

Relapse Prevention

Some individuals may present to their appointment, in the Action or Maintenance stage of change, having already made changes to their substance use. Assisting the person to develop a relapse prevention plan, may be helpful.

The purpose of creating a relapse prevention plan is to:

- Identify triggers and high-risk situations for use
- Provide ways of managing these triggers
- Explore supports and strengths that can support maintenance of change

For more information on how to develop a relapse prevention plan, refer to the Insight eLearning module on Relapse Prevention and Management at https://insight.qld.edu.au/training/elearning

3.6 Referral to further treatment

If a person is ready to make changes to their AOD use and wants to access further voluntary AOD treatment and support, a follow up appointment can be offered and facilitated. This can be a follow up appointment with the same service provider or the person may be supported to access another service provider and/or treatment type.

To find the nearest and most appropriately matched AOD treatment provider or to order a brochure on Treatment Options visit www.adis.health.qld.gov.au or speak with one of the Adis 24/7 Alcohol and Drug Support counsellors who may assist (Tel: 1800 177 833).

Further treatment is voluntary and is not part of the person's diversion program requirements. Refer to Section 10.1 on how to record additional treatment.

Depending on the person's situation, referral and facilitated access to other services (as available and accessible) should also be supported, including:

- Social services (e.g. housing, legal, educational and vocational)
- Aboriginal and Torres Strait Islander community controlled or other services or programs
- Mental health services
- Primary health and medical care
- Specialist health services
- Culturally and Linguistically Diverse programs and services

4 Specific Populations

People referred to a health response through a police or court diversion program represent a diverse population with different patterns of substance use, gender, culture, race and more. Unfortunately, people who use drugs including those that access AOD services often experience more than one form of stigma, discrimination, and prejudice. Every person has a right to access health services without discrimination.

Providers should ensure that they are delivering a health response that is safe and inclusive, individually tailored and culturally responsive. This can be supported through the application of appropriate population specific frameworks and approaches, partnerships, strategies and guidelines, ongoing training, and workforce and sector capacity building.

As outlined in the *2022 Queensland Alcohol and other Drug Treatment Service Delivery Framework* some key features of an effective treatment service include being:

- Culturally flexible and responsive
- Trauma informed
- Family inclusive and child aware
- Age and developmentally appropriate

Culturally safe and responsive practice refers to the capacity of clinicians to provide care that is respectful of, and relevant to, the health beliefs, health practices, cultural and linguistic needs of diverse client populations and communities. It describes the capacity to respond to the healthcare issues of different communities.

Examples of people from specific populations include:

- Aboriginal and Torres Strait Islander peoples

- people from culturally and linguistically diverse backgrounds
- people from refugee and asylum seeker backgrounds
- people in contact with the criminal justice system
- people who identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning, and others (LGBTQI+)
- people with a disability including acquired brain injury (ABI) or cognitive impairment

In most cases, support for people from specific populations will have the best outcomes when provided by people and organisations who identify as belonging to that group as connection to community and culture is a critical component of wellbeing. However, this is not always possible or available. Therefore, all services should be continually researching, implementing and upskilling staff regarding appropriate ways of working with people from different populations.

4.1 Children and young people

The minimum age for someone to be eligible for the PDDP or IDCDP program is 10 years. Only adults are eligible for DAAR.

Although it is not a requirement for parental or guardian consent to be obtained by service providers before they commence the delivery of a health response to a young person who has agreed to participate in a diversion program, services should consider the use of family inclusive practice, particularly for young children.

A young person may wish to participate in the health response alone or with a parent, guardian, carer, friend or significant other. Wherever possible follow the young person's wishes in relation to who does – or does not – attend the appointment with them.

When providing educational materials, make sure that they are youth friendly and age appropriate. See section 10.1 for links to AOD training.

4.2 Aboriginal and Torres Strait Islander peoples

Services who recognise and respond to the social and emotional wellbeing needs of Aboriginal and Torres Strait Islander peoples, their families and communities may do so through intervention elements that include culture, ancestry and spirituality; land and sea Country; community, family and kinship; and physical, mental and spiritual health.

Transforming Indigenous Mental Health and Wellbeing has a variety of resources, including a Social and Emotional Wellbeing Framework and practical fact sheets, to empower mental health alcohol and other drug workers in mainstream and community-controlled services to deliver culturally safe care for Aboriginal and Torres Strait Islander Australians. To access these resources visit Home - Transforming Indigenous Mental Health and Wellbeing (timhwb.org.au)

The "Handbook for Aboriginal Alcohol and Drug Work" written by Kylie Lee and colleagues in 2012 is a useful guide when working with Aboriginal and Torres Strait Islander people. This handbook is available at: ses.library.usyd.edu.au/bitstream/2123/8339/6/2012-handbook_online-version3.pdf

Services are encouraged to seek further information and training, connect with community and continually review the use of culturally sensitive approaches.

4.3 Culturally and Linguistically Diverse people

Consideration should be given to the appropriateness of the approach and any educational materials used or presented during the health response, particularly in relation to language and literacy. *Access and equity: Working with diversity in the alcohol and other drugs settings – second edition* provides guidance about how AOD services can support people from diverse cultural backgrounds can be found at http://nada.org.au

Interpreter Services

In most circumstances, service providers will be informed by the DCS if the person cannot speak or needs support to understand English so that interpreter services can be arranged before the appointment.

Interpreter services for Queensland Health providers is available at:

http://www.health.qld.gov.au/multicultural/interpreters/interprtng_trnsltng.asp

Interpreter services for non-government providers is available for booking through ONCALL Language Services.

To make a booking for an interpreter:

1. dial 07 3115 6900 and follow the prompts, indicating that you are a client.
2. The account reference is Department of Health – NGO District.

Auslan interpreter services (for people who are deaf or hard of hearing) is provided by Deaf Connect

To make a booking for in-person and online for Auslan you can email, phone sms book online:

- Email interpreting@deafconnect.org.au
- Telephone 1300 773 803
- SMS 0476 857 251
- Online www.deafconnect.org.au

For Interpreter and Auslan services you will need to provide your organisation ID, which can be located in your Service Agreements identification number, e.g. 2014-15.1234.001 (see underline)

4.4 Gender and sexual diversity

It is important to ensure AOD services, and drug diversion programs, are accessible and inclusive for everyone in our community. Lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ+) people can experience stigma and discrimination when trying to access or

engaging in treatment and support services. Inclusive practice and communication can help improve outcomes for LGBTIQ+ people.

The Australian Institute of Family Studies have published “Inclusive communication with LGBTIQ+ clients” which provides communication strategies for everyday practice and links to resources for LGBTIQ+ people available at www.aifs.gov.au/resources/practice-guides

4.5 People with a disability, acquired brain injury or cognitive impairment

If a service provider has concerns around the capacity of the person diverted for a health response to understand or fully engage, the health worker should tailor the session accordingly and mark the person as having successfully completed the requirements of the diversion process.

For more information refer to “Managing Cognitive Impairment in AOD Treatment: Practice Guidelines for Healthcare Professionals” (2021). www.turningpoint.org.au/treatment/clinicians/Managing-Cognitive-Impairment-in-AOD-Treatment-Guidelines

4.6 People with multiple diversion referrals

A person can be referred to a health response on multiple occasions as there are different diversion programs and pathways. Where this occurs, it **may** suggest higher levels of risk and vulnerability including a more entrenched pattern of substance use, and/or signal underlying issues such as more significant mental health conditions, social and environmental stressors.

Taking the time to explore the persons current circumstances and tailoring the health response effectively can help reduce the risk of further substance-related harm and engagement with the criminal justice system.

5 Modality

To support accessibility and timely completion of the diversion programs, the health response can be delivered in a range of modalities. The efficacy of providing AOD treatment via each modality is supported by evidence. Each modality has unique benefits, with some modalities being more suitable or preferred by different people.

5.1 In-person

A person may choose to attend their diversion appointment in-person at a particular service location (where available). In-person appointments are provided in individual format where the health response includes the person who has agreed to participate in the diversion program and the health provider.

A person diverted through a police or court drug diversion program may wish to participate in the health response alone or with a parent, friend or significant other. Wherever possible follow the person's wishes in relation to who does – or does not – attend the appointment with them.

When delivering an in-person health response consider:

- Reduce distractions (e.g. telephones, interruptions from staff)
- Ensure privacy can be maintained (e.g. away from others, frosted glass)
- Provide comfortable seating, seating arrangements and temperature

N.B Providing a tailored response to people individually is preferred. In limited circumstances group delivery may be provided (refer to Appendix 1).

5.2 Telephone

Telephone delivery improves access to diversion programs, particularly for people who find it challenging to attend a service in-person, or during business hours.

Tele-D is the state-wide telephone service for the delivery of diversion programs and operates between 7am and 9pm, Monday to Friday and 7am to 6pm on weekends. Tele-D is provided by Queensland's Adis 24/7 Alcohol and Drug Support, building on the existing infrastructure and suite of services offered by Adis, and within the clinical and operational governance structures of specialist AOD services delivered by Metro North HHS.

N.B Tele-D is the statewide telephone provider for diversion programs. Other providers may deliver by telephone in exceptional circumstances. See section 8.6.2

5.3 Videoconference

Videoconference can combine the benefits of in-person and telephone sessions as it allows for non-verbal communication and can support greater accessibility.

For diversion programs, health responses delivered by videoconference will be conducted using Microsoft Teams (MS Teams). It is recommended service providers join the appointment 5 to 10 minutes prior to the commencement time to check the internet connection is reasonable and test the camera and audio quality.

Other tips include:

- Ensure the room is well-lit.
- Use a plain background to avoid distraction
- Be mindful that ceiling fans can create a light flickering effect.
- Sit in a room with a rug or carpet to improve acoustics and reduce echoes

The location where the videoconference is conducted must support confidentiality requirements. Do not undertake the session in an open office or other environment where other people may hear your conversation or see the person on your videoconference screen.

To protect the privacy of the health worker, it is recommended that services use a generic MS Teams account for videoconference appointments.

Service providers will be able to share resources in the chat function. Please ensure any resources shared are from secure and trusted websites. To reduce cyber security risks, it is recommended that service providers do not open links shared by the person who is participating in the diversion program.

The DCS will provide technical support, by confirming the URL link and appointment booking, to services and persons participating in diversion appointment by videoconference. To report issues, call the DCS on 1800 883 699.

N.B: The Queensland Government approach for information security places the full onus of responsibility and accountability with individual system owners / system / service acquirer / service owner to undertake their own 'due diligence' and fulfil their own information security governance requirements.

N.B: Service providers who deliver the program in-person may also deliver videoconference sessions. Tele-D will only deliver telephone sessions.

6 The Diversion Coordination Service

The DCS is delivered by Redbourne Health Services Pty Ltd and is responsible for recording and allocating available appointments with a health service provider for persons who have been diverted through the PDDP or court diversion programs.

The DCS provides a 24 hour, 7 days a week call centre for QPS and the DJAG to schedule an appointment with a service provider for a person who has agreed to participate in a diversion program.

A separate telephone line (available during standard business hours) is available for people who have been diverted as part of the PDDP and are requesting to reschedule their diversion appointment.

The DCS also provides general assistance regarding coordination and reporting processes to service providers, particularly when unusual or difficult situations arise with the administration of the program including issues relating to computer systems, data collection or referral queries.

6.1 rediCASE

The rediCASE database is the online database, calendar and file storage system managed by the DCS. Approved service providers can access a range of information from the rediCASE database including their appointment schedules, forms and templates, as well as a reporting facility for the Alcohol and Other Drugs Treatment Services - National Minimum Data Set (see Section 10.1).

Forms and documents available from the rediCASE database include:

- Queensland Health Drug Diversion Programs Operational Manual
- Advice of Attendance forms
- Affidavit template and samples

Access to the rediCASE database is available at: https://redicaseqh.redbourne.net.au

Service providers are required contact the DCS to arrange training for using rediCASE and to obtain login details.

Contact details

For referring officers and health services

Telephone: 1800 883 699

Email: dcs@redbourne.com.au

Hours of operation: 24/7

For people who have been diverted (to reschedule appointments)

Telephone: 1800 879 601

Hours of operation: Monday to Friday, 9am to 5pm
*people diverted to a health response by police can leave a phone message after hours

7 Referral and Support Service

Legal representatives and court registry staff may engage with a person appearing in a Magistrates court to identify whether they are eligible and want to participate in a court diversion program and to complete the necessary paperwork for the Magistrates consideration. If the Magistrate orders the person to complete a court diversion program, the court officers will work with the person, their legal representative or police prosecutor and the DCS to schedule an appointment with a health service provider.

If a person diverted by a court needs to reschedule their appointment, the Drug and Alcohol Diversion Programs team, Referral and Support Service (RSS), DJAG, will liaise with the person.

The RSS is also responsible for progressing breach paperwork to QPS if a person does not complete their appointment with the health service.

Contact details

Drug and Alcohol Diversion Programs

Referral and Support Services

Courts Innovation Program

Department of Justice and Attorney-General

Floor 4, 363 George Street

GPO Box 1649

Brisbane QLD 4000

Ph: (07) 3738 7100

E: courtdiversion@justice.qld.gov.au

8 Appointment Scheduling

8.1 Service provider appointment schedules

All service providers

Service providers must ensure that sufficient drug diversion appointments are available so that people can be offered an appointment within 14 calendar days from the date they were diverted. This is to improve the likelihood the person will actively engage in and complete the diversion program.

To support people to have a choice in the way in which they complete the program, it is preferrable that service providers provide a mix of appointment times, including after-hours appointments.

Service providers will receive email notification from DCS for each booked appointment; however, it is important to regularly check the bookings contained in the rediCASE database.

It is the responsibility of service providers to ensure that they provide suitable back-up for appointments where staff take planned or unplanned leave.

In-person and videoconference service providers (excludes Tele-D)

In-person service providers should provide both in-person and videoconference appointments and clearly identify which appointments may be offered “individually in-person only”, “individually in-person or videoconference”, or “individually videoconference only”.

In-person service providers may deliver an appointment by telephone in exceptional circumstances only (see section 8.6.2). As such, in-person providers are not required to offer appointments by telephone, however, should notify the DCS if they have scheduled appointment has been delivered by telephone (not by Tele-D), instead of in-person or by videoconference.

8.2 Service provider administrative changes

Service providers seeking to make changes to their operation or delivery of the diversion programs (e.g. temporarily cease appointments, reduce out-of-hours appointments, change location) are to contact the Department of Health before implementing any change.

Email: MHAOD-SPB-Corro@health.qld.gov.au

Following an agreed approach, it is important for service providers to advise the DCS of any administrative changes relevant to the coordination of the service for example:

- Change of physical address, contact numbers or email address/es for the service
- Changes in staffing - new or former employees will need to be added/deleted from the rediCASE database, and new passwords will need to be issued.

This is required to ensure that the DCS provides accurate information to police and court officers when booking appointments.

8.3 Scheduling appointments

If a person accepts the offer to participate in a drug diversion program:

1. The police officer or court officer will contact the DCS to book the initial drug diversion appointment with a health service and advise of the person's residential location.
    1.1. For PDDP, the police officer will also advise which tier (tier 2 or 3) the person is being diverted under.
2. The DCS will advise the police officer or court officer which modality is available in the identified location (i.e., in-person, telephone, videoconference) and offer appointments as soon as practical (within 14 days) to support the person's timely completion of the diversion program (within 90 days for PDDP)
3. The police officer or court officer confirms with the person their preferred modality, appointment date and time and advises the DCS.
    3.1. The DCS will supply the Single Person Identifier number (a number which identifies the service provider and location) for the police officer to enter on the Minor Drug Offence Diversion Form.
4. The police officer or court officer will check the persons suitability (safety risk) for an in-person appointment and mark a box on the referral form if the person is unsuitable in-person appointment.
    4.1. The DCS will update rediCASE where a person is unsuitable for an in-person appointment and only telephone or videoconference appointments will be scheduled.
5. The police officer or court officer will advise DCS if an interpreter or Auslan service is required. If an interpreter is required, the police must advise the DCS of the persons preferred language.
    5.1. If a language service (interpreters or Auslan) is required, the appointment will not be scheduled to occur before 7 days to allow sufficient time for the service provider to engage these services (see section 10.2).
    5.2. The DCS will record in rediCASE whether an interpreter, national relay service, or telephone appointments only are required to ensure this information is available if needed for rescheduling.
6. The DCS will book the appointment with the service provider and advise the police officer or court officer of the Diversion Referral Number.

6.1. The service provider will receive an email with the Diversion Referral Number, appointment date, time and modality. The service provider will need to login to rediCASE to retrieve more information, including the person's name and demographic information.

6.2. When a videoconference appointment is scheduled, the person will receive confirmation of the appointment sent by the DCS in an email or Short Message Service (SMS) which will include a link to the MS Teams appointment. The service provider will receive confirmation of the appointment and the link by email.

6.3. Service providers will confirm the appointment with the DCS through rediCASE. If this is not done, the DCS will follow up until confirmation is obtained.

For PDDP

7. A person will receive an appointment time and date and must complete the program within 90 days of this date. The DCS will advise the police officer of the 90-day program completion date and the police officer will record this under "written requirement" on the Minor Drugs Offence Diversion Form.

N.B The 90 days commences from the date of the first scheduled appointment.

NB. Services must offer appointments within 14 days to improve the likelihood of completion. This also allows for sufficient time for a person to complete the program if an appointment needs to be rescheduled.

7.1. The police officer will issue the person a Minor Drug Offence Diversion Form via Multimedia Messaging Service, email or a paper copy, with the direction to attend the drug diversion appointment which includes:

- the person's details including mobile telephone number and email address (for videoconference appointments)
- an 'appointment' date, time, delivery modality, health program provider and Single Person Identifier
- a 'program completion' date

For Court Diversion Programs

8. If a Magistrate makes the order for the person to complete the diversion program, the court officer will provide a copy of the referral form to the person detailing the agreement to participate in a health response along with the name, address and telephone number of the service provider and the date and time of the appointment.

8.1. The DCS will send the person an SMS (or email If only email is provided) reminder of their drug diversion appointment 24-48 hours prior to the appointment.

9. For court diversion programs, if a magistrate does not make the order for the person to complete the drug diversion program, the RSS will contact the DCS to cancel the appointment.

8.4 Rescheduling PDDP appointments

8.4.1 PDDP - Reschedule requested by person diverted

1. A person diverted under the PDDP may contact the DCS requesting to reschedule their appointment, during business hours on 1800 879 601.
    a. **Service providers should direct persons diverted by police, who are seeking to reschedule their appointment to the DCS (1800 879 601). Service providers should not reschedule the appointment themselves.**
2. The DCS will reschedule the appointment where this can occur before the 'program completion date' specified under the "written requirement" section of the Minor Drug Offence Diversion Form.
3. The DCS will advise which modality is available in the relevant geographic area (in-person, telephone, videoconference) and offer appointments as soon as practical to support the person's timely completion of the PDDP.

N.B: In-person appointments will not be available where a safety risk has been identified.

NB: The DCS will prioritise rescheduling the person's appointment to enable timely completion of the PDDP over other appointment options (e.g., modality, provider)

4. DCS will send an email to the service provider with the existing appointment advising that the appointment has been cancelled.
5. DCS will book the new appointment with the service provider and send the person a confirmation SMS or email.
6. If an appointment cannot be rescheduled by the completion date (specified under the "written requirement" section on the Minor Drug Offence Diversion Form), the DCS will advise the person that an appointment is not available, and they do not have authority to reschedule the appointment beyond the completion date.
7. The DCS will advise the person that the appointment will be recorded as "did not complete" and that the Queensland Police Service will determine a response and contact the person.
8. The DCS will complete an Advice of Attendance form noting the person has requested to reschedule their appointment, but another appointment was not available by the completion date on the Minor Drug Offence Diversion Form.

NB: There is no limit to the number of times an appointment can be rescheduled, however, appointments cannot be rescheduled after the completion date recorded under "written requirement" on the Minor Drug Offence Diversion Form

NB: Queensland Health is not responsible for collecting or considering the person's reason for rescheduling their appointment. The person's reason for requesting the rescheduled appointment will not be recorded.

8.4.2 PDDP - Reschedule requested by the Service Provider

1. Where a service provider needs to cancel a scheduled appointment, the service provider will contact DCS and provide as much notice as possible.
2. The DCS will SMS or email the person being diverted to advise the scheduled appointment is cancelled and to contact DCS to arrange a new appointment.
3. When the person contacts the DCS, they will be offered an appropriate appointment as soon as practical to support the person's timely completion of the PDDP.
4. If an appointment cannot be rescheduled by the completion date, the DCS will:
   - 4.1. advise the person that an appointment is not available within the timeframe specified on the Minor Drug Offence Diversion Form;
   - 4.2. advise that the DCS does not have authority to reschedule the appointment outside of the date on the Minor Drug Offence Diversion Form;
   - 4.3. the appointment will be recorded as "did not complete" with a note that the service provider cancelled the scheduled appointment; and
   - 4.4. The police officer will determine a response and contact the person.
5. If the person cannot complete the appointment, the DCS will complete an Advice of Attendance form with a note advising that the service provider cancelled the scheduled appointment, and another appointment was not available by the completion date on the Minor Drug Offence Diversion Form.

NB: DCS, using rediCASE, will record when an appointment was cancelled by the service provider.

8.5 Rescheduling Court Diversion Programs appointments

8.5.1 Court - Reschedule requested by the person diverted

Regardless of where the sentencing, bail undertaking or referral occurred, people diverted through a court program must be directed to contact the RSS in Brisbane (not the DCS or service provider directly) if they wish to reschedule a court diversion program appointment (see Section 6 for contact details).

Court officers, arresting officers and service providers are not permitted to reschedule appointments for court diversion programs.

Appointments may only be rescheduled by the RSS if the person provides a reasonable explanation for why they are unable to comply with the court's order and may be required to provide appropriate documentation, e.g. medical certificate, letter from employer, etc. The RSS may or may not grant the request to reschedule.

8.5.2 Court - Reschedule requested by the Service Provider

1. Where a service provider needs to cancel a scheduled appointment, the service provider will contact DCS and provide as much notice as possible.
2. The DCS will contact the RSS team to arrange a new appointment.

8.6 Changing delivery modality

8.6.1 Prior to the appointment

The person being diverted through a police or court program or the service provider may request to change the mode of delivery prior to the scheduled appointment by contacting the DCS (PDDP) or RSS (court diversion). This may result in the need to reschedule the appointment.

8.6.2 After the appointment has commenced

1. If a **videoconference appointment** has commenced but there are challenges to completing the session in this modality, the service provider can offer to deliver the appointment by telephone.
    1.1. If the session can be completed, the service provider must advise the DCS of the outcome of the appointment and change in modality after the session.
    1.2. The DCS will update rediCASE accordingly.
    1.3. If the appointment cannot be completed, the service provider is to advise the DCS the appointment was not completed and advise the reason for non-completion on the advice of attendance form. For example, "Did not complete due to technical issues".
2. If a telephone **(Tele-D) appointment** commenced and the person wants to change to in-person or video conference appointment, the service will advise the person to contact the DCS to reschedule the appointment. The service is to complete an Advice of Attendance form "non-completion" and record the reason "Requested change of modality".

9 Recording appointment outcome

9.1 Advice of Attendance

Following the drug diversion health appointment (within 48 hours), the service provider will complete an Advice of Attendance form and provide it to the DCS, confirming whether the person participated in and completed the session. If possible and particularly for appointments that were not completed, include a brief and factual reason. An Advice of Attendance form can be downloaded from rediCASE.

The Advice of Attendance form can be completed on rediCASE or sent by encrypted email to the DCS:

Email: dcs@redbourne.com.au or,

If the Advice of Attendance is emailed, the DCS will upload the form to rediCASE. In the case where a person has two referrals (e.g. a police and a court diversion or two court diversion referrals), the service provider must send **two** Advice of Attendance forms to the DCS.

QPS and the RSS will obtain attendance outcomes and appointment history in rediCASE.

N.B: Do not include clinical information on the Advice of Attendance form.

9.2 Non-completion and missed appointments

9.2.1 Police Drug Diversion Program

Where a person has not attended their PDDP appointment and the 90-day program completion date on the Minor Drug Offence Diversion Form has not expired the DCS will send an SMS or email prompt to the person, notifying them that they missed their scheduled appointment and to contact the DCS to discuss rescheduling.

If a person does not participate in and complete the program it is an offence against the PPRA, Section 791 'Offence to contravene direction or requirement of police officer', unless the person has a reasonable excuse. The police officer will determine whether any further action is taken which may include no action or being charged with an offence of contravening a police direction. The person will not be charged with the original drugs offence.

N.B Health service providers are not expected to follow-up a person who does not participate in or complete their appointment. The DCS will send an SMS or email to reschedule, if there is time remaining on the direction.

9.2.2 Court diversion programs

DJAG are responsible for all decisions regarding non-compliance and missed appointments. DJAG advise the following:

In cases of non-participation, the RSS will attempt to contact the person by SMS. If there is no reply within two days, a telephone call will be made by the RSS. If the person cannot be contacted by the RSS, a “fail to comply” letter is sent. If no contact is made, a ‘non-compliance with a court order notice’ is sent by mail. If the person contacts the RSS within the prescribed time limit (usually 14 days), and a reasonable explanation is accepted, an appointment is rescheduled.

If a person does not participate and/or complete the appointment and does not have a reasonable explanation, they are returned to court to be dealt with again for the original offence.

In the case of young people 10 – 17 years of age, the RSS will email a ‘Fail to Comply Notice’ to the court. It is then at the discretion of the Magistrate to determine whether any action against the child should be taken.

N.B Health service providers are not expected to follow-up a person who does not participate in or complete their appointment. This is the role of the RSS.

9.2.3 Affidavits

Where a person has not attended or completed their diversion appointment, it may be necessary for a service provider to provide a statement to be presented in court, or to appear in court to support statements. This request will be relayed to the service provider by either the QPS or the RSS. This will be required to be used in court as evidence of a persons non-participation or completion.

An affidavit template is available for download from the rediCASE database. This form should be utilised only when requested and should be witnessed by a Justice of the Peace or a Commissioner for Declarations.

9.3 Poor connectivity

The person engaging in a health response is responsible for ensuring they can complete their appointment without interruption.
If a telephone or videoconference call drops out, the service provider should wait a reasonable time for the person to re-connect with the service.

For videoconference appointments, where a session has commenced and there are issues with connectivity, the service provider may offer to complete the session by telephone.

If reception is too poor to continue and complete the appointment or the person is unable to re-connect with the service within a reasonable time, the service provider is to complete the "Advice of Attendance" noting the issue. For example, "Did not complete due to technical issues".

10 Workforce requirements

Health workers of state-funded services who deliver a health response for people participating in a diversion program must be suitably qualified and/or skilled and experienced in the delivery of AOD treatment. Clinical governance is the responsibility of the health service.

10.1 Recommended training

It is recommended that health workers delivering the health response to people who have been diverted, complete the Police/Court Diversion online (EModule) training available at https://insight.qld.edu.au/training/police-court-diversion-elearning/landing

This online course contains a brief overview of the key components of the Police/Court Diversion program along with a series of questions designed to support learning. The course

also contains short, animated videos explaining elements of the program. The course takes approximately 30 minutes to complete.

New staff, service providers, or those wishing to update their AOD knowledge, can also access the following free online training courses:

- Insight: Centre for Alcohol and Other Drug Training and Workforce Development have six online induction packages to orient new staff to the alcohol and drug sector. It is recommended that Police and Court Diversion Program service providers complete the Motivational Interviewing module. This package can be accessed via the Insight website: https://insight.qld.edu.au/training/elearning
- Dovetail's "Introduction to Youth AOD" covers the key concepts in the youth AOD field, including an overview of the sector in Queensland. It can be accessed via the Dovetail website: www.dovetail.org.au/youthaod.aspx

11 Special Circumstances

11.1 People who present intoxicated or in crisis

From time to time, a person may present intoxicated or experiencing immediate crisis such as domestic violence etc. In these circumstances, service providers should respond as per their individual agency policy and procedure.

If the session is focused on responding to a crisis, service providers should consider the person's attendance as successful completion of the requirements of the diversion program, even though the primary focus of the appointment may not have been their AOD use.

Should intoxication or recent substance use not impair engagement in the session, the service provider should attempt to complete the session. However, if a person is impaired to the extent that they are unable to participate in any discernible way in the appointment, then the service provider will deem the person as not having successfully completed the session.

In these instances, the worker should note on the Advice of Attendance form the reason why the session was not successfully completed despite the person having attended their appointment.   The worker should encourage the person to reschedule their appointment where possible by contacting the relevant agency (DCS for police referrals and RSS for court referrals).

11.2 Natural disaster and other extreme events

The Mental Health Alcohol and Other Drugs Strategy and Planning Branch, Department of Health will work with service providers, the DJAG and QPS to identify suitable arrangements.

12 Data Collection and Reporting

12.1 Clinical Record

It is crucial that service providers maintain clinical documentation consistent with the requirements of their organisation. As a minimum, for diversion programs, a clinical record must include the persons assessment form, a copy of the Advice of Attendance form and any referral recommendations.

A clinical record is a collection of data and information gathered or generated to record clinical care and the health status of an individual or group. Clinical records (paper based or digital) include documents such as health record forms, clinical documents, legally authenticated documents and clinical referral letters received from clinical providers.

There is a variety of legislation which may apply to a clinical record which services should be aware of, such as the *Information Privacy Act 2009 (Qld)*, *Electronic Transactions (Queensland) Act 2001, Right to Information Act 2009 (Qld)*. For more information visit Clinical records management (health.qld.gov.au)

Clinical records should be completed as soon as possible after the appointment, noting the date and time. Each entry should be signed. Clinical records are important as they promote continuity of care allowing for effective planning, implementation and evaluation of the care provided.

Following the completion of the appointment all service providers are required to enter the treatment data into the appropriate data collection system within 7 days.

12.2 Consumer Integrated Mental Health and Addictions (CIMHA) application

The Consumer Integrated Mental Health and Addiction (CIMHA) application is a statewide consumer-centric clinical information system. It is designed to support Hospital and Health Services staff with the provision of mental health and addiction services within Queensland. CIMHA provides access to clinical information across service settings to support integrated service provision. What is CIMHA? fact sheet | Clinical Excellence Queensland (health.qld.gov.au)

Hospital and Health Service providers are required to enter the data into CIMHA. Access to CIMHA can be requested by completing the *New users access form*, available at: CIMHA Forms and Down Time Resources | Queensland Health Intranet

CIMHA business processes, training, and resources are available at https://qheps.health.qld.gov.au/mentalhealth/cimha

12.3 rediCASE

rediCASE is a cloud-based Case Management software system used by the DCS to manage police and court diversion referrals, appointments and program reporting.

All non-government organisations are required to enter their treatment data, for ATODS-NMDS into the rediCASE database. Only non-government providers have access to the treatment system module. Access to rediCASE database is available at: https://redicaseqh.redbourne.net.au

12.4 Alcohol and Other Drugs Treatment Services – National Minimum Data Set (AODTS-NMDS)

The AODTS–NMDS combines standardised Australian Government, state and territory data about people who access alcohol and other drug treatment and service usage. The information is used to inform policy decisions and develop strategies in the alcohol and drugs other drug treatment sector.

The ATODTS-NMDS is a mandatory set of data items that must be collected from all persons participating in a diversion program and assists in monitoring and evaluating the diversion programs. The mandatory set of data items capture basic information about the person (client) including demographics, drug use, psycho-social issues and treatment information. For the following items the responses are always:

1. Source of Referral - Police Diversion or Court Diversion.
2. Client Type - Own Drug Use
3. Episode Cessation Information - Ceased to participate at expiation.
4. Collection Occasion Information - Counselling

For persons who have participated in a diversion program and choose to return for further voluntary treatment, a new 'AOD Data Collection' form will need to be completed as they are considered a new client for AODTS-NMDS data purposes. The source of referral for this type of client is: 'Self – Subsequent to Police/Court Diversion'.

If a person who has participated in a diversion program returns to your service for treatment unrelated to the diversion programs, or a significant period has passed since the diversion referral, the source of referral should be listed as 'Self'.

12.5 Storage and Retention of Clinical Records

Clinical records are to be kept in a secure area in accordance with current legislation and consistent with the requirements of the service provider. The 'Health Sector (Clinical Records) Retention and Disposal Schedule' indicates that clinical records are kept for 10 years, and for young people, 10 years from when they turn 18. As a minimum, Police/Court Diversion clinical records must include:

- The persons AOD clinical assessment form

- A copy of the Advice of Attendance form
- Clinical notes
- Any referral recommendations, and
- Any other relevant materials.

N.B Any record listed above that relates to incidents, allegations, disclosures and investigations of abuse of vulnerable persons must be retained for 100 years after creation of the record.

For more detailed information:

The Public Records Act (2002)

https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-2002-011

The Health Sector (Clinical Records) Retention and Disposal Schedule (2021)

https://www.forgov.qld.gov.au/information-and-communication-technology/recordkeeping-and-information-management/recordkeeping/disposal-of-records/search-for-a-retention-and-disposal-schedule/health-sector-clinical-records-retention-and-disposal-schedule

13 Confidentiality and Privacy

Service providers must always endeavour to protect personal information and maintain confidentiality. Health workers should discuss the issue of confidentiality and its limits with the person at the first point of contact. Health workers should also explain that they are restricted from disclosing information that is received in confidence, unless there is a compelling reason.

These reasons include:

- If the person threatened to harm themselves or someone else
- If a child is currently at risk of abuse or neglect
- If the health worker or case notes are subpoenaed to court, and
- Disclosing information about the person during clinical supervision.

Information privacy is broader than the concept of confidentiality and is concerned with the appropriate collection and consent, use and disclosure, quality and security, access and correction, and openness of personal information.

Please Note: Police and court diversion paper based clinical records are to be kept separate from general medical/health records.

All health workers should familiarise themselves with and abide by relevant legislation and policies.

For more detailed information:

The Health Services Act (1991)

https://www.legislation.qld.gov.au/view/pdf/inforce/2009-12-11/act-1991-024

The Code of Conduct for the Queensland Public Service (2011)

https://www.forgov.qld.gov.au/employment-policy-career-and-wellbeing/public-service-values-and-conduct/public-service-code-of-conduct

14 Resources

14.1 AOD resources - For the person

Hi-Ground is a community driven platform that aims to educate, reduce harm and give support to people who use drugs. Hi-ground contains information about a range of drugs and strategies to reduce harm. Hi-ground also includes a peer-based chat room, peer written reflections stories and poems, drug alerts and more.

Hi-Ground developed by the Queensland Injectors Voice for Advocacy and Action (QuIVAA) and Queensland Injectors Health Network (QuIHN) and can be accessed at www.hi-ground.org

Australian Drug Foundation (ADF) has several resources and programs to support workers, parents and young people available at www.adf.org.au

Positive Choices is an online portal to help Australian schools and communities access accurate, up-to-date evidence-based alcohol and other drug education resources. The website has factsheets, games, webinars and links to apps for young people and can be access at www.positivechoices.org.au/students

The **Adis 24/7 Alcohol and Drug Support** website allows people to participate in self-assessments, find their nearest AOD treatment provider, view a range of information about alcohol and other drugs, request a call back from an Adis counsellor or engage in online counselling (web chat). Adis also distributes print resources to health and related professionals and to the general community. Resources can be downloaded or hardcopies ordered online. See www.adis.health.qld.gov.au

14.2 AOD Resources - For Health Professionals

Insight is a leading provider of alcohol and drug training and workforce development services. The Insight website includes toolkits, webinars, videos, eLearning and more. **Dovetail** is also hosted on the Insight website and contains resources and support for people who work with youth affected by alcohol and drug use. See www.insight.qld.edu.au

Management of Cannabis Use Disorder and Related Issues - NCPIC. This resource aims to provide facts, figures, useful techniques and worksheets to assist clinicians in providing evidence-based treatments for cannabis use . Management of Cannabis Use Disorder and Related Issues is available at:
https://www.drugsandalcohol.ie/20416/1/management_of_cannabis_use_disorder.pdf

14.3 Resources - Other Health Services

Beyondblue. Beyondblue is working to reduce the impact of depression and anxiety in the community by raising awareness and understanding, empowering people to seek help, and supporting recovery, management and resilience. Information about drugs, alcohol and mental health is available at: www.beyondblue.org.au

Reach out. Reach out provides excellent youth friendly information on a range of youth health issues, including mental health and alcohol and other drug use. Reach out is available at: au.reachout.com

Headspace is a mental health organisation that supports young people with mental health, physical health, alcohol and other drug services, work and study support. Headspace offers in-person, telephone and online support. See www.headspace.org.au

DVConnect Womensline (1800 811 811) is a 24/7 free helpline for women and their children in Queensland who are experiencing domestic and family violence and can provide emergency transport and accommodation, safety planning and crisis counselling.

DVConnect Mensline (1800 600 636) is available from 9am to midnight, 7 days to support men who are abusing or experiencing abuse in their intimate partner, ex-partner or familial relationships. The service can provide referrals to specialist behavioural change programs, safety planning, emergency transport and more.

N.B: People who identify as non-binary or gender fluid, can call the helpline they feel most comfortable calling (Womensline or Mensline).

1800 RESPECT (1800 737 732) offers 24/7 telephone support for people impacted by domestic, family or sexual violence. Online chat and resources (including for professionals) is available at www.1800respect.org.au

Appendix 1 – Group Format

Group format

Providing a timely and tailored response that meets the needs of the individual is a key principle to delivering the health response for diversion program.

To support timely access to a diversion appointment (within 14 days of referral) the diversion program may be delivered in a group format where:

- it is the person's first diversion referral
- each person's suitability and needs are matched to the content and structure of the group,
- the group is attended by 4-9 participants,
- each person provides informed consent
- confidentiality can be protected; and,
- the appointment is facilitated by suitably qualified staff.

Where the group composition is not suitable or there are not enough people (a minimum 4 people is supported noting ideal group size is 6 – 9 people) to deliver a diversion health response in a group within two weeks of a person's referral, the service provider must deliver the health response on an individual (one-on-one) basis. This is to support the persons timely completion of the diversion program and supports high quality care.

To appropriately manage group dynamics and to monitor and support individual needs, group sessions must be delivered by two suitably qualified staff, trained in group facilitation.

Consideration of each person's suitability for the group should be undertaken before commencing a group diversion health response. For each participant consideration should be given to:

- The age of person and others in the group
- The gender of the person and others in the group
- Cultural background of the participants in the group
- Other presenting issues (such as mental wellbeing)
- Stage of change (see section 3.1)

As the content of group format is more general in nature, **groups are only suitable for people attending their first diversion appointment**. Groups are not suitable for people who have previously completed a diversion health response.. The focus of a group appointment is provision of information. Group session content must:

- Provide a guided self-assessment/ screening exercise, undertaken by the individual, and not shared amongst group participants;
- Offer a mix of the following as appropriate - information and education, harm reduction strategies, and other counselling approaches
- Provide information (and referral if indicated and agreed) about further voluntary treatment and support.
- Offer each participant the opportunity to discuss their individual assessment and goals one-on-one with the health provider.

It is important to maintain a person's confidentiality through the group diversion appointment, including their full name, offences and the circumstances of their referral. Discussions about a person's assessment, feedback and referral should be undertaken individually, not in the presence of others in the group.

Providers intending to offer group sessions as part of their suite of health responses should confirm this with the Department of Health (MHAOD-SPB-Corro@health.qld.gov.au) and advise and liaise with DCS for implementation.