
**Research, Scope and Design
a Safer Families Project for
the ACT AOD Sector (AOD Safer
Families Project)**



Supported by



**AOD Safer Families Project Plan
(Combined Terms of Reference and Key Dates)
Year 1: 2017**

Background

ACT Health has engaged ATODA to December 2017 to scope and design a multi-year multi-component pilot project that provides more effective responses for people who use alcohol and other drugs (AOD) in harmful ways and either experience domestic and family violence (DFV) or are at risk of using violence.

The project is conceptualised as a long-term multi-year project to increase the capacity of the ACT drug treatment system, services and staff to deliver programs that reflect best practice in DFV clinical practice, prevention and responses. Year 1 of this funding will focus on developing the infrastructure and framework for this work to occur in subsequent years (with roll out to AOD services planned from 2018).

About this Document

This document functions as the high level project plan for year 1 of the AOD Safer Families Project (2017). It presents a terms of reference for the whole project, followed by a series of terms of reference related to major project deliverables followed by a combined timetable for key activities. It is divided into the following sections:

Section 1: AOD Safer Families Project – Overarching Terms of Reference

A description of the overall Project, including an overview of the project's vision, model and objectives, and a summary table of the project's activities and deliverables.

Section 2: Development of a Domestic and Family Violence Capability Assessment Tool (DFVCAT) and Scope of Practice for AOD settings—Terms of Reference

A terms of reference for two Project deliverables. The DFVCAT is a fidelity instrument for utilisation by AOD services to measure capacity to respond to DFV and to guide service improvements. The 'Scope of Practice' resource will describe the roles and responsibilities of AOD services when working with people experiencing or using DFV.

Section 3: Development of an Evidence Based Practice Framework and Clinical Community of Practice – Terms of Reference

A terms of reference for the development of an evidence based practice framework that can guide clinical practice and service responses to people affected by DFV in AOD settings.

Section 4: Design of the AOD Safer Families Pilot Project

A terms of reference for the development of the AOD Safer Families Pilot design and associated funding model for delivery from 2018 onwards.

Section 5: Summary of key dates

Note: A monitoring and evaluation framework is also being developed by an external consultant. A proposal and plan for the evaluation will be developed and should be read alongside the project terms of reference presented in this document.

For More Information

Contact the ATODA Team on (02) 6249 6358, dfv@atoda.org.au or visit <http://www.atoda.org.au/research-scope-and-design-a-pilot-project-safer-families/>

Section 1: AOD Safer Families Project – Overarching Terms of Reference

**Research, Scope and Design
a Safer Families Project for
the ACT AOD Sector (AOD Safer
Families Project)**



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AOD Safer Families Project Overarching Terms of Reference (Version Date: August 2017)

This document provides a summary of the AOD Safer Families Project and should be read in conjunction with a series of more detailed terms of reference and project for the project deliverables.

1. Background

ACT Health have engaged ATODA to research, scope and design a pilot project to provide more effective responses for people who use alcohol and other drugs (AOD) in harmful ways and either experience domestic and family violence (DFV) or are at risk of using DFV.

Included in this, is an expectation that throughout 2017 ATODA will:

- Research, scope and design a pilot project (for delivery at a later point);
- Engage expert clinical expertise;
- Develop an evaluation plan;
- Identify and consult with key stakeholders; and,
- Consider key partnerships for implementation of the pilot project.

The project is conceptualised as a long-term multi-year project to increase the capacity of the ACT drug treatment system, services and staff to deliver programs that reflect best practice in DFV clinical practice, prevention and responses. Year 1 of this funding will focus on developing the infrastructure and framework for this work to occur in subsequent years (with roll out to AOD services planned from 2018).

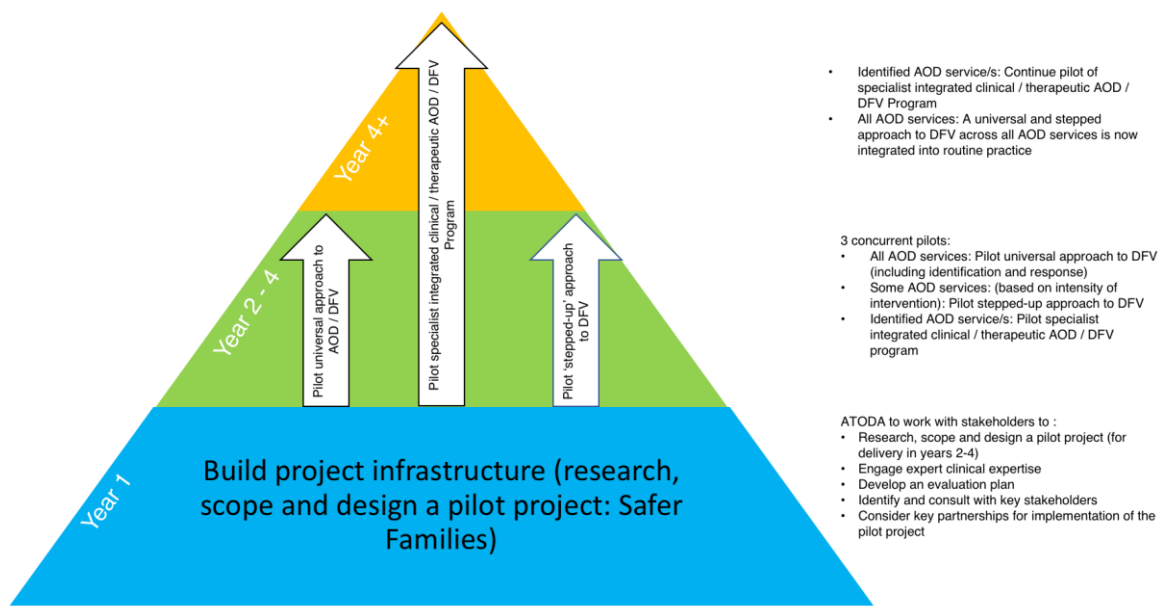
2. Pilot Project Vision, Model and Objectives

Vision

The vision is for an ACT AOD specialist sector that provides both specialist integrated clinical AOD / DFV interventions as well as universal identification and responses to DFV that reflect best practice and meet community expectations of safety.

Model

The pilot program will undertake a series of short and long term activities concurrently, whereby service delivery will be strengthened across the entire system. This will occur alongside the development of specialist integrated AOD treatment and DFV interventions to meet the clinical, therapeutic and other needs of people who use AOD in harmful ways and either experience DFV or are at risk of using DFV. It is expected that in later years, the capacity of all services to identify and respond to DFV will be part of routine practice; and a provider (or multiple providers) will by delivering program/s that offer concurrent and integrated AOD treatment and DFV clinical / therapeutic programs (this could include both therapeutic programs for women who experience DFV; and behaviour change programs for men who use DFV). A visual description of the project model is provided below.



Year 1 Objectives:

- Engage and liaise with AOD specialist treatment and support services and other key stakeholders (including through the DFV sector) to scope the existing capacity and needs around integrating DFV into routine AOD practice.
- Design a multi-year Pilot Project that will facilitate the development of both collective capacity around DFV across all services in the AOD sector, and specific and targeted clinical DFV capacity within individual services.
- Develop an evaluation plan and recruit an external evaluation team to monitor and measure the Program's implementation and impact.
- Recruit clinicians with specialist AOD and DFV expertise to provide advice on project design and implementation.
- Develop a tool that will collect baseline information from participating services on DFV capabilities that can be readministered at regular intervals to assess increased capacity.

3. Stakeholders

In scope of the pilot project are ACT Health funded specialist alcohol and other drug treatment and support services.

Additional stakeholders that will be engaged in project activities include:

- ACT Government Policy (AOD and DFV)
- Specialist ACT DFV services
- Evaluators
- Clinical consultants
- Other stakeholders as necessary

4. Activities & Deliverables

A range of consultants with expertise in clinical practice / service delivery (AOD and DFV) and evaluators will be engaged to support the implementation of project activities & deliverables. Separate Terms of Reference and more detailed project plans will be developed for key deliverables.

Deliverable	Framing in Service Funding Agreement	Description	Level / focus of the deliverable
Project development (including consultation) and project plan	Project plan and timeline & Engage and liaise with AOD specialist treatment and support	Consultation with key stakeholders and environmental scan of existing infrastructure to inform the development of a detailed project plan (reflective of current context, evidence based practice and service needs). This includes activities related to: <ul style="list-style-type: none"> • Review of existing data collection from engagement with ACT ATOD and DFV service providers • Environmental scan • Consultation and meetings with key stakeholders 	Whole of sector / policy level
AOD and DFV Symposium	Project plan and timeline & Engage and liaise with AOD specialist treatment and support	Delivery of a symposium on promoting safety in ATOD services by prioritising responses to domestic and family violence (DFV).	Whole of sector

Project Advisory/Working Group	Project Advisory Group	Convening of an Advisory Group whose primary function is to provide high level advice, strategic guidance and governance to the Project.	Whole of sector / policy level
Needs analysis with AOD sector	Engage and liaise with key stakeholders to scope existing capacity and needs	Development, dissemination and analysis of workforce engagement activities	Whole of sector
'Scope of practice' (i.e. level of care quadrants) for AOD and DFV		Documentation of the roles and responsibilities of AOD services when working with consumers with DFV issues (based on presentation, severity of issues etc)	Organisational and practice / clinical level
Domestic and Family Violence Capability Assessment Tool	Data collection tool for years 2 – 4 of the pilot project	Development of a fidelity instrument for utilisation by AOD services to measure capacity for responses to DFV. An example of such a measure being utilised by ACT AOD services before is the Dual Diagnosis Capability in Addiction Treatment Index Tool.	Organisational level
Evidence Based Practice Framework		Development of practice / clinical guidelines for responding to domestic and family violence in specialist AOD services	Practice / clinical level
Community of Practice		Convening of a community of practice of clinicians and experts from the ACT and Interstate that will inform the development of project deliverables	Practice / clinical level
Evaluation Framework	Evaluation framework for years 2-4	Development of an evaluation framework	Whole of sector / policy level
Pilot design	Design of pilot program report	Description / report of the pilot design elements and recommended approaches for utilising the AOD Safer Families resourcing from 2018 onwards	Whole of sector / policy level

Note: Some additional activities related to DFV and AOD are being pursued that are outside of the scope of the Service Funding Agreement. These include:

- Identification, adaptation and delivery of evidence based training:
 - For DFV workers: AOD Information, Harm reduction, screening and brief intervention (utilising the ACT eASSIST)
 - For AOD workers: Tailored training on providing safe AOD services that are gender responsive, trauma informed and DFV aware.

- Identification of an appropriately adapted and validated screening tool for utilisation in AOD specialist settings to screen for DFV

5. Governance

- A Project Advisory Group (and Terms of Reference) will be established from June 2017 to oversee the project. Representation will be drawn from:
 - Specialist ACT AOD services
 - ATODA
 - ACT Government Policy (AOD and DFV)
 - Specialist ACT DFV services
 - Evaluators
 - Clinical consultants
- Additional meetings of ATODA staff, consultants and ACT health will be held as required.
- Consultative mechanisms for project deliverables and activities will be developed.

6. Further Information

For more information contact Carrie Fowlie, CEO, ATODA on carrie@atoda.org.au or (02) 6249 6358.

Section 2: Development of a Domestic and Family Violence Capability Assessment Tool (DFVCAT) and Scope of Practice for AOD Settings

**Research, Scope and Design of
a Safer Families Project for
the ACT AOD Sector**



Supported by



Development of a Domestic and Family Violence Capability Assessment Tool (DFVCAT) and Scope of Practice for AOD settings¹

Draft Terms of Reference
(Version Date: August 2017)

This is a working document that has been tested and reviewed by stakeholders and the Project Advisory Group. The document will continue to be refined throughout the life of the project, with the most recent version being available at: www.atoda.org.au/research-scope-and-design-a-pilot-project-safer-families/

Introduction

Several Australian resources are available to describe the principles of effective AOD services' responses in the area of domestic and family violence (DFV). However, detailed advice to guide specific practices is lacking. As part of the overarching *Research, Scope and Design of a Safer Families Project for the ACT AOD Sector* (referred to as the AOD Safer Families Project), ACT Health has engaged ATODA to work with stakeholders to develop practical resources to assist specialist AOD services in this important area.²

ATODA has in turn engaged 360Edge, a specialist AOD and health consultancy, to assist in the development of tools to better enable specialist AOD services to support AOD service users experiencing DFV.

The current project will be underpinned by meaningful engagement of, and collaboration with, the specialist AOD and DFV sectors in the ACT, and selected expert stakeholders nationally. An Advisory Group will also provide guidance to the AOD Safer Families Project.

Domestic Violence Capability Assessment Tool (DFVCAT)

One element of this project relates specifically to the development of a resource similar to the toolkit Dual Diagnosis Capability in Addiction Treatment (DDCAT), in this case a DFV Capability Assessment Tool (DFVCAT) for AOD settings.

The DDCAT is fidelity instrument for measuring Alcohol and Other Drug treatment program services for persons with co-occurring (i.e., mental health and substance related) disorders.

¹ Note that this is working title and may evolve over the course of the project.

² For further details of the 'Research, Scope and Design of a Safer Families Project for the ACT AOD Sector', please refer to the project's terms of reference found at: www.atoda.org.au/research-scope-and-design-a-pilot-project-safer-families/

It can be used by AOD services to ascertain adherence to and competence in the delivery of evidence-based practices by using observational assessments and objective metrics. The DDCAT outlines thirty-three program elements against which a service can assess its practice. These range from program structure to clinical processes, staffing and training.

A copy of the DDCAT can be downloaded from: <http://www.vaada.org.au/wp-content/uploads/2013/10/DDCAT.pdf>

The DDCAT was used by ACT AOD Services as part of a Commonwealth funded initiative from 2008. Services were able to score themselves in relation to their own capacity to respond to co-occurring mental health issues. The participating ACT AOD services were:

- CAHMA
- Canberra Recovery Services, Salvation Army
- CatholicCare
- Directions Health
- Karralika Programs
- Ted Noffs Foundation ACT

AOD services implemented the tool at 'baseline' or when they first received funding, and then would implement the self-assessment tool at regular intervals as a means to:

- ascertain adherence to and competence in the delivery of evidence based-practices.
- plan and prioritise the comorbidity service improvement activities they would undertake.
- contribute to formal quality improvement and accreditation processes.
- collect evaluative evidence.

Although consistently utilised across the funded agencies, the tool itself was adaptable to the strategic intent of each organisation. The goal, therefore, was not to move all services to the most intensive format of integrated care, but that services could identify how far they wanted to proceed along the continuum of capacity building activities that best aligned with their context and scope of practice.

Scope of Practice

The DFVCAT will be accompanied by a Scope of Practice tool that will include a conceptualisation of roles and responsibilities of AOD and DFV services when working with consumers with a history of DFV (similar to quadrants of care for comorbidity). The Scope of Practice will be generic, but mapped onto the ACT specific service context. It will be sufficiently detailed to allow stakeholders to understand which AOD service types may be represented by each 'quadrant of care', and will therefore enable ACT AOD service providers to plan for how they would like to extend their practice in the area of DFV.

Aims and objectives

The aim of this component of the AOD Safer Families Project is to develop:

1. A DFVCAT for use by the specialist AOD services
2. A Scope of Practice tool to accompany the DFVCAT.

The objectives of developing these tools are to:

- assist specialist AOD services to benchmark their responses to domestic and family violence against good and best practices
- assist specialist AOD services to plan effective responses for both female and male service consumers who are experiencing violence or are using violence, in accordance with a defined scope of practice framework
- facilitate a shared understanding of good and best practice in AOD responses to domestic and family violence

- support specialist AOD services to universally adopt an agreed approach to the recognition, management and referral of service users affected by DFV

The tool will undergo implementation testing with specialist AOD services in 2017, and then included as part of the pilot program from 2018. It is intended that the tools will be reviewed regularly.

Timeframe for the project

The timeframe for the current project is 1 June 2017 – 30 November 2017.

Scope

This component of the project aims to develop tools that would have national relevance, but are to be used by the ACT AOD sector specifically.

In scope, are all services funded by ACT Health to deliver specialist AOD services.

The DFVCAT and Scope of Practice will relate to responses by specialist AOD services to current and future service users, both female and male.

Out of scope is the development of a framework for responses to people who are not service users of specialist AOD services—that is, those who do not meet criteria for support and/or treatment by specialist AOD services (e.g. clients of welfare or related services who may be using DFV but not using alcohol and or other drugs in ways that would warrant intervention from specialist AOD services).³

It is expected that the description of the project, including the scope, will continue to be refined through stakeholder engagement and as the project develops.

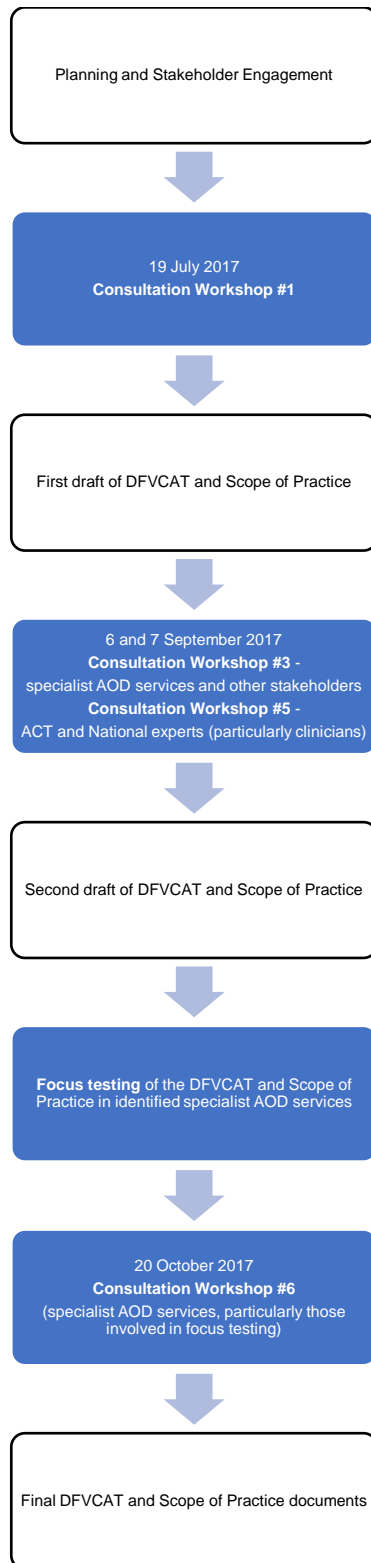
All specialist AOD services in the ACT are invited to participate in the process of developing the DFVCAT and Scope of Practice. There will be a number of opportunities for AOD services to participate in the process (see Project Plan below). In order to build a consistent and coherent dialogue throughout the project, it is hoped that, where possible, specialist AOD services will be able to send the same representatives to participate in each of the consultations.

Project Plan—activities and deliverables

Figure 1 on the following page summarises the activities and deliverables for the development of the DFVCAT and Scope of Practice for AOD settings, including the opportunities for input into the development process.

³ The development of the DFVCAT and the Scope of Practice is itself an exercise in scoping and clarifying some key defining issues in family and domestic violence as it relates to this specific project—issues such as how gender relates to people who experience and use violence, and what gender responsiveness means in this context.

Figure 1:
Activities and deliverables for the development of a Domestic and Family Violence Capability Assessment Tool (DFVCAT) and Scope of Practice for AOD settings



Section 3: Development of an Evidence Based Practice Framework and Clinical Community of Practice

Research, Scope and Design of a Safer Families Project for the ACT AOD Sector (AOD Safer Families Project)



Supported by



Development of an Evidence Based Practice Framework and Clinical Community of Practice

Draft Terms of Reference (Version Date: August 2017)

This is a working document. The document will continue to be refined throughout the life of the project.

Introduction

The research in the area of DFV as it relates to AOD service provision, including clinical practice, is lacking. There is emerging evidence for some specific programs, but there are large gaps in the evidence base.

As part of the overarching *Research, Scope and Design of a Safer Families Project for the ACT AOD Sector* (referred to as the AOD Safer Families Project), ACT Health has engaged ATODA to work with stakeholders to develop practical resources to assist specialist AOD services in this important area. ATODA has in turn engaged 360Edge, a specialist AOD and health consultancy, to assist in the development of these tools and engagement processes.

Aims and objectives

The aim of this component of the AOD Safer Families Project is to develop:

3. An evidence based practice framework for responding to DFV in specialist AOD services
4. A community of practice related to AOD and DFV with engagement of ACT based and interstate clinicians and other experts.

The objectives of developing these are to:

- Assist specialist AOD services to develop responses to domestic and family violence that reflect the evidence and consensus of best clinical practice
- Strengthen ACT AOD clinical capacity and leadership as it relates to DFV
- Inform the development of the pilot designs as part of the AOD Safer Families Project

About the evidence based practice framework for responding to domestic and family violence in specialist AOD settings

The project will seek to develop Australia's first evidence based practice framework that can guide clinical practice and service responses to people affected by DFV in AOD settings.

Such frameworks (but related to other areas) would be very familiar to specialist AOD services, whose clinical and other practices are informed by a whole suite of practice guidelines (e.g. Guidelines on the management of co-occurring AOD and mental health conditions; Guidelines for the management of substance use during pregnancy; Guidelines for the treatment of alcohol problems). It is important to note that the evidence based practice framework for responding to DFV in AOD settings will be developed within a context of limited research evidence. Therefore its coverage, detail and length is likely to be less than that which is present in other clinical guidelines.

Development of the framework

Given the gaps in the literature regarding responding to DFV in AOD settings; the development of the framework will need to be both evidence based and consensus based (through drawing on the experience of clinicians and other experts related to AOD and DFV).

This would include:

- Facilitating a half day workshop with selected ACT clinicians and interstate experts to develop clinical questions that the framework will seek to answer.
 - o Developing clinical questions is the first step in developing clinical practice guidelines. In this case the process may include: identifying the types of DFV issues that may be present in AOD service settings; the types of clients who may be experiencing these issues; the way the issues can be identified; the most appropriate responses; and the expected outcomes if implemented well.
- Establishing a clinical / expert community of practice that will function as a consensus group to lead the development of the guidelines (membership of this group will be based on the participants of the initial half day workshop described above—see further information below).
- Using these clinical questions to guide a systematic literature review, including the development of evidence tables. Evidence Tables are a tool by which written information about evidence based practice is documented against its relevance in clinical practice.
- Using this information to draft an evidence based practice framework / guide for responding to DFV in specialist AOD settings.
- Re-convening the clinical / expert community of practice to review the draft framework, draw conclusions about reasonable clinical practice based on evidence and form a consensus view on strategies and programs to guide practice where evidence is lacking.
- Revising and finalising the evidence based practice framework / guide for responding to DFV in specialist AOD settings.

Examples of what the framework could cover

The precise scope of the framework will be determined through the clinical question development with the community of practice (as described above). However, it is expected that the framework will be useful for a broad range of specialist AOD settings; and with a range of client groups (all people who experience or use violence). Where available, the framework will be accompanied by clinical tools for utilisation in AOD practice. In the absence of such tools, consensus based recommendations will be made about how to guide practice.

Some examples of areas that would be covered in the framework include screening, assessment, intervention and referral. Such guidance could be provided across a range of interventions ranging from low threshold universal responses up to specific and integrated DFV therapeutic programs within AOD settings.

About the clinical / expert community of practice

As described above, a community of practice of clinicians and experts will be convened to lead the development of the evidence based practice framework for responding to DFV in specialist AOD settings. In addition to contributing to the development of the framework, this group will strengthen ACT AOD clinical capacity and leadership as it relates to DFV.

The community of practice will be drawn from ACT AOD service clinicians, and will seek to engage interstate clinicians and experts for further advice.

Linkages with the other project deliverables

There a range of other deliverables being produced through the AOD Safer Families Project that inter-relate with the development of the evidence based framework. These have utility at different levels of AOD practice, and as such will be considered distinct but complementary pieces of work. A summary is provided below:

Deliverable	Description	Focus
Domestic and Family Violence Capability Assessment Tool	Development of a fidelity instrument for utilisation by AOD services to measure capacity for responses to DFV. An example of such a measure that has been utilised by ACT AOD services before is the Dual Diagnosis Capability in Addiction Treatment Index Tool	Organisational level
Scope of Practice	Documentation of the roles and responsibilities of AOD services when working with consumers with DFV issues (based on presentation, severity of issues etc)	Practice / clinical level
Evidence Based Practice Framework	Development of practice / clinical guidelines for responding to domestic and family violence in specialist AOD services	Practice / clinical level
Clinical Community of Practice	Convening of a community of practice of clinicians and experts from the ACT and Interstate that will inform the development of project deliverables	Practice / clinical level

Pilot Design	Description of the pilot design elements and recommended approaches for utilising the AOD Safer Families resourcing from 2018 onwards	Whole of sector / policy level
Project Advisory Group	Convening of an Advisory Group whose primary function is to provide high level advice, strategic guidance and governance to the Project.	Whole of sector / policy level
Evaluation	Development of an evaluation framework	Whole of sector / policy level

Timeframe for the project

The timeframe for this component of the project is August – December 2017.

Section 4: Design of the AOD Safer Families Pilot Project

Research, Scope and Design a Safer Families Project for the ACT AOD Sector (AOD Safer Families Project)



Design of the AOD Safer Families Pilot Project

Draft Terms of Reference and Project Plan

(Version: August 2017)

This is a working document. The document will continue to be refined throughout the life of the project.

Introduction

As part of the overarching *Research, Scope and Design of a Safer Families Project for the ACT AOD Sector* (referred to as the AOD Safer Families Project), ACT Health has engaged ATODA to work with stakeholders to define elements of a multi-year pilot (with accompanying funding approaches) to support specialist AOD services to improve service delivery to consumers who experience, or use, family and domestic violence.⁴

This pilot design will help to describe an approach to effectively utilise the funding that was allocated in the ACT Government Budget 2016-17 to increase the capacity of specialist drug treatment services to deliver programs that integrate best practice in addressing family violence. This investment totals \$2 million and is recorded in the forward estimates until 2019-20.

The development of a pilot design, and the initial investment in infrastructure development throughout 2017, acknowledges the emerging evidence base in relation to responding to DFV in AOD services. This allows for an approach that not only leverages the existing evidence base of AOD treatment and support services, but also allows for innovation, co-design and evaluation.

To support this work, ATODA has engaged 360Edge, a specialist AOD and health consultancy, to assist in the design of this pilot using a process of meaningful engagement of, and collaboration with, the specialist AOD sector in the ACT.

Aims and objectives

The aims of the pilot design are to:

- Co-design the multi-year AOD Safer Families pilot project that will be conducted from 2018 onwards with specialist ACT AOD services

⁴ For further details of the 'Research, Scope and Design of a Safer Families Project for the ACT AOD Sector', please refer to the project's terms of reference found at: www.atoda.org.au/research-scope-and-design-a-pilot-project-safer-families/

- Define and document the AOD Safer Families pilot project approach with consideration to the infrastructure developed in 2017:
 - Domestic and Family Violence Capability Assessment Tool
 - Scope of Practice
 - Evidence Based Practice Framework
 - Evaluation Framework
- Ensure probity and transparency to decision making regarding the future resource allocation as part of the AOD Safer Families project.

The objectives of the pilot design are to:

- Identify and engage key stakeholders necessary to inform the co-design process including funders and policy makers (ACT Health), service delivery agencies and consumer representative organisations.
- Investigate potential designs, including feasible options for disseminating funding.
- Consult with stakeholders on the pilot design (including the implementation of a co-design workshop with a focus on specialist ACT AOD Services who will be the pilot implementers from 2018).
- Revise and finalise the pilot design for submission to ACT Health.
- Following submission, explore the option of delivering a workshop for specialist ACT AOD services to develop their service level implementation and program theory in relation to the pilot design.

Examples of what the pilot design could document

This project will determine the design of a pilot and an associated funding model by detailing, for example:

- the elements of the pilot (e.g. DFV aware, DFV identified, DFV capable, DFV coordinated care and DFV integrated care)
- the program logic for each practice option
- the requirements for services to gain funding through the pilot (e.g. utilisation of the DFVCAT, evidence based practice framework and participation in the evaluation)
- timeframes for each activity
- proposed governance mechanisms
- the potential funding allocation (e.g. based on complexity of proposed service to be provided) and the process for allocating the funding (e.g. services to submit an application, based on evidence for effective practice, with detailed model of care).

Timeframe for the project

The timeframe for the *design* of the pilot is September – December 2017. Its timeframes reflect the need for other AOD Safer Families project deliverables (DFVCAT, Scope of Practice and Evidence Based Practice Framework) to be further developed in order to adequately inform the pilot design.

Linkages with the other project deliverables

There a range of other deliverables being produced through the AOD Safer Families Project that inter-relate with the development of the evidence based framework. These have utility at different levels of AOD practice, and as such will be considered distinct but complementary pieces of work. A summary is provided below:

Deliverable	Description	Focus
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Evidence Based Practice Framework	Development of practice / clinical guidelines for responding to domestic and family violence in specialist AOD services	Practice / clinical level
Clinical Community of Practice	Convening of a community of practice of clinicians and experts from the ACT and Interstate that will inform the development of project deliverables	Practice / clinical level
Pilot Design	Description of the pilot design elements and recommended approaches for utilising the AOD Safer Families resourcing from 2018 onwards	Whole of sector / policy level
Project Advisory Group	Convening of an Advisory Group whose primary function is to provide high level advice, strategic guidance and governance to the Project.	Whole of sector / policy level
Evaluation	Development of an evaluation framework	Whole of sector / policy level

Section 5: Summary of Key Dates

Face to face consultation
Project Advisory Group

Date (2017)	Task
February (and ongoing)	Project Development and Consultation
March (and ongoing)	Project Terms of Reference and Plan
24 May	AOD and DFV Symposium
24 May	Needs Assessment Survey of AOD Workforce
1 June	Project Advisory Group
June – August	Engagement Strategy
June	DFVCAT and Scope of Practice TOR and Project Plan
July	DFVCAT and Scope of Practice literature scan and essential elements
13 July	Project Advisory Group
19 July	Sector Forum (DFVCAT preliminary consultation)
10 August	Project Advisory Group
August	Evidence Based Practice Framework and Community of Practice TOR and Project Plan
August	Conceptual model for AOD and DFV
August	Pilot Design TOR and Project Plan
1 September	DFVCAT Draft 1
6 September	Sector Forum (DFVCAT Draft 1 consultation)
7 September	Clinical Roundtable (Evidence Based Practice Framework question generation & DFVCAT Draft 1 Review)
September	Evidence Based Practice Framework systematic literature review
September	Evidence Based Practice Framework evidence tables
September	Evaluation Request for Quotation
21 September	Project Advisory Group
22 September	DFVCAT Draft 2
28 September	Evaluation Inception Meeting with External Consultant
September	Evaluation Project Plan
26 September – 20 October	Implementation Testing of DFVCAT in ACT AOD services
3 October	Evidence based practice framework structure development
20 October	Scope of Practice Draft 1
20 October	Sector Forum (DFVCAT Draft 2 consultation – additional agenda items TBC)
TBC October / November	Sector Forum (Evaluation consultation on program theory and monitoring and evaluation framework)
24 October	Clinical Roundtable (Evidence Based Practice Framework consensus generation)
26 October	Project Advisory Group
6 November	Evidence Based Practice Framework Draft 1
9 November	Sector Forum (Pilot design consultation and scope of practice – additional agenda items TBC)
TBC November	Pilot design to ACT Health for final feedback
6 – 17 November	Evidence Based Practice Framework to ACT Health for final feedback

13 November	DFVCAT Final Draft
13 – 20 November	DFVCAT Final Draft to ACT Health for final feedback
23 November	Project Advisory Group
30 November	Clinical consultant finalise all deliverables to ATODA
TBC November	Evaluation Framework and Data Collection Instruments Draft
TBC November	Evaluation Framework to ACT Health for final feedback
7 December	Final submission of project deliverables and report to ACT Health
TBC December	Commence dissemination and communication strategy for all Project deliverables