



2022/2023 ANNUAL REPORT



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ACKNOWLEDGEMENT OF COUNTRY

QulHN acknowledges the Traditional Owners of the land on which we work and pays respect to Elders, past and present. QulHN also acknowledges and respects the continuation of Cultural, Spiritual, Educational and Health practices of Aboriginal and Torres Strait Islander peoples.

We acknowledge Aboriginal and Torres Strait Islander peoples' strength, resilience, and capacity in response to the impacts of colonisation. QulHN is committed to contributing to a reconciled Australia.

Traditional Owners of the land on which QulHN offices and staff are located:

- Turrbal and Jagera/Yuggera (Brisbane)
- Quandamooka (Redlands)
- Kombumerri and Bundjalung (Gold Coast)
- Yuibera (Mackay)
- Bindal and Wulgurukaba (Townsville)
- Yirrganydji, Djabugay, Gunggandji and Yidinji (Cairns region)
- Kalkadoon (Mount Isa)
- Gubbi Gubbi / Kabi Kabi and Jinibara (Sunshine Coast)

STATEMENT OF INCLUSION

QulHN recognises the strength, resilience, survival, and solidarity of people who use drugs and remembers those of the drug-using community who are no longer with us.

QulHN values are underpinned by a social justice framework that respects diversity and difference and we are committed to providing fully inclusive, professional, and non-judgmental services to people of all cultures, languages, capacities, sexual orientations, gender identities, and/or expressions.



Ngurr (Side by Side)

The big blue circle in the center represents the QulHN base/home. The 'U' shape symbols represent all the workers and their skills/knowledge that make up the QulHN workforce.

The white circles represent the different communities that QulHN has worked with and made connections with and continues to do so.

The blue line that leads out from the center through the white circles with the blue and white 'U' shape symbols represents the pathway that QulHN takes to help their clients in the way of health and wellbeing, family, drug use, and recovery, counselling, building relationship skills, and communication.

The circles on the edges of the painting represent the families of the clients and their communities, it shows the strength and resilience of the people involved to help clients to achieve good health and improve social and emotional well-being.

The emu footprints represent our ancestors traveling with us, helping us, and guiding us in the right direction in all areas of our life.

This painting is about everyone coming together side by side working together for a healthy positive future.

Artist, Wayne Martin

Nurambang Cultural Education and Aboriginal Art

Wayne Martin is a proud Wiradjuri/Mardigan/Kooma man. Wayne's family originates from Cunnamulla in South West Queensland on Kunja country. His mother's country is Mardigan country, in Quilpie. He also has family connections in Lightning Ridge on Yuwaalaraay Country, his grandmother's country is along the Lachlan and Murrumbidgee Rivers on Wiradjuri country.

Wayne's family moved around a lot through Queensland and New South Wales when he was growing up. He has done a lot of travel throughout his life. As a teenager, Wayne's uncle, also named Wayne, started teaching him about Aboriginal Culture and Lore. Along his cultural journey, he met a lot of strong cultural men which is what inspired his art, showcasing dreaming stories and connections to Mother Earth.

Wayne loves to share his culture with everyone, and painting has allowed him to do that. He wants to be able to give people a piece of his journey, his cultural knowledge, and his experiences.

Find more at

www.ngurambangaboriginalart.com

**20
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OUR VISION & PURPOSE

OUR VISION

QuIHN's vision is for a world where all people who use substances can reach their full potential & the health & well-being outcomes of our communities are maximised.

OUR PURPOSE

Through our services we strive to contribute to the elimination of drug overdoses, hepatitis C incidence, physical and mental health and well-being increased, quality of life improved, and individual potential realised. Regardless of where people are at in their journey, our services are provided with respect, nonjudgement, and self-agency, and through this, we create a sense of belonging and safety.

OUR SHARED

VALUES

OUR SHARED VALUES ARE WHAT CONNECTS US AS AN ORGANISATION AND WE STRONGLY BELIEVE THAT:

- All people should have choices allowing for *self-determination* and *self-reliance*.
- That we all need to remain committed to being *client-focused* through engagement and participation.
- That *respect for oneself and others* is essential, our approach must remain inclusive and accepting. We value all people with whom we work, and we respond with positive regard, dignity, and courtesy.
- We value all people with whom we work, and we respond with positive regard, dignity, and courtesy.
- We embrace *difference and diversity* as an asset and strength, accepting everyone regardless of culture, sexuality, disability, gender, age, and life circumstances.
- We value *transparency and accountability* in our work, and we commit to genuine authenticity and individual, organisational, and public accountability.

PRESIDENT'S REPORT



RUTH TOOMEY

Acting President
QuIHN

The 2022-2023 year has been a challenging one in many ways, characterized by surging inflation, declining housing availability and affordability, and a range of other cost of living pressures, all of which significantly impact the health and well-being of QuIHN's clients, and the community more broadly. A decline in the numbers of Opioid Treatment Providers exacerbated these challenges for some, but through it all, QuIHN's staff continue to rise to every challenge with empathy, resilience and a fierce commitment advancing the dignity, health and well-being of the people who access our services.

As an organization, QuIHN has not been immune to the impacts of the macroeconomic environment, which have resulted in delays in establishing our new home on the Sunshine Coast, and a reduction in clinical services offered through Better Access Medical Clinic due to difficulty replacing two outgoing general practitioners – an issue being experienced more widely across community health settings in Queensland.

That QuIHN has continued to grow its business, engage in new partnerships, and reach more diverse cohorts of the community, is a testament to its reputation which has been built based on its high-quality service offerings, and commitment to upholding the human rights of people who use drugs illicitly. That said, we know that there is more that can be done to ensure that QuIHN's services are safe and welcoming, and this year, in partnership with QuIVAA, our joint peer leadership working group has overseen the development of a framework that will ensure that QuIHN becomes an employer of choice for people with lived and living experience of drug use and that they are supported and developed to be strong and proud leaders in our organisation and their communities.

QuIHN is nothing without its partnerships, and with that in mind I extend my sincere thanks to our numerous funding bodies and partners in service delivery. Together we achieve more through the provision of integrated service options that recognise and respond to the holistic experiences of those we serve.

I would especially like to acknowledge the leadership shown by the Directors of our founding member, QuIVAA, and congratulate them on their hard work and persistence which has resulted in the recruitment of an

exceptional Chief Executive in Emma Kill. Emma and the board have already made significant inroads in their policy advocacy work, and we look forward to continuing to grow and working alongside them in pursuit of health and social justice outcomes.

I likewise would like to acknowledge my fellow QuIHN board directors, particularly in supporting me to perform the role of Acting President over recent months while our hard-working leader of the last several years, Lauren Trask, took a well-earned leave of absence. We look forward to her return next year. I would also like to formally acknowledge Tony Coburn, our recently retired Treasurer and chair of our Financial and Risk Audit Subcommittee – Tony, your financial stewardship has been invaluable, and we thank you. To the remaining board members, it is a privilege to work with you. Your unswerving passion, integrity, and respectful engagement is a crucial aspect underpinning QuIHN's success, now and into the future.

To our leaders across the organisation, I am inspired by your dedication and leadership through what has been a series of uniquely challenging years. To the executive team, I could not value your contributions more highly. You are consummate professionals, and excellent people – we are so lucky to have you.

Finally, to our staff and volunteers – you are the beating heart of our organization, and you make a real difference in the lives of the people you are working with, each and every day. I thank you for your contribution to our culture, and for choosing to work at QuIHN to provide such high-quality care, not only to the community but to each other.

On behalf of the QuIHN board, we look forward to a year of new opportunities to continuously strengthen our culture and build ever more effective harm reduction and therapeutic services for people with a lived and living experience of illicit drug use.

Sincerely,

Ruth Toomey

Acting President
QuIHN

CEO'S REPORT



GEOFF DAVEY

Chief Executive
Officer

Our services

Throughout the year we have continued to deliver our critical services to our clients and the Queensland community. Over the course of the year:

- Our NSP delivered 28,262 occasions of service.
- Our Harm reduction teams distributed more than 1,000 individual units of naloxone, a lifesaving medication that reverses the effects of overdose, and potentially saved over 400 lives.
- We conducted 4,740 tests, including:
 - 909 HCV PoCTs and 749 HCV serology tests.
 - 304 HIV PoCTs and 705 HIV serology tests.
 - 273 Syphilis PoCTs.
 - 127 HBV PoCTs.
 - 838 Chlamydia screens and
 - 835 Gonorrhoea screens.
- Since January 2016 we commenced 886 individuals on HCV treatment, with 846 having completed treatment and achieved a 97% cure rate among those attending for their 4-week end of treatment sustained viral response testing.
- Our Prison Transition Service worked with 171 client referrals.
- Our Therapeutic Services across the State worked with 3,801 clients providing 11,429 counselling and case management appointments and 2,740 therapeutic group contacts across our Queensland locations.
- Our Brisbane Outreach Social and Nurse Support Program saw 464 clients supporting them with welfare and health issues and conducted 438 COVID vaccinations and 271 seasonal influenza vaccinations across the year.
- Our Queensland Corrective Services therapeutic psychosocial programs based in probation and parole settings (Cairns, Townsville, Mackay, and Mt Isa) regions provided 1,499 appointments to 961 clients.
- Our Queensland Corrective Services therapeutic group based in Townsville Men's and Women's, and Lotus Glen Correctional Centres facilitated 17 group programs to 4,175 group contacts and 360 individual clients.
- Our Better Access Medical Clinic providing General Practice primary care provided 9,923 patient appointments over the year.



Image – HI-Ground Launch

Over the year we have continued our commitment to innovation, and this has been exemplified through:

- Continued delivery and expansion of our HCV Prevention and Testing and Treatment and Management Program into regional Queensland sites through a novel hybrid face-to-face and telehealth model to facilitate diagnosis, treatment, and management through QulHN's Nurse Practitioners and Harm Reduction Workers.
- Expansion of our Prison Transition Service across multiple Queensland prisons providing support for HCV treatment for people while in prison and on post-release and enabling greater collaboration with partners.
- Final evaluation of our Community Withdrawal Program (CWP) which provided comprehensive withdrawal management through our Nurse Practitioner-led program.
- The review of our Treehouse Mindful Parenting Group program and our Custodial Corrections Group programs.
- Continued partnership in the Qld Sexual Health Research Fund Partnership (QSHRF) – Harm Reduction Services for Aboriginal and Torres Strait Islander People Who Inject Drugs (Project) and its final evaluation.
- The development of our Peer Leadership Framework which seeks to set out a blueprint for the development of a robust, diverse, and sustainable peer workforce for our organisation.
- Supporting our member organisation, QuIVAA, through seed funding to build organisational capacity and strengthen our partnership and collaboration in pursuit of health and social justice outcomes for people who use drugs in Queensland.

Our Teams

In November 2022 we held our bi-annual 'QulHN Days' where our organisation came together to celebrate the theme of individual and collective connection to purpose. This marked the first coming together in a face-to-face format of the whole of organisation since the beginning of the pandemic experience. It was a truly incredible two-day uniting in place and collective belonging. We heard from various speakers about QulHN's future strategy and business plans, shared important updates about our programs and services, and learned about important ways of doing and being.

QulHN has continued to experience growth over the year in the diversity of programs and services provided and therefore the number of staff employed across the state. As QulHN grows the organisation has necessarily continued to commit to our culture and shared values and seeks to maintain our connection to the community. This year an important focus has been to build on a blueprint that encourages the development of a robust, diverse, and sustainable peer workforce. Our goal is to become a thriving values-driven organisation where every individual comprehends our mission and what sets us apart from other AOD organisations. QulHN is committed to recognizing and celebrating the invaluable role of peer workforces, which have become integral to our quality service delivery.



Image – Resources ECA

Echoing the words of our President, our staff and our volunteers are the beating heart of our organization. We are intrinsically motivated and connected by shared purpose and value, each of us has a real desire to make a meaningful difference in the lives of the people with whom we work. I am humbled by the caliber and commitment of our workforce. To turn our flywheel, we must continue to ensure a qualified, skilled, and aligned workforce that is supported to deliver exceptional services and outcomes for our clients, community, and funders. In turn, communicate our impact to demonstrate our vital contributions to social and health outcomes and attract strategic partners to assist in building the reach of our services.

Our Financials

The 2022-2023 year has been a year characterised by increasing cost pressures brought about by rising inflation. QuIHN has still maintained a strong financial position, largely due to little to no debt and a strong balance sheet position. Overall, the organisation did finish the year with a small deficit/loss, mostly due to reinvestment in the form of capital and operational projects. In the financial year ahead, we are expecting more of a return to normal operating conditions, although do expect continued reinvestment back into the organisation. Despite prudent financial management, the organisation has not been immune to the impacts of the macroeconomic environment, with significant delays and barriers in establishing our new purpose-built site on the Sunshine Coast, and significant reductions in the clinical primary care services able to be offered through the Better Access Medical Clinic. While we have altered course significantly with our plans on the Sunshine Coast, the organisation has secured a long term solution to our future accommodation needs in the region and we look forward to making this a reality in the coming year ahead. In regards to our General Practice clinic, it continues to experience two key issues, firstly the difficulty in recruitment of General Practitioners, and secondly, the diminishing economic sustainability of the fully bulk billed model in primary care general practice. Both issues are being felt at crisis levels across the primary care sector more generally but are felt more acutely in the provision of primary care among our priority populations. However, as an organisation we have proved our resilience time and time again and we have solid plans in place for dealing with the future of our General Practice clinic and remain optimistic in the continuation of these important services.

Our Futures

We believe in a world where all people who use substances can reach their full potential in life and where the health and well-being outcomes of our communities are maximised. To achieve this, we must continue to ensure we can expand our services for more people affected by problematic drug use in Queensland, and to do that we must continue to:

- Ensure our workforces and our people are highly passionate and strongly aligned, and that they have access to high-quality support, training, and employment outcomes.
- Integrate our programs to provide a truly end-to-end cascade of care, where there are no wrong doors, multiple entry points, and smooth exits.
- Ensure strong partnerships through co-design with our communities and clients and strong engagement with our stakeholders.
- Enhance our evidence and ability to promote our impact to potential clients, sector partners, and potential funders and sponsors.
- Enhance our physical and digital infrastructures to ensure our sustainability and create local presence and touchpoints and expand our services for more people.
- Ensure our finances and funding mix are both sustainable and adequate to achieve our goals and purpose.

It is an honour and pleasure to lead a passionate organisation and group of people. I continue to be made immensely proud by the individual and collective achievements of our clients, our staff, our volunteers, our directors, and our organisation.

Standing in Solidarity,



Geoff Davey

Chief Executive Officer
QuIHN Ltd



Image – Amanda at Winter School



Image – Amanda Nik Yvette



Image – SC Resources desk staff



Image – DJ Mary



Image – ECA Van





Image – GC NSP

2022 / 2023 RECONCILIATION ACTION PLAN



Image – GC Naloxone



Image – Esha speaker



Image – QulHN Brisbane RAP NRW

REFLECT RECONCILIATION ACTION PLAN (RAP)



PAULA JARDINE
RAP Chair

Relationships

Our local regions have been engaged with various Aboriginal and Torres Strait Islander stakeholders and organisations, we have developed a stakeholder register that now consists of over 30 key organisations and individuals with which we work.

We have been working hard to embed best practice and principles that support partnerships with Aboriginal and Torres Strait Islander stakeholders

and services, from building our supplier partnerships to local service relationships and the sharing of information and resources.

Over the year we introduced new ways of doing to our supervision processes and we are seeking to develop through reflective practice learning on the important work we undertake with Aboriginal and Torres Strait Islander clients and communities.

We have taken stock of our recruitment processes and are seeking to ensure we consider relevant channels and that our approaches value and seek the knowledge of Aboriginal and Torres Strait Islander peoples, and people with a lived/living experience of substance use. Our processes include focusing on how candidates can demonstrate empathy, sensitivity, cultural awareness, and knowledge of diverse cultures, including those of Aboriginal and/or Torres Strait Islander peoples. We developed our business case for increasing opportunities for Aboriginal and Torres Strait Islander peoples employment and we are now developing our wider People Plan and Workforce Diversity Strategy.

Over the year we have been exploring opportunities to help facilitate and better support service linkages and culturally safe and appropriate harm reduction education and practice. A key project in this respect has been the 'Enhancing harm reduction services (BBV and STI) for Aboriginal and Torres Strait Islander people who inject drugs through improved engagement'. This project was

in collaboration with our partners at the University of Queensland, School of Public Health, the Queensland Aboriginal and Islander Health Council (QAIHC), and YouthLink based in Cairns and was funded through the Australian Society in HIV Medicine (ASHM) through the Queensland Health Research Fund (QSHRF).

The project final report has now been delivered and provides important findings that can be translated into culturally appropriate guidelines for the delivery of harm reductions services such as Needle and Syringe Program and Point-of-Care-Testing (PoCT) service delivery.

During National Reconciliation Week (NRW) we undertook a number of activities, including:

- Themed therapeutic group programs to discuss the importance of the week with our clients.
- Support for other local NRW events through donations, attendance, and local participation.
- Holding movie screenings of the 'Powerful and Free – an honest conversation about Hepatitis B', a short film following the story of a first nations woman living with chronic hepatitis B.

This year we were also nominated for the National Reconciliation Plan Awards during NRW. We supported other events through the circulation of information materials about the significance of reconciliation to our staff and via social media and other channels, such as: National Sorry Day, National Apology to the Stolen Generations, and Share Our Pride. QuiHN also supported the Yes campaign, as we strongly believed it would lead to better health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.

We will continue to promote reconciliation through our sphere of influence. We have begun to share our internal communication newsletter, Whichway, with our external partners. During the year QuiHN also joined as a member of Reconciliation Queensland Incorporated (RQI). Our social media channels have taken a strong focus on the promotion of appropriate Aboriginal and Torres Strait Islander content over the year, and we will continue to share important messages in our communication. We supported other events through the circulation of information materials about the significance of reconciliation to our staff and via social media and other channels, such as: National Sorry Day, National Apology to the Stolen Generations, and Share Our Pride.



Respect

We have incorporated into the organisations quality audit schedule and program audits to assist in ensuring our service settings are more culturally appropriate. Results from audits have also fed into the review and updating of various internal resources. QuIHN has also been engaged in the process of developing its practice frameworks to be more culturally responsive when working with Aboriginal and Torres Strait Islander peoples, particularly in our custodial setting programs. During the year we also undertook two surveys to establish better understanding of our workforces cultural learning needs and identify appropriate requirements and opportunities for workforce training.

QuIHN has undertaken to develop, increase, and promote understanding of the local Traditional Owners of the lands and waters within our operational areas. Several activities have supported this work, including; visible display of acknowledgements on all of our physical buildings, on our website, on our service brochures and stationery, through acknowledgments in our external and internal meetings, welcome to country in our major events (such as QuIHN Days), engagement with Local Council Aboriginal and Torres Strait Islander Liaisons, and through standing agenda on our internal meetings to encourage reflection and report back on our work and engagement at the local regional levels.

Opportunities

The Business Case for Aboriginal and Torres Strait Islander employment within our organisation has provided us with the aims of our strategy, guiding principles to underpin our strategy, actions for consideration and key performance indicators that should be adopted, and a framework for strategy governance and reporting. During our RAP Staff Survey (Reflect) the organisation sought to understand the number of Aboriginal and Torres Strait Islander staff employed. This sets a baseline to inform our future efforts to increase the employment participation of Aboriginal and Torres Strait Islander staff in our organisation.

QuIHN also developed a business case and standard operating process to assist in ensuring the growth in procurement of goods and services from Aboriginal and Torres Strait Islander-owned businesses. This process has been implemented and since implementation during the year has resulted in a 4% increase in the sourcing of goods and services from Aboriginal and Torres Strait Islander-owned businesses.

Governance

We thank the commitment of our RAP Working Group (WG) members throughout the year, who has been consistently meeting to monitor the progress of our efforts against the Reflect RAP and to assist the organisation develop new ways to innovate in our reconciliation journey. RAP WG members have also been instrumental in the engagement of the whole organisation and its workforce and creating a culture of meaningful commitment. We acknowledge and thank our Aboriginal and Torres Strait Islander RAP WG and our client representatives who bring their extensive connections, expertise, and guidance. We also thank our President and Board members for their ongoing commitments to the progress of our RAP journey.

Throughout the year we have established a system to track, monitor, and evaluate our deliverables and activities conducted as part of our Reflect RAP and we have engaged with Reconciliation Australia through the Impact Survey to report back on our progress. To learn more about our Reflect RAP Progress by visiting our website here.

Yours Sincerely,

Paula Jardine

RAP Chair





Image – BNE Staff IOAD



Image – End Overdose



Image – Jenna and Tegan



Image – Bne staff team



Image – GC Staff IOAD



2022 / 2023 PROGRAM REPORT



Image - Jacqui van



Image - Julie TVL



Image - Liver



Image - Nikki Lee

HARM REDUCTION SERVICES

HARM IS REDUCED THEREBY SOCIAL OUTCOMES ARE IMPROVED.

Outcomes: Reduced harms associated with overdose, and communicable diseases, improved physical and mental health, and reduced risks associated with substance use

THE NSP DELIVERED A TOTAL OF

28,262

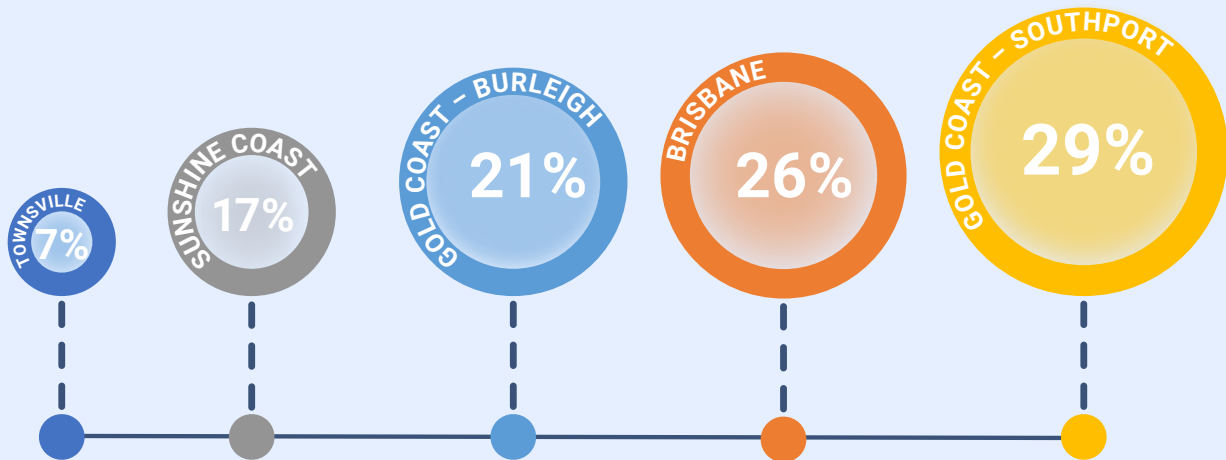
occasions of service during the period (1 Jul 22-30 Jun 23)

THIS IS AN INCREASE OF

650

occasions of service from the previous reporting period

The figure below shows the breakdown of all NSP occasions of service across the relevant NSP sites.



A total of 32,682 Brief Interventions and 4,498 referrals were facilitated via NSP during the reporting period. The NSP demographics were:



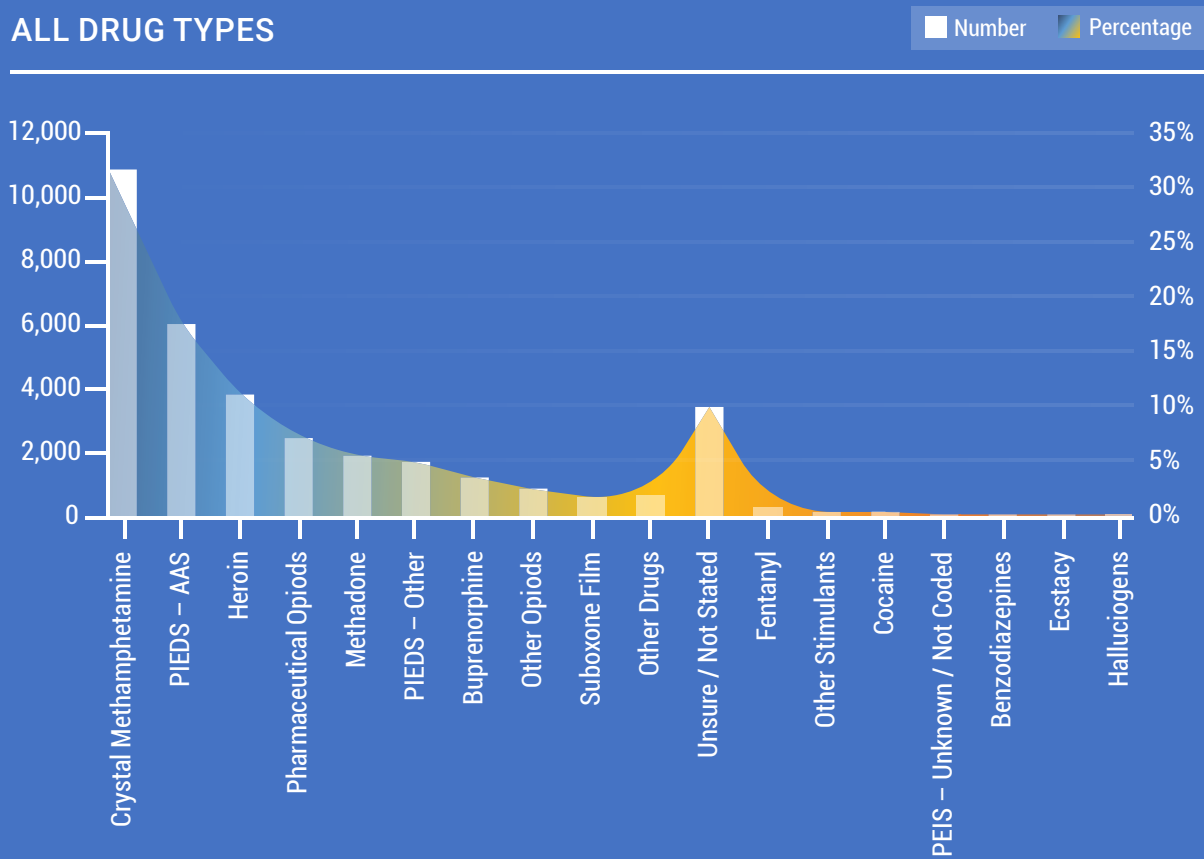
APPROX
11%

of NSP clients identified as Aboriginal and/or Torres Strait Islander across all regions, with Townsville having the highest rate (~19%) of Aboriginal and/or Torres Strait Islander clients followed by Brisbane (~18%), Sunshine Coast (~10%), Southport (~8%), and Burleigh (~4%)

The Top 5 Drugs reported for injection across NSP sites



ALL DRUG TYPES



Naloxone access

QulHN's Harm Reduction team continued the distribution of Naloxone during this period. From 1 July 2022 – 30 June 2023:

- 1,004 individual units of Naloxone were supplied to 580 individual clients "at risk" of overdose, or those likely to witness a friend or family member overdose. Of the total around 16% identified as Aboriginal and/or Torres Strait Islander.

- Of the total units provided, 406 (40.4%) were provided as re-supply(s) to 228 clients.
- Each time someone uses naloxone in the event of an overdose, a life is potentially saved, this indicates that over 400 lives were potentially saved through this important measure.

Treatment and Management Program (TMP)

Testing Services, Hepatitis, HIV, STI's

This year saw an increase in testing of 50% from the previous year, which was largely driven by the increased HCV Point of Care Testing (PoCT) across existing and new in-reach and outreach sites across Queensland. In total, QulHN's Harm Reduction and Better Access Medical Clinic teams tested 1,658 people for Hepatitis C (HCV).

Of the total HCV tests conducted, around 54% (n=909) of these were

conducted as HCV PoCTs across the State. Of the total PoCTs conducted there were 114 HCV PCR detected results. Important data from our HCV PoCT program indicated:

- This represents an HCV positivity rate of around 12%.
- 27% of people accessing PoCT services were Aboriginal or Torres Strait Island people.
- 65% of people accessing PoCT were male.

- The most common age group was 46 years of age and older, representing 36% of people accessing PoCT.

HCV PoCT continues to remain an effective intervention delivered through QulHN's Needle Syringe Programs and various in-reach and outreach partners. Increased uptake of PoCT was also supported by the \$20 incentive vouchers across all regions.

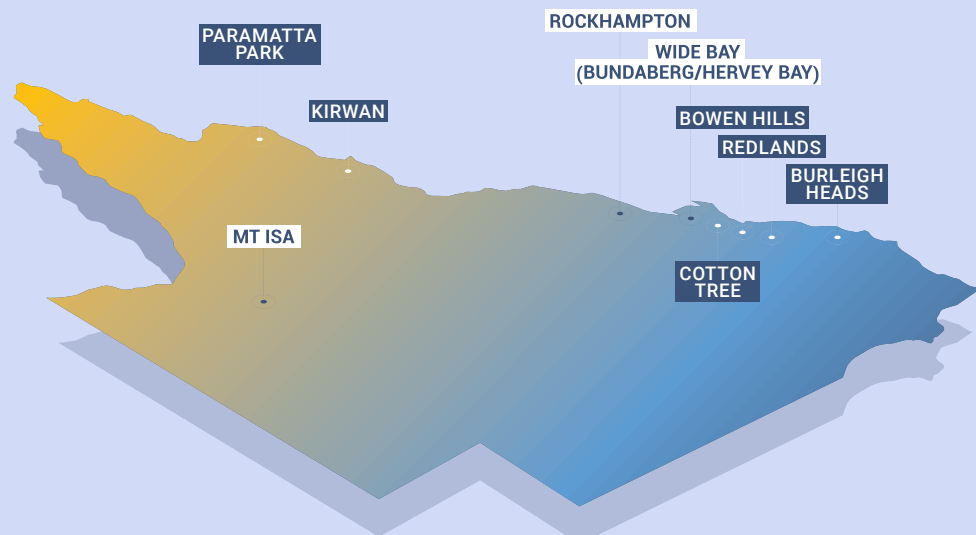
All NSP sites provided HIV and Syphilis PoCT, with Townsville and regional and remote outreach sites also providing Hepatitis B (HBV) PoCT testing. Over the year we conducted:



The Treatment and Management Program (TMP) Nurse Practitioners and members of our harm reduction teams provided testing and treatment services to regional and remote communities in Queensland through an outreach and in-reach clinic model. The project is funded by Eliminate C Australia and evaluated by the Queensland University of Technology (QUT) School of Nursing. Full PoCT services are being offered in addition to sexual health screening, HCV treatment and linkages with health and community providers.

Over the year we conducted:

- 7 clinics to 50 clients in Mt Isa.
- 4 clinics to 30 clients in Rockhampton.
- 1 clinic to 8 clients in Wide Bay (Bundaberg/Hervey Bay).



Regular Nurse Practitioner outreach clinics were also conducted in Burleigh Heads, Southport, Logan, Brisbane, Caboolture, Redcliffe, Ipswich, Sunshine Coast, and Townsville. Outreach clinics were also provided to Community Corrections across Brisbane North, Sunshine Coast and Townsville regions.

HCV Treatment

Both the Nurse Practitioner and the Better Access Medical Clinic General Practitioners provided Hepatitis C treatment and management to our TMP clients.

The Treatment Management Program (TMP) provided case management services to 245 people across Queensland. This includes people with a positive PoCT, people self-referring or externally referred directly to the service, and those who may have been diagnosed previously and were still engaged in case management services.

Of those accessing our TMP:

16%

of people accessing the TMP were Aboriginal and or Torres Strait Island people.

70%

The majority of people accessing the TMP were male.

46+ YRS

was the most common age group; representing 35% of people accessing Hepatitis C treatment support.

84

people were scripted in the year for HCV treatment, primarily by our Nurse Practitioners providing outreach.

QulHN has been providing TMP services since January 2016 and since then:

886

have started on HCV treatment.

846

people have completed their HCV treatment and were eligible for 4-week Sustained Viral Response (SVR) testing.

574

people attended for their SVR confirmatory test, and,

552

were confirmed to have achieved SVR (a 97% cure rate)

TMP Prison Transition Program

The Prison Transitions Worker (PTW) based in South-East Queensland provided in-reach to multiple prisons including Brisbane Women's Correctional Centre, Borallon Correctional Centre, Brisbane Correctional Centre, and Wolston Correctional Facility.

The role collaborates closely with Prison Health Services and clients to provide a centralised referral point from prison to community, linkage, and support to clients seeking or on HCV treatments who are post-release from correctional services in South-East Queensland. The role also assisted clients at risk of entering the correctional system, with a focus on access to HCV testing and treatment.

Key activity over the year included:

- 344 referrals received to the Prison Transition Worker.
- Of those referrals around 32% of

people identified as Aboriginal and/or Torres Strait Island people.

- Most people were female, with Brisbane Women's Correctional Centre being the highest referral centre across all custodial correctional facilities accounting for around 60% of referrals made.
- Around 42% of people were male.
- The most common (43%) age group accessing the prison transition service was between 26 and 35 years of age.

Prison Transition Services provided included:

- 171 client referrals to QulHN, community services prison health services.
- 1,086 activities conducted which include, intake, phone calls, emails, letters of support etc.
- 31 medication deliveries to client's post-release.

- 31 prison inductions sessions.
- 11 in-service presentations.

The prison transition team collaborated on 4 Hepatitis C PoCT Prison Blitz events across Queensland prisons, including Townsville Men's and Women's Custodial Centres, Palen Creek, Wolston, and Woodford Correctional Centres.

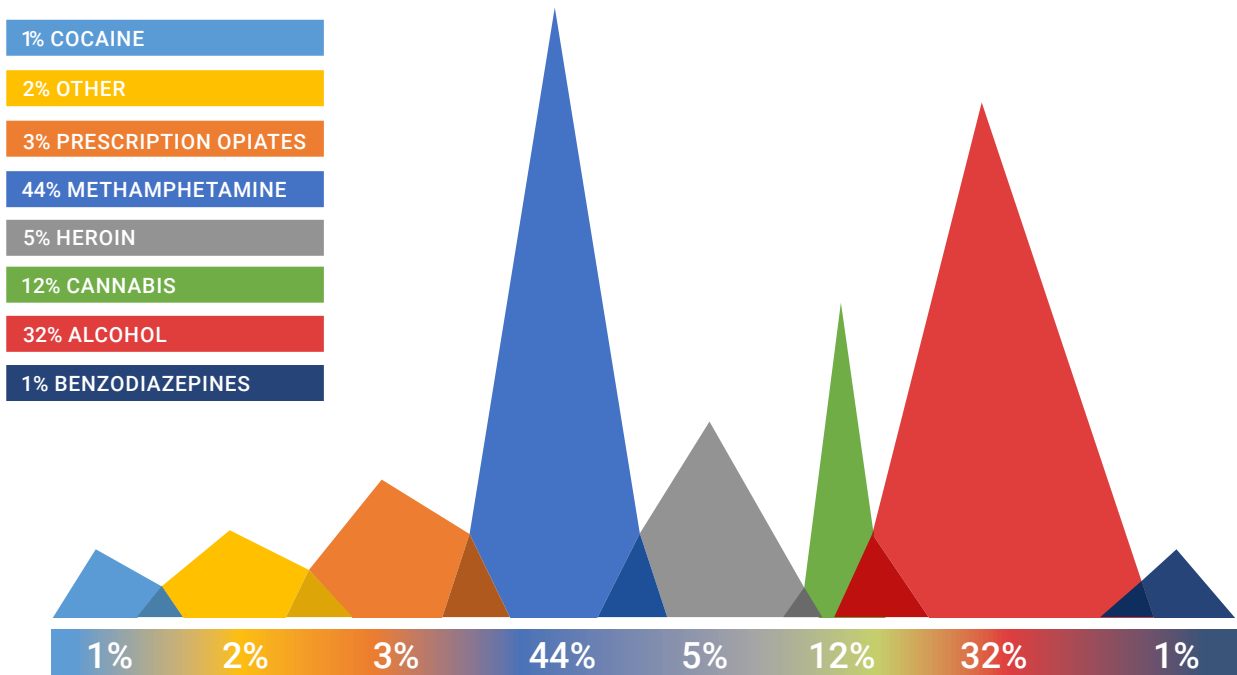
The Eplusa Patient Support Program (PSP) through the Prison Transition Service was offered across multiple Queensland prisons. The prison transition team worked with 64 people between March and June 2023 who were provided Eplusa treatment while in prison. Clients were eligible if released after being scripted, whilst on medication, or had completed Eplusa treatment and were awaiting a treatment result. Of the total, 19 people in the Eplusa PSP were delivered medications post-release.

THERAPEUTIC SERVICES

QulHN's Therapeutic Counselling and Case Management Programs are delivered across Gold Coast, Redlands, Brisbane, Sunshine Coast, and Cairns regions.

During the year, these programs undertook the following combined activity: .

- Services were provided to a total of **3,801** clients.
- Of the total **2,662** of these had an intake completed during the period.
- **3,086** client episodes began.
- **2,811** client episodes were closed.
- **43,776** counselling and case management-related service contacts were made. Of these contacts, **15,845** appointments were made, and **11,429 (72% attendance)** appointments were attended. This is a strong attendance rate and shows the importance clients place on the service.
- **16,047** text messages were generated by the QFiles database, many of which were appointment reminders.
- **2,740** group contacts were made.
- **57%** of clients were Male and **43%** Female, with less than **1%** Non-binary.
- **12%** of clients identified as Aboriginal and/or Torres Strait Islander.
- The average age of clients was **39.88** years.



THE PRIMARY REPORTED DRUG TYPES

Brisbane Outreach Social & Nurse Support Program

This program provides outreach social support and nursing support to clients in the Redcliffe, Deception Bay, and Caboolture areas. Throughout the year the Case Manager and Outreach Nurse saw 464 clients, supporting them with welfare and health issues. The team sourced donations of food and clothing and continued to distribute this weekly to clients. They also provided several COVID and seasonal influenza vaccination clinics to these communities, administering 438 COVID and 271 influenza vaccinations across the year.

Community Withdrawal Program (CWP)

This program began in March 2021 and aims to provide a comprehensive treatment and support service in a community setting for people with AOD-related problems who would not access or require inpatient withdrawal management (sometimes referred to as 'detox'). Through our Nurse Practitioner-led community withdrawal program, with the support of specialist AOD clinical staff and the client's family and/or other support persons, we support individuals in their local home environment. Unfortunately, the CWP has not been successful in securing recurrent funding following its initial 2-year trial and following the departure of the Nurse Practitioner in March 2023 the program ceased to new clients. During the project a total of 270 patients received withdrawal management services.



Image – SC Staff IOAD



Image – TVL Speaker

QUEENSLAND CORRECTIVE SERVICES (QCS) PROGRAM IN NORTH QUEENSLAND

QCS Counselling

The Programs funded through Queensland Corrective Services include counselling and group programs in Far North Qld centres and parole offices. We have part time counsellors providing service to people on parole in the following regions: Macka; Townsville; Mount Isa; Innisfail; and Yarrabah. Combined, over the course of the 2022/2023 year:

- 961 clients accessed counselling.
- 2,575 appointments were made with 1499 attended.
- 75% of clients were male and 25% female.
- 38% identified as First Nations across all sites. This is 84% in Mount Isa.

QCS Group Programs

The Group programs are facilitated in Townsville Men's, Townsville Women's, and Lotus Glen Correctional Centres. There are also some groups facilitated in parole offices in Cairns, Townsville, and Mareeba. The four group programs facilitated include a 100-hour group, 42 hours, 16 hours, and 12 hours. Over the year we provided services to:

- 360 unique clients accessed across 17 groups programs.
- There were 4,175 group session contacts.

THE FEEDBACK RECEIVED WAS OVERWHELMINGLY POSITIVE, SOME COMMENTS INCLUDED:

“
The respect and understanding given by E with no judgement and how our stories interest you. Thank you...
”

“
...Facilitators are amazing, don't change
”

“
I felt I got some positive information that will help me in the long run...
”

“
I really liked the course. It was presented very good and I am keen to put some of what I learnt into practice
”

“
I found the course very helpful, and I would have definitely relapsed without this course...
”

QuIHN staff continued to conduct training sessions for Far North Qld Corrective Services Staff. This training was well received and will provide the basis for some other opportunities with QCS over the next year. There will be a focus on a client-centered, harm reduction approach to dual diagnosis issues to enable parole officers to develop a greater understanding and realistic outlook on those they are supporting.

BETTER ACCESS MEDICAL CLINIC

Over the course of the year, the Better Access Medical Clinic (BAMC) provided 9,923 patient appointments with 77% delivered through face-to-face consults. Patient demographics included:



5%

of patients identified as members of the Aboriginal and Torres Strait Islander community



43%

of active patients identify as Male and 56% identify as Female



30

patients supported in our Opioid Substitution Therapy (OST) via the clinic each month



192

patients attended for quarterly sexual health certificates



838

were screened for Chlamydia



749

were screened for Hepatitis C



835

were screened for Gonorrhoea



732

were screened for syphilis



705

were screened for HIV

CLIENT ENGAGEMENT

The Client Engagement role has continued to work to centrally coordinate and report back on client engagement activities across the organisation. This position works closely with the regional teams to support client engagement to inform service planning, delivery, and evaluation. Other activities conducted or coordinated over the year included:

- Coordination and facilitation of the Feedback2Action (F2A) Group whose membership consists of both client representatives and members from all teams across all regions. This allows the flow of information between clients, teams, management, and client representatives.
- Providing guidance and support with client feedback on policies and procedures.
- Supporting client feedback in the development of a series of animations that have now been completed and are now available on QuIHN's YouTube Channel. Animations delivered over the year included topics such as Stigma and Discrimination and Human Rights.
- Supporting client feedback input into the development of educational videos on topics such as NSP, PoCT, and Take-Home Naloxone.
- Providing QPAMS support to OST clients and education to staff on new OST medications, and other OST issues (e.g., pain and substance use, lack of options for treatment, and stigma). On average 24 occasions of service are provided per month to clients on the Qld Opiate Treatment Program (QOTP) and other individuals seeking advice and support during this reporting period. However, this year saw a surge in additional support provided around the reduction in prescribers across Queensland.
- Ongoing support to QuIHN's social media channels over the year. Social media has continued to communicate with clients regarding service delivery changes, drug warnings, promotion of QuIHN activities and events, relevant community events, and key dates.



Image – End Overdose

ABILITY TO SELF-SUSTAIN

Outcomes: Diverse funding streams and organisational growth

Over the course of the year, the organisation managed 17 funding contracts across a variety of sources. An example of some of the newer activities across the year included those outlined below.

Eliminate Hepatitis C Australia (ECA)

QulHN received funding via ECA and is working in partnership with the Queensland University of Technology (QUT) to evaluate the impact of the project. This non-recurrent project focuses on the provision of HCV PoCT and treatment access to people living in Rockhampton, Mt Isa, and the Wider Bay Region, as well as other regional areas. Clinics have had positive feedback to date, with new stakeholders coming on board each month.

Gilead Sciences

During this past year, QulHN's Harm Reduction Program received funding via Gilead Sciences to expand our Prison Transitions Service. The 12-month non-recurrent initiative will see more geographical coverage, with the ability to attend more correctional facilities throughout the State. Throughout this period, our team of 3 Prison Transitions Workers has been busy visiting custodial centers across Queensland, linking people to HCV care where required. QulHN also received 900 Hepatitis C cartridges from *Gilead Sciences Check Cure Control Project* which were utilised across the year.

Treehouse Review

PHN Brisbane South funded QulHN Redlands to undertake a review and update of the Treehouse Mindful Parenting Group program. In the region, there is a high need for this program which is conducted 3 to 4 times a year.

Department of Youth Justice, Employment, Small Business and Training

Towards the end of the year, the Cairns team was successful in acquiring a grant through the *Skilling Queensland for Work Initiative*. This is designed to deliver a range of assistance in community-based environments including tailored support measures, training and assessment services, foundation skills, career advice, job preparation, and paid work placements. The grant allows us to hire a Peer Worker for a 12-month period to oversee a project at QulHN Cairns' location that supports 20 clients with upskilling activities. The grant provides another means for QulHN to enhance the lives of our clients

Queensland Mental Health Commission (QMHC) Putting Together the Puzzle

QulHN received non-recurrent funding from the QMHC to deliver the "Putting together the Puzzle" training package across Queensland. This training package was developed by the Australian Injection and Illicit Drug Users League (AIVL). It focuses on reducing and challenging the stigma and discrimination experienced by people who inject drugs (PWID), people on opioid substitution programs, and people affected by hepatitis and other blood-borne viruses. The aim of this training is to improve the health outcomes and experiences of people who use drugs in health and community settings.

During the year, 18 workshops were delivered online and in-person, the in-person workshops were delivered in the following locations: Toowoomba; South Brisbane; North Brisbane; Central Brisbane; Sunshine Coast; and Gold Coast. A total of 325 health and community workers attended the workshops.

Sunshine Coast Purpose Built Facility

During the year QulHN continued work on progressing its plans to establish a purpose-built facility on the Sunshine Coast to house its operations. QulHN was successful in the year in obtaining all development approvals to commence development on the site. Unfortunately, due to escalating costs in construction, the project was not able to achieve feasibility in the financing stage and has currently been put on hold. QulHN has exercised a contingency plan for the Sunshine Coast operations and has secured significantly improved space directly adjacent to the planned development site. Relocation of the Sunshine Coast services is planned early in 2024 calendar year.



Image – ECA Van 2

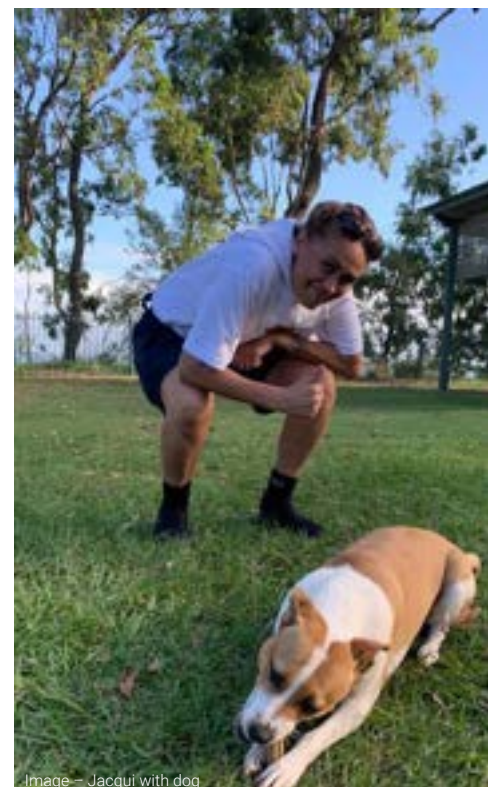


Image – Jacqui with dog



ABILITY TO SELF-SUSTAIN

Outcomes: Diverse funding streams and organisational growth

Over the year the organisation has been involved in a range of research partnerships that have informed our priorities and practice.

Queensland University of Technology (QUT)

During this period, QulHN and the QUT formed a partnership with funding made available via the Macfarlane Burnet Institute for Medical Research and Public Health Limited. The project is being facilitated by QulHN and evaluated by QUT. The project is a novel hybrid face to face/telehealth model that allows QulHN's Nurse Practitioners and Harm Reduction Workers to travel to regional areas in QLD (i.e., Mt Isa and Rockhampton) to facilitate diagnosis, treatment, and management of chronic Hepatitis C for people living in regional and remote Queensland.

Illicit Drugs Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS)

QulHN was again involved in the recruitment of participants in relation to the Illicit Drugs Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS). This research is an ongoing national monitoring program, comprising the Illicit Drugs Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS). Each year, people who regularly use and/or inject illicit drugs are interviewed in every state/territory capital city and tell us about patterns of use, drug markets, and the health, social and justice issues they experience. Findings are published within remarkably short timeframes and thus feed quickly into national and international policies and program design. All participants are compensated for their time, and this research will be ongoing in the future.

Australian Needle & Syringe Program Survey (ANSPS) ["Finger Prick Survey"]

In October of 2022, the 3 participating QulHN sites based in Gold Coast (Burleigh), Sunshine Coast, and Brisbane facilitated 2 weeks of ANSPS via their NSPs. The ANSPS provides serial point prevalence estimates of HIV and HCV antibody prevalence, and HCV RNA prevalence and monitors sexual and injecting behavior among PWID in Australia. QulHN has been involved with the survey since 2005, with the next round scheduled for October 2023.

QLD Sexual Health Research Fund Partnership (QSHRF) – Harm Reduction Services for Indigenous Australian People Who Inject Drugs (Project)

QuiHN has been involved in a partnership with the University of QLD (UQ), the Queensland Aboriginal and Islander Health Council (QAIHC), and Youthlink. The research focused on Enhancing harm reduction services for Aboriginal and Torres Strait Islander people who inject drugs through improved engagement. During the year the final report was completed. Some of the key findings of the project included:

- That underlying social and structural factors (including incarceration) continue to act as underlying drivers of BBV and STI exposure among Aboriginal and Torres Strait Islander people who have injected drugs.
- Around one-quarter of people in the project had not obtained injecting equipment from NSPs in the last 12 months, and of these, one-third obtained their injecting equipment from friends or acquaintances. A high proportion of people in the study also reported equipment sharing and re-use in the last month.
- Around one-quarter people in the study had never tested for HIV (23%), Hepatitis C (18%), Hepatitis B (25%), and/or Syphilis (24%).
- Participants reported varied experiences of stigma, discrimination, and racism in a range of service settings. Stigma and discrimination was experienced in some form by around half of all participants and was associated with poorer outcomes including sharing of needles and syringes and not receiving the health care needed.
- Enablers of service access were seen as friendly staff, peer support, testing days, incentives, outreach, and recognised peer workers and staff with lived and living experience.
- Barriers to service access were seen as limited operating hours, geographic location, privacy and confidentiality considerations, and stigma and discrimination.

Overall, this study demonstrated the feasibility of simultaneous PoCT testing for HIV, HCV, HBV and syphilis in community settings conducted by trained harm reduction workers with some level of support (onsite or remote) from other health practitioners.

The process was acceptable to participants, including a significant proportion who were new to the harm reduction services where the research was conducted. In some sites the level of demand for testing far exceeded expectations. A number of stakeholder workshops were also held to process the findings of the research and a summary of recommendations was compiled from these, which outlined key needs in relation to reducing barriers to access through 'meeting clients where they are at'; increasing accessibility and service modalities through outreach that is consistent and multidisciplinary; consumer and peer involvement in service design and delivery; staffing and development through a program that values diversity and lived and living experience; and creating enabling and destigmatising service environments.

Putting Together the Puzzle

QuiHN was funded by the Queensland Mental Health Commission (QMHC) to deliver the "Putting together the Puzzle" (PTTP) training package across Queensland. A formal evaluation "Putting together the Puzzle" training package was also undertaken by the University of New South Wales (UNSW), Centre for Social Impact (CSI). This evaluation found that the PTTP workshops had positive impacts on health care workers by raising awareness and reducing the stigma and discrimination faced by people who inject drugs. Participants reported increased confidence navigating and working with people who use drugs and most participants expressed that they would apply the learnings both personally and professionally. Participants said that the workshops were highly relevant, meaningful, and informative and would recommend them to others in the sector. Participants highly valued the peer and lived experience facilitation and sharing within the workshops. Recommendations from the evaluation included:

- To maintain both face to face and online workshop options, although face to face workshops provided stronger outcomes the online workshops still demonstrated impact.
- Provide additional training and experience for facilitators to improve facilitator confidence and facilitation.
- Allocate specific times for co-facilitator peer sharing to assist to increase confidence and increase opportunities for facilitators to

strengthen rapport with participants.

- Increase the reach and impact of workshops by prioritising and inviting key target groups such as nurses, doctors, and proactive services who have the most impact when it comes to discrimination.

Community Withdrawal Program Evaluation

The pilot trial was formally evaluated in partnership with the University of the Sunshine Coast (School of Health), the Deakin University, and the University of Queensland (QCIF and Institute for Molecular Bioscience). Results of the evaluation showed most patients were undergoing withdrawal management for alcohol, and that most people in the CWP significantly reduced their substance use and experienced significant improvement in quality of life, and psychological and physical health status on completion of the program. Patients reported a very positive experience of holistic care and the services received from the Nurse Practitioner. The evaluation also found that the cost comparison of the CWP model was likely to have higher cost savings and slightly higher completion rates when compared to inpatient settings. At the conclusion of the program, it had achieved:

- 270 patients accessing withdrawal management from July 2022 to March 2023.
- 133 of these completed a comprehensive assessment with the Nurse Practitioner and clinical staff.
- 90 clients in total completed the full program.

There have been two academic papers written in collaboration with research partners and QuiHN and are now pending publication.

QUIHN'S PEER LEADERSHIP FRAMEWORK



Over the course of the year, QuiHN has been progressing in the development and finalisation of its Peer Leadership Framework. The Framework seeks to set out a blueprint that encourages the development of a robust, diverse, and sustainable peer workforce. Our goal is to become a thriving values-driven organisation where every individual comprehends our mission and what sets us apart from other AOD organisations.

QuiHN is committed to recognizing and celebrating the invaluable role of peer workforces, which have become integral to our quality service delivery. The global recognition and substantial research and practice evidence support peer work's significance.

During the year QuiHN employed two peer roles to assist in starting to undertake this important body of work. This work was also supported by the Peer Leadership Working Group, consisting of QuiHN and QuiVAA leaders that met regularly through the year to discuss, progress, and provide a consultative and advisory mechanism for the staff developing the framework.

As part of this body of work a literature review of best practices was completed in seeking to understand

what the research suggests about peer work, peer leadership, and how this applies to AOD harm reduction organisations specifically. An online survey of QuiHN stakeholders was also undertaken (including clients and community, staff, and Directors). This survey gauged current understanding and acceptance of peer leadership to ascertain organisational readiness.

Around 56 people completed the survey, most of these being employees completing the survey. The survey provided some initial themes to explore in future planned consultations. Consultations with staff were also undertaken across a 3-month period.

A total of 9 face-to-face workshop-style consultations (in Cairns, Townsville, Sunshine Coast, Capalaba, Gold Coast, and Brisbane) and one online consultation were completed. Each workshop was 4 hours in duration.

An additional consultation occurred with the QuiHN and QuiVAA board members. Post consultation stage, discussions were recorded and themed resulting in 23 identified themes. These themes were then placed into four broader themes for the purposes of clarity within the framework and consisted of: Power, Culture and Community (Social

Capital), Space and Time, and People.

In the framework, each theme consists of an overview of the literature, the consultation findings, and recommendations for each themed area. Recommendations that align with findings from the consultation workshops, surveys, and best practice evidence sit within each theme.

There are additional focus areas consisting of the workforce and employee lifecycle, and the role of the Coalition. The Coalition is a recommendation from the consultation workshops, requiring the identification and resourcing of peer leaders to champion this work, lead staff and management, and implement some of the key findings.

Importantly, the Coalition role will also be to facilitate the cultural shift required to implement this important piece of work, and support teams to embed peer leadership. This is an important and ongoing body of work and the organisation is now currently moving from a broader framework into a specific executable plan with the allocation of discrete actions and deliverables. We look forward to releasing the overarching framework and publishing the action plan shortly.

HARM REDUCTION SERVICES

QuIHN's TRACKS Magazine

Over this past year, QuIHN's Harm Reduction team, in conjunction with our clients, have developed two *Tracks Magazines for Illicit Drug Users, Issue 32 & 33*. Each year, our dedicated Tracks Editorial Committee put together the magazine which aims to educate, support, and empower people who use drugs. Without the input from our valued clients, the magazine wouldn't be possible, so we thank all of our contributors over the years.

Treatment & Management Program Expert Advisory Group (TMP EAP)

QuIHN facilitates the TMP EAP to ensure the program follows best practice. The EAP is made up of sector professionals and client representatives.

TMP Service improvement interviews

During this period, in partnership with the University of QLD, we interviewed clients involved in our TMP to gain a better understanding of the flow through from HCV PoCT, diagnosis to treatment, and end of treatment and cure. Clients were paid for their time and expert input.

Eliminate Hepatitis C, It's Your Right

QuIHN was involved in a National HCV promotional project titled "*It's Your Right*". The project promoted HCV testing and treatment via billboards, bus advertisements, posters, etc. The project was a great success. QuIHN clients were interviewed during this period, and asked what they liked about

the project, and if it had an impact on them in terms of seeking testing and treatment for HCV. Clients who were interviewed were remunerated for their time. This kind of feedback from clients assists in future campaigns.

QuIHN & Insight HCV PoCT promotional video

During this period, two QuIHN Peer Harm Reduction Workers starred in a video showcasing QuIHN's PoCT services. The video was produced by Insight, with the aim of promoting the ease of PoCT, in the hope that other community-based organisations may seek to introduce PoCT into their service. The video can be seen at Insight.



Image – Harm Reduction Women Book

THERAPEUTIC SERVICES

Client Satisfaction

For the reporting period (1 Jul 2021-30 Jun 2022), QulHN's Therapeutic Services continued to receive high client satisfaction scores. For Counselling and Case Management Programs the Satisfaction score was 97% on average.

Group feedback was also strong for these programs. For open groups such as Mudmaps, Nuts and Bolts, and the Mindfulness Group the average out of 5 for all questionnaire items was 4.69.

SOME QUOTES FROM CLIENTS ATTENDING OUR GROUPS

“Amazing service. Thankful that it's available...”

“Increased funding is needed to help reduce initial wait times to access a counsellor...”

“I loved it, it's right for me to change my life...”

“QulHN is awesome. I love how they go through emotions, needs, etc”

“You are saving lives. I felt alone beforehand...”

“I feel very heard; safe. I've recently spoke about how I've made suggestions and I've seen those suggestions implemented so definitely feel valued and heard. Thank you.”

“QulHN provides an excellent service with exceptionally caring and knowledgeable staff...”

“Excellent service I can't think of a way to improve. Thank you.”

“Its great the way it is and my counsellor is so lovely and very helpful...”

Harm Reduction and Client-Centred Practice

Clients continue to be placed front and center in QuIHN's Therapeutic Services programs. Collaborative Treatment Plans drive the therapeutic process where clients decide on the content and approach taken in sessions. These are regularly reviewed, and adjustments are made. Client outcomes and satisfaction are collected with consent throughout their time with the service and are used to guide future sessions. Clients are made aware of the ease with which they can change therapists if they want to for any reason whatsoever.

Q Files - Client Records Management Database

This year was the first using "QFiles", our new Client Database to capture all the client demographic, outcome, and case note data. Reporting has been made a lot simpler as a result. The new system has allowed us to incorporate reminder texts to clients for upcoming sessions and email or text outcome measure questionnaires.



Image – Tegan and Jenna



Image – Resources

CLIENT ENGAGEMENT

Client Representation

Client representation was provided on all interview panels during the reporting period.

The Client Advisory Group (CAG) supports service-related policy/procedures and process/system development through engagement with the client representatives and is facilitated via a minimum of quarterly meetings across all regions. This group is chaired by the Client Engagement Officer and provides a formal mechanism for ensuring that clients contribute to the development and improvements of services, ensuring that they meet the needs of the community. Such activities have included but are not limited to:

- Regional meetings attended by client representatives across QuIHN regions.
- Supporting client feedback in the development of a series of animations that have now been completed and are now available on QuIHN's YouTube Channel.
- Supporting client feedback input into the development of educational videos on topics such as NSP, PoCT, and Naloxone.
- Client representatives are invited to be a part of QuIHN's recruitment processes, with a client representative sitting on most interview panels.
- Client representatives are part of the TRACKS committee and have contributed to this magazine.
- Two client representatives are working with the Reconciliation Action Plan (RAP) Working Group.
- A client representative shared her story at QuIHN days, about what it meant to her to be a client representative at QuIHN.
- Client representatives have continued to contribute policy review and terminology.

Due to QuIHN experience in engaging and working with PWUDs in planning service design and governance, QuIHN has facilitated the following:

- Ongoing facilitation of the Peer Workforce Group monthly and supports peer workers (identified and non-identified positions) across the regions.
- Individual peer support/supervision provided to peer workers as required.
- Ongoing support provided to QuIHN's existing client and peer representatives – liaison, advocacy, support to engage, and information regarding engagement opportunities.
- Ongoing work with the AIVL national network around drug warnings/alerts and creating a better / faster process/system around identifying dangerous/risky batches of drugs and informing the community.
- Ongoing training is provided to client representatives. Some training throughout the year has included NSP authorisation, client representative skills, access to AOD online training, understanding of welcome to country, etc.
- Client Engagement officer providing support to staff around engaging client representatives and seeking broader client feedback across the local regions.
- Mud Maps clients contribute to the themes and topics of the group, our collective rules, and values, and occasional activities and learnings.

KNOWN FOR STRONG GOVERNANCE AND BEING A VALUED PARTNER

Outcomes: Collaborative and positive partnerships with members, supporters, funding bodies, and stakeholders that advance our goals

QuiHN is known for its experience as a leading agency in the AOD sector and is seen as a valued partner in engaging with clients. QuiHN have participated in a range of activities to support and enhance positive partnerships over the year, such as:

- Membership of the Brisbane North PHN AOD Partnership Advisory Group
- Membership of the Gold Coast PHN AOD Partnership Advisory Group
- Far North Queensland Community of Practice
- Participated in the Qld Mental Health Commission Achieving Balance Lived Experience Group
- Membership of the Prompt Response Network run through NCCRED
- Participated in MHAOD Safety and Quality Improvement Framework Service Provider Meetings
- Membership in the Sunshine Coast Alliance
- Participation in the Brisbane North Lived Experience Expert Group
- Participation in Client Engagement meetings with Brisbane South AOD Collaborative. The purpose of this group is to obtain sector-wide client engagement.
- Membership and participation in the National Peer Network run through AVIL
- Participation in the ASHM Prison Health and Wellbeing Forum and the Prison Forum Committee.

TMP EAP

The Hepatitis C Treatment Management Program (TMP) Expert Advisory Panel (EAP) has continued quarterly. This expert panel is made up of clients, and other professionals from the sector. The panel guides QuiHN's TMP to ensure best practices in HCV testing and treatment

Point of Care Testing (PoCT) Partnerships

Through PoCT, we have established new and consolidated existing collaborative partnerships. We continue representation on the National Hepatitis C Point of Care Testing Project Committee. Some new Memorandum of Understanding (MOUs) have been developed during this period, such as those with Western Qld Hospital and Health Service (HHS); West Moreton HHS AODS, Lives Lived Well, Gumbi Gumbi, and Bridges Community Alcohol and Drug Service.

ASHM Prison Forum Committee

Three staff members from QuiHN's Harm Reduction Programs were invited to sit on a newly established committee. The forum aims to bring together health professionals working in Queensland prisons and those providing in-reach or telehealth services, to discuss progress in HCV treatment programs and opportunities to strengthen care during the transition to the community. In attendance are our Prison Transitions Worker, Harm Reduction Coordinator, and Peer Harm Reduction Worker. The Prison Transitions Worker represents QuiHN on the National Needs Assessment and Steering Committee: Public Health Literacy and Hepatitis C Education in the Australian Prisons.

Hepatitis C Prison Blitz Collaboration

QuiHN's Prison Transition Worker, in partnership with Hepatitis QLD, Kombi Clinic, and Prisoner Health Services have collaborated to conduct multiple Hepatitis C PoCT Blitz events across Queensland prisons.

Annual QLD Needle & Syringe Program (NSP) Workshop

Each year, QuiHN facilitates the Annual QNSP Workshop. NSP workers from across QLD attend the workshop including both Government and Non-Government workers. The session was held in November of 2022, with presentations facilitated around the National roll-out of Take Home Naloxone, Causes and care of abscesses & femoral injection, NSP updates from around QLD, among other topics.

QuiHN Therapeutic Services

Therapeutic Services continues to enjoy positive and productive working relationships with its range of funding bodies and regional network groups. QuiHN staff are valued members of these networks and are often asked to contribute expertise on pertinent issues in the area. Homelessness and vulnerable housing continues to be the biggest social issues impacting our clients

Medical Clinic

QulHN engaged an external consultant (Synapse Medical Services) to assist with an external independent review of the clinic to:

- Assist us to understand our current billings and plans for future improvements
- Provide recommendations and support to implement future improvements regarding billings
- Review our clinic's processes relating to billing and identify opportunities for improvements

The final independent report was provided in October 2023. It noted that it had observed excellent billing practices at the clinic, but also provided several recommendations to consider, including better use of technology and improved processes, etc. QulHN is currently developing a business plan moving forward based on these recommendations.

Investment into our founding member organisation, QuIVAA

During the year QulHN provisioned investment to support our member organisation, QuIVAA to develop its organisational capacity. QulHN funded the introduction of a new Executive Officer role within QuIVAA. The role has made significant gains and undertakings in the development, leadership, and direction of QuIVAA activities. Following the seed capacity-building funding of our member organisation, QuIVAA has now been successful in sourcing several grant funds to ensure its ongoing financial and operating sustainability. We are excited to continue our partnership work and collaboration with QuIVAA across peer workforces, future funding opportunities, strategic direction, and future projects supporting the health and human rights of people who use (and have used illicit drugs).



Image – Remembrance wall



Image - Resources ECA



Image - QUIHN event booth



Image - Remember tree



Image - Pottery

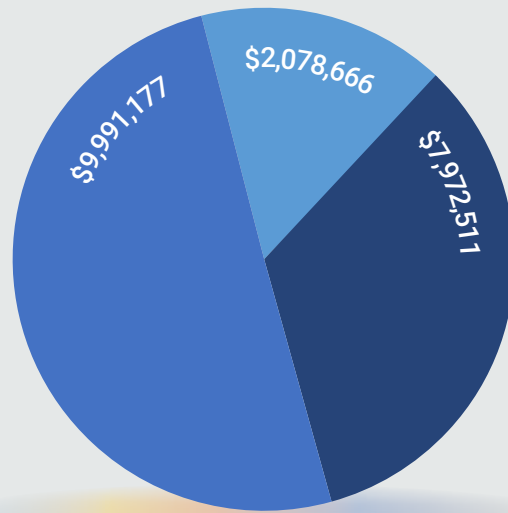


Image - Pottery

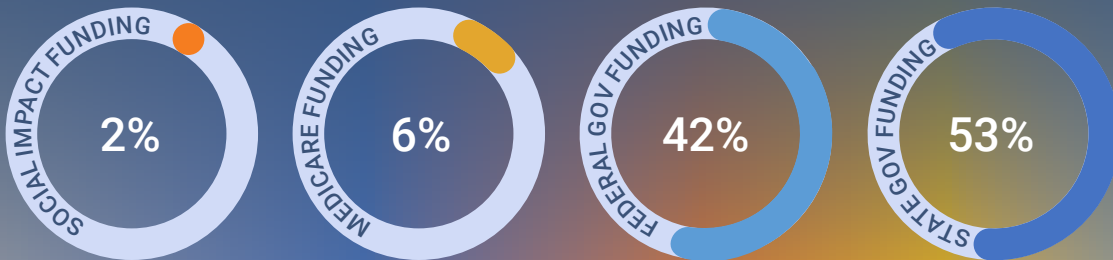
2022 / 2023 FINANCIAL REPORTS

FINANCIAL REPORTS

FINANCIAL POSITION



FUNDING SOURCES



REVENUE ALLOCATION

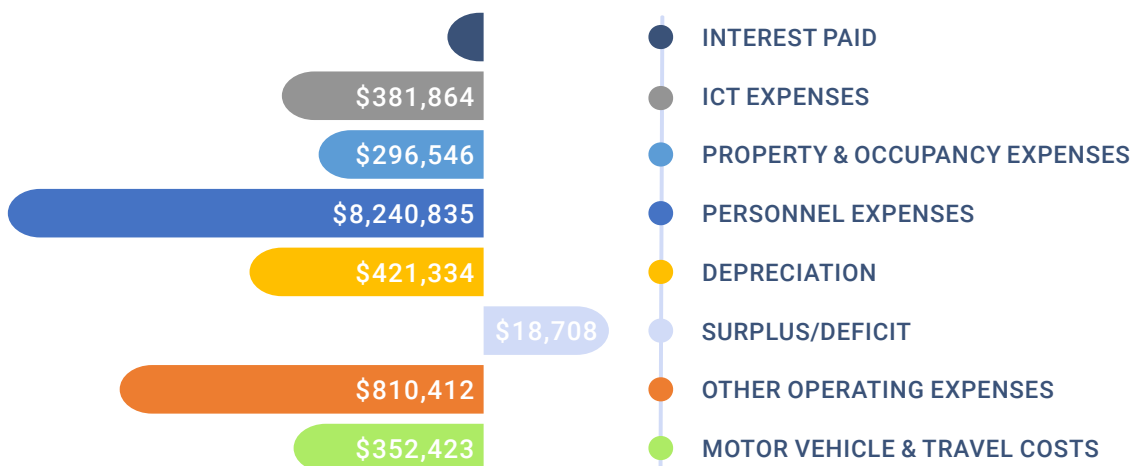




Image – TVL Stadium IOAD

