

Western NSW - Drug and Alcohol Treatment Services

2019/20 - 2022/23

Activity Summary View



[AOD - 1 - AOD-01 Opioid Mitigation Strategy]



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

1

Activity Title *

AOD-01 Opioid Mitigation Strategy

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

Other Program Key Priority Area Description

Aim of Activity *

Increased access to services available primarily through general practice and AMSs that can help consumers avoid, reduce or withdraw from Opioids.

Description of Activity *

WNSW PHN will continue to plan and support PHN funded Drug & Alcohol Treatment Services in Western NSW. Effective Drug and Alcohol Treatment must be responsive to the constant changes in substance abuse behaviour in the community.

Opioid Mitigation Strategy

Prescription medication misuse is an emerging concern in Western NSW. Opioid dependence can create a whole new cohort of Alcohol and Other Drug (AOD) clients who require addiction management and AOD services. This can also lead to

dependence on other illicit drugs when prescription opioids are no longer available. In addition, there is significant risk to legitimate users of prescription opioids who can be either robbed or placed under pressure to relinquish their legally obtained medication for illegal non-prescription use by others.

This is a difficult space for GPs to navigate. Often there is no alternative to opioid prescription for pain management, regardless of the potential for that pain medication to be accessed for illegal use. In addition, many GPs are not confident to manage opioid withdrawal or reduction with existing opioid prescribed clients. They may also fear the risk of prescription medication being replaced by illicit drug use if opioid dependence and addiction is present, and detox and rehab services aren't readily understood or available. Codeine up-scheduling further complicates this issue in general practice since February 2018, introducing an additional cohort of opioid clients requiring prescription management.

The Opioid Mitigation Strategy (OMS) will include three activities, focusing on diversion, reduction and withdrawal:

1. Regional Community Chronic Pain Management Program will be commissioned in two regional centres that identify as having high chronic pain presentations and high opioid use. From these two centres, sub-regional outreach programs will be established. Training will be provided to the CCMP teams by the Pain Management Research Institute in preparation of the facilitation of the program. The CCMP is an evidence-based, mainly non-pharmacological approach to pain management. The program is delivered in small group education format and is facilitated by specially trained health professionals. Evaluation for each CPMP Clinic will be conducted through the electronic Persistent Pain Collaborative (ePPOC) at the University of Wollongong. Participants will develop skills in:

- Living with chronic pain and how to improve quality of life.
- Relaxation, stretching and pacing physical activity.
- Self-help routines and daily activity planning
- Identifying goals and barriers
- Pain crisis management.

2. Opioid prescribing reduction strategies will be focused on GPs to better understand their responsibilities and options for reducing opioid prescriptions or for applying pharmacotherapy alternatives to opioids, including codeine. This will include CPD education, addiction medicine specialist support referral pathways and an awareness campaign through general practice and AMSS.

3. GP led Withdrawal, Detoxification and Rehabilitation will be developed to allow for ambulatory detoxification led by GPs with the support of addiction medicine specialists, nursing and counselling services. This will be linked to existing withdrawal and rehabilitation options (including Community Based Opioid Agonist Treatment programs and residential and day programs). This will include a focus on Opioid and Methamphetamine withdrawal but will be available for all AOD addiction.

A program evaluation on GP-led detox is planned will be conducted in Year 1 (2020/2021).

Needs Assessment Priorities *

WNSW PHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Aboriginal Health (including chronic disease)	146
Drug and Alcohol Treatment Needs	136



Activity Demographics

Target Population Cohort *

People with or at risk of substance dependence focusing on opioids and methamphetamines. People living with low to moderate chronic pain in Far Western NSW will experience improved functional capacity through improved self-management of their chronic pain with the goal of reducing overall opioid prescribing and associated use.

This will be established in select locations where the requisite mix of GP and AOD services can be established and the target population will relate to each of the three activities

Training and education to build workforce capacity and reinforce a shared evidence based for chronic pain management.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments *

This mainstream service has been specifically designed to address the needs of Aboriginal and Torres Straits islander people who will be a part of the cohort. Whilst the Community Chronic Pain Management Program and Opioid Prescribing Reduction Strategies are mainstream, the GP led Withdrawal, Detoxification and Rehabilitation model has been developed with significant support and interest from both AMSs and GPs who provide services through those AMSs. The WNSW PHN funded Indigenous AOD service providers have also been included in model development for this activity.

Coverage *

Whole Region

No

SA3 Name	SA3 Code
Bathurst	10301
Lachlan Valley	10302
Lithgow - Mudgee	10303
Orange	10304
Bourke - Cobar - Coonamble	10501
Broken Hill and Far West	10502
Dubbo	10503
Lower Murray	10902
Blue Mountains - South	12402



Activity Consultation and Collaboration

Consultation *

Consultation will occur through the WNSW PHN Clinical and Community Councils, Aboriginal Health Council, existing Drug & Alcohol (D&A) service providers, including Lyndon, Weigelli, Orana and the Royal Flying Doctor Service (RFDS), as well as the Local Health District (LHD) provided services.

Collaboration *

Ongoing collaboration for this project will occur with the WNSW and FWNSW LHDs, AOD service providers and those general practices and AMS services engaged to develop and deliver these activities. Evaluation of the CCMP will be conducted through the electronic Persistent Pain Collaborative (ePPOC) at the University of Wollongong.



Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

October 2019

Service Delivery End Date

June 2022

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: Yes

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : Yes

Expression of interest (EOI): No

Other approach (please provide details) : Yes

The implementation of this project will be commissioned internally through an Opioid Mitigation Strategy Project Officer

Is this activity being co-designed? *

Yes

Is this activity the result of a previous co-design process? *

Yes

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

Yes

Has this activity previously been co-commissioned or joint-commissioned? *

Yes

Decommissioning *

No

Decommissioning Details? *

NA

Co-design or co-commissioning details *

Potential to co-commission with the WNSW Local Health District



[AOD - 2 - AOD-02 Alcohol Treatment Strategy]



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

2

Activity Title *

AOD-02 Alcohol Treatment Strategy

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

Other Program Key Priority Area Description**Aim of Activity ***

Increased access to services available primarily through general practice and AMSs that can help consumers avoid, reduce or withdraw from Alcohol.

Description of Activity *

The development of the WNSW PHN's Opioid Mitigation Strategy and our Needs Assessment demonstrates the primary care sector requires:

- Specific capacity building in alcohol management strategies.
- The development of new approaches for managing alcohol that can allow consumers to engage in treatment closer to home.
- Increased options for indigenous people to heal on country.

While the Alcohol Treatment Strategy shares elements of the Opioid Mitigation Strategy, there are significant differences. The strategy will include three activities, focusing on management, reduction and withdrawal:

1. Managed Alcohol Program will focus on exploring the feasibility of approaches beyond existing abstinence-based rehabilitation models for chronic alcohol dependency. These will include a focus on Aboriginal communities and have the capacity to stabilise long term alcohol dependant consumers so that they can take the first steps in recovery, preparing them for engagement with other existing rehabilitation options.
2. Clinical Management Strategies will be focussed on GPs to better understand their responsibilities and options across a range of client groups, comorbidities and settings, including young people, families and aged care. This will include AOD CPD education, addiction medicine specialist support and an awareness campaign through general practice and AMSs.

3. GP led Withdrawal, Detoxification and Rehabilitation will be developed to allow for ambulatory detoxification led by GPs with the support of addiction medicine specialists, nursing and counselling services. This will be linked to existing withdrawal and rehabilitation options (including Community Based Opioid Agonist Treatment programs and residential and day programs). This will include a focus on Alcohol management and withdrawal but will be available for all AOD addiction.

A program evaluation is planned for Years 2 or 3 (2020/2021 and 2021/2022).

Needs Assessment Priorities *

WNSW PHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Aboriginal Health (including chronic disease)	146
Alcohol and Other Drug Treatment Needs	138



Activity Demographics

Target Population Cohort *

Aboriginal people with alcohol and other drug issues, their families and carers. This will be established in select locations where the requisite mix of GP and AOD services can be established and the target population will relate to each of the three activities.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments *

This strategy for an alcohol service will be specifically designed to address the needs of Aboriginal and Torres Straits Islander people who will be a part of the cohort. As this model has been developed there has been significant support and interest from both AMSs and GPs who provide services through those AMSs. The WNSW PHN funded community controlled AOD service providers have also been included in model development for this activity.

Coverage *

Whole Region

Yes

SA3 Name	SA3 Code
Bathurst	10301
Lachlan Valley	10302
Lithgow - Mudgee	10303
Orange	10304
Bourke - Cobar - Coonamble	10501
Broken Hill and Far West	10502
Dubbo	10503
Lower Murray	10902
Blue Mountains - South	12402



Activity Consultation and Collaboration

Consultation *

Consultation has occurred through the WNSW PHN Clinical and Community Councils and Aboriginal Health Council, existing Drug & Alcohol (D&A) service providers including Lyndon, Weigelli, Orana and the Royal Flying Doctor Service (RFDS), as well as Local Health District (LHD) provided services and general practices.

Collaboration *

Ongoing collaboration for this project will occur with the WNSW and FWNSW LHDs, AOD service providers and those general practices and AMS services engaged to develop and deliver these activities.



Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

July 2020

Service Delivery End Date

June 2022

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: Yes

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : No

Expression of interest (EOI): No

Other approach (please provide details) : Yes

The implementation of this project will be commissioned internally through an Alcohol Treatment Strategy Project Officer

Is this activity being co-designed? *

Yes

Is this activity the result of a previous co-design process? *

No

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

Yes

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

NA

Co-design or co-commissioning details *

Potential to co-commission with the WNSW Local Health District– Still to be confirmed.



[AOD - 3 - AOD-03 Methamphetamine, Alcohol and other drugs treatment services.]



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

3

Activity Title *

AOD-03 Methamphetamine, Alcohol and other drugs treatment services.

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

Other Program Key Priority Area Description**Aim of Activity ***

To increase access to AOD treatment services in communities with high need.

Description of Activity *

The strategic approach taken in development of the proposal is the provision of a specialist workforce that is integrated with and supports primary health settings.

Three mainstream service Hubs will be established in Cobar, Broken Hill and Dubbo. The Hubs would be inclusive of services to all drug and alcohol service consumers both Indigenous and non-Indigenous.

Note - Three Hubs focused on servicing Aboriginal people will be created in Bourke, Walgett, and Parkes as a separate activity (Refer to AOD-05).

The activity supported in these Hubs through primary health settings will include:

- Support for primary health settings in the engagement of people with ICE/AOD (Alcohol and Other Drug) issues presenting to primary health providers.
- Screening and brief intervention in both primary health settings and secondary primary settings, (home, street etc.).
- Counselling services.
- Case management of treatment and withdrawal plans.
- Support and aftercare follow-up.
- Family counselling and support for carers and other care stakeholders.
- Coordination of referral pathways to specialist providers beyond primary health settings as required.

- Group work and guided self-help and information to clients and providers.
- Workforce upskilling and capacity building in primary health sector.
- Management of comorbid care planning and comorbid therapeutic intervention.
- Continuous needs analysis and documentation across coverage area.

The three mainstream Hubs are each proposed to have a mix of specialist ICE/AOD worker and community linkage workers (dependant on recruitment and workforce availability), and a credentialed Mental Health Nurse (formerly MHNIP). The Community Mental Health Nurse (CMHN) position is funded separately under the changes to the Mental Health Nurse Incentive Program (MHNIP) and not the AOD funding. There is also provision for a program manager and a clinical supervisor to support these positions, as well as those positions in AOD-05, and an additional 0.15FTE Addiction Specialist.

The Hub locations indicate the centre of an area coverage inclusive of primary health settings up to 1.5 hrs, and some up to 2 hrs from the centre. The physical setting is predicted to have a variety of co-location options with key service partners, including the LHD, private General Practices (GPs), ACCHOs and Aboriginal Medical Services (AMSs), or other funded non-government providers.

The aim of the model is to strengthen the capacity of primary health settings to provide therapeutic services within a stepped care framework:

- Screening and brief intervention (use of evidence-based tools for immediate early intervention engagement or as an insight development tool for moving from pre-contemplative to contemplating change.
 - A range of Counselling that provides the level of engagement that matches with the persons' readiness for change or level of acuity. The use of Cognitive Behavioural Therapy (CBT) may be indicated as well as behavioural change therapies that assist the person to make lifestyle and social adjustments as they work through their addiction or misuse issues.
 - A range of settings and therapeutic options will need to be supported for withdrawal management. At its most intense, pathways to appropriate residential or clinical detoxification services will need to be available and accessible for each Hub. This will be achieved by linkages to these environments by the specialist workers, for many regional settings these may remain out of area options. For less intense detoxification monitoring and support service the community linkage workers in the Hubs will provide the longitudinal community follow up, which is indicated as best practice for relapse prevention irrespective of the level of detoxification required.
 - Case management and care coordination of therapeutic outcomes. The establishment of co-morbid treatment plans and co-morbid coordinated therapeutic interventions are critical in this function.
 - Post treatment life skill training to reinforce or confirm therapeutic gains in the community.
- These services will also support the GP Withdrawal programs where appropriate (AOD-01 & AOD-02).
A program evaluation is planned to be conducted in (2020/2021).

Needs Assessment Priorities *

WNSW PHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Alcohol and Other Drug Treatment Needs	138



Activity Demographics

Target Population Cohort *

This activity will be targeted at people with drug and alcohol issues, in the areas surrounding the Hubs (located in Cobar, Broken Hill, Dubbo)

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments *

Coverage *

Whole Region

No

SA3 Name	SA3 Code
Bourke - Cobar - Coonamble	10501
Broken Hill and Far West	10502
Dubbo	10503



Activity Consultation and Collaboration

Consultation *

Ongoing consultation has occurred through existing Drug & Alcohol (D&A) service providers, including Lives Lived Well, Weigelli, Orana Haven and Mission Australia, as well as Western and Far Western Local Health District (LHD) services and Aboriginal Medical Services such as Maari Ma.

Collaboration *

In formulating the proposed Hub model, advice and feedback was received in consultation with key clinical and community stakeholders.

This group included: Both LHD Directors of Mental Health and Drug and Alcohol (Western and Far West) inclusive of their Managers Drug and Alcohol, NADA, Weigelli, Lyndon Community, WNSW PHN.

Feedback was received after presentations to the WNSW PHN Clinical Council, Community Council, and Aboriginal Health Council.



Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

June 2019

Service Delivery End Date

June 2022

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: Yes

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : No

Expression of interest (EOI): No

Other approach (please provide details) : No

Is this activity being co-designed? *

No

Is this activity the result of a previous co-design process? *

Yes

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

NA

Co-design or co-commissioning details *

NA



[AOD - 4 - AOD-04 Mobile Day Program]



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

4

Activity Title *

AOD-04 Mobile Day Program

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

Other Program Key Priority Area Description

Aim of Activity *

To increase options for Aboriginal people seeking AOD support in rural communities and to reduce barriers to accessing AOD rehabilitation services.

Description of Activity *

Maintain a mobile drug and alcohol treatment day program, using an evidence-based model. The program will target rural towns where access to intensive support and counselling is currently not available. The 6-week program will be run at least 8 times in 4 or more locations over the 12 months.

The program will include structured therapeutic groups, support and education/information sessions. The interventions will vary based on client need but will include evidence based therapeutic intervention including contingency management, community reinforcement approach, relapse prevention, motivational enhancement therapy and social skills training

Needs Assessment Priorities *

WNSW PHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Aboriginal Health (including chronic disease)	146
Alcohol and Other Drug Treatment Needs	136



Activity Demographics

Target Population Cohort *

Aboriginal people in rural and remote communities where Drug and Alcohol Rehabilitation programs are not available locally, and where the only available options require extensive travel to residential programs.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments *

This activity will provide treatment options in communities with high Aboriginal populations providing options where Aboriginal people can heal on country.

Coverage *

Whole Region

No

SA3 Name	SA3 Code
Bourke - Cobar - Coonamble	10501
Dubbo	10503



Activity Consultation and Collaboration

Consultation *

Ongoing consultation has occurred through existing Drug & Alcohol (D&A) service providers, including Lives Lived Well (QLD & NSW), Weigelli and Orana Haven, as well as Western and Far Western Local Health District (LHD) services, Prime Minister and Cabinet and Bila Muuji, an Aboriginal Corporation Health Service.

Collaboration *

WNSW PHN has worked closely with the Lyndon Community (now Lives Lived Well) and Department of Prime Minister and Cabinet (PM&C) to develop this activity.

Lyndon will utilise its relationships with LHD, Aboriginal health, NGO and mainstream services to develop and implement coordinated holistic case plans using a partnership approach.



Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2022

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: Yes

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : No

Expression of interest (EOI): No

Other approach (please provide details) : No

Is this activity being co-designed? *

No

Is this activity the result of a previous co-design process? *

Yes

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

Yes

Has this activity previously been co-commissioned or joint-commissioned? *

Yes

Decommissioning *

No

Decommissioning Details? *

NA

Co-design or co-commissioning details *

Anticipated that NIAA will assist in this space.



[AOD - 5 - AOD-05 Methamphetamine, Alcohol & other drugs treatment services for ATSI People]



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

5

Activity Title *

AOD-05 Methamphetamine, Alcohol & other drugs treatment services for ATSI People

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

Other Program Key Priority Area Description**Aim of Activity ***

To increase access to AOD treatment services in the community with a specific focus on Aboriginal and Torres Strait Islander people.

Description of Activity *

This activity proposes the establishment of three service delivery hubs that have a focus on Aboriginal and Torres Strait Islander people. These hubs are located in Parkes, Walgett and Bourke)

These locations have a high Aboriginal demographic and whilst there are some State and Commonwealth funded services in the areas there is a lack of specialist ICE and AOD positions, community link workers related to post detox or treatment, and limited co-morbid treatment focus.

Consideration was given to the high Aboriginal demographic in Broken Hill and whether the hub should have an Indigenous or mainstream focus. Given the Indigenous specific resources already engaged in Maari Ma ACCHO, it was felt that a mainstream specialist hub would offer an opportunity to compliment the work of this organisation and capacity to integrate function. Whereas the mainstream hubs described in AOD-03 predict the employment of a specialist ICE/AOD worker, two link workers and a Credentialed Mental Health Nurse, the three Indigenous hubs will need to build to this level of specialist activity overtime. This is partly because of the ongoing recruitment problems in these areas, but also the level of baseline credentialing within ACCHOs and AMS's both of whom may be successful tenderers in these areas.

In these hubs the proposed workforce is also a mix of ICE/AOD worker (non-specialist) and link workers, and a Mental Health nurse (non-credentialed). Again, these positions will depend on recruitment and workforce availability, and supported by the other AOD-03 hubs.

As described in AOD-03, all hubs would be networked and the capacity building of this workforce in the Indigenous hubs would aim to bring the work force to a point of specialisation, matching the mainstream hubs.

The service activity in these hubs would be:

- Support for primary health settings in the engagement of people with ICE/AOD issues presenting to primary health providers.
- Screening and brief intervention in both primary health settings and secondary primary settings, (home, street etc.).
- Counselling services.
- Case management of treatment and withdrawal plans.
- Support and aftercare follow-up.
- Family counselling and support for carers and other care stakeholders.
- Coordination of referral pathways to specialist providers beyond primary health settings as required.
- Group work and guided self-help and information to clients and providers.
- Workforce upskilling and capacity building in primary health sector.
- Management of comorbid care planning and comorbid therapeutic intervention.
- Continuous needs analysis and documentation across coverage area.

One of the prominent frameworks that any tender appraisal would focus on for these hubs is the service provider's capacity to demonstrate cultural safety for Aboriginal and Torres Strait Islander people.

These services will also support the GP Withdrawal programs where appropriate (AOD-01 & AOD-02).

A program evaluation is planned in 2020/2021.

Needs Assessment Priorities *

WNSW PHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Alcohol and Other Drug Treatment Needs	136



Activity Demographics

Target Population Cohort *

This activity will be targeted at people with drug and alcohol issues, in the areas surrounding the Hubs of Parkes, Walgett and Bourke.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments *

Engagement will continue through the funded service provider which is an ACCHO.

Coverage *

Whole Region

No

SA3 Name	SA3 Code
Lachlan Valley	10302
Bourke - Cobar - Coonamble	10501
Broken Hill and Far West	10502



Activity Consultation and Collaboration

Consultation *

Ongoing consultation has occurred through existing Drug & Alcohol (D&A) service providers, including Lives Lived Well (NSW), Weigelli and Orana Haven Aboriginal Residential Rehab Centres, as well as Western NSW Local Health District (LHD) services, Prime Minister and Cabinet, Yoorana Gunya AMS in Forbes, Dharriwaa Elders Group in Walgett and Maranguka Justice Reinvest Project in Bourke.

Collaboration *

In formulating the proposed Hub model, advice and feedback was received in consultation with key clinical and community stakeholders.

This group included: Both LHD Directors of Mental Health and Drug and Alcohol (Western and Far West) inclusive of their Managers Drug and Alcohol, NADA, Weigelli (Aboriginal residential rehabilitation), Lyndon Community, WNSW PHN.

Feedback was received after presentations to the WNSW PHN Clinical Council, Community Council, and Aboriginal Health Council.

Further consultation for the activity includes ACCHOS as well as a range of specialist service providers from other areas.



Activity Milestone Details/Duration

Activity Start Date *

30 Jun 2019

Activity End Date *

29 Jun 2022

Service Delivery Start Date

June 2019

Service Delivery End Date

June 2022

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: No

Continuing service provider / contract extension: Yes

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : No

Expression of interest (EOI): No

Other approach (please provide details) : No

Is this activity being co-designed? *

No

Is this activity the result of a previous co-design process? *

Yes

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

NA

Co-design or co-commissioning details *

NA



[AOD - 6 - AOD-06 Increasing Access to Drug & Alcohol Treatment Services in Rural, Regional and Remote Areas]



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

6

Activity Title *

AOD-06 Increasing Access to Drug & Alcohol Treatment Services in Rural, Regional and Remote Areas

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

Other Program Key Priority Area Description

Aim of Activity *

- Increase the direct treatment service delivery of the drug and alcohol treatment sector in remote, rural, and regional areas by increasing access to services targeting areas of need; and
- Improve the access and effectiveness of drug and alcohol treatment services for people requiring support and treatment by increasing coordination between various sectors and improving sector efficiency.

Description of Activity *

Build on existing resources to provide additional drug and alcohol specialist services to remote, rural and regional areas of needs through the increase of full time equivalent (FTE) staff; and to allow for the delivery of two day specialist outreach services to locations which do not currently have access to drug and alcohol services.

Needs Assessment Priorities *

NSW PHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
Alcohol and Other Drug Treatment Needs	136
Alcohol and Other Drug Treatment Needs	138



Activity Demographics

Target Population Cohort *

This activity will be targeted to rural and remote communities that do not have access to addiction specialists.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments *

Coverage *

Whole Region

No

SA3 Name	SA3 Code
Lachlan Valley	10302
Lithgow - Mudgee	10303
Bourke - Cobar - Coonamble	10501
Broken Hill and Far West	10502
Lower Murray	10902
Blue Mountains - South	12402



Activity Consultation and Collaboration

Consultation *

Consultation will occur through the WNSW PHN Clinical and Community Councils, Aboriginal Health Council, existing Drug & Alcohol (D&A) service providers, including Lives Lived Well (NSW), Weigelli and Orana Haven Aboriginal Residential Rehab Centres, as well as Western NSW Local Health District (LHD) services, Prime Minister and Cabinet, Yoorana Gunya AMS in Forbes, Dharriwaa Elders Group in Walgett and Maranguka Justice Reinvest Project in Bourke.

Collaboration *

Ongoing collaboration for this project will occur with the WNSW and FWNSW LHDs, AOD service providers and those general practices and AMS services engaged to develop and deliver these activities.



Activity Milestone Details/Duration

Activity Start Date *

31 May 2020

Activity End Date *

29 Jun 2021

Service Delivery Start Date

June 2020

Service Delivery End Date

June 2021

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: Yes

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : No

Expression of interest (EOI): No

Other approach (please provide details) : No

Is this activity being co-designed? *

No

Is this activity the result of a previous co-design process? *

No

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

NA

Co-design or co-commissioning details *

NA



[AOD-GPS - 7 - AOD-7 General Practice Support for Drug & Alcohol Addiction Treatment]



Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD-GPS

Activity Number *

7

Activity Title *

AOD-7 General Practice Support for Drug & Alcohol Addiction Treatment

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

Other Program Key Priority Area Description

Aim of Activity *

Provide support to General Practitioners and Allied Health Professionals to:

- build the capacity of the primary care workforce
- deliver high quality care for clients with AOD issues.

Description of Activity *

- Promote the education package and training grants for drug and alcohol addiction to GPs delivered through the Australian College of Rural and Remote Medicines (ACRRM) and The Royal Australian College of General Practitioners (RACGP) to strengthen the capacity of GPs to address drug and alcohol issues in their community;
- Assist GPs and other health professionals to enhance their knowledge and application of alcohol and other drug addiction referral pathways, supporting improved access to drug and alcohol treatment; and
- Increase awareness of, and support GPs in using the range of evidence-based resources available to improve drug and alcohol addiction treatment.

Needs Assessment Priorities *

NSW PHN Needs Assessment 2019/20-2021/22

Priorities

Needs Assessment Priority	Page Reference
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Alcohol and Other Drug Treatment Needs	136
Alcohol and Other Drug Treatment Needs	138



Activity Demographics

Target Population Cohort *

This activity will be targeted at all General Practitioners and Allied Health Professionals across the WNSWPHN region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments *

Coverage *

Whole Region

Yes

SA3 Name	SA3 Code
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Activity Consultation and Collaboration

Consultation *

Ongoing consultation has occurred through the WNSWPHN Clinical and Community Councils, Aboriginal Health Council, existing Drug & Alcohol (D&A) service providers, including Lives Lived Well (NSW), Weigelli and Orana Haven Aboriginal Residential Rehab Centres, as well as Western NSW Local Health District (LHD) services, Prime Minister and Cabinet, Yoorana Gunya AMS in Forbes, Dharriwaa Elders Group in Walgett and Maranguka Justice Reinvest Project in Bourke.

Collaboration *

Ongoing collaboration for this project will occur with the WNSW and FWNSW LHDs, AOD service providers and those general practices and AMS services engaged to develop and deliver these activities.



Activity Milestone Details/Duration

Activity Start Date *

31 May 2020

Activity End Date *

29 Jun 2021

Service Delivery Start Date

June 2020

Service Delivery End Date

30/06/2021

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity: *

Not yet known: Yes

Continuing service provider / contract extension: No

Direct engagement. Please provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date: No

Open tender : No

Expression of interest (EOI): No

Other approach (please provide details) : No

Is this activity being co-designed? *

No

Is this activity the result of a previous co-design process? *

No

Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? *

No

Has this activity previously been co-commissioned or joint-commissioned? *

No

Decommissioning *

No

Decommissioning Details? *

NA

Co-design or co-commissioning details *

NA