Australian Government
Department of Health

phn
An Australian Government Initiative

Primary Health Networks

- **Drug and Alcohol Treatment Activity Work Plan 2016-17 to 2018-19**
- **Drug and Alcohol Treatment Budget**

WESTERN PRIMARY HEALTH NETWORK 107

Introduction

Overview

The activities under the Drug and Alcohol Treatment Services Annexure to the Primary Health Networks Programme Guidelines will contribute to the key objectives of PHN by:

- Increasing the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by targeting areas of need, and
- Improving the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment by increasing coordination between various sectors, and improving sector efficiency.

Each PHN, in accordance with the guidance provided by the Department, must make informed choices about how best to use its resources to achieve these drug and alcohol treatment objectives, contributing to the PHN's key objectives more broadly.

Together with the PHN Needs Assessment and the PHN Performance Framework, PHNs will outline activities and describe measurable performance indicators to provide the Australian Government and the Australian public with visibility as to the activities of each PHN.

This document, the Activity Work Plan template, captures those activities.

This Drug and Alcohol Treatment Activity Work Plan covers the period from 1 July 2016 to 30 June 2019. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of between 12 months and 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

This Drug and Alcohol Treatment Activity Work Plan template has the following parts:

1. The **Strategic Vision** of each PHN, specific to drug and alcohol treatment.
2. The **Drug and Alcohol Treatment Services Annual Plan 2016-17 to 2018-2019** which will provide:
    a) A description of planned activities funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.3 Drug and Alcohol Treatment Services – Operational and Flexible Funding
    b) A description of planned activities funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.4 Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people –Flexible Funding
3. The **Proposed Operational and Flexible Funding Stream Budgets** for 2016-17:
    a) Budget for Drug and Alcohol Treatment Services – Operational and Flexible Funding
    b) Budget for Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding

Annual Plan 2016-17 to 2018-2019

Annual plans for 2016-17 to 2018-2019 must:

- Provide a coherent guide for PHNs to demonstrate to their communities, general practices, health service organisations, state and territory health services and the Commonwealth Government, what the PHN is going to achieve (through performance indicator targets) and how the PHN plans to achieve these targets;
- Be developed in consultation with local communities, Clinical Councils, Community Advisory Committees, state/territory governments and Local Hospital Networks as appropriate; and
- Articulate a set of activities that each PHN will undertake, using the PHN Needs Assessment as evidence, and measuring performance against Local Performance Indicators (where appropriate) and targets to demonstrate improvements.

Activity Planning

The PHN Needs Assessment will identify local priorities which in turn will inform and guide the activities nominated for action in the 2016-17 to 2018-19 Annual Plan. PHNs need to ensure the activities identified in the annual plan also correspond with the Activity Objectives and Actions eligible for grant funding identified in Annexure A2 – Drug and Alcohol Treatment Services. The Drug and Alcohol Treatment Annual Plan will also need to take into consideration the PHN Objectives and the PHN key priorities.

Drug and Alcohol Treatment Services Funding

From 2016-17, PHNs will undertake drug and alcohol treatment planning, commissioning and contribution to coordination of services at a regional level, to improve sector efficiency and support better patient management across the continuum of care.

Having completed needs assessments for their regions, PHNs will now identify the appropriate service mix and evidence based treatment types suitable to meet the regional need.

The Drug and Alcohol Annual Plan will complement the information in the Needs Assessments, and should be used to record the activities you intend to fund. The 'Commissioning of Drug and Alcohol Treatment Services' guidance document will assist you in understanding the Department's expectations in relation to activities that are in scope for funding, and will assist you in translating drug and alcohol treatment evidence into a practical approach.

Measuring Improvements to the Health System

National headline performance indicators, as outlined in the PHN Performance Framework, represent the Australian Government's national health priorities.

PHNs will identify local performance indicators to demonstrate improvements resulting from the activities they undertake in relation to the commissioning of Drug and Alcohol Treatment Services.

These will be reported through the Six Month and Twelve Month Performance reports and published as outlined in the PHN Performance Framework.

Activity Work Plan Reporting Period and Public Accessibility

The Drug and Alcohol Treatment Activity Work Plan will cover the period 1 July 2016 to 30 June 2019. A review of the Drug and Alcohol Treatment Activity Work Plan will be undertaken on an annual basis (in both 2017 and 2018) and resubmitted as required in accordance with Item F of the Schedule: Drug and Alcohol Treatment Activities.

Once approved by the Department, the Annual Plan component must be made available by the PHN on their website as soon as practicable. The Annual Plan component will also be made available on the Department of Health's website (under the PHN webpage). Sensitive content identified by the PHN will be excluded, subject to the agreement of the Department.

It is important to note that while planning may continue following submission of the Activity Work Plan, PHNs can plan but must not execute contracts for any part of the funding related to this Activity Work Plan until it is approved by the Department.

Further information

The following may assist in the preparation of your Activity Work Plan:

- PHN Grant Programme Guidelines: Annexure A2 – Drug and Alcohol Treatment Services;
- Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services;
- Drug and Alcohol Treatment Services Needs Assessment Toolkit;
- PHN Needs Assessment Guide;
- PHN Performance Framework;
- Primary Health Networks Grant Programme Guidelines.
- Clause 3, Financial Provisions of the Standard Funding Agreement;

Please contact your Grants Officer if you are having any difficulties completing this document.

1. Strategic Vision for Drug and Alcohol Treatment Funding

This Strategic Vision is in the context of achieving the following outcomes:

- Increasing the service delivery capacity of the drug and alcohol treatment sector through the commissioning of additional drug and alcohol treatment services, targeting areas of need; and
- Improving the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment by increasing coordination between various sectors, and improving sector efficiency.

The Western NSW Drug and Alcohol needs assessment identified a number of key issues related to both treatment modalities and coordination of service provision. In a similar manner to the reform and realignment of mental health and suicide prevention services drug and alcohol issues need a service delivery capacity that is embedded in a primary health stepped care approach. This needs an interplay of therapeutic intervention that is integrated with a range of simultaneous considerations about physical and social health. In achieving this, the care pathways to both escalating and de-escalating options need to be clear, accessible and achievable.

The Western NSW PHN is taking a lead role in the coordination of Regional mental health, suicide prevention and drug and alcohol services planning by co-designing and implementing an evidence based primary health stepped care model. In identifying further 'local' need the PHN Region will be increasing the sophistication of needs assessment and conceptualising the Region as clusters of service domain that have both geographic and demographic similarity. To achieve this the exact number of clusters will be identified and an Integrated Mental Health Atlas inclusive of suicide statistics and responsive to drug and alcohol morbidity will be commissioned.

The initial regional needs assessment identified a number of priority needs: more regional service support for treatment of AOD and methamphetamine misuse presentations in primary health settings; better access to regional care coordination and integration across multi-stakeholders; need for more customised models of therapeutic intervention; development of an 'ice' strategy across the region; workforce and community capacity building.

In response to the needs assessment, improving and increasing service delivery capacity will be achieved through a number of key activity areas:

a) Support for primary health settings in the engagement of people with ICE/AOD issues presenting to primary health providers.
b) Screening and brief intervention in both primary health settings and secondary primary settings, (home, street etc.).
c) Counselling services.
d) Case management of treatment and withdrawal plans.

e) Support and aftercare follow-up.
f) Family counselling and support for carers and other care stakeholders.
g) Coordination of referral pathways to specialist providers beyond primary health settings as required.
h) Group work and guided self-help and information to clients and providers.
i) Workforce upskilling and capacity building in primary health sector.
j) Management of comorbid care planning and comorbid therapeutic intervention.
k) Continuous needs analysis and documentation across coverage area.

The relationship between service development and planning and the commissioning of services continues to be an active dialogue between the PHN Clinical Councils, Community Councils and the Aboriginal Health Council. These bodies have been established to provide the PHN with best practice feedback from the general and clinical community and from the range of Aboriginal and Torres Strait Islander groups and communities in the Region. In establishing performance benchmarks that have community validity and achieve meaningful outcomes these councils will be consulted and input into the development of the commissioning environment in the Region.

More particularly, consultation on both the immediate commissioning of service provision, and the longer term strategic commissioning framework for drug and alcohol services has occurred with an expert advisory group. This group made up of peak bodies such as NADA, Specialist providers both mainstream and Indigenous, and both LHD Directors of Drug and Alcohol Services, have met and advised on the Activity plan.

The role of the Aboriginal Health Council in formulating culturally competent and safe service delivery benchmarks for commissioned services will be a prominent feature. The Aboriginal Health Council will also take a central guidance role in the development and monitoring of all programs that are commissioned to meet the needs of Aboriginal and Torres Strait Islander people.

The commissioning of new initiatives and the realignment and transition of existing programs will begin the reaffirmation of the central role of GPs, GP Practices and ACCHOs as the central plank for enhancing primary health settings in a Stepped Care framework.

As the longer term initiative identified in Planned Activities 2a1 will need further consultations and local development prior to commencing in January 2017, we will commission an existing Commonwealth funded drug and alcohol service to deliver some identified capacity building activity. An allocation from the first 6 months funding will be made to employ support and capacity development activity identified in Planned Activities 2a, these will stretch across the 2016/2017 financial year. The longer term initiative identified in 2a1 will have a full allocation of operating funds released on schedule for a period of 2.5 years from January 2017.

Therefore, the Activity plan identifies two phases of activity for 2a (immediate funding allocation), and longer term plan 2a1) inclusive of both mainstream and Indigenous service activity, with 2b identifying the specifics of Indigenous service activity within the longer term plan.

2. (a) Planned activities: Drug and Alcohol Treatment Services – Operational and Flexible Funding

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	Priority 1 – Short term immediate service activity July 2016 to June 30 2017 – provision of funds to existing provider to capacity build and provide Primary Health setting training and support as a preconditioning to the commissioning and implementation of Planned Activity 2a1.
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	Allocation of immediate funds June 2016 to increase drug and alcohol treatment services during planning, consultation and build capacity for implementation of longer term plan (2a1) commencing Jan 2017.
Description of Drug and Alcohol Treatment Activity	This activity is to provide outcomes that will support the implementation of the strategic activities identified in Planned Activity 2a1. The longer term strategy will require a further 4 month consultation and development phase ahead of Tender in October and commencement in January 2017. It is proposed to release a pro rata allocation of $500k to preferred providers to provide the following services in the 6 months June 30/'16 to Jan '17 in both mainstream and Aboriginal primary health settings: • Develop and implement screening and brief intervention training across providers in primary health settings in the identified activity hubs (2a1); • Promote and commence embedding the proposed model (2a1) into the identified communities and identify and activate existing referral pathways and organisational linkages for operation of the proposed model; • Develop a clinical governance framework for the model particular to workforce capacity building and supporting evidence based treatment; • Evaluation of demand and predicted referral rates in each identified hub; • Commence coordination of existing services into active engagement with the proposed hub model; • Commence case management and counselling capacity building within primary health settings with a focus on local withdrawal management skill training; • Develop an evaluation framework to promote continuous quality improvement within the proposed model that will be imbedded into the KPIs developed for the Tender process related to the longer term model 2a1. In addition to this it is proposed that this allocation would also be used to employ some key positions that would be central to the work above, and which would span the period June 30/'16

	to June 30/'17. These positions include a Project Manager (Aboriginal if possible) position and an addiction medicine specialist employed by the preferred provider, and a Coordinator position employed by the PHN. All of these positions will be highly mobile across the Region and will be hosted for work space in local communities across a range of partner organisations such as the LHD and ACCHOs.
Collaboration	The identified work resulted from an advisory group meeting that was consulted on the proposed longer term model 2a1. 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, preferred providers, WNSWPHN. Feedback on the longer term model 2a1 as well as the work proposed for the immediate allocation, was received after presentations to the WNSW Clinical Council, Community Council, and Aboriginal Health Council. The model proposed in 2a1 will broaden this consultation and feedback circle to include NSW Ministry of Health and other key stakeholders across the Region.
Indigenous Specific	The proposed release of immediate funds will equally develop the capacity of both mainstream and Indigenous primary health settings in the identified Hubs 2a1. Given the high demographic of Aboriginal people in all Western Regional areas there will be specific strategies related to the cultural competency of primary health settings that will be embedded in every aspect of the proposed work.
Duration	Contracted to June 2017.
Coverage	This allocation will fund activity related to the Regional coverage noted in the proposed model 2a1. The proposed Hubs engage primary health settings in a manner that utilises the available funds across a delivery matrix of Indigenous and mainstream service activity. The work identified in this proposed allocation to the preferred provider will develop the capacity of these Hubs to strengthen Regional service coverage.
Commissioning approach	Direct engagement of service providers.
Data source	The data collected for this allocation will be activity data tracked against the proposed KPIs.

2. (a1) Planned activities: Drug and Alcohol Treatment Services – Operational and Flexible Funding

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	Initial needs assessment identified the following priorities: more regional service support for treatment of AOD and methamphetamine misuse presentations in primary health settings; better access to regional care coordination and integration across multi-stakeholders; need for more customised models of therapeutic intervention; development of an 'ice' strategy across the region; workforce and community capacity building. The identified activity proposes a model that will be subject to open tender for providers to commence activity from January 2017 – June 2019. The model is a Regional response to the needs assessment priorities.
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	Development of Primary Health service Hubs, mainstream and Indigenous specific, to capacity build and support a specialist and Primary Health workforce to coordinate and deliver drug and alcohol services in Primary Health settings with a focus on 'ICE' misuse.
Description of Drug and Alcohol Treatment 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. To achieve this 3 mainstream service Hubs would 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. In addition, 3 Hubs with a more Indigenous focus would be created in Bourke, Walgett, and Parkes. These Hubs are documented in 2b. The activity supported in these Hubs through primary health settings will include: **a)** Support for primary health settings in the engagement of people with ICE/AOD issues presenting to primary health providers. **b)** Screening and brief intervention in both primary health settings and secondary primary settings, (home, street etc.). **c)** Counselling services. **d)** Case management of treatment and withdrawal plans. **e)** Support and aftercare follow-up. **f)** Family counselling and support for carers and other care stakeholders. **g)** Coordination of referral pathways to specialist providers beyond primary health settings as required. **h)** Group work and guided self-help and information to clients and providers.

	i) Workforce upskilling and capacity building in primary health sector. **j)** Management of comorbid care planning and comorbid therapeutic intervention. **k)** Continuous needs analysis and documentation across coverage area The 3 mainstream Hubs will each have a specialist ICE/AOD worker, 2 community linkage workers (one Indigenous, one non-Indigenous, and a credentialed Mental Health Nurse (formerly MHNIP). The CMHN position is funded separately under the changes to the MHNIP and not the AOD funding. 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 GP practices, ACCHOS and AMSs, or other funded non-government providers. The establishment of the Dubbo hub would incorporate the existing ICE workforce (3 State funded positions) in a partnership that would create a saving which would be redirected to enable services along the southern border of the PHN. This strategy would focus on towns such as Balranald and other communities of need. Given that there is little prospect of recruitment in these areas, it is proposed that we enter a co-commissioning arrangement with neighbouring PHNs such as Murrumbidgee and Riverina in an effort to draw from the Victorian D/A specialist workforce. In this way joint PHN border hubs could be established with the same configuration as the other proposed hubs. The aim of the model is to strengthen the capacity of primary health settings to provide a number of 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. In particular, the use of 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 comorbid coordinated therapeutic interventions are critical in this function. • Post treatment life skill training to reinforce or confirm therapeutic gains in the community.
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, WNSWPHN. Feedback on the longer term model 2a1 as well as the work proposed for the immediate allocation, was received after presentations to the WNSW Clinical Council, Community Council, and Aboriginal Health Council. The model proposed in 2a1 will broaden this consultation and feedback circle to include NSW Ministry of Health and other key stakeholders across the Region. Both LHD Directors have indicated that the identification of clear functional differences between State funded services and this proposed hub model would be articulated in the Regional Mental Health and Drug and Alcohol Plan which will be developed by September. This will prevent duplication of role and function. However, it is notable that the transformation of Western mental health and drug and alcohol services has predicted a hub spoke and node model which would allow a number of opportunities to explore operational synergy and support for activity in 2a1. Both LHD Directors have committed to addressing this synergy in the Regional Plan.
Indigenous Specific	The overall strategy includes the establishment of the 3 mainstream hubs noted above which are inclusive of services to Aboriginal people, as well as the establishment of 3 Indigenous service hubs (described in 2b) which are inclusive of mainstream referrals where appropriate.
Duration	The strategy would cover the period Jan 2017 – June 2019.

Coverage	The placement of the proposed service hubs would create an engagement capacity to primary health settings 1.5 -2 hours from the hub. Given that the specialist workers will be integrating and coordinating existing generic drug and alcohol resources, the 3 mainstream hubs and 3 Indigenous hubs would maximise service delivery capacity within the funding available.
Commissioning approach	This strategy will be subject to open tender. It is expected that tender application material will be developed by October 2016 with the successful tenderers commencing implementation of the model in January 2017.
Data source	Primary data source will be MDS reporting will commence January 2017. KPI activity data will be compiled from Jan 2017 – June 2019

2. (b) Planned activities: Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	This section outlines the methamphetamine and alcohol and other drugs treatment service delivery priority to Aboriginal and Torres Strait Islanders. The strategy identified in 2a1 identifies a 6 hub model across the PHN area. This section describes the specific Indigenous focus for the hubs located in Walgett, Parkes and Bourke.
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	Methamphetamine, Alcohol and other drugs treatment services for Aboriginal and Torres Strait Islanders
Description of Drug and Alcohol Treatment Activity	The proposal described in 2a1 proposed the establishment of 3 service delivery hubs that have a focus on Aboriginal and Torres Strait Islander people. Whilst the focus is service to Aboriginal people it is not exclusive of services to mainstream populations within the hub coverage. The locations chosen 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 a greater compliment to the work of this organisation and capacity to integrate function. Whereas the mainstream hubs described in 2a1 predict the employment of a specialist ICE/AOD worker, two link workers and a Credentialed Mental Health Nurse, the 3 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 AMSs both of whom may be successful tenderers in these areas. In these hubs the predicted workforce is: ICE/AOD worker (non-specialist), 2 link workers, and a Mental Health nurse (non-credentialed). As described in 2a1 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: **a)** Support for primary health settings in the engagement of people with ICE/AOD issues presenting to primary health providers.

	b) Screening and brief intervention in both primary health settings and secondary primary settings, (home, street etc.). **c)** Counselling services. **d)** Case management of treatment and withdrawal plans. **e)** Support and aftercare follow-up. **f)** Family counselling and support for carers and other care stakeholders. **g)** Coordination of referral pathways to specialist providers beyond primary health settings as required. **h)** Group work and guided self-help and information to clients and providers. **i)** Workforce upskilling and capacity building in primary health sector. **j)** Management of comorbid care planning and comorbid therapeutic intervention. **k)** 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 competency, in particular for Aboriginal and Torres Strait Islander people.
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, WNSWPHN. Feedback on the longer term model 2a1 as well as the work proposed for the immediate allocation, was received after presentations to the WNSW Clinical Council, Community Council, and Aboriginal Health Council. The model proposed in 2a1 will broaden this consultation and feedback circle to include NSW Ministry of Health and other key stakeholders across the Region. In particular, the further consultation for the activity in 2b groups such as the AH&MRC will be engaged as well as a range of specialist service providers from other areas will be engaged.
Indigenous Specific	The three hub locations in Walgett, Bourke and Parkes have a specific focus on services to Aboriginal people but will not be exclusive of appropriate mainstream services or consultancy.
Duration	The strategy would cover the period Jan 2017 – June 2019.
Coverage	The placement of the proposed service hubs would create an engagement capacity to primary health settings 1.5 -2 hours from the hub. Given that the specialist workers will be integrating and coordinating existing generic drug and alcohol resources, the 3 Indigenous hubs would maximise service delivery capacity within the funding available.

Commissioning approach	This strategy will be subject to open tender. It is expected that tender application material will be developed by October 2016 with the successful tenderers commencing implementation of the model in January 2017.
Data source	Primary data source will be MDS reporting will commence January 2017. KPI activity data will be compiled from Jan 2017 – June 2019