Australian Government
Department of Health

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Updated Activity Work Plan 2016-2019: Drug and Alcohol Treatment

Western NSW PHN

Overview

This Drug and Alcohol Treatment Activity Work Plan covers the period from 1 July 2016 to 30 June 2019 and is an update to the Activity Work Plan submitted to the Department in May 2016.

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 a dialogue between the PHN Clinical Councils, Community Councils and the Aboriginal Health Council. These bodies have been established to provide the PHN with feedback from the general and clinical community and from the range of Aboriginal and Torres Strait Islander groups and communities 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 is 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 implementing culturally 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 initiatives and the realignment and transition of existing programs will begin the reaffirmation of the role of GPs, GP Practices and ACCHOs as the central body for enhancing primary health settings in a Stepped Care framework.

Our Strategic Plan

Vision

Supporting, strengthening and shaping a world class, person-centred primary health.

Purpose

Social justice, access and equity in quality primary health.

Our Region's Health Priorities | Aboriginal Health | Chronic and Complex Care | Older Persons Care | Maternal and Child Health | Mental Health & Substance Abuse | Risk Factors/ Prevention | Workforce | Access to Services | Coordination Integration Collaboration

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

Proposed Activities	
Activity Title	Planning and monitoring of Drug and Alcohol Treatment Services
Existing, Modified, or New Activity	2016/17 – New 2017 - 2019 – New and Existing
Needs Assessment Priority Area *(e.g. Priority 1, 2, 3, etc.)*	Priority 1 & 7
Description of Drug and Alcohol Treatment Activity	**2016/17** This activity is to provide outcomes that will support the implementation of the strategic activities identified in activities 2(a1) and 2(b). While it had been proposed to allocate funds to Lyndon Community to provide initial services in the six month period from 1 July 2016 to December 2017, those funds will now be allocated to activities 2(a1) and 2(b) in future years. This activity will include the employment by WNSW PHN of a Drug & Alcohol Project Officer. **2017/18 – 2018/19** 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.

	2017/18 – 2018/19 – New Activity **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 General Practitioners 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, and may 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 upscheduling will further complicate this issue in general practice from 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. **Pain Management Clinics** will be trialled to provide non-pharmacotherapy alternatives to opioid prescription. This will reduce the prescription rate and remove the possibility for opioid dependence and potential addiction. 2. **Codeine upscheduling and Opioid reduction strategies** will be focussed 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 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 rehabilitation options (including residential and day programs). This will include a focus on Opioid and Methamphetamine withdrawal but will be available for all AOD addiction.

Target population cohort	This will be established in select locations where the requisite mix of GP and AOD services can be established.
Consultation	This has occurred 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	The proposed work program was the result of an advisory group meeting with consultation on the proposed longer term model in activity 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, Network of Alcohol and Other Drugs (NADA), Weigelli, Lyndon Community, WNSW PHN. Feedback on the longer term model (activity 2a1) as well as the work proposed for the immediate allocation, was received after presentations to the WNSW PHN Clinical Council, Community Council, and Aboriginal Health Council. The model proposed in activity 2a1 will broaden this consultation and feedback circle to include NSW Ministry of Health and other key stakeholders across the Region.
Indigenous Specific	No
Duration	2016 - 2019
Coverage	Whole of WNSW PHN region.

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

Proposed Activities	
Activity Title	Methamphetamine, Alcohol and other drugs treatment services.
Existing, Modified, or New Activity	2016/17 – New 2017 - 2019 – Existing
Needs Assessment Priority Area *(e.g. Priority 1, 2, 3, etc.)*	Priority 1, 2, 4 & 7
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 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. 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 (Alcohol and Other Drug) 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 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 2. (b), 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 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 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 comorbid coordinated therapeutic interventions are critical in this function. • Post treatment life skill training to reinforce or confirm therapeutic gains in the community.
Target population cohort	This activity will be targeted at people with drug and alcohol issues, in the areas surrounding the Hubs of Dubbo, Cobar and Broken Hill.
Consultation	Ongoing stakeholder engagement will occur through the contracted service providers.
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 on the longer term model 2a1 as well as the work proposed for the immediate allocation, was received after presentations to the WNSW PHN 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	No. The overall strategy includes the establishment of the 3 mainstream hubs noted above which are inclusive of services to Aboriginal people.
Duration	The services provider/s will be contracted to deliver services from 1 January 2017 to 30 June 2018.
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.

Proposed Activities	
Activity Title	Provision of Drug and Alcohol Treatment Services
Existing, Modified, or New Activity	2016/17 – N/A 2017 - 2018 – New 2018 – 2019 - Existing
Needs Assessment Priority Area *(e.g. Priority 1, 2, 3, etc.)*	Priority 1 & 7
Description of Drug and Alcohol Treatment Activity	**2017/18 – 2018/19** **Mobile Day Program** Establish 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. Locations include Dubbo, Nyngan, Gilgandra, Wellington. The 6 week program will be run up to 8 times in 4 locations in 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.
Target population cohort	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. This program will target aboriginal communities.

Consultation	WNSW PHN has worked closely with the Lyndon Community and Prime Minister and Cabinet (PM&C) to develop this activity.
Collaboration	There will be a strong aftercare component to support the client following initial treatment. 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.
Indigenous Specific	Yes
Duration	2018 - 2019
Coverage	Locations include Dubbo, Nyngan, Gilgandra, Wellington.

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

Proposed Activities	
Activity Title *(e.g. Activity 1, 2, 3 etc.)*	Methamphetamine, Alcohol and other drugs treatment services for Aboriginal and Torres Strait Islander people.
Existing, Modified, or New Activity	2016/17 New 2017/19 Existing
Needs Assessment Priority Area *(e.g. Priority 1, 2, 3, etc.)*	Priority 1, 2, 4, 5, & 7
Description of Drug and Alcohol Treatment Activity	This activity proposes the establishment of 3 service delivery hubs that have a focus on Aboriginal and Torres Strait Islander people. 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 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 2. (a1) hubs.

	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 safety for Aboriginal and Torres Strait Islander people.
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.
Consultation	Consultation undertaken through the WNSW PHN commissioned report into aboriginal mental health and drug and alcohol services and issues in WNSW. This report has been reviewed and endorsed by the WNSW PHN Aboriginal Health Council.
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), and Lyndon Community. 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 ACCHOS will be engaged as well as a range of specialist service providers from other areas will be engaged.
Indigenous Specific	YES. The three hub locations in Walgett, Bourke and Parkes have a specific focus on services to Aboriginal people.
Duration	The service provider/s will be contracted to deliver services from 1 January 2017 and to 30 June 2018.
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.

2. (c) Activities which will no longer be delivered under the Schedule – Drug and Alcohol Treatment Activities

There are no planned activities that will no longer be delivered.