



**Australian Government**

**Department of Health**



An Australian Government Initiative

# **Drug and Alcohol Treatment Activity Work Plan 2019-2022: Drug and Alcohol Treatment Services Funding**

***Western NSW PHN***

# 1. (a) Drug and Alcohol Treatment Services planned activities for the funding period 2019-20 to 2021-22

- Drug and Alcohol Treatment Services – Core Funding
- Drug and Alcohol Treatment Services – NIAS Mainstream Funding
- Drug and Alcohol Treatment Services – NIAS Aboriginal and Torres Strait Islander people Funding

Proposed Activities	
ACTIVITY TITLE	AOD-01 Opioid Mitigation Strategy
Existing, Modified, or New Activity	Existing Activity (Previous activity workplan reference 2. (a))
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	<p><i>Alcohol and Other Drug Treatment Needs</i> (page 136-138) Possible Options:</p> <ul style="list-style-type: none"> <li>(1) Develop community-based drug and alcohol detoxification and rehabilitation programs</li> <li>(2) Support general practice to increase capacity to play a central role in drug and alcohol abuse screening and treatment</li> <li>(3) Support strategies to increase access to addiction medicine specialists including access to specialist advice for GPs</li> </ul> <p><i>Aboriginal Health (including chronic disease)</i> (page 146) Possible Options:</p> <ul style="list-style-type: none"> <li>(23) Develop a GP ambulatory withdrawal program that integrates connected services such as social &amp; emotional well-being, mental health, family and community approaches</li> <li>(25) Advocate for increased number of permanent drug and alcohol rehab facilities in remote communities so consumers can receive services on country</li> </ul>
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	<p>WNSW PHN will continue to plan and support PHN funded Drug &amp; 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.</p> <p><b>Opioid Mitigation Strategy</b></p> <p>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</p>

	<p>relinquish their legally obtained medication for illegal non-prescription use by others.</p> <p>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.</p> <p>The Opioid Mitigation Strategy (OMS) will include three activities, focusing on diversion, reduction and withdrawal:</p> <ol style="list-style-type: none"> <li>1. <b>Pain Management Clinics</b> 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.</li> <li>2. <b>Opioid prescribing reduction strategies</b> 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 CPD education, addiction medicine specialist support and an awareness campaign through general practice and AMSS.</li> <li>3. <b>GP led Withdrawal, Detoxification and Rehabilitation</b> 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.</li> </ol> <p>A program evaluation on GP-led detox is planned will be conducted in Year 1 (2020/2021).</p>
Target population cohort	<p>People with or at risk of substance dependence focusing on opioids and methamphetamines.</p> <p>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</p>
In scope AOD Treatment Type	<p>Withdrawal management.</p> <p>Case management, care planning and coordination.</p> <p>Residential rehabilitation.</p> <p>Information and education.</p> <p>Workforce development, capacity building and supporting the workforce.</p>
Indigenous specific	<p>Yes</p> <p>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 Pain Management Clinic and Opioid Prescribing Reduction Strategies are mainstream, the GP led Withdrawal, Detoxification and Rehabilitation model has been developed with significant support and</p>

	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	This will be established in select locations where the requisite mix of GP and AOD services can be established.
Consultation	Consultation 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	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	Anticipated activity start and completion dates ( <b>including</b> the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020  Anticipated service delivery start and completion dates ( <b>excluding</b> the planning and procurement cycle): Service delivery start date: October 2019 Service delivery end date: June 2020 No other relevant milestones.
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension (2019-20 Pain Clinic) <input type="checkbox"/> Direct engagement. <input checked="" type="checkbox"/> Open tender (2020-21 services) <input type="checkbox"/> Expression of Interest (EOI) <input checked="" type="checkbox"/> Other approach: The implementation of this project will be commissioned internally through an Opioid Mitigation Strategy Project Officer 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes Potential to co-commission with the WNSW Local Health District 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No
Data collection	No
<b>Total Planned Expenditure</b>	

Proposed Activities	
ACTIVITY TITLE	AOD-02 Alcohol Treatment Strategy
Existing, Modified, or New Activity	New Activity

PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	<p><i>Alcohol and Other Drug Treatment Needs</i> (page 136-138) Possible Options:</p> <ol style="list-style-type: none"> <li>(1) Develop community-based drug and alcohol detoxification and rehabilitation programs.</li> <li>(2) Support general practice to increase capacity to play a central role in drug and alcohol abuse screening and treatment.</li> <li>(3) Support strategies to increase access to addiction medicine specialists including access to specialist advice for GPs</li> <li>(5) Address service gaps in rural and remote areas and other under-serviced and/or hard to reach populations.</li> </ol> <p><i>Aboriginal Health (including chronic disease)</i> (page 146) Possible Options:</p> <ol style="list-style-type: none"> <li>(23) Develop a GP ambulatory withdrawal program that integrates connected services such as social &amp; emotional well-being, mental health, family &amp; community approaches.</li> <li>(25) Advocate for increased number of permanent drug and alcohol rehab facilities in remote communities so that consumers can receive services on country.</li> </ol>
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	<p>The development of the WNSW PHN's Opioid Mitigation Strategy and our Needs Assessment demonstrates the primary care sector requires:</p> <ul style="list-style-type: none"> <li>• Specific capacity building in alcohol management strategies.</li> <li>• The development of new approaches for managing alcohol that can allow consumers to engage in treatment closer to home.</li> <li>• Increased options for indigenous people to heal on country.</li> </ul> <p>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:</p> <ol style="list-style-type: none"> <li>1. <b>Managed Alcohol Program</b> 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.</li> <li>2. <b>Clinical Management Strategies</b> 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.</li> <li>3. <b>GP led Withdrawal, Detoxification and Rehabilitation</b> 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</li> </ol>

	<p>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.</p> <p>A program evaluation is planned for Years 2 or 3 (2020/2021 and 2021/2022).</p>
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	<p>Withdrawal management.</p> <p>Residential rehabilitation.</p> <p>Case management, care planning and coordination.</p> <p>Information and education.</p> <p>Workforce development, capacity building and supporting the workforce.</p>
Indigenous specific	<p>Yes</p> <p>This strategy for an alcohol service will be specifically designed to address the needs of Aboriginal and Torres Straits I slander 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.</p>
Coverage	This will be established in select locations where the requisite mix of GP and AOD services can be established.
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	<p>Anticipated activity start and completion dates (<b>including</b> the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2020</p> <p>Anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):</p> <p>Service delivery start date: July 2020</p> <p>Service delivery end date: June 2022</p> <p>No other relevant milestones.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input checked="" type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p>

	<input checked="" type="checkbox"/> Other approach: The implementation of this project will be commissioned internally through an Alcohol Treatment Strategy Project Officer  2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes Potential to co-commission with the WNSW Local Health District– Still to be confirmed. 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No
Data collection	No

Proposed Activities	
ACTIVITY TITLE	AOD-03 Methamphetamine, Alcohol and other drugs treatment services.
Existing, Modified, or New Activity	Existing Activity (Previous activity workplan reference 2. (a1))
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	<i>Alcohol and Other Drug Treatment Needs (page 136-138)</i> Possible Options: (1) Develop community-based drug and alcohol detoxification and rehabilitation programs that are: - inclusive of mental health, trauma-informed care, and family focused - co-designed with community - culturally safe for Aboriginal people - engaging with justice health and legal services. (6) Incorporate health promotion strategies where feasible into currently funded clinical drug and alcohol initiatives.
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: <ul style="list-style-type: none"> <li>• Support for primary health settings in the engagement of people with ICE/AOD (Alcohol and Other Drug) issues presenting to primary health providers.</li> <li>• Screening and brief intervention in both primary health settings and secondary primary settings, (home, street etc.).</li> </ul>

- 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,



	<p>which is indicated as best practice for relapse prevention irrespective of the level of detoxification required.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Post treatment life skill training to reinforce or confirm therapeutic gains in the community.</li> </ul> <p>These services will also support the GP Withdrawal programs where appropriate (AOD-01 &amp; AOD-02).</p> <p>A program evaluation is planned to be conducted in Year 2 (2019/2020).</p>
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	<p>Early intervention and brief intervention.</p> <p>Counselling.</p> <p>Withdrawal management.</p> <p>Day stay rehabilitation.</p> <p>Case management, care planning and coordination.</p> <p>Aftercare and relapse prevention.</p> <p>Information and education.</p> <p>Workforce development, capacity building and supporting the workforce.</p>
Indigenous specific	No
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.
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	<p>In formulating the proposed Hub model, advice and feedback was received in consultation with key clinical and community stakeholders.</p> <p>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.</p> <p>Feedback was received after presentations to the WNSW PHN Clinical Council, Community Council, and Aboriginal Health Council.</p>
Activity milestone details/ Duration	<p>Anticipated activity start and completion dates (<b>including</b> the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2020</p> <p>Anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):</p> <p>Service delivery start date: June 2019</p> <p>Service delivery end date: June 2020</p> <p>No other relevant milestones.</p>
Commissioning method and	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p>

approach to market	<input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)
	2a. Is this activity being co-designed? No. 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No
Data collection	Yes

Proposed Activities	
ACTIVITY TITLE	AOD-04 Mobile Day Program
Existing, Modified, or New Activity	Existing Activity Previous activity workplan reference 2. (a1)
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	<i>Alcohol and Other Drug Treatment Needs (page 136-138)</i> Possible Options: (1) Develop community-based drug and alcohol detoxification and rehabilitation programs that are: - inclusive of mental health, trauma-informed care, and family focused - co-designed with community - culturally safe for Aboriginal people - engaging with justice health and legal services <i>Aboriginal Health (including chronic disease) (page 146)</i> Possible Options: (24) Develop a culturally appropriate co-designed mobile day rehab program delivered in communities
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.  A program evaluation is planned for Year 2 (2020/2021).

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	Day stay rehabilitation. Aftercare and relapse prevention.
Indigenous specific	Yes This activity will provide treatment options in communities with high Aboriginal populations providing options where Aboriginal people can heal on country.
Coverage	Locations include but are not limited to Dubbo, Nyngan, Gilgandra and Wellington.
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	Anticipated activity start and completion dates ( <b>including</b> the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020 Anticipated service delivery start and completion dates ( <b>excluding</b> the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2022 No other relevant milestones.
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes 3b. Has this activity previously been co-commissioned or joint-commissioned? Yes
Decommissioning	No
Data collection	Yes

Proposed Activities	
ACTIVITY TITLE	AOD-05 Methamphetamine, Alcohol and other drugs treatment services for Aboriginal and Torres Strait Islander people.
Existing, Modified, or New Activity	Existing Activity Previous activity workplan reference 2. (b)
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	<i>Alcohol and Other Drug Treatment Needs</i> (page 136-138) Possible Options: <ol style="list-style-type: none"> <li>(1) Develop community-based drug and alcohol detoxification and rehabilitation programs that are: <ul style="list-style-type: none"> <li>- inclusive of mental health, trauma-informed care, and family focused</li> <li>- co-designed with community</li> <li>- culturally safe for Aboriginal people</li> <li>- engaging with justice health and legal services</li> </ul> </li> <li>(6) Incorporate health promotion strategies where feasible into currently funded clinical drug and alcohol initiatives</li> </ol>
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	<p>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 )</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The service activity in these hubs would be:</p> <ul style="list-style-type: none"> <li>• Support for primary health settings in the engagement of people with ICE/AOD issues presenting to primary health providers.</li> </ul>

	<ul style="list-style-type: none"> <li>• Screening and brief intervention in both primary health settings and secondary primary settings, (home, street etc.).</li> <li>• Counselling services.</li> <li>• Case management of treatment and withdrawal plans.</li> <li>• Support and aftercare follow-up.</li> <li>• Family counselling and support for carers and other care stakeholders.</li> <li>• Coordination of referral pathways to specialist providers beyond primary health settings as required.</li> <li>• Group work and guided self-help and information to clients and providers.</li> <li>• Workforce upskilling and capacity building in primary health sector.</li> <li>• Management of comorbid care planning and comorbid therapeutic intervention.</li> <li>• Continuous needs analysis and documentation across coverage area.</li> </ul> <p>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 &amp; AOD-02). A program evaluation is planned in Year 1 (2019/2020).</p>
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	<p>Early intervention and brief intervention.</p> <p>Counselling.</p> <p>Withdrawal management.</p> <p>Day stay rehabilitation.</p> <p>Case management, care planning and coordination.</p> <p>Aftercare and relapse prevention.</p> <p>Information and education.</p> <p>Workforce development, capacity building and supporting the workforce.</p>
Indigenous specific	<p>Yes</p> <p>Engagement will continue through the funded service provider which is an ACCHO.</p>
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.
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	<p>In formulating the proposed Hub model, advice and feedback was received in consultation with key clinical and community stakeholders.</p> <p>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.</p>

	<p>Feedback was received after presentations to the WNSW PHN Clinical Council, Community Council, and Aboriginal Health Council.</p> <p>Further consultation for the activity includes ACCHOS as well as a range of specialist service providers from other areas.</p>
Activity milestone details/ Duration	<p>Anticipated activity start and completion dates (<b>including</b> the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 1/07/2019</p> <p style="padding-left: 40px;">Activity end date: 30/06/2020</p> <p>Anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: June 2019</p> <p style="padding-left: 40px;">Service delivery end date: June 2020</p> <p>No other relevant milestones.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No
Data collection	Yes