Australian Government
Department of Health

phn
An Australian Government Initiative

Primary Health Networks

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

NEPEAN BLUE MOUNTAINS PHN

When submitting this Activity Work Plan 2016-2018 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and has been endorsed by the CEO.

The Activity Work Plan must be lodged to Barbara Scully via email * Barbara.Scully@health.gov.au on or before 17 JUNE 2016

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

The high priority service and treatment needs identified in the NBM PHN preliminary alcohol and other drugs (AOD) needs assessment addressed here include:

- Risky alcohol consumption that may be combined with poly-drug use including methamphetamine use, particularly by young people (and predominately men) for all population groups.
- Non-Residential rehabilitation day programs that are locally accessible and include innovative models for young people and culturally secure models for Aboriginal people.
- Workforce and community capacity to respond to increasing drug use including methamphetamine use and people with dual diagnosis
- Capacity building and coordination of existing services for improved access to extended hours, aftercare and long term counselling for people with dual diagnosis.
- Culturally secure assessment and coordination of services for Aboriginal people with complex problems including dual diagnosis.

The key stages to initiating this vision are to:

- Build capacity in the region by bringing together key stakeholders in an advisory capacity to support development and commissioning activities as part of regional planning for locally responsive AOD service provision. This will include conducting a regional symposium to start soft marketing approaches to forming partnerships and commissioning.
- Work in collaboration with the NBMLHD and local service providers to identify opportunities among State and NGOs in the NBM and surrounding regions, that can support high priority service gaps as part of capacity building, co-design, integration and commissioning of new AOD services.
- Bring together Aboriginal service providers and Aboriginal community representatives to guide and design new and targeted services to the region and build capacity for culturally secure service provision in the region
- Identify opportunities among Aboriginal service providers in surrounding regions to co-design, establish and support services in NBM region.

The implementation of this vision will acknowledge and support the special needs of:

- Aboriginal people
- Young people
- Women with children
- Families with a history of substance use
- People living in socioeconomic disadvantage including the homeless
- People with dual diagnosis (mental health and substance use).

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

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2016-17 to 2018-19. These activities will be funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.3 Drug and Alcohol Treatment Services – Operational and Flexible Funding.

- Refer to PHN Grant Programme Guidelines: Annexure A2 – Drug and Alcohol Treatment Services and Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services for the list of in-scope activities.
- It is emphasised that PHNs are to consider strategies to support the workforce in delivering the proposed activities through promoting joined up assessment processes and referral pathways, and supporting continuous quality improvement, evidence based treatment and service integration.

Note 1: *Please copy and complete the table as many times as necessary to report on each activity.*

Note 2: *Indicate within the duration section of the table the period of time between 2016 and 2019 in which the activity will be undertaken.*

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	2.5 Substance use in young people: national and local trends. 2.15 Young and growing population of Aboriginal residents in NBM. 3.1 Minimal options for local access to AOD treatment. 3.5 There are few specialist NGO service providers located in the region. 3.11 Enhanced and targeted communication methods are required to engage and inform young people about the use of drugs and alcohol.
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	**Activity 1:** **Targeted early intervention programs for alcohol and risky substance behaviour including risky drinking, poly-drug use (especially methamphetamine use) especially among youth.**
Description of Drug and Alcohol Treatment Activity	The NSW Legislative Council Standing Committee on Social Issues reported in 2013 (Inquiry into the nature of alcohol abuse among young people) that there were three prominent behaviours: binge drinking; the preference for 'shots' and pre mixed drinks; and pre loading. Previous research in the Blue Mountains has identified risky drinking at higher than NSW state averages along with associated social consequences. In addition, a substantial proportion of youth in the region, particularly Blue Mountains, are believed to be involved in cannabis and poly-drug using culture that is likely to include methamphetamine use. There are currently a number of NGO based counselling programs, including diversionary programs operating in the NBM region, as well as state run programs that provide counselling and education support for youth. Preliminary consultations indicate that these are not specifically targeted to early intervention for risky substance use behaviours among youth. This activity seeks to develop local initiatives among existing providers primarily via capacity building to improve targeting and coordination of early intervention programs for youth concerning binge drinking and other risky behaviours involving substance use, especially methamphetamine use. Other innovative approaches to alcohol use treatment will be considered. Implementation of this activity will involve: - Literature review to identify a range of evidenced based early intervention models and likely best practice - Work with stakeholders to identify opportunities for capacity building and commissioning - Work with stakeholders to co-design early intervention strategies based on existing service models.

Collaboration	The NBMLHD will be a key partner in development of approaches and co-design together with NGOs currently providing support and counselling to youth (who may include: the Lyndon Community, Headspace; Barnardos; The Glue Factory; the Ted Noffs Foundation; St Vincent de Paul, and others not yet identified), NBMLHD, local councils, other interested providers of AOD services. Oversight and key stakeholder input will be the responsibility of the Professional Commissioning Advisory Committee, to be established as part of regional planning activities.
Indigenous Specific	No (The need for specific services concerning Aboriginal youth, and potential models will be identified as part of overall investigations).
Duration	July-December 2016: Identification of partners for review and analysis of issues and potential approaches to identify range of models and agree staged commissioning. January – June 2017: Commissioning of at least one targeted service via seed funding to develop innovative models within existing service provision and commence service delivery. Year 2: Full implementation of one service and capacity building of one additional service. Year 3: Continued funding of services.
Coverage	All of NBM region via existing providers of services to youth. These are located in each LGA and bordering regions.
Commissioning approach	To be determined during development prior to February 2017. The approach is expected to commence with EOIs to identify interested parties. This will be followed by appropriate co-design activities with interested existing service providers. This is likely to be a 'value-for-money' approach to market and is not expected to be a competitive bidding process; however that will depend on EOIs received.
Performance Indicator	To be confirmed during development. Measures may encompass: - Increased workforce capacity - Improved targeting of early intervention programs - Service provider and consumer satisfaction - Development of best practice models for early intervention. Output measures are likely to encompass: - Number of targeted early intervention programs. - Workforce training participants - Participant attendance at targeted early intervention programs.

Local Performance Indicator target	To be developed in consultation with commissioned providers as part of co-design. Contracts will specify agreed key performance indicators which may include those described above. In addition NGO's will be required to evaluate the programs including feedback from other service providers, NGO personnel providing services and consumers. It will also be important to collect data describing client characteristics associated with treatments provided.	
Data source	Output measures reported by commissioned NGOs. National data bases will be access to compare characteristics of clients.	
Planned Expenditure (GST exclusive) to match budget	Y1: 14.7% Y2: 17.66% Y3: 22.70%	% of AOD flexible funding
	$0.00	Funding from other sources (e.g. private organisations, state and territory governments)

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	2.2 Increasing complexity of AOD clients: Poly-drug use and complex AOD clients have become the norm. 2.6 Substance use presentation to general practice and community centres: feedback from consultations. 2.6.1 Priorities from consultations: Barriers to effective service provision and community priorities. 2.8 Characteristics of substance and drug users: Prevalence of misuse of prescription medications. 2.9 Characteristics of substance and drug users: Prevalence of mental health and drug and alcohol diagnosis. 3.12 Workforce capacity: general view that workforce capacity for drug and alcohol services could be substantially improves with training and skills development.
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	**Activity 2:** **AOD education for professionals and community based (front-line) workers.**
Description of Drug and Alcohol Treatment Activity	Capacity building of the health and community workforce involving coordination and integration of services to respond to drug and alcohol problems, especially those related to methamphetamine use. A high priority need is the increasing complexity involved in working with people using substances, in particular the increased use of methamphetamine with associated behaviour problems. Stakeholder consultation over an extended period of time has consistently identified the need for education and support for general practitioners and allied health professionals. Other community based workers have also emphasised the need for non-specialist AOD training to support coordination and integration of services. AOD education programs will be targeted at effectively equipping participants to recognise problematic drug and alcohol use, identify the types of supports and treatments that are effective, and gains skills to support people who have drug and alcohol problems according to their level of involvement, i.e. professional or other non-specialist community worker. This project will be conducted in partnership with the NBMLHD to combine resources and responsibilities for training activities. The aim will be to assess and commission a range of education programs targeted at professionals and non-specialist community based workers. Education concerning methamphetamine use is a priority to support workers with essential knowledge about how this drug is used, the affects and harms and how they can be reduced, first aid measures, withdrawal, mental health problems, crisis presentation and opportunistic interventions.

	Implementation of this activity will involve: - Assessment of available courses - Selection of appropriate models for professional and other non-specialist community based workers - Procurement of preferred courses - Delivery of training courses to all LGAs between 1 January 2017 and 30 June 2017 - Evaluation of training courses - Subsequent annual refresher training as a single course.
Collaboration	NBMLHD involvement is expected to involve collaborative assessment of available programs. There is potential for existing programs currently delivered to LHD personnel to be expanded or adapted and commissioned for targeted audiences. The Professional Commissioning Advisory Committee and NBMPHN General Practice Advisory Groups in each LGA will have input into the overall assessment of the potential for combined or single approaches to delivering professional education and non-specialist education programs.
Indigenous Specific	No (Identification of additional training needs and opportunities to support primary care providers will form part of the assessment process).
Duration	01 July 2016 to December 2016: Selection of preferred training models. Commissioning of preferred models to commence by 1 January 2017.
Coverage	Year 1: full training available to Penrith, Blue Mountains, Hawkesbury and Lithgow LGAs (4 in total). Year 2 & 3: one central location for subsequent training programs to be conducted as refreshers.
Commissioning approach	To be determined during development Between July and November 2016. The approach is expected to commence with EOIs to identify interested parties. This will be followed by appropriate co-design activities with interested existing service providers. This is likely to be a 'value-for-money' approach to market, comparing costs with those of NBMLHD. Competitive bidding may be appropriate for some programs and not others.
Performance Indicator	Appropriate indicators will be developed as part of co-design process and relevant KPIs for each type of program identified, including course evaluation by participants to examine the extent to which their expectations were met, the extent of perceived upskilling. Benchmarks for feedback will be agreed with course providers (e.g. benchmark of 80% positive experiences from course participants). Desired outcomes are increased workforce and community capacity to support increased complexity of substance use.

Local Performance Indicator target	Output indicator targets will be dependent on the final selection of courses and will report: - Number of courses commissioned - Number of courses conducted - Number of participants per course, target audience and LGA.	
Data source	Data reported by commissioned service providers.	
Planned Expenditure (GST exclusive) to match budget	Y1: 16.5% Y2: 6.68% Y3: 1.64%	% AOD flexible funding
	$0.00	Funding from other sources (e.g. private organisations, state and territory governments)

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	2.1 Increasing demand for AOD services: Increasing use of methamphetamines reported nationally. 2.6.1 Priorities from consultations: Barriers to effective service provision and community priorities. 3.1 Minimal options for local access to AOD treatment. 3.3 One NGO small non-residential rehabilitation services is located within the region at Katoomba, for women only. 3.4 One residential rehabilitation NGO (faith based service 12 month program) located at Kurmond for men only. State funded residential rehabilitation places are located in Rozelle outside the region. 3.5 There are few specialist NGO service providers located in the region.
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	**Activity 3:** **Local non-residential rehabilitation program for men and women**
Description of Drug and Alcohol Treatment Activity	Non-residential rehabilitation programs are a high priority service needs gap. The NBMLHD does not provide for non-residential rehabilitation programs in the region and one small NGO service in Katoomba (Dianella Cottage) for women only is funded by the Commonwealth. Since 2010, formal stakeholder consultations have consistently identified this gap in service provision. The significant upsurge in ICE use in the region has increased the level of urgency for local non-residential treatment programs for people whose substance use is unsuitable for counselling based treatment. The approach will require extensive consultation to support co-design of an appropriate model that can improve coordination and integration of services. The program should be based on harm reduction principles, not abstinence, in order to improve access to rehabilitation treatment for a broader population group. Priority access should be given to people who have completed detoxification and who have a history of relapse. The preferred model will aim to allocate specific places for Aboriginal people. Considerations for the desired model of care will include a range of models such as therapeutic community that emphasises recovery from addiction, wellness and peer support. In addition to rehabilitation treatment, family support may be provided to ensure that parents seeking treatment can be supported, as well as extended aftercare for people who have successfully completed treatment, to provide continuity of support and minimise relapse. The development phase will collaborate with State/LHD to ensure co-design of the desired model aiming for optimum

	integration and coordination with other services. Implementation of this activity will involve: - Literature review to examine best practice models for non-residential day care. Research findings from NGO peak bodies such as NADA will be reviewed. - Work with AOD Advisory Committee and key stakeholders to develop preferred models - Examine potential for collaborative funding with state health and NBMLHD - Identify potential providers with capacity to provide initial outreach services for basic assessment and case management - Aim to commission basic service provision at one location within a capacity building framework in second year - Increase capacity of service in third year to full implementation of the desired model.
Collaboration	The NBMLHD will be a key partner at all stages of this activity including the design, commissioning and selection of providers. Planning will also involve local NGOs including the Lyndon Community (Dianella House, Katoomba), NADA and other interested NGO providers as part of co-design processes. Current service providers will be encouraged to expand and adapt existing models of care to meet this need. Oversight and key stakeholder input will be the responsibility of the Professional Commissioning Advisory Committee, to be established as part of regional planning activities.
Indigenous Specific	No (Identification of the need for culturally secure, identified places, for Aboriginal people will form part of investigations and development processes).
Duration	July to December 2016: (a) planning and model development with interested local providers or others seeking to extend services into NBM region (b) selection of one site for implementation of desired model January to June 2017: commissioning of service provider for demonstration of desired model, or components of desired model Year 2: expand demonstration model Year 3: full commissioning of one or more sites.
Coverage	The project will develop one site in an LGA to be identified. Services will be provided to residents of all LGAs: Penrith, Blue Mountains, Hawkesbury and Lithgow.
Commissioning approach	To be determined during development as part of planning and model development. The approach is expected to commence with EOIs to identify interested parties. This will be followed by appropriate co-design activities with interested existing service providers. Either a

	‘value-for-money’ approach to market or competitive bidding process may be appropriate for this activity.	
Performance Indicator	To be developed as part of planning and commissioning. Likely output indicators are: - Number of programs developed - Number of programs conducted - Participants per type of program - Measures describing characteristics of participants (age, residential location, substances used, number of treatments prior to entry into program. - Measurement of non-program activities such as opportunistic interventions and casual attendances. Formal evaluation of all key aspects of the program will form part of commissioning specifications.	
Local Performance Indicator target	Targets to be developed as part of design and commissioning processes.	
Data source	Commissioned service provider. National data sources to compare characteristics of participants.	
Planned Expenditure (GST exclusive) to match budget	Y1: 20.3% Y2: 25.21% Y3: 50.43%	% AOD flexible funding
	$0.00	Funding from other sources (e.g. private organisations, state and territory governments) Funding from other sources (including state) will be explored however cannot be confirmed at this time.

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	2.6.1 Barriers to effective service provision and community priorities. 2.9 Prevalence of mental health and drug and alcohol diagnosis. 2.10 Prevalence of health disorders among alcohol and drug users. 3.1 Minimal options for local access to AOD treatment. 3.5 There are few specialist NGO service providers located in the region. 3.7 Poor access due to limited service hours and availability of counselling. 3.8 D&A services operate independently of mental health services, have limited focus on clients holistic well-being and the 'whole of family' approach has not been adopted. 3.6.1 Care coordination: Inadequate service models for early intervention and effective support and treatment.
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	**Activity 4:** **Development of models and commissioning to extend service hours for existing AOD treatment (including counselling), improve aftercare within existing treatment models and improve support of people with dual diagnosis.**
Description of Drug and Alcohol Treatment Activity	NBMLHD strategic planning has identified the high priority need for the extension of service hours for existing AOD treatment to deliver services when people need them. Stakeholders have consistently identified the need for extended service hours covering evenings and weekends to improve access to AOD treatment. Stakeholders have consistently identified the need for improved aftercare as part of AOD treatment provided. AOD peak bodies have reported that aftercare is not explicitly funded and therefore not provided consistently across the AOD treatment spectrum, despite being important to preventing relapse following treatment. The complexities involved in providing AOD treatment to people with dual mental health and AOD problems is well known in research and practice however there is only preliminary knowledge of best practice models of care for people with dual diagnosis. This proposal aims to involve AOD service providers in the development of business models that can support extended hours, improved aftercare and examine opportunities for enhancing support to people with dual diagnosis. The project aims to deliver a capacity building approach to the implementation of the desired models through an appropriate commissioning process. Key objectives will be coordination and integration of services.

	Implementation of this activity will involve: - Literature review to examine best practice approaches to extended hours and aftercare. Advice and research from peak bodies including NADA will be obtained. - Work with AOD Advisory Committee and key stakeholders to develop preferred models - Examine potential for collaborative funding with state health and NBMLHD - Identify potential providers with an interest in extending service hours and enhancing aftercare - Develop a commissioning process for capacity building approach including costs and benefits of extending hours and enhancing after hours as part of an evaluation framework - Aim to commission services at one location within a capacity building framework in first year and another in the second year. - Continue capacity building support in the third year.
Collaboration	The NBMLHD will be a key partner at all stages of this activity including planning, commissioning and evaluation. Planning for commissioning will involve local NGOs including the Lyndon Community (Dianella House, Katoomba), NADA and other interested NGO providers to support co-design. Oversight and key stakeholder input will be the responsibility of the Professional Commissioning Advisory Committee, to be established as part of regional planning activities.
Indigenous Specific	No (Identification of approaches to providing culturally secure extended service hours, and aftercare will form part of investigations and development processes).
Duration	July to December 2016: planning, model development and commencement of commissioning for selected activities (focus will be on workforce and business model development within existing services) January to June 2017: commissioning of one site for implementation of treatment model to commence service provision Year 2: Commissioning of additional services Year 3: Continued funding of expanded services
Coverage	The project will aim to expand services in at least two LGAs with plans to expand service delivery to all 4 LGAs: Penrith, Blue Mountains, Hawkesbury and Lithgow.
Commissioning approach	To be determined during development and co-design phases. A soft market approach is likely to be best suited to this activity. Commissioning is expected to commence with EOIs to identify interested parties. This will be followed by appropriate co-design activities with interested existing service providers. This is likely

	to be a 'value-for-money' approach to market and is not expected to be a competitive bidding process; however that will depend on EOIs received.	
Performance Indicator	To be developed as part of planning and commissioning. Indicators will need to measure different interventions which may include: early intervention activities, aftercare support, and processes involved in supporting people with dual diagnosis. Client and service provider feedback including satisfaction will be important indicators and part of overall evaluation processes.	
Local Performance Indicator target	To be developed with commissioned providers.	
Data source	Commissioned service providers. National data sets to compare characteristics of clients.	
Planned Expenditure (GST exclusive) to match budget	Y1: 48.5% Y2: 50.45% Y3: 25.23%	% AOD flexible funding
	$0.0	Funding from other sources (e.g. private organisations, state and territory governments) Funding from other sources (including state) will be explored however cannot be confirmed at this time.

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

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2016-17 to 2018-19. These activities will be 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.

- Refer to PHN Grant Programme Guidelines: Annexure A2 – Drug and Alcohol Treatment Services and Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services for the list of in-scope activities.
- It is emphasised that PHNs are to consider strategies to support the workforce in delivering the proposed activities through promoting joined up assessment processes and referral pathways, and supporting continuous quality improvement, evidence based treatment and service integration.

Note 1: *Please copy and complete the table as many times as necessary to report on each activity.*

Note 2: *Indicate within the duration section of the table the period of time between 2016 and 2019 that the activity will be undertaken.*

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	2.13 High Proportion of Aboriginal people living in NBM region. 2.14 NBM region is made up of three different Aboriginal Nations. 2.18 NBM Aboriginal people experience a significantly higher rates of hospitalisations attributable to alcohol. 2.19 Prevalence of drug use in Aboriginal communities. 2.20 High proportion of Aboriginal people experience psychological distress. 2.21 Substance abuse is a high risk factor for development of mental disorders in Aboriginal communities. 2.21.1 High prevalence of methamphetamine use. 3.15 Provision of services for Aboriginal people: Inadequate service models for early intervention and effective support and treatment. 3.16 Inadequate access to culturally secure detoxification and rehabilitation and aftercare services in the region. 3.17 Inadequate capacity of primary health services to respond to Aboriginal health needs. 3.18 Capacity of services: Additional AOD and related services required to meet identified needs. 3.3 There are no (reported) outpatient detoxification-counselling and non-residential services that self-indicate specialised services for Aboriginal people in local or metropolitan regions.
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	**Activity 5:** **Supporting complex AOD clients with consideration for developing dual diagnosis or other complexity-based assessment and case management service for Aboriginal people.**
Description of Drug and Alcohol Treatment Activity	This project will be guided by Aboriginal Commissioning Advisory Committee. Membership will include representatives of Sharing and Learning Circles for each LGA, Aboriginal service providers involved in AOD and other relevant health services to Aboriginal residents in the region, and peak body representatives. Community consultation has identified dual diagnosis and 'one stop shop' model of service provision as a high priority. Other priorities to be addressed are training of AOD Aboriginal workers to improve workforce capacity and delivery of culturally secure services. The aim of the activity is to explore options to establish an Aboriginal specific service that supports complex needs. Dual diagnosis may be one option for service development as part of an assessment and case management model. This may involve the training and placement of AOD Aboriginal health workers with selected service providers, to assess people with complex needs, and then facilitate referral to appropriate treatment for both AOD and mental health, with appropriate follow up by the case worker to support their patient journey through a potential myriad of services. The Indigenous Dual Diagnosis Project (Vic)

	may offer research evidence and resources to support the development of this approach, however treatment responses to complexity, not specifically dual diagnosis is expected to be the focus of models Implementation of this activity will involve: 1. Literature review examining the Indigenous Dual Diagnosis model and other similar models to identify a range of evidenced based approaches to AOD treatment for complex clients that can be regarded as culturally secure 2. Consultation with the Aboriginal communities to update and confirm priorities identified in the 2015 Sharing and Learning Circle community reports 3. Work with the Aboriginal Commissioning Advisory Group to co-design a preferred model and develop opportunities for commissioning of services. 4. Identify potential Aboriginal service providers who are involved in AOD services with capacity to expand or enhance their services to accommodate the desired model. This may involve cross collaboration and partnership approaches between Aboriginal Community Controlled and non-Aboriginal health services. 5. Commission basic service provision at one location within a capacity building framework in first year 6. Increase capacity of service in second and final year to implement desired model.
Collaboration	Key partners in this initiative will be Aboriginal coalition/sharing and learning circles in each LGA: Penrith, Blue Mountains, Hawkesbury and Lithgow, to guide all stages of project development. Other partners will include NBMLHD, NGOs providing services to local resident, to be involved in co-design and commissioning processes. Other service providers will be consulted as part of the design process. They include general practitioners, allied health professionals, and consumer representatives. Partnerships between Aboriginal providers and non-Aboriginal providers who have experience providing AOD services to Aboriginal people, will be encouraged, especially existing providers of AOD services to Aboriginal people
Indigenous Specific	Yes
Duration	Aboriginal Commissioning Advisory Committee to commence 01 July 2016 and continue to the end of the funding period 30 June 2019.

	01 July to 31 October 2016: Bring together relevant stakeholders for review of available information and co-design of a culturally secure model and identify capacity building requirements including workforce development needs to implement the desired model to support Aboriginal people with complex needs that include substance use November to December 2016: Will involve identification of providers with capacity to provide a basic service and develop capacity to implement the desired model, and appropriate commissioning of a basic service within capacity development framework. January to July 2017: Commissioning of demonstration service in one location Year 2: Increase capacity at additional sites according to agreed framework. Year 3: Implementation of desired model to support regional needs.
Coverage	The project will most likely commence with an outreach service to one location because there are no current Aboriginal service providers in the region, however there are Aboriginal Community Controlled specialist AOD services currently receiving Commonwealth funding nearby who may wish to provide outreach to NBM region. The aim will be to establish a base service within the NBM region (either Penrith, Blue Mountains, Hawkesbury or Lithgow LGA) with capacity to provide outreach to other LGAs in the region.
Commissioning approach	To be developed with stakeholders as part of development and co-design phases. A soft market approach is likely to be best suited to this activity. Commissioning is expected to commence with EOIs to identify interested parties. This will be followed by appropriate co-design activities with interested existing service providers. This is likely to be a 'value-for-money' approach to market and is not expected to be a competitive bidding process; however that will depend on EOIs received.
Performance Indicator	To be developed as part of planning and commissioning. Indicators will need to consider: - Capacity building of Aboriginal workforce undertaken - Increased service provision to Aboriginal people - Measurement of characteristics of clients including history of substance use and mental health problems, history of AOD treatment - Measurement of services provided including presentations to service, assessments conducted, referrals made, case management activities including follow up - Evaluation of service by clients and other service providers. A formal evaluation of the program will form part of commissioning.

Local Performance Indicator target	To be developed in consultation with commissioned providers.	
Data source	Commissioned provider. National data sets to compare characteristics of clients.	
Planned Expenditure (GST exclusive) to match budget	100% per year	% Indigenous targeted AOD flexible funding
	$0.0	Funding from other sources (e.g. private organisations, state and territory governments) Potential for funding from other sources will form part of investigations.

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