



Australian Government

Department of Health

phn

An Australian Government Initiative

Primary Health Networks Drug and Alcohol Treatment Services Funding

Updated Activity Work Plan 2016-2019:

- **Drug and Alcohol Treatment**

Adelaide PHN

This Activity Work Plan is an update to the 2016-18 Activity Work Plan submitted to the Department in May 2016.

This Updated Activity Work Plan has been endorsed by the CEO.

Submitted on 17 February 2017.

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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.

Thus far, PHNs have completed two Alcohol and Other Drugs Needs Assessments – the Baseline Needs Assessment (BNA), completed in March 2016 and an update to the BNA was completed in November 2016.

This document, the updated Activity Work Plan template, captures those (existing, modified and new) activities addressing the needs in the updated BNA.

This Drug and Alcohol Treatment Updated 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.

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

1. The updated strategic vision of each PHN, specific to drug and alcohol treatment.
2. The updated Drug and Alcohol Treatment Services Annual Plan 2016-17 to 2018-2019 which will provide:
 - a) An updated 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) An updated 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.
 - c) A description of planned activities which are no longer planned for implementation under the Schedule – Drug and Alcohol Treatment Activities.

1. Strategic Vision for Drug and Alcohol Treatment Funding

Strategic Vision

The targeting of the Adelaide PHN (APHN) drug and alcohol treatment funding has been informed by the *National Drug Strategy (draft) 2016-2025* and the *National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014-19* and the emphasis on harm minimisation and demand reduction. Furthermore, the APHN has aligned the commissioning of service to the aim and values of the *South Australian Alcohol and Other Drug Strategy 2017-2021* to minimise duplication and maximise sector efficiency.

The APHN is committed to supporting the community of metropolitan Adelaide through the commissioning of evidence based responses to alcohol and other drug (AOD) problems and improving co-ordination and collaboration of the AOD treatment sector.

To date, the APHN has commissioned five organisations to deliver a range of treatment services across the stepped care continuum of treatment which focuses on the appropriate treatment being available at the time an individual is motivated to change. The treatment models include assessment and brief interventions, counselling, withdrawal support, case management, aftercare and relapse prevention. There are two new evidence-based treatment programs that have been introduced to further enhance the service options and these are described in detail in Section 2(a). A further two services will be contracted by the end of February 2017.

Consultation conducted by the APHN overwhelmingly identified a need to enhance services that address AOD and mental health comorbidity concurrently. The APHN is therefore supporting its commissioned AOD treatment services and Primary Mental Health Care Services to collaborate and co-operate through integrated service delivery, training and networking. This will improve the capacity of this sector and building the collective skills and knowledge of the workforce. With the exception of the Aboriginal Community Controlled Health Organisation (ACCHO), all commissioned AOD and Mental Health services will implement a shared patient management system (Mastercare) which will promote interdisciplinary and interagency collaboration, and importantly ensure a seamless referral pathway for clients. The ACCHO will be supported to contribute deidentified data from its existing patient management system (Communicare).

The APHN has established an AOD Reference Group with membership from the state government, peak AOD bodies, consumer and carer representatives and general practice to ensure that the commissioned AOD treatment services are supported and connected within the AOD and Mental Health sectors. Expertise from service providers, research and academia and specialist services will be invited to participate in the AOD Reference Group meetings as required. This will also enable the APHN to understand and respond to the changing needs of the sector and the Adelaide metropolitan community.

Consultations, collaborations and partnerships

The APHN has undertaken extensive and community wide consultations in the development of this Activity Work Plan and the Request for Proposal process. The APHN has a strong strategic partnership with the Country South Australia Primary Health Network (CSAPHN) and where possible all activities and projects are undertaken with a state wide approach. Accordingly, the PHNs have a strong strategic working relationship with SA Health, both through the SA Primary Health Care Advisory Group (SAPHCAG) – which meets bi-monthly and through regular meetings with Local Health Network (LHN) CEOs (bi-monthly). This key partnership is underpinned by a partnership

agreement which outlines key areas of strategic focus, outlining actual shared activities/projects at various stages of approval and implementation

Additionally, the APHN, CSAPHN and SA Health are committed to and have co-resourced *HealthPathways* to ensure that solid, clear clinical pathways are developed across South Australia. Working groups will be established at each LHN level to ensure direct input and involvement by SA Health LHN staff at all levels.

The APHN additionally has broad stakeholder involvement in its membership structure. The three regional Clinical Councils include a range of clinical and primary health care providers including representation of the LHNs. Additionally, the Community Advisory Councils also enjoy broad ranging representation with community members who have experienced or have cared for someone experiencing drug and alcohol issues. Further, the APHN has seven Health Priority Groups that are all open groups of community members, service providers and other stakeholders with a specific interest in health priority areas. The AOD sector is also well represented across these groups.

The APHN membership structure provides for each membership group to determine priorities, gaps and issues and these are collated and provided to the APHN Board. These determine our strategic directions and are then progressed by working groups made up of our membership groups and external stakeholders.

The APHN is also a member of a number of state government working groups that are planning and managing AOD treatment services across the state. This role facilitates partnerships between funding bodies and participation in the future development of the sector. The APHN is an observer on the SA Aboriginal Partnership Forum and the APHN has a draft partnership agreement with the Aboriginal Health Council of South Australia with a strong working relationship with Nunkuwarnin Yunti (the single Aboriginal Community Controlled Health Organisation in metropolitan Adelaide).

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

Proposed Activities – A1.1 – A1.2

<p>Activity Title (e.g. Activity 1, 2, 3 etc.)</p>	<p>A1.1 Targeted commissioning of new drug and alcohol treatment services across the stepped model of care to improve access for people in the Adelaide metropolitan region.</p> <p>It will:</p> <ul style="list-style-type: none"> • Address the high prevalence of alcohol use in metropolitan Adelaide • Address the need for increased treatment services for illicit drugs including methamphetamines • Address alcohol and other drug and mental health comorbidity <p>A1.2 Increased coordination and integration between services, and primary care, to improve sector efficiency.</p> <p>It will:</p> <ul style="list-style-type: none"> • Build the database of knowledge of alcohol and other drug use in the Adelaide metropolitan region. • Develop the workforce
<p>Existing, Modified, or New Activity</p>	<p>A1.1 Existing activity</p> <p>A1.2 Existing activity</p>
<p>Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)</p>	<p>7. Alcohol is the most common principal drug of concern in particular areas of the APHN region and for specific population groups, including Aboriginal and Torres Strait Islander people.</p> <p>8. Significantly less South Australians with alcohol and other drug problems access counselling as a treatment than the Australian average.</p> <p>9. Higher prevalence of illicit drug use in selected areas and specific population groups, particularly Aboriginal and Torres Strait Islander populations.</p>
<p>Description of Drug and Alcohol Treatment Activity</p>	<p>A1.1 This activity aims to ensure that the new treatment services commissioned are an evidence based system of treatment comprising of a range of health care interventions, from minimal support to intensive treatment matched to the individual’s needs. Services will be commissioned in a range of</p>

	<p>treatment settings to deliver a variety of interventions for people with mild, moderate or severe dependence.</p> <p>A1.2 This activity aims to ensure that new AOD treatment services commissioned have mechanisms in place for improving the effectiveness of AOD treatments services by increasing coordination between treatment services, broader primary health and between various sectors aimed at improving sector efficiency. The APHN has implemented the client management system Mastercare across all AOD treatment services and Primary Mental Health Care Services (PMHCS) which will facilitate shared care planning for clients.</p> <p>The APHN has also commissioned the National Centre for Education and Training on Addiction (NCETA) to provide information regarding prevalence and service use in the Adelaide metropolitan region.</p>
Target population cohort	New services will be available to adults with AOD issues.
Consultation	<p>The APHN has engaged in extensive consultation with our community prior to and during the procurement and commissioning process. This has been across a wide range of forums including the community information sessions, AOD and mental health treatment service provider workshops, and the APHN Membership Groups.</p> <p>The stakeholder groups that will be involved in ongoing consultation include:</p> <ul style="list-style-type: none"> • Drug and Alcohol Services South Australia (DASSA) - state/territory government services relating to drug and alcohol; policy priorities, sector arrangements, information sharing, collaborative planning; • South Australian Network of Drug and Alcohol Services (SANDAS) - peak body for drug and alcohol services; representing the non-government organisation (NGO) drug and alcohol sector, supporting two-way channels of communication, supporting sector development through specific capacity building activities • Aboriginal Health Council of South Australia (AHCSA) and the Aboriginal Drug and Alcohol Council (ADAC) - Indigenous organisations including Aboriginal Community Controlled Health Organisations (ACCHOs) and Indigenous-specific drug and alcohol treatment services; Indigenous-specific need, service delivery expertise, knowledge of treatment population and service gaps specific to Indigenous populations.

	<ul style="list-style-type: none"> • Australian Injecting and Illicit Drug Users League (AVIL) - peak body for drug and alcohol users; representing the views of those with current/former drug and alcohol use experiences, some of whom may be in need of treatment and/or have treatment experience • Specialist drug and alcohol treatment providers in the region; treatment and service delivery expertise, knowledge of the local treatment population and of service gaps (including government and NGO drug and alcohol treatment services, plus general practitioner pharmacotherapy prescribers).
Collaboration	N/A
Indigenous Specific	Not specific but will include Aboriginal and Torres Strait Islander people
Duration	A1.1-1.2 33-month contract commencing 1 October 2016 and finishing 30 June 2019.
Coverage	Entire APHN region with focus on selected areas within Central, Western, Northern and Southern Statistical Area Level 4 (SA4).
Commissioning method	Open approach to market; Expression of Interest then Request for Proposal; Commissioned in whole.
Approach to market	Open approach to market; Expression of Interest then Request for Proposal.
Decommissioning (if applicable)	N/A

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

Proposed Activities - A2.1 – A2.3

<p>Activity Title <i>(e.g. Activity 1, 2, 3 etc.)</i></p>	<p>A2.1- Targeted commissioning, coordination and integration of drug and alcohol treatment services, particularly for Aboriginal and Torres Strait Islander people across the stepped care model.</p> <p>A2.2 Establish culturally appropriate and targeted services and activities in collaboration with stakeholders and service providers for illicit drug users.</p> <p>A2.3 Establish services for individuals requiring support and treatment by increasing coordination between various sectors, and improving sector efficiency.</p>
<p>Existing, Modified, or New Activity</p>	<p>A2.1 Existing activity.</p> <p>A2.2 Existing activity.</p> <p>A2.3 Existing activity.</p>
<p>Needs Assessment Priority Area <i>(e.g. Priority 1, 2, 3, etc.)</i></p>	<p>7. Alcohol is the most common principal drug of concern in particular areas of the APHN region and for specific population groups, including Aboriginal and Torres Strait Islander people.</p> <p>8. Significantly less South Australians with alcohol and other drug problems access counselling as a treatment than the Australian average.</p> <p>9. Higher prevalence of illicit drug use in selected areas and specific population groups, particularly Aboriginal and Torres Strait Islander populations.</p>
<p>Description of Drug and Alcohol Treatment Activity</p>	<p>A2.1- This activity aims to ensure that treatment services commissioned are an evidence based system of treatment comprising of a range of health care interventions, from the least to the most intensive matched to the individual’s needs. Services will be commissioned in a range of treatment settings to deliver a variety of interventions for people with mild, moderate or severe dependence. The APHN will ensure that services commissioned for the Aboriginal and Torres Strait Islander population consider the access issues specifically related to this population group including; geography, affordability, availability of health care professionals, cultural beliefs and attitude and the cultural competency of services. A2.2 This activity aims to ensure that services commissioned by APHN are culturally appropriate taking into</p>

	<p>consideration the following key aspects including, respect and trust, transport, flexibility, time, support, outreach and working together. All organisations commissioned by the APHN will need to be able to demonstrate an understanding of the importance of these aspects of cultural competency as well as an understanding of the community. A2.3 This activity aims to ensure that AOD treatment services commissioned have mechanisms in place for improving the effectiveness of AOD treatments services for the Aboriginal and Torres Strait Islander population by increasing coordination between treatment services, broader primary health and between various sectors aimed at improving sector efficiency.</p>
Target population cohort	<p>New services will be available to adults with AOD issues.</p>
Consultation	<p>The APHN has engaged in extensive consultation with the Adelaide metro community prior to and during the procurement and commissioning process. This has been across a wide range of forums including the community information sessions, AOD and mental health treatment service provider workshops, and the APHN Membership Groups.</p> <p>The stakeholder groups that will be involved in ongoing consultation include:</p> <ul style="list-style-type: none"> • Drug and Alcohol Services South Australia (DASSA) - state/territory government services relating to drug and alcohol; policy priorities, sector arrangements, information sharing, collaborative planning; • South Australian Network of Drug and Alcohol Services (SANDAS) - peak body for drug and alcohol services; representing the non-government organisation (NGO) drug and alcohol sector, supporting two-way channels of communication, supporting sector development through specific capacity building activities • Aboriginal Health Council of South Australia (AHCSA) and the Aboriginal Drug and Alcohol Council (ADAC) - Indigenous organisations including Aboriginal Community Controlled Health Organisations (ACCHOs) and Indigenous-specific drug and alcohol treatment services; Indigenous-specific need, service delivery expertise, knowledge of treatment population and service gaps specific to Indigenous populations. • Australian Injecting and Illicit Drug Users League (AVIL) - peak body for drug and alcohol users; representing the views of those with current/former drug and alcohol use experiences, some of whom may be in need of treatment and/or have treatment experience • Specialist drug and alcohol treatment providers in the region; treatment and service delivery expertise, knowledge of the local treatment population and of service gaps (including government and NGO drug and alcohol treatment services, plus general practitioner pharmacotherapy prescribers).

Collaboration	N/A
Indigenous Specific	Yes
Duration	A2.1-2.3 30-month contract commencing 1 October 2016 and finishing 30 June 2019.
Coverage	Entire APHN region with focus on selected areas within Central, Western, Northern and Southern Statistical Area Level 4 (SA4).
Commissioning method	A Request for Proposal (RFP) was released by the APHN on 01 April 2016 for interested service providers to deliver services in the provision of AOD interventions.
Approach to market	Open Tender
Decommissioning (if applicable)	N/A

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

There are none included in the May 2016 version of our Drug and Alcohol Treatment Activity Work Plan which are not continuing from 2017-18.

Planned activities which will no longer be delivered	
Activity Title / Reference	N/A
Description of Activity	N/A
Reason for removing activity	N/A
Funding impact	N/A