



Australian Government

Department of Health

phn

An Australian Government Initiative

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

This Drug and Alcohol Treatment 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) Drug and Alcohol Treatment Services – Transition Funding.
3. A description of planned activities which are no longer planned for implementation under the Schedule – Drug and Alcohol Treatment Activities.

Adelaide PHN

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

Submitted on 19 February 2018

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 2017-2026* and the *National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014-19* and the emphasis on harm minimisation, supply 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 by improving the effectiveness of drug and alcohol treatment services and increasing coordination between various sectors.

The APHN is also 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. This has been informed through our iterative needs assessment process. The 2017/18 AOD Needs Assessment Update identified four (new) priorities. This AOD Needs Assessment Update has a major rewrite due to availability of new quantitative data¹ on prevalence, at-risk groups and utilisation of healthcare services which was a data gap in the previous BNA Update.

To date, the APHN has commissioned seven organisations under the National Ice Action Strategy (NIAS) Funding to deliver a range of early intervention and 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, screening and brief interventions, counselling, withdrawal support, case management, care planning and coordination, aftercare and relapse prevention.

In alignment with the NIAS funded services a further eight organisations were transitioned to new Drug and Alcohol Program funding agreements, formerly the *Non-Government Organisations Treatment Grants Program (NGOTGP)* and *Substance Misuse Service Delivery Grants Fund (SMSDGF)*, with the APHN at 1 July 2017. As per Commonwealth Guidelines these organisations are funded to deliver the same projects, involving the same delivery model and geographical coverage for a two-year period. Funding for organisational capacity building projects was required to be redirected to direct treatment activities, and the APHN worked closely with the five organisations involved to cease capacity building activities by 31 December 2017 and co-design treatment activities enhancing evidence-based service delivery. To date, all 'Transition' contracts (including previous capacity building redirected variations) have been executed.

Consultation conducted by the APHN overwhelmingly identified a need to enhance services that address AOD and mental health comorbidity concurrently. The APHN supports its commissioned AOD treatment services and Primary Mental Health Care Services to collaborate and co-operate through integrated service delivery, training, networking and the development of Collaborative Practice Fora. This will improve the capacity of this sector and build 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 be encouraged to implement a shared electronic patient management system (Mastercare) which will promote interdisciplinary and interagency collaboration, and importantly ensure a seamless referral pathway

¹ Adelaide PHN and Country SA PHN commissioned the National Centre for Education and Training in the Addictions (NCETA) to research literature and analyse appropriate secondary data from a variety of State and National sources (e.g. SA Health hospital Emergency Department presentations and inseparations, National Drug Strategy Household Survey (NDSHS), Australian Secondary Students' Alcohol and Drug Survey ASSAD), Pharmaceutical Benefits Scheme (PBS), Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS)) on AOD prevalence, at-risks groups and utilisation of healthcare services for both PHN regions (three reports respectively).

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 community wide consultations during the AOD needs assessment and commissioning processes. 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 statewide 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 a Health Priority Network that is comprised of nine specialist interest areas based on commonwealth and local priorities; one of these specialist interest areas focusses on alcohol and other drugs. Group membership includes community members, service providers, peak bodies, and government and non-government agencies with a specific interest in the health priority area. The aim of the network is to strengthen engagement by the APHN with our stakeholders, and enable them to increase involvement in APHN projects by identifying service and system gaps. The structure of the network allows cross collaboration of interest groups; for instance, between alcohol and other drugs, mental health, child and youth and Aboriginal interest areas to work with PHN staff to jointly design and implement solutions.

The APHN membership structure enables membership groups to determine priorities, gaps and issues and these are collated and provided to the APHN Board. These determine our strategic themes, one of which is to address alcohol and other drugs, mental health and physical co-morbidities, and these are then progressed by working groups made up of our membership groups and external stakeholders, or internally in the design of new services and/or capacity building of existing ones.

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 Nunkuwarrin Yunti (the single Aboriginal Community Controlled Health Organisation in metropolitan Adelaide).

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

Proposed Activities – A1.1

<p>Activity Title (e.g. Activity 1, 2, 3 etc.)</p>	<p>A1.1 Facilitate and support the delivery of evidence-based, treatments for methamphetamine, alcohol and other drug use with a stepped care approach (previously known as <i>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</i>)</p>
<p>Existing, Modified, or New Activity</p>	<p>Modified Activity</p>
<p>National & Local Key Priority Area(s) (Please refer to our Strategic Plan available on our website)</p>	<p>Alcohol and Other Drugs, Aboriginal Health, Culturally and Linguistically Diverse communities, Health Workforce</p>
<p>Needs Assessment Priority(s) (Please refer to our 2017/18 AOD Needs Assessment template available on our website)</p>	<p>2. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region.</p> <p>3. Build the capacity of health professionals through the provision of information, education and resources to support health professionals in the management of drug and alcohol dependence and related morbidities.</p>
<p>APHN Membership Identified Themes (Please refer to our Strategic Plan available on our website)</p>	<ul style="list-style-type: none"> • Provide timely, early and equitable access to appropriate services • Provide equitable and easy access to primary health services for Aboriginal and Torres Strait Islander communities • Improve care coordination, integration and navigation of the primary health care sector

Description of Drug and Alcohol Treatment Activity

This activity aims to reduce the adverse effects of alcohol and drug use through ensuring that the commissioned AOD services provide an evidence-based system of treatment comprising a range of interventions, from the least to most intensive treatment matched to the individual's needs. Services have been commissioned in a range of community-based treatment settings to increase the scope of treatment and deliver a variety of interventions for people with mild, moderate or severe dependence, and their families [primary care for delivery of health promotion of at risk populations].

To achieve this the APHN has commissioned services which provide treatment interventions across a stepped-care continuum with flexibility and readiness to change treatment matching. Treatments include, early intervention, brief interventions [screening, assessment, advice, assistance and referral], counselling including psychotherapy [motivational interviewing, CBT] community-based withdrawal management, relapse prevention, non-residential rehabilitation, case management/care planning and coordination.

Drug and alcohol services commissioned from the National Ice Action Strategy funding, include:

- Increased access to a range of additional, tailored, treatment services through the establishment of a drop-in centre in an area of high prevalence and correlated AOD issues in Southern SA4 APHN region. The service provides treatment matching based on motivation to change, with interventions including; immediate access to information, support and referral; intake, assessment and triage; brief interventions; individual and group counselling; crisis intervention; case management to those with low needs; transition services into primary care and community settings to clients with low to moderate AOD and mental health issues/comorbidity; care coordination referrals for intensive treatment needs, and relapse prevention, aftercare,
- Increased provision of counselling and support for families and friends dealing with individuals experiencing problematic alcohol and other drug use. Telephone and individual support and counselling provided, with additional structured support groups and educational materials being delivered across multiple sites in areas of need across metropolitan Adelaide. The program offers workforce development opportunities with volunteer and co-facilitation training,
- Increased alcohol treatment support for up to 25,000 Adelaide metropolitan residents via access to an innovative alcohol specific treatment program accessible through a Smartphone App. Providing targeted and individualised support [licensed for up to 12 months] for people wanting to reduce their harmful alcohol consumption (at risk, not yet dependent), the program includes self-assessment, brief

intervention, motivational interviewing, psychological education, peer support, access to on-line professional coaching and clinical contact, matching an individual's stages of change with a stepped-care approach. Where and when appropriate, transition and/or referral for individuals to primary care, alcohol and other drug treatment services and community services, is provided*:

- Through staged implementation with focus on GPs, primary care providers and AOD specialist services for initial 'licence' referrals, access has now been expanded to anyone with an Adelaide postcode for self-referral; and
- To increase support to primary care providers in the management of people with harmful alcohol consumption.

*In 2018 the APHN is working with a provider to establish an escalation pathway into Primary Mental Health Care services for individuals who have been assessed as requiring additional mental health supports.

➤ Enhanced treatment options based on individual need through the increased provision of Alcohol, Smoking and Substance Involvement Screening Tests (ASSIST) and brief interventions, targeted outpatient treatment and relapse prevention groups in Northern, Southern and Central Adelaide. Appropriate co-ordination and/or case management of additional support services required by the client is also provided,

- ASSIST (initial screening), brief intervention and follow up counselling sessions, for people who want to discuss their drug and alcohol use and receive further information including referral to treatment. **
- The innovative Matrix intensive outpatient treatment program provides structured group education and cognitive behaviour therapy for people dependent on methamphetamine and who have not used for 3 weeks.
- Relapse Prevention Group Program designed for people whose primary drug of concern is alcohol, cannabis, prescription opioids or benzodiazepines. Separate group specifically for people whose primary drug of concern is methamphetamine or intravenous opioids

** In 2018 the APHN will work with a provider to upgrade the current iteration of the electronic version of the ASSIST tool, i.e. the eASSIST platform to enable an accessible and workable program that can be used on Tablets, the iOS system (Apple products) and PCs; this will also increase accessibility of the tool in a minimum of ten languages (other than English), and increased data quality.

Target population cohort	Adults with AOD issues
Consultation	<ul style="list-style-type: none"> • 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. Membership groups include General Practice staff, Medical Specialists, Allied Health professionals, government and non-government service providers, peak bodies, consumers and carers. Within the membership structure stakeholders provide information and data related to their unique perspective on: <ul style="list-style-type: none"> - State policies and frameworks - Workforce shortages and issues - Usage trends - Systems issues - Indigenous specific issues and issues for other cultures - Service gaps - Research and knowledge gaps • Regular capacity building meetings between APHN staff and service providers have provided and will continue to provide opportunities to learn about areas for professional development and service issues. • The APHN Health Priority Network has a specialist alcohol and other drugs interest area made up of consumers, and representatives from service providers (commissioned and non-commissioned), government agencies, peak bodies, and research organisations. All interest areas within the network, including AOD and mental health, will come together at two symposia, in March and September, to identify service and systems gaps in relation to member identified themes; particularly addressing mental health, alcohol and other drugs and physical comorbidities. • The APHN is a member of the SA Youth Alcohol and Drugs Services Network and the Comorbidity Network Group, hosted by South Australian Network of Drug and Alcohol Services (SANDAS) and SANDAS and the Mental Health Coalition respectively. These meetings bring together service providers from across the AOD sector and enable the APHN to gather information about services, trends and local area issues.

	<ul style="list-style-type: none"> • A joint capacity building forum between our commissioned AOD and mental health service providers was held in November 2017. This forum allowed the APHN to learn about service delivery and systems issues. It is envisioned that another forum will be held in 2018 to ensure stakeholders are updated on the APHN progress, to further enhance capacity building and collaboration and integration.
Collaboration	<ul style="list-style-type: none"> • A strategic group (called the Alcohol and Other Drugs Treatment Services Reference Group) with membership from Drug and Alcohol Services South Australia (DASSA); SANDAS, the NGO service provider peak body; the Aboriginal Drug and Alcohol Council; a consumer and General Practice prescriber has been established. This group has met and will continue to meet regularly to improve system integration and service coordination between APHN commissioned service providers and the wider sector in the State. Each member of the group brings specific expertise related to key components of the sector. • Addiction specialists have worked with members of the reference group to design and disseminate support and capacity building activities related to opioid substitute prescribing. ▪ The APHN's online portal Confluence enables commissioned service providers (across alcohol and other drugs and mental health) to share information, appropriate data and collaborate to improve referral pathways and service delivery. • Members from the Alcohol and Other Drugs interest area of the Health Priority Network will be given the opportunity to be part of a working group related to AOD issues identified at the March symposium. This group will work with APHN capacity building officers and innovation and design officers to jointly address issues related to current projects. • Regular engagement with general practitioners and practice nurses and managers through commissioned training opportunities related to illicit and licit drug use and misuse, best practice approaches to AOD treatment, understanding the stepped care model and information for referral to improve primary health treatment and referral pathways.
Indigenous Specific	Not specific but may include Aboriginal and Torres Strait Islander people
Duration	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

Proposed Activities – A1.2

<p>Activity Title (e.g. Activity 1, 2, 3 etc.)</p>	<p>A1.2 Increase coordination and integration between services, and primary care, to improve sector efficiency and improve care coordination at a local level (previously known as <i>A1.2 Increased coordination and integration between services, and primary care, to improve sector efficiency</i>)</p>
<p>Existing, Modified, or New Activity</p>	<p>Modified activity</p>
<p>National & Local Key Priority Area(s) (Please refer to our Strategic Plan available on our website)</p>	<p>Alcohol and Other Drugs, Aboriginal Health, Health Workforce</p> <p>This activity also aligns with identified priority areas in the National Drug Strategy 2017-2026 and SA AOD Strategy 2017-2021 furthermore, is consistent with recommended evidence-based approaches for priority actions, <i>Reducing Adverse Health, Social and Economic Consequences</i> [NDS], <i>Illicit Drug Use and Hazardous and Harmful use of Pharmaceutical Drugs</i> [SA AOD].</p>
<p>Needs Assessment Priority(s) (Please refer to our 2017/18 AOD Needs Assessment template available on our website)</p>	<p>2. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region.</p> <p>3. Build the capacity of health professionals through the provision of information, education and resources to support health professionals in the management of drug and alcohol dependence and related morbidities.</p> <p>4. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes.</p>
<p>APHN Membership Identified Themes (Please refer to our Strategic Plan available on our website)</p>	<ul style="list-style-type: none"> ● Improve health literacy and education for consumers and primary health care providers ● Improve care coordination, integration and navigation of the primary health care sector
<p>Description of Drug and Alcohol Treatment Activity</p>	<p>This activity aims to ensure that AOD treatment services commissioned under the National Ice Action Strategy funding are designed and implemented to improve coordination and integration between specialist AOD services, the broader health and mental health services, ACCHOs, various associated sectors and primary care.</p> <p>To achieve this outcome principles of 'system' commissioning informed the co-design of flexible, best practice treatment and intervention services targeted to areas of high prevalence and incidence, to provide</p>

a coordinated service response for priority populations requiring multi-sectoral approach. The commissioned AOD treatment services aim to increase capacity and coordination in settings where people with substance use issues and complex support requirements are more likely to be engaged, and ensure associated services are linked to the treatment system.

Drug and alcohol services commissioned from the National Ice Action Strategy funding, include:

- Increased provision of evidence-based services for drug and alcohol misuse, across a stepped care treatment continuum, for people who have recently been released from the custody of the Department for Correctional Services. A broader multi-sectoral approach including primary care, justice, social and educational services, the Counselling, Health and Substance Management (CHaSM) Program provides high quality Alcohol and Other Drug (AOD) services to people involved, or at risk of being involved with the criminal justice system to assist them to improve and rebuild their lives while concurrently reducing recidivism and social harms to the community.
 - Appropriate level of intervention determined by severity of substance use, with specialised AOD interventions (brief intervention addressing motivation to change behaviour; individual counselling; Relapse Prevention group therapy and SMART Recovery group therapy). All specialist AOD interventions will include Motivational Interviewing, Relapse Prevention, Cognitive Behaviour Therapy and other psychological therapies that may be beneficial to the client (e.g., Acceptance and Commitment Therapy, Mindfulness).
 - Program identifies and addresses criminogenic needs, i.e. areas that are directly linked to criminal behaviour and are amenable to change (a reduction in need reduces the likelihood of relapse and recidivism), through incorporation into intervention plan. Significant coordination and integration with other services (e.g., Aboriginal Health. General Practitioners, Mental Health Services).
- Implementation of an integrated approach to comorbid mental illness and AOD issue, planned to increase system coverage in Northern Adelaide through the delivery of a range of treatment options [brief intervention, counselling, narrative therapy, care planning and coordination, post-rehabilitation support and relapse prevention] matched to individual treatment needs and with emphasis on creating access points that respond effectively to help-seeking behaviour. Consortium-based model with comprehensive assessment and coordination/agency referral determined by severity and substance type and/or mental health comorbidity, e.g. early intervention services for less problematic drug use,

	<p>shared-care intervention for clients with complex needs requiring co-ordinated and jointly shared client treatment. The model works in close partnership with Drug & Alcohol Services SA (DASSA) to ensure critical referral pathways embedded in service model</p> <ul style="list-style-type: none"> ▪ Lead agency in this consortium model will provide ongoing GP education and training on managing addiction in primary care settings, to increase capacity of general practice to identify, screen and provide brief interventions, onward referral <p><i>NB: All contracts between APHN and commissioned AOD service providers require the establishment of formalised referral pathways into and from mental health and primary care services where appropriate. Further, commissioned service providers are required to develop and maintain formal partnerships with other relevant alcohol and other drug organisations – community-based and specialist treatment services, primary and specialist mental health services, peak bodies, DASSA, Local Health Networks, Aboriginal and Torres Strait Islander organisations, the SA Government and primary health services. This includes "Building and maintaining collaborative working relationships with General Practice to support client management with the primary care provider." Mandatory Performance Indicators are attached to these service specifications and inform the APHN capacity building approach to treatment system planning and continuous quality improvement activities.</i></p>
Target population cohort	<ul style="list-style-type: none"> • Adults with AOD issues • Ex-offenders and their families • Young people and adults >15 years
Consultation	<ul style="list-style-type: none"> • 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. Membership groups include general practice staff, allied health professionals, government and non-government service providers, peak bodies, consumers and carers. <p>Within the membership structure stakeholders provide information and data related to their unique perspective on:</p> <ul style="list-style-type: none"> - State policies and frameworks - Workforce shortages and issues - Usage trends - Systems issues - Indigenous specific issues and issues for other cultures

	<ul style="list-style-type: none"> - Service gaps - Research and knowledge gaps • Regular capacity building meetings between APHN staff and service providers have provided and will continue to provide opportunities to learn about areas for professional development and service issues. • The APHN Health Priority Network has a specialist alcohol and other drugs interest area made up of consumers, and representatives from service providers (commissioned and non-commissioned), government agencies, peak bodies, and research organisations. All interest areas within the network, including AOD and mental health, will come together at two symposia, in March and September, to identify service and systems gaps in relation to member identified themes; particularly addressing mental health, alcohol and other drugs and physical comorbidities. • The APHN is a member of the SA Youth Alcohol and Drugs Services Network and the Comorbidity Network Group, hosted by South Australian Network of Drug and Alcohol Services (SANDAS) and SANDAS and the Mental Health Coalition respectively. These meetings bring together service providers from across the AOD sector and enable the APHN to gather information about services, trends and local area issues. <p>A joint capacity building forum between our commissioned AOD and mental health service providers was held in November 2017. This forum allowed the APHN to learn about service delivery and systems issues. It is envisioned that another forum will be held in 2018.</p>
Collaboration	<ul style="list-style-type: none"> • A strategic group (called the Alcohol and Other Drugs Treatment Services Reference Group) with membership from Drug and Alcohol Services South Australia (DASSA); SANDAS, the NGO service provider peak body; the Aboriginal Drug and Alcohol Council; a consumer and general practice prescriber has been established. This group has met and will continue to meet regularly to improve system integration and service coordination between APHN commissioned service providers and the wider sector in the State. Each member of the group brings specific expertise related to key components of the sector. • Addiction specialists have worked with members of the reference group to design and disseminate support and capacity building activities related to opioid substitute prescribing. • The Adelaide PHN's online portal Confluence enables commissioned service providers (across alcohol and other drugs and mental health) to share information, appropriate data and collaborate to improve referral pathways and service delivery.

	<ul style="list-style-type: none"> • Members from the Alcohol and Other Drugs interest area of the Health Priority Network will be given the opportunity to be part of a working group related to AOD issues identified at the March symposium. This group will work with APHN capacity building officers and innovation and design officers to jointly address issues related to current projects. • Regular engagement with general practitioners and practice nurses and managers through commissioned training opportunities related to illicit and licit drug use and misuse, best practice approaches to AOD treatment, understanding the stepped care model and information for referral to improve primary health treatment and referral pathways.
Indigenous Specific	Not specific but may include Aboriginal and Torres Strait Islander people
Duration	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

Proposed Activities – A1.3

Activity Title (e.g. Activity 1, 2, 3 etc.)	A1.3 Support region specific, cross-sectoral and integrated approaches to methamphetamine, alcohol and other drug treatments
Existing, Modified, or New Activity	New Activity
National & Local Key Priority Area(s) (Please refer to our Strategic Plan available on our website)	Alcohol and Other Drugs, Mental Health, Aboriginal Health, Health Workforce
Needs Assessment Priority(s) (Please refer to our 2017/18 AOD Needs Assessment template available on our website)	<p>3. Build the capacity of health professionals through the provision of information, education and resources to support health professionals in the management of drug and alcohol dependence and related morbidities.</p> <p>4. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes.</p>
APHN Membership Identified Themes (Please refer to our Strategic Plan available on our website)	<ul style="list-style-type: none"> • Improve health literacy and education for consumers and primary health care providers • Improve care coordination, integration and navigation of the primary health care sector • Address mental health, alcohol and other drugs and physical health issues
Description of Drug and Alcohol Treatment Activity	<p>The primary focus of this activity is to utilise the APHN capacity building approach to support all region specific, cross-sectoral and integrated approaches to methamphetamine, alcohol and other drug treatments. While the APHN has undertaken capacity building activities with the AOD sector since 2016/17, this framework will strength our focus on enhancing the capacity and capability of the AOD system to improve client and treatment outcomes. This is underpinned by analysis and evaluation of program level data (MDS), mandatory key performance indicator reporting requirements and a continuous quality improvement (CQI) approach. The capacity building activities also work at program and organisational levels, targeted at areas of need in these levels within an overarching framework focussed on building the capacity of the system to support change. The APHN use a combination of interactive capacity building strategies to ensure progress against this activity, including workforce development, organisational development, resource allocation, partnerships and leadership. Strategies include:</p>

- Collaborative Practice Workshops/Communities of Practice. The APHN coordinates regular collaborative practice forums for the commissioned AOD treatment services to receive training and education and build networks across the AOD and primary mental health care sectors. The initial forum was convened to bring together services commissioned under the National Ice Action Strategy to receive training in their respective service models, develop referral pathways and stimulate systems thinking.
 - Subsequent forums have brought together NIAS funded services and the Drug & Alcohol Program (formerly NGOTGP and SMSDGF) services to analyse regional population health, prevalence and incidence data, GP engagement activities, and with Primary Mental Health Care services to understand specialist sector intersections with mental health (in particular, headspace Youth Early Psychosis Program (hYEPP)) and to strategically plan collaborative activities for 2018. Collaborative Practice workshops will form the foundation for integration and coordination activities in 2018.

NB: *Numerous formal partnerships have evolved out of the collaborative practice workshops, which has improved the appropriateness, quality and timeliness of treatment interventions.*

- Direct workforce education and training to GPs and allied health providers. Over the last twelve months, six events have been conducted cover the following topics, *Drug Seeking and Other Conditions, Managing and Supporting Patients with AOD Attributed Conditions, Chronic Pain and Opioid Dependence, Opioid Replacement Therapy, and 'No Longer Over the Counter' Codeine rescheduling*; All sessions conducted by APHN commissioned education providers, with two sessions facilitated in partnership with the state government provider, Drug and Alcohol Services SA (DASSA) and included referral pathways to the AOD treatment services commissioned by the APHN. Further workforce development activities are planned and will inform ongoing strategic approach to support treatment service access and integration.
- Internal education and training sessions delivered by the commissioned AOD treatment services, including *[AACBT International Workshop on Mindfulness Based Treatments for Alcohol and Substance Abuse Disorder, Dual Diagnosis training, SMART Recovery, CREMS Webinar - Comorbidity Guidelines, CREMS Methamphetamine Webinar - Cracks in the Ice, and compulsory LBTIQ and Cultural Competency training*. These activities are supported through education and training undertaken by each AOD service, and activities related to accreditation activities and quality improvement processes.

Mechanisms introduced by the APHN to Support region specific, cross-sectoral and integrated approaches to methamphetamine, alcohol and other drug treatments, include:

➤ Client Information Management System (MasterCare) as a shared clinical management platform (EMR) across commissioned services. Mastercare supports the clinical management of clients and is configured to collect the necessary data and information required by commissioned services, facilitating the seamless integration of client related information within teams and between service sectors, particularly in regard to referrals and warm hand-overs. The aim of Mastercare is to improve the experience of clients in primary health care services by minimising the need to duplicate processes across services for clients. This will be a significant advantage for clients who move between AOD and MH services, enabling the coordination and shared clinical management of clients. The Mastercare system is currently used by all Primary Mental Health Care services.

Customised support, education and training in the application of MasterCare for the AOD Transition programs

➤ On-line shared information platform, Confluence, for all commissioned AOD and mental health service providers that creates an environment to channel multiple information streams and present this information on one be-spoke, user friendly 'site'. The current iteration of the platform contains program information, operational guidelines, service and 'warm' referral information, provider profiles, Mastercare work instructions, training materials and webinars, Minimum Data Set information and non-APHN commissioned services/resources. Confluence provides a single access point for all non-sensitive information to support the implementation of programs funded by the APHN, ensuring version control over APHN created documents relevant to service delivery.

The APHN has established the Alcohol and Drug Treatment Services Reference Group to formalise the partnerships with key stakeholders in the drug and alcohol treatment sector. The APHN chairs the Reference Group and members include the State Manager, Drug and Alcohol Services South Australia (DASSA), the Executive Director, South Australian Network of Drug and Alcohol Services (SANDAS), the Chief Executive Officer, Aboriginal Drug and Alcohol Council (ADAC), Lived Experience Member and GP Prescriber. This forum has provided the opportunity every quarter to discuss key issues for the sector, emerging trends and priority initiatives.

The APHN has representation on State Committees and Working Groups and also participates in various stakeholder groups that provide policy direction across the sector in South Australia, including the SANDAS 'Comorbidity Network', 'Treatment Framework Project Reference Group' and 'Treatment Outcomes Working Group' and DASSA 'Alcohol and Other Drugs Service Planning Model Working Group', which provides a continued focus for collaboration with the Peak Body and key stakeholders in South Australia to

	<p>ensure region specific, cross-sectoral and integrated approaches are consistent with sector developments. In collaboration with SANDAS and DASSA the APHN will support the development of standardised outcomes measures across the NGO and specialist AOD treatment sector, and the development of the SA Treatment Framework. All activities undertaken by the APHN in relation to systems integration is informed by the National Drug Strategy 2017-2026, the SA AOD Strategy 2017-2021, associated Policy Frameworks, and National/International best practice approaches.</p>
Target population cohort	Young people and adult with AOD issues
Consultation	<ul style="list-style-type: none"> • 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. Membership groups include general practice staff, allied health professionals, government and non-government service providers, peak bodies, consumers and carers. Within the membership structure stakeholders provide information and data related to their unique perspective on: <ul style="list-style-type: none"> - State policies and frameworks - Workforce shortages and issues - Usage trends - Systems issues - Indigenous specific issues and issues for other cultures - Service gaps - Research and knowledge gaps • Regular capacity building meetings between APHN staff and service providers have provided and will continue to provide opportunities to learn about areas for professional development and service issues. • The APHN Health Priority Network has a specialist alcohol and other drugs interest area made up of consumers, and representatives from service providers (commissioned and non-commissioned), government agencies, peak bodies, and research organisations. All interest areas within the network, including AOD and mental health, will come together at two symposia, in March and

	<p>September, to identify service and systems gaps in relation to member identified themes; particularly addressing mental health, alcohol and other drugs and physical comorbidities.</p> <ul style="list-style-type: none"> • The APHN is a member of the SA Youth Alcohol and Drugs Services Network and the Comorbidity Network Group, hosted by South Australian Network of Drug and Alcohol Services (SANDAS) and SANDAS and the Mental Health Coalition respectively. These meetings bring together service providers from across the AOD sector and enable the APHN to gather information about services, trends and local area issues. • A joint capacity building forum between our commissioned AOD and mental health service providers was held in November 2017. This forum allowed the APHN to learn about service delivery and systems issues. It is envisioned that another forum will be held in 2018.
Collaboration	<ul style="list-style-type: none"> • A strategic group (called the Alcohol and Other Drugs Treatment Services Reference Group) with membership from Drug and Alcohol Services South Australia (DASSA); SANDAS, the NGO service provider peak body; the Aboriginal Drug and Alcohol Council; a consumer and general practice prescriber has been established. This group has met and will continue to meet regularly to improve system integration and service coordination between APHN commissioned service providers and the wider sector in the State. Each member of the group brings specific expertise related to key components of the sector. • Addiction specialists have worked with members of the reference group to design and disseminate support and capacity building activities related to opioid substitute prescribing. • The APHN's online portal Confluence enables commissioned service providers (across alcohol and other drugs and mental health) to share information, appropriate data and collaborate to improve referral pathways and service delivery. • Members from the Alcohol and Other Drugs interest area of the Health Priority Network will be given the opportunity to be part of a working group related to AOD issues identified at the March symposium. This group will work with APHN capacity building officers and innovation and design officers to jointly address issues related to current projects. • Regular engagement with general practitioners and practice nurses and managers through commissioned training opportunities related to illicit and licit drug use and misuse, best practice

	approaches to AOD treatment, understanding the stepped care model and information for referral to improve primary health treatment and referral pathways.
Indigenous Specific	Not specific but may include Aboriginal and Torres Strait Islander people
Duration	Commencing 1 October 2016 and finishing 30 June 2019
Coverage	Entire APHN region
Commissioning method	Direct engagement
Approach to market	Direct engagement
Decommissioning (if applicable)	N/A

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

Proposed Activities - A2.1	
Activity Title (e.g. Activity 1, 2, 3 etc.)	A2.1 Coordination and integration of culturally appropriate drug and alcohol treatment services for Aboriginal and Torres Strait Islander people across the stepped care model (previously known as 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)
Existing, Modified, or New Activity	Modified Activity
National & Local Key Priority Area(s) (Please refer to our Strategic Plan available on our website)	Alcohol and Other Drugs, Aboriginal Health, Mental Health, Health Workforce
Needs Assessment Priority(s) (Please refer to our 2017/18 AOD Needs Assessment template available on our website)	<ol style="list-style-type: none"> 1. Increase access to and availability of culturally appropriate AOD treatment services particularly alcohol and illicit drugs for Aboriginal and Torres Strait Islander people. 2. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region. 3. Build the capacity of health professionals through the provision of information, education and resources to support health professionals in the management of drug and alcohol dependence and related morbidities.
APHN Membership Identified Themes (Please refer to our Strategic Plan available on our website)	<ul style="list-style-type: none"> • Provide equitable and easy access to primary health services for Aboriginal and Torres Strait Islander communities • Improve health literacy and education for consumers and primary health care providers • Improve care coordination, integration and navigation of the primary health care sector • Address mental health, alcohol and other drugs and physical co-morbidities

<p>Description of Drug and Alcohol Treatment Activity</p>	<p>This activity aims to reduce the adverse effects of alcohol and drug use through ensuring that the commissioned AOD services provide culturally appropriate and evidence-based treatment options comprising a range of health interventions, from the least to most intensive treatment matched to the individual’s needs and background. Services have been commissioned in a range of community-based treatment settings to increase the scope of treatment and deliver a variety of interventions for people with mild, moderate or severe dependence. The APHN will ensure that treatment for the Aboriginal and Torres Strait Islander population consider the access issues specifically related to this group, including geography, affordability, availability of health care professionals, cultural beliefs, attitude and cultural competency of services.</p> <p>As such, the regional ACCHO was funded to deliver a comprehensive AOD treatment service, ‘The Walking Together and Wellbeing’ project which supports the Aboriginal community to access a range of AOD treatment services across the stepped care continuum to provide treatment options that are appropriate to the need of the individual. The program is designed for people who want to discuss their drug and alcohol use and receive further information including referral to treatment according to the person’s motivation to change. Consequently, provision of treatment services addressing a range of AOD issues (also methamphetamine use), include, brief intervention, group therapies, narrative therapy, post rehabilitation support and relapse prevention, case management, care planning and coordination, with referral to other suitable internal and external community health services. The service options also include the provision of treatment to Aboriginal people with complex AOD and mental health comorbidity.</p> <p>These services are a new addition to the suite of health and community services provided by the ACCHO and are delivered from locations across Northern, Central, and Southern SA4 regions within the APHN. The services are embedded within a culturally based health, social and emotional wellbeing service.</p>
<p>Target population cohort</p>	<p>Aboriginal and Torres Strait Islander people with AOD issues</p>
<p>Consultation</p>	<ul style="list-style-type: none"> • 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. Membership groups include general practice staff, allied health professionals, government and non-government service providers, peak bodies, consumers and carers.

	<p>Within the membership structure stakeholders provide information and data related to their unique perspective on:</p> <ul style="list-style-type: none"> - State policies and frameworks - Workforce shortages and issues - Usage trends - Systems issues - Indigenous specific issues and issues for other cultures - Service gaps - Research and knowledge gaps <ul style="list-style-type: none"> • Regular capacity building meetings between APHN staff and service providers have provided and will continue to provide opportunities to learn about areas for professional development and service issues. • The APHN Health Priority Network has a specialist alcohol and other drugs interest area made up of consumers, and representatives from service providers (commissioned and non-commissioned), government agencies, peak bodies, and research organisations. All interest areas within the network, including AOD and mental health, will come together at two symposia, in March and September, to identify service and systems gaps in relation to member identified themes; particularly addressing mental health, alcohol and other drugs and physical comorbidities. • The APHN is a member of the SA Youth Alcohol and Drugs Services Network and the Comorbidity Network Group, hosted by South Australian Network of Drug and Alcohol Services (SANDAS) and SANDAS and the Mental Health Coalition respectively. These meetings bring together service providers from across the AOD sector and enable the APHN to gather information about services, trends and local area issues. • A joint capacity building forum between our commissioned AOD and mental health service providers was held in November 2017. This forum allowed the APHN to learn about service delivery and systems issues. It is envisioned that another forum will be held in 2018.
Collaboration	<ul style="list-style-type: none"> • A strategic group (called the Alcohol and Other Drugs Treatment Services Reference Group) with membership from Drug and Alcohol Services South Australia (DASSA); SANDAS, the NGO service provider peak body; the Aboriginal Drug and Alcohol Council; a consumer and general practice prescriber has been established. This group has met and will continue to meet regularly to improve system integration and service coordination between APHN commissioned service providers and the

	<p>wider sector in the State. Each member of the group brings specific expertise related to key components of the sector.</p> <ul style="list-style-type: none"> • Addiction specialists have worked with members of the reference group to design and disseminate support and capacity building activities related to opioid substitute prescribing. • The APHN's online portal Confluence enables commissioned service providers (across alcohol and other drugs and mental health) to share information, appropriate data and collaborate to improve referral pathways and service delivery. • Members from the Alcohol and Other Drugs interest area of the Health Priority Network will be given the opportunity to be part of a working group related to AOD issues identified at the March symposium. This group will work with APHN capacity building officers and innovation and design officers to jointly address issues related to current projects. • Regular engagement with general practitioners and practice nurses and managers through commissioned training opportunities related to illicit and licit drug use and misuse, best practice approaches to AOD treatment, understanding the stepped care model and information for referral to improve primary health treatment and referral pathways.
Indigenous Specific	Yes
Duration	30-month contract commencing 1 October 2016 and finishing 30 June 2019.
Coverage	Entire APHN region with focus on selected areas within Central, Northern and Southern Statistical Area Level 4 (SA4); Adelaide, Elizabeth Downs, Christies Beach
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

Proposed Activities - A2.2

<p>Activity Title (e.g. Activity 1, 2, 3 etc.)</p>	<p>A2.2 Increase culturally appropriate, targeted treatment services and activities for illicit drug users, in collaboration with stakeholders and service providers (previously known as A2.2 <i>Establish culturally appropriate and targeted services and activities in collaboration with stakeholders and service providers for illicit drug users</i>)</p>
<p>Existing, Modified, or New Activity</p>	<p>Modified Activity</p>
<p>National & Local Key Priority Area(s) (Please refer to our Strategic Plan available on our website)</p>	<p>Alcohol and Other Drugs, Aboriginal Health, Health Workforce</p>
<p>Needs Assessment Priority(s) (Please refer to our 2017/18 AOD Needs Assessment template available on our website)</p>	<p>1. Increase access to and availability of culturally appropriate AOD treatment services particularly alcohol and illicit drugs for Aboriginal and Torres Strait Islander people.</p> <p>3. Build the capacity of health professionals through the provision of information, education and resources to support health professionals in the management of drug and alcohol dependence and related morbidities.</p> <p>4. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes.</p>
<p>APHN Membership Identified Themes (Please refer to our Strategic Plan available on our website)</p>	<ul style="list-style-type: none"> • Provide timely, early and equitable access to appropriate services • Provide equitable and easy access to primary mental health services for Aboriginal and Torres Strait communities
<p>Description of Drug and Alcohol Treatment Activity</p>	<p>This activity incorporates A2.1, A2.3 and A3.4, in particular, the comorbidity intervention highlighted in previous activity and aspects of mainstream service provision specifically funded to increase access and treatment options for Aboriginal and Torres Strait Islander people; for example, dedicated Aboriginal and Torres Strait Islander focus to support individuals post-release from the criminal justice system, as they reintegrate back into their families and communities, and in the multidisciplinary Northern Connect Comorbidity program, where all staff across the 'consortium' model are completing '<i>Indigenous Risk Impact Screen for ATODS</i>' training and have implemented a culturally specific screening tool after consultation with the local Aboriginal community.</p>

	<p>The APHN will use performance data, reporting cycles, capacity building and continuous quality improvement to ensure that all AOD providers maximise opportunities to Increase partnerships, linkages and integrated shared care approaches with Aboriginal Health organisations for the delivery of support and treatment services to improve the social, recreational and psychological health and wellbeing of illicit drug users. This will include the establishment of specific</p> <p>All contracts were executed prior to the approval of the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-26. However, all AOD treatment services commissioned by the APHN are contractually required to ensure that necessary protocols and procedures are in place to deliver services in a culturally appropriate manner. All contracts executed following the 2016 publication include the requirement that services are delivered in line with the Framework 2016-26.</p> <p>Examples of the key performance indicators used to incentivise mainstream AOD providers to increase access to targeted treatment services, are:</p> <p><i>KPI: Describe how your organisation has implemented measures improve to access to your services for women and Aboriginal and Torres Strait Islander people as a result of this contract agreement.</i></p> <p><i>KPI: Describe how your organisation engages in continuous improvement relating to governance processes measures taken to comply with national best practice guidelines including accreditation. Please include % of staff who have completed cultural competency training.</i></p>
Target population cohort	Aboriginal and Torres Strait Islander people with AOD issues
Consultation	<ul style="list-style-type: none"> • 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. Membership groups include general practice staff, allied health professionals, government and non-government service providers, peak bodies, consumers and carers. <p>Within the membership structure stakeholders provide information and data related to their unique perspective on:</p> <ul style="list-style-type: none"> - State policies and frameworks

	<ul style="list-style-type: none"> - Workforce shortages and issues - Usage trends - Systems issues - Indigenous specific issues and issues for other cultures - Service gaps - Research and knowledge gaps <ul style="list-style-type: none"> • Regular capacity building meetings between APHN staff and service providers have provided and will continue to provide opportunities to learn about areas for professional development and service issues. • The APHN Health Priority Network has a specialist alcohol and other drugs interest area made up of consumers, and representatives from service providers (commissioned and non-commissioned), government agencies, peak bodies, and research organisations. All interest areas within the network, including AOD and mental health, will come together at two symposia, in March and September, to identify service and systems gaps in relation to member identified themes; particularly addressing mental health, alcohol and other drugs and physical comorbidities. • The APHN is a member of the SA Youth Alcohol and Drugs Services Network and the Comorbidity Network Group, hosted by South Australian Network of Drug and Alcohol Services (SANDAS) and SANDAS and the Mental Health Coalition respectively. These meetings bring together service providers from across the AOD sector and enable the APHN to gather information about services, trends and local area issues. • A joint capacity building forum between our commissioned AOD and mental health service providers was held in November 2017. This forum allowed the APHN to learn about service delivery and systems issues. It is envisioned that another forum will be held in 2018.
Collaboration	<ul style="list-style-type: none"> • A strategic group (called the Alcohol and Other Drugs Treatment Services Reference Group) with membership from Drug and Alcohol Services South Australia (DASSA); SANDAS, the NGO service provider peak body; the Aboriginal Drug and Alcohol Council; a consumer and general practice prescriber has been established. This group has met and will continue to meet regularly to improve system integration and service coordination between APHN commissioned service providers and the wider sector in the State. Each member of the group brings specific expertise related to key components of the sector.

	<ul style="list-style-type: none"> • Addiction specialists have worked with members of the reference group to design and disseminate support and capacity building activities related to opioid substitute prescribing. • The APHN's online portal Confluence enables commissioned service providers (across alcohol and other drugs and mental health) to share information, appropriate data and collaborate to improve referral pathways and service delivery. • Members from the Alcohol and Other Drugs interest area of the Health Priority Network will be given the opportunity to be part of a working group related to AOD issues identified at the March symposium. This group will work with APHN capacity building officers and innovation and design officers to jointly address issues related to current projects. • Regular engagement with general practitioners and practice nurses and managers through commissioned training opportunities related to illicit and licit drug use and misuse, best practice approaches to AOD treatment, understanding the stepped care model and information for referral to improve primary health treatment and referral pathways.
Indigenous Specific	Yes
Duration	30-month contract commencing 1 October 2016 and finishing 30 June 2019.
Coverage	Entire APHN region with focus on selected areas within Central, Northern and Southern Statistical Area Level 4 (SA4); Adelaide, Elizabeth Downs, Christies Beach
Commissioning method	Open approach to market; Expression of Interest - Request for Proposal; Commissioned in whole.
Approach to market	Open approach to market; Expression of Interest - Request for Proposal
Decommissioning (if applicable)	N/A

Proposed Activities - A2.3	
Activity Title (e.g. Activity 1, 2, 3 etc.)	A2.3 Improving access for individuals requiring support and treatment by increasing coordination between various sectors and improving sector efficiency (previously known as A2.3 Establish services for individuals requiring support and treatment by increasing coordination between various sectors, and improving sector efficiency)
Existing, Modified, or New Activity	Modified activity
National & Local Key Priority Area(s) (Please refer to our Strategic Plan available on our website)	Alcohol and Other Drugs, Aboriginal Health, Health Workforce
Needs Assessment Priority(s) (Please refer to our 2017/18 AOD Needs Assessment template available on our website)	<ol style="list-style-type: none"> 1. Increase access to and availability of culturally appropriate AOD treatment services particularly alcohol and illicit drugs for Aboriginal and Torres Strait Islander people. 3. Build the capacity of health professionals through the provision of information, education and resources to support health professionals in the management of drug and alcohol dependence and related morbidities. 4. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes.
APHN Membership Identified Themes (Please refer to our Strategic Plan available on our website)	<ul style="list-style-type: none"> • Provide timely, early and equitable access to appropriate services • Improve health literacy and education for consumers and primary health care providers • Provide equitable and easy access to primary health services for Aboriginal and Torres Strait communities • Improve care coordination, integration and navigation of the primary health care system
Description of Drug and Alcohol Treatment Activity	The primary focus of this activity is to utilise the APHN capacity building framework to support all region specific, cross-sectoral and integrated approaches to methamphetamine, alcohol and other drug treatments within a culturally sensitive and responsive framework . While the APHN has undertaken capacity building activities with the AOD sector since 2016/17, this framework will strengthen our focus on enhancing the capacity and capability of the AOD system to improve client and treatment outcomes. Underpinned by analysis and evaluation of program level data (MDS), mandatory key performance indicator reporting and a continuous quality improvement (CQI) approach, capacity building activities work at a number of levels,

targeted at areas of need [at both program and organisation level] within an overarching framework focussed on building the capacity of the system to support change. The PHN use a combination of interactive capacity building strategies to ensure progress against this activity, including workforce development, organisational development, resource allocation, partnerships and leadership. Strategies include:

- Collaborative Practice Workshops/Communities of Practice. The APHN coordinates regular collaborative practice forums for the commissioned AOD treatment services to receive training and education and build networks across the AOD and primary mental health care sectors. The initial forum was convened to bring together services commissioned under the National Ice Action Strategy to receive training in their respective service models, develop referral pathways and stimulate systems thinking.
- Subsequent forums have brought together NIAS funded services and the Drug & Alcohol Program (formerly NGOTGP and SMSDGF) services to analyse regional population health, prevalence and incidence data, GP engagement activities, and with Primary Mental Health Care services to understand specialist sector intersections with mental health (in particular, headspace Youth Early Psychosis Program (hYEPP)) and to strategically plan collaborative activities for 2018. Collaborative Practice workshops will form the foundation for integration and coordination activities in 2018.

NB: Numerous formal partnerships have evolved out of the collaborative practice workshops, which has improved the appropriateness, quality and timeliness of treatment interventions. In particular, Nunkuwarrin Yunti, the single Aboriginal Community Controlled Health Organisation (ACCHO) in metropolitan Adelaide which provides care for Aboriginal people in metropolitan Adelaide in a primary care setting, have established partnerships with a range of services with high proportion of Aboriginal and Torres Strait Islander clients requiring culturally appropriate interventions for complex presentations.

- Direct workforce education and training to GPs and allied health providers. Over the last twelve months, six events have been conducted cover the following topics, Drug Seeking and Other Conditions, Managing and Supporting Patients with AOD Attributed Conditions, Chronic Pain and Opioid Dependence, Opioid Replacement Therapy, and 'No Longer Over the Counter' Codeine rescheduling; All sessions conducted by APHN commissioned education providers, with two sessions facilitated in partnership with the state government provider, Drug and Alcohol Services SA (DASSA) and included referral pathways to the AOD treatment services commissioned by the APHN. Further workforce development activities are planned and will inform ongoing strategic approach to support treatment service access and integration.

- Internal education and training sessions delivered by the commissioned AOD treatment services, including [AACBT International Workshop on Mindfulness Based Treatments for Alcohol and Substance Abuse Disorder, Dual Diagnosis training, SMART Recovery, CREMS Webinar - Comorbidity Guidelines, CREMS Methamphetamine Webinar - Cracks in the Ice, and compulsory LGBTIQ and Cultural Competency training. These activities are supported through education and training undertaken by each AOD service, and activities related to accreditation activities and quality improvement processes.

Collaboration on this activity is evolving. The APHN is committed to ensuring all services are delivered in alignment with the priorities set out in the *National Aboriginal and Torres Strait Islander People's Drug Strategy 2014-2019* and consistent with the Aboriginal and Torres Strait Islander Improvement Guide.

All commissioned Alcohol and Other Drug providers have contractual obligations and mandatory Key Performance Indicators to implement and measure the development and maintenance 'of partnerships with relevant organisations in the sector including Aboriginal and Torres Strait Islander organisations', formalised partnerships/collaborations established with local key Aboriginal and Torres Strait Islander stakeholders' and the 'standards and actions described in the draft Aboriginal and Torres Strait Islander Improvement Guide (National Safety and Quality Health Service Standards Version 2)'.

** The APHN has established ongoing consultation and collaboration processes with the Aboriginal Health Council SA (AHCSA), the sole regional Aboriginal Community Controlled Health Organisation (ACCHO) - Nunkuwarrin Yunti, and Aboriginal and Torres Strait Islander people's in community (including Elders). In addition, the Aboriginal Drug and Alcohol Council SA (ADAC) have membership on the APHN AOD Reference Group, and the APHN is committed to ensuring the broad participation of Aboriginal and Torres Strait Islander peoples and specialist service providers, to ensure culturally appropriate and safe services are accessible. The APHN Community Engagement with Aboriginal and Torres Strait Islander People in Adelaide Report, reflecting all consultation processes with local communities through 2017 will be released February 2018.

The Aboriginal Drug and Alcohol Council (ADAC) of South Australia is a member of the APHN chaired Alcohol and Other Drug Treatment Services Reference Group. The APHN is invited to the forums and report to the SA Aboriginal Health Partnership, a collaboration between the State, Commonwealth and Aboriginal Health Council of South Australia (AHCSA). The APHN also has a partnership agreement with AHCSA. APHN attends the Aboriginal and Torres Strait Islander Mental Health Advisory Group. APHN works with service providers supporting networks and facilitating referral pathways for AOD services working with Aboriginal health

	services. · Information and updates of AOD initiatives and services are provided to the APHN Aboriginal Health Priority Group.
Target population cohort	Adults with AOD issues
Consultation	<ul style="list-style-type: none"> • 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. Membership groups include general practice staff, allied health professionals, government and non-government service providers, peak bodies, consumers and carers. Within the membership structure stakeholders provide information and data related to their unique perspective on: <ul style="list-style-type: none"> - State policies and frameworks - Workforce shortages and issues - Usage trends - Systems issues - Indigenous specific issues and issues for other cultures - Service gaps - Research and knowledge gaps • Regular capacity building meetings between APHN staff and service providers have provided and will continue to provide opportunities to learn about areas for professional development and service issues. • The APHN Health Priority Network has nine specialist interest areas: alcohol and other drugs, Aboriginal health, childhood and youth health, culturally and linguistically diverse people’s health, consumers and carers, disability and health, mental health, older people’s health and palliative care. These interest areas are made up of consumers, and representatives from service providers (commissioned and non-commissioned), government agencies, peak bodies, and research organisations. All interest areas within the network, including AOD and mental health, and Aboriginal health will come together at two symposia, in March and September, to identify service and systems gaps in relation to member identified themes; particularly addressing mental health, alcohol and other drugs and physical comorbidities.

	<ul style="list-style-type: none"> • The APHN is a member of the SA Youth Alcohol and Drugs Services Network and the Comorbidity Network Group, hosted by South Australian Network of Drug and Alcohol Services (SANDAS) and SANDAS and the Mental Health Coalition respectively. These meetings bring together service providers from across the AOD sector and enable the APHN to gather information about services, trends and local area issues. • A joint capacity building forum between our commissioned AOD and mental health service providers was held in November 2017. This forum allowed the APHN to learn about service delivery and systems issues. It is envisioned that another forum will be held in 2018. <p>Ongoing Aboriginal consultation and collaborations listed in 'activity description' [above].</p>
Collaboration	<ul style="list-style-type: none"> • A strategic group (called the Alcohol and Other Drugs Treatment Services Reference Group) with membership from Drug and Alcohol Services South Australia (DASSA); SANDAS, the NGO service provider peak body; the Aboriginal Drug and Alcohol Council; a consumer and general practice prescriber has been established. This group has met and will continue to meet regularly to improve system integration and service coordination between APHN commissioned service providers and the wider sector in the State. Each member of the group brings specific expertise related to key components of the sector. • Addiction specialists have worked with members of the reference group to design and disseminate support and capacity building activities related to opioid substitute prescribing. • The APHN's online portal Confluence enables commissioned service providers (across alcohol and other drugs and mental health) to share information, appropriate data and collaborate to improve referral pathways and service delivery. • Members from the Alcohol and Other Drugs interest area of the Health Priority Network will be given the opportunity to be part of a working group related to AOD issues identified at the March symposium. This group will work with APHN capacity building officers and innovation and design officers to jointly address issues related to current projects. • Regular engagement with general practitioners and practice nurses and managers through commissioned training opportunities related to illicit and licit drug use and misuse, best practice

	approaches to AOD treatment, understanding the stepped care model and information for referral to improve primary health treatment and referral pathways.
Indigenous Specific	Yes
Duration	30-month contract commencing 1 October 2016 and finishing 30 June 2019.
Coverage	Entire APHN region with focus on selected areas within Central, Northern and Southern Statistical Area Level 4 (SA4); Adelaide, Elizabeth Downs, Christies Beach
Commissioning method	Open approach to market; Expression of Interest - Request for Proposal; Commissioned in whole.
Approach to market	Open approach to market; Expression of Interest - Request for Proposal
Decommissioning (if applicable)	N/A

2. (c) Planned activities: Drug and Alcohol Treatment Services – Transition Funding

Proposed Activities - A3.1	
Activity Title (e.g. Activity 1, 2, 3 etc.)	A3.1 Facilitate and support drug and alcohol treatment services to deliver evidence-based and best practice treatment modalities for drug and alcohol misuse
Existing, Modified, or New Activity	New Activity (former Non-Government Organisation Treatment Grants Program and the Substance Misuse Service Delivery Grants Fund, now Drug and Alcohol Program, transferred to Primary Health Networks from 1 July 2017)
National & Local Key Priority Area(s) (Please refer to our Strategic Plan available on our website)	Alcohol & Other Drugs, Aboriginal Health, Children & Youth, Health Workforce
Needs Assessment Priority(s) (Please refer to our 2017/18 AOD Needs Assessment template available on our website)	<ol style="list-style-type: none"> 1. Increase access to and availability of culturally appropriate AOD treatment services particularly alcohol and illicit drugs for Aboriginal and Torres Strait Islander people. 2. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region 3. Build capacity of health professionals through the provision of information, education and resources to support health professionals in the management of drug and alcohol dependence and related morbidities. 4. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes.
APHN Membership Identified Themes (Please refer to our Strategic Plan available on our website)	<ul style="list-style-type: none"> • Provide equitable and easy access to primary health services for Aboriginal and Torres Strait Islander communities • Improve health literacy and education for consumers and primary health care providers • Improve care coordination, integration and navigation of the primary health care sector • Address mental health, alcohol and other drugs and physical co-morbidities
Description of Drug and Alcohol Treatment Activity	This activity incorporates the inherited former Non-Government Organisation Treatment Grants Program and the Substance Misuse Service Delivery Grants Fund, now Drug and Alcohol Program, and aims to

increase the availability of drug and alcohol treatment service for individuals and communities within the Adelaide metropolitan region providing for a more sustainable drug and alcohol treatment sector.

As above, existing projects directly funded to deliver evidence-based and best practice treatment modalities for drug and alcohol misuse, include:

- Provision of a range of early intervention and treatment alcohol and other drug treatment services within a stepped-care approach for clients aged 10- 30 years and their families in the APHN region (including Gawler, Mount Barker and Willunga in Country SA PHN (CSAPHN) region), with an emphasis on health promotion, assessment, counselling, family interventions, outreach support and home detoxification coordinated by a Registered Nurse,
- Delivery of a structured brief intervention guided program providing treatment options across a range of treatment types (counselling, tele-counselling, web-based counselling) and recovery support groups, for individuals >16 years assessed as having mild/moderate complexity of need, or significant others affected by another individual's alcohol and other drug misuse,
- Provision of outreach (1:1 counselling, case-management) and aftercare (relapse prevention) targeted interventions to young people (12-24) and families to increase health outcomes, reduce substance use, risk and harms associated with substance use, increase social connections and maintain independent accommodation. Project specifically targets young people incarcerated in home detention,
- Delivery of time limited treatment program (<6 months) to increase capacity of adolescents (aged 13 – 18 years) to reduce or cease cannabis use through case management, therapeutic groups, individual counselling, family support and advocacy in Playford and Salisbury Local Government Areas (APHN region) and Gawler and Barossa Regional Government Areas (CSAPHN),
- Provision of flexible and individualised treatment options (including harm minimisation education, family intervention, parenting programs, 1:1 and group counselling [Adelaide, Christies Beach, Smithfield], care coordination, Department of Child Protection (DCP) liaison, outpatient withdrawal support, community reconnection and residential rehabilitation [two families per annum, Playford and Onkaparinga, with intensive wrap-around support]) for parents with accompanying children, parents working towards reunification or increased access with their children, and families and young people; this project also focusses on individualised interventions and harm minimisation for pregnant women, babies and young children.

Projects co-designed with redirected capacity building funding aim to enhance provision of, and access to, best practice evidence-based treatment services for specific priority population groups, through:

	<ul style="list-style-type: none"> ➤ Improved targeting of young people (>10 years) who identify as Lesbian, Gay, Transgender, with an intersex variation or Queer (LGBTIQ), or are from a CALD background and their families based on population and prevalence data to provide access to treatment services. Project will provide both centre and home-based tailored treatment options including health promotion, 1:1 counselling, family intervention, group outreach and home detoxification (low to medium risk threshold) services, across APHN region and expansion to Gawler, Mount Barker and Willunga in CSAPHN) region* ➤ Increased identification of, and access to, a range of treatment interventions including, family support, harm reduction, relapse prevention, social living skills and employment training services, for drug users from Asian and African backgrounds* <p>APHN has established relationships with new providers and continues to work with existing providers. The transition in funding arrangements will enable the development of a more localised and integrated drug and alcohol sector.</p> <p>The focus of Transition funding for the 2018-19 financial year will be to build upon the relationships established with providers to build capacity and support commissioned treatment providers through education and training via the APHN Collaborative Practice Forum for Alcohol and Other Drug treatment and Primary Mental Health Care services.</p> <p><i>* Co-designed direct treatment activities formerly capacity building funded projects</i></p>
Target population cohort	<p>Children, young people and adults with AOD issues, in particular:</p> <ul style="list-style-type: none"> ▪ 10-30 years and their families in Gawler, Mount Barker, Willunga ▪ >16 years with mild/moderate complexity of need ▪ Young people 12-24 years incarcerated in home detention ▪ Adolescents 13-18 years with cannabis dependence ▪ Women, babies and young children ▪ >10 years identifying as LGBTIQ ▪ Drug users from Asian and African backgrounds
Consultation	<ul style="list-style-type: none"> • Regular capacity building meetings between APHN staff and service providers have provided and will continue to provide opportunities to learn about areas for professional development and service issues. • The APHN Health Priority Network has a specialist alcohol and other drugs interest area made up of consumers, and representatives from service providers (commissioned and non-commissioned),

	<p>government agencies, peak bodies, and research organisations. All interest areas within the network, including AOD and mental health, will come together at two symposia, in March and September, to identify service and systems gaps in relation to member identified themes; particularly addressing mental health, alcohol and other drugs and physical comorbidities.</p> <ul style="list-style-type: none"> • The APHN is a member of the SA Youth Alcohol and Drugs Services Network and the Comorbidity Network Group, hosted by South Australian Network of Drug and Alcohol Services (SANDAS) and SANDAS and the Mental Health Coalition respectively. These meetings bring together service providers from across the AOD sector and enable the APHN to gather information about services, trends and local area issues. • A joint capacity building forum between our commissioned AOD and mental health service providers was held in November 2017. This forum allowed the APHN to learn about service delivery and systems issues. It is envisioned that another forum may be held in 2018.
Collaboration	<ul style="list-style-type: none"> • A strategic group (called the Alcohol and Other Drugs Treatment Services Reference Group) with membership from Drug and Alcohol Services South Australia (DASSA); SANDAS, the NGO service provider peak body; the Aboriginal Drug and Alcohol Council; a consumer and general practice prescriber has been established. This group has met and will continue to meet regularly to improve system integration and service coordination between APHN commissioned service providers and the wider sector in the State. Each member of the group brings specific expertise related to key components of the sector. • Addiction specialists have worked with members of the reference group to design and disseminate support and capacity building activities related to opioid substitute prescribing. • The APHN's online portal Confluence enables commissioned service providers (across alcohol and other drugs and mental health) to share information, appropriate data and collaborate to improve referral pathways and service delivery. • Members from the Alcohol and Other Drugs interest area of the Health Priority Network will be given the opportunity to be part of a working group related to AOD issues identified at the March 2017 symposium. This group will work with APHN capacity building officers and innovation and design officers to jointly address issues related to current projects.

	<ul style="list-style-type: none"> Regular engagement with general practitioners and practice nurses and managers through commissioned training opportunities related to illicit and licit drug use and misuse, best practice approaches to AOD treatment, understanding the stepped care model and information for referral to improve primary health treatment and referral pathways.
Indigenous Specific	One commissioned service provider is specifically funded to provide a treatment service to Aboriginal and Torres Strait Islander people.
Duration	Contracts commenced 1 July 2017 and conclude 30 June 2019
Coverage	Entire APHN region and includes Gawler, Barossa, Mount Barker, Willunga (as per inheritance of NGOTGP/SMSDGF contracts)
Commissioning method	N/A – contracts and funding transferred from the Commonwealth
Approach to market	N/A
Decommissioning (if applicable)	N/A

Proposed Activities - A3.2	
Activity Title (e.g. Activity 1, 2, 3 etc.)	A3.2 Facilitate and support evidence-based treatment options for people with a range of AOD concerns including poly-drug use
Existing, Modified, or New Activity	New Activity (former Non-Government Organisation Treatment Grants Program and the Substance Misuse Service Delivery Grants Fund, now Drug and Alcohol Program, transferred to Primary Health Networks from 1 July 2017)
National & Local Key Priority Area(s) (Please refer to our Strategic Plan available on our website)	Alcohol and Other Drugs, Aboriginal Health, Culturally and Linguistically Diverse People's Health, Children and Young People, Health Workforce, Population Health
Needs Assessment Priority(s) (Please refer to our 2017/18 AOD Needs Assessment template available on our website)	<p>A1. Increase access to and availability of culturally appropriate AOD treatment services particularly alcohol and illicit drugs for Aboriginal and Torres Strait Islander people.</p> <p>A2. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region</p> <p>A3. Build capacity of health professionals through the provision of information, education and resources to support health professionals in the management of drug and alcohol dependence and related morbidities.</p> <p>A4. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes.</p>
APHN Membership Identified Themes (Please refer to our Strategic Plan available on our website)	<ul style="list-style-type: none"> • Improve health literacy and education for consumers and primary health care providers
Description of Drug and Alcohol Treatment Activity	<p>From our identified data gap through our previous Needs Assessment process, APHN in partnership with Country SA PHN commissioned the National Centre for Education and Training on Addiction (NCETA) to provide information on the patterns, prevalence and treatment services of alcohol and other drug use in South Australia. This (quantitative) information was triangulated with our extensive stakeholder and membership consultations to identify four new AOD priorities for the 2017/18 AOD Needs Assessment Update Report.</p> <p>In 2018/19 the APHN will continue to share and exchange data from our needs assessment and population health planning processes with commissioned AOD service providers to enhance strategic planning and</p>

	capacity building activities to increase treatment and support options for clients with a range of AOD concerns and issues around poly-drug use.
Target population cohort	New services available to young people and adults with AOD issues.
Consultation	<ul style="list-style-type: none"> • Regular capacity building meetings between APHN staff and service providers have provided and will continue to provide opportunities to learn about areas for professional development and service issues. • The APHN Health Priority Network has a specialist alcohol and other drugs interest area made up of consumers, and representatives from service providers (commissioned and non-commissioned), government agencies, peak bodies, and research organisations. All interest areas within the network, including AOD and mental health, will come together at two symposia, in March and September, to identify service and systems gaps in relation to member identified themes; particularly addressing mental health, alcohol and other drugs and physical comorbidities. • The APHN is a member of the SA Youth Alcohol and Drugs Services Network and the Comorbidity Network Group, hosted by South Australian Network of Drug and Alcohol Services (SANDAS) and SANDAS and the Mental Health Coalition respectively. These meetings bring together service providers from across the AOD sector and enable the APHN to gather information about services, trends and local area issues. • A joint capacity building forum between our commissioned AOD and mental health service providers was held in November 2017. This forum allowed the APHN to learn about service delivery and systems issues. It is envisioned that another forum will be held in 2018.
Collaboration	<ul style="list-style-type: none"> • A strategic group (called the Alcohol and Other Drugs Treatment Services Reference Group) with membership from Drug and Alcohol Services South Australia (DASSA); SANDAS, the NGO service provider peak body; the Aboriginal Drug and Alcohol Council; a consumer and general practice prescriber has been established. This group has met and will continue to meet regularly to improve system integration and service coordination between APHN commissioned service providers and the wider sector in the State. Each member of the group brings specific expertise related to key components of the sector.

	<ul style="list-style-type: none"> • Addiction specialists have worked with members of the reference group to design and disseminate support and capacity building activities related to opioid substitute prescribing. • The APHN’s online portal Confluence enables commissioned service providers (across alcohol and other drugs and mental health) to share information, appropriate data and collaborate to improve referral pathways and service delivery. • Members from the Alcohol and Other Drugs interest area of the Health Priority Network will be given the opportunity to be part of a working group related to AOD issues identified at the March symposium. This group will work with APHN capacity building officers and innovation and design officers to jointly address issues related to current projects. • Regular engagement with general practitioners and practice nurses and managers through commissioned training opportunities related to illicit and licit drug use and misuse, best practice approaches to AOD treatment, understanding the stepped care model and information for referral to improve primary health treatment and referral pathways. • Adelaide PHN partnered with CSA PHN to commission NCETA to provide research and data on local drug use. Data from this collaboration is shared with service providers to inform capacity building activities and strategic planning.
Indigenous Specific	One commissioned service provider is specifically funded to provide a treatment service to Aboriginal and Torres Strait Islander people.
Duration	Contracts commenced 1 July 2017 and conclude 30 June 2019
Coverage	Entire APHN region
Commissioning method	N/A – contracts and funding transferred from the Commonwealth
Approach to market	N/A
Decommissioning (if applicable)	N/A

Proposed Activities – A3.3	
Activity Title (e.g. Activity 1, 2, 3 etc.)	A3.3 Promote linkages with broader health services, including mental health services to better support integrated treatment and referral pathways to support people with comorbid mental health disorders
Existing, Modified, or New Activity	New Activity (former Non-Government Organisation Treatment Grants Program and the Substance Misuse Service Delivery Grants Fund, now Drug and Alcohol Program, transferred to Primary Health Networks from 1 July 2017)
National & Local Key Priority Area(s) (Please refer to our Strategic Plan available on our website)	Alcohol and Other Drugs, Aboriginal Health, Mental Health, Health Workforce, Culturally and Linguistically Diverse Communities, Children and Youth
Needs Assessment Priority(s) (Please refer to our 2017/18 AOD Needs Assessment template available on our website)	<p>A1. Increase access to and availability of culturally appropriate AOD treatment services particularly alcohol and illicit drugs for Aboriginal and Torres Strait Islander people.</p> <p>A2. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region</p> <p>A3. Build capacity of health professionals through the provision of information, education and resources to support health professionals in the management of drug and alcohol dependence and related morbidities.</p> <p>A4. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes.</p>
APHN Membership Identified Themes (Please refer to our Strategic Plan available on our website)	<ul style="list-style-type: none"> • Improve health literacy and education for consumers and primary care providers • Improve care coordination, integration and navigation of the primary health care sector • Address mental health, alcohol and other drugs and physical co-morbidities
Description of Drug and Alcohol Treatment Activity	<p>This activity incorporates the inherited former Non-Government Organisation Treatment Grants Program and the Substance Misuse Service Delivery Grants Fund, now Drug and Alcohol Program, and aims to develop critical integrated treatment and referral pathways to support clients with comorbid mental health issues, through the promotion of linkages with the broader health sector.</p> <p>As above, existing projects containing activities focussed on integrating treatment and referral pathways for clients with comorbid mental health disorders, include:</p>

- Evidence-based substance use treatment interventions within a staged treatment and structured timeframe to ex-offenders, their families, and communities, and clients with complex needs (i.e. involved in the criminal justice system, experiencing homelessness, or at risk of homelessness) based on tailored treatment matching. The service supports clients through their treatment journey (1:1 counselling, 1:1 Outreach, provision of 'dual diagnosis capable service with accommodation programs, harm minimisation education [infectious disease information, drug overdose prevention, binge drinking education and relapse prevention strategies]) via effective referral pathways/linkages (such as legal, employment, medical, child and family care, housing, etc.),
 - Service detailed above Increases partnerships, linkages and integrated shared care approaches with external service providers for the delivery of support and treatment services to improve the social, recreational and psychological health and wellbeing of the client group (for example, other drug and alcohol services, mental health service providers, agencies assisting Culturally and Linguistically Diverse (CALD) and / or Aboriginal and Torres Strait Islander communities and other relevant allied health professionals),
- Delivery of an integrated treatment model combining alcohol and other drug (AOD) treatment (co-morbidity interventions, outpatient counselling, family counselling, case management, education, pharmacotherapy and nursing support) and family therapy for young people (12-25 years) their children and families experiencing problematic substance use. Includes priority targeting of young people experiencing homelessness, or at risk of homelessness, young parents, young pregnant women, people in contact with the criminal justice system, and young people disengaged from community supports,
 - Treatment interventions above structured with psychosocial assessment at intake, mental health/comorbidity screening and comprehensive AOD assessment. Care Plan led case management with regular review cycles, and individualised comorbidity counselling for people with high prevalence comorbidity presentations (integrated with AOD Care Planning and provides referral to specialised mental health support.
 - Delivery of withdrawal and Relapse Prevention & Education interventions with referral to specialist withdrawal management services for medical detoxification, pharmacotherapy, and harm minimisation strategies.
- Provision of a range of treatment options (including, harm reduction information, family support, relapse prevention, social living skills and employment/training) to increase access to treatment for drug

users from an Asian and African background and enhance community awareness on AOD and related social and health issues. Treatment types include individual counselling (CBT) and case management, and a range of targeted monthly support groups (Vietnamese speaking, English speaking, User's Parents & Partners),

- Priority target cohorts for the services include incarcerated prisoners (bi-annual AOD education workshops for Vietnamese and other CALD inmates, in-reach/outreach case management and counselling services to female users/ offenders who are either in Adelaide Women's Prison or on parole, under community correctional supervision), drug user's families and dependent children (case management), at-risk young people (in-reach collaboration with local high schools, annual youth camp, brief intervention, case management),
- Emphasis on comorbidity education and interventions with individual and workshop delivery models, supported through use of Vietnamese print media, and in collaboration with a range of AOD and related service sectors to optimise treatment retention rates.

Projects co-designed with redirected capacity building funding aim to promote linkages with broader health services, including mental health services to better support integrated treatment and referral pathways to support people with comorbid mental health disorders, through:

- The implementation of a Registered Nurse led patient identification and shared-care intervention, to support people with alcohol or other drug dependencies within primary care. General practices located in high prevalence areas in metropolitan Adelaide will be identified for inclusion in the project, with support from the RN to undertake screening, brief interventions and improve the referral pathways into specialist treatment services, *
- Implementation of clinical support activities to support treatment delivery [integrated treatment model, documented above] ensuring continuous quality improvement and best practice comorbidity services, including, clinical supervision, peer mentoring, treatment evaluation and enhancement, direct supervision via co-facilitation of assessments, outpatient withdrawal management and individual/group treatment sessions, *
- Improvement of service delivery and enhancing capacity to provide advanced evidence-based treatment interventions for complex clients involved in the criminal justice system [documented above] through delivery of Dual Diagnosis Capable (DDC) treatment interventions. Program will be expanded increase the facilitation of innovative and more complex targeted treatment interventions at an Advance Dual Diagnosis Capable (ADDC) level. Incorporates evidence-based interventions and "No

	<p>Wrong Door" philosophy, streamlined treatment process from client entry to client exit, consumer participation, data systems management, sustainable continuous quality improvement (CQI) and evaluation measures, and an integrated policy, procedure and practice framework to deliver a program model for staged interventions,</p> <ul style="list-style-type: none"> ▪ Focus of enhancement activities to increase partnerships, linkages and integrated shared care approaches with external service providers for the delivery of treatment services which improve social, recreational and psychological health and wellbeing outcomes and enhance program and organisational capacity to deliver best practice treatment interventions to clients with comorbidity and complex needs.* <p>Completion of Equip 6 Accreditation and ongoing evaluation of treatment activities (clinical supervision/mentoring for counselling/outreach/aftercare and non-residential workforce) and Policy framework to implement best practice identification and treatment for clients with comorbidity. Includes focus on strengthening linkages/ partnerships with the wider health, social and community service network.*</p> <p>The APHN supports collaborative working through the joint Collaborative Practice Forum. Held in November 2017 it included representation from both primary mental health care service commissioned providers and alcohol and other drugs commissioned service providers. The forum provided an opportunity for providers to discuss shared care and the challenges and opportunities, as well a networking opportunity to assist with the development of formalised partnerships and referral pathways.</p> <p>In the 2018-19 financial year, the APHN will continue to work with providers to support the development of referral pathways and formal partnerships between primary mental health services and alcohol and other drug commissioned service providers through our collaborative capacity building activities and hold further joint Collaborative Practice Forum to better understand and address system barriers that impede integrated approaches to treatment</p> <p>* Co-designed direct treatment activities formerly capacity building funded projects</p>
Target population cohort	<p>Young people and adults with AOD issues, with focus on:</p> <ul style="list-style-type: none"> ▪ Ex-offenders and their families ▪ Female offenders, incarcerated, on parole or under community Correctional Supervision ▪ Incarcerated prisoners from a Vietnamese or CALD background

	<ul style="list-style-type: none"> ▪ Young People in contact with the Criminal Justice system ▪ Clients with complex presentations ▪ People experiencing, or at risk of homelessness ▪ Young people experiencing, or at risk of homelessness ▪ Young People (12-25 years) with problematic comorbid substance use and mental health issues ▪ Young parents, young pregnant women) ▪ People disengaged from community supports ▪ Drug users from an Asian background ▪ Young people from a CALD, Vietnamese or African background
Consultation	<ul style="list-style-type: none"> • Regular capacity building meetings between APHN staff and service providers have provided and will continue to provide opportunities to learn about areas for professional development and service issues. • The APHN Health Priority Network has a specialist alcohol and other drugs interest area made up of consumers, and representatives from service providers (commissioned and non-commissioned), government agencies, peak bodies, and research organisations. All interest areas within the network, including AOD and mental health, will come together at two symposia, in March and September, to identify service and systems gaps in relation to member identified themes; particularly addressing mental health, alcohol and other drugs and physical comorbidities. • The APHN is a member of the SA Youth Alcohol and Drugs Services Network and the Comorbidity Network Group, hosted by South Australian Network of Drug and Alcohol Services (SANDAS) and SANDAS and the Mental Health Coalition respectively. These meetings bring together service providers from across the AOD sector and enable the APHN to gather information about services, trends and local area issues.
Collaboration	<ul style="list-style-type: none"> • A strategic group (called the Alcohol and Other Drugs Treatment Services Reference Group) with membership from Drug and Alcohol Services South Australia (DASSA); SANDAS, the NGO service provider peak body; the Aboriginal Drug and Alcohol Council; a consumer and general practice prescriber has been established. This group has met and will continue to meet regularly to improve system integration and service coordination between APHN commissioned service providers and the wider sector in the State. Each member of the group brings specific expertise related to key components of the sector.

- Addiction specialists have worked with members of the reference group to design and disseminate support and capacity building activities related to opioid substitute prescribing.
- The APHN's online portal Confluence enables commissioned service providers (across alcohol and other drugs and mental health) to share information, appropriate data and collaborate to improve referral pathways and service delivery.
- Members from the Alcohol and Other Drugs interest area of the Health Priority Network will be given the opportunity to be part of a working group related to AOD issues identified at the March symposium. This group will work with APHN capacity building officers and innovation and design officers to jointly address issues related to current projects.
- A joint capacity building forum between our commissioned AOD and mental health service providers was held in November 2017. This forum provided an opportunity for providers to discuss shared care and the challenges and opportunities, as well a networking opportunity to assist with the development of formalised partnerships. In the 2018-19 financial year, the APHN will continue to work with providers to support the development of referral pathways and formal partnerships between primary mental health services and alcohol and other drug commissioned service providers through our collaborative capacity building activities and hold further joint Collaborative Practice Forum to better understand and address system barriers that impede integrated approaches to treatment.
- All contracts between APHN and commissioned AOD service providers require the establishment of formalised referral pathways into and from mental health and primary care services where appropriate. Further, commissioned service providers are required to develop and maintain formal partnerships with other relevant alcohol and other drug organisations – community-based and specialist treatment services, primary and specialist mental health services, peak bodies, DASSA, Local Health Networks, Aboriginal and Torres Strait Islander organisations, the SA Government and primary health services. This includes *"Building and maintaining collaborative working relationships with General Practice to support client management with the primary care provider."* Mandatory Performance Indicators are attached

	<p>to these service specifications and inform the APHN capacity building approach to treatment system planning and continuous quality improvement activities.</p> <ul style="list-style-type: none"> • Regular engagement with general practitioners and practice nurses and managers through commissioned training opportunities related to illicit and licit drug use and misuse, best practice approaches to AOD treatment, understanding the stepped care model and information for referral to improve primary health treatment and referral pathways.
Indigenous Specific	No
Duration	Contracts commenced 1 July 2017 and conclude 30 June 2019
Coverage	Entire APHN region, including targeted activities at Murray Bridge, Christies Beach
Commissioning method	N/A – contracts and funding transferred from the Commonwealth
Approach to market	N/A
Decommissioning (if applicable)	N/A

Proposed Activities – A3.4	
Activity Title (e.g. Activity 1, 2, 3 etc.)	A3.4 Indigenous-specific and culturally appropriate drug and alcohol treatment services for Indigenous people
Existing, Modified, or New Activity	New Activity (former Non-Government Organisation Treatment Grants Program and the Substance Misuse Service Delivery Grants Fund, now Drug and Alcohol Program, transferred to Primary Health Networks from 1 July 2017)
National & Local Key Priority Area(s) (Please refer to our Strategic Plan available on our website)	Alcohol and Other Drugs, Aboriginal Health, Children and Youth, Mental Health, Health Workforce This activity also aligns with identified priority areas in the <i>National Aboriginal and Torres Strait Islander People's Drug Strategy 2014-2019</i> , and the classification of Aboriginal and Torres Strait Islander peoples as a 'priority population' in both the <i>National Drug Strategy 2017-2026</i> and <i>SA AOD Strategy 2017-2021</i> ; furthermore, is consistent with recommended evidence-based approaches for priority actions, <i>Reducing Adverse Health, Social and Economic Consequences [NDS]</i> , <i>Illicit Drug Use and Hazardous and Harmful use of Pharmaceutical Drugs and Aboriginal People [SA AOD]</i> .
Needs Assessment Priority(s) (Please refer to our 2017/18 AOD Needs Assessment template available on our website)	<ol style="list-style-type: none"> 1. Increase access to and availability of culturally appropriate AOD treatment services particularly alcohol and illicit drugs for Aboriginal and Torres Strait Islander people. 2. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region 3. Build capacity of health professionals through the provision of information, education and resources to support health professionals in the management of drug and alcohol dependence and related morbidities. 4. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes.
APHN Membership Identified Themes (Please refer to our Strategic Plan available on our website)	<ul style="list-style-type: none"> • Provide timely, early and equitable access to appropriate services • Improve health literacy and education for consumers and primary health care providers • Provide equitable and easy access to primary health services for Aboriginal and Torres Strait communities • Improve care coordination, integration and navigation of the primary health care sector • Address mental health, alcohol and other drugs and physical health issues

Description of Drug and Alcohol Treatment Activity

This activity aims to deliver a range of best practice treatment interventions for Aboriginal and Torres Strait Islander peoples, from low to high intensity interventions for people with mild, moderate or severe dependence, and focussed health promotion and prevention for low-severity groups at risk of dependence.

The Drug and Alcohol Treatment Services – Transition contract transferred from the Commonwealth to APHN aligning with this activity is for Indigenous service provision delivered by the regional ACCHO. The Substance Options Service (SOS) focusses on improving treatment outcomes through case management and health promotion activities, primarily targeting individuals, families and the community within Adelaide (with an emphasis on vulnerable groups inclusive of Aboriginal people who are homeless, involved with the Correctional system, and intravenous drug users accessing clean needle program).The project delivers a range of treatment interventions across a stepped care approach, including brief intervention, case management, care planning and coordination, post rehabilitation support and relapse prevention, within outreach service targeting vulnerable population groups in the Adelaide CBD Parklands to address barriers to service access. Considerable health promotion and educational resources are provided (prevention and relapse prevention, harm minimisation, appropriate treatment options, infectious diseases, drug overdose, BBVs, increased access to sterile injecting equipment), with additional support and warm referrals for Aboriginal people undertaking drug substitution programs, and those seeking to undertake pharmacological based treatment (from initial consult to controlled management).

In addition, specific services for Aboriginal and Torres Strait Islander people, and culturally appropriate and safe services with a focus on increasing Aboriginal and Torres Strait Islander access, are provided through mainstream organisations via both quarantined ‘Transition’ and redirected capacity building [see A3.5] funding. Including, evidence-based substance use treatment interventions within a staged treatment and structured timeframe to ex-offenders and their families; increased partnerships, linkages and integrated shared care approaches for the delivery of support and treatment services to improve social, recreational and psychological health and wellbeing; comorbidity education, outpatient counselling, pharmacotherapy support and family therapy to work with young people (aged 12-25), their children and families who are impacted by substance use; flexible and individualised treatment options for parents with accompanying children, parents working towards reunification or increased access with their children*; Counselling, Family interventions, Home detoxification (for people assessed low to medium risk), Health promotion, and group outreach for people in Gawler, Mount Barker and Willunga*.

	<p>In 2018-19 we will continue to undertake capacity building and integration activities with our regional ACCHO to enable the provision of appropriate and accessible alcohol and other drugs treatment options for Aboriginal people.</p> <p>* Co-designed direct treatment activities formerly capacity building funded projects</p>
Target population cohort	<p>Aboriginal and Torres Strait Islander peoples with an emphasis on vulnerable groups:</p> <ul style="list-style-type: none"> ▪ People experiencing homelessness ▪ Ex-offenders, people involved with the Correctional system and their families ▪ intravenous drug users accessing clean needle program ▪ Young people, 12-25, with mental health and AOD comorbidity ▪ Children, young people and adults 10-30
Consultation	<ul style="list-style-type: none"> • Regular capacity building meetings between APHN staff and service providers have provided and will continue to provide opportunities to learn about areas for professional development and service issues. • The APHN Health Priority Network has a specialist alcohol and other drugs interest area made up of consumers, and representatives from service providers (commissioned and non-commissioned), government agencies, peak bodies, and research organisations. All interest areas within the network, including AOD and mental health, will come together at two symposia, in March and September, to identify service and systems gaps in relation to member identified themes; particularly addressing mental health, alcohol and other drugs and physical comorbidities. • The APHN is a member of the SA Youth Alcohol and Drugs Services Network and the Comorbidity Network Group, hosted by South Australian Network of Drug and Alcohol Services (SANDAS) and SANDAS and the Mental Health Coalition respectively. These meetings bring together service providers from across the AOD sector and enable the APHN to gather information about services, trends and local area issues. • A joint capacity building forum between our commissioned AOD and mental health service providers was held in November 2017. This forum allowed the APHN to learn about service delivery and systems issues. It is envisioned that another forum may be held in 2018.
Collaboration	<ul style="list-style-type: none"> • A strategic group (called the Alcohol and Other Drugs Treatment Services Reference Group) with membership from Drug and Alcohol Services South Australia (DASSA); SANDAS, the NGO service provider peak body; the Aboriginal Drug and Alcohol Council; a consumer and general practice

prescriber has been established. This group has met and will continue to meet regularly to improve system integration and service coordination between APHN commissioned service providers and the wider sector in the State. Each member of the group brings specific expertise related to key components of the sector.

- Addiction specialists have worked with members of the reference group to design and disseminate support and capacity building activities related to opioid substitute prescribing.
- The Adelaide PHN's online portal Confluence enables commissioned service providers (across alcohol and other drugs and mental health) to share information, appropriate data and collaborate to improve referral pathways and service delivery.
- Members from the Alcohol and Other Drugs interest area of the Health Priority Network will be given the opportunity to be part of a working group related to AOD issues identified at the March symposium. This group will work with APHN capacity building officers and innovation and design officers to jointly address issues related to current projects.
- Regular engagement with general practitioners and practice nurses and managers through commissioned training opportunities related to illicit and licit drug use and misuse, best practice approaches to AOD treatment, understanding the stepped care model and information for referral to improve primary health treatment and referral pathways.
- Work with ATSI and CALD service providers to deliver education and brief interventions in addition to counselling support.

Collaboration on this activity is evolving. All commissioned Alcohol and Other Drug providers have contractual obligations and mandatory Key Performance Indicators to implement and measure the development and maintenance *'of partnerships with relevant organisations in the sector including Aboriginal and Torres Strait Islander organisations', formalised partnerships/collaborations established with local key Aboriginal and Torres Strait Islander stakeholders'* and the *'standards and actions described in the draft Aboriginal and Torres Strait Islander Improvement Guide (National Safety and Quality Health Service Standards Version 2)'*.

Increase partnerships, linkages and integrated shared care approaches with external service providers for the delivery of support and treatment services to improve the social, recreational and psychological health

	and wellbeing of the client group (for example, other drug and alcohol services, mental health service providers, agencies assisting Culturally and Linguistically Diverse (CALD) and / or Aboriginal and Torres Strait Islander communities and other relevant allied health professionals). <i>National Aboriginal and Torres Strait Islander People's Drug Strategy 2014-2019</i> The APHN has established ongoing consultation and collaboration processes with the Aboriginal Health Council SA (AHCSA), the sole regional Aboriginal Community Controlled Health Organisation (ACCHO) - Nunkuwarrin Yunti, and Aboriginal and Torres Strait Islander people's in community (including Elders). In addition, the Aboriginal Drug and Alcohol Council SA (ADAC) have membership on the APHN AOD Reference Group, and the APHN is committed to ensuring the broad participation of Aboriginal and Torres Strait Islander peoples and specialist service providers, to ensure culturally appropriate and safe services are accessible. The APHN <i>Community Engagement with Aboriginal and Torres Strait Islander People in Adelaide</i> Report, reflecting all consultation processes with local communities through 2017 will be released February 2018.
Indigenous Specific	Yes
Duration	Contracts commenced 1 July 2017 and conclude 30 June 2019
Coverage	Entire APHN region, with specific focus on Adelaide, Gawler, Mount Barker and Willunga LGAs
Commissioning method	N/A – contracts and funding transferred from the Commonwealth
Approach to market	N/A
Decommissioning (if applicable)	N/A

Proposed Activities – A3.5	
Activity Title (e.g. Activity 1, 2, 3 etc.)	A3.5 Support relevant drug and alcohol commissioned services providers to refocus funding of capacity building activities to deliver direct treatment services
Existing, Modified, or New Activity	New Activity (former Non-Government Organisation Treatment Grants Program and the Substance Misuse Service Delivery Grants Fund, now Drug and Alcohol Program, transferred to Primary Health Networks from 1 July 2017)
National & Local Key Priority Area(s) (Please refer to our Strategic Plan available on our website)	Alcohol and Other Drugs, Health Workforce
Needs Assessment Priority(s) (Please refer to our 2017/18 AOD Needs Assessment template available on our website)	<ol style="list-style-type: none"> 1. Increase access to and availability of culturally appropriate AOD treatment services particularly alcohol and illicit drugs for Aboriginal and Torres Strait Islander people. 2. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region 3. Build capacity of health professionals through the provision of information, education and resources to support health professionals in the management of drug and alcohol dependence and related morbidities.
APHN Membership Identified Themes (Please refer to our Strategic Plan available on our website)	<ul style="list-style-type: none"> • Provide timely, early and equitable access to appropriate services • Provide equitable and easy access to primary health services for Aboriginal and Torres Strait communities • Improve care coordination, integration and navigation of the primary health care sector • Address mental health, alcohol and other drugs and physical health issues
Description of Drug and Alcohol Treatment Activity	With the transition of contracts from the Commonwealth to APHN, there was the requirement for capacity building activities undertaken by the providers to be redirected to deliver direct treatment and in turn increasing treatment availability in the community. Of the eight organisations transferred to APHN management, five were in receipt of funding for capacity building activities. This activity delivers the modification and co-design of all inherited capacity building projects, and associated funding, into sustainable direct treatment activities through enhancing models of care and increasing evidence-based service delivery.

The APHN worked collaboratively with these organisations to determine where the funding was most needed and to co-design the projects that enhance and increase direct treatment activities. Whilst a number of organisations took this opportunity to develop a new treatment service focused on a particular vulnerable or priority cohort, others took the opportunity to increase access and availability to their existing treatment services. In 2018-19 the APHN AOD Design & Capacity Building Coordinator will continue to support these providers to implement activities aligned with DAP and NIAS services.

As per Commonwealth Guidelines, all capacity building funded projects were ceased by six months (31 December 2017). The range of activities across the five projects, thematically presented below, included:

Education and Workforce Development

- Deliver Diploma in AOD and Diploma in Mental Health to workers in AOD and MH sectors
- Increasing workforce capacity to work with people with complex needs
- Improving cultural competency
- Enhancing standard of professional practice for both Dual Diagnosis Capable and Advanced Dual Diagnosis Capable service delivery
- Clinical supervision, case consultation, line management

Resource Development

- Development of training tools checklist
- Development of assessment tools, culturally appropriate comorbidity information
- Production of comprehensive service option resource

Governance, Continuous Quality Improvement

- Review of treatment frameworks, including 'outreach', 'comorbidity', 'complex needs'
- Review of policies and procedures
- Monitoring data quality systems
- Maintenance of accreditation standards and compliance with improvement plans
- Coordination of client consultation mechanisms and satisfaction survey processes
- Continuous Quality Improvement activities/measures

As new models of service delivery and enhanced treatment services, all co-designed direct treatment projects are included in Activity Areas A3.1 – A3.4 and are identified with an Asterix.

	As per Commonwealth Guidelines, this activity includes the provisions for non-treatment activities to be included in direct treatment projects to ensure quality and best practice services through maintaining clinical support activities that support treatment delivery. The APHN has delivered on this target within appropriate total resource allocations.
Target population cohort	New services available to young people and adults with AOD issues.
Consultation	<ul style="list-style-type: none"> • Regular capacity building meetings between APHN staff and service providers have provided and will continue to provide opportunities to learn about areas for professional development and service issues. • The APHN Health Priority Network has a specialist alcohol and other drugs interest area made up of consumers, and representatives from service providers (commissioned and non-commissioned), government agencies, peak bodies, and research organisations. All interest areas within the network, including AOD and mental health, will come together at two symposia, in March and September, to identify service and systems gaps in relation to member identified themes; particularly addressing mental health, alcohol and other drugs and physical comorbidities. • The APHN is a member of the SA Youth Alcohol and Drugs Services Network and the Comorbidity Network Group, hosted by South Australian Network of Drug and Alcohol Services (SANDAS) and SANDAS and the Mental Health Coalition respectively. These meetings bring together service providers from across the AOD sector and enable the APHN to gather information about services, trends and local area issues. • A joint capacity building forum between our commissioned AOD and mental health service providers was held in November 2017. This forum allowed the APHN to learn about service delivery and systems issues. It is envisioned that another forum may be held in 2018.
Collaboration	<ul style="list-style-type: none"> • A strategic group (called the Alcohol and Other Drugs Treatment Services Reference Group) with membership from Drug and Alcohol Services South Australia (DASSA); SANDAS, the NGO service provider peak body; the Aboriginal Drug and Alcohol Council; a consumer and general practice prescriber has been established. This group has met and will continue to meet regularly to improve system integration and service coordination between APHN commissioned service providers and the

wider sector in the State. Each member of the group brings specific expertise related to key components of the sector.

- Addiction specialists have worked with members of the reference group to design and disseminate support and capacity building activities related to opioid substitute prescribing.
- The Adelaide PHN's online portal Confluence enables commissioned service providers (across alcohol and other drugs and mental health) to share information, appropriate data and collaborate to improve referral pathways and service delivery.
- Members from the Alcohol and Other Drugs interest area of the Health Priority Network will be given the opportunity to be part of a working group related to AOD issues identified at the March symposium. This group will work with APHN capacity building officers and innovation and design officers to jointly address issues related to current projects.
- Regular engagement with general practitioners and practice nurses and managers through commissioned training opportunities related to illicit and licit drug use and misuse, best practice approaches to AOD treatment, understanding the stepped care model and information for referral to improve primary health treatment and referral pathways.

The APHN has representation on the SANDAS 'Comorbidity Network', 'Treatment Framework Project Reference Group' and 'Treatment Outcomes Working Group', which provides a continued focus for collaboration with the Peak in supporting drug and alcohol treatment services through workforce support and capacity building activities. Peaks will also work with PHNs in this area, to help ensure consistency, quality and improve service integration. In collaboration with SANDAS and DASSA the APHN will support the development of standardised outcomes measures across the NGO and specialist AOD treatment sector, and a SA Treatment Framework.

All Drug & Alcohol Program 'Transition' contracts contain the requirement for AOD providers to work in collaboration with the APHN and other service providers commissioned by the APHN to deliver AOD services to develop appropriate outcomes measures to track client quality of life, and to develop a standardised client experience measure (potentially electronic). Currently Primary Mental Health Care providers are using

	the Mentegram App to collect Patient Reported Experience Measures (PREMs) and this functionality is being made available to AOD providers.
Indigenous Specific	No
Duration	Contracts commenced 1 July 2017 and conclude 30 June 2019 <i>NB: Existing Capacity Building projects were contracted from 1 July 2017 – 31 December 2017.</i>
Coverage	Entire APHN region
Commissioning method	N/A – contracts and funding transferred from the Commonwealth
Approach to market	N/A
Decommissioning (if applicable)	N/A

3. Activities which will no longer be delivered under the Schedule – Drug and Alcohol Treatment Activities

There are none included in the previous Drug and Alcohol Treatment Activity Work Plan which are not continuing from 2018-19.

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