



Australian Government

Department of Health



An Australian Government Initiative

Primary Health Networks

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

Adelaide PHN

This template was used to submit the Primary Health Network's (PHN's) Activity Work Plans to the Department of Health (the Department) on 6 May 2016.

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Introduction

Overview

The activities under the Drug and Alcohol Treatment Services Annexure to the Primary Health Networks Programme Guidelines will contribute to the key objectives of PHN by:

- Increasing the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by targeting areas of need, and
- Improving the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment by increasing coordination between various sectors, and improving sector efficiency.

Each PHN, in accordance with the guidance provided by the Department, must make informed choices about how best to use its resources to achieve these drug and alcohol treatment objectives, contributing to the PHN's key objectives more broadly.

Together with the PHN Needs Assessment and the PHN Performance Framework, PHNs will outline activities and describe measurable performance indicators to provide the Australian Government and the Australian public with visibility as to the activities of each PHN.

This document, the Activity Work Plan template, captures those activities.

This Drug and Alcohol Treatment Activity Work Plan covers the period from 1 July 2016 to 30 June 2019. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of between 12 months and 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

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

1. The **Strategic Vision** of each PHN, specific to drug and alcohol treatment.
2. The **Drug and Alcohol Treatment Services Annual Plan 2016-17 to 2018-2019** which will provide:
 - a) A description of planned activities funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.3 Drug and Alcohol Treatment Services – Operational and Flexible Funding
 - b) A description of planned activities funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.4 Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people –Flexible Funding
3. The **Proposed Operational and Flexible Funding Stream Budgets** for 2016-17:
 - a) Budget for Drug and Alcohol Treatment Services – Operational and Flexible Funding
 - b) Budget for Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding

Annual Plan 2016-17 to 2018-2019

Annual plans for 2016-17 to 2018-2019 must:

- Provide a coherent guide for PHNs to demonstrate to their communities, general practices, health service organisations, state and territory health services and the Commonwealth

Government, what the PHN is going to achieve (through performance indicator targets) and how the PHN plans to achieve these targets;

- Be developed in consultation with local communities, Clinical Councils, Community Advisory Committees, state/territory governments and Local Hospital Networks as appropriate; and
- Articulate a set of activities that each PHN will undertake, using the PHN Needs Assessment as evidence, and measuring performance against Local Performance Indicators (where appropriate) and targets to demonstrate improvements.

Activity Planning

The PHN Needs Assessment will identify local priorities which in turn will inform and guide the activities nominated for action in the 2016-17 to 2018-19 Annual Plan. PHNs need to ensure the activities identified in the annual plan also correspond with the Activity Objectives and Actions eligible for grant funding identified in Annexure A2 – Drug and Alcohol Treatment Services. The Drug and Alcohol Treatment Annual Plan will also need to take into consideration the PHN Objectives and the PHN key priorities.

Drug and Alcohol Treatment Services Funding

From 2016-17, PHNs will undertake drug and alcohol treatment planning, commissioning and contribution to coordination of services at a regional level, to improve sector efficiency and support better patient management across the continuum of care.

Having completed needs assessments for their regions, PHNs will now identify the appropriate service mix and evidence based treatment types suitable to meet the regional need.

The Drug and Alcohol Annual Plan will complement the information in the Needs Assessments, and should be used to record the activities you intend to fund. The 'Commissioning of Drug and Alcohol Treatment Services' guidance document will assist you in understanding the Department's expectations in relation to activities that are in scope for funding, and will assist you in translating drug and alcohol treatment evidence into a practical approach.

Measuring Improvements to the Health System

National headline performance indicators, as outlined in the PHN Performance Framework, represent the Australian Government's national health priorities.

PHNs will identify local performance indicators to demonstrate improvements resulting from the activities they undertake in relation to the commissioning of Drug and Alcohol Treatment Services.

These will be reported through the Six Month and Twelve Month Performance reports and published as outlined in the PHN Performance Framework.

Activity Work Plan Reporting Period and Public Accessibility

The Drug and Alcohol Treatment Activity Work Plan will cover the period 1 July 2016 to 30 June 2019. A review of the Drug and Alcohol Treatment Activity Work Plan will be undertaken on an annual basis (in both 2017 and 2018) and resubmitted as required in accordance with Item F of the Schedule: Drug and Alcohol Treatment Activities.

Once approved by the Department, the Annual Plan component must be made available by the PHN on their website as soon as practicable. The Annual Plan component will also be made available on the Department of Health's website (under the PHN webpage). Sensitive content identified by the PHN will be excluded, subject to the agreement of the Department.

1. Strategic Vision for Drug and Alcohol Treatment Funding

The Adelaide PHN (APHN) is committed to improving the efficiency, effectiveness and coordination of drug and alcohol treatment and intervention services across the Adelaide metropolitan region, spanning from Sellicks Hill to Angle Vale and between the foothills and the sea, encompassing a community of more than 1.2 million people. The APHN is committed to address the local needs guided by the community, clinical and stakeholder input, with a clear goal of improving the health outcomes for the community. The APHN Strategic Vision for Drug and Alcohol treatment will align to Draft National Drug Strategy (NDS) 2016-2025 which aims to:

“contribute to ensuring safe, healthy and resilient Australian communities through minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities.”

The APHN acknowledges the three pillars of the NDS that underpin a harm minimisation approach (demand reduction, harm reduction and supply reduction) and will commission new drug and alcohol treatment activities which aim to:

- reduce the adverse health, social and economic consequences of the use of drugs and alcohol through effective, in scope treatment services,
- support people to recover from dependence and reintegrate with the community and;
- prevent the uptake and/or delay the onset of the use of alcohol and drugs.

The APHN Strategic Vision is also heavily informed by the key directions of the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014-19; the recommendations of the National Ice Action Strategy 2015; and key aspects of the mental health reforms relating to increasing the service delivery capacity of the drug and alcohol treatment sector via needs based commissioning to South Australians.

Population estimates indicate that more than one third of individuals with a drug and alcohol use disorder have at least one comorbid mental health disorder¹; however the rate is even higher among those in drug and alcohol treatment programs (up to 60% prevalence). The APHN will strive towards improving the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment by increasing coordination between primary health and other sectors, to ensure seamless pathways and coordinated care which will improve efficiency and the overall patient journey. We will work to ensure that people are better connected to services and that the services are integrated and connect so that people receive the right information, the right service, in the right place at the right time. The Adelaide community has been very clear in its message to the APHN – *We need the right access, no wrong door, anytime. We might just need information, we might need something we can access independently (web based or brochures), we might need seamless transition to the right place for clinical interventions – make that happen.*

¹ Katherine L Mills, Mark Deady, Heather Proudfoot, Claudia Sannibale, Maree Teesson, Richard Mattick, Lucy Burns (Year not published), *Guidelines on the Management of Co-Occurring Alcohol and Other Drug and Mental Health Conditions in Alcohol and Other Drug Treatment Settings*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia, accessed on 30 March 2016, <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Comorbidity%2BGuidelines_0.pdf>

Through extensive community stakeholder consultations the APHN has heard the predominant view, from those accessing services, families, carers and service providers that, given the high level of comorbidity between mental health and alcohol and other drugs, there needs to be a consistent and person-centred assessment process that ensures clear pathways for care and treatment. However, there is no intention to “merge” or “dilute” specialist drug and alcohol services with mental health, rather to ensure streamlined and appropriate access to those in need across the stepped care model. We have consulted and collaborated with all stakeholders, including SA Health (Drug and Alcohol Service South Australia and the Mental Health Directorate), the South Australian Network of Drug and Alcohol Services (SANDAS) and other NGO providers and community; those having accessed services, those seeking to access services, their families and their carers. The APHN will ensure that our consultations continue and that review and feedback about services commissioned through the APHN are part of our continuous quality improvement cycle.

The APHN will specifically focus on commissioning Alcohol and Other Drug (AOD) treatment services including brief interventions, counselling, withdrawal support and relapse prevention, case management, care planning and co-ordination, in one to one and group settings. All successful providers will need to demonstrate partnerships and integration across services provided, ensuring a seamless pathway of care. Further the APHN will assemble an expert AOD reference group which will have appropriate representation to ensure that new AOD treatment services are supported and connected within the sector. Consequently, minimising duplication and enhancing the existing sector.

Consultations, collaborations and partnerships

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

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

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

The APHN membership structure provides for each membership group to determine priorities, gaps and issues and these are collated and provided to the APHN Board. These determine our strategic

directions and are then progressed by working groups made up of our membership groups and external stakeholders.

The APHN is also a member of a number of state government working groups that are planning and managing AOD treatment services across the state. This role facilitates partnerships between funding bodies and participation in the future development of the sector. The APHN is an observer on the SA Aboriginal Partnership Forum and the APHN has a draft partnership agreement with the Aboriginal Health Council of South Australia with a strong working relationship with Nunkuwarrin Yunti (the only Aboriginal Community Controlled Health Organisation in metropolitan Adelaide). These partnerships will continue and we will work together into the future ensuring that there remains a strong Aboriginal focus on all primary health care service delivery and outcome in metropolitan Adelaide. This includes but is not limited to drug and alcohol issues.

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

Adelaide PHN Proposed Activities

Proposed Activities – A1.1 – A1.2	
Drug and Alcohol Treatment Priority Area / Reference	<p>7. Alcohol is the most common principal drug of concern in particular areas of the Adelaide PHN region and for specific population groups, including Aboriginal and Torres Strait Islander people.</p> <p>8. Significantly less South Australians with Alcohol and Other Drug (AOD) problems access counselling as a treatment than the Australian average.</p> <p>9. Higher prevalence of illicit drug use in selected areas and specific population groups, particularly Aboriginal and Torres Strait Islander populations.</p>
Activity Title / Reference	<p>A1.1 Targeted commissioning of new drug and alcohol treatment services across the stepped model of care to improve access for people in the Adelaide metropolitan region.</p> <p>A1.2 Increased coordination and integration between services, and primary care, to improve sector efficiency.</p>
Description of Drug and Alcohol Treatment Activity	<ul style="list-style-type: none"> • A1.1 This activity aims to ensure that the new treatment services commissioned are an evidence based system of treatment comprising of a range of health care interventions, from minimal support to intensive treatment matched to the individual’s needs. Services will be commissioned in a range of treatment settings to deliver a variety of interventions for people with mild, moderate or severe dependence. • A1.2 This activity aims to ensure that new AOD treatment services commissioned have mechanisms in place for improving the effectiveness of AOD treatments services for the Aboriginal and Torres Strait Islander population by increasing coordination between treatment services, broader primary health and between various sectors aimed at improving sector efficiency. <p>The APHN will commission new treatment services based on local need including service type and regional demand:</p>

- Each service will deliver evidence-based treatment for alcohol and other drug use and dependence, including flexible and stepped care models designed specifically to suit the individual's needs and readiness for change.
- Preferred service providers will be based in the northern community suburbs of Elizabeth Downs, Edinburgh North, Smithfield and Salisbury. The providers have well established service expertise in the northern region of Adelaide and various access points including self and family referral, GP and community services and acute/specialist referral. Numerous other community support organisations are also present in these suburbs, including housing and employment services, which will allow for co-ordination of wrap around services for clients receiving treatment.
- Comprehensive treatment services for alcohol use and dependence will be increased in the southern suburbs of Christies Beach and Morphett Vale, which will provide the breadth of treatment services to the southern boundary of the APHN.
- There is a need for increased service capacity in western Adelaide and this will be a part of the co-design process as the APHN encourages the preferred providers to establish new services or develop outreach services from their northern and/or southern sites.
- An alcohol specific treatment program accessible through a smart phone application will be commissioned to target people who are experiencing risky drinking patterns. This will provide support to those people who can address their problematic use by engaging with a peer network and motivational messaging. This service will also provide immediately accessible support to individuals currently on a waiting list for more intensive treatment programs. Importantly, this program will also encourage individuals to build relationships with primary care providers including general practice and community based treatment services.
- Preferred providers have an extensive service history treating multiple illicit substances and across various treatment modalities.
- In response to the increasing prevalence of methamphetamine use in Adelaide, all providers have indicated that they will implement best practice psychosocial treatment, harm reduction and links to other health services to address related issues such as IV drug use and sexual health.
- The APHN will work with the preferred providers to co-design treatment options that are flexible to the client's individual needs. For example, a case manager may coordinate movement between mental health and AOD providers to improve the integration of treatment and continuity of care. Alternatively, a service may provide mental health and AOD treatment from a single site by utilising multidisciplinary staff.
- The APHN will develop linkages between the funded primary mental health providers and the AOD providers to identify opportunities for shared learning, improved clinical learning, mentoring and building the capacity of both sectors.

	<ul style="list-style-type: none"> • The APHN will also link the AOD preferred providers to the Commonwealth funded resource, Guidelines on the Management of Co-occurring Alcohol and Other Drug and Mental Health Conditions in Alcohol and Other Drug Treatment Settings (NHMRC Centre of Research Excellence in Mental Health and Substance Use, NDARC and University of NSW), and the online training currently under development. • The APHN has contracted the National Centre for Education and Training on Addiction (NCETA), Flinders University, to provide data on the patterns, prevalence and correlates of AOD use in South Australia. This will enable the APHN to further refine the focus of the preferred providers in responding to existing trends in metropolitan Adelaide. • The APHN will work across its primary health care initiatives to provide opportunities to AOD preferred providers to develop the capacity of the AOD workforce. This will be undertaken in a co-design capacity with services identifying their areas of need. Initially the focus will be on improving the mental health skills of the AOD workforce. • Where possible the APHN funded services will be utilised to share their skills and knowledge across the APHN service network through the development of resources, toolkits and the provision of training and education.
Collaboration	<p>Drug and Alcohol specific stakeholder groups targeted for collaboration and engagement include:</p> <ul style="list-style-type: none"> • DASSA - state/territory government services relating to drug and alcohol; policy priorities, sector arrangements, information sharing, collaborative planning; • SANDAS - peak body for drug and alcohol services; representing the non-government organisation (NGO) drug and alcohol sector, supporting two-way channels of communication, supporting sector development through specific capacity building activities • Aboriginal Health Council of South Australia (AHCSA) and the Aboriginal Drug and Alcohol Council (ADAC) - Indigenous organisations including Aboriginal Community Controlled Health Organisations (ACCHOs) and Indigenous-specific drug and alcohol treatment services; Indigenous-specific need, service delivery expertise, knowledge of treatment population and service gaps specific to Indigenous populations. • Australian Injecting and Illicit Drug Users League (AVIL) - peak body for drug and alcohol users; representing the views of those with current/former drug and alcohol use experiences, some of whom may be in need of treatment and/or have treatment experience

- Specialist drug and alcohol treatment providers in the region; treatment and service delivery expertise, knowledge of the local treatment population and of service gaps (including government and NGO drug and alcohol treatment services, plus GP pharmacotherapy prescribers).

Within the stepped care approach of the MH&AOD Request for Proposal, APHN was seeking evidence of establishment and formalization of partnerships between drug and alcohol treatment service providers and services in the region to facilitate ‘joined up’ service provision, specifically between the:

- mental health sector
- broader primary health care environment
- acute services
- community services
- aged care services
- child and youth services
- social services
- Aboriginal health services

All applicants were required to provide a response indicating how their proposed model would support partnerships, clinical handover and linkages. Including where applicable, how their intervention model will:

- incorporate and formalise effective mechanisms to enable appropriate clinical handover of an individual’s care.
- ensure an individual’s transition through the steps of care are seamless and appropriate.
- have systems in place to support the integration and coordination of services.
- support referrers, in particular General Practice, to ensure individuals are appropriately triaged to the most suitable “stepped-level” of treatment available.
- support referrers, in particular General Practice, to ensure individuals are jointly monitored to determine the selected treatment effectiveness and further care decisions.
- interact with the broader social services sector.
- engage with the local health networks and acute sector.

The APHN has and will continue to collaborate with specific LHNs to coordinate referral pathways of identified population groups presenting at Emergency and/or Outpatient Departments and discharge summaries (after

	hospitalisation) in target areas. Specific areas of potentially avoidable presentations, representations and admissions remain a joint focus and strategy between the APHN and SA Health.
Indigenous Specific	Each service is likely to provide services to Aboriginal people. The APHN will ensure that each service is delivering culturally appropriate and safe models of treatment.
Duration	Commencing 01 October 2016 to 30 June 2019.
Coverage	Entire APHN region with focus on selected areas within Central, Western, Northern and Southern Statistical Area Level 4 (SA4).
Commissioning approach	<p>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 new AOD interventions that complement existing services and fill identified gaps. The Adelaide PHN will engage and negotiate with its preferred provider(s) to ensure evidenced based interventions for alcohol and other drug treatment with varying levels of intensity are provided to target groups.</p> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The Adelaide PHN has designated staff; research and evaluation, contract and compliance, outcomes and compliance officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p> <p>The APHN appointed an external expert AOD panel to review the responses to the approach to market.</p> <p>There are a number of considerations that were taken into account when assessing an organisation's suitability for funding. These considerations are important as they help to ensure that:</p> <ul style="list-style-type: none"> • Clients receive timely access to treatment where possible; • Clients are safe when receiving treatment; • Clients with complex needs receive any broader support required; • Organisations are able to continue to learn and improve their service delivery; • Clients receive the best possible outcomes; and • Organisations do not seek to operate beyond their capacity.
Data source	<ul style="list-style-type: none"> • 6 monthly provider performance reports inclusive of above Performance Indicators. • Alcohol and Other Drugs Treatment Services National Minimum Dataset (AODTS – NMDS)
Allocated Expenditure (2016-17)	\$1,482,542.38

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

Proposed Activities – A2.1 – A2.3	
Drug and Alcohol Treatment Priority Area	<p>7. Alcohol is the most common principal drug of concern in particular areas of the Adelaide PHN region and for specific population groups, including Aboriginal and Torres Strait Islander people.</p> <p>8. Significantly less South Australians with Alcohol and Other Drug (AOD) problems access counselling as a treatment than the Australian average.</p> <p>9. Higher prevalence of illicit drug use in selected areas and specific population groups, particularly Aboriginal and Torres Strait Islander populations.</p>
Activity Title / Reference	<p>A2.1- Targeted commissioning, coordination and integration of drug and alcohol treatment services, particularly for Aboriginal and Torres Strait Islander people across the stepped care model.</p> <p>A2.2 Establish culturally appropriate and targeted services and activities in collaboration with stakeholders and service providers for illicit drug users.</p> <p>A2.3 Establish services for individuals requiring support and treatment by increasing coordination between various sectors, and improving sector efficiency.</p>
Description of Drug and Alcohol Treatment Activity	<p>A2.1 This activity aims to ensure that new treatment services commissioned are an evidence based system of treatment comprising of a range of health care interventions, from minimal support to intensive treatment matched to the individual’s needs. Services will be commissioned in a range of treatment settings to deliver a variety of interventions for people with mild, moderate or severe dependence. The APHN will ensure that services commissioned for the Aboriginal and Torres Strait Islander population consider the access issues specifically related to this population group including; geography, affordability, availability of health care professionals, cultural beliefs and the cultural competency of services.</p> <p>A2.2 This activity aims to ensure that services commissioned by the APHN are culturally appropriate taking into consideration the following key aspects including, respect and trust, transport, flexibility, time, support, outreach and working together. All organisations commissioned by the APHN will need to be able to demonstrate an understanding of the importance of these aspects of cultural competency as well as an understanding of the local Adelaide community.</p>

	A2.3 This activity aims to ensure that AOD treatment services commissioned have mechanisms in place for improving the effectiveness of AOD treatments services for the Aboriginal and Torres Strait Islander population by increasing coordination between treatment services, broader primary health and between various sectors aimed at improving sector efficiency.
Collaboration	APHN has and will continue to consult and collaborate with AHCSA and ADAC and the one community controlled Aboriginal health organisation in the metropolitan region, Nunkuwarrin Yunti, along with both Aboriginal and Torres Strait Islander people in community, including elders. The APHN is committed to ensuring broad participation and involvement of Aboriginal and Torres Strait Islander people in community to ensure culturally appropriate and safe service access and provision.
Indigenous Specific	Yes.
Duration	Commencing 01 October 2016 to 30 June 2019.
Coverage	Entire APHN region with focus on selected areas within Central, Western, Northern and Southern Statistical Area Level 4 (SA4).
Commissioning approach	<p>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. The Adelaide PHN will engage and negotiate with successful provider(s) to ensure evidenced based interventions for alcohol treatment with varying levels of intensity are provided to target groups.</p> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The Adelaide PHN has designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Data source	<ul style="list-style-type: none"> • Number and rates of closed treatment episodes – SA Health Alcohol and other drugs treatment services national minimum dataset, latest available • Prevalence of alcohol and drug use – ABS Aboriginal and Torres Strait Islander Health Survey, latest available • Baseline data for output indicators and targets - APHN compliance & reporting process • Clinical and quality improvement outcomes – APHN compliance & reporting process • AODTS-NMDS
Allocated Expenditure (2016-17)	\$485,714.58