



Australian Government

Department of Health



An Australian Government Initiative

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

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

1. The Drug and Alcohol Treatment Services Activity Work Plan for the financial years 2019-20, 2020-2021 and 2021-2022. Please complete the table of planned activities funded under the following:
 - Schedule: Drug and Alcohol Treatment Services - Core and Operational Funding (formerly Transition Funding)
 - Schedule: Drug and Alcohol Treatment Services – NIAS Operational and Mainstream Funding (formerly Operational and Flexible Funding).
 - Schedule: Drug and Alcohol Treatment Services - NIAS Aboriginal and Torres Strait Islander people Funding (Indigenous Funding) (formerly Aboriginal and Torres Strait Islander people – Flexible Funding).

Adelaide PHN

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

Submitted on 29 April 2019

Overview

This Drug and Alcohol Treatment Services Activity Work Plan covers the period from 1 July 2019 to 30 June 2022. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 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.

Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services

The *Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services* document (available on the PHN Secure Data Portal) has been developed to assist PHNs in understanding the Department's expectations in relation to activities that are in scope for funding, and will assist in translating drug and alcohol treatment evidence into a practical approach.

The high-level activities in scope under Core and NIAS Funding allocations include:

- Early intervention (including Brief Intervention)
- Counselling
- Withdrawal Management
- Residential Rehabilitation
- Day Stay Rehabilitation (and other intensive non-residential programs)
- Aftercare / relapse Prevention
- Case management, care planning, and coordination
- Information and Education
- Workforce Development, Capacity Building, including supporting the workforce through activities which promote joint up assessment and referral pathways, quality improvement, evidence-based treatment, and service integration.

Activities relating to planning and consultation are to be funded under the Operational Funding allocation.

Key principles underpinning activity requirements

Drug and Alcohol Treatment Activity Work Plans are also expected to satisfy the following key principles underpinning drug and alcohol activity requirements:

- i. Proposed activities are evidence-based and in-scope of funding as detailed in *Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services*.
- ii. Proposed activities are clearly aligned with priorities identified in the corresponding Needs Assessment.
- iii. The majority of total Core and NIAS Funding is allocated to the delivery of specialist drug and alcohol service delivery (i.e. direct treatment activities) as opposed to non-treatment activities (e.g. workforce development, also in scope of this funding).
- iv. Detailed budgets are provided outlining funding with a clearly identified allocation for each activity (including sub-activity) type.

- v. Proposed activities for Indigenous-specific and mainstream services are clearly delineated, including evidence of consultation and engagement from local key Indigenous stakeholders.
- vi. Governance arrangements are clearly articulated and include representation from key regional stakeholders such as Local Health Networks (or equivalent), State Government and specialist drug and alcohol service providers.

This funding is intended to complement existing Commonwealth and state and territory funded drug and alcohol treatment activities. Therefore, it is expected that existing state and territory funding, strategies, and frameworks are considered in the development of your Activity Work Plan to ensure services are complementary and do not duplicate existing efforts.

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

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2022.

AOD1.

Proposed Activities – AOD1	
ACTIVITY TITLE	AOD1. Facilitate and support drug and alcohol treatment services to deliver evidence-based and best practice treatment modalities for drug and alcohol misuse, including poly-drug use
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Modified Activity <i>Incorporates Activities previously referenced as A3.1 and A3.2</i>
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	AOD1. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region AOD3. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes. IH-AOD1. Increase access to and availability of culturally appropriate AOD treatment services particularly alcohol and illicit drugs for Aboriginal and Torres Strait Islander people.
Aim of Activity	The aim of this activity is to increase the scope and quality of evidence-based direct treatment service delivery and improve the effectiveness of the of the drug and alcohol treatment sector to: <ul style="list-style-type: none"> ▪ reduce the impact of substance misuse for individuals and communities within the Adelaide region ▪ identify and respond to regional poly-drug use issues with coordinated and integrated treatment approaches, by commissioning evidence-based drug and alcohol treatment and support services [AOD specialist treatment sector] and primary health services that deliver in scope treatment types. This activity interrelates with AOD4 and builds on activities documented in previous AWP the collaboration with the National Centre for Education and Training on Addiction (NCETA) to provide information on the patterns, and prevalence of drug and alcohol issues in South Australia. Strategic planning and capacity building activities to increase treatment and support options for clients with a range of AOD concerns and issues around poly-drug use. This activity incorporates the provision of twenty-four months of funding to provide service continuity for the existing Commonwealth funded direct treatment activities until 30 June 2021. The activity will ensure service

	<p>coverage to geographical areas serviced by existing drug and alcohol treatment services and will maintain the availability of direct drug and alcohol treatment services within the Adelaide metropolitan region and supports a more sustainable drug and alcohol treatment sector.</p>
<p>Description of Activity</p>	<p>Adelaide PHN will continue to fund existing drug and alcohol treatment services to deliver evidence-based and best practice treatment modalities for drug and alcohol misuse, including:</p> <ul style="list-style-type: none"> ➤ 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. ➤ 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

	<ul style="list-style-type: none"> ➤ 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>Target population cohort</p>	<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
<p>In scope AOD Treatment Type</p>	<ul style="list-style-type: none"> ▪ Screening & Brief Intervention ▪ Information & Education ▪ Counselling ▪ Withdrawal Management ▪ Case Management ▪ Post-treatment Support / Relapse Prevention
<p>Indigenous specific</p>	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
<p>Coverage</p>	<p>Entire APHN region and includes Gawler, Barossa, Mount Barker, Willunga, as per obligations under Drug and Alcohol Treatment Activities Schedule, to:</p> <ul style="list-style-type: none"> ▪ Provide service continuity to the drug and alcohol treatment sector by ensuring funding certainty to existing Commonwealth funded direct treatment activities, and, ▪ Maintain service coverage to geographical areas serviced by existing drug and alcohol treatment services funded under the drug and alcohol program <p>Adelaide PHN will work with the providers delivering services outside of the APHN geographical boundaries to define the level and scope of drug and alcohol treatment services being provided. Greater definition of the geographical areas being covered, and services being delivered, will inform considerations for negotiations with the Commonwealth and Country SA PHN to ensure continuity of service delivery from 1 July 2021.</p>
<p>Consultation</p>	<p>Between 2019-21 the Adelaide PHN will continue to consult the APHN AOD Special Interest Area (SIA), as a part of its wider Health Priority Network. There will be a focus on broadening stakeholder engagement with the broader AOD sector.</p> <p>With 86 individual members, the AOD SIA already has representation from the local AOD treatment service Peak Body (SANDAS), Drug and Alcohol Services South Australia (DASSA), NGO's delivering AOD treatment services, community with lived experience of AOD issues, and cross-sectoral providers with interest in AOD.</p> <p>The AOD SIA will continue to provide strategic input on AOD related need into the APHN Membership Advisory Council via the Health Priority Network Leadership Group, whilst simultaneously providing opportunities for cross-</p>

	<p>sector collaboration/integration and strategic advice from across the sector. The AOD SIA will continue to assist regional planning, informing service mapping, gap analysis in the APHN Needs Assessment and facilitating collaborative actions.</p> <p>Upon establishment in 2018, the AOD SIA identified five key sectoral themes (below) which will inform 2019 activities:</p> <ul style="list-style-type: none"> ▪ Health literacy (health professionals and consumers) ▪ Service mapping and planning against AOD data, ▪ Establishment of communities of practice/collaboration hubs ▪ Stigma reduction, ▪ Collaboration/integration with Primary Care, AOD treatment sector, wider sectors <p>At the APHN HPN Integrated Care Symposium in March 2019 the AOD SIA determined that all stakeholders within their SIA share a desired to improve the integration of local general practice and AOD treatment services. Exploring activities and strategies to improve this integration will be the goal of a newly established working group within the SIA that will focus on this area. This working group activity will be driven in partnership between the APHN, Peak Body, DASSA, and NGO providers.</p>
<p>Collaboration</p>	<p>Between 2019-21 the Adelaide PHN will continue to develop the partnership with Drug and Alcohol Services South Australia (DASSA), including:</p> <ul style="list-style-type: none"> ▪ Monthly strategic planning meetings with State Director ▪ Participation on Project Board for future state AOD tenders ▪ Consolidation of commissioning processes and standardisation of contracting arrangements, including data collection and alignment with the <i>South Australian Specialist Alcohol and Other Drug Treatment Service Delivery Framework</i> ▪ Membership of NDSC <i>Increasing General Practitioners’ Engagement in Supporting Patients with Alcohol and Other Drug Issues</i> Working Group ▪ Increased collaboration with Clinical Director in development of a GP Engagement Strategy ▪ Supporting GP Program Coordinator’s access to primary care clinicians regarding Medication Assisted Treatment for Opioid Dependence (MATOD) workforce development activities ▪ Promotion of Drug and Alcohol Clinical Advisory Service (DACAS) to primary care health professionals ▪ Coordinate development of Healthpathways SA [AOD pathways] with state-funded service directory [Know Your Options], and Alcohol and Drug Information Service (ADIS) <p>The Adelaide PHN will maintain standing membership of the existing key regional stakeholder mechanisms that provide input into local and national policy direction and inform evidence-based AOD treatment services in SA, including:</p> <ul style="list-style-type: none"> ▪ DASSA/SANDAS <i>Stepped Care/Treatment Outcomes Working Group</i> ▪ SANDAS <i>Comorbidity Network Group</i> <p>also,</p>

	<ul style="list-style-type: none"> ▪ Continue bi-monthly meetings with the state peak body, South Australian Network of Drug and Alcohol Services (SANDAS) ▪ Work collaboratively with the National Centre for Education and Training on Addiction (NCETA) in development of service mapping, data analysis and workforce development activities ▪ Formalise establishment of an APHN GP AOD Consultation Working Group
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2021</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2021</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set Yes</p>

Total Planned Expenditure	<p>Please populate the following table with planned expenditure for this Activity.</p> <p><i>NB: Planned expenditure for 2021-2022 indicative, subject to re-allocation against modified/new activities contained in 2021-22 AOD AWP, The Adelaide PHN will fund existing treatment services at proscribed funding levels (incl. SACS Component) for two years, 2019-2021.</i></p>

AOD2.

Proposed Activities – AOD2	
ACTIVITY TITLE	AOD2. 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	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity <i>Previously referenced as A3.3</i>
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	AOD1. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region AOD2. 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. AOD3. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes.
Aim of Activity	The aim of this activity is to improve region-wide engagement and integration between drug and alcohol treatment services and the AOD specialist, mental health, broader health, primary care and associated service sectors. The activity provides commissioned treatment services with strategic and operational support to identify gaps and priorities for service integration development of seamless referral pathways for clients with comorbid/multimorbid presentations, and/or complex needs. Continuing activities outlined in previous AOD Activity Work Plans, this activity will ensure effective services are delivered, as required, across the continuum of care to meet the AOD needs of the regional population. The activity identifies and addresses drug and alcohol sectoral issues, through the establishment of mechanisms that enhance communication, coordination and referral pathways, service capacity and wait listing, evidence-based treatment, workforce support and continuous quality improvement initiatives. This activity integrates with activities outlined in the <i>Activity Work Plan 2019-2022: Primary Mental Health Care Funding the development of a Regional Mental Health and Suicide Prevention Plan [Priority Area 8] and services for young people and adults with severe and complex needs.</i> This activity interrelates with AOD5 and AOD6.
Description of Activity	This activity incorporates the provision of twenty-four months of funding to ensure service continuity for the existing Commonwealth funded direct treatment activities until 30 June 2021. This activity aims to develop critical integrated treatment and referral pathways to support clients with comorbid mental health issues, through increased coordination between various

sectors, and improving sector efficiency the promotion of linkages with the broader health sector.

Continue to provide funding to existing projects [listed below] with focused treatment integration and dedicated referral pathways between drug and alcohol treatment services, mental health services, primary care providers and other health and social care services, for clients with comorbid mental health disorders, include:

- 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.

	<ul style="list-style-type: none"> ➤ 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), <ul style="list-style-type: none"> ▪ 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. ➤ 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 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, <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
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	<p>capacity to deliver best practice treatment interventions to clients with comorbidity and complex needs.*</p> <p>Adelaide PHN will continue to undertake comprehensive regional drug and alcohol and mental health service mapping and planning activities, aligned with the development of Healthpathways SA, and informed by the AOD and mental health ‘Special Interest Areas’ of the Adelaide PHN Health Priority Network.</p> <p>Between 2019-2021, the Adelaide PHN will continue to work with providers to identify system barriers that impede integrated approaches to treatment and address structural barriers to cross-sectoral client treatment pathways. This activity will enhance , the development of coordinated referral pathways and formal partnerships between primary mental health services and alcohol and other drug commissioned service providers through structured and tailored capacity building activities.</p> <p>This activity interrelates with HS17 Supporting Our Diverse Workforce [Activity Work Plan – Core 2019 – 2022] and incorporates workforce support to enhance the ability of primary care practitioners, including General Practitioners to identify, treat and support patients with alcohol and drug related problems including comorbidity. Sub-activities will include:</p> <ul style="list-style-type: none">▪ Identifying opportunities to build capability and upskill generalist and specialist service providers to recognise and respond to alcohol and drug related issues▪ Improving the capacity of GPs response to regional drug and alcohol concerns▪ continuing to collaborate with training providers to deliver regional education for GP registrars, general practitioners, nurses, pharmacists and health professionals – which is responsive to sector changes and increases capacity to respond to Drug and Alcohol concerns in a primary health setting▪ Providing training, education and resources to GPs to enhance uptake of drug and alcohol treatment including, screening, brief intervention and referral, and planning and coordination of treatment for severe substance▪ Supporting and encouraging the uptake of screening and brief intervention within a primary care setting▪ Working collaboratively organisations to deliver workforce capacity building activities to improve support of the primary care sector and treatment services▪ Establish and support networks of practitioners with an interest in alcohol and drugs and mental health▪ Supporting opportunities to reduce stigma and barriers to the support and management of people with alcohol and drug use issues▪ In partnership with local AOD treatment service providers, AOD Peak, state AOD services, develop referral pathways between primary care and specialist drug and alcohol treatment services
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	<ul style="list-style-type: none"> ▪ Supporting the capacity and capability of the mental health workforce to effectively support people experiencing issues with alcohol and drug use ▪ Increasing access to Drug & Alcohol Treatment services for culturally and linguistically diverse (CALD) communities through implementation of workforce development initiatives ▪ Increasing access to Drug & Alcohol Treatment services for the LGBTIQ community by commissioning services delivering population-specific models of treatment and workforce capacity building opportunities
<p>Target population cohort</p>	<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 ▪ 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
<p>In scope AOD Treatment Type</p>	<ul style="list-style-type: none"> ▪ Brief Intervention ▪ Information & Education ▪ Counselling ▪ Case Management ▪ Post-treatment Support / Relapse Prevention
<p>Indigenous specific</p>	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
<p>Coverage</p>	<p>Entire APHN region and includes Gawler, Barossa, Mount Barker, Willunga (as per obligations under Drug and Alcohol Treatment Activities Schedule, to:</p> <ul style="list-style-type: none"> ▪ Provide service continuity to the drug and alcohol treatment sector by ensuring funding certainty to existing Commonwealth funded direct treatment activities, and, ▪ Maintain service coverage to geographical areas serviced by existing drug and alcohol treatment services funded under the drug and alcohol program <p>Adelaide PHN will work with the providers delivering services outside of the APHN geographical boundaries to define the level and scope of drug and</p>

	<p>alcohol treatment services being provided. Greater definition of the geographical areas being covered, and services being delivered, will inform considerations for negotiations with the Commonwealth and Country SA PHN to ensure continuity of service delivery from 1 July 2021.</p>
<p>Consultation</p>	<p>Between 2019-21 the Adelaide PHN will continue to consult the APHN AOD Special Interest Area (SIA), as a part of its wider Health Priority Network. There will be a focus on broadening stakeholder engagement with the broader AOD sector.</p> <p>With 86 individual members, the AOD SIA already has representation from the local AOD treatment service Peak Body (SANDAS), Drug and Alcohol Services South Australia (DASSA), NGO’s delivering AOD treatment services, community with lived experience of AOD issues, and cross-sectoral providers with interest in AOD.</p> <p>The AOD SIA will continue to provide strategic input on AOD related need into the APHN Membership Advisory Council via the Health Priority Network Leadership Group, whilst simultaneously providing opportunities for cross-sector collaboration/integration and strategic advice from across the sector. The AOD SIA will continue to assist regional planning, informing service mapping, gap analysis in the APHN Needs Assessment and facilitating collaborative actions.</p> <p>Upon establishment in 2018, the AOD SIA identified five key sectoral themes (below) which will inform 2019 activities:</p> <ul style="list-style-type: none"> ▪ Health literacy (health professionals and consumers) ▪ Service mapping and planning against AOD data, ▪ Establishment of communities of practice/collaboration hubs ▪ Stigma reduction, ▪ Collaboration/integration with Primary Care, AOD treatment sector, wider sectors <p>At the APHN HPN Integrated Care Symposium in March 2019 the AOD SIA determined that all stakeholders within their SIA share a desired to improve the integration of local general practice and AOD treatment services. Exploring activities and strategies to improve this integration will be the goal of a newly established working group within the SIA that will focus on this area. This working group activity will be driven in partnership between the APHN, Peak Body, DASSA, and NGO providers.</p>
<p>Collaboration</p>	<p>All drug and alcohol treatment services contracts 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 <i>"Building and maintaining collaborative working relationships with General Practice to support client management with the primary care provider."</i> Mandatory Performance Indicators are attached to these service specifications and inform the APHN capacity building approach to treatment</p>

	<p>system planning and continuous quality improvement activities, which will be leveraged through strategic collaboration and integration activities as listed below.</p> <p>Between 2019-21 the Adelaide PHN will continue to develop the partnership with Drug and Alcohol Services South Australia (DASSA), including:</p> <ul style="list-style-type: none"> ▪ Monthly strategic planning meetings with State Director ▪ Participation on Project Board for future state AOD tenders ▪ Consolidation of commissioning processes and standardisation of contracting arrangements, including data collection and alignment with the <i>South Australian Specialist Alcohol and Other Drug Treatment Service Delivery Framework</i> ▪ Membership of NDSC <i>Increasing General Practitioners’ Engagement in Supporting Patients with Alcohol and Other Drug Issues Working Group</i> ▪ Increased collaboration with Clinical Director in development of a GP Engagement Strategy ▪ Supporting GP Program Coordinator’s access to primary care clinicians regarding Medication Assisted Treatment for Opioid Dependence (MATOD) workforce development activities ▪ Promotion of Drug and Alcohol Clinical Advisory Service (DACAS) to primary care health professionals ▪ Coordinate development of Healthpathways SA [AOD pathways] with state-funded service directory [Know Your Options], and Alcohol and Drug Information Service (ADIS) <p>The Adelaide PHN will maintain standing membership of the existing key regional stakeholder mechanisms that provide input into local and national policy direction and inform evidence-based AOD treatment services in SA, including:</p> <ul style="list-style-type: none"> ▪ DASSA/SANDAS <i>Stepped Care/Treatment Outcomes Working Group</i> ▪ SANDAS <i>Comorbidity Network Group</i> <p>also,</p> <ul style="list-style-type: none"> ▪ Continue bi-monthly meetings with the state peak body, South Australian Network of Drug and Alcohol Services (SANDAS) ▪ Work collaboratively with the National Centre for Education and Training on Addiction (NCETA) in development of service mapping, data analysis and workforce development activities ▪ Formalise establishment of an APHN GP AOD Consultation Working Group
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2021</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2021</p>

	Any other relevant milestones?
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? Yes</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
Data collection	<p>Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set Yes</p>
Total Planned Expenditure	<p>Please populate the following table with planned expenditure for this Activity.</p> <p><i>NB: Planned expenditure for 2021-2022 indicative, subject to r-allocation against modified/new activities contained in 2021-22 AOD AWP, The Adelaide PHN will fund existing treatment services at proscribed funding levels (incl. SACS Component) for two years, 2019-2021.</i></p>

AOD3.

Proposed Activities – AOD3	
ACTIVITY TITLE	AOD3. Indigenous-specific and culturally appropriate drug and alcohol treatment services for Indigenous people
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity Previously referenced as A3.4
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	AOD1. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region AOD2. 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. AOD3. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes. IH-AOD1. Increase access to and availability of culturally appropriate AOD treatment services particularly alcohol and illicit drugs for Aboriginal and Torres Strait Islander people.
Aim of Activity	The aim of this activity is to increase the scope and quality of evidence-based, culturally safe, direct treatment services, and improve the effectiveness of the specialist Indigenous drug and alcohol treatment sector to: <ul style="list-style-type: none"> ▪ Reduce the disproportionate harms and impact of substance misuse for Indigenous communities ▪ Increase access [including screening, Brief Interventions] for Aboriginal and Torres Strait Islander individuals and communities ▪ Reduce barriers to, and develop enablers of, Indigenous drug and alcohol treatment in primary care by commissioning evidence-based specialist Indigenous drug and alcohol treatment and support services [specialist AOD treatment sector, Aboriginal health sector] and primary health services that deliver in scope treatment types. This activity interrelates with, AOD7, AOD8 and AOD9 and builds on activities documented in previous AWP, in particular, the collaboration with the National Centre for Education and Training on Addiction (NCETA) to provide information on the patterns and prevalence of drug and alcohol issues (specifically data on the Aboriginal population) in South Australia. Strategic planning and capacity building activities to increase treatment and support options for Indigenous clients with a range of substance issues. This activity incorporates the provision of twenty-four months of funding to provide service continuity for the existing Commonwealth funded direct treatment activities until 30 June 2021. The activity will ensure service coverage to geographical areas serviced by existing drug and alcohol treatment services and will maintain the availability of direct drug and

	<p>alcohol treatment services within the Adelaide metropolitan region and supports a more sustainable drug and alcohol treatment sector.</p> <p>This activity will integrate with CF15 <i>Domestic & Family Violence</i> [Activity Work Plan – Core], and interrelates with AOD7 and AOD8</p>
<p>Description of Activity</p>	<p>This activity incorporates the twenty-four months continuation of a range of best practice treatment interventions for Aboriginal and Torres Strait Islander people, 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.</p> <p>The existing drug and alcohol treatment service for Indigenous service provision delivered by the regional Aboriginal Community Controlled Health Organisation (ACCHO), Nunkuwarrin Yunti, will be funded until 30 June 2021. 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).</p> <p>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. Existing treatment services include the delivery of evidence-based substance use 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> <p>All drug and alcohol treatment providers have contractual obligations and mandatory Key Performance Indicators to ensure that necessary protocols and procedures are in place to deliver services in a culturally appropriate and sensitive manner. Contractual obligations ensure that all services implement and measure the development and maintenance of partnerships with relevant organisations in the sector including Aboriginal and Torres Strait</p>

	<p>Islander organisations’, formalised partnerships/collaborations established with local key Aboriginal and Torres Strait Islander stakeholders’ and compliance with 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 Adelaide PHN will continue to monitor the performance and quality of all treatment services against these indicators, and relevant National and State policy frameworks, including:</p> <ul style="list-style-type: none"> ▪ National Aboriginal and Torres Strait Islander People’s Drug Strategy 2014-2019 ▪ Aboriginal and Torres Strait Islander Health Performance Framework ▪ Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-26 <p>Adelaide PHN has maintained a range of activities to support networks and facilitate referral pathways to and from AOD services working with Aboriginal clients. In 2019 further quality enhancements will be made to incorporate culturally validated AOD tools and measures across all direct treatment services, e.g. the Indigenous Risk Impact Screen (IRIS) to assess alcohol and other drug use in a culturally appropriate manner, and the Growth and Empowerment Measure (GEM) to develop a baseline for cultural connectedness. Continuous quality improvement processes via capacity building activities including the monitoring of access measures, staff and organisational cultural competency auditing will continue.</p> <p>In 2019-21 the Adelaide PHN will continue to undertake capacity building and integration activities with the regional ACCHO, and peak Aboriginal health (Aboriginal Health Council South Australia) and Aboriginal AOD (Aboriginal Drug and Alcohol Council) bodies to enable the provision of appropriate and accessible alcohol and other drugs treatment options for Aboriginal people.</p>
<p>Target population cohort</p>	<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
<p>In scope AOD Treatment Type</p>	<ul style="list-style-type: none"> ▪ Information & Education ▪ Counselling ▪ Case Management ▪ Withdrawal Management ▪ Post treatment support / Relapse Prevention
<p>Indigenous specific</p>	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>Yes</p> <p>Ongoing engagement with the Indigenous AOD and Health and Wellbeing sectors documented in ‘Consultation’ and ‘Collaboration’ below.</p>

<p>Coverage</p>	<p>Entire APHN region, with specific focus on Adelaide, Gawler, Mount Barker and Willunga LGAs</p> <ul style="list-style-type: none"> ▪ Provide service continuity to the drug and alcohol treatment sector by ensuring funding certainty to existing Commonwealth funded direct treatment activities, and, ▪ Maintain service coverage to geographical areas serviced by existing drug and alcohol treatment services funded under the drug and alcohol program <p>Adelaide PHN will work with the providers delivering services outside of the APHN geographical boundaries to define the level and scope of drug and alcohol treatment services being provided. Greater definition of the geographical areas being covered, and services being delivered, will inform considerations for negotiations with the Commonwealth and Country SA PHN to ensure continuity of service delivery from 1 July 2021.</p>
<p>Consultation</p>	<ul style="list-style-type: none"> ▪ In 2019-21 the Adelaide PHN will build on the work undertaken in 2017-18, with the <i>PHN Community Engagement with Aboriginal and Torres Strait Islander People in Adelaide Report</i>, and the establishment of the <i>APHN Aboriginal Community Advisory Council</i>, to implement consultation processes to undertake a comprehensive Needs Assessment for Aboriginal and Torres Strait Islander People. ▪ The Aboriginal and Torres Strait Islander Needs Assessment will identify Indigenous-specific priorities regarding access to appropriate drug and alcohol treatment services for procurement approach from 1 July 2021
<p>Collaboration</p>	<ul style="list-style-type: none"> ▪ The Adelaide PHN will continue its commitment to the broad participation of Indigenous people and specialist service providers to ensure culturally appropriate and safe services are accessible, with ongoing engagement, collaboration and integration mechanisms and processes with the key regional stakeholders including the Aboriginal Health Council SA (AHCSA), Aboriginal Drug and Alcohol Council (ADAC) of South Australia, Nunkuwarrin Yunti - the metropolitan (ACCHO), Aboriginal Sobriety Group (ASG), Aboriginal Prisoners & Offenders Support Services (APOSS), Tiraapendi Wodli [Justice Reinvestment SA], Taoundi College, and local Aboriginal and Torres Strait Islander communities. ▪ In 2019-20 the Adelaide PHN will establish a Strategic Indigenous Drug and Alcohol Treatment Planning Group with key regional stakeholders to optimise workforce development/capacity building and integration activities. ▪ The Adelaide PHN will continue to attend the Aboriginal and Torres Strait Islander Mental Health Advisory Group, and report to the SA Aboriginal Health Partnership <p>Continued provision of APHN, ‘Cultural Learning for Primary Health Care Providers’ training [advanced] will be provided as fundamental to this activity. Designed to improve client access to, and experience of, culturally safe and appropriate primary care services for Aboriginal and Torres Strait Islander people, the training is aligned with the cultural awareness criteria set by the RACGP National Faculty of Aboriginal and Torres Strait Islander Health and incorporates PIP Indigenous Health Incentive and strategies.</p>
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p>

	<p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2021</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set Yes</p>
<p>Total Planned Expenditure</p>	<p>Please populate the following table with planned expenditure for this Activity.</p> <p><i>NB: Planned expenditure for 2021-2022 indicative, subject to r-allocation against modified/new activities contained in 2021-22 AOD AWP, The Adelaide PHN will fund existing treatment services at proscribed funding levels (incl. SACS Component) for two years, 2019-2021.</i></p>

1. (b) Drug and Alcohol Treatment Services planned activities for the funding period 2019-20 to 2021-22 – Drug and Alcohol Treatment Services – NIAS Mainstream Funding

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2022.

AOD4.

Proposed Activities – AOD4	
ACTIVITY TITLE	AOD4. Facilitate and support the delivery of evidence-based, treatments for methamphetamine, alcohol and other drug use with a stepped care approach
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity <i>Previously referenced as A1.1</i>
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	AOD1. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region AOD2. 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.
Aim of Activity	<p>The aim of this activity is to increase the scope and quality of evidence-based direct treatment service delivery and improve the effectiveness of the of the drug and alcohol treatment sector to:</p> <ul style="list-style-type: none"> ▪ reduce the impact of substance misuse for individuals and communities within the Adelaide region ▪ deliver tailored treatment interventions for people with methamphetamine dependence ▪ increase access to specialist AOD treatment services for individuals and communities hidden from treatment sector pathways <p>by commissioning evidence-based drug and alcohol treatment and support services [AOD specialist treatment sector] and primary health services that deliver flexible, in scope treatment types to priority populations</p> <p>This activity interrelates with AOD1 and builds on activities documented in previous AWP the collaboration with the National Centre for Education and Training on Addiction (NCETA) to provide information on the patterns, and prevalence of drug and alcohol issues in South Australia. Strategic planning and capacity building activities to increase treatment and support options for clients with a range of AOD concerns and issues around poly-drug use.</p> <p>This activity incorporates the provision of twelve months of funding to provide service continuity until 30 June 2020. The activity will ensure service coverage to geographical areas serviced by existing drug and alcohol</p>

	<p>treatment services and will maintain the availability of direct drug and alcohol treatment services within the Adelaide metropolitan region and supports a more sustainable drug and alcohol treatment sector.</p>
<p>Description of Activity</p>	<p>This activity will continue to reduce the adverse effects of alcohol and drug use through ensuring continuity of care with the provision of a twelve month funding extension until 30 June 2020 to the existing service providers within an evidence-based system of treatment comprising a range of interventions, from the least to most intensive treatment matched to the individual's needs.</p> <p>Drug and alcohol treatment services will continue to be delivered in a range of community-based settings in areas of high prevalence to increase the scope of treatment and deliver a variety of interventions for people with mild, moderate or severe dependence, and their families. Services will be delivered targeted interventions across a stepped-care continuum with flexibility and readiness to change treatment matching. Treatments will include,</p> <ul style="list-style-type: none"> ➤ Increased access to a range of additional, tailored, treatment services through the establishment of two drop-in centres in areas of high prevalence 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, ➤ 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, <ul style="list-style-type: none"> ▪ 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
<p>Target population cohort</p>	<p>Adults and Young People with AOD issues</p>

<p>In scope AOD Treatment Type</p>	<ul style="list-style-type: none"> ▪ Screening & Brief Intervention ▪ Information & Education ▪ Counselling ▪ Case Management ▪ Post Treatment / Relapse Prevention
<p>Indigenous specific</p>	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>
<p>Coverage</p>	<p>Entire APHN region with focus on selected areas within Central, Western, Northern and Southern Statistical Area Level 4 (SA4).</p>
<p>Consultation</p>	<p>Between 2019-21 the Adelaide PHN will continue to consult the APHN AOD Special Interest Area (SIA), as a part of its wider Health Priority Network. There will be a focus on broadening stakeholder engagement with the broader AOD sector.</p> <p>With 86 individual members, the AOD SIA already has representation from the local AOD treatment service Peak Body (SANDAS), Drug and Alcohol Services South Australia (DASSA), NGO's delivering AOD treatment services, community with lived experience of AOD issues, and cross-sectoral providers with interest in AOD.</p> <p>The AOD SIA will continue to provide strategic input on AOD related need into the APHN Membership Advisory Council via the Health Priority Network Leadership Group, whilst simultaneously providing opportunities for cross-sector collaboration/integration and strategic advice from across the sector. The AOD SIA will continue to assist regional planning, informing service mapping, gap analysis in the APHN Needs Assessment and facilitating collaborative actions.</p> <p>Upon establishment in 2018, the AOD SIA identified five key sectoral themes (below) which will inform 2019 activities:</p> <ul style="list-style-type: none"> ▪ Health literacy (health professionals and consumers) ▪ Service mapping and planning against AOD data, ▪ Establishment of communities of practice/collaboration hubs ▪ Stigma reduction, ▪ Collaboration/integration with Primary Care, AOD treatment sector, wider sectors <p>At the APHN HPN Integrated Care Symposium in March 2019 the AOD SIA determined that all stakeholders within their SIA share a desired to improve the integration of local general practice and AOD treatment services. Exploring activities and strategies to improve this integration will be the goal of a newly established working group within the SIA that will focus on this area. This working group activity will be driven in partnership between the APHN, Peak Body, DASSA, and NGO providers.</p>
	<p>In 2019-20 the Adelaide PHN will continue to develop the partnership with Drug and Alcohol Services South Australia (DASSA), including:</p> <ul style="list-style-type: none"> ▪ Monthly strategic planning meetings with State Director

<p>Collaboration</p>	<ul style="list-style-type: none"> ▪ Participation on Project Board for future state AOD tenders ▪ Consolidation of commissioning processes and standardisation of contracting arrangements, including data collection and alignment with the <i>South Australian Specialist Alcohol and Other Drug Treatment Service Delivery Framework</i> ▪ Membership of NDSC <i>Increasing General Practitioners’ Engagement in Supporting Patients with Alcohol and Other Drug Issues</i> Working Group ▪ Increased collaboration with Clinical Director in development of a GP Engagement Strategy ▪ Supporting GP Program Coordinator’s access to primary care clinicians regarding Medication Assisted Treatment for Opioid Dependence (MATOD) workforce development activities ▪ Promotion of Drug and Alcohol Clinical Advisory Service (DACAS) to primary care health professionals ▪ Coordinate development of Healthpathways SA [AOD pathways] with state-funded service directory [Know Your Options], and Alcohol and Drug Information Service (ADIS) <p>The Adelaide PHN will maintain standing membership of the existing key regional stakeholder mechanisms that provide input into local and national policy direction and inform evidence-based AOD treatment services in SA, including:</p> <ul style="list-style-type: none"> ▪ DASSA/SANDAS <i>Stepped Care/Treatment Outcomes Working Group</i> ▪ SANDAS <i>Comorbidity Network Group</i> <p>also,</p> <ul style="list-style-type: none"> ▪ Continue bi-monthly meetings with the state peak body, South Australian Network of Drug and Alcohol Services (SANDAS) ▪ Work collaboratively with the National Centre for Education and Training on Addiction (NCETA) in development of service mapping, data analysis and workforce development activities ▪ Formalise establishment of an APHN GP AOD Consultation Working Group ▪ Regular engagement with GPs, Practice Nurses, Practice Managers and Allied Health Professionals through provision of commissioned education/CPD/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.
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/06/2019 Activity end date: 30/06/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2020</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p>

<p>approach to market</p>	<p><input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? Yes</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications. Decommissioning is focussed on ceasing activities that are no longer effective or required, supported by an evidence-base. The Adelaide PHN have submitted a Decommissioning Report for the service previously included in this activity and will follow internal decommissioning processes and planning to ensure continuity of care. Minimal implications due to the effectiveness of the service being decommissioned, and the availability of alternate services being delivered regionally</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set Yes</p>
<p>Total Planned Expenditure</p>	<p>Please populate the following table with planned expenditure for this Activity.</p>

AOD5.

Proposed Activities – AOD5	
ACTIVITY TITLE	AOD5. Increase coordination and integration between services, and primary care, to improve sector efficiency and improve care coordination at a local level
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity <i>Previously referenced as A1.2</i>
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	AOD1. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region. AOD2. 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. AOD3. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes.
Aim of Activity	The aim of this activity is to improve region-wide engagement and integration between drug and alcohol treatment services and the AOD specialist, mental health, broader health, primary care and associated service sectors. The activity provides commissioned treatment services with strategic and operational support to identify gaps and priorities for service integration development of seamless referral pathways for clients with comorbid/multimorbid presentations, and/or complex needs. Continuing activities outlined in previous AOD Activity Work Plans, this activity will ensure effective services are delivered, as required, across the continuum of care to meet the AOD needs of the regional population. The activity identifies and addresses drug and alcohol sectoral issues, through the establishment of mechanisms that enhance communication, coordination and referral pathways, service capacity and wait listing, evidence-based treatment, workforce support and continuous quality improvement initiatives. This activity integrates with activities outlined in the <i>Activity Work Plan 2019-2022: Primary Mental Health Care Funding</i> the development of a Regional Mental Health and Suicide Prevention Plan [Priority Area 8] and services for young people and adults with severe and complex needs. This activity interrelates with AOD2, AOD6
Description of Activity	This activity incorporates the extension of funding for twelve months, until 30 June 2020, for drug and alcohol treatment services previously commissioned under the National Ice Action Strategy. The Adelaide PHN will continue to work with the services to monitor the effectiveness of treatment design and implementation to improve coordination and integration between specialist

	<p>AOD services, the broader health and mental health services, ACCHOs, various associated sectors and primary care.</p> <p>Principles of 'system' commissioning inform the co-design of flexible, best practice treatment and intervention services targeted to areas of high prevalence and incidence, to provide a coordinated service response for priority populations requiring multi-sectoral approach. Drug and alcohol treatment services will increase capacity and coordination in settings where people with substance use issues and complex support requirements are more likely to be engaged, ensuring associated services are linked to the treatment system. And include:</p> <ul style="list-style-type: none"> ➤ 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. <ul style="list-style-type: none"> ▪ 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, 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
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	<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
Target population cohort	<ul style="list-style-type: none"> • Adults with AOD issues • Ex-offenders and their families • Young people and adults >15 years
In scope AOD Treatment Type	<ul style="list-style-type: none"> ▪ Screening & Brief Intervention ▪ Information & Education ▪ Counselling ▪ Case Management ▪ Post-treatment Support / Relapse Prevention
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>
Coverage	<p>Entire APHN region with focus on selected areas within Central, Western, Northern and Southern Statistical Area Level 4 (SA4).</p>
Consultation	<p>Between 2019-21 the Adelaide PHN will continue to consult the APHN AOD Special Interest Area (SIA), as a part of its wider Health Priority Network. There will be a focus on broadening stakeholder engagement with the broader AOD sector.</p> <p>With 86 individual members, the AOD SIA already has representation from the local AOD treatment service Peak Body (SANDAS), Drug and Alcohol Services South Australia (DASSA), NGO's delivering AOD treatment services, community with lived experience of AOD issues, and cross-sectoral providers with interest in AOD.</p> <p>The AOD SIA will continue to provide strategic input on AOD related need into the APHN Membership Advisory Council via the Health Priority Network Leadership Group, whilst simultaneously providing opportunities for cross-sector collaboration/integration and strategic advice from across the sector. The AOD SIA will continue to assist regional planning, informing service mapping, gap analysis in the APHN Needs Assessment and facilitating collaborative actions.</p> <p>Upon establishment in 2018, the AOD SIA identified five key sectoral themes (below) which will inform 2019 activities:</p> <ul style="list-style-type: none"> ▪ Health literacy (health professionals and consumers) ▪ Service mapping and planning against AOD data, ▪ Establishment of communities of practice/collaboration hubs ▪ Stigma reduction, ▪ Collaboration/integration with Primary Care, AOD treatment sector, wider sectors <p>At the APHN HPN Integrated Care Symposium in March 2019 the AOD SIA determined that all stakeholders within their SIA share a desired to improve the integration of local general practice and AOD treatment services. Exploring activities and strategies to improve this integration will be the goal of a newly established working group within the SIA that will focus on this</p>

	<p>area. This working group activity will be driven in partnership between the APHN, Peak Body, DASSA, and NGO providers.</p>
<p>Collaboration</p>	<p>All drug and alcohol treatment services contracts 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 <i>"Building and maintaining collaborative working relationships with General Practice to support client management with the primary care provider."</i> 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, which will be leveraged through strategic collaboration and integration activities as listed below.</p> <p>In 2019-20 the Adelaide PHN will continue to develop the partnership with Drug and Alcohol Services South Australia (DASSA), including:</p> <ul style="list-style-type: none"> ▪ Monthly strategic planning meetings with State Director ▪ Participation on Project Board for future state AOD tenders ▪ Consolidation of commissioning processes and standardisation of contracting arrangements, including data collection and alignment with the <i>South Australian Specialist Alcohol and Other Drug Treatment Service Delivery Framework</i> ▪ Participation on NDSC <i>Increasing General Practitioners' Engagement in Supporting Patients with Alcohol and Other Drug Issues</i> Working Group ▪ Increased collaboration with Clinical Director in development of a GP Engagement Strategy ▪ Supporting GP Program Coordinator's access to primary care clinicians regarding Medication Assisted Treatment for Opioid Dependence (MATOD) workforce development activities ▪ Membership of Drug and Alcohol Clinical Advisory Service (DACAS) to primary care health professionals ▪ Coordinate development of Healthpathways SA [AOD pathways] with state-funded service directory [Know Your Options], and Alcohol and Drug Information Service (ADIS) <p>The Adelaide PHN will maintain standing membership of the existing key regional stakeholder mechanisms that provide input into local and national policy direction and inform evidence-based AOD treatment services in SA, including:</p> <ul style="list-style-type: none"> ▪ DASSA/SANDAS <i>Stepped Care/Treatment Outcomes Working Group</i> ▪ SANDAS <i>Comorbidity Network Group</i> <p>also,</p> <ul style="list-style-type: none"> ▪ Continue bi-monthly meetings with the state peak body, South Australian Network of Drug and Alcohol Services (SANDAS) ▪ Work collaboratively with the National Centre for Education and Training on Addiction (NCETA) in development of service mapping, data analysis and workforce development activities

	<ul style="list-style-type: none"> ▪ Formalise establishment of an APHN GP AOD Consultation Working Group ▪ Regular engagement with GPs, Practice Nurses, Practice Managers and Allied Health Professionals through provision of commissioned education/CPD/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.
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 2/07/2019 Activity end date: 30/06/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2020</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set Yes</p>

Total Planned Expenditure	Please populate the following table with planned expenditure for this Activity.

AOD6.

Proposed Activities – AOD6	
ACTIVITY TITLE	AOD6. Support region specific, cross-sectoral and integrated approaches to methamphetamine, alcohol and other drug treatments
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity Previously referenced as A1.3.
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	AOD2. 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. AOD3. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes.
Aim of Activity	The aim of this activity is to improve region-wide engagement and integration between drug and alcohol treatment services and the AOD specialist, mental health, broader health, primary care and associated service sectors. The activity provides commissioned treatment services with strategic and operational support to identify gaps and priorities for service integration development of seamless referral pathways for clients with comorbid/multimorbid presentations, and/or complex needs. Continuing activities outlined in previous AOD Activity Work Plans, this activity will ensure effective services are delivered, as required, across the continuum of care to meet the AOD needs of the regional population. The activity identifies and addresses drug and alcohol sectoral issues, through the establishment of mechanisms that enhance communication, coordination and referral pathways, service capacity and wait listing, evidence-based treatment, workforce support and continuous quality improvement initiatives. <i>This activity integrates with activities outlined in the Activity Work Plan 2019-2022: Primary Mental Health Care Funding the development of a Regional Mental Health and Suicide Prevention Plan [Priority Area 8] and services for young people and adults with severe and complex needs.</i> This activity interrelates with AOD2, AOD5
Description of Activity	The primary focus of this activity is to utilise the Adelaide PHN capacity building approach to identify and support all region specific, cross-sectoral and integrated approaches to methamphetamine, alcohol and other drug treatments. Increased coordination, and integration between AOD and mental health services and primary care providers, will improve both sector efficiency and improve care coordination at a local level. The capacity building framework strengthens the focus on enhancing the capacity and capability of the AOD service system to improve client and treatment outcomes, and client experience. 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.

In 2019 the Adelaide PHN will develop a performance and quality framework incorporating collection and analysis of screening/outcome and experience measures, with intention of developing benchmark metrics to demonstrate 'change; and for how much change is meaningful, with baseline to monitor from 2020 onwards. Framework will incorporate logic to enable analysis of a suite of measures re: comprehensive assessment, treatment matching, monitoring, discharge planning, and incorporate the implementation and collection of an AOD Patient Reported Experience Measure. The implementation of the framework will enhance the capacity of the service system to support change and be developed in alignment with the South Australian Specialist Alcohol and Other Drug Treatment Service Delivery Framework SA.

Potential for inclusion in this activity:

- Incorporation of system/technical levers to increase availability and accessibility of specialist services, e.g. real time wait list monitoring via MasterCare (EMR)
- Building transfers of care into contract and performance reporting, i.e. horizontal and vertical integration. Emphasis on continuity of care/retention in treatment. May include funding tailored to 'care coordination/navigation'
- Integration with mental health services to enhance continuous/comprehensive care and retention in treatment as opposed to isolated treatment episodes
- Incorporation of early intervention/treatment readiness interventions [also potential to be embedded within mental health services) providers] to encourage behaviour change before dependency established. Similarly, relapse prevention/aftercare transition post treatment episode to support behaviour change

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.

Integration activities with commissioned service providers will include:

- Continuation of strategic collaborative Practice Workshops/Communities of Practice to stimulate system modelling and underpin integration and coordination activities, with emphasis on:
 - priority populations (LGBTIQ, CALD)
 - analyse of regional population health, prevalence and incidence data,
 - GP engagement activities, coordinated with Adelaide PHN Practice Support and Facilitation activities
 - Coordination with Primary Mental Health Care services, in youth mental health (headspace Centres, headspace Youth Early Psychosis Program (hYEPP))

	<p>➤ Provision of education and training sessions delivered by the commissioned AOD treatment services, including [<i>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</i>, 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.</p> <p>Further enhancements to the mechanisms introduced by the Adelaide PHN to support region specific, cross-sectoral and integrated approaches include:</p> <p>➤ Utilisation of Electronic Medical Record (EMR) - Client Information Management System (MasterCare) to shared clinical management platform (EMR) across commissioned AOD and mental health services. The Mastercare system is currently used by all Primary Mental Health Care services</p> <p>➤ Digitisation of collection methods for outcome and experience measures/treatment tools</p> <p>This activity interrelates with HS17 Supporting Our Diverse Workforce [Activity Work Plan – Core 2019 – 2022] and incorporates workforce support to enhance the ability of primary care practitioners, including General Practitioners to identify, treat and support patients with alcohol and drug related problems including comorbidity. Sub-activities will include:</p> <ul style="list-style-type: none"> ▪ Identifying opportunities to build capability and upskill generalist and specialist service providers to recognise and respond to alcohol and drug related issues ▪ Improving the capacity of GPs response to regional drug and alcohol concerns ▪ continuing to collaborate with training providers to deliver regional education for GP registrars, general practitioners, nurses, pharmacists and health professionals – which is responsive to sector changes and increases capacity to respond to Drug and Alcohol concerns in a primary health setting ▪ Providing training, education and resources to GPs to enhance uptake of drug and alcohol treatment including, screening, brief intervention and referral, and planning and coordination of treatment for severe substance ▪ Supporting and encouraging the uptake of screening and brief intervention within a primary care setting ▪ Working collaboratively organisations to deliver workforce capacity building activities to improve support of the primary care sector and treatment services ▪ Establish and support networks of practitioners with an interest in alcohol and drugs and mental health ▪ Supporting opportunities to reduce stigma and barriers to the support and management of people with alcohol and drug use issues ▪ In partnership with local AOD treatment service providers, AOD Peak, state AOD services, develop referral pathways between primary care and specialist drug and alcohol treatment services
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	<ul style="list-style-type: none"> ▪ Supporting the capacity and capability of the mental health workforce to effectively support people experiencing issues with alcohol and drug use ▪ Increasing access to Drug & Alcohol Treatment services for culturally and linguistically diverse (CALD) communities through implementation of workforce development initiatives ▪ Increasing access to Drug & Alcohol Treatment services for the LGBTIQ community by commissioning services delivering population-specific models of treatment and workforce capacity building opportunities
Target population cohort	Young people and adults with AOD issues
In scope AOD Treatment Type	All treatment types
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>
Coverage	Entire APHN region
Consultation	<p>Between 2019-21 the Adelaide PHN will continue to consult the APHN AOD Special Interest Area (SIA), as a part of its wider Health Priority Network. There will be a focus on broadening stakeholder engagement with the broader AOD sector.</p> <p>With 86 individual members, the AOD SIA already has representation from the local AOD treatment service Peak Body (SANDAS), Drug and Alcohol Services South Australia (DASSA), NGO's delivering AOD treatment services, community with lived experience of AOD issues, and cross-sectoral providers with interest in AOD.</p> <p>The AOD SIA will continue to provide strategic input on AOD related need into the APHN Membership Advisory Council via the Health Priority Network Leadership Group, whilst simultaneously providing opportunities for cross-sector collaboration/integration and strategic advice from across the sector. The AOD SIA will continue to assist regional planning, informing service mapping, gap analysis in the APHN Needs Assessment and facilitating collaborative actions.</p> <p>Upon establishment in 2018, the AOD SIA identified five key sectoral themes (below) which will inform 2019 activities:</p> <ul style="list-style-type: none"> ▪ Health literacy (health professionals and consumers) ▪ Service mapping and planning against AOD data, ▪ Establishment of communities of practice/collaboration hubs ▪ Stigma reduction, ▪ Collaboration/integration with Primary Care, AOD treatment sector, wider sectors

	<p>At the APHN HPN Integrated Care Symposium in March 2019 the AOD SIA determined that all stakeholders within their SIA share a desire to improve the integration of local general practice and AOD treatment services. Exploring activities and strategies to improve this integration will be the goal of a newly established working group within the SIA that will focus on this area. This working group activity will be driven in partnership between the APHN, Peak Body, DASSA, and NGO providers.</p>
<p>Collaboration</p>	<p>In 2019-20 the Adelaide PHN will continue to develop the partnership with Drug and Alcohol Services South Australia (DASSA), including:</p> <ul style="list-style-type: none"> ▪ Monthly strategic planning meetings with State Director ▪ Participation on Project Board for future state AOD tenders ▪ Consolidation of commissioning processes and standardisation of contracting arrangements, including data collection and alignment with the <i>South Australian Specialist Alcohol and Other Drug Treatment Service Delivery Framework</i> ▪ Membership of NDSC <i>Increasing General Practitioners’ Engagement in Supporting Patients with Alcohol and Other Drug Issues</i> Working Group ▪ Increased collaboration with Clinical Director in development of a GP Engagement Strategy ▪ Supporting GP Program Coordinator’s access to primary care clinicians regarding Medication Assisted Treatment for Opioid Dependence (MATOD) workforce development activities ▪ Promotion of Drug and Alcohol Clinical Advisory Service (DACAS) to primary care health professionals ▪ Coordinate development of Healthpathways SA [AOD pathways] with state-funded service directory [Know Your Options], and Alcohol and Drug Information Service (ADIS) <p>The Adelaide PHN will maintain standing membership of the existing key regional stakeholder mechanisms that provide input into local and national policy direction and inform evidence-based AOD treatment services in SA, including:</p> <ul style="list-style-type: none"> ▪ DASSA/SANDAS <i>Stepped Care/Treatment Outcomes Working Group</i> ▪ SANDAS <i>Comorbidity Network Group</i> <p>also,</p> <ul style="list-style-type: none"> ▪ Continue bi-monthly meetings with the state peak body, South Australian Network of Drug and Alcohol Services (SANDAS) ▪ Work collaboratively with the National Centre for Education and Training on Addiction (NCETA) in development of service mapping, data analysis and workforce development activities ▪ Formalise establishment of an APHN GP AOD Consultation Working Group ▪ Regular engagement with GPs, Practice Nurses, Practice Managers and Allied Health Professionals through provision of commissioned education/CPD/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.
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019</p>

	<p>Activity end date: 30/06/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2020</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set No</p> <p><i>NB: Indirectly. All activities support continuous quality improvement approaches to data collection, interpretation and analysis.</i></p>
<p>Total Planned Expenditure</p>	<p>Please populate the following table with planned expenditure for this Activity.</p>

1. (c) Drug and Alcohol Treatment Services planned activities for the funding period 2019-20 to 2021-22 – Drug and Alcohol Treatment Services – NIAS Aboriginal and Torres Strait Islander people Funding

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2022.

AOD7.

Proposed Activities – AOD7	
ACTIVITY TITLE	AOD7. Coordination and integration of culturally appropriate drug and alcohol treatment services for Aboriginal and Torres Strait Islander people across the stepped care model
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity <i>Previously referenced as A2.1</i>
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	AOD1. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region AOD2. 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. IH-AOD1. Increase access to and availability of culturally appropriate AOD treatment services particularly alcohol and illicit drugs for Aboriginal and Torres Strait Islander people.
Aim of Activity	The aim of this activity is to increase the scope and quality of evidence-based, culturally safe, direct treatment services, and improve the effectiveness of the specialist Indigenous drug and alcohol treatment sector to: <ul style="list-style-type: none"> ▪ Reduce the disproportionate harms and impact of substance misuse for Indigenous communities ▪ Increase access [including screening, Brief Interventions] for Aboriginal and Torres Strait Islander individuals and communities ▪ Increase provision of stepped-care interventions premised upon best practice treatment matching ▪ Reduce barriers to, and develop enablers of, Indigenous drug and alcohol treatment in primary care by commissioning evidence-based specialist Indigenous drug and alcohol treatment and support services [specialist AOD treatment sector, Aboriginal health sector] and primary health services that deliver in scope treatment types. This activity interrelates with, AOD3, AOD8 and AOD9 and builds on activities documented in previous AWP, in particular, the collaboration with the National Centre for Education and Training on Addiction (NCETA) to provide information on the patterns and prevalence of drug and alcohol issues

	<p>(specifically data on the Aboriginal population) in South Australia. Strategic planning and capacity building activities to increase treatment and support options for Indigenous clients with a range of substance issues.</p> <p>This activity incorporates the provision of twelve-months of funding to provide service continuity for the existing direct treatment services until 30 June 2020. The activity will ensure service coverage to geographical areas serviced by existing drug and alcohol treatment services and will maintain the availability of direct drug and alcohol treatment services within the Adelaide metropolitan region and supports a more sustainable drug and alcohol treatment sector.</p> <p>This activity will integrate with CF15 <i>Domestic & Family Violence</i> [Activity Work Plan – Core], and interrelates with AOD3 and AOD8</p>
<p>Description of Activity</p>	<p>This activity aims to reduce the adverse effects of alcohol and drug use through ensuring continuation of existing funding for existing direct drug and alcohol treatment services until 30 June 2020. Existing treatment services will continue to 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 will continue to deliver a comprehensive AOD treatment service for twelve months, ‘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>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>In scope AOD Treatment Type</p>	<ul style="list-style-type: none"> ▪ Screening & Brief Intervention ▪ Information & Education ▪ Counselling ▪ Case Management ▪ Post-treatment support / Relapse Prevention

Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>Yes</p> <p>Ongoing engagement with the Indigenous AOD and Health and Wellbeing sectors documented in ‘Consultation’ and ‘Collaboration’ below.</p>
Coverage	<p>Entire APHN region with focus on selected areas within Central, Northern and Southern Statistical Area Level 4 (SA4); Adelaide, Elizabeth Downs, Christies Beach</p>
Consultation	<ul style="list-style-type: none"> ▪ In 2019-21 the Adelaide PHN will build on the work undertaken in 2017-18, with the <i>PHN Community Engagement with Aboriginal and Torres Strait Islander People in Adelaide Report</i>, and the establishment of the <i>APHN Aboriginal Community Advisory Council</i>, to implement consultation processes to undertake a comprehensive Needs Assessment for Aboriginal and Torres Strait Islander People. ▪ The Aboriginal and Torres Strait Islander Needs Assessment will identify Indigenous-specific priorities regarding access to appropriate drug and alcohol treatment services for procurement approach from 1 July 2021
Collaboration	<ul style="list-style-type: none"> ▪ The Adelaide PHN will continue its commitment to the broad participation of Indigenous people and specialist service providers to ensure culturally appropriate and safe services are accessible, with ongoing engagement, collaboration and integration mechanisms and processes with the key regional stakeholders including the Aboriginal Health Council SA (AHCSA), Aboriginal Drug and Alcohol Council (ADAC) of South Australia, Nunkuwarrin Yunti - the metropolitan (ACCHO), Aboriginal Sobriety Group (ASG), Aboriginal Prisoners & Offenders Support Services (APOSS), Tiraapendi Wodli [Justice Reinvestment SA], Taoundi College, and local Aboriginal and Torres Strait Islander communities. ▪ In 2019-20 the Adelaide PHN will establish a Strategic Indigenous Drug and Alcohol Treatment Planning Group with key regional stakeholders to optimise workforce development/capacity building and integration activities. ▪ The Adelaide PHN will continue to attend the Aboriginal and Torres Strait Islander Mental Health Advisory Group, and report to the SA Aboriginal Health Partnership ▪ Continued provision of APHN, ‘Cultural Learning for Primary Health Care Providers’ training [advanced] will be provided as fundamental to this activity. Designed to improve client access to, and experience of, culturally safe and appropriate primary care services for Aboriginal and Torres Strait Islander people, the training is aligned with the cultural awareness criteria set by the RACGP National Faculty of Aboriginal and Torres Strait Islander Health and incorporates PIP Indigenous Health Incentive and strategies.
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2020</p>

	<p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2020</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set Yes</p>
<p>Total Planned Expenditure</p>	<p>Please populate the following table with planned expenditure for this Activity.</p>

AOD8.

Proposed Activities – AOD8	
ACTIVITY TITLE	AOD8. Increase culturally appropriate, targeted treatment services and activities for illicit drug users, in collaboration with stakeholders and service providers
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity <i>Previously referenced as A2.2.</i>
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	AOD1. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region AOD2. 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. IH-AOD1. Increase access to and availability of culturally appropriate AOD treatment services particularly alcohol and illicit drugs for Aboriginal and Torres Strait Islander people.
Aim of Activity	<p>The aim of this activity is to increase the scope and quality of evidence-based, culturally safe, direct treatment services, and improve the effectiveness of the specialist Indigenous drug and alcohol treatment sector to:</p> <ul style="list-style-type: none"> ▪ Reduce the disproportionate harms and impact of substance misuse for Indigenous communities ▪ Increase access [including screening, Brief Interventions] for Aboriginal and Torres Strait Islander individuals and communities ▪ Increase provision of evidence-based treatment services for illicit drug users, within best practice cultural safety framework ▪ Reduce barriers to, and develop enablers of, Indigenous drug and alcohol treatment in primary care <p>by commissioning evidence-based specialist Indigenous drug and alcohol treatment and support services [specialist AOD treatment sector, Aboriginal health sector] and primary health services that deliver in scope treatment types.</p> <p>This activity interrelates with, AOD3, AOD7 and AOD9 and builds on activities documented in previous AWP, in particular, the collaboration with the National Centre for Education and Training on Addiction (NCETA) to provide information on the patterns and prevalence of drug and alcohol issues (specifically data on the Aboriginal population) in South Australia. Strategic planning and capacity building activities to increase treatment and support options for Indigenous clients with a range of substance issues.</p> <p>This activity incorporates the provision of twelve-months of funding to provide service continuity for the existing direct treatment services until 30 June 2020. The activity will ensure service coverage to geographical areas serviced by existing drug and alcohol treatment services and will maintain the availability of direct drug and alcohol treatment services within the</p>

	<p>Adelaide metropolitan region and supports a more sustainable drug and alcohol treatment sector.</p> <p>This activity will integrate with CF15 <i>Domestic & Family Violence</i> [Activity Work Plan – Core], and interrelates with AOD3, AOD7 and AOD8</p>
<p>Description of Activity</p>	<p>This activity incorporates AOD3, AOD7, AOD8 and AOD9, 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 Adelaide PHN will continue to 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 drug and alcohol treatment providers have contractual obligations and mandatory Key Performance Indicators to ensure that necessary protocols and procedures are in place to deliver services in a culturally appropriate and sensitive manner. Contractual obligations ensure that all services 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 compliance with 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 Adelaide PHN will continue to monitor the performance and quality of all treatment services against these indicators, and relevant National and State policy frameworks, including:</p> <ul style="list-style-type: none"> ▪ National Aboriginal and Torres Strait Islander People’s Drug Strategy 2014-2019 ▪ Aboriginal and Torres Strait Islander Health Performance Framework ▪ Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-26 <p>Adelaide PHN has maintained a range of activities to support networks and facilitate referral pathways to and from AOD services working with Aboriginal clients. In 2019 further quality enhancements will be made to incorporate culturally validated AOD tools and measures across all direct treatment services, e.g. the Indigenous Risk Impact Screen (IRIS) to assess alcohol and other drug use in a culturally appropriate manner, and the Growth and Empowerment Measure (GEM) to develop a baseline for cultural connectedness. Continuous quality improvement processes via capacity</p>

	<p>building activities including the monitoring of access measures, staff and organisational cultural competency auditing will continue.</p> <p>In 2019-21 the Adelaide PHN will continue to undertake capacity building and integration activities with the regional ACCHO, and peak Aboriginal health (Aboriginal Health Council South Australia) and Aboriginal AOD (Aboriginal Drug and Alcohol Council) bodies to enable the provision of appropriate and accessible alcohol and other drugs treatment options for Aboriginal people.</p>
Target population cohort	Aboriginal and Torres Strait Islander people with AOD issues
In scope AOD Treatment Type	<ul style="list-style-type: none"> ▪ Screening & Brief Intervention ▪ Counselling ▪ Case Management ▪ Post Treatment Support / Relapse Prevention
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>Yes</p> <p>Ongoing engagement with the Indigenous AOD and Health and Wellbeing sectors documented in ‘Consultation’ and ‘Collaboration’ below.</p>
Coverage	Entire APHN region with focus on selected areas within Central, Northern and Southern Statistical Area Level 4 (SA4); Adelaide, Elizabeth Downs, Christies Beach
Consultation	<ul style="list-style-type: none"> ▪ In 2019-20 the Adelaide PHN will build on the work undertaken in 2017-18, with the <i>PHN Community Engagement with Aboriginal and Torres Strait Islander People in Adelaide Report</i>, and the establishment of the APHN Aboriginal Community Advisory Council, to implement consultation processes to undertake a comprehensive Needs Assessment for Aboriginal and Torres Strait Islander People. ▪ The Aboriginal and Torres Strait Islander Needs Assessment will identify Indigenous-specific priorities regarding access to appropriate drug and alcohol treatment services for procurement approach from 1 July 2021
Collaboration	<ul style="list-style-type: none"> ▪ The Adelaide PHN will continue its commitment to the broad participation of Indigenous people and specialist service providers to ensure culturally appropriate and safe services are accessible, with ongoing engagement, collaboration and integration mechanisms and processes with the key regional stakeholders including the Aboriginal Health Council SA (AHCSA), Aboriginal Drug and Alcohol Council (ADAC) of South Australia, Nunkuwarrin Yunti - the metropolitan (ACCHO), Aboriginal Sobriety Group (ASG), Aboriginal Prisoners & Offenders Support Services (APOSS), Tiraapendi Wodli [Justice Reinvestment SA], Taoundi College, and local Aboriginal and Torres Strait Islander communities. ▪ In 2019-20 the Adelaide PHN will establish a Strategic Indigenous Drug and Alcohol Treatment Planning Group with key regional stakeholders to optimise workforce development/capacity building and integration activities. ▪ The Adelaide PHN will continue to attend the Aboriginal and Torres Strait Islander Mental Health Advisory Group, and report to the SA Aboriginal Health Partnership

	<ul style="list-style-type: none"> ▪ Continued provision of APHN, ‘Cultural Learning for Primary Health Care Providers’ training [advanced] will be provided as fundamental to this activity. Designed to improve client access to, and experience of, culturally safe and appropriate primary care services for Aboriginal and Torres Strait Islander people, the training is aligned with the cultural awareness criteria set by the RACGP National Faculty of Aboriginal and Torres Strait Islander Health and incorporates PIP Indigenous Health Incentive and strategies.
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2020</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set Yes</p>

Total Planned Expenditure	Please populate the following table with planned expenditure for this Activity.

AOD 9.

Proposed Activities – AOD9	
ACTIVITY TITLE	AOD9. Improving access for individuals requiring support and treatment by increasing coordination between various sectors and improving sector efficiency
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity <i>Previously referenced as A2.3.</i>
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	AOD1. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region AOD2. 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. IH-AOD1. Increase access to and availability of culturally appropriate AOD treatment services particularly alcohol and illicit drugs for Aboriginal and Torres Strait Islander people.
Aim of Activity	The aim of this activity is to improve region-wide engagement and integration between drug and alcohol treatment services and the AOD specialist, mental health, broader health, primary care and the specialist Aboriginal Health [including AOD, mental health] sectors. The activity provides commissioned treatment services with strategic and operational support to identify gaps and priorities for service integration and the development of seamless referral pathways for Indigenous clients with complex treatment needs. Continuing activities outlined in previous AOD Activity Work Plans, this activity will ensure effective services are delivered, as required, across the continuum of care to meet the AOD needs of the regional Indigenous population. The activity identifies and addresses drug and alcohol sectoral issues, through the establishment of mechanisms that enhance communication, coordination and referral pathways, service capacity and wait listing, evidence-based treatment, workforce support and continuous quality improvement initiatives. This activity interrelates with AOD3, AOD7, AOD8 and AOD9
Description of 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

	<p>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:</p> <p>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 <i>National Aboriginal and Torres Strait Islander People’s Drug Strategy 2014-2019</i> and consistent with the Aboriginal and Torres Strait Islander Improvement Guide.</p> <p>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)’.</p> <p>This activity also incorporates a time-limited [nine-month] project targeted towards addressing the gaps in post-release programs for Aboriginal and Torres Strait Islander people with an offending history involving AOD issues, exiting, or within three months of exiting, custody, The <i>Aboriginal Post-Release Program (APRP)</i> will operate until November 2019, providing a range of culturally sensitive harm reduction drug and alcohol treatment interventions to improve outcomes in substance use, relapse prevention, mental health, physical health and reduce criminogenic/ re-offending issues.</p>
Target population cohort	Aboriginal and Torres Strait Islander people
In scope AOD Treatment Type	<ul style="list-style-type: none"> ▪ Screening & Brief Intervention ▪ Information & Education ▪ Counselling ▪ Case Management ▪ Post-treatment Support / Relapse Prevention
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>Yes</p> <p>Ongoing engagement with the Indigenous AOD and Health and Wellbeing sectors documented in ‘Consultation’ and ‘Collaboration’ below. Also, APRP Project is underpinned by an Aboriginal Task Force and support from Tiraapendi Wodli (Justice Reinvestment SA)</p>
Coverage	Entire APHN region with focus on selected areas within Central, Northern and Southern Statistical Area Level 4 (SA4); Adelaide, Elizabeth Downs, Christies Beach, Port Adelaide
Consultation	<ul style="list-style-type: none"> ▪ In 2019-20 the Adelaide PHN will build on the work undertaken in 2017-18, with the <i>PHN Community Engagement with Aboriginal and Torres</i>

	<p><i>Strait Islander People in Adelaide Report</i>, and the establishment of the APHN Aboriginal Community Advisory Council, to implement consultation processes to undertake a comprehensive Needs Assessment for Aboriginal and Torres Strait Islander People.</p> <ul style="list-style-type: none"> ▪ The Aboriginal and Torres Strait Islander Needs Assessment will identify Indigenous-specific priorities regarding access to appropriate drug and alcohol treatment services for procurement approach from 1 July 2021
<p>Collaboration</p>	<ul style="list-style-type: none"> ▪ The Adelaide PHN will continue its commitment to the broad participation of Indigenous people and specialist service providers to ensure culturally appropriate and safe services are accessible, with ongoing engagement, collaboration and integration mechanisms and processes with the key regional stakeholders including the Aboriginal Health Council SA (AHCSA), Aboriginal Drug and Alcohol Council (ADAC) of South Australia, Nunkuwarrin Yunti - the metropolitan (ACCHO), Aboriginal Sobriety Group (ASG), Aboriginal Prisoners & Offenders Support Services (APOSS), Tiraapendi Wodli [Justice Reinvestment SA], Taoundi College, and local Aboriginal and Torres Strait Islander communities. ▪ In 2019-20 the Adelaide PHN will establish a Strategic Indigenous Drug and Alcohol Treatment Planning Group with key regional stakeholders to optimise workforce development/capacity building and integration activities. ▪ The Adelaide PHN will continue to attend the Aboriginal and Torres Strait Islander Mental Health Advisory Group, and report to the SA Aboriginal Health Partnership ▪ Continued provision of APHN, ‘Cultural Learning for Primary Health Care Providers’ training [advanced] will be provided as fundamental to this activity. Designed to improve client access to, and experience of, culturally safe and appropriate primary care services for Aboriginal and Torres Strait Islander people, the training is aligned with the cultural awareness criteria set by the RACGP National Faculty of Aboriginal and Torres Strait Islander Health and incorporates PIP Indigenous Health Incentive and strategies.
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 1/07/2019 Activity end date: 30/06/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: July 2019 Service delivery end date: November 2019</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.

	<p><input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
Data collection	<p>Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set Yes</p>
Total Planned Expenditure	<p>Please populate the following table with planned expenditure for this Activity.</p>