

Consultation Report:

Adelaide PHN Alcohol and Other Drug (AOD) Treatment and Quality Framework and Approach to AOD Programs 2021 – 2023

November 2020

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Adelaide PHN acknowledge the Kaurna peoples who are the Traditional Custodians of the Adelaide region. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past and present.

Introduction:

In 2016, the Australian Government established a role for Primary Health Networks (PHNs) in the planning and commissioning of drug and alcohol treatment services. This included transitioning existing direct funding arrangements to the PHNs under the newly named Drug and Alcohol Program. PHNs were required to provide an additional two years funding to support existing drug and alcohol services until 30 June 2019, to ensure service continuity for communities and individuals.

From 1 July 2020, all PHNs were granted greater flexibility to commission treatment services to meet their local and current needs, with a focus on measuring performance based on outcomes. While continuing existing contracts for a further 12 months to June 2021, Adelaide PHN is currently redesigning how alcohol and other drug (AOD) treatment services will be delivered with a view to go to market with various commissioning approaches in November 2020.

While Adelaide PHN acknowledges the significant contribution that existing local treatment services have made to the lives of South Australians, it is also acknowledged that both guidance from the sector and direction from the Commonwealth has required innovation and re-design in how these services are purchased and delivered. This is fully outlined in the draft *Adelaide PHN AOD Treatment and Quality Framework*, which will underpin the approach to all AOD commissioned services commencing from July 2021. This Framework was the basis for AOD treatment service program redesign in October 2020.

Consultation purpose:

1. Broad AOD sector and lived experience representative engagement:
 - To gauge stakeholder's satisfaction that the newly proposed Treatment and Quality Framework will support efficient, effective AOD treatment services that address gaps where most appropriate and is directed at the areas of greatest need.
 - To assess the local market's appetite for operating within the proposed framework
2. Aboriginal and Torres Strait Islander AOD treatment service sector and community engagement:
 - Validation of needs identified in the Aboriginal and Torres Strait Islander AOD Needs Assessment
 - Gathering intel that informs specific treatment service design for Aboriginal communities:
 - What does the current service experience look like for community?
 - Who do local community want delivering services to them?
 - What do they want those services to look like?
 - Are there some interventions that are more suitable than others? Are there preferred settings for these to be delivered in?
 - What is the role of family and community in AOD interventions?
 - How do or how should culturally traditional health roles play a part in AOD interventions?
 - What should the workforce look like in Aboriginal AOD treatment services?

Key stakeholders invited to participate:

- Current Adelaide PHN commissioned service providers
- Adelaide PHN membership
- Drug and Alcohol Services South Australia (DASSA)
- South Australia Network of Drug and Alcohol Services (SANDAS)
- Primary health care providers including general practice and allied health
- Key organisations and people with lived experience of drug and/or alcohol dependence across priority areas within the Treatment Framework including LGBTIQ+ people, young people, older people, people with experience of homelessness, people with a disability, individuals at risk of family and domestic violence, people from culturally and linguistically diverse backgrounds and people contact with the criminal justice system
- Aboriginal and Torres Strait Islander stakeholders including Adelaide PHN Aboriginal Community Advisory Council, Aboriginal Community-Controlled health service Nunkuwarrin Yunti and Aboriginal Drug and Alcohol Council (ADAC)

Culturally appropriate and safe treatment services:

Adelaide PHN is required to identify specific priorities regarding access to drug and alcohol treatment services for Aboriginal and Torres Strait Islander people, with appropriate strategies to address highlighted needs to be included in drug and alcohol treatment planning. A literature scan indicates that Aboriginal communities experience disproportionately more harm and impacts of that harm from substance use, and that service design should reflect dedicated funding, Aboriginal community ownership of solutions, and a mixture of Aboriginal Community Controlled and culturally safe and appropriate mainstream service offerings to enable choice.

The [National Aboriginal and Torres Strait Islander Peoples' Drug strategy](#) is referenced in the Adelaide PHN Treatment and Quality Framework and will set out the approach to these services. Specific engagement with Aboriginal and Torres Strait Islander AOD sector representatives, Aboriginal Community Advisory Councils and broader Aboriginal and Torres Strait Islander communities was designed to inform this approach.

Alignment with the 2020 DASSA Health Needs Assessment:

DASSA have recently conducted a Health Needs Assessment (HNA) of state-wide AOD needs to inform their future planning and commissioning of government and non-government alcohol and other drug treatment services in South Australia up to 2030. Adelaide PHN AOD engagement activity was specifically designed in a complimentary fashion to this work. Through Adelaide PHN's partnership with both the steering committee and working group of this project, Adelaide PHN will have access to the results of this project for inclusion with our own iterative Needs Assessment. This provides ample rationale to allow 2020's AOD engagement to specifically relate to our redesign of the Adelaide PHN AOD treatment services approach, which also incorporates the triangulated data from the HNA process and other sources.

Network Leadership Group Interviews

Adelaide PHN is a membership-based and driven organisation; we are committed to honest and genuine community-wide involvement. Our membership model includes a Network Leadership Group (NLG), which enables input and feedback from leaders, connectors, influencers and subject matter experts in a field across each of Adelaide PHN's priority areas. Adelaide PHN's NLG includes two members representing the priority area of AOD. Each of these representatives were invited to and agreed to review a draft copy of the Adelaide PHN AOD Treatment and Quality Framework and meet with the PHN to provide feedback.

Interview # 1: Helene Nielsen

Executive Manager, Centacare Catholic Family Services. South Australian Network of Drug and Alcohol Services Board Chair. Adelaide PHN Network Leadership Group AOD representative.

Positive, reinforcing or supportive feedback:

- Helpful document for service providers. The level of detail within the "description of interventions" is important and appreciated, as a lack of this has been one of the main challenges previously.
- It supports a joint, whole-of-sector understanding of what treatment interventions mean in primary care.
- Important to retain definitions of standard vs. complex clients/care- it's important to define the levels of complexity they are working with in terms of the funding required, along with appropriate outcome modelling for fair performance measurement

Opportunities for improvement:

- Clarify that Adelaide PHN will be using the framework to support the ongoing approach to AOD treatment service
- In the description under the treatment matrix include reference to 'effective and appropriate' and 'evidenced based' treatments
- Suggest adding children of substance users as a priority group
- Ensure that the framework supports a suitable balance of face to face vs. online treatment settings, while also allowing flexibility to change to what the person needs.
- Outreach to locations other than the home is important for vulnerable families
- Cannabis is missing as a named substance of concern; this is particularly important due to the impact on young people and over their life course
- Make it clearer that the named substances of concern are not the only ones in scope

- Enable treatment services to be flexible and responsive to drug market trends
- Include reference to domestic and family violence as a contributor to complexity
- Within the workforce section, add definitions to discern between specialist and generalist AOD workers.
- Reference to registered nurses/other specialised workers, including peer workers are missing [although it was acknowledged these are covered in the credentialing guidelines]
- Appendix B: Include some additional guidance around expectations for services providers when it comes to meeting the six actions under the User Guide for Aboriginal and Torres Strait Islander Health¹
- Appendix C Page 34 – list WHO ASSIST in brief interventions section

Interview #2: Sally Underdown

State Manager for South Australia and Northern Territory, Alcohol and Drug foundation. Board member, South Australian Network of Drug and Alcohol services. Adelaide PHN Network Leadership Group AOD representative.

Positive, reinforcing or supportive feedback:

- Document was easy to read and well set out
- Coming from an organisation that focuses on prevention and harm minimisation, the long-term outcome was appreciated

Opportunities for improvement:

- In setting out the framework, more detail on the rationale for change and the key features of the change would be appreciated
- The intermediate outcomes seem to lose the intent of working with communities for decreased risk/harm. Another measure of success is having less people requiring treatment
- Better define what is in scope for treatment services as directed by the Commonwealth, including any opportunities for harm minimisation and prevention
- Consider supporting strategies that educate children and young people to delay initiation into problematic alcohol and other substance use
- Collection of consistent data should be a priority
- Some providers may not think that accreditation against the National Quality Framework apply to them due to the nature of their service – would be good to clarify
- Suggest inclusion of cannabis and cocaine as named substances of concern as is reflected in state-based data
- Safe settings where people can have open and honest conversations around drugs is essential
- Broaden the scope of settings/activities – for example mobilising volunteer staff in community centres to upskill around AOD to deliver evidence-based screening and referral
- Incorporate strategies that address stigma as a barrier for participation in treatment
- Allow service providers scope to enable people who use drugs to be involved in service design

¹ <https://www.safetyandquality.gov.au/topic/user-guide-aboriginal-and-torres-strait-islander-health>

AOD Treatment and Quality Framework Consultations

Online forum:

The online forum was held via Zoom on Wednesday 14 October. There were 29 attendees, including 23 representatives from the service provider sector (15 separate organisations), SANDAS, the university sector and one community member. A presentation overview was provided of the drug and alcohol program redesign, highlighting the priorities of building a person centred, collaborative and integrated service system. The purpose and rationale of the treatment framework was explained and the scope of treatment settings, interventions, priority groups, substances of concern and approach to complexity were outlined. Throughout the presentation, participants were invited to provide comment or ask questions via both the Q&A and chat functions.

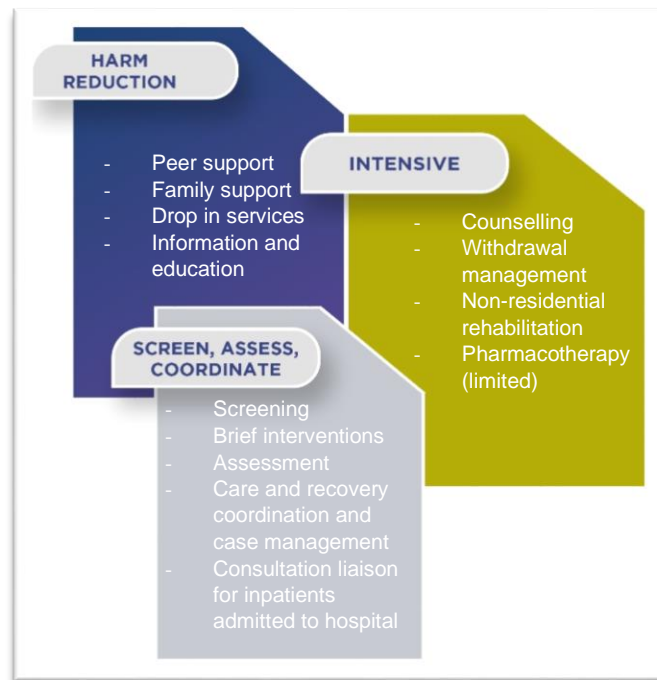


Figure 1: Scope of treatment interventions

Discussion points:

1. **Positive, reinforcing or supportive feedback**

- Peer workers with lived experience are an important part of AOD treatment service care teams
- Building capacity to address co-occurring mental health conditions needs to be a focus of outcome measurement, including ensuring service providers are engaged with the online comorbidity training
- Commissioned service providers should be given scope to engage traditional healers when providing services to Aboriginal and Torres Strait Islander people
- The framework must ensure that it is integrated with the SA Specialist Treatment Framework, the National Treatment Framework and other relevant strategic work

2. **Opportunities for improvement:**

- Provide more clarity around what Adelaide PHN's expectations and approach is around integration – both a focus on between AOD services or between AOD and non-AOD services? Or both?
- Clarify scope for prevention activities within the framework

Online survey

The online survey received nine respondents – of which four were AOD Treatment service providers, three community members, two peak bodies, one allied health, one government, two other NGO, two lived experience, and one peer worker (respondents could choose more than one category).

Treatment framework principles

- Principle alignment with the National Quality Framework reduces the accreditation burden on service providers
- Clearly define who is eligible for funding to provide services under the AOD Treatment Services Program (specialist services vs. other services)
- Recommend publication of the Framework so the community who is affected by substance use have access to it
- Discrimination and stigma within health settings are access barriers
- Potential for disruption and disharmony in the sector, due to competition for funding and jobs

Scope:

- Priority groups listed are appropriate and cover nearly all areas of need
- Family functioning and family violence should be named as a complexity issue
- Prioritising young people is key to harm minimisation across the life span
- Concerns that cannabis is not named, particularly as it is a very common substance of use for young people significantly impacts on engagement with education, employment and family. Additionally, use has increased during the COVID-19 pandemic
- Early intervention and treatment for young people who are at-risk of substance misuse with co-occurring mental health issue
- Providers need flexibility to address emerging drugs of concern, such as those identified by NCCRED²
- Treatments section content is good
- Concern that AOD funding may be used for non-AOD activities. Further clarity needed
- Clarify that priority substance of concern does not override level of risk or complexity
- Clear definition of the term 'treatment' is required
- Peer work is a valuable resource
- Planned community engagement and stakeholder awareness strategies are important to facilitate access to treatment services
- Provide evidence reference for the risk table on page 10
- Less clinical interventions and more person-centred approaches to meet the clients where they are at
- Consider defining an outreach model
- The framework consists of a strong direction to meet community's needs

Integration:

- Drug and alcohol services have experienced frustration with barriers to integration with non AOD services for many years. There is a role for PHNs to advocate to other sectors in relation to these issues
- Face to face comorbidity training would be helpful to support implementation of the Comorbidity guidelines
- Integration requires adequate levels of funding and commensurate outcome measures
- Working in partnership with Aboriginal community-controlled organisations is essential to support integration

Workforce:

- Partnership with an AOD peak body to support workforce development is required
- There is a lack of clinical supervisors with AOD experience in SA
- An AOD peer workforce development strategy is needed in South Australia
- There is a lack of places in AOD vocational training in SA (full qualifications and full competencies)
- Workforce approaches require recognition of burn out, with strategies to address supported by employers, including support of 'soft skill' development for the AOD workforce
- Cultural appropriateness and awareness for the AOD workforce should be core business and should be required to occur on a regular basis
- Clarify definition of peer worker and required experience and qualifications

² National Centre for Clinical Research on Emerging Drugs <https://nccred.org.au/>

Settings

- Assertive outreach into parklands, home and other community settings is critical
- In-reach to hospitals and other services should also be supported
- Alternative detox options besides home or state facilities is required
- Be mindful of potential burden being placed on the small number of Aboriginal services/settings available
- Options need to include Aboriginal Community-Controlled and other culturally safe alternatives, as some Aboriginal clients prefer anonymity
- Connection with criminal justice to prevent recidivism due to substance use

Interventions and appropriate measurement of associated outputs and outcomes

- Treatment services should be supported to develop appropriate performance measure that can accurately reflect provision of community development strategies, as well as holistic social and emotional wellbeing responses
- Outreach interventions require more time to complete an episode of care, compared to 'shop front' models. Service targets need to reflect this
- Culturally safe and stable aftercare settings are vital to support relapse prevention
- Adequate resources across the spectrum of care is required so that Aboriginal people have a choice of service and one that is responsive to their needs at various points in time
- Require increase in community-based opioid substitution treatment and withdrawal management
- Telehealth models need to incorporate how they will be accessible if clients do not have access to computers or online devices

Culturally appropriate and safe services

- Alternative Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) should be developed to accurately reflect culturally appropriate and safe AOD treatment models
- Treatment services need to be supportive of Aboriginal workforce who may have work home life balance issues. The Aboriginal AOD workforce are usually dealing with AOD in their work but also when they get home
- Training and awareness in cultural safe practice which focuses on potential bias of the practitioner and requires personal reflection. Cultural awareness is not enough
- Mainstream services need to consider their processes, screening and assessment processes to ensure they are appropriate for Aboriginal people

Online forum – community

An online forum was held via Zoom on Thursday October 14, and 13 attended. This was inclusive of seven people who linked in from Nunkuwarrin Yunti - six Aboriginal people, three staff and the remaining four were people with a lived experience. The comments provided by this group were directly from the people with lived experience with comments written by a support staff member.

A presentation overview was provided, featuring an overview of Adelaide PHN's Aboriginal health priorities, and application to the drug and alcohol program redesign. Participants were then invited to consider discussion prompts to provide feedback for consideration when commissioning specific, culturally appropriate and safe AOD treatment services for Aboriginal and Torres Strait Islander people, including appropriate treatment settings, care teams, scope for treatment interventions and culturally appropriate and safe treatment services.

The AOD treatment journey:

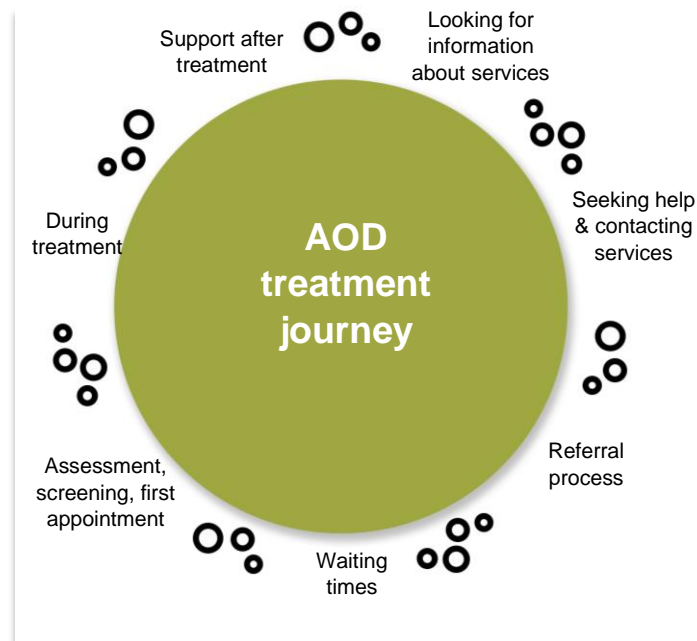


Figure 2: What happens now, how should the journey look?

- People who are sleeping rough and have substance use issues need additional support including to linking to emergency accommodation and living skills programs
- Lack of appropriate primary AOD treatment options and supports for rural and remote people gathered in Adelaide including a lack of interpreters
- Limited capacity for Aboriginal community constables and domestic and family violence services to connect with Aboriginal AOD sector
- Service delivery must be flexible to be accessible- services with strict criteria impact on patient journey
- Expense is the biggest barrier (it was noted that Adelaide PHN funded services are always provided at no cost to clients)
- More residential rehabilitation/supported accommodation beds are required
- Long wait times to get into detox and rehab services, then once in continue to wait for doctors to respond due to lack of support to communicate
- More culturally appropriate detox services are needed. There is also limited ongoing support post detox. no exit planning and referral to services and ongoing support
- Existing home detox support services have limited scope in terms of regions serviced and eligibly criteria leading to longer waiting times

Appropriate care teams and supporting Aboriginal workforce development

- Ngangkari (cultural healer) access is an essential member of a comprehensive care team, however fees can be high and wait times long
- Peer workers are undervalued in the system and stigma of utilising/disclosing lived experience is still a barrier to workforce participation
- Subsidised training and upskilling would incentivise peer workers to move into AOD work
- Criminal history checks and DCSI clearance can create a workforce participation barrier
- Partnership with Elders in provision of services is very beneficial, particularly for providing additional support and guidance to clients, however we must be aware of Elder fatigue.
- Funding should allow for Aboriginal community members, including Elders, to be compensated for their time and cultural knowledge and expertise
- Increased access to medical staff on outreach

Settings

- Better access to transport for client to attend medical appointments
- Services delivered in the home
- Outreach for rough sleepers in the parklands that includes clinical outreach, with interpreters available
- Services that provide stable environments, safe from the presence of AOD particularly after a medical detox period or release from incarceration are needed
- Informal activities such as Nunga lunches assist engagement with treatment
- Support in other life domains alongside AOD need to be addressed for successful long-term outcomes
- After hours and weekends services are needed

Interventions

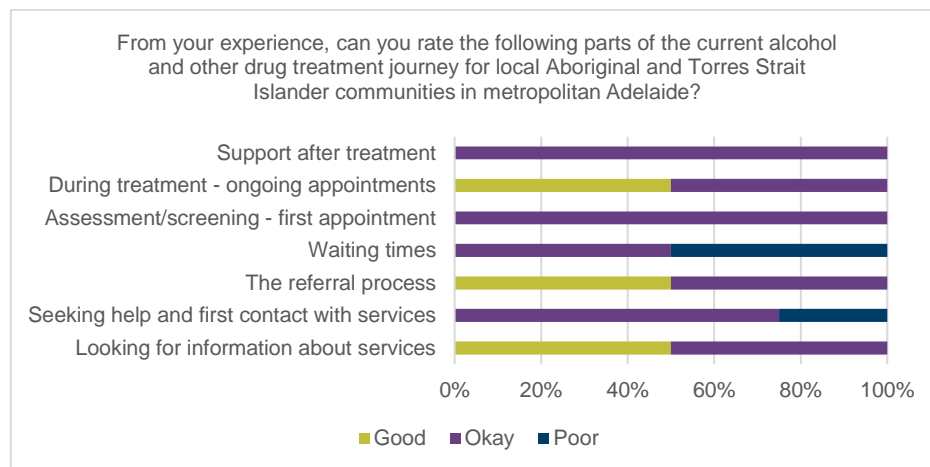
- There is a lack of appropriate contractors to facilitate yarning circles and they are expensive
- Educational programs in schools is a gap

Culturally safe and appropriate services

- Cultural training needs to be culturally validated
- There are no Aboriginal and Torres Strait Islander specific support for LGBTIQA people
- Cultural awareness training should be mandatory for AOD service providers
- Aboriginal programs, delivered by Aboriginal workers to Aboriginal clients
- Discrimination experienced in mainstream and hospital settings impact on a person's treatment journey and willingness to access supports

Online survey

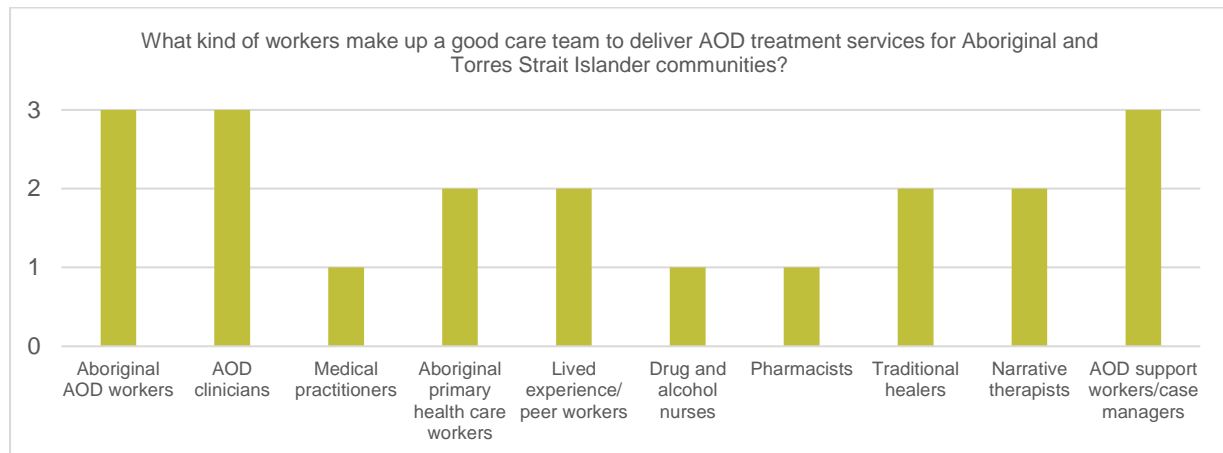
The online survey received four responses, of which two were community members, two lived experience, two peer workers, one peak body representative and one allied health representative (respondents could select more than one option)



Current journey

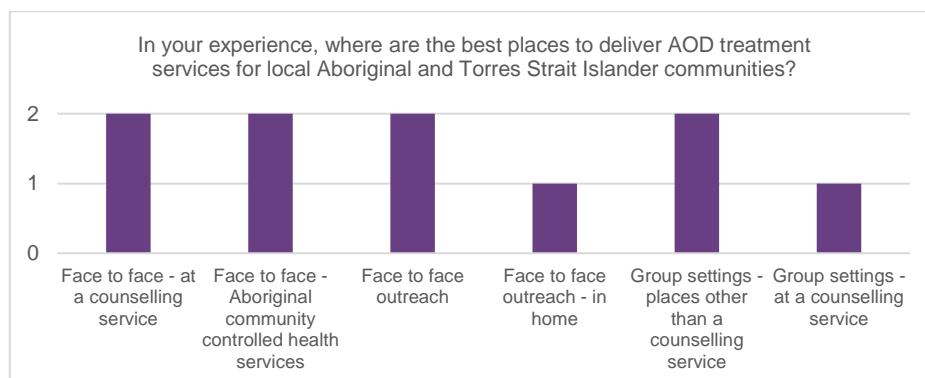
- Administrative 'red tape' requirements can be a burden and does not allow for services to be flexible or person centred, causing barriers for access
- The AOD treatment journey has many different contexts and complexities for Aboriginal community. Many people who need service live in situations that do not support positive long-term treatment outcomes, such as those who are sleeping rough or recently released from incarceration. To break the cycle of detox being a 'revolving door', treatment services need capacity to work with other services to support clients to stay on track
- Support after treatment is essential
- Workers know how to find information, however not all members of the community do
- Stigma and discrimination are access barriers to seeking treatment
- Lack of access to computers/the internet alienate people from the system
- Lack of communication/feedback from treatment services to referrers about how things went
- Waiting times for specialised treatment/preferred workers and MATOD services are a barrier

Good care teams



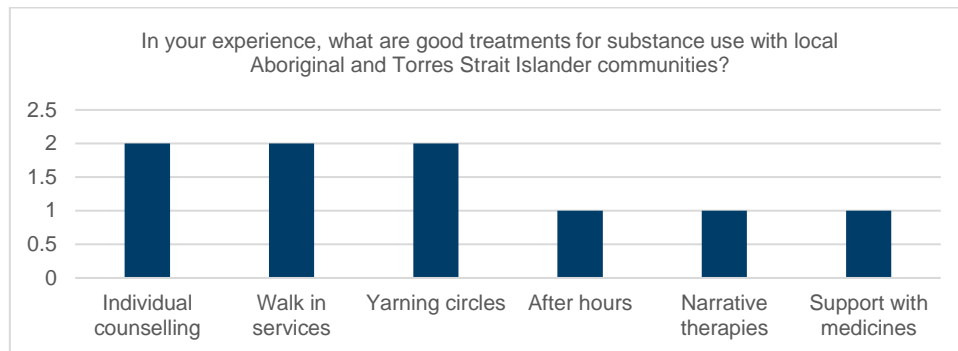
- Services are rarely supported to provide multidisciplinary care, despite this always being identified as a need
- It's important to have Aboriginal and Torres Strait Islander people involved in service provision to Aboriginal and Torres Strait Islander community and clients.
- Clients or patients wish to preserve confidentiality and anonymity and should have options for services besides Aboriginal community controlled

Settings



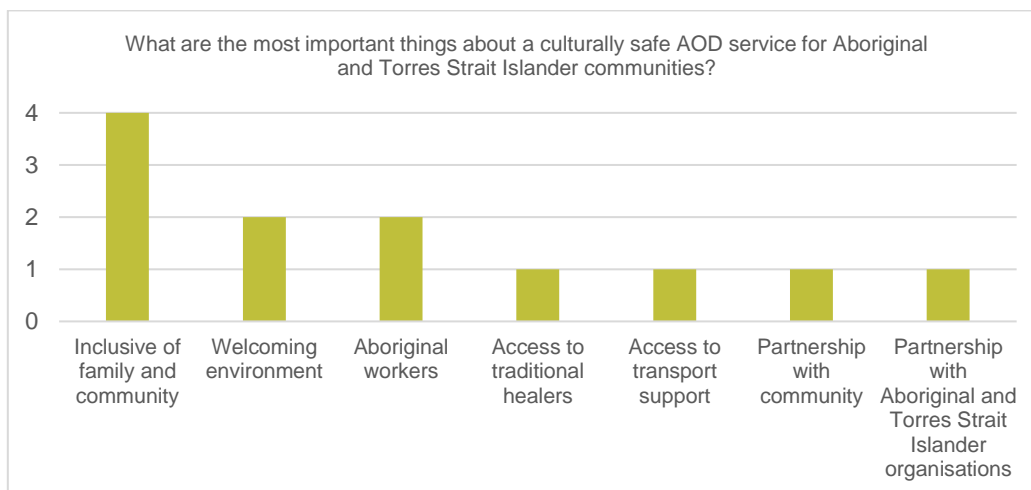
- Face to face settings are preferred
- Flexibility is required, there is no one approach that is suitable to an entire diverse community.
- Offering AOD services outside of formal settings is desirable
- Welcoming, culturally safe environments are essential in face to face settings to enable attendance and participation

Treatments/interventions



- Safe and confidential spaces is essential as having AOD issues can be a very shameful experience
- Online apps might be of use for young people who have access to the internet

Cultural appropriateness and safety



- Respect is a core principle that enables cultural appropriateness and safety to happen
- Be aware of cultural norms and gender sensitivities
- Provide flexible attendance policies such as enabling clients to bring a family member to appointments
- Not all staff need to be Aboriginal, however cultural training and understanding of how to create welcoming environment and culturally appropriate is essential

Key Emerging Themes:

1. The lived experience peer workforce is an under-developed resource. Treatment services present a key setting to support training and skills development
2. Complexity is often the norm. Treatment interventions should be delivered with care coordination and practical based support
3. Working with young people is a key opportunity for harm reduction over the life course, particularly for cannabis use
4. Aftercare support is not adequately available in primary care, however, presents a key opportunity for relapse prevention and long-term harm minimisation
5. Ongoing cultural awareness and safety strategies are essential components of AOD treatment services
6. Integration opportunities for primary AOD treatment services outside of their own sector need to be further developed
7. Consistency in treatment definitions and ensuring there is adequate and appropriate performance and outcome measurement are key to improving the quality of data collected

Appendix 1 - Questions Taken on Notice:

The following questions were unable to be answered during the online forums and were taken on notice to inform commissioning documentation, as they related directly to commercially sensitive information that forms part of the commissioning process:

- There appears to be a clear emphasis on non-residential, yet also the spectrum of interventions reaches to complex. This will de-fund some complex services that currently deliver client outcomes. Will there be consideration to be able to negotiate this?
- Do you have a rough timeline on the formal market briefing?
- Is there any update on if the two funding streams? e.g. [will] ice and core merge when advertised?
- is PHN talking about funding whole of service or just bits and pieces
- This morning you specified you would fund non-residential treatment services; Aboriginal people who seek AOD treatment often require a highly intensive, wrap around service. Would residential be considered?
- Does Adelaide PHN have a view to provide beds for residential rehabilitation in the metropolitan area?
- ACC are looking at setting up an Aboriginal Exceptional Needs Elders Panel made up of Aboriginal Elders to consult with Clients that need direction and Clients who have multiple issues could you support funding for this?
- Would the PHN please investigate supported accommodation particularly to also address homelessness/comorbidity and not just focus on medical detox being a solution as it is the start.
- Would the PHN explore more strongly solutions/responses with considering the clients not returning to unsafe/homelessness situations?
- Are there any future plans for any detox services in regional south Australia? Unfortunately, with no detox services available in regional SA it is a huge barrier. I would really appreciate the question being passed onto the appropriate area.