



Australian Government
Department of Health



An Australian Government Initiative

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

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

1. The updated strategic vision of each PHN, specific to drug and alcohol treatment.
2. The updated Drug and Alcohol Treatment Services Annual Plan 2016-17 to 2018-2019 which will provide:
 - a) An updated description of planned activities funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.3 Drug and Alcohol Treatment Services – Operational and Flexible Funding.
 - b) An updated description of planned activities funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.4 Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people –Flexible Funding.
 - c) A description of planned activities which are no longer planned for implementation under the Schedule – Drug and Alcohol Treatment Activities.

PHN Name

When submitting this Activity Work Plan 2016-17 to 2018-19 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the document has been endorsed by the CEO.

The Activity Work Plan must be lodged via email to your Grant Officer on or before 17 February 2018.

Overview

This Drug and Alcohol Treatment Activity Work Plan covers the period from 1 July 2016 to 30 June 2019 and is an update to the Activity Work Plan submitted to the Department in February 2017. 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.

Important documents to guide planning

The following documents will assist in the preparation of your Activity Work Plan:

- PHN Grant Programme Guidelines: Annexure A2 – Drug and Alcohol Treatment Services;
- Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services;
- Drug and Alcohol Treatment Services Needs Assessment Toolkit;
- PHN Needs Assessment Guide;
- PHN Performance Framework;
- Primary Health Networks Grant Programme Guidelines;
- Clause 3, Financial Provisions of the Standard Funding Agreement.

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 Flexible Funding allocations include:

- Early intervention (including Brief Intervention)
- Counselling
- Withdrawal Management (with pathways to post-acute withdrawal support)
- Residential Rehabilitation (with pathways to post-acute withdrawal support)
- Day Stay Rehabilitation (and other intensive non-residential programs)
- Post treatment support and relapse prevention
- Case management, care planning, and coordination
- 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 Flexible Funding available 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. Proposed activities for Indigenous-specific and mainstream services are clearly delineated, including evidence of consultation and engagement from local key Indigenous stakeholders.
- v. 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 Annual Plan to ensure services are complementary and do not duplicate existing efforts.

Formatting requirements

- Ensure all updates are made in tracked changes to facilitate timely approval.
- Submit plans in Microsoft Word format only.
- Ensure all updates are made to the previous version of your Activity Work Plan and submitted for approval. The Department will not accept updates made to a version of the Activity Work Plan (or other document) intended to supplement the original.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

1. Strategic Vision for Drug and Alcohol Treatment Funding

Please outline, in up to 500 words, an overview of the PHN's strategic vision and governance arrangements for the 36 month period covering this Drug and Alcohol Treatment Activity Work Plan.

This **Strategic Vision** should be in the context of your role in the following activities:

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



Gold Coast Primary Health Network (GCPHN) is committed to building one world class health system for the Gold Coast population by working closely with the drug and alcohol sector, community and service users. Our strategic vision for drug and alcohol treatment is to ensure that those who are most in need will have timely access to services that are most appropriate for them and are cost effective, specifically ensuring treatment services are available for Aboriginal and Torres Strait Islander people. Commissioned services and system improvements will continue to be informed by local needs and priorities and intend to maximise the benefits of the State and Commonwealth Governments investment.

GCPHN will work to improve:

- Client access to treatment across the region through flexible service options and increased service coordination
- Service capacity through the commissioning of new services and identifying opportunities for efficiency and effectiveness gains across the service system
- Service capacity of the drug and alcohol treatment sector to meet the needs of the Aboriginal and Torres Strait Islander community, and
- Appropriate treatment matching for clients so they receive the right care, at the right time, in the right place, by the right person.

GCPHN will continue to work with its sector partners to develop an evidence based regional drug and alcohol plan which will map services to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration. The plan will reflect the need for the sector to be agile, coordinated, improve client access and continuity of care across the sector, and to foster an environment for continuous improvement and evidence based practice. This plan will align with GCPHN overarching Strategic Vision and Plan.

Governance arrangements

The AOD governance arrangements (refer to diagram below) will utilise and build on GCPHN organisational governance, ensuring effective and appropriate commissioning and delivery of AOD services in the region. This will include:

- Clinical Advisory Council
- Community Advisory Council
- Mental Health and AOD Multidisciplinary Advisory Group
- Mental Health, AOD and Suicide Prevention Joint Regional Plan Reference Group
- AOD Sector Capacity Building Working Group
- GCPHN/Gold Coast Hospital and Health Service Coordination and Planning Group.

Consultation and joint planning processes

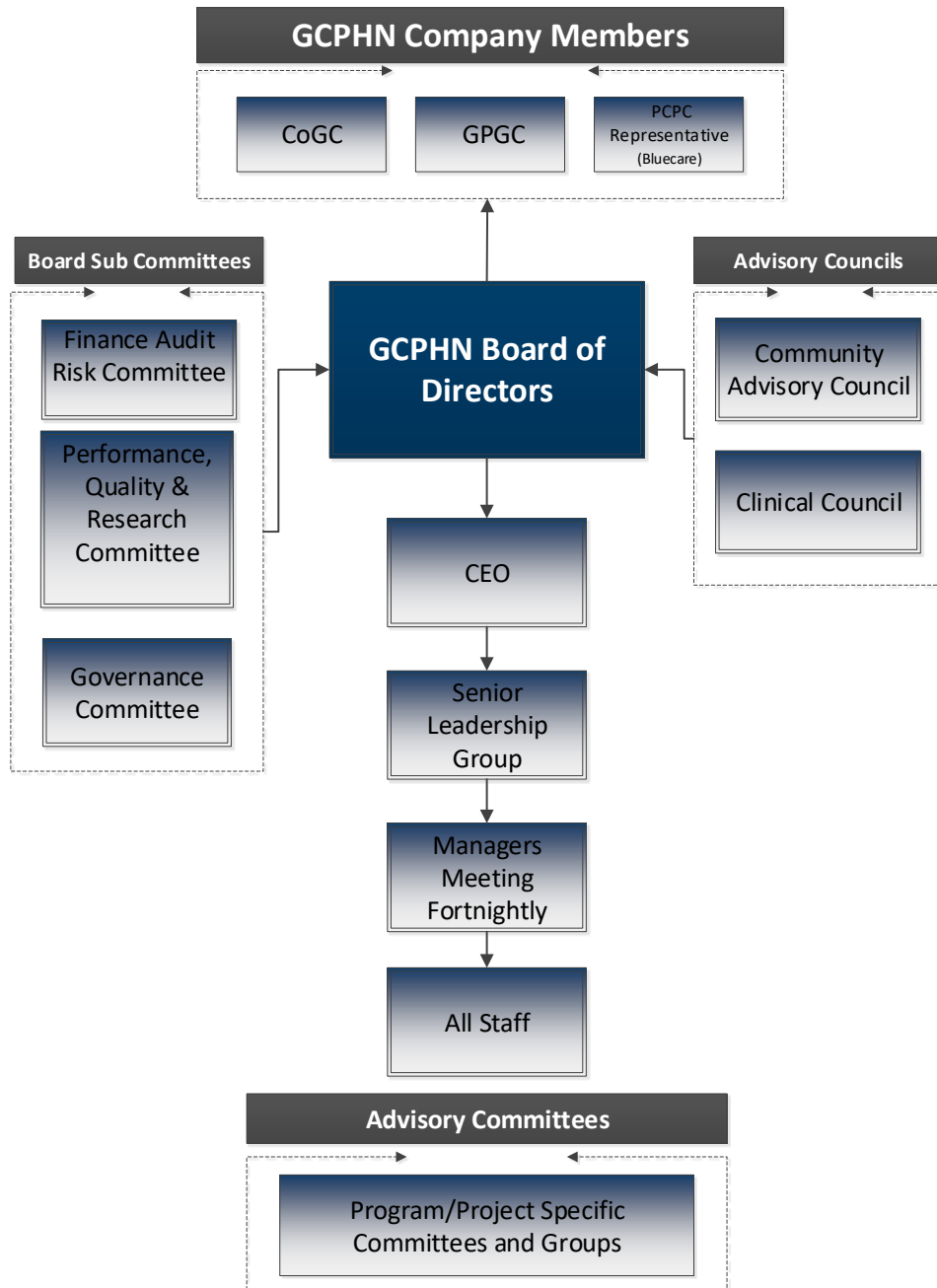
A collaborative approach was used throughout the needs assessment and commissioning process and incorporated a range of specific committees and groups that were established to ensure advice and input from all key stakeholders including consumers, partners, service providers and specialist experts in evidence based practice in mental health clinical service delivery (psychological and nursing) and drug and alcohol specialist treatment.

GCPHN will continue to strengthen its collaboration with other PHNs to leverage from shared intelligence in relation to commissioning approaches, service development opportunities and effective cross-border management of service delivery.

GCPHN Governance Profile



An Australian Government Initiative



Last Updated: 13 March 2018

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

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2016-17 to 2018-19. These activities will be funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.3 Drug and Alcohol Treatment Services – Operational and Flexible Funding.

- Refer to PHN Grant Programme Guidelines: Annexure A2 – Drug and Alcohol Treatment Services and Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services for the list of in-scope activities.
- It is emphasised that PHNs are to consider strategies to support the workforce in delivering the proposed activities through promoting joined up assessment processes and referral pathways, and supporting continuous quality improvement, evidence based treatment and service integration.

Note: *Please copy and complete the table as many times as necessary to report on each activity.*

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	DA2017 1.1 Northern Gold Coast alcohol and other drug treatment services
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	Line 11 pages 18 – 19 Needs (mainstream) <ul style="list-style-type: none"> • Increase capacity of detoxification, residential rehabilitation and aftercare services to provide flexible support and follow up for clients as well as enabling people still using substances to access services.
Description of Drug and Alcohol Treatment Activity	Aim - to ensure timely access to services to capture clients wanting to address their drug use and maximize the effectiveness of the intervention.

	<p>GCPHN commissioned Lives Lived Well and the Queensland Injectors Health Network (QuIHN) to commence service delivery from January 2017. Treatment services are delivered as an outreach model in the northern Gold Coast and includes a service hub in Nerang. The services also provide in-reach to other AOD services, primary health, mental health and community services.</p> <p>Drug and alcohol treatment activity will continue in 2018/19 and includes the following service components: psychosocial interventions such as brief intervention, motivational interviewing, individual counselling, group work, case management and client information and education.</p> <p>The funded services are in addition to, and build upon, existing services provided for alcohol and other drugs, including ICE. They are working to provide timely access to services to capture clients wanting to address their drug use, and maximize the effectiveness of the intervention, particularly for those individuals who require support to increase their readiness and understanding of residential rehabilitation services.</p> <p>The 2018/19 activity of GCPHN will focus on:</p> <ul style="list-style-type: none"> • Identifying continuous improvement opportunities with the service providers to enhance or adjust service delivery for greater client access and outcomes • Contract management and performance monitoring activities including risk management, relationship management, data analysis and reporting • Working with the providers to identify effective evaluation activities 				
Target population cohort	People residing in the northern Gold Coast area with alcohol and drug issues including Ice.				
Consultation	<p>Since services have been commissioned, consultation focusses on the contracted service providers and their clients to feedback on the program to evaluate the programs and inform future service delivery.</p> <p>Ad-hoc and informal consultation will continue to occur with stakeholders to inform GCPHN needs assessment, regional planning and co-design activities.</p>				
Collaboration	<table border="1"> <thead> <tr> <th data-bbox="696 1241 1341 1281">Stakeholder</th> <th data-bbox="1341 1241 1986 1281">Role</th> </tr> </thead> <tbody> <tr> <td data-bbox="696 1281 1341 1388">QuIHN and Lives Lived Well</td> <td data-bbox="1341 1281 1986 1388">Continue collaboration and further integration of services to provide equitable access and treatment options, particularly for Aboriginal and Torres Strait</td> </tr> </tbody> </table>	Stakeholder	Role	QuIHN and Lives Lived Well	Continue collaboration and further integration of services to provide equitable access and treatment options, particularly for Aboriginal and Torres Strait
Stakeholder	Role				
QuIHN and Lives Lived Well	Continue collaboration and further integration of services to provide equitable access and treatment options, particularly for Aboriginal and Torres Strait				

		Islander people through referrals between Krurungal and Kalwun services.
	Gold Coast Health, General Practice, Aboriginal and Torres Strait Islander services, and mental health services and programs such as Partners in Recovery.	Ensure efficient referral pathways are established and continuity of care is achieved. Co-design capacity building activities, education and information events, and sector development opportunities.
	Mental Health and AOD Multidisciplinary Advisory Group	Advice, referrals and linkages to primary care and clinical services
Indigenous Specific	No	
Duration	Commissioned to June 2019	
Coverage	Although coverage of services is the GCPHN region (Gold Coast SA3), funded services will have a particular focus on the Northern Growth Corridor and northern suburbs (Nerang and north) of the Gold Coast as was identified in the Needs Assessment.	
Commissioning method	Existing contract (the two mainstream services identified in this plan were commissioned in whole with GCPHN funding the entire activity).	
Approach to market	N/A	

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	Lives Lived Well (Transitioned projects) including SACS

Existing, Modified, or New Activity	Existing Activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	<p>Activity transitioned from Department of Health in March 2017. These activities were not commissioned in response to the GCPHN needs assessment, however the activity meets the current needs assessment priority area:</p> <ul style="list-style-type: none"> • Increase capacity of detoxification, residential rehabilitation and aftercare services to provide flexible support and follow up for clients as well as enabling people still using substances to access services.
Description of Drug and Alcohol Treatment Activity	<p>The transitioned projects were re-commissioned and consolidated into two projects. One of the commissioned projects will continue to provide evidence-based treatment and community outreach opportunities and support to people who present with dual diagnosis or are identified as being in vulnerable or “at risk” populations in the community, with a focus on young people.</p> <p>The second project has a focus on provision of services to clients who are highly complex in their drug and alcohol and mental health needs, to support engagement in the service and residential rehabilitation.</p> <p>The SACS funding component has been built into the agreement for these transitioned projects.</p> <p>The 2018/19 activity GCPHN will focus on:</p> <ul style="list-style-type: none"> • Identifying continuous improvement opportunities with the service provider to enhance or adjust service delivery for greater client access and outcomes • Contract management and performance monitoring activities including risk management, relationship management, data analysis and reporting • Working with the broader drug and alcohol sector to identify opportunities for improved coordination and communication, referral pathways and outcome measures • Working with the providers to identify and fulfill effective evaluation activities
Target population cohort	Young people residing in the Gold Coast area with alcohol and drug issues including Ice
Consultation	Since services have now been commissioned, ongoing consultation will focus on the contracted service provider and their clients to feedback on the program to evaluate the program and inform future service delivery.

	Ad-hoc and informal consultation will continue to occur with stakeholders to inform the GCPHN needs assessment, regional plan and co-design activities.							
Collaboration	<table border="1"> <thead> <tr> <th>Stakeholder</th> <th>Role</th> </tr> </thead> <tbody> <tr> <td>Mental Health and AOD Multidisciplinary Advisory Group</td> <td>Advice, referrals and linkages to primary care and clinical services</td> </tr> <tr> <td>Gold Coast Health, General Practice, Aboriginal and Torres Strait Islander services, and mental health services and programs such as Partners in Recovery.</td> <td>Work to establish effective referral pathways and continuity of care.</td> </tr> </tbody> </table>		Stakeholder	Role	Mental Health and AOD Multidisciplinary Advisory Group	Advice, referrals and linkages to primary care and clinical services	Gold Coast Health, General Practice, Aboriginal and Torres Strait Islander services, and mental health services and programs such as Partners in Recovery.	Work to establish effective referral pathways and continuity of care.
	Stakeholder	Role						
	Mental Health and AOD Multidisciplinary Advisory Group	Advice, referrals and linkages to primary care and clinical services						
Gold Coast Health, General Practice, Aboriginal and Torres Strait Islander services, and mental health services and programs such as Partners in Recovery.	Work to establish effective referral pathways and continuity of care.							
Indigenous Specific	No							
Duration	Commissioned to June 2019							
Coverage	GCPHN Region (Gold Coast SA4)							
Commissioning method	Direct approach via contract as per DoH requirements							
Approach to market	N/A							

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

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2016-17 to 2018-19. These activities will be funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.4 Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding.

- Refer to PHN Grant Programme Guidelines: Annexure A2 – Drug and Alcohol Treatment Services and Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services for the list of in-scope activities.
- It is emphasised that PHNs are to consider strategies to support the workforce in delivering the proposed activities through promoting joined up assessment processes and referral pathways, and supporting continuous quality improvement, evidence based treatment and service integration.

Note: *Please copy and complete the table as many times as necessary to report on each activity.*

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	DA 2017 1.3 Aboriginal and Torres Strait Islander Alcohol and Other Drugs Gold Coast Service
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	Line 11 page 19 Needs (Indigenous) <ul style="list-style-type: none"> • Increase capacity through existing Aboriginal and Torres Strait Islander service providers in relation to early intervention and care coordination for clients.
Description of Drug and Alcohol Treatment Activity	Aim – provide a holistic service response for Indigenous clients across mental health, suicide prevention and alcohol and drug services Address needs - The 2016 Mental Health and Alcohol and Other Drugs Needs Assessment informed a collaborative co-design process in relation to treatment needs for Aboriginal and Torres Strait Islanders.

	<p>Through this process and in consultation with key Indigenous service providers and the Karulbo network, it was identified that a holistic service response is essential for Indigenous clients, and it would be detrimental to separate the service responses for mental health, suicide prevention and AOD. GCPHN therefore commissioned a combined service response.</p> <p>A holistic service response was commissioned with Krurungal Aboriginal & Torres Strait Islander Corporation for Welfare, Resource and Housing identified as the most appropriate service provider to provide AOD services. The service components will continue in 2018/19 and include early identification, brief intervention, group work, case management and information and education.</p> <p>The 2018/19 activity of GCPHN will focus on:</p> <ul style="list-style-type: none"> • Identifying continuous improvement opportunities with the service providers to enhance or adjust service delivery for greater client access and outcomes • Contract management and performance monitoring activities including risk management, relationship management, data analysis and reporting • Working with the providers to identify effective evaluation activities 					
Target population cohort	Aboriginal and Torres Strait Islander people across the Gold Coast.					
Consultation	<p>Throughout this consultation, specific Aboriginal and Torres Strait Islander health needs and service responses were sought to inform both the mainstream and Indigenous service design processes. The Karulbo network was central to the consultation processes, as was the two Indigenous service providers in relation to service model development.</p> <p>Since services have been commissioned, consultation will focus on the contracted service providers and their clients to feedback on the program to evaluate the programs and inform future service delivery.</p> <p>Ad-hoc and informal consultation will continue to occur with stakeholders to inform GCPHN needs assessments, regional plan and co-design activities.</p>					
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Stakeholder	Role					
Kruungal	Continue to identify and implement referral and integration opportunities between Aboriginal and					

		Torres Strait Island services and Gold Coast mainstream services.
	Gold Coast Health, General Practice, Aboriginal and Torres Strait Islander services, and mental health services and programs such as Partners in Recovery.	Ensure efficient referral pathways are established and continuity of care is achieved. Co-design capacity building activities, education and information events, and sector development opportunities.
	Mental Health and AOD Multidisciplinary Advisory Group	Advice, referrals and linkages to primary care and clinical services
Indigenous Specific	Yes	
Duration	Commissioned to June 2019	
Coverage	GCPHN Region (Gold Coast SA4)	
Commissioning method	Existing contract - The provider has been commissioned in whole through a service agreement.	
Approach to market	N/A	

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

Please use the table below to outline any activities included in the May 2016 version of your Drug and Alcohol Treatment Activity Work Plan which are not continuing from 2017-18.

Planned activities which will no longer be delivered	
Activity Title / Reference	Not applicable as no activities will no longer be delivered
Description of Activity	N/A
Reason for removing activity	N/A
Funding impact	N/A