



**Australian Government**

**Department of Health**

**phn**

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

***Central Queensland, Wide Bay, Sunshine Coast PHN***

# 1. Strategic Vision for Drug and Alcohol Treatment Funding

Aligning with the *Draft National Drug Strategy 2016-2025*, the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019 (the Plan)*, Central Queensland, Wide Bay and Sunshine Coast PHN's (the PHN) Strategic Vision for the Drug and Alcohol Treatment Activity Work Plan is to reduce the adverse impact of alcohol and other drugs on the population of the catchment.

The PHN will utilise the Drug and Alcohol Treatment Needs Assessment findings to guide further analysis, service development and implementation to address service gaps, invest in workforce capacity and focus on improved regional and service provider coordination and efficiency. Working within the strong governance structure of a regional *Mental Health Drug and Alcohol Council (MHDAC)* (further detailed in the Mental Health Activity Work Plan), the PHN will streamline service mapping and detailed assessment processes and minimise duplication of service commissioning in these two very closely related domains of care.

Recognising the need for clients to access a continuum of services, PHN investment will focus on improving availability, accessibility, and efficiency of drug and alcohol treatment services, with priority given to regional and remote areas; vulnerable populations including youth, Aboriginal and Torres Strait Islander and low socioeconomic groups.

The service mix to be commissioned over time will be founded on the existing service profile. Over the long term, we aim to provide locally-configured, needs-based services. Recognition that Aboriginal and Torres Strait Islander peoples experience a disproportionate amount of harm from drug and alcohol use, the PHN seeks to engage Aboriginal and Torres Strait Islander communities in a meaningful way to design culturally safe, competent and respectful service improvements.

While we have identified some activities as not 'Indigenous specific', we acknowledge that the increased health needs of Aboriginal and Torres Strait Islander populations mean this group is more likely to be more highly represented in this activity. Ongoing consultation with Aboriginal and Torres Strait Islander communities is a priority in all PHN planning activities.

The PHN acknowledges that a key factor in successful implementation of *the Plan* is the need to work with GPs and health care providers to stimulate the market and explore opportunities to co-design innovative approaches, making the best use of available workforce, particularly in the rural and remote areas. Foundations for our approach include working with such providers to best utilise electronic data systems (including My Health Record) and other person-centred systems to improve sharing of consumer history within privacy provisions and critically assessing commissioned services to ensure they are appropriate to local needs, safe and effective.

Some of the key activities and milestones achieved to date and in the planned activities include:

Timeline	Key Milestone achieved
June 2016 – July 2017	Recommission existing mental health services to continue services during planning, establishment and transition phases of Stepped Care
June 2016 - August 2016	PHN MHAOD Community & Stakeholder Information Forums held Established governance framework
July 2016 – September 2016	Undertook expression of interest for Strategic Collaborative membership and appointments

June 2016 – November 2016	Undertook comprehensive service mapping including General Practices, Pharmacies, and other Allied Health Services to identify AOD gaps in the region  AOD Working groups established across the region  Established membership with the Queensland PHNs and Northern Territory Working Group
August 2016 - January 2017	Undertook National Mental Health Service Planning Framework input required for completion of report
June 2016 – November 2016	Hold stakeholder information and co-design sessions on Stepped Care
August 2016 – April 2017	Prepare our PHN’s Stepped Care approach for commissioned services
August 2016 – April 2017	Prepare our PHN IT, data, evaluation and monitoring requirements for Stepped Care
February 2017 – February 2018	Prepare communications campaign and implement phased approach for ‘Change is coming’, ‘Change is here’ and ‘Access and quality services’
Apr-17	Launch ‘Change is coming’ phase of communications campaign
21 April 2017 – 25 June 2017	Prequalifying Questionnaire opens for Mental Health Stepped Care Services
1 July 2017 – 28 February 2017	Recommission existing providers of mental health services to provide continuity of care during the transition phase of Stepped Care
2 June 2017 – 3 July 2017	Invite shortlisted providers from Prequalifying Questionnaire to participate in Stage 2 Tender for Mental Health Stepped Care
Jul-17	Ratify Regional MHAOD Council Strategic Roadmap
July 2017 – October 2017	Draft Operational Guidelines for Stepped Care approach
August 2017 – September 2017	Consumer and Care Journey mapping forums to inform joint regional plan and Operational Guidelines
Sep-17	Commission successful Stepped Care services
Oct-17	Announce new commissioned Stepped Care Services and commence ‘Change is here’ communications campaign.
October 2017 – February 2018	Transition period for incoming and outgoing mental health services
October 2017 – June 2019	Contract management of Stepped Care Services
Oct-17	Large regional stakeholder forum to finalise joint Regional Mental Health, Suicide Prevention, Alcohol and Other Drugs Regional Plan.
Nov-17	Ratify Joint Regional Mental Health, Suicide Prevention, Alcohol and Other Drugs Regional Plan.
December 2017 – July 2018	Resource stakeholder and community listening posts for Stepped Care implementation and quality improvement.

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

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	<b>DA01 Sector Engagement and Strategy Development</b>
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	Sector engagement and strategy development
Description of Drug and Alcohol Treatment Activity	<p>Under this activity, the PHN is committed to directly investing the majority of funds towards enhancing drug and alcohol services for the region. It is acknowledged that a component of this activity relates to planning and service mapping functions which are above and beyond those planning and consultation activities funded provided under operational funds.</p> <p>After initial consultations with key stakeholders, this small but vital complementary investment in planning and service mapping is considered to be an essential component in the development of appropriate service delivery activities. This additional investment will ensure that funds allocated to the delivery of treatment services are best placed to address needs in the right place, at the right time people while reducing duplication and capitalising on current opportunities across the region.</p> <p>A <i>Mental Health Drug and Alcohol Council (MHDAC)</i> has been established to ensure that the needs of the local communities in our region are accurately addressed, by prioritised and evidence-based plans founded on local knowledge of existing services and workforce. The MHDAC provides governance over service mapping, gap identification, co-design and co-investment across Mental Health and Drug and Alcohol domains in recognition of the intertwined aetiology of these areas.</p>

**DA01.1 Develop a comprehensive regional drug and alcohol treatment service needs assessment**

Under the auspices of the MHDAC and Regional Strategic Collaboratives, a comprehensive *Regional Drug and Alcohol Treatment Service Needs Assessment (the Needs Assessment)* has been conducted.

It includes a detailed appraisal of existing patterns of drug and alcohol consumption, with emphasis on vulnerable population groups such as, rural and remote communities, young people, Aboriginal and Torres Strait Islander people, women, and LGBTI populations.

A comprehensive service mapping of drug and alcohol services, examining the type of services provided, workforce profiles, service capacity and utilisation and the populations being served has also been conducted. Drawing on the strong existing evidence base relating to treatment interventions, priorities for action, co-design and co-investment will be identified.

**DA01.2 Develop and implement integrated assessment processes and referral pathways**

Under the auspices of the MHDAC and associated Regional Strategic Collaboratives and in collaboration with Hospital and Health Services and other providers, a *Regional Drug and Alcohol Treatment Plan (the Plan)* for the region is under development. *The Plan* will be tailored to the needs of the region and target groups, while focused on improving service integration and care coordination at the local level. It will also seek to promote linkages with broader social services, including those relevant to mental health to ensure a cross-sectoral and integrated approach.

To ensure an integrated and coordinated approach to drug and alcohol services, referral pathways will be developed and implemented in consultation with HHSs and other key stakeholders across the health (i.e. mental health service providers, drug and alcohol service providers and primary care providers) and other relevant support sectors (i.e. social welfare, employment services and child and family services). An important focus of improved referral pathways will be strengthening links between primary care and specialist drug and alcohol services as well as ensuring specialist services are accessible to those most in need.

Sub-committee working groups have been formed that report up to the Regional Strategic Collaboratives such as the AOD Working Groups. These are action based groups established to progress strategy development and sector engagement and report back to the Collaboratives on:

- Current drug and alcohol treatment service needs and gaps and processes to continuously update

	<ul style="list-style-type: none"> <li>• Improving integrated assessment processes and referral pathways</li> <li>• Workforce challenges, opportunities and development</li> <li>• Enhancing local availability of withdrawal management and support services</li> <li>• Awareness and utilisation of after hours alcohol and drug counselling and crisis care services</li> <li>• Increasing availability of Aboriginal and Torres Strait Islander Services for withdrawal management, counselling and rehabilitation services, including workforce</li> </ul> <p>The AOD Working Groups will provide information and advice to the Regional Strategic Collaboratives to ensure the delivery of Integrated Mental Health, Alcohol and Other Drugs Programs consistent with the aims and direction of the 2015-16 Needs Assessment, National Mental Health and Drug Strategy frameworks, and associated state wide mental health plans.</p> <p><b>DA01.3 Workforce development</b></p> <p>The 2015-16 Drug and Alcohol Needs Assessment identified important challenges for workforce development in the region that this activity seeks to address, including:</p> <ul style="list-style-type: none"> <li>a) limited resources available for community workers to achieve the qualifications, training and development required to support drug and alcohol treatment,</li> <li>b) insufficient capacity to deliver culturally appropriate services to Indigenous communities, families and individuals; and</li> <li>c) challenges in recruiting, supporting and retaining staff, particularly in regional, rural and remote areas.</li> </ul> <p>In consultation with key local and state wide stakeholders including QNADA, strategies to address these and other challenges are being developed and implemented. Data collection protocols and strategies have been determined to ensure data collected is relevant and accurate.</p>
Target population cohort	Mental health, alcohol and other drug, and suicide prevention service planners, funders, providers and consumers.
Consultation	The MHDAC is led by the PHN and includes representatives from Queensland Health and PHN Regional Strategic Collaboratives (RSC)

	<p>The three RSCs are facilitated by the PHN (as the Lead Agency) in collaboration with the respective Hospital and Health Services across the region. RSCs include representation from people with lived experience, Aboriginal and Torres Strait Islander groups, experts and clinicians.</p> <p>The Regional Aboriginal and Torres Strait Islander Advisory Group was established to engage with communities, community leaders and local Aboriginal Community Controlled Health Services.</p>
Collaboration	<ul style="list-style-type: none"> <li>• Local Hospital and Health Services <ul style="list-style-type: none"> <li>○ planning, integration, coordination</li> </ul> </li> <li>• Mental health care providers, drug and alcohol treatment service providers <ul style="list-style-type: none"> <li>○ assessment, intervention, and referral; planning and advisory</li> </ul> </li> <li>• Tertiary education and research sectors <ul style="list-style-type: none"> <li>○ evaluation and implementation</li> </ul> </li> <li>• State government <ul style="list-style-type: none"> <li>○ education and health sectors, planning and alignment</li> </ul> </li> <li>• Peak bodies and ACCHOs <ul style="list-style-type: none"> <li>○ planning, advice, implementation and referral as appropriate</li> </ul> </li> <li>• PHN regional councils, networks, and advisory groups <ul style="list-style-type: none"> <li>○ advisory</li> </ul> </li> <li>• Community and social services <ul style="list-style-type: none"> <li>○ consultation and advisory; implementation</li> </ul> </li> </ul>
Indigenous Specific	No
Duration	2017-19
Coverage	PHN region
Commissioning method	<p>The commissioning approach under this activity is dependent upon the focus area to ensure the most appropriate method is undertaken for differing strategies and include:</p> <ul style="list-style-type: none"> <li>- Utilising co-design and service-based commissioning approaches as suitable for the specific service(s) being commissioned.</li> <li>- Market sounding, with a focus on outcomes-based commissioning, are taken into account.</li> </ul>

Commissioned services are monitored and evaluated via quarterly meetings; monthly or quarterly outcomes-based reporting requirements as specified in the contract.



Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	DA02 - Drug and alcohol withdrawal management program
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	Increase local availability of withdrawal management and support services
Description of Drug and Alcohol Treatment Activity	<p><b>DA02.1 Identification of opportunities and barriers for withdrawal management and support services</b> The PHN has consulted and engaged with local drug and alcohol service providers and GPs to identify opportunities and barriers to increasing the availability and accessibility of withdrawal management and support services.</p> <p><b>DA02.2 Development of locally appropriate service delivery models</b> Service delivery models, such as clinical governance arrangements to increase the availability and quality of withdrawal management and support services within the region – including day patient and home-based withdrawal – have been explored.</p> <p>The PHN has consulted and engaged with local stakeholders to identify barriers and opportunities for increasing availability of services under each modality.</p> <p><b>DA02.3 Commission withdrawal management and support services</b> The PHN has commenced the commissioning of withdrawal management and support services by the developed service models. In particular, services commissioned will aim to ensure that there are appropriate, accessible and integrated services available for those most in need.</p>
Target population cohort	Drug and alcohol users and their families.
Consultation	The development of service models and clinical arrangements will be jointly undertaken with key stakeholders including (but not limited to) the HHSs, GPs, non-government organisation service providers,

	<p>peak bodies, Aboriginal and Torres Strait Islander health services, social welfare services and consumer organisations.</p> <p>Commissioning activities will be undertaken by the PHN (unless in the development of <i>The Plan</i> it is agreed with other stakeholders that joint commissioning approaches would be warranted).</p>
Collaboration	<ul style="list-style-type: none"> <li>• Local Hospital and Health Services <ul style="list-style-type: none"> <li>○ planning, integration, coordination</li> </ul> </li> <li>• Mental health care providers, drug and alcohol treatment service providers <ul style="list-style-type: none"> <li>○ assessment, intervention, and referral; planning and advisory</li> </ul> </li> <li>• Primary care providers <ul style="list-style-type: none"> <li>○ referral and treatment</li> </ul> </li> <li>• Tertiary education and research sectors <ul style="list-style-type: none"> <li>○ evaluation and implementation</li> </ul> </li> <li>• State government <ul style="list-style-type: none"> <li>○ education and health sectors, planning and alignment</li> </ul> </li> <li>• Peak bodies and ACCHOs <ul style="list-style-type: none"> <li>○ planning, advice, implementation and referral as appropriate</li> </ul> </li> <li>• PHN regional councils, networks, and advisory groups <ul style="list-style-type: none"> <li>○ advisory</li> </ul> </li> <li>• Community and social services <ul style="list-style-type: none"> <li>○ consultation and advisory; implementation</li> </ul> </li> </ul>
Indigenous Specific	No
Duration	2016-19
Coverage	The entire PHN region, though it is envisaged that, taking into account the different regional patterns of drug and alcohol use, the service mix will differ across areas.
Commissioning method	<p>The commissioning approach under this activity is dependent upon the focus area to ensure the most appropriate method is undertaken for differing strategies and include:</p> <ul style="list-style-type: none"> <li>• Utilising co-design and service-based commissioning approaches as suitable for the specific service(s) being commissioned.</li> </ul>

- Market sounding, with a focus on outcomes-based commissioning, are taken into account.

Commissioned services are monitored and evaluated via quarterly meetings; monthly or quarterly outcomes-based reporting requirements as specified in the contract

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	DA03 - Drug and Alcohol After Hours Counselling and Crisis Care
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	Increase availability of after-hours counselling and crisis care services
Description of Drug and Alcohol Treatment Activity	<p><b>DA03.1 Commission after hours drug and alcohol treatment services</b></p> <p>Enhance PHN commissioned mental health counselling services to offer, where possible, additional face-to-face after hours drug and alcohol and crisis care services for individuals and families. Where necessary, commission services to fill gaps identified by the Health Needs Assessment and service mapping, with particular focus on rural and remote regions of our PHN factoring in the different types of modalities of services best suited for hard to reach areas.</p> <p><b>DA03.2 Increase awareness and utilisation of after hours services</b></p> <p>Increase the availability of after hours counselling and crisis care services for drug and alcohol treatment.</p> <p>Promote the availability and utilisation of regionally-developed after hours counselling and crisis care services as well those services provided nationally and state wide.</p>
Target population cohort	Drug and alcohol users and their families.
Consultation	Identification of opportunities <b>and co-design</b> of counselling services will be jointly undertaken with key stakeholders including (but not limited to) the HHSs, GPs, Non-government organisation service providers, peak bodies, Aboriginal and Torres Strait Islander health services, social welfare services and consumer organisations.

	Commissioning activities will be undertaken by the PHN (unless in the development of <i>The Plan</i> it is agreed with other stakeholders that joint commissioning approaches would be warranted).
Collaboration	<ul style="list-style-type: none"> <li>• Local Hospital and Health Services <ul style="list-style-type: none"> <li>○ planning, integration, coordination</li> </ul> </li> <li>• Mental health care providers, drug and alcohol treatment service providers (including after hours) <ul style="list-style-type: none"> <li>○ assessment, intervention, and referral; planning and advisory</li> </ul> </li> <li>• Tertiary education and research sectors <ul style="list-style-type: none"> <li>○ evaluation and implementation</li> </ul> </li> <li>• State government <ul style="list-style-type: none"> <li>○ education and health sectors, planning and alignment</li> </ul> </li> <li>• Peak bodies and ACCHOs <ul style="list-style-type: none"> <li>○ planning, advice, implementation and referral as appropriate</li> </ul> </li> <li>• PHN and regional councils, networks and advisory groups <ul style="list-style-type: none"> <li>○ advisory</li> </ul> </li> <li>• Community and social services <ul style="list-style-type: none"> <li>○ consultation and advisory; implementation</li> </ul> </li> </ul>
Indigenous Specific	No
Duration	2016-19
Coverage	The entire PHN region, taking into account differences in the availability of existing services and level of need.
Commissioning method	<p>The commissioning approach under this activity is dependent upon the focus area to ensure the most appropriate method is undertaken for differing strategies and include:</p> <ul style="list-style-type: none"> <li>• Utilising co-design and service-based commissioning approaches as suitable for the specific service(s) being commissioned.</li> <li>• Market sounding, with a focus on outcomes-based commissioning are taken into account.</li> </ul> <p>Commissioned services are monitored and evaluated via quarterly meetings; monthly or quarterly outcomes-based reporting requirements as specified in the contract.</p>

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

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	DA04 - Increase availability of specific services for Aboriginal and Torres Strait Islander people
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	Ensuring that Indigenous-specific Drug and Alcohol Treatment services are commissioned Ensuring that culturally appropriate mainstream treatment services are available for Indigenous Australians. PHN Needs Assessment priority population – Aboriginal and Torres Strait Islander people
Description of Drug and Alcohol Treatment Activity	<p><b>DA04.1 Withdrawal management, counselling and rehabilitation services for Aboriginal and Torres Strait Islander people</b></p> <p>Adopting a focus on community ownership, the PHN will continue to work respectfully with Aboriginal and Torres Strait Islander Elders, community leaders, Councils, GPs and service providers to provide culturally appropriate withdrawal, counselling and rehabilitation services for Aboriginal and Torres Strait Islander people. Based on our Needs Assessment and through consultation thus far, activity options may include Community-based withdrawal management, Kinship/Peer Support services, and Indigenous specific residential detox and rehabilitation.</p> <p>Particular emphasis is being placed on understanding existing community-controlled service models to identify their strengths and opportunities for further investment.</p> <p><b>DA04.2 Commission appropriate drug and alcohol treatment services for Aboriginal and Torres Strait Islander people.</b></p> <p>Based on consultation as described above, the PHN will <b>co-create</b> or commission appropriate drug and alcohol treatment services for Aboriginal and Torres Strait Islander people.</p> <p><b>DA04.3 Increase workforce capacity and capability</b></p> <p>Improve the capacity and capability of the drug and alcohol services – including those that are</p>

	<p>Community controlled – and their workforce to co-design and deliver quality, effective and culturally appropriate drug and alcohol services to Aboriginal and Torres Strait Islander communities, families and individuals.</p> <p>Our PHN will improve the capacity and capability of drug and alcohol services as specified in the health needs assessment (see above). Our PHN will work with stakeholders to ensure that cultural safety and cultural awareness training for mainstream services is undertaken.</p> <p>Expected outcomes are an increase in AOD Health professionals engaged in the ACCHO and mainstream sector delivering culturally accessible services.</p>
Target population cohort	Mainstream and Indigenous mental health and drug and alcohol service providers. Indigenous and non-Indigenous mental health, alcohol and another drug workforce
Consultation	<p>The approach will maximise existing community strengths and will focus on fostering community ownership, following community cultural protocols and cultural acceptance.</p> <p>Identification of opportunities and co-design of services will be jointly undertaken by Aboriginal and Torres Strait Islander organisations, HHSs, GPs, alcohol and other drug service providers, social welfare services, and consumer organisations.</p> <p>Commissioning activities will be undertaken by the PHN (unless in the development of <i>The Plan</i> it is agreed with other stakeholders that joint commissioning approaches would be warranted).</p> <p>The design and implementation of workforce strategies will be undertaken with appropriate peak bodies, service providers, Aboriginal and Torres Strait Islander organisations, universities and professional colleges and vocational training organisations.</p>
Collaboration	<ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander Elders, leaders, communities, and individuals</li> <li>• Local Hospital and Health Services <ul style="list-style-type: none"> <li>○ planning, integration, coordination</li> </ul> </li> <li>• Mainstream and Indigenous mental health care providers, drug and alcohol treatment service providers <ul style="list-style-type: none"> <li>○ assessment, intervention and referral; planning and advisory</li> </ul> </li> <li>• Tertiary education and research sectors <ul style="list-style-type: none"> <li>○ evaluation and implementation</li> </ul> </li> <li>• State government</li> </ul>

	<ul style="list-style-type: none"> <li>○ education and health sectors, planning and alignment</li> <li>● Peak bodies and ACCHOs <ul style="list-style-type: none"> <li>○ planning, advice, implementation and referral as appropriate</li> </ul> </li> <li>● PHN and regional councils, networks and advisory groups <ul style="list-style-type: none"> <li>○ advisory</li> </ul> </li> <li>● Community and social services <ul style="list-style-type: none"> <li>○ consultation and advisory; implementation</li> </ul> </li> </ul>
Indigenous Specific	Yes
Duration	2016-19
Coverage	<p>Services will be provided across the entire PHN. LGAs with large Indigenous populations will be given priority.</p> <ul style="list-style-type: none"> <li>● Woorabinda</li> <li>● Rockhampton</li> <li>● Sunshine Coast</li> <li>● Fraser Coast</li> <li>● Bundaberg</li> <li>● Gladstone</li> </ul>
Commissioning method	<p>Enhanced services for Aboriginal and Torres Strait Islander populations will adopt a place-based commissioning approach where appropriate. Commissioning approaches intend to be inclusive and consultative, particularly of Community Elders and leaders.</p> <p>The PHN will use co-design and/or service-based commissioning approaches as appropriate, for the specific service(s) being commissioned. Market sounding, with a focus on outcomes-based commissioning will be taken into account.</p> <p>Direct engagement approach may be used in instances where there is immediate opportunity for capacity development.</p> <p>Commissioned services will be monitored and evaluated via quarterly meetings; monthly or quarterly outcomes-based reporting requirements as specified in the contract.</p>