



Australian Government
Department of Health



An Australian Government Initiative

Drug and Alcohol Treatment Activity Work Plan 2019-2022:

Drug and Alcohol Treatment Services Funding

Central Queensland, Wide Bay, Sunshine Coast PHN

1. (a) 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.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	AOD-P1: Sector Engagement and Strategy Development.
Existing, Modified, or New Activity	Existing Activity
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	Alcohol and Other Drug Indigenous Health Access Mental Health and Suicide Prevention HNA pages 113 and 114
Aim of Activity	The aim of this activity is to build local workforce cultural and clinical skills to address health needs of the region; to progress strategy development and sector engagement to better inform drug and alcohol treatment service needs, gaps, processes, and opportunities.
Description of Activity	<p>As part of our commissioning approach, the PHN has defined where we procure health services, partner with other agencies to implement health system solutions, and where our staff provide health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method.</p> <p>PHN will undertake the following activities in the category of sector engagement and strategy development.</p> <p>Partner:</p> <ol style="list-style-type: none"> 1) Partner with Australian Institute of Health and Welfare (AIHW) and other data custodians to secure the required service data with the aim of improving data quality and timeliness for commissioning (AOD-P1.1). 2) Continue to partner and engage with Strategic Collaborative representation, including Queensland Network of Alcohol and Other Drug Agencies (QNADA) (AOD-P1.2). 3) Explore costing models for procurement that were developed in partnership with National Drug and Alcohol Research Centre, to explore the potential application of the Drug and Alcohol Service Planning Model

	<p>(DASPM) to better support more efficient and effective commissioning of mainstream AOD treatment services (AOD-P1.3).</p> <p>4) Partner to work towards implementation of the joint regional plan (AOD-P1.4).</p> <p>5) Partner with key organisations to specifically inform the commissioning process on best practice in AOD treatment services (AOD-P1.5).</p> <p>6) Partner with other regional and remote Queensland PHNs to maximise investment opportunities and economies of scale (AOD-P1.6).</p> <p>7) Partner with ACCRM and RACGP to assist in the roll out of the professional development in primary care and drug and alcohol training packages for GPs (AOD-P1.10).</p> <p>8) Partner with local councils in Wide Bay LGAs to jointly prepare for the possible impacts of the introduction of the Cashless Debit Card (AOD-P1.11).</p> <p>9) Partner with RTOs, universities, and other training organisations including Indigenous-specific organisations to tailor locally relevant and culturally appropriate training packages and workforce capacity programs (AOD-P1.12).</p> <p>Provide:</p> <p>1) Media and communication regarding the launch of the workforce development procured service (AOD-P1.7).</p> <p>2) Practice support where applicable to facilitate the rollout of the new drug and alcohol GP training package (AOD-P1.13).</p> <p>3) Implement NCETA workforce development strategic framework 2018-2021 (AOD-P1.14).</p> <p>Procure:</p> <p>1) Workforce development (AOD-P1.8).</p> <p>2) Development of Joint Regional Plan and commissioning of AOD workforce development (AOD-P1.9).</p>
Target population cohort	Mental health, alcohol and other drug, and suicide prevention service planners, funders, providers and consumers.
In scope AOD Treatment Type	Workforce Development
Indigenous specific	No
Coverage	PHN Region
Consultation	<p>The Regional MHAOD Council is led by the PHN and includes representatives from Queensland Health and PHN Strategic Collaboratives.</p> <p>The three Strategic Collaboratives are facilitated by the PHN (as the lead agency) in collaboration with the respective Hospital and Health Services across the region. Strategic Collaboratives 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> <p>Three regional forums were facilitated by the PHN, inviting key mainstream and Indigenous stakeholders from mental health, suicide prevention, alcohol and other drugs sectors across our region to gather input and feedback into our three year joint regional plan and help guide our workforce development activities.</p>
Collaboration	<ul style="list-style-type: none"> • Local Hospital and Health Services <ul style="list-style-type: none"> ○ planning, integration, coordination • Mental health care providers, drug and alcohol treatment service providers <ul style="list-style-type: none"> ○ assessment, intervention, and referral; planning and advisory • Tertiary education and research sectors <ul style="list-style-type: none"> ○ evaluation and implementation • State government <ul style="list-style-type: none"> ○ education and health sectors, planning and alignment • Peak bodies and ACCHOs <ul style="list-style-type: none"> ○ planning, advice, implementation and referral as appropriate • PHN regional councils, networks, and advisory groups <ul style="list-style-type: none"> ○ advisory • Community and social services <ul style="list-style-type: none"> ○ consultation and advisory; implementation • People with a lived experience <ul style="list-style-type: none"> ○ consultation and advisory
Activity milestone details/ Duration	<p>Activity start date: 01/07/2019</p> <p>Activity end date: 30/06/2022</p>
Commissioning method and approach to market	<p><input checked="" type="checkbox"/> Direct engagement.</p> <p>*Direct approach will be made to most capable providers to deliver*</p> <p><input checked="" type="checkbox"/> Open tender</p> <p><input checked="" type="checkbox"/> Expression of Interest (EOI)</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>

	1b. If yes, provide a description of the proposed decommissioning process and any potential implications.			
Data collection	Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set No			
Total Planned Expenditure	Please populate the following table with planned expenditure for this Activity.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Expenditure – Drug and Alcohol Treatment Services - Core Funding	-	-	-	-
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Mainstream Funding	\$300,966	\$300,966	\$300,966	\$902,898
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Indigenous Funding	-	-	-	-
Total Planned Commonwealth Expenditure	\$300,966	\$300,966	\$300,966	\$902,898
Funding from other non-Commonwealth sources	-	-	-	-
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	AOD-P2: Drug and alcohol treatment service.
Existing, Modified, or New Activity	Existing Activity
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	Alcohol and Other Drug Access Mental Health and Suicide Prevention HNA pages 113 and 114
Aim of Activity	The aim of this activity is to increase availability and access to drug and alcohol treatment services for people in the PHN region
Description of Activity	<p>Partner:</p> <p>1) Partner with HHS to better define referral pathways (AOD-P2.1). Provide:</p> <p>1) Work with Clinical Councils (3) to identify GPs who may be early adopters in AOD withdrawal services and possible solutions to GP-based withdrawal. Stimulate interest in GPs to become opiate replacement prescribers. The aim of this activity is to increase willingness and capacity of GPs to provide/initiate withdrawal services and opiate replacement treatment in regional and remote Queensland. (AOD-P2.2).</p> <p>Procure:</p> <p>1) WB Bridges withdrawal management and day rehabilitation program (AOD-P2.3). 2) SC WHOS Najara withdrawal nurse liaison initiative (AOD-P2.4). 3) CQ Lives Lived Well alcohol and other drug counselling (AOD-P2.5). 4) SC QuIHN after hours counselling (AOD-P2.7). 5) CQ Drug Arm alcohol and other drug counselling (AOD-P4.6) 6) Consider piloting outcomes-based commissioning with existing AOD treatment providers using a mix of outcomes-based targets as well as outputs (AOD-P2.13).</p>
Target population cohort	<ul style="list-style-type: none"> - Rural and remote communities - Women - Men - Families with children - CALD individuals - People who work

	- Young people
In scope AOD Treatment Type	- Screening and brief intervention - Withdrawal management - Case management - Counselling - Day stay rehabilitation - Aftercare
Indigenous specific	No
Coverage	The entire PHN region. Considering the different regional patterns of drug and alcohol use, it is expected that the service mix will differ across areas.
Consultation	The development of service models and clinical arrangements have been and will continue to 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.
Collaboration	<ul style="list-style-type: none"> • Local Hospital and Health Services <ul style="list-style-type: none"> ○ planning, integration, coordination • Mental health care providers, drug and alcohol treatment service providers <ul style="list-style-type: none"> ○ assessment, intervention, and referral; planning and advisory • Primary care providers <ul style="list-style-type: none"> ○ referral and treatment • Tertiary education and research sectors <ul style="list-style-type: none"> ○ evaluation and implementation • State government <ul style="list-style-type: none"> ○ education and health sectors, planning and alignment • Peak bodies and ACCHOs <ul style="list-style-type: none"> ○ planning, advice, implementation and referral as appropriate • PHN regional councils, networks, and advisory groups <ul style="list-style-type: none"> ○ advisory • Community and social services <ul style="list-style-type: none"> ○ consultation and advisory; implementation
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2022 Service delivery start date: July 2019 Service delivery end date: June 2022
Commissioning method and approach to market	<input checked="" type="checkbox"/> Continuing service provider / contract extension 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process?

	No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No			
Decommissioning	1a. Does this activity include any decommissioning of services? Yes A key strategy of the Regional QLD PHN Partnership Project (AOD-P3.3) with QNADA was to promote the state-funded Alcohol and Drug Information Service (ADIS) online / telehealth counselling service. The continuation of the PHN-commissioned Drug Arm online and telehealth support service would have meant a duplication and was therefore decommissioned at the end of the contract term in October 2018. No issues or implications were caused as a result.			
Data collection	Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set Yes			
Total Planned Expenditure	Please populate the following table with planned expenditure for this Activity.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Expenditure – Drug and Alcohol Treatment Services - Core Funding	-	-	-	-
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Mainstream Funding	\$1,003,076	\$1,003,076	\$1,003,076	\$3,009,228
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Indigenous Funding	-	-	-	-
Total Planned Commonwealth Expenditure	\$1,003,076	\$1,003,076	\$1,003,076	\$3,009,228
Funding from other non-Commonwealth sources	-	-	-	-
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	AOD-P3: Drug and Alcohol After Hours Care and Referral.
Existing, Modified, or New Activity	Existing Activity
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	Alcohol and Other Drug Indigenous Health Access Mental Health and Suicide Prevention HNA pages 113 and 114
Aim of Activity	The aim of this activity is to improve integrated assessment processes and referral pathways as well as increase awareness and utilisation of after hours alcohol and drug counselling and crisis care services.
Description of Activity	<p>Partner:</p> <p>1) Partner with other Queensland PHNs to achieve service coverage and avoid duplication (AOD-P3.4).</p> <p>2) Work with the Queensland Government to improve the capacity of the ADIS to deliver telephone counselling and facilitate warm referrals in rural and remote regions of Queensland (AOD-P3.5).</p> <p>3) Work with general practitioners in rural and remote areas of Queensland to build capacity to respond to alcohol and other drug issues (AOD-P3.6).</p> <p>Provide:</p> <p>1) Provide AOD pathways via Health Pathways tool (AOD-P3.2).</p> <p>Procure:</p> <p>1) Continue to invest in social and digital media, and explore telephone-based treatment services to improve after hours service access and system navigation, and promote health-seeking behaviours in regional and remote Queensland (AOD-P3.7).</p>
Target population cohort	GPs, rural and remote service providers, service system users.
In scope AOD Treatment Type	- Screening and Brief Intervention - Counselling - Aftercare / follow up services
Indigenous specific	No

Coverage	The entire PHN region, taking into account differences in the availability of existing services and level of need.
Consultation	Identification of opportunities and co-design of services have been and will continue to be jointly undertaken with key stakeholders including (but not limited to) the HHSs, GPs, non-government organisation service providers, PHNs, peak bodies, Aboriginal and Torres Strait Islander health services, social welfare services and consumer organisations.
Collaboration	<ul style="list-style-type: none"> • Local Hospital and Health Services <ul style="list-style-type: none"> ○ planning, integration, coordination • Mental health care providers, drug and alcohol treatment service providers <ul style="list-style-type: none"> ○ assessment, intervention, and referral; planning and advisory • Primary care providers <ul style="list-style-type: none"> ○ referral and treatment • Tertiary education and research sectors <ul style="list-style-type: none"> ○ evaluation and implementation • State government <ul style="list-style-type: none"> ○ education and health sectors, planning and alignment • Peak bodies and ACCHOs <ul style="list-style-type: none"> ○ planning, advice, implementation and referral as appropriate • PHN regional councils, networks, and advisory groups <ul style="list-style-type: none"> ○ advisory • Community and social services <ul style="list-style-type: none"> ○ consultation and advisory; implementation
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2022 Service delivery start date: July 2019 Service delivery end date: June 2022
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input checked="" type="checkbox"/> Direct engagement</p> <p>*Direct approach to most capable provider*</p> <p><input checked="" type="checkbox"/> Expression of Interest (EOI)</p> <p>2a. Is this activity being co-designed?</p> <p>Yes</p> <p>2b. Is this activity this result of a previous co-design process?</p> <p>Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?</p> <p>Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned?</p> <p>Yes</p>

Decommissioning	No			
Data collection	Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set No			
Total Planned Expenditure	Please populate the following table with planned expenditure for this Activity.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Expenditure – Drug and Alcohol Treatment Services - Core Funding	-	-	-	-
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Mainstream Funding	\$50,786	\$50,786	\$50,786	\$152,358
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Indigenous Funding	-	-	-	-
Total Planned Commonwealth Expenditure	-	-	-	-
Funding from other non-Commonwealth sources	-	-	-	-
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

1. (b) 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

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	AOD-P4: Increase availability of specific services for Aboriginal and Torres Strait Islander people.
Existing, Modified, or New Activity	Existing Activity
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	Alcohol and Other Drug Indigenous Health Access Mental Health and Suicide Prevention HNA Pages 46, 47, 113 and 114.
Aim of Activity	The aim of this activity is to increase access and availability of Aboriginal and Torres Strait Islander social and emotional wellbeing services, withdrawal management, counselling and rehabilitation, including workforce.
Description of Activity	<p>Partner:</p> <p>1) Indigenous sponsorship/ engagement (AOD-P4.1). 1a) RAP</p> <p>2) Partner with QAIHC to ensure Indigenous workforce capacity activities across the region are targeted and coordinated (AOD-P4.11).</p> <p>Provide:</p> <p>1) Provide stakeholders with information on available services for Aboriginal and Torres Strait Islander people (AOD-P4.3). 2) Provide education to GPs on cultural competence, AOD pharmacotherapy, community-based withdrawal, and co-morbidity guidelines: CPD points (AOD-P4.4).</p> <p>Procure:</p> <p>1) WB IWC Social and Emotional Wellbeing (AOD-P4.5). 2) CQ Drug Arm Aboriginal and Torres Strait Islander Counselling Service (AOD-P4.6). 3) WB Galangoor Social and Emotional Wellbeing (AOD-P4.7).</p>

	<p>4) CQ Indigenous Residential Withdrawal Service. Direct approach – most capable provider. After commissioning the Queensland Alcohol and Drug State peak body (QNADA) to carry out a detox/withdrawal feasibility study in the Central Queensland region, the final report recommended that a local Indigenous Rehabilitation Service (Gumbi Gumbi Halo House Rockhampton) was most suitable to provide best value for money service and leverage off their existing infrastructure and economies of scale (AOD-P4.8).</p> <p>5) Procure Indigenous capacity-building for AOD service providers identified at the Regional AOD and Aboriginal and Torres Strait Islander Forums (AOD-P4.9).</p>
Target population cohort	<ul style="list-style-type: none"> - Mainstream and Indigenous mental health and drug and alcohol service providers. - Indigenous and non-Indigenous mental health, alcohol and another drug workforce. - Aboriginal and Torres Strait Islander people, families, communities, and significant others. - Regional and remote Aboriginal and Torres Islander people and communities.
In scope AOD Treatment Type	<ul style="list-style-type: none"> - Screening and brief intervention - Withdrawal management - Case management - Care coordination - Counselling - Day stay rehabilitation - Aftercare
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>Yes</p> <p>These services have been co-designed with the Aboriginal and Torres Strait Islander people and are either placed based in communities such as Woorabinda and / or being delivered by Aboriginal Community Controlled Health Organisations.</p>
Coverage	<ul style="list-style-type: none"> - Woorabinda - Rockhampton - Fraser Coast - Bundaberg - Banana Shire - Gladstone - Sunshine Coast

<p>Consultation</p>	<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 have been and will continue to 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 the Plan 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>
<p>Collaboration</p>	<ul style="list-style-type: none"> ○ Aboriginal and Torres Strait Islander Elders, leaders, communities, and individuals ○ Local Hospital and Health Services <ul style="list-style-type: none"> ○ planning, integration, coordination ○ Mainstream and Indigenous mental health care providers, drug and alcohol treatment service providers <ul style="list-style-type: none"> ○ assessment, intervention and referral; planning and advisory ○ Tertiary education and research sectors <ul style="list-style-type: none"> ○ evaluation and implementation ○ State government <ul style="list-style-type: none"> ○ education and health sectors, planning and alignment ○ Peak bodies and ACCHOs <ul style="list-style-type: none"> ○ planning, advice, implementation and referral as appropriate ○ PHN and regional councils, networks and advisory groups <ul style="list-style-type: none"> ○ advisory ○ Community and social services <ul style="list-style-type: none"> ○ consultation and advisory; implementation
<p>Activity milestone details/ Duration</p>	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2022</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 checked="" type="checkbox"/> Continuing service provider / contract extension <input checked="" type="checkbox"/> Direct engagement. <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> <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	1a. Does this activity include any decommissioning of services? No			
Data collection	Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set Yes			
Total Planned Expenditure	Please populate the following table with planned expenditure for this Activity.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Expenditure – Drug and Alcohol Treatment Services - Core Funding	-	-	-	-
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Mainstream Funding	-	-	-	-
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Indigenous Funding	\$794,752	\$794,752	\$794,752	\$2,384,256
Total Planned Commonwealth Expenditure	\$794,752	\$794,752	\$794,752	\$2,384,256

Funding from other non-Commonwealth sources	-	-	-	-
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

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

– Drug and Alcohol Treatment Services – Core Funding

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	AOD-P5: Drug and Alcohol Treatment Program.
Existing, Modified, or New Activity	Existing Activity
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	Alcohol and Other Drug Access HNA Page 114
Aim of Activity	This activity aims to increase access to drug and alcohol case management, care coordination, treatment, counselling, and assertive outreach to individuals in underserved areas or experiencing high levels of need.
Description of Activity	Procure: 1) WB - Bridges youth outreach and alcohol and other drug counselling (NGOTGP) (AOD-P5.1). 2) CQ - CQID drug and alcohol treatment program (NGOTGP) (AOD-P5.2).
Target population cohort	- Youth - Women - Men - Families with children - CALD individuals - Aboriginal and Torres Strait Islander people - Homeless
In scope AOD Treatment Type	- Screening and brief intervention - Case management - Counselling - Aftercare
Indigenous specific	No

Coverage	<ul style="list-style-type: none"> - Rockhampton Region - Woorabinda Shire - Wide Bay Burnett Area - Fraser Coast Region
Consultation	<p>Identification of opportunities and co-design of services have been and will continue to 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>PHN led AOD and Aboriginal and Torres Strait Islander Regional Forums held in October 2018 to seek input into Joint Regional Plan, identify needs and gaps, and gather stakeholder input.</p>
Collaboration	<ul style="list-style-type: none"> ○ Local Hospital and Health Services <ul style="list-style-type: none"> ○ planning, integration, coordination ○ Mental health care providers, drug and alcohol treatment service providers <ul style="list-style-type: none"> ○ assessment, intervention, and referral; planning and advisory ○ Primary care providers <ul style="list-style-type: none"> ○ referral and treatment ○ Tertiary education and research sectors <ul style="list-style-type: none"> ○ evaluation and implementation ○ State government <ul style="list-style-type: none"> ○ education and health sectors, planning and alignment ○ Peak bodies and ACCHOs <ul style="list-style-type: none"> ○ planning, advice, implementation and referral as appropriate ○ PHN regional councils, networks, and advisory groups <ul style="list-style-type: none"> ○ advisory ○ Community and social services <ul style="list-style-type: none"> ○ consultation and advisory; implementation
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2022</p>
Commissioning method and approach to market	<p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p>Pending ongoing transition funding post-30 June 2019, we will continue to contract.</p> <p>Review and monitor performance of CQID NGOTGP and work towards outcomes based commissioning with provider</p> <p>2a. Is this activity being co-designed?</p> <p>No</p> <p>2b. Is this activity this result of a previous co-design process?</p>

	No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No			
Decommissioning	1a. Does this activity include any decommissioning of services? No			
Data collection	Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set Yes			
Total Planned Expenditure	Please populate the following table with planned expenditure for this Activity.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Expenditure – Drug and Alcohol Treatment Services - Core Funding	\$620,247	\$628,170	\$523,267	\$1,771,684
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Mainstream Funding	-	-	-	-
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Indigenous Funding	-	-	-	-
Total Planned Commonwealth Expenditure	\$620,247	\$628,170	\$523,267	\$1,771,684
Funding from other non-Commonwealth sources	-	-	-	-
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			