



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

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

1. The Drug and Alcohol Treatment Services Activity Work Plan for the financial years 2019-20, 2020-2021 and 2021-2022. Please complete the table of planned activities funded under the following:
 - Schedule: Drug and Alcohol Treatment Services - Core and Operational Funding (formerly Transition Funding)
 - Schedule: Drug and Alcohol Treatment Services – NIAS Operational and Mainstream Funding (formerly Operational and Flexible Funding).
 - Schedule: Drug and Alcohol Treatment Services - NIAS Aboriginal and Torres Strait Islander people Funding (Indigenous Funding) (formerly Aboriginal and Torres Strait Islander people – Flexible Funding).
2. The indicative Funding Budget for the financial years 2019-20, 2020-21 and 2021-22 (attach an excel spreadsheet using template provided) to report planned expenditure under the following:
 - Drug and Alcohol Treatment Services – Core and Operational Funding (formerly Transition Funding)
 - Drug and Alcohol Treatment Services – NIAS Operational and Mainstream Funding (formerly Operational and Flexible Funding)
 - Drug and Alcohol Treatment Services – NIAS Indigenous Funding (formerly Aboriginal and Torres Strait Islander people- Flexible Funding)

Hunter New England Central Coast PHN

Overview

This Drug and Alcohol Treatment Services Activity Work Plan covers the period from 1 July 2019 to 30 June 2022. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

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

- Drug and Alcohol Treatment Services – Core Funding
- Drug and Alcohol Treatment Services – NIAS Mainstream Funding
- 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	<i>AD1 Drug and Alcohol Treatment Service Commissioning</i>
Existing, Modified, or New Activity	Existing Activity <i>Activity 1 - Drug and Alcohol Treatment Services – Operational and Flexible Funding; and Activity 1 - Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding</i>
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	HNECC PHN Core Needs Assessment - 1 July 2019 to 30 June 2022 Alcohol and Other Drug Treatment Needs (Page 62) <ul style="list-style-type: none"> • Commission drug and alcohol treatment services in response to local need; and • Commission drug and alcohol treatment services targeted at Aboriginal and Torres Strait Islander people;
Aim of Activity	<ul style="list-style-type: none"> • Address the increased demand for access to drug and alcohol treatment services through needs based and targeted planning responsive to the changing needs of the community, taking into consideration currently funded services, and in consultation with state and territory health services and other relevant stakeholders including LHDs and ACCHOs; • Support region specific, cross-sectoral and integrated approaches to drug and alcohol treatment services, based on the needs of clients locally, and focused on improving care coordination at the local level; • Facilitate and support evidence-based treatment for clients using a range of substances, including flexible and stepped care models tailored to individual need; and • Ensure targeted and culturally appropriate drug and alcohol treatment services for Indigenous Australians that are linked with broader Indigenous health services

Description of Activity	<p>HNECC PHN utilises a commissioning framework in the contracting of treatment services under the <i>PHN Drug and Alcohol Treatment Program</i>, inclusive of the following activities, congruent with the scope of works and allocation of funding;</p> <ol style="list-style-type: none"> 1. Understand the needs of the community by analysing data, engaging and consulting with consumers, clinicians, carers and providers, peak bodies, community organisations and funders; 2. Adopt a whole of system approach to meeting health needs and delivering improved health outcomes; 3. Understand the fullest practical range of providers including the contribution they could make to delivering outcomes and addressing market failure and gaps, and encourage diversity in the market; 4. Co-design solutions; engage with stakeholders, including consumer representatives, peak bodies, community organisations, potential providers and other funders, to develop evidence-based and outcome-focused solutions; 5. Ensure procurement and contracting processes are transparent and fair, facilitating the involvement of the broadest range of suppliers, including alternative arrangements such as consortia building where appropriate; 6. Manage through relationships; work in partnership, building connections at multiple levels of partner organisations and facilitate links between stakeholders; 7. Develop environments high in trust through collaborative governance, shared decision-making and collective performance management; 8. Ensure efficiency, value for money, and service enhancement; and 9. Monitor and evaluate through regular performance reports; consumer, clinician, community and provider feedback, and independent evaluation.
Target population cohort	<p>People experiencing low – harmful substance dependency across the life span. For some contracted services, the following population groups are prioritised;</p> <ol style="list-style-type: none"> i. Aboriginal and Torres Strait Islander Peoples ii. Youth (18 - 24 years) iii. Pregnant woman and/or those with young children iv. Individuals exiting the justice system v. Individuals with co-occurring substance misuse and mental illness
In scope AOD Treatment Type	<ul style="list-style-type: none"> • Counselling • Withdrawal Management

	<ul style="list-style-type: none"> • Residential Rehabilitation • Day Stay Rehabilitation (and other intensive non-residential programs) • Aftercare / relapse Prevention • Case management, care planning, and coordination
Indigenous specific	<p>Yes - Contracted services directly funded under <i>NIAS Aboriginal and Torres Strait Islander people Funding</i>. Contracted services funded under <i>NIAS Operational and Mainstream Funding</i> target Aboriginal and Torres Strait Islander People in service delivery.</p> <p>It is a requirement of all HNECC PHN-funded services that culturally secure practice and partnerships with local Aboriginal communities be evidenced.</p> <p>HNECC PHN-funded Aboriginal Community Controlled Drug and Alcohol Treatment Programs are actively engaged in the <i>HNECC Regional Drug and Alcohol Partnership Networks</i>. The Networks support region specific, cross-sectoral and integrated approaches to drug and alcohol treatment services whilst promoting linkages with broader health services, to better support integrated treatment and referral pathways for Aboriginal and Torres Strait Islander clients.</p> <p>The HNECC PHN is also actively engaged in Regional Aboriginal Health Alliances, inclusive of system partners; Local Health Districts, Aboriginal Community Controlled Organisations including Aboriginal Medical Services and Primary Healthcare Providers who deliver targeted services to Aboriginal and Torres Strait Islander Peoples. The Alliances seek to ensure services for Indigenous Australians are linked with broader health services.</p>
Coverage	Services are currently funded throughout the entire PHN region (15 SA3's) as per identified need.
Consultation	The development of local responses to address priority opportunities and options are subject to development and ongoing consultation through the <i>HNECC Regional Drug and Alcohol Partnership Networks</i> ; a formalised partnership of the HNECC PHN, Hunter New England LHD, Central Coast LHD, the Network of Alcohol and Drug Agencies (NADA), Aboriginal Medical Services and Non-government Drug and Alcohol Treatment Providers throughout the HNECC.
Collaboration	<p>As above.</p> <p>A Leadership Steering Committee has been established to provide strategic oversight to all Network-devised priority areas and objectives. The membership of HNE and CC Local Health District- General Managers, NADA – Clinical Director and Deputy CEO and HNECC PHN – Team Leader.</p>
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	<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? Yes 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	No
Data collection	Yes