



Australian Government

Department of Health



An Australian Government Initiative

Primary Health Networks

- **Drug and Alcohol Treatment Activity Work Plan 2016-17 to 2018-19**
- **Drug and Alcohol Treatment Budget**

Country WA PHN

When submitting this Activity Work Plan 2016-2019 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and has been endorsed by the CEO.

The Activity Work Plan must be lodged to Carly Davis via email carly.davis@health.gov.au on or before 6 May 2016.

Version: December 2016

Introduction

Overview

The activities under the Drug and Alcohol Treatment Services Annexure to the Primary Health Networks Programme Guidelines will contribute to the key objectives of PHN by:

- Increasing the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by 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.

Each PHN, in accordance with the guidance provided by the Department, must make informed choices about how best to use its resources to achieve these drug and alcohol treatment objectives, contributing to the PHN's key objectives more broadly.

Together with the PHN Needs Assessment and the PHN Performance Framework, PHNs will outline activities and describe measurable performance indicators to provide the Australian Government and the Australian public with visibility as to the activities of each PHN.

This document, the Activity Work Plan template, captures those activities.

This Drug and Alcohol Treatment Activity Work Plan covers the period from 1 July 2016 to 30 June 2019. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of between 12 months and 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.

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

1. The **Strategic Vision** of each PHN, specific to drug and alcohol treatment.
2. The **Drug and Alcohol Treatment Services Annual Plan 2016-17 to 2018-2019** which will provide:
 - a) A 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) A 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
3. The **Proposed Operational and Flexible Funding Stream Budgets** for 2016-17:
 - a) Budget for Drug and Alcohol Treatment Services – Operational and Flexible Funding
 - b) Budget for Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding

Annual Plan 2016-17 to 2018-2019

Annual plans for 2016-17 to 2018-2019 must:

- Provide a coherent guide for PHNs to demonstrate to their communities, general practices, health service organisations, state and territory health services and the Commonwealth Government, what the PHN is going to achieve (through performance indicator targets) and how the PHN plans to achieve these targets;
- Be developed in consultation with local communities, Clinical Councils, Community Advisory Committees, state/territory governments and Local Hospital Networks as appropriate; and
- Articulate a set of activities that each PHN will undertake, using the PHN Needs Assessment as evidence, and measuring performance against Local Performance Indicators (where appropriate) and targets to demonstrate improvements.

Activity Planning

The PHN Needs Assessment will identify local priorities which in turn will inform and guide the activities nominated for action in the 2016-17 to 2018-19 Annual Plan. PHNs need to ensure the activities identified in the annual plan also correspond with the Activity Objectives and Actions eligible for grant funding identified in Annexure A2 – Drug and Alcohol Treatment Services. The Drug and Alcohol Treatment Annual Plan will also need to take into consideration the PHN Objectives and the PHN key priorities.

Drug and Alcohol Treatment Services Funding

From 2016-17, PHNs will undertake drug and alcohol treatment planning, commissioning and contribution to coordination of services at a regional level, to improve sector efficiency and support better patient management across the continuum of care.

Having completed needs assessments for their regions, PHNs will now identify the appropriate service mix and evidence based treatment types suitable to meet the regional need.

The Drug and Alcohol Annual Plan will complement the information in the Needs Assessments, and should be used to record the activities you intend to fund. The 'Commissioning of Drug and Alcohol Treatment Services' guidance document will assist you in understanding the Department's expectations in relation to activities that are in scope for funding, and will assist you in translating drug and alcohol treatment evidence into a practical approach.

Measuring Improvements to the Health System

National headline performance indicators, as outlined in the PHN Performance Framework, represent the Australian Government's national health priorities.

PHNs will identify local performance indicators to demonstrate improvements resulting from the activities they undertake in relation to the commissioning of Drug and Alcohol Treatment Services.

These will be reported through the Six Month and Twelve Month Performance reports and published as outlined in the PHN Performance Framework.

Activity Work Plan Reporting Period and Public Accessibility

The Drug and Alcohol Treatment Activity Work Plan will cover the period 1 July 2016 to 30 June 2019. A review of the Drug and Alcohol Treatment Activity Work Plan will be undertaken on an annual basis (in both 2017 and 2018) and resubmitted as required in accordance with Item F of the Schedule: Drug and Alcohol Treatment Activities.

Once approved by the Department, the Annual Plan component must be made available by the PHN on their website as soon as practicable. The Annual Plan component will also be made available on the Department of Health's website (under the PHN webpage). Sensitive content identified by the PHN will be excluded, subject to the agreement of the Department.

It is important to note that while planning may continue following submission of the Activity Work Plan, PHNs can plan but must not execute contracts for any part of the funding related to this Activity Work Plan until it is approved by the Department.

Further information

The following may 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;

Please contact your Grants Officer if you are having any difficulties completing this document.

1. Strategic Vision for Drug and Alcohol Treatment Funding

Problematic alcohol and other drug use results in significant health, social and economic costs to individuals, families and communities. Individuals with alcohol and other drug problems often experience poor health and wellbeing outcomes as a result of a service system that does not meet their needs.

Addressing problems associated with use requires both universal population based approaches targeting the whole community, and selected and targeted interventions for consumers, significant others, families and at-risk priority target groups.

Long term, sustainable solutions require a systems approach to service planning and provision that considers social determinants, stigma and workforce, and invests in interventions to address current use and reduce future demand.

The PHN is committed to an integrated systems based approach, with a focus on person centred place based solutions involving primary care and support services in partnership with the people they care for.

A key area of focus will be supporting general practice and building capacity to better care for clients with problematic alcohol and drug use. This includes working to reduce stigma associated with alcohol and drug use, increasing uptake of screening and brief interventions as well as increasing the role of primary care in shared care, ongoing support and patient wellbeing. The planned Comprehensive Primary Care Project will enable resources to be invested in building GP capacity to work with a range of conditions including mental health and alcohol and drugs.

The PHN will direct drug and alcohol treatment funding towards specific groups of people who will benefit from additional drug and alcohol treatment services. PHN planning and commissioning activity will take a strong place-based approach, focusing on increasing access to treatment services required at the local level and identification of the priority services that are feasible to provide. The PHN will identify and explore opportunities to complement the existing system of drug and alcohol treatment services to improve efficiency and effectiveness.

The PHN will focus on evidence-based approaches with the appropriate staffing profiles and skills and good corporate and clinical governance that deliver positive outcomes for consumers. A focus will be on the promotion of quality improvement approaches.

The PHN will ensure close engagement and alignment with mental health services and linkages with broader health services to facilitate communication and integration. Engagement with clinicians will be an integral component of the PHN approach to develop optimal shared care and referral pathways.

Sustainable relationships will be continued with key stakeholders including WA government services, the WA Network of Alcohol and Other Drug Agencies, specialist drug and alcohol treatment providers in the region, Aboriginal health organisations and Aboriginal-specific drug and alcohol treatment services, the WA Substance Users Association, the WA Council of Social Services, Local government and consumer, carer and family groups.

Consistent with the PHN Strategic Vision for Mental Health Care Funding, a stepped-care approach will be taken to identify and define the points in a patient's journey through the health system where they are at most risk of falling through the gaps as they transition between services as their needs change. A focus on improving access to varying levels of intensity and interventions for people at risk of mild to moderate harm will be increased, enabling greater capacity for self-sufficiency and universal access.

The PHN will target planning and commissioning of services to people in the regional and remote areas who may not currently receive services to meet their needs. The location and nature of services will be informed by an analysis of the social determinants of health; problematic drug and alcohol user patterns; and service adequacy and accessibility. Guidance will also be provided by the PHN comprehensive needs assessments, detailed services mapping through the WA Mental Health and Alcohol and other Drug Atlas and reference to evidence-based local and international practice.

Consistent with the Australian Government's funding objectives, the PHN will concentrate activity on addressing increased demand for services and will prioritise the high-risk groups identified through research and data analysis. The PHN will prioritise commissioning of additional drug and alcohol treatment services based on the identified and agreed needs of the local population.

The PHN will support development of service linkages, help to build capacity and contribute to the collection of accurate and up-to-date information about local needs.

A collaborative and culturally appropriate Indigenous specific response is integrated throughout the PHN Drug and Alcohol Treatment Activity Plan, to better support Aboriginal people. In addition, initiatives specifically developed to better meet the needs of Aboriginal people will be undertaken.

The PHN will apply the Drug and Alcohol Strategy Branch guidance on the organisations and treatment services considered to be in scope for funding by PHNs.

2. (a) Planned activities: Drug and Alcohol Treatment Services – Operational and Flexible Funding (Total Mainstream DATS \$4,333,471, ATSI DATS \$4,505,757)

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.

Key Projects underpinning proposed activities

WA Mental Health and Alcohol and other Drug Atlas project -The project maps by primary function, all of the free-to-access mental health and AOD services in WA including their reach. Once completed (anticipated October/November 2016) the project will provide a planning tool that helps health commissioning organisations to understand current service availability by locality.

My Health Record project - My Health Record is a secure online summary of a person's health information, provided to all Australians by the Commonwealth Department of Health. The individual can control what goes into the record and who can access it. The My Health Record makes it possible for an individual to share their health information with a variety of healthcare services and providers such as GP's, hospitals and specialists. Everyone granted access to the record is able to see information about an individual's health condition, allergies, test results or medications depending on what the individual elects to share, and with whom. The benefits are significant – the electronic record is a convenient way for people to store all of their health information and also in reducing duplication and potential errors through health professionals having access to the right information all in one place.

HealthPathways - HealthPathways is an online system for General Practitioners (GPs) and primary health clinicians, accessed through an online portal. HealthPathways has been designed to be used at the point of care. It provides GPs and primary health clinicians with additional clinical information to support their assessment, treatment and management of individual patient's medical conditions, including referral processes to local specialists and services.

HealthPathways is central to the support that WA Primary Health Alliance (WAPHA) and the Primary Health Networks (PHNs) provide to GPs and primary health clinicians. WAPHA administers HealthPathways in Western Australia. The PHNs' Primary Health Liaison officers promote HealthPathways, and support GPs to implement and use the system in their practices to ensure people in Western Australia receive the right care, in the right place at the right time.

WAPHA works collaboratively with the State Government's Department of Health and the Area Health Services to set HealthPathways priorities and direction. Clinical pathways are selected by a formal process, and are chosen based on the greatest need.

Approach taken to prioritising activities

In March 2016 Curtin University's School of Public Health to complete a baseline population health report for the region identifying Drug and Alcohol treatment needs. This Needs Assessment recommended the following priority streams and activities that have specific relevance to primary care in the region and are aligned with the latest draft of the State Government's Drug and Alcohol Interagency Strategic Framework for Western Australia:

1. Brief interventions in primary care;
2. Treatment in the primary care/community care setting e.g. stepped care models;
3. Treatment Support e.g. Extended Primary Care; and
4. Coordination and capacity building e.g. workforce capacity building, monitoring and evaluation.

WAPHA will continue to work collaboratively with the Western Australia Mental Health Commission (MHC) and Western Australian Network of Alcohol and Other Drug Agencies (WANADA) as well as a range of other stakeholders to prevent and address harms associated with problematic alcohol and drug use.

The Drug and Alcohol Treatment Activity Work Plan aligns with the PHN's Core Activities, as well as activities identified in the After Hours, Mental Health, and Aboriginal and Torres Strait Islander Activity Plans which all seek to maximise opportunities to integrate and improve access to services. Core priorities are:

1. Keeping people well in the community;
2. People with multiple morbidities especially chronic co-occurring physical conditions, mental health conditions and drug and alcohol treatment needs;
3. Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage;
4. System navigation and integration to help people get the right services, at the right time and in the right place; and
5. Capable workforce tailored to these priorities.

Proposed Activities

<p>Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)</p>	<p>This activity aligns with the following priorities in the PHN Needs Assessment:</p> <ul style="list-style-type: none"> • Priority 1: Keeping people well in the community • Priority 2: People with multiple morbidities especially chronic co-occurring physical and mental health conditions • Priority 3: Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage. • Priority 4: System navigation and integration to help people get the right services at the right time and in the right place. • Priority 5: Capable workforce tailored to these priorities. <p>This activity aligns particularly with Priorities 1 and 3</p>
<p>Activity Title / Reference (e.g. Activity 1.1, 2.1)</p>	<p>DATS 1: Regional Integrated Drug and Alcohol Treatment Services Plans</p>
<p>Description of Drug and Alcohol Treatment Activity</p>	<p>The PHN is phasing the commissioning of Regional integrated drug and alcohol services in Country WA using information and identified priority areas from the PHN Drug and Alcohol Needs Assessment and the mapping undertaken by the Integrated Mental Health, Alcohol and Other Drugs Atlas of Western Australia (the Atlas). The Atlas has been commissioned by WAPHA in conjunction with the WA Mental Health Commission and other partners to identify service gaps and opportunities for improved service delivery in drug and alcohol treatment, mental health and suicide prevention. The Atlas is due for completion in November 2016.</p> <p>The PHN is using the information to increase service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by targeting areas of need, and drug and alcohol use in communities.. A key focus for the PHN will be new service types from a range of providers and funders and improvements in the integration between existing services. The activity aims to improve care coordination between various sectors, and improve sector efficiency.</p> <p>The PHN will engage with services providers and local stakeholders to:</p> <ul style="list-style-type: none"> • scope, plan and implement a clear and robust clinical governance and quality assurance framework for alcohol and drug treatment services; • ensure data collection and reporting systems are in place; • develop and implement systems to support sharing of consumer information; and • establish and maintain appropriate consumer feedback procedures.

	<p>This activity works at a systems level to identify unmet needs in alcohol and drug service provision. It promotes linkages with broader health services including mental health services and social care systems to better support integrated treatment and referral pathways. It also:</p> <ul style="list-style-type: none"> • Seeks to engage and build the capacity of primary care to respond to problematic alcohol and drug use; • Includes a focus on increasing access to services to address alcohol and drug use including methamphetamine use; • Includes provision of an appropriate clinical governance and quality assurance framework; and • Establishes and maintains appropriate consumer feedback procedures. <p>The activity meets the drug and alcohol treatment services funding objectives of:</p> <ul style="list-style-type: none"> • Addressing the increased demand for access to drugs and alcohol treatment services, with a focus on methamphetamine use, through needs based and targeted planning
Collaboration	<p>The PHN will continue to engage with a broad range of stakeholders both formally and informally¹. These stakeholders include but are not limited to WAPHA's Alcohol and Drug Expert Advisory Group, WAPHA Mental Health Expert Advisory Group, WAPHA's Aboriginal Mental Health and Alcohol and Drug Reference Group, Regional Clinical Commissioning Committees and stakeholder reference groups, other WA PHN's Clinical Commissioning Committees and Councils and Clinical Engagement Committees (CEC), WANADA, the WA Mental Health Commission, WA Health, Aboriginal Health organisations, LGA's, NDIS providers, GPs, community based primary health care, mental health and social care organisations, consumer, carer and family groups and other service providers and WA Health and Disability Services Complaints Office (HaDSCO).</p>
Indigenous Specific	<p>This activity includes regional planning and mapping of services in collaboration with AHCWA and Regional Aboriginal Health Planning Forums and their Subcommittees and member organisations to support Aboriginal and Torres Strait Islander people and should be read in conjunction with the suite of proposed Drug and Alcohol-ATSI activities.</p>
Duration	<p>May 2016 – October 2016.</p>
Coverage	<p>Country WA PHN.</p>
Commissioning approach	<p>The PHN is working closely with the WA Mental Health Commission's Alcohol, Other Drug and Prevention Services, and with the Manager of Community Programs to ensure that programs complement and enhance existing and planned services. This</p>

¹ The roles outlined are based on the IAP2 participation spectrum International Association for Public Participation Spectrum, <http://www.iap2.org.au/documents/item/84>, last accessed 27/04/16

	<p>is in line with the <i>Better Choices Better Lives – Western Australian Mental Health, Alcohol and other Drug Services Plan 2015 – 2025 and with the Commonwealth Guidelines</i>. The Regional Plans developed through this activity are informing the Commissioning approach to Drug and Alcohol Treatment Services. Regional Plans developed through the collaborative mechanisms in each region are developed by working groups and endorsed by the Country WA PHN Regional Clinical Commissioning Committees.</p> <p>It is anticipated that ultimately, where possible, the preferred approach in Country WA will be to encourage partnership and value-adding arrangements to ensure integrated treatment and referral pathways, provide service linkages with other relevant support sectors and embed care coordination at a local level.</p>	
Performance Indicator	The performance indicators of the planning phase will be process indicators which reflect the collaborative nature of the planning and the outputs consist of the Regional plans in the 7 Country WA Regions.	
Local Performance Indicator target	As outlined above, local performance indicator targets will be agreed in partnership with co-planners, co-commissioners and other key stakeholders.	
Data source	Project monitoring data.	
Planned Expenditure (GST exclusive) to match budget	\$0	Commonwealth funding
	\$0	Funding from other sources (e.g. private organisations, state and territory governments)

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	<p>This activity aligns with the following priorities in the PHN Needs Assessment:</p> <ul style="list-style-type: none"> • Priority 1: Keeping people well in the community • Priority 2: People with multiple morbidities especially chronic co-occurring physical and mental health conditions • Priority 3: Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage. • Priority 4: System navigation and integration to help people get the right services at the right time and in the right place. • Priority 5: Capable workforce tailored to these priorities. <p>This activity aligns particularly with Priorities 4 and 5</p>
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	<p>DATS 2: Stepped care - pathways and gateways</p> <p>This activity is the necessary pre-requisite to achieve Activity DATS 3 and Activity DATS-ATSI 2 – Brief interventions, Linkages and Capacity building</p>
Description of Drug and Alcohol Treatment Activity	<p>The aim of this activity is to identify the points in a patient's journey through the health system where they are most at risk of falling through the gaps. As needs change, this can occur between different levels of care (gateways) and along the care continuum. Better integration between services (pathways) is needed to prevent this from happening, improve the patient journey and support continued recovery once treatment concludes.</p> <p>Country WA PHN will bring together health professionals in each Country WA Region to agree, test and implement protocols for managing those critical gateways in the journey of people who require support and treatment. It is anticipated that this work will result in building workforce capacity in the community and primary care sector to better manage some patients in those sectors, within input from specialist colleagues.</p> <p>To support the establishment of effective stepped care pathways the PHN will:</p> <ul style="list-style-type: none"> • Work in partnership with Curtin University to review the linkages with, and between, relevant services and the pathways available/not available to people to manage problematic drug and alcohol use; • Work with stakeholders to identify and establish joined up assessment processes and referral pathways to enable people needing support, particularly those with methamphetamine use and complex needs, to receive the clinical and other related services they require; • Develop new approaches to broaden the service mix and improve access, with a focus on hard to reach groups;

	<ul style="list-style-type: none"> • Build workforce capacity for a stepped care approach; • Identify and support effective clinical governance arrangements; • Promote and integrate digital and telehealth gateways as a core element of the stepped care approach; and • Build general practice capacity to screen, treat and monitor at risk individuals and population groups as well as those people with complex needs. <p>The activity assumes a continuum of primary mental health services within a person-centred stepped care approach so that a range of service types, making the best use of available workforce and technology, are available within local regions to better match with individual and local population need. This may not be the case in all regions of Country WA and the deficits will be identified through the planning process identified at DATS 1.</p> <p>This activity meets the drug and alcohol treatment services activity objectives by:</p> <ul style="list-style-type: none"> • Supporting region-specific, cross-sectoral and integrated approaches • Facilitating and supporting evidence-based treatment including flexible and stepped care models.
Collaboration	<p>To achieve the PHN objectives in relation to drug and alcohol treatment, the PHN is collaborating within the context of a collective impact approach, framed by relevant policies and plans including the draft Drug and Alcohol Interagency Strategic Framework for Western Australia 2020.</p> <p>Key stakeholders include but are not limited to WAPHA's Alcohol and Drug Expert Advisory Group, WAPHA Mental Health Expert Advisory Group, WAPHA's Aboriginal Mental Health and Alcohol and Drug Reference Group, Regional Clinical Commissioning Committees and stakeholder reference groups, other WA PHN's Clinical Commissioning Committees and Councils and Clinical Engagement Committees (CEC), WANADA, the WA Mental Health Commission, WA Health, Aboriginal Health organisations, LGA's, NDIS providers, GPs, community based primary health care, mental health and social care organisations, consumer, carer and family groups and other service providers and WA Health and Disability Services Complaints Office (HaDSCO).</p>
Indigenous Specific	<p>This activity includes local planning and mapping of services in collaboration with AHCWA to support Aboriginal and Torres Strait Islander (ATSI) people and should be read in conjunction with 2 (b) which describes the suite of activities related to ATSI specific Drug and Alcohol Treatment Services</p>
Duration	<p>1 July 2016 to 30 June 2019 – some pilot projects may commence during 2016 – 17. These pilot projects are likely to be action research oriented and will inform further planning and program development.</p>

Coverage	Country WA PHN.	
Commissioning approach	<p>Regional Plans developed through this activity are informing the Commissioning approach to Drug and Alcohol Treatment Services. The PHN is working closely with the WA Mental Health Commission's Alcohol, Other Drug and Prevention Services, and with the Manager of Community Programs to ensure that programs complement and enhance existing and planned services. This is in line with the <i>Better Choices Better Lives – Western Australian Mental Health, Alcohol and other Drug Services Plan 2015 – 2025 and with the Commonwealth Guidelines</i>. Regional models developed in each region through consultation and through expert working groups, are endorsed by the Country WA PHN Regional Clinical Commissioning Committees.</p> <p>It is anticipated that ultimately, where possible, the preferred approach in Country WA will be to encourage partnership and value-adding arrangements to ensure integrated treatment and referral pathways, provide service linkages with other relevant support sectors and embed care coordination at a local level.</p>	
Performance Indicator	<ul style="list-style-type: none"> • Enhanced experience for clinicians and GP patients of referral and service access – outcome indicator • Number of models identified for joint commissioning models – Output indicator • Number of mental health referral pathways identified and localised through HealthPathways – Output indicator • Partnerships developed to work on referral pathways – process indicator • Pilot projects jointly developed – process indicator 	
Local Performance Indicator target	As outlined above, local performance indicator targets will be agreed in partnership with co-planners, co-commissioners and other key stakeholders.	
Data source	General practice data, project management data, project monitoring.	
Planned Expenditure (GST exclusive) to match budget	TBC	Commonwealth funding
	\$0	Funding from other sources (e.g. private organisations, state and territory governments)

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	<p>This activity aligns with the following priorities in the PHN Needs Assessment:</p> <ul style="list-style-type: none"> • Priority 1: Keeping people well in the community • Priority 2: People with multiple morbidities especially chronic co-occurring physical and mental health conditions • Priority 3: Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage. • Priority 4: System navigation and integration to help people get the right services at the right time and in the right place. • Priority 5: Capable workforce tailored to these priorities. <p>This activity aligns particularly with Priority 4</p>
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	DATS 3 Brief Intervention, linkages and capacity building - community and workforce
Description of Drug and Alcohol Treatment Activity	<p>This activity links with Activity 7 and Activity 8 within the Mental Health and Suicide Prevention Annual Activity Plan and contains elements of planning for and delivery of an integrated stepped care approach to treatment of people with co-occurring mental health conditions, suicidality and the problematic use of drugs and alcohol.</p> <p>This activity can be conceptualised as phase 2 of the PHN's commissioning work in Drug and Alcohol Treatment services. Prior to commissioning any treatment services the PHN has designed this activity to improve service access and service use in each Country WA Region for people whose drug and alcohol use is problematic to themselves, to their families and to their wider networks. Independent of identified shortfalls in the provision of effective drug and alcohol treatment services in Country WA, the activity targets those people who are not making full use of existing services and referral pathways.</p> <p>In keeping with Drug and Alcohol Treatment guidance material Point 11. <i>Treatment is not simply about patients, but also families, carers, and wider social networks</i>, the PHN proposes to commission and co-commission regionally based linkage and capacity building services to facilitate access to information for decision-making, and to create linkages to services that address people's needs when and where they are needed. Such services will be targeted to those people (including Aboriginal people and young people) who are isolated, disadvantaged and living with less than optimal choice and control.</p> <p>Integrated framework for mental health and alcohol and other drugs</p>

	<p>Country WA PHN will contribute to WAPHA's <i>Framework for Integrated Primary Mental Health Care</i> which recognises the need to ensure services are holistic and meet individual needs. It is recognised that physical and mental health outcomes are often impacted by a range of factors including alcohol and drug use². Key aspects of the stepped care framework include: integrated care management, increased provision of low intensity interventions and provision of local/place-based community supports. The model will feature increased promotion and use of digital and telehealth gateways as a key element of the stepped care approach³. Use of technology will augment existing services and facilitate increased access to services for those who require it.</p> <p>Alignment with the PHN objectives</p> <p>This activity meets the drug and alcohol treatment services funding objectives by:</p> <ul style="list-style-type: none"> • Increasing the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by 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.
Collaboration	<p>There are other funders in Drug and Alcohol education and treatment and these and existing service providers are the foundation for further commissioning and co-commissioning.</p> <p>Key stakeholders include but are not limited to WAPHA's Alcohol and Drug Expert Advisory Group, WAPHA Mental Health Expert Advisory Group, WAPHA's Aboriginal Mental Health and Alcohol and Drug Reference Group, Regional Clinical Commissioning Committees and stakeholder reference groups, other WA PHN's Clinical Commissioning Committees and Councils and Clinical Engagement Committees (CEC), WANADA, the WA Mental Health Commission, WA Health, Aboriginal Health organisations, LGA's, NDIS providers, GPs, community based primary health care, mental health and social care organisations, consumer, carer and family groups and other service providers and WA Health and Disability Services Complaints Office (HaDSCO).</p>

²Treatment of comorbid alcohol use disorders and depression with cognitive - behavioural therapy and motivational interviewing: a meta - analysis
Riper, Helen; Andersson, Gerhard; Hunter, Sarah B.; Wit, Jessica; Berking, Matthias; Cuijpers, Pim *Addiction*, 2014, Vol.109(3), pp.394-406

³ A systematic review of help-seeking interventions for depression, anxiety and general psychological distress. Gulliver, Amelia; Griffiths, Kathleen M.; Christensen, Helen; and Brewer, Jacqueline L; *BMC Psychiatry* 2012 **12**:8

Indigenous Specific	In the implementation of this activity the PHN will seek advice from the Aboriginal Mental Thealth and Alcohol and Drug Reference Group and includes collaboration with AHCWA and local Aboriginal planning and service delivery organisations to support Aboriginal and Torres Strait Islander people. See DATS-ATSI 2.	
Duration	1 January 2017 to 30 June 2019	
Coverage	Country WA PHN.	
Commissioning approach	It is anticipated that, where possible, the preferred approach in Country WA will be to encourage partnership and value-adding arrangements to ensure integrated treatment and referral pathways, provide service linkages with other relevant support sectors and embed care coordination at a local level, through either direct negotiation with groups of providers or calls for Expressions of Interest.	
Performance Indicator	<ul style="list-style-type: none"> • Types and number of linkage services commissioned – output indicator • Number of linkages made for people with problematic alcohol and drug usage – output indicator • PROMS/PREMS – process indicators 	
Local Performance Indicator target	Targets will be identified and agreed as part of the commissioning process.	
Data source	Data from contracted services reports.	
Planned Expenditure (GST exclusive) to match budget	TBC	Commonwealth funding.
	\$0	Funding from other sources (e.g. private organisations, state and territory governments)

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	<p>This activity aligns with the following priorities in the PHN Needs Assessment:</p> <ul style="list-style-type: none"> • Priority 1: Keeping people well in the community • Priority 2: People with multiple morbidities especially chronic co-occurring physical and mental health conditions • Priority 3: Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage. • Priority 4: System navigation and integration to help people get the right services at the right time and in the right place. • Priority 5: Capable workforce tailored to these priorities. <p>This activity aligns particularly with Priorities 3, 4 and 5.</p>
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	<p>DATS 4 Tailored and stepped treatment services – mild to moderate problematic drug and alcohol use/Primary health care – sustained engagement</p> <p>Aligns with DATS-ATSI 3</p>
Description of Drug and Alcohol Treatment Activity	<p>Country WA Regions are generally characterised by a lack of regional self-sufficiency for drugs and alcohol treatment services. The aim of this activity is to commission integrated models within Country WA in a targeted and phased way to respond to the immediate and urgent needs of hard to reach populations region by region. One major strategy within this activity is to develop the confidence and commitment of General Practices to nurture and maintain sustained engagement with people who are reluctant to see GPs and use Emergency Departments as a default primary health care provider. Country WA PHN will work with General Practice workforce training development agencies such as Rural Health West and RACGP to work closely with rural GPs to develop their recognition of problematic drug and alcohol use and to upskill GPs to manage patients with problematic drug and alcohol use in ways that are contemporary and evidence based. GPs will also have support to deliver brief interventions and link people to available services.</p> <p>This activity will target individuals at risk of significant harm due to lack of ready access to primary health and social care. By redirecting people to primary care the PHN will be looking for a reduction in emergency department presentations and preventable hospitalisations. The provision of after-hours availability through the After Hours Activity Work Plan will be tailored for people with alcohol and drug concerns as well as other health conditions and mental health problems.</p>

	<p>In addition to creating a supportive GP cohort for people with problematic drug and alcohol use, this activity is designed to use information from the Needs Assessment regarding 'hot-spots', to create an integrated mental health and drug and alcohol treatment and support service in each region over the commissioning period.</p> <p>Approaches will differ slightly between Regions in Country WA but are essentially congruent with each other; take account of the quantum of funds available; and synchronise with existing and planned services of the Commonwealth, the WA Department of Health and the Mental Health Commission.</p> <p>The paucity of community based drug and alcohol services in Country WA makes direct negotiation with existing preferred providers effective and efficient. This is the proposed service approach in the Goldfields, Pilbara, Great Southern, South West and Wheatbelt. Regional Proposals for the Kimberley and Midwest are in development and will involve a combination of mainstream drug and alcohol treatment services and Aboriginal specific services. Service design and delivery will be predicated on collaborative models of care in each of the locations building connectivity between primary care and other local services.</p> <p>State wide e-AOD Services. Country WA PHN will contribute to low intensity on-line and telephone AOD services, and to other more structured intensive video and telephone Drug and Alcohol Treatment services. This service is a direct response to the paucity of service access points for people with problematic drug and alcohol use in rural and remote localities.</p>
Collaboration	The proposed approach in each Country Region has been developed through Regional Clinical Commissioning Committees in collaboration with the Regional WA Country Health Service Directors, the Mental Health Commission's, Alcohol, Other Drug and Prevention Services Manager, local providers including Aboriginal organisations and Regional Aboriginal Health Planning Forums and with input from WANADA.
Indigenous Specific	This activity is not indigenous specific. See DATS – ATSI 3.
Duration	1 January 2017 to 30 June 2019
Coverage	Country WA PHN
Commissioning approach	It is anticipated that, where possible, the preferred approach in Country WA will be to encourage partnership and value-adding arrangements to ensure integrated treatment and referral pathways, provide service linkages with other

	relevant support sectors and embed care coordination at a local level, through either direct negotiation with groups of providers or calls for Expressions of Interest.	
Performance Indicator	A reduction in the number of individuals at risk of significant harm due to lack of ready access to primary health and social care - outcome indicator A reduction in emergency department presentations and preventable hospitalisations resulting from alcohol and drug use - Output indicator Increase in the use of GPs as the care manager for people with problematic alcohol and drug usage especially within identified at-risk populations - output and process indicator	
Local Performance Indicator target	Targets will be identified and agreed as part of the commissioning process.	
Data source	To be agreed but likely to include hospitalisation and ED data; GP data; PROMS	
Planned Expenditure (GST exclusive) to match budget	TBC	Commonwealth funding
	\$0	Funding from other sources (e.g. private organisations, state and territory governments)

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	<p>This activity aligns with the following priorities in the PHN Needs Assessment:</p> <ul style="list-style-type: none"> • Priority 1: Keeping people well in the community • Priority 4: System navigation and integration to help people get the right services at the right time and in the right place. • Priority 5: Capable workforce tailored to these priorities. <p>This activity aligns particularly with Priority 4</p>
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	DATS 5 General Practice Support – Continuous Quality Improvement - HealthPathways
Description of Drug and Alcohol Treatment Activity	<p>This activity aims to improve linkages and coordination between alcohol and other drugs treatment and broader health services. This activity will work to achieve this by supporting general practice to access referral pathways to drug and alcohol treatment.</p> <p>HealthPathways is an online health information portal for general practitioners and primary health care clinicians. HealthPathways promotes rigorous clinical assessment, management and referral to local services.</p> <p>The HealthPathways team operate across the three WA PHNs in collaboration with WA Health and the area health services (including WACHS) to:</p> <ul style="list-style-type: none"> • Develop local clinical streams and pathways; • Prioritise pathways; • Identify subject matter experts and working group members; • Localise pathways relevant to the Country WA PHN regions; and • Identify opportunities for system improvements and/or redesign. <p>Regional PHN staff across Country WA support general practice by:</p> <ul style="list-style-type: none"> • Encouraging the uptake of HealthPathways; • Encouraging the required use of HealthPathways as a way to ensure consistency of care and the best use of resources; • Working with WACHS regional population health directors to ensure any relevant WACHS pathways for alcohol and other drug treatment are included in local pathways;

	<ul style="list-style-type: none"> Assisting clinicians to better navigate the health care system through the use of HealthPathways; and Encouraging general practitioners to engage with HealthPathways as subject matter experts and working group members. <p>The Activity contributes to the Drug and Alcohol Treatment Services Programme's objectives by: Improving the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment, particularly for methamphetamine use, by increasing coordination between various sectors, and improving sector efficiency.</p>
Collaboration	<p>WAPHA, on behalf of the three WA PHNs has entered into a partnership agreement with WA Health, binding the PHNs and Area Health Services (including WACHS), to develop HealthPathways and improve the integration between primary, secondary and tertiary care.</p> <p>The development of the clinical streams and pathways is a collaborative process involving the PHNs, WA Health, specialists, general practitioners, clinicians, allied health clinicians and subject matter experts.</p>
Indigenous Specific	This activity includes local planning and mapping of services in collaboration with AHCWA to support Aboriginal and Torres Strait Islander people. Specific information is included within some pathways to reflect local Aboriginal service protocols.
Duration	1 July 2016 to 30 June 2019
Coverage	Country WA PHN
Commissioning approach	This activity is undertaken using operational and core funding and is not subject to commissioning.
Performance Indicator	<p>The expected outcome of this activity is to:</p> <ul style="list-style-type: none"> Improve the coordination of patient care across the acute and primary care systems – outcome indicator Improve the quality and appropriateness of referrals and management of waiting times – process indicator Enhance clinical knowledge and promote best practice – outcome indicator Strengthen relationships between general practitioners and hospital specialists – process indicator Number of alcohol and drug relevant pathways developed and localised – output indicator Number of general practices receiving training in the use of HealthPathways – output indicator
Local Performance Indicator target	Targets will be identified and agreed as part of the planning process
Data source	GP data and HealthPathways tracking data; satisfaction of GPs with the HealthPathways program (CREMS)

Planned Expenditure (GST exclusive) to match budget	TBC	Commonwealth funding
	\$0	Funding from other sources (e.g. private organisations, state and territory governments)

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	<p>This activity aligns with the following priorities in the PHN Needs Assessment:</p> <ul style="list-style-type: none"> • Priority 1: Keeping people well in the community • Priority 2: People with multiple morbidities especially chronic co-occurring physical and mental health conditions • Priority 3: Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage. • Priority 4: System navigation and integration to help people get the right services at the right time and in the right place. <p>Priority 5: Capable workforce tailored to these priorities.</p> <p>This activity aligns particularly with Priority 5</p>
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	DATS 6 General Practice Support – Workforce Capacity Building
Description of Drug and Alcohol Treatment Activity	<p>This activity aims to improve linkages and coordination between alcohol and other drugs treatment and broader health services. This activity will work to achieve this by supporting general practice to build their workforce capacity in better supporting clients requiring support and treatment for alcohol and other drugs including the provision of integrated treatment where people have co-morbidities, providing post rehabilitation support, and accessing referral pathways to support. This activity will enhance the core activities the PHN provides to support General Practice including:</p> <ul style="list-style-type: none"> • Developing capacity of the primary health workforce to implement contemporary models of integrated complex chronic care management; • Participating in joint stakeholder initiatives with colleges and professional associations, with the aim to support the recruitment of medical students and junior doctors into general practice; • Supporting initiatives that encourage the employment of primary health care nurses, nurse practitioners and general practitioners; • Establishing and facilitating professional networks e.g. local nursing and practice manager networks; • Identifying appropriate high performing practices to be considered as training posts; • Working with the WA General Practice Education and Training (WAGPET) and Rural Health West to deliver regional education for GP registrars, general practitioners and health professionals;

	<ul style="list-style-type: none"> • Providing letters of support to practices in Areas of Need, who have been unsuccessful in the recruitment of general practitioners, allowing the practice to recruit International Medical Graduates (IMG); • Conducting workplace surveys to understand specific workforce sectors and explore placement opportunities for graduates e.g. nursing workforce in primary care; • Exploring opportunities to increase undergraduate placements for all health disciplines in primary care to increase awareness/exposure to primary care; and • Supporting Aboriginal Health Worker training initiatives. <p>The Activity contributes to the Drug and Alcohol Treatment Services Programme's objectives by: Improving the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment, particularly for methamphetamine use, by increasing coordination between various sectors, and improving sector efficiency.</p>
Collaboration	<p>WAPHA and the PHN will work in collaboration with the following agencies to support the above initiatives – WA Mental Health Commission, Nursing and Midwifery Office (NMO), WAGPET, RACGP, Area Health Services, AHCWA, APNA, AAPM, WA Health, general practice and universities.</p> <p>Additionally, WAPHA works with the Clinical Training Network to look for opportunities to increase the primary care nursing workforce. The Clinical Training Network is a representative group of all universities and Vocational Education and Training (VET) providers.</p>
Indigenous Specific	This activity includes local planning and mapping of services in collaboration with AHCWA to support Aboriginal and Torres Strait Islander people.
Duration	1 July 2016 to 30 June 2019
Coverage	Country WA PHN
Commissioning approach	NA
Performance Indicator	The expected outcome of this activity is that general practice is able to build the capacity of their workforce by recruiting and retaining suitably qualified and experienced health professionals who are able to ensure the delivery of efficient and effective medical services for patients, particularly those at risk of poor health outcomes and improving the coordination of care to ensure patients receive the right care, in the right place at the right time.

	<p>This activity is aligned to the Commonwealth priority - health workforce.</p> <p>Indicators will include:</p> <ul style="list-style-type: none"> • Growth in the confidence of GPs in Country WA to work with people with problematic drug and alcohol use – process indicator • Number of GPs receiving alcohol and drug training – output indicator 	
Local Performance Indicator target	Targets will be identified and agreed as part of the planning process	
Data source	General practice data regarding education sessions attended; project monitoring data.	
Planned Expenditure (GST exclusive) to match budget	TBC	Commonwealth funding
	\$0	Additional funds may become available through partnerships and collaboration with workforce development agencies as the AOD activities progress and budget will be adjusted accordingly in out-years should this be the case

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

Note 2: *Indicate within the duration section of the table the period of time between 2016 and 2019 that the activity will be undertaken.*

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	<p>This activity aligns with the following priorities in the PHN Needs Assessment:</p> <p>Priority 1: Keeping people well in the community</p> <p>Priority 2: People with multiple morbidities especially chronic co-occurring physical and mental health conditions</p> <p>Priority 3: Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage.</p> <p>Priority 4: System navigation and integration to help people get the right services at the right time and in the right place.</p> <p>Priority 5: Capable workforce tailored to these priorities.</p> <p>This Activity aligns particularly with Priority 3</p>

Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	DATS – ATSI 1 Regional Aboriginal Drug and Alcohol Treatment Services Plans
Description of Drug and Alcohol Treatment Activity	<p>The Needs Assessment clearly highlighted the unregulated, uncoordinated and culturally untailored provision of Drug and Alcohol treatment services for Aboriginal people in Country WA. Current effort in this area through Commonwealth funding specifically for Aboriginal alcohol and drug services is acknowledged, but there are identified gaps which relate to meeting demand and improving the capacity and coordination of services and their integration with mainstream services, where these are available.</p> <p>For the general population in Country WA, especially Aboriginal people whose overall consumption of alcohol and use of drugs is many times more problematic for them than in the population overall, these gaps have a significant impact. The social, emotional and physical consequences of excessive drug and alcohol intake (excluding dependencies) are evident in the range of health and other problems that are seen and experienced by family members (especially children), health professionals, GPs, housing and corrective systems and other informal and formal networks. Further exploration of needs at a local level has underlined the lack of joined up planning within and between government departments and the lack of a coherent common agenda between key treatment agents.</p> <p>The effectiveness of Drug and Alcohol Treatment Services for Aboriginal people will depend on the commitment to and quality of plans that are place-based and are safe and trusted by Aboriginal people who have had a major role in designing them.</p> <p>The PHN has provided leadership and has contributed to the work of key planning and service delivery organisations and agencies in order to develop a plan which is realistic and achievable and uses existing initiatives, funded services and system strengths to achieve stepped and tailored services within Regions and sub-regions. The mapping completed by the Mental Health and Alcohol and Other Drug Atlas will form the basis of joint planning and the development of commissioning partnerships. In each Region in Country WA a local Alcohol and Drug Plan will be informed by local priorities with attention to the following identified groups within Aboriginal communities:</p> <ul style="list-style-type: none"> • Aboriginal people whose life is punctuated by frequent movement between communities; • Those Aboriginal people living with violence where alcohol and drugs are part of daily life; • People experiencing multiple health and social issues, sometimes leading to suicide or non-suicidal self harm; • Young people, particularly those engaged in volatile substance use and those potentially affected by Foetal Alcohol Syndrome (leading to frontal lobe damage resulting in poor impulse control); and, • Aboriginal people with co-existing mental health and physical health problems. <p>Activity DATS-ATSI 1 forms part of Activity 8 within the Mental Health and Suicide Prevention Annual Activity Plan and contains elements of planning for and reference to the co-occurrence of mental health conditions, suicidality and the problematic use of drugs and alcohol.</p>

	Alignment with the PHN objectives This activity meets the drug and alcohol treatment services funding objectives by: <ul style="list-style-type: none"> Increasing the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by 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. 	
Collaboration	To achieve the PHN objectives in relation to drug and alcohol treatment services for and with Aboriginal people, the PHN is working within the context of a collective impact approach, framed by the WA Drug and Alcohol Interagency Strategic Framework for Western Australia which is then underpinned by the <i>Strong Spirit Strong Mind Alcohol and Drug Framework for Western Australia 2011-2015</i> . Key stakeholders include the Aboriginal Mental Health and Alcohol and Drug Reference Group and, in each region, the Regional Aboriginal Health Planning Forums and their relevant subcommittees and member organisations. PHNs will consult, involve and collaborate Regional Aboriginal Health Planning Forums and Aboriginal organisations and communities to ensure Regional service models reflect the needs of local Aboriginal people. In addition, each Region has a close collaboration with the WA Country Health Service and with the Mental Health Commission Alcohol and other Drugs Community Management team.	
Indigenous Specific	All activities within this priority are Indigenous specific.	
Duration	May 2016 – October 2016	
Coverage	Country WA PHN	
Commissioning approach	It is anticipated that, where possible, the preferred approach in Country WA will be to encourage partnership and value-adding arrangements to ensure integrated treatment and referral pathways, provide service linkages with other relevant support sectors and embed care coordination at a local level, through either direct negotiation with groups of providers or calls for Expressions of Interest.	
Performance Indicator	The performance indicators of the planning phase will be process indicators which reflect the collaborative nature of the planning and the output will be the plan itself and could also include the number of agencies who are signatories to the joint plan.	
Local Performance Indicator target	As outlined above, local performance indicator targets will be agreed in partnership with co-planners, co-commissioners and other key stakeholders.	
Data source	Project monitoring data	
Planned Expenditure (GST exclusive) to match budget	\$0	Commonwealth funding – expenditure on this activity will be from the Drug and Alcohol Operational funding
	\$0	Funding from other sources (e.g. private organisations, state and territory governments)

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	<p>This activity aligns with the following priorities in the PHN Needs Assessment:</p> <p>Priority 1: Keeping people well in the community</p> <p>Priority 2: People with multiple morbidities especially chronic co-occurring physical and mental health conditions</p> <p>Priority 3: Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage.</p> <p>Priority 4: System navigation and integration to help people get the right services at the right time and in the right place.</p> <p>Priority 5: Capable workforce tailored to these priorities.</p> <p>This Activity aligns particularly with Priorities 3 and 4</p>
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	DATS ATSI 2 Brief Intervention, linkages and capacity building - community and workforce
Description of Drug and Alcohol Treatment Activity	<p>The Needs Assessment highlighted the unregulated, uncoordinated and culturally untailored provision of Drug and Alcohol treatment services for Aboriginal people in the PHN area. Current effort in this area through Commonwealth funding specifically for Aboriginal alcohol and drug services is acknowledged, but there are identified gaps which relate to meeting demand and improving the capacity and coordination of services and their integration with mainstream services, where these are available.</p> <p>The Needs Assessment and subsequent consultations have also identified that the roles of information and linkage “gateways” for individuals, groups and communities cannot be overestimated. Prior to commissioning any treatment services the PHN has identified that there is an existing need to make the journey of Aboriginal people through and within health and social systems smoother and more closely aligned to cultural and emotional expectations. Based on the conviction that the provision of services alone does not constitute an effective service system and in keeping with Drug and Alcohol Treatment guidance material Point 11. <i>Treatment is not simply about patients, but also families, carers, and wider social Networks</i>, the PHN proposes to commission and co-commission regionally based brief interventions, linkage and capacity building services so that Aboriginal people and their families have access to information they need to make decisions, and are linked to services that address their needs at the time and in the place they are needed. Such services will be targeted to those Aboriginal people who are isolated, disadvantaged and living with less than optimal choice and control.</p> <p>This activity can be conceptualised as phase 2 of the PHN’s commissioning work in Drug and Alcohol Treatment services. Prior to commissioning any treatment services the PHN has designed this activity to improve service access and service use in each Country</p>

	<p>WA Region for people whose drug and alcohol use is problematic to themselves, to their families and to their wider networks. Independent of identified shortfalls in the provision of effective drug and alcohol treatment services in Country WA, the activity targets those people who are not making full use of existing services and referral pathways. The Needs Assessment and subsequent consultations have indicated linkage for individuals, groups and communities cannot be overestimated. The PHN has identified that in the area of drug and alcohol treatment there are people whose experience of health and social systems is that they are negative and unsupportive and they are therefore unlikely to seek help even when it is available.</p> <p>Alignment with the PHN objectives</p> <p>This activity meets the drug and alcohol treatment services funding objectives by:</p> <ul style="list-style-type: none"> • Increasing the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by 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. <p>Phase 3 of the PHN's commissioning work in Drug and Alcohol Treatment services for Aboriginal and Torres Strait Islander people will be described in DATS-ATSI 3 Tailored and stepped treatment services – mild to moderate problematic drug and alcohol use</p>
Collaboration	<p>To achieve the PHN objectives in relation to drug and alcohol treatment services for and with Aboriginal people, the PHN is working within the context of a collective impact approach, framed by the WA Drug and Alcohol Interagency Strategic Framework for Western Australia which is then underpinned by the <i>Strong Spirit Strong Mind Alcohol and Drug Framework for Western Australia 2011-2015</i>. The PHN will be informed by the Aboriginal Mental Health and Alcohol and Drug Reference Group and, in each Region, the local, regional and state Alcohol and Drug agencies and organisations; Aboriginal Planning and service delivery organisations; Aboriginal Community Controlled Health services and other health and social care service providers to ensure that the brief interventions, linkage and capacity building service function is completely integrated with the local service networks.</p> <p>Key stakeholders in each region are the Regional Aboriginal Health Planning Forums and their relevant subcommittees and member organisations. The role of GPs and Aboriginal Medical Services will be important in this phase as sustained engagement with a GP or health professional (including GPs working within Aboriginal Health Services and WACHS operated remote area clinics) has been evidenced as leading to better health outcomes and management of ongoing health issues especially for Aboriginal people identified in and included in the planning phase outlined earlier in this document (DATS-ATSI 1).</p>

	Each Region has a close collaboration with the WA Country Health Service and with the Mental Health Commission Alcohol and other Drugs Community Management team.	
Indigenous Specific	All activities within this priority are Indigenous specific and locally relevant	
Duration	1 January 2017 – 30 June 2019	
Coverage	Country WA PHN	
Commissioning approach	It is anticipated that, where possible, the preferred approach in Country WA will be to encourage partnership and value-adding arrangements to ensure integrated treatment and referral pathways, provide service linkages with other relevant support sectors and embed care coordination at a local level, through either direct negotiation with groups of providers or calls for Expressions of Interest.	
Performance Indicator	Types and number of linkage services commissioned – output indicator Number of linkages made for people with problematic alcohol and drug usage – output indicator PROMS/PREMS – process indicators	
Local Performance Indicator target	Targets will be identified and agreed as part of the commissioning process.	
Data source	Data from contracted services reports	
Planned Expenditure (GST exclusive) to match budget	TBC	Commonwealth funding
	\$0	Funding from other sources (e.g. private organisations, state and territory governments)

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	<p>This activity aligns with the following priorities in the PHN Needs Assessment:</p> <p>Priority 1: Keeping people well in the community</p> <p>Priority 2: People with multiple morbidities especially chronic co-occurring physical and mental health conditions</p> <p>Priority 3: Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage.</p> <p>Priority 4: System navigation and integration to help people get the right services at the right time and in the right place.</p> <p>Priority 5: Capable workforce tailored to these priorities.</p> <p>This Activity aligns particularly with priorities 1, 3 and 5</p>
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	DATS-ATSI 3 Tailored and stepped treatment services – mild to moderate problematic drug and alcohol use/Primary health care – sustained engagement
Description of Drug and Alcohol Treatment Activity	<p>Country WA Regions are generally characterised by a lack of regional self-sufficiency for drugs and alcohol treatment services. The aim of this activity is to commission integrated models within Country WA in a targeted and phased way to respond to the immediate and urgent needs of hard to reach populations region by region. The PHN will share the leadership in developing collaborative models of Drug and Alcohol treatment services with Aboriginal organisation for Aboriginal people in selected locations throughout the commissioning period.</p> <p>One major strategy within this activity is to develop the confidence and commitment of primary health to nurture and maintain sustained engagement with Aboriginal people who are reluctant to see GPs and use Emergency Departments as a default primary health care provider. Some Regions have Aboriginal Medical Services providing primary health care to Aboriginal people who can access them. Some areas have limited or no resident GPs or Aboriginal Medical Service so strategies will need to be broad to support primary health engagement. There have been models applied in the past to both support increased confidence and some state-wide support that enhances commitment. These strategies will be explored with RACGP and Rural Health West.</p> <p>Country WA PHN will work with Rural Health West and RACGP to work closely with rural GPs to develop their recognition of problematic drug and alcohol use and to upskill them to manage Aboriginal patients with problematic drug and alcohol use in ways that are contemporary, evidence based and culturally secure. GPs will also have support to provide information and link Aboriginal people to appropriate and available services.</p>

	<p>In areas where there are Aboriginal Medical Services providing primary care the PHN will work with partners to commission upskilling of clinicians to work with people with problematic alcohol and drug use more effectively. This activity will target individuals at risk of significant harm due to lack of ready access to primary health and social care. By redirecting people to primary care and providing referral where necessary to appropriate alcohol and drug services there will also be a reduction in emergency department presentations and preventable hospitalisations. The provision of after-hours availability through the After Hours Activity Work Plan will be tailored for people with alcohol and drug concerns as well as other health conditions and mental health problems.</p> <p>It is anticipated that the combination of the tailored stepped treatment services and the brief intervention, linkage and capacity building approach will allow Aboriginal people to receive services which not only meet their treatment needs but do so in a culturally safe manner, providing support and assistance to people regardless of the level of need. The Needs Assessment identified some 'hot-spots' for early intervention and integration of mental health and drug and alcohol treatment and support services for Aboriginal people.</p> <p>Promising programs from other Australian states which may be relevant include:</p> <ul style="list-style-type: none"> • In-Home/in community alcohol detoxification (withdrawal management) service for Aboriginal people • Aboriginal family intervention aimed to train and support family mentors who would be able to assess needs, identify required services, negotiate documented care plans, and provide on-going monitoring and review of clients, their household members and extended family group. • Indigenous dual diagnosis project to provide training to Aboriginal alcohol and drug and mental health workers, in dual diagnosis <p>Alignment with the PHN objectives</p> <p>This activity meets the drug and alcohol treatment services funding objectives by:</p> <ul style="list-style-type: none"> • Increasing the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by 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.
Collaboration	<p>The PHN will provide leadership and contribute to the work of key planning and service delivery organisations and agencies to develop realistic and achievable services. To achieve the PHN objectives in relation to drug and alcohol treatment services for and with Aboriginal people, the PHN is working within the context of a collective impact approach, framed by the WA Drug and Alcohol Interagency Strategic Framework for Western Australia which is then underpinned by the <i>Strong Spirit Strong Mind Alcohol and Drug Framework for Western Australia 2011-2015</i>.</p>

	<p>The PHN is informed by the Aboriginal Mental Health and Alcohol and Drug Reference Group and, in each Region, the PHN is working, with local, regional and state Alcohol and Drug agencies and organisations; Aboriginal Planning and service delivery organisations; Aboriginal Community Controlled Health services and other health and social care service providers to ensure that the brief interventions, linkage and capacity building service function is completely integrated with the local service networks.</p> <p>Key stakeholders in each region are the Regional Aboriginal Health Planning Forums and their relevant subcommittees and member organisations, the Mental Health Commission Alcohol and other drugs Community Management team and the WA Country Health Service. The role of GPs and Aboriginal Medical Services will be important in this phase as sustained engagement with a GP or health professional (including GPs working within Aboriginal Health Services and WACHS operated remote area clinics) has been evidenced as leading to better health outcomes and management of ongoing health issues especially for Aboriginal people identified in and included in the planning phase outlined earlier in this document (DATS-ATSI 1).</p>	
Indigenous Specific	All activities within this priority are Indigenous specific.	
Duration	1 January 2017 – 30 June 2019	
Coverage	Country WA PHN.	
Commissioning approach	It is anticipated that, where possible, the preferred approach in Country WA will be to encourage partnership and value-adding arrangements to ensure integrated treatment and referral pathways, provide service linkages with other relevant support sectors and embed care coordination at a local level, through either direct negotiation with groups of providers or calls for Expressions of Interest.	
Performance Indicator	<p>A reduction in the number of Aboriginal people at risk of significant harm due to lack of ready access to primary health and social care - outcome indicator</p> <p>A reduction in Aboriginal people presenting at emergency department through from alcohol and drug use - Output indicator</p> <p>Increase in the use of GPs or Primary Health Care professional as the care manager for Aboriginal people with problematic alcohol and drug usage - output and process indicator</p>	
Local Performance Indicator target	Targets will be identified and agreed as part of the commissioning process.	
Data source	To be agreed but likely to include hospitalisation and ED data; AMS data; GP data; PROMS	
Planned Expenditure (GST exclusive) to match budget	TBC	Commonwealth funding – regional expenditure will be based on the outcomes of the planning and prioritisation process and informed by the mental health and drug and alcohol atlas.
	\$0	Funding from other sources (e.g. private organisations, state and territory governments)

