



**Australian Government**  
**Department of Health**

**phn**

An Australian Government Initiative

## **Primary Health Networks**

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

***Murray PHN***

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

# 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

*Please outline, in no more than 300 words, an overview of the PHN's strategic vision for the 36 month period covering this Drug and Alcohol Treatment Activity Work Plan.*

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

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

Murray PHN recognises the significant opportunity to strengthen and improve the service system to better support the needs of consumers and improve integration and effectiveness of the service system.

Murray PHN will invest in improving integration and coordination regionally including through strengthening engagement within the sector and across sectors (e.g. mental health). Solid approaches to consultation and planning will be enablers for engagement of stakeholders and shared commitment and investment to design and development of new models of service.

Through regional planning, Murray PHN will increase access to and the effectiveness of place-based drug and alcohol service provision. The investment in planning informed by context, needs assessment and understanding of system architecture will inform strategic investments and collaboration to strengthen relationships with Local Hospital Networks, AOD service providers in community, ACCHOs, NGOs and primary care providers. Building a regional profile to support understanding of the scale and context of issues related to alcohol and other drugs including methamphetamine will support community and service providers to better coordinate resources and targeted efforts.

Murray PHN will seek to enhance the capacity of the service sector through:

- Complimenting existing drug and alcohol treatment services through investment in early intervention services
- Working with key stakeholders and partners to improve coordination of care through the development of integrated regional care pathways underpinned by a stepped care approach
- Supporting a skilled workforce through targeted and accessible workforce development activity
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Murray PHN will ensure quality of commissioned services and work with the service providers to ensure appropriate governance arrangements are in place.

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

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

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

**Note 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 in which the activity will be undertaken.*

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	<b>Activity 1: Regional Drug and Alcohol Planning</b>
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	1.1 Develop Regional Drug and Alcohol Treatment Plan  1.2 Supporting consumer and family participation
Description of Drug and Alcohol Treatment Activity	<b>1.1 Develop Regional Drug and Alcohol Treatment Plan</b> <b>Aim:</b> An initial needs assessment has been undertaken. Building on this is will be the development of a comprehensive regional drug and alcohol treatment plan in collaboration with key stakeholders which outlines systemic and localised issues and needs which will inform development of strategies to improve access and coordination of existing services, and the development of new models of care.

	<p><b>Target population:</b> Whole of population access to the right intensity of treatment and support at the right time</p> <p><b>1.2 Supporting consumer and family participation</b></p> <p><b>Aims:</b> Improve efficiency and effectiveness of drug and alcohol services for patients by increasing opportunities for consumers of drug and alcohol treatment, and their families, to meaningfully engage in service development and evaluation of current and emerging treatment services and models of care.</p> <p><b>Target population:</b> Consumers of drug and alcohol treatment services and their families</p>
Collaboration	<p>Development of the comprehensive regional alcohol and drug treatment plan will be undertaken in collaboration with the local AOD treatment sector, General Practice, DHHS and other key stakeholders.</p> <p>Murray PHN is developing a consumer participation strategy which will seek to support inclusion of consumers and consideration of the diversity of service users.</p> <p>Development of regional and health issue based profiles will support opportunities for co-design and cross-sector as well as intra-sector system improvement.</p> <p>Murray PHN has actively engaged the state-funded specialist treatment sector in the needs assessment process by seconding key personnel from these organisations to undertake the initial stakeholder engagement consultations. Through this process, the state-funded Catchment Plans have been shared with us which have helped inform our planned activity. As an active member of the Victorian PHN Alliance we have been actively engaging with DHHS, have identified common areas of interest and plan to work together to look at data, outcome measures, screening tools and services for Aboriginal and Torres Strait Islander people. Through the Alliance we have also engaged with the Victorian Alcohol and Drug Association (Vaada) and Harm Reduction Victoria and will continue to do so.</p> <p>Murray PHN will use our Clinical and Community Councils to engage with existing local and state-wide networks and will provide direct governance of our planning of the commissioning processes. In undertaking regional planning we will establish a regional network of key stakeholders to support integration, unity of effort and avoid duplication.</p>
Indigenous Specific	No

Duration	This activity will build on work commenced in 2015/16 and will continue during quarter one 2016/17 to support development of system improvements. The regional context and understanding will continue to be reviewed and enhanced in consultation with stakeholders for the duration of the activity.
Coverage	Murray PHN region wide
Commissioning approach	<p>In commissioning new services, Murray PHN will determine and undertake the most appropriate approach to commissioning of services commensurate with the service being commissioned and to ensure contestability, transparency and value for money. The development of service models may include the engagement of leaders in the area of low intensity service models and key stakeholders to inform design of service models for outcomes.</p> <p>Murray PHN has established experience and systems for commissioning, contract and performance management, these will be utilised in the management and oversight of new commissioned arrangements.</p>
Performance Indicator	<p>Engagement of key stakeholders in the planning process</p> <p>Regional Drug and Alcohol Treatment Plan completed by mid-year review</p>
Local Performance Indicator target	Performance indicators will be developed in line with the identified service models.
Data source	Data sources and reporting will be identified in line with service models and activities



Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	<b>Activity 2: Treatment Services</b>
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	2.1 Develop and commission brief intervention services 2.2 Withdrawal services
Description of Drug and Alcohol Treatment Activity	<p><b>2.1 Develop and commission brief intervention services</b></p> <p><b>Aim:</b> Develop evidence based models of and pathways to brief intervention services in collaboration with key stakeholders. These services will be commissioned by Murray PHN across the region and will be underpinned by the principles of accessibility, flexibility and integrated service delivery.</p> <p><b>Target group:</b> People who may have lower complexity needs that can be adequately addressed through a brief intervention and families of people who experience substance misuse issues.</p> <p><b>2.2 Withdrawal services</b></p> <p><b>Aim:</b> We will support the GP workforce capacity to support community based withdrawal through workforce development activity and peer support mechanisms and support the extension of bed-based withdrawal services in rural hospitals across the Murray PHN catchment.</p> <p><b>Target group:</b> People seeking place-based withdrawal and the workforce that supports them.</p> <p>Place-based/bed-based withdrawal services have developed in a select number of rural hospitals within the Murray PHN catchment and are providing a much needed service. Through engaging with these hospitals we will identify the principles and factors to success and will support additional rural hospitals to adopt this model. We will undertake this through facilitating shared learning, supporting capacity building of the GP workforce who in-reach the medical services within rural hospitals through targeted training, and improving linkages with state-funded withdrawal services and Addiction Medicine expertise. Localised pathways will be developed to support models of care and access to withdrawal services.</p>
Collaboration	We will collaborate with DHHS, the local AOD treatment sector and Directline (State-funded 24 hour telephone based information, counselling and referral services) in the design of brief intervention models of

	<p>care. We will engage with General Practice and other points of referral to promote uptake of brief intervention services.</p> <p>We will work closely with General Practice, regionally based specialist withdrawal service providers, LHN's, Pharmacotherapy Networks and Additional Medicine Specialists to develop best practice principles, guide workforce development activity and pathway development.</p>
Indigenous Specific	No – culturally specific brief intervention is addressed in the Planned Activities – Drug Treatment Services for Aboriginal and Torres Strait Islander People.
Duration	Design of brief intervention models of care to be undertaken and procurement process commenced with a view to commission service provision in 2016 through building on existing drug treatment service provider capacity. Newly commissioned treatment services will be operational by 1 January 2011.
Coverage	Murray PHN Region-wide with particular emphasis in the localities of Mildura and Shepparton.
Commissioning approach	<p>In commissioning new services, Murray PHN will determine and undertake the most appropriate approach to commissioning of services commensurate with the service being commissioned and to ensure contestability, transparency and value for money. The development of service models may include the engagement of leaders in the area of low intensity service models and key stakeholders to inform design of service models for outcomes.</p> <p>Murray PHN has established experience and systems for contact and performance management, these will be utilised in the oversight of new commissioned arrangements.</p>
Performance Indicator	<ul style="list-style-type: none"> <li>• Proportion of regional population receiving PHN-commissioned brief intervention services</li> <li>• Residential distribution of people accessing brief intervention across the Murray PHN Region</li> </ul>
Local Performance Indicator target	
Data source	This will be captured through Murray PHN data reporting contractual requirements and the data system. Data will be collected from the date of commencement of commissioned services.

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	<b>Activity 3: Coordination and Integration</b>
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	3.1 Stepped care approaches to drug and alcohol treatment 3.2 Pathways for drug and alcohol treatment 3.3 Shared care mechanisms and models of practice
Description of Drug and Alcohol Treatment Activity	<p><b>3.1 Stepped care approaches to drug and alcohol treatment</b></p> <p><b>Aim:</b> Development of an integrated continuum of care model, underpinned by a stepped care approach that enables individuals seeking treatment to access the right level of intensity of service at the right time.</p> <p><b>Target population:</b> People seeking drug and alcohol treatment and support across the continuum of need.</p> <p><b>3.2 Pathways for drug and alcohol treatment</b></p> <p><b>Aim:</b> Develop drug and alcohol treatment health pathway which supports effective assessment, access and referral mechanisms to the most appropriate services.</p> <p><b>Target population:</b> People seeking drug and alcohol treatment and support across the continuum of need.</p> <p><b>3.3 Shared care mechanisms and models of practice</b></p> <p><b>Aim:</b> Improve integrated care principles through the development of shared-care tools and models of practice. This will be developed in conjunction with the treatment sector and other relevant service providers. To note is the planned regional health pathways work which directly interfaces with the development of models of shared care and associated tools.</p> <p><b>Target population:</b> People seeking drug and alcohol treatment who have complex needs which require a coordinated multidisciplinary response with a particular focus on people who experience co-occurring substance misuse and mental health issues.</p>
Collaboration	We will engage with the treatment sector including General Practice, LHN's and DHHS as a commissioner of state funded treatment services

Indigenous Specific	No – however stepped care principles will be applied to the design of targeted integrated services for Aboriginal and Torres Strait Islander people
Duration	This activity will take place during 2016/17 and inform development of stepped care pathways over the course of this period and into 2017/18.
Coverage	An initial pilot of health pathways and stepped care is planned in the North West area of the Murray PHN region as this has been identified as a priority area for health pathway development.
Commissioning approach	In commissioning new services, Murray PHN will determine and undertake the most appropriate approach to commissioning of services commensurate with the service being commissioned and to ensure contestability, transparency and value for money. The development of service models may include the engagement of leaders in the area of low intensity service models and key stakeholders to inform design of service models for outcomes. Murray PHN has established experience and systems for contact and performance management, these will be utilised in the oversight of new commissioned arrangements.
Performance Indicator	N/A
Local Performance Indicator target	N/A
Data source	

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	<b>Activity 4: Building a skilled workforce</b>
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	4.1 Support workforce capacity building through improved access to training and education 4.2 Increase GP capability in supporting patients with substance misuse issues 4.3 Increase workforce capability in dual diagnosis.
Description of Drug and Alcohol Treatment Activity	<p><b>4.1 Support workforce capacity building through improved access to training and education</b></p> <p><b>Aim:</b> Increase capability of the workforce through workforce development planning and identifying innovative ways to enable access to development for the rural workforce, taking into consideration the workforce development planning and activity undertaken by DHHS for the state funded treatment sector to prevent duplication.</p> <p><b>Target group:</b> Alcohol and other Drug Treatment workforce.</p> <p><b>4.2 Increase GP capability in supporting patients with substance misuse issues</b></p> <p><b>Aim:</b> Increase capability and confidence of General Practice to effectively support people with substance misuse through a multidisciplinary shared care approach.</p> <p><b>Target population:</b> General Practice workforce.</p> <p><b>4.3 Increase workforce capability in dual diagnosis.</b></p> <p><b>Aim:</b> Develop a skilled workforce that is better equipped to support people who experience co-occurring mental health and substance misuse issues. Included within the scope of workforce will be the providers of headspace, psychological therapy services and Mental Health Nurses and the upskilling requirements of this workforce in alcohol and other drug brief intervention approaches.</p> <p><b>Target group:</b> Alcohol and other Drug Treatment workforce and PHN mental health workforce including headspace, providers of Psychological Therapy and Mental Health Nurses.</p>
Collaboration	We will collaborate with the AOD treatment sector, DHHS, General Practice, Mental health service providers and commission the support of training providers with the relevant expertise.

Indigenous Specific	No
Duration	Workforce development will be a core element of the Regional Drug and Alcohol Treatment Plan. Regional planning in 2016/17 will stratify the order of priorities for implementation over the two year planning period.
Coverage	Murray PHN catchment wide needs assessment with focused activities in locations of highest need – paying particular attention to workforce that is more geographically isolated.
Commissioning approach	Murray PHN has established experience and systems for contact and performance management, these will be utilised in the oversight of new commissioned arrangements.
Performance Indicator	<ul style="list-style-type: none"> <li>• Number of people who participate in competency based training</li> <li>• Pre and post competency assessment (self-assessed)</li> </ul>
Local Performance Indicator target	
Data source	Training participation records and self-assessment tools.

## 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)	<b>Activity 1: Integrated models of care for Aboriginal and Torres Strait Islander People</b>
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	1.1 Integrated planning to support integrated models of care 1.2 Development of integrated services delivery models of care within a Social and Emotional Wellbeing framework 1.3 Development of culturally appropriate brief intervention models of care 1.4 Supporting Aboriginal and Torres Strait Islander people who experience co-morbid substance misuse and mental health issues
Description of Drug and Alcohol Treatment Activity	<b>1.1 Integrated planning to support integrated models of care</b>

**Aim:** Development of a PHN Social and Emotional Wellbeing Plan that incorporates planned activity for Drug and Alcohol treatment, Mental Health, Suicide Prevention - bringing the 3 operational and service delivery funding streams together and applying a single approach to engagement and collaborative effort.

**Target population:** Aboriginal and Torres Strait Islander People residing across Murray PHN Region.

### **1.2 Development of integrated services delivery models of care.**

**Aim:** To provide targeted, culturally appropriate and integrated, support and evidence based treatment services for Aboriginal and Torres Strait Islander People across the continuum of care within a Social and Emotional Wellbeing framework. An initial review of existing models of care will be undertaken with a view to help inform new models of care and review and/or development of shared-care mechanisms and tools to support wrap around service provision for people who are supported by multiple agencies. Workforce development planning will be intrinsic in this activity to support workforce capability and quality through learning needs assessment, professional development planning and access to a scholarship program to support minimum qualification standards in AOD and mental health.

**Target population:** Aboriginal and Torres Strait Islander people seeking support and treatment for drug and/or alcohol treatment and their families.

### **1.3 Development of culturally appropriate brief intervention models of care**

**Aim:** Develop evidence based models of and pathways to brief intervention services that are culturally appropriate for Aboriginal and Torres Strait Islander people in collaboration with key stakeholders. These services will be commissioned by Murray PHN across the region and will be underpinned by the principles of accessibility, flexibility and integrated service delivery.

**Target group:** Aboriginal and Torres Strait Islander people who may have lower complexity needs that can be adequately addressed through a brief intervention.

### **1.4 Supporting Aboriginal and Torres Strait Islander people who experience co-morbid substance misuse and mental health issues**

**Aim:** Increase workforce capability through supporting the AOD and mental health workforce who have a direct role in supporting Aboriginal and Torres Strait Islander people (i.e. ACCHO's health and social and emotional wellbeing workforce and other mainstream organisation that have Aboriginal and Torres Strait Islander services) in culturally contextualised dual diagnosis training.



	<p><b>Target group:</b> Aboriginal and Torres Strait Islander people who experience co-morbid substance misuse and mental health issues.</p> <p>Murray PHN will continue to work with ACCHOS to identify service gaps and commission services to help address these. Gaps in place based treatment services include:</p> <ul style="list-style-type: none"> <li>• Brief intervention</li> <li>• Relapse prevention</li> <li>• Rehabilitation</li> <li>• Dual diagnosis services</li> </ul>
Collaboration	<p>This will be achieved through collaborating with ACCHO's, DHHS and other key stakeholders, and through coordinated effort and investment in planning and the implementation of enhanced, holistic and integrated serviced provision.</p> <p>Through initial discussion with DHHS we have identified commonalty in the priority areas of drug and alcohol treatment, suicide prevention and mental health. We understand DHHS is currently investing in a social and emotional wellbeing framework and we will harness opportunities to work collaboratively in engaging ACCHOS and community in service model design across the continuum of care.</p> <p>Engagement with key Indigenous stakeholders is ongoing. To date Murray PHN have and will continue to engage with:</p> <ul style="list-style-type: none"> <li>• the Loddon Mallee Aboriginal Reference Group (membership comprising of CEO's from x 4 ACCHOS)</li> <li>• individually with: Bendigo District Aboriginal Cooperative, Njernda Aboriginal Corporation, Rumbalara Aboriginal Cooperative, Mallee District Aboriginal Service, Murray Valley Aboriginal Corporation, Mungabareena Aboriginal Corporation and Albury Wodonga Aboriginal Health Service</li> <li>• VACCHO</li> <li>• DHHS</li> </ul>
Indigenous Specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? YES
Duration	Collaborative Integrated planning will be completed by January 2017 which will stratify the order of priorities for implementation over the 3 year planning period.

	Culturally specific brief intervention services to be designed in quarter one and commissioned in quarter two 2016 via existing Aboriginal Controlled Health Organisations and drug treatment services.
Coverage	Integrated models of care to be located in communities where there is a high population of Aboriginal and Torres Strait Islander people residing. Key communities are Mildura, Robinvale, Swan Hill, Bendigo, Shepparton, Echuca and Albury/Wodonga.
Commissioning approach	<p>It is anticipated that this activity will largely require service redesign with elements of commissioning activity for training and development and additional service provision through commissioned PHN psychological therapy services.</p> <p>Murray PHN will determine the most appropriate approach to commissioning of services. The development of service models will include the engagement of experts and key stakeholders to inform design of outcomes and models of care. This may result in co-commissioned or an appropriate approach to the market.</p> <p>Murray PHN has established experience and systems for contact and performance management, these will be utilised in the oversight of new commissioned arrangements.</p>
Performance Indicator	<ul style="list-style-type: none"> <li>• Proportion of Aboriginal and Torres Strait Islander population receiving PHN-commissioned Drug and Alcohol brief intervention services</li> <li>• Workforce profile</li> </ul>
Local Performance Indicator target	<p>Local targets will be developed as the detailed activities are designed and implemented.</p> <ul style="list-style-type: none"> <li>•</li> </ul>
Data source	<p>This will be captured through Murray PHN data reporting contractual requirements and the data system. Data will be collected from the date of commencement of commissioned services.</p> <p>Training data to be captured from training participation records.</p>

### Proposed Activities

Drug and Alcohol Treatment  
Priority Area / Reference (e.g.  
Priority Reference 1, 2, 3)

**Activity 2: Culturally appropriate mainstream services**

Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	2.1 Improve access to culturally appropriate mainstream services for Aboriginal and Torres Strait Islander People
Description of Drug and Alcohol Treatment Activity	<p><b>2.1 Improve access to culturally appropriate mainstream drug and alcohol treatment services for Aboriginal and Torres Strait Islander People</b></p> <p><b>Aim:</b> That Aboriginal and Torres Strait Islander people are confident that mainstream service providers are able to support their treatment in a cultural context and work in a way that is inclusive, flexible and supports the provision of integrated care.</p> <p><b>Target population:</b> Aboriginal and Torres Strait Islander people who seek drug and/alcohol treatment available through mainstream AOD treatment services</p>
Collaboration	<p>We will seek to identify appropriate self-audit and guidance tools to assist mainstream organisations to deliver services in a manner that is culturally inclusive and accessible. We will promote and engage providers of AOD treatment services in the benefits and use of these tools.</p> <p>We will work closely with Aboriginal organisations and community along with mainstream service providers to establish mechanisms which support integrated care.</p>
Indigenous Specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? YES
Duration	Audit and guidance tools developed by 2017/18 for roll out
Coverage	To be used by mainstream services throughout the region however, particular focus will be given to mainstream AOD service providers in communities where there is a high population of Aboriginal and Torres Strait Islander people residing. Key communities are Mildura, Robinvale, Swan Hill, Bendigo, Shepparton, Echuca and Albury/Wodonga.
Commissioning approach	N/A
Performance Indicator	<ul style="list-style-type: none"> <li>Uptake of mainstream AOD agencies in utilising the tools and guidance.</li> </ul>
Local Performance Indicator target	N/A

Data source	N/A
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