



Australian Government

Department of Health



An Australian Government Initiative

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

Eastern Melbourne PHN

Introduction

The purpose of the Activity Work Plan is to identify key primary health care initiatives Eastern Melbourne Primary Health Network (EMPHN) will implement over 3 years - 2019/20 to 2021/22.

All Primary Health Networks (PHNs) are required to develop Activity Work Plans for the Department of Health based on the needs and priorities of their region.

These are in addition to the priorities established by the Australian Government when it established the PHNs in 2015.

Eastern Melbourne Primary Health Network (EMPHN) is one of 31 PHNs nationally. Our organisation's vision is to achieve better health outcomes for the community we serve, a better health care experience for all and a more integrated healthcare system.

Our Activity Work Plan is informed by our needs assessment and robust stakeholder consultation, and supported by evaluation of previous programs, data and evidence.

This approach ensures that the services we fund meet the clearly identified health and healthcare needs for our communities.

The EMPHN Strategic Plan describes transformative strategies our organisation has adopted to address health care issues and priorities in our community.

EMPHN's Strategic Plan for 2017-22 outlines the organisation's vision to achieve:

- Better health outcomes for the community we serve
- Better health care experiences for all
- A more integrated health care system.

Our strategic priorities to achieve this vision are:

- Addressing health gaps and inequalities
- Enhancing primary care
- Leveraging digital health, data and technology
- Working in partnerships to enable an integrated service system
- A high performing organisation.

EMPHN's Board has set six transformative strategies to help focus the organisation's resources over the next three to five years.

Addressing health gaps and inequalities

1. Listen to the consumer voice and design new mental health and chronic disease management approached that are truly person-centred.

Enhancing primary care

2. Support and encourage primary care to adopt collaborative interdisciplinary care approached that are person-centred

3. Increase use of practice-based evidence

Leveraging digital health, data and technology

4. Encourage health information continuity between providers

Working in partnerships to enable an integrated service system

5. Ensure commissioning and system change strategies encourage integration from a consumer perspective

A high performing organisation

6. Build a positive culture of high performance

EMPHN Transformative Strategies



These transformative strategies describe our overarching approach to addressing the health care priorities outlined in this Activity Work Plan.

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

- Drug and Alcohol Treatment Services – Core Funding
- Drug and Alcohol Treatment Services – NIAS Mainstream Funding
- Drug and Alcohol Treatment Services – NIAS Aboriginal and Torres Strait Islander people Funding

Proposed Activities	
ACTIVITY TITLE	<i>AOD 1 – Delivery of tailored person centred care and service integration</i>
Existing, Modified, or New Activity	Modified Activity This links to Activities 2, 3 & 11 in the EMPHN 2018/19 AOD AWP
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	<p>EMPHN Needs Assessment – Alcohol & Other Drugs - Page 90</p> <ul style="list-style-type: none"> • Strengthening integration • Practice based evidence and data • Digital health <p>EMPHN Transformative Strategies</p> <ul style="list-style-type: none"> • Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred • Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person centred • Encourage health information continuity between providers • Ensure commissioning and system change strategies encourage integration from a consumer perspective
Aim of Activity	<ul style="list-style-type: none"> • Improve access to AOD services for people who do not utilise traditional AOD services • Provide brief and early interventions to address emerging AOD issues • Provide brief intervention support to family/carers • Improve follow-up support post-withdrawal to reduce relapse • Provide early intervention for people with dual diagnosis (co-occurring mental illness and AOD) in primary health services
Description of Activity	<p>1.1 Continuation of a range of commissioned programs and services including group programs, dual diagnosis support, assertive outreach, peer support, support for families and carers and workforce development:</p> <ul style="list-style-type: none"> - Specialist assessment and treatment for people and families affected by pharmaceutical misuse or dependence and integrated into community health services (this service also addresses AOD 2 & AOD 3)

	<ul style="list-style-type: none"> - Deliver individual and family counselling for communities effected by problematic substance misuse - Integrated dual diagnosis response as part of the care continuum for consumers who also present with a mental health condition - Screening physical health needs and connecting consumers with their General Practitioner and other professionals as part of their care team to address and monitor physical health and wellbeing - Post-withdrawal support. An eight-week group program, workforce development, assertive outreach component, peer support, and involvement of families and carers. - Dual diagnosis is also incorporated as a component of the EMPHN mental health stepped care model and will align with this activity. <p>This activity will be delivered in 2019-20 through continuation of existing contracted providers, maintaining the same scope of services with limited number of contracts.</p> <p>1.2 Completion of evaluation of current Drug and Alcohol Programs (DAP).</p> <p>1.3 EMPHN Referral, Access and Navigation Team to support navigation and understanding of the service system for consumers, carers, general practitioners, and other referrers in the community.</p>
Target population cohort	Consumers (consumers who use substances and their families/carers) requiring support associated with problematic alcohol and drug use within the EMPHN catchment, including hard-to-reach and under-served populations.
In scope AOD Treatment Type	<ul style="list-style-type: none"> • Early Intervention (including brief intervention) • Counselling • Case management • Care planning and coordination • Day stay rehabilitation • Withdrawal management
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No
Coverage	Whole of EMPHN catchment.
Consultation	Refer to previous 18/19 AOD AWP.
Collaboration	<ul style="list-style-type: none"> • Close collaboration with State funded AOD intake services, GP practices and community-based AOD agencies • EMPHN is developing a Regional Integrated Mental Health, AOD and Suicide Prevention Plan in collaboration with LHNs and key stakeholders across the EMPHN catchment • Eastern Mental Health Service Coordination Alliance • North Eastern Mental Health Service Coordination Alliance
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 1/05/2017</p> <p style="padding-left: 40px;">Activity end date: 30/06/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: July 2019</p>

	Service delivery end date: June 2020			
	Any other relevant milestones? No			
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>			
Decommissioning	1a. Does this activity include any decommissioning of services? No			
Data collection	<p>Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set Yes</p> <p>Current data collection from Aboriginal community organisations do not meet the AODTS MDS. These services are also funded through the Mental Health Aboriginal and/or Torres Strait Islander funding.</p>			
Total Planned Expenditure				
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Expenditure – Drug and Alcohol Treatment Services - Core Funding	\$1,765,553	\$1,765,553	\$1,765,553	\$5,819,435.28
	sacs funding \$244,953.09	Sacs funding \$277,823.19		
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Mainstream Funding	\$1,116,231.93			\$1,116,231.93
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Indigenous Funding				

Total Planned Commonwealth Expenditure	\$3,126,738.02	\$2,043,376.19	\$1,765,553	\$6,935,667.21
Funding from other non-Commonwealth sources				
Funding from other sources	N/A			

Proposed Activities	
ACTIVITY TITLE	<i>AOD 2 – Delivery of integrated youth specific AOD services</i>
Existing, Modified, or New Activity	Existing Activity This links to Activity 4 in the EMPHN 2018/19 AOD AWP
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	<p>EMPHN Needs Assessment – Alcohol & Other Drugs - Page 90</p> <ul style="list-style-type: none"> • Strengthening integration • Practice based evidence and data • Digital health <p>EMPHN Transformative Strategies</p> <ul style="list-style-type: none"> • Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred • Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person centred • Encourage health information continuity between providers • Ensure commissioning and system change strategies encourage integration from a consumer perspective
Aim of Activity	<ul style="list-style-type: none"> • Improve engagement with hard to reach young people • Improve early intervention for young people • Improve identification and referral for AOD issues • Support families and carers of young people • Strengthen capacity of the AOD sector to provide youth-appropriate intervention and coordination responses • Improve continuity of care and pathways between AOD and MH services • Improve integration with youth mental health services including headspace services
Description of Activity	<p>2.1 Continuation of youth-specific AOD services:</p> <ul style="list-style-type: none"> - Supporting Health Education, Recreation and Personal Autonomy (SHERPA) of Young People to provide screening, assessment and brief interventions, pro-social group based activities, assertive outreach, and support for families and carers - Youth withdrawal coordination and support - Youth AOD outreach services targeting Yarra Ranges- screening, assessment and brief interventions, assertive outreach, and support for young people, families and carers - Youth AOD outreach services targeting Whittlesea- screening, assessment and brief interventions, assertive outreach, and support for young people, families and carers

	<ul style="list-style-type: none"> - Screening physical health needs and connecting consumers with their General Practitioner and other professionals as part of their care team to address and monitor physical health and wellbeing <p>2.2 EMPHN Referral, Access and Navigation Team to support navigation and understanding of the service system for consumers, carers, general practitioners, and other referrers in the community.</p>
Target population cohort	Young people 12-25 years (using AOD or at high risk of AOD use), particularly targeting young people who are, or at risk of, disengagement from education and vocational activities or presenting with complex needs. Support is also provided for the young people's families, friends and carers.
In scope AOD Treatment Type	<ul style="list-style-type: none"> • Early Intervention (including brief intervention) • Counselling • Case management, care planning and coordination; • Day stay rehabilitation • Withdrawal management
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No
Coverage	Whole of EMPHN catchment, including a targeted focus on the outer east and outer north LGAs of Whittlesea and Yarra Ranges.
Consultation	Service models were funded as part of previous consultation undertaken with an AOD reference group in 2016/17. Refer to previous 18/19 AOD AWP.
Collaboration	<ul style="list-style-type: none"> • Close collaboration with State funded AOD intake services, GP practices and community-based AOD agencies • EMPHN is developing a Regional Integrated Mental Health, AOD and Suicide Prevention Plan in collaboration with LHNs and key stakeholders across the EMPHN catchment • Eastern Mental Health Service Coordination Alliance • North Eastern Mental Health Service Coordination Alliance
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 1/05/2017 Activity end date: 30/06/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: July 2019 Service delivery end date: June 2020</p> <p>Any other relevant milestones? No</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)

	<p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>			
Decommissioning	1a. Does this activity include any decommissioning of services? No			
Data collection	Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set Yes			
Total Planned Expenditure				
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Expenditure – Drug and Alcohol Treatment Services - Core Funding	\$340,949	\$340,949	\$340,949	\$1,123,068.70
	Sacs funding \$47,303	Sacs funding \$52,918.70		
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Mainstream Funding	\$541,726			\$541,726
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Indigenous Funding				
Total Planned Commonwealth Expenditure	\$929,978	\$393,867.70	\$340,949	\$1,664,794.70
Funding from other non-Commonwealth sources				
Funding from other sources	N/A			

Proposed Activities	
ACTIVITY TITLE	<i>AOD 3 – Improving service response for Aboriginal and/or Torres Strait Islander People</i>
Existing, Modified, or New Activity	Existing Activity This links to Activity 5 and 7 from the 2018/19 EMPHN AOD AWP.
PHN Program Key Priority Area	Alcohol and Other Drugs

Needs Assessment Priority	<p>EMPHN Needs Assessment – Alcohol & Other Drugs - Page 90</p> <ul style="list-style-type: none"> • Strengthening integration • Practice based evidence and data • Digital health <p>PHN Needs Assessment – Indigenous - Page 80</p> <ul style="list-style-type: none"> • Healthy start to life • Healthy childhood • Healthy transition to adulthood • Caring for older people • Addressing risk factors • Managing illness better, with effective health services <p>EMPHN Transformative Strategies</p> <ul style="list-style-type: none"> • Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred • Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person centred • Ensure commissioning and system change strategies encourage integration from a consumer perspective
Aim of Activity	<ul style="list-style-type: none"> • Improve links and access to AOD treatment services • Providing culturally safe and sensitive approach by using workers from within identified communities • Community capacity building to better respond to the impacts of AOD harm on individuals and families in these communities • Improve early intervention to address emerging AOD issues • Improve family engagement and support • Improve physical health needs of consumers
Description of Activity	<p>3.1 Continuation of AOD support for Aboriginal and/or Torres Strait Islander people. Provision of AOD trained peer support facilitators who are based in healing places or co-located with services that deliver Aboriginal programs. The service will provide access to mainstream AOD services and Aboriginal services, where they exist. The AOD workers will also link with Integrated Team Care activities and Mental Health activities (MH AWP Priority 6) to drive a program that will support services to become culturally safe:</p> <ul style="list-style-type: none"> • Bubup Wilam • Healesville Indigenous Community Service Association (HICSA)
Target population cohort	Aboriginal and/or Torres Strait Islander People
In scope AOD Treatment Type	<ul style="list-style-type: none"> • Early Intervention (including brief intervention) • Counselling • Case management, care planning and coordination • Peer support groups
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? Yes</p> <p>The contracted services in this activity will be Indigenous specific delivered by Aboriginal community organisations, delivering integrated care services.</p>
Coverage	Community members residing in the:

	<ul style="list-style-type: none"> • North of EMPHN’s catchment (predominantly City of Whittlesea) and • Outer east of Melbourne (around Healesville/Shire of Yarra Ranges).
Consultation	<p>EMPHN has engaged with the following:</p> <ul style="list-style-type: none"> • Victorian Department of Health and Human Services Eastern Division (attempts to engage with Northern Division have not yet been successful) with a view to understanding their priorities and sharing • Eastern Metropolitan Regional Mental Health and Alcohol & Other Drug Treatment Planning Council • Engaged and consulted with the following for the purpose of needs identification and solution design: Healesville Indigenous Community Services Association (who in turn consulted with Ngwala Willumbong), Mullum Mullum Indigenous Gathering Place, Yarra Valley Aboriginal Health Service, Banyule Community Health Service Aboriginal Health Promotion Team Leader, Plenty Valley Community Health Service Aboriginal Health Worker, Bupub Wilam, and Victorian Aboriginal Health Service.
Collaboration	<ul style="list-style-type: none"> • Victorian Aboriginal Health Service, Alcohol and Other Drug Treatment Services; Mental Health Services; Local Health Networks and other relevant support services for the purposes of developing pathways and offering service options to clients • EMPHN is developing a Regional Integrated Mental Health, AOD and Suicide Prevention Plan in collaboration with LHNs and key stakeholders across the EMPHN catchment • Eastern Mental Health Service Coordination Alliance • North Eastern Mental Health Service Coordination Alliance
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 3/07/2017 Activity end date: 30/06/2022 (TBC subject to further funding advice)</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones? No</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p>

	<p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>			
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>			
Data collection	<p>Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set No</p> <p>Current data collection from aboriginal community organisations do not meet the AODTS MDS. These services are also funded through the MH Aboriginal and/or Torres Strait Islander funding.</p>			
Total Planned Expenditure				
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Expenditure – Drug and Alcohol Treatment Services - Core Funding	nil			
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Mainstream Funding	\$20,000			\$20,000
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Indigenous Funding	\$187,887.19			\$187,887.19
Total Planned Commonwealth Expenditure	\$207,887.19			\$207,887.19
Funding from other non-Commonwealth sources				
Funding from other sources	N/A			

Proposed Activities	
ACTIVITY TITLE	<i>AOD 4 – AOD co-design and recommissioning</i>
Existing, Modified, or New Activity	Existing Activity This links to Activity 10 from the 2018/19 EMPHN AOD AWP.
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	EMPHN Needs Assessment – Alcohol & Other Drugs - Page 90 <ul style="list-style-type: none"> • Strengthening integration • Practice based evidence and data

	<ul style="list-style-type: none"> Digital health <p>EMPHN Transformative Strategies</p> <ul style="list-style-type: none"> Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person centred Encourage health information continuity between providers Ensure commissioning and system change strategies encourage integration from a consumer perspective
Aim of Activity	<ul style="list-style-type: none"> To implement a service model that is responsive to consumers' with AOD needs Redesign and restructure the current Commonwealth funded service architecture to complement the Victorian AOD system with a strong focus on primary care and service integration
Description of Activity	<p>4.1 Complete co-design and development of new AOD service model for EMPHN catchment</p> <p>4.2 Transition to new AOD service model, ensuring continuity of care for current consumers</p>
Target population cohort	Consumers with AOD needs and providers within the EMPHN catchment including hard-to-reach and under-served populations.
In scope AOD Treatment Type	List the approved treatment type/s (if applicable) N/A
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No
Coverage	Whole of EMPHN catchment, including hard-to-reach and under-served populations
Consultation	Extensive consultation and co-design commenced in 2018/19 to inform the development of a new model of care. This included consumers/carers, AOD service providers, Local Health Networks, state/territory governments, peak organisations, and other relevant support services (Refer to 2018/19 EMPHN AOD AWP). This co-design will be finalised in 2019/20.
Collaboration	<ul style="list-style-type: none"> EMPHN is developing a Regional Integrated Mental Health, AOD and Suicide Prevention Plan in collaboration with LHNs and key stakeholders across the EMPHN catchment Identify opportunities to work with the Victorian Department of Health & Human Services Eastern Mental Health Service Coordination Alliance North Eastern Mental Health Service Coordination Alliance
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2018 Activity end date: 30/06/2020

	<p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>N/A</p> <p>Any other relevant milestones? No</p>			
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input checked="" type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Click to choose TBC</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>			
Decommissioning	<p>1a. Does this activity include any decommissioning of services? Yes</p> <p>All existing AOD service contracts under the two schedules – Drug and Alcohol Treatment Services and the Drug and Alcohol Treatment Activities will be decommissioned; the latter includes the transitioned AOD programs. EMPHN will work with existing providers to ensure continuity of service for consumers. This work will be underpinned by an extensive communication and transition plan.</p>			
Data collection	<p>Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set No</p>			
Total Planned Expenditure				
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Expenditure – Drug and Alcohol Treatment Services - Core Funding	n/a			
Planned Expenditure – Drug and Alcohol Treatment	n/a			

Services – NIAS Mainstream Funding				
Planned Expenditure – Drug and Alcohol Treatment Services – NIAS Indigenous Funding	n/a			
Total Planned Commonwealth Expenditure				
Funding from other non-Commonwealth sources				
Funding from other sources	This activity will be supported by AOD operational funding.			