Australian Government

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EASTERN MELBOURNE

An Australian Government Initiative

Drug and Alcohol Treatment

UPDATED ACTIVITY WORK PLAN 2016–2019

Overview

This Drug and Alcohol Treatment Activity Work Plan covers the period from 1 July 2016 to 30 June 2019 and is an update to the Activity Work Plan submitted to the Department in May 2016. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

1. Strategic Vision for Drug and Alcohol Treatment Funding

Our vision: Better primary healthcare for Eastern and North-Eastern Melbourne.

Our role: We facilitate primary care system improvement and redesign.

Our purpose: Better health outcomes. Better experience. Better system efficiency.

Our strategic objectives

1. Leaders commit to system improvement
   1a. Joint forecasting and planning occurs
   1b. Investment decisions are targeted for highest impact
   1c. Leadership and change capacity is enhanced
2. Investment decisions are targeted for highest impact
   2a. Consumers and providers (including GPs) are engaged
   2b. Service needs are prioritized and identified gaps are filled
   2c. Improvement proposals are based on best evidence
3. Care processes designed for need and best use of resources
   3a. Design and re-design occurs collaboratively
   3b. Services are reoriented to better meet needs
   3c. Patients know where to go, when and why
   3d. Effective, efficient services are procured

Our values:

- Leadership
- Understanding
- Collaboration
- Outcomes

EMPHN Operating Model and the Commissioning Framework

In its role as a facilitator of primary care system improvement and redesign, EMPHN has adopted an operating model made up of a continuous improvement approach to commissioning, and governance structures geared towards collaboration and co-design.

Commissioning Framework

Commissioning is a cycle. Needs are assessed through community consultation and solutions are designed in partnership with stakeholders. Transparent processes are used to promote the implementation of these solutions, including the identification of providers from whom services may be purchased. Solutions are then evaluated and the outcomes used to further assessment and planning.

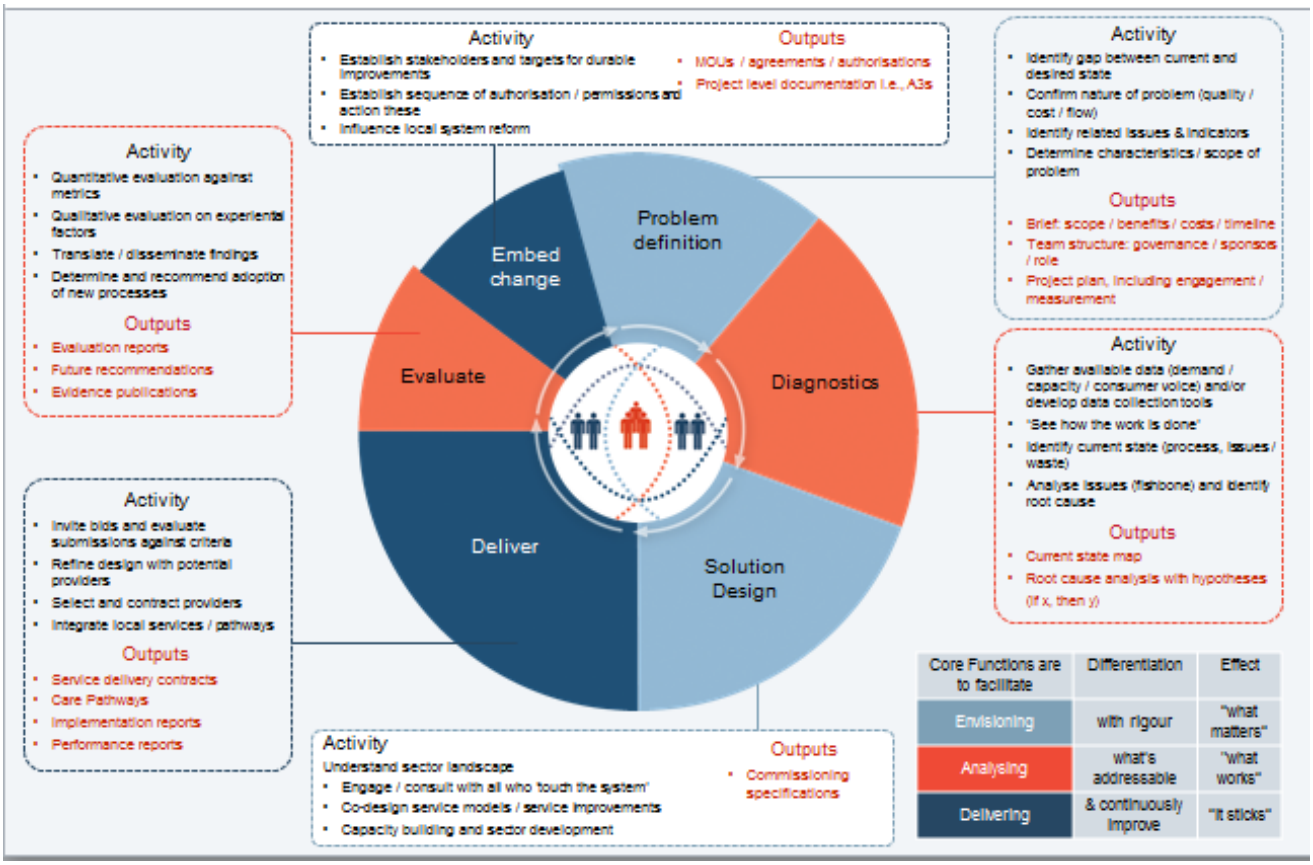

Figure 1. Commissioning cycle

Underpinning the phases of the Commissioning Cycle is a focus on ongoing relationships with consumers, providers and other stakeholders.

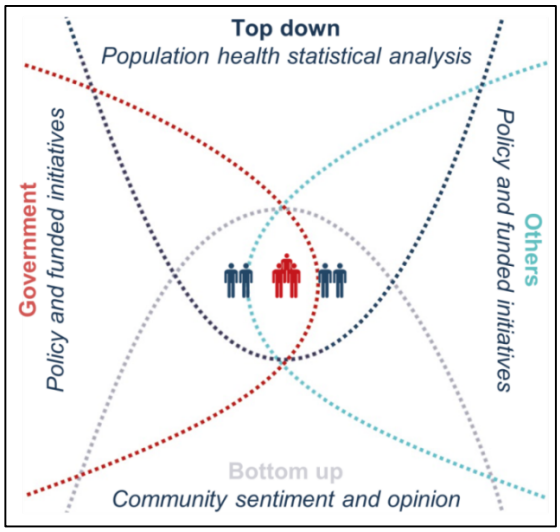

Figure 2. Prioritisation approach

Commissioning principles

1. **Understand the needs of the community** by engaging and consulting with consumer, carer and provider representatives, peak bodies, community organisations and other funders.

2. **Engage potential service providers** well in advance of commissioning new services.

3. **Focus on outcomes** rather than service models or types of interventions.

4. **Adopt a whole of system approach** to meeting health needs and delivering improved health outcomes.

5. **Understand the fullest practical range of providers** including the contribution they could make to delivering outcomes and addressing market failures and gaps.

6. **Co-design solutions;** engage with stakeholders, including consumer representatives, peak bodies, community organisations, potential providers and other funders to develop outcome focused solutions.

7. **Consider investing in the capacity of providers and consumers**, particularly in relation to hard to reach groups.

8. **Ensure procurement and contracting processes are transparent and fair**, facilitating the involvement of the broadest range of suppliers, including alternative arrangements such as consortia building where appropriate.

9. **Manage through relationships; work in partnership,** building connections at multiple levels of partner organisations and facilitate links between stakeholders.

10. **Ensure efficiency and value for money.**

11. **Monitor and evaluate** through regular performance reporting, consumer, community and provider feedback and independent evaluation.

Commissioning approach

This model will underpin the planned activities and include the following steps:

1. Investigate available data in the catchment on priorities identified
2. Engagement and collaboration with stakeholder organisations to share data and identify evidence- based interventions to address the priorities.
3. Facilitate co-design processes to identify targeted interventions at the stepped-care level using partnerships with appropriate agencies.
4. Develop a commissioning plan to address the identified service gaps and challenges.
5. Implement the above commissioning plan and provide oversight including evaluation.
6. Review initial evaluation reports from commissioned agencies including a set of recommendations to EMPHN management and stakeholders to assist in future planning

It is anticipated that over the course of 2016-2017, 1-5 of the above will be completed:

1st and 2nd Quarter: 1, 2 and 3

2nd – 3rd Quarter: 4 & 5

4th Quarter: 6

2017-19: Activities expected to be iterative for subsequent years in line with the commissioning cycle.

Consultative structures

The EMPHN Board will receive strategic advice on engagement and participation from to key groups:

- Clinical Council
- Community Advisory Committee
- AOD Reference Group
- Mental Health Reference Group

Collaborative structures

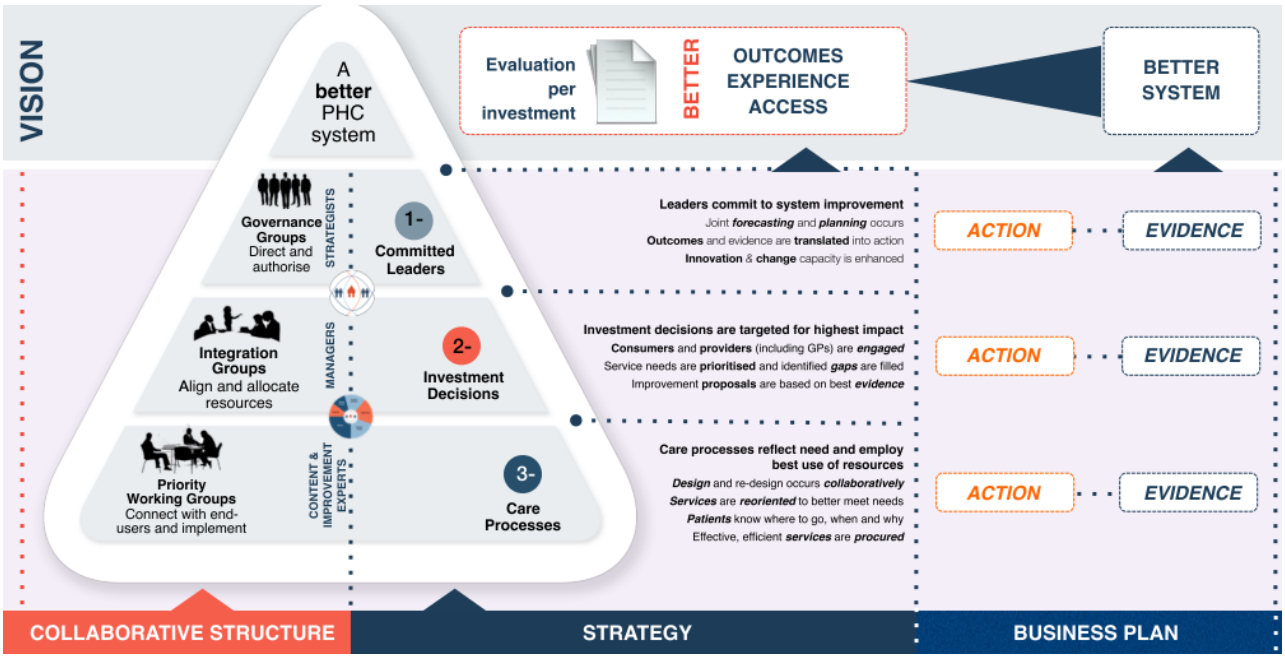

Figure 2. Collaborative Structures

The EMPHN catchment will be divided into four sub-catchments for the purposes of shared planning and governance. The sub-catchments will align with the large public health services in the catchment:

- Austin Health
- Eastern Health
- Monash Health
- Northern Health

Each sub-catchment will have three levels of collaborative structures:

1. **Governance Group**: Strategists who "direct and authorise"
2. **Health System Integration Group**: Managers who "align and allocate resources"
3. **Priority Working Groups**: Content experts who "connect with end users and implement"

Internal structures

The EMPHN organisational structure includes programs that support and develop primary care practitioners, and that support primary care improvement and integration.

In addition to the formal governance structure, EMPHN staff work across teams within specialty area streams such as Indigenous Health, Aged Care, Refugee Health and Mental Health.

EMPHN staff also work across teams to participate in improvement and innovation initiatives.

Our role in increasing service delivery capacity and improving effectiveness of AOD services

In recognition of the short time frames for the development of the AOD Regional Needs Assessment, activities, particularly those in the first quarter will look to establish collaborative working relationships with key stakeholders to further review needs for the region and co-design solutions for appropriate investment of dollars in the purchasing of services through commissioning. This will look to both:

- increase service capacity of the AOD sector
- target areas of need and underservicing
- look at best investment for effective and efficient services to ensure access for the community

EMPHN has identified the following 5 AOD priority areas

Priority 1: Reduce avoidable deaths due to overdose (from alcohol and other drug)

Priority 2. Reduce avoidable hospital admissions due to alcohol and other drug

Priority 3. Reduce the harm of AOD on Aboriginal and Torres Strait Islander Communities including reducing ice use in Outer East and Outer North

Priority 4. Reduce ice-related harm in the region

Priority 5. Problematic alcohol use

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

Proposed Activities	
Activity Title *(e.g. Activity 1, 2, 3 etc.)*	**Activity 1: After hours AOD clinical services in Emergency Departments (ED)**
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority Area *(e.g. Priority 1, 2, 3, etc.)*	Priority 1: Reduce avoidable deaths due to overdose (from alcohol and other drug) and Priority 2: Reducing avoidable hospitalisations
Description of Drug and Alcohol Treatment Activity	Three contracted projects aim to: • provide better identification, assessment and information at point of care • provide timely brief interventions, secondary consultations and referrals • provide timely post contact follow-up, support and information to family and carers Two of the three projects will have AOD clinicians at two major hospital emergency departments (ED), northern Hospital and Austin Hospital in the catchment, working during the after-hours period where there is high AOD traffic

	with planned commencement in January 2017 as six month pilot projects. This pilot will build on State-based services that operate in business hours. One project will have AOD clinicians providing after-care telephone follow-up service to clients after presenting at ED, primarily at Maroondah Hospital.
Target population cohort	Clients (adults and young people) presenting in EDs usually acutely under the influence of AOD (e.g. intoxicated, or in withdrawal). Support for clients' families, friends and carers will also be provided.
Consultation	Key stakeholders include: General Practices (GPs), Local Hospital networks (LHNS), commissioned AOD consortia in the catchment, Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Community Controlled Organisations (ACCOs), State Department of Health and Human services (DHHS), VAADA (Victorian Alcohol And Drug Association), Coroners Court, Local Government Areas (LGAs), police, research organisations (e.g. Turning Point, Penington Institute). In addition, collaboration was initiated with: • regional Victorian AOD managers (Eastern and Northern Divisions) to map existing State funding; and with • the State-funded AOD planners in the catchment for data sharing. An Alcohol and Other Drug Reference Group (AODRG) was convened in early September 2016 linked with the EMPHN's Clinical Council (CC), with membership that also included VAADA, and consumer and carer representatives. Direct consultation with the three (3) Local Hospital networks was undertaken as part of scoping the feasibility of this activity.
Collaboration	These projects will involve close collaboration with the three public hospitals including ED management and staff.
Indigenous Specific	No
Duration	These three projects are of 6 months duration, January 2017- June 2017.
Coverage	Target is whole of EMPHN catchment with the service operating out of Emergency Departments of Northern Hospital, Austin Hospital in the north east and Maroondah Hospital in the outer east.
Commissioning method	Commissioning of these six month pilot projects and co-designed services included an evaluation framework and clinical governance reporting requirements in accordance to the National Mental Health Standards (2010). A feedback system will be in place line with compliments and complaints procedures of EMPHN and the commissioned services. Contracted services will provide regular reports against agreed KPIs.
Approach to market	The procurement approach used was selective tender guided by EMPN's preliminary scoping activities.

Decommissioning (if applicable)	Not applicable.

Proposed Activities	
Activity Title *(e.g. Activity 1, 2, 3 etc.)*	**Activity 2: Increasing staffing at AOD access points after hours to deliver intake/assessment/brief interventions for individual and families** **Note:** An example of a project or service that EMPHN is seeking to commission.
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority Area *(e.g. Priority 1, 2, 3, etc.)*	Addressing the following AOD priorities: Priority 1: Reduce avoidable deaths due to overdose (from alcohol and other drug) Priority 4. Reduce ice-related harm in the region Priority 5. Problematic alcohol use
Description of Drug and Alcohol Treatment Activity	Aims: • Provide alternative after hours walk in assessments • Provide brief intervention after hours • provision of brief intervention support to family/cares at point of care and increase afterhours access options for those working • improve a youth responsive service entry points in the adult Intake and assessment system Projects for this activity may include increasing staff resources at intake and assessment points to include brief interventions and after hour's capacity. Further options may also include strategic co-location of an AOD clinician at a GP practices such as GP Super Clinics that offer after hours services or other multi service sites.
Target population cohort	Clients (substance using clients and their families/carers) accessing services after-hours at GP practices and community-based AOD agencies.

Consultation	Key stakeholders include: General Practices (GPs), Local Hospital networks (LHNS), commissioned AOD consortia in the catchment, Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Community Controlled Organisations (ACCOs), State Department of Health and Human services (DHHS), VAADA (Victorian Alcohol And Drug Association), Coroners Court, Local Government Areas (LGAs), police, research organisations (e.g. Turning Point, Penington Institute). In addition, collaboration was initiated with: • regional Victorian AOD managers (Eastern and Northern Divisions) to map existing State funding; and with • the State-funded AOD planners in the catchment for data sharing. An Alcohol and Other Drug Reference Group (AODRG) was convened in early September 2016 linked with the EMPHN's Clinical Council (CC), with membership that also included VAADA, and consumer and carer representatives.
Collaboration	These projects will involve close collaboration with State funded AOD intake services, GP practices and community-based AOD agencies.
Indigenous Specific	No
Duration	Initially 14 months with (1 May 2017- 30 June 2018) scope to extend for another 12 months (1 July 2018- 30 June 2019).
Coverage	Activities may involve the entire EMPHN region or specific sub-regions or LGAs guided by information from the needs assessment and consultation with relevant stakeholders.
Commissioning method	Co-design with the AOD Reference Group and other stakeholders and commissioning requirements will include an evaluation framework and clinical governance reporting requirements in accordance to the National Mental Health Standards (2010). A feedback system will be in place line with compliments and complaints procedures of EMPHN and the commissioned services. Contracted services will provide regular reports against agreed KPIs.
Approach to market	A two-staged competitive open tender process (Expression of Interest, then Request for Tender). Note: Tenderers asked to address one or more of the AOD priorities.
Decommissioning (if applicable)	Not applicable.

Proposed Activities

Activity Title *(e.g. Activity 1, 2, 3 etc.)*	**Activity 3: Demand management initiative - Expanding post-withdrawal support across the catchment including peer support and outpatient group programs** **Note:** An example of a project or service that EMPHN is seeking to commission.
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority Area *(e.g. Priority 1, 2, 3, etc.)*	Addressing the following AOD priories: Priority 1: Reduce avoidable deaths due to overdose (from alcohol and other drug) Priority 4. Reduce ice-related harm in the region Priority 5. Problematic alcohol use
Description of Drug and Alcohol Treatment Activity	Aims of this activity: • improve follow up support post withdrawal to reduce relapse • improve access to group base support services • Address issues of waitlist for rehabilitation services Two **possible** project examples: 1. An 8 week post withdrawal day program in the community that will: • Provide improved access to post withdrawal support • Provide continued group support during transition back into community • Be harm minimisation focused This is a group treatment model that has been successfully piloted in another catchment and could easily be extended to EMPHN catchment where there is a lack of access to such services. 2. An outpatient group program to support people on the wait list for AOD residential rehabilitation • AOD post-withdrawal peer support: to fund peer support programs to deliver on weekends increasing access to afterhours harm minimisation based support. • Seek to support those on long waitlist for residential rehabilitation treatment providing community based support and reduce relapse
Target population cohort	Clients (substance using clients) post-withdrawal or on the wait list for AOD residential rehabilitation services. Support for clients' families, friends and carers will also be provided.

Consultation	Key stakeholders include: General Practices (GPs), Local Hospital networks (LHNS), commissioned AOD consortia in the catchment, Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Community Controlled Organisations (ACCOs), State Department of Health and Human services (DHHS), VAADA (Victorian Alcohol And Drug Association), Coroners Court, Local Government Areas (LGAs), police, research organisations (e.g. Turning Point, Penington Institute). In addition, collaboration was initiated with: • regional Victorian AOD managers (Eastern and Northern Divisions) to map existing State funding; and with • the State-funded AOD planners in the catchment for data sharing. An Alcohol and Other Drug Reference Group (AODRG) was convened in early September 2016 linked with the EMPHN's Clinical Council (CC), with membership that also included VAADA, and consumer and carer representatives.
Collaboration	These projects will involve close collaboration with State funded AOD intake services, GP practices and community-based AOD agencies.
Indigenous Specific	No
Duration	Initially 14 months with (1 May 2017- 30 June 2018) scope to extend for another 12 months (1 July 2018- 30 June 2019).
Coverage	Activities may involve the entire EMPHN region or specific sub-regions or LGAs guided by information from the needs assessment and consultation with relevant stakeholders.
Commissioning method	Co-design with the AOD Reference Group and other stakeholders and commissioning requirements will include an evaluation framework and clinical governance reporting requirements in accordance to the National Mental Health Standards (2010). A feedback system will be in place line with compliments and complaints procedures of EMPHN and the commissioned services. Contracted services will provide regular reports against agreed KPIs.
Approach to market	A two-staged competitive open tender process (Expression of Interest, then Request for Tender). Note: Tenderers asked to address one or more of the AOD priorities.
Decommissioning (if applicable)	Not applicable.

Proposed Activities

Activity Title *(e.g. Activity 1, 2, 3 etc.)*	**Activity 4:** Increasing access and treatment for young people (Improving youth AOD Access and community pathways) **Note:** An example of a project or service that EMPHN is seeking to commission.
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority Area *(e.g. Priority 1, 2, 3, etc.)*	Addressing the following AOD priories: Priority 4. Reduce ice-related harm in the region Priority 5. Problematic alcohol use
Description of Drug and Alcohol Treatment Activity	Aims of this activity: • Improve engagement with hard to reach youth • Improve early intervention • Improve identification and referral for AOD issues • Support families for young people • Strengthen capacity of the AOD sector to provide youth friendly/appropriate treatment based responses • Improve continuity of care and pathways between AOD and MH services Projects under this activity may include: • Pilot of therapeutic group in the community health for youth e.g. target clients of YSAS' Eastern home-based withdrawal • Co-location of an AOD clinician at a public secondary school in outer north or outer east linking with the GPs in schools program • Increased AOD services at headspace centres to reduce waiting time for young people.
Target population cohort	Young people (AOD using or at high risk of AOD use). Support for the young people's families, friends and carers will also be provided.
Consultation	Key stakeholders include: headspaces, commissioned AOD consortia in the catchment, youth AOD services, General Practices (GPs), Local Hospital networks (LHNS), Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Community Controlled Organisations (ACCOs), State Department of Health and Human services (DHHS), VAADA (Victorian Alcohol And Drug Association), Coroners Court, Local Government Areas (LGAs), police, research organisations (e.g. Turning Point, Penington Institute). In addition, collaboration was initiated with:

	• regional Victorian AOD managers (Eastern and Northern Divisions) to map existing State funding; and with • the State-funded AOD planners in the catchment for data sharing. An Alcohol and Other Drug Reference Group (AODRG) was convened in early September 2016 linked with the EMPHN's Clinical Council (CC), with membership that also included YSAS, VAADA, and consumer and carer representatives.
Collaboration	These projects will involve close collaboration with State-funded youth AOD services, public and private secondary schools and universities, and GP practices.
Indigenous Specific	No
Duration	Initially 14 months with (1 May 2017- 30 June 2018) scope to extend for another 12 months (1 July 2018- 30 June 2019).
Coverage	Activities may involve the entire EMPHN region or specific sub-regions or LGAs guided by information from the needs assessment and consultation with relevant stakeholders. Based on EMPHN's needs assessment, the project can, as an example, focus on the LGAs of Whittlesea, Nillumbik in the north-east, and Yarra Ranges, Maroondah and Knox in the outer east.
Commissioning method	Co-design with the AOD Reference Group and other stakeholders and commissioning requirements will include an evaluation framework and clinical governance reporting requirements in accordance to the National Mental Health Standards (2010). A feedback system will be in place line with compliments and complaints procedures of EMPHN and the commissioned services. Contracted services will provide regular reports against agreed KPIs.
Approach to market	A two-staged competitive open tender process (Expression of Interest, then Request for Tender). Note: Tenderers asked to address one or more of the AOD priorities.
Decommissioning (if applicable)	Not applicable.

Proposed Activities	
Activity Title *(e.g. Activity 1, 2, 3 etc.)*	**Activity 5:** Improving responses to culturally and linguistically diverse (CALD) and Aboriginal and Torres strait islander communities **Note:** An example of a project or service that EMPHN is seeking to commission.

Existing, Modified, or New Activity	New Activity
Needs Assessment Priority Area *(e.g. Priority 1, 2, 3, etc.)*	Addressing the following AOD priories: Priority 2. Reduce avoidable hospital admissions due to alcohol and other drug Priority 5. Problematic alcohol use
Description of Drug and Alcohol Treatment Activity	Activities that will directly respond to the specific needs of communities by: • improving links and access to AOD treatment services • providing culturally safe and sensitive approach by utilising workers from within identified communities • community capacity building to better respond to the impacts of AOD harm on individuals and families in these communities • pilot engagement strategy with targeted CALD communities • address problematic alcohol and AOD use in CALD populations • reduce impact of alcohol use in the targeted communities • Improve family engagement and support Potential projects may include: a) The identified need to address problematic alcohol use in local Burmese populations in the outer east, i.e. pilot CALD specific project to increase access and uptake of CALD AOD Services, e.g. Chin community b) Strengthening Clinical AOD support for Aboriginal AOD services : By funding AOD Aboriginal health worker to support current CCSS providers with access to AOD counselling/coordination
Target population cohort	Clients (AOD using clients and their families/carers) from culturally and linguistically diverse (CALD) and Aboriginal and Torres strait islander communities
Consultation	Key stakeholders include: General Practices (GPs), Local Hospital networks (LHNS), commissioned AOD consortia in the catchment, Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Community Controlled Organisations (ACCOs), Migrant Resource Centres, State Department of Health and Human services (DHHS), VAADA (Victorian Alcohol And Drug Association), Coroners Court, Local Government Areas (LGAs), police, research organisations (e.g. Turning Point, Penington Institute). In addition, collaboration was initiated with: • regional Victorian AOD managers (Eastern and Northern Divisions) to map existing State funding; and with • the State-funded AOD planners in the catchment for data sharing.

	An Alcohol and Other Drug Reference Group (AODRG) was convened in early September 2016 linked with the EMPHN's Clinical Council (CC), with membership that also included VAADA, and consumer and carer representatives.
Collaboration	These projects will involve close collaboration with State funded AOD intake services, GP practices, Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Community Controlled Organisations (ACCOs), and Migrant Resource Centres.
Indigenous Specific	No, but one project may include the Aboriginal population
Duration	Initially 14 months with (1 May 2017- 30 June 2018) scope to extend for another 12 months (1 July 2018- 30 June 2019).
Coverage	Activities may involve the entire EMPHN region or specific sub-regions or LGAs guided by information from the needs assessment and consultation with relevant stakeholders. However, coverage will likely focus on LGA's with higher ATSI and CALD communities (such as Maroondah, Yarra Ranges, Whittlesea and Banyule and Whitehorse) with high prevalence of AOD harmful use.
Commissioning method	Co-design with the AOD Reference Group and other stakeholders and commissioning requirements will include an evaluation framework and clinical governance reporting requirements in accordance to the National Mental Health Standards (2010). A feedback system will be in place line with compliments and complaints procedures of EMPHN and the commissioned services. Contracted services will provide regular reports against agreed KPIs.
Approach to market	A two-staged competitive open tender process (Expression of Interest, then Request for Tender). Note: Tenderers asked to address one or more of the AOD priorities.
Decommissioning (if applicable)	Not applicable.

Proposed Activities	
Activity Title *(e.g. Activity 1, 2, 3 etc.)*	**Activity 6: Workforce development** **Note**: An example of a project or service that EMPHN is seeking to commission.
Existing, Modified, or New Activity	New Activity

Needs Assessment Priority Area *(e.g. Priority 1, 2, 3, etc.)*	Addressing the following AOD priories: Priority 1: Reduce avoidable deaths due to overdose (from alcohol and other drug) Priority 2. Reduce avoidable hospital admissions due to alcohol and other drug Priority 3. Reduce the harm of AOD on Aboriginal and Torres Strait Islander Communities including reducing ice use in Outer East and Outer North Priority 4. Reduce ice-related harm in the region Priority 5. Problematic alcohol use
Description of Drug and Alcohol Treatment Activity	Workforce development projects/research/evaluation/forums To strengthen current AOD and MH workforce by: • improving identification and screening of AOD issues in primary care • improving dual diagnosis capabilities of current workforce • improving access to and uptake of pharmacotherapy • improving continuity of care and treatment for clients with dual diagnosis • increasing capacity of workforce to deliver funded activities described above Projects options may include: • Training for MH nurses interested in AOD already possessing basic AOD capabilities (e.g. MI training, CBT). • GP targeted continuing professional development (CPD) on the following: o Safe opiate prescribing with a focus on improving collaboration between hospitals and GP practices in the management of patients discharged from hospitals with limited/inadequate/ inappropriate /poorly communicated prescription during the post- acute care stages o Safe psychotropic prescribing to include quetiapine and benzodiazepine • Training for youth mental health/headspace workers to increase dual diagnosis capabilities to support activity 4.
Target population cohort	AOD and or MH workforce to include peer workers
Consultation	Key stakeholders include: General Practices (GPs), Local Hospital networks (LHNS), commissioned AOD consortia in the catchment, SHARC-APSU, Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Community Controlled Organisations (ACCOs), Centres, State Department of Health and Human services (DHHS), VAADA (Victorian Alcohol And Drug Association), Coroners Court, Local Government Areas (LGAs), police, research organisations (e.g. Turning Point, Penington Institute).

	In addition, collaboration was initiated with: • regional Victorian AOD managers (Eastern and Northern Divisions) to map existing State funding; and with • the State-funded AOD planners in the catchment for data sharing. An Alcohol and Other Drug Reference Group (AODRG) was convened in early September 2016 linked with the EMPHN's Clinical Council (CC), with membership that also included VAADA, and consumer and carer representatives.
Collaboration	These projects will involve close collaboration with State funded AOD and MH services, GP practices, RACGP, VAADA, SHARC-APSU
Indigenous Specific	No
Duration	Initially 14 months with (1 May 2017- 30 June 2018) scope to extend for another 12 months (1 July 2018- 30 June 2019).
Coverage	Entire EMPHN catchment with focus on workforce operating in the primary health settings
Commissioning method	Co-design with the AOD Reference Group and other stakeholders and commissioning requirements will include an evaluation framework and clinical governance reporting requirements in accordance to the National Mental Health Standards (2010). A feedback system will be in place line with compliments and complaints procedures of EMPHN and the commissioned services. Contracted services will provide regular reports against agreed KPIs.
Approach to market	A two-staged competitive open tender process (Expression of Interest, then Request for Tender). Note: Tenderers asked to address one or more of the AOD priorities.
Decommissioning (if applicable)	Not applicable.

2. (b) Planned activities: Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding

Proposed Activities	
Activity Title *(e.g. Activity 1, 2, 3 etc.)*	**Activity 7**: Integrated response to Aboriginal and Torres Strait Islander communities
Existing, Modified, or New Activity	**Modified activity**
Needs Assessment Priority Area *(e.g. Priority 1, 2, 3, etc.)*	Priority 3. Reduce the harm of AOD on Aboriginal and Torres Strait Islander Communities including reducing ice use in Outer East and Outer North Aboriginal and Torres Strait Islander Communities.
Description of Drug and Alcohol Treatment Activity	EMPHN has developed a whole of organisation commissioning framework to engage and commission Aboriginal and Torres Strait Islander (ATSI) services in the catchment. In developing EMPHN's Aboriginal and Torres Strait Islander Commissioning Strategy, it was identified that the recommissioning of Victoria's AOD services has led to complicated and reduced access to both services in general and specifically for Aboriginal people. The recommissioning of Victoria's Mental Health Community Support Services (which are soon to be subsumed into NDIS) led to a similar outcome. EMPHN believes that the ATSI-specific AOD funding is insufficient to contract clinical services that will meet the needs of the targeted Aboriginal communities that are spread across the entire EMPHN catchment. Integrating EMPHN's

	Aboriginal and Torres Strait Islander dedicated funding is expected to be a more effective way of building the capacity of the existing service system to meet the needs of its Aboriginal communities. The Aboriginal and Torres Strait Islander communities have requested AOD trained peer support facilitators who are based in its healing places or co-located with services that deliver Aboriginal programs, Their role will be to support people to access mainstream AOD services (and Aboriginal services where they exist) and support them in small peer support groups. Specifically, the support facilitators will provide recovery- focused service options and 'walk the journey' with the person. The AOD workers will also link with Integrated Team Care activities to drive a program that will support services to become culturally safe. This has already been piloted in Banyule LGA under the auspices of Banyule Community Health's AOD service and Aboriginal Health Unit. Peer support facilitators will complete AOD peer training with SHARC-APSU.
Target population cohort	Aboriginal and Torres Strait Islander community members residing in the: • outer east of Melbourne (around Healesville/Shire of Yarra Ranges) • north of EMPHN's catchment (predominantly City of Whittlesea).
Consultation	EMPHN has engaged with the following • 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 Ltd., Yarra Valley Aboriginal Health Service, Banyule Community Health Service Aboriginal Health Promotion Team Leader, Plenty Valley Community Health Service Aboriginal Health Worker, Bubup Wilam, Victorian Aboriginal Health Service.
Collaboration	This activity will not formally be jointly implemented with other stakeholders, however service delivery will necessarily involve collaboration with 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.
Indigenous Specific	Yes
Duration	Service delivery under this Activity will commence in the outer east of Melbourne in February 2017 and in the north of EMPHN's catchment in April 2017. Contracts will be offered to June 2018 with the option to extend to June 2019 should EMPHN continue to be funded as the primary health network for its existing catchment.
Coverage	• Outer east of Melbourne (around Healesville/Shire of Yarra Ranges). • North of EMPHN's catchment (predominantly City of Whittlesea)

Commissioning method	Commissioning activities will follow the EMPHN Aboriginal Health and Wellbeing Commissioning Framework (attached) which is premised on self-determination and co-design, the first principle being that EMPHN will request selective tenders, working through the Aboriginal Controlled Community Organisations as lead agencies.
Approach to market	The services will be procured via direct engagement with Aboriginal Community Controlled Organisations (ACCOs) and organisations with whom communities wish to work. The contracted services will be monitored via quarterly contract management meetings and in the case of the outer east, participation in Integrated Services Hub Committee. The organisations will be required to submit quarterly reports to support evaluation (not yet designed).
Decommissioning (if applicable)	Not applicable

2. (c) Activities which will no longer be delivered under the Schedule – Drug and Alcohol Treatment Activities

Planned activities which will no longer be delivered	
Activity Title / Reference	Provide the activity title and reference as it appeared in the May 2016 Drug and Alcohol Treatment Activity Work Plan. None
Description of Activity	Provide the description of the activity (no more than 300 words).
Reason for removing activity	Outline why this activity will not be delivered and any anticipated impacts to your region.
Funding impact	Briefly outline how removal of this activity will impact your budget.

FOR MORE INFORMATION

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