



Australian Government

Department of Health

phn
EASTERN MELBOURNE

An Australian Government Initiative

Updated Activity Work Plan 2016–2019: Drug and Alcohol Treatment

This Drug and Alcohol Treatment Activity Work Plan includes:

1. The updated strategic vision of each PHN, specific to drug and alcohol treatment.
2. The updated Drug and Alcohol Treatment Services Annual Plan 2016-17 to 2018-2019 which provides:
 - a) An updated 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) An updated 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.

Eastern Melbourne PHN



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.

Key principles underpinning activity requirements

Drug and Alcohol Treatment Activity Work Plans are expected to satisfy the following key principles underpinning drug and alcohol activity requirements:

- i. Proposed activities are evidence-based and in-scope of funding as detailed in *Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services*.
- ii. Proposed activities are clearly aligned with priorities identified in the corresponding Needs Assessment.
- iii. The majority of total Flexible Funding available is allocated to the delivery of specialist drug and alcohol service delivery (i.e. direct treatment activities) as opposed to non-treatment activities (e.g. workforce development, also in scope of this funding).
- iv. Detailed budgets are provided outlining funding for three years (2016 17 to 2018 19) with a clearly identified allocation for each activity (including sub-activity) type.
- v. Proposed activities for Indigenous-specific and mainstream services are clearly delineated, including evidence of consultation and engagement from local key Indigenous stakeholders.
- vi. Governance arrangements are clearly articulated, and include representation from key regional stakeholders such as Local Health Networks (or equivalent), State Government and specialist drug and alcohol service providers.

This funding is intended to complement existing Commonwealth and state and territory funded drug and alcohol treatment activities. Therefore, existing state and territory funding, strategies, and frameworks are considered in the development of the Annual Plan to ensure services are complementary and do not duplicate existing efforts.



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 prioritised 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.

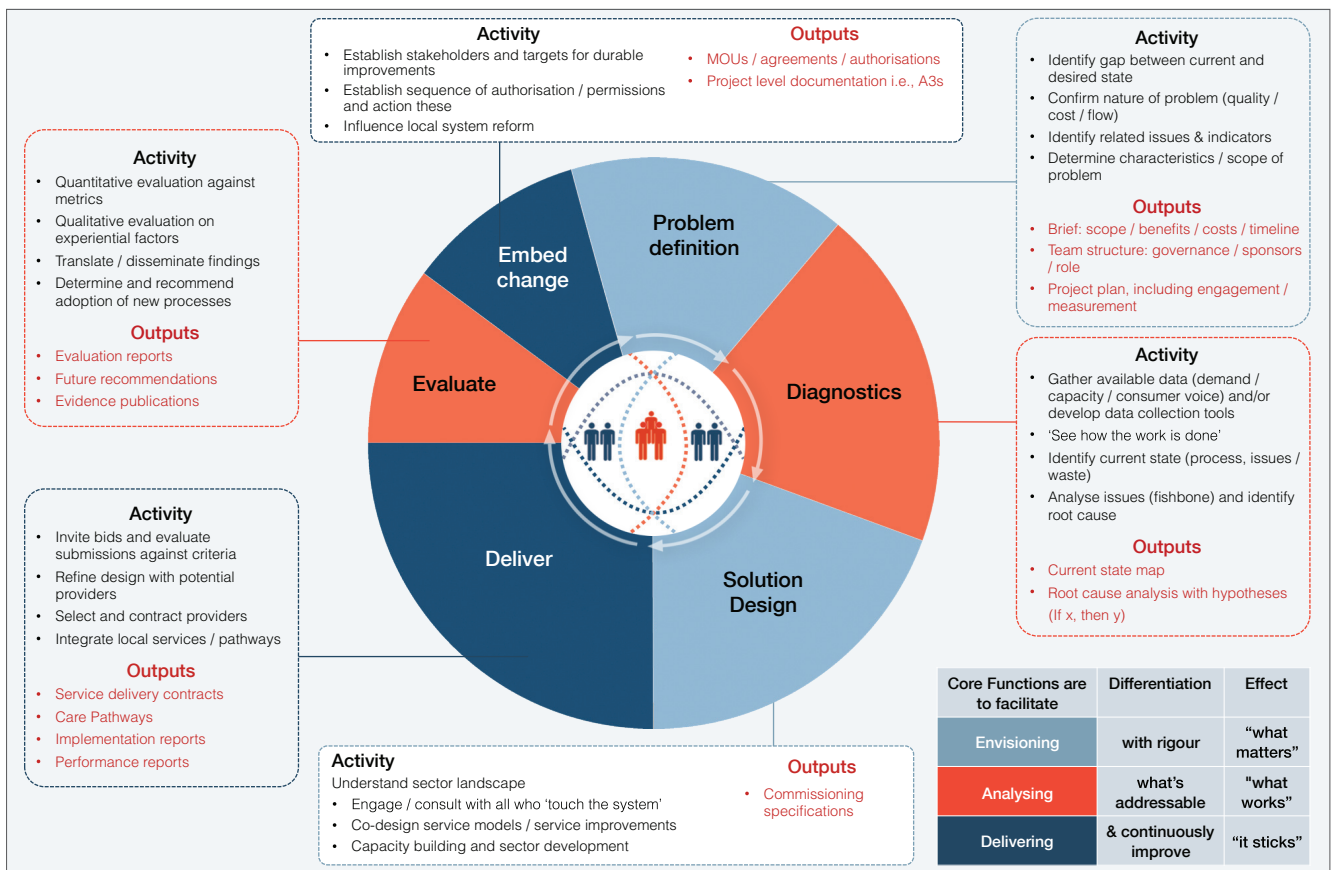


Figure 1. Commissioning cycle

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

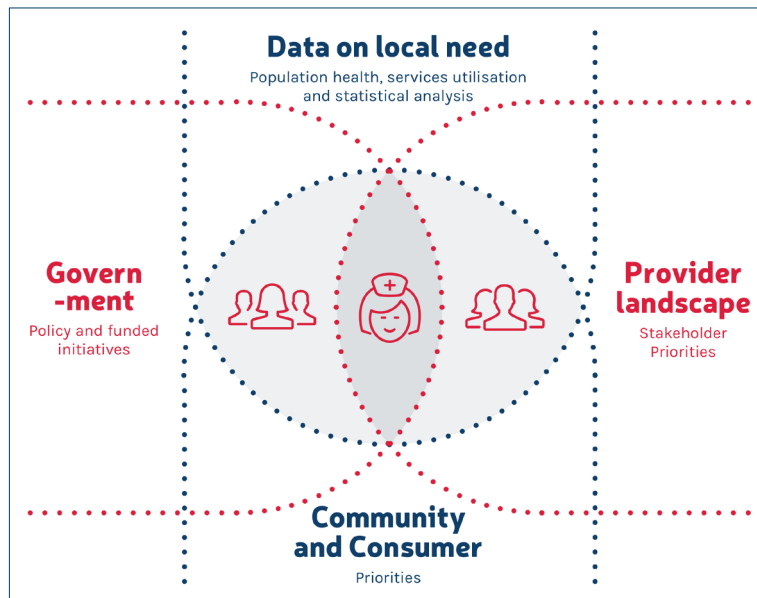


Figure 2. Prioritisation approach

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

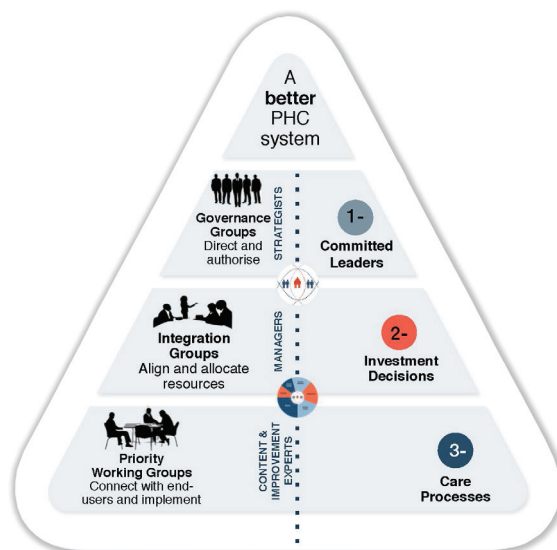


Figure 2. Collaborative Structures

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

Priority Areas

EMPHN has identified the following five 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

This section outlines 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.

Proposed Activities	
Activity Title	Activity 1: After hours AOD clinical services in Emergency Departments (ED)
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority Area	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	<p>Three contracted projects aim to:</p> <ul style="list-style-type: none"> • 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 <p>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.</p>
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	<p>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).</p> <p>In addition, collaboration was initiated with:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>Direct consultation with the three (3) Local Hospital networks was undertaken as part of scoping the feasibility of this activity.</p>
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	<p>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.</p> <p>Contracted services will provide regular reports against agreed KPIs.</p>
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	<p>Activity 2: Increasing staffing at AOD access points after hours to deliver intake/assessment/brief interventions for individual and families</p> <p>Note: An example of a project or service that EMPHN is seeking to commission.</p>
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority Area	<p>Addressing the following AOD priorities:</p> <p>Priority 1: Reduce avoidable deaths due to overdose (from alcohol and other drug)</p> <p>Priority 4. Reduce ice-related harm in the region</p> <p>Priority 5. Problematic alcohol use</p>
Description of Drug and Alcohol Treatment Activity	<p>Aims:</p> <ul style="list-style-type: none"> • 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 <p>Projects for this activity may include increasing staff resources at intake and assessment points to include brief interventions and after hour's capacity.</p> <p>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.</p>
Target population cohort	Clients (substance using clients and their families/carers) accessing services after-hours at GP practices and community-based AOD agencies.
Consultation	<p>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).</p> <p>In addition, collaboration was initiated with:</p> <ul style="list-style-type: none"> • regional Victorian AOD managers (Eastern and Northern Divisions) to map existing State funding; and with

	<ul style="list-style-type: none"> the State-funded AOD planners in the catchment for data sharing. <p>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.</p>
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	<p>Activity 3: Demand management initiative - Expanding post-withdrawal support across the catchment including peer support and outpatient group programs</p> <p>Note: An example of a project or service that EMPHN is seeking to commission.</p>
Existing, Modified, or New Activity	New Activity

Needs Assessment Priority Area	<p>Addressing the following AOD priorities:</p> <p>Priority 1: Reduce avoidable deaths due to overdose (from alcohol and other drug)</p> <p>Priority 4. Reduce ice-related harm in the region</p> <p>Priority 5. Problematic alcohol use</p>
Description of Drug and Alcohol Treatment Activity	<p>Aims of this activity:</p> <ul style="list-style-type: none"> • improve follow up support post withdrawal to reduce relapse • improve access to group base support services • Address issues of waitlist for rehabilitation services <p>Two possible project examples:</p> <p>1. An 8 week post withdrawal day program in the community that will:</p> <ul style="list-style-type: none"> • Provide improved access to post withdrawal support • Provide continued group support during transition back into community • Be harm minimisation focused <p>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.</p> <p>2. An outpatient group program to support people on the wait list for AOD residential rehabilitation</p> <ul style="list-style-type: none"> • 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	<p>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.</p>
Consultation	<p>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).</p> <p>In addition, collaboration was initiated with:</p>

	<ul style="list-style-type: none"> 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. <p>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.</p>
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	<p>Activity 4: Increasing access and treatment for young people (Improving youth AOD Access and community pathways)</p> <p>Note: An example of a project or service that EMPHN is seeking to commission.</p>
Existing, Modified, or New Activity	New Activity

Needs Assessment Priority Area	<p>Addressing the following AOD priorities:</p> <p>Priority 4. Reduce ice-related harm in the region</p> <p>Priority 5. Problematic alcohol use</p>
Description of Drug and Alcohol Treatment Activity	<p>Aims of this activity:</p> <ul style="list-style-type: none"> • 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 <p>Projects under this activity may include:</p> <ul style="list-style-type: none"> • 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	<p>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.</p>
Consultation	<p>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).</p> <p>In addition, collaboration was initiated with:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>

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	<p>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.</p> <p>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.</p>
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	<p>A two-staged competitive open tender process (Expression of Interest, then Request for Tender).</p> <p>Note: Tenderers asked to address one or more of the AOD priorities.</p>
Decommissioning (if applicable)	Not applicable.

Proposed Activities	
Activity Title	<p>Activity 5: Improving responses to culturally and linguistically diverse (CALD) and Aboriginal and Torres strait islander communities</p> <p>Note: An example of a project or service that EMPHN is seeking to commission.</p>
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority Area	<p>Addressing the following AOD priorities:</p> <p>Priority 2. Reduce avoidable hospital admissions due to alcohol and other drug</p> <p>Priority 5. Problematic alcohol use</p>

<p>Description of Drug and Alcohol Treatment Activity</p>	<p>Activities that will directly respond to the specific needs of communities by:</p> <ul style="list-style-type: none"> • 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 <p>Potential projects may include:</p> <ol style="list-style-type: none"> 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
<p>Target population cohort</p>	<p>Clients (AOD using clients and their families/carers) from culturally and linguistically diverse (CALD) and Aboriginal and Torres strait islander communities</p>
<p>Consultation</p>	<p>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).</p> <p>In addition, collaboration was initiated with:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>
<p>Collaboration</p>	<p>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.</p>
<p>Indigenous Specific</p>	<p>No, but one project may include the Aboriginal population</p>

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	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	Addressing the following AOD priorities: 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	<p>Workforce development projects/research/evaluation/forums</p> <p>To strengthen current AOD and MH workforce by:</p> <ul style="list-style-type: none"> • 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 <p>Projects options may include:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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 ○ 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	<p>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).</p> <p>In addition, collaboration was initiated with:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>

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

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

Proposed Activities	
Activity Title	Activity 7: Integrated response to Aboriginal and Torres Strait Islander communities
Existing, Modified, or New Activity	Modified activity
Needs Assessment Priority Area	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	<p>EMPHN has developed a whole of organisation commissioning framework to engage and commission Aboriginal and Torres Strait Islander (ATSI) services in the catchment.</p> <p>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.</p> <p>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</p>

	<p>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.</p> <p>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.</p> <p>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.</p>
Target population cohort	<p>Aboriginal and Torres Strait Islander community members residing in the:</p> <ul style="list-style-type: none"> • outer east of Melbourne (around Healesville/Shire of Yarra Ranges) • north of EMPHN’s catchment (predominantly City of Whittlesea).
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 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	<p>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.</p>
Indigenous Specific	<p>Yes</p>
Duration	<p>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.</p>
Coverage	<ul style="list-style-type: none"> • 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	<p>The services will be procured via direct engagement with Aboriginal Community Controlled Organisations (ACCOs) and organisations with whom communities wish to work.</p> <p>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.</p> <p>The organisations will be required to submit quarterly reports to support evaluation (not yet designed).</p>
Decommissioning (if applicable)	Not applicable



FOR MORE INFORMATION

18-20 Prospect Street
(PO Box 610) Box Hill, Vic 3128

Phone 9046 0300
www.emphn.org.au