Eastern Melbourne - Drug and Alcohol Treatment Services 2025/26 - 2027/28
Activity Summary View

AOD - 1 - Drug and Alcohol Treatment Services - April 2026

Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

1

Activity Title *

Drug and Alcohol Treatment Services - April 2026

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to deliver tailored person centered AOD care for adults and youth.

Description of Activity *

EMPHN is optimising how services are commissioned – starting in 2026 – through the EMPHN OneCare program (OneCare), a place-based commissioning model that is designed to align service delivery more closely with the distinct health needs of local communities within the catchment, as identified through the EMPHN health needs assessments and other community and provider co-design activities.
The OneCare model was co-designed through extensive engagement, including consultation with more than 120 consumers, 45

providers and EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council.
OneCare covers the entire EMPHN catchment and is organised into three defined regions: North, East and Inner South. These regions are structured planning and commissioning areas, not eligibility boundaries. They were developed through detailed analysis of population need, referral patterns, local hospital networks, and community and provider consultation to ensure services reflect local health system dynamics. Consumers continue to access care where it best meets their needs.
This approach enables investment to be directed proportionately to quantifiable health need (both between Regions and within them) while considering population growth and maintaining clear alignment with Commonwealth Deed funding requirements.
The OneCare approach strengthens integration, reduces service duplication and administrative burden, and supports more efficient use of Commonwealth funding through fewer, broader regional contracts. By aligning services to local health catchments, OneCare enables deeper collaboration between providers, general practice, hospitals and community services, with clearer intake pathways and smoother handovers across care settings.
For consumers, this means a more connected care experience. For providers, it means more secure contracts, structured collaboration over competition, and shared learning across regions. For EMPHN, it means standardised KPIs and blended payment mechanisms (base, activity and outcome-based components) to drive performance and value for money, and a unified data model that tracks activity, outcomes and performance across cohorts and regions.
Through this model, services are commissioned and delivered across four cohorts; Child and Youth wellbeing and resilience, Adult wellbeing and resilience, People with chronic conditions and Older People. AOD services will be delivered through the Child and Youth wellbeing and resilience, and Adult wellbeing and resilience cohorts.

Positioning of AOD services within OneCare
Under the EMPHN OneCare program, AOD services will be commissioned within the Child and Youth wellbeing and resilience, and Adult wellbeing and resilience cohorts and delivered across the three defined regions: North, East and Inner South.
AOD capacity across the North, East and Inner South regions is informed by EMPHN's Health Needs Assessment (HNA). The HNA analyses indicators such as older population size, socio-economic disadvantage, CALD populations and complex health and social needs to identify areas of greatest need. Funding is distributed across regions based on this analysis.

Under the OneCare program, AOD is positioned within defined Child and Youth wellbeing and resilience and Adult wellbeing and resilience cohorts commissioning structure delivered across the three regions covering the full EMPHN catchment, with delivery prioritised to sub-regions with greatest need. AOD funding remains quarantined within contracts and financial systems to ensure full traceability to CPSP Deed requirements. There is no commingling of AOD funds with other Commonwealth funding streams.
Positioning AOD within the OneCare Child and Youth wellbeing and resilience and the Adult wellbeing and resilience cohort strengthens system coordination around vulnerable people seeking mental health and alcohol and other drugs support while maintaining the defined scope and functions of AOD services.

The key benefits for AOD services are:
• Clear regional accountability for access and demand. Regional commissioning enables visibility of service activity, unmet need and pressure points across the catchment, allowing targeted response to emerging gaps.
• Workforce collaboration and economies of scale. Alignment within the cohort enables organisations delivering multiple services to leverage complementary workforce expertise (for example psychosocial or care coordination roles) across programs, while maintaining dedicated AOD functions.
• Defined referral pathways and service interfaces. Referral pathways and service interfaces are defined at a regional level, reducing ambiguity for referrers and system partners.
• Established escalation pathways. Escalation pathways are in place for clients whose needs extend beyond AOD into other services, with funding arrangements remaining appropriate to each program.
• Stronger integration with adjacent services. AOD now sits within a defined Child and Youth wellbeing and resilience and Adult wellbeing and resilience cohorts, enabling clearer cross-referral pathways improving alignment with chronic condition management, mental health and primary care supports for clients with multi-morbid complex needs.
• Embedded regional collaboration expectations. Providers commissioned within each region are expected to participate in shared planning and integration mechanisms, strengthening coordination between AOD services, general practice, hospitals and community services.
• Consistent performance and data settings. Standardised KPIs and a unified data model enable comparative oversight across regions and strengthen performance monitoring without changing Commonwealth reporting requirements.
• Defined regional interfaces for referrers. General practice, hospitals, home care providers and community partners have clearer regional entry points and escalation pathways.
• Greater provider stability and workforce sustainability. Broader region-based contracts support workforce sustainability and structured collaboration across providers.

Program fidelity and funding integrity
AOD services will continue to be delivered in full accordance with the AOD Deed and guidelines. EMPHN OneCare does not alter eligibility, scope, target population, reporting requirements, or mandated functions. OneCare strengthens how AOD services operate within the local health system.
Providers will continue to deliver services consistent with the Deed and guidelines.
Although AOD is commissioned within the Child and Youth wellbeing and resilience and Adult wellbeing and resilience cohorts under OneCare, AOD activity remains separately identifiable within contracts and reporting systems. Commonwealth reporting requirements, including submission of AOD data through existing reporting channels, remain unchanged.
Monitoring and reporting
Objectives and outcomes will continue to be measured through:
• Existing AOD reporting requirements under the AOD Deed and AODTS-NMDS requirements
• Contractual performance monitoring and regular review
• Standardised KPI dashboards and data governance arrangements introduced under OneCare
• Commonwealth data submission processes remain unchanged

Key AOD Service Delivery Activities April 2025 to date:

Activities fall under four program areas: Dual Diagnosis, Family Support, Youth and Medication Support.

Programs deliver a range of specific activities to increase access to AOD treatment services including:
- Continuation of a range of commissioned programs and services for adult and youth delivering interventions that include group programs, support people with AOD and co-occurring mental health presentations, assertive outreach, counselling, peer support, support for families and carers and workforce development. Families are supported through individual counselling and family therapy providing wrap-around support for individuals, couples and families with, or connected to alcohol and/or drug dependency.
- Specialist assessment and treatment for people and families affected by pharmaceutical misuse or dependence are integrated into community health services. Specialist medication and recovery support is provided via individual or family counselling, nursing and withdrawal support, peer support groups, brief interventions and harm reduction services.

- 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.
- Incorporation of AOD as a dual diagnosis into the EMPHN mental health stepped care model, including integrated partnerships with tertiary services and direct referral pathways from inpatient units.
- Youth AOD outreach services targeting at-needs areas - screening, assessment and brief interventions, assertive outreach, and support for young people, families and carers organisations or embedded within culturally safe teams.
- Access to services through both mainstream and community driven culturally safe environments.
- Other activities as identified through needs assessments or stakeholder input.
- Recovery focused programs with multidisciplinary teams with both peer-, practitioner and clinician-led activities.

Further objectives of AOD Core sub-activities include:
- Close collaboration with State funded AOD intake services, GP practices, community-based AOD agencies and other groups, such as the Eastern Mental Health Service Coordination Alliance and Northeastern Mental Health Service Coordination Alliance and family violence services.
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- Capacity building, supporting health education, recreation and brief interventions, pro-social group-based activities, assertive outreach, and support for families and carers
- The program aims to identify opportunities to better integrate AOD and mental health services in the EMPHN catchment.

Drug and Alcohol Treatment Services Maintenance supplements the NIAS Operational and Mainstream and Core AOD and Operational Funded programs to support service delivery across the commissioned programs.

Key AOD Service Delivery Activities until April 2027:
• Continue key activities above, including; Delivering integrated AOD services across four program areas (Dual Diagnosis, Family Support, Youth and Medication Support), providing culturally safe, recovery-focused, multidisciplinary interventions that improve access to treatment through outreach, counselling, medication and withdrawal support, family and carer support, physical health

screening, workforce and capacity building, and strong integration with mental health, primary care, state AOD services and community partners.
• Commission AOD delivery within the Child and Youth wellbeing and resilience and Adult wellbeing and resilience cohorts and align service coverage to the three defined OneCare regions (North, East and Inner South).
• Commission integrated AOD services that reduce the harms of substance misuse through accessible drug and alcohol treatment, prevention and early intervention and evidence-based education. Services will have improved integration with mental health, social, educational and vocational support systems for individuals, families and communities.
• Update referral pathways so referrers and system partners have clearer region-based entry points and pathways for CPSP access.
• Strengthen intake and navigation consistency by standardising key intake, triage and eligibility screening processes across regions.
• Continued quality improvement activities with providers, with performance review and service refinement undertaken within the OneCare regional framework.
• Continued Communities of Practice to drive shared learning and consistency across providers, with participation and learnings structured around the OneCare regional model.
• Continued integration activities with general practice, hospitals and other key stakeholders, now structured through the OneCare regional model to support clearer pathways and coordination.
• Continued collaboration with Victorian and Tasmanian PHNs to share learnings, align implementation approaches and support consistent program delivery.
• Other activities identified through ongoing needs analysis, stakeholder feedback and performance monitoring under the OneCare framework.

Evaluation:
The Department of Health, Disability and Ageing's review of Alcohol and Other Drug services, including the 2025 Drug and Alcohol Program evaluation, reaffirmed PHNs' central role in commissioning AOD services and identified opportunities to strengthen alignment with the National Drug Strategy. The review highlighted increasing service demand and complexity, the need for greater focus on prevention, harm reduction and priority populations and improvements to data, reporting and workforce sustainability. Findings will inform future commissioning, monitoring and funding arrangements to support more integrated, effective and sustainable AOD service delivery.

Decommissioning and recommissioning under OneCare will occur through a staged and sequenced transition process.
Service continuity will be maintained throughout transition. Delivery will continue during transition arrangements, and structured handover processes will be implemented where provider arrangements change to ensure uninterrupted access to CPSP services. EMPHN will monitor access, demand, workforce stability and service performance throughout the transition period to identify and manage emerging risks. Commonwealth reporting requirements and all obligations under the CPSP Deed will continue to be met in full during and after transition.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Alcohol and other drugs (AOD)	137
Mental Health (MH) and Suicide Prevention (SP)	139

Activity Demographics

Target Population Cohort

Mainstream Adults & youth

In Scope AOD Treatment Type *

Counselling (individual and group); Care coordination/Case management; Early Intervention; Withdrawal; day rehabilitation; and brief Intervention.

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Whitehorse - East	21104
Whitehorse - West	20703
Knox	21101
Maroondah	21103
Manningham - West	20702
Nillumbik - Kinglake	20903
Yarra Ranges	21105
Monash	21205
Manningham - East	21102
Whittlesea - Wallan	20904
Boroondara	20701
Banyule	20901

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Aboriginal Consultative Council, Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate. In addition to Advisory councils and committees, EMPHN has established “WiseCrowd”, a consumer and community panel who have a personal or professional interest in improving healthcare within the catchment, to consult and co-design programs and services – they are engaged as needed.

EMPHN OneCare Consultation Process

Engagement to date has been extensive with more than 120 consumers, providers, MPs, First Nations stakeholders and system partners consulted. Deep consultation occurred in particular with EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council. Co-design scenario testing workshops were held with service providers to test the model. An Expression of Interest (EOI) evoked a strong response from a diverse range of providers (43 EOIs received). Request for Tender (RFT) preparation is underway and ready to launch once Commonwealth funding deeds are received.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Commissioned services are regularly engaged to inform any decision making.

Activity Milestone Details/Duration

Activity Start Date

29/06/2016

Activity End Date

29/06/2026

Service Delivery Start Date

30/06/2016

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Department milestones:
28.05.2025 Activity Work Plan
15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
30.04.2026 Activity Work Plan
30.09.2026 12 Month Performance Report
30.09.2026 Final Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

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Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: Yes
Expression Of Interest (EOI): Yes
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

EMPHN is awaiting for further direction and funding based on the anticipated AOD DOV 8 (Approval Status as of 23rd March 2026, Government Decision Pending).If approved, the variation is expected in May-June 2026. Further detail will be provided in the ADHOC AWP submission for AOD.

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services?

Yes

AOD - 2 - NIAS Aboriginal and Torres Strait Islander People Drug & Alcohol Treatment Services - April 2026

Activity Metadata

Applicable Schedule *

Drug and Alcohol Treatment Services

Activity Prefix *

AOD

Activity Number *

2

Activity Title *

NIAS Aboriginal and Torres Strait Islander People Drug & Alcohol Treatment Services - April 2026

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

Other Program Key Priority Area Description

Aim of Activity *

The aim of this ongoing activity is to deliver tailored person centered AOD care for Aboriginal and Torres Strait Islander children, youth, adults and families.

Description of Activity *

This includes activities to increase access to AOD treatment services such as:
1. Social and emotional wellbeing program for Aboriginal and Torres Strait Islander young people, adults and individuals in Aboriginal communities including
- Continuation of AOD support for Aboriginal and/or Torres Strait Islander people through provision of AOD trained support facilitators and case managers who are based in Aboriginal Community Controlled Health Organisations.
- enhancing access to alcohol and other drug treatment services, mental health services, facilitating a joined up an integrated approach with other closely connected services including social and emotional wellbeing and suicide prevention
- strong engagement with local organisations including specialised services to ensure safe and culturally appropriate referral pathways for Aboriginal and Torres Strait Islander clients
- utilising the social and emotional wellbeing framework and stages of readiness to guide culturally appropriate care and suitable services to support the recovery of individuals with alcohol and drug use issues.
- providing Aboriginal community members, their support networks and other stakeholders with information and support which aids in addressing alcohol and drug use issues in the community and the ongoing recovery of those with alcohol and drug use

issues.
2. Strength-based preventative health and wellbeing services for Aboriginal and Torres Strait Islander children and families to
- promote strong Aboriginal identities and self-determination
- provide culturally appropriate and safe preventive health screening tests and primary care services for those families and children requiring additional services because of the impact of trauma, social challenges and developmental delay.
- support linkages and referral pathways to increase access to other health and social supports in the community including AOD services, mental health, social support services (disability, housing, community supports).

3. Evaluation of a holistic model of care delivered by a mainstream service for Aboriginal and Torres Strait Islander people in the inner North Melbourne community.
- The activity examines service provider, community and consumer experiences and assessment of the clinical service with an integrated model of care.
- The main outcome will be a comprehensive resource highlighting the importance of Aboriginal services within mainstream providers, showcases the core attributes of the model, and provides a framework for replication by other services.
The final report is scheduled for delivery in May 2026.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
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Mental Health (MH) and Suicide Prevention (SP)	139

Activity Demographics

Target Population Cohort

Adult, youth, Aboriginal and Torres Strait Islander

In Scope AOD Treatment Type *

Counselling; Care coordination/Case management; Early Intervention; Withdrawal; day rehabilitation; brief Intervention

Indigenous Specific *

Yes

Indigenous Specific Comments

Funding Aboriginal community and health services

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Whitehorse - East	21104
Whitehorse - West	20703
Knox	21101
Maroondah	21103
Manningham - West	20702
Nillumbik - Kinglake	20903
Yarra Ranges	21105
Monash	21205
Manningham - East	21102
Whittlesea - Wallan	20904
Boroondara	20701
Banyule	20901

Activity Consultation and Collaboration

Consultation

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Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

Activity Milestone Details/Duration

Activity Start Date

30/06/2017

Activity End Date

29/06/2026

Service Delivery Start Date

30/06/2016

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Department milestones:
28.05.2025 Activity Work Plan
15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
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30.09.2026 Final Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

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Activity Commissioning

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Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

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Is this activity the result of a previous co-design process?

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Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

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Has this activity previously been co-commissioned or joint-commissioned?

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Decommissioning

No

Decommissioning details?

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Co-design or co-commissioning comments

Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services?

Yes
