



Australian Government

Department of Health



An Australian Government Initiative

Primary Health Networks

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

South Eastern Melbourne PHN

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

The Activity Work Plan must be lodged to your Grant Officer via email: VicTasPHN on, or before 6 May 2016.

Introduction

Overview

The activities under the Drug and Alcohol Treatment Services Annexure to the Primary Health Networks Programme Guidelines will contribute to the key objectives of PHN by:

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

Each PHN, in accordance with the guidance provided by the Department, must make informed choices about how best to use its resources to achieve these drug and alcohol treatment objectives, contributing to the PHN's key objectives more broadly.

Together with the PHN Needs Assessment and the PHN Performance Framework, PHNs will outline activities and describe measurable performance indicators to provide the Australian Government and the Australian public with visibility as to the activities of each PHN.

This document, the Activity Work Plan template, captures those activities.

This Drug and Alcohol Treatment Activity Work Plan covers the period from 1 July 2016 to 30 June 2019. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of between 12 months and 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

This Drug and Alcohol Treatment Activity Work Plan template has the following parts:

1. The **Strategic Vision** of each PHN, specific to drug and alcohol treatment.
2. The **Drug and Alcohol Treatment Services Annual Plan 2016-17 to 2018-2019** which will provide:
 - a) A description of planned activities funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.3 Drug and Alcohol Treatment Services – Operational and Flexible Funding
 - b) A description of planned activities funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.4 Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people –Flexible Funding
3. The **Proposed Operational and Flexible Funding Stream Budgets** for 2016-17:
 - a) Budget for Drug and Alcohol Treatment Services – Operational and Flexible Funding
 - b) Budget for Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding

Annual Plan 2016-17 to 2018-2019

Annual plans for 2016-17 to 2018-2019 must:

- Provide a coherent guide for PHNs to demonstrate to their communities, general practices, health service organisations, state and territory health services and the Commonwealth Government, what the PHN is going to achieve (through performance indicator targets) and how the PHN plans to achieve these targets;
- Be developed in consultation with local communities, Clinical Councils, Community Advisory Committees, state/territory governments and Local Hospital Networks as appropriate; and
- Articulate a set of activities that each PHN will undertake, using the PHN Needs Assessment as evidence, and measuring performance against Local Performance Indicators (where appropriate) and targets to demonstrate improvements.

Activity Planning

The PHN Needs Assessment will identify local priorities which in turn will inform and guide the activities nominated for action in the 2016-17 to 2018-19 Annual Plan. PHNs need to ensure the activities identified in the annual plan also correspond with the Activity Objectives and Actions eligible for grant funding identified in Annexure A2 – Drug and Alcohol Treatment Services. The Drug and Alcohol Treatment Annual Plan will also need to take into consideration the PHN Objectives and the PHN key priorities.

Drug and Alcohol Treatment Services Funding

From 2016-17, PHNs will undertake drug and alcohol treatment planning, commissioning and contribution to coordination of services at a regional level, to improve sector efficiency and support better patient management across the continuum of care.

Having completed needs assessments for their regions, PHNs will now identify the appropriate service mix and evidence based treatment types suitable to meet the regional need.

The Drug and Alcohol Annual Plan will complement the information in the Needs Assessments, and should be used to record the activities you intend to fund. The 'Commissioning of Drug and Alcohol Treatment Services' guidance document will assist you in understanding the Department's expectations in relation to activities that are in scope for funding, and will assist you in translating drug and alcohol treatment evidence into a practical approach.

Measuring Improvements to the Health System

National headline performance indicators, as outlined in the PHN Performance Framework, represent the Australian Government's national health priorities.

PHNs will identify local performance indicators to demonstrate improvements resulting from the activities they undertake in relation to the commissioning of Drug and Alcohol Treatment Services.

These will be reported through the Six Month and Twelve Month Performance reports and published as outlined in the PHN Performance Framework.

Activity Work Plan Reporting Period and Public Accessibility

The Drug and Alcohol Treatment Activity Work Plan will cover the period 1 July 2016 to 30 June 2019. A review of the Drug and Alcohol Treatment Activity Work Plan will be undertaken on an annual basis (in both 2017 and 2018) and resubmitted as required in accordance with Item F of the Schedule: Drug and Alcohol Treatment Activities.

Once approved by the Department, the Annual Plan component must be made available by the PHN on their website as soon as practicable. The Annual Plan component will also be made available on the Department of Health's website (under the PHN webpage). Sensitive content identified by the PHN will be excluded, subject to the agreement of the Department.

It is important to note that while planning may continue following submission of the Activity Work Plan, PHNs can plan but must not execute contracts for any part of the funding related to this Activity Work Plan until it is approved by the Department.

Further information

The following may assist in the preparation of your Activity Work Plan:

- PHN Grant Programme Guidelines: Annexure A2 – Drug and Alcohol Treatment Services;
- Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services;
- Drug and Alcohol Treatment Services Needs Assessment Toolkit;
- PHN Needs Assessment Guide;
- PHN Performance Framework;
- Primary Health Networks Grant Programme Guidelines.
- Clause 3, Financial Provisions of the Standard Funding Agreement;

Please contact your Grants Officer if you are having any difficulties completing this document.

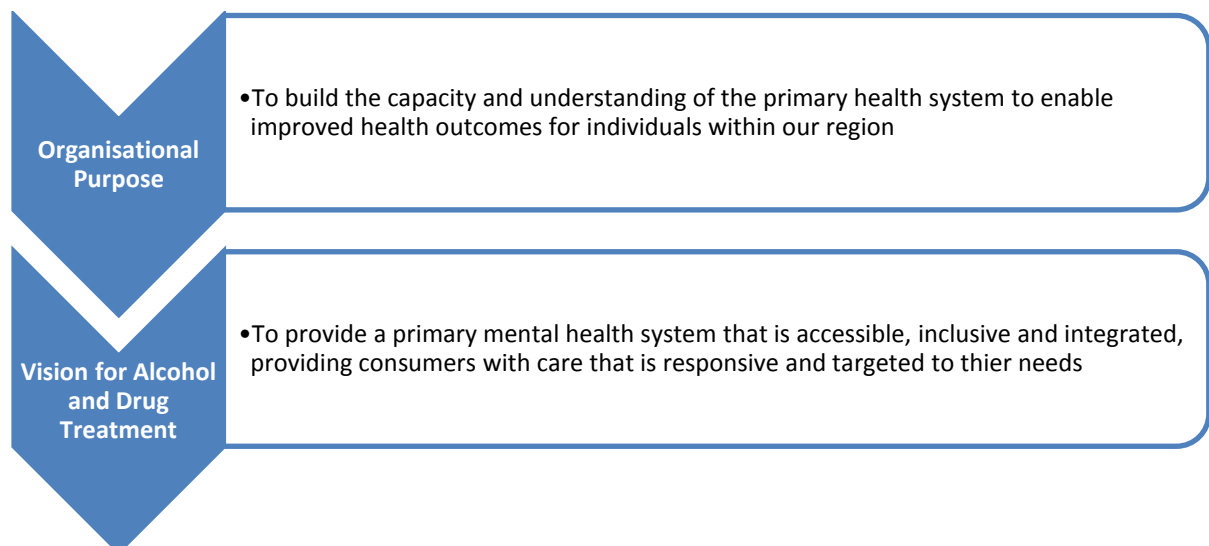
1. Strategic Vision for Drug and Alcohol Treatment Funding

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

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

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

Strategic Vision



The South Eastern Melbourne PHN (SEMPHN) will provide leadership across the catchment to identify and address system integration and capacity issues to ensure a well-coordinated and functional drug and alcohol service system capable of responding to the needs of the community.

Our work will include further consultation and co-design with clients and service providers to improve access and further develop existing alcohol and other drug (AOD) services. SEMPHN will build on our existing partnerships with key stakeholders including state and local government, Local Hospital Networks, Aboriginal controlled health services, peak agencies, specialist AOD services and the community sector to maximise opportunities for alignment, integration and coordination.

SEMPHN will have a focus on early intervention that seeks to prevent the need for long term treatment. We will commission a mix of service intervention modalities in primary care and specialist AOD services to ensure improved access for clients and where appropriate take a place based approach consistent with findings in our needs assessment.

SEMPHN recognises that alcohol and drug issues have the potential to impact on many facets of a client and their family's life and as such we will promote the connection and integration with a range of other services to maximise the effectiveness of treatment interventions.

This plan has been informed by an array of consultation and information gathering with a broad range of organisations as follows:

- Individual AOD providers through our existing networks and regional coordination platforms
- SEMPHN has commenced a detailed service mapping and gap analysis which involves engagement with local AOD providers
- A South Eastern Melbourne PHN Consultation forum attended by 60 representatives from AOD specialist services, Local Hospital Networks, Victorian State Government, peak bodies and primary health providers (April 2016)
- Aboriginal Community Controlled Health Organisation (Dandenong & District Aboriginal Cooperative Ltd)
- Turning Point (February and May 2016)
- VAADA (February and May 2016)

We will continue to engage with the service sector to monitor and review the effectiveness of the strategies and activities implemented over the life of this work plan. Our intent is to use existing AOD and Primary Care networks to guide and monitor service planning and delivery of AOD services across the South Eastern Melbourne PHN. The current networks are comprised of LHNs, State Government and AOD providers .

Governance of AOD activities will be managed through existing governance arrangements, including the SEMPHN board, clinical and community councils and the SEMPHN executive group, each of which have a strong background in AOD.

Our implementation of this vision and strategy will take the following path:

July – December 2016

- Develop a further understanding and confirm the findings of the initial Needs Assessment
- Detailed service mapping and gap analysis
- Further engagement with key stakeholders within the specialist drug and alcohol sector
- Establish data management system and reporting processes
- Prepare for commissioning selected services and activities
- Scope work related to specific new initiatives
- Plan and map General Practice professional capacity building

October 2016– January 2017

- Commence commissioning process for services
- Contractual arrangements established and in place
- General Practice professional capacity building

January 2017 – June 2019

- Full commissioning of services (staged)
- Contract management and review processes in place
- Data management and reporting activated

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	Priority Reference 2.
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	Adolescent use of alcohol within the LGAs of Bayside, Cardinia and Mornington Peninsula.
Description of Drug and Alcohol Treatment Activity	<p>Aim</p> <ol style="list-style-type: none"> 1. Target strategies to address adolescent alcohol consumption in the high need areas. 2. Commission key services to provide additional treatment interventions to address alcohol consumption <p>Target Population cohorts</p> <ul style="list-style-type: none"> • Adolescents <p>Alignment with PHN Objectives – YES</p>
Collaboration	<p>SEMPHN will work with local youth services, Local Government Authorities (LGAs), specialist AOD services and Victoria Police to provide a coordination approach to the reduction in alcohol consumption.</p> <p>Our initial approach would be to engage with the above stakeholders to scope the work and identify the roles of the various stakeholders in the coordination of treatment services for adolescents.</p>
Indigenous Specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No
Duration	January 2017 – June 2019
Coverage	<p>Outline geographic coverage of the activity. I.e. entire PHN region, activity that crosses PHN regions, or area within the PHN region. (Provide the statistical area as defined in the Australian Bureau of Statistics (ABS)).</p> <p>LGAs of:</p>

	<ul style="list-style-type: none"> • Bayside • Cardinia • Mornington Peninsula.
Commissioning approach	<p>The approach will be informed following engagement with key stakeholders as outlined above.</p> <p>We will work with existing funded providers and have a targeted Expression of Interest process to deliver appropriate treatment interventions e.g. Brief intervention and counselling. Services that are contracted through this process will be monitored via quarterly reporting, with this data forming the basis for annual evaluations. The evaluation will be conducted by the SEMPHN Evaluation Officer.</p> <p>The ongoing reporting and management of the contracted provider/s will be managed by a SEMPHN Contract Officer who will be responsible for managing the relationship and contract with the contracted provider.</p>
Performance Indicator	Trends in the rates of alcohol use within adolescents
Local Performance Indicator target	<p>SEMPHN is currently in the process of developing local performance indicators for the region. SEMPHN is working towards finalisation of these indicators by October 2016, following detailed service and needs analysis and further co-design of the established outcomes framework.</p> <p>On completion, these will be communicated to the relevant personnel at the Department of Health.</p>
Data source	<p>See note above on the development of local performance indicators.</p> <p>Notwithstanding the above note, SEMPHN has identified a number of potentially valuable data sources that will be able to be used to support the measurement of local performance indicators. These include, but are not limited to, the data set that a leading drug and alcohol agency, Turning Point, has developed.</p>

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	Priority Reference 3
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	3.1 Improved service access to AOD treatment options 3.2 Drug use in City of Port Phillip and Greater Dandenong.
Description of Drug and Alcohol Treatment Activity	<p>SEMPHN will engage with specific stakeholders in these areas of the catchment to further understand the key areas for intervention. We will work with specialist AOD services, General Practice, LHNs and LGAs to increase service capacity activities and improve access to AOD services to address specific drug use issues.</p> <p>Commission specific in-scope treatment modalities, consistent with Commonwealth guidelines, to address identified drug issues based on further analysis and engagement with the AOD sector. In doing so, SEMPHN will consider the following:</p> <ul style="list-style-type: none"> • Consider innovative service models and pathways between specialist AOD services and Primary Care to provide integrated service responses. • Commissioning of services in primary care and specialist AOD services based on local need, including but not limited to; counselling and case management services, CBT based therapies, non-residential rehab services, and harm minimisation and reduction services • Improve integration and engagement between mental health and specialist AOD services to address high dual diagnosis rates <p>Target Population cohorts</p> <p>To be confirmed following consultation with key agencies.</p> <p>Alignment with PHN Objectives – YES</p>
Collaboration	Key AOD service providers, General Practice, LGAs, LHNs. Currently Commonwealth funded AOD providers will be an integral part of the developmental work to inform this activity.
Indigenous Specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? NO

	There is likely to be a component of this activity that is targeted to the Indigenous population in the City of Greater Dandenong.
Duration	Anticipated activity start and completion dates (excluding the planning and procurement cycle). October 2016 – June 2019
Coverage	<ul style="list-style-type: none"> • City of Port Phillip • City of Greater Dandenong
Commissioning approach	<p>Commissioning</p> <p>Services that are contracted through this process will be monitored via quarterly reporting, with this data forming the basis for annual evaluations. The evaluation will be conducted by the SEMPHN Evaluation Officer.</p> <p>The ongoing reporting and management of the contracted provider will be managed by a SEMPHN Contract Officer who will be responsible for managing the relationship and contract with the contracted provider.</p>
Performance Indicator	<ol style="list-style-type: none"> 1. Provider reported ability to respond to clients 2. Consultations and referrals to community programs 3. Hospital presentations and admissions trends
Local Performance Indicator target	<p>SEMPHN is currently in the process of developing local performance indicators for the region. SEMPHN is working towards finalisation of these indicators by October 2016, following detailed service and needs analysis and further co-design of the established outcomes framework.</p> <p>On completion, these will be communicated to the relevant personnel at the Department of Health.</p>
Data source	See note above on the development of local performance indicators.

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	Priority Reference 5.
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	4.1 Improving the system response for at risk populations involved in illicit drug use 4.2 Addressing Hepatitis C rates
Description of Drug and Alcohol Treatment Activity	<p>The City of Port Phillip has high levels of people who are homeless, high rates of ambulance attendances for illicit drug use including crystal meth and high rates of suicide and deaths from self-inflicted harm in Port Phillip.</p> <p>The current system response is fragmented and results in sub-optimal service responses, including use of emergency departments.</p> <p>Additionally, there are high rates of hepatitis C in both Cities of Greater Dandenong and Port Phillip.</p> <p>Aim</p> <ol style="list-style-type: none"> 1. Investigate system responses 2. Engage and work with existing system funders to increase capacity where required and integration of improved system response. 3. SEMP HN will investigate and commission co-located specialist drug and alcohol services based on local need, including but not limited to; counselling and case management services, CBT based therapies, non-residential rehab services, and harm minimisation and reduction services 4. Improve integration between alcohol and drug services and treatment of Hepatitis C and support better pathways 5. Work with existing specialist alcohol and drug providers in identified locations to improve capacity and access to evidence based interventions for treatment and management of Hepatitis C <p>This activity seeks to develop an understanding of the service system responses for these population cohorts and how their needs can be better addressed to reduce the harms associated with illicit drug use and connect them with appropriate health/community services.</p> <p>Target Population cohorts</p>

	6. People who are homeless or at risk of homelessness who are involved in illicit drug use 7. People at risk of developing Hepatitis C 8. People diagnosed with Hepatitis C Alignment with PHN Objectives This activity seeks to reduce the harm related to illicit drug use in at risk populations and develop an improved system response for those at risk of poor health outcomes.
Collaboration	SEMPHN will work with Homelessness services, Local Area Mental Health Services, Ambulance Victoria, specialist alcohol and drug services, Primary Health clinics, including General Practice.
Indigenous Specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? NO
Duration	Anticipated activity start and completion dates (excluding the planning and procurement cycle). July 2016 – June 2019
Coverage	Outline geographic coverage of the activity. I.e. entire PHN region, activity that crosses PHN regions, or area within the PHN region. (Provide the statistical area as defined in the Australian Bureau of Statistics (ABS)). <ul style="list-style-type: none"> • City of Port Phillip • City of Greater Dandenong • Frankston
Commissioning approach	<ul style="list-style-type: none"> • Approach to Market – to identify a suitable consultant to identify system response issues and scope a suitable response to address gaps • Direct purchasing of alcohol and drug services improve capacity to respond to Hepatitis C rates Commissioned services will be monitored on a regular basis through data reporting and the review of KPIs set as part of the contractual arrangements. Six monthly contract management review by the Contract Officer
Performance Indicator	1. Rates of homelessness in the catchment

	<ul style="list-style-type: none"> 2. Rates of ambulance call outs 3. Trends in presentation and admission rates for drug related health issues 4. Trends in Hepatitis C rates
Local Performance Indicator target	<p>SEMPHN is currently in the process of developing local performance indicators for the region. SEMPHN is working towards finalisation of these indicators by October 2016, following detailed service and needs analysis and further co-design of the established outcomes framework.</p> <p>On completion, these will be communicated to the relevant personnel at the Department of Health.</p>
Data source	See note above on the development of local performance indicators.

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	Priority Reference 6.
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	5.1 Appropriateness of services for the diversity within the catchment 5.2 Inclusion of quality improvement measures in contractual agreements to focus on response to diversity
Description of Drug and Alcohol Treatment Activity	<p>The SEMPHN catchment encompasses a broad range of culturally and gender diverse groups. This activity seeks to gain a deeper understanding of the needs and appropriateness of current AOD service responses.</p> <p>SEMPHN will undertake a specific needs analysis to determine:</p> <ol style="list-style-type: none"> 1. The appropriateness of services in responding to the needs of the diverse population cohorts across the SEMPHN catchment. 2. What barriers might exist which impact on access to services for the identified population cohorts? 3. Identify areas for improvement in responding to these needs and ensuring services are culturally appropriate. <p>Target Population Cohorts</p> <p>These include CALD issues, LGBTIQ community, ATSI community, and greater focus on gender issues with a view to barriers to access for women with substance misuse issue.</p>
Collaboration	SEMPHN will work with the local ACCHO, Refugee & Settlement Services, CALD specific and AOD services to identify specific issues and cohorts and how these will be addressed.
Indigenous Specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? YES
Duration	<p>Anticipated activity start and completion dates (excluding the planning and procurement cycle).</p> <p>Investigation and Report - August 2016 – November 2016</p> <p>Quality Improvement Indicators - January 2017 – June 2019</p>
Coverage	Whole of catchment

Commissioning approach	SEMPHN will engage directly with the local Consumer Advocacy agency.
Performance Indicator	<ol style="list-style-type: none"> 1. % of services commissioned focussed on CALD communities 2. % of services commissioned ensure equity of access for women 3. % of services commissioned ensure equity of access for LGBTIQ community 4. % of services commissioned ensure equity of access for ATSI community
Local Performance Indicator target	<p>SEMPHN is currently in the process of developing local performance indicators for the region. SEMPHN is working towards finalisation of these indicators by October 2016, following detailed service and needs analysis and further co-design of the established outcomes framework.</p> <p>On completion, these will be communicated to the relevant personnel at the Department of Health.</p>
Data source	See note above on the development of local performance indicators.

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	Priority Reference 8
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	Limited workforce capacity and General Practitioner capability to respond to consumers with AOD issues
Description of Drug and Alcohol Treatment Activity	<p>The SEMPHN catchment has an ageing General Practice workforce and in particular GPs who have specialised in addiction medicine and pharmacotherapy. SEMPHN has strong linkages with key providers in the AOD and specialist primary care sector. Our initial work with General Practice indicates a strong desire by GPs to increase their capability in responding to AOD issues which present in their practices.</p> <p>Aim</p> <ol style="list-style-type: none"> 1. Ascertain the shortfall in the general practice workforce to manage patients with alcohol and drug issues. 2. Undertake a training needs assessment of GP workforce and develop a strategy to address workforce capability. <p>Target Population cohorts</p> <p>General Practitioners</p> <p>Alignment with PHN Objectives - Yes</p>
Collaboration	<p>SEMPHN is the lead agency for the Victorian Government funded Area 4 Pharmacotherapy Network and we will work with the various partners to enhance workforce capacity and capability across the catchment through leveraging this work and ensuring connections with primary care and specialist AOD services.</p> <p>We will also work with Turning Point Alcohol and Drug Service, who is a leading agency in this field.</p>
Indigenous Specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? NO
Duration	<p>Anticipated activity start and completion dates (excluding the planning and procurement cycle).</p> <p>July 2016 – June 2019</p>

Coverage	Whole of Catchment
Commissioning approach	<p>A mix of Direct engagement and purchasing as appropriate.</p> <p>Annual reporting of CPD and engagement activities.</p> <p>Services that are contracted through this process will be monitored via quarterly reporting, with this data forming the basis for annual evaluations. The evaluation will be conducted by the SEMPHN Evaluation Officer.</p> <p>The ongoing reporting and management of the contracted provider will be managed by a SEMPHN Contract Officer who will be responsible for managing the relationship and contract with the contracted provider.</p>
Performance Indicator	<ol style="list-style-type: none"> 1. Self-reported capacity of GPs to respond to consumers with AOD issues 2. Quantify shortfalls in GP care of clients 3. Opportunities to develop GP skills identified
Local Performance Indicator target	<p>SEMPHN is currently in the process of developing local performance indicators for the region. SEMPHN is working towards finalisation of these indicators by October 2016, following detailed service and needs analysis and further co-design of the established outcomes framework.</p> <p>On completion, these will be communicated to the relevant personnel at the Department of Health.</p>
Data source	See note above on the development of local performance indicators.

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	Priority Reference 4.
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	Early intervention and diversion of young people from ongoing substance abuse
Description of Drug and Alcohol Treatment Activity	<p>Young people engaging in substance abuse and at risk behaviours are at risk of enduring addiction to a range of drugs. This activity is designed to address this issue by developing a whole of system response for young people and their families to break the potential cycle of ongoing substance abuse. Our initial consultation with AOD specialist services has identified a strong need to work with young people and their families to provide treatment options to intervene in substance abuse exhibited by this population group.</p> <p>This activity will include a range of treatment modalities, case management and coordination and development of pathways, to support young people to lead productive and meaningful lives.</p> <p>Aim</p> <ol style="list-style-type: none"> 1. Provide early intervention and treatment options for young people engaged in substance abuse and at risk behaviours 2. Foster social inclusion of young people through development of pathways into social support, education and employment 3. Build the capacity of families as part of the care and support response to young people <p>SEMPHN will undertake a scoping exercise and engage with relevant youth, specialist AOD service, Victoria Police and youth justice services to develop this model.</p> <p>Target Population cohorts</p> <p>Young people and families in the SEMPHN catchment</p> <p>Alignment with PHN Objectives – Yes</p>

Collaboration	SEMPHN will undertake a scoping exercise and engage with relevant youth (including headspace), specialist AOD service (Taskforce, YSAS), Victoria Police and youth justice services to develop this model.
Indigenous Specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? NO but may involve young indigenous Australians and their families
Duration	Anticipated activity start and completion dates (excluding the planning and procurement cycle). July 2016 – June 2019
Coverage	Entire PHN region.
Commissioning approach	<ul style="list-style-type: none"> • Approach to market to identify a consultant to lead the initial scoping of this work. • Commissioning of the model and related service modalities. <p>Services that are contracted through this process will be monitored via quarterly reporting, with this data forming the basis for annual evaluations. The evaluation will be conducted by the SEMPHN Evaluation Officer.</p> <p>The ongoing reporting and management of the contracted provider will be managed by a SEMPHN Contract Officer who will be responsible for managing the relationship and contract with the contracted provider.</p>
Performance Indicator	<p>SEMPHN is currently in the process of developing these performance indicators for the region. SEMPHN is working towards finalisation of these indicators by October 2016, following detailed service and needs analysis and further co-design of the established outcomes framework.</p> <p>On completion, these will be communicated to the relevant personnel at the Department of Health.</p>
Local Performance Indicator target	<p>SEMPHN is currently in the process of developing local performance indicators for the region. SEMPHN is working towards finalisation of these indicators by October 2016, following detailed service and needs analysis and further co-design of the established outcomes framework.</p> <p>On completion, these will be communicated to the relevant personnel at the Department of Health.</p>
Data source	See note above on the development of local performance indicators.

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	Priority Reference 9.
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	Increased AOD Services to Aboriginal & Torres Strait Islander people
Description of Drug and Alcohol Treatment Activity	<p>The Aboriginal & Torres Strait Islander community is overrepresented within the broader SEMPHN catchment in relation to drug and alcohol issues. Further, over 90% of individuals from this community have a dual mental health and alcohol and drug diagnoses. Our review of agency specific data and consultation with Aboriginal Community Controlled Health Organisation (Dandenong & District Aboriginal Cooperative Ltd) has identified the need for increased capacity to respond to AOD issues.</p> <p>Aim</p> <ol style="list-style-type: none"> 1. This activity seeks to increase service capacity to respond to this need 2. Improved outcomes for ATSI people with drug and alcohol issues. <p>This will be achieved by implementing treatment modalities such as brief interventions and counselling services.</p>
Collaboration	<p>ACCHO – Dandenong & District Aboriginal Cooperative Ltd</p> <p>Identified community health organisations, LHNs</p>
Indigenous Specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? YES
Duration	<p>Anticipated activity start and completion dates (excluding the planning and procurement cycle).</p> <p>Commencing: October 2016</p> <p>Completion: June 2019</p>
Coverage	Whole of SEMPHN catchment
Commissioning approach	<p>Commissioning of identified treatment modalities.</p> <p>Services that are contracted through this process will be monitored via quarterly reporting, with this data forming the basis for annual evaluations. The evaluation will be conducted by the SEMPHN Evaluation Officer.</p>

	The ongoing reporting and management of the contracted provider will be managed by a SEMPHN Contract Officer who will be responsible for managing the relationship and contract with the contracted provider.
Performance Indicator	SEMPHN is currently in the process of developing the performance indicators. SEMPHN is working towards finalisation of these indicators by October 2016, following detailed service and needs analysis and further co-design of the established outcomes framework.
Local Performance Indicator target	SEMPHN is currently in the process of developing local performance indicators for the region. SEMPHN is working towards finalisation of these indicators by October 2016, following detailed service and needs analysis and further co-design of the established outcomes framework. On completion, these will be communicated to the relevant personnel at the Department of Health.
Data source	See note above on the development of local performance indicators.

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	Priority Reference 10.
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	Coordination & Case management for Aboriginal and Torres Strait Islander people
Description of Drug and Alcohol Treatment Activity	<p>Aboriginal & Torres Strait Islander people are overrepresented in SEMPHN catchment data for drug and alcohol issues. Over 90% of whom have dual mental health and alcohol and drug diagnoses. Our review of agency specific data and consultation with Aboriginal Community Controlled Health Organisation (Dandenong & District Aboriginal Cooperative Ltd) has identified the need for coordination and case management to respond to AOD and Mental Health issues.</p> <p>This activity will drive improved coordination and integration of service responses. SEMPHN recognises the need to connect service streams so that people receive coordinated and response care.</p> <p>Aim</p> <ol style="list-style-type: none"> 1. Improved coordination of services for ATSI people experiencing AOD issues. 2. Integrated response to health and social issues
Collaboration	PHN will lead this activity in collaboration with relevant Aboriginal health services in the SEMPHN region.
Indigenous Specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? YES
Duration	<p>Anticipated activity start and completion dates (excluding the planning and procurement cycle).</p> <p>Commencing: October 2016</p> <p>Completion: June 2019</p>
Coverage	Whole of SEMPHN catchment
Commissioning approach	Commissioned.

	<p>Services that are contracted through this process will be monitored via quarterly reporting, with this data forming the basis for annual evaluations. The evaluation will be conducted by the SEMPHN Evaluation Officer.</p> <p>The ongoing reporting and management of the contracted provider will be managed by a SEMPHN Contract Officer who will be responsible for managing the relationship and contract with the contracted provider.</p>
Performance Indicator	<p>While these are in the process of being finalised, preliminary indicators include:</p> <ol style="list-style-type: none"> 1. Delivery of care co-ordination by commissioned agencies and client compliance of agreed care plan, quantify the length of time care co-ordination provided, number of professional groups within the episode of care, contact type. Discharge and referral pathways. 2. Trends in presentations to emergency departments, diagnosis and % admitted.
Local Performance Indicator target	<p>SEMPHN is currently in the process of developing local performance indicators for the region. SEMPHN is working towards finalisation of these indicators by October 2016, following detailed service and needs analysis and further co-design of the established outcomes framework.</p>
Data source	<p>On completion, these will be communicated to the relevant personnel at the Department of Health.</p>