

Australian Government Department of Health



Drug and Alcohol Treatment Activity Work Plan 2019-2022:

Drug and Alcohol Treatment Services Funding

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

- 1. The Drug and Alcohol Treatment Services Activity Work Plan for the financial years 2019-20, 2020-2021 and 2021-2022.
 - Schedule: Drug and Alcohol Treatment Services Core and Operational Funding (formerly Transition Funding)
 - Schedule: Drug and Alcohol Treatment Services NIAS Operational and Mainstream Funding (formerly Operational and Flexible Funding).
 - Schedule: Drug and Alcohol Treatment Services NIAS Aboriginal and Torres Strait Islander people Funding (Indigenous Funding) (formerly Aboriginal and Torres Strait Islander people – Flexible Funding).

This Activity Work Plan is only for the period 2019 – 20 as NQPHN has not received DATS funding past 30 June 2020

Northern Queensland PHN

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

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

DATS Priority Area 1	– Improved Planning and Collaboration
ACTIVITY TITLE	AOD1 - Improved identification of needs, planning, and collaboration
Existing, Modified, or New Activity PHN Program Key Priority Area Needs Assessment Priority Aim of Activity	Existing Activity DATS Priority 1 - Planning and Coordination: Drug and Alcohol Treatment Activity Work Plan 2016-2019: pages 7 - 9 Drug and Alcohol Treatment Services Priority 1 Planning and Coordination Section 3 Page 130; Coordination between sectors to address dual diagnosis issues Including hospitals, NGOs and GPs. The purpose of this activity is to jointly undertake an Alcohol and Other Drugs (AOD) health service needs intelligence and analysis with key partners in
Description of Activity	NQPHN. 1.1 Further service mapping and assessment of need across the region to update and continue to develop, the current comprehensive mapping and needs assessment of AOD treatment programs and supports within the region to identify gaps in services 1.2 Facilitate, support, and actively participate in collaborative partnerships across the region with peak bodies, Non Government Organisation (NGO) sector, and state funded services to ensure AOD stakeholders have the opportunity to work collectively through co-design processes across all NQPHN regions to inform new activity arising from needs analysis. 1.3 Participation in a state-wide AOD collaboration for Rural Regional Queensland to facilitate robust engagement and integration of the AOD sector
Target population cohort	Whole of NQPHN population
In scope AOD Treatment Type	Not applicable
Indigenous specific	No The needs of the whole community will be addressed inclusive of the First nation Australians. All ACHHOS and AMS service providers within the sector are consulted and engaged in sector development processes.
Coverage	These activities will cover the whole NQPHN region.
Consultation	 All stakeholder engagement activity within NQPHN including but not limited to the following: Quarterly QNADA regional network meetings Participation in local AOD provider networks in Mackay, Townsville, Cairns, and Torres and Cape areas Participation in LDAT Action Networks in Mackay, Townsville, Cairns, and Torres and Cape areas Aboriginal and Torres Strait Islander health planning forums

	 Participation in multiple community-based initiatives funded by
	Commonwealth and State governments
	 Regular Clinical Council and Community Advisory Council meetings
	are held seeking engagement and input from multiple stakeholders
	 Current stakeholders will be engaged in evaluation of the current programs to determine onward funding opportunities
	 Peak bodies will be included in evaluation of current programmes
Collaboration	plus will provide advice regarding ongoing service gaps and community need
	HHS teams will be engaged to support possible co-commissioned
	activities which will support consistent service improvement and
	reduce potential overlaps of service provision and minimise gaps in
	service delivery
	Activity start date: 1/07/2019
Activity milestone	Activity end date: 30/06/2020
details/ Duration	,
	This is an ongoing process which will be continuous throughout the AWP cycle
	1. Please identify your intended procurement approach for commissioning
	services under this activity:
	🗆 Not yet known
	□ Continuing service provider / contract extension
	☑ Direct engagement. If selecting this option, provide justification for
	direct engagement, and if applicable, the length of time the commissioned
Commissioning	provider has provided this service, and their performance to date.
method and	□ Open tender
approach to	Expression of Interest (EOI)
market	
	\Box Other approach (please provide details)
	2a. Is this activity being co-designed?
	Yes
	2b. Is this activity the result of a previous co-design process?
	Yes
Decommissioning	1a. Does this activity include any decommissioning of services?
	No
Data collection	Is this activity in scope for data collection under the Alcohol and Other Drug
	Treatment Services National Minimum Data set
	No

DATS Priority Area 2 – Systems Strengthening	
ACTIVITY TITLE	AOD2 - Improved outcomes and capacity in alcohol and other drugs treatment services in northern Queensland through system strengthening activities
	Modified Activity
Existing, Modified,	
or New Activity	DATS Priority 2 -Systems Strengthening: Drug and Alcohol Treatment
	Activity Work Plan 2016-2019 pages 12 - 14
PHN Program Key	Drug and Alcohol Treatment Services
Priority Area	Priority 2- Systems Strengthening

Page 130: Coordination between sectors to address dual diagnosis issues Including hospitals, NGOs and GPs.Needs Assessment PriorityPage 133: Dual diagnosis - MH/AOD Integrated Services Models, Certificate I Dual Diagnosis to build workforce professional capacity/skills in both areas. Page 134: Increase capacity of primary health care and other sectors re: drug and alcohol issuesThe aim of this project is to enhance and improve community outcomes in the NQPHN region through system strengthening. The NQPHN AOD updated service needs assessment identifies lack of systematic coordination between
the NQPHN region through system strengthening. The NQPHN AOD updated
Aim of Activity Aim of Activity Aim of Activity Aim of Activity Aim of Activity AOD primary health care services and related services in the region. There are difficulties in accessing and lack of AOD services in the rural and remote communities especially in the Aboriginal and Torres Strait Islander communities There is a need to enhance the capacity of AOD health workers in the region and additional rehabilitation facilities across the NQPHN region
 2.1 Regional AOD treatment plans in partnership with local Drug Action Teams NQPHN will engage with the community regarding the development of a regional model of service delivery across each of the four local HHS areas. This plan will be used for equitable planning and purchasing of place-based AOD treatment services and integrated care pathways across northern Queensland. The consultation and collaboration mechanisms developed in Priority Area 1 will be used as the consultation mechanisms for this activity. 2.2 Outcomes-focused performance evaluation framework for the AOD treatment services that are commissioned Develop an outcomes-focused performance evaluation framework for the AOD treatment services commissioned by NQPHN, including collection and analysis of data on patients' and consumers' experiences with the system, development of measures of service quality, and outcome-focused measure and alignment with the 2018 PHN Performance Framework. 2.3 Service enhancement workshops across the region Using a systems-thinking approach, conduct a range of service enhancement workshops across the region with service providers, communities, and peopi with a lived experience to decide how the service system can be improved for the full range of social contexts across the NQPHN region, including coastal cities, rural, mining, and remote Indigenous communities. 2.4 Implementation of harm minimisation strategies reflective of contemporaneous models and approaches to AOD services Based on the service planning, communication, and collaboration frameworl develop principles around commissioning AOD treatment services, including ensuring that services are based on humanity, dignity, respect, and a strengths-based approach. Utilise mechanisms to support individuals' and families' choice of provider where possible and choice of interventions, treatments, and therapies.
Target population Whole of NQPHN population
In scope AOD Not applicable Treatment Type
No
Indigenous specific The needs of the whole community will be addressed inclusive of the First nation Australians. All ACHHOS and AMS service providers within the sector are consulted and engaged in sector development processes.

Coverage	These activities will cover the whole NQPHN region.
Consultation	 NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement. Including but not limited to: Quarterly QNADA regional network meetings Participation in local AOD provider networks in Mackay, Townsville, Cairns, and Cape and Torres areas Participation in LDAT Action Networks in Mackay, Townsville, Cairns, and Cape and Torres areas Aboriginal and Torres Strait Islander health planning forums Participation in multiple community-based initiatives funded by Commonwealth and State governments including; Child and Family Services; Education; Maternal Child Health; Domestic Violence; Court Diversion; Corrective Services Public and private providers not identified above.
Collaboration	All existing and newly-developed consultation mechanisms will be used for this activity. Specific collaboration will occur with the HHSs, local experts, and key service providers, as well as communities. While this activity is a whole of region planning process, specific attention will be paid to the needs of Aboriginal and Torres Strait Islander people within the region. The needs of Aboriginal and Torres Strait Islander people will be identified as a priority within the framework and plan. System strengthening for remote Indigenous communities will involve culturally-appropriate forums on location in communities and will be developed in collaboration with the Aboriginal Community Controlled Health Sector and the HHSs.
Activity milestone	Activity start date: 1/07/2019
details/ Duration	Activity end date: 30/06/2020
Commissioning method and approach to market	 Please identify your intended procurement approach for commissioning services under this activity: Not yet known Continuing service provider / contract extension Direct engagement. Ongoing support of AOD Peak bodies in Qld Open tender Expression of Interest (EOI) Other approach (please provide details) Internally managed range of activities supporting ongoing sector engagement 2a. Is this activity being co-designed? No 2b. 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

	3b. Has this activity previously been co-commissioned or joint-commissioned?
	Yes
Decommissioning	1a. Does this activity include any decommissioning of services?
Decommissioning	No
	Is this activity in scope for data collection under the Alcohol and Other Drug
Data collection	Treatment Services National Minimum Data set?
	No

DATS Priority Area 3 - Drug and Alcohol Treatment	
ACTIVITY TITLE	AOD3 - Increased services and access for Individuals from priority population groups including young people, FIFO/shift workers, women, people transitioning to/from prison, unemployed people, lesbian, gay, bisexual, transgender or intersex (LGBTI) people, and culturally and linguistically diverse communities.
Existing, Modified, or New Activity	Modified Activity DATS Priority 3: Drug and Alcohol Treatment Activity Work Plan 2016- 2019: pages 15 – 18 Community Support ICE pages 20 22
PHN Program Key	Drug and Alcohol Treatment Services
Priority Area	Priority 3 Drug and Alcohol Treatment and Community Support ICE Priority 2 - Additional investment in the AOD treatment sector
Needs Assessment Priority	 a. Increased availability of AOD services including counselling and crisis services. b. Access to community-based detox models in partnership with GPs and primary health sector. c. Increased access to community based AOD services in rural and remote communities. d. Equitable access to AOD services for young people. e. Transitional pre- and post-prison release services and support for people with AOD issues f. Increased access to family and carer support especially ICE Priority 3 Page 134: Increased AOD services that support families and carers – ICE
Aim of Activity	The objective of this activity is to commission services to increase access to AOD services among all key marginalised populations in the NQPHN region.
Description of Activity	 3.1 Re-commission a transitional pre and post-prison release program which aims to support young people with AOD issues who are exiting one of the regionally-based youth detention centres or prisons to access community-based drug and alcohol rehabilitation / treatment services. 3.2 Youth support Re-commission and expand activities that build on existing capacities within NGOs across the region to develop rehabilitation services for youth. Continue and develop model of community case management, care planning, and coordination for youth with complex needs. Additional service requirements identified in the following regions: Cooktown, Mareeba, Atherton, Burdekin, Charters Towers, Mackay, Isaac, Whitsundays regions which have been highlighted as the areas with current limited access to resources. 3.3 The expanded Community Support – ICE Mackay program will be extended to other regional communities in the NQPHN region to address the effects of the rising use of ice, particularly within the youth sector.

It aims to provide substance users and their support systems better access to detoxification, information, counselling, support, and pathways to help them to respond to lee. The focus of this intervention is to provide intervention and treatment rather than community education. Target population cohort Young people, Aborginal and Torres Strait Islander people, women, people in prison, unemployed people, lesbian, gay, bisexual, transgender or intersex (LGBTI) people, FIFO workers, people transitioning to/from prison, and cuturally and linguistically diverse communities across the NQPM region. In scope AOD Treatment Type Early Intervention; Counselling; Withdrawal Management; Residential Rehabilitation, Day Stay Rehabilitation, Aftercare / Relapse Prevention, Case Management Indigenous specific Yes While this activity is targeted to the whole of community, specific attention will be paid to the needs of Aboriginal, Torres Strait, and South Sea Islander people, alorizate forums on location in these communities and will be developed / implemented in collaboration with the Aboriginal Community Controlled Health Sector and the HHS. Coverage These activities will cover the whole NQPHN region. Consultation Consultation will continue throughout the delivery of this activity to drive continuous quality improvement. Including but not limited to: Quarterly QNADA regional network meetings Participation in LDAT Action Networks in Mackay, Townsville, Cairns, and Cape and Torres areas Participation in multiple community-based initiatives funded by Commonwealth and State governments including; Child and Family Services; Education, Maternal		
Target population cohort prison, unemployed people, lesbian, gay, bisexual, transgender or intersex (LGBTI) people, FIFO workers, people transitioning to/from prison, and culturally and linguistically diverse communities across the NQPHN region. In scope AOD Treatment Type Early Intervention; Counselling; Withdrawal Management; Residential Rehabilitation, Day Stay Rehabilitation, Aftercare / Relapse Prevention, Case Management Indigenous specific Early Intervention; Counselling; Withdrawal Management; Residential Rehabilitation, Day Stay Rehabilitation, Aftercare / Relapse Prevention, Case Management Indigenous specific Yes While this activity is targeted to the whole of community, specific attention will be paid to the needs of Aboriginal, Torres Strait, and South Sea Islander people across the regions. Treatment within remote Indigenous communities will involve culturally appropriate forums on location in these communities and will be developed / implemented in collaboration with the Aboriginal Community Controlled Health Sector and the HHS. Coverage These activities will cover the whole NQPHN region. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement. Including but not limited to: • Quarterly QNADA regional network meetings • Participation in IDAT Action Networks in Mackay, Townsville, Cairns, and Cape and Torres areas • Aboriginal and Torres strait Islander health planning forums • Participation in multiple community-based initiatives funded by Commonwealth and State governments including; Child and Family Services; Education; Maternal Child Health; Domestic Violence; Court Diversion; Corrective Services and MGOs, youth services, the Northern Abor		detoxification, information, counselling, support, and pathways to help them to respond to ice. The focus of this intervention is to provide intervention and treatment rather than community education.
In scope AUD Treatment Type Rehabilitation, Day Stay Rehabilitation, Aftercare / Relapse Prevention, Case Management Yes While this activity is targeted to the whole of community, specific attention will be paid to the needs of Aboriginal, Torres Strait, and South Sea Islander people across the regions. Treatment within remote Indigenous communities will involve culturally appropriate forums on location in these communities and will be developed / implemented in collaboration with the Aboriginal Community Controlled Health Sector and the HHSs. Coverage These activities will cover the whole NQPHN region. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement. Including but not limited to: • Quarterly QNADA regional network meetings • Participation in IDAT Action Networks in Mackay, Townsville, Cairns, and Cape and Torres areas • Aboriginal and Torres Strait Islander health planning forums • Participation in multiple community-based initiatives funded by Commonwealth and State governments including; Child and Family Services; Education; Maternal Child Health; Domestic Violence; Court Diversion; Corrective Services • Public and private providers not identified above. Collaboration All existing and newly-developed consultation mechanisms will be used for this activity. Specific collaboration will occur with the HHSs, peak bodies, key service providers and communities. A key focus will be engaging individuals from the identified in this section the main collaboration will be with the Department of Corrective Services and NGOs, youth services, the Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA) and the HHSs. All existing and newly developed consultation mechanisms will also be used for this activity.		prison, unemployed people, lesbian, gay, bisexual, transgender or intersex (LGBTI) people, FIFO workers, people transitioning to/from prison, and
Indigenous specificWhile this activity is targeted to the whole of community, specific attention will be paid to the needs of Aboriginal, Torres Strait, and South Sea Islander people across the regions. Treatment within remote Indigenous communities will involve culturally appropriate forums on location in these communities and will be developed / implemented in collaboration with the Aboriginal Community Controlled Health Sector and the HHSs.CoverageThese activities will cover the whole NQPHN region. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement. Including but not limited to: • Quarterly QNADA regional network meetings • Participation in local AOD provider networks in Mackay, Townsville, Cairns, and Cape and Torres areas • Participation in IDAT Action Networks in Mackay, Townsville, Cairns, and Cape and Torres areas • Participation in IDAT Action Networks in Mackay, Townsville, Cairns, and Cape and Torres areas • Participation in multiple community-based initiatives funded by Commonwealth and State governments including; Child and Family Services; Education; Maternal Child Health; Domestic Violence; Court Diversior; Corrective Services • Public and private providers not identified above.CollaborationFor the activity identified priority populations.For the activity identified priority populations.For the activity identified in this section the main collaboration will be with the Department of Corrective Services and NGOs, youth services, the Nothern Aboriginal and Torres Strait Islander Health Alliance (NATSHA) and the HESs. All existing and newly developed consultation mechanisms will also be used for this activity.CollaborationFor the activity identified in this section the main collaboration will be with the D		Rehabilitation, Day Stay Rehabilitation, Aftercare / Relapse Prevention, Case
Consultation will continue throughout the delivery of this activity to drive continuous quality improvement. Including but not limited to: Quarterly QNADA regional network meetings Participation in local AOD provider networks in Mackay, Townsville, Cairns, and Cape and Torres areas Participation in LDAT Action Networks in Mackay, Townsville, Cairns, and Cape and Torres areas Participation in LDAT Action Networks in Mackay, Townsville, Cairns, and Cape and Torres areas Aboriginal and Torres Strait Islander health planning forums Participation in multiple community-based initiatives funded by Commonwealth and State governments including; Child and Family Services; Education; Maternal Child Health; Domestic Violence; Court Diversion; Corrective Services Public and private providers not identified above. All existing and newly-developed consultation mechanisms will be used for this activity. Specific collaboration will occur with the HHSs, peak bodies, key service providers and communities. A key focus will be engaging individuals from the identified priority populations. For the activity identified in this section the main collaboration will be with the Department of Corrective Services and NGOs, youth services, the Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA) and the HHSs. All existing and newly developed consultation mechanisms will also be used for this activity. The transitional pre- and post-prison release model will require strong collaboration between Queensland Corrective Services, Aboriginal community-controlled health organisations, HHSs, AOD residential rehabilitation services and other AOD services<	Indigenous specific	While this activity is targeted to the whole of community, specific attention will be paid to the needs of Aboriginal, Torres Strait, and South Sea Islander people across the regions. Treatment within remote Indigenous communities will involve culturally appropriate forums on location in these communities and will be developed / implemented in collaboration with the Aboriginal Community Controlled
Consultationcontinuous quality improvement. Including but not limited to:• Quarterly QNADA regional network meetings• Participation in local AOD provider networks in Mackay, Townsville, Cairns, and Cape and Torres areas• Participation in LDAT Action Networks in Mackay, Townsville, Cairns, and Cape and Torres areas• Aboriginal and Torres Strait Islander health planning forums• Participation in multiple community-based initiatives funded by Commonwealth and State governments including; Child and Family Services; Education; Maternal Child Health; Domestic Violence; Court Diversion; Corrective Services• Public and private providers not identified above.All existing and newly-developed consultation mechanisms will be used for this activity. Specific collaboration will occur with the HHSs, peak bodies, key service providers and communities. A key focus will be engaging individuals from the identified priority populations.CollaborationFor the activity identified in this section the main collaboration will be with the Department of Corrective Services and NGOs, youth services, the Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA) and the HHSs. All existing and newly developed consultation mechanisms will also be used for this activity.CollaborationThe transitional pre- and post-prison release model will require strong collaboration between Queensland Corrective Services, Aboriginal community-controlled health organisations, HHSs, AOD residential rehabilitation services and other AOD services	Coverage	These activities will cover the whole NQPHN region.
Collaborationthis activity. Specific collaboration will occur with the HHSs, peak bodies, key service providers and communities. A key focus will be engaging individuals from the identified priority populations.CollaborationFor the activity identified in this section the main collaboration will be with the Department of Corrective Services and NGOs, youth services, the Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA) and the HHSs. All existing and newly developed consultation mechanisms will also be used for this activity.The transitional pre- and post-prison release model will require strong collaboration between Queensland Corrective Services, Aboriginal community-controlled health organisations, HHSs, AOD residential rehabilitation services and other AOD servicesActivity milestoneActivity start date:1/07/2019		 continuous quality improvement. Including but not limited to: Quarterly QNADA regional network meetings Participation in local AOD provider networks in Mackay, Townsville, Cairns, and Cape and Torres areas Participation in LDAT Action Networks in Mackay, Townsville, Cairns, and Cape and Torres areas Aboriginal and Torres Strait Islander health planning forums Participation in multiple community-based initiatives funded by Commonwealth and State governments including; Child and Family Services; Education; Maternal Child Health; Domestic Violence; Court Diversion; Corrective Services
Activity milestone Activity start date: 1/07/2019	Collaboration	 this activity. Specific collaboration will occur with the HHSs, peak bodies, key service providers and communities. A key focus will be engaging individuals from the identified priority populations. For the activity identified in this section the main collaboration will be with the Department of Corrective Services and NGOs, youth services, the Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA) and the HHSs. All existing and newly developed consultation mechanisms will also be used for this activity. The transitional pre- and post-prison release model will require strong collaboration between Queensland Corrective Services, Aboriginal community-controlled health organisations, HHSs, AOD residential
	Activity milestone details/ Duration	Activity start date: 1/07/2019

	Service delivery start date: September 2019
	Service delivery end date: September 2020
	1. Please identify your intended procurement approach for commissioning services under this activity:
	🗆 Not yet known
	Continuing service provider / contract extension
	Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.
	⊠ Open tender
	Expression of Interest (EOI)
Commissioning	Other approach (please provide details)
method and approach to market	2a. Is this activity being co-designed? Yes
	2b. Is this activity the result of a previous co-design process? Yes
	3a. Do you plan to implement this activity using co-commissioning or joint- commissioning arrangements? No
	3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No
Data collection	Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set
	Yes

DATS Priority Area 4 - Workforce	
ACTIVITY TITLE	AOD4 - Improved workforce skills and knowledge in relation to AOD
Existing, Modified, or New Activity	Modified Activity DATS Priority 4 Workforce-: Drug and Alcohol Treatment Activity Work Plan 2016-2019: pages 23 – 26
PHN Program Key Priority Area	Alcohol and Other Drugs Workforce
Needs Assessment Priority	 Priority 3 - Workforce / Alcohol & Other Drugs a. Improved diagnostic awareness of primary and acute sector workforce. pg 113 b. Health workforce expansion and development to meet workforce supply pg 112 c. Enhanced Diagnostic recognition inclusive of dual diagnosis. pg 131 d. Increase Aboriginal and Torres Strait Islander participation in workforce. pg 137 e. Develop the Peer Worker workforce to address AOD needs pg 133

	f. Improved quality of health promotion and education inclusive of FASD recognition and awareness pg 132
Aim of Activity	The aim of this activity is to increase the capacity and skills of health care workers in relation to AOD. There is an ongoing role for NQPHN to ensure that any workforce development needs that are likely to have significant impact on the AOD workforce are addressed appropriately. The NQPHN health needs assessment 2017 identified the need for strategies to retain workers in the AOD workforce including ensuring support for debriefing and ensuring wellbeing, ensuring staff have access to professional development, supervision, and mentoring.
Description of Activity	 4.1 Primary health and AOD workforce capacity development Analysis of resource and training needs to assist current providers to address changing needs in AOD treatment. This will form part of the broader AOD planning activities in conjunction with internal workforce development portfolio. 4.2 Workforce training and development opportunities in AOD Establish a range of training opportunities for the primary health care sector that addresses the needs identified during the capacity assessment. Initial findings in the needs assessment indicate that the initial focus could be around: further training of primary health care providers in brief intervention and motivational interviewing techniques dual diagnosis and appropriate referral processes training to promote the use of the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) and brief intervention tool to provide screening and brief interventions for ice and other drug problems with all primary health care services across the region Further training for staff so they can more effectively work in cross- cultural situations. 4.3 Increase the supply of appropriate university qualified AOD workers Increase the supply of appropriate tertiary qualified AOD workers able to support people with complex needs. Support NGO to embed service redesign by building clinical capacity within the organisation to enable effective utilisation of university or TAFE student placements. Support AOD student placement options (eg, support JCU SW department to support placements in the region). Longer term consideration - Provide bursary funding – AOD scholarships for tertiary studies (social worker, psychologist, counsellors) who must do placement in AOD and/or be bound to work in AOD setting post-graduation. 4.4 Develop and implement a model of peer support
Target population cohort	Whole of NQPHN primary and community health sectors.
In scope AOD Treatment Type	Not applicable
Indigenous specific	Yes While this activity is targeted to the whole of community, specific attention will be paid to the needs of Aboriginal, Torres Strait and South Sea Islander

	students across the regions with the aim of increasing their numbers within
<u></u>	the AOD service sector.
Coverage	These activities will cover the whole NQPHN region.
Consultation	NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement.
Collaboration	All existing and newly-developed consultation mechanisms will be used for this activity. Specific collaboration will occur with the HHSs, tertiary education facilities, local experts, and key service providers including GPs. This activity will be developed in collaboration with expert training providers in AOD sector.
Activity milestone	Activity start date:1/07/2019Activity end date:30/06/2020
details/ Duration	Service delivery start date: October 2019 Service delivery end date: October 2020
Commissioning method and approach to market	 Please identify your intended procurement approach for commissioning services under this activity: Not yet known Continuing service provider / contract extension Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. Open tender Expression of Interest (EOI) Other approach (please provide details) 2a. Is this activity being co-designed? Yes 2b. Is this activity the result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned?
Decommissioning	1a. Does this activity include any decommissioning of services? No
Data collection	Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set No

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

DATS Priority Area 5 – AOD Aboriginal and Torres Strait Islander Service Capacity	
ACTIVITY TITLE	AOD5 – Improved service delivery capacity of primary health care services
Existing, Modified, or New Activity	Existing Activity DATS Priority 5 Drug and Alcohol Treatment Activity Work Plan 2016-2019: pages 27-30
PHN Program Key Priority Area	Alcohol and Other Drugs
Needs Assessment Priority	 Priority 2: Support and expand culturally appropriate community based services for Aboriginal and Torres Strait Islander people. Priority 3 - Workforce a. Capacity building and training of PHC workforce. b. AOD workforce sustainability.
Aim of Activity	The objective of this activity is to increase the capacity and skills of Aboriginal and Torres Strait Islander health care workers in relation to AOD. There is an ongoing role for NQPHN to ensure that any workforce development needs that are likely to have significant impact on the Aboriginal and Torres Strait Islander workforce are addressed appropriately. The NQPHN health needs assessment 2017 identified the need for strategies to retain Aboriginal and Torres Strait Islander workers in the AOD workforce including ensuring; support for to debriefing and ensure wellbeing; ensure staff have access to professional development, supervision and mentoring.
Description of Activity	 The Alcohol and Other Drugs Service Development Capacity model will further develop the service capacity of the Aboriginal Community Controlled Health Sector in northern Queensland to manage AOD issues within primary health care services. This workforce development model aims to employ an AOD specialist who can incorporate AOD service improvement activities into all aspects of policy and evidence-based approach. This includes: A capacity building role, including identifying the training needs of primary health care/AOD rehabilitation centre staff. This may also include increasing staff capacity to undertake screening, assessment, motivational interviewing, and brief intervention and referral pathways to get additional help. Developing clinical protocols and referral pathways locally within organisation and more broadly (including connecting with Health Pathways in each HHS). Provide secondary clinical consultation-liaison, mentorship, support and supervision to PHC and rehab centre staff. Operate within a partnership-focused model.
Target population cohort	Workforce supporting Aboriginal and Torres Strait Islander people
In scope AOD Treatment Type	Workforce Development, Capacity Building, including supporting the workforce through activities which promote joint up assessment and referral pathways, quality improvement, evidence-based treatment, and service integration.
Indigenous specific	Yes 11

	For the activity identified in this section the main engagement will be with Aboriginal Community Controlled Health Organisations, Peak bodies such as QAIC and cultural advisors within the HHSs. All existing and newly developed consultation mechanisms will also be used for this activity as defined within the NQPHN Reconciliation Action Plan (RAP).
Coverage	These activities will cover the whole NQPHN region, with specific focus upon The Cape York and Torres Strait Islands, Cairns, Yarrabah, Palm Island, Townsville, and Mackay regions. Exact coverage will be dependent on location of successful organisations, although selection of organisations will aim to ensure even coverage across the NQPHN region based upon need.
Consultation	NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement.
Collaboration	For the activity identified in this section the main collaboration will be with the ACCHOS, the Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA) and the HHSs. All existing and newly developed consultation mechanisms will also be used for this activity. The Alcohol and Other Drugs Service Development Capacity model will require strong collaboration between Aboriginal Community Controlled Health Organisations, HHSs, AOD residential rehabilitation services and other AOD services. The model includes a peer support structure (eg.one hour/month meeting with peers & supervisor) which will facilitate increased knowledge sharing and collaboration throughout the NQPHN region.
Activity milestone details/ Duration	Activity start date:1/07/2019Activity end date:30/06/2020Service delivery start date:October 2019Service delivery end date:September 2020
Commissioning method and approach to market	 1. Please identify your intended procurement approach for commissioning services under this activity: Not yet known Continuing service provider / contract extension Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. Øpen tender Expression of Interest (EOI) Other approach (please provide details) 2a. Is this activity being co-designed? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No

	3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No
Data collection	Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set No

DATS Priority Area 6	 Aboriginal and Torres Strait Islander Treatment Services
ACTIVITY TITLE	AOD6– Aboriginal and Torres Strait Islander Treatment Services
Existing, Modified, or New Activity PHN Program Key	Existing Activity DATS Priority 5 Drug and Alcohol Treatment Activity Work Plan 2016-2019: pages 31 - 33 Alcohol and Other Drugs
Priority Area	
Needs Assessment Priority	 Priority 1 - Additional investment in the AOD treatment sector a. Increased availability of local withdrawal and rehabilitation management and support services. b. Increase in AOD clinical interventions for Indigenous Youth in Townsville Region.
	 Priority 3 - Workforce a. Capacity building and training of PHC workforce. b. Health workforce expansion to meet workforce supply issues. c. Increase Aboriginal and Torres Strait Islander participation in AOD workforce
Aim of Activity	The purpose of this project is to support Aboriginal and Torres Strait Islander primary health care services to increase access to AOD treatment services. The needs assessment identified a lack of specific AOD workers across the region particularly in rural and remote areas and the Torres Strait.
Description of Activity	 6.1 Increase the access to withdrawal and rehabilitation services within the NQPHN region for Aboriginal and Torres Strait Islander communities. Re-commission and expand adult rehabilitation centres with a particular focus upon segregated programmes for men and women and inclusive of detox beds. 6.2 Increase the numbers of Aboriginal and Torres Strait Islander AOD workers across the region. Increase access to culturally appropriate services through the funding of Aboriginal and Torres Strait Islander to a key agency to establish a supervision and mentoring framework across the regions for these positions. This activity will also link with the state-wide collaboration for AOD in rural regional Queensland.
Target population cohort	Aboriginal and Torres Strait Islander people
In scope AOD Treatment Type	Workforce development, capacity building, including supporting the workforce through activities which promote joint up assessment and referral pathways, quality improvement, evidence-based treatment, and service integration.

	Withdrawal Management Residential Rehabilitation Day Stay Rehabilitation (and other intensive non-residential programs), Aftercare / relapse
	prevention, case management, care planning, and coordination.
	Yes
Indigenous specific	For the activity identified in this section the main engagement will be with Aboriginal Community Controlled Health Organisations, peak bodies such as QAIC and cultural advisors within the HHSs.
Coverage	Mackay, Cairns, and Townsville regions in the first instance. Future funding allocation will be used to develop additional services in more remote locations however there is already a residential service based in the Hinterland of Cook Shire.
Consultation	NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement. For the activities identified in this section, the main collaboration will be with the ACCHOs, NGO sector and the HHSs. All existing and newly developed consultation mechanisms will also be used for this activity.
Collaboration	For the activities identified in this section, the main collaboration will be with the ACCHOs, NGO sector and the HHSs. All existing and newly developed consultation mechanisms will also be used for this activity.
Activity milestone details/ Duration	Activity start date:1/07/2019Activity end date:30/06/2020Service delivery start date:October 2019Service delivery end date:September 2020
Commissioning method and approach to market	 Please identify your intended procurement approach for commissioning services under this activity: Not yet known Continuing service provider / contract extension Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. Qopen tender Expression of Interest (EOI) Other approach (please provide details) 2a. Is this activity being co-designed? No 2b. Is this activity the result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	No 1a. Does this activity include any decommissioning of services?
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	No
Data collection	Is this activity in scope for data collection under the Alcohol and Other Drug Treatment Services National Minimum Data set Yes