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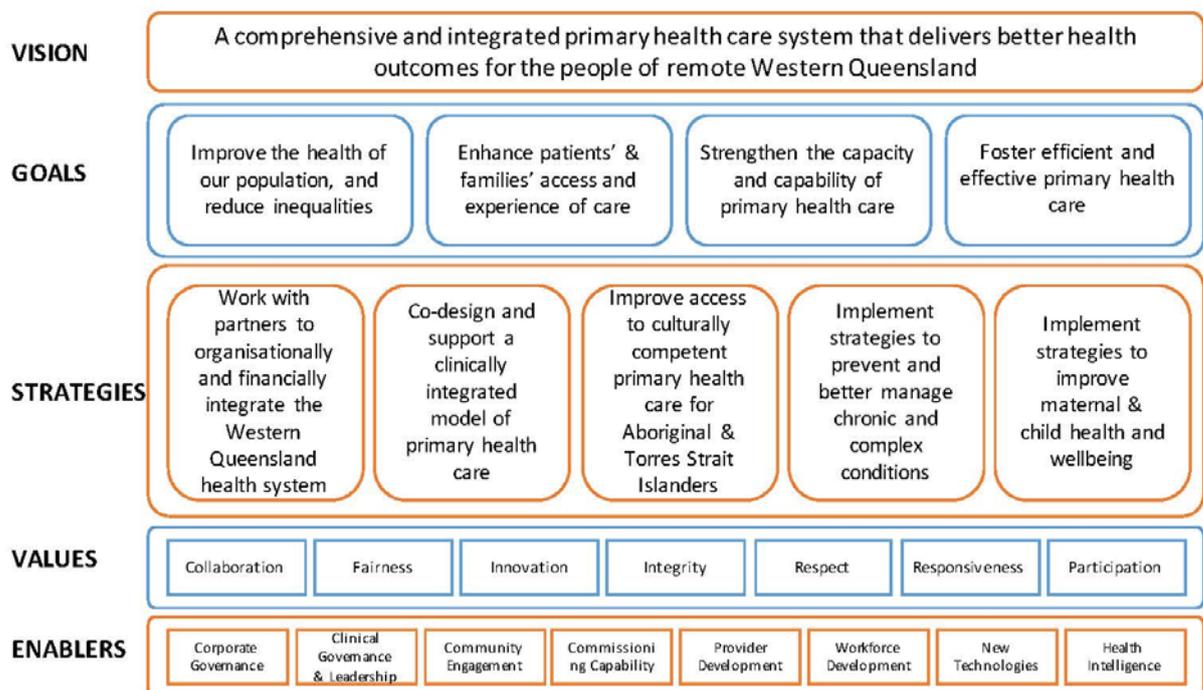
WESTERN QUEENSLAND PHN
Activity Work Plan 2016-2019:
Drug and Alcohol Treatment

Strategic Vision for Drug and Alcohol Treatment Funding

The WQPHN will continue to develop systems and capabilities to ensure effective corporate, clinical and program governance and consumer engagement to support better Primary Mental Health Care (PMHC) and Drug and Alcohol (D&A) treatment services for the state's most remote and isolated populations. 2015-16 was a year of transition for WQPHN, with the dissolution of the Medicare Local and establishment of the new WQPHN organisation. 2016-18 will realise greater transitioning for current service providers and building their capacity and integration within a comprehensive primary health care system. New services will be introduced to the region using the WQPHN Commissioning and Development Framework which is closely aligned with the Strategic Plan and supporting a coherent clinical alignment and integration.

Strategic Vision

WQPHN Strategic Plan



WQPHN's strategic vision for drug and alcohol treatment funding is, like mental health and suicide prevention, founded on the delivery of a comprehensive primary health care system. The Western Queensland Health Needs Assessment presents a sobering critique of mental health and drug and alcohol treatment services within our catchment:

- diluted by low population numbers and dispersed over a large geography to the point of ineffective or uncertain coverage;
- impeded in delivering effective, efficient care by the separation between State and Commonwealth funded services; and,
- facing some of the highest substance abuse morbidity and mortality in Australia.
- Chronic shortage of detox and treatment facilities within catchment
- Fundamental lack of clinical knowledge and community awareness around methamphetamine (ATP use and behaviours)
- Paucity of health intelligence regarding drug use patterns, behaviours and co-morbidity characteristics

Alcohol and Other Drug (AOD) Treatment services in the Western Queensland PHN region include out client counselling, support and case management, and information and education. There is only one non-government organisation currently operating services in the region (Salvation Army Mt Isa); in addition to those region-specific services provided by the North West, Central West and South West Hospital and Health Services, which operate outclient services in Mount Isa, Dajarra, Camooweal, Julia Creek, Boulia, Doomadgee, Burketown, Karumba, Winton, Bedourie, Mornington Island, as well as a new service to be established in Cunnamulla.

There is a chronic paucity of specialist drug and alcohol treatment services across Western Queensland with most areas experiencing significant service gaps in relation to locally based support services detox, rehabilitation and ongoing self-management support within a GP centric model of care. Local Hospital and Health Services (HHSs), Queensland Health (Q Health), the Queensland Aboriginal and Torres Strait Islander Health Council (QAIHC) and Queensland Network of Alcohol and Other Drug Agencies Ltd (QNADA) all agree.

The WQPHN Health Needs Assessment (HNA) has highlighted major deficits in the knowledge-base of local clinicians in relation to methamphetamine addictions and very few local treatment referral pathways to manage addictions in-community.

The issues associated with remoteness, workforce constraints, lack of locally based rehabilitation infrastructure, poor access to addictions medicine specialist services and the siloed behaviours of public mental health and suicide prevention services continue to be major impediments to be overcome by WQPHN in responding to improving access to Drug and Alcohol treatment services.

A foundation element within the WQPHN strategic response to building local capacity is supporting a major reworking of the entrenched mental health and suicide prevention (and drug and alcohol) model of care for services in Western Queensland. This approach seeks to support a greater collective impact and alignment of resources and personnel and is critical if more effective delivery of services is to be achieved within the funding, and the work force currently available in the region.

WQPHN has received good support for a collaborative approach to develop a new model of primary mental health care, configured to the unique environment of Western Queensland. This model will also provide the platform for planning and delivery of drug and alcohol treatment services.

In developing activity plans for this year, WQPHN will draw on the experience and knowledge of a formal planning consortia, established to collaboratively develop its Commissioning framework and consider the best approaches to introduce specialist treatment services to

Western Queensland communities. The reality for WQPHN is that commissioning changes must accompany collaboration with other key stakeholders including the three Hospital and Health Services (HHS's) Aboriginal Community Controlled Health Organisations (ACCHOs), CheckUp and specialist provider networks to promote opportunities for co-commissioning and collaboration in what is an underdeveloped and fragile service environment. Priority will be placed on strengthening the local primary health care system through upskilling and workforce innovation and better access to visiting specialist support services linking with locally based providers to assist treatment and recovery outcomes.

The WQPHN will also collaborate with other QPHNs to leverage from shared intelligence on commissioning approaches and service development opportunities targeting youth drug and alcohol service support as well as online crisis support and counselling services.

An important activity early in the commissioning year will be the joint strategy developed with Aboriginal Community Controlled Health Organisations in the region for commissioning and developing services to achieve a practical balance between Indigenous and non-Indigenous organisations and ensuring all services at all sites are delivered to contemporary standards of cultural competence within clinical practice.

The WQPHN recognises this is a three-year funded initiative. Given the paucity of local providers and agencies services within the catchment, early direct engagement or commissioning of local provider networks is extremely limited. Treatment services in Mt Isa and Normanton are not suitable for commissioning drug addictions (esp. methamphetamine withdrawal and treatment) however do provide an important, but limited support service for clients in the regions seeking rehabilitation support for alcohol addictions. Currently HHS emergency and community based D&A services are the only services available, providing information support and outreach counselling. The majority of clients are referred through the hospital system with limited withdrawal and treatment services with the exception of some hospital detox. Realignment of State Government funded services within a co-commissioning / co-design framework is being actively pursued in the *Mental Health Suicide Prevention and Alcohol & Other Drugs (MHSP&AOD) Regional Plan* and work of the planning consortia. Therefor the emphasis in year one is to ensure a comprehensive analysis and co-design of commissioning framework to inform investment in 2017-18.

Planned activities: Drug and Alcohol Treatment Services

Proposed Activities	
Activity Title	<p>Primary Healthcare Provider Engagement and Strategic alignment of treatment services</p> <p><i>Develop a Commissioning Framework for the delivery of Drug and Alcohol treatment services in Western Queensland</i></p> <p><i>Support the adoption of integrated referral pathways to support better treatment for drug and alcohol addictions</i></p> <p><i>Support a comprehensive stock-take of Drug and Alcohol treatment services and providers in WQ</i></p>
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area	<p>Workforce support and capability</p> <p>Inter-sectoral collaboration and integration</p> <p>Joint planning</p> <p>Multi-disciplinary team based care</p> <p>Clinical pathways</p>
Description of Drug and Alcohol Treatment Activity	<p>As identified in the WQPHN HNA, with the exception of brief interventions provided through general practice (by GPs), the Hospital and Health Services are the only providers of Drug and Alcohol treatment services in the South West and Central West regions of the WQPHN. These treatment services are predominantly focused on drug and alcohol counselling, but as solo positions, they have very limited capacity to service large geographical areas. The ACCHO organisations in the South West do not fund or provide specialist drug and alcohol treatment services. There is no Aboriginal Community Controlled Health Organisation in the Central West. While the capacity of the NWHHS to deliver drug and alcohol services from Mount Isa has increased in recent years, these are not well connected to GPs, the ACCHO organisation and the NGO provider of residential rehabilitation services in the North West.</p> <p>The WQ HNA also shows very limited availability and capacity of drug and alcohol treatment services, and near absence of Indigenous specific services in Western Queensland. Given the funding currently available, the focus will be on developing, strengthening and integrating specialist and primary care drug and alcohol treatment within primary health care service system to meet the needs of Indigenous and non-Indigenous residents of WQPHN.</p> <p>Develop a Commissioning Framework for the delivery of Drug and Alcohol treatment services in Western Queensland</p>

The WQPHN has gained strong support for remodelling the current service model of care to link drug and alcohol treatment with mental health and primary health care. This will be fundamental to introducing the range of reforms needed over the coming years.

The WQPHN has established an expert planning consortia to assist the development and implementation of Commissioning approaches to mental health and suicide prevention, and drug and alcohol treatment services. The planning consortia includes representatives from HHS, ACCHO, Consumer, NGO, and leading MHSP and DA Qld Specialists and will assist the co-design of a *MHSP&AOD Regional Plan* and an *Implementation Plan*. The Planning Consortia will be supported initially by leading industry Consultants who will ensure the Regional Plan and Implementation Plan are produced to a high quality and ready to advance commissioning approaches from March 2017.

WQPHN is aiming to establish an inter-sectoral consensus model to:

- build a coalition for change across clinical & community councils, providers & communities;
- build evidence, knowledge base, clinical governance and clinical quality systems for change;
- reduce structural and policy barriers to coordination and interactions between levels of care that inhibit current service delivery;
- enable the available range of mental health and D&A personnel to be deployed appropriately within patient centric, stepped care and general primary care developments across the region
- develop the skills of the primary care, D&A and mental health workforce to manage people with complex co-morbidities;

Support the adoption of integrated referral pathways to support better treatment for drug and alcohol addictions

An integral element of the *MHSP&AOD Regional Plan* will be the systematic introduction of new referral pathways for better management of drug and alcohol addictions. The planning process will consider the barriers and gaps to specialist addictions medicine services to better support locally based clinicians and clients. The HNA has identified the lack of locally based infrastructure for rehabilitation however the Plan will consider better alignment with HHS D&A services and the primary health care sector including assessment and referral pathways to support greater care coordination and local strategies to support recovery through better integration with social care provider networks. The WQPHN work with general practices will focus on building greater visibility to locally based specialised services and where appropriate shared care planning pathways to promote more effective referral, particularly for dual diagnosis patients.

	<p>Critical elements for inclusion in the development and adoption include ehealth enabled treatment pathways (including e-referral, Myhealth Record, shared patient management plans, recovery plans developed in collaboration with Social Care agencies).</p> <p>Support a comprehensive stock-take of Drug and Alcohol treatment services and providers in WQ</p> <p>The WQPHN HNA identified significant challenges to identifying and supporting Indigenous and non-Indigenous people with Drug and Alcohol (D&A) issues within the existing health service including: limited confidence and willingness of primary health care workers to screen and undertake brief interventions; limited knowledge of D&A management in mainstream counselling and mental health providers; and, an absence of Indigenous Specific D&A services. WQPHN was also unable to complete mapping of social and community resources in 2015-16 to develop a detailed understanding of the social care sector and supports available to people with Drug and Alcohol problems.</p> <p>In 2016-17, the WQPHN will undertake a comprehensive stocktake of D&A, mental health, Social and Emotional Wellbeing (SEWB), community and family support services. The stocktake will provide a better understanding of the services provided by the public, private, ACCHOs, and NGO organisations operating in the health and social care sectors and identify opportunities for greater flexibility to respond to local D&A and mental health needs. This will include but will not be limited to: GPs, practice nurses, allied health, counsellors, Aboriginal Health Workers, SEWB workers, family support workers, volunteer and community support groups.</p> <p>This information will help to inform the planning and assessment activities of the <i>MHSP&AOD Regional Plan</i> and be undertaken in parallel to ensure this information is available to inform strategic approaches highlighted in the <i>Implementation Plan</i> and possible 'early adopter' activities highlighted in Section 3 below.</p>
Target population cohort	Whole of population, with an emphasis of better support for people who identify within a general practice population
Consultation	The WQPHN has established a MHSP and AOD planning consortia with representation from Specialist AOD stakeholders to assist the development and implementation of the <i>Regional Plan</i> . The WQPHN also seeks input from the three Clinical Chapters which meet bi-monthly across the catchment, and Clinical Council and Consumer Advisory Council. WQPHN has also a joint planning protocol with HHSs and QAIHC and maintains strong links with QNADA and other QPHNs as part of the implementation of AOD.
Collaboration	WQPHN has formally established a Planning Consortia with excellent representation from HHSs, Queensland Health(QH), ACCHOs (QAIHC), and other key stakeholders who are collaborating on the development on the <i>MHSP&AODRegional</i>

	<p><i>Plan.</i> The Planning Consortia will be supported through collaboration with the 3 x Clinical Chapters and Consumer Advisory Council.</p> <p>This collaboration draws on the strengths of the unique WQPHN governance model (and joint protocol) in which the 3 Hospital and Health Services in the WQPHN are the members of the WQPHN company.</p>
Indigenous Specific	Yes. The regional planning and resultant model targets the entire WQPHN. A significant segment of the WQPHN population identifies as Indigenous therefore the regional model will be tailored to address, and support the needs of the demographics of each region.
Duration	The <i>MHSP&AOD Regional Plan</i> will be completed by February 2017 and Commissioning (and Co-Commissioning) approaches will be undertaken during March/April 2017 to inform procurement of new Drug and Alcohol Treatment Services from July 2017. The Stocktake activities will be completed by March 2017 with new referral networks progressively being introduced as part of commissioning activities.
Coverage	Whole of WQPHN
Commissioning method	<p>The WQPHN has commissioned external consultants to work with the Planning Consortia to develop the Commissioning (and Co-Commissioning) approaches to be implemented within the <i>MHSP&AOD Regional Plan and Implementation Plan</i>.</p> <p>Given the limited funding available, new services will be linked to co-design and co-commissioned outcomes, including collaboration with other funded providers including CheckUp and HHS provider networks.</p>
Approach to market	<p>The WQPHN has commissioned external consultants via <i>direct engagement</i> to work with the Planning Consortia to develop the Commissioning (and Co-Commissioning) approaches to be implemented within the <i>MHSP&AOD Regional Plan and Implementation Plan</i>.</p> <p>The WQPHN has established a collaborative with <i>Community Information Support Systems</i> to establish a comprehensive profile of primary health care services available in communities, including AOD services. These activities will provide a comprehensive stock-take of services and facilitate a virtual online portal for consumers and clinicians seeking information on locally available providers.</p>

Proposed Activities

Activity Title	Identify training and capability needs and methodologies and provide access to high quality professional development training, education and facilitation services to workers, organisations and communities across Western Queensland
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Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area	Workforce support and capability Multi-disciplinary team based care Clinical pathways
Description of Drug and Alcohol Treatment Activity	<p>The WQPHN HNA, including a Drug and Alcohol Needs Assessment, identified significant deficits in the workforce profile, skill set and distribution across WQ. Within the primary care sector, most community do not have access to adequately qualified personnel to assist in the management (withdrawal, maintenance and recovery) of drug and alcohol addictions. The WQPHN Planning Consortia will be considering the issue of workforce support and development within the <i>MHSP&AODRegional Plan</i> to ensure synchronisation of training and development activities and leverage from existing Queensland Health sponsored specialist training, practice and workforce development agencies.</p> <p>The WQPHN will also collaborate with other QPHN's to explore opportunities to share networks and resources, and build strategic partnerships with initiatives such as <i>Dovetail</i>, a consortium of 14 government and non-government agencies funded by Queensland Health as a response to increased methamphetamine use across the state.</p> <p>The requirements of General Practice will be considered as a priority. In the absence of locally based treatment and withdrawal services, GP's (including those GPs supporting emergency departments) are the first line of support for people with drug and alcohol addictions. Training in methamphetamine and other drugs will be commissioned to enable an appropriate opportunity for GPs within WQ to access resources and attend accredited training and education events.</p> <p>Aboriginal and Torres Strait Islander people of the WQ catchment are significantly more at risk of developing drug and alcohol addictions, often linked to other mental health conditions. Ensuring culturally informed clinical practice is a priority within the WQPHN Strategic Plan and central to ensuring both access, but also support in recovery. As part of the <i>MHSP&AODRegional Plan</i>, the planning consortia will draw on the experience and knowledge of QAIHC to identify an appropriate framework to ensure service providers (including those commissioned by the WQPHN) can provide responsive and appropriate services.</p> <p>This strategy will seek to target workforce support initiatives through;</p> <ul style="list-style-type: none"> • Providing access to resources and making these available for community workers to achieve the qualifications, training and development required to support drug and alcohol treatment, particularly when taking into consideration regional variations in types of drug used and the challenges of responding to multiple comorbidities and changing patterns of drug use (e.g. mental illness, drug or alcohol addiction, chronic disease);

	<ul style="list-style-type: none"> • Place an emphasis on evidence-informed youth alcohol and drug practice guidelines, tools and resources; • Build capacity within the local primary care workforce to deliver culturally appropriate services to Indigenous communities, families and individuals; • Respond to challenges in recruiting, supporting and retaining staff, particularly in remote areas, recognizing the high reliance on fly-in fly-out services and locum/ agency staffing in many front-line primary health care positions, including General Practice.
Target population cohort	Whole of population, with an emphasis of better support for people who identify within a general practice population
Consultation	The WQPHN has established a MHSP and AOD planning consortia with representation from Specialist AOD stakeholders to assist the development and implementation of the <i>Regional Plan</i> . The WQPHN also seeks input from the three Clinical Chapters which meet bi-monthly across the catchment, and Clinical Council and Consumer Advisory Council. WQPHN has also a joint planning protocol with HHSs and QAIHC and maintains strong links with QNADA and other QPHNs as part of the implementation of AOD.
Collaboration	<p>WQPHN has formally established a Planning Consortia with excellent representation from consulted with HHSs, QH, ACCHOs (QAIHC), and other key stakeholders who are collaborating on the development on the <i>MHSP&AODRegional Plan</i>. The Planning Consortia will be supported through collaboration with the 3 x Clinical Chapters and Consumer Advisory Council.</p> <p>This collaboration draws on the strengths of the unique WQPHN governance model (and joint protocol) in which the 3 Hospital and Health Services in the WQPHN are the members of the WQPHN company.</p>
Indigenous Specific	Yes. The regional planning and resultant model targets the entire WQPHN. A significant segment of the WQPHN population identifies as Indigenous therefore the regional model will be tailored to address, and support the needs of the demographics of each region.
Duration	Commencing February and ongoing
Coverage	Whole of WQPHN
Commissioning method	The WQPHN will seek to work collaboratively with the HHS and ACCHO (QAIHC) and other identified QH (State) agencies to deliver on this strategy.
Approach to market	<p>Direct engagement approach may be used in instances where there is immediate opportunity for joint delivery and shared primary health care capacity development outcomes.</p> <p>Specialist organisations including Dovetail and ADIS have been identified to assist Rural QPHNs in the development of resources for clinicians and consumers</p>

	<p>Commissioned services will be monitored and evaluated via quarterly outcomes-based reporting requirements as specified in related contract / agreements.</p> <p>As training and development requirements and approaches will be developed collaboratively, the planning consortia will provide a key contact point to disseminate training needs and outcomes, and to ensure strategic alignment with State based training to minimise any duplication and maximise co-design, and support joint clinical quality improvement outcomes. Local Clinical Chapters will also provide a key contact to promote collaborative approaches and determine local priorities.</p>
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Proposed Activities	
Activity Title	<p>Improving access to locally based integrated management for drug and alcohol addictions Increase local availability of specialist assessment, withdrawal management and support services</p> <p><i>Visiting Specialist AOD treatment services including; assistance with outpatient withdrawal management, opiate treatment programs, allied health services (psychosocial interventions)</i></p> <p><i>Pilot Locally based treatment and withdrawal support Services</i></p> <p><i>Access to Alcohol and Drug Information Service to offer confidential and anonymous telephone counselling and information for individuals, parents, and concerned others</i></p>
Existing, Modified, or New Activity	New
Needs Assessment Priority Area	<p>Workforce support and capability</p> <p>Inter-sectoral collaboration and integration</p> <p>Joint planning</p> <p>Multi-disciplinary team based care</p> <p>Clinical pathways</p>
Description of Drug and Alcohol Treatment Activity	<p>Visiting Specialist AOD treatment services including; assistance with outpatient withdrawal management, opiate treatment programs, allied health services (psychosocial interventions)</p> <p>The WQPHN review of Drug and Alcohol services highlighted the chronic lack of specialist addictions management services, essential to ensure clinicians managing addictions in community are supported with specialist referrals within an appropriate clinical team based care framework. Addictions Specialists can assist local primary care providers</p>

through case conferencing, higher review and assessment, advise on clinical and pharmacological interventions, and in direct assessment and review of referred clients. The WQPHN will liaise with Check-Up - QAIHC and QH to identify suitable specialist support and collaboratively design an appropriate visiting F2F and tele-health support services in the larger communities of the WQPHN.

Central to the WQPHN approach will be negotiation of new Addictions Medicine outreach support services through the CheckUp RHOF and MOICDP program funding. CheckUp currently provide Addictions Medicine specialist support services as part of their suite of outreach services and additional leverage to support new service to communities within the WQPHN will be developed collaboratively with QAIHC and HHS organisations.

Locally based treatment and withdrawal support Services

The Needs Assessment undertaken by the WQPHN did not identify **any** locally based withdrawal and recovery support services within the catchment, beyond those provided by the HHS emergency and/or hospital referred services. Whilst the introduction of new drug and alcohol treatment services will be comprehensively addressed under the *MHSP&AOD Regional Plan and Implementation Plan*, closely aligned with the WQPHN Commissioning Framework, the possibility of supporting 'early adopter' services in a *Proof-of-Concept* scenario within the three (3) HHS regions in identified towns will be considered.

The SWHHS catchment, which is close to Toowoomba, a major city in the region and referral pathway, where several small to medium sized organisations with drug and alcohol expertise are located will be considered a priority, with CWHHS and SWHHS closely following. The design of the *Proof-of-Concept* sites will be congruent with the future commissioning of a full suite of withdrawal management and support services in accordance with the developed service models within the *MHSP&AOD Regional Plan*.

Services commissioned will follow a GP multi-disciplinary approach and will aim to ensure that there are appropriate, accessible and integrated services available for those most in need. The Consortia currently assembled to undertake the Plan design are experts in the Mental Health field representative of the leading organisations, and running alongside with the Consortia is an Aboriginal and Torres Strait Islander working party in collaboration with QAIHC.

For the early adopters *Proof-of-Concept* activity, WQPHN will work closely with QNADA in determining suitable organisations; such as Lives Lived Well, Drug Arm, Salvation Army and Qld Injectors Health Network, given their strong networks, access to relevant data and on-the-ground knowledge of providers. In addition to proof of concept activities in the SWHHS and CWHHS, additional AOD treatment services activities will be examined in the NWHHS, however again through a contemporary proof of concept approach that can allow better access across a wider population and

specifically linked with General Practice and other recovery services in community.

These activities represent the front-end of the WQPHN future state commissioning approaches and investment and activity will increase significantly in subsequent years as most activities will be locally based, aligned with multidisciplinary approaches, linked with general practice provider networks and aligned also with visiting specialist services. The Regional Plan and its prescribed commissioning framework, combined with learning and knowledge gained through the proof of concept activities will ensure these activities align with the Commonwealths guidance material to build and foster local services as an enduring part of the community rather than deliver services that are flown in and out, however clearly in remote Queensland these locally based services will need to be supported by, and connected to, other elements of the primary care system which is not available in isolated and remote communities of the WQPHN catchment.

Access to Alcohol and Drug Information Service to offer confidential and anonymous telephone counselling and information for individuals, parents, and concerned others.

Whilst the importance of locally based face to face support services as the ‘gold standard’ to aid individual withdrawal and recovery strategies, the WQPHN will undertake work to consider the introduction of telehealth and after hours support from regional and metro sources. The WQPHN is working with other rural PHNs in Queensland to develop strategies to link with Qld Health Metro North Mental Health – Alcohol and Drug Services based at Biala City Community Health Centre to explore opportunities to tap into the Alcohol and Drug Information Service (ADIS) and DOVETAIL resources.

In addition to this the WQPHN will use the Consortia Planning group and representation from QNADA to consider better linkages to online after hours and crisis care, as well as telephone counselling services that can be promoted through general practice networks across the WQ catchment. An evaluation of patient reported viewpoints at the Mt Isa Salvation Army alcohol rehabilitation program highlighted an interest in clients having access to online counselling support to assist recovery when returning to community so WQPHN is keen to identify and promote a service within the catchment.

The funding allocation for this activity represent a one-off establishment focus, to open access to Queensland's most remote areas; that are otherwise not being supported and are unaware of existing support services. It will be necessary to invest in early negotiations with potential providers (such as the Biala services) and improve the knowledge base of local service providers to encourage the uptake and access of online services to aid self-management, independence and recovery within a local multidisciplinary team based approach. It is expected some investment will be required to

	further tailor products to our remote environment. Without strategic support the utilisation and uptake of online support services will be largely ineffective.
Target population cohort	Whole of population, with an emphasis of better support for people who identify within a general practice population
Consultation	The WQPHN has established a MHSP&AOD planning consortia with representation from Specialist AOD stakeholders to assist the development and implementation of the <i>Regional Plan</i> . The WQPHN also seeks input from the three Clinical Chapters which meet bi-monthly across the catchment, and Clinical Council and Consumer Advisory Council. WQPHN has also a joint planning protocol with HHSs and QAIHC and maintains strong links with QNADA and other QPHNs as part of the implementation of AOD.
Collaboration	<p>WQPHN has formally established a Planning Consortia with excellent representation from consulted with HHSs, QH, ACCHOs (QAIHC), and other key stakeholders who are collaborating on the development on the <i>MHSP&AOD Regional Plan</i>. The Planning Consortia will be supported through collaboration with the 3 x Clinical Chapters and Consumer Advisory Council. Implementation framework highlighted as part of the <i>Regional Plan</i> will provide further insights into appropriate inter-sectoral approaches to be developed during 2017.</p> <p>This collaboration draws on the strengths of the unique WQPHN governance model (and joint protocol) in which the 3 Hospital and Health Services in the WQPHN are the members of the WQPHN company.</p>
Indigenous Specific	Yes. The regional planning and resultant model targets the entire WQPHN. A significant segment of the WQPHN population identifies as Indigenous therefore the regional model will be tailored to address, and support the needs of the demographics of each region.
Duration	Commencing 2017 and continuing.
Coverage	Whole of WQPHN
Commissioning method	Given the limited funding available, new services will be linked to co-design and co-commissioned outcomes, including collaboration with other funded providers including CheckUp and HHS and ACCHO provider networks. The WQPHN will seek to work collaboratively with other agencies (including CheckUP-QAIHC, QPHNs and QNADA) as well as the Planning Consortia to deliver on this strategy.
Approach to market	<ol style="list-style-type: none"> 1. Direct engagement approach via a <i>request for Proposal</i> approach will be used in consultation with QNADA to identify new treatment service providers as part of an initial 'proof of concept' approach to fast-track additional treatment services, however these will be introduced with an emphasis on co-design and co-commissioning in collaboration with nominated agencies. 2. Given the small amount of funding available and the significant costs of establishing services across a vast catchment, the commissioning focus will be toward joint planning, co-commissioning and integrated service delivery, making <i>formal open tenders</i> less likely as the emphasis will be around building relationships and building health

intelligence in collaboration with QNADA and other specialist networks with outcomes focused on strengthening the local primary health care system.

Commissioned services will support shared KPI development and be monitored and evaluated via quarterly outcomes-based reporting requirements as specified in related contract / agreements.

Planned activities: Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander People

Proposed Activities	
Activity Title	<p>Ensuring better access through culturally appropriate mainstream and Indigenous-specific services and development Social and Emotional Wellbeing services targeted to improve the service efficacy and engagement of Aboriginal and Torres Strait Islander people in the management of drug and alcohol addictions.</p> <p><i>Improve the cultural competency of community based AOD services including withdrawal management, counselling and recovery services for Aboriginal and Torres Strait Islander people</i></p> <p><i>Develop Indigenous-specific services in collaboration with ACCHO (and QAIHC) to support greater companion social and emotional wellbeing services to support Aboriginal and Torres Strait Islander Patients with AOD addictions</i></p>
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority Area	<p>Cultural Competency Workforce support and capability Inter-sectoral collaboration and integration Joint planning Multi-disciplinary team based care Clinical pathways</p>
Description of Drug and Alcohol Treatment Activity	<p>The WQPHN HNA identified that the HHSs are the only providers of Drug and Alcohol treatment services in the South West and Central West regions of the WQPHN. These treatment services are predominantly focused on D&A counselling, but as solo positions have very limited capacity to service large geographical areas. The four ACCHO organisations in the South West do not fund or provide Drug and Alcohol treatment services but have a limited capacity</p>

to provide counselling and health promotion support services through AODS funding. There is no Aboriginal Community Controlled Health Organisation in the Central West. While the capacity of the NWHHS to deliver D&A services has increased in recent years, these services are not well connected to GPs, the ACCHO organisation, the NGO provider of residential rehabilitation services in the North West or community preventative or early intervention services.

Accordingly, the focus for WQPHN is to develop, strengthen and integrate the specialist and primary care D&A, and mental health services within the WQPHN with an emphasis on engagement of the ACCHO sector in the co-design of new models of care through which to target drug and alcohol addictions.

An important first step will be to work with local ACCHOs and QAIHC to develop a strategy to inform WQPHN commissioning and development and of D&A activities during 2016-17. The Strategy will be undertaken as part of the companion activity for *MHSP&AOD Regional Plan* with representation and engagement through the Planning Consortia to ensure better access by Aboriginal and Torres Strait Islander people to mainstream services, but also the development of new tailored solutions specifically designed and culturally informed to meet the unique needs of Aboriginal and Torres Strait Islander people of the catchment.

An emphasis will be placed on direct engagement with existing Aboriginal Community-Controlled service providers to leverage from their established infrastructure, cultural intelligence, clinical capacity and community engagement frameworks. Developing a formal partnership with ACCHOs will also facilitate a holistic approach to culturally safe, competent and respectful services.

Key considerations will include:

- ensuring service providers meet culturally competent practice standards;
- improving access for Aboriginal and Torres Strait Island people to both Indigenous and non-Indigenous services;
- the range and scope of Indigenous specific service that can be delivered from ACCHO providers in each location;
- the range and scope of non-indigenous services that can be delivered by ACCHO providers in each location;
- Model of care alignment to recovery aspects of AOD treatment services with an emphasis on local workforce capacity and development.
- strategies for providing appropriate and effective services for Indigenous people in all locations with a focus on locations where no ACCHO option is available; and,

- options for future review of the strategy its alignment with wider Mental Health & Suicide Prevention initiatives and the WQPHN approach as plans and reforms progress.

Improve the cultural competency of community based AOD services including withdrawal management, counselling and recovery services for Aboriginal and Torres Strait Islander people

Use the *MHSP&AOD Regional Plan* and Planning Consortia to undertake a critique of current cultural competency programs and resources for mainstream providers of drug and alcohol services, especially HHS services, newly commissioned services (including specialist and General Practice), and with the assistance of ACCHO and QAIHC support the development and adoption of training programs and resources tailored to local cultural settings. It is noted the recently released Queensland Health *A&TSI Mental Health Strategy* has placed an emphasis on cultural competency of Queensland Health services and strategies will seek congruence of design and implementation.

Develop Indigenous-specific services in collaboration with ACCHO (and QAIHC) to support greater companion social and emotional wellbeing services to support Aboriginal and Torres Strait Islander patients with AOD addictions

The *MHSP&AOD Regional Plan* will support the development of a A&TSI specific Commissioning framework to be delivered in collaboration with QAIHC and the ACCHO sector in WQPHN, co-designed and commissioned Drug and Alcohol treatment services and support services for Aboriginal and Torres Strait Islander people. New services will be evidence informed and draw on contemporaneous examples linked to providing greater support locally to recovery and re-engagement, including new scope of practice including cultural healers, additional Social and Emotional Wellbeing services, and trauma informed care and trauma specific services for women, children and younger persons.

A critical element of design and scope will be the integration and formal linkage of these services into the Model of Care for Drug and Alcohol treatment services to Aboriginal Communities, including mainstream and local general practice services supporting Aboriginal and Torres Strait Islander clients.

The service configuration, clinical qualifications and clinical supervision requirements of positions established within the SEWB will be developed as part of the SEWB co-commissioning; however, the emphasis will be on clinical integration to assist better access and help-seeking behaviours; cultural competency assessment and enrolment processes; and greater support and linkage to local recovery services.

Target population cohort

Cultural competency is a critical priority for all service provider networks and new and existing front-line providers will be targeted to complement the roll-out of new SEWB services.

	New services will target ATSI people of ACCHO and mainstream general practice networks to maximise the opportunity for greater team-based care outcomes, especially for clients with addictions, dual diagnosis or other chronic conditions.
Consultation	The WQPHN has established a ACCHO stakeholder reference group which is a subset of the MHSP and AOD planning consortia with representation from Specialist AOD stakeholders. The reference group has informed the conceptual framework including the development of a clinically integrated SEWB to assist the efficacy of treatment services. The WQPHN also seeks input from the three Clinical Chapters which meet bi-monthly across the catchment, and Clinical Council and Consumer Advisory Council. WQPHN has also a joint planning protocol with HHSs and QAIHC and maintains strong links with QNADA and other QPHNs as part of the implementation of AOD.
Collaboration	The WQPHN Strategic Plan and HNA has highlighted the critical importance of building solid relationships with the ACCHO sector within its catchment, and to examine new innovative approaches responding to the unique challenges associated with improving access and participation for the regional ATSI populations. The WQPHN has established a ACCHO stakeholder reference group in collaboration with QAIHC and is developing a co-commissioning and performance framework to guide greater harmonisation of resources, investment and clinical alignment across PHN and ACCHO Programs. The collaboration will provide greater efficiency, leverage from the significant ACCHO infrastructure in local communities, and build more responsive and culturally appropriate services.
Indigenous Specific	Yes
Duration	The development of the ATSI specific Commissioning component will be completed in line with the <i>MHSP&AOD Regional Plan</i> and <i>Implementation Plan</i> in 2017. With the Commissioning approach proposed new services could be introduced from March 2017.
Coverage	Whole of WQPHN
Commissioning method	WQPHN recognises the significant contribution by Aboriginal Community Controlled Organisations and QAIHC can contribute to supporting greater culturally informed clinical practice within provider networks and the unique capacity to co-design and co-commission new services specifically tailored to the needs of Aboriginal and Torres Strait Islander peoples of the catchment.
Approach to market	The WQPHN will adopt a <i>direct engagement</i> approach with ACCHOs within a <i>co-commissioning construct</i> to leverage from the placed-based capability and to minimise administrative overheads. Workforce support and development objectives will be critiqued in the <i>MHSP&AOD Regional Plan</i> and aligned with clinical & referral pathways to be implemented to support better access to online and locally based treatment and counselling services and local ATSI specific recovery and support services, including connection with social care agencies and cultural healing services. Commissioned services will be monitored and evaluated via quarterly meetings; monthly or quarterly outcomes-based reporting requirements as specified in the Contract.