



Australian Government

Department of Health



An Australian Government Initiative

Primary Health Networks

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

Western Sydney Primary Health Network

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 **<name of Grant Officer>** via email **<email address>** 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 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.

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1. Strategic Vision for Drug and Alcohol Treatment Funding

The Strategic Vision for Alcohol and Drug Treatment Services will be an essential component, and substantial contributor to WentWest's overarching Strategic Vision for:

- healthier communities,
- empowered individuals and,
- a sustainable primary health care workforce

A central part of our strategic vision for alcohol and drug treatment is to apply a systems approach to the development of alcohol and drug treatment services that enables Went West and its system partners to achieve the quadruple aim.

To realise this strategic vision requires a whole of population, whole of person and whole of system perspective for service planning and commissioning across the life course. The life course continuum, is based on a risk progression from a healthy and well population through progressive states of distress or disorder to manifest alcohol and drug issues and complications.

The life course continuum enables us to address the key Departmental priorities in a unified way.

1. Address the increased demand for access to drugs and alcohol treatment services, with a focus on methamphetamine use,
2. Support region specific, cross-sectoral and integrated approaches to drug and alcohol treatment services,
3. Facilitate and support evidence based treatment for clients using a range of substances, including methamphetamine, including flexible and stepped care models tailored to individual need;
4. Promote linkages with broader health services, with a particular focus on GPs, and including mental health services, to better support integrated treatment and referral pathways to support clients with comorbid mental health disorders.
5. Ensure targeted and culturally appropriate drug and alcohol treatment services for Indigenous Australians that are linked with broader Indigenous health services; and
6. Promote quality improvement approaches and support health professionals through education and training.

Our aim is that by the end of the plan period, we have built a platform that can support the collaborative commissioning and transformation of services across the Western Sydney, whilst also testing a new model of stepped-care with a focus on linking people presenting in crisis with a GP. This platform will integrate across the three domains of mental health, suicide prevention, and alcohol and drug treatment, creating aligned strategic commissioning. A particular finding during the Needs Assessment period is that many of the patients presenting with substance use disorders and substance use induced disorders (intoxication, withdrawal and end organ damage manifestations) to WSLHD facilities don't have GPs. As these patients are more in need than most for multiple specialists' services to address their comorbid conditions, adverse outcomes from their substance use are exacerbated, with cognitive impairment and multiple physical and mental health conditions remaining undiagnosed and untreated.

Some patients with substance use disorders and substance use induced disorders have contact with healthcare that is precipitated by crisis, and evidence shows they will continue to present recurrently unless the service gaps are fully identified and remedied by new programs and responses. Data demonstrates that many identified from ED as having significant drug and alcohol problems are discharged without these issues addressed.

The activity plan identifies how we will engage critical stakeholders in each domain to rethink how the system of care and support can better deliver on quadruple aim outcomes.

2. (a) Planned activities: Drug and Alcohol Treatment Services – Operational and Flexible Funding

Priority Area 1: Governance and Oversight

Cross-sector and cross-agency collaboration, that includes joint oversight and monitoring and shared planning principles is central to effective implementation of treatment services. This following initiatives are intended to drive collaborative oversight and shared governance.

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	1. Governance and Oversight
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	1.1 Region wide structure with treatment service providers in the Drug & Alcohol field to drive collaboration and approaches to shared governance where applicable.
Description of Drug and Alcohol Treatment Activity	WentWest will establish a region-wide oversight structure for its D&A program that includes other service providers such as NGO's, community representatives, LHD's and speciality networks, primary health care providers and which will be co-chaired by the PHN. The functions of the group will include developing processes for shared planning activity, shared service activity, the agreement to shared clinical governance structures and referral pathways. This will allow alignment of commissioning and planning with planning and investment in other sectors, improve transitions of care between sectors and ensure better synergy of service delivery for consumers.
Collaboration	This activity will attempt to engage all other sector providers within the PHN.
Indigenous Specific	No
Duration	Invitations and explanatory information to be distributed in December 2016. First meeting January 2017 and thereafter quarterly.
Coverage	Entire PHN region
Commissioning approach	Participation will by direct invitation. No external commissioning required.
Performance Indicator	Number of meetings per annum. Agreement to participate by LHD's, NGO representation and primary care representation.

	Agreement to joint clinical governance activity achieved in 2016/17.
Local Performance Indicator target	4 meetings per annum. Diverse membership achieved and retained.
Data source	Local data collected by PHN on meeting membership and attendance

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	1 Governance and Oversight
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	1.2 Develop a set of across sectoral foundation documents to inform decision making including an evidence based regional AOD plan and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration. Planning will be integrated with planning across other like domains within the PHN including mental health service planning.
Description of Drug and Alcohol Treatment Activity	<p>The consultation structure established at 1.1 will oversight the development of the following documents that will incorporate the activities of each of the sectors providing D&A treatment within the WentWest PHN:</p> <ul style="list-style-type: none"> • Development of a regional Drug and Alcohol strategy including use of the Drug & Alcohol Services Planning tool and the NADA AOD Services Mapping tool. • Undertake detailed mapping exercise of capacity and resourcing of services within WentWest PHN and map the gaps against the outcomes of the DASP. • Establish a role delineation framework for the PHN that outlines its target areas of accountability and priority service delivery domains, and delineates these from NGO's, ACCHO's and LHD's. • Clear navigation tools to assist professional, service providers, and consumer to identify and navigate the different AOD services in the region.
Collaboration	This will be a fully collaborative exercise with stakeholders within the WentWest PHN region. WentWest PHN will work with NADA to lead the development of the plan with regional stakeholders including LHNs, State and Territory governments, Aboriginal and Torres Strait Islander health services, consumer organisations, and NGOs. Additional contacts will include Mental health services (primary and secondary) and the local

	health district will be key collaborators to deliver this activity including all agencies that currently provide services and responses to consumers in Western Sydney.
Indigenous Specific	No
Duration	Activity start date January 2017. Activity completion date December 2018. Design to commence in October 2016 with the plan to the complete by June 2017. This timeframe will enable WentWest to commission services to support the regional plan on an ongoing basis.
Coverage	Entire region
Commissioning approach	Activity will be commissioned via a mix of internal PHN project staffing and purchased external contractor support. External contractors will be sought with appropriate expertise in the Drug & Alcohol sector and with the technical skills necessary to complete the tasks. Contract support resource to organise the co-design processes, manage data collection and analysis and lead the development of the plan
Performance Indicator	Documents completed.
Local Performance Indicator target	All documents completed.
Data source	Internal records.

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	1. Governance and Oversight
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	1.3 Joined Up Clinical Governance
Description of Drug and Alcohol Treatment Activity	Engage other local providers to establish a joint clinical governance framework which provides for agreed referral pathways, case conferencing, complex case reviews and adverse event reviews. This will include PHN, LHD, ACCHO's, Primary Care and NGO participants. Review relevant HealthPathways in relation to drug and alcohol services and facilitate use by all providers. WSPHN have been collaborating with WSLHD Addiction Medicine Unit since 2015 to progress the development of care and referral pathways in the different Health Pathways. This work will be integrated into the activities outlined in the priority.

Collaboration	Stakeholders within the WentWest PHN region will participate collaboratively in the agreed clinical governance structures, participating in decision making and data collection.
Indigenous Specific	No
Duration	This activity will be instigated by the regional oversight group identified at activity 1.1 and is anticipated to be ongoing.
Coverage	Region-wide coverage
Commissioning approach	Participation will be by direct invitation. No external commissioning required.
Performance Indicator	Number of meetings per annum. Agreement to participate by LHD's, NGO representation, ACCHO's and primary care representation. Drug & Alcohol incorporated in "HealthPathways" within WSPHN.
Local Performance Indicator target	4 meetings per annum Joint clinical governance framework established.
Data source	Local data collected by PHN on meeting membership and attendance

Priority Area 2: Service Capacity

Individuals experiencing Drug & Alcohol disorders are not homogenous and there is no 'magic bullet' that treats all disorders. Satisfaction of the treatment needs of the WentWest PHN population requires a variety of service options and sufficient service capacity for each. The Drug & Alcohol program offers withdrawal services, hospital liaison services, outpatient and community services, residential and other rehabilitation services, aftercare and opioid substitution therapies. Individuals may be seeking a mix of services, or come to services through specialist pathways, such as diversion from court or via maternity services.

Duplication of effort with other providers and funding bodies needs to be avoided, and investment targeted for greatest impact. Consistent with our primary mandate, effort will be concentrated on primary, community, and non-government initiatives and will not focus on those treatments that are the sole remit of Local Health Districts.

This section details our commitment to ensure the appropriate range of services, and improved access to them, based on population models.

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	2. Service capacity.

Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	2.1 Enhanced Rehabilitation Capacity
Description of Drug and Alcohol Treatment Activity	<p>Drug & Alcohol rehabilitation services provide functional recovery capacity, attitudinal and behaviour change skills to participants to achieve long term behaviour change with regard to drug or alcohol dependence. Services can be residential, day only or community outreach and are provided by a mixture of professional and peer workers. Residential services generally have extended stays and do not have geographic catchments. As such local modelling of service need is generally focussed on specific high needs populations. Epidemiologically based modelling by the NSW D&A NGO peak body, NADA, indicates that less than 50% of the need for rehabilitation places are funded in NSW. This activity will seek to expand the availability of rehabilitation places available within WentWest PHN, with a focus on innovative and non-residential models, as recommended by NADA.</p> <p>In year 1 successful services will be provided with necessary establishment costs as part of their funding. Escalation to meet award increases and CPI will be provided at an agreed rate.</p>
Collaboration	<p>This activity will be undertaken in consultation with the peak NGO body, Drug Health WSLHD and the local Aboriginal Community Controlled Organisations) and will involve service delivery by NGO's with specialist skills in addressing drug or alcohol problems.</p>
Indigenous Specific	<p>No, but specific needs for this group will be addressed in a later section of this plan.</p>
Duration	<p>Procurement activity is anticipated to begin October, 2016 and, subject to acceptable performance review, continue until June 30, 2019.</p>
Coverage	<p>Non-residential rehabilitation services will be procured with an intention to cover the entire PHN region and support an integrated health framework.</p> <p>Should suitably innovative residential services be proposed that meet procurement criteria they will, by their residential nature, be available to people both inside and outside the PHN region.</p>
Commissioning approach	<p>Commissioning will occur via an approach to the market, assessed against criteria of:</p> <ul style="list-style-type: none"> • value for money, • likely treatment effectiveness of proposed model based on evidence, • geographical coverage, • able to target identified gaps from the needs analysis • The capacity to provide holistic interventions and manage clinical complexity • corporate governance and capacity to capture and submit relevant performance data and

	<ul style="list-style-type: none"> • track record of agency in treating drug & alcohol problems. <p>Weighting will be given to proposals that demonstrate:</p> <ul style="list-style-type: none"> • Innovative models • Stepped care approaches • Coverage of identified geographic gaps. • Streamlined entry and assessment processes • Services for families with children <p>The approach to commissioning of these activities will be based on the Western Sydney Primary Health Network Commissioning Framework (WSPHNCF), a patient centred and clinically based process to enhance service delivery and patient outcomes in western Sydney.</p> <p>The PHN will enter into a legally binding contract with all providers, where it is a commissioner of services. This will include clear metrics around payments and reporting requirements as well as clear, measurable project goals. Providers will provide regular reports on how they are progressing towards achieving the agreed goals. The reports will include outcome as well as output measures to inform evaluation and quarterly payment of disbursement.</p> <p>In preparation for this, an online contracts and reporting portal has been developed, which is a vital component of the PHN's commissioning role and essential for ensuring commissioned services result in better health outcomes, while being cost effective and transparent.</p>
Performance Indicator	<p>In the first performance cycle, data will be collected on the number of clients provided with service, broken down by primary drug of concern, unmet demand, and effective referral to, and from, other agencies including general practice, allied health and Drug Health, WSLHD.</p> <p>This will be in order to establish that additional capacity has been created and that service linkages are being established. During this period an assessment will be made on the potential sample available for follow up three months post treatment, with a view to assessing measures associated with employment status, accommodation stability and continuing drug use. It is anticipated that this initiative will also contribute to state-wide measures of rehabilitation services “% needs met”.</p>
Local Performance Indicator target	<p>An extra 200 people per year provided with some form of rehabilitation treatment as measured by the NADA database.</p> <p>An increase of 1% on rehabilitation % needs met targets state-wide.</p> <p>WSPHN has developed the quadruple aim within our strategic plan to provide the framing for our outcomes and the architecture for our performance indicators. The quadruple aim</p>

	<p>covers: improved population health outcomes, improved user experience of care and support, efficient use of resources, and development of a sustainable and viable provider workforce.</p> <p>The following performance indicators will be used:</p> <ul style="list-style-type: none"> • Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery. • Experience of the engagement and development process used to develop the plan across consumers, providers, peak bodies, state and federal agencies • Level of engagement with Aboriginal and Torres Strait Islander peoples
Data source	In the first cycle data will be sourced from that collected by contracted agencies as part of their treatment process and overall volume growth will be sourced from the NADA performance database.

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	2. Service capacity.
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	2.2 Improved withdrawal service referral pathways
Description of Drug and Alcohol Treatment Activity	<p>Access to a variety of withdrawal services, types and settings is necessary to maximise entry into treatment. Almost all treatment approaches begin with effective withdrawal management. Navigating access to withdrawal in the right setting for a given problem is paramount. WentWest PHN will facilitate improved withdrawal management provision and service linkages through:</p> <ul style="list-style-type: none"> • Requesting details on withdrawal management arrangements for local hospitals and NGO's including appropriate referral pathways and entry criteria and disseminate to service providers within the LHD. • Promote GP assisted withdrawal in the home. • Develop agreed referral pathways from GP assisted withdrawal to residential rehab facilities.
Collaboration	These activities will require collaboration with the Local Health District, primary care providers and NGO service providers
Indigenous Specific	No

Duration	Information requests to LHD's and NGO's will begin in October 2016 and will be completed by May 2017. The referral pathways project will begin in October 2016, and be completed by June 2017.
Coverage	Region-wide coverage
Commissioning approach	N/A. This project is consistent with the Departments' guidelines on use of operational funds
Performance Indicator	Initiatives completed and documentation completed. In the medium term will work to collection of indicators that measure percentage of successful referrals out from, and into, funded withdrawal services.
Local Performance Indicator target	First stage will be process indicators that simply record initiatives complete. Baselines will need to be established for second indicator set. In all cases increases from baseline will be the target.
Data source	Not applicable until data set developed

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	2. Service Capacity
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	2.3 Develop and improve stepped care, aftercare and community care pathways in an integrated health framework.
Description of Drug and Alcohol Treatment Activity	<p>Develop a stepped care person centred care approach covering a continuum of AOD services within a person-centred stepped care approach. Prioritise commissioning of new models that provide a bridging service for patients leaving ED and other WSLHD tertiary settings and primary health care supports.</p> <p>Improve the capacity and accessibility of community treatment models for aftercare and community care through:</p> <ul style="list-style-type: none"> • Map existing continuing / after care programs, step up/step down, supported living / transitional housing programs to understand where enhancements could be made • Commission trial of innovative models of aftercare
Collaboration	<p>This will involve collaboration with non-government community Drug & Alcohol service providers</p> <p>Commission a bridging service for a stepped care approach for WSLHD tertiary care patients, including those of Drug Health without a regular GP to GPs supporting community health approaches with eventual engagement in GP practice settings.</p>

	This model will engage family and carers of individuals with substance use disorders and substance use induced disorders post discharge from hospitals, in Drug Health outpatient and community clinics, and in GPs' rooms.
Indigenous Specific	No
Duration	The mapping project will begin January 2017 and be completed by June 2017 Trial Commissioning will begin July 2018 and be completed by June 2019.
Coverage	Mapping project will be region-wide. Trials will be geographically targeted.
Commissioning approach	Commissioning will only be required for the trials and this will be a market driven approach, consistent with parameters identified at activity 2.1 including use of the WSPHN Commissioning framework. Favourable weighting will be applied to evidence based step up/step down approaches.
Performance Indicator	For the trials the performance indicator will be percentage of referrals retained into an aftercare arrangement, and the following key markers for those retained in aftercare at three months post discharge: <ul style="list-style-type: none"> • Employment status • Housing status • Drug use status
Local Performance Indicator target	Given these are trials and are establishing a baseline for future endeavour no targets can be set. It is anticipated the trials will provide targets in future funding rounds.
Data source	Data will be collected from successful trial providers.

Priority Area 3: Services for High Needs Populations

There are a number of non-indigenous populations with high service need within the WentWest PHN region. This section details specific responses to those groups. The needs of the indigenous population of WentWest PHN are dealt with later in this plan.

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	3. Services for High Needs populations
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	3.1 Improved access to treatment services for families
Description of Drug and Alcohol Treatment Activity	<p>Improved access for families and children will be achieved through:</p> <p>Mapping of referral pathways into existing services for families and children across NSW and disseminate to all WentWest PHN service providers.</p> <p>Allocate a small amount of funding available to commissioned services from activity 2.1 in year 1 to make the services more family sensitive.</p> <p>Prioritise future commissioning related to this group through activity 2.1.</p>
Collaboration	This activity will require collaboration with Non-Government service providers with appropriately configured treatment services to allow for the admission of families with children.
Indigenous Specific	No
Duration	<p>Mapping to begin January 2017 and be completed by March 2017. Distribution of advice to occur from April to June 2017.</p> <p>Commissioning proposals from organisations proposing enhanced services to families will receive additional weighting in commissioning processes outlined in activity 2.1. Targeted commissioning to be considered in activity plan 2017/18.</p>
Coverage	Region-wide coverage
Commissioning approach	<p>Mapping project will be managed from the operational funding tranche provided to the PHN.</p> <p>Any commissioning will be progressed consistently with the principles applied in activity 2.1 and this cohort will be favourably weighted in addressing submissions through activity 2.1</p>
Performance Indicator	Mapping project completed
Local Performance Indicator target	Mapping project will provide baseline service delivery activity to form the basis of future targets.
Data source	Data will be collected from service providers through the mapping project.

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	3. Services for High Needs populations
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	3.2 Improved access for Culturally and Linguistically Diverse (CALD) communities.
Description of Drug and Alcohol Treatment Activity	<p>WentWest PHN will partner with the preferred provider to:</p> <ul style="list-style-type: none"> • Improve access to treatment for CALD communities • Collaborate with preferred provider on service provision needs within WentWest PHN for the purposes of preferred provider's planning for their training delivery approach. • Utilise skills of existing groups with community reach to engage with communities.
Collaboration	This will involve direct collaboration with preferred provider
Indigenous Specific	No
Duration	Project to begin October 2016 and all elements to be complete by December 2018.
Coverage	Region-wide coverage
Commissioning approach	This activity does not require specific commissioning as no procurement is anticipated. A project agreement will be negotiated with preferred provider.
Performance Indicator	<p>Increased availability of a multi-lingual workforce with drug & alcohol intervention skills.</p> <p>Total number of workers with skills working with the CALD communities available within WSPHN..</p>
Local Performance Indicator target	<p>Baseline numbers of available bilingual/multi-lingual drug & alcohol workers to be sourced from preferred provider. Target will be an increase on the baseline.</p> <p>Assessment of unmet need for multi-lingual workers.</p>
Data source	Preferred provider workforce data.

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	3. Services for High Needs populations

Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	3.3 Transition models to reintegrate into the community those leaving the criminal justice system.	
Description of Drug and Alcohol Treatment Activity	<p>WSPHN has the highest proportion of patients recently released from criminal justice facilities in NSW. These patients are at higher risk of overdose than the general population.</p> <p>WSPHN will develop priority pathways for community release patients entering treatment within WSPHN to General Practice management.</p> <p>WSPHN will implement the preferred AOD model of care for patients transitioning to the community from the criminal justice system, in consultation with NADA and the JH&FMHN.</p>	
Collaboration	This activity will require collaboration with the Community Restorative Centre, other Non-Government service providers, the Justice Health & Forensic Mental Health Network, and other relevant health service providers in primary care and public health.	
Indigenous Specific	No	
Duration	<p>JH&FMHN to be invited to join consultation committee in January 2017.</p> <p>Treatment model to be implemented by April 2017 and to be ongoing once fully implemented.</p>	
Coverage	Region-wide coverage	
Commissioning approach	The transition model implementation will be commissioned as part of the Enhanced Treatment Capacity commissioning and distributed to organisations with relevant experience with the target population and with an understanding of D&A treatment need.	
Performance Indicator	These projects can only be measured by process indicators that demonstrate appropriate implementation. However, in later years they will translate into measures of increased treatment capacity for individuals post release, effectiveness of transfer mechanisms and treatment outcome measures.	
Local Performance Indicator target	Baselines measuring treatment capacity will be available subsequent to the completed implementation. Long term strategy is to increase baseline service capacity.	
Data source	Outcomes of research project	

Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	3. Services for High Needs populations
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	3.4 Improved planning for service responses for youth.
Description of Drug and Alcohol Treatment Activity	<p>Map the appropriate types of drug and alcohol treatment services in western Sydney.</p> <p>Prioritise commissioning of primary and community based youth alcohol services focussed on improving education, awareness and brief intervention support.</p> <p>Explore and if appropriate establish a collaboration with the Alcohol Systems Modelling and Strategic Planning Initiative, a collaborative project between The Australian Prevention Partnership Centre, Sax Institute and the Centre for Population Health, NSW Ministry of Health</p> <p>Establish a youth stakeholder group to guide decision on commissioning process and support initiatives to increase local community level understanding of issues and responses.</p> <p>Develop a regional youth drug & alcohol plan.</p> <p>Establish a regional youth advisory forum and invite a youth representative to the overall regional liaison group.</p>
Collaboration	This activity will require collaboration with representative groups with experience working with young people including key agencies and organisations that currently provide services and response to consumers in western Sydney and other key stakeholder organisations.
Indigenous Specific	No
Duration	Plan to begin in January 2017, and to be completed by June 2018.
Coverage	Region-wide coverage
Commissioning approach	This project will be managed from the operational funding tranche provided to the PHN. Any commissioning relevant to this activity will be undertaken consistent with the criteria and approach identified at activity 2.1
Performance Indicator	<p>Plan completed.</p> <p>Participants identified, invited and attending.</p> <p>In the longer term indicators will be developed within the plan to measure the prevalence of disorders in the local target population.</p>

Local Performance Indicator target	Not applicable at this point.	
Data source	Not applicable at this point	

FINAL

Priority Area 4: Managing Clinical complexity and clinical pathways.

Most people with long term drug or alcohol misuse problems suffer from a range of associated disorders and require a range of psychological and physical health interventions provided by multiple practitioners. An individual must navigate supports from a range of providers with different expertise and with different approaches to engaging in treatment. This can often be daunting particularly for individuals who are suffering from the psychological and physical effects of misuse, and those dealing with the stigma associated with such a disorder.

This section addresses the need to make the transfer of care and movement within the system as simple and professional as possible.

Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	4. Managing Clinical complexity and clinical pathways
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	4.1 Improving the management of mental health and drug & alcohol co-occurring disorders. Develop services for people with complex co-morbid AOD, mental health and chronic physical issues: support region-specific, cross sectoral approaches to support adults with complex needs
Description of Drug and Alcohol Treatment Activity	Commission navigation / co-ordination support for people with complex co-morbid needs and explore and scope the development of a shared assessment and planning framework for people with complex co-morbid needs. Develop an information sharing platform to support better collaboration across mental health, AOD and chronic disease stakeholders. Ensure representation of mental health provider(s) on drug and alcohol consultation committee. Hold a combined consultation forum with MH and D&A providers
Collaboration	This activity will require collaboration with representative community groups, LHD's and general practitioners with a specialist interest in mental health issues.
Indigenous Specific	No
Duration	Consultation committee to begin in October 2016. Activity to be complete June 2018.
Coverage	Region-wide coverage
Commissioning approach	The forum is an activity consistent with the guidelines on use of PHN operational funding.
Performance Indicator	Participant identified, invited and attending. Guidelines completed Forum held In the longer term indicators will be developed within the plan to measure the co-management of disorders in people with D&A

	problems once appropriate data sets can be negotiated with service providers and the forum has agreed joint data provision.
Local Performance Indicator target	Not applicable at this point.
Data source	Not applicable at this point

Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	4. Managing Clinical complexity and clinical pathways
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	4.2 Providing support to address reluctance of some practitioners to get involved in the treatment of D&A problems.
Description of Drug and Alcohol Treatment Activity	Promote access to the Drug and Alcohol Specialist Advisory Service (DASAS). Build liaison capacity between sectors to assist with increasing clinical understanding, referral pathways knowledge and movement of complex clients
Collaboration	This activity will require collaboration with addiction specialists, WSLHD and general practitioners.
Indigenous Specific	No
Duration	DASAS promotion to begin October 2016. Clinical liaison staff to be commissioned January 2017.
Coverage	Region-wide coverage
Commissioning approach	Commissioning of provision of clinical liaison services will be via a call to market using the relevant parameters as expressed in activity 2.1. LHD's may be incorporated as a possible provider for this activity given their highly specialised knowledge.
Performance Indicator	Increased drug & alcohol service provision by community pharmacy and general practice in drug & alcohol disorders as measured by available MBS data and OTP data.
Local Performance Indicator target	An increase from baseline.
Data source	MBS data and OTP data
Planned Expenditure (GST exclusive) to match budget	

Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	4. Managing Clinical complexity and clinical pathways
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	4.3 Targeted approaches to methamphetamine use.
Description of Drug and Alcohol Treatment Activity	Utilise Methamphetamine assessment guidelines to determine the criteria for trial of treatment models, with particular reference to psychiatric consequences of use and blood borne virus risk, that can be utilised across the PHN. Trial methamphetamine specific treatment interventions.
Collaboration	This activity will require collaboration with WSLHD, general practitioners, the Chapter of Addiction Medicine, Non-governmental organisations and research agencies.
Indigenous Specific	No
Duration	Trials to be commissioned by April 2017 for completion by June 2018.
Coverage	Region-wide coverage
Commissioning approach	Trials will be commissioned via a targeted EOI to organisations with expertise in treatment of complex cosequences of long term methamphetamine use.
Performance Indicator	Improved outcomes from treatment of methamphetamine abuse with KPI's to be identified from trial process.
Local Performance Indicator target	Not applicable at this point.
Data source	Not applicable at this point
Planned Expenditure (GST exclusive) to match budget	

Priority Area 5: Population Health and Early Intervention Responses

Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	5. Population Health Interventions
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	5.1 Reducing alcohol related harms

Description of Drug and Alcohol Treatment Activity	Promote existing brief intervention materials for addressing risky drinking behaviour in GP settings using liaison staff identified at activity 4.2.
Collaboration	This activity will require collaboration with appropriate expert agencies.
Indigenous Specific	No
Duration	Project to begin January 2017 and be completed June 2019
Coverage	Region-wide coverage
Commissioning approach	These projects will be actioned via PHN operational funding and liaison staff commissioned at activity 4.3
Performance Indicator	Population alcohol consumption
Local Performance Indicator target	Reduction from baseline
Data source	NSW Health Chief Health Officer Report – will require use of proxy indicators to identify geographic variation.

Priority Area 6: Appropriate Support structures and program infrastructure.

An effective program, operating with best practice principles and reinvesting in its expertise, requires appropriate program support structures to facilitate the delivery of successful treatment outcomes. This section details the delivery of appropriate supports to enhance those program outcomes.

Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	6. Program Support and Infrastructure
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	6.1 Apply best practice principles to the planning and commissioning of services as indicated in the NADA toolkit.
Description of Drug and Alcohol Treatment Activity	<p>The PHN will provide appropriate approaches to its corporate governance to support service providers by (as extracted from NADA toolkit):</p> <p>Building pricing structures into commissioning models that incorporate the all the components of service provision including support costs.</p> <p>Building contract provisions into commissioning models that create greater certainty for services and their clients through</p>

	<p>reasonable contract periods and transparent and predictable processes for contract renewals</p> <p>Seek access to state data on service capacity and resourcing to better map existing service delivery.</p> <p>Seek access to the calculators and pivot tables in the DASP modelling tool from state or Commonwealth health agencies to receive more precise modelling information on staffing and resources.</p>
Collaboration	This activity will require collaboration with central health departments at state and federal level, and with peak bodies for NGO service provision in NSW.
Indigenous Specific	No
Duration	Principles in place July 2016 and ongoing.
Coverage	Region-wide coverage
Commissioning approach	This project will be managed from the operational funding tranche provided to the PHN.
Performance Indicator	Not applicable
Local Performance Indicator target	Not applicable at this point.
Data source	Not applicable at this point

Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	6. Program Support and Infrastructure
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	6.2 Performance Report
Description of Drug and Alcohol Treatment Activity	Subsequent to the research identifying all available data sets, and consequent negotiation with relevant agencies the PHN will develop a regional performance report utilizing KPI's from the relevant sources that provides an effective snapshot of the regions performance.
Collaboration	This activity will require collaboration with NGO's, peak bodies, LHD's, research agencies, state and federal health departments and primary care providers.
Indigenous Specific	No

Duration	Project to begin in July 2018 and be completed by June 2019.	
Coverage	Region-wide coverage	
Commissioning approach	This project will be commissioned following assessment of responses to targeted EOI's to appropriately skilled research agencies.	
Performance Indicator	The completed report will provide a suite of indicators that measure resource availability, efficiency, outcomes, population measures and key clinical governance indicators.	
Local Performance Indicator target	Not applicable at this point.	
Data source	Not applicable at this point	

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

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	1. Governance and Oversight
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	1.1 Indigenous participation in governance
Description of Drug and Alcohol Treatment Activity	<p>Ensure appropriate Aboriginal and Torres Strait Island people participation in oversight committee for D&A, using existing advisory structures such as Community and Clinical Advisory Councils to identify appropriate membership.</p> <p>Ensure ACCHO involvement in clinical governance structures for the D&A program within PHN</p>
Collaboration	<p>This project will require collaboration with all relevant service providers participating in the consultation committee, ACCHO organisations and relevant indigenous peak organisations.</p> <p>The key stakeholders for this priority are community controlled, governmental and non-governmental providers of services to Aboriginal Torres Strait Island people. The roles of these stakeholders are as both co-designers of system and program improvements and service providers.</p> <p>A priority for the PHN is to continue to build and deepen relationships with western Sydney Aboriginal service providers. This includes the development and continuation of service partnerships with Aboriginal specific services and programs in our region.</p>
Indigenous Specific	Yes
Duration	July 2016 and ongoing.
Coverage	Region wide
Commissioning approach	Participation will be via direct invitation subsequent to appropriate consultations within the PHN region.
Performance Indicator	Not applicable
Local Performance Indicator target	Not applicable
Data source	Not applicable

Planned Expenditure (GST exclusive) to match budget		

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	2. Service capacity
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	2.1 Increased service capacity for specialist D&A services designed for indigenous participants
Description of Drug and Alcohol Treatment Activity	<p>Drug & Alcohol rehabilitation services provide attitudinal and behaviour change skills to participants to achieve long term behaviour change with regard to drug or alcohol dependence. Services can be residential, day only or community outreach and are provided by a mixture of professional and peer workers. Residential services generally have extended stays and do not have geographic catchments. As such local modelling of service need is generally focussed on specific high needs populations. Epidemiologically based modelling by the NSW D&A NGO peak body, NADA, indicates that less than 50% of the need for rehabilitation places are funded in NSW. This activity will seek to expand the availability of rehabilitation places available within WentWest PHN, with a focus on innovative and non-residential models, as recommended by NADA.</p> <p>This activity will commission additional capacity from service providers for the purposes of providing Indigenous specific D&A treatment services. Services can be residential, day only or community outreach and are provided by a mixture of professional and peer workers.</p> <p>Indigenous specific rehabilitation programs are limited in availability in NSW. There are no services for Aboriginal and Torres Strait Island women and their children.</p> <p>This project will commission additional services with weighting to be provided to services that can demonstrate innovative and culturally appropriate models of care, and services that demonstrate they can provide effective services for women and families.</p> <p>Funds will be held back in years 1 and 2 to provide escalation for SACS award increases in future years.</p>

Collaboration	This activity will be undertaken in consultation with the relevant peak bodies local indigenous organisations and relevant consumer and carer representatives.
Indigenous Specific	Yes
Duration	Excluding planning and procurement, activity is anticipated to begin October 2016 and, subject to acceptable performance review, continue until June 30, 2019.
Coverage	Non-residential rehabilitation services will be procured with an intention to cover the entire PHN region. Should suitably innovative residential services be proposed that meet procurement criteria they will, by their residential nature, be available to people both inside and outside the PHN region.
Commissioning approach	<p>Commissioning will occur following an assessment of the market, assessed against criteria of:</p> <ul style="list-style-type: none"> • value for money, • likely treatment effectiveness of proposed model based on evidence, • geographical coverage, • able to target identified gaps from the needs analysis • The capacity to provide holistic interventions and manage clinical complexity • corporate governance and capacity to capture and submit relevant performance data and • track record of agency in treating drug & alcohol problems. • Providing cultural appropriate services that meet and address the needs of the Aboriginal and Torres Strait Islander community <p>Weighting will be given to proposals that demonstrate:</p> <ul style="list-style-type: none"> • Innovative models • Stepped care approaches • Coverage of identified geographic gaps. • Streamlined entry and assessment processes • Services for families with children • Identifying and linkage to appropriate services in addressing the participants and their families holistic needs <p>The approach to commissioning of these activities will be based on the Western Sydney Primary Health Network Commissioning Framework (WSPHNCF), a patient centred and clinically based process to enhance service delivery and patient outcomes in western Sydney.</p> <p>The PHN will enter into a legally binding contract with all providers, where it is a commissioner of services. This will include clear metrics around payments and reporting</p>

	<p>requirements as well as clear, measurable project goals. Providers will provide regular reports on how they are progressing towards achieving the agreed goals. The reports will include outcome as well as output measures to inform evaluation and quarterly payment of disbursement.</p> <p>In preparation for this, an online contracts and reporting portal has been developed, which is a vital component of the PHN's commissioning role and essential for ensuring commissioned services result in better health outcomes, while being cost effective and transparent.</p>
Performance Indicator	<p>Increased service capacity for services for Aboriginal and Torres Strait Island within WSPHN.</p> <p>WSPHN has developed the quadruple aim within our strategic plan to provide the framing for our outcomes and the architecture for our performance indicators. The quadruple aim covers: improved population health outcomes, improved user experience of care and support, efficient use of resources, and development of a sustainable and viable provider workforce. The following performance indicators will be used:</p> <ul style="list-style-type: none"> • Access • Clinical Outcomes • Consumer experience • Workforce experience <p>These indicators, how they will be measured, monitored and used to improve system performance, will be developed in partnership with our stakeholders and local providers.</p>
Local Performance Indicator target	Increase from baseline
Data source	<p>NADABase and potentially:</p> <ul style="list-style-type: none"> • AHMRC data • Australian Aboriginal and Torres Straits Islander health Survey (AATSIHS) • Local WSPHN data records by Closing the GAP team • PATCAT extract • MMEx • PHN Secure website • AIHWPHIDU

Proposed Activities	
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	3. Services for high needs populations
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	3.1 Undertake a targeted service development initiative in collaboration with peak bodies.
Description of Drug and Alcohol Treatment Activity	<p>Working with the AHMRC, NADA and/or other peak bodies, develop, disseminate and measure compliance with relevant guidelines for generalist D&A services to assist in making them more culturally appropriate for indigenous people.</p> <p>Commission liaison staff, employed by culturally respected organisations to assist in managing complex transitions of care between service providers involving indigenous patients.</p> <p>Develop a community based services support model to promote key cultural and wellbeing issues while assisting with navigation, service design and commissioning of Aboriginal and Torres Strait Islanders services, including exploring shared care partnership models and shared care pathways that could be co-commissioned.</p>
Collaboration	<p>This project will require consultation and appropriate collaboration with the AHMRC, ACCHO organisations, relevant D&A NGO peaks and NGO service providers.</p> <p>The key stakeholders for this priority are the western Sydney Aboriginal service providers. The roles of these stakeholders are as both co-designers of system and program improvements and service providers.</p> <p>A priority for the PHN is to continue to build and deepen relationships with Aboriginal service providers in our region.</p>
Indigenous Specific	Yes
Duration	January 2017 and completed by September 2017.
Coverage	Region wide
Commissioning approach	Participation will be via EOI to organisations with relevant skills and expertise and subsequent assessment of applications. subsequent to appropriate consultations within the PHN region.
Performance Indicator	Not applicable
Local Performance Indicator target	Not applicable

Data source	Not applicable	
Planned Expenditure (GST exclusive) to match budget		

Proposed Activities		
Drug and Alcohol Treatment Priority Area / Reference (e.g. Priority Reference 1, 2, 3)	4. Program support structures	
Activity Title / Reference (e.g. Activity 1.1, 2.1, etc.)	4.1 Flexible fund to improve data collections from agencies providing D&A services to indigenous people.	
Description of Drug and Alcohol Treatment Activity	A small pool of funding that can be applied to data collection improvements from indigenous agencies to improve policy, planning and reporting for this group.	
Collaboration	This project will require consultation and possible collaboration with the AHMRC, ACCHO organisations and relevant D&A NGO peaks and NGO service providers.	
Indigenous Specific	Yes	
Duration	July 2016 and ongoing	
Coverage	Region wide	
Commissioning approach	A targeted EOI for small funding grants to assist indigenous D&A service providers to improve their data and reporting capacities. Organisations receiving treatment grants funding and organisations that will contribute to the PHN performance report will be prioritised. A willingness to submit data to assist PHN performance reporting will be a mandatory criteria.	
Performance Indicator	Not applicable	
Local Performance Indicator target	Not applicable	
Data source	Not applicable	
Planned Expenditure (GST exclusive) to match budget		

3. (a) Proposed Budget (2016-17 to 2018-19): Drug and Alcohol Treatment Services – Operational and Flexible Funding

Please attach the PHN’s proposed budget for this item in an excel file, ensuring that the information requested below is represented. PHNs must provide an indicative three year budget from 2016-17 to 2018-19, noting there will be opportunities to revise the budget in early 2017 and early 2018 as part of the annual update and review process for the Drug and Alcohol Treatment Activity Work Plan.

This budget should reflect funding as provided under the Schedule: Drug and Alcohol Treatment Activities, Annexure D – Budget (Drug and Alcohol Treatment Services – Operational and Flexible Funding Activity)

OPERATIONAL FUNDING

Activity	2016-2017	2017-2018	2018-2019
Income			
Grants:			
Drug and Alcohol Treatment Services – Operational and Flexible Funding Activity	\$113,889	\$113,889	\$113,889
Other Income (e.g. income earned from services funded under this Schedule).	\$0	\$0	\$0
Interest accumulated	\$0	\$0	\$0
Total Income*	\$113,889	\$113,889	\$113,889
Planned Expenditure			

FLEXIBLE FUNDING

Activity	2016-2017	2017-2018	2018-2019
Income			
Grants: Drug and Alcohol Treatment Services – Operational and Flexible Funding Activity	\$1,236,652	\$1,236,652	\$1,236,652
Other Income (e.g. income earned from services funded under this Schedule).	\$0	\$0	\$0
Interest accumulated	\$0	\$0	\$0
Total Income*	\$1,236,652	\$1,236,652	\$1,236,652
Planned Activity Expenditure			

3. (b) Proposed Budget (2016-17 to 2018-19): Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding

Please attach the PHN's proposed budget for this item in an excel file, ensuring that the information requested below is represented. PHNs must provide an indicative three year budget from 2016-17 to 2018-19, noting there will be opportunities to revise the budget in early 2017 and early 2018 as part of the annual update and review process for the Drug and Alcohol Treatment Activity Work Plan.

This budget should reflect funding as provided under the Schedule: Drug and Alcohol Treatment Activities, Annexure D – Budget (Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding Activity)

FLEXIBLE FUNDING

Activity	2016-2017	2017-2018	2018-2019
Income			
Grants: Drug and Alcohol Treatment Services – Operational and Flexible Funding Activity	\$380,707	\$380,707	\$380,707

Other Income (e.g. income earned from services funded under this Schedule).	\$0	\$0	\$0
Interest accumulated	\$0	\$0	\$0
Total Income*	\$380,707	\$380,707	\$380,707

*Note: Total Income less Total Expenditure should equal zero

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