



# Updated Activity Work Plan 2016-2019: Drug and Alcohol Treatment

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

1. The updated strategic vision of each PHN, specific to drug and alcohol treatment.
2. The updated Drug and Alcohol Treatment Services Annual Plan 2016-17 to 2018-2019 which will provide:
  - a) An updated 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) An updated 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.
  - c) A description of planned activities which are no longer planned for implementation under the Schedule – Drug and Alcohol Treatment Activities.
2. The updated Operational and Flexible Funding Budgets 2016-17 to 2018-19 (attach an excel spreadsheet using template provided):
  - 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

## ***Hunter New England Central Coast***

**When submitting this Activity Work Plan 2016-17 to 2018-19 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the document has been endorsed by the CEO.**

**The Activity Work Plan must be lodged to [Kate McGregor](mailto:KateMcGregor@health.gov.au) via email [KateMcGregor@health.gov.au](mailto:KateMcGregor@health.gov.au) on or before 17 February 2017.**

## Overview

This Drug and Alcohol Treatment Activity Work Plan covers the period from 1 July 2016 to 30 June 2019 and is an update to the Activity Work Plan submitted to the Department in May 2016. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 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.

## Important documents to guide planning

The following documents will 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.

## Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services

The *Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services* document (available on the PHN Secure Data Portal) has been developed to assist PHNs in understanding the Department's expectations in relation to activities that are in scope for funding, and will assist in translating drug and alcohol treatment evidence into a practical approach.

The high-level activities in scope under Flexible Funding allocations include:

- Early intervention (including Brief Intervention)
- Counselling
- Withdrawal Management (with pathways to post-acute withdrawal support)
- Residential Rehabilitation (with pathways to post-acute withdrawal support)
- Day Stay Rehabilitation (and other intensive non-residential programs)
- Post treatment support and relapse prevention
- Case management, care planning, and coordination
- Supporting the workforce through activities which promote joint up assessment and referral pathways, quality improvement, evidence based treatment, and service integration.

Activities relating to planning and consultation are to be funded under the Operational Funding allocation.

## Key principles underpinning activity requirements

Drug and Alcohol Treatment Activity Work Plans are also expected to satisfy the following key principles underpinning drug and alcohol activity requirements:

- i. Proposed activities are evidence-based and in-scope of funding as detailed in *Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services*.

- ii. Proposed activities are clearly aligned with priorities identified in the corresponding Needs Assessment.
- iii. The majority of total Flexible Funding available is allocated to the delivery of specialist drug and alcohol service delivery (i.e. direct treatment activities) as opposed to non-treatment activities (e.g. workforce development, also in scope of this funding).
- iv. Detailed budgets are provided outlining funding for three years (2016-17 to 2018-19) with a clearly identified allocation for each activity (including sub-activity) type.
- v. Proposed activities for Indigenous-specific and mainstream services are clearly delineated, including evidence of consultation and engagement from local key Indigenous stakeholders.
- vi. Governance arrangements are clearly articulated, and include representation from key regional stakeholders such as Local Health Networks (or equivalent), State Government and specialist drug and alcohol service providers.

This funding is intended to complement existing Commonwealth and state and territory funded drug and alcohol treatment activities. Therefore, it is expected that existing state and territory funding, strategies, and frameworks are considered in the development of your Annual Plan to ensure services are complementary and do not duplicate existing efforts.

#### **Formatting requirements**

- Ensure all updates are made in tracked changes to facilitate timely approval.
- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Ensure all updates are made to the previous version of your Activity Work Plan and submitted for approval. The Department will not accept updates made to a version of the Activity Work Plan (or other document) intended to supplement the original.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

## 1. Strategic Vision for Drug and Alcohol Treatment Funding

Drug and alcohol treatment services across the Hunter, New England and Central Coast regions are visible, accessible, integrated and appropriately resourced to handle the service demands of the community.

Key elements of this strategic vision are:

**Visibility** – services are known to other health professionals, other service providers (eg social services, community services, law enforcement etc) and the community.

**Accessibility** – services are easily accessible to those who need them and are provided in regions where individuals require treatment. Waiting times for access to services do not negatively impact patient outcomes nor deter individuals from seeking treatment.

**Integration** – different providers understand and work closely with each other to ensure collaborative relationships are developed and nurtured. Region-wide planning occurs at an appropriate level, utilising a patient-centred approach, to ensure:

- decisions that may impact parts of the system are fully understood by all stakeholders
- evidence-based, efficient and effective treatment services are supported
- referral pathways and service integration occurs seamlessly between providers.

**Resourcing** – services that provide treatment for population groups within the community that are most vulnerable receive the greatest support.

All HNECC PHN Activity Work Plans and health planning across the organisation are developed and initiated through a Quadruple Aim lens. The objectives of Quadruple Aim are presented within activity tables.

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

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2016-17 to 2018-19. These activities will be funded under the Schedule: Drug and Alcohol Treatment Activities, Item B.3 Drug and Alcohol Treatment Services – Operational and Flexible Funding.

- Refer to PHN Grant Programme Guidelines: Annexure A2 – Drug and Alcohol Treatment Services and Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services for the list of in-scope activities.
- It is emphasised that PHNs are to consider strategies to support the workforce in delivering the proposed activities through promoting joined up assessment processes and referral pathways, and supporting continuous quality improvement, evidence based treatment and service integration.

**Note:** *Please copy and complete the table as many times as necessary to report on each activity.*

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	<p><b>1.1 Address the increased demand for access to specialist drug and alcohol treatment</b></p> <p><b>1.2 Support the workforce in providing evidenced-based integrated drug and alcohol treatment</b></p> <p><b>1.3 Establish Regional Drug and Alcohol Practice Networks within each of the sub-regions of the Hunter, New England and Central Coast Catchments</b></p>
Existing, Modified, or New Activity	<p>1.1 Existing</p> <p>1.2 Existing</p> <p>1.3 Existing</p>
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	<p>1.1 <b>Priority Area 1:</b> Increase the service delivery capacity of the drug and alcohol treatment sector and contribute to a greater regional continuum of care.</p> <p>1.2 <b>Priority Area 1:</b> Increase the service delivery capacity of the drug and alcohol treatment sector and contribute to a greater regional continuum of care</p> <p>1.3 <b>Priority Area 2:</b> Address the need for improved regional care coordination and service integration amongst drug and alcohol treatment and support providers within the Hunter, New England and Central Coast Catchments</p>

<p>Description of Drug and Alcohol Treatment Activity</p>	<p>1.1 The HNECC PHN Drug and Alcohol Health and Service Needs Assessment identified a current undersupply of treatment places and service-types, particularly specialist services for identified vulnerable populations within the Hunter, New England and Central Coast catchment. Various estimates put the percentage of demand being met at between 30% &amp; 50%. Of particular concern, waitlists for a residential rehabilitation bed ranges between 3 to 6 months and the transitioning of clients between treatment-settings (specifically pre &amp; post residential services) further heightened the risk of relapse as a result of regional 'gaps' in service provision for continued care.</p> <p>HNECC PHN commissioned a number of providers of Drug and Alcohol treatment services in the HNECC catchment. The aim of this was to increase treatment and support placements within existing providers to better meet demand, especially for identified vulnerable populations and contribute to a greater continuum of care for clients through the commissioning of new drug and alcohol service-types, to address regional gaps in service provision.</p> <p>The PHN will continue to manage these contracts and conduct a review of the effectiveness of these services in meeting identified need prior to contracts expiring in June 2018. The PHN will then make decisions regarding the extension of current contracts or further commissioning upon completion of review.</p> <p>1.2 The aim of this activity is to support the primary health care and specialist workforces in providing drug and alcohol treatment services in the HNECC PHN catchment, especially those providers who are establishing new services and have not previously offered the commissioned service-type. This activity seeks to support region-specific and integrated approaches to drug and alcohol treatment services at a local level.</p> <p>The objectives of this activity include, but are not limited to capacity building initiatives that seek to;</p> <ul style="list-style-type: none"> <li>• Implement routine drug and alcohol screening and/or specialist treatment in primary care settings</li> <li>• Provide clinical mentoring for General Practice (including Practice Nurses) and Primary Care Clinicians in the delivery of drug and alcohol screening and brief intervention</li> <li>• Increase the quantity of and support for General Practitioners / Nurse Practitioners accredited to prescribe methadone, buprenorphine, and buprenorphine-naloxone</li> <li>• Increase staffing qualifications and engagement in professional development to ensure for a competent primary care workforce in the delivery of drug and alcohol interventions</li> </ul>
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- Develop locally-relevant service integration and coordination solutions between primary care and specialist drug and alcohol treatment services to improve patient navigation and experience within the service system
- Facilitate co-design forums/ consultation/ expertise, consortia development, clinical redesign training for service or program development and/or evaluation
- Increase staffing qualifications and engagement in professional development to ensure service provision is responsive to the changing needs of the community;
- Increase and enhance culturally appropriate drug and alcohol treatment for Indigenous Australians that are integrated with broader Indigenous health and mainstream primary care services;
- Encourage formalised partnerships to promote stepped care models within primary care and specialist drug and alcohol services, tailored to regional need
- Develop progressive local models of evidenced-based care for the delivery of drug and alcohol intervention in primary care

1.3 The HNECC PHN Drug and Alcohol Health and Service Needs Assessment identified that networks between service providers are varied and are often dependent on informal communication, restricting the coordination and continuum of care for clients within the treatment system.

The HNECC PHN will seek to establish Regional Drug and Alcohol Treatment Networks , or provide support where existing through formalised partnerships, within each of the Hunter New England and Central Coast Catchments, to improve the coordination and integration of drug and alcohol treatment practices and other relative service systems across Primary Health Care, State Health Services, Aboriginal Community Controlled Health Services and Non-Government Services (including cross sectoral where required).

The Networks will seek to establish region-specific linkages with drug and alcohol treatment providers across all treatment-settings (as listed above), mental health treatment providers as well as broader health and allied community services where required, to contribute to a greater regional coordination and continuum of care for clients who experience substance misuse and/or co-occurring mental health disorders.

HNECC PHN will release an Expression of Interest for the commissioning of a suitable provider in the establishment and facilitation of the Networks.

The objectives of the Regional Networks may include;

- Promote and support the implementation of routine drug and alcohol screening and intervention in primary care settings
- Provide professional development for General Practice (including Practice Nurses) and Primary Care Clinicians in the delivery of drug and alcohol Screening, Brief Intervention, Referral to Treatment (SBIRT)
- Provide mentoring for General Practitioners / Nurse Practitioners accredited to prescribe methadone, buprenorphine, and buprenorphine-naloxone
- Increase staffing qualifications and engagement in professional development to ensure for a competent primary care workforce in the delivery of drug and alcohol interventions
- Develop locally-relevant service integration and coordination solutions between primary care and specialist drug and alcohol treatment services to improve patient navigation and experience within the service system (e.g. specialist drug and alcohol treatment providers 'outposted' to primary care clinics and vice versa)
- Increase and enhance culturally appropriate drug and alcohol treatment for Indigenous Australians within community-controlled health organisations that are integrated with broader Indigenous health and mainstream primary care services;
- Encourage formalised partnerships to promote stepped care models within primary care and specialist drug and alcohol services tailored to regional need;
- Develop and support local integrated treatment and referral pathways to support clients with co-occurring mental/ physical illness and harmful substance use
- Develop progressive / culturally appropriate local models of evidenced-based care for the delivery of drug and alcohol intervention in primary care
- Develop and deliver community education and awareness campaigns in collaboration with Community Drug Action Teams (CDATS)

The determination of the local objectives of each Regional Network will be determined by the membership to best address regional need.

Target population cohort	<p>1.1 People across the lifespan requiring clinical drug and alcohol interventions.</p> <p>1.2 Drug and Alcohol service providers within the primary sector.</p> <p>1.3 Drug and Alcohol service providers within the primary sector.</p>
Consultation	<p>1.1 Consultation will be conducted with key stakeholders via the MH/D&amp;A expert reference group as well as through provider networks and peak bodies. Consumer consultation will be conducted utilising PHN online consumer engagement platform (PeopleBank). In the event of future commissioning of services, consultation will be conducted through the use of a co-production panel which will comprise of key stakeholders, consumers and community members.</p> <p>1.2 Consultation will be conducted with key stakeholders via the MH/D&amp;A expert reference group as well as through provider networks and peak bodies. Consumer consultation will be conducted utilising PHN online consumer engagement platform (PeopleBank).</p> <p>1.3 Consultation will be conducted with key stakeholders via the MH/D&amp;A expert reference group as well as through provider networks and peak bodies. Consumer consultation will be conducted utilising PHN online consumer engagement platform (PeopleBank).</p>
Collaboration	<p>1.1 The PHN will work in collaboration with Government and non-government providers of drug and alcohol services to ensure new services are integrated into existing referral pathways and with GPs to ensure consumers have access to increased resources as part of overall treatment plans in primary health.</p> <p>1.2 This activity will not be a joint implementation, however collaboration will be sought with NSW health services, Local Health Districts, Indigenous-health providers and the Non-government AOD peak body in determining opportunities for collaborative capacity building opportunities and to consider currently-funded activities (i.e. Substance Misuse Service Delivery Grant Fund (SMSDGF))</p> <p>1.3 HNECC PHN will collaborate with the Network of Alcohol and Drug Agencies (NADA) in the establishment of Regional Networks. The Networks will seek to ensure collaboration between the HNECC PHN and local representatives from Local Health Districts, State Health Services, Non-government Organisations, respective peak bodies and General Practice and Primary Health Care Providers including the Aboriginal Community Controlled Health Sector.</p>

Indigenous Specific	<p>1.1 No</p> <p>1.2 No, however capacity building initiatives that seek to increase and enhance the delivery of culturally appropriate drug and alcohol treatment for Indigenous peoples will be prioritised under this activity-funding.</p> <p>1.3 No, however the Aboriginal Community Controlled Health Sector will be integral in the establishment and maintenance of the Regional Networks.</p>
Duration	<p>1.1 1/01/2017 – 30/06/2019</p> <p>1.2 1/01/2017 – 30/06/2018</p> <p>1.3 Upon approval of this activity – 30/06/2017</p>
Coverage	<p>1.1 This activity will cover the entire HNECC PHN catchment, comprising of 15 SA3's. Certain Local Government Area (LGAs) were targeted through the Request for Tender as areas of greatest need.  Note that a number of the AOD services within the HNECC PHN provide treatment for clients from across the state and in some cases from throughout Australia. This includes the largest residential rehabilitation facility in Australasia.</p> <p>1.2 This activity will cover the entire HNECC PHN catchment, comprising of 15 SA3's, however certain Local Government Area (LGAs) and regions will be targeted in the first instance where new drug and alcohol services have been commissioned to ensure for integration with existing service provision.</p> <p>1.3 This activity will cover the sub-regions of the Hunter, New England and Central Coast Catchments.</p>
Commissioning method	<p>1.1 The allocation of funding for commissioned service-types was granted upon the identified need(s) as determined in Request for Tender (RFT) submissions. It was a requirement of prospective providers to provide sufficient evidence to support the identified need i.e. including but not limited to; current wait list demands, gaps in local service delivery that affect client-management, the absence of service-types in regions etc.  This activity was undertaken through a commissioning process, the key stages of which are: open Expression of Interest for providers to deliver services in 2016-17 (with a possible 12-month extension); select request for tender issued; evaluation of submissions; and contract negotiation and execution with successful tenderers.</p>

	<p>1.2 A proportion of this activity-funding will be quarantined for successful PHN-funded providers to undertake workforce development and continuous quality improvement within their service.</p> <p>Additionally, HNECC PHN will release an Expression of Interest for local primary care capacity building initiatives, to which seek to address one or more of the objectives of this activity. The grants will invite applications for one-off seed funding.</p> <p>1.3 The grants will invite applications for one-off seed funding.</p>
Approach to market	<p>1.1 Direct engagement for recontracting of services except in cases where providers have failed to meet contract obligations or chose to withdraw from the sector, then services will be placed on open tender.</p> <p>1.2 EOI</p> <p>1.3 EOI</p>
Decommissioning (if applicable)	Nil

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

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2016-17 to 2018-19. These activities will be 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.

- Refer to PHN Grant Programme Guidelines: Annexure A2 – Drug and Alcohol Treatment Services and Guidance for PHNs: Commissioning of Drug and Alcohol Treatment Services for the list of in-scope activities.
- It is emphasised that PHNs are to consider strategies to support the workforce in delivering the proposed activities through promoting joined up assessment processes and referral pathways, and supporting continuous quality improvement, evidence based treatment and service integration.

**Note:** *Please copy and complete the table as many times as necessary to report on each activity.*

Proposed Activities	
Activity Title (e.g. Activity 1, 2, 3 etc.)	<p><b>2.1 Increasing the service delivery capacity of the Aboriginal Community-Controlled Health Sector and mainstream drug and alcohol treatment providers in providing culturally-appropriate, holistic treatment and support for Aboriginal and Torres Strait Islander Peoples presenting with substance use disorders</b></p> <p><b>2.2 Aboriginal Community Controlled Drug and Alcohol Treatment Enhancement Program</b></p>
Existing, Modified, or New Activity	<p>2.1 Existing</p> <p>2.2 Existing</p>
Needs Assessment Priority Area (e.g. Priority 1, 2, 3, etc.)	<p>2.1 <b>Priority Area 3:</b> Address the increased demand for access to specialist drug and alcohol treatment services for Aboriginal and Torres Strait Islander Peoples</p> <p>2.2 <b>Priority Area 3:</b> Address the increased demand for access to specialist drug and alcohol treatment services for Aboriginal and Torres Strait Islander Peoples</p>
Description of Drug and Alcohol Treatment Activity	<p>2.1 HNECC PHN has commissioned Aboriginal Community Controlled Health Sector and mainstream drug and alcohol treatment providers for the provision of drug and alcohol treatment and support services in the HNECC catchment. The aim of this commissioning was to increase the capacity of Aboriginal Community controlled Health Services and mainstream drug and alcohol treatment providers in providing holistic, comprehensive and culturally appropriate drug and alcohol</p>

treatment and support services for Aboriginal and Torres Strait Islander Peoples, particularly those services that target the following priority cohorts;

- Indigenous peoples with co-occurring substance use and mental health disorders
- Pregnant Indigenous women and/or those with young children
- Indigenous Youth (16 – 24 years)
- Indigenous peoples exiting the criminal justice system

Current contracts will be managed until their finish date in June 2018. Prior to expiry of contracts services will be reviewed and decisions will then be made regarding recontracting or recommissioning of services.

2.2 The aim of this activity is to support the Indigenous primary health care and specialist drug and alcohol workforces to provide culturally appropriate, evidenced based drug and alcohol treatment services in the HNECC PHN catchment for Indigenous peoples. This Program will address the current, extensive demands on *existing* Aboriginal Community Controlled drug and alcohol treatment programs throughout the HNECC region, through the release of a Selective Request for Proposal (SRP) for local capacity building initiatives and resourcing for service enhancement.

The objectives of this activity include, but are not limited to capacity building initiatives that seek to;

- Improve the physical access to drug and alcohol services for Aboriginal People and their families
- Enable access to care through a variety of delivery methods (e-health, telephone, internet-based and/or combinations of modalities);
- Increase drug and alcohol staffing qualifications and engagement in professional development to ensure service delivery is responsive to the changing needs of the community;
- Enable the wider Aboriginal primary care workforce to undertake drug and alcohol qualification or training, in order to deliver interventions for low-moderate need
- Deliver culturally-appropriate interventions such as yarning circles, cultural healing activities etc. with a focus on harmful substance use, external to that already provided in drug and alcohol treatment program
- Provide enhanced support for the children and families of Aboriginal people who misuse substances

	<ul style="list-style-type: none"> <li>• Develop locally-relevant service integration and coordination solutions between primary care and specialist drug and alcohol treatment services to improve patient outcomes and experience within the service system</li> <li>• Engage consultants or other expertise for clinical redesign, program or service quality improvement/evaluation, competitive tender writing, consortia development or as otherwise identified by the Provider</li> <li>• Develop culturally appropriate, local models of evidenced-based care for the delivery of drug and alcohol treatment for Aboriginal people, in collaboration with existing Local Health District or Primary Care Providers</li> <li>• Undertake community development activities that seek to develop localised solutions to drug and alcohol misuse</li> <li>• Deliver culturally-appropriate community education events related to the harms of substance misuse</li> </ul>
Target population cohort	<p>2.1 Aboriginal consumers requiring drug and alcohol services.</p> <p>2.2 Providers of culturally appropriate primary drug and alcohol services for Aboriginal people.</p>
Consultation	<p>2.1 Consultation will be conducted with key stakeholders via the MH/D&amp;A expert reference group as well as through provider networks. Consumer consultation will be conducted utilising PHN online consumer engagement platform (PeopleBank). In the event of commissioning services, consultation will be conducted through the use of a co-production panel which will comprise of key stakeholders, consumers and community members.</p> <p>2.2 Consultation will be conducted with key stakeholders via the MH/D&amp;A expert reference group as well as through provider networks. Consumer consultation will be conducted utilising PHN online consumer engagement platform (PeopleBank).</p>
Collaboration	<p>2.1 This activity will not be a joint implementation, however consultation has been undertaken with NSW health services, Local Health Districts, Aboriginal Community Controlled Health Organisations and Non-government specialist AOD treatment providers to whom provide services to Aboriginal</p>

		and Torres Strait Islander Peoples, to consider currently funded services to avoid duplication and support greater regional coordination of service provision within the HNECC catchment.
	2.2	This activity will not be a joint implementation, however collaboration will be sought with NSW health services, Local Health Districts, Indigenous-health providers and the Non-government AOD peak body in determining opportunities for collaborative capacity building opportunities and to consider currently-funded capacity building initiatives (i.e. Substance Misuse Service Delivery Grant Fund (SMSDGF))
Indigenous Specific	2.1	Yes
	2.2	Yes
Duration	2.1	1/07/2016 – 30/06/2019
	2.2	Upon approval of this activity – 30/06/2018
Coverage	2.1	This activity will cover the entire HNECC PHN catchment, comprising of 15 SA3's, however certain Local Government Area (LGAs) and regions will be targeted for commissioning as areas of greatest need as evidenced.  Note that a number of the Aboriginal Community Controlled AOD services within the HNECC PHN region provide treatment for clients from other PHN regions both within NSW and interstate.
	2.2	This activity will cover the entire HNECC PHN catchment, comprising of 15 SA3's, however certain Local Government Area (LGAs) and regions will be targeted in the first instance where new drug and alcohol services have been commissioned to ensure for integration with existing service provision.
Commissioning method	2.1	This activity will be included in the commissioning process, the key stages of which are: open Expression of Interest for providers to deliver services in 2016-17 (with a possible 12-month extension); select request for tender issued; evaluation of submissions; and contract negotiation and execution with successful tenderers.
	2.2	A proportion of this activity-funding will be quarantined for inclusion in the Request for Tender (RFT) commissioning process for the provision of PHN funded services, the key stages of which are: open Expression of Interest for providers; select request for tender issued; evaluation of submissions; and contract negotiation and execution with successful tenderers.

	<p>Additionally, HNECC PHN will release an Expression of Interest for local capacity building initiatives within Community Controlled Organisations, which seek to address one or more of the objectives of this activity.</p> <p>This activity will be monitored through a comprehensive annual planning and quarterly reporting cycle. The provider will also provide an evaluation report at the completion of the Program, which will include qualitative and quantitative data, clinician and consumer feedback and indicators of the benefit of the service. This data will inform HNECC PHN's ongoing Needs Assessment and Commissioning cycle.</p>
Approach to market	<p>2.1 Direct Approach in regards to recontracting appropriate services, open market approach in cases of provider withdrawal or failure to meet requirements of contract.</p> <p>2.2 EOI</p>
Decommissioning (if applicable)	Nil

## 2. (c) Activities which will no longer be delivered under the Schedule – Drug and Alcohol Treatment Activities

Please use the table below to outline any activities included in the May 2016 version of your Drug and Alcohol Treatment Activity Work Plan which are not continuing from 2017-18.

Planned activities which will no longer be delivered	
Activity Title / Reference	Nil
Description of Activity	N/A
Reason for removing activity	N/A
Funding impact	N/A