

# Our Drug and Alcohol Activity Plan 2016-19

## Strategic Vision



Country SA PHN's Strategic Vision for Drug and Alcohol treatment will align to Draft National Drug Strategy (NDS) 2016-2025, which aims to:

*"Contribute to ensuring safe, healthy and resilient Australian communities through minimising alcohol, tobacco, and other drug-related health, social and economic harms among individuals, families and communities."*



### Overview

Updated in February 2018, the Drug and Alcohol Treatment Activity Work Plan covers the period from 1 July 2016 to 30 June 2019.

### Our strategic vision is also heavily informed by the key directions of:

- The National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014-19;
- The recommendations of the National Ice Action Strategy 2015 – particularly in ensuring that early intervention and treatment services are better tailored and responsive to meet the needs of the populations they serve; and
- In line with key aspects of recently announced reforms relating to increasing the service delivery capacity of the drug and alcohol treatment sector via needs based commissioning to rural and remote South Australians.

Country SA PHN (CSAPHN) acknowledges the three pillars of the NDS that underpin a harm minimisation approach (demand reduction, harm reduction and supply reduction) and will aim to commission drug and alcohol activity with the intent to:

- Reduce the adverse health, social and economic consequences of the use of drugs and alcohol through effective in-scope treatment services;
- Support people to recover from dependence and reintegrate with the community; and
- Prevent the uptake and/or delay the onset of the use of drugs and alcohol.

To achieve our vision and goals CSAPHN is committed to the establishment and strengthening of governance arrangements and strategic collaboration with regional stakeholders, including

Local Health Networks, State Government and specialist drug and alcohol service providers.

## Drug and Alcohol Treatment Services

Key objectives:

- Facilitate and support evidence-based treatment for clients using a range of substances, as well as flexible and stepped care models tailored to individual need and stage of change.
- Promote linkages with broader health and support services, including mental health services, to better support integrated/ coordinated treatment and referral pathways to support clients with comorbid mental health disorders.
- To promote quality improvement approaches and support primary health professionals and specialists through education and training.
- Increasing the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by commissioning additional drug and alcohol treatment services targeting areas of need, with a focus on methamphetamine use in the community where appropriate.
- 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.
- Address the increased demand for access to drug and alcohol treatment – which may be attributable to increasing methamphetamine use – through needs based and targeted planning in response to the changing needs of the community.



### Increased specialist training and improved cross sector referral and integration processes

Aim to reduce the harm associated with untreated co-occurring mental health and drug and alcohol conditions through:

#### Promotion of Stepped Care principles within commissioned drug and alcohol treatment activities.

- This activity will address the priority area via ingraining stepped care principles and cross sectoral indicators within contracted providers' service agreements to promote system reform and compliance. This will act as a baseline measure to gauge current mental health referral pathways in and out of PHN contracted drug and alcohol treatment services while also ensuring an appropriate level of care for consumers across the stepped care spectrum.

#### Support primary health professionals and specialists through education and training.

- This activity will address the priority area via offering a range of small professional development grants across the drug and alcohol sector promoting mental health comorbid upskilling as well as subsidised certified drug and alcohol training and education. Targeted generalised upskilling of the primary health sector will also be explored via third party delivered training workshops and forums.

### Continuation of currently commissioned drug and alcohol treatment services

Service delivery capacity will be increased for drug and alcohol counselling services. This activity will continue current services under existing contracts for an additional 12 months and includes:

- Increasing the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by commissioning additional drug and alcohol treatment services targeting areas of need, with a focus on methamphetamine use in the community where appropriate.
- 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.

### Drug and alcohol attributable hospital separations

Aimed at investigating discharge planning processes across the acute sector and researching best practice models to inform project design, enabling improvement in the continuity of care.

Analysis of all rural and remote hospital admissions and separations and readmissions that identify alcohol and problematic drugs as the main attributable factor will be conducted to:

- Establish baseline hospital admission/separation rates for the whole CSAPHN region as well by regional areas.

- Identify, analyse and investigate any significant variations by region of age, sex, Indigenous or non-Indigenous populations.
- Based on data analysis, develop a project plan to review and improve discharge planning processes targeting key area of high rates in the first instance.
- Ensure all funded treatment services complement regional discharge models via links into step down systems and further stepped care based referral pathways.

## Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people

Key objectives:

- To ensure targeted and culturally appropriate drug and alcohol treatment services for Aboriginal and Torres Strait Islander people which link to broader Indigenous health services;
- Facilitate and support evidence-based treatment for clients using methamphetamine, alcohol and other drugs, as well as flexible and stepped care models tailored to individual need and stage of change; and
- Promote linkages with broader culturally appropriate health and support services, including mental health services, to better support integrated/coordinated treatment and referral pathways to support Aboriginal and Torres Strait Islander people with comorbid mental health disorders.

### Continuation of currently commissioned drug and alcohol treatment services for Aboriginal and Torres Strait Islander people

In response to key Commonwealth primary health reforms, the CSAPHN invited primary health, mental health and drug and alcohol service providers, consumers and other interested parties to actively contribute towards a co-design of a new and more effective primary mental health and drug and alcohol treatment service system within a stepped care approach.

The aim is to increase service delivery capacity for drug and alcohol counselling services for Aboriginal and Torres Strait Islander people:

- This activity will continue current services under existing contracts for an additional 12 months:
- Increasing service delivery capacity of the drug and alcohol treatment sector based on identified needs of clients.



## **Building stronger culturally appropriate Aboriginal and Torres Strait Islander drug and alcohol services**

Develop and improve the cultural competence of service providers to ensure all services meet the needs and preferences of Aboriginal and Torres Strait Islander people.

### **Identification of Aboriginal and Torres Strait Islander people accessing mainstream PHN funded Drug and Alcohol Treatment Services.**

- Create reporting data mechanisms to capture identification of Aboriginal and Torres Strait Islander people accessing mainstream PHN funded Drug and Alcohol Treatment Services.

### **Facilitate and champion improvement across the spectrum of cultural competency.**

- Organisational cultural competency – work closely with CSAPHN Aboriginal Health team to create synergy across general health, mental health and drug and alcohol Aboriginal and Torres Strait Islander funded activity streams through joint planning and mutual input.
- Engagement of preferred providers and local community in co-design process for creation and delivery of culturally appropriate Drug and Alcohol Treatment Services.
- Systemic cultural competency – CSAPHN will seek to address systemic and institutional barriers to Aboriginal and Torres Strait Islander peoples accessing care by increasing mainstream provider access to appropriate cultural competency training and ingrain principles in governance requirements and contractual arrangements.
- Clinical/professional/individual – promotion of stepped care model linking in mainstream and Aboriginal and Torres Strait Islander specific services with a social and emotional wellbeing and cultural competency framework.

### **Improved consultation and collaboration with local Aboriginal Community Controlled Health Organisations and state based peak bodies.**

- A commitment to ongoing consultation, co-design and collaboration with peak bodies; Aboriginal Drug & Alcohol Council SA Aboriginal Corporation (ADAC) and Aboriginal Health Council of South Australia (AHCSA), as well as local Aboriginal Community Controlled Health Organisations.
- Establish a joint high level drug and alcohol annual planning forum between CSAPHN, Aboriginal Corporation and Drug & Alcohol Services SA to identify shared high level priorities for service delivery.

