

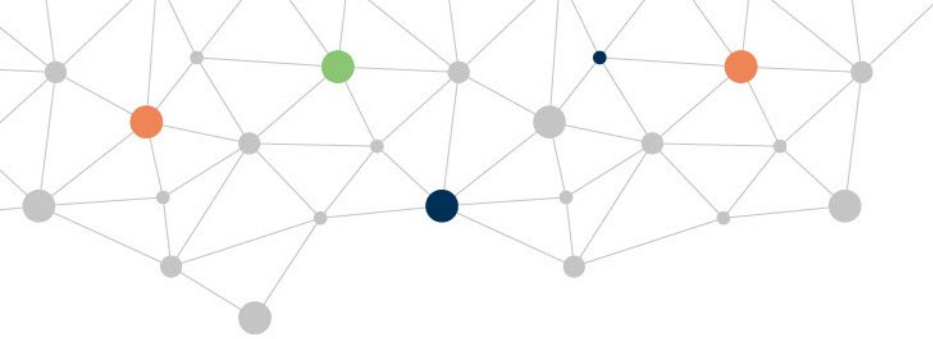
Gippsland PHN

Alcohol and Other Drug Program

PROGRAM GUIDELINES

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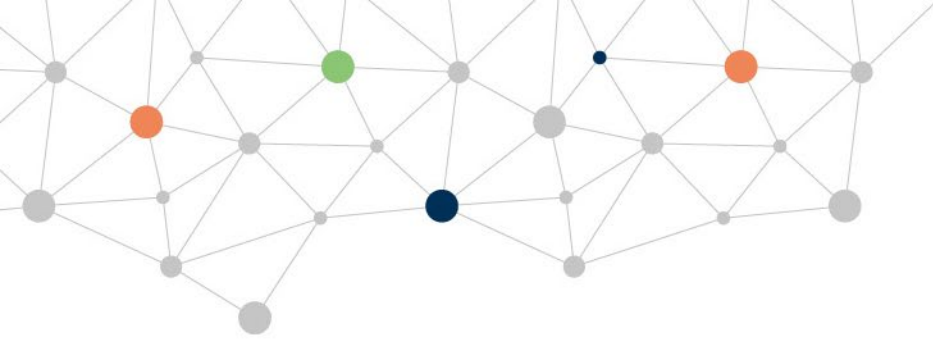
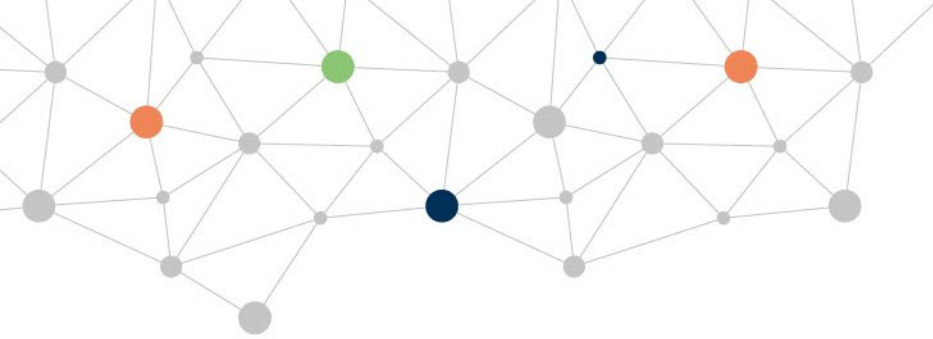


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1. Purpose of the Operational Guidelines

The purpose of the Operational Guidelines is to provide operational advice, expectations and guidance and should be read with reference to the Service Order for the delivery of the Gippsland PHN Alcohol and Other Drugs Program and the Gippsland PHN Commissioned Services Program Guidelines.

The Guidelines are not intended to be the only source of guidance for clinicians, nor should they take precedence over state or federal policy, which is subject to change. The Guidelines should be followed subject to the clinician's judgement in each individual case.

2. Program summary

Gippsland PHN's Alcohol and Other Drug (AOD) Program is funded by incentives and grants through the Australian Government Department of Health (DoH). Gippsland PHN has the flexibility to commission evidence-based treatment services to meet local needs, catchment priorities and service gaps.

The Program is commissioned within the overarching parameters of the *Primary Health Network Grant Programme Guidelines* and contributes to the key program objectives of:

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

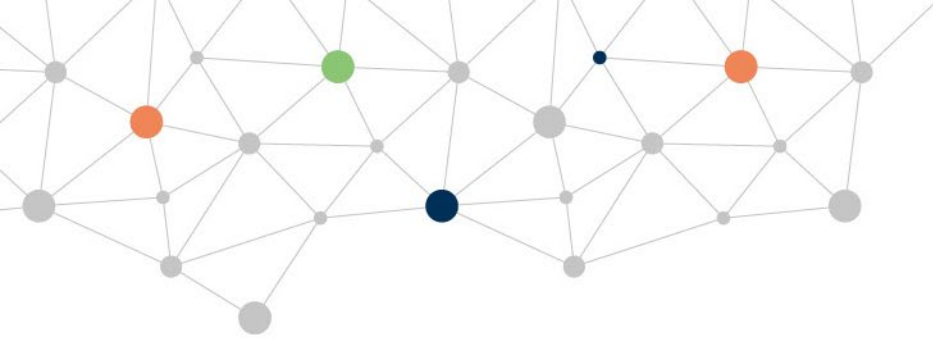
3. Aims and objectives

The aim of the Gippsland PHN Alcohol and Other Drug (AOD) Program is to support the existing AOD service system to reduce the impact of substance misuse on individuals, families, carers and communities and improve the overall health and wellbeing of people living in Gippsland. The Program is structured to align with Gippsland PHN's strategic objectives.

3.1 Alcohol and Other Drug Program objectives:

Gippsland PHN invite Health Services to contribute to an innovative, effective and quality AOD service response for the Gippsland community and work towards the following objectives:

- Increasing the service delivery capacity of the AOD sector through improved regional coordination and by targeting areas of need with a focus on methamphetamine use in the community;
- Improving the effectiveness of AOD 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 AOD treatment services, through needs based and targeted planning responsive to the changing needs of the community;



- Support region specific, cross-sectoral and integrated approaches to AOD treatment services, based on local needs and focused on improving care coordination at the local level;
- Facilitate and support evidence-based treatment for clients using a range of substances, including flexible and stepped care models tailored to individual need;
- Promote linkages with broader health services, including mental health services, to better support integrated treatment and referral pathways to support clients with comorbid mental health disorders. This objective will encourage service linkages with other relevant support sectors;
- Ensure targeted and culturally appropriate AOD treatment services for Indigenous Australians that are linked with broader Indigenous health services;
- Enable flexible and client centred support, which suits the needs of priority groups such as LGBTIQ+ communities, young people and people from culturally diverse backgrounds; and
- Promote quality improvement approaches and support health professionals through education and training.

4. Program scope

4.1 Service planning

Gippsland PHN's AOD Program **will not support** treatment types or activities that are:

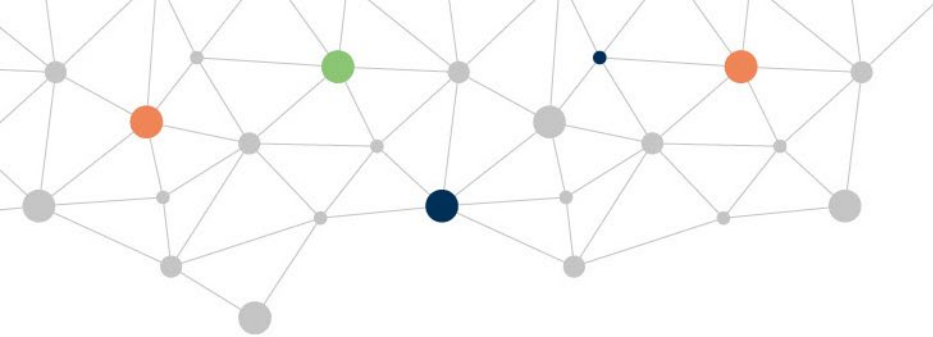
- Non-evidence-based treatment models;
- Unapproved pharmacotherapy treatments;
- Court diversion programs; and
- Duplicative activity already funded by the Commonwealth, State and Territory governments, and any other Public Health Organisations.

4.2 In-Scope Alcohol and Other Drug activities

Treatment types must be modelled to suit the needs of specific target population groups/high risk groups and should consider a Stepped Care approach, comprising of a hierarchy of treatment types (from low to high intensity) matched to the needs of the individual.

Where AOD services are provided to priority population groups/high risk groups, relevant guidance materials/frameworks for service modelling should be adapted and provided to Gippsland PHN by the Health Service within the annual Activity Work Plan or alternative approved Activity Plan.

Gippsland PHN identify and define the following community-based AOD treatment types as in-scope activities under the Gippsland PHN AOD Program:

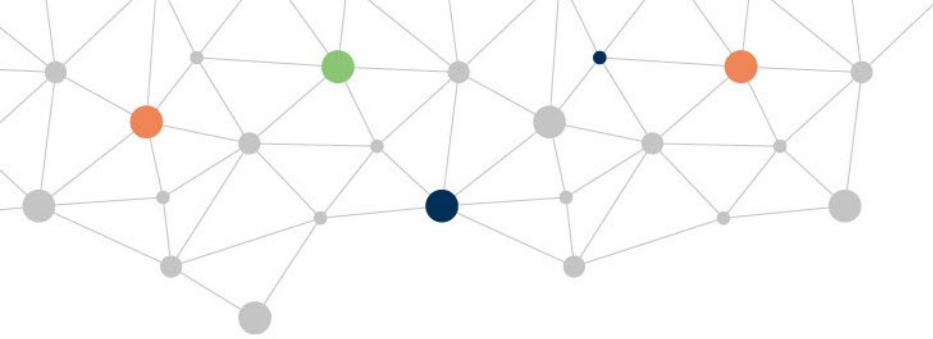


Treatment Type	Description
Brief intervention	A Brief intervention service involves engaging with people who are at risk of greater harm or developing drug and/or alcohol dependence. This is commonly a single, time-limited session incorporating prevention and harm reduction strategies. This activity is generally less than 20 minutes in duration.
Psychosocial therapy (AOD counselling, psychotherapy)	Psychosocial therapies are recovery orientated and aim to provide the client with the necessary psychological and physical resources to change their AOD use behaviours. Psychosocial support can range from a single session to extended periods of one-to-one engagement dependent on the needs of the individual. This activity generally exceeds 20 minutes in duration per session.
Group - Support or education based	Group is defined as two or more clients who are receiving the same service at the same time from the same staff member. A group program is recovery orientated support or education-based which offers support to individuals both pre and post treatment.
Non-residential programs (e.g. Day rehabilitation)	Non-residential programs are structured programs which require individuals to engage with daily support over a period of weeks (e.g. counselling, groups, financial aid, physical support programs, pharmacotherapy maintenance, legal aid etc.) while continuing to live in their own homes.

Guidance for Primary Health Networks Commissioning of Alcohol and Other Drug Treatment Services (DoH 2017)

Examples of population-specific client groups are listed below and may be a component of service delivery under the Gippsland PHN AOD Program:

Population specific groups	Description
Youth Services	Youth Services target young people aged 12 - 25 and their family and friends to reduce the harms associated with alcohol and other drugs.
Aboriginal and Torres Strait Islander Services	Aboriginal and Torres Strait Islander AOD services offer culturally-appropriate support and treatment to Aboriginal clients, their families and communities to reduce the harms associated with alcohol and other drugs.



Population specific groups	Description
Family and Carer Support Services	Family and Carer services support the people impacted by another’s substance misuse, and to reduce the harms associated with alcohol and other drugs.
LGBTIQ+ Services	AOD services that are tailored to meet the health needs of LGBTIQ+ communities and that foster a safe and inclusive environment.

5. Workforce

5.1 Workforce competency

Health professionals providing services through the AOD Program are recognised health professionals with the qualifications and skills to provide expert care and advice. They must practice in accordance with the relevant professional standards as established by their professional body and/or the regulating and registering authority, Australian Health Practitioner Regulation Authority (AHPRA).

5.2 Workforce models

When considering workforce models for the AOD Program, Health Services can consider a range of employment models that are best suited to their location and workforce availability:

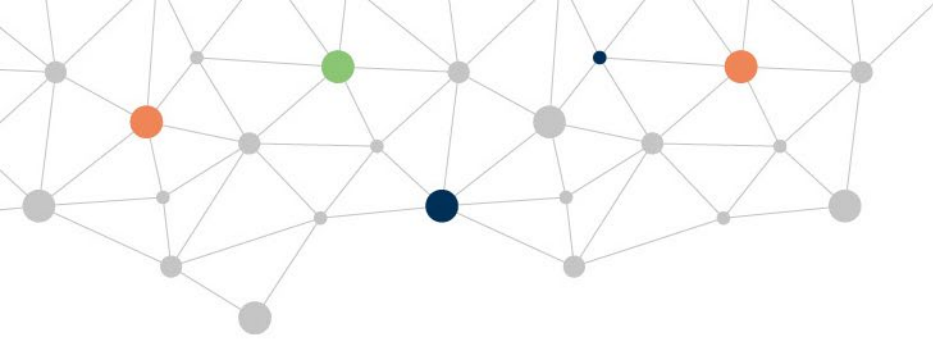
- Full-time or part-time employment of workers by the Health Service;
- Subcontracting services/workers;
- Contracted visiting AOD professionals; and
- Shared positions with another organisation.

6. Funding guidelines

6.1 Workforce acquittal

Commissioned Health Services may have diverse employment models that vary from full-time salaried engagement of the AOD Program, which may lead to sharing of staff/contractor time across multiple programs. Where this occurs, organisations must ensure that time/services are properly attributed to each program. It is therefore important that organisations clearly delineate between AOD Program funds (and their use) and funds received from other sources (e.g. Victorian State Government).

Measures should be taken to ensure that if professionals are recruited from an existing local service, this service is not left under resourced because the position cannot be backfilled.



AOD Program funding should not be used to pay for services funded under other programs such as Victorian State Government funding. Program funds must be separately reported to Gippsland PHN in the financial statements and reports submitted by the funded organisation under the Terms of the Service Order.