Alcohol and other Drug Treatment Services: for the Tasmanian community including Aboriginal and Torres Strait Islander peoples

Commissioning Intentions Document Version 1.0
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Primary Health Tasmania Commissioning Intention

Primary Health Tasmania will work with communities and our service provider partners to develop sustainable alcohol and other drug treatment services solutions using a commissioning process to:

1. understand alcohol and other drug treatment service priorities for the Tasmanian community, including Aboriginal and Torres Strait Islander peoples

2. determine agreed priorities and identify the targeted service solutions and associated performance criteria that Primary Health Tasmania can implement to contribute to improved health and wellbeing outcomes

3. implement alcohol and other drug treatment services from 1 January 2017 – 30 June 2019

4. build the capacity of the alcohol and other drug treatment sector

5. incorporate criteria across Primary Health Tasmania commissioned activity to ensure there is a focus on alcohol and other drug prevention and treatment service provision.
Executive Summary

Whilst many people are able to consume substances without experiencing any significant harm, there is a proportion of the population who require specialist support and for them alcohol and other drug dependence is often a chronic relapsing condition.

Within Tasmania the Australian Government has allocated the role of commissioning alcohol and drug treatment services and sector capacity support to Primary Health Tasmania. Our aim is to work collaboratively with the alcohol and other drug sector to improve coordination of care as well as the efficiency and effectiveness of service delivery.

As part of the needs assessment and design stages of the commissioning cycle Primary Health Tasmania has:

- consulted extensively with the alcohol and other drug sector and other interested key stakeholders
- undertaken a comprehensive needs assessment by analysing available data
- reviewed alcohol and other drug service models.

As part of the commissioning cycle, Primary Health Tasmania gathered information about the range of current alcohol and other drug prevention and treatment services within Tasmania. As part of this exercise a stepped care framework and taxonomy was used to classify the services from prevention and early intervention to treatment and relapse prevention.

As part of the commissioning cycle information about service gaps and priorities was gathered from multiple perspectives including:

- alcohol and other drug service providers
- the Alcohol, Tobacco and other Drugs Council Tasmania
- Tasmanian Users Health and Support League, and
- key representatives of Australian and Tasmanian government departments.

Key issues and themes identified from the consultation.

- The need to enhance integration within the alcohol and other drug service system especially between government and community sector services.
- Significant waiting times for key alcohol and other drug interventions such as counselling, withdrawal management, residential rehabilitation and pharmacotherapy
- Workforce and sector development needs including the capacity to deliver culturally safe services to Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and lesbian, gay, bisexual, transgender and intersex (LGBTI) communities.
- The need for an evidence-based approach to assertive aftercare.
- Service access issues for particular population target groups such as young people, mothers and parents with accompanying children.
- The need for service coordination for clients with co-occurring alcohol and other drug issues and mental health problems.
- Expectations of client and family centred approaches in service provision.
- The benefits of consumer involvement in service planning, delivery and evaluation, including the need to fund Tasmania's drug user organisation.
- The value of using shared assessment tools across the sector.
- The need to improve data and information quality and enhance the reporting and evidence base for the sector.
- The value of prevention and health promotion activities.

As a result of the needs assessment and priority setting, Primary Health Tasmania has determined the following alcohol and other drug commissioning intentions.

Treatment interventions (for the Tasmanian community including Aboriginal and Torres Strait Islander peoples):
- screening and brief intervention
- counselling
- case management
- aftercare.

Sector capacity building:
- to increase the number of Aboriginal and Torres Strait Islander peoples qualified to work as alcohol and other drug workers.
- to increase the capability of the mainstream alcohol and other drug sector to provide culturally safe services to Aboriginal and Torres Strait Islander peoples.
- to improve engagement with consumers and users in the planning, delivery and evaluation of alcohol and other drug services.
- to increase the capacity of the general practice workforce to support patients with alcohol and drug misuse issues.
What is commissioning?

At its simplest, commissioning means planning and buying services to meet the health needs of local populations. It involves understanding localised priority issues and procuring appropriate services in order to address those issues in the most effective and efficient manner. Commissioning is different to the way we have been purchasing health and community services in the past; with a strong focus on ensuring outcomes for communities and populations, rather than a focus on delivering activity.

As well as planning and procuring, our commissioning model involves a continuous cycle of engagement and collaboration with communities, service providers and other stakeholders to ensure fit-for-purpose services and initiatives are designed and delivered to improve the health and wellbeing of Tasmanians.

Primary Health Tasmania’s commissioning model involves four phases in a cyclical process:

1. **Assessing Needs** – understanding what local communities need and working out the local priorities we can address based on this information:

2. **Designing Solutions** – working with others to identify the most efficient and effective ways we can address the identified priorities

3. **Implementing Solutions** – procuring quality health services and initiatives and proactively working with providers to monitor performance and progress towards agreed outcomes

4. **Evaluating Outcomes** – assessing the efficiency and effectiveness of services and initiatives (including value for both health gains and money) against outcomes and informing priorities for future investment in successive commissioning cycles.

While described as four phases, the commissioning cycle is a fluid process, requiring consideration of all elements of commissioning through each phase of the cycle. For example, during the assessing needs phase, measuring and evaluating outcomes needs to be considered early as part of understanding the priority needs and identifying what we want to change. The design and implementing solutions phases then need to lead to measurable and achievable outcomes.

Engagement and collaboration with partners is essential to ensure improved health and wellbeing outcomes in Tasmania.
What is the purpose of this document?

The Australian Government Department of Health has contracted Primary Health Tasmania to commission alcohol and other drug treatment services within Tasmania. Accordingly the purpose of this document is to outline the commissioning process Primary Health Tasmania will undertake to inform its investment in alcohol and other drug treatment services through to June 2019. This document describes the commissioning cycle, including the approach the organisation will take and the information we will gather to inform the commissioning of alcohol and other drug treatment services and sector capacity building.

This commissioning intentions document is a key resource to frame discussion on the priority needs for the alcohol and other drug treatment sector with local key stakeholders including consumers, communities and providers, to ensure we work with local stakeholders to develop a shared understanding of the priority issues to be addressed for Tasmania.

This is a 'living' document that we will continue to update as we move through the commissioning cycle, from understanding the needs and priorities to be addressed, designing and implementing the solutions to evaluating the outcomes. Consequently, you will note that Phases 2, 3 and 4 in the cycle will be completed as we move through the commissioning process.

As we complete each phase of this process, this document will be made available on our website for all stakeholders to access.

The objectives of Primary Health Tasmania have been established by the Australian Government as:

- to increase the efficiency and effectiveness of medical services for patients - particularly those at risk of poor health outcomes; and
- to improve the coordination of care to ensure patients receive the right care in the right place at the right time.

As part of this focus, Primary Health Tasmania will use a commissioning approach to prioritise investment in the alcohol and drug treatment sector. Commissioning moves beyond the current system of simple service contracting and purchasing to more targeted and measured approaches to care. This approach is required to deliver a greater focus on the outcomes we aim to achieve through investment rather than on activity alone. This will assist us to:

- determine how Primary Health Tasmania will directly target resources for primary health care services to address priority health needs
- develop quality key performance indicators to ensure all services and initiatives commissioned by Primary Health Tasmania include a focus on access to high quality care for people with substance misuse issues.

Commissioning timeframes

The first alcohol and drug treatment commissioning cycle will be from January 2017–June 2019, in line with initial funding timeframes set by the Australian Government for Primary Health Tasmania.
Who will we work with?

Stakeholder engagement is a critical element for each phase of the commissioning cycle. Primary Health Tasmania has undertaken a stakeholder analysis and identification to ensure that people interested in drug and alcohol treatment service commissioning have the opportunity to be informed and engaged during the commissioning process.

Evaluating our approach

As commissioning is a relatively new concept for the Australian health system and for Primary Health Tasmania, it is important that the commissioning cycle is evaluated as part of a continuous quality improvement process for the organisation and to ensure that we are achieving the desired results. We will evaluate the commissioning cycle to understand:

- if we are undertaking the process in the best way possible
- how we can improve processes to make it easier for providers over time
- how we can assess and respond to changes in health and wellbeing outcomes
- if we are engaging with our stakeholders in a meaningful and effective way.
PHASE 1 – ASSESSING NEEDS

Defining the alcohol and other drug needs to be addressed through commissioning

- Understanding the context
- Understanding priority needs
- Understanding the service system
- Understanding how things can be different
1 Understanding alcohol and other drug use

Whilst many people are able to consume substances without experiencing any significant harm, there is a proportion of the population for whom alcohol and other drug dependence is a chronic relapsing condition. These people require support and treatment from a holistic and well integrated system and specialist services. It is likely that these people will cycle in and out of treatment over time, hopefully making incremental gains along the way. Effective alcohol and drug treatment and support changes people’s lives by improving their physical and mental wellbeing, and over time, supporting, enabling and encouraging capability and capacity to make positive life changes.

1.1 A national snapshot

According to results published by the Australian Institute of Health and Welfare in their Drug Treatment Series No. 25 in 2013-14, across Australia:

- about 2 out of 3 clients of alcohol and other drug services were male (67%) and half were aged 20-39 (54%).
- about 1 out of 7 (14%) clients identified as Aboriginal and/or Torres Strait Islander.
- the main drugs that led clients to seek treatment were alcohol, cannabis, amphetamines and heroin (which were consistent for Indigenous and non-Indigenous clients). Most of these clients received treatment in a non-residential facility.
- counselling was the most common treatment type (43%).

Clients can receive treatment or support for their own or someone else’s drug use. In 2013-14, around 113,000 clients received treatment for their own drug use, and about 7,000 received support in relation to someone else’s drug use.

Over the 5-year period to 2013-14:

- alcohol continued to be the most common drug leading clients to seek treatment.
- treatment for the use of amphetamines increased (from 7% to 17%).

1.2 Alcohol use

Although many Tasmanians drink in moderation and do not smoke or use illicit drugs, misuse of alcohol and other drugs incurs a substantial cost to the community. Under the 2009 National Health and Medical Research Council (NHMRC) guidelines, adults, regardless of gender, are at risk of long-term harm if consuming more than two standard drinks a day on average, and are at risk of short-term alcohol related harm if consuming more than four standard drinks on a single occasion. In 2014-15, using the 2009 guidelines, the proportion of Tasmanian adults at risk of long term alcohol related harm (18.6%) was higher than for Australia as a whole (17.4%), but the difference was not statistically significant. The Tasmanian figure was statistically higher than New South Wales (17.6%), Victoria (15.6%) and South Australia (16.8%). Thirty percent of Tasmanians aged 14 and over are at risk of injury on a single occasion at least monthly due to excessive alcohol consumption (26% nationally).

Analysis of hospitals data for 2010 to 2014 shows a total of 9,752 hospital separations with a drug-and alcohol related principal diagnosis across Tasmania (1% of all public hospital separations). Alcohol accounted for the highest proportion of hospital separations with a drug-related principal diagnosis (61%
of all such separations). Separations were higher for people in low SES areas\(^1\). Excess alcohol consumption is associated with a variety of short-term adverse health consequences, including road injuries, suicide and violence, as well as long-term adverse health consequences, such as liver cirrhosis, mental health problems, pancreatitis, foetal growth retardation and several types of cancer. In 2003, alcohol-related harm was responsible for 3.2% of Australia’s burden of disease.

### 1.3 Other drug use

In 2013, 15.1% of Tasmanians reported using an illicit drug of any kind in the previous 12 months\(^2\). Illicit drug use is a significant public health problem associated with increased risk of chronic health conditions, including blood borne viruses, chronic liver disease, cardiovascular disease, mental health problems, and premature death. Illicit drug use includes use of cannabis, amphetamines, opiates, hallucinogens as well as the non-prescribed use of prescription drugs such as benzodiazepines and opioid analgesics. In addition to being a direct cause of death and chronic disease, illicit drug use is a risk factor for conditions such as poisoning, suicide, injury, crime, and family breakdown. Co-occurring mental health disorders are common in people with alcohol and other drug use disorders, with estimates that 35% of individuals with a substance use disorder have at least one co-occurring affective or anxiety disorder\(^3\). Mental and behavioural disorders are a very common comorbidity for hospitalisations of drug-related principal diagnosis, which represents 31% of all such separations\(^4\).

Of the 9,752 of Tasmanian public hospital separations for alcohol and other drug related diagnoses (2010-2014):

- 12% were for analgesics
- opioids (heroin, opium, morphine and methadone) accounted for half of this group (6% of all drug-related hospitalisations).
- Stimulants and hallucinogens, including cannabis and cocaine, accounted for 9%.

Separations were higher for people from low SES areas\(^5\).

In 2010, it was estimated that 8.3% of Tasmanians aged 12 years and over had used cannabis during the past 12 months.\(^6\) The use of other illicit drugs (out of a list of 14) over the same timeframe was slightly lower at 6.4% of Tasmanians aged 14 years and over. These proportions were similar to most jurisdictions, except Western Australia and the Northern Territory (Australian Institute of Health and Welfare 2006).

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\(^2\) DHHS Health Indicators Tasmania 2013
\(^3\) ABS. National Survey of Mental Health and Wellbeing: Summary of results.2007
\(^5\) Ibid
\(^6\) National Drug Strategy Household Survey detailed report 2013:
Table 1: Summary of recent(a) drug use, people aged 14 years or older, by state/territory, 2013 (per cent) 

<table>
<thead>
<tr>
<th>Drug</th>
<th>Tas</th>
<th>Aust</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recent drinker</strong></td>
<td>83.2</td>
<td>78.2</td>
</tr>
<tr>
<td><strong>Illicit (excluding pharmaceuticals)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannabis</td>
<td>11.8</td>
<td>10.2</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>*2.9</td>
<td>2.5</td>
</tr>
<tr>
<td>Meth/amphetamine(b)</td>
<td>*3.0</td>
<td>2.5</td>
</tr>
<tr>
<td>Cocaine</td>
<td>**1.2</td>
<td>2.1</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>*1.1</td>
<td>1.3</td>
</tr>
<tr>
<td>Inhalants</td>
<td>*1.7</td>
<td>0.8</td>
</tr>
<tr>
<td>Heroin</td>
<td>-----</td>
<td>0.1</td>
</tr>
<tr>
<td>Ketamine</td>
<td>*0.8</td>
<td>0.3</td>
</tr>
<tr>
<td>GHB</td>
<td>**0.7</td>
<td>*&lt;0.1</td>
</tr>
<tr>
<td>Synthetic Cannabinoids</td>
<td>*0.9</td>
<td>1.2</td>
</tr>
<tr>
<td>New and Emerging Psychoactive Substances</td>
<td>**1.1</td>
<td>0.4</td>
</tr>
<tr>
<td>Injected drugs</td>
<td>*0.9</td>
<td>0.3</td>
</tr>
<tr>
<td>Any illicit(c) excluding pharmaceuticals</td>
<td>13.3</td>
<td>12</td>
</tr>
<tr>
<td><strong>Pharmaceuticals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain-killers/analgesics(b)</td>
<td>2.7</td>
<td>3.3</td>
</tr>
<tr>
<td>Tranquillisers/sleeping pills(b)</td>
<td>*1.9</td>
<td>1.6</td>
</tr>
<tr>
<td>Steroids(b)</td>
<td>**0.5</td>
<td>*0.1</td>
</tr>
<tr>
<td>Methadone(d) or Buprenorphine</td>
<td>**0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Other opiates/opioids(b)</td>
<td>**0.5</td>
<td>0.4</td>
</tr>
<tr>
<td>Misuse of any pharmaceutical(b)</td>
<td>4.3</td>
<td>4.7</td>
</tr>
<tr>
<td>Illicit use of any drug(e)</td>
<td>15.1</td>
<td>15</td>
</tr>
<tr>
<td>None of the above</td>
<td>14.2</td>
<td>18.5</td>
</tr>
</tbody>
</table>

* Estimate has a relative standard error of 25% to 50% and should be used with caution.
** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.
(a) Used in the previous 12 months. For tobacco and alcohol, recent/current use means daily, weekly and less than weekly smokers and drinkers.
(b) For non-medical purposes.
(c) Illicit use of at least 1 of 12 drugs (excluding pharmaceuticals) in the previous 12 months in 2013.
(d) Non-maintenance.
(e) Used at least 1 of 17 illicit in the previous 12 months in 2013.
1.4 Alcohol and other drug treatment service usage

Alcohol and other drug treatment agencies within each jurisdiction submit data to the Alcohol and other Drug Treatment Services – National Minimum Data Set regarding episodes of care (EOC). Table 2 shows that there is a relatively even spread of service provision between the community sector and the State Government for completed EOC within Tasmania.

Table 2: Non-government Alcohol and other drug service provision by jurisdiction

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>% of EOC provided by NGOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>90% of EOC</td>
</tr>
<tr>
<td>NSW</td>
<td>26% of all EOC</td>
</tr>
<tr>
<td>NT</td>
<td>67% of EOC</td>
</tr>
<tr>
<td>QLD</td>
<td>38% of EOC</td>
</tr>
<tr>
<td>SA</td>
<td>42% of EOC</td>
</tr>
<tr>
<td>TAS</td>
<td>59% of EOC</td>
</tr>
<tr>
<td>VIC</td>
<td>100% of all EOC</td>
</tr>
<tr>
<td>WA</td>
<td>88% of all EOC</td>
</tr>
</tbody>
</table>

Data Source: 2012-13 Alcohol and other Drug Treatment Services – National Minimum Data Set

In Tasmania in 2014-15, there were 3,241 treatment episodes across the publicly funded alcohol and other drug treatment agencies, encompassing 2,595 clients, with an average of 1.2 episodes per client (compared with the national average of 1.5). Tasmania had a rate of 553 episodes per 100,000 population and 476 clients per 100,000 population in comparison to the Australian rates of 775 episodes and 509 clients per 100,000.

Ninety-one percent of clients received treatment from one agency. Thirty-two percent of episodes pertained to assessment only and 11% to rehabilitation. Alcohol was the principal drug of concern for approximately 40% of episodes of care, followed by cannabis (29%), amphetamines (18%) and morphine (2.7%).

Figure 1: Closed episodes of care by treatment type for Tasmania, 2014-15

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8 AIHW. Alcohol and other drug treatment service in Australia, Data cubes, 2015.
In Tasmania in 2014–15, 45% of clients received counselling as their main treatment, covering 43% of episodes across the state. Over the 5 years from 2010-11, counselling remained the most common main treatment type for closed episodes in Tasmania. However, the proportion of episodes of counselling dropped from a high of 66% in 2010-11 to 43% in 2014-15. Assessment increased from 8.3% in 2010-11 to 32% in 2014-15, replacing information and education as the second most common form of treatment provided in Tasmania.9

Figure 2: Principal drug of concern for Tasmania, 2013-14

Over the 5 years from 2009-10, the proportion of closed episodes for client’s receiving treatment for their own drug use, where cannabis was the principal drug of concern, declined from 44% to 30%. Amphetamines as a principal drug of concern increased from 6% to 11% over the 5 years from 2009-1010.

1.5 Aboriginal and Torres Strait Islander peoples data

There is a paucity of accurate local and regional data outlining the burden of alcohol and other drug use and related harms in the Aboriginal and Torres Strait Islander population in Tasmania. There is also limited evidence evaluating the effectiveness of prevention of harmful alcohol and other drug use specifically in the Aboriginal and Torres Strait Islander population regardless of health care setting11.

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9 AIHW. Alcohol and other drug treatment service in Australia 2013-14 state and territory summaries, 2015
10 Ibid
11 S Melody and M Davey, Changing Habits Addressing Harmful Alcohol and Drug Use within Aboriginal Primary Health Care Settings in Tasmania, Tasmanian Aboriginal Centre 2015
1.6 Alcohol and other drug – data and information sources

Sources of alcohol and other drug related data and information include:

- National Drug Strategy Household Survey (NDSHS)
- Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS)
- National opioid pharmacotherapy statistics (NOPSAD)
- Drug Trends - the Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS)
- The Illicit Drug Data Report - Australian Crime Commission (ACC)
- NDARC Drug related deaths
- The National Alcohol and Drug Knowledgebase
- National Drug and Alcohol Service Directory (NDASD)
- Bettering the Evaluation and Care of Health (BEACH)
- Australian Bureau of Statistics
- AODstats (managed by Turning Point)
2 Understanding the alcohol and other drug service system

2.1 Alcohol and other Drug Service Framework

Services within the alcohol and other drug services sector are often represented along a stepped care continuum ranging from low to high intensity interventions according to the needs of individuals and populations, and the intensity and duration of those interventions. The Australian Government Department of Health has provided a framework that represents the different intervention types provided across the alcohol and other drug prevention and treatment sector.

The framework is represented in Diagram 1 and the key interventions are described in detail in Table 3. The Alcohol and other Drug Framework and its taxonomy have been used to map existing services and programs provided by the alcohol and other drug treatment sector across Tasmania. The Framework will also be used as the basis to commission services to fill perceived gaps within the current service system.

Diagram 1: Alcohol and other Drug Treatment Framework
### Table 3: Alcohol and other Drug Treatment Framework Taxonomy

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention</strong></td>
<td>Alcohol and drug misuse prevention strategies and health promotion programs can increase protective factors, reduce risk factors and build the resilience of individuals and communities. Approaches include targeted information and resource production, peer education, community development and school education programs. Approaches can range from <strong>universal</strong> where the entire population or community is the potential audience for prevention messages, to <strong>selective</strong> messages focusing on specific population groups that may be at risk of use or misuse of particular drugs or drug types, to <strong>indicated</strong> messages that have a highly specific audience such as drug dependent users and the message may focus on harm minimisation or relapse prevention.</td>
</tr>
<tr>
<td><strong>Screening and Brief intervention</strong></td>
<td>Early Intervention involves engaging with people who are at risk of developing drug and/or alcohol dependence, or who are at risk of greater harm, with the aim of reducing or changing their behaviour before it becomes problematic. Screening and Brief Intervention commonly consist of a single time-limited session of information and advice that aims to motivate individuals to change their behaviour. Organisations will need to use a range of reliable, validated and evidence based screening and assessment tools in the delivery of these services. Brief Interventions can further be supported by additional counselling sessions as clinically appropriate.</td>
</tr>
</tbody>
</table>
| **Counselling**               | The aim of counselling is to provide the client with the necessary psychological and physical resources to change alcohol/drug use behaviours. Counselling involves a trained professional supporting an individual to develop self-understanding and to make changes in their lives. Psychosocial treatments are considered to be the foundation of drug and alcohol treatment. Counselling can be provided in several different formats such as individual, group and family counselling sessions. The focus can be on recovery-oriented care or priority access for complex individuals or for those transitioning from one type of treatment to follow-on care. Counselling services need to accurately assess a client’s presenting issues and support the client through their recovery journey with a choice of person-centred treatment options that respond to their social and cultural circumstances. Staff from provider organisations that provide counselling services need to be appropriately trained and qualified to:  
  - use appropriate assessment tools  
  - deliver evidence-based interventions  
  - communicate effectively with other health professionals (e.g. general practitioners, psychiatrists, mental health workers, alcohol and drug workers). |
<p>| <strong>Withdrawal management</strong>     | Withdrawal management (also referred to as detoxification) supports people to stop or reduce alcohol and other drug use, often after a period of long or frequent use. The aim of withdrawal is to successfully achieve neuro-adaptation reversal. However, for some clients, neuro-adaptation reversal is not an appropriate or singular goal of withdrawal management. These clients may seek alternative treatment goals from withdrawal management addressing physical, psychological and social needs. Withdrawal management is usually an important pre-requisite for entry into further treatment. |</p>
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential rehabilitation</td>
<td>Residential rehabilitation aims to provide a therapeutic environment in which behaviour change and major lifestyle adjustments can occur. A large focus of residential rehabilitation is developing a range of strategies to assist the development of coping and life skills through addressing the behaviours of addiction and is not necessarily specific to any particular type of drug. Residential treatment can be especially effective for those with more severe problems (including co-occurring disorders). This is a specialist drug and alcohol intervention, and can range from a strict therapeutic community model to a psychosocial rehabilitation model. It includes counselling, case management, ongoing relapse prevention and behaviour change therapies as well as a range of holistic services (e.g. retraining programs).</td>
</tr>
<tr>
<td>Day stay</td>
<td>Day stay programmes require individuals to participate in daily counselling, psychological, legal, financial and physical support programmes while continuing to live in their regular place of residence.</td>
</tr>
<tr>
<td>Case management</td>
<td>Case management assigns the coordination and responsibility of care for an individual to a single person or team. The case manager is responsible for a variety of tasks, including short-term engagement, care planning, assistance with accessing services, advocacy and longer-term counselling. Case management is a collaborative process of assessment, planning, facilitation, evaluation and advocacy to meet an individual’s and family’s health and wellbeing needs. Case management encourages positive changes in an individual by enabling them to form a trusting, strong, and enduring relationship with a case manager. Over the longer term, by coordinating care for the individual and organising ongoing support services, case management aims to reduce the intensity of use of alcohol and other drug treatment services. Case management provides a strong foundation for care that is person-centred, culturally appropriate, and improves a patient’s quality of life.</td>
</tr>
<tr>
<td>Pharmacotherapy</td>
<td>Opioid pharmacotherapy treatment aims to assist opioid dependent individuals to reduce or cease the use of illicit or unsanctioned opioids by replacing them with safer maintenance medication. Pharmacotherapy also assists individuals with opioid dependence to stabilise their lives and to improve their physical and mental health. Access to opioid pharmacotherapy should not be time limited.</td>
</tr>
<tr>
<td>Aftercare</td>
<td>Aftercare is post treatment or follow-up support that involves supporting individuals once they have completed a recovery or rehabilitation program. Aftercare is highly assertive to minimise the likelihood of relapse and to ensure a coordinated approach to the provision of planned psycho-social support services such as vocational, financial and/or social support services.</td>
</tr>
</tbody>
</table>
2.2 Overview of the Tasmanian alcohol and other drug services sector

Within Tasmania, the drug and alcohol prevention and treatment sector is made up of government, community sector and private service providers. Alcohol and other drug services within Tasmania receive funding from a range of sources including:

- the Australian Government
- the Tasmanian Government
- private health insurers
- philanthropic sources
- individuals.

Alcohol and other drug treatment in Australia is provided across two systems of care: the specialist alcohol and other drug treatment system (which includes community-based specialist services and acute healthcare services) and through the generalist (primary health) care system. Both of these systems of care provide specialist alcohol and other drug treatment such as withdrawal management, counselling, residential rehabilitation, and pharmacotherapy.

Alcohol and other drug treatment services are provided by a range of professionals including addiction medicine specialists, nurses, alcohol and other drug service workers, as well as counsellors, psychologists, psychiatrists, pharmacists, social workers, general practitioners, emergency department workers, community workers, and other generalist health professionals.

Within Tasmania the Alcohol, Tobacco and Other Drugs Council Tasmania Inc (ATDC) is the peak body representing the interests of the community sector organisations that provide services to people with substance misuse issues. The ATDC represents the range of organisations working across the spectrum of alcohol and other drug service delivery including prevention, treatment and case management, as well as research and harm reduction initiatives. The ATDC is a membership-based organisation that supports the sector through the provision of training and sector capacity building, as well as policy development and research.

The nature of alcohol and other drug misuse means that clients may present to multiple services or organisations. When these organisations are not able to meet the complex needs of the clients they may refer that client on to a specialist alcohol and drug service.

It is clearly understood that the effectiveness of the alcohol and other drug sector is complemented by working in close collaboration with a diverse range of other organisations and agencies, including:

- hospitals and other health services
- child and family services
- neighbourhood and community houses
- welfare and income security organisations
- employment services
- housing and accommodation services
- police, law enforcement and justice.

As part of the needs assessment phase undertaken by Primary Health Tasmania, information was gathered about the organisations that specifically provide alcohol and other drug prevention and treatment support services or programs within Tasmania. PHT consulted individual organisations and worked in collaboration with the ATDC, the Mental Health and Alcohol and Drug Directorate of the Tasmanian Department of Health and Human Services and the Tasmanian Health Service to undertake this service mapping exercise.
While all of the organisations within Tasmania have unique characteristics, workforce profiles, resources and use a range of tools and techniques to provide services it was essential that a common taxonomy was used to assess the service landscape. This exercise was an important building block to enable Primary Health Tasmania to begin to understand how population alcohol and other drug needs are being met by the existing service sector.

Due to time constraints during the needs assessment phase, a rapid assessment was undertaken to inform the mapping of the sector. While this exercise has enabled a broad view of the sector to be formed, there are some limitations about the conclusions that can be drawn. In time it will be desirable to gather more detailed and comparable information about:

- the specific programs and services provided by individual organisations, including access criteria
- the quantum of services funded such as the number of beds in residential rehabilitation services or the number of treatments places in other services
- the detailed funding sources, amounts and any limitations on their utilisation
- FTE allocations against programs and services as well as the particular professions of staff.

### Table 4: Tasmanian Drug and Alcohol Prevention and Treatment Support Services Sector

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Statewide / Regional</th>
<th>Key Services</th>
<th>Mainstream / Aboriginal</th>
<th>Funding Source/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and Drug Foundation - Good Sports and Healthy Minds</td>
<td>Statewide</td>
<td>Prevention</td>
<td>Mainstream</td>
<td>Tasmanian Government</td>
</tr>
<tr>
<td>Alcohol and Drug Information Service (ADIS)</td>
<td>Statewide</td>
<td>Brief intervention Counselling (telephone based service)</td>
<td>Mainstream</td>
<td>Tasmanian Government</td>
</tr>
<tr>
<td>Alcohol and Drug Services</td>
<td>Statewide</td>
<td>Screening, Brief intervention Counselling, Case management, Withdrawal management, Pharmacotherapy</td>
<td>Mainstream</td>
<td>Tasmanian Government</td>
</tr>
<tr>
<td>Anglicare Tasmania</td>
<td>Statewide</td>
<td>Screening, Brief intervention Counselling, Case management (including Needle and Syringe Program)</td>
<td>Mainstream</td>
<td>Australian government Tasmanian Government</td>
</tr>
<tr>
<td>Circular Head Aboriginal Corporation</td>
<td>North Western</td>
<td>Prevention, Counselling</td>
<td>Aboriginal</td>
<td>Tasmanian Government Australian Government</td>
</tr>
<tr>
<td>Drug Education Network</td>
<td>Statewide</td>
<td>Prevention</td>
<td>Mainstream</td>
<td>Tasmanian Government</td>
</tr>
<tr>
<td>Headspace/Cornerstone Youth Services</td>
<td>Northern and North Western</td>
<td>Prevention, Brief intervention Counselling, Case management</td>
<td>Mainstream / Aboriginal</td>
<td>Australian Government</td>
</tr>
<tr>
<td>Holyoake</td>
<td>Southern</td>
<td>Prevention, Screening</td>
<td>Mainstream</td>
<td>Australian Government</td>
</tr>
<tr>
<td>Organisation</td>
<td>Statewide / Regional</td>
<td>Key Services</td>
<td>Mainstream / Aboriginal</td>
<td>Funding Source/s</td>
</tr>
<tr>
<td>--------------------------------------------</td>
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<td>--------------------------------------</td>
</tr>
<tr>
<td>Launceston City Mission (including Missiondale and Serenity House)</td>
<td>Northern and North Western</td>
<td>Screening Counselling, Residential rehabilitation</td>
<td>Mainstream</td>
<td>Tasmanian Government, Philanthropic</td>
</tr>
<tr>
<td>QUIT Tasmania – Cancer Council</td>
<td>Statewide</td>
<td>Prevention Brief intervention Counselling</td>
<td>Mainstream</td>
<td>Tasmanian Government</td>
</tr>
<tr>
<td>Salvation Army Bridge Program</td>
<td>Southern and North Western</td>
<td>Counselling Residential rehabilitation, Day stay Aftercare (including Needle and Syringe Program)</td>
<td>Mainstream</td>
<td>Tasmanian Government</td>
</tr>
<tr>
<td>St Helen's Private Hospital</td>
<td>Southern</td>
<td>Withdrawal management Counselling Residential rehabilitation Day stay</td>
<td>Mainstream</td>
<td>Private Insurers</td>
</tr>
<tr>
<td>The Link Youth Health Service</td>
<td>Southern</td>
<td>Screening Brief intervention Counselling (including Needle and Syringe Program)</td>
<td>Mainstream</td>
<td>Tasmanian Government</td>
</tr>
<tr>
<td>Tasmanian Aboriginal Centre</td>
<td>Statewide</td>
<td>Screening Brief intervention Counselling (including Needle and Syringe Program)</td>
<td>Aboriginal</td>
<td>Australian Government</td>
</tr>
<tr>
<td>The Hobart Clinic</td>
<td>Southern</td>
<td>Withdrawal management Counselling Residential rehabilitation Day stay</td>
<td>Mainstream</td>
<td>Private Insurers</td>
</tr>
<tr>
<td>Velocity Transformations (formerly Pathways Tasmania)</td>
<td>Southern</td>
<td>Counselling Residential rehabilitation</td>
<td>Mainstream</td>
<td>Tasmanian Government, Philanthropic</td>
</tr>
<tr>
<td>Youth, Family and Community Connections</td>
<td>North Western</td>
<td>Prevention Screening Brief intervention Counselling Case management (including Needle and Syringe Program)</td>
<td>Mainstream</td>
<td>Tasmanian Government, Australian Government</td>
</tr>
</tbody>
</table>
The Tasmanian alcohol and other drug treatment services sector is relatively small with a limited number of service providers. For example access to withdrawal management services is limited to the State Government via Alcohol and Drug Services or via private hospitals (The Hobart Clinic and St Helen’s Private Hospital). There are also limited providers of residential rehabilitation programs, which are provided via the funded community sector through The Salvation Army’s Bridge Program and Launceston City Mission at Missiondale or via inpatient stays at a private mental health care facility. Many of the organisations within the sector provide prevention messages and use screening and early intervention approaches. However, these approaches vary from organisation to organisation and across target groups (e.g. youth, adult, women etc.). There are currently only two Aboriginal Community Controlled Health Organisations (ACCHOs) providing alcohol and other drug services due to low organisational workforce availability and funding levels.

2.3 Similarities and differences between mental health and alcohol and other drug issues

In their submission to the Rethink Mental Health Project the Alcohol, Tobacco and other Drugs Council (ATDC) Tasmania highlighted that “it is important to emphasise that not everyone who has an AOD issue has a mental health problem and not everyone with a mental illness has AOD issues.” Despite this many clients entering alcohol and drug treatment have coexisting mental health issues, such as depression and anxiety. Given the challenges of treating comorbidity, it is therefore important to ensure collaboration between specialist alcohol and drug treatment services and mental health services at the local level. Services should be able to promote linkages with mental health services, to better support integrated treatment and referral pathways for clients with co-occurring mental health disorders.

The mental health and alcohol and drug sectors share some similarities, such as being concerned with the treatment of a chronic relapsing condition, having their own specialist workforce, a focus on prevention alongside tertiary treatment and the provision of cost-effective, evidence-based treatments.

Later in their submission to the Rethink Mental Health Project the ATDC said that a key area of interest is the intersection between the drug and alcohol and mental health sectors to meet the needs of people with co-existing mental illness and substance misuse issues. The ATDC submission made a number of specific recommendations to improve overall service system integration between the sectors:

- greater investment in information and communications technology (ICT) and policies to support (appropriate) information sharing
- streamlined clinical pathways
- common assessment tools and the development of shared care planning
- investment in joint professional development opportunities across the MH and AOD sectors (including government and community sector organisations)
- the development of formal agreements between services

Despite the overlapping interest in clients with co-occurring mental health and alcohol and drug issues there are a number of differences that should be noted.

The mental health and alcohol and drug sectors use different specialised client data collections systems. These different systems, along with privacy constraints often limit the exchange of client information and seamless patient referral between services.

Treatment entry and referral generally occurs via different pathways for mental health and alcohol and drug services. Alcohol and drug treatment entry generally occurs through clients presenting at a specialist intake or treatment agency (as a result of word of mouth, past experience, referral from a community service, or sometimes via legal compulsion). There is no formal restriction on approaching
drug and alcohol treatment services while mental health has a more structured gatekeeping system for
treatment entry, with referrals primarily from GPs.

While people who have alcohol and drug issues and people who have mental health problems both
experience stigma, Australian laws generally protect people from being discriminated against because of
a mental health condition. The same rights are generally not provided to people who use drugs because
drug use is often illegal and viewed as a choice. Stigma and discrimination can often have a
compounding effect upon the health and wellbeing of outcomes that people experience.

### 2.4 Australian Government investment in alcohol and other drug services

In April 2015, the Australian Government established the National Ice Taskforce to advise the
Government on the development of a National Ice Action Strategy. In response the Government has
committed an additional $298.2 million over four years from 1 July 2016 to support a number of
measures aimed at reducing the impacts associated with methamphetamine, alcohol and other drug
misuse on individuals, families, and communities. This funding will strengthen Australia’s responses
across education, prevention, treatment, support, and community engagement, and includes:

- $241.5 million in additional funding for Primary Health Networks to commission further alcohol
  and other drug treatment services to meet local need - including $78.6 million for services for
  Aboriginal and Torres Strait Islanders
- $24.9 million to support communities to deliver locally-based and tailored alcohol and other drug
  prevention and education activities
- $13 million to introduce new Medicare Benefits Schedule (MBS) items for Addiction Medicine
  Specialists from 1 November 2016
- $10.7 million to support clinical research into new treatment options, training of professionals and
  evaluating the effectiveness of clinical care for those using methamphetamines, including a new
  Centre for Clinical Excellence research body
- $8.1 million to more broadly improve our data sources on emerging trends in ice and other illicit
drug use patterns, treatment options and early identification of newly emerging drug threats.

The Australian Government provides funding to the alcohol and other drug treatment sector through the
Non-Government Organisation Treatment Grants Programme (NGOTGP) and the Substance Misuse
Service Delivery Grants Fund (SMSDGF). The Department of Prime Minister and Cabinet also
administers for Indigenous-specific drug and alcohol projects through the Safety and Wellbeing
Programme under the Indigenous Advancement Strategy. Services and programs funded through these
programs have been included in the mapping exercise undertaken by Primary Health Tasmania.

### 2.5 Tasmanian Government investment in alcohol and other drug services

The Tasmanian Government invests in Tasmania’s alcohol and other drug service sector as a direct
provider through the Alcohol and Drug Service and by administering the Alcohol, Tobacco and other
Drug Grants Program to purchase contracted services through the community sector. Many of the
services funded by the Tasmanian Government also receive funding from the Australian Government.
The services and programs provided and funded by the Tasmanian Government have been included in
the mapping exercise undertaken by Primary Health Tasmania.

Over recent years the Tasmanian Government has embarked on significant health reform with alcohol
and other drug services included as part of this change. Almost a decade ago the alcohol and other drug
services sector was reviewed and a number of recommendations were made which resulted in the release of the Future Services Directions Plan in 2008 and the investment of $17.2 million over 4 years by the Tasmanian Government. At the conclusion of the four-year plan the implementation of the plan was reviewed by the Department of Health and a separate compliance audit was undertaken by the Tasmanian Audit Office. Some of the key recommendations made by the Audit Office include that the Alcohol and Drug Service should collaborate with the community sector to investigate ways to:

- increase access to withdrawal management services
- develop alternative aftercare services
- develop an outreach service provision model
- develop a comprehensive service framework.

2.6 New Primary Health Tasmania investment in alcohol and other drug services

The Drug and Alcohol Treatment Activities Program

In accordance with the contract between the Australian Government Department of Health and Primary Health Tasmania the aims of the Drug and Alcohol Treatment Activities Program are as follows:

- 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.

The Program’s key objectives include:

- Address the increased demand for access to drug and alcohol treatment services – which may be attributable to increasing methamphetamine use - through needs based and targeted planning in response to the changing needs of the community.
- Support region specific, cross-sectoral, and integrated approaches to drug and alcohol treatment services based on the needs of clients locally, and focused on improving care coordination at the local level.
- Facilitate and support evidence-based treatments 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 services, including mental health services, to better support integrated/ coordinated treatment and referral pathways to support clients with comorbid mental health disorders.
- 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.
- To promote quality improvement approaches and support primary health professionals and specialists through targeted education and training.
3 What could alcohol and drug services look like in Tasmania in the future?

At the time that Primary Health Tasmania was undertaking the needs assessment phase of the commissioning cycle the Department of Health and Human Services was preparing to engage a consultant to undertake some key research in the alcohol and drug sector. The consultant will:

- compile a detailed mapping of the service system (building upon the work already compiled by Primary Health Tasmania)
- undertake a literature review of best practice evidence based alcohol and drug treatment systems
- undertake a gap analysis to estimate service delivery need for alcohol and drug services within Tasmania (This analysis will be undertaken using a specific data analysis tool called the Drug and Alcohol Service Planning Model (DASP Model) which was developed by the NSW Ministry of Health for the Intergovernmental Evaluation Committee on Drugs.)
- review withdrawal management services and residential rehabilitation management services.

This work will ultimately lead to the development of an alcohol and drug treatment service system framework for Tasmania. Primary Health Tasmania will contribute to the development of this framework and will need to review commissioned activity in light of the insights and models of care proposed by the new framework.

3.1 Elements that support better service delivery and consumer outcomes

In the absence of the Alcohol and Drug Treatment Service System Framework to be developed by the Tasmanian Government it is clear that an effective system would be based a number of key elements. Some of those elements have been identified based upon the literature review and analysis previously undertaken by Primary Health Tasmania to inform integrated service provision for the rural health and community services system.

At the planning level
- knowing what the problems are and how to address them
- using an evidence-based approach to identifying priorities
- ensuring the information/data used to identify needs is valid and reliable
- designing and investing in services that address the priority needs.

At the individual level
- clarity of roles of different professionals involved in service provision
- workforce education and professional development.

At the health and community services level
- strong local health and community service provider networks
- agreed and shared referral and consumer pathways, guidelines and practice protocols
- monitor and report on consumer experience.

At the service system level
- strong strategic vision and leadership
- sub-regional health planning
- quality, performance and outcomes monitoring
affordable, responsive access to transport and accommodation
- information technology that facilitates better communication and referral
- integration of technology into models of care.

These elements will guide our thinking for future alcohol and other drug treatment service commissioning.

Specific plans and directions relating to alcohol and other drug services within other jurisdictions highlight a number of specific aspects that will lead to the creation of an ideal service system. The Victorian plan, *New Directions for Alcohol and Drug Treatment Services: A Roadmap*, provides details of a number of principles for consideration:

- **Person-centred, family and culturally inclusive, recovery-oriented treatment**: A system that puts the people using it at the centre. This means the needs of individuals and their families including any dependent children should be paramount. It means that services should be culturally safe and inclusive. It means that a person's treatment should take account of and support their personal goals for recovery.

- **Accessible services**: Help with alcohol and drug problems should be easy to find. Treatment and support should be easy to access. If a person needs more than one type of treatment intervention, their treatment pathway should be planned and regularly reviewed with them. Their treatment journey should be joined-up and easily navigated.

- **High-quality, evidence-based interventions**: People should expect that the treatment they receive is of a high quality and based on evidence. Their needs and preferences should be taken into account. They should get the same quality of service regardless of where they receive treatment.

- **Integrated referral pathways**: Substance use issues are rarely an isolated problem. People's alcohol and drug treatment needs to consider their wider health, social and economic needs. It should connect them with the other services or supports that they might need.

- **A responsive, sustainable system**: The treatment system must be responsive to the needs of the community and deliver value for money. It needs to be efficient, sustainable and as simple as possible.

- **Intervention at the earliest possible point**: Whenever possible a person should receive advice, support and treatment at the earliest point after a substance use issue is identified. For young people, this means delivering treatment interventions in settings where substance use problems first emerge. Brief interventions should be delivered in hospitals, GP surgeries and in other appropriate sectors and settings.

- **Treatment delivered by a skilled and competent workforce**: Treatment needs to be delivered by skilled and competent staff offering high-quality, evidence-based interventions and support.
4 Understanding alcohol and drug treatment service needs and priorities for the Tasmanian community

As part of the first phase of the commissioning process, assessing need, Primary Health Tasmania undertook an extensive consultation process, which included key informant interviews and stakeholder forums. Information was gathered about the current alcohol and drug treatment service system, pathways into and through the system and perceived gaps in treatment.

4.1 Alcohol and other drug consultations

On Monday 26 September 2016, Primary Health Tasmania convened an Aboriginal and Torres Strait Islander Peoples Consultation Forum where twenty-five individuals representing sixteen organisations (representing ACCHOs and mainstream service deliverers) attended. The following organisations were represented:

- Circular Head Aboriginal Health Corporation
- Flinders Island Aboriginal Association Incorporated (FIAAI)
- Karadi
- No 34 Aboriginal Health Service
- South East Tasmania Aboriginal Corporation (SETAC)
- Tasmania Aboriginal Centre (TAC)
- Alcohol, Tobacco and other Drugs Council Tasmania Inc
- Cornerstone Youth Services Incorporated
- Department of Health and Human Services
- Diabetes Tasmania
- Heart Foundation
- Quit Tasmania – Cancer Council Tasmania
- TAZREACH (Department of Health and Human Services)

Primary Health Tasmania participated in the October 2016 series of three Regional Alcohol, Tobacco and other Drugs Council (ATDC) Member Meetings (RAMMs) where a number of alcohol and other drug sector organisations attended in each region.

Table 5: Regional ATDC Member Meeting Attendees

<table>
<thead>
<tr>
<th>Hobart (ATDC Members = 13)</th>
<th>Launceston (ATDC members = 10)</th>
<th>Devonport (ATDC members= 13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Education Network</td>
<td>Drug Education Network</td>
<td>Mission Australia</td>
</tr>
<tr>
<td>Quit Tasmania</td>
<td>Salvation Army (2)</td>
<td>Partners in Recovery</td>
</tr>
<tr>
<td>Alcohol and Drug Service</td>
<td>Alcohol and Drug Service</td>
<td>Youth, Family and Community Connections (4)</td>
</tr>
<tr>
<td>Colony 47</td>
<td>Anglicare Tasmania</td>
<td>Alcohol and Drug Service</td>
</tr>
<tr>
<td>Tasmanian Aboriginal Centre</td>
<td>Launceston City Mission (Missiondale) (2)</td>
<td>Advocacy Tasmania</td>
</tr>
<tr>
<td>Anglicare Tasmania</td>
<td>Launceston City Mission</td>
<td>Salvation Army (2)</td>
</tr>
<tr>
<td>Salvation Army (2)</td>
<td>Teen Challenge</td>
<td>Red Cross</td>
</tr>
<tr>
<td>Rural, Alive and Well</td>
<td>Mission Australia</td>
<td>Launceston City Mission (Serenity House)</td>
</tr>
<tr>
<td>Tasmanian Users Health and Support League (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocacy Tasmania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual member</td>
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</tr>
</tbody>
</table>
Primary Health Tasmania conducted individual face-to-face or telephone interviews with representatives of the following organisations:

- Alcohol and Drug Service, Tasmanian Health Service
- Alcohol, Tobacco and Other Drugs Council Tasmania Inc
- Anglicare Tasmania
- Cornerstone Youth Services Incorporated
- Circular Head Aboriginal Health Corporation
- Drug Education Network
- Hobart City Mission
- Holyoake
- Launceston City Mission
- Salvation Army
- Tasmanian Aboriginal Centre
- Tasmanian Users Health and Support League
- The Link Youth Health Service
- Youth, Family and Community Connections

Primary Health Tasmania has also used an existing key alcohol and drug governance body, the Alcohol and Other Drug Treatment Expert Advisory Group (AODT EAG), to provide advice throughout the service commissioning cycle. The Expert Advisory Group is jointly chaired by the Tasmanian Health Service and the ATDC and draws its membership from the Tasmanian State Government, community sector, users group and private health providers.

Alcohol and Other Drug Treatment Expert Advisory Group membership includes:

- Alcohol and Drug Service
- Alcohol, Tobacco and Other Drugs Council Inc
- Anglicare Tasmania
- Launceston City Mission
- Mental Health and Alcohol and Drug Directorate (DHHS)
- Tasmanian Users Health and Support League
- The Hobart Clinic
- The Link Youth Health Service
- Youth, Family and Community Connections
4.2 What did the consultations tell us?

Key issues and themes that were identified through the consultations include:

- the need to enhance integration within the alcohol and other drug service system especially between government and community sector services
- significant waiting times for key alcohol and other drug interventions such as counselling, withdrawal management, residential rehabilitation and pharmacotherapy
- workforce and sector development needs including the capacity to deliver culturally safe services to Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and lesbian, gay, bisexual, transgender and intersex (LGBTI) communities
- the need for an evidence-based approach to assertive aftercare
- service access issues for particular population target groups such as young people, mothers and parents with accompanying children
- the need for service coordination for clients with co-occurring alcohol and other drug issues and mental health problems
- expectations of client and family centred approaches in service provision
- the benefits of consumer involvement in service planning, delivery and evaluation, including the need to fund Tasmania’s drug user organisation
- the value of using shared assessment tools across the sector
- the need to improve data and information quality and enhance the reporting and evidence base for the sector
- the value of prevention and health promotion activities.

Some of these issues are explored in more detail below.

**Sector integration**

Integration within the alcohol and other drug sector, between the government and community sector and across sectors was a consistent issue, however, there were some divergent views.

During consultation some respondents highlighted the collaboration that occurs within the sector to ensure that clients receive access to appropriate services from across multiple organisations. Current collaboration and service integration exists but is dependent on relationships that exist between workers rather than formal ties between organisations. Concern was also expressed during consultation about the inconsistent collaboration and partnership between the THS Alcohol and Drug Service and other community sector alcohol and other drug services and that this does not enable the smooth coordination of services for clients.

These consultation findings are consistent with the THS comprehensive review of drug use and service responses in the North West region of Tasmania, undertaken in 2014 in response to growing concerns about significant use of crystalline methamphetamine. The review identified the extreme fragmentation of services despite recent attempts for better collaboration and integration.

**Consumer engagement**

Consultations highlighted the need for an increase in meaningful consumer engagement in service development, delivery and evaluation. The Tasmanian Users Health and Support League exists without
a resource base and is therefore significantly constrained in its capacity to adequately advocate on behalf of its membership.

**Specific population groups**

Young people, young and expectant mothers and parents with accompanying children were identified as areas of unmet need. Service providers identified that these groups provide specific service delivery challenges and that the small size of these population groups means that stand alone services are not possible. Participants in consultations identified the need to adapt existing services to meet these needs.

**Common assessment tools**

Consultations identified the value in consistent use of validated evidence-based assessment tools across the sector. It is understood that this would facilitate better monitoring of progress for clients.

**Data improvement**

Within the sector, data is collected through a range of different tools and this impedes transfer of client information between services. Services recognised that collection of high quality data is key to monitoring and understanding client outcomes. Currently, funded organisations are required to provide data to the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS). Consultations identified that the current minimum data set is focused on episodes of care and does not provide sufficient information about client outcomes. The sector was clearly committed to improving its evidence base to inform service coordination and integration and knowledge of client outcomes.

**Services for Aboriginal and Torres Strait Islander peoples**

Aboriginal community controlled services provide a holistic approach to service provision, taking into consideration other health and wellbeing issues, and including family and community connection as part of the approach.

There is a limited Aboriginal and Torres Strait Islander workforce in the drug and alcohol treatment sector. This was identified as a clear gap and a potential area for investment. Access to culturally safe services is limited, particularly outside of urban centres. There was recognition that some Aboriginal and Torres Strait Islander people prefer to use mainstream services because of the stigma surrounding alcohol and drug dependence.

Where specialised Aboriginal services are not available, participants advocated a partnership approach to the delivery of health and community services where specialist Aboriginal organisations and providers work together with mainstream providers so that clients are better supported.

Stakeholders identified the need for additional support in negotiating the service system for Aboriginal and Torres Strait Islander people and a strong need for a client-centred approach.

Increasing the number of trained Aboriginal and Torres Strait Islander alcohol and drug workers was identified as a priority. In addition, consultations identified the need for upskilling of the existing workforce in delivery of culturally safe services within the mainstream sector.

**Residential rehabilitation**

Respondents noted the significant waiting lists for residential rehabilitation services. They commented that clients need access when they are ready for change and that if services are not provided quickly at that point in time, clients may not be ready again for many months. It was noted that residential rehabilitation is a lengthy process and a costly service intervention when it includes evidence-based comprehensive psychosocial support. The nature of alcohol and drug dependence often means that some clients will require ongoing treatment and support. In accordance with a key recommendation within Final Report from the *Review of drug use and service responses in the North West* the Tasmanian Government invested funding within the sector that enabled the Salvation Army (Tasmania) to provide 12 residential rehabilitation beds within the North West.

Alcohol and other Drug Treatment Services Commissioning
**Aftercare**

Consultations identified the need for ongoing intensive support services following residential and day treatment programs. Effectively addressing this gap has the potential to reduce demand and waiting lists for residential treatment services. A short description of aftercare is included in Table 3 and a detailed model of aftercare is included as an example below.

**Prevention**

Many of the organisations within the alcohol and other drug sector undertake activities in the prevention area and sector workers highlighted their desire to do more. However, resource constraints restrict organisational capacity. During the consultation phase, many providers expressed disappointment that prevention activities are out of scope for this funding. They noted that the provision of health promotion and prevention messages is often a soft pathway into services for clients and can be a means of reaching key target groups such as students.

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**Example: Aftercare Model**

Aftercare is post treatment or follow-up support that involves supporting individuals once they have completed a recovery or rehabilitation program. Aftercare is highly assertive to minimise the likelihood of relapse and to ensure a coordinated approach to the provision of planned psycho-social support services such as vocational, financial and/or social support services.

Components of an aftercare model may include:

- working with the client to identify relapse triggers and developing an individual relapse prevention plan
- encouraging involvement in community self-help / peer support groups
- referring clients for psychotherapy (e.g. cognitive behavioural therapy, family therapy or other evidence-based therapies)
- depending on the client’s domestic circumstances, connecting the client with a structured living environment/permanent accommodation (halfway house, shelter etc.)
- recommending voluntary alcohol or drug screening.

Support and communication with the client may be maintained by:

- face-to-face contact
- making weekly, bi-weekly or monthly follow up phone calls to track client progress
- video or audio meetings with former clients
- use of reminder emails about the relapse prevention plan formulated during treatment
- texting clients to encourage recovery progress
- using smartphone apps to help clients track relapse triggers, emotions, meeting attendance, etc.

Primary Health Tasmania has analysed the feedback from the consultations and combined this with what we know about the key elements for delivering high quality alcohol and other drug treatment services (Section 3.1). This has provided us with an understanding of our commissioning opportunities.

This information will be used to inform Phase 2 - Designing Solutions.
PHASE 2 – DESIGNING SOLUTIONS

Defining the most achievable solution that can be implemented

Understanding the problem to be addressed

Understand evidence informed ways to address the problem

Understanding the local service delivery context and capability
5. Service commissioning options

5.1 What outcomes will be commissioned for alcohol and drug treatment?

Commissioned alcohol and other drug treatment services must align with the overarching organisational Primary Health Network objectives:

- to increase the efficiency and effectiveness of medical services for patients - particularly those at risk of poor health outcomes, and
- to improve the coordination of care to ensure patients receive the right care in the right place at the right time

These overarching objectives, evidence from the literature review, service mapping and stakeholder engagement have informed the commissioning design for determining the outcomes that commissioned services must deliver against.

These outcomes are identified below:

- increased alcohol and other drug related service provision at primary care level
- decreased alcohol and other drug related presentations at tertiary level (Emergency Departments)
- service providers are demonstrably aware of and use appropriate referral pathways
- increased consumer involvement in service provision, and consortia/stakeholder group planning and implementation meetings, and
- increased intra/cross sectoral collaboration between the alcohol and other drug sector and healthcare providers.
5.2 Services to be commissioned

Diagram 2: Alcohol and other Drug Treatment Framework – Primary Health Network services in and out of scope for commissioning

The Australian Government Alcohol and Drug Framework (Diagram 2) identifies a range of service interventions and sector capacity building activities that are within scope for Primary Health Networks to commission. Services identified as within scope are highlighted in yellow.

As a result of the needs assessment and priority setting Primary Health Tasmania has determined the following alcohol and other drug commissioning intentions:

**Treatment Interventions (for the Tasmanian community including Aboriginal and Torres Strait Islander peoples):**
- screening and brief intervention
- counselling
- case management
- aftercare

**Sector Capacity Building:**
- To build the workforce capacity of the sector by increasing the number of Aboriginal and Torres Strait Islander peoples qualified to work as alcohol and other drug workers.
- To increase the capability of the mainstream alcohol and other drug sector to provide culturally safe services to Aboriginal and Torres Strait Islander peoples.
- To improve engagement with consumers and users in the planning, delivery and evaluation of alcohol and other drug services
• To increase the capacity of the general practice workforce to support patients with alcohol and drug misuse issues.

Primary Health Tasmania encourages tender applications from consortia or organisations working in partnership.

Organisations will need to clearly identify whether they are submitting a tender application for:

a) Service interventions for the Tasmanian population including Aboriginal and Torres Strait Islander peoples
b) Service interventions specifically for Aboriginal and Torres Strait Islander peoples
c) Sector capacity building activities

Please note it is possible to apply for one or more of these areas.

5.3 How will tenders be assessed?

In line with the commissioning intention, Primary Health Tasmania will assess tenders based on four (4) criteria, as summarised at Table 6 and detailed at Table 7.

Please note this information will appear as a series of questions in the Alcohol and other Drugs Request for Tender application documentation.

Table 6: Request for Proposal assessment criteria summary

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The service model</td>
<td>40%</td>
</tr>
<tr>
<td>2. Organisational capacity</td>
<td>20%</td>
</tr>
<tr>
<td>3. Workforce skills and capabilities</td>
<td>15%</td>
</tr>
<tr>
<td>4. Resource management</td>
<td>25%</td>
</tr>
</tbody>
</table>

Further detail on the focus for each criterion is provided below.

Table 7: Detailed tender assessment criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Service Model</td>
<td>40%</td>
</tr>
</tbody>
</table>

Outline the service model the organisation intends to implement. Include details on the following elements:

• Describe your proposed service model outlining which services make up your tender, and provide the relevant evidence-base and service standards for each service that supports your proposal.
• Outline the extent to which your proposed service model has been developed in collaboration/partnership with relevant service providers and organisations.
• Outline how the proposed service model will maximise collaboration and coordination between services providers. Demonstrate how the organisation’s service model supports service integration and appropriate client referral pathways including to relevant support services.
- How does the proposed model promote person-centred care, shared communication with carers and families, and with referrers and other services?
- Outline the population/s targeted, including criteria related to service access and client eligibility.
- Outline the location or catchment area for the each of the proposed service/s, including the rationale behind any specific regional approach.
- Outline the health outcomes intended to be achieved for the target population group and the measures that will be used to demonstrate achievement of these outcomes. Health outcomes may be measured at the client, program or population level.
- Outline electronic information management systems that will be used to monitor and report service provision and health outcomes.
- How does the proposed model ensure access to, and the delivery of, culturally safe services to Aboriginal and Torres Strait Islander Peoples?
- How does proposed model meet the service needs of diverse population groups such as people from culturally and linguistically diverse (CALD) backgrounds, and people who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI)?

2. Organisational Capacity

Outline a response against the following considerations to ensure services provide safe, reliable and appropriate access to clients:

- Detail the type of services that your organisation currently provides and provide evidence of organisational leadership and governance arrangements, including strategic, risk management, business and operational plans which relate to the performance and delivery of your proposal.
- State whether the organisation is currently accredited or working towards accreditation (include to which health care standards and with which accrediting body).
- If your organisation is not accredited – what continuous quality improvement does your organisation undertake to inform and improve service delivery?
- How does your organisation ensure adherence and compliance with all relevant legislation, health care standards and regulatory requirements including workplace safety standards, systems and procedures?
- Describe your organisation’s clinical governance (safety and quality) arrangements to ensure the service is safe, effective, and of high quality, including policies and protocols for managing clinical accountability and risk.
- Describe what your organisation does to ensure adequate service access and consumer input and feedback into service design, delivery and evaluation
- Describe your organisation’s processes and systems to record and act upon client compliments and complaints, and how you actively seek feedback.
- Describe how you manage and inform client consent, confidentiality and health care rights and responsibilities. Include how you enable clients to easily access information.
• Describe your organisation’s processes to manage clinical service delivery and organisational risks, incidents (or adverse events) and near misses. Include how you enable open disclosure of these risks and incidents to clients/carers/families.

3. Workforce Skills and Capabilities

Outline a response against the following considerations that ensure the proposed workforce has the appropriate skills and capabilities

• Describe your organisational systems that ensure you have appropriately credentialed and qualified staff to deliver quality and safe services. Include information on recruitment and orientation, scope of practice, performance review, relevant professional membership(s), and/or professional registration, supervision and ongoing development.

• Provide the names, positions, brief CVs of the proposed key personnel who will undertake the works, and any relevant skills, training and credentialing. Advise if you will need to recruit some or all the required workforce, and/or if training would be required before staff can provide the services.

• Outline any innovative workforce approaches you plan to implement as part of your proposed service model.

4. Resource Management

Provide a response against the following aspects to demonstrate that the organisation is financially sustainable:

• Outline the systems within the organisation to ensure financial compliance and how financial acquittal and reporting obligations will be met. Include proof of your organisation’s financial sustainability (e.g. letter from accountant, audited financial report, summary statement.)

• Describe how your organisation’s proposal represents value for money.

• Provide a breakdown of all costs associated with your proposal to deliver the services: including hourly rates, travel, accommodation, materials, and any establishment one-off costs (please provide cost inclusive and exclusive of GST). Please use the attached budget template.

• Outline the approach that your organisation takes to ensure that physical assets are managed in accordance with recognised best practice.

• Provide details of current insurances including type, insurer, policy number, value of cover and expiry date. (Preferably provide copy of certificates).

Total: 100%

5.4 Assessment process

Primary Health Tasmania will form a tender assessment panel, which will include internal representatives, along with external expertise from the alcohol and drug sector and an independent probity advisor. The panel will be guided by a number of fundamental principles in undertaking this role, including:
• independence
• expertise, knowledge and experience
• ethics
• conflict of interest
• confidentiality and security of information.

Primary Health Tasmania will assess tenders based on the 4 criteria using a weighted evaluation methodology (shown as percentages in Table 6), along with consideration of:

• statewide needs
• distribution of services, and
• comparative value for money of proposals.

Primary Health Tasmania acknowledges that some aspects of effective service models will require development over time and that applicants may not have all the components in place at the time of preparing the tender application. Where components are not in place, applicants are asked to:

• describe the current status and steps and time that will be taken to establish these components, including any areas of identified need for support
• specify within the proposed budget if one-off funds will be required for these establishment activities.

5.5 Out of scope

Program funds cannot be used for the following:

• prevention services
• withdrawal management
• residential rehabilitation
• day stay
• pharmacotherapy
• capital works
• non-evidence-based treatment models
• court diversion programs
• clinical trials
• online and telehealth services
• to fully fund transport services, however, some reasonable allocation of funds for equitable access to activities associated with the service model may be considered
• services that duplicate or replace existing services provided by other organisations, including state and territory government services
• interstate travel/costs not associated with the funded service, any overseas travel or related expenses
• legal costs or compensation associated with employment related disputes or actions

5.6 Contract term

The contract term is from 1 March 2017 – 30 June 2019. After being notified as a successful tender, successful providers will be expected to work closely with Primary Health Tasmania during February 2017 to ensure preparedness for commencement of services on 1 March 2017.
5.7 Preparing and submitting your tender

- All tender applications must be submitted via Primary Health Tasmania’s Tenderlink portal https://www.tenderlink.com/primaryhealthtas/.
- Respondents are encouraged to seek clarification on issues relating to the tender. All questions on clarifications received from applicants during the open process must be submitted in writing using the online forum within Tenderlink.
- When a question is received, the Primary Health Tasmania procurement advisor receives all alerts around questions and will liaise with the project support officer/project manager to obtain the necessary response accordingly. Responses will be made available on the Tenderlink online forum.
- Further information on the general terms and conditions can be found at Tenderlink.
## 5.8 Key dates for alcohol and other drug service commissioning

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Request for Proposal invitation and assessment milestones</strong></td>
<td></td>
</tr>
<tr>
<td>2 December 2016</td>
<td>Request for Proposal opened via Tenderlink at <strong>4pm</strong></td>
</tr>
<tr>
<td>12 January 2017</td>
<td>Tender applications close at <strong>2pm</strong></td>
</tr>
<tr>
<td>16 January – 27 January 2017</td>
<td>Tender evaluation, shortlisting and selection</td>
</tr>
<tr>
<td>13 February – 22 February 2017</td>
<td>Contract negotiations and execution (including submission of detailed project plan and finalisation of specific outcome measures, monitoring and reporting)</td>
</tr>
<tr>
<td>24 February 2017</td>
<td>Debriefing unsuccessful tenderers</td>
</tr>
<tr>
<td>1 March 2017</td>
<td>Commissioned activity commences</td>
</tr>
<tr>
<td>30 June 2019</td>
<td>Contract completion</td>
</tr>
</tbody>
</table>