

# Advocate

The eMagazine of the Network of Alcohol and other Drugs Agencies

Issue 2: June 2017

## Primary Health Networks

### Commissioning AOD services

#### Also inside

- Odyssey House
- Orana Haven and Weigelli Centre
- ACON
- The Salvation Army



**NADA**  
network of alcohol and  
other drugs agencies



# CEO report

Larry Pierce

NADA

In 2016 the Australian Government enhanced the Primary Health Networks' (PHNs) role to become commissioners of alcohol and other drugs (AOD) services: firstly in relation to the National Ice Action Strategy funding initiatives, and then, more broadly, in relation to the Department of Health Drug and Alcohol Program (formerly the Non Government Organisation Treatment Grants Program and the Substance Misuse Service Delivery Grants Fund). Together, these grant programs account for between thirty to fifty per cent of the total government NGO funds received by NADA members.

As many of you are aware, the initial commissioning processes conducted by the PHNs in NSW and the ACT has been not without its difficulties in terms of service specification, selection and contracting processes. Difficulties have arisen from the fact that AOD is a new area for many of the PHNs, and because they are independent organisations with different commissioning and contract management processes. They have also had to work to tight timeframes determined by the Australian Government to meet community expectations in response to methamphetamine. Positively, each PHN is required to publish basic details of the grants they have awarded so that the sector can see the newly funded projects, and how they fit in to the overall mix of specialist services in NSW.

And so this edition of the Advocate focuses on the journey our sector and the PHNs are now taking together. It showcases the new and enhanced services that will change the treatment landscape in NSW.

NADA made it a priority to actively engage with all the PHNs from the outset. We provided them with data, a planning tool, and local and statewide information to support their local needs assessments processes and inform their thinking for commissioning processes to expand AOD treatment in NSW. We gave each PHN a comprehensive list of the NADA members in their geographic area, provided them with the NGO AOD sector taxonomy as well as a range of relevant resources we had produced on behalf of the sector. We have met with all of the AOD officers in the PHNs and attended the NSW/

ACT PHN CEOs Network meetings to brief the CEOs on a range key issues. Finally, senior NADA staff, including myself, were invited to sit on a number of tender selection panels convened by the PHNs in relation to the funding commissioning process—and we contributed to their applications selection thinking and decision making. All of this, I think, has contributed to the high regard that they hold for NADA as a peak organisation and a key partner in their process of developing a deeper understanding and knowledge of the NGO AOD sector in this state.

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**NADA encourages you to continue to develop the relationship with PHNs, and work with them as partners in better AOD service delivery.**

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So, where does this all leave us? We believe our sector is in a very healthy position regarding the PHNs into the future. Also, I'm sure you have all done some strategic thinking and had some fruitful discussions with your PHN. Working with the PHNs, assisting them with their service development thinking and their service contract management processes, leaves us in a better position, as they are, and will continue to be, commissioners of NGO AOD program funding. The benefit is that they are local, with direct responsibility to the populations and specific needs groups they serve. Developing supportive relationships with you—the community based AOD treatment specialists—is in their best interests as well.

NADA encourages you to continue to develop this relationship, move beyond seeing PHNs as funding bodies, and work with them as partners in better AOD service delivery. Help them understand the complexity of the clients we service: the interrelationships between AOD specialists and numerous services in health, social services and the criminal justice system; and the range of medical conditions that affect our client groups.

I believe, as a sector, we know how to make a positive difference and help guide the PHNs in fulfilling their role as local planners and commissioners of specialist NGO AOD services.

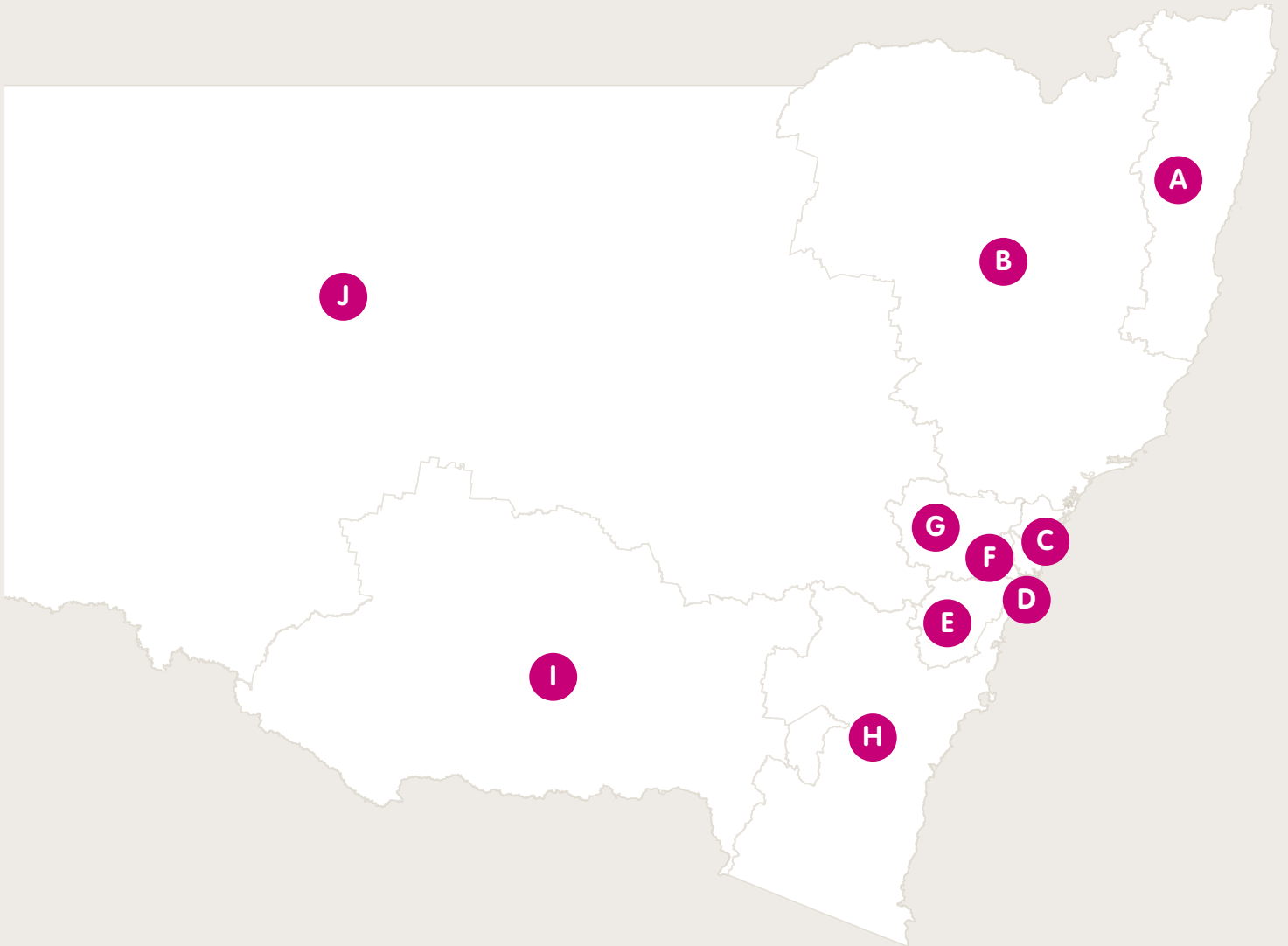


# PHNs working together

Building capacity and partnerships

Natalie Cook

NSW/ACT PHN Coordinator



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## PHNs working together continued

### Primary Health Networks

In July 2015, 31 PHNs commenced operations across Australia; 10 of which are in NSW. These Australian Government funded organisations have been established to:

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

PHNs are a valuable addition to the health care system: assessing and planning services, responding to gaps and areas of priority in their regions, and importantly working in partnership with a range of stakeholders to commission services. PHNs have received some funding to commission AOD services, to complement existing AOD services, to support people impacted by problematic substance use.

### A network within the networks

The 10 PHNs in NSW agreed early in their establishment that working together would be valuable—to both their individual organisations, and to the people in their regions. To that end, there are a range of networks that operate across the state, one of which is the NSW/ACT PHN AOD Network. All 10 NSW PHNs and the one ACT PHN are represented in the membership.

The network provides a forum to share information, collaborate on priority projects, and act as a central point of communication for external stakeholders, secondary to the NSW/ACT PHN CEO Forum. Bi-monthly face to face meetings and an online sharing platform ensure that members can meet key stakeholders and learn and share from others' experience. Guests at recent meetings include the Agency for Clinical Innovation (ACI), the NSW Ministry of Health's Drug and Alcohol Branch, the NSW Justice Health Network, Network of Alcohol and other Drugs Agencies (NADA), the Aboriginal Health & Medical Research Council (AHMRC), and the Community Restorative Centre.

The network supports, but does not replace, the work done locally by each PHN. While there are opportunities to share resources, and gain efficiencies, PHNs are regional organisations responding to regional need, and as such there will be differences in approach, which is appropriate and necessary.

### Current projects and collaborations

The network is developing a Shared Care Model of Care. The aim is to enhance the healthcare of patients in the primary care sector with AOD issues, through specialised

clinical support from public AOD services. The proposed model will include a review of the latest evidence, which ACI is commissioning, to support the PHNs. A Workforce Capacity Tool, Implementation Plan, and an Evaluation Framework will also be developed.

In collaboration with NADA, a number of PHNs are collaborating on the development of AOD Guidelines for Working with Aboriginal and Torres Strait Islander People. This will complement any existing resources, and provide a valuable resource for providers delivering AOD services to Indigenous Australians.

From 1 July 2017, the Australian Government is transitioning a portion of the current funding arrangements for AOD treatment services (former Non Government Organisation Treatment Grants Program and Substance Misuse Service Delivery Grant Funds) to PHNs, and amendments have been made to relevant PHN program guidelines. PHNs are working with stakeholders locally to ensure a smooth transition, and collectively, to support each other. The NSW PHNs continue to work with the Australian Government Department of Health, who are administering these programs until the end of June.

### Working together

There are several other state-based content expert PHN Networks, including mental health and population health, data and information. The AOD Network collaborates with these to ensure a joined up, comprehensive system across NSW PHNs, which can better respond to the needs of their local communities and local clinicians.

The NSW/ACT AOD Network will continue to identify and progress opportunities within PHNs and with key external stakeholders. PHNs are committed, both at an individual and on a collective basis, to ensure the people of NSW receive the best possible care for their AOD needs. The following pages provide specific examples of the commissioning already occurring across the state.

**If you would like more information about the NSW/ACT PHN AOD Network, please contact Natalie Cook (Coordinator) at [ncook@snhn.org.au](mailto:ncook@snhn.org.au) or Craig Parsons (Chair) at [cparsons@snhn.org.au](mailto:cparsons@snhn.org.au).**



# PHNs

## Commissioning AOD services

In October 2015, the Final Report of the National Ice Taskforce was submitted to the Australian Government, detailing strategies to address the high level of drug use—particularly methamphetamine use—in Australia. A key recommendation from the report was tasking PHNs with the role of ensuring AOD treatment services within their region met the needs of their local population. With a comprehensive understanding of the health needs of our community, as well as strong partnerships with our local health districts, speciality health networks, and health professionals, PHNs are perfectly positioned to take on this new role.

The announcement coincided with changes in the Australian Government Department of Health guidelines which saw a shift away from PHNs directly delivering frontline services, in favour of a commissioning model. Under this model, PHNs are responsible for identifying health needs in our region and using our commissioning funds to procure the provision of services from external providers to address identified needs. In response to the National Ice Taskforce Report, the Federal Government committed \$241.5 million to primary health networks to increase AOD treatment services—including addressing methamphetamine use—across Australia.



# North Coast PHN

## Improving community access to rehabilitation

Elizabeth Davis

Coordinator—Drug and Alcohol Services

**North Coast PHN** (NCPHN) has funded **The Buttery** to deliver CORE, a new six-week long community rehabilitation program in Northern NSW. CORE will fill a gap between low intensity counselling services and long-term residential programs.

The CORE program is designed to meet the therapeutic needs of substance users such as single parents and others with commitments that restrict their entry into a long-term residential program. This intensive 'stepped care' program of proven psycho-educational and therapeutic modules will give clients the support they need to deal with the triggers contributing to their AOD dependency.

The program will run between 9am and 3pm five days a week for over six weeks, followed by supportive after care. Referrals can also be made to health and social services to meet immediate and longer term goals. The program will rotate between Lismore, Byron Bay and Tweed Heads over 12 months to maximise client reach and service access.

CORE is a welcome addition to services as it will overcome a number of barriers to clients seeking treatment. As well as being run during school hours, it helps clients access the program through provision of child care and transport.

The program will particularly help clients for whom lower intensity interventions did not work; those who recently completed a withdrawal program and want to prevent relapse; and people who have left a residential program and want to strengthen their recovery. CORE will also work to lower relapse rates and reduce demand for repeat treatment by offering intensive post-detox and post-residential day stay programs.

The Buttery's Outreach Program Manager Krystian Gruft said the CORE program was unique in Northern NSW.

'It offers an opportunity to participate in intensive treatment while living at home and needing to deal with triggers such as walking past the bottle shop or a dealer's house. We were very fortunate to recruit highly experienced and qualified staff who are thrilled to take on the challenge to develop this new program. CORE will benefit individuals, families and our community.'

Key features of the CORE program include:

- tailored treatment to meet the identified needs of local clients
- an integrated, holistic, person-centred approach, supporting clients with relationships, employment, finance, health, and psychological and social functioning
- linking to local resources and services to improve care coordination during and after the program
- therapeutic interventions including cognitive behavioural therapy, motivational enhancement therapy and mindfulness based therapies (ACT and DBT) that are based on best available research
- flexible content and a mix of compulsory and elective modules to accommodate individual needs and different stages of change
- tailored treatment that is culturally appropriate and responsive to diversity
- building a strong sense of health and social connection for those in recovery
- building on The Buttery's referral networks with local mental health services and other organisations to optimise client care and coordination
- intensive support for clients with mental health issues via The Buttery's dual diagnosis outreach program
- referral of clients not yet stable enough for the program to specialised acute services
- exit planning including referrals to ongoing support options and assertive follow-up
- intercepting the progression from a one off slip to a full-blown relapse by offering an open-door policy to client re-engagement
- external presenters to inform clients about local health and support resources.

**The Buttery, which is located at Binna Burra, has been delivering support services in the AOD sector in the Northern Rivers since 1973. NCPHN is excited to be working with The Buttery to offer a service that will make a real difference to people's lives in Northern NSW. For more information visit [ncphn.org.au](http://ncphn.org.au).**





# Hunter, New England and Central Coast PHN

## More access, better connected AOD services

Miranda Halliday

Drug and Alcohol Planning and Policy Officer

**Hunter, New England and Central Coast PHN (HNECCPHN)** identified the following key priorities for the region:

- increase access to treatment for vulnerable populations: Aboriginal and Torres Strait Islander Peoples; pregnant women and those with young children; people experiencing co-occurring mental illness and substance misuse, youth and people exiting the justice system
- improve regional coordination and service integration amongst the primary care and community-based AOD service sectors through regional AOD networks
- support the workforce to provide evidenced-based, culturally-appropriate and integrated AOD treatment through a Quadruple AIM evaluation approach.

### Commissioned services

#### Hunter

**Hunter Primary Care** will provide new psychological counselling services to people who are at risk, or who are in the early stages of difficulties with AOD use.

**We Help Ourselves (WHOS)** Hunter Valley offers a residential treatment program. This service has expanded to include low to moderate withdrawal management.

**WHOS** will provide a new aftercare service to support clients transitioning from residential treatment, including clients returning to the Hunter from other facilities, to secure stable and safe accommodation. They will link clients to social skills training, employment or education opportunities, family and children services, health and wider community service support programs.

#### New England

**Freeman House** has expanded with six new beds; four beds for clients presenting with complex needs and two units for parents with children.

**Rosalie House** will deliver a post withdrawal non-residential AOD rehabilitation day program for men and women, six-week group and individual support and aftercare case management for up to 12 months' post completion.

**St Vincent De Paul Society** will deliver mobile AOD support to people living in the New England North West. This will increase access to case management and psychosocial counselling, and after hours' telephone support will be provided to clients across the program areas. These services

link longer term residential, community based programs and withdrawal management for men and women experiencing substance dependence, including co-occurring disorders. All St Vincent De Paul Society AOD services partner with Armajun Aboriginal Health Service, Wellington Aboriginal Community Controlled Health Service and Pius X Aboriginal Corporation.

**Armajun Aboriginal Health Service** will provide new services including: assessment, care planning, referral, case management and now includes an expanded counselling and ambulatory withdrawal management program through PHN funding.

**Ted Noffs Foundation** will deliver counselling services for local Indigenous and non-Indigenous young people 12 to 25 years old in the Moree area. This service partners with Beyond Empathy to run a small recording studio to engage young people to the service, as well as offering creative opportunities for expression.

#### Central Coast

**Kamira**, a residential AOD service for women with or without children, including pregnant women, has expanded with three additional beds.

**The Glen Centre** is a 12-week male residential program based on the 12 step programs of Alcoholics Anonymous and Narcotics Anonymous. The centre has expanded with six additional beds.

The expanded Aboriginal Health Wellbeing team at **Yerin Aboriginal Health Services**, focussed on supporting youth and adults with mental health and AOD issues, provides enhanced care coordination services including support to access local community services and supported access to acute services such as detox and rehabilitation services.

### On the horizon

HNECCPHN will fund AOD capacity building and workforce development activities for Aboriginal Medical Services, GPs and primary care providers; increase telehealth facilities; and resource research and evaluation projects to improve patient experiences and outcomes in the primary care AOD treatment sector.



For more information  
visit [hneccphn.com.au](https://hneccphn.com.au).



# Sydney North PHN

Together for better health, better care

Lynelle Hales

Chief Executive Officer

In 2016 **Sydney North PHN** (SNPHN) undertook an initial AOD needs assessment which identified vulnerable populations and AOD priority needs within the region, including Aboriginal and Torres Strait Islander people; lesbian, gay, bisexual, transgender, and intersex (LGBTI) people; culturally and linguistically diverse communities (CALD); young people; and women. SNPHN has developed an Integrated Commissioning Framework embedded with the principles of co-design and engaged stakeholders extensively in the consultation to identify gaps in current AOD service provision. The SNPHN AOD and Mental Health Advisory Committee, is well represented from the across region, including general practice, consumers and the local health district (LHD), supported the development of a shared vision for the region for the future of primary care-based AOD services.

Treatment that supports adults and youths was identified as an area requiring new investment, specifically in the form of non-residential day programs that will complement existing and established services, but crucially, meet an identified gap in current management of AOD rehabilitation within the region.

SNPHN approached the market through an open request for proposal for innovative models to address the gaps in current AOD service provision in the region. SNPHN engaged a fully representative and broad evaluation panel to assist in the procurement process—including peak body, lived-experience representation, GPs, the LHD and senior SNPHN staff. In addition to further consultation with the SNPHN Mental Health and Advisory Committee, Community Council, Clinical Council, the SNPHN Board made the strategic decision to award the commissioning outcomes.

## Commissioned services

The first commissioned service, a partnership between **Odyssey House McGrath Foundation** and **New Horizons**, is delivering an AOD rehabilitation day program for up to 400 adults a year. This adult non-residential day program provides intensive rehabilitation and relapse prevention—with additional provision for women, who have been identified as being a vulnerable population within the region. The organisations have also developed with the local Aboriginal community a specific AOD program that includes Aboriginal appropriate workforce competency education and the hiring of an Aboriginal liaison worker.

In addition, and as part of a range of AOD rehabilitation programs, the SNPHN have also commissioned a youth specialist day rehabilitation program to be operated by the **Sydney Drug Education and Counselling Centre**. This service will provide a support program for young people aged 14 to 25 years across the region, who are experiencing moderate to severe AOD addiction, including ice addiction.

And finally, **ACON** will deliver non-residential AOD treatment services to LGBTI community members residing in the region.

SNPHN has also developed an AOD Shared Care Model for the region. This project, once fully operational, will build capacity in general practice to manage people with AOD issues in the community. The project involves:

- providing specialist outreach services directly to general practice in the Northern Sydney region
- developing an AOD Active Learning Module and AOD Health Pathways (a clinical referral tool for GPs, nurses and allied health professionals)
- creating an information and resource pack for GPs including promotional materials to reduce stigma and encourage patient identification, screening and assessment tools, information about local AOD services and referral/intake processes, template treatment and management plans.

## Next steps

SNPHN will, via our proactive commissioning management approach, support commissioned services with successful implementation and delivery of services within Northern Sydney. These AOD treatment services will enhance access to much needed primary care based AOD rehabilitation services across the region and improve the coordination and efficiencies between AOD, mental health and other health services. Collectively this will better enable those people affected by AOD to remain healthier in the community with greater support.



For more information, visit

[sydneynorthhealthnetwork.org.au](https://sydneynorthhealthnetwork.org.au).





# Central and Eastern Sydney PHN

## Building foundations for sustainable AOD services

Dr Michael Moore

Chief Executive Officer

Awarding funding for AOD treatment services across our region has been a rigorous process, shaped by our 2016 Alcohol and Other Drugs Needs Assessment, extensive consultation with our local community, as well as a competitive tender for contracts. A panel of **Central and Eastern Sydney PHN** (CESPHN) and independent representatives considered a wide range of applications. Key qualities demonstrated by the successful organisations included the ability to deliver evidence-based AOD treatments which target underserved locations and priority populations identified in our 2016 Regional Baseline Needs Assessment.

There is no one-size-fits-all solution. We believe a diversity of direct treatment approaches, as well as sector workforce development, are essential to achieve better health outcomes for people affected by AOD misuse.

### Commissioned services

#### AOD treatment services

The **ACON** Substance Support Program will enhance counselling and care coordination for LGBTI people experiencing problematic substance use. Funding provided will allow a further 288 people, including family members and key supports to access this program.

The **Community Restorative Centre** Transitions Project will provide outreach services, community based rehabilitation and psychosocial counselling for more than 140 people, with problematic AOD addictions and complex support needs who are exiting prison. This will include a specific service for Aboriginal and Torres Strait Islander people.

Based in Redfern, with two outreach centres in Canterbury and Botany, **Odyssey House** will provide four recovery groups for people living with co-occurring substance misuse and mental health conditions. Further support will be provided for individuals through aftercare, community rehabilitation and one-to-one counselling.

More than 285 additional withdrawal support services will be provided through the **WHOS** Withdrawal Management Service, for people presenting for admission to WHOS' residential rehabilitation programs at Rozelle.

### Developing the workforce

The **NSW Users and Aids Association** (NUAA) volunteer program will be extended, with the provision of a skill development program, increasing access to peer supported hepatitis C treatment, support of workforce re-entry and establishment of four 10-week support groups for women who use drugs and experience intimate partner violence.

**South Eastern Sydney Recovery College** will develop an education stream informed by lived experience; bringing together mental health and AOD services within **South Eastern Sydney LHD** (SESLHD). Five courses will be delivered from St George and the Langton Centre in Surry Hills. SESLHD will provide three 12-week Dialectical Behaviour Therapy informed group counselling programs and individualised care review for people with substance use concerns across Surry Hills, and underserved locations of Sutherland and Botany.

*A diversity of direct treatment approaches as well as sector workforce development is essential to achieving better health outcomes.*

We have funded a **SESLHD, Sydney LHD** and **St Vincent's Health Network** consortium to provide a region wide GP Liaison AOD project. Clinical nurse liaison staff will work with GPs to support people with AOD concerns. This will include an education campaign to address the priority area of overprescribing of pharmaceutical opioids; in addition to establishing better referral pathways for AOD treatment within the community.

### Laying strong foundations

CESPHN is committed to ensuring quality, culturally appropriate provision of AOD treatments, as well as improved referral pathways between primary care and specialist treatment for Central and Eastern Sydney. These services will address key service gaps as identified through our needs assessment to build the foundations for a sustainable local AOD treatment system within our PHN.



For more information visit [cesphn.org.au](http://cesphn.org.au). To download the AOD needs assessment report, [click here](#).



# South Western Sydney PHN

Creating connections for better health outcomes

Michelle Roberts

Integrated Health Manager

**South Western Sydney PHN (SWSPHN)** spans seven LGAs, with a population of almost one million people. CEO Rene Pennock said 'We are committed to enhancing and connecting primary health care, so residents and patients with drug and alcohol issues achieve better health outcomes.'

'The commissioning of the AOD services was the culmination of more than 12 months of consultation with GPs, drug health services, consumers, peak bodies and stakeholders in the sector to assess local needs and service gaps.'

## Commissioned services

The AOD services will be delivered by four key organisations in the sector: ACON, Odyssey House, St Vincent de Paul and the Salvation Army.

The organisations have been funded to provide withdrawal management, after care and psychosocial counselling and support services for the local community including targeted populations such as the LGBTI community, Aboriginal and Torres Strait Islander people, young people aged 12 to 25, and for people with dual AOD and mental health concerns.

'What we found was there was an obvious gap in services for young people seeking help for addiction to AOD and there were far too many young people being bumped from one service to another,' Mr Pennock said.

'We also found GPs were crying out for more information and better linkages to appropriate services for their patients and their patient's families, and conversely that the services didn't understand how GPs can play such a vital role as AOD treatment providers.'

To assist GPs to access AOD services, South Western Sydney healthPathways are currently being developed.

Together, ACON, Odyssey House, St Vincent de Paul and the Salvation Army will also play a key role in working with the PHN to build the capacity of local GPs in the ongoing management of patients with AOD issues and to improve referral pathways between primary health treatment services.

Key features of the four commissioned services include:

**Odyssey House** will provide psychological counselling, care coordination, after care, and case management services for adult clients with co-occurring AOD and mental health issues. Services will be available at multiple sites across South Western Sydney including outreach services at Tahmoor, Bowral and Bankstown. Odyssey House will also provide withdrawal management through the new GP shared care model embedded within general practice.

**St Vincent de Paul** will use the funding to enhance its six-week non-residential rehabilitation day program currently delivered in Campbelltown with other services including before and after care, psychosocial counselling, case management, psychosocial education groups and support groups for adults with AOD dependency or misuse. Outreach services will also be available in Liverpool, Fairfield and Warwick Farm. St Vincent de Paul will also work with local Aboriginal communities in South Western Sydney to support and deliver culturally appropriate AOD treatment services.

**ACON** will use its deep understanding of AOD and broader health issues affecting LGBTI to offer support for individuals, their partners, family and friends through digital resources and Skype counselling. ACON will also provide training to local GPs and other AOD service providers on recovery specific for LGBTI clients and will introduce its stepped care model to residents in South Western Sydney.

**Headfyrst (Salvation Army)** Headfyrst is an innovative, integrated AOD mental health co-morbidity service providing treatment, counselling and support services for young people aged 12 to 25 years. Headfyrst is a collaboration of the Salvation Army's youth services, Youthlink, and headspace. The service, new to South Western Sydney, aims to be accessible and responsive to the individual needs of young people with these dual needs and will set up outreach services in Liverpool, Campbelltown and Bankstown. Headfyrst will also work towards improving linkages between providers, including GPs, in care pathways for young people.



An Australian Government Initiative

For more information,  
visit [swsphn.com.au](https://www.swsphn.com.au).



# COORDINARE South Eastern NSW PHN

## Embracing diversity

**Christina Sutcliffe-Thomas** Service Development & Performance Manager, Drug & Alcohol

**COORDINARE—South Eastern NSW PHN** is well-placed to commission AOD services on the basis of local needs and ensure the coordination of services across the continuum of care.

The organisation has undertaken a comprehensive review of AOD services across the region. This included consulting with consumers, carers, and service providers, as well as undertaking a needs assessment to identify the many and varied communities and their respective treatment needs, gaps in available services and opportunities for evidence based responses.

This work has led to the development of our Drug and Alcohol Treatment Activity Work Plan 2016-2019 which articulates a range of activities to meet the needs identified, and has informed our subsequent commissioning process undertaken in December 2016.

COORDINARE's approach to commissioning aims to establish innovative and responsive AOD treatment services based on best practice and contemporary models of care, at the same time ensuring that they appropriately meet the diverse needs of our communities, are customised accordingly and delivered locally. This includes focusing on programs specific to Aboriginal and Torres Strait Islander people, building service capacity and workforce capability, and services for high needs populations.

COORDINARE received a number of submissions from prospective providers through an open tender process. Following a comprehensive evaluation, the organisation has decided to commission two organisations to provide targeted services across Southern NSW.

### Commissioned services

COORDINARE is pleased to announce that **ACON** has been successful in its proposal to help improve the response to the problematic use of AOD among LGBTI people in South Eastern NSW.

ACON will be funded to increase mainstream AOD and primary health care services to respond effectively to LGBTI people experiencing problematic AOD use, accessing support through the delivery of training, coaching and case review support. They will also provide training for

mainstream AOD services, to improve the inclusiveness of these services so they can better respond to the needs of LGBTI clients.

COORDINARE has also selected a preferred provider for AOD treatment and support services in Southern NSW.

This provider will use a stepped care case management model to provide community based non-residential treatment (for people 16 years and over), via a hub and spoke model (with hubs in Cooma-Monaro and Eurobodalla). It will encompass early intervention for at risk individuals through to more intensive case management for those with more severe substance use and complex needs, with access to withdrawal and rehabilitation programs, as needed. Family sensitive services to support family members and carers, through counselling, education and facilitation of self-help groups will also be available.

A formal announcement will be made shortly once a commencement date with the successful service provider is known.

### Future opportunities

Consultation with community and Aboriginal Medical Services (AMS) has highlighted that rehabilitation services specific to Aboriginal and Torres Strait Islander women (and their children) are imperative. A recent rapid review enumerated several barriers to treatment, including stigmatisation and marginalisation and fear of notification to child protection services, and identified a women's-specific rehabilitation service as a state-wide priority.

COORDINARE is currently working with its AMS and community on the development of potential community-based approaches to support Aboriginal and Torres Strait Islander women with AOD use issues, through a co-design process.

We look forward to further developing our services across our region and working with our stakeholders and partners.



For more information, visit [coordinare.org.au](http://coordinare.org.au).



# WentWest Western Sydney PHN

The right help at the right time

Walter Kmet

Chief Executive Officer

**WentWest** is the **Western Sydney PHN (WSPHN)** and we share a regional border with our Western Sydney LHD partner. We are committed to building the capacity and capability of the primary health and NGO sectors in our region.

With a total population of approximately 900,000 the WSPHN region is the home of the largest urban population of Aboriginal people in Australia. Our population is highly diverse and growing rapidly. AOD services are evolving in response and the WSPHN is part of that evolution—commissioning new and extended services for marginalised populations.

Aboriginal and Torres Strait Islander people are a priority population for our AOD program, as are CALD people, people with co-occurring mental health issues, LGBTI, young people, families with children needing to access services, older people, homeless people and people leaving prison.

## Commissioned services

- **Marrin Weejali Aboriginal Corporation's** Healing Minds, Healing Spirits helps families navigate multiple barriers to accessing AOD and mental health services.
- **Drug and Alcohol Multicultural Education Centre (DAMEC)** is delivering culturally AOD treatment and support for families. Importantly services are provided in the client's first language for CALD communities.
- **Salvation Army** is working with headspace to provide the headfirst service in Castle Hill, Mount Druitt and Parramatta to provide treatment services to young people with AOD and also mental health challenges.
- The **Ted Noffs Foundation's** Street University is now providing an extended AOD treatment service from Mount Druitt with eight outreach sites for young people, aged between 12 to 25 years. The service offers AOD counselling and ongoing support through the arts and music programs.
- **Odyssey House Community Services** Blacktown is delivering counselling, group support and education to people affected by AOD including co-occurring mental health issues. The service will provide support to: pregnant women including with children, homeless people, people leaving prison and the wider community within the Blacktown and Doonside areas.

- **Hello Sunday Morning** is providing the smartphone app Daybreak via the affected person's GP. The initiative enables access to a support network and trained coaches to help reduce alcohol intake.

A key focus is building the AOD services' capacity to respond to the specific needs of consumers from priority populations. In October 2016 we ran a consumer co-design workshop to explore consumer journeys with local service providers. This has led to commissioning a project to foster consumer voices and leadership in AOD service design.

We are also currently working on contracts to fill gaps related to: engagement in AOD care from primary health providers, support for families with family members facing AOD dependence, intensive case management to help men leaving prison following short sentences reintegrate into the community and access AOD services, and the needs of CALD communities.

[AOD Western Sydney HealthPathways](#) are currently being localised for western Sydney thanks to subject matter expert contributions from Drug Health WSLHD, Primary Health and NGO providers. These pathways will be the source of truth for GPs, nurses and allied health professional practice and referrals and will be reviewed regularly.

In May 2017 WSPHN convened the AOD and mental health sectors at the Connections Conference to consider how to move away from working in silos so that consumers with co-occurring conditions receive better integrated care.

## Coming soon

We have a tender opening soon to provide a methamphetamine treatment trial for longer term users. This tender will be advertised on Tenderlink so please register on the site so that you are notified when the tender opens.



For more information, visit [wentwest.com.au](http://wentwest.com.au). To download the AOD needs assessment report, [click here](#).



# Wentworth Healthcare Nepean Blue Mountains PHN

## Co-design and capacity building to address high needs

**Olga Christine**

Manager, Alcohol and other Drugs Program

Wentworth Healthcare is the provider of the **Nepean Blue Mountains (NBM) PHN** and includes the four diverse LGAs of Blue Mountains, Hawkesbury, Lithgow and Penrith. We work closely with the NBM LHD for regional planning.

Our needs assessment has identified as high priorities non-residential AOD treatment involving capacity building, and special needs populations including Aboriginal people and ex-prisoners. There are four correctional centres in our region.

There is a high proportion of Aboriginal people living in NBM. There are however, no Aboriginal Controlled Health Services currently operating in the region. There are limited AOD services available in the NBM region and current capacity and involvement of primary care in AOD treatment is low.

### Co-design for responsive services

A key challenge for PHN AOD commissioning has been matching identified needs with available services and avoiding one-size-fits-all approaches to service delivery. Research and service development is required to support desired outcomes and all of the services identified to commission are new and do not already exist. We encourage the development of innovative and evidence based models of care.

NBMPHN is committed to meaningful engagement and the co-design process. We established a regional AOD advisory committee to inform the development of commissioning strategies and needs assessment findings. Stakeholders on this committee represent regional NGOs and other organisations involved in service delivery. This committee will have an ongoing role in regional planning for AOD services.

NBMPHN conducted broad Aboriginal community consultation across all LGAs. Following this, a joint Aboriginal advisory committee between NBMPHN and NBMLHD for AOD and mental health was established in consultation with the Aboriginal communities in each of the four LGAs, who subsequently nominated two representatives per LGA. This committee guides the development of Aboriginal specific approaches to commissioning with 13 Aboriginal representatives. Priority areas for commissioning have been refined and endorsed by this committee with support for unique approaches to seeking and evaluating proposals leading to the development of more culturally appropriate RFP process.

### Commissioned services

#### Mainstream AOD services

NBMPHN has commissioned **Dianella Cottage** Lithgow Outreach Service which is a non-residential rehabilitation service for women with substance use problems co-occurring with mental illness in Lithgow. Lithgow had no AOD rehabilitation services until we commissioned this service.

Other services in the procurement phase of the cycle are: **Early intervention with screening and brief intervention for young people engaged in risky behaviour with focus on poly-drug use and ice** We are working with NGOs to commission a regional service to reduce the likelihood of progression to regular AOD use, especially ice.

**Aftercare and relapse prevention following treatment for substance use** We are seeking to reduce the risk of relapse following AOD treatment by increasing capacity of NBM AOD services to provide aftercare programs.

**Professional education for general practice and allied health professionals to build workforce capacity** Two tiers involve: 1) general AOD education 2) advanced small learning groups. HealthPathways for AOD are currently being rapidly localised to support commissioning of AOD professional education for general practice.

Dual diagnosis capable services have been identified as a priority for commissioning.

#### Aboriginal specific AOD services

Aboriginal specific services currently being commissioned:

- case management and counselling for complex needs for AOD treatment including dual diagnosis
- early intervention (brief) including a connection to culture early intervention program for young people at high risk of AOD (especially ice) as protective measure for progression to risky drug use
- Aboriginal workforce development for AOD and mental health including scholarships for Indigenous AOD workers.



For more information, visit [nbmphn.com.au](http://nbmphn.com.au). To download the AOD needs assessment report, [click here](#).



# Murrumbidgee PHN

## Partnerships for health and resilience

James Lamerton

Chief Executive Officer

**Murrumbidgee PHN** (MPHN) works closely with Murrumbidgee LHD (MLHD), other key stakeholders and local communities to identify, and address, our priority areas. With the region's minimal existing infrastructure, particular throughout rural communities, the investment of funds based on unmet needs is a complex process.

The key identified priorities are:

- no specialist AOD services targeting pregnant women and new mothers, and concerns about foetal alcohol spectrum disorder
- excessive demand for existing services, which can lead to limiting help-seeking behaviour
- health consequences associated with binge alcohol use and drug taking leading to a high number of alcohol-related hospital admissions
- AOD use among the high-risk LGBTI community and people with mental illness.

### Commissioned services

We commissioned a provider of medium-high intensity AOD intervention to provide drug education, support, and counselling within a family based intervention framework for pregnant women and new mothers. This also provides an opportunity to focus on positive parenting and practical parenting skill development. Four teams in four subregions of MPHN are comprised of a midwife/nurse, counsellor and case manager.

AOD enhancement funding was provided to extend the capacity of existing local AOD treatment providers to support and deliver brief interventions to people waiting to access a service and improve post-treatment discharge support from residential rehabilitation settings.

We are currently funding specific AOD training for GPs throughout the region and have employed a GP in the role of GP liaison. The GP liaison is focused on working within the hospital system, providing a primary care perspective, with the objective being to improve the experience of care and transition between primary care and acute settings.

AOD innovation funding focused on evidence based, rapid-cycle, quality improvement activities and enhancements to build the capacity of local service providers within health and social care sectors while focusing on key high-risk groups.

MPHN funded LGBTI inclusivity training, delivered by **ACON**, to a broad range of stakeholders.

MPHN funded **Karralika** to introduce an evidence based screening and brief intervention tool for use by community support services who come into contact with people with mental illness. The project targeted people engaging in risky AOD use who are not currently engaged with the specialist sector, but would benefit from brief intervention.

MPHN funded **Lyndon Community** to deliver Drug and Alcohol First Aid, a tailored six-hour workshop providing information about drugs and alcohol misuse, effects, and treatment options. It provides practical strategies for use by individuals in their families, social circles and neighbourhoods, to help them identify and respond to people who have AOD problems.

Specialist AOD treatment providers have been commissioned to supply services into the Wagga Wagga and Griffith centres. The commissioned providers each employ an AOD clinician to work as part of the teams in each headspace centre.

We have commissioned a provider, to work closely with Aboriginal employment services, to identify and support Aboriginal people whose drug use is causing issues with gaining or maintaining employment. The range of interventions provided includes education, harm prevention, case management, counselling, and peer mentoring. Importantly, the integration between specialist AOD treatment provider and Aboriginal employment services ensures that participants also have access to pre-employment and work readiness programs, support for job seeking, and on the job training and support.

MPHN relies on transparent and collaborative partnerships with MLHD, the AOD non government sector, and particularly our existing local providers. Their input and wisdom surrounding PHN AOD investments are invaluable. When we all work together, the opportunities are endless.



For more information, visit [mphn.org.au](http://mphn.org.au). To download the AOD needs assessment report, [click here](#).



# Western NSW PHN

## Rising to regional challenges

Jim Herbert

Mental Health Manager

**Western NSW PHN** (WNSW PHN) covers both the Western NSW LHD and the Far West NSW LHD—a large geographical area with a population of only around 310,000 people. Vast distances and low population densities make the distribution of resources a challenging task, especially with the additional complexity of a limited workforce.

The basis for the approach that WNSW PHN has taken to planning and commissioning AOD services in the region is to increase the range of supports available to general practice. AOD workers and community liaison workers will be available to provide immediate clinical case management and support as well as the ongoing case management with a range of service providers that is critical to maintaining gains made in rehabilitation.

These services have been geographically located in regional centres where there are natural synergies with the LHD funded mental health and AOD programs, so that opportunities to integrate and collaborate with other services providers can be realised. Six hubs were identified and formed the basis of the tender, with three of these hubs having an Indigenous focus, although none of the hubs are exclusively Indigenous or non-Indigenous in their focus.

### Commissioned services

Service provision for the three general hubs of Dubbo, Cobar and Broken Hill were awarded to a partnership between the **Royal Flying Doctor's Service** and the **Lyndon Community**. This reflected the clinical AOD capacity of the Lyndon community and the clinical service delivery capacity of the RFDS.

The three Indigenous focussed hubs of Parkes/Forbes, Walgett and Bourke were awarded to a partnership between the **Weigelli Centre** and the **Orana Haven**, two Aboriginal focussed AOD programs that have been providing residential rehabilitation services to Aboriginal communities in western NSW for decades.

The aim of service delivery in all six hubs is to maximise the ability for general practitioners to manage AOD clients in their practice. This requires support from AOD workers, particularly in relation to the provision of specialised AOD clinical input, managing referral to secondary level programs provided by the LHDs and residential

rehabilitation programs. This support will also be critical to building skills and confidence in general practice.

Future opportunities for AOD services will be in relation to low intensity services and improved screening in general practice, increased specialist education for general practitioners and the development of a comorbidity workforce.

WNSW PHN will begin addressing low intensity intervention and improved screening with the implementation of the **Hello Sunday Morning** Daybreak Program and the **Black Dog** Stepped Care programs which together will improve the ability of general practitioners to identify and engage with patients around their AOD issues, and to provide a simple and cost free intervention where indicated.

Specialist education has been identified as a priority for general practice in the region, with a particular focus on knowing when and how to have the 'drug and alcohol conversation' with patients.

The establishment of a comorbidity workforce that can work on both mental health and AOD issues is critical to the sustainability of services. This will be a specific co-design opportunity for the PHN and the sector to identify what will be required of a comorbidity workforce in relation to skills, scope of practice and qualifications and will be a challenging piece of work. However, the effective merging of these services will be critical to providing seamless care for consumers who experience both mental health and AOD issues, as well as providing support to general practitioners who are trying to manage both in practice.

Another challenge for the provision of AOD services is the media focus on, and community perception of, the impact of ice. While ice is a dangerous and damaging drug, it is still to eclipse the impact of other drugs, in particular alcohol for its overall health impacts and damage done in communities. Although our communities are very vocal in their demands for services to deal with the impacts of ice, we must maintain AOD services that can respond to the spectrum of AOD issues.



An Australian Government Initiative

For more information,  
visit [wnswphn.org.au](https://www.wnswphn.org.au).



# PHN funding enables launch of Odyssey House Community Services

Julie Babineau

Chief Executive Officer, Odyssey House

Local communities are a key gateway to help people from all walks of life overcome AOD dependence and mental illness. Early intervention, treatment and after care delivered close to home, in collaboration with local support networks and tailored to local challenges make excellent sense. Accordingly, the rollout of significant federal government grants through the PHNs is a welcome development.

Like many community organisations receiving government funding, Odyssey House NSW has to make commercially viable and sustainable decisions, while always considering the very human need we serve and the personal and societal impact of our work.

In our 40th year of service—and with government grants up for tender—Odyssey House took the opportunity to extend its expertise and reach beyond residential rehabilitation and into the wider community. We decided to offer our evidence based treatment for drug dependence and co-occurring mental illness through short-term day services and to do more in early intervention and relapse prevention.

Securing grants from four PHNs in the recent round of funding has enabled us to action that vision.

In May we launched Odyssey House Community Services, providing AOD services across twelve sites in the PHN areas of Sydney North, Central and Eastern Sydney, Western Sydney and South West Sydney. Initially these grants run until June 2018, but it is hoped the PHNs will be assured of ongoing funding to enable longer contracts in the future. This would provide more certainty, help us attract and retain staff, underpin long-term planning and support ongoing service development as needs emerge.

Odyssey House Community Services is rolling out individual and group psychosocial counselling and rehabilitation day programs through four community hubs and eight outreaches to help clients overcome drug dependence, deal with the personal issues contributing to their dependence, manage any mental illness, learn coping and life skills, prevent relapse and access other support services.

Our collaborative, integrated treatment and support model provides people with the continuity of specialist care they need to regain their health and get back on their feet, while going about their daily lives in the community. Addiction

and any mental illness are tackled simultaneously, enabling clients to recover their health faster through tailored, stepped care treatment plans and to sustain their gains through coordinated local support.

By providing care targeted to each client needs, we aim to reduce barriers to treatment, make the system easier to navigate, increase the likelihood that people will engage and continue with treatment, and ultimately improve outcomes for individuals and families affected by AOD misuse.

In particular, Odyssey House Community Services will improve access and services for vulnerable groups including Aboriginal and Torres Strait Islander peoples, youth, pregnant women, parents with young children and people leaving the criminal justice system.

In some regions, our ability to tender for these large grants and deliver on our vision for Odyssey House Community Services was enhanced by joining forces with like-minded, local providers. In Sydney North, Odyssey House partnered with New Horizons, the largest provider of mental health services in NSW, utilising and building on their existing local networks and premises. In Western Sydney, Odyssey House acquired addiction counselling organisation Bridges, which has successfully served the local community around Blacktown for 39 years. In South Western Sydney, in addition to extending our community services locally, we are building the capacity of three GP clinics so clients can withdraw at home under their GP's care, as an alternative option to our withdrawal unit.

Naturally, our new partnerships with the PHNs are a vital part of our increased capacity to provide the best possible, high quality care to help people in the community dealing with AOD dependence and mental illness.

The Australian Government's commitment and funding through the PHNs provides the backing and investment the AOD sector deserves to deliver our professional help to those in need, and make sustainable and meaningful differences to measurably improve people's lives.



To learn more about Odyssey house, visit [odysseyhouse.com.au](http://odysseyhouse.com.au) or phone 1800 397 739.



# Supporting Indigenous regional communities

## Orana Haven and Weigelli Centre



**Daniel Jeffries**  
Chief Executive Officer  
Weigelli



**Norm Henderson**  
Chief Executive Officer  
Orana Haven

Orana Haven and the Weigelli Centre Aboriginal Corporation gained funding through Western NSW PHN to establish an assessment and referral service for Aboriginal people in the target areas of Parkes, Bourke and Walgett. The high risk of youth, male and Indigenous suicide in remote areas is well cited in the research literature, as is the increasing rate of suicides in remote locations, while the prevalence of suicide amongst farmers is well documented.

The high risk of suicide in this remote region is exacerbated by a poorly resourced local health system, with a lack of facilities, resources and integration that limits help seeking, as well as limited access to responsive specialist mental health services in each isolated location. Research has found that in inland towns of less than 4,000 population (representing each proposed hub), the risk of suicide is up to 12 times more prevalent. Mental health and AOD risk factors are also higher in the proposed service hub locations. Needs assessment has recognised that high or very high psychological distress and suicide rates in the Indigenous population are roughly double that of the non-Indigenous population and this finding corresponds with the identification of the target areas of Parkes, Bourke and Walgett that have high Aboriginal populations, as high risk areas. A proportion of specialised community mental health services, with the exception of hospital based services, operate on a fly in fly out (FIFO) or outreach basis, reflecting the service market failure in this area. There is a strong need for a more localised service presence combined with a strong cultural responsive capability, particularly addressing the Indigenous Suicide Prevention Service component, to support the continuum of care for suicide prevention, complemented by visiting services and telehealth based support.

Communities within the proposed service hub locations are recorded as experiencing much higher rates of poor health and wellbeing, high unemployment, social disadvantage

and these factors correspond to higher rates of risk-taking, self-harm and suicidal behaviours.

While a number of organisations implement initiatives aimed at suicide prevention, these do not extend to a fully integrative approach. While it is recognised that youth in this region are at much higher risk of suicide than in other areas of NSW, they do not have the same level of access to specialised youth services such as headspace.

The proposed model will focus on the integration of suicide prevention activities in the region. Weigelli and Orana Haven Rehabilitation services, under the Western NSW PHN Drug and Alcohol program, will link in with the Mental Health Nurse Incentive Program and Suicide Prevention Services. The proposal consortia partners of Orana Haven and Weigelli Aboriginal Residential Rehabilitation Services will provide Indigenous culturally appropriate and responsive drug treatment services including mental health psychology, counselling, AOD referral services through a variety of innovative methods including local, telehealth and outreach basis, supported by Aboriginal health primary care providers—and these services will also be integrated into the local service delivery models in Western NSW. The project is committed to the partnership with GPs and strengthening the integrative health care pathway for clients at risk.

These services will be integrated into the proposed Suicide Prevention model to address high risk taking, self-harm and suicidal behaviours.

The project will provide a more coordinated referral and support service for Aboriginal people, their families and the community in the target area. Integral to the success of the project is employing local workers who have extensive skills and knowledge about the community and its service needs.



**To learn more about the Weigelli Centre Aboriginal Corporation, visit [weigelli.com.au](http://weigelli.com.au).**



**For more information about Orana Haven, visit [oranahaven.com.au](http://oranahaven.com.au).**



# Responding to the needs of LGBTI people

**Sarah Lambert**

Director Community Health and Regional Services, ACON

While members of the LGBTI community use AOD for many of the same reasons as the population at large, there are significant differences in the patterns of AOD use among LGBTI people compared to their heterosexual counterparts. Studies have consistently shown that LGBTI people have significantly higher rates of substance use across all substance types. While we know that most LGBTI people who use AOD do so in a non-problematic way, some experience significant harms related to their use. Risky alcohol consumption is higher among LGBTI people and the use of illicit drugs is more prevalent among LGBTI people than in the general population. There is also evidence to suggest AOD use in the LGBTI community commences earlier and for longer durations.

Researchers have identified a number of factors behind these disparities and while many of these are similar to the general population, some risk factors apply exclusively to LGBTI people. These include higher rates of psychological disorders, experiences of LGBTI-related discrimination, incidences of anti-LGBTI abuse and issues around coming out.

The disproportionate use of various substances among LGBTI people means that a unique range of health promotion, harm reduction and treatment strategies are required to minimise the risk of harm in our communities.

ACON has considerable experience in working with LGBTI people and people living with HIV in relation to AOD issues, particularly in the delivery of counselling, building community awareness, harm reduction, community mobilisation, capacity building and service provider training.

With new funding from the Australian Government, we will be able to bolster our capacity to provide AOD counselling, LGBTI-inclusive training and health promotion across NSW. Over the next 12 to 24 months, ACON will be providing AOD support to five PHNs including Central and Eastern Sydney PHN, Northern Sydney PHN, South Western Sydney PHN, Murrumbidgee PHN and South Eastern NSW PHN.

In identifying local needs and models of support, the PHNs have commissioned ACON to deliver a range of initiatives that will better address the needs of LGBTI people seeking support for their AOD use in their catchment areas. PHNs recognise that AOD problems and the people that experience them are not homogenous, issues can cross many aspects of one's life and there is no one-size-fits-all solution. The funding assists

ACON in supporting LGBTI communities, to cater to their diverse needs and ensure the right services are available, at the right time, in the right place.

We will boost our capacity to provide counselling and other support services for LGBTI people experiencing problematic use of AOD. Our Substance Support Program, established in 2009, focuses on reducing the impacts and associated harms of problematic AOD use in LGBTI communities and support is available in person in our Surry Hills office or via phone/Skype.

We will boost the ability of mainstream AOD and primary health care services to respond effectively to LGBTI people experiencing problematic AOD use, through the delivery of training, coaching and case review support. Training will be delivered across the PHNs over the next 12 months so look out for training opportunities or contact ACON to find out what is happening in your area.

Additionally with the support of Central Eastern Sydney PHN, we will ramp up our health promotion to help our communities be better informed and able to identify the early signs of problems and where they may need assistance with their AOD use.

This means that our specialist AOD services will reach more LGBTI people in a community based setting, which evidence shows our communities prefer and are more able to access. LGBTI people can be reluctant to seek treatment because of concerns about prejudice and discrimination. Now, LGBTI people seeking support elsewhere within the PHNs are more likely to receive appropriate care, which will improve health outcomes for our communities.

Meeting the needs of the LGBTI communities requires strong partnerships with all stakeholders—ACON cannot do this work alone. By working together with PHNs and AOD services across NSW, we can better address these issues and thereby further strengthen the health and wellbeing of LGBTI people in NSW.



**For more information on ACON's support services, visit [acon.org.au/what-we-are-here-for/alcohol-drugs](https://acon.org.au/what-we-are-here-for/alcohol-drugs).**



# headfyrst

## Integrated comorbidity treatment for young people

James Selby

General Manager, Youthlink, The Salvation Army

*"Young people with a mental illness who use alcohol/other drugs require treatment for both issues [...] However, continued divisions in the health sector between services for mental health and alcohol and other drug use is a barrier to accessing and providing joint treatment. The benefits of treatment for one issue are diminished when the other goes untreated."*<sup>1</sup>

*"... where new joint treatment systems are established, the model adopted will inform changes to health structures and the development of skills and knowledge within the workforce. Systemic and practice divides need to be bridged through integrated treatment as a step towards building a joint treatment model. The Australian government has announced that mental health services for young people are to be better integrated with alcohol and other drug services through Primary Health Networks (PHNs)."*<sup>2</sup>

Currently there is a distinct divide in health services when working with young people with AOD issues. Young people are referred between AOD and MH services with the rationale that AOD must be treated before mental health and vice versa for AOD services.

Thus a new program, **headfyrst**, was developed to provide counselling, treatment and support to young people aged 12 to 25 years experiencing coexisting AOD and mental health issues. The program reduces the barriers faced by young people accessing AOD and mental health services.

### Collaboration

**headfyrst** is a collaboration between the Salvation Army's youth services, youthlink, with headspace youth mental health centres in Western and South West Sydney.

### Integrated service delivery

At **headfyrst**, specialist AOD and mental health professionals will work together to provide a single treatment plan, and match the timing and intensity of interventions to meet the needs of the young person.

### Sector capacity building

**headfyrst** will increase awareness and understanding of comorbidity service provision and outcomes in the youth AOD and MH sectors in Western and South Western Sydney.

The program will provide a service model for specialist mental health and AOD services, helping to establish effective partnerships and agreed mechanisms that

**headfyrst is an innovative project designed to overcome the divide which exists between the systemic and practice elements in the provision of mental health and AOD services for young people in western and south western Sydney.**

support integrated assessment, treatment and recovery. It will provide a culture of learning and support through participation in service development, delivery and evaluation. It will also develop and maintain links and partnerships with a diverse range of allied services to ensure specialised and coordinated treatment and continuity of care for clients.

**headfyrst** is located in headspace centres at Castle Hill, Parramatta, Mt Druitt, Bankstown, Liverpool and Campbelltown. **headfyrst** is funded by the Western Sydney and South West Sydney Primary Health Networks.



For more information visit [salvos.org.au/youthlink/headfyrst](https://salvos.org.au/youthlink/headfyrst).

### Footnote

1. Baker, D and Kay Lambkin F. Two at a time: alcohol and other drug use by young people with a mental illness. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health, 2016.

2. *ibid.*



# NADAbase expansion project

## Introducing new screeners

Suzie Hudson

Clinical Director, NADA

NADA is proud to announce that on July 1 2017 there will be three new screeners available to NADAbase users that have the potential to enhance client care. The screeners will be attached to each client episode and inform care planning around issues of:

- suicide risk
- domestic and family violence
- blood borne virus and sexual health.

As a result of NADA member and stakeholder consultation, and informed by strategic imperatives at a sector level, these screeners are designed to support holistic and client-centered care while appreciating the time pressures on busy workers. As with any new initiative there is allowance for user feedback as part of a quality improvement and evaluation process. Furthermore, each screener is supported by current NADA capacity building resources and/or training. It should be noted that this is a NADA initiative and is not mandated by the Ministry of Health or other funding bodies at this time.

### Data importing organisations

Organisations with their own bespoke data management systems that currently import to NADAbase will have the opportunity to map existing screening questions to those outlined here and to consider whether they may add value to their current data sets.

### Use and storage of the data

The introduction of these screeners is to:

1. enhance client case planning and holistic care
2. increase our evidence base of clients experiencing these issues.

Data will be stored securely as with all other NADAbase data, and only used by NADA for the purposes of advocating for increased support for member organisations around the provision of holistic client treatment.

### Suicide screener

The suicide screener has been drawn from the Suicide Assessment Kit (SAK) project developed by NDARC and previously provided by NADA as a capacity building project in conjunction with the Applied Suicide Intervention Skills Training (ASIST) train-the-trainer program. This screener provides not only specific questions around current suicide

risk, but specific advice around assessing risk, AOD worker approach and care planning based on client response embedded in NADAbase. There are also companion resource links to support implementation within an organisation.

### Domestic and family violence screener Female client focus

The domestic and family violence screener in its current form has been developed with the gendered-nature of domestic and family violence in mind. NADA acknowledges that this screener is not suitable for a broader audience and that there is further work that is needed in regard to male clients and clients from LGBTI communities. Furthermore, NADA intends investing in future capacity building work regarding violence, respectful relationships and working effectively with perpetrators of violence.

The domestic and family violence screener will be available to those organisations who work specifically with women and who have engaged in the NADA domestic violence training. This screener has embedded script prompts about supporting women who are/have in the past, experience domestic violence and provides links to resources for case planning purposes.

### Blood borne virus and sexual health screener

The blood borne virus (BBV) and sexual health screener is designed to identify whether clients attending AOD specialist services have had access to testing for BBVs and sexually transmitted infections (STIs) and/or access to treatment. This screener is accompanied by information links to support and testing services—as a prompt for workers to consider testing and treatment as part of a client's care plan.

NADA has invested in screeners that have been informed by research literature and treatment-based expertise and welcomes feedback throughout their implementation in NADAbase. The current screeners are also well supported by NADA capacity building projects that ensure that workers have the tools they need to respond to clients who identify as having personal experiences of any or all of these important issues. For further information, please contact [cassandra@nada.org.au](mailto:cassandra@nada.org.au) or [suzie@nada.org.au](mailto:suzie@nada.org.au).

# Member profile

## ONE80TC

**Established in 1974, ONE80TC is a Christian based organisation located in the Hawkesbury area. We help young men aged 18–35 overcome addiction and other life controlling issues. We recognize that we are emotional, physical and spiritual beings, and a holistic approach is required to achieve success and long-term freedom. We have assisted over 5,000 men since inception.**

We have a qualified team of professionals working together to achieve the best possible outcome for each client within our therapeutic community. This team includes a clinical psychologist, GP, case workers, psychiatrist, and we work with clients who present with comorbidity issues.

ONE80TC is an initiative of Teen Challenge NSW INC and is part of the Global Teen Challenge rehabilitation centres.

### Residential services

ONE80TC's long-term residential program helps young men break the cycle of life controlling addictions including alcohol and other drugs and rebuilds their lives with a positive attitude, responsibility and trust.

Our extensive assessment and intake procedure allows for the clients to gain an understanding of the program. Clients come from diverse backgrounds, however violent offenders and those on the sex offenders register will be excluded. No referral is required.

The program is broken into five stages allowing the students to celebrate their achievements as they reach each milestone.

**Stage 1 Transition** is where students start their recovery. They participate in group therapy called 'Transition group' which helps participants build a foundation for long-term recovery. During this phase participants will be focus on topics such as:

- stages-of-change
- cycle-of-addiction
- goal setting
- social skills: communication, conflict resolution
- self identity
- relapse prevention
- understanding: depression, anxiety, shame, anger
- cognitive behavioural therapy (CBT)
- smoking cessation.

**Stage 2 Personal image** is where most of the participants realise that it is going to take more time, education, training and practical experience to break the cycle of addiction.

**Stages 3–5** of the program will be negotiated with the student's case worker. Contracts will be established based on their goals within the following themes:

- self-identity
- family and relationships
- personal development
- work and responsibilities
- teamwork
- leadership.

**Life skills training** We believe that people with jobs have greater self-esteem and confidence, however, training is essential. To position themselves for success, our participants enjoy personal development, work detail and vocational opportunities plus educational training opportunities.

**Family reconciliation** People who are caught up in destructive lifestyles often harm their relationships with family and friends. Through counselling and guidance the family support worker aims to help families reconnect.

**Counselling** Our psychologists are committed to restoring hope and stability in the participants' lives, and are passionate about helping them along the journey of recovery. Through weekly one-on-one and group sessions, participants are given the chance to address some of their previous hurts. We also provide relationship counselling for those who are married or with partners.

**Program completion** is based on each individual working through their contracts and goals over 12 months. We celebrate this achievement with a graduation ceremony.

**Aftercare** All our clients are offered assistance through aftercare for six months following exit from the program.

**Outreach day programs** ONE80TC now runs day programs for men and women of all ages to support them in their recovery if they are unable to attend a residential facility.



**If someone you know needs help, please call us on 1800 679 657.**

# Winners announced

## 2017 Alcohol and Other Drug Excellence and Innovation Awards



**Congratulations to everybody who received an award, including the following NADA members in the treatment and support category.**

This category recognises a program or service that has made a significant contribution to treatment and support efforts that have been designed to assist those Australians who have been impacted by AOD use. Nominations in this category must be based on established scientific evidence, designed to address a current gap in knowledge and/or service delivery and had to go above and beyond business as usual.

We Help Ourselves was awarded 'innovation' in this category for their Residential Opioid Substitution Treatment service that treats the complex needs of people receiving opioid substitution therapies.

### Runners up

Jarraah House was highly commended for their Residential Drug and Alcohol Program for Women. The Sydney Drug Education and Counselling Centre was also highly commended for the AOD Services they provide for young people and their families. Lyndon Community was another recipient of highly commended for their RE-PIN Project, which has been designed to meet the learning support needs of people with cognitive impairments to enable them to manage their substance use.

## Investing in Communities

### 2017 NCOSS Regional Conferences

NADA is partnering with NCOSS to bring you the [Investing in Communities Conference](#). This conference will bring together the community sector, government, individuals and local business to shape solutions for positive change. We want to hear from you to identify key issues for your community, and the solutions that would make a difference. As well as the [consultations](#) and networking opportunities, there will be panel discussions and capacity building workshops in the afternoon. **Register today** for our region's conference [in your location](#).

Come along for the opportunity to:

- shape NSW peaks advocacy priorities for action, policy and solutions for change
- hear from a local Minister/Shadow Minister
- meet your local regional Members of Parliament
- showcase local initiatives
- network across local leaders and community
- build your capacity through workshops run by the Department of Finance, Services and Innovation, fams, icare and more.

**NADA event**

**Newcastle West**

**28 June 2017**

### Get Bloody Serious

**A workshop all about hep C: from prevention to cure**

Get the latest developments on hepatitis C and engage your clients, organisations, and communities to help eliminate hep C.

NADA, Hepatitis NSW and Hunter New England LHD are partnering to offer members and stakeholders the opportunity to attend this free, interactive workshop.

**[Register now.](#)**

# Profile

NADA staff member



**Ana Katerina de Jesus**  
Project Officer

## How long have you been with NADA?

A little less than two months. Just settled in, but excited to move to the new office!

## What experiences do you bring to NADA?

In the past I worked in a project management and administration capacity in Australia and overseas. I bring a number of skills to the role including managing grants programs, providing support to member organisations, and coordinating events. I also worked for the APEC National Organizing Council and had the chance to plan and manage key meetings between world leaders!

## What activities are you working on at the moment?

I am working on a number of NADA sector capacity building projects, including the Workforce Development Training Grants Program and the ongoing review of the NADA Policy Toolkit. I provide secretariat support to the Youth AOD Services Network and the NADA Practice Leadership Group. I also manage a number of NADA training events.

## What is the most interesting part of your role?

The most interesting part of my role is gaining and understanding of how NADA and its member organisations play a significant part in shaping the NSW AOD non government sector. I enjoy the opportunity to learn more about NADA members and the challenges they face.

## What else are you currently involved in?

I've only moved to Sydney a year ago and have been keeping myself busy exploring the city (and the country!) I am most likely to be found heading to tap dance classes or trying my hand at natural dyeing bits and pieces of fabric!

# A day in the life of...

Sector worker profile



**Fiona Boyd**  
Clinical Nurse Specialist AOD, Jarrah House

## How long have you been working with your organisation?

14 years and never a dull moment! Initially in a part-time role whilst working at another facility in the same capacity, then moving to a fulltime position at Jarrah House in 2005.

## How did you get to this place and time in your career?

After nursing in oncology and paediatrics here and abroad, my employment with a private AOD clinic specializing in Rapid Opioid Detox led to a position at a private hospital performing the procedure. AOD residential treatment facilities felt like a natural progression.

## What does an average work day involve for you?

There's nothing average about any day in a treatment facility and that may very well why it's so rewarding. Admissions, medical management of withdrawal, health and case plans, group facilitation and a serious amount of interagency liaising are all part of a day in the life.

## What is the best thing about your job?

Being part of a highly skilled team who are constantly evolving which gives rise to new possibilities and opportunities for the consumer and the employee.

## What is one thing you would like to see different in the non government drug and alcohol sector?

### What needs to change to get there?

An increase in transparency and collaboration amongst service providers may lead to a decrease in less regulated and expensive treatment options for consumers.

## If you could be a superhero, what would you want your superpowers to be?

I'm surrounded by women who possess the qualities of Wonder Woman AKA Diana Prince, every day. However, the most impressive one I witness on a regular basis, is omnilingualism, the capability to speak the language of whoever she encounters. This was a gift from Athena, the goddess of wisdom. Yep, we're all sorted thanks.



Keep informed with quarterly updates from the Women's AOD Services Network, the Youth AOD Services Network, the NADA Practice Leadership Group and CMHDARN. For more information on NADA's networks, visit [www.nada.org.au/whatwedo/networks](http://www.nada.org.au/whatwedo/networks).

# NADA

## network updates

### Women's AOD Services Network

Since our last edition, the Women's Network hosted the 'Engaging Aboriginal women in AOD' forum to present a range of considerations for mainstream services and to highlight the possibilities for true engagement when trust is fostered. Speakers discussed women's wellness, considering the context of Aboriginal women in AOD and building a strong Aboriginal workforce. [Download the report](#) [PDF].

As a result of this forum, NADA and the Women's Network were nominated for the Relationships Australia NSW 2017 Reconciliation Partnership Award, recognising an external party or partnership which has contributed to the vision of the Mariyang Malang Stretch RAP activities of Relationships Australia.

At the meeting on 1 June 2017, network members raised concerns about proposed changes to Centrelink payment requirements and reiterated their availability in an advisory capacity to government regarding the impact of proposed changes like these.

### Youth AOD Services Network

In May 2017, the Youth Network participated in a workshop on 'Working with people in AOD using a Dialectical Behavioural Therapy (DBT) approach'. The full day workshop, run by Lauren Mullaney of Mission Australia's Triple Care Farm, was well attended.

Participants gained an understanding of the values and core concepts of a DBT approach, and learned about the four modules of DBT:

- mindfulness
- interpersonal effectiveness
- emotion regulation
- distress tolerance.

Feedback was positive, with respondents requesting follow-up sessions to enhance their skills in relation to the DBT approach. Around 90 per cent of participants agreed that the workshop would lead to improvement in the work practice of their organisation.

[Click here](#) to learn more about Mission Australia's modified DBT Program and to download the associated resources.



# NADA network updates

continued

## NADA Practice Leadership Group

The NADA Practice Leadership Group (NPLG) held its very first forum 'Enhancing clinical practice: A NADA Practice Leadership Group forum' on 3 May 2017. Participants gained information and practice tips they could apply to their clinical practices. Topics included:

- responding from the frontline to emerging drug trends and challenging behaviour
- trauma informed practice in the AOD setting
- applying DBT in the AOD setting
- best practice service models for responding to BBVs, sexual and reproductive health
- exploring withdrawal management—approaches to psychological and physical symptom relief
- evidence-based approaches for supporting clients with cognitive impairment
- applying your outcomes data for service improvement.

The event was very successful, highly interactive and participants engaged with one another and the speakers. 100 per cent of participants strongly agreed or agreed that the event was useful and believed that the event would lead to the improvement in the work practice of their organisation.

**Ask the NPLG for advice: find out about each member's [areas of expertise](#) [PDF] or email [NPLG@nada.org.au](mailto:NPLG@nada.org.au).**

## CMHDARN

CMHDARN has established a Research Ethics Review Committee (RERC) to provide guidance and advice to CMHDARN, NADA and MHCC members on the ethical issues relating to research via a peer-review process. As well as provide ethical and methodological review on research projects, the RERC will provide guidance and advice to researchers on engagement with service providers, consumers and carers, and use of their feedback in research data and publications.

Researchers (both academic and MHCC/NADA members) are encouraged to participate in the peer-review process to further promote ethical conduct in practice-based research in the mental health and alcohol and other drugs services. This process will not only help improve the quality of research related to our sectors but will also make research more useful in the delivery of effective services.

**For more information on application procedures and submission guidelines, please contact the research network coordinator by email at [info@cmhdaresearchnetwork.com](mailto:info@cmhdaresearchnetwork.com).**

# NADA Reconciliation Action Plan Innovate RAP

July 2017



**To celebrate NAIDOC Week, NADA will launch its first Reconciliation Action Plan (RAP). Held each July, NAIDOC week celebrates the history, culture and achievements of Aboriginal and Torres Strait Islander peoples.**

RAPs provide a framework for organisations to realise their vision for reconciliation. They are practical plans of action built on relationships, respect and opportunities. The RAP Program is a Reconciliation Australia program. The NADA RAP is endorsed by Reconciliation Australia.

The NADA RAP is an Innovate RAP. Innovate RAPs, one of four types of RAPs, are for organisations that have successfully developed relationships with Aboriginal and Torres Strait Islander stakeholders and who are ready to develop or implement programs for cultural learning, and Aboriginal and Torres Strait Islander employment and supplier diversity.

NADA recognises that it has an important role in contributing to national efforts to achieve health equality for Australia's Aboriginal and Torres Strait Islander peoples. As a peak body, we are well placed to facilitate positive change through our members to make a real difference to the lives of people affected by AOD related harm. This RAP is our vehicle for change.

NADA is very excited to launch its Innovate RAP. We would like to thank the NADA RAP Working Group (especially Di Edwards, Manager of Namatjira Haven Drug & Alcohol Healing Centre and Flic Edwards, Facilitator and Consultant), AH&MRC and Reconciliation Australia for supporting our RAPs development—we would not have got here without you!

Visit [www.nada.org.au](http://www.nada.org.au) to view the NADA Innovate RAP or contact [sianne@nada.org.au](mailto:sianne@nada.org.au).

## Farewell Ciara

**Ciara Donaghy has been a treasured NADA staff member for almost nine years and whilst we wish her all the very best in her new endeavours with Community Corrections, we will all miss her dearly.**

Ciara began working at NADA in 2008 as a student placement. She was soon employed as a casual member of staff, becoming permanent in 2009. She has been instrumental in the development, implementation and evaluation of several key NADA projects such as the:

- Complex Needs Capable resource and website
- NoBars website and related resources
- Women's Network and related resources
- Aboriginal Audit Tool for member organisations.

Aside from being a hard working member of the team, Ciara is a favourite with members and lots of good fun! She leaves with a long list of achievements that has benefited all members and NADA as a whole—we have high hopes for her future and know that she won't be too far away for co-opting into some mischief!





# NADA Practice Leadership Group

## Meet a member

**Lauren Mullaney**

Senior Psychologist, Triple Care Farm (Mission Australia)

### How long have you been working with your organisation? How long have you been a part of the NPLG?

I began working with Triple Care Farm in 2015, and became part of the NPLG in 2016.

### What has the NPLG been working on lately?

Most recently the NPLG has been working on the 'Enhancing clinical practice' forum. I'm excited by the health and wellbeing of the workforce project, and where this discussion will lead in the future in terms of staff support.

### What are your areas of interest/experience—in terms of practice, clinical approaches and research?

I am a registered psychologist and have been working in the AOD sector for a number of years. I primarily provide counselling/therapy to young people and supervision to team members. Triple Care Farm is also currently undertaking a research project in consultation with the University of Wollongong (Project AIR) to evaluate our Dialectical Behavioural Group Therapy program.

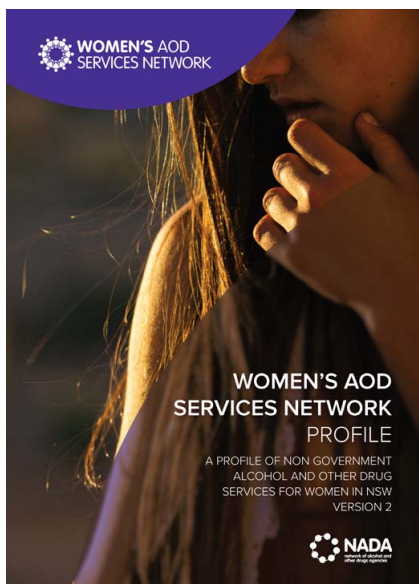
### What do you find works for you in terms of self-care?

Getting a good night's sleep, and connecting with my friends and family. Being ethically and clinically sound in my approach also helps me to continue stay on top of what I need to.

### What support can you offer to NADA members in terms of advice?

I can support NADA members with advice/direction surrounding working with young people, and with using different treatment modalities such as DBT. Thinking 'outside the box' and being creative whilst still maintaining an evidence based practice can be challenging, and sometimes it can be useful when you workshop ideas with someone else.

## Women's AOD Services Network profile



**Developed by NADA in partnership with the Women's AOD Services Network, this resource promotes referral pathways for women accessing AOD treatment.**

**NEW  
VERSION**

New in this version is an overview of the Gender Responsive Model of Care, developed by the Women's Network. The section on supporting transgender women has also been updated.

The resource profiles the 11 specialist AOD non government women's services in NSW who comprise the network. Also included is a map of service locations and highlights of network activity since its establishment in 2013.



[Download the resource \[PDF\]](#)

# Treatment service specifications

## For non government organisations in the AOD sector



### NON-GOVERNMENT ORGANISATION ALCOHOL AND OTHER DRUGS TREATMENT SERVICE SPECIFICATIONS



**Treatment Service Specifications (TSS) aim to provide guidance to both purchasers and providers of non government services in the AOD treatment sector.**

They aim to facilitate statewide consistency of contemporary and high quality, evidence based service delivery in NSW. The intention behind described TSS is to give the provider sufficient guidance that they can plan the organisational structures, conditions and resources needed to deliver the service; and to give purchasers clarity about what they are purchasing. It should be noted that the TSS are not the same as clinical guidelines-clinical guidelines provide direction to clinicians in working with an individual client. Four treatment types are described and include:

- withdrawal management
- psychosocial counselling
- residential treatment
- day programs.

The TSS project was instigated and project managed by NADA, under funding provided by the NSW Ministry for Health. NADA engaged the National Drug and Alcohol Research Centre (NDARC-Drug Policy Modelling Program) to develop the service specifications in close consultation with the NADA specialist membership.

To download the TSS, [click here](#) [PDF].

## Helping workers support clients who use ice

**Penington Institute has developed a new series of videos and factsheets to help needle and syringe programs (NPS) and other health services better respond to injecting ice use by their clients.**

'Injecting ice in the country—healthier approaches' provides practical guidance on how workers can better engage with and meet the needs of clients who inject ice. They also reflect on the challenges for mainstream and Aboriginal services in meeting the needs of Aboriginal people who inject ice. Some Aboriginal people are reluctant to access Aboriginal health services due to shame, or for fear of their drug use being revealed, while others find it hard to access mainstream services.



[Click here](#) to access the resources.

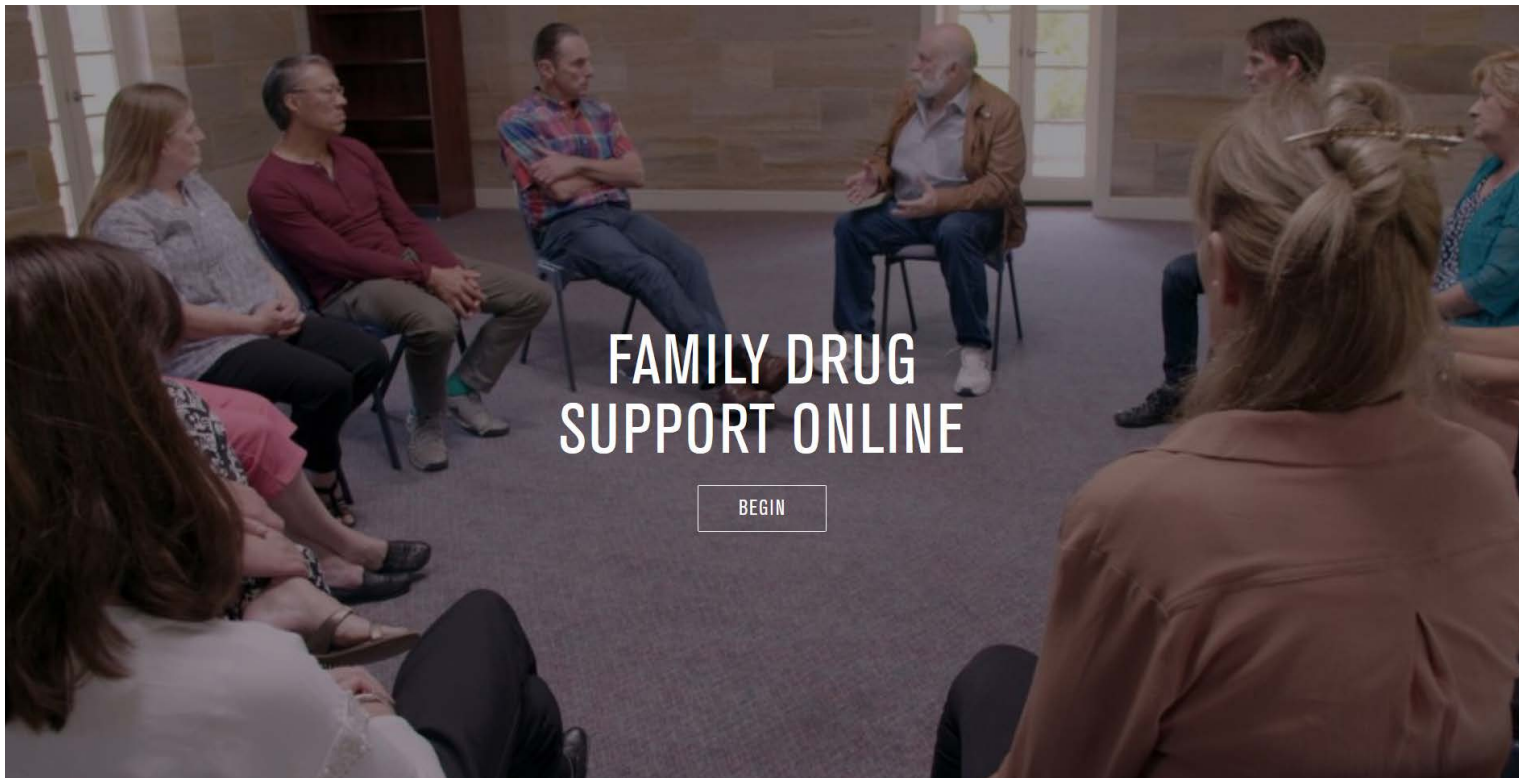
## New name for Manly service SDECC

**Manly Drug Education & Counselling Centre (MDECC) has announced a new name to reflect the expansion of their services for young people with AOD addictions and their families.**

MDECC will now be known as SDECC (Sydney Drug Education & Counselling Centre).

Russell Wolfe, Chairperson said 'This name change respects our history, reputation and iconography as a community organisation but also reflects the growth and progress we are making to achieve our goals'.





## FAMILY DRUG SUPPORT ONLINE

BEGIN

### Family Drug Support now online for families

**Australia's first interactive online resource designed specifically to support families struggling to deal with AOD problems is now live.**

Produced by Readymade Productions, in collaboration with Family Drug Support (FDS) staff and volunteers, the resource centres on a documentary film of a family support group, and will be of particular benefit to families in regional and rural communities who don't have ready access to support group meetings.

The resource is based on the very successful FDS model of the Five Stages of Change in supporting families and friends of people using drugs.

'FDS develops its programs in consultation with families and this is a critically important feature of our work. FDS has developed its knowledge base and experience from

directly supporting tens of thousands of families over the past 20 years and this has informed this new online resource,' said Tony Trimmingham, FDS founder and CEO.

The resource includes:

- a film that follows the different journeys of a group of family members at various stages of dealing with drug use in their family
- the interactions and insights that can occur in support groups
- the progress that can be made by families in connecting with others and support services
- an insight into services and education programs that are available for families.



To view the resource, visit [www.fdonline.org.au](http://www.fdonline.org.au).



### Stay in touch with AOD news, issues and events

The Advocate raises significant issues relating to the NSW non government alcohol and other drug sector, and develops knowledge about, and connections within the sector. Previous issues have focused on drug trends, domestic and family violence, and AOD treatment for women. Read [recent issues](#) of the Advocate.

To subscribe, email [Sharon Lee](mailto:Sharon.Lee).

# Change of mind about hep C treatment

## Hepatitis NSW

The prevalence of hepatitis C in clients of AOD services is known to be higher than it is in the general population. Many of these clients have experienced mental illness, which was contraindicated for hep C treatment until last year. Recent medical advances in hep C treatment present an opportunity to address this. In a new campaign called 'Change of mind', Hepatitis NSW is encouraging clients of AOD services who live with hep C and who also experience mental health issues, to find out about changes in the treatment of hep C.

In March 2016, the hepatitis C treatment landscape in Australia changed completely. New Direct Acting Antiviral (DAA) medicines were added to the PBS, drugs with very high cure rates (95%), working in as little as 8–12 weeks. These DAAs do not require injections and importantly they have minimal side-effects—replacing previous hep C drugs that caused mental health side-effects, including causing or exacerbating depression and psychosis.

However, despite the fact more than 30,000 Australians started hep C treatment in 2016 alone, there is concern that people living with mental illness are missing out. To remedy this, Hepatitis NSW is working NADA to promote hep C treatment both among mental health professionals and consumers in the AOD sector.

The non-government AOD sector in NSW is an integral part of Australia's health system and a key driver for hep C treatment for those who are already engaged with services. People already engaged with AOD services may

be able to access treatment through services where their medical history is already known. They may have existing relationships with clinicians they trust and access to support services. They are also likely to be aware of their hep C status.

The 'Change of mind' about hep C treatment campaign will emphasise three messages:

1. Hep C is higher among people with diagnosed mental health issues.
2. The good news is that hep C can be easily treated, and cured.
3. Even more good news: curing hep C can have multiple health benefits, including mental health benefits.

People who experience mental health issues and hepatitis C deserve the chance to live better, healthier and longer lives. Now is an excellent time for anyone with mental health issues to be diagnosed and treated for hep C.

**AOD service delivery organisations are encouraged to get behind this campaign, and help make hep C treatment a reality. For more information about hep C, and the new treatments, visit [www.hep.org.au](http://www.hep.org.au) or call the Hepatitis Infoline on 1800 803 990.**



## Do you have something to share

**Contribute to the Advocate to connect with NADA members and stakeholders.** Promote new services and projects, innovative partnerships, awards and achievements, or research activity.

**Email your content to [Sharon Lee](mailto:Sharon.Lee@nada.gov.au).**



# NADA highlights

## Policy and submissions

- NADA provided a number of funding submissions to continue to build the capacity of its members in 2017–18. More information on these initiatives will be communicated to members shortly.

## Advocacy and representation

- NADA met with NSW Primary Health Networks on a number of topics, including NGO contract management and reporting.
- The Australian AOD Peaks Network met several times, including with Minister Hunt's staff and the Department of Health Drug Strategy Branch in Canberra to discuss NGO funding, contract management, capacity building and reporting.
- NADA also met with Shadow Health Minister, Catherine King's staff to discuss national strategy, NGO funding and contract management.
- NADA represented the sector on a number of meetings with the NSW Ministry of Health relating to the drug package and NGO contract management.
- NADA is representing the sector on an evaluation of the Justice Health Connections Project through UTS.
- NADA participated in consultation processes with the Centre for Community Welfare Training and Open Colleges to help identify sector training needs and inform program development.
- We hosted a consultation forum by ARTD consultants who have been commissioned by the Ministry to prepare a report on the support for families and significant others impacted by substance use.

## Sector development

- NADA has allocated funds for the July–December 2017 Workforce Development Grant Program to support professional development.
- A range of training workshops were held on topics that included: governance, working with women, complex trauma, methamphetamine, research, domestic violence, and best practice approaches to treatment.

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### Feedback

### Training Grants

NADA is accredited under the Australian Services Excellence Standards (ASES) a quality framework certified by Quality Innovation and Performance (QIP).

Photo by Kris Ashpole