

Grant Opportunity Guidelines

Post-Custodial Support Grants

Applications open: 3 April 2023

Applications close: 5:00 pm
29 May 2023

Submit applications: moh-caod-sci@health.nsw.gov.au

Administered by: Centre for Alcohol and Other Drugs,
NSW Ministry of Health

Type of grant: Open competitive

Reference number: H23/23227

NSW Health acknowledges the Traditional Custodians of country throughout NSW and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal people today.

Contents

Introduction and Executive Summary.....	3
Background	3
Grant Streams	4
Important dates	5
Principal contacts	5
How to apply for the Grants.....	6
Information for Stream 1	9
Information for Stream 2	17
Conditions of grant applications (Stream 1 and 2)	26

Introduction and Executive Summary

The NSW Ministry of Health is seeking grant applications from multiple Non-Government Organisations (NGOs) and/or Aboriginal Community-Controlled Organisations (ACCOs) to deliver specialist alcohol and other drug (AOD) case management, counselling and support services for people exiting custody who are at risk of AOD-related harm.

Grants will be awarded for an initial four-year period. Successful grant applicants will be required to provide services that contribute to the objectives listed below:

- People released from custody have improved health and wellbeing and reduced risk of harms from AOD
- People released from custody at risk of harmful AOD use have increased access to holistic, culturally safe, trauma-informed AOD treatment and support
- People released from custody at risk of harmful AOD use are connected to appropriate health and social services, including those associated with cultural and social determinants of health (housing, employment, training, welfare support, connection to Country and community)
- People released from custody at risk of harmful AOD use have increased access to AOD support provided by peer workers
- Improved access to post-custodial AOD treatment support in regional and remote areas
- People released from custody at risk of harmful AOD use have reduced risk of suicide and overdose and decreased re-offending rates.
- Reduced family, community and societal costs associated with harmful AOD use and reoffending in the post-release period.

Background

As part of its final response to the [Special Commission of Inquiry into the Drug Ice \(Ice Inquiry\)](#), the NSW Government announced an investment of \$500 million to deliver targeted health and justice reforms. This funding, along with the development of an AOD Strategy, reflects a whole-of-government commitment to reducing the harm from AOD use to improve outcomes for individuals, families, and communities.

NSW Health has been allocated \$358 million over four years to implement the response to the Ice Inquiry. Recognising the importance of placing the person at the centre of care, the funding will address gaps and improve health and social outcomes through prevention, treatment, and holistic support, including:

- Increasing access to prevention, early intervention, and treatment, especially for regional areas and priority populations
- Enabling a more connected service system through more integrated and holistic approaches to care (“no wrong door”) and stronger partnerships
- Enhancing digital capability and virtual healthcare through improved system navigation, access to information and specialist clinical advice
- Building AOD workforce capacity and capability
- Improving use of data and evidence to inform system priorities, performance management, research, and evaluation.

The Government has identified a number of priority populations that have unique needs and may face more complex barriers to accessing treatment. Priority populations include those in regional and rural areas, Aboriginal people, people from culturally and linguistically diverse communities, young

people, pregnant women, parents with children, people with co-occurring mental health issues and people in the criminal justice system.

Aboriginal people were identified as a priority population for targeted services in the Inquiry and are consistently overrepresented in custody. The Inquiry recommended that services should be grounded in a meaningful understanding of Aboriginal definitions of health and wellbeing, the principles of self-determination and the impacts of trauma, racism, social disadvantage, and colonisation.

Any organisations applying for this grant that are not Aboriginal community-controlled will be required to provide an Aboriginal Health Impact Statement (AHIS) as part of their application. This will ensure all successful organisations can demonstrate cultural safety and partnerships with Aboriginal Community Controlled Organisations (ACCOs).

New funding for Post-Custodial Support Grants

The Ice Inquiry identified people involved in the criminal justice system as a priority population with complex needs and vulnerabilities that are not being adequately supported by the existing system.

The new Post-Custodial Support Grants are part of a suite of health initiatives that respond to the Ice Inquiry recommendations.

A total amount of \$8 million over four years is available for NGOs and ACCOs to deliver case management and support services to people released from custody who have a history of harmful AOD use or are at risk of AOD-related harm.

Successful applicants will be contracted through a NSW Health Grant Agreement for a period of up to four years.

The Grant opportunity has two separate streams

The two streams are as follows:

- Stream 1: Registered ACCOs are invited to apply for grants of up to \$300,000 per organisation per annum (with a maximum total allocation for this stream of \$600,000 per annum).
- Stream 2: NGOs and ACCOs are invited to apply for larger grants of \$300,001 to \$1 million per organisation per annum. ACCOs may apply for this stream if they do not apply for Stream 1.

Total funding will not exceed \$2 million per annum.

Please note that whilst an individual ACCO is welcome to submit applications to both Stream 1 and 2, only one grant will be provided to any individual organisation. ACCOs that submit applications to both streams should indicate which is the preferred option, noting this does not exclude you from being evaluated for both categories.

This two-stream approach has been taken to support service provision by ACCOs and enhance culturally safe services for Aboriginal clients. This aligns with Priority Reform 2 of the National Agreement on Closing the Gap, with its commitment to increasing funding for ACCOs as a means of improving outcomes for Aboriginal people. It also aligns with the NSW Government Aboriginal Procurement Policy. Stream 1 will have a streamlined application process to reduce administrative burdens as is appropriate for smaller grants.

Important dates

10 am Monday 3 April 2023	Applications open
5 pm Monday 29 May 2023	Applications close
May/June*	Assessment of grant applications
June/July*	Approval and communication of grant application outcomes
August 2023*	Grant funding agreements commence

** Dates provided are indicative and may change as the grant tender progresses.*

Principal contacts

Email address for submitting Post-Custodial Support Grant applications	MOH-CAOD-SCI@health.nsw.gov.au
Email address for submitting questions about the Post-Custodial Support Grants*	MOH-CAOD-SCI@health.nsw.gov.au
NSW Health webpage for updates on Post-Custodial Support Grants	https://www.health.nsw.gov.au/aod/Pages/sci-health-response.aspx
The principal contact officer for the Post-Custodial Support Grants	Tanya Bosch Telephone: 0476 675 686 Email: tanya.bosch@health.nsw.gov.au Contact hours: Monday-Friday, 9am-4pm.
Contracted Probity Advisor	John Pinhorn Procure Group Pty Ltd Telephone: 0408 488 682 Email: jpinhorn@procuregroup.com.au

** Questions and answers of broad impact or significance will be made available to all potential applicants through regular Q&A documents posted on the NSW Health website, and the NSW Health AOD NGO newsletter.*

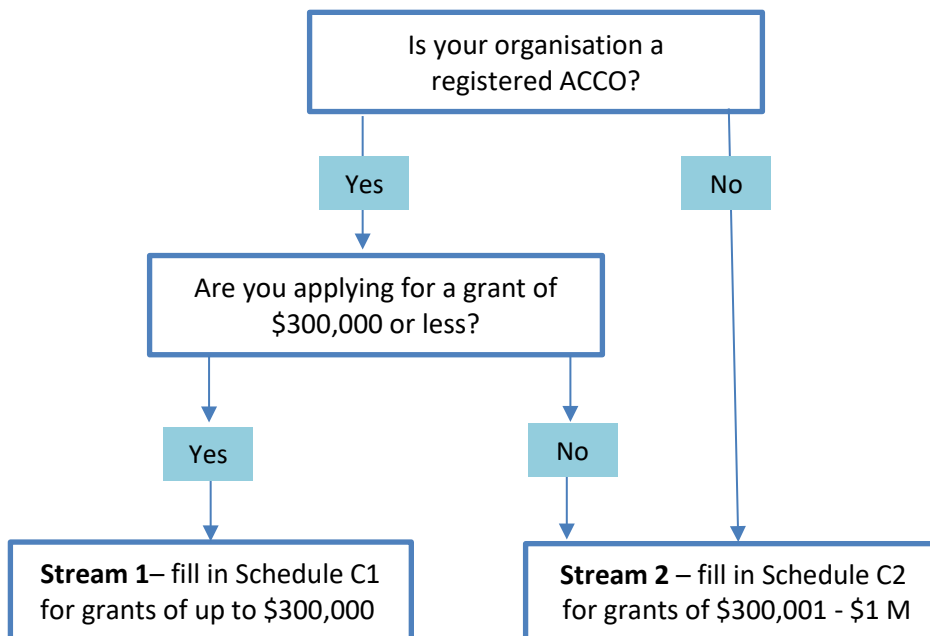
How to apply for the Grants

Step 1. Decide which stream to apply for

Stream 1 grants are for Aboriginal community-controlled organisations (ACCOs) seeking grants up to \$300,000 per year. The stream 1 application form is schedule C1.

Stream 2 grants are for NGOs or ACCOs seeking grants of between \$300,001 and \$1 million per year. The stream 2 application form is schedule C2.

The decision tree below may help.



Please note that whilst an individual ACCO is welcome to submit applications to **both Stream 1 and 2**, only one grant will be provided to any individual organisation. ACCOs that submit applications to both streams should **indicate which is the preferred option**, noting this does not exclude you from being evaluated for both categories.

Step 2. Confirm your organisation's eligibility to apply for Stream 1 or Stream 2

Stream 1: Organisations applying for Stream 1 must meet the following eligibility criteria:

- An Aboriginal community-controlled organisation¹, defined as follows:
 - Incorporated under relevant legislation (eg Corporations (Aboriginal and Torres Strait Islander) Act 2006)
 - Controlled and operated by Aboriginal and/or Torres Strait Islander people
 - Connected to the community, or communities, in which they deliver the services
 - Governed by a majority Aboriginal and/or Torres Strait Islander governing body.

¹ The Ministry of Health will undertake organisation eligibility checks using this [Guide](#). Organisations that do not meet the eligibility criteria will not progress to assessment against the Post-Custodial Support Grants requirements.

- Accredited against NSW Health approved accreditation standards for organisations delivering AOD treatment services (or working towards this).² A list of standards can be found [here](#).

Stream 2: Organisations applying for Stream 2 must meet the following eligibility criteria:

- Not-for profit entity incorporated under any of the following:
 - Associations Incorporation Act 2009 (NSW)
 - Corporations Act 2001 (Cth)
 - Corporations (Aboriginal and Torres Strait Islander) Act 2006
 - Other Australian legislation.
- Hold current accreditation against the NSW Health approved accreditation standards for organisations delivering AOD treatment services(or working towards this).³ A list of standards can be found [here](#).

The Ministry of Health will undertake organisation eligibility checks. Organisations that do not meet the eligibility criteria will not progress to assessment against the Post-Custodial Support Grants requirements.

Step 3. Prepare your application

For Stream 1 grants, prepare the application at Schedule C1. Information about Stream 1 requirements appears on pages 9 to 16.

For Stream 2 grants, prepare the application at Schedule C2. Information about Stream 2 requirements appears on pages 17 to 25.

Organisations are encouraged to read all available information about the Post-Custodial Support Grants, including the Question-and-Answer Information which will be updated during the grant application period, before submitting grant applications.

Organisations are encouraged to attend and view the Post-Custodial Support Grants Briefing Sessions before submitting grant applications.

Organisations should not assume the Grant Evaluation Panel has prior knowledge of any organisation or the service it provides; respond to the grant requirements in detail within the stated word guide.

Organisations are encouraged to seek support to prepare grant applications if needed; this may include referring to grant application resources and toolkits, speaking with your peak body about current best practice and evidence, or partnering with other organisations and agencies. In line with [Closing the Gap in NSW – 2022-24 Implementation Plan](#) priority to *grow and strengthen Aboriginal community-controlled organisations*, these organisations are encouraged to seek support from the [Aboriginal Health and Medical Research Council](#). When seeking support, it is important to note that specific grant questions can only be answered by the Centre for Alcohol and Other Drugs, NSW Ministry of Health, via the principal contacts listed above.

Applications must include approval from a person or persons in the organisation that has the delegated authority to provide grant application endorsement and approval.

Step 4. Submit the application

Organisations must submit applications by 5 pm Monday, 29 May 2023.

² Application from organisations with current membership of an accrediting agency that can demonstrate active and recent progress towards accreditation against NSW Health approved accreditation standards will be considered.

³ Application from organisations with current membership of an accrediting agency that can demonstrate active and recent progress towards accreditation against NSW Health approved accreditation standards will be considered.

Applications must be submitted to the COAD via email to MOH-CAOD-SCI@health.nsw.gov.au
Please use subject heading in your application email: Submission **Post-Custodial Support Grants**.

Organisations may submit applications anytime from 10 am on the opening date of Monday, 3 April 2023 to the application closing date of 5 pm Monday, 29 May 2023.

Applications received after the closing date will be registered as a late response. The Ministry of Health may allow assessment of late responses if there is evidence that the late submission is due to circumstance outside the control of the applying organisation.

The Ministry of Health will provide confirmation of each received application via return email to the applying organisation. Organisations that do not receive confirmation of receipt of application are to consider the application incomplete and are responsible for contacting the Ministry of Health.

Applications must be submitted in full inclusive of all completed required documents, in Microsoft Word format (with file name ending in “.doc” or “.docx”), Microsoft Excel format (with file name ending in “.xls” or “.xlsx”) and/or or Adobe Acrobat (*.pdf):

Required documents for Stream 1

- Schedule A. Organisation Applicant Details
- Schedule B. Response to Standard Requirements
- Schedule C1. Response to Stream 1 Post-Custodial Support Grant Requirements
- Letter of in principle support from Justice Health NSW (Drug and Alcohol Services – Release Planning) and/or relevant private correctional centre health services if proposing to provide services to individuals in Parklea, Clarence or Junee correctional centres

Required documents for Stream 2

- Schedule A. Organisation Applicant Details
- Schedule B. Response to Standard Requirements
- Schedule C2. Response to Stream 2 Post-Custodial Support Grant Requirements
- Schedule D. Proposed Grant Budget
- Schedule E. Service Implementation Plan
- Schedule F. Service Staffing Plan
- Letter of in principle support from Justice Health NSW (Drug and Alcohol Services – Release Planning) and/or relevant private correctional centre health services if proposing to provide services to individuals in Parklea, Clarence or Junee correctional centres

Post-Custodial Support Grants: Information for Stream 1 (Grants to ACCOs of \$300,000 or less)

(Stream 2 applicants go to page 17)

Service gaps for people exiting custody who are at risk of AOD-related harm

According to the Ice Inquiry report, 31% of the 19,504 people who entered custody in 2018 self-reported methamphetamine use in the four weeks prior to incarceration, more than half reported using it daily or most days. Recent growth in both prison populations and methamphetamine use has exceeded the capacity of health services to support people both whilst in prison and leaving custody.

The need for improvements in release planning and care continuity were flagged in the Ice Inquiry recommendations and supported in the Government Response. Many people in custody lie at the intersection of multiple vulnerabilities and socioeconomic disadvantages that can affect them across their life course. These factors place them at higher risk of poor physical and mental health and create barriers to accessing mainstream services. These risks and barriers are accentuated in the post-release period. An opportunity exists when people exit custody to connect them to services in the community that can improve not just their own health and wellbeing but that of the broader community.

Evidence to the Inquiry highlighted that people with a history of drug dependence are at acute risk of recidivism, suicide, and overdose during their transition back to the community. This transition is compounded by individual challenges, such as past AOD use, association with antisocial peers, mental illness, chronic health problems, homelessness, unstable housing or employment and parenting/family associated stress. These challenges affect Aboriginal people and people returning to regional communities disproportionately.

The Inquiry found that more than half of ex-inmates return to prison within six months of release. Those who remain in the community experience elevated risk of death in the 12 months post-release (ten times higher than their risk in prison), with a third of the deaths occurring within the first month.

Evidence shows that key principles of through care, case management and individualised support underpin positive client experiences, improved outcomes and reduced offending patterns for people leaving custody.⁴ There are benefits and cost savings for families, communities and society arising from improved support to reintegrate following release from custody.

Grant objectives

Stream 1 of the Post-Custodial Support Grants aims to establish new or expand existing ACCO-run services for Aboriginal people who are leaving custody and:

- Have a history of AOD use and/or
- Are at risk of substance-use related harm post-release.

The grants seek to improve access to support services so that more Aboriginal people released from custody who are at risk of harmful substance use can get high quality, culturally safe care to improve their health and wellbeing.

⁴Baldry E, Bright D, Cale J, Day A, Dowse L, Giles M, Hardcastle L, Graffam J, McGillivray J, Newton D, Rowe S, Wodak J (2018). A Future Beyond the Wall: Improving Post-release Employment Outcomes for People Leaving Prison: Final Report. Sydney: UNSW Sydney. <http://doi.org/10.26190/5b4fd2de5cfb4>

The Centre for Alcohol and Other Drugs (CAOD) is seeking to engage applicants with suitable service models, experience, capability and skills to deliver post-custodial support services for Aboriginal people at risk of AOD-related harm.

Successful applicants will be required to achieve outcomes that will be outlined in a funding contract. This will include reporting on performance against agreed measures including [core indicators](#) and key performance measures that are agreed between the service and CAOD.

The main objectives of the Grants include:

- Aboriginal people released from custody have improved health and wellbeing and reduced risk of harms from AOD
- Aboriginal people released from custody at risk of harmful AOD use have increased access to holistic, culturally safe, trauma-informed AOD treatment and support
- Aboriginal people released from custody at risk of harmful AOD use are connected to appropriate health and social services, including those associated with cultural and social determinants of health (housing, employment, training, welfare support, connection to country and community)
- Aboriginal people released from custody at risk of harmful AOD use have increased access to AOD support provided by peer workers
- More equitable access to post-custodial AOD treatment and support for Aboriginal people across NSW and especially in regional and remote areas where there is unmet need
- Aboriginal people released from custody at risk of harmful AOD use have reduced risk of suicide and overdose and decreased re-offending rates.
- Reducing family, community and societal costs associated with harmful AOD use and reoffending in the post-release period.

Project scope

Stream 1 of the Post-Custodial Support Grants aim to establish new or expand existing ACCO-run services supporting Aboriginal people leaving custody who have a history of AOD use and/or are at risk of substance-use related harm post-release. Services for each client will commence up to 3 months prior to release and continue for up to 12 months post-release. Services will include AOD-specific counselling, case management and support to access safe and stable housing, mental health, primary care and other health services and education, employment, and other social support services.

Successful applicants will be required to provide treatment and support that is culturally safe, trauma-informed, person-centred, integrated and holistic, with priority to addressing immediate safety issues.

Grants will be awarded for an initial four-year period from 2023-24.

Service specifications

Service summary

Stream 1 Post-Custodial Support services will provide case management, counselling and support to Aboriginal people who are leaving custody and who are at risk of harm from AOD use. Within this group, pregnant women and young people (18+) are a particular priority.

The service needs to

- Be welcoming and physically, emotionally and culturally safe

- Consider the cultural determinants of health
- Be developmentally and cognitively appropriate
- Include consumers, family and carers, Elders and other community leaders in service planning and delivery
- Use appropriate clinical documentation (assessment, care planning, treatment, and review)
- Make sure staff have appropriate support, knowledge, and skills
- Understand and respond to the specific needs of people leaving custody
- Be flexible with program activities and care planning so that they meet each person's individual needs.

Applicants must show how they will provide AOD case management and support services in line with the [NSW Health AOD NGO Service Specification Guideline](#) and the [Clinical Care Standards: Alcohol and Other Drugs Treatment](#). The proposed service model should be grounded in trauma-informed principles and align with the [NSW Health Integrated Trauma-Informed Care Framework](#).

Priority location/s

Priority will be given to NSW rural and regional locations and areas where large numbers of Aboriginal people return to after leaving custody, where there is an absence of existing integrated Aboriginal post-custodial support services and/or other evidence of unmet need. A local needs analysis and/or other evidence to support the need in the location should be demonstrated.

Current service delivery and proposed new services

To decide who to allocate the grants to, the evaluation panel will consider information provided by organisations about their current services.

Please use **Schedule C1** to provide:

- Brief information on your organisation's history and corporate governance arrangements
- What the specific needs of your main client group/s are
- What type of treatments and/or support you provide, how long you have provided these services, and where you provide them
- Your organisation's experience in providing services to Aboriginal people leaving custody who are at risk of AOD-related harm
- What partnerships you have with other organisations, including non-government organisations, LHDs, Justice Health and other ACCOs.

The evaluation panel will also consider what new services you plan to provide if you receive this grant. You will need to provide information in **Schedule C1** on:

- Where you will provide the new service, including specific correctional centres
- Your proposed hours of service weekly/annually
- What your model of care for the post-custodial support service will be (such as intake, assessment, case management and coordination of individual care, access to AOD counselling and psychosocial support)
- How you will make sure the clients have good throughcare (such as worker access to correctional centres for pre-release planning, transfer of care arrangements, supported referrals to other AOD services, and assisting clients to access other health and social services that your organisation doesn't directly provide)
- How you will make sure your services are person-centred and trauma-informed, and support the clients' strengths, abilities and needs
- How you will make sure that people with a lived or living experience of AOD and/or criminal justice system have been or will be incorporated into the program design and delivery, including ongoing service development

- What clinical governance arrangements will be in place (eg policies and procedures for complaints management, continuous improvement, patient safety, information management)
- How you will measure the effectiveness of the new services and the outcomes for clients.

Issues to note

The service must not exclude people with a history of violent and/or sexual offences.

The service must not exclude people with cognitive impairment, with mental health issues and adults on prescribed medication, including but not limited to opioid agonist treatment.

You must demonstrate how your model of care and service delivery will manage these clients safely and appropriately.

Implementation, staffing and budget

Please provide information at Schedule C1 on the proposed budget and implementation schedule for the new service, including staffing.

All staff of the service are required to have relevant qualifications, skills, and/or experience to deliver gender- and culturally safe AOD treatment. Organisations will need to outline what their staffing mix will be for the new service – including peer (consumer) workers with a lived experience of AOD harm or contact with the criminal justice system as well as information on proportion/numbers of Aboriginal staff. The proposed staffing mix should be appropriate to meet the needs of the client group and provide leadership and support to other team members.

Available funds

Stream	Funds available per grant stream annually	Minimum funding per grant annually	Maximum funding per grant annually
1	Up to \$600,000	N/A	\$300,000
2	\$1,400,000	\$300,001	\$1,000,000

How the Stream 1 grant applications will be assessed

The Evaluation Panel will check your application is complete and assess your answers in Schedule A and B to confirm you are eligible to apply for the grant.

1. Stream 1 eligibility assessment

Application eligibility – the following will be checked:

Application is submitted by the due date ✓

Application is for \$300,000 or less ✓

Application is submitted in full, inclusive of all completed required documents: ✓

- Schedule A.
- Schedule B.
- Schedule C1.
- Letter of in principle support from Justice Health NSW (Drug and Alcohol Services – Release Planning) and/or relevant private correctional centre health services if proposing to provide services to individuals in Parklea, Clarence or Junee correctional centres

Organisation eligibility (Schedule B)

Aboriginal Community Controlled Organisations that is:

- not-for profit ✓
- incorporated under relevant legislation ✓
 - controlled and operated by Aboriginal and/or Torres Strait Islander people
 - connected to the community, or communities, in which they deliver the services
 - governed by a majority Aboriginal and/or Torres Strait Islander governing body
- accredited against NSW Health approved accreditation standards for organisations delivering AOD treatment services (or making progress toward accreditation). ✓

Service delivery eligibility (Schedule B)

Services are to be delivered in NSW ✓

Services applied for must not already be funded by NSW Health or another government agency. These grants are not intended for covering shortfalls in existing service budgets. Services already funded by government can apply for grants to operate expanded services, improving access to AOD treatment and support. ✓

2. Merit assessment against Selection Criteria – Stream 1

The Evaluation Panel will assess your responses to the weighted and non-weighted selection criteria listed below:

Selection Criteria	Word guide	Weighting
Organisation applicant details (Schedule A)	N/A	nil
Response to standard requirements (Schedule B)	N/A	nil
Established ACCO currently providing relevant services (Schedule C1 criteria 1)	1,000-1,500	35%
Proposed new services (Schedule C1 criteria 2)	2,000-3,000	45%
Budget, staffing and implementation (Schedule C1 criteria 3)	750 – 1,000	20%

Schedule C	Selection Criteria	Weighting
<p>Weighted Selection Criteria 1 (W1) –</p> <p>Established ACCO currently providing relevant services</p>	<p>In this section you need to tell us about:</p> <ul style="list-style-type: none"> • How long your organisation has been in operation, where it is and what your corporate governance arrangements are. • What programs, treatments and/or support you currently provide, how long you have provided these services, and what areas you service (including outreach or virtual services). • What experience you have in providing services to Aboriginal people leaving custody who are at risk of AOD-related harm, and what you understand their needs to be. • What partnerships you have with other organisations, including non-government organisations, LHDs, Justice Health and other ACCOs. • What your organisation’s total funding is for 2022-23 and who provides the funding. • What corporate and clinical governance arrangements you have in place, including how you make sure the services you provide are high quality and safe (eg performance measures, incident and risk management policies). 	<p>35%</p>
<p>Weighted Selection Criteria 2 (W2) –</p> <p>Proposed new services</p>	<p>In this section you need to describe in detail what services you propose to provide for Aboriginal people leaving custody in NSW who are at risk of harm from AOD and how you will provide them. The service model must align with the Clinical Care Standards: Alcohol and Other Drugs Treatment principles and standards, and meet the activity descriptions and requirements of the relevant sections in the AOD NGO Service Specification Guideline</p> <p>Include details about:</p> <ul style="list-style-type: none"> • How many hours of service you will provide weekly/annually • What geographic areas you will provide services to (virtually or in person) and what evidence you have that there is need for this service in those areas • What your model of care for the post-custodial support service will be (such as intake, assessment, case management and coordination of individual care, access to AOD counselling and psychosocial support). • How you will make sure the clients have good through-care (such as how you will access correctional centres to start working with clients before release, how you will safely transfer care, supported referrals to any AOD services that your organisation doesn’t directly provide) • How your service will identify and respond to clients whose AOD issues are escalating and require AOD specialist treatment. • How you will receive referrals from correctional centres and Justice Health. • How clients would be linked to other programs and services they need - including coordinated referrals to employment, education, housing and training, aged care, NDIS and health or social services. 	<p>45%</p>

	<ul style="list-style-type: none"> • How you will make sure your services are person-centred and trauma-informed, and support the clients' strengths, abilities and needs. • How you will make sure that people with a lived experience of AOD and/or criminal justice system have been or will be involved in the program design and delivery, including peer workers. • How you will manage the risks, issues and challenges identified on page 26 • What clinical governance arrangements will be in place (eg policies and procedures for complaints management, continuous improvement, patient safety, information management) • How you will measure the effectiveness of the new services and the outcomes for clients. 	
<p>Weighted Selection Criteria 3 (W3)</p> <p>Budget, staffing and implementation schedule</p>	<p>Please provide a summary of your proposed budget for the new service that includes:</p> <ul style="list-style-type: none"> • Income and funding (including this grant) • Staff costs (including staffing mix, training and development) • Administrative costs including staff travel and accommodation, motor vehicles, service accommodation and utilities equipment and direct client costs. <p>Please provide an implementation schedule that indicates your timeframes for steps such as:</p> <ul style="list-style-type: none"> • Establishing governance arrangements • Negotiating and finalising partnership arrangements with other organisations relating to referrals and information sharing • Recruitment, induction and training of staff • Developing operational policies and procedures including referral and care pathways • Setting up data and reporting systems • Service commencement. 	<p>20%</p>

Post-Custodial Support Grants: Information for Stream 2 (grants above \$300,000)

(Stream 1 applicants go to page 9)

Service gaps for people exiting custody who are at risk of AOD-related harm

According to the Ice Inquiry report, 31 percent of the 19,504 people who entered custody in 2018 self-reported methamphetamine use in the four weeks prior to incarceration, more than half reported using it daily or most days. Recent growth in both prison populations and methamphetamine use has exceeded the capacity of health services to support people both whilst in prison and leaving custody.

The need for improvements in release planning and care continuity were flagged in the Ice Inquiry recommendations and supported in the Government Response. Many people in custody lie at the intersection of multiple vulnerabilities and socioeconomic disadvantages that can affect them across their life course. These factors place them at higher risk of poor physical and mental health and create barriers to accessing mainstream services. These risks and barriers are accentuated in the post-release period. An opportunity exists when people exit custody to connect them to services in the community that can improve not just their own health and wellbeing but that of the broader community.

Evidence to the Inquiry highlighted that people with a history of drug dependence are at acute risk of recidivism, suicide, and overdose during their transition back to the community. This transition is compounded by individual challenges, such as past AOD use, association with antisocial peers, mental illness, chronic health problems, homelessness, unstable housing or employment and parenting/family associated stress. These challenges affect Aboriginal people and people returning to regional communities disproportionately.

The Inquiry found that more than half of ex-inmates return to prison within six months of release. Those who remain in the community experience elevated risk of death in the 12 months post-release (ten times higher than their risk in prison), with a third of the deaths occurring within the first month.

Evidence shows that key principles of through care, case management and individualised support underpin positive client experiences, improved outcomes and reduced offending patterns for people leaving custody.⁵

Grant objectives

The Post-Custodial Support Grants aim to address the significant unmet need for support for people leaving custody who have a history of harmful AOD use. The Grants seek to improve access to support services so that more people released from custody who are at risk of harmful AOD use can get high quality care to improve their health and wellbeing.

The Centre for Alcohol and Other Drugs (CAOD) is seeking to engage applicants with suitable service models, experience, capability and skills to deliver services that meet the [Clinical Care Standards: Alcohol and Other Drug Treatment](#) and [AOD NGO Service Specification Guideline](#) requirements.

Successful applicants will be required to achieve outcomes outlined in a funding contract and demonstrate performance against agreed measures. The measures will include [core indicators](#) and

⁵Baldry E, Bright D, Cale J, Day A, Dowse L, Giles M, Hardcastle L, Graffam J, McGillivray J, Newton D, Rowe S, Wodak J (2018). A Future Beyond the Wall: Improving Post-release Employment Outcomes for People Leaving Prison: Final Report. Sydney: UNSW Sydney. <http://doi.org/10.26190/5b4fd2de5cfb4>

tailored indicators agreed between the CAOD and the organisation to report on activity, output and outcomes. These will require validated tools to be used to measure client wellbeing and health outcomes.

The main grant objectives include:

- People released from custody have improved health and wellbeing and reduced risk of harms from AOD
- People released from custody at risk of harmful AOD use have increased access to health and social services in the community including those associated with cultural and social determinants of health (housing, employment, training, welfare support, connection to country and community)
- Improved equity of access to post-custodial support for people at risk of harmful AOD use across NSW, especially in regional and remote areas where there is unmet need
- People released from custody at risk of harmful AOD use have increased access to AOD support services provided by peer workers
- People released from custody at risk of harmful AOD use have reduced the risk of suicide and overdose and decreased re-offending rates
- Reduced family, community and societal costs associated with harmful AOD use and reoffending in the post-release period.

Project scope

Stream 2 of the Post-Custodial Support Grants aim to establish new or expand existing NGO- or ACCO-run services supporting people leaving custody who have a history of AOD use and/or are at risk of substance-use related harm post-release. Services for each client will commence up to 3 months prior to release and continue for up to 12 months post-release. Services will include AOD-specific counselling, case management and support to access safe and stable housing, mental health, primary care and other health services and education, employment, and other social support services.

Grants will be awarded for an initial four-year period from 2023-24.

Successful applicants will be required to provide services that are culturally safe, trauma-informed, integrated, holistic and person-centred, with priority to addressing immediate safety issues.

The service model must respond to the needs of the target group, relevant guidelines, standards and legislation. Applicants must demonstrate how they will provide AOD case management and support services in line with the [NSW Health AOD NGO Service Specification Guideline](#) and the [Clinical Care Standards: Alcohol and Other Drugs Treatment](#). The proposed service model will require flexibility to involve clients and broader stakeholders in ongoing service development and quality improvement to ensure experience and views and changing evidence base continues to inform the model. The proposed service model should be grounded in trauma-informed principles and align with the [NSW Health Integrated Trauma-Informed Care Framework](#).

Post-custodial support specifications

Service summary

The post-custodial support services will provide case management, AOD counselling and psychosocial support to people who are leaving custody who are at risk of harm from AOD use.

Priority population for the service

The target population is people in the criminal justice system who have a history of harmful AOD use or who are at risk of harm from AOD use post-release. Aboriginal people, people from culturally and linguistically diverse communities, pregnant women, young people (18+) and other groups poorly served by the current system are also a priority within this broader group.

Service planning and ongoing service development is required to ensure priority populations' specific service requirements are met, such as:

- making the service welcoming and safe
- appropriate language and use of interpreters when needed
- ensuring a gender-responsive workforce, that understands differing the needs and experiences of clients
- activities are culturally safe and consider the cultural determinants of health
- services and interventions are developmentally and cognitively appropriate
- inclusion of consumers, immediate and extended family, elders and other community leaders in service planning and activities
- clinical documentation (assessment, care planning, treatment, and review) and outcome tools are evidence based and appropriate to the individual client
- staff have appropriate support, knowledge, and skills
- program activities and care planning are flexible in response to individual client needs.

Priority locations

Priority will be given to NSW rural and regional locations and areas where there is an absence of existing integrated Post-Custodial Support services and/or evidence of unmet need. A local needs analysis and/or other evidence to support the need in the location should be demonstrated.

Service delivery requirements

Evidence of the organisation's experience in providing services for the target population must be provided including a demonstrated track record of psychosocial treatment and/or support for people at risk of AOD-related harm. Organisations must demonstrate they understand the complex needs and vulnerabilities of people with a history of contact with the criminal justice system.

Organisations must demonstrate a documented evidence-informed program and model of care for the post-custodial support inclusive of assessment, case management and coordination of individual care, AOD counselling and psychosocial support and continuing care, support, and advocacy to access AOD, health and social services.

Organisations must demonstrate support from Justice Health and/or any private corrections facilities that they will be working with. Processes to accept referrals and transfers of care, as well as to organise and deliver throughcare to clients up to three months pre-release should be discussed. The service should have some flexibility to accept referrals with limited notice when clients have unplanned releases as well as self-referrals from people who have recently exited custody.

Organisations must commit to obtaining approvals from the Department of Communities and Justice (DCJ) and any relevant privately managed correctional facilities to access the corrections centres for pre-release assessment and/or planning.

Organisations must demonstrate that the program and model of care is person-centred, trauma-informed, culturally safe and recognises individual client's strengths, abilities and needs.

Organisations must outline how the perspectives of people with a lived or living experience of AOD and/or criminal justice system have been or will be incorporated into the program design and

delivery. A description of supports for, and collaboration with, clients' family/carers/significant others should be included in the application.

The program, model of care and service delivery must be safe, accessible, and welcoming and align with a range of NSW Health, Commonwealth and other agency guidelines and agreements, specifically:

- [Closing the Gap](#)
- [AOD NGO Service Specification Guideline](#)
- [Clinical Care Standards: Alcohol and Other Drug Treatment](#)
- Alcohol and other Drug Psychosocial Interventions Professional Practice Guidance (NSW Health) (available on request)
- [NSW LGBTIQ+ Health Strategy 2022-2027](#)
- [NSW Youth Health Framework](#)
- [NSW Aboriginal Health Plan 2013-2023](#)
- [Integrated Trauma Informed Framework](#)
- [Communicating Positively: A Guide to Appropriate Aboriginal Terminology](#)
- [NSW Regional Health Strategic Plan 2022-2032.](#)
- [Towards Zero Suicides - Aboriginal Healing resources](#)

Organisations must demonstrate partnerships with other agencies to ensure clients' education, housing and other health and social needs are addressed. The ability to collaborate with Local Health Districts (LHDs) /Specialty Health Networks (SHNs) /other NGOs or local ACCHOs must be demonstrated.

All staff of the service are required to have qualifications, skills, and experience to deliver gender- and culturally safe AOD treatment. The proposed staffing mix should be appropriate to meet the needs of the client group and provide leadership and support to other team members.

Organisations must demonstrate how the service will intake participants (fixed, rolling, other), and how over- or under- demand for service will be managed. A description of how the service will assess clients in custody must be provided.

A client's history of violent and/or sexual offences must not be an exclusion criterion for the service and the applicant must demonstrate how their model of care and service delivery will manage these clients safely and appropriately.

The service will accept adults with cognitive impairment, with mental health issues and adults on prescribed medication, including but not limited to opioid agonist treatment.

A proposed outcomes measurement framework should be included in the application, including details use of validated tools.

Funds available

The total funds across both streams to a maximum amount to \$2,000,000 per year. A minimum of \$600,000 has been quarantined for ACCOs but the exact allocation across streams may vary according to the application mix and the best achievement of the outcomes.

Stream	Funds available per grant stream annually	Minimum funding per grant annually	Maximum funding per grant annually
1	Up to \$600,000	N/A	\$300,000
2	\$1,400,000	\$300,001	\$1,000,000

How the Stream 2 grant applications will be assessed

1. Stream 2 eligibility assessment

Application eligibility	
Application is submitted by the due date	✓
Application is for a minimum grant of \$300,001	✓
Application is submitted in full, inclusive of all completed required documents:	✓
<ul style="list-style-type: none">- Schedule A. Organisation Applicant Details- Schedule B. Response to Standard Requirements- Schedule C2. Response to Post-Custodial Support Service Requirements- Schedule D. Proposed Grant Budget- Schedule E. Service Implementation Plan- Schedule F. Service Staffing Plan- Letter of in principle support from Justice Health NSW (Drug and Alcohol Services – Release Planning) and/or relevant private correctional centre health services if proposing to provide services to individuals in Parklea, Clarence or Junee correctional centres	
Application clearly indicates the Proposed Grant Budget, Service Implementation Plan and Service Staffing Plan.	✓
Organisation eligibility – Schedule B	
Not-for profit entity incorporated under any of the following:	✓
<ul style="list-style-type: none">- Associations Incorporation Act 2009 (NSW)- Corporations Act 2001 (Cth)- Corporations (Aboriginal and Torres Strait Islander) Act 2006- Other Australian legislation	
Current accreditation against the NSW Health-approved accreditation standards for organisations delivering AOD treatment services, or working towards this. ⁶ A list of standards is here .	✓
Service delivery eligibility – Schedule B	
Services are to be delivered in NSW	✓
Services applied for must not already be funded by NSW Health or another government agency. These grants are not intended for covering shortfalls in existing service budgets. Services already funded by government can apply for grants to operate expanded services, improving access to AOD treatment and support.	✓

⁶ Organisations with current membership of an accrediting agency that can demonstrate active and recent progress towards accreditation against NSW Health approved accreditation standards are eligible to apply

2. Merit assessment against Selection Criteria – Stream 2

Organisations will be assessed against the weighted and non-weighted selection criteria listed below:

Selection Criteria	Word guide	Weighting
Organisation applicant details (Schedule A)	N/A	Nil
Response to standard requirements (Schedule B)	N/A	Nil
Established service provider with effective and sustainable operations (Schedule C2 criteria 1)	1000-1500	20%
Service model and partnerships (Schedule C2 criteria 2)	2000-3000	30%
Engagement and consultation (Schedule C2 criteria 3)	500-750	15%
Culturally safe service delivery (Schedule C2 criteria 4)	600-1000	20%
Budget, Staffing and Implementation (Schedule C2 criteria 5, schedules D, E and F)	1000-1500	15%

Budget – Schedule D

A budget for the total value of the project is to be submitted using **Schedule D** template, noting that the budget is to be exclusive of GST, with the GST element shown separately.

Implementation Plan – Schedule E

Grant applicants will be required to **complete and submit a Schedule E Implementation Plan** which contains suggested implementation milestones, but they can be adjusted as needed.

Service Staffing Plan – Schedule F

Grant applicants will also be required to **complete and submit Schedule F Service Staffing Plan**. Schedule F requires an outline of staff that will be employed during the implementation phase and another staffing table for when the service will be fully operational. If there is no planned difference, please note that in the implementation staff table. The Centre for Alcohol and Other Drugs is currently developing an AOD workforce strategy, applicants will be required to align with that strategy once complete.

Schedule C2	Weighted Selection Criteria	Weighting
<p>Weighted Selection Criteria 1 (W1) –</p> <p>Established service provider with effective and sustainable operations</p>	<p>Demonstrate the effective and sustainable operation and delivery of community-based care coordination and psychosocial support. Please include:</p> <ul style="list-style-type: none"> • How long the organisation has been in operation, its office locations and service areas (including outreach or virtual services) • Detail of the full range of relevant programs and services currently provided including service users • Evidence of experience in providing services for the people exiting custody and/or demonstrated understanding of their complex needs • Demonstrated track record of psychosocial treatment and/or support for people at risk of AOD-related harm • Current financial sustainability including total funding for 2022-23 financial year, indicating specific source (e.g., State, Commonwealth, private and/or community). Include approved funding for 2023-24 and 2024-25. • Provide evidence of effective operation for each program including outcomes measures used by the organisation and examples of good outcomes for participants under the program • Details of corporate governance arrangements including accreditation, quality assurance, internal controls, incident, and risk management systems. • A clear articulation of the clinical governance framework. 	<p>20%</p>
<p>Weighted Selection Criteria 2 (W2) –</p> <p>Service model and partnerships</p>	<p>In this section you need to describe your service model. Provide details on what services you will provide for people leaving custody in NSW who are at risk of harm from AOD and how you will provide them. The service model must align with the https://www.health.nsw.gov.au/aod/Publications/clinical-care-standards-AOD.pdf Clinical Care Standards: Alcohol and Other Drugs Treatment principles and standards, and meet the activity descriptions and requirements of the relevant sections in the AOD NGO Service Specification Guideline</p> <p>Include details about:</p> <ul style="list-style-type: none"> • Where you will provide the services, including specific correctional centres • How many hours of service you will provide weekly/annually • • How these services will be flexible and tailored to individual client needs. • Referral pathways (entry and exit) and care pathways: <ul style="list-style-type: none"> ○ Arrangements to ensure these services are linked in with clinical AOD care to address any AOD treatment needs ○ How your service will identify and respond to clients whose AOD issues are escalating and require referral to other specialist treatment. ○ Plans and agreements in place to accept referrals from Justice Health NSW +/- private corrections facilities and agreement to gain approval from the Department of Community and Justice to arrange access approvals if successful* 	<p>30%</p>

	<ul style="list-style-type: none"> ○ How clients would be linked to other programs and services they need including coordinated referrals to employment, education, housing and training, aged care, NDIS and health or social services, Aboriginal community-controlled organisations and health services. • How you will mitigate the identified risks, issues and challenges identified on page 26 • Describe how demand for the new service will be managed, particularly relating to intake, assessment and management of waiting lists and prioritisation of clients with the greatest need • How your organisation supports and enhances consumer, family and carer, and community participation in service delivery • Describe your proposed approach for information sharing across service providers. <p>*the approvals must be finalised before contract can be signed.</p>	
<p>Weighted Selection Criteria 3 (W3) – Engagement and consultation</p>	<p>In this section you need to demonstrate how you have incorporated consumer, family, carer and community views in your service design, and how you intend to seek and include ongoing feedback to inform and improve the service.</p> <ul style="list-style-type: none"> • How your organisation has ensured meaningful consumer, family and carer, and community participation in the design of this new service. • How will meaningful service user consultation continue to be undertaken during the service delivery phase. 	<p>15%</p>
<p>Weighted Selection Criteria 4 (W4) – Culturally safe service delivery</p>	<p>Demonstrate your capacity and experience in delivering a culturally safe and accessible service which ensures engagement with groups with diverse needs including Aboriginal, refugee and other culturally and linguistically diverse (CALD) groups, and lesbian, gay, bisexual, transgender and intersex communities.</p> <p>Include information about:</p> <ul style="list-style-type: none"> • A commitment to workplace cultural safety that demonstrates an understanding of the importance of cultural determinants of health. • Evidence of delivering high quality, culturally safe care coordination, counselling and support for Aboriginal people, refugee and other culturally and linguistically diverse (CALD) groups, and lesbian, gay, bisexual, transgender and intersex communities. • Access to established Aboriginal community liaison and consultation processes and structures that promote community engagement and referrals of Aboriginal people into the program. • Your organisation’s Aboriginal employment strategy and current numbers/ratios of Aboriginal staff in frontline and corporate/management roles. • How the new service will be staffed to ensure it is culturally safe • An Aboriginal Health Impact Statement, that describes a) the health context for Aboriginal people, b) the potential impact of the program on Aboriginal people including approaches to mitigate any undesired effects, and c) engagement with Aboriginal people in the planning and delivery of the service • Please provide a letter of support from any Aboriginal 	<p>20%</p>

	<ul style="list-style-type: none"> community-controlled organisations you collaborate or partner with. How your organisation will measure outcomes for Aboriginal clients. <p>* ACCOs applying for Stream 2 are not required to provide an Aboriginal Health Impact Statement, however letters of support from partner ACCOs are encouraged as evidence of operational collaboration</p>	
<p>Weighted Selection Criteria 5 (W5) – Budget, Staffing and Implementation Plan</p>	<p>You will need to provide evidence of the organisation’s capacity and readiness to implement the required service model within the timeframes. Detail a timetable for implementing and commencing the service (please complete the <i>Implementation Template (returnable schedule E)</i>, including:</p> <ul style="list-style-type: none"> How services will be established and delivered, including all key logistics and how any challenges would be managed. Your proposed geographical service delivery boundaries, together with any identified logistical challenges associated with geography and distance and how they will be mitigated. Detail the staffing arrangements (including qualifications and award in the <i>staffing template</i> provided (<i>returnable schedule F</i>) and process for recruiting and retaining staff for the program. Describe the skills and qualifications of personnel involved in delivering the proposed service and activity including diversity and inclusion training and trauma informed practice. Identified positions for Aboriginal staff and peer workforce, and specific strategies and support for those staff Describe the organisation’s workforce capacity and systems to deliver both the proposed service and activity, and to provide adequate clinical supervision and professional development to staff. Detail how timely and accurate reports of program activity and client outcomes will be delivered. An explanation of the data collection system you will put in place to measure program activity and outcomes. What data will you collect and how will it be collected? What patient experience measure/s will you collect? <p>Provide details of the project’s proposed budget in the required format during implementation period and once the service is fully operational according to the information provided on funding availability over the four-year period. Please also complete <i>Budget Template (See Returnable Schedule D)</i>;</p> <ol style="list-style-type: none"> Describe any proposed innovation and/or approaches to ensure the service is as cost effective and sustainable as possible. 	<p>15%</p>

Conditions of grant applications (both Stream 1 and 2)

This grant opportunity is administered by the Centre for Alcohol and Other Drugs (CAOD), in the NSW Ministry of Health. The applicant will liaise with the CAOD on all aspects of the grant application. CAOD will contact all applicants to confirm receipt of application, if you do not receive acknowledgment from CAOD please contact using the principal contacts above. CAOD may contact you for further information as part of the application assessment process.

You (the applicant) accept that by applying for this grant that you are in agreement with NSW Health abiding by the requirements for expenditure of public money in NSW, as well as laws and policies that govern ethical behaviour. In line with the [NSW Government, Premier and Cabinet, Grants Administration Guide](#), grants awarded will be published on the e NSW Government Grants and Funding Finder at nsw.gov.au/grants-and-funding.

CAOD will contact all applicants to notify the outcome of their grant application/s.

Validity Period

The application is to be valid for three (3) months from the lodgement/closing date. Applicants are to note that applying for a grant/s is made at its own cost, and that NSW Health, whilst inviting applications in good faith, is not obliged to proceed with this project.

Contract Management

Successful grant applicants will enter into contract negotiation with the contract management agency (CAOD). A copy of the standard grants contract is provided at Appendix A with standard terms and conditions Appendix B. The contract detail including milestones, payment schedule and performance indicators will be developed in negotiation with successful applicants. The successful applicants will be accountable for delivery of services that contribute to meeting the grant program objectives. More information about performance reporting can be found at NSW Health [NGO AOD performance indicator resources](#).

Issues & Risks

The COVID pandemic and extreme climate events have caused significant interruption to AOD service operations in NSW over recent years. The move to virtual care has enabled services to continue to operate in some capacity. Applicants will be asked to consider how business continuity will be maintained during any unanticipated natural disasters, extreme climate events or future health pandemic events. For service proposals in more remote locations, consideration of safety in relation to extreme climate events should also be addressed.

Clients who have been released from the criminal justice system may have a history of violent offending/sexual offences. Applicants will be asked to consider how their model of care meet the needs of people with a history of violent offending/sexual offences and how they will manage any safety requirements associated with this.

Given the current health staffing pressures, particularly in non-metropolitan areas, grant applicants will be required to submit the proposed staffing mix and a plan for achieving recruitment of staff, how to manage difficulties recruiting and ongoing staff retention strategies. The Centre for Alcohol and Other Drugs is currently developing an AOD workforce strategy, which will provide direction for NSW health funded AOD services to develop, support and sustain the workforce.

Development of new or enhanced NGO AOD Post-Custodial Support services will require strong engagement with the Department of Communities and Justice as well as other parts of the health

and social services sectors. Applicants will need to outline relationship and engagements and demonstrate achievement of this as part of ongoing program performance monitoring.

Assumptions

Organisations have the relevant capability and skills to engage the target groups.

Applicants have undertaken due diligence in considering appropriate locations for services based on local consultation around the needs of the local community as well as broader state-wide needs.

People who experience harm from the use of alcohol or other drugs are known to encounter negative attitudes and sub optimal outcomes when they seek treatment and support from services. It is an assumption that applicants have a sound understanding of this issue and services are delivered that respond appropriately to reduce the likelihood of [stigma and discrimination](#) and its impacts.

Evaluation Criteria

Selection will be based on evaluation of applicant submissions to this invitation to apply for grants. The Evaluation Panel will assess submissions in accordance with the evaluation criteria specified. Applications for grants will be evaluated by a panel comprising of representatives from the NSW Ministry of Health, and other entities with appropriate specialist experience. The panel will consider the mix of individual grants and region coverage to achieve value for money and achievement of the stated outcomes.

Following the selection of the preferred applicant, the Minister for Health may or may not consider any Alternate Offers provided by that Respondent in its response to this Request.

Probity

The Ministry of Health has appointed an independent Probity Advisor for the Post-Custodial Support Grant process. The Probity Advisor is directly accountable to the Ministry of Health Centre for Alcohol and Other Drugs.

The role of the Probity Advisor is to monitor procedural integrity (probity) and provide assurance throughout all phases of the Grant process. The Probity Advisor is not part of the evaluation panel but is an independent observer of the evaluation process.

Applicants may contact the Probity Advisor in writing and in circumstances where they have concerns as to probity or the conduct of the procurement process. Any contact with the Probity Advisor may be disclosed to NSW Health.

The details for the Probity Advisor and contact person are as follows:

Organisation: Procure Group Pty Ltd

Name: John Pinhorn

Tel: 0408 488 682

Email: jpinhorn@procuregroup.com.au