

## Grant Opportunity Guidelines

# AOD Hub Grants

Initial EOI Applications open:	26 July 2023
Initial EOI Applications close:	5:00 pm 24 August 2023
Submit applications:	<a href="mailto:moh-caod-sci@health.nsw.gov.au">moh-caod- sci@health.nsw.gov.au</a>
Administered by:	Centre for Alcohol and Other Drugs, NSW Ministry of Health
Type of grant:	Open competitive
Reference number:	H23/55203

**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

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Introduction and Executive Summary.....	3
Background .....	4
Grant Streams .....	6
Important dates .....	7
Principal contacts .....	7
How to apply for the Grants.....	8
Information for Stream 1A.....	12
Information for Stream 1B .....	18
Conditions of grant applications (Stream 1A and 1B) .....	25
Ineligibility criteria .....	26
Addendum.....	28

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## Introduction and Executive Summary

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The NSW Ministry of Health is seeking grant applications from multiple Non-Government Organisations (NGOs) and/or Aboriginal Community-Controlled Organisations (ACCOs) to deliver AOD Hubs in NSW. Each AOD Hub will be operated as a partnership to achieve a shared goal of delivering high quality, integrated care for people at risk of harm from alcohol and other drugs (AOD).

The Centre for Alcohol and Other Drugs (CAOD), together with key stakeholders, has developed a new AOD Hub model for integrated care coordination, treatment and support for people with complex needs including harmful use of AOD. The Hubs will form part of a state-wide network of multidisciplinary teams using a variety of service delivery approaches including virtual care, on-country and outreach. In each Hub, multiple agencies work in partnership to provide treatment and support for consumers. Where necessary, this will include facilitated referrals to broader health, community, cultural and social services based on a collaborative care plan

**The Hubs vision** is to develop welcoming and safe services and spaces for people experiencing, or at risk of, harm from AOD. **At these Hubs, consumers will receive care coordination and multidisciplinary treatment and support from the core Hub team.** Where required, they will also be connected with and supported to access the help and care that they choose from other health and community services in an ongoing way, regardless of initial point of contact.

Consumers will be supported by system navigators and peer and cultural workers who have a deep understanding of co-occurring needs, barriers to accessing care and the importance of tailored approaches. There will be strong consumer and local input, in recognition of the value of lived or living experience and local knowledge in designing and delivering effective services.

There will be a two-stage expression of interest (EOI) process, with the initial EOI focusing on high level overview of the proposed model. Applications will be reviewed, and short-listed organisations will be invited to respond to a more detailed set of questions.

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.

### Grant objectives

People at risk of harm from AOD have:

- increased access to holistic, culturally-safe, trauma-informed, multidisciplinary AOD treatment and care
- increased access to AOD support provided by peer workers
- care co-ordination, including warm referrals 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)
- improved care experiences, benefiting from strengthened pathways and partnerships between health and social services
- improved outcomes including those associated with social and cultural determinants of health
- improved health and wellbeing and reduced risk of harms from AOD
- improved access to AOD treatment and support in rural and remote areas
- increased access to tailored services that are safe and responsive to the needs of people from priority populations.

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 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 consumer wellbeing and health outcomes.

## Background

As part of its final response to [Special Commission of Inquiry into the drug ice](#) (Ice Inquiry), the NSW Government announced an investment of \$500 million over four years 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.

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 people in regional and rural areas, Aboriginal people, culturally and linguistically diverse (CALD) communities, LGBTQI+ communities, people experiencing homelessness, young people, pregnant women, parents with children, people with cognitive impairments, people with co-occurring mental health issues and people in the criminal justice system. The Ice Inquiry emphasised the importance of services for Aboriginal people being based upon Aboriginal definitions of health and wellbeing and demonstrating a strong understanding of the principles of self-determination and the impacts of trauma, racism, social disadvantage, and colonisation.

### New funding for AOD Hubs

A total amount of \$6 million per year for four years is available under two different streams (Stream 1A and 1B) for AOD Hubs led by NGOs and/or ACCOs. The AOD Hubs services will provide integrated, co-ordinated care and support for people 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 an initial period of up to four years.

### The Hub model illustrated

The following diagrams illustrate possible interpretations of the AOD Hubs model of care. These illustrations do not fully describe all services that a person may access, or the connectedness of physical, emotional, spiritual and social health. It does not seek to mandate the services a Hub must provide. The intention is to provide a visual representation of the holistic, person-centred approach with direct service provision and facilitated access to broad health and social sectors that these grants seek to fund. Larger versions of these illustrations can be found on page 28.

Figure 1: Hubs western medical model (below)

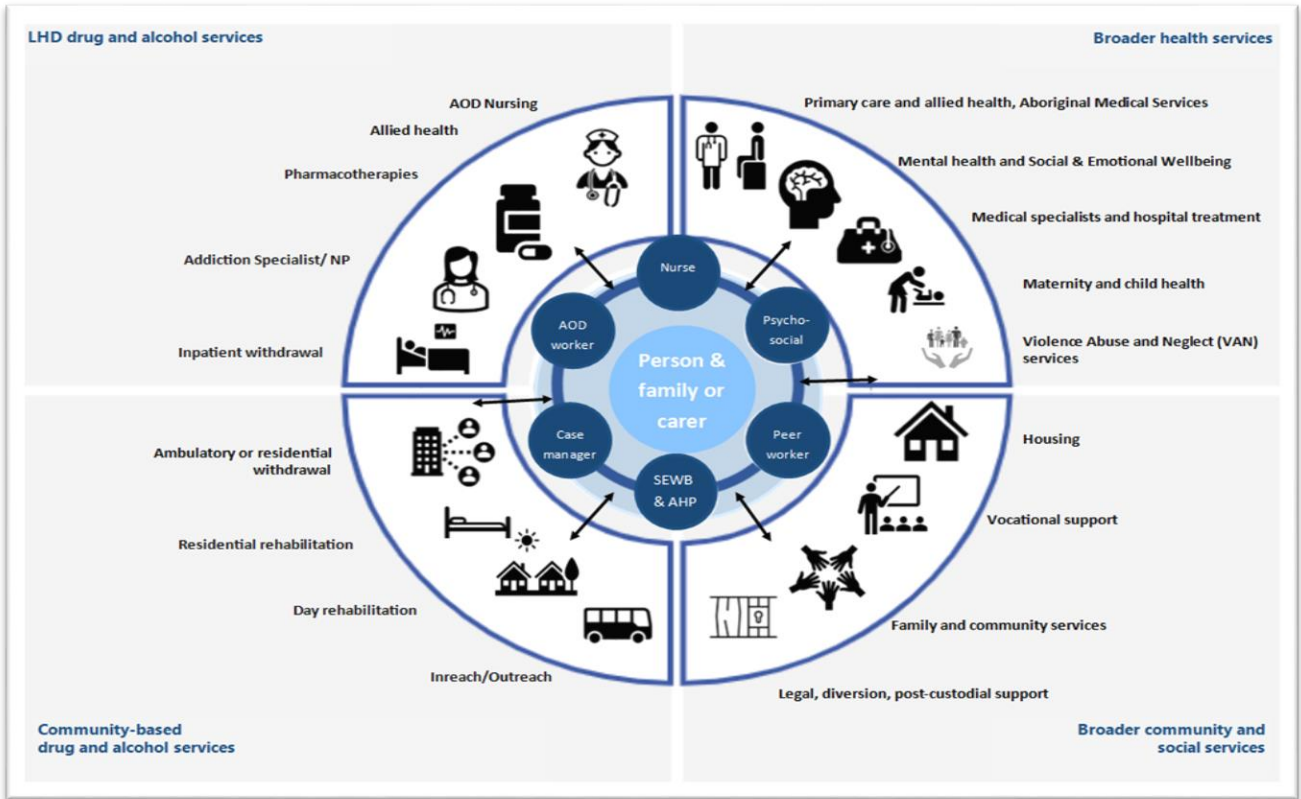


Figure 2: Hubs culturally adapted diagram (below)

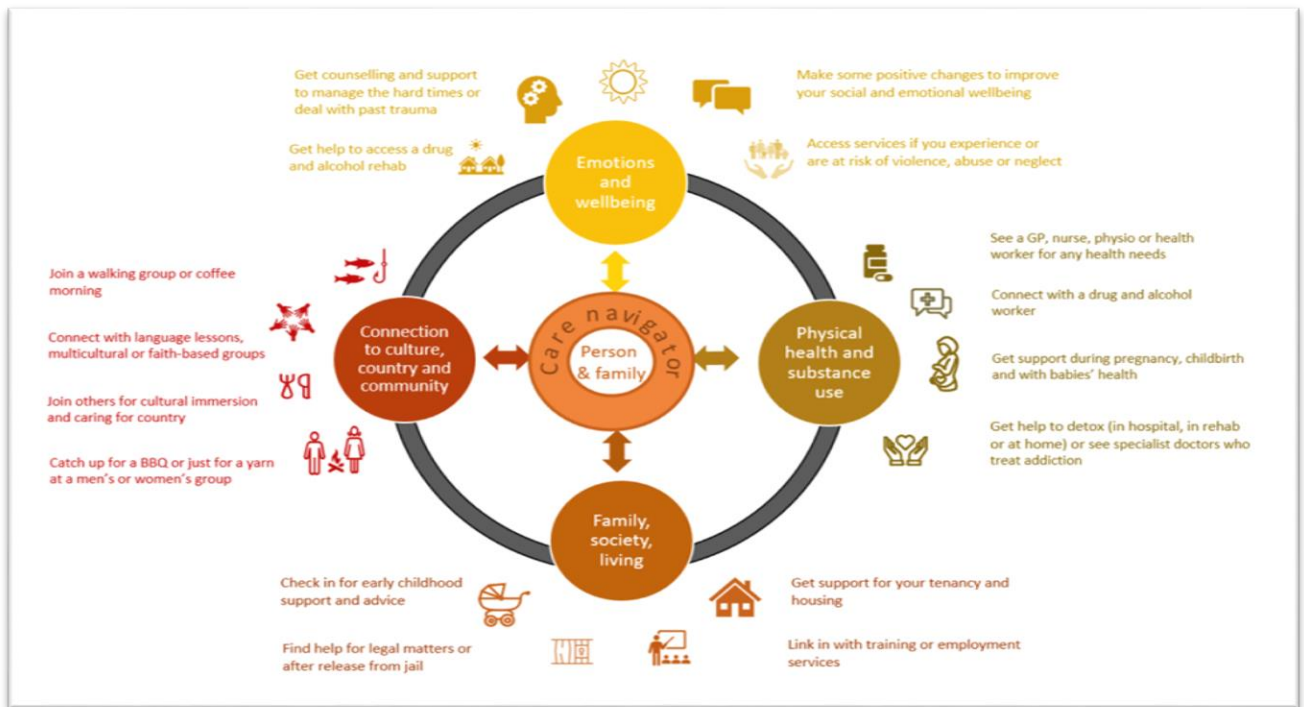


Figure 3: Consumer adapted diagram (below) ©Will Hodges-Ryan



## Grant Streams

This Grant opportunity has two separate streams. The two streams are as follows:

- **Stream 1A:** NGOs and/or ACCOs are invited to apply for grants of up to \$600,000 per annum (with a maximum total allocation for this stream of \$3,000,000 per annum) to add to or expand an existing partnership. At least \$600,000 will be quarantined for ACCO-led service delivery.
- **Stream 1B:** NGOs and/or ACCOs are invited to establish new priority population AOD Hubs as part of a partnership of service providers. At least one Hub in stream 1B will be for Aboriginal people and led by an ACCO. The maximum grant amount is \$1,000,000 per annum per grant.
- Note: Organisations may only submit one application per stream they are eligible for. Organisations may submit applications for both streams or be a partner in more than one application as non-lead. However only one grant will be provided to any organisation. Organisations that have more than one application merit selected will be asked to choose which application to be funded for.
- **Funds available**

Stream	Total annual funding available per grant stream	Minimum annual funding per grant	Maximum annual funding per grant	Minimum annual ACCO funding
1A	Up to \$3,000,000	N/A	\$600,000	\$600,000
1B	\$3,000,000	N/A	\$1,000,000	As per the successful Hub proposal budget *

Total funding (Streams 1A and 1B) will not exceed \$6,000,000 per annum.

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## Important dates

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<b>26 July 2023</b>	Applications open for Initial EOI
<b>24 August 2023</b>	Applications for Initial EOI close
<b>September *</b>	Stage 2 Select EOI open
<b>October*</b>	Stage 2 Select EOI close
<b>November*</b>	Approval and communication of grant application outcomes
<b>December 2023*</b>	Grant funding agreements commence

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

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## Principal contacts

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

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*\* 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.*

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## How to apply for the Grants

### Step 1. Confirm which stream your organisation will apply for

- Stream 1A: NGOs and/or ACCOs are invited to apply for grants of up to \$600,000 per annum (with a maximum total allocation for this stream of \$3,000,000 per annum) to add or expand services operated by an existing partnership.
- Stream 1B: NGOs and/or ACCOs are invited to establish new priority population AOD Hubs as part of a partnership of service providers. At least one Hub will be for Aboriginal people and led by an ACCO.

Reminder: While organisations may submit applications to both streams, organisations will only be funded for a maximum of one grant. If 'successful' in both streams, the organisation will be asked to choose which one to proceed with.

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

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

#### Stream 1A or 1B

Organisations applying for Stream 1A or 1B must meet either of the following eligibility criteria:

#### Non-government organisations:

- 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.

#### Aboriginal Community Controlled Organisations:

- 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

#### Accreditation:

Confirm that at least one of the partner organisations applying for funding to deliver a Hub is accredited (or working towards accreditation) against one of the following accreditation standards:

- 1. Evaluation and Quality Improvement Program (EQulP)**

Australian Council on Healthcare Standards (ACHS)

- 2. QIC Health and Community Service Standards**

Quality Innovation Performance (QIP)

- 3. Australian Service Excellence Standards**

Government of South Australia, Department for Communities and Social Inclusion



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**4. National Standards for Mental Health Services\***

Australian Commission on Safety and Quality in Health Care

**5. The Standards for general practices (5th edition)\*\***

The Royal Australian College of General Practitioners (RACGP)

\*Stand-alone accreditation to these standards is only acceptable for dedicated mental health service organisation and those recognised as mental health and AOD 'dual diagnosis' service organisations.

\*\*The accreditation must apply to all relevant services offered by the applicant, not just the GP clinic.

The accreditation process supports organisations to establish and maintain quality improvement processes and meet minimum standards of operations and service delivery. The requirement to be accredited provides a level assurance to funders and service users about service quality.

Accreditation against other standards may be considered in limited circumstances if the applicant organisation can make a case that the standards are equivalent, and they have a reasonable case for not applying for accreditation against an approved standard. Organisations may be asked to provide supplementary materials to demonstrate minimum standards of operations and service delivery are met.

### **Step 3. Prepare your application**

For Stream 1A grants, prepare the Expression of Interest 1A. Information about Stream 1A requirements appears on page 12.

For Stream 1B grants, prepare the Expression of Interest 1B. Information about Stream 1B requirements appears on pages 18.

Organisations are encouraged to read all available information about the AOD Hub Grants, including the Question-and-Answer (Q&A) information which will be updated during the grant application period, before submitting grant applications.

Organisations are encouraged to attend and view the Hub Grants Briefing Sessions before submitting grant applications. Details can be found [here](#).

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](#). In addition, if your organisation attended one of the Ministry of Health funded ACCO grant writing workshops you may be eligible for one-on-one support from [Deborah Wilson Consulting Services](#).

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. Answers to questions emailed to the principal contact will be uploaded to the Q&A on the website each week so all organisations have access to the same information.

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

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#### **Step 4. Submit the application**

Organisations must submit initial EOI applications by **5pm, 24 August 2023**.

Applications must be submitted to the COAD via email to [MOH-CAOD-SCI@health.nsw.gov.au](mailto:MOH-CAOD-SCI@health.nsw.gov.au)  
Please use subject heading in your application email: Submission **Hub Grants** indicating which stream you are applying for (1A/1B).

Organisations may submit initial EOI applications anytime from 10 am on the opening date of 26 July 2023 to the application closing date of 5 pm, 24 August 2023. Organisations may request a short extension if there are circumstances outside of their control that affect their submission, however approval is at the discretion of the Ministry of Health.

Shortlisted organisations that proceed to the next stage will be invited to submit the Select EOI in September, the opening and closing dates will be confirmed in the invitation.

Applications received after the closing date for either stage 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 within 48 hours. 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):

#### **Alignment with policies and standards of care**

For both streams, 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 Care Framework](#)
- [Communicating Positively: A Guide to Appropriate Aboriginal Terminology](#)
- [NSW Regional Health Strategic Plan 2022-2032](#).
- [Towards Zero Suicides -Aboriginal Healing resources](#)
- [Co-morbidity guidelines](#)
- [NSW Health Strategic Framework for Integrating Care](#)
- [Integrated Prevention and Response to Violence, Abuse and Neglect Framework](#)
- [The LGBTQ+ Inclusive and Affirming Practice Guidelines](#)
- [The first 2000 Days Framework](#)

- [Trauma-informed practices for responding to difficult situations](#)
- [National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing](#)

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.

Applicants must show how they will provide AOD 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, however organisations in metropolitan areas where there is an absence of existing integrated AOD support services and/or other evidence of unmet need are also encouraged to apply. A local needs analysis and/or other evidence to support the need in the location should be demonstrated. The Ministry of Health will be supplying service mapping data that may assist in service planning and grant applications. If you wish to obtain the service list, please email [MOH-CAOD-SCI@health.nsw.gov.au](mailto:MOH-CAOD-SCI@health.nsw.gov.au) to request.

A list of publicly available data on Alcohol and Other Drugs that may be useful for service planning is available on the [CAOD website](#)

### **Partnerships**

Partnerships (for the purpose of this grant) are defined as two or more organisations that work together towards a shared goal. They can be formal or informal. Characteristics can include (but are not limited to) shared governance arrangements e.g., joint committee, working groups, boards, shared documents and processes to guide care delivery, written agreements on consumer pathways, joint meetings, and/or shared funding arrangements. Applicants should provide evidence of the existing partnership arrangements.

If your organisation can deliver the breadth of services (social, broader health and AOD) that can achieve the objectives of this grant in-house (without formal partnership) you may apply as a standalone organisation. In this case you must be able to show strong pathways and transfer of care arrangements with relevant services such as inpatient withdrawal units, community-based residential rehabilitation facilities and other AOD specialist services that you do not directly provide.

## AOD Hubs Grants: Information for Stream 1A (existing partnerships)

(Stream 1B applicants go to [page 18](#))

### Context

The final report of the Ice Inquiry noted that fragmentation and poor coordination of services impacted on the quality and accessibility of care. The Inquiry identified the urgent need for better integration to overcome barriers to accessing AOD services and better address co-occurring needs and social determinants of health. This system change will require increased collaboration both within the health sector (notably between mental health and AOD services), across government services and with and between NGOs and community services.

The need for increased services in regional, rural and remote NSW has consistently been raised in multiple government processes, yet services remain scarce and difficult to access in these areas. The Ice Inquiry heard substantial evidence that people outside of metropolitan areas struggle to access AOD treatment when they need it. As a result, crucial opportunities to break the cycle of drug use and reduce the associated harms are missed.

The response to the Ice Inquiry conceptualises harmful AOD use as primarily a health issue with complex social determinants. This approach has a range of benefits, including reducing barriers to treatment, reducing stigma, improving integration and partnerships across sectors, and redirecting resources towards the treatment sector. To be successful, AOD care must be able to adequately address a full spectrum of issues including housing, education and employment. Consumer participation was also flagged as an important component of treatment services. Benefits include higher rates of abstinence, treatment satisfaction, reductions in relapses, as well as greater engagement with difficult to reach groups.

### Project scope

This AOD Hub grant opportunity is for accredited NGOs and/or registered ACCOs who are in **existing partnerships** with one or more other organisations that deliver AOD, health and/or community services in NSW. The grant will provide funding to add, expand or enhance services offered by the partnership with the objective of ensuring that people experiencing harm from AOD use have access to holistic, coordinated care to meet their diverse needs.

This grant will have a two-stage application process, with an initial short EOI followed by a select EOI for shortlisted applicants.

These partnership enhancement grants will total \$3 million per annum (up to \$12 million over four years) with grants of up to \$600,000 per annum per partnership. In line with commitments under Closing the Gap, a minimum of \$600,000 per annum has been quarantined to guarantee ACCO service provision. In the unlikely circumstance that the full amount is not able to be allocated from this stream (due to a lack of eligible or suitable applications) the remaining money can be allocated to capacity building for ACCOs instead.

**Eligible partnerships** will be led by an NGO or ACCO that is working in partnership with at least one other service provider (e.g. NGO, ACCO or LHD). The services must demonstrate a history of successfully working together to provide care for people experiencing, or at risk of, harm from AOD. The partnerships should be based upon shared goals with a joint commitment to achieving them, have executive level support and governance arrangements that include joint decision-making. The proposal must seek funding to add to the partnership's existing services.

**Key elements of the Hubs are:**

- A multidisciplinary team providing specialist AOD treatment and support (this could include withdrawal management, counselling, case management and psychosocial services, and be delivered by drug and alcohol nurses, clinical nurse consultants, allied health workers, AOD workers, Addiction Medicine Specialists)
- Care coordination and system navigation
- Holistic care to address the person's full range of treatment and support needs, including mental health, allied health, primary care, social and emotional wellbeing
- Care provided in collaboration with other local and regional services including the LHD AOD team, Aboriginal Health Unit and primary care, child and family health, opioid agonist treatment providers and violence, abuse and neglect services
- Integrated working practices (multi-disciplinary teams, shared intakes, streamlined referrals, clinical review meetings) and innovative delivery (in-reach, outreach, virtual care, on country etc)
- Services that supplement and complement existing services, not duplicate
- Peer/lived or living experience worker support
- Culturally safe care including Aboriginal health workers and cultural liaison as appropriate
- Family, friends and carer collaboration and support
- Strengths-based and trauma-informed approaches
- Co-location where possible.

**Evidence of need** should be demonstrated including local service gaps (see priority locations section p11).

**Inclusion criteria:**

Service providers do not need to be currently directly providing clinical AOD services, however the application needs to include a proposal for how they will start providing these. Organisations do not need to be health services e.g. specialist homelessness services; child and family agencies; and other community organisations can apply providing other criteria are met.

**Examples of partnership enhancements that would meet the grant criteria:**

Services/roles suitable for being added to or expanded include (this list is not exhaustive):

- Psychological interventions (AOD and non-AOD)
- AOD in-reach to existing service hubs
- Clinical AOD specialists
- Care navigator/peer worker or lived/living experience worker
- Cultural worker roles, social and emotional wellbeing workers
- Shared AOD nurse practitioners or consultation/community liaison roles across services e.g., Justice Health and an AMS
- Mental health services
- Primary care services (e.g. GPs, PHN funded programs, community health services)
- AOD outreach
- Specialist homelessness or accommodation services
- Dental services
- Violence, abuse and neglect services.

For example, the funding could be used to enhance an existing partnership of AOD services by adding other (AOD or non-AOD) services such as mental health, dental, homelessness or primary care. Similarly, the funding could enhance a partnership of non-AOD services by adding AOD specialist services.

## How the Stream 1A grant applications will be assessed

The Secretariat will check your application is complete and assess your eligibility against the following criteria to confirm you are eligible to apply for the grant. If the application is deemed eligible it will proceed to stage 2.

### 1. Stream 1A eligibility assessment

**Application eligibility** – the following will be checked:

Application is submitted by the due date

Application is from an NGO or an ACCO

Application is for \$600,000 or less

Applicants have a history of working together

Application is to add, expand or enhance service offerings

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

Drug and alcohol element included in the service model

At least one of the partner organisations **has a history of working with people experiencing AOD-related harm** \* the AOD service delivery experience does not need to be exactly the same type of service as the grant application service

#### Organisation eligibility

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 law.

Aboriginal Community Controlled Organisation 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

One organisation must be accredited against the approved accreditation standards for organisations delivering AOD treatment services listed (or making progress toward accreditation). If your organisation has agreed an alternate accreditation with the principal contact (prior to submission) this should be documented in the application.

#### Service delivery eligibility

Services are to be delivered in NSW

These grants are not intended for covering shortfalls in existing service budgets. Organisations already funded by the NSW government can apply for grants to expand or enhance their services however the grant is not to be used to provide additional funding for existing services

and programs without improvements to the geographical coverage, numbers of consumers seen, or types of services provided.

## 2. Merit assessment against Stream 1A Initial EOI selection criteria

A panel will assess and score the partnership, budget and proposed model of care based on the answers provided to the questions below– Please use the template in **Schedule 1A**. The panel will use a scoring matrix to create a shortlist. The shortlist will be invited to apply for the Select EOI in the next stage of the grant process.

Qu	Stream 1 A Initial EOI questions
1	Please name the organisations in the partnership who are applying for this grant? If one is the lead applicant, please note which one (the lead must be either an NGO or an Aboriginal Community Controlled Organisation).
2	How long have the organisations been working together as a partnership?
3	What are the governance or decision-making arrangements for the partnership that guide how you work together? e.g. Is there a joint committee, a joint board or working group with members from each organisation responsible for decision making? Please describe the role and membership of any committee or group. If no joint governance is in place, note this as 'nil'.
4	What documents, processes or protocols guide <u>how you deliver care</u> in partnership? E.g. Do you have written agreements (such as an MoU) about patient pathways, regular joint case meetings, a letter or email setting out the way you deliver services together, shared funding – please give a small amount of detail for each point to show how you are working together as partners. If no formal processes or documents are in place, note this as 'nil'.
5	How much funding are you seeking for this grant per year and over four years? <i>Amount per year:</i> <i>Amount for four years:</i>
6a	What town will your 'Hub' be based in and what will the catchment area be?
6b	Why are the additional services needed here?
7a	Describe what services_(treatment and support) the partnership <i>currently</i> provides to service users and what you <i>propose</i> to provide if successful in getting this grant. <i>Please note this must include drug and alcohol services (currently or proposed – or both)</i>
7b	How would the new services improve the service users' experiences and outcomes?
8	For your proposed Hub, what treatment and support services will be provided directly by your Hub team and which will be referred to other service providers? (Please use the template provided)
9	Are there any clients that would not be eligible to access your service? If yes, please provide details.

## 3. Merit assessment against 1A Select EOI for shortlisted applicants only

The panel will invite shortlisted applicants to complete the Select EOI form which will include further questions (below) including a description of the consumer journey, a detailed budget, and a sample care plan. This will be submitted along with a resubmission of the initial EOI form for consideration by the second panel. This panel will assess the responses against the marking guide and make recommendations on which organisations to fund.

### **Not required as part of initial EOI**

The panel will invite shortlisted applicants to complete the Select EOI form which will include further questions including a description of the consumer journey, a detailed budget, and a sample care plan. This will be submitted along with a resubmission of the initial EOI form for consideration by the second panel. This panel will assess the responses against the marking guide and make recommendations on which organisations to fund.

The questions for the Select EOI are provided below **for reference only** at this stage. **Do not respond** to these questions unless and until you are shortlisted and invited to submit responses. The Select EOI will take place in September/ October 2023.

Qu.	Stream 1A Select EOI questions
1	Please explain how the views and experiences of people with a lived or living experience of AOD are included in your proposed Hubs model, including: <ul style="list-style-type: none"> <li>• Design of the model of care</li> <li>• Delivery of the services</li> </ul>
2	How do you currently and how would you support and work with consumers' family, friends and carers? How will they be a part of your service model?
3	How would your proposed Hub be staffed? What positions will be recruited and how will you make sure staff feel connected and supported?
4	Please describe how you would ensure the care provided for the consumer is seamless as they access different care, treatment and support provided at the Hub or multiple organisations (this may include any or all of the below) <ul style="list-style-type: none"> <li>• Care co-ordination</li> <li>• Collaborative care planning</li> <li>• Shared intake</li> <li>• Information sharing</li> <li>• Shared tools</li> <li>• Shared staff</li> <li>• Co-location</li> <li>• Other</li> </ul>
5	Please describe in more detail how your proposed evidence-based model of care will work in practice
6	Please describe how harm reduction will feature in your service.
7	Please tell us how your partnership works with local health and community services, including LHDs/Specialty Health Networks, Department of Communities and Justice, and local NGOs and ACCOs where relevant. Please provide letters of support (a short email from the other service is sufficient).



<b>8</b>	Please tell us about the local needs and service gaps that the proposed Hub will be addressing (using data and evidence as well as your Organisation's knowledge). This will help the Panel assess where the areas of highest need are.
<b>9</b>	When do you expect the service enhancement to: A) see first clients B) be fully operational?
<b>10a</b>	* If Aboriginal people will form part of your service users, please describe how you will ensure your services are culturally safe and respond to the needs of Aboriginal people. If you believe Aboriginal people will not be consumers at your proposed Hub, please explain this <i>*ACCO-led partnerships do not need to answer this qu</i>
<b>10b</b>	* Please provide details on how you have engaged with Aboriginal consumers, organisations and/or community representatives in the planning of the proposed service and how you intend to engage with Aboriginal consumers, organisations and representatives in the delivery of the service if successful. <i>*ACCO-led partnerships do not need to answer this qu</i>
<b>11</b>	How does/will your service provide high quality, culturally safe care and support for Aboriginal people, refugee and other culturally and linguistically diverse (CALD) groups, and lesbian, gay, bisexual, transgender and intersex communities.
<b>12</b>	Mock care plan
<b>13</b>	Detailed budget

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## AOD Hub Grants: Information for Stream 1B (priority populations)

(Stream 1A applicants go to [page 12](#))

### Context

The Ice Inquiry highlighted a number of priority populations that have unique needs and often face more complex barriers to accessing treatment: people in regional and rural areas, Aboriginal people, people from CALD communities, people from LGBTQI+ communities, people experiencing homelessness, young people, pregnant women, parents with children, people with cognitive impairments, co-occurring mental health issues and people in the criminal justice system.

The Inquiry heard of the incredible resilience and strength demonstrated by individuals who experience exacerbated stigma in the context of existing marginalisation, trauma, and discrimination. Submissions to the Inquiry flagged the need for inclusive, sensitive, culturally appropriate and non-judgmental treatment and harm reduction services for priority populations.

In particular, the Ice Inquiry recommended that services for Aboriginal people should be grounded in a meaningful understanding of Aboriginal definitions of health and wellbeing, the principles of self-determination and recognition of the devastating and ongoing impacts of trauma, racism, social disadvantage, and colonisation.

The need for increased services in regional, rural and remote NSW has consistently been raised in multiple government processes, yet services remain scarce and difficult to access in these areas. The Ice Inquiry heard substantial evidence that people outside of metropolitan areas struggle to access AOD treatment when they need it. As a result, crucial opportunities to break the cycle of drug use and reduce the associated harms are missed.

The availability and quality of AOD services is further limited by inadequate coordination, fragmentation, and poor integration. While the Inquiry heard about some effective partnerships between health services, these are largely ad hoc and reliant on the goodwill and determination of the staff involved. Better integration of care is required to overcome the barriers and gaps that occur with siloed treatment services where people find it hard to identify and access the care that they need.

Recognising that that harmful AOD use is primarily a health issue with complex social determinants, new services should be able to help a consumer address a full spectrum of issues including housing, education and employment.

Consumer participation is an important component of treatment services. Benefits include higher rates of abstinence, treatment satisfaction, reductions in relapses, as well as greater engagement with difficult to reach groups.

### Grant objectives

The AOD Hubs priority population grants aim to address the significant unmet need for appropriate and accessible support for people from priority populations who have a history of harmful AOD use. The grants seek to improve access to services so that more people from priority groups who are at risk of harmful AOD use get access to high quality, integrated care from multidisciplinary teams.

### Project scope

Stream 1B is for accredited NGOs and/or registered ACCOs who propose to collaborate with other organisations (NGO, ACCO or LHD) to develop and operate **new priority population AOD Hubs**. This stream of grants seeks to build on the strengths and experience within the NGO and ACCO sector in working with priority populations and to encourage partnerships and joint planning to promote integrated care.

There will be funding for a minimum of three priority population AOD Hubs, with at least one of these being an Aboriginal-specific AOD Hub in line with our commitments under Closing the Gap. The grants will total \$3 million per year for an initial period of four years. Grants will be awarded for an initial four-year period from 2023-24.

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 consumers 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](#).

**Eligible partnerships** will be led by an NGO or ACCO with a commitment to working in partnership with at least one other service provider (NGO, ACCO or LHD). The partnership must demonstrate that together the partners will have the expertise both to provide care for people experiencing harm from AOD *and* to work with people from the relevant priority population. Partnerships should be based upon shared goals with a joint commitment to achieving them.

Organisations that believe they can deliver the breadth of services (social, broader health and AOD) that can achieve the objectives of this grant in-house (without formal partnership) may apply as a standalone organisation. In this case you must be able to show strong pathways and transfer of care arrangements with relevant services such as inpatient withdrawal units, community-based residential rehabilitation facilities and other AOD specialist services that you do not directly provide.

## Service specifications

### Key elements of the AOD Hubs

The Priority Population Hubs' services must be tailored to specifically meet the needs of the relevant priority population group. The Hubs must offer:

- A multidisciplinary team providing specialist AOD treatment and support (this could include withdrawal management, counselling, case management and psychosocial services, and be delivered by drug and alcohol nurses, clinical nurse consultants, allied health workers, AOD workers, Addiction Medicine Specialists)
- Care coordination and system navigation
- Holistic care to address the person's full range of treatment and support needs, including mental health, allied health, primary care, social and emotional wellbeing
- Care provided in collaboration with other local and regional services including the LHD AOD team, Aboriginal Health Unit and primary care, child and family health, opioid agonist treatment providers and violence, abuse and neglect services
- Integrated working practices (multi-disciplinary teams, shared intakes, streamlined referrals, clinical review meetings) and innovative delivery (in-reach, outreach, virtual care, on country etc)
- Services that supplement and complement existing services, not duplicate
- Peer/lived or living experience worker support
- Culturally safe care including Aboriginal health workers and cultural liaison as appropriate
- Family, friends and carer collaboration and support
- Strengths-based and trauma-informed approaches
- Co-location where possible.

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**Desirable elements**

- Shared IT platforms and other integrated care tools
- Innovative engagement and service provision.
- Processes to support service provision over a wide geographic area
- Services that meet the needs of people living with disability including (but not limited to) impaired mobility, visual or hearing impairment.

**Examples of potential Hub partnerships that would meet the criteria:**

- A partnership between an ACCO and an Aboriginal Medical Service who are proposing to open an Aboriginal AOD Hub.
- A partnership between several Aboriginal Medical Services and a non-Aboriginal NGO proposing to open an Aboriginal AOD Hub (the lead must be an ACCO).
- A partnership between a multicultural NGO and an LHD Drug and Alcohol team (the lead applicant must be the NGO) to establish a CALD AOD Hub
- A partnership between a multicultural NGO, an AOD NGO and a homeless and mental health service
- A partnership between a LGBTIQ+ NGO and an NGO that currently provides AOD care, who plan to establish a new LGBTIQ+ Hub.

**Evidence of need** should be demonstrated including local service gaps (see p11 priority locations).

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 consumers
- 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 consumer
- staff have appropriate support, knowledge, and skills
- program activities and care planning are flexible in response to individual consumer needs.

## How the Stream 1B grant applications will be assessed

### 1. Stream 1B eligibility assessment

#### Application eligibility

Application is submitted by the due date

Application is for a maximum grant of \$1,000,000

Application includes a new partnership, new location or significant new elements that are not funded elsewhere

Application proposes to serve at least one of the listed priority population groups

At least one organisation has experience working with the relevant priority population

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

At least one organisation has experience working with people affected by AOD

#### Organisation eligibility

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 law.

Aboriginal Community Controlled Organisation 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

One organisation must be accredited against the approved accreditation standards for organisations delivering AOD treatment services listed (or making progress toward accreditation). If your organisation has agreed an alternate accreditation with the principal contact (prior to submission) this should be documented in the application

#### Service delivery eligibility

Services are to be delivered in NSW

These grants are not intended for covering shortfalls in existing service budgets. Organisations already funded by the NSW government can apply for grants to expand or enhance their services however the grant is not to be used to provide additional funding for existing services and

programs without improvements to the geographical coverage, numbers of consumers seen or types of services provided.

## 2. Merit assessment against Initial Stream 1B EOI Selection Criteria

The panel will assess and score the partnership, budget and proposed model of care based on the answers provided to the questions below – Please use the template in **Schedule 1B**. The panel will use a scoring matrix to create a shortlist. The shortlist will be invited to apply for the select EOI in the next stage of the grant process.

Qu	Stream 1B
1	What priority population group will this Hub serve?
2a	What organisations have agreed to work in partnership to establish and operate the Hub?
2b	What other organisations have agreed to collaboratively provide care for Hub service users e.g. via care pathways, collaborative care plans, supported and streamlined referrals? Where a partnership or collaborative arrangement with an organisation is proposed but not yet formally agreed, note that in the table below by adding (*Proposed) after their name
3	Please describe the experience and expertise that at least one of the partner organisations has in providing high quality evidence-based culturally-safe care for the relevant priority population
4	How much funding are you seeking for this grant per year and over four years? <i>Amount per year:</i> <i>Amount for four years:</i>
5	Where would the Hub be located and what would the catchment area be (including outreach and virtual services)? Why did you choose this area?
6	Describe what services, treatment and support people would be able to receive through your proposed Hub if your application is successful. <i>Please include information about what type of services would be provided directly by Hub team members as well as services delivered by partner organisations or through referrals to other organisations as part of a collaborative care plan.</i>
7	How do you intend to tailor the Hub services to the needs of the priority population group?
8	Are there any clients that would not be eligible to access your service? If yes, please provide details.
9	Which services will be provided directly by your Hub team and which will be referred to other service providers? Please use the template provided. <i>(Please indicate number of staff proposed to be funded from this grant. Please include AOD, health and broader social, community and cultural care and support where relevant.</i>
10	How would the Hub improve the service users' experiences and outcomes compared to currently available service delivery?

## 3. Merit assessment against Select EOI Selection Criteria (for shortlisted Stream 1B applicants only) – **Not required as part of initial EOI**

The panel will invite shortlisted applicants to complete the Select EOI form which will include further questions including a description of the consumer journey, a detailed budget, and a sample care plan. This will be submitted along with a resubmission of the initial EOI form for consideration by the second panel. This panel will assess the responses against the marking guide and make recommendations on which organisations to fund.

The questions for the Select EOI are provided below **for reference only** at this stage. **Do not respond** to these questions unless you are shortlisted and invited to submit responses. The Select EOI will take place in September/ October 2023.

Qu.	Stream 1B Select EOI questions
1	How do the organisations making up this partnership propose to work together? Please include information about what the governance arrangements for the partnership will be that will guide joint decision-making e.g. Will there be a joint committee/ working group/ joint board with members from each organisation responsible for developing processes and protocols and other decision making? Please describe the role and membership of the committee/group and attach any documents you have (such as draft terms of reference, a draft Memorandum of Understanding or letters or emails agreeing to working arrangements).
2	What documents, processes or protocols will guide the care delivered in partnership? e.g. Do you plan to have written agreements (such as an MoU) about patient pathways, regular joint case meetings, shared funding – please give a small amount of detail for each point to show how you plan to work together as partners.
3	How will your partnership meet the specific needs of the priority population(s) you propose to provide services to? Please consider the following: location, design of physical and digital spaces, staffing, policies, programs, model of care, care delivery and/or others.
4	How would your proposed Hub be staffed? What positions will be recruited and how will you make sure staff feel connected and supported?
5	Please explain how the views and experiences of people with a lived or living experience of AOD are included in your proposed Hubs model, including: <ul style="list-style-type: none"> <li>• Design of the model of care</li> <li>• Delivery of the services</li> </ul>
6	Please describe how you would ensure the care provided for the consumer is <b>seamless</b> as they access different care, treatment and support provided at the Hub or multiple organisations (this may include any or all of the below) <ul style="list-style-type: none"> <li>• Care co-ordination</li> <li>• Collaborative care planning</li> <li>• Shared intake</li> <li>• Information sharing</li> <li>• Shared tools</li> <li>• Shared staff</li> <li>• Co-location</li> <li>• Other</li> </ul>
7	Please describe in more detail how your proposed evidence-based model of care will work in practice
8	How will you support and work with consumers’ family, friends and/or carers? How will they be a part of your service model?

9	Please describe how harm reduction will feature in your service.
10	Please tell us about the local needs and service gaps that the proposed Hub will be addressing (using data and evidence as well as your Organisation's knowledge). This will help the Panel assess where the areas of highest need are.
11	When do you expect the service enhancement to: A) see first clients B) be fully operational?
12a*	If Aboriginal people will form part of your service users, please describe how you will ensure your services are culturally safe and respond to the needs of Aboriginal people. If you believe Aboriginal people will not be consumers at your proposed Hub, please explain this <i>*ACCO-led partnerships <b>do not</b> need to answer this qu</i>
12b*	Please provide details on how you have engaged with Aboriginal consumers, organisations and/or community representatives in the planning of the proposed service and how you intend to engage with Aboriginal consumers, organisations and representatives in the delivery of the service if successful. <i>*ACCO-led partnerships <b>do not</b> need to answer this qu</i>
13	Mock care plan
14	Detailed budget



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## Conditions of grant applications (both Stream 1A and 1B)

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](https://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.

Consumers 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 and delivery of the AOD Hubs will require strong ongoing collaboration with broad health, community and social services sectors. Applicants will need to outline relationship and engagements and demonstrate achievement of this as part of ongoing program performance monitoring.

## Ineligibility criteria that exclude grant application:

- ✘ The organisation must not use funds to cover funding shortfalls for existing services. There must be a service expansion or enhancement proposed for the use of the grant funding.
- ✘ Partnerships are excluded where there is a non-participatory decision-making system – i.e., where the partnership is unequal.
- ✘ Organisations are excluded if their activities include requiring (or seeking to engage) consumers to take part in religious or political activities beyond their own usual beliefs/practices.
- ✘ 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 consumers safely and appropriately).
- ✘ Services are not to be delivered outside of NSW.
- ✘ Proposals that seek funding for an assessment and referral service only are excluded.

## 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. The panel will be responsible for upholding NSW commitments in the Closing the Gap (CTG) agreement, whereby funding should preference ACCOs and other Aboriginal organisations where possible to provide services to Aboriginal people across all CTG outcome areas and ensuring a meaningful proportion of funding goes to Aboriginal organisations to provide services to the broader population.

## Probity

The Ministry of Health has appointed an independent Probity Advisor for the Hubs 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](mailto:jpinhorn@procuregroup.com.au)

# AOD Hub Grants

Addendum

Large Hub illustrations

Figure 1: Hubs western medical model(below)

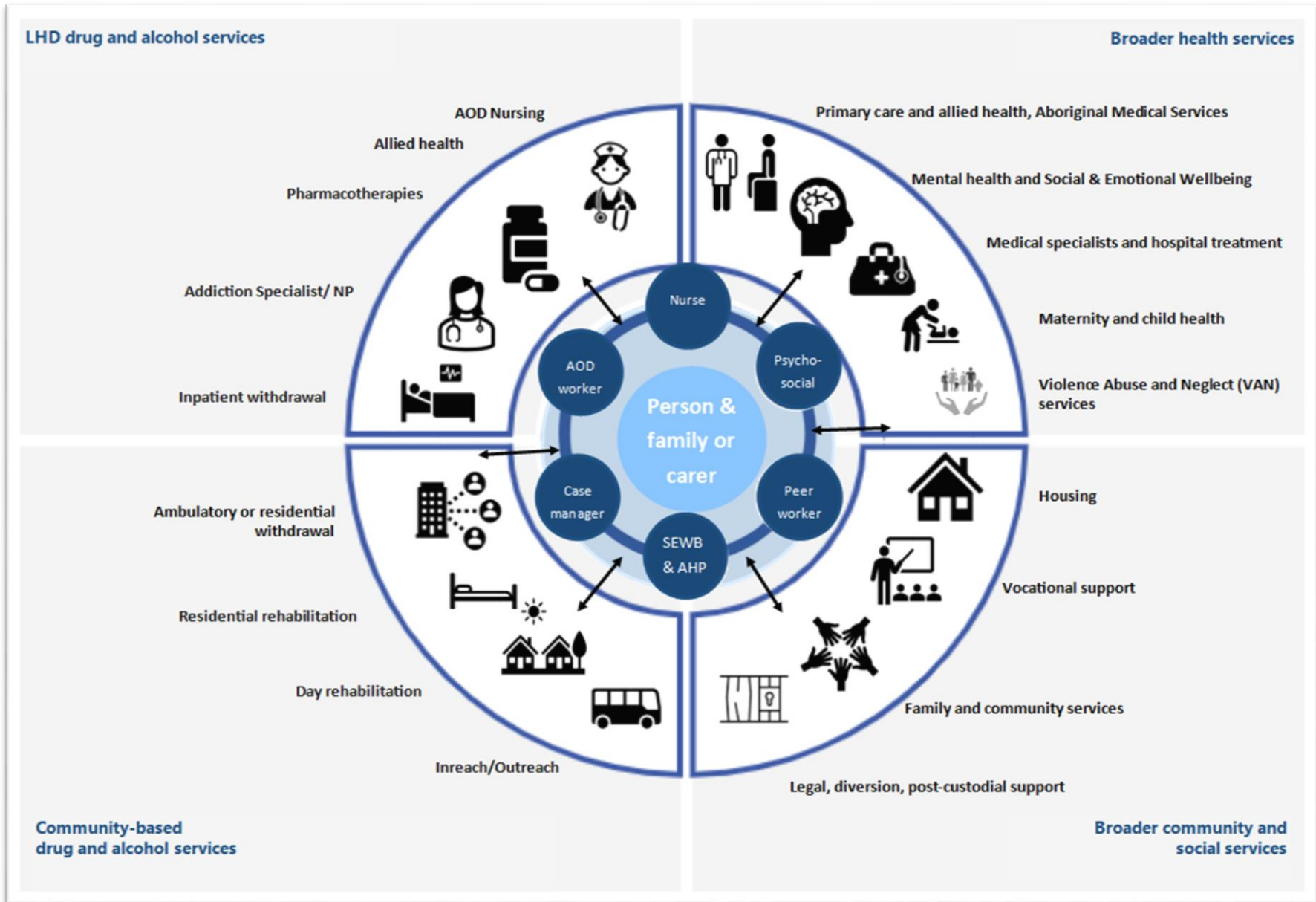


Figure 2: Hubs culturally adapted diagram (below)



Figure 3: Consumer adapted diagram (below) ©Will Hodges-Ryan

