

Debriefing Session

Alcohol and other Drugs Treatment Access Expansion Grants

Centre for Alcohol and Other Drugs
NSW Ministry of Health

10.15-11.00am, 5 September 2023
AND
1.45-2.30pm, 6 September 2023



Health

Acknowledgement of Country

I acknowledge the Traditional Custodians of the land that I am on today.

I acknowledge that the lands and waters across Australia have never been ceded by the Traditional Custodians.

I offer respect to Aboriginal Elders past and present, and extend that respect to Aboriginal people joining this session today, particularly those working to reduce alcohol and drug related harm and to improve how non-Aboriginal people work with Aboriginal communities.

Welcome

Welcome to organisation representatives and stakeholders

Purpose

- Provide summary of the Alcohol and other Drug Treatment Access Expansion Grants assessment process and outcomes; and
- Provide general feedback about application strengths and areas where application improvements could be made.

Out of scope

- Feedback on individual grant applications or individual organisation's applications
- Naming organisations not successful in securing a grant

Presenter

- Tanya Merinda as Chair of the Evaluation Panel and lead for implementation of the Treatment Access Expansion Grants
- Catherine Brake as Secretariat of the Evaluation Panel and lead for implementation of the Treatment Access Expansion Grants.

Format

- 35 minutes for presentation and 10 minutes for questions
- Recorded for probity and reference
- Presentation will be available on NSW Health web page
- Guest audio turned off
- Post questions in chat function - we will respond to as many as we can

Thank you to all applicants

The Ministry of Health thanks all organisations that submitted applications.

We know that preparing just one grant application requires considerable effort, expertise, and time.

Whether your organisation submitted one or multiple applications, you considered each one important enough to prepare, and we appreciated each of the applications submitted.

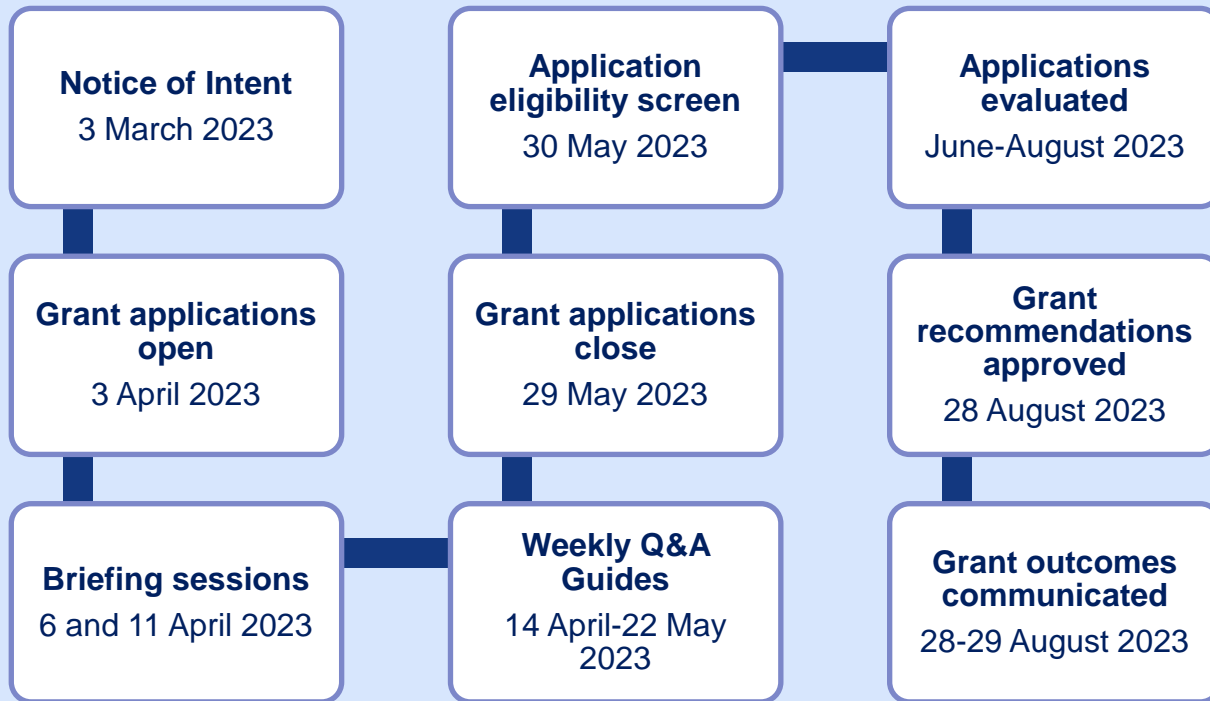
There were many great ideas and proposals. It is not possible to fund all proposals.

So, while there is good news for individuals, communities and organisations for new and expanded service delivery, we know that this grant opportunity will not meet the needs of all people and that some organisations will not receive grant funding.

Background

- ❖ Alcohol and Other Drug Treatment Access Expansion Grants is an initiative of the Government Response to the Special Commission of Inquiry into the Drug Issue.
- ❖ **Aim:** To improve the health, social and emotional wellbeing of priority populations who use alcohol and/or other drugs.
- ❖ **Objectives:**
 - Increase the number and locations of community based AOD treatment services available to priority populations
 - Expand the type and care models of community based AOD treatment services specifically designed for priority populations
 - More people from priority populations access AOD treatment services
 - Priority populations accessing AOD treatment services exit treatment with reduced drug related harms, and improved health, social and emotional wellbeing.
- ❖ Funding of up to **\$58 million over four years** over five treatment packages.

Grant opportunity timeline



Applications received

- 105 applications from 24 organisations for a total of 17 or more grants
- All applications, except one, met eligibility criteria
- All organisations, except two, were medium sized
- Organisations submitted between one and 17 applications across the five packages
- About 75% applications proposed services in rural and regional NSW

Grant assessment

1. Eligibility assessment (gateway)



2. Weighted merit assessment against standard requirements



3. Weighted merit assessment against specific grant package requirements



Evaluation Panel

Panel members – 7 individuals representing five roles:

- ❖ Centre for Aboriginal Health, Ministry of Health
- ❖ Local health district, NSW Health
- ❖ NADA
- ❖ Centre for Alcohol and Other Drugs, Ministry of Health
- All documentation, meetings and decision making overseen by independent probity advisor.

Individual panel member assessment and scoring

Panel deliberations:

- ❖ Three x 3-hour consensus assessment, scoring and decision making
- ❖ In and out of session discussion about suitable application's evidence of need, priority populations, priority locations, distribution of locations, avoiding duplication, value for money, alignment with identified guidelines

Grant outcomes

Residential rehabilitation and withdrawal for young people 12-17 years

Provider: Noffs Foundation
Location: Hunter region

Residential rehabilitation and withdrawal for Aboriginal women (including pregnant women and/or with young children)

Provider: Waminda
Location: Shoalhaven region

Day rehabilitation and case management for people with dependent children

Provider: The Buttery
Location: Lismore, Tweed, Casino and Byron

Provider: Yerin Eleanor Duncan Aboriginal Health
Location: Wyong

Provider: Karralika Programs
Location: Queanbeyan-Palerang and Cooma LGAs

Community based withdrawal management, case management and counselling for priority populations

Provider: Directions Health
Location: (1) South-eastern NSW coast (2) Riverina

Provider: The Buttery
Location: Northern and mid north coast

Day rehabilitation and/or counselling for young people aged 12-17 years and young adults aged 18-24 years

Provider: Mission Australia
Location: Broken Hill

Provider: Lives Lived Well
Location: (1) Nowra (2) Lithgow

Provider: The Buttery
Location: Port Macquarie

Provider: Karralika Programs
Location: (1) Griffith, Temora, Narrandera (2) Wagga Wagga

Provider: Directions Health
Location: (1) Queanbeyan and Goulburn (2) Bega

Provider: Community Restorative Centre
Location: State-wide

Key messages

- Oversubscribed – well above available \$58 million
- Well recognised that there is unmet need and demand for services across NSW
- Overall good quality of applications
- High number of suitable applications that could be funded – limited budget does not allow for more grant allocations
- Wide range of locations proposed and welcomed
- Locations were not pre-determined by Ministry of Health
- Rural and regional locations prioritised for two residential services
- Rural and regional locations could be prioritised overall but not at the exclusion of a high scoring metro proposal

Strengths of applications

- ✓ All requirement sections were responded to / all attachments included
- ✓ Evidence of strong commitment to supporting people's unique needs and wellbeing
- ✓ Evidence of strong corporate and clinical governance
- ✓ Evidence of attempts to and gaining of support from local health districts
- ✓ Consortia / partnership applications welcomed
- ✓ Utilised publicly available data sources to support evidence of need - populations, locations, risk factors
- ✓ Clearly identified proposed priority populations and how the proposed service would respond to their unique and individual needs
- ✓ Requirements of specific packages responded to with tailored information

Application development

- Avoid presumption of prior knowledge of the organisation, services and populations serviced
- Consider weighting (5-20%) and ensure higher weighted areas have thoroughly responded to requirements and prompts
- Use the application form guidance to inform responses, i.e. *“Considering including information about”*
- Respond to the requirements in the Grant Guideline, i.e. *“Organisations must demonstrate”*
- Do not simply relist frameworks/guidelines from the Grant Guideline – explain how the proposed service will meet the intent and requirements of the framework/guideline
- Do not simply list all priority populations for the proposed service – select the priority population/s and explain how the service will be tailored to meet their unique and individual needs
- Unlikely (and not expected) that a single service will meet needs of all priority populations – focus on your expertise, the population/s where your organisation can effectively improve outcomes

Application development

- Provide explanation of why a location was proposed and the evidence to support it
- Tailor applications to the proposed locations – geographic site, distance/access issues, unique opportunities and challenges
- Ensure the model of care and activities are clearly defined – some applications did not describe what the service was – eligibility, intervention, activities, program duration, etc.
- In consortia applications, ensure all roles of the partners are described, why a consortia approach is needed, and what the partnership and clinical governance arrangements are
- Identify key partners essential to support delivery of the service (if any) and what their roles are, i.e. transfer of care in escalating withdrawal symptoms or acute mental health, or child wellbeing care, cultural expertise
- Listing of other agencies/services alone is not adequate to explain shared care, care pathways, support for specific population groups
- Better demonstrate understanding of Aboriginal people and community needs, including through a local lens, cultural lens, and recognition of existing services and expertise to tap into
- Use the guidelines and reference material provided to further inform responses

Questions and closing

Individual organisation feedback can be provided through brief meeting with Evaluation Panel Chair and Secretariat.

Available mid-late October.

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