

Grant Opportunity Guidelines

Alcohol and other Drugs

Treatment Access Expansion Grants

Applications open:	3 April 2023
Applications close:	5pm 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:	DG23/413

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

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Grant Opportunity Summary

The Alcohol and Other Drug Treatment Access Expansion Grants (the Treatment Expansion Grants) are for the delivery of specialist AOD treatment services by non-government organisations to improve the health, social and emotional wellbeing of priority populations.

As part of the response to the Special Commission of Inquiry into the Drug Ice (SCI), the NSW Government is investing over \$500 million over four years in a range of health and justice initiatives to address alcohol and other drug (AOD) related harms and increase access to AOD treatment and support.

The new Treatment Access Expansion Grants are part of a suite of health initiatives that respond to the SCI recommendations. Grants are available to non-government organisations (NGOs) to improve access to AOD treatment and deliver specialist AOD treatment services for priority populations. Priority populations include women, people with dependent children, Aboriginal people, people with cultural and linguistic diversity, people identifying as LGBTQI+, young people, people with co-occurring mental health issues and people involved in the criminal justice system.

An amount of up to \$58 million over four years is available to deliver a range of new AOD treatment packages across NSW, particularly in rural and regional areas. Organisations may apply to deliver one or more of the five AOD treatment packages in one or more locations.

The AOD treatment packages are:

- Residential rehabilitation and withdrawal management for young people aged 12-17 years
- Residential rehabilitation and withdrawal management for Aboriginal women, including Aboriginal women who are pregnant and Aboriginal women with young children
- Day rehabilitation and case management for people with dependent children
- Community based withdrawal management, case management and counselling for priority populations
- Day rehabilitation and/or counselling for young people aged 12-17 years and young adults aged 18-24 years.

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

Important dates

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

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

Principal contacts

Email address for submitting Grant applications	moh-caod-sci@health.nsw.gov.au
Email address for submitting questions about the NGO AOD Treatment Access Expansion Grants*	moh-caod-sci@health.nsw.gov.au
NSW Health webpage for updates on NGO AOD Treatment Grants	https://www.health.nsw.gov.au/aod/Pages/sci-health-response.aspx
Principal contact for the NGO AOD Treatment Access Expansion Grants	Tanya Merinda Centre for Alcohol and Other Drugs NSW Ministry of Health Telephone: 02 9461 7560 or 0472 878 006 Email: tanya.merinda@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 publicly 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. Confirm eligibility

Organisations applying for the AOD Treatment Access Expansion Grants (the Treatment Expansion Grants) must meet the following eligibility criteria:

- Not-for profit entity incorporated under Australian legislation, including:
 - Associations Incorporation Act 2009 (NSW)
 - Cooperatives Act 1992 (NSW)
 - Corporations Act 2001 (Cth)
 - Corporations (Aboriginal and Torres Strait Islander) Act 2006
- Hold current accreditation against the NSW Health approved accreditation standards for organisations delivering AOD treatment services (refer to list of standards [here](#))¹

The Ministry of Health will undertake organisation eligibility checks. Organisations that do not meet the eligibility criteria will not progress to assessment against the standard and specific treatment package requirements.

Step 2. Prepare the application

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

Organisations are encouraged to attend and view the Treatment Expansion Grants Briefing Sessions before submitting grant applications.

Organisations should not assume the Treatment Expansion Grant Selection Panel has prior knowledge of your 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 NSW Government Closing the Gap in NSW 2022-2024 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

¹ 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.

important to note that specific grant package questions can only be answered by the Centre for Alcohol and Other Drugs, NSW Ministry of Health, via the Grant Opportunity principal contacts.

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 3. Submit the application

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

Applications must be submitted via email with subject line 'AOD Treatment Access Expansion Grants' to moh-caod-sci@health.nsw.gov.au.

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):

- A. Organisation Applicant Details
- B. Response to Eligibility and Standard Requirements
- C. Response to Specific Treatment Access Package Requirements
- D. Proposed Grant Budget
- E. Indicative Service Implementation Plan
- F. Service Staffing Plan
- G. Aboriginal Health Impact Statement

Organisations must clearly indicate the treatment access package or packages being applied for in the Response to Specific Treatment Access Package Requirements and provide a Proposed Grant Budget, Indicative Service Implementation Plan, and Service Staffing Plan *for each* treatment access package being applied for.

Organisations applying for more than one grant must group schedule C, D, E, F and G together for each grant application.

Context

Background

As part of its final response to the [Special Commission of Inquiry into the Drug Ice \(SCI\)](#), the NSW Government recently announced an investment of \$500 million over four years to deliver targeted health and justice reforms. This funding, along with the development of an alcohol and other drug (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 will receive at least \$358 million over four years for prevention, treatment, and support. Recognising the importance of placing the person at the centre of care, the funding will address service 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 (Aboriginal people; pregnant women; women/parents with children; young people; people with co-occurring needs)
- Enabling a more connected service system through more integrated 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

NSW Health has allocated up to \$15 million annually to enhance NGO AOD treatment and support services to improve access, particularly in rural and regional areas. The Treatment Access Expansion Grants also align with the previous [NSW Parliamentary Inquiry - Provision of drug rehabilitation services in regional, rural and remote NSW](#) recommendations that called for:

- more residential rehabilitation services be established in regional NSW, including facilities for women and children, Aboriginal people and young people including those aged 12 to 16 and
- more withdrawal services be established in regional NSW, including for Aboriginal people and young people.

In addition to parliamentary inquiries, the focus on supporting people with dependent children in this grant opportunity aligns with the NSW Health [First 2000 Days](#) policy focus. The first 2000 days of life (from conception to age 5) is a critical time for physical, cognitive, social and emotional health. What happens in the first 2000 days has been shown to have an impact throughout life. For example, early life experiences are:

- a predictor of involvement with the criminal justice system in the adolescent years, and

- linked to increased risk of drug and alcohol misuse and increased risk of antisocial and violent behaviour.

The Centre for Alcohol and Other Drugs (CAOD) is seeking to engage applicants with suitable service models, experience, capability and skills to deliver AOD treatment services; so people seeking AOD treatment and support can access 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 including [core indicators](#), and tailored activity, output and outcome indicators that will require validated tools to be used to measure client wellbeing and health outcomes.

Aim and objectives of the Treatment Expansion Grants

The Treatment Expansion Grants aim to improve the health, social and emotional wellbeing of priority populations who use alcohol and/or other drugs.

Objectives of the Treatment Expansion Grants are:

- 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.

The Centre for Alcohol and Other Drugs (CAOD) is seeking to engage applicants with suitable service models, experience, capability and skills to deliver AOD services; so people seeking AOD treatment and support can access 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.

Treatment Expansion Grants priority populations

In the context of the Treatment Expansion Grants, priority populations include women, people with dependent children, Aboriginal people, people with cultural and linguistic diversity, people identifying as LGBTQI+, young people, people with co-occurring mental health issues, people involved in the criminal justice system, and people in rural and regional locations.

Service planning and ongoing service development is required to ensure safe, targeted approaches that meet the unique and individual needs of priority populations, including:

- Creating a welcoming and safe physical and digital service environment

- meeting legislative child protection requirements and other child and family related policy requirements
- appropriate language and use of interpreters when needed
- activities are culturally safe and consider the cultural determinants of health
- services and interventions are age and developmentally appropriate and matched to cognitive capacity
- trauma informed care in accordance with the NSW Health [Trauma Informed Framework](#)
- inclusion of consumers, immediate and extended family, elders and other community leaders in service planning and activities
- treatment interventions and models of care are evidenced based and appropriate for the priority population
- 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.

AOD Treatment Access Expansion Packages

Alignment with core frameworks and guidelines

The proposed program, model of care and service delivery for all grant packages must align with a core group of NSW Health and other agency frameworks and guidelines, specifically:

- [AOD NGO Service Specification Guideline \(NSW Health\)](#)
- [Clinical Care Standards: Alcohol and Other Drug Treatment \(NSW Health\)](#)
- Alcohol and other Drug Psychosocial Interventions Professional Practice Guidance (NSW Health) (available on request)
- [Integrated Trauma Informed Framework \(NSW Health\)](#)
- [Guidelines on the Management of Co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings \(University of Sydney\)](#)
- [Alcohol and Drug Cognitive Enhancement \(ACE\) program \(NSW Health\)](#)
- [NSW Aboriginal Health Plan 2013-2023 \(NSW Health\)](#)
- [NSW Health Services Aboriginal Cultural Engagement Self Assessment Tool \(NSW Health\)](#)
- [Closing the Gap in NSW 2022-24 Implementation Plan \(NSW Aboriginal Affairs\)](#)
- [Communicating Positively: A Guide to Appropriate Aboriginal Terminology \(NSW Health\)](#)
- [NSW LGBTIQ+ Health Strategy 2022-2027 \(NSW Health\)](#)
- [NSW Plan for Healthy Culturally and Linguistically Diverse Communities \(NSW Health\)](#)
- [Integrated Prevention and Response to Violence, Abuse and Neglect Framework \(NSW Health\)](#)
- [A Guide to the Child Safe Standards \(NSW Office of the Children's Guardian\)](#)

1. Residential rehabilitation and withdrawal management for young people aged 12-17 years

Service summary

AOD residential rehabilitation for young people aged 12-17 years for a period of up to three (3) months for each episode of care, including residential withdrawal management for up to seven (7) days per episode of care. Case management care to support access into residential treatment and continuing care post residential treatment is a component of the residential treatment service.

Priority population for the service

Young people aged 12-17 years of all genders who have harmful and/or dependent alcohol or other drug use and who require intensive support and treatment and have individual factors that limit suitability to engage with non-residential alcohol and other drug (AOD) treatment services. Services targeting subgroups of young people aged 12-17 years will be considered, including but not limited to people involved in the criminal justice system, young people in out-of-home care, Aboriginal people, people identifying as LGBTIQ+, young people with co-occurring mental health issues and groups not already served by existing AOD treatment services.

Priority location

Priority will be given to NSW rural and regional locations, locations where there is evidence of an absence of AOD residential services for young people aged 12-17 years, and where there is demonstrated high need for an AOD residential treatment service for young people aged 12-17 years.

Service delivery requirements

The residential rehabilitation service for young people aged 12-17 years will be an intensive and structured program that provides comprehensive alcohol and other drug treatment in a residential setting, and which has 24-hour on-site paid staffing. The service includes delivery of residential withdrawal management for young people with low to medium acuity withdrawal management needs. The residential service will be between 10-15 rehabilitation beds and a minimum of two (2) withdrawal management beds. Not all young people accessing the residential rehabilitation service will require a residential withdrawal management service. Where clients do require withdrawal management prior to admission, intake pathways should include options for GP or withdrawal interventions in the community to be provided by other health services. The organisation is to deliver case management care, to support access into the residential service and post residential treatment continuing care for up to 6 months to support transition out of residential treatment and sustain wellbeing.

Organisations must demonstrate a documented evidence-informed program and model of care for the residential service inclusive of rehabilitation, withdrawal management, case management and continuing care. Organisations must demonstrate that the program and model of care is person centred, trauma informed, inclusive of family and/or primary care givers and recognises individual strengths and needs. The program, model of care and service delivery must align with the core group of frameworks and guidelines listed above and:

- [Management of Withdrawal from Alcohol and Other Drug: Clinical Guidance](#) (NSW Health)
- [Practice Guide: Provide Alcohol and Other Drug Treatment in a Residential Setting](#) (NADA)
- [NSW Youth Health Framework](#) (NSW Health)

Organisations must demonstrate that the physical and digital environments are accessible, safe and welcoming to young people, and that all aspects of the service program and model of care is strength-based, and age, developmentally and culturally appropriate for young people aged 12-17 years. There must be a strong focus on the safety of young people accessing and engaged in the service, including but not limited to child protection requirements. Family engagement is a key component to be considered as part of the service program and model of care. The service will accept young people previously and currently connected to the juvenile justice system and young people on prescribed medication.

Organisations must demonstrate how the mix of young people engaged in the service will be managed considering the range of genders, ages, life experiences, abilities, and development stages.

Organisations must demonstrate partnerships with other agencies to ensure young people's housing and other health and social needs are addressed. Models of care need to demonstrate how they will build connections and integrate with relevant Department of Communities and Justice support services, as well as how the service will support young people to maintain or establish connection with education and training requirements throughout the treatment episode.

All staff of the service are required to have qualifications, skills, experience, and clinical supervision support to deliver age-appropriate, developmentally appropriate, and culturally safe care with young people aged 12-17 years.

Available funds – Residential rehabilitation and withdrawal management with young people aged 12-17 years

Total number of treatment packages to be funded	Maximum funds available for each treatment package per annum	Maximum funds available for each treatment package over 4 years	Total treatment package funding pool over 4 years
1	Up to \$2,545,000	Up to \$10,180,000	\$10,180,000

2. Residential rehabilitation and withdrawal for Aboriginal women with young children

Service summary

AOD residential rehabilitation for Aboriginal women, with or without young children, for a period of up to six (6) months for each episode of care, including residential withdrawal management for up to seven (7) days per episode of care. Case management care to support access into residential treatment and continuing care post residential treatment is a component of the residential treatment service.

The residential rehabilitation service for Aboriginal women and their children is to be delivered by an Aboriginal community-controlled health organisation or in partnership with an Aboriginal community-controlled organisation.

Priority population for the service

Aboriginal women aged 18 years and over, including pregnant women, with or without dependent young children (including Aboriginal and non-Aboriginal carers and guardians of Aboriginal children), who have harmful or dependent alcohol and/or other drug use who require intensive support and treatment and have individual factors that limit suitability to engage with non-residential alcohol and other drug (AOD) treatment services.

Priority location

Priority will be given to NSW rural and regional locations, locations where there is evidence of an absence of AOD services for Aboriginal women, where there is demonstrated high need for an AOD residential treatment service, and where there is close proximity to antenatal, child and family, and/or Substance Use In Pregnancy and Parenting Services (SUPPS) or Aboriginal Maternal Infant Health Services.

Service delivery requirements

The culturally suitable residential rehabilitation service for Aboriginal women, including pregnant women, with or without young children, will be an intensive and structured program that provides comprehensive alcohol and other drug treatment in a residential setting, and which has 24-hour on-site paid staffing. The service includes delivery of residential withdrawal management for Aboriginal women with low to medium acuity withdrawal management needs. The residential service will be between 10-12 adult rehabilitation beds and a minimum of two (2) withdrawal management beds. Not all Aboriginal women accessing the residential rehabilitation service will require a residential withdrawal management service. Where clients do require withdrawal prior to admission, intake pathways should include options for GP or withdrawal interventions in the community, to be provided by other health services. The organisation is to deliver case management care, to support access into the residential service and post residential treatment continuing care for up to 12 months to support transition out of residential treatment.

Organisations must demonstrate a documented culturally safe, evidenced-informed, program and model of care for the residential service inclusive of rehabilitation, withdrawal management, case management and continuing care. Organisations must demonstrate that the program and model of care is person and family centred, recognises the cultural determinants of health, trauma informed, and recognises individual and cultural strengths and needs. The program, model of care and service delivery must align with the core group of frameworks and guidelines listed above and:

- [Management of Withdrawal from Alcohol and Other Drugs: Clinical Guidance](#) (NSW Health)
- [Practice Guide: Provide Alcohol and Other Drug Treatment in a Residential Setting](#) (NADA)
- [The First 2000 Days policy](#)
- [Clinical Guidelines for the Management of Substance Use During Pregnancy, Birth and the Postnatal Period](#) (NSW Health)

Organisations must demonstrate that the physical and digital environments are accessible, safe, and welcoming to Aboriginal women and their children. The service recognises and accommodates Aboriginal people's family, elders, and community in the model of care, and is responsive to cultural gender roles and needs.

There must be a strong focus on the safety of women and their children accessing and engaged in the service, including but not limited to child protection requirements, and domestic and family violence needs.

Organisations must demonstrate how the program and model of care increases parenting/carer capacity, mother/carer and child attachment relationships, and supports children to progress in meeting physical, social and development milestones.

Organisations must demonstrate partnerships with antenatal, child and family, and/or Substance Use In Pregnancy and Parenting Services (SUPPS), and/or Aboriginal Maternal Infant Health Services as part of model of care and service delivery. **Service models need to consider birth planning and proximity to hospital for pregnant women.**

The service will accept Aboriginal women previously and currently connected to the justice system, and women on prescribed medication, including opioid agonist treatment.

All staff of the service are required to have qualifications, skills, experience, and clinical supervision support to deliver AOD treatment and culturally safe care for women and their children.

Available funds – Residential rehabilitation and withdrawal for Aboriginal women with young children

Total number of treatment packages to be funded	Maximum funds available for each treatment package per annum	Maximum funds available for each treatment package over 4 years	Total treatment package funding pool over 4 years
1	Up to \$3,045,000	Up to \$12,180,000	\$12,180,000

3. Day rehabilitation and case management for people with dependent children

Service summary

Structured AOD psychosocial rehabilitation for people with dependent children inclusive of:

- group and individual support and counselling services
- delivered over multiple sessions per week during the day and/or evening for set periods of time generally ranging from four to eight weeks per episode, and allowing for flexibility to accommodate client responsibilities/needs,
- delivered in person and/or through virtual care.

Assertive case management and care coordination of alcohol and other drug (AOD), health and social services for people with dependent children:

- for a period of up to six (6) months per episode of care
- delivered in person and/or virtual care.

Priority population for the service

Single people and families of any gender aged 18 years and over with dependent children, with priority to people with children aged 5 years and under, who have or recently had harmful or dependent alcohol and/or other drug use.

Priority location

Priority will be given to locations across NSW where there is evidence of an absence of AOD services in the community for people with dependent children, and where there is demonstrated high need for day rehabilitation and case management service for people with children. Models of care that include in-person and/or virtual care will be considered.

Service delivery requirements

The AOD case management and day rehabilitation service for people with dependent children will be a structured program for people living in the community with complex needs requiring coordination of individual care, support, and advocacy to access AOD, health and social services.

The service includes individual case management and care coordination, and a therapeutic rehabilitation program to prevent and minimise AOD use harm, further develop living skills, and increase parenting/carer capacity. The AOD case management and day rehabilitation service may complement AOD treatment services delivered by the organisation or other providers, including withdrawal management services and opioid agonist treatment.

Organisations must demonstrate a documented evidenced-informed program and model of care for the case management and day rehabilitation program. Organisations must demonstrate that the program and model of care is person and family centred (including shared care arrangements with government family and community services where required), trauma informed, recognises individual and cultural strengths and needs, and accommodates childcare needs.

The program, model of care and service delivery must align with the core group of frameworks and guidelines listed above and:

- [The First 2000 Days Policy \(NSW Health\)](#)
- [Clinical Guidelines for the Management of Substance Use During Pregnancy, Birth and the Postnatal Period](#) (NSW Health)

Organisations must demonstrate how the day rehabilitation service will be delivered to people with dependent children considering the range of genders, cultures, life experiences, severity of dependence on alcohol and/or other drugs, children's ages (priority to people with dependent children aged 5 years and younger), and location. Strategies for identifying and responding to child protection and domestic and family violence must be identified. Organisations must demonstrate how the program and model of care increases parenting/caring capacity and parent/carer and child attachment relationships.

Organisations must demonstrate how the day rehabilitation service will intake participants (fixed, rolling, other), and how over or under demand for service will be managed.

The service will accept people previously and currently connected to the justice system and people on prescribed medication, including opioid agonist treatment.

All staff of the service are required to have qualifications, skills, and experience to deliver AOD treatment and culturally safe care for people with dependent children.

Available funds – Day rehabilitation and case management for people with dependent children

Total number of treatment packages to be funded	Maximum funds available for each treatment package per annum	Maximum funds available for each treatment package over 4 years	Total treatment package funding pool over 4 years
3 or more	Up to \$653,000	Up to \$2,612,000	\$7,836,000

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

Service summary

Community based (non-residential), multidisciplinary AOD withdrawal management for up to seven (7) days per episode of care, and assertive case management and AOD psychosocial counselling for up to six (6) months for each episode of care delivered in-person (including outreach) and through virtual care.

Priority population for the service

Priority populations include women, pregnant women, women with dependent children, Aboriginal people, people with cultural and linguistic diversity (CALD), people identifying as LGBTIQI+, young people, people with co-occurring mental health issues, and people involved in the criminal justice system.

Priority location

Priority will be given to locations in NSW where there is evidence of an absence of gendered and/or culturally targeted AOD services for priority populations, and where there is demonstrated high need for a AOD withdrawal management, case management and counselling services for priority populations. Models of care that include in-person and virtual care will be considered.

Service delivery requirements

The AOD withdrawal management service is for people living in the community who require low to medium acuity medical and/or nursing or primary care supported withdrawal management. The service will be delivered through multidisciplinary support with psychosocial service options including individual case management, outreach, and care coordination, and individual and/or group AOD counselling. Not all people accessing the community based service will require all treatment interventions.

Organisations must demonstrate a documented evidenced-informed program and model of care for the withdrawal management, case management and counselling service.

Organisations must demonstrate that the program and model of care is gender and culturally responsive, person centred, trauma informed, and recognises individual client's strengths and needs. The program, model of care and service delivery must align with the core group of frameworks and guidelines listed above and:

- [Management of Withdrawal from Alcohol and Other Drug: Clinical Guidance](#) (NSW Health)
- [Clinical Guidelines for the Management of Substance Use During Pregnancy, Birth and the Postnatal Period](#) (NSW Health)
- [NSW Youth Health Framework](#) (NSW Health)

Organisations may partner with other agencies to deliver components of the withdrawal management, case management and counselling service.

The service will accept people previously and currently connected to the justice system and people on prescribed medication including opioid agonist treatment.

All staff of the service are required to have qualifications, skills, and experience to deliver gender and culturally safe AOD treatment.

Available funds – withdrawal management, case management and counselling with priority populations

Total number of treatment packages to be funded	Maximum funds available for each treatment package per annum	Maximum funds available for each treatment package over 4 years	Total treatment package funding pool over 4 years
3 or more	Up to \$500,000	Up to \$2,000,000	\$6,000,000

5. Day rehabilitation and/or counselling with people aged 12-24 years

Service summary

AOD psychosocial counselling for up to six (6) months and/or structured AOD day rehabilitation, inclusive of group and individual support and counselling services, for young people and young adults delivered over multiple sessions per week during the day and/or evening and for set periods of time, generally ranging from four to eight weeks per episode, delivered in person and/or through virtual care.

Priority population for the service

Young people aged 12 to 17 years and/or young adults aged 18-24 years of all genders who have harmful and/or dependent alcohol or other drug use and who require structured non-residential AOD psychosocial treatment services. Services targeting subgroups of people aged 12-24 years will be considered, including but not limited to people currently connected to the criminal justice system, people with cultural and linguistic diversity, Aboriginal people, people identifying as LGBTQI+, people in out of home care, people with co-occurring mental health issues and other groups not already served.

Priority location

Priority will be given to locations in NSW where there is demonstrated high need for community based AOD psychosocial support services for young people 12-17 years and young adults aged 18-24 years. Models of care that include in-person and/or virtual care will be considered.

Service delivery requirements

The AOD day rehabilitation and/or counselling service for young people and/or young adults living in the community, will be a structured therapeutic rehabilitation program to prevent and minimise AOD

use harm. Developmental age differences will need to be considered in planning services for people aged 12-24 years old, with appropriate activities and peer contact likely to require separate age groupings. The AOD day rehabilitation service and/or counselling service may complement AOD treatment services delivered by the organisation or other providers, including withdrawal management services and opioid agonist treatment.

Organisations must demonstrate a documented evidenced-informed program and model of care for the day rehabilitation and /or counselling service. Models need to demonstrate how they will build connections and integrate with relevant Department of Communities and Justice support services, as well as how the service will support young people to maintain or establish connection with education and training requirements.

Organisations must demonstrate that the program and model of care is person centred, trauma informed, and recognises individual client's strengths, abilities and needs. The program, model of care and service delivery must align with the frameworks and guidelines listed above and:

- [NSW Youth Health Framework](#) (NSW Health)

Organisations must demonstrate how the day rehabilitation service will intake participants (fixed, rolling, other), and how over or under demand for service will be managed.

The service will accept young people and young adults previously and currently connected to the justice system and young people and young adults on prescribed medication, including opioid agonist treatment.

Available funds – Day rehabilitation and/or counselling with young people 12-17 years and young adults 18-24 years

Total number of treatment packages to be funded	Maximum funds available for each treatment package per annum	Maximum funds available for each treatment package over 4 years	Total treatment package funding pool over 4 years
9 or more	Up to \$530,000	\$2,120,000	\$20,000,000

How the grant applications will be assessed

1. Eligibility assessment

Application eligibility

Application is submitted by the due date ✓

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

- Schedule A. Organisation Applicant Details
- Schedule B. Response to Eligibility and Standard Requirements
- Schedule C. Response to Specific Treatment Access Package Requirements
- Schedule D. Proposed Grant Budget
- Schedule E. Indicative Service Implementation Plan
- Schedule F. Service Staffing Plan
- Schedule G. Aboriginal Health Impact Statement (not required for Aboriginal community-controlled health organisations)

Application clearly indicates the treatment access package/s being applied for and a Proposed Grant Budget, Service Implementation Plan and Service Staffing Plan *for each* treatment access package is provided. ✓

B.1.1 Organisation eligibility – Schedule B

Not-for profit non-government entity incorporated under any of the following: ✓

- Associations Incorporation Act 2009 (NSW)
- Corporations Act 2001 (Cth)
- Cooperatives Act 1992 (NSW)
- Corporations (Aboriginal and Torres Strait Islander) Act 2006
- Or any other Australian legislation

Current accreditation against the NSW Health approved accreditation standards for organisations delivering AOD treatment services (refer to list of standards [here](#))² ✓

At least one partner organisation or member of the consortia (if relevant) has at least three years experience in providing community-based alcohol and other drug treatment services. ✓

B.1.2 Service delivery eligibility – Schedule B

² 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

Services are to be delivered in NSW ✓

Treatment Access Package/s can only be applied for to deliver services that are not already 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. ✓

The Local Health District where grant services will be delivered gives in principle support to your application. ✓

2. Merit assessment against standard requirements

Organisations will be assessed against a single set of standard requirements AND against specific AOD Treatment Access package requirements.

Organisations are required to submit ONE response only to the standard requirements regardless of the number of specific AOD Treatment Access package/s being applied for.

Standard requirements (Schedule B)	Word guide	Weighting
B.2.1) Demonstrate that the organisation is stable, sustainable, and has effective corporate governance.	1,000	10%
B.2.2) Demonstrate that the organisation has effective clinical governance systems and practices, and the capacity to deliver AOD treatment services.	1,000	10%
B.2.3) Describe how the organisation currently or intends to deliver services aligned to evidence and guidelines for people on opioid agonist treatment (OAT), people who have experienced trauma, and people with complex health and social needs.	800	5%
B.2.4) Describe how the organisation currently or intends to understand and deliver effective services for Aboriginal people and people with cultural and community diversity.	800	15%

3. Merit assessment against specific AOD Treatment Access Package requirements

Organisations will be assessed against a single set of standard requirements AND against specific AOD Treatment Access package requirements.

Organisations are required to submit a response to requirements for EACH specific AOD Treatment Access Package being applied for.

Example. If an organisation submits a grant application to deliver the residential rehabilitation for young people aged 12-17 years AND the day rehabilitation and/or counselling for young people aged 12-17 years, the organisation must submit:

One (1) x Schedule A. Organisation Applicant Details

One (1) x Schedule B. Response to Essential Criteria and Standard Requirements

Two (2) x Schedule C. Response to Specific Treatment Access Package Requirements

Two (2) x Schedule D. Proposed Grant Budget

Two (2) x Schedule E. Indicative Service Implementation Plan

Two (2) x Schedule F. Service Staffing Plan

Two (2) x Schedule G. Aboriginal Health Impact Statement (not required for Aboriginal community-controlled health organisations)

Specific Treatment Access package requirements (Schedules C)	Word guide	Weighting
A. Priority population	250	5%
B. Physical location and digital environment	500	5%
C. Treatment program size and period	300	5%
D. Service delivery model of care and activities	1,500	15% includes Schedule E Implementation Plan
E. Service delivery partnerships and care pathways	1,000	10%
F. Workforce capability and support	1,000	20% includes schedule D Budget and Schedule F Staffing

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. Grant applicants will be required to **complete and submit a separate Schedule D Proposed Budget for each grant package being applied for.**

Funding for capital expenses may be available to successful applicants by negotiation. List any capital funding specifically related to the proposed service delivery in **Schedule D Proposed Budget** on the line '**NSW Health Funding (Capital)**'. Any capital funding provided would be one-off grant funding with separate deliverables, milestones and payment schedule depending on the works planned.

Implementation Plan – Schedule E

Grant applicants are required to **complete and submit a separate Schedule E Indicative Implementation Plan for each grant package being applied for**. Schedule E contains suggested implementation milestones, which may be adjusted as needed.

Service Staffing Plan – Schedule F

Grant applicants are required to **complete and submit a separate Schedule F Service Staffing Plan for each grant package being applied for**. 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 relevant). 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.

Aboriginal Health Impact Statement – Schedule G

Grant applicants are required to **complete and submit a separate Schedule G NSW Aboriginal Health Impact Statement for each grant package being applied for**. Aboriginal community-controlled health organisations are not required to complete Schedule G.

Conditions of grant applications

This grant opportunity is administered by the Centre for Alcohol and Other Drugs (CAOD), 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 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.

Probity Advisor for the Grant process

The Ministry of Health has appointed an independent Probity Advisor for the AOD Treatment Access Expansion 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 grant evaluation panel but is an independent observer of the evaluation process.

Applying organisations 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 the Ministry of Health.

Details for the Probity Advisor are:

John Pinhorn
Procure Group Pty Ltd
Telephone: 0408 488 682
Email: jpinhorn@procuregroup.com.au

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 in consultation with the relevant Local Health District. The contract management agency will usually be the CAOD but in some cases, the contract may be managed locally by the relevant Local Health District.

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. All NSW Health contracted AOD treatment NGOs are required to report on core performance indicators. More information about performance reporting can be found at NSW Health [NGO AOD performance indicator resources](#). Performance indicators are reviewed annually and may be adjusted as part of ongoing quality improvement practices and to improve service reporting.