



ACT
Government

Alcohol, tobacco and other drug non- government organisation treatment, support and harm reduction services

Strategic Investment Plan

November 2023

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Terms and definitions

Term	Definition
Investment process	Refers to ACT Government process for awarding funding to a non-government organisation, i.e., via grants, procurement or other funding arrangements.
Lived or living experience	Personal knowledge about the world gained through direct, first-hand involvement in everyday events.
Market	Organisations available to provide a service or program within a specific sub-sector.
Market approach	The scope of an investment processes. Market approaches can vary in how open they are, they may be public, limited, or direct.
Non-government organisation	Non-profit or for-purpose entities that are independent of government. They can be operational or advocacy focused or both.
Program	Sub-set of a service. Example: SMART Recovery – a cognitive behavioural based counselling program delivered in groups.
Sector	A distinct part of society where an activity is undertaken.
Services	The set of activities the organisations are funded to provide. <i>Example: Counselling service.</i>
Stakeholder	Used as an all-encompassing term for non-government organisations, people with lived and living experience and government workers with an interest or stake in commissioning.

Introduction

The Strategic Investment Plan outlines how engagement of health and community non-government organisations (NGOs), people with lived and living experience, and other stakeholders has informed the invest phase of the alcohol, tobacco and other drug (ATOD) commissioning cycle. It provides a summary of the services the ACT Health Directorate (ACTHD) intends to invest in for this cycle, as well as guidance on the intended process.

The aim of the ATOD commissioning invest phase is for ACTHD to purchase the right services, from the right providers, at the right price, through a fair and transparent process, and ensure the Canberra community has access to the services they need, when they need them.

ATOD commissioning cycle in context

ACTHD is working with health and community NGOs, people with lived and living experience, and other stakeholders to design the future of the ACT-Government-funded ATOD NGO treatment, support and harm reduction sector (ATOD NGO sector), and contract arrangements, using the ACT whole of government commissioning approach.

ACTHD is committed to working collaboratively to shape and deliver services that meet community needs through the ACT whole of government commissioning approach.

Commissioning is an approach through which ACTHD and stakeholders examine community needs together, collaborate across the health and community sectors and ACT Government to address service gaps, and explore opportunities to provide services and programs in new ways. A full list of organisations involved in the ATOD commissioning cycle to date can be found at [Appendix A](#).

The ATOD commissioning cycle began under the first iteration of the commissioning approach as outlined in the ‘*Commissioning Roadmap for NGO Services in the Community 2021-2023*’, and has since been refreshed through the ‘*Commissioning Roadmap 2022-2024*’. A summary of the development of the ACT whole of government commissioning approach can be found on the [commissioning website](#).

Throughout the commissioning process ACTHD is integrating lessons learned from the ATOD cycle and connecting with other health and community services commissioning cycles. Details of cycles related to the ATOD commissioning cycle can be found on the [ATOD commissioning webpage](#).

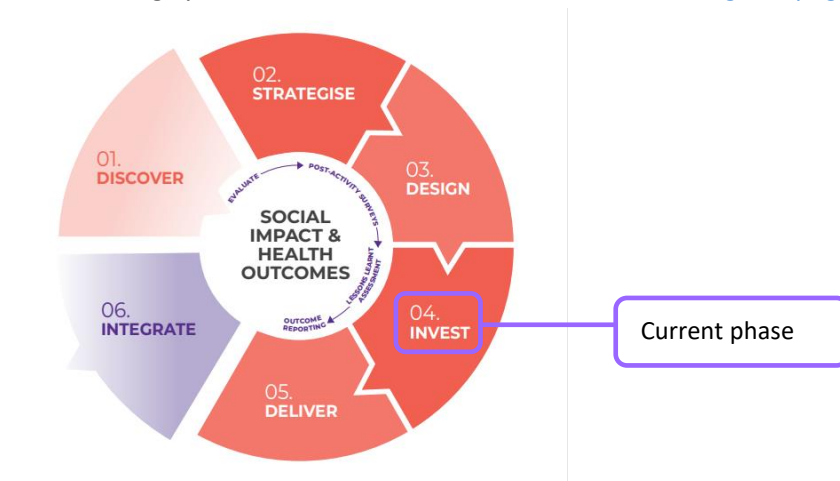


Figure 1: Commissioning cycle and phases

Current ACT ATOD service sector

ATOD services in the ACT are delivered by a mix of public organisations, NGOs and private providers. Public and NGO services are generally provided free or at low cost to clients. ACT residents also have access to several national online and telephone support services. A 2021 analysis determined there are multiple funding sources for ACT ATOD NGOs, including ACT Health, Capital Health Network, Commonwealth Department of Health, National Indigenous Australian Agency, philanthropy, and client fees, with ACT Health providing approximately two thirds of total sector funding¹. A detailed summary of current public and NGO ATOD services in the ACT and geographic mapping of services can be found in the Alcohol, Tobacco and Other Drug Association ACT (ATODA) [Quick Reference Guide](#), [Program Directory](#) and [Service Directory Map](#).

The Canberra community has a high level of utilisation of ATOD services compared to the Australian average. The ACT ATOD sector has the second highest rate of clients per 100,000 population in Australia at 966 per 100,000 population compared to 576 per 100,000 nationally. In 2021-22, 17 publicly funded ATOD services² in the ACT provided 6,931 treatment episodes to 3,838 clients. There has been a 57 per cent increase in treatment episodes in the ACT between 2011-12 to 2021-22. Most clients in the ACT attend a single service location for treatment (84 per cent) and will engage with the service for one to two years.

Data from the Alcohol and Other Drug Treatment Services (AODTS) National Minimum Dataset (NMDS) 2021-22³ for the ACT showed⁴:

- The most common treatment types provided (by closed episode) were counselling (23 per cent); support and case management (19 per cent); information and education (19 per cent); assessment only (16 per cent); withdrawal management (6 per cent); and rehabilitation (5 per cent)
- Nearly all (97 per cent) clients in the ACT received treatment for their own alcohol or drug use, of whom 65 per cent people were male
- People seeking treatment for someone else's ATOD use were mostly female (73 per cent)
- Almost one in two (47 per cent) of all clients were aged 20–39 years
- 13 per cent of all clients identified as Indigenous Australians
- The majority (87 per cent) of all clients were born in Australia and nearly all (98 per cent) reported English as their preferred language
- Alcohol was the most common principal drug of concern for clients (43 per cent or 2,900 episodes), followed by amphetamines (20 per cent – primarily methamphetamine), heroin (15 per cent) and cannabis (11 per cent)
- When a client reported an additional drug of concern, cannabis was the most common additional drug (13 per cent), followed by nicotine (11 per cent)
- Use of nicotine was noted as being of concern to clients in 988 treatment episodes (14 per cent). Closed treatment episodes with nicotine as the main drug of concern rose from 67 in 2020-21 to 234 in 2021-22, while nicotine was nominated as a secondary drug of concern in 754 treatment episodes. The Service Users Satisfaction and Outcomes Survey 2018 also indicated 77 per cent of ATOD clients reported tobacco use when they first engaged with a service⁵.

¹ Mellor and Ritter, 2021, Demand and Service Modelling Project Final Report. Social Policy Research Centre, UNSW.

² Based on the number of agencies in the Alcohol and Other Drug Treatment Service ACT Minimum Dataset 2021-22, Australian Institute of Health and Welfare

³ Australian Institute of Health and Welfare. (2023). *Alcohol and other drug treatment services in Australia annual report*. Retrieved from [www.aihw.gov.au/reports/alcohol-other-drug-treatment-services-alcohol-other-drug-treatment-services-australia](http://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia)

⁴ AIHW notes that for the 2021-22 reporting period, treatment services reported changes in service usage and impacts on treatment provision in response to the COVID-19 pandemic.

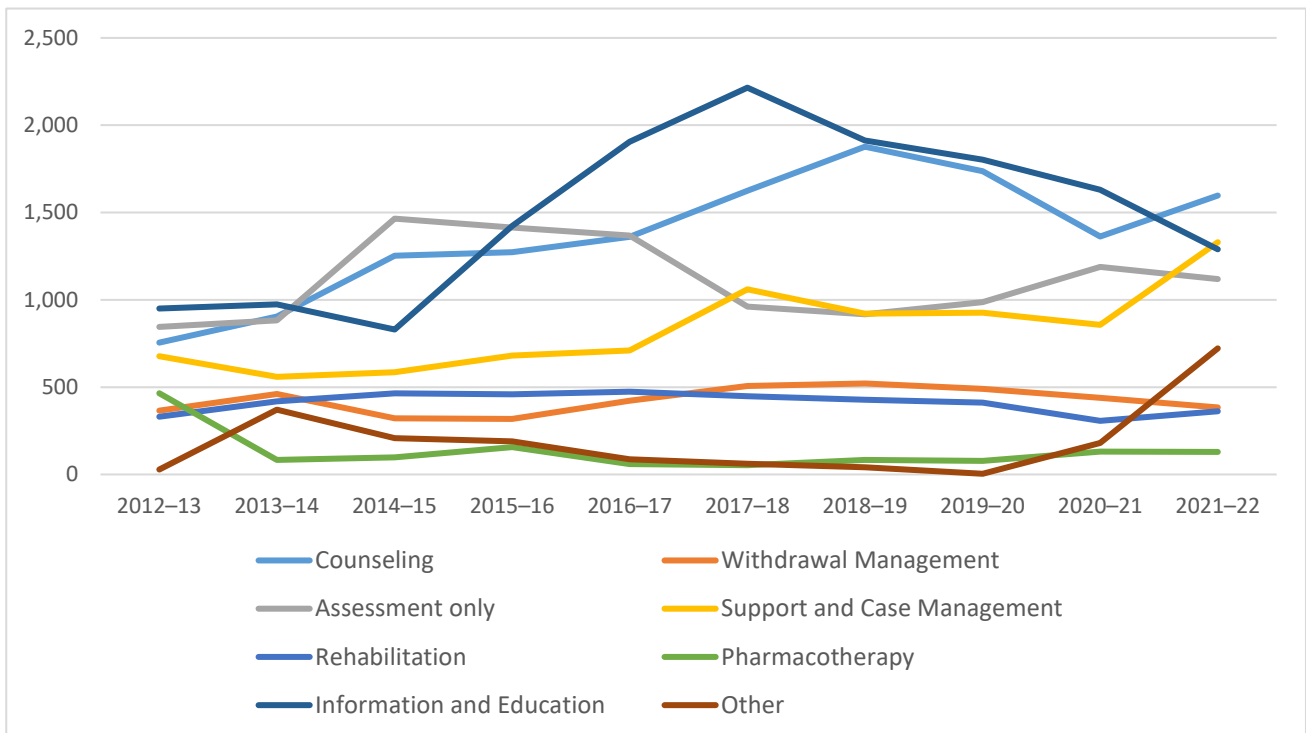
⁵ Alcohol Tobacco and Other Drug Association ACT (ATODA). *Service Users' Satisfaction and Outcomes Survey 2018: a census of people accessing specialist alcohol and other drug services in the ACT*. ATODA Monograph Series, No.9. Canberra: ATODA, 2020. Retrieved from www.atoda.org.au/projects/susos-2/

Distribution of treatment type usage in 2020-21 can be found in Table 1 below. Distribution over time can be found in Figure 2.

Table 1. Distribution of treatment types (own or others drug use) in the ACT and compared to other states and territories (in order of highest to lowest ACT rate per 100,000 population).

Treatment type	ACT treatment episode rate per 100,000 population	National average treatment episode rate per 100,000 (and range in states/territories)	ACT National Ranking – treatment rate per 100,000
Counselling	346	317 (211 to 471)	4 of 8
Support and case management	289	135 (36 to 295)	2 of 8
Information and education	280	24 (3 to 351)	2 of 8
Assessment only	243	181 (21 to 1,088)	4 of 8
Other	157	71 (0 to 213)	2 of 8
Withdrawal	83	78 (4 to 140)	2 of 8
Rehabilitation	79	50 (12 to 382)	3 of 8

Figure 2. ACT Alcohol and Other Drug Treatment Services trends in treatment (closed episodes) 2012-13 to 2021-22.



ATOD commissioning cycle

ATOD commissioning timeline

An indicative timeline of ATOD commissioning cycle for future milestones and phases is presented below⁶. A more detailed list of milestones for the invest phase can be found in the [investment plan section](#) of this document.

Milestone	Indicative date
Invest phase initiated	April 2023
Release of draft Strategic Investment Plan for stakeholder review	August 2023
Release of final Strategic Investment Plan	November 2023
Grant application period opens	30 January 2024
Deliver phase	1 August 2024 – 30 June 2031 (with option to extend up to 30 June 2034)
Review of reporting requirements and outcome measures	TBC confirmed (likely 2025)

Further information on commissioning can be found on the [ATOD commissioning webpage](#) and the central [commissioning website](#). A list of supporting documents to the Strategic Investment Plan can also be found at [Appendix B](#).

ATOD commissioning scope

ATOD commissioning focuses specifically on the ATOD NGO sector. Currently about 88 per cent of ATOD service sites in the ACT are managed by NGOs.

The scope of ATOD commissioning includes most treatment interventions as outlined in the [National Framework for Alcohol, tobacco and Other Drug Treatment 2019-29](#), a detailed list of investment priorities can be found in the [Investment Priorities](#) section of this document. Potential impacts on the ACT ATOD NGO sector due to other elements such as Can TEST Health and Drug Checking Service and the implementation of the Drugs of Dependence (Personal Use) Amendment Act 2022 will be monitored and addressed through future budget and commissioning cycles.

A core element of the ACT whole of government commissioning approach is to provide the opportunity for innovation and flexibility for evidence-based and practice-informed service provision. Commissioning is an

⁶ Note, this timeline does not apply to the nicotine cessation phonenumber. The investment approach for nicotine cessation phonenumber includes a contract extension for Quitline, followed by a grants process in the 2024-25 financial year.

opportunity to review increasing demand and changing needs which are vital for high-quality service delivery.

Findings through the commissioning process have shown the existing ATOD NGO sector is effective, efficient and rated highly among service users. Opportunities arising from the commissioning process will balance innovation and adaptation to contemporary needs, with sector stability and continuity of care for service users.

The total annual funding available for the ATOD commissioning cycle amounts to \$17.61 million (subject to indexation).

Out of scope

ACTHD funded ATOD services and initiatives already underway and out of scope of this commissioning cycle include:

- Alcohol and other drug residential treatment infrastructure upgrades
- Drug checking service extended pilot program
- Ngunawal Bush Healing Farm expansion to include a residential program
- Aboriginal and Torres Strait Islander residential rehabilitation facility.

Other elements of ATOD treatment sector excluded from this commissioning cycle are:

- Government-operated services e.g., Canberra Health Services' Alcohol and Drug Services at Canberra Hospital and Moore Street Civic
- For-profit services
- Consultation liaison services delivered in hospital/acute care settings
- Operational costs of secondary needle and syringe programs
- ATOD programs delivered exclusively within a custodial setting
- Direct provision of pharmacotherapy
- Building of or extensive changes to infrastructure.

Health and community services system commissioning objectives

The ACT whole of government commissioning process to date has highlighted the need to build greater capacity and interconnectivity across and within the health and community service sectors, and to ensure that the sectors are viable and sustainable.

As outlined in the *Commissioning Roadmap 2022-2024*, the objectives for the ACT health and community services system are to:

- Better respond to community need, both existing and emerging, through increased flexibility and opportunities for innovation
- Improve integration across the service systems to support seamless and holistic care, and transitions between services
- Improve equity in health and life outcomes for priority population groups, through commissioning decisions made about where and how to focus support

- Improve sector sustainability through closer partnerships and better understanding the needs of our service delivery partners
- Reduce pressure on our hospitals and other crisis services, such as homelessness or statutory services for children, young people, and families, by prioritising prevention and early support

Prevention in the ATOD treatment, support and harm reduction context can include primary (preventing disease or injury before it occurs), secondary (reducing the impact of disease or injury that has already occurred) or tertiary prevention (reducing the impact of ongoing illness or injury).

In preparing to apply for funding, organisations are encouraged to consider how their service can contribute to achieving these objectives and how they will demonstrate this in funding applications.

ATOD commissioning objectives

ACTHD's priority through commissioning is to maintain stability for the specialist ATOD workforce and service users, and ensure the community continues to have access to high quality treatment and support. The ATOD commissioning investment and broader ATOD sector in the ACT is supported by the [National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-29](#), the [National Quality Framework for Drug and Alcohol Treatment Services](#), the [National Drug Strategy 2017-2026](#), and the [ACT Drug Strategy Action Plan 2022-2026](#) (the action plan). The objectives and principles outlined in the *Commissioning Roadmap 2022-2024* and the above strategies and frameworks have been used to inform the objectives and outcomes for the commissioning of ATOD NGO services.

Objectives of the current ATOD commissioning cycle are to:

- Develop a clear understanding of the ATOD NGO sector
- Improve contracts and reporting to reduce administrative burden and better use service data
- Maintain sector stability and service provision for consumers and the specialist workforce
- Facilitate innovation and opportunities for service provision across the whole ATOD NGO sector
- Determine the best use of new funding through the 2022-2023 budget measure for family members and carers, people requiring residential rehabilitation, and people experiencing harm from methamphetamine

Intended outcomes for the ATOD Commissioning process that have emerged out of the strategise and design phases are to:

- Have a more stable ATOD non-government sector through the use of longer-term contracts and workforce development
- Ensure the Canberra community has access to ATOD service models that are evidence-based and practice-informed, effective and affordable, with service specifications and delivery informed by workforce and consumer needs
- Have services that are better coordinated to support seamless and holistic care, and transitions between services
- Reduce reporting burden for services, including through the use of clear and streamlined contracts
- Make better use of service report data to show clear evidence of the effectiveness and outcomes of services

ATOD commissioning cycle findings

Strategise phase

The strategise phase of the ATOD commissioning cycle began in early 2022 to identify what was already known and what could be possible to explore through commissioning. The strategise phase aimed to develop a good understanding of the challenges, issues, gaps, and opportunities for ATOD NGO services by bringing all available information together. For this phase, the ATOD commissioning team used key existing research and data (see [Appendix B](#)).

The strategise phase included collaboration with sector partners, people with lived and living experience and other key stakeholders (including across government) through targeted workshops. The strategise phase was an opportunity to work together to validate the needs identified in the evidence-base and expressed by the ACT community. The workshops focused discussions on specific populations requiring special consideration and service types. Each workshop began with an overview of findings from stakeholder engagement and the available evidence-base, followed by a facilitated discussion on existing service strengths, opportunities for innovation and emerging priorities. Workshop topics included:

- Youth
- Women and Families
- People with lived experience and peer representatives
- AOD and Mental Health
- AOD Specialist Services

With consideration of the ACT whole of government commissioning priorities and principles for engagement, including taking an intersectional perspective and supporting self-determination for Aboriginal and Torres Strait Islander people and Communities, specific service needs for Aboriginal and Torres Strait Islander people were included in all of the workshops.

Findings from these workshops were reflected in the Commissioning Intentions document.

ATOD Needs Assessment

The Needs Assessment was the second key output for the strategise phase. The Needs Assessment consolidated key research and data to identify service gaps, populations requiring special consideration, and what data was needed to further inform the ATOD commissioning cycle.

The Needs Assessment was circulated among stakeholders for feedback in October 2022.

The priority areas identified were:

- Needs of families and carers affected by another's use of ATOD
- Co-occurring conditions and complex needs, with particular focus on mental health
- Access to services, with a focus on at-risk populations identified in the National Drug Strategy:
 - Aboriginal and Torres Strait Islander people
 - Culturally and linguistically diverse populations
 - People identifying as lesbian, gay, bisexual, transexual, queer, intersex and/or asexual (LGBTQIA+)
 - People in contact with the criminal justice system
 - People with mental health conditions
 - Young people

- Older people
- Counselling and outreach
- Methamphetamine treatment services

The Needs Assessment also conveyed how focus areas for the design phase of the ATOD Commissioning cycle were identified.

Key outputs of the strategic planning activities during this phase included:

- [Commissioning Intentions](#)
- Needs Assessment (first iteration)

Design phase findings

The ATOD commissioning cycle transitioned from the strategise phase to design phase in September 2022 with dissemination of the final Needs Assessment. The design phase was an opportunity to collaboratively identify solutions and opportunities to address the issues and service gaps identified in the strategise phase, with the aim to work towards development of service specifications and client outcomes that aligned with the evidence-base and identified needs of stakeholders and the Canberra community.

Engagement during the strategise phase, consultations for development of the action plan, and the Needs Assessment were all used to inform the direction of the design phase.

The collaborative design workshops included:

- Service system access, navigation, pathways and peer workers
- Co-occurring issues with a focus on ATOD and mental health
- Methamphetamine treatment and access to family and carer support
- Outreach and counselling

While the workshops aimed to focus on development of solutions, service specifications, reporting and outcome measures, discussions also included issues faced by the sector and clients, and enabler approaches that could help support the workforce.

Outcome measures and reporting discussions

Discussions of outcomes measures and service reporting occurred during the first two collaborative design workshops and an additional focussed discussion with the Specialist ACT ATODA Executives Group. Key feedback included:

- Ensuring data collection has direct relevance to the treatment journey and considers how to capture client complexity
- Ensuring changes to reporting requirements reduce rather than increase reporting burden
- Allowing an appropriate lead time for any changes to data and reporting requirements and providing funding support for substantial change
- Reflecting the objectives of different types of services
- Aligning reporting requirements across funding bodies where possible

Engagement with stakeholders also identified that reporting processes should be flexible, contribute to tracking trends over time, and link to client's individually determined treatment and harm reduction goals. Stakeholders also requested that ACTHD demonstrate how the data has been used to indicate service performance, outcomes, demand trends and other important information where possible.

A comprehensive summary of stakeholder views presented during the design phase can be found in the Design Phase Listening Report.

Out of session feedback

Additional feedback was received by the sector following conclusion of the design phase workshops which is not otherwise captured in the Design Phase Listening Report, including:

- Need for trauma-informed care
- Opportunities for co-location of services and cross-specialisation
- Use of stepped care models for providing more individual and flexible treatment
- Opportunities for capturing carer outcomes in service reporting
- Specific ATOD service needs for people who identify as LGBTIQ+

All feedback received through commissioning activities and engagement has been used to inform the Strategic Investment Plan.

Key outputs from the design phase included:

- [Design Phase Listening Report](#)
- [Updated Needs Assessment](#)
- [Updated ATOD commissioning webpage](#)

Investment priorities

The sections below indicate investment priorities determined by ACTHD, based on consideration of the evidence-base (including the National Treatment Framework), existing service designs, and what we heard through commissioning engagement (taking into consideration that ideas raised in the design phase were not tested for level of support or preference by stakeholders). These will be used to develop service specifications and assessment criteria for the investment process.

Service categories

- Case management, care coordination, service linkage
- Day programs (non-residential rehabilitation)
- Early learning and care services for dependents of people attending ATOD treatment
- Family and carer support
- Information and education
- Needle and syringe programs
- Peer support and advocacy
- Psychosocial counselling – individual or group
- Residential rehabilitation
- Supporting the Drug Alcohol Sentencing List program
- Sobering up shelters
- Tobacco and vaping cessation (including nicotine cessation phonenumber)
- Withdrawal management

Service and program inclusions

- Assessment
- Overdose prevention (e.g., naloxone provision)
- Post treatment support (relapse prevention/ recovery maintenance)
- Referral (formal and warm referrals etc)
- Screening and brief intervention
- Therapeutic relationship building (e.g., lower intensity engagement activities, brokerage)
- Transitional care
- Waitlist support

Service and program delivery approaches

- Drop-in availability
- Assertive follow-up
- Peer and lived experience-led programs
- Flexible treatment modalities (e.g., online, tele, face to face)
- Group sessions
- In-reach, out-reach and home-based (e.g., to Alexander Maconochie Centre, other health and community services)
- Out of hours availability
- Transport to and from services

- Stepped care

Service and program qualities

- Culturally safe and inclusive
- Holistic and coordinated approaches to co-occurring issues and complex needs (e.g., mental health, gambling, housing, employment, legal)
- Person-centred
- Trauma-informed

Targeted services and programs

This list is in alphabetical order and is intended to also reflect services and/or programs taking an intersectional approach to addressing populations requiring special consideration for treatment and support.

- Aboriginal and Torres Strait Islander peoples
- Family members and carers of people who use ATOD
- Gender specific services
- People experiencing domestic and/or family violence
- People identifying as LGBTIQ+
- People with co-occurring issues/complex needs, including:
 - Older people (65 years +)
 - People diagnosed with chronic health conditions associated with ATOD use
 - People experiencing gambling harm
 - People with disability
 - People with mental health concerns or experiencing mental illness
- People in contact with the criminal justice system
- People with dependents
- Pregnant people and/or people with carer responsibilities
- Young people (including LGBTIQ+ youth, young people in contact with the criminal justice system) aged 10-18 years and 19-24 years

Geographic needs

- Counselling for ATOD outside of Canberra City
- Services in Belconnen/Gungahlin areas
- South-side peer programs

Sector and workforce development

- Employment opportunities for peer workers and nurse practitioners
- Enhanced capacity to cater for clients with co-occurring issues and complex needs
- Formal client to peer worker pathways
- Professional development and certification/accreditation
- Service navigation, intake and referral improvements
- Support and networks for workforce

- Training for related health services (e.g., mental health, primary health)
- Training in overdose recognition and naloxone provision

Accreditation and compliance

ATOD NGO services funded through the ATOD commissioning cycle will also be required to:

- Align to the National Framework for Alcohol, Tobacco and Other Drug Treatment Services 2019-2029
- Adhere to the National Quality Framework for Drug and Alcohol Treatment Services and National Model Clinical Governance Framework, and
- Maintain appropriate accreditation under the national quality framework.

Service reporting and outcome measures

A core element of the commissioning approach is monitoring and reporting on the health and wellbeing of Canberrans through the measurement of outcomes that align with the [ACT Wellbeing Framework](#). In addition to this, there are several reporting requirements specific to ATOD services.

Reporting requirements under ACT Government funded contracts will also take into consideration all reporting requirements for services, including reporting for other funding bodies and participation in research.

Reporting

ATOD treatment and support service providers will be required to report across a range of defined outputs, demonstrating organisational and system indicators of service performance and quality and changes in or non-compliance with service requirements and accreditation. These can be negotiated to fit with the specific service and may include:

- Compliance with accreditation (issues or significant changes)
- Staff participation in relevant training and professional development
- Strategies in place for working responsively to meet the needs of identified targeted population groups
- Details of client advisory function and achievements through this mechanism
- Collaboration with other health and community services

In addition to the above, all government funded ATOD organisations in Australia as appropriate have a requirement to report, into the main nationally agreed minimum datasets. For the ACT, most services will have to report to the ACT Alcohol and Other Drug Treatment Services National Minimum Data Set. Additionally, some specific services will report to the Needle and Syringe Program Minimum Dataset and/or the National Opioid Pharmacotherapy Statistics Annual Dataset.

All ACT Government funded ATOD services must also participate in the three-yearly Service User Satisfaction and Outcomes Survey and the Workforce, Qualification and Remuneration Profiling project conducted by ATODA.

Outcome measures

A key objective of ACT commissioning is to increase flexibility in service delivery to better respond to client needs. The key strategy to achieve this is through a move to outcomes focused contracts and reporting, rather than output targets. This aims to provide services with flexibility to respond to emerging sector needs while continuing to contribute to positive sector outcomes.

Current Service Funding Agreements (SFAs) stipulate the collection and reporting on the below client-level outcomes (core outcomes measures):

- Reductions in frequency and amount of drug use
- Reductions in drug dependence
- Reductions in harmful drug use
- Reductions in harmful behaviours related to drug use, and

- Improvements in mental health
- Improvements in physical health
- Improvements in social and emotional wellbeing

ATOD NGOs currently funded by ACTHD have existing systems to collect this information and use a range of different scientifically validated clinical instruments to measure client outcomes.

The proposed ACT ATOD NGO core and supplementary outcome measures and reporting requirements have been developed based on the existing service funding agreement reporting requirements, recommended alcohol and other drug outcome domains drafted by the Australian Institute of Health and Welfare, the draft Network of Alcohol and Other Drugs Agencies (NADA) service level performance measures⁷, and in alignment with the ACT Wellbeing Framework.

It is intended through new contracts organisations will initially be required to report on select core outcome measures (where relevant) with additional client experience outcome measures and standardised reporting requirements. Additional reporting on optional supplementary measures will be reviewed with successful organisations with an aim to balance administrative burden with services having the opportunity to provide data and information on their specific/specialised services and programs.

The core and optional supplementary outcome measures and reporting requirements are at [Appendix C](#).

Early learning and childcare services will have different reporting requirements to ATOD treatment and support services. These will be negotiated with the early learning and care service providers.

Reporting and outcome measures review

As there are only minor changes for reporting requirements at the beginning of new contracts, there will be a review point in 2025 where further collaboration with ACT Government funded ATOD NGOs will take place to scope opportunities for further improvements in measuring and reporting outcomes. Any agreed changes will be implemented with adequate lead-time for implementation. This will also enable ATOD NGOs to consider ongoing inter-jurisdictional conversations about standardised service performance measures.

There will also be a review of reporting requirements for subsector early learning and childcare services when the commissioning cycle for the Children's Services Program (funded through the Community Services Directorate) is complete, to ensure consistency in reporting requirements for early learning and care service providers.

⁷ See: Stirling, R. (2023). Performance measurement in alcohol and other drug treatment services. UNSW, Sydney. doi.org/10.26190/unsworks/24682

ATOD commissioning investment process

The following information provides stakeholders with key information about the ATOD commissioning invest phase and how to participate in the approach to market.

The invest phase focuses on shaping [investment priorities](#) into opportunities for organisations and seeks to ensure that the ACT ATOD NGO sector is viable and sustainable.

The priorities for the invest phase have been developed to ensure that commissioning will lead to:

- Accurate funding for contracted service delivery
- Availability of service locations and treatment types that meet the needs of the community
- Greater opportunities for innovation by organisations
- Improved service system access and navigation through organisation partnerships, collaboration and coordination
- Reduction of pressure on hospitals and crisis services
- Value for money ACT Government investment

The ACT Government investment in the ATOD NGO sector through commissioning will include four grants with a mixture of open, select and direct approaches. Three grant streams will take place in the current invest phase (2023/24), and the nicotine cessation phonenumber select grant process will be in the 2024/25 financial year (see [Grant Streams section](#)).

The current ATOD commissioning invest phase in 2023/24 will include three grant streams (using a mixture of open and direct grants) and a contract extension for the nicotine cessation phonenumber.

Contracts and funding

A key objective of ATOD commissioning is to provide greater funding certainty for ATOD NGOs. Where appropriate, ACTHD is committing to longer term funding agreements with the NGO sector, recognising the benefits to retention of specialists, service quality, data collection, sector stability, cost pressures and service user confidence that flow from longer contracts. Contract lengths will be a minimum of seven years with the option for extensions of up to three years. This does not apply to the contract extension for Quitline. The form of contract will be released at the opening of the grant application submission period for consideration and comment from stakeholders.

Contracts will be for a 7-year period, with the possibility of extensions of up to 3 additional years.

Longer contracts will also better enable services to be more flexible and responsive to changing community needs. New contracts will be more outcomes focused so that flexibility to meet community needs is embedded in contractual requirements for service delivery and reflected in reporting.

The total funding available for the ACTHD investment in the ATOD non-government sector for this cycle of commissioning is approximately \$17.61 million annually (based on 2023-2024 figures, not including indexation over the life of new contracts). This includes the annual \$14.14 million in existing ATOD NGO

contracts, \$1.724 million additional funding from the 2022-23 budget for methamphetamine treatment, family and carer support, and residential rehabilitation services, and \$1.746 million of anticipated ongoing funding for NGOs supporting the Drug and Alcohol Sentencing List announced in the 2023-24 budget (awaiting confirmation in the 2024-25 Budget process).

Total funding for the ATOD NGO commissioning investment is approximately \$17.61 million annually.

Further expansion of the ATOD sector to address unmet needs will be considered through future budget and commissioning cycles. However, grant applications received through this cycle of commissioning will be considered commercial in confidence and cannot be shared or used to inform future processes without the consent of the relevant organisation.

Invest phase timeline

Existing contracts will be extended to 31 July 2024 to align transition times with the formal grants processes. New arrangements are anticipated to commence on or before 1 August 2024, however timeframes will be continuously reviewed as the process progresses to ensure sufficient time for services to submit proposals and for these to be considered prior to any transition out periods. Changes to anticipated timeframes will be communicated to stakeholders directly and via the [ATOD commissioning webpage](#).

The below timeline applies to three of four grant streams, as the grant process to invest in a nicotine cessation phonenumber will take place in 2024-25 to align with Commonwealth reforms and initiatives.

Milestone	Indicative date
Finalisation of service specifications and outcomes framework (internal)	October 2023
Release of final Strategic Investment Plan	November 2023
Grant application submission period opens (all grant streams not including nicotine cessation phonenumber)	30 January
Investment briefing	February 2024
Assessment of Submissions	March to April 2024
Notification of preferred and non-preferred providers and contract negotiations	April 2024
Commencement of transition-out period for non-preferred respondents	April 2024 (three-month transition-out period commences on date of notification to non-preferred providers)
Negotiations with preferred respondents and award of new grant agreements	April – May 2024
Formal notification to unsuccessful respondents and debriefs (until new grants have been awarded and executed, this cohort is referred to as 'non-preferred respondents')	May 2024

Transition-out period expires	3 months from notification of non-preferred respondents (likely July 2024)
Start date for new grant activity	On or before 1 August 2024

Grant process

Below are the indicative steps for organisations involved in an ACT Government grants process:

1. Grant application submission period (Grant Requirements and Guidelines released) and Industry Briefing
2. Assessment of Grant Responses
3. Notification of preferred and non-Preferred providers
4. Contract drafting and negotiation
5. Contract execution
6. Letter/s of decline and debriefing

Grant approaches

ATOD commissioning investment for this cycle will include two open grants, one direct grant and one future select or open grant for different treatment types. The table below describes how these approaches differ. In all approaches, all organisations will be required to follow a similar process and provide responses to service requirements and evaluation criteria outlined in the grants package/s.

Approach	Description
Direct grant	A government directorate will approach a specific provider for specialist services for which there is not a competitive market.
Select grant	A government directorate will approach a small set of providers for specialist services for which there is not a competitive market.
Open grant	A government directorate will provide a public market opportunity for providers seeking to deliver the specified services.
Variations to existing contracts	Where appropriate or required, existing contracts or funding agreements may be varied (time, funding amount, service scope, reporting requirements).

In developing the investment approach for different ATOD treatment types, the following factors were considered:

- Fairness and impartiality
- Funding thresholds/ investment value
- Need for organisation/s to have specialist knowledge and previous relevant experience
- Number of organisation/s that can supply a particular service (market competition)
- Organisation performance (from previous service provision, community impact, compliance and reporting)
- Risk profile of the investment
- Value for money assessment

The direct, select and open grant approaches enable the ACT Government to choose one or more organisations to supply a service and/or program. Should responses be found unsuccessful, the Territory reserves the right to reissue the grant through alternative approaches.

Grant streams

Grant	Description	Approach
Alcohol Tobacco and Other Drug Non-Government Organisation Treatment Support and Harm Reduction Services	Includes Service Categories*: (a) Information and education (b) Case management and care coordination (c) Psychosocial counselling (d) Day programs (non-residential rehabilitation) (e) Residential rehabilitation (f) Withdrawal management (g) Needle and syringe program/s (h) Sobering up shelters (i) Family and carer support (j) Other	Open grant
Peer support and advocacy service	The peer support and advocacy service must be staffed by people with lived experience of drug use and provide a broad range of supports to people who use drugs, including harm reduction interventions, overdose prevention and management, peer treatment support, and advocacy to promote health and human rights of people who use drugs and/or have a history of drug use.	Direct grant
Early learning and care	Long day places for early learning and care for dependents of people with primary caring responsibilities accessing intensive ATOD treatment services.	Open grant
Nicotine cessation phonenumber	The nicotine cessation phonenumber service must include a confidential phonenumber accessible 24/7 for advice and evidence-based telephone counselling on how to identify and manage triggers to smoke, build motivation and skills to quit smoking, and manage withdrawal symptoms and cravings. This may also include support for cessation of e-cigarette use.	Variation to existing contract in late 2023, followed by open or select grant process in 2024-25 to align with Commonwealth reforms and initiatives.

**Listed categories are inclusive of services aimed to support participants of the Drug and Alcohol Sentencing List (DASL) program*

Responding to grants

There will be a standard response form for all grant applicants to complete. Grant applicants responding to multiple grants will be able to use the same information for multiple grants.

Open, select and direct grants will require the same information from applicants, however, responses to Grant Requirements (i.e., service specifications) will be longer for open grants.

Grant applicants will need to address the following in their response:

- Respondent details
- Mandatory criteria (governance and compliance)
- Confirmation that Performance Requirements will be met
- How the requirements for treatment types will be delivered, including:
 - Service/program characteristics (see Investment priorities section)
 - Targeted/community-led services/programs (see Investment priorities section)
 - Workforce development activities (see Investment priorities section)
 - Service location/s
 - Client eligibility criteria (if applicable)
 - How the service will embed (or embeds) lived experience and consumer consultation into service systems and quality improvement processes
- How the service/program will address intended objectives and outcomes such as:
 - Outcomes listed in [Appendix C](#)
 - How the service or program will respond to community need, both existing and emerging, through increased flexibility and opportunities for innovation
 - How the service will contribute to improvements in coordination and collaboration across the health and community service system to support seamless and holistic care, and transitions between services
 - How the service and/or program will reduce pressure on hospital and crisis services
 - How the service will contribute to improved sector sustainability through closer partnerships and by ensuring the ACT Government better understands service needs
- How the organisation will measure outcomes
- How the service/program to be delivered is informed and underpinned by relevant Territory/national frameworks and strategies, contemporary evidence, and credible best-practice approaches, such as:
 - How the service/program is informed by the ACT Drug Strategy Action Plan 2022-2026 aims and objectives relevant to ATOD treatment, support and harm reduction
 - How the service/program aligns with the National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-2029
 - How the service/program adheres to the National Quality Framework for Drug and Alcohol Treatment Services
- Risks and challenges which may impact the service/program to be delivered and sustainability of the sector
- Relevant experience in delivering the required treatment types and working with any relevant target population groups
- Relevant experience collaborating with government, NGOs (across the health and community sector) and the community

- Details on organisational capacity and resourcing
- Detailed pricing schedule including itemised direct costs and indirect costs in a scalable format (administration costs may include resourcing for reporting on outcomes)

Applications for ATOD NGO funding will be considered for individual merit as well as from sector-level and system-level perspectives. Proposals which include formal and informal collaboration and partnerships between services will also be highly regarded.

Joint applications

When responding to a grant or tender, organisations can nominate to enter into a partnership arrangement with a lead organisation or other alternative arrangements. Joint applications will need to include details of proposed governance arrangements.

Secure Local Jobs Code

The Secure Local Jobs Code was introduced to strengthen ACT Government procurement practices by awarding contracts to businesses that do the right thing by their workers.

It is not mandatory for sector partners participating in commissioning cycles that only involve grants to hold a Secure Local Jobs certificate.

However, sector partners involved in ACT commissioning cycles are encouraged to obtain the Secure Local Jobs Code Certificate so that they are well placed to participate in investment processes. Organisations can include the cost of obtaining the certificate as part of their administration budget.

From 1 February 2022, the Ethical Treatment of Workers Evaluation commenced. It introduces the Fair and Safe Employment Evaluation Criteria to the procurement process and builds on the existing assessment of submissions.

Further information is available on the [Procurement ACT Secure Local Jobs website](#).

Probity

Probity is the evidence of ethical behaviour in a particular process. Probity may be defined as complete and confirmed integrity, uprightness and honesty. Broadly, the following probity principles apply to the procurement process:

- Compliance with the legal and policy framework applying to procurement decisions (including the Procurement Act, Financial Management Act 1996 and Public Sector Management Act 1994 (PSM Act))
- Use of an appropriately competitive procurement process during the Invest phase
- Fairness and impartiality
- Consistency and transparency
- Identification and management of conflicts of interest
- Appropriate security and confidentiality arrangements

Unsolicited proposals

An unsolicited proposal is an approach by a potential supplier which is not requested by ACTHD. Unsolicited proposals include any approach by a person or organisation with an offer or idea outside of any formal approach to the market for the supply of specific goods or services.

During the strategise and design phases of commissioning, ACTHD is not able to accept unsolicited formal proposals from organisations which outline an organisation's specific proposal/plan/desire to provide designed programs or services in the deliver phase. It is important to note however that information collected through engagement activities held in the strategise and design phases is not considered 'unsolicited' and information sharing during these phases is integral to the collaborative commissioning process. Similarly, once the invest phase commences, any unsolicited proposals will not be considered as they contravene the guiding principles of transparency and fairness. Further general information about probity and unsolicited proposals can be found in the [Probity in Procurement Guide](#) and [Guidelines for Unsolicited Proposals](#).

Further information

Information about applying for grants can be found on the [ACT Government Grants webpage](#).

While the ATOD commissioning cycle will be using grants to invest in ATOD NGOs, stakeholders involved in commissioning are still encouraged to register on Tenders ACT as there may be additional funding opportunities through other commissioning cycles.

It is recommended that notification profiles are set up with at least the code for Healthcare Services (85000000) and Organisation and Clubs (94000000). Setting up a personalised notification profile will alert you to the release of procurement documents for relevant commissioning cycles.

Conclusion

The Strategic Investment Plan provides sector partners and key stakeholders with an overview of ACTHD intentions for the invest phase of the ATOD commissioning process. It articulates a mix of methods that will be used to make investment decisions and how these decisions will be made. It demonstrates how engagement of service providers, people with lived and living experience, and other stakeholders through the first phases of the commissioning cycle has informed the invest phase.

It is important for sector partners to remember that commissioning does not end with the invest phase or execution of contracts. The deliver phase extends for the life of the contracts and signals a new approach to partnership for delivery of outcomes between the ACT Government and our funded service providers.

Appendix A – Organisations involved in the ATOD Commissioning Cycle

The following NGOs and ACT Government areas have participated in the ATOD commissioning cycle to date. People with lived and living experience who have participated have not been named for privacy reasons.

Aboriginal and Torres Strait Islander Health Partnerships	Gugan Gulwan
ACT Education Directorate	Health Policy and Strategy
ACT Gambling and Racing Commission	Health Protection Service –Sexually Transmissible Infections and Blood Borne Viruses
Alcohol, Tobacco and Other Drug Association ACT (ATODA)	Hepatitis ACT
Australasian College for Emergency Medicine	Housing Policy - Homelessness Services
Australian Federal Police – ACT Policing, PACER (Police, Ambulance, Clinical, Early, Response)	Justice and Community Safety Directorate – Legislation, Policy and Programs
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	Karralika Programs
Canberra Health Services (CHS) – Alcohol and Other Drugs Services, Mental Health, Justice Health	Mental Health Community Coalition ACT
Canberra Mental Health Forum	Mental Health Coordinator General
Capital Health Network	Mental Health Policy
Carers ACT	Meridian
CatholicCare	Northside Community Services
Chronic Conditions, Primary Care and Workforce	Preventative and Population Health Policy
Clean Slate	Salvation Army
Communities@Work	SMART Recovery Australia
Community Services Contracts and Grants Unit	Social Policy – Family and Inclusion
Directions Health Services	St Vincent De Paul Society’s Hospital
Family and Friends for Drug Law Reform (FFDLR)	Ted Noffs Foundation, Canberra Service
Family Drug Support (FDS)	The Youth Coalition of the ACT
Foundation for Alcohol Research and Education	Toora Women
	Winnunga Nimmityjah Aboriginal Health and Community Services

Appendix B – Supporting documents

The following documents and associated consultations have been used to develop the Strategic Investment Plan and inform ATOD Commissioning priorities for the current cycle:

- ACT Drug Strategy Action Plan 2022-2026
- ACT Government Response to the Counting the Costs: Sustainable funding for the ACT community services sector [Report]
- ACT Health Services Plan 2020-2030
- ACT Wellbeing Framework
- Budget remodelling analysis: Unit costs for alcohol and other drug treatment in the ACT (Mellor & Ritter, 2022)
- Commissioning of Alcohol and Other Drug Treatment and Support Services Commissioning Intentions
- Commissioning of Alcohol, Tobacco and Other Drug Treatment and Support Services Design Phase Listening Report
- Commissioning of Alcohol, Tobacco and Other Drug Treatment and Support Services Health Needs Assessment
- Commissioning Roadmap 2022-2024
- Demand and Service Modelling Project (Mellor & Ritter, 2021)
- Improving communication, coordination and collaboration amongst alcohol and other drug treatment funders [Report]
- Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 Report
- Maintaining and Strengthening Specialist Alcohol and Other Drug Services for the ACT Community Needs Assessment Analysis, 2022-2025 (Alcohol Tobacco & Other Drug Association ACT, 2021)
- National Drug Strategy 2017-2026
- National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-29
- National Quality Framework for Drug and Alcohol Treatment Services
- Parliamentary and Governing Agreement for the 10TH Legislative Assembly Australian Capital Territory
- Submissions to the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021

Appendix C –Service reporting and outcome measures

The sections below outline the proposed core and optional supplementary outcome measures and reporting requirements for ATOD NGOs. Outcomes have been aligned with the ACT Wellbeing Framework. For definitions of wellbeing domains see page 7 of the [ACT Wellbeing Framework](#).

Core service reporting and outcome measures

Below are proposed core reporting requirements and outcome measures that will apply to most organisations depending on their services, programs and/or client groups. Example tools have been provided as examples only and are not exhaustive, no specific tools will be mandated. Service providers should detail in grant applications the tools they anticipate to use for reporting. If applicable, services should consider using validated tools tailored to specific demographics (e.g., young people) and culturally specific tools where available.

	Alignment with wellbeing framework domains	Reporting requirements	Example tools (below are for illustration only, they are not exhaustive or mandated)
Client outcomes			
Reduction in ATOD use	Health – overall health, healthy lifestyle, life expectancy	# and % of people that report reduction in ATOD use (as applicable to treatment goals)	Australian Treatment Outcomes Profile (ATOP) Alcohol and Drug Outcome Measure (ADOM) Substance Use Recovery Evaluator (SURE) Treatment Outcomes Profile (TOP) [UK] AUDIT
Reduction in harmful behaviours related to ATOD use	Health – overall health, healthy lifestyle, life expectancy Safety – feeling safe, victims of crime, domestic and family violence, road safety	# and % of people that report a reduction in risk behaviour related to ATOD use	ATOP ADOM BTOM TOP
Improvements in mental health	Health –mental health	# and % of people that report an improvement in mental health	ATOP World Health Organisation QoL8 (WHO-QoL8) Kessler-10 (K-10) BTOM SURE ADOM

Improvement in physical health	Health – overall health, healthy lifestyle	# and % of people that report an improvement in physical health	ATOP BTOM SURE ADOM TOP
Improvement in quality of life/social functioning	All	# and % of people that report an improvement in overall quality of life # and % of people that report an improvement in family and/or social life	ATOP ADOM SURE BTOM Quality of Life Index (QoLI) WWHO-QoL8 World Health Organisation Quality of Life (WHOQOL-BREF) Assessment of Quality of Life (AQoL) Family Assessment Device – general functioning scale
Client experiences			
Meeting treatment goals	All	# and % of people that report that they achieve their own treatment goals	Outcome Rating Scale (ORS) Queensland Alcohol and Other Drug Treatment and Harm Reduction Outcome Framework Client Survey Questions
Client satisfaction	Governance and Institutions Safety Identity and belonging Accessibility	# and % of people that report they are 'mostly satisfied' and 'highly satisfied' with service # and % of people that affirm they would attend the service again if needed	CSQ-8© Session Rating Scale (SRS) Queensland Alcohol and Other Drug Treatment and Harm Reduction Outcome Framework Client Survey Questions Service User Satisfaction and Outcome Survey questions on Satisfaction
Cultural safety of clients	Safety Identity and belonging Accessibility	# and % of people that report the service was culturally safe and appropriate	Service User Satisfaction and Outcome Survey question on cultural values Queensland Alcohol and Other Drug Treatment and Harm Reduction Outcome Framework Client Survey Questions

Referral and links to services	All	# and % of people that report they were linked up to other services to support them	Service User Satisfaction and Outcome Survey question on referral Queensland Alcohol and Other Drug Treatment and Harm Reduction Outcome Framework Client Survey Questions
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Optional supplementary service reporting and outcome measures

Below are optional supplementary outcomes service providers may wish to report on if they are funded by the ACT Government to provide programs that explicitly address the below indicators.

	Alignment with wellbeing framework	Example reporting requirements	Example measures (below are for illustration only, they are not exhaustive)
Client outcomes			
Contact with the criminal justice system	Safety	# and % of people reporting they have been involved in crime while attending the service	ATOP BTOM ADOM TOP Administrative data
Housing status	Housing and home	# and % of people reporting an improvement in housing status	ATOP ADOM BTOM SURE TOP AODTS-NMDS
Employment/employability	Economy Living Standards	# and % of people reporting improvement in employment status	ATOP ADOM SURE TOP
Education	Education and Lifelong learning	# and % of people reporting improvement in education	ATOP TOP
Food insecurity	Health Living standards	# and % of people that report an improvement in food insecurity and/or	Food Insecurity Experience Scale Single-item (see National Health Survey)

		# and % of clients with moderate or severe food insecurity	
Gambling harm	Health Living standards Social connection Time	# and % of people reporting experience of gambling harm # and % of people that report an improvement in gambling harm # and % of people that report an improvement in problem gambling	Brief Biosocial Gambling Screen (BBGS) Early Intervention Gambling Health Test (EIGHT) Problem Gambling Severity Index (PGSI) The Alfred Screening Tool for Problem Gambling
Opportunity and ability to lead life of personal and community value	All	# and % of people that report an improvement in their ability to participate in society in the way they would like to	Growth and Empowerment Measure (GEM) SURE BTOM