



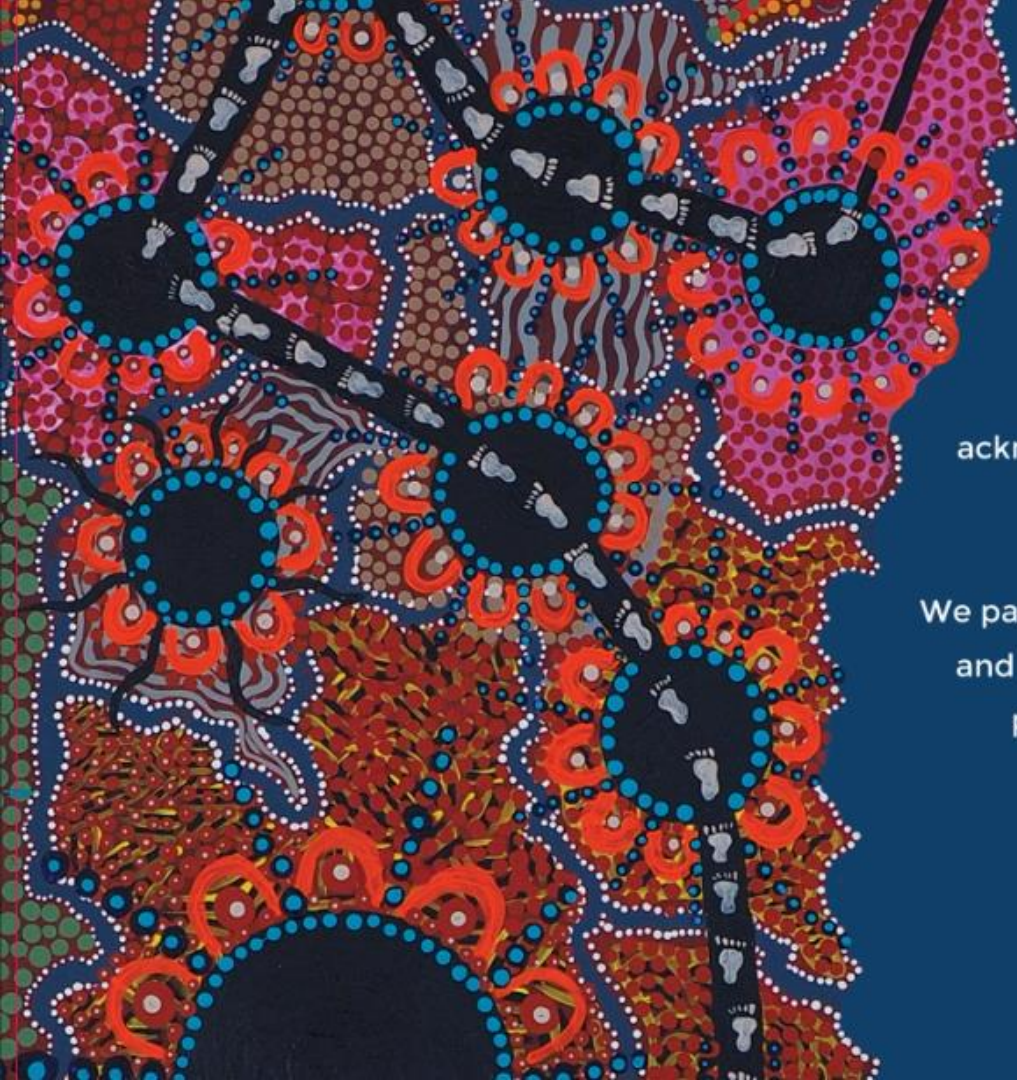
Alcohol and Other Drugs - Innovation Grants Industry Briefing and Q&A

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COORDINARE - South Eastern NSW Primary Health Network

Monday 25 November 2024



COORDINARE - South Eastern NSW PHN
acknowledges the Traditional Owners and Custodians
of the lands across which we live and work.

We pay our respects to Elders past, present and emerging,
and acknowledge Aboriginal and Torres Strait Islander
peoples' continuing connection - both physical
and spiritual - to land, sea and sky.



phn
SOUTH EASTERN NSW

An Australian Government Initiative

Who are we and who do we work with?



- We are one of the 31 Primary Health Network (PHNs) established throughout Australia.
- We work directly with GPs, other primary care providers, secondary care providers, and hospitals to bring improved outcomes for patients.
- We aim to address local health needs, as well as national health priorities, particularly in Aboriginal health, alcohol and other drugs, mental health and suicide prevention, chronic diseases, after-hours services, healthy ageing and end of life care.
- Commissioning is central to COORDINARE's ability to achieve these objectives and address local and national priorities.

COORDINARE – South Eastern NSW Primary Health Network (SENSW PHN)



Population

648,806
total population



21.5%
aged over
65 years



12.3% projected population
growth between 2020-2030



> 33,180 (5.2%)
people identify as Aboriginal and Torres
Strait Islander



Our region is home to 3.4% of Australia's
Aboriginal population, and 9.8% of the total
Aboriginal population in NSW



62,349 (9.7%)
culturally and linguistically diverse people

Top 3
non-
English
speaking
countries of
birth

1. India
2. North Macedonia
3. Italy



10.4%
non-English
speaking at home



Top 3 non-English
languages spoken
at home

1. Macedonian
2. Italian
3. Arabic

Local government areas (LGAs and territories)	Population
1 Wollongong	216,431
2 Shellharbour	78,332
3 Kiama	22,964
4 Shoalhaven	109,611
5 Jervis Bay	311
6 Eurobodalla	40,755
7 Bega Valley	35,988
8 Snowy Monaro	21,823
9 Queanbeyan-Palerang	64,233
10 Cootburn Mulwaree	32,428
11 Yass Valley	17,379
12 Upper Lachlan Shire	8,551

Health and related services



769 GPs
406 practice
nurses



2 Local Health
Districts
(LHDs)



199 general
practices



80 residential
aged care
facilities



22 public hospitals
16 emergency departments
30 community health centres



Local Alcohol and Other Drug Needs



High relapse rates and challenges in identifying and supporting mental health problems



Youth increase in problematic AOD use- complex issues emerging at younger ages



Rising financial vulnerability, unemployment and housing affordability stress



Higher rates of AOD related offences



Higher rates AOD lifestyle risk factors particularly in Southern regions



Higher rates of AOD and homelessness issues in Snowy Monaro, Bega Valley and Wollongong



Unmet AOD needs for priority populations



Service gaps for complex needs including trauma, mental & physical health, poly drug use, homelessness and domestic violence



Transport issues make it harder to access supports in regional and rural areas

Purpose



Support health and wellbeing of people who are experiencing alcohol and other drug concerns:

- enhance service access and inclusion for priority populations
- foster new and innovative initiatives and supports
- improve outcomes for people with AOD issues
- pilot new approaches to address unmet community needs
- potential for future scaling and funding



Background



Priority populations experience

- higher risks of AOD-related harms
- face additional barriers in accessing AOD-related supports and services
- are under-serviced by the AOD service system

Gaps and barriers still exist despite the services on offer in the region

- new approaches to engaging community and support these issues required

Who can apply and target populations



Organisations

- operating within South Eastern NSW region with a strong presence in the community
- operating in the health and/or social service space
- who work closely with priority populations
- include but not limited to charities, NGOs – providing healthcare, health education and health navigation services

Target populations

- experiencing unstable housing or homelessness
- experiencing family and domestic violence
- socioeconomically disadvantaged
- experiencing co-occurring conditions
- First Nations Peoples
- in contact with the criminal justice system
- living in remote or isolated communities
- culturally and linguistically diverse
- LGBTQIA+ community

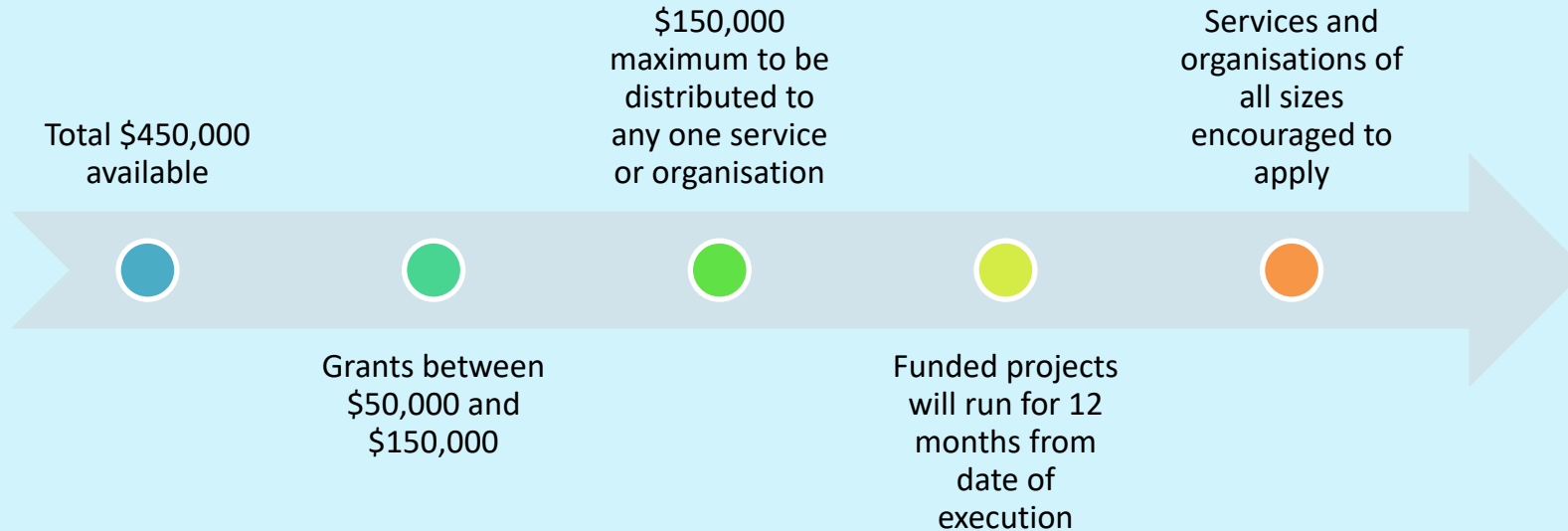
Scope of Funding



Health and wellbeing supports that could include but are not limited to new initiatives that:

- ❖ reduce gaps/barriers and engage with underserved priority groups
- ❖ aim to address social attitudes, stigma and discrimination toward AOD
- ❖ engage with other services, GPs and primary health providers in new ways
- ❖ are person centered, trauma informed and aim to build on an individual's ability and skills to manage their AOD concerns
- ❖ new approaches to AOD early intervention
- ❖ increase capacity or volume of the AOD workforce in our region to address the needs of people with AOD concerns, their carers and families
- ❖ provide information, education and referrals and enhance harm reduction
- ❖ AOD workforce initiatives that support lived and living experience of AOD use
- ❖ address co-occurring needs such as mental health and AOD

Available Funding



RFP responses



- Complete all sections for the Grant Application Template (Attachment 1).
- Complete the budget template to indicate the grant value being applied for, and proposed expenditure.
- Required responses are outlined in the Grant Application Template, which also include a weighting for each section of the response.
- An Assessment Panel will consider each submission.
- Word limits apply to your responses and are outlined in the Guidelines.
- Applicants should **not** wait until the nominated closing time to lodge their response(s), to avoid potential difficulties lodging their response with the commissioning mailbox.

Proposals must be lodged **before 5pm 13 December 2024** through COORDINARE's Commissioning Mailbox: commissioning@coodinare.org.au

Evaluation Criteria



Innovation Initiative Overview 45%

- Priority population supported
- How it will address unmet needs
- Team to support this
- Where it will operate
- Activity timelines



Engagement & Participation of Priority Communities 25%

- Organisational experience with priority groups
- Co-design experience and/or plan
- Outcome definition & measurement
- Consumer empowerment



Evaluation & Sustainability 20%

- Impact evaluation
- Consumer feedback process
- Sustainability beyond funding
- Long term impact & scalability



Budget & Risk 10%

- Budget template
- Risk identification and mitigation plan

Timelines



Milestone	Date
Request for proposals (RFP) released	19 November 2024
Information session (webinar) <i>THIS SESSION</i>	25 November
Last day for questions about the RFP (via Commissioning Mailbox)	29 November 2024
Last day for COORDINARE to respond to questions	3 December 2024
Last day for proposals to be received – late applications will not be accepted	5pm 13 December 2024
Evaluation and negotiations	January 2025
Inform successful providers and finalise contracts	January 2025
Contracts commences	February 2025

QUESTIONS?