



NADA Submission to:

Review of NSW Health non government drug and alcohol funding

January 2010

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government drug and alcohol sector in NSW.

NADA's goal is to support non government drug and alcohol agencies in NSW to reduce the alcohol and drug related harm to individuals, families and the community.

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INTRODUCTION

This submission to NSW Health provides funding model considerations and indicates essential components for future funding of the NSW non government sector in the delivery of drug and alcohol services. Due to inadequacies in current data collection that cannot fully inform a funding model and the limited expertise of NADA in health economics and economic modelling, the focus on this paper is on key issues that need to be addressed in a review of drug and alcohol funding to the non government sector (beyond simply how the funds are distributed) such as increasing cost drivers and planning considerations for non government service delivery, inadequate and unequal funding relationships between the government and non government sectors and the need for improved service delivery partnerships across the drug and alcohol sector.

BACKGROUND

In 2009, NSW Health Mental Health and Drug and Alcohol Office (MHDAO) engaged HealthConsult to lead a review of non government drug and alcohol funding. The purpose of the review was to identify funding options for residential, non residential and health promotion and prevention service delivery, as well as identify future relationships between government and non government drug and alcohol services.

Following consultation with the NSW non government drug and alcohol sector, HealthConsult submitted a Funding Options Discussion Paper (September 2009) and convened a stakeholder forum on the 22nd October 2009. Both the discussion paper and the stakeholder forum raised major concerns by the sector about the intent of the review, the funding options proposed and important issues not addressed in the discussion paper. These concerns were expressed at the stakeholder forum, at the review's Steering Committee and in individual communication with MHDAO staff.

Subsequent discussions between MHDAO and NADA led to the suggestion that NADA submit a 'preferred funding model' as a way to move forward and to identify future funding options.

It is to be noted that NADA has undertaken this task as representatives of the non government drug and alcohol sector in NSW. As such, NADA draws on its own and its membership's experience in service delivery cost drivers, governance, policy analysis and development and relationships with funding bodies in the development of this paper. This paper is informed by members' views, needs and practice experience and expertise, particularly through meetings of NADA's treatment and health promotion subcommittees, as well as evidence of good practice.

SUMMARY OF CONCERNS RELATING TO THE FUNDING OPTIONS DISCUSSION PAPER

In reviewing the HealthConsult Funding Options Discussion Paper, stakeholders and the non government drug and alcohol sector believe several fundamental issues need to be addressed before a shift to a particular model or mix of models for non government drug and alcohol funding in NSW occurs.

These fundamental issues may be summarised as:

1. *Mapping of current services being provided by non government drug and alcohol organisations*

At present, an accurate and sufficiently detailed picture of the range of services provided across the non government drug and alcohol sector (both treatment and health promotion) does not exist. This limits both NSW Health and the sector's ability to undertake detailed planning required for a funding review as it is difficult to identify emerging needs and service delivery gaps.

2. *Service and client diversity across the non government drug and alcohol sector needs to be considered in the review of funding*

Many non government organisations (NGOs) have evolved to meet a specific community need such as working with culturally and linguistically diverse communities, Aboriginal communities, young people or women experiencing drug and alcohol issues who have children. Additionally, most NGOs provide a range of services that makes distinct and/or unique classification of the work of an organisation as residential rehabilitation, counselling or day programs and health promotion programs problematic. Recognition of service and client diversity (and service quality) was not well articulated in the Funding Options Paper developed by HealthConsult and needs to be considered, maintained and fostered in a review of non government sector funding.

3. *Measurement of non government organisations' contribution against common agreed outcomes measures*

Performance measures for drug and alcohol NGOs vary considerably and are often inconsistent for an organisation holding multiple funding and performance agreements. Consultation and negotiation with the sector on a core set of consistent performance and outcome measures that relate back to higher level documents such as the Drug and Alcohol Services Plan and the NSW State Health Plan would improve funding relationships, minimise duplication and reduce compliance burden.

4. *Articulation of the non government sectors' role in the delivery of drug and alcohol services*

Non government drug and alcohol services play a unique and valuable role in the delivery of drug and alcohol services in NSW, in many instances, offering an alternative to clients who may not access mainstream government services or have support needs

that can't be met by government drug health services. Non government services in NSW provide virtually all residential rehabilitation service and have the capacity and community connections to provide a range of health promotion and harm reduction services that may be politically sensitive, at a cost significantly less than what it would cost for government to run the same services. The role of the non government sector in the delivery of drug and alcohol services should be better articulated to contribute to better planning including funding and service development and expansion.

5. *Articulation by NSW Health of what is to be funded in the above context*

If the role of the non government drug and alcohol sector is clarified by NSW Health, the next step would be to clarify how, and to what extent, the identified role/s would be funded. NADA and the sector believe that the current funding program which has little scope for growth limits service innovation and the sector's capacity to meet new and emerging community needs.

Additionally, there is agreement that the use of the NSW Minimum Data Set (MDS) as a data set to inform the development of a funding model is flawed. This is because the MDS was never designed or intended to be used for the purpose of funding benchmarks, funding models or reporting on all service activity, and because the MDS broadly measures open and closed episodes of treatment which does not capture the full range of treatment activities and captures little, if any information regarding treatment or service level outcomes. The MDS does not capture any information about health promotion activities or programs provided by treatment or specialist health promotion organisations.

Non government representatives on the review's Steering Committee have raised the issue of using MDS data in this context throughout the Steering Committee's meetings and this was noted but ignored.

A number of other issues relating to HealthConsult's Funding Options Discussion Paper that were raised by NADA members at the stakeholder forum are contained in the HealthConsult Summary of Stakeholder Views report. This NADA paper will not reproduce those issues, rather refers the reader to the report for details.

FUNDING MODEL CONSIDERATIONS

In developing future models for funding of drug and alcohol service delivery by the non government drug and alcohol sector, there are several critical factors that need to be considered both by government and the sector.

FUNDING AND STRUCTURAL ISSUES

The grant funding of drug and alcohol service delivery through the non government sector in NSW is a patchwork of historical, program specific and one-off or ad-hoc funding. Funding

streams from NSW Health include 'historical' or 'core' triennial grants dating back to the 1980's and approved by the Minister for Health; Drug Summit grants since 2001; Illicit Drug Diversion Initiative (IDDI) grants and one-off or ad-hoc grants from either the department or from Area Health Services.

Many drug and alcohol non government organisations (NGOs) also receive grants directly from the Commonwealth Department of Health and Ageing under the NGO Treatment Grant Program and/or or one-off grants for specific drug and alcohol service delivery activities. Additionally, grant funding for drug and alcohol and related service delivery may be provided by other government departments and other granting organisations. Finally, most organisations develop a self generated income through private donations, fundraising and client contribution.

The income sources listed above contribute to an organisation's annual operational budget and are generally managed as a global budget for the provision of services to clients. The proportion of an organisation's budget from government grants and self-generated income streams varies considerably across the sector with many organisations managing a number of grants from different sources as well as fundraising and/or sponsorship.

There is variance in the model of funding (grant contributions) for the non government drug and alcohol sector in NSW. The historical or 'core' funding through NSW Health is unplanned, non unit or specification costed, and characterised as an "all encompassing grant contribution." Overlaid on this are specific purpose or program funding, based on estimates of full cost of service delivery and fixed price unit costs (e.g. residential rehabilitation beds funded under the Drug Summit or MERIT). This funding is provided by multiple government and other funding agencies and managed through multiple contracts and funding and performance agreements.

NSW Health needs to be cognisant of the manner in which different grants and funding sources contribute to a holistic model of service delivery within non government drug and alcohol services as well as to global budgeting and robust governance mechanisms that include infrastructure, human resources, service development and quality improvement.

It should be noted that there is even less specificity in the funding for education, prevention and health promotion activities in the NGO drug and alcohol grant program. NADA has done some preliminary work on planning and cost modelling for drug and alcohol health promotion/prevention service run by NGOs (see Appendix).

COST DRIVERS

Over the last decade, either through additional requirements written into funding agreements or where there has been an increase in funding streams, NGOs have come to bear the costs of additional compliance requirements and industrial cost pressures. These cost drivers include:

- Formal quality improvement and accreditation
- Substantial increases in contract and funding agreement performance reporting
- Compulsory data management and reporting
- Industrial Award increases

- Substantial increases in transportation costs
- Increases in market rental and infrastructure maintenance costs
- Service provision for clients with more complex and difficult needs
- Media and marketing costs
- Human resources and workforce development costs

The funding arrangements described previously have not sufficiently addressed the ‘cost creep’ of these operational cost pressures. The result has been a steady reallocation of resources from direct client service delivery to ‘back office’ administrative, compliance monitoring and managing functions. This is readily demonstrated in the organisational structures of middle and larger sized drug and alcohol NGOs.

NGO SUSTAINABILITY

NADA believes that the key consideration and overall goal of a review of funding of drug and alcohol service delivery by the non government sector should be the *sustainability* of the non government drug and alcohol program.

NSW Health’s expectations of value for money, performance, client outcomes and accountability can be best met by focusing on models of funding that address the core issue of organisational sustainability. This focus will take into account the infrastructure, human resources and operational cost drivers that enable an appropriate service delivery infrastructure to exist for effective program and service delivery.

NADA strongly argues that the current funding levels in the NGO Grant Program, including the recently added Drug Summit and Illicit Drug Diversion Initiative are inadequate to meet the sustainability requirement we advocate above. All of the funding reform and the planned funding model this submission recommends will not be realised unless the overall quantum of funds contributed by NSW Health is appropriately increased.

PROGRAM PLANNING

Good planning mechanisms are essential to developing a drug and alcohol service system that meets the needs of clients, consumers and the broader community. Effective service system planning will ensure that NGOs are better able to understand and articulate to NSW Health their program goals, and conversely that NSW Health understands the needs and priorities of the community and how the NGO sector can help deliver the drug health services they need.

NADA rejects the assumption that the NSW Health NGO drug and alcohol grant program can be economically modelled with the least cost modelled part of it ‘re-costed’ and subsequently tendered out before a comprehensive planning review of the role and contribution of the non government drug and alcohol sector is conducted.

NADA argues that planning, in partnership with the NGO sector, will provide a number of advantages in terms of the overall planning for the NSW drug and alcohol services system. Key issues to be addressed include:

- Coordinating services to ensure better client and consumer pathways
- Targeting specific resources towards emerging and priority issues
- Preventing duplication of services
- Preparing for increases in client demand
- Greater involvement by local communities in determining the type and mix of services
- Improving data collection systems to support local planning and decision making.

NADA believes that given the above, and given the state of maturity of the non government drug and alcohol sector, the discussion of the model of funding for NGOs needs to be developed in a wider context than a simple funding mechanism or model. This NADA submission proposes principles and prerequisite elements to form the foundation of a renewed funding relationship between NSW Health and the non government drug and alcohol sector.

CONTRACTUAL RELATIONSHIPS

In developing any future contractual relationships between NSW Health and non government drug and alcohol organisations, some fundamentals to be included are detailed below. These fundamental principles have been informed by the recommendations of research paper on contractual relationships between the government and not for profit sector developed by the Public Interest Advocacy Centre, and the Whitlam Institute and Social Justice Social Change Research Centre at the University of Western Sydney.¹

1. All parties, the NGO, Area Health Service and NSW Health, enter into the redevelopment of funding contracts in good faith. That is, the process provides for input from all parties and a genuine opportunity to negotiate on the terms of the proposed contract. There should also be an explicit recognition that the parties are contracting in joint service endeavour primarily for the benefit of the clients and the community.
2. The relationship between the contracting parties is one of trust, where the process of due diligence in the development of the contract builds confidence and a mutuality of expectations. Communication and reporting relationships can then proceed on the basis that each party has the capacity to perform.
3. The relationship between government and NGOs is collaborative and supportive, with processes that promote knowledge sharing and strengthen understanding between the parties. The contract process offers opportunities for constructive interaction between the relevant staff of the funding body and the NGO.

¹ Public Interest Advocacy Centre, The Whitlam Institute and the University of Western Sydney (2009). A Question of Balance: Principles, contracts and the government-not-for profit relationship. Available from: http://www.piac.asn.au/publications/pubs/sub2009074_20090731.html (Accessed 16 December 2009)

4. Contracts are clearly written, readily understood and characterised by:
 - Clearly stated purpose and articulation of shared goals, including the type of contractual relationship
 - Articulation of the expectations and obligations of both parties
 - Minimisation of jargon and overly technical language and the provision of explanatory notes where appropriate
 - Transparency in the link between contractual requirements and the purpose/deliverables of the contract
 - Clear and agreed reasons for the gathering of information and reporting.
5. The requirements in the contract are guided by the principle of proportionality where information/data gathering and reporting requirements are proportional for the need and intended uses of the data. Further, the operational requirements and related costs should be consistent with the level of funding being allocated and also reflect the true level of risk for the NGO.
6. The terms of the contract are reasonable and establish meaningful outcomes. Goals, targets and accountability of public funds are based on the returns for public monies and address performance on the basis of reasonableness. There is recognition of the outcomes that are mutually regarded by both parties in the contract.
7. In operating the contract, there are appropriate decision making delegations whereby discretion is applied in determining how the agreed outcomes might be best achieved, with minimal prescription in the manner and the method for delivering the contracted service. The contracts are also administered in a timely manner.
8. Contracts are based on full and fair costing. NADA argues for a process for jointly determining and agreeing on costs that reflect the reasonable full cost of providing the service and costing the intended quality of the service. There should be a provision for variables, such as changes in CPI that flow on to operational costs. Weightings for special population groups and/or geographical location are also factored in.
9. Finally, the contract allows that risk exists, cannot be eliminated and will be shared between the parties. There is a provision for risk minimisation and measures for monitoring and compliance that are proportional to the level and scale of the identified risk. Cost structures also recognise the importance of both proper maintenance of infrastructure and systems of quality services in limiting risk.

ESSENTIAL COMPONENTS OF FUTURE FUNDING MODELS

The above mentioned principles of contractual relationship combined with essential components of funding model detailed below should be used to inform any future funding model and the

required relationship that supports enactment of the funding model. The components detailed below are informed by recommendations made by the Productivity Commission in their draft research report on the contribution of the not-for-profit sector.²

Essential components of future funding models:

1. Model of engagement

NSW Health should choose the model of engagement with the currently funded drug and alcohol NGOs that best suits the characteristics and circumstances of the services they are delivering on behalf of government. There should be no automatic presumption that the purchaser-provider model is always the most appropriate. Other options are detailed in point 5 below.

2. Full funding or contribution to costs

NSW Health should determine and clearly articulate whether they are fully funding particular service delivery activities undertaken by an NGO or whether they are making a contribution towards the associated costs and the extent of that contribution. Associated costs include infrastructure, human resources (with realistic salaries and on-costs), administration, compliance and reporting, quality systems, and evaluation. Reporting and performance accountability requirements should be reflective of whether services are being fully funded by NSW Health (and costed appropriately) or whether NSW Health is providing a contribution towards the costs of service delivery.

3. Full funding for services government would usually provide

NADA strongly supports the recommendation in the recent Productivity Commission's Draft Research Paper on the Contribution of the Not-For-Profit sector, that Australian Governments should fully fund those services and activities that government would otherwise have to provide directly. Examples existing in the NSW drug and alcohol sector include residential rehabilitation, peer education and other health promotion activities.

4. Cost of policy, compliance and reporting changes

Any changes to government policy, including compliance and reporting requirements that create a financial or other resource cost to the service provider, should be financially supported by NSW Health. This may include changes to the Incorporated Associations Act, formal accreditation requirements or other legislative changes.

5. Extended and short term funding arrangements

Given that many drug and alcohol NGOs funded by NSW Health have funding arrangements that have been in place for a number of years to provide direct services, and growing and developing those services in line with new State and Commonwealth cost shared and direct departmental funding, NADA believes that NSW Health should enter into a mix of extended life and short term collaborative funding relationships.

² Australian Government Productivity Commission (2009). Contribution of the Not-For-Profit Sector: Draft Research Report, Canberra.

Extended life collaborative funding and performance agreements should involve an iterative process that will:

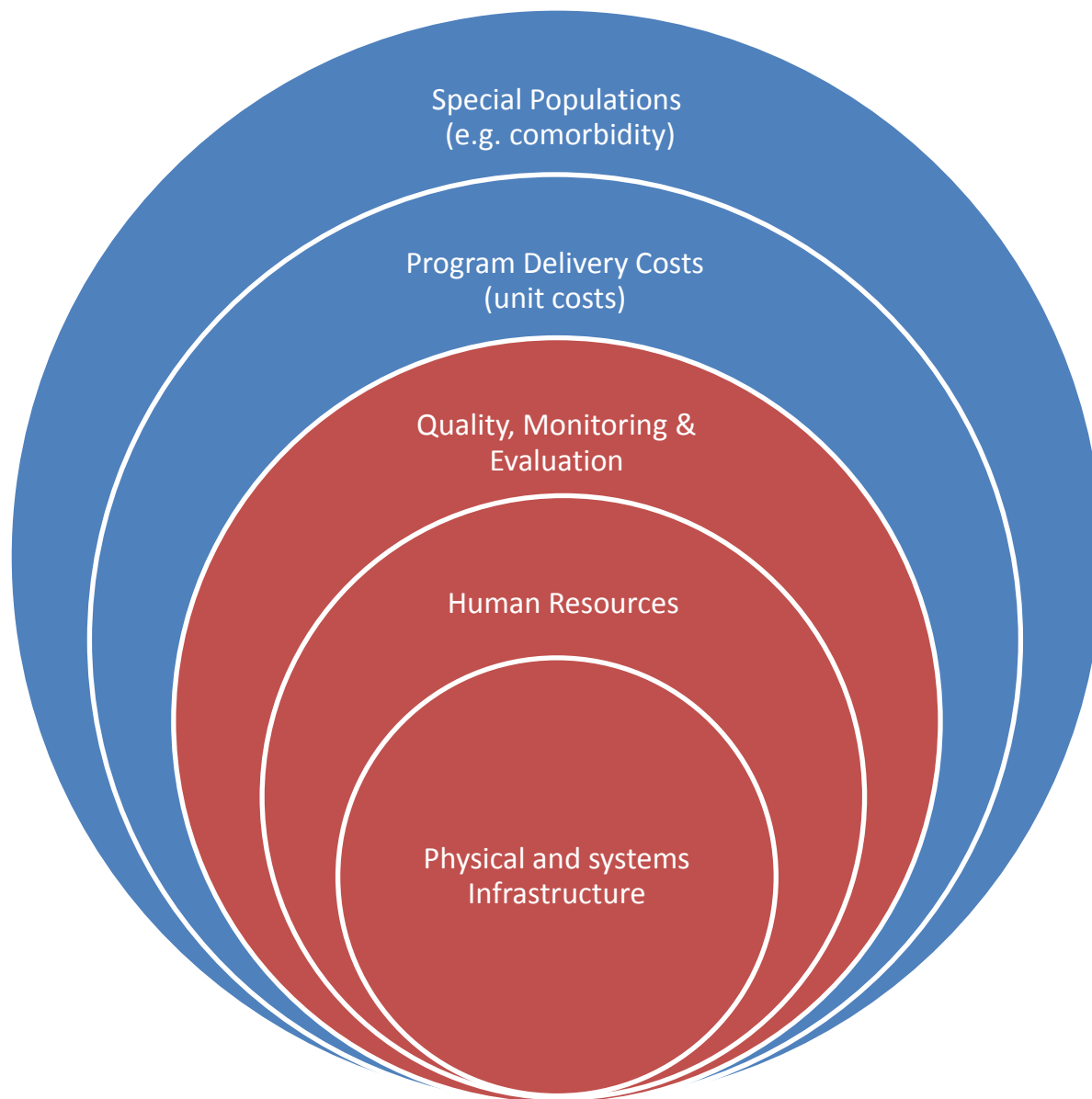
- Involve all the parties in the design of the grant program and embed and fund an agreed evaluation process to inform ongoing program design and funding agreement modifications
- Regularly review and revise the service delivery approaches based on evaluations, changing demands and environmental/policy conditions
- Provide long term or 'rolling' funding with capacity to adjust funding in light of the modifications.



Short term collaborative funding relationships will be more suited to 'seeding' the development of new and innovative services to address newly emerging problems.

As recommended in the Productivity Commission report, the length of funding and performance agreements should reflect the time period required to achieve agreed service outcomes rather than standard contract periods.

NADA RECOMENDED DRUG AND ALCOHOL NGO FUNDING MODEL

The proposed funding model includes **Core** funding program requirements for all services with **Adjustments** for funding program requirements negotiated for specific services. This model will ensure a mix between sustainable financing and incentive-based funding.



-  - **Adjustments to Program Funding Requirements**
-  - **Core Program Funding Requirements**

Core Program Funding Requirements for all Drug and Alcohol NGO Services include:

- Service Infrastructure (accommodation, transport, information technology etc)
- Human Resources (management, administration, service delivery)
- Quality, Monitoring and Evaluation (accountability and compliance)

Adjustments to Program Funding Requirements for specific services to be negotiated for:

- Program Delivery Costs
- Specific Populations (or access issues)

It is recommended that funding allocations for NGO drug and alcohol service delivery be:

- Population-based and in response to target population need
- Linked to outcomes and quality
- Negotiated on the basis of planned need specific to individual clinical, community and population based need.

RECOMMENDATIONS

NADA makes the following recommendations based on the key issues and considerations detailed in the body of this submission.

1. NADA recommends that the current Review of Alcohol and Other Drug Non-Government Agencies Funded by the Mental Health and Drug and Alcohol Office (MHDAO) be 'folded up' into the NSW Health NGO Program Review currently under consideration by the Primary Health and Community Partnerships Branch. This review considers many issues detailed in this submission with recommendations for reviewing the NSW Health NGO Program funding framework, streamlining NGO administration and management processes and developing a service evaluation framework.
2. NADA recommends that MHDAO undertakes a comprehensive mapping of current services provided by NGO drug and alcohol organisations in NSW and a further exercise of identifying and measuring the outcomes of these services against the current NSW Health Drug and Alcohol Services Plan. Preliminary work on defining NGO drug and alcohol service or program types and defining service, consumer and activity level outcome indicators has been started by InforMH as part of the NGO Information Strategy.
3. NADA recommends that MHDAO consider the NGO sector's role in the delivery of drug and alcohol services in the context of the Inter-Governmental Committee on Drugs funded Cost Shared Funding Model Project. It is crucial that the clear articulation of the contribution of the NGO sector is identified in the context of a population based model for drug and alcohol service planning.

4. Additionally, it has come to the attention of NADA that the Victorian Alcohol and Drug Association (VAADA) has engaged KPMG to undertake an economic study into the funding of the Victorian drug and alcohol sector. This study is highly relevant to the current NSW review of drug and alcohol funding and should be considered by NSW Health in the context of this review process.
5. With respect to the above recommendations, NADA asks that there is no further action to shift the current funding model until recommendations 1, 2, 3 and 4 are undertaken.

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APPENDIX: NADA SUBMISSION TO NSW HEALTH REVIEW OF NON GOVERNMENT DRUG AND ALCOHOL FUNDING

Costing Information: Health Promotion/Prevention Services

Principles

Health promotion/prevention may be defined as any activity that reduces the risk of an individual experiencing hazardous and harmful drug and alcohol use or reduces the actual levels of drug related harm experienced by individuals, families or communities.

Health promotion/prevention includes initiatives to support individuals, families and communities to acquire the knowledge, attitudes, and skills to adopt healthy behaviours and lifestyles. Health promotion/prevention involves a diverse range of programs and activities aimed at all people and communities affected by drug and alcohol use by:

- Preventing and/or delaying of initiation into drug and alcohol use
- Reducing the harm associated with drug and alcohol use

Traditional models of prevention classified activities as primary (preventing problems starting), secondary (preventing existing and emerging problems becoming worse) or tertiary (treating entrenched problems). Contemporary models describe prevention in relation to the level of risk of harm and the type of intervention: universal/population level (targeting those with an average level of risk), targeted/selective (targeting people with a raised level of risk) or indicated (targeting those experiencing harm). Recent research suggests that while universal interventions may be more appropriate for licit drugs, more targeted interventions at key developmental stages may have a greater potential for impacting on other drug use and associated risk behaviours.

Health promotion/prevention activities target all levels on the continuum of care, including:

- 'Well' people, to deter the development of health compromising behaviours
- Groups at higher risk of developing harmful behaviours, such as young people. These are usually population, community or group based
- Those experiencing low level harm from drug use, through detecting problems early and intervening. This includes individual or group early screening and brief interventions, and
- People already experiencing substantial harm from their drug use, usually in a clinical setting on an individual basis.

The available literature and evidence identifies a body of core characteristics for effective drug and alcohol health promotion/prevention including:

- Incorporating the full range of activities identified through the Ottawa Charter (healthy public policy, development of supportive environments, community action, personal skill development, and reorientation of health services to include prevention)
- Addressing the multitude of social, cultural, environmental and individual factors that impact on drug use
- Addressing essential elements of the notion of cross cultural security
- Ensuring active collaboration with a range of stakeholders
- Maximising linkages across programs
- Ensuring consistency with state and national drug policy and programs
- Targeting multiple risk and protective factors, and
- Targeting the many types of drug use, acknowledging the similarities and differences when variously addressing licit and illicit drug use

In essence, effective health promotion/prevention programs need to be comprehensive, evidence based and targeted to local need. A mixture of statewide and community action is required to address the multifaceted nature of harmful drug and alcohol use.

NSW Health has outlined a number of principles for health promotion/prevention services through the NSW Health Drug and Alcohol Plan 2006-2010, including:

- Be evidence-informed and incorporate research and evaluation
- Add to the evidence base through pilot or demonstration projects that are evaluated to test their suitability for wider adoption across the system
- Be developed and delivered in partnership with other health specialties
- Be available across Area Health Services
- Be tailored in response to identified need within the community, and
- Be assessed on the bases of indicators established as relevant to persons or groups of identified need within the community

The NSW Health Drug and Alcohol Plan 2006-2010, *A Plan for the NSW Health Drug and Alcohol Program* outlines prevention as a priority action area. The Plan aims to provide a policy framework for NSW Health Drug and Alcohol Services and Programs in New South Wales. Measures and outcomes of the plan include well-integrated prevention initiatives involving the public, private and non-government sectors.

The NSW Health Drug and Alcohol Plan 2006-2010 also aims to set directions based on high standards and the best scientific evidence to treat drug and alcohol related problems. Measures and outcomes of the plan include research that advances the national and international knowledge base on prevention approaches, and a clear and transparent resource allocation model for the provision of prevention activities.

NGO Health Promotion/Prevention Service Delivery

The non-government sector plays an important role in the provision of health promotion/prevention service delivery, and is ideally placed to respond directly to the community. The majority of health promotion/prevention services utilise a community development approach.

The NGO Health Promotion/Prevention sector is highly diverse, and meets the needs of specific population groups, for example, young people, gay, lesbian, bisexual, transgender (GLBT) communities, and those from cultural and linguistically diverse (CALD) backgrounds.

The majority of NGO Health Promotion/Prevention services receive multiple funding streams to provide programs from various funding bodies, including NSW Health, Australian Department of Health and Ageing, and the Alcohol Education and Rehabilitation (AER) Foundation. Funding is often project-based and short term resulting in complex administrative and reporting arrangements.

In 2005 NADA surveyed its membership regarding prevention activities undertaken in the sector in the past two years. It showed that about one quarter of the agencies (n=33) that responded to the survey spent 75 to 100% of their workload on prevention activity.

The most commonly undertaken prevention activity reported was health promotion projects (64%), followed by peer education and community development activities (48.5%). Almost half the respondents also nominated school education as being undertaken in the last two years.

With respect to target groups, the largest target group for prevention activity was alcohol consumption (64%), followed by young people and licit drug users (54.5% respectively). Interestingly, more agencies have had targeted prevention activities for licit drug users and families than for injecting drug users.

In terms of the main barriers reported to undertaking prevention work, it was lack of funds (28% of responses), lack of staff/lack of expertise (19% of responses) and lack of resources (10.5% of responses).

Service Delivery Outcomes (Illustrated by Case Studies)

Following are three examples of programs that have been conducted by non government services.

ACON's Rover Program

ACON's Rover Project trains community volunteers to prevent, recognise and respond to drug-related emergencies at GLBT community events in Sydney and Lismore.

Community members, party promoters, security and medical staff see the Rovers as a necessary component of GLBT parties. The Rovers play a crucial role by assisting people affected by drugs or alcohol and providing essential health items such as water, sunscreen, band aids and ear plugs.

Community appreciation for the Rovers is often shown by letters to the GLBT press and personal emails of thanks from those who have been assisted to access medical care in emergencies (eg. overdoses).

ACON Rovers' achievements in 2008/2009

- The Rovers attended 10 major parties and interacted with over 2000 partygoers;
- Rovers helped 250 partygoers to get medical assistance in an emergency;
- 177 volunteer Rovers provided over 550 hours of service ; and
- 5 training sessions were run, increasing the volunteer pool by 79 people, to total 180 Rovers.

Manly Drug Education & Counselling Centre's (MDECC) Parents Prepared

MDECC's Parents Prepared program provides parents with up-to-date information about both licit and illicit drug use, mental health, and tips and strategies for maintaining/achieving good communication with adolescents. In total, parents receive approximately 15 hours of training. They are encouraged to act as peer educators, and spread the knowledge they gain from Parents Prepared throughout their community.

Evaluation of Parents Prepared suggests that the program can increase participants':

- Knowledge of alcohol and other drug issues, and harm reduction strategies;
- Sense of competence and confidence in discussing alcohol and other drug issues;
- Knowledge of techniques for communicating with adolescents;
- Understanding of adolescence and issues that can arise between parents and teenagers; and
- Awareness of opportunities to network with other parents in local communities.

MDECC have found that each parent group (approximately 15 parents) passes on information to around 400 to 600 people.

DAMEC's (Drug and Alcohol Multicultural Education Centre) African Companions Project

The African Companions project was a community education and capacity-building project to prevent the harm which can be caused by alcohol and other drugs. Its emphasis was on increasing knowledge in African refugee communities about alcohol and other drugs, and enhancing access to treatment services.

DAMEC identified active members of African refugee communities in Western Sydney, discussing with them the need to engage in drug & alcohol prevention work. We invited them to attend training to better equip them to address drug and alcohol issues in their communities. Training was run in various locations, and 42 participants completed the 18-hour program, graduating as "African Companions". Other activities included events to promote the African Companions, promotional materials and three short radio plays about alcohol and drugs in 7 African languages all developed in collaboration.

Independent evaluation showed that the training program increased participants' knowledge and confidence about dealing with alcohol and other drug issues. Training also had an effect in cultivating a non-judgmental attitude towards people who use alcohol and other drugs. Following training, the African Companions were active in their communities. Their logsheets showed that initial contacts tended to be with family and immediate friends on the topics of tobacco and alcohol. Later contacts branched out to more distant acquaintances, and involved some instances of concern with illicit drug use and with complex cases involving mental health issues and the criminal justice system.

Recommendations

NADA recommends that:

- An up to date register of NGO Health Promotion/Prevention service providers be developed and maintained
- A standardised data collection system is developed in regards to health promotion/prevention service delivery
- Funding allocations to health promotion/prevention services are adequate to deliver quality services
- Funding and Performance Agreements for health promotion/prevention services are at least triennial
- That a funding model include both core funding requirements and adjustments for program delivery and specific populations.

Program Funding Model – Health Promotion/Prevention Services

According to the Australian Government Preventative Health Taskforce (2008), “The recent history of public health in Australia shows that preventative efforts have been most effective when effective supports have been put in place. Supports include:

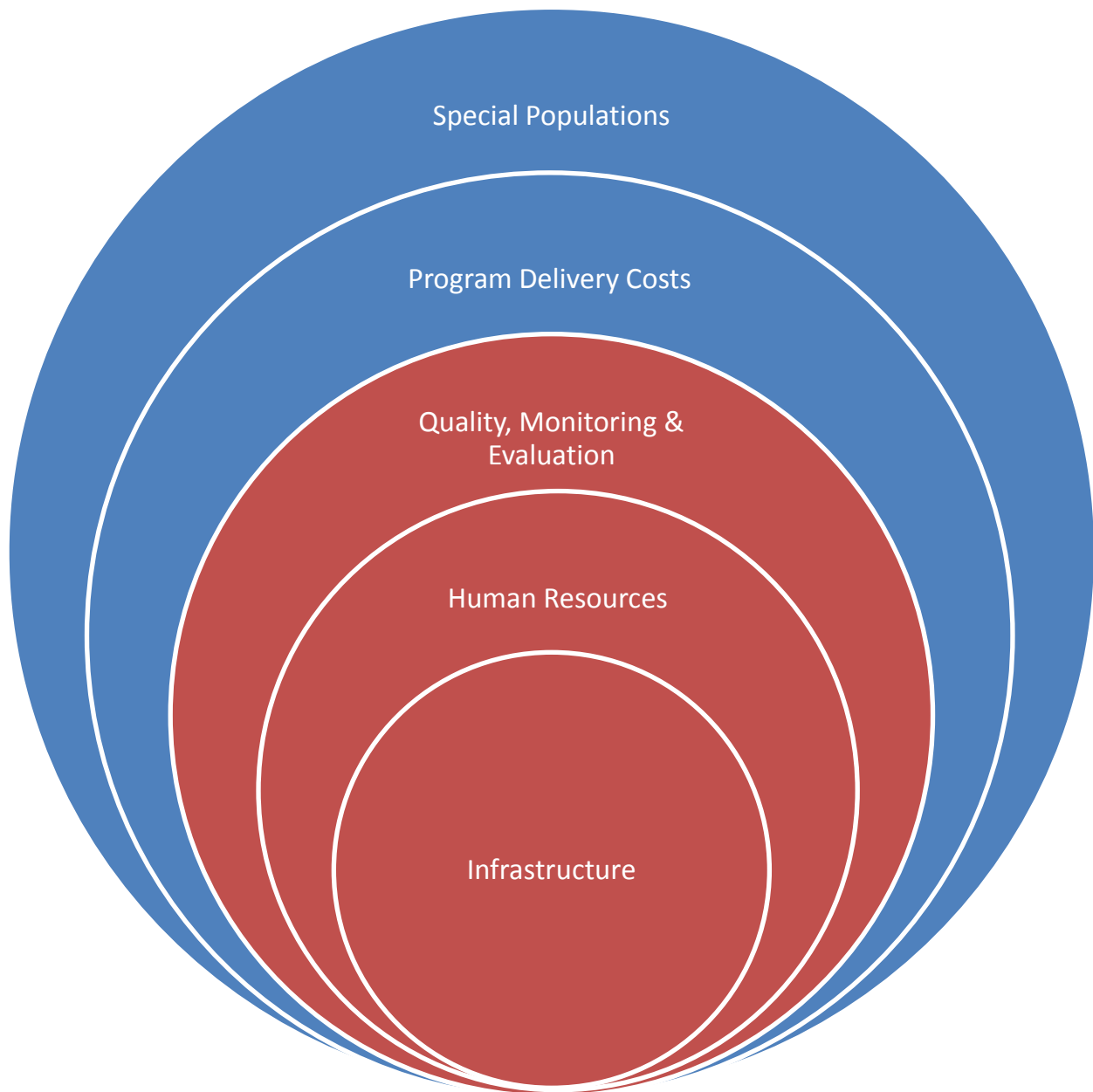
- Leadership and coordination
- Research to build the evidence base
- Capability in surveillance, program evaluation, social marketing, legislation and regulation, and community mobilisation
- Targeted and sustained intervention strategies
- Sustainable financing and incentive-based funding
- An appropriately skilled workforce
- Integrated evidence, policy and practice
- Partnerships and collaboration
- Community engagement

Inadequately funded or single, short-term and ad hoc projects and programs are unlikely to succeed and may be counter-productive, as they give rise to an argument that ‘prevention doesn’t work’, when in fact real and sustained prevention has not been tried.”

”Sustainable and cost-effective funding models are vital to support a comprehensive and integrated approach to prevention. This approach includes adequate funding for research infrastructure, program design and delivery, workforce planning and resourcing, social marketing, surveillance and monitoring and evaluation” (National Preventative Health Taskforce, 2008).

NADA CORE PROGRAM FUNDING MODEL – Health Promotion/Prevention Services

The proposed funding model includes **Core** funding program requirements for all services with **Adjustments** for funding program requirements negotiated for specific services. This model will ensure a mix between sustainable financing and incentive-based funding.



- **Core Program Funding Requirements**
- **Adjustments to Program Funding Requirements**

Core Program Funding Requirements for all Health Promotion/Prevention Services include:

- Service Infrastructure (accommodation, transport, information technology etc)
- Human Resources (management, administration, service delivery)
- Quality, Monitoring and Evaluation (accountability and compliance)

Adjustments to Program Funding Requirements for specific services to be negotiated for:

- Program Delivery Costs
- Specific Populations (or access issues)

It is recommended that funding allocations for NGO Health Promotion/Prevention service delivery be:

- Population-based
- In response to community need
- Linked to outcomes and quality

References (for Appendix)

Drug and Alcohol Plan 2006-2010, A Plan for the NSW Health Drug and Alcohol Program, NSW Department of Health, 2007

National Preventative Health Taskforce, Australia: The Healthiest Country by 2020, A discussion paper prepared by the National Preventative Health Taskforce, Commonwealth of Australia 2008

Putting People First: The WA Drug Strategy, Model for Drug and Alcohol Prevention and Early Intervention Programs and Services, Drug and Alcohol Office, August 2002

The Prevention of Substance Use, Risk and Harm in Australia, A Review of the Evidence, Ministerial Council on Drug Strategy, Australian Department of Health and Ageing, January 2004