NADA
network of alcohol & other drugs agencies

Healthy Partners

Implementing a connected and sustainable system to reduce alcohol and drug related harms in NSW

JANUARY 2015

SUMMARY

The NSW Government has a policy position that advances considerable reform in the provision of drug and alcohol services in New South Wales. Reform however has been slow in implementation and opportunities to create business certainty and service engagement have been foregone.

The non government sector supports the governments' policy objectives and wishes to assist by taking on responsibility for progressing the reform, to oversee progress on initiatives and to progress a solid methodology for implementation. This paper provides such a platform.

NADA maintains that progress in reforming service delivery requires a clearly planned policy and purpose, a method of modelling service need, a transparent procurement framework, viable pricing models, performance measurement and reporting, workforce planning and effective oversight.

There is no reason why the Non Government Organisations (NGOs) cannot offer a broader range of service offerings, including those traditionally offered by the public sector. A treatment services plan that indicates this policy shift and a model for achieving it would be welcomed. The emphasis should be on treatments that reintegrate individuals back into society and therapeutic programs that build strong community supports and long term behaviour change.

NGO providers can provide more efficient service delivery structures using a broader range of employee skill sets and can provide adjunct services using appropriate Commonwealth funding arrangements. Furthermore they have a closer connection with their local communities and can leverage government funding for additional community support in a way that government services cannot.

NADA argues that funding to public providers should be opened up to scrutiny on a case by case basis, to ensure that the opportunities for service change are embraced. Further, there should be public reporting on the distribution of funds across the health program. This reporting should be able to identify where funds were allocated and for which activity. NADA also recommends an increase to the budget for service provision in NSW that matches the sectors understanding of population need modelling.

NADA and its members are concerned by the business uncertainty created by the current procurement arrangements, impacting on business efficiency, the capacity to attract investment, and the general psychological welfare of staff and clients. In order to prevent the erosion of business advantages enjoyed by NGO providers, NADA members propose contract arrangements that provide for business certainty similar to public health entities.

Important elements that have been excluded in NGO pricing models are costs associated with capital investment in infrastructure, the costs associated with the business support functions and importantly the provision of working capital which allow service providers to utilise their long term expertise to invest in service enhancements and innovation. The government should develop a pricing structure that provides for sustainable service and leverages the expertise of service providers.

The NGO sector supports the values of the NSW Health system. The proposals contained within this paper support:

Collaboration between the NGO sector and government in delivering the services the people of NSW need in the most efficient and effective method possible within the principles of shared responsibility.

Openness in procurement through a competitive process followed by transparent review criteria.

Respect for clients through a focus on funding the delivery of services to them and not just the creation of service empires.

Empowerment of clients through a focus on programs that reintegrate individuals back into society and therapeutic programs that build strong community supports and long term behaviour change.

This paper provides advice to Government on nine key areas:

- policy and purpose
- population need
- procurement
- pricing
- performance measurement
- workforce planning
- oversight and reporting
- outsourcing
- role of NADA

The NGO sector embraces the Governments' reform agenda. In fact, it is willing to lead that agenda on behalf of government. We simply ask that government, give that responsibility to the NGO sector and let the sector deliver the services that the people of NSW need.

POLICY AND PURPOSE

It may seem self evident that any resourcing of service provision needs to be underpinned by a policy framework that describes the intended objectives to be achieved by the funded program. While this may seem obvious, NSW currently does not have such a policy framework.

NSW is particularly in need of a treatment services plan that articulates the intended policy objectives associated with the distribution of funding. This is relevant not just to services traditionally provided by NGO service providers but also for services provided by other sectors. NSW had such a plan up until the end of 2010.

The NGO sector supports strategies and expenditure that underpin demand reduction approaches. These include, preventing and delaying uptake of drug use, reducing use in the community, supporting attempts to cease use and promoting the building of social inclusion and resilience. There is no reason however why the NGO sector cannot offer a broader range of service offerings, including those traditionally offered by the public sector. A treatment services plan that indicates this policy shift and a model for achieving it would be welcomed.

First and foremost, the total quantum of funding expended by government on tackling drug and alcohol misuse should be determined by reference to the need within the population. Modelling of population prevalence and the effectiveness of service approaches are widely available and should be used to determine overall budget.

Secondly, there is a strong emphasis within existing funding arrangements on hospital based services and on services for substitution treatment. These are important services that contribute to the overall objectives of government policy but there is an under emphasis on treatments that reintegrate individuals back into society and that provide for therapeutic programs that build strong community supports and long term behaviour change.

NADA believes that funding to public providers should be opened up to scrutiny on a case by case basis, to ensure that the opportunities for service change are embraced. Further, there should be public reporting on the distribution of funds across the health program. This reporting should be able to identify where funds were allocated and for which activity. In an activity based funding environment it should also identify the quantum of activity provided. NADA would be pleased to take responsibility for preparing such a report on behalf of government.

For specific recommendations on ***Policy and Purpose*** *see* ***Page 8-9***

POPULATION NEED

The initial start point for the calculation of necessary funding for a given area of health policy is population need. This historically however has not been a determining factor in calculations of treasury disbursements for substance misuse treatment in any jurisdiction in Australia. This makes for reactive funding policy and means that available funding is less than estimated need by a considerable amount. It also means that capacity does not exist in service delivery when there are surges in demand for treatment based on changed drug market factors.

NADA members have participated in the development of the National Drug and Alcohol Clinical Care & Prevention (DA-CCP) modelling tool commissioned by the now defunct Ministerial Council on Drug Strategy, a Council Of Australian Governments (COAG) sub-committee. The work associated in modelling community need is now completed and being considered by governments. NADA would encourage the Standing Council on Health to endorse the work and begin the process of effective planning. New Zealand and New South Wales have such a model for mental health services and it is a central tool in policy and service planning.

Conservative estimates using DA-CCP population need modelling, modified by expected demand, and applying estimates of actual cost, indicate a deficit in current budget terms, across the entire program, of approximately $40 million per annum. Existing waiting lists for services such a residential rehabilitation, aftercare and opioid substitution further indicate this deficit.

NADA recognises that such a significant deficit cannot be met in the short term, financially and also in terms of workforce and infrastructure planning, however, government is in a position to commit to long term planning to address the deficit and deal with the need across the community. There are clear economic and social benefits to doing so, not the least of which is the impact on the supply network.

NADA seeks a government commitment to a cumulative $5 million per annum investment over the term of the next NSW government. This will go a significant way to addressing the shortfall. This increase is well within the annual funding increase provided to NSW Health from Treasury. It would be no more than a commitment from government to ensuring that the drug and alcohol program receives a proportionate amount of health growth funding, a position which would be supported by the whole drug and alcohol program.

It is clear that reform is needed to purchasing arrangements. Additional funding will provide not just the utility outlined above, but will draw commitment to the reform process and to achieving transparent funding structures for government.

For specific recommendations on ***Population Need*** *see* ***Page 8-9***

PROCUREMENT FRAMEWORK

The NGO sector is very concerned about the current procurement arrangements. The government has expressed an intention to put the current funding pool out to open tender, predicated on an open tender creating value for money and being an effective way to test the market for service provision. The sector is not opposed to open competition per se. In fact the sector has participated in open competitive processes for more than a decade. However, the current situation where the competitive process has been deferred and substituted with single year funding is creating significant uncertainty.

The acuteness of the current circumstance is a reflection of continual implementation inertia, but also exemplifies a fundamental problem with the value for money argument used to justify repeat open competition. Each time a service is advised that current funding is subject to an open competitive process, government loses return on existing investment as a result. Services withhold expenditure on staff and reduce client intake, staff are diverted from clinical activity to submission writing and investment going towards direct client care is lost.

Business certainty is crucial to good client care. Further to this, the pool of specialist drug and alcohol, NGO services in NSW is limited and geographically dispersed. As such, opportunities for market based efficiencies are limited, as with any mature, competitively tested market, and are not able to be traded off against the business inefficiency created through the process.

The Productivity Commission in its report on the NGO sector indicated that there should be no presumption that open tendering is the best option for the purchase of service provision particularly when service purchasing is not genuinely contestable. They went on to recommend that where genuine contestability was an issue, that governments should engage in long term joint ventures that build improvement and innovation through continuing evaluation and are predicated on the certainty of rolling funding. The NSW Health Minister's Grants Management Improvement Program (GMIP) taskforce in their report in March 2013 supported the intentions of the Productivity Commission.

It is NADA's view that the best value for government in partnering with the specialist NGO drug and alcohol sector is to engage in a long term joint venture with the sector, built around establishing stable services with skilled staff and clear purchasing arrangements. This can be done by initial competitive selection and then through accreditation of the selected providers to operate specialist services. These services then are provided with five year contracts that are funded an establishment cost and a purchased amount of annual activity that can be adjusted dependent on the state of the drug market.

For specific recommendations on ***Procurement*** *see* ***Page 8-9***

PRICING STRUCTURE

Traditional pricing structures for the purchase of services have been based on either a 'contribution' approach, a capacity purchasing approach or an activity approach. It is important that the government feel confident about the return on investment on the services they purchase. NADA is confident in the quality, effectiveness and efficiency of the specialist service providers that make up its membership. In order to do that government should be able to measure the services delivered and the cost of those services. NADA believes that an activity purchasing approach is the most effective method for achieving this.

Activity pricing is consistent with the purchasing of service delivery in Local Health Districts (LHD's) and in the purchasing of services in a number of Commonwealth programs. It makes the capacity to transfer service provision from an LHD, or to take on Commonwealth funded programs, far simpler. Indeed should the Commonwealth outsource NGO sector health programs to the states to run, then a state based activity model would allow for easy accounting of services purchased back to the Commonwealth.

Pricing can be structured to include all components of the service delivered or it can be structured to reflect only the treatment costs and omit the business support costs. Activity Based Funding (ABF) for public health services incorporates all the elements that contribute to the cost of a service. For each service type in the taxonomy (page 10) an appropriate pricing structure should be developed to reflect the anticipated cost of providing that service.

NGO's can drive efficiencies in all parts of the drug and alcohol program if they are funded in a way that the efficiency of their service provision can be directly compared with the service provision of public sector agencies. It also makes the purchasing of services directly transferable between sectors.

In order to do this effectively in the long run, a commitment needs to be made for a partnership between the government and the sector to undertake a costing study for service provision and to develop an appropriate model within five years. This model should apply the same methodology as currently applied in ABF cost models which identifies appropriate loadings for indigenous service provision, rural and remote service provision and specialist women and children's services.

As interim measures, the residential rehabilitation bed day rate should be increased to $200 per day and a 20% loading be applied to the bed day rate for special populations such as Indigenous people, women with children or opioid substitution stabilisation or reduction. Further, the tier 2 clinic, drug and alcohol specialist rate be applied to outclient pricing for specialist drug and alcohol NGO's.

For specific recommendations on ***Pricing*** *see* ***Page 8-9***

PERFORMANCE MEASUREMENT

Performance measurement and the collation of data that demonstrates the benefits of expenditure is a central component of good policy planning. The first issue in determining an appropriate approach to performance measurement is the construction of performance indicators that reflect the policy intent of government and are collectable without imposing an undue burden on services. This requires good technical construction and access to information technology infrastructure.

The performance indicators selected need to measure the organisational efficiency of deploying resources, the clinical quality of the service provided and the effectiveness of delivering the key outcomes that government seek to achieve. The specific indicators selected for the drug and alcohol program need to be consistent with the performance framework that operates across the rest of the NSW Health system. These indictors also need to assist in reconciling budgets and activity targets against actual performance. NADA has constructed a set of performance indicators for the NGO sector that are achievable to implement within the current service infrastructure. NADA would recommend the implementation of these indicators as NADA has already tested their viability across the sector.

Additionally these performance indicators should be collated across the program and reported annually alongside budget allocations. This would provide the community with visibility to the impacts of the governments expenditure and the value of the mix of service types that receive funding. NADA would be well placed to collate that data on behalf of government and prepare such a report. This proposal was submitted to the government in 2014 however it has not yet progressed.

NADA would also be an appropriate organisation to collect data from the NGO sector to meet the accountabilities of reporting for activity based funding. NADA can collect the relevant performance data from all services and provide quarterly advice to the NSW Ministry of Health (the Ministry) on compliance with activity targets set in contracts. This significantly reduces the impact on the Ministry of collecting performance data from individual services.

For recommendations on ***Performance Measurement*** *see* ***Page 8-9***

WORKFORCE MODELLING

An effective investment in drug and alcohol interventions and service delivery is reliant on a workforce, with appropriate skills being already available or in development. Funding to the sector is often reactive and based on immediate responses to community concern and not proactively planned over the medium term.

NADA has outlined a planning model that allows government to anticipate the need for service delivery in advance, and that allows government to predict the distribution of service delivery types and intensities based on the population prevalence. This allows predicted activity purchasing for each element of NADA's service type taxonomy, aligned with forward projections on prevalence and population growth.

Importantly this also allows for planning for future needs with regard to the workforce to provide the necessary services. The number of each qualification type that is required can be planned and the necessary number of places allocated into the education system. This can be done in a quantifiable way.

A workforce plan should be developed that identifies the required workforce five years in advance of future funding disbursements. This provides a sufficient time period to train the necessary staff. NADA is best placed to develop such a plan, with relevant targets for the purposes of government consideration on how to ensure the relevant training places are available.

For specific recommendations on ***Workforce Modelling*** *see* ***Page 8-9***

OVERSIGHT AND REPORTING

The proposals contained within this paper contain significant reforms to the way services are funded and measured. However few, if any, of these proposals are inconsistent with the current stated government policy of providing the services that people need (see Page 8-9). NADA and the majority of the Health funded peak organisations believe government has been let down by a failure of implementation from within its bureaucracy and associated support structures, rather than by a failure of policy.

It is proposed that the government take on the positions contained in this paper as its policy for its next term. In order to ensure implementation, the government should establish a time limited independent oversight panel that reports to government on progress with each initiative. NADA would seek to be a member of such a panel. Other members should include interested and skilled community members and those experienced with the operations of government. This panel can ensure that advice to government on impediments to progress are not impacted by any other conflicting pressures which may cause seepage from the governments policy agenda.

For specific recommendations on ***Oversight and Reporting*** *see* ***Page 8-9***

OUTSOURCING

It has been a stated government policy objective to outsource some areas of service provision currently provided by public health services to NGO service providers. There are many benefits for government and the community in achieving this objective including greater output for each dollar invested, service delivery more closely aligned to community expectations and the capacity to leverage investment via access to philanthropic funds or complimentary Commonwealth Government funding streams.

Despite these benefits and a stated policy intention, the machinery of government has struggled to implement this objective. Drug and alcohol treatment service delivery is an identified area for outsourcing, however to date no completed transfer or outsourcing arrangements have been achieved.

NADA believes that if an outsourcing agenda is to be progressed system wide then it must not be driven by LHDs through local proposals but rather driven through the Ministry, supported by oversight from those with the capacity to identify change opportunities. NADA proposes that the Minister direct the Director-General of the Ministry to establish a process by which outsourcing opportunities can be identified and progressed centrally.

NADA proposes that a panel be established by the Ministry that comprises a relevant Ministry representative, a representative from NADA, and an independent third party with appropriate understanding of the drug and alcohol service delivery domain. This panel then receives from each local health district and specialty health network receiving drug and alcohol funding, a clinical activity plan. The clinical activity plan should draw on the LHD's, or specialty networks', service level agreement and indicate how the drug and alcohol budget has been distributed by activity.

The panel then can use this information to identify opportunities where the NGO sector can offer a better alternative for government in providing that service. The panel can also seek additional advice and information from Chief Executive's as necessary. Where opportunities are identified, the panel can recommend to the Minister an outsourcing arrangement that can then be progressed via a centralised competitive process, or by simply purchasing additional activity from an already approved NGO provider. There is no further requirement for the LHD to implement the purchasing arrangement.

It is disappointing that such a process of detailed oversight is considered necessary to achieve change, however NADA believes the current decision making polemic within NSW Health is inadvertently designed to resist change. NADA believes that the specialist expertise resident in its staff and constituency would be invaluable to government in progressing its very sensible policy intention.

For specific recommendations on ***Outsourcing*** *see* ***Page 8-9***

FUTURE ROLE FOR NADA

NADA has historically provided a focal point for strategic direction for the sector, and an avenue for sector wide, and individual, service development.

These roles have been fulfilled effectively and have provided long term value to the community as a whole. Nonetheless there are opportunities to take further advantage of NADA's unique reach into the sector and the credibility and value of its brand across all segments of the service provision market.

There is considerable scope for NADA to provide a policy advisory role to government and even to develop long term strategy documents for the program as a whole. This would allow the Ministry to focus on its core responsibilities and ensure that policy is driven from the service delivery level up. This allows the government to take advantage of advice placed as close as possible to the client, which is, again, a stated NSW Government policy objective.

In this paper recommendations have been made regarding NADA's capacity to undertake workforce planning, performance monitoring and public reporting roles for the Drug and Alcohol Program. These roles come with significant community credibility and benefit the government by providing objective advice on complex policy issues. There have been benefits to public reporting through independent entities such as the Bureau of Crime Statistics and Research and through the Bureau of Health Information, and the government can further gain by using NADA to reassure the community on its progress with sector reform.

NADA is a useful resource for government that can provide outsourcing opportunities for existing Ministry functions, and thus reduce the overall burden of public sector industrial liabilities. This model has worked in Victoria and would provide similar benefits for NSW.

The time for reform is now and NADA is pleased to support the government in its reform objectives. The NGO sector is ready and willing to accept the responsibility of driving that reform, and strongly encourage the government to hand the responsibility across to the sector to deliver on their behalf.

ABOUT THE NETWORK OF ALCOHOL AND OTHER DRUGS AGENCIES

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

NADA represents over 100 organisational members that provide a broad range of services including alcohol and drug health promotion, early intervention, treatment, and after-care programs. These community based organisations operate throughout NSW. They comprise both large and small services that are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery.

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

NADA provides a range of programs and services that focus on sector representation and advocacy, workforce development, information management and data collection, governance and management support plus a range of capacity development initiatives.

NADA is governed by a Board of Directors elected from the NADA membership, and is primarily funded by the NSW Ministry of Health.

Further information about NADA, its programs and services is available on the NADA website at www.nada.org.au.

Specific NADA Recommendations and Relationship to Existing Government Policy

NADA Position	Explicitly Consistent	Implicitly Consistent	Not Known	Inconsistent
A treatment services plan be developed in collaboration with NADA.			?	
This treatment services plan to identify the quantum of total program funding based on the population needs in the community.			?	
The treatment plan to identify methods to expand access to non-hospital based treatments and for services that build skills for an individuals reintegration with society.	✓			
No presumption to be made in the treatment services plan as to which sector provides a given treatment.		✓		
The plan to recognise that outsourcing of public sector services to the NGO sector confers a benefit on the community and on the government.	✓			
The treatment services plan to make accommodation for transparent public reporting of funding allocations.		✓		
The plan to recognise that business certainty for service providers is an important contributor to the quality and reliability of clinical outcomes.		✓		
The plan to recognise that pricing structures for service purchasing should be premised on normal business principles and allow for capital development and reinvestment in treatment service innovation.			?	
The overall budget for the Drug and Alcohol Program be determined on an evidence basis reflecting the population prevalence and treatment need.			?	
The government acknowledge that current service capacity and associated funded activity is less than the evidence suggests is the population need.				✘
The government develop a long term strategy to address the gap between population need and current funded activity.				✘
Additional funding should be provided in manageable increments that allow services to expand capacity and activity with a workforce of appropriate skills and to develop the necessary capital and IT infrastructure to provide effective services.			?	
The government agree to increase the Drug and Alcohol Program budget by $5.0 million each year throughout the next term of government, creating a $20 million recurrent increase by 2019.			?	
The government utilise the NADA taxonomy (page 12) of service types for the purpose of balancing the distribution of additional activity by service type.		✓		
The government prioritise this expenditure to programs in the taxonomy that address reintegration with society and facilitate movement along the pathway of care towards exit from ongoing treatment.	✓			
The government recognises NADA members as specialist health service providers with particular expertise in treating substance misuse problems.		✓		
Effectiveness and efficiency should be the basis of procurement decisions and not history.	✓			
Government engages drug and alcohol service providers in five year rolling contracts, with specified activity and objectives to be delivered to build long- term business certainty.	✓			
Accredited contract holders at first instance are selected via an open tender process, clearly specifying the services to be purchased.	✓			
Twelve months prior to the end of a five-year contract period an evaluation panel is commissioned to undertake a review against pre agreed criteria to determine renewal.		✓		
Services are notified six months prior to the end of the contract period if the contract is to be renewed for a further five years.		✓		
There should be a presumption of renewal, rebuttable on the grounds of maladministration, predominant failure to deliver services as agreed, failure to maintain accreditation or general breach of contract provisions.		✓		

NADA Position	Explicitly Consistent	Implicitly Consistent	Not Known	Inconsistent
Contracts should purchase services on an activity basis, consistent with purchasing in local health districts, with a price that reflects all components involved in service delivery.	✓			
NADA should have an advisory role in the development of service specifications for the tender process and in the development of criteria to be met to by successful tenderers to be placed on a select provider panel.		✓		
A seed fund providing small trial grants to start up organisations should be established to allow for new models of care and new entrants a pathway to the market.		✓		
The government commit to the development and implementation of an Activity Based Funding (ABF) regime for the drug and alcohol sector that is comparable to national activity regimes.		✓		
The pricing structure incorporate the total cost of service provision including corporate and administrative overheads.	✓			
The NADA taxonomy of service types be used for the purpose of classification and each service type priced on an existing parallel approach in the ABF infrastructure.		✓		
Pricing structures be determined by use of comparable care types.	✓			
A costing study be undertaken, co-sponsored by NADA which identifies appropriate price structures for residential rehabilitation care types.		✓		
The general residential rehabilitation bed day rate be increased to $200 per day, which is still a 70% discount to the mental health non acute rehabilitation bed day rate.			?	
A 20% loading be applied to the bed day rate for special populations such as indigenous people, women with children or opioid substitution stabilisation or reduction.		✓		
The tier 2 clinic, drug and alcohol specialist rate be applied to outclient pricing for specialist drug and alcohol NGO's.		✓		
The NDIA reasonable price model be applied to pricing of welfare support services.		✓		
The government put in place KPI's for the sector that measure efficiency in implementation of resources, effectiveness of service delivery and quality of services.	✓			
The government utilise the KPI's that NADA has negotiated with the sector for the measurement of performance.			?	
The government contract NADA to collate performance data across the program for quarterly submission to the Ministry.			?	
The government contract NADA to produce an annual performance report for the Drug and Alcohol Program.		✓		
NADA be commissioned to develop a workforce plan with quantifiable workforce targets mapped to future planned activity to be purchased.		✓		
NADA to work with government to develop responses to future workforce needs that are identified in the workforce plan.		✓		
The government accept this paper as its policy position for the next term of government.			?	
The government establish an oversight panel, of which NADA is a member, to report on progress against these reform proposals.		✓		
The Minister direct the Director-General of the Ministry to establish a review panel to assess change opportunities in LHD clinical activity plans.		✓		
The panel comprise a Ministry representative, a NADA representative and an independent, suitably experienced, third party.		✓		
Each LHD and specialty network be required to submit a drug and alcohol clinical activity plan that details drug and alcohol activity in the service level agreements and the allocated budget to support it. These plans should indicate the expected movement of patients along the continuum of care.	✓			
The panel be empowered to make recommendations to the Minister on outsourcing arrangements in the interests of government and the community.		✓		
These outsourcing arrangements, once approved by the Minister, be progressed through the Ministry either through competitive tender or by purchasing additional activity from already approved providers.	✓			

Appendix 1: NADA Taxonomy of Service Types

The taxonomy below reflects the range of services provided across the Drug and Alcohol Program and not just those provided by the non government or public sectors. The service types are defined on two continuums. The first is the level of client complexity and thus the required intensity of treatment. The second is defined by the readiness for change of a given participant, with a view to moving participants along the continuum from contemplation of change to action.

The drug user market is not homogenous. It requires multiple products targeted at different participant cohorts in order to achieve the maximal effect for the community. It is as likely that one single service paradigm will suffice for the drug market, as it would be that making a single type of drink would be the most profitable strategy for Coca-Cola.

Level and Intensity	Service Types	ABF classification parallel
Harm Reduction – Low Intensity	Needle and Syringe Program	Block
	Brief Intervention - Information and Education	Block
Health Promotion and Harm Prevention - Medium Intensity	Health Promotion – Information and Education	Block
	Community Development	Block
Treatment – High Intensity	Case Management	Non admitted care
	Psychosocial Counselling	Non admitted care
	Withdrawal Management	Sub acute care
	Rehabilitation Day Program	Sub acute care
	Residential Rehabilitation	Sub acute care
	Opioid Treatment Program	Non admitted care
Specialist Treatment Programs – same types as treatment but targeted at specific groups – High Intensity	Family Programs	As per treatment classifications
	Women's and Children Programs	
	Indigenous Programs	
	Pharmacotherapy Stabilisation, Prison Release or Reduction Programs	
Extended and Continuing Care – Medium Intensity	Case Management	Non admitted care
	Psychosocial Counselling	Non admitted care
	Supported Living and Transitional Housing Programs	NDIS unit costs

The NSW Non Government Alcohol and Other Drugs Sector

CONTINUUM OF CARE SERVICES PROVIDED BY THE SECTOR

- Needle and syringe programs

- Health promotion / harm reduction
- Brief interventions
- Case management

- Withdrawal management
- Psychosocial counselling
- Residential rehabilitation
- Structured day programs
- Methadone to abstinence or stabilisation
- Supported and transitional housing

- Extended and continuing care

SECTOR RESPONSES - SPECIALIST PROGRAMS ARE AVAILABLE FOR:

- women, women with children, young people, men and families, CALD, LGBTI

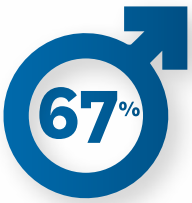
- Aboriginal and/or Torres Strait Islander people (**65%** of organisations, including five Aboriginal Community Controlled specialist services)
- clients with mild to moderate mental health issues (**75%** of organisations, with **40%** capable of responding to severe and persistent mental health issues
- clients with criminal justice system contact (**62%** of organisations)
- clients with gambling issues (over **50%** of organisations)

- clients with nicotine dependence (87% of organisations)

NSW PEOPLE ACCESSING TREATMENT

9,600

episodes of care provided to the NSW public from the sector in 2012/13



of people accessing treatment are male

concerned about their own drug use **96%**

63% are aged between 19 – 39 years

are non-Indigenous **80%**

A significant proportion of all treatment episodes are for alcohol use (**37%**), then amphetamines (including methamphetamine) (**22%**) and then cannabis (**18%**) as second and third highest principle drugs of concern. Alcohol also features among the top most identified "other drug of concern" along with nicotine, cannabis and amphetamines.

A DIVERSE AND SKILLED WORKFORCE

1,000

people (approximately) work in the sector

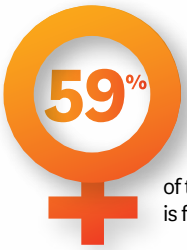
report high work satisfaction

7.7 years

Average length of time working in the sector

Average age 44.8

- Specific alcohol and other drug qualification **57%**
- Hold a university qualification (any type) **48%**



of the workforce is female

QUALITY SERVICES

The sector is engaged in formal quality improvement programs.

of organisations are members of a quality improvement certifying body, with

75%

of these having already attained formal accreditation.

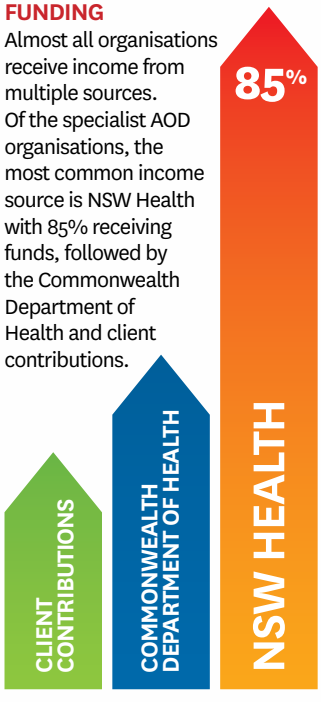
CLIENT OUTCOME MEASUREMENT DATA COLLECTION

95%

of organisations report the use of validated clinical screening and assessment tools used to assess clients and measure outcomes in the areas of drug and alcohol use, psychological health, general health and social functioning and blood borne virus exposure risk.

FUNDING

Almost all organisations receive income from multiple sources. Of the specialist AOD organisations, the most common income source is NSW Health with 85% receiving funds, followed by the Commonwealth Department of Health and client contributions.



Reducing alcohol and drug related harms to individuals, families and communities for more than 40 years

NSW has a diverse, strong and effective non government alcohol and other drugs (AOD) sector and is a key partner in responding to the health and welfare needs of those affected by alcohol and drugs, particularly those experiencing marginalisation and complex social issues. Approximately 60 specialist non government AOD organisations operate in NSW, whose sole or primary focus is alcohol and other drugs prevention, and/or treatment. A similar number of organisations provide AOD service delivery as part of a broader health and/or social welfare service.

REFERENCE: *Network of Alcohol and other Drugs Agencies (2014). Responding to alcohol and drug related harms in NSW: Mapping the NSW Non Government Alcohol and other Drugs Sector. NADA, NSW Australia*

NADA

network of alcohol & other drugs agencies