

AOD NGO Service Specification Guideline

Funded activity descriptions and
requirements

Updated May 2024



Revision history

Version	Approved by	Amendment notes
Version 1.0. July 2021	Centre for Alcohol and Other Drugs, NSW Ministry of Health	Initial document
Version 2.0 July 2022	Centre for Alcohol and Other Drugs, NSW Ministry of Health	Corrections made page 14 – AOD Psychosocial Counselling and Support activity aims and objective point 1
Version 3.0 October 2022	Centre for Alcohol and Other Drugs, NSW Ministry of Health	Reference to the <i>NSW Health Drug and Alcohol treatment guidelines for residential setting (2007)</i> replaced by <i>NADA Practice Guide: Providing Alcohol and Other Drug Treatment in a Residential Setting (2022)</i> in sections AOD Residential Rehabilitation and AOD Supported Residential Care <u>Item 3 Compliance with specific Laws, standards, policies and guidelines (pages 34 and 42)</u>
Version 4.0 May 2024	Centre for Alcohol and Other Drugs, NSW Ministry of Health	Updated links to the below updated policies and guidelines in Item 3 Compliance with specific Laws, standards, policies and guidelines in all relevant sections. <i>NSW Health. Management of Withdrawal from Alcohol and Other Drugs Clinical Guidance, 2022.</i> <i>NSW Health. Alcohol and Other Drugs Psychosocial Interventions Practice Guide, 2024.</i>

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1. Introduction

In 2020/21, NSW Health committed \$55 million to non-government organisations (NGOs) for the delivery of a range of alcohol and other drug (AOD) services, including prevention, harm reduction, treatment, research and sector development activities.

NGOs are funded through standard contractual funding agreements with the Ministry of Health and/or local health districts (LHDs). It is common for individual NGOs to hold multiple NSW Health funding agreements for AOD activities. Over time, activity names, descriptions and performance expectations within funding agreements have varied, often with little or no consistency even for the same type of AOD activity. The AOD NGO Service Specification Guideline has been developed to support clarity and consistency in funding arrangements for all parties, and to contribute to reducing the contracting administrative burden for all parties. The AOD activity specifications focus on ensuring the delivery of safe and quality AOD services for people impacted by AOD and align with the NSW Health *Clinical Care Standards for Alcohol and Other Drug Treatment*.

The AOD NGO Service Specification Guideline is available to all parties involved in establishing AOD service delivery funding arrangements: LHD NGO Coordinators, LHD AOD teams, Ministry of Health AOD contract managers, and funded NGOs. It is expected that these parties will use the information and templates as part of contract establishment and monitoring.

The initial version of the AOD NGO Service Specification Guideline categorises AOD activity into types, subtypes, service settings, and target populations, and provides detailed descriptions and requirements for funded AOD treatment activity. Descriptions and requirements for other funded AOD activity types will be added in future versions.

The range of funded activity being delivered by NGOs is collated in NSW Health electronic contract management systems by the Ministry of Health and LHDs and used to better understand the AOD services being delivered for NSW communities.

Contact for more information

For information about this AOD NGO Service Specification Guideline, contact the Centre for Alcohol and Other Drugs in the NSW Ministry of Health on (02) 9859 5559.

2. How to use this Guideline

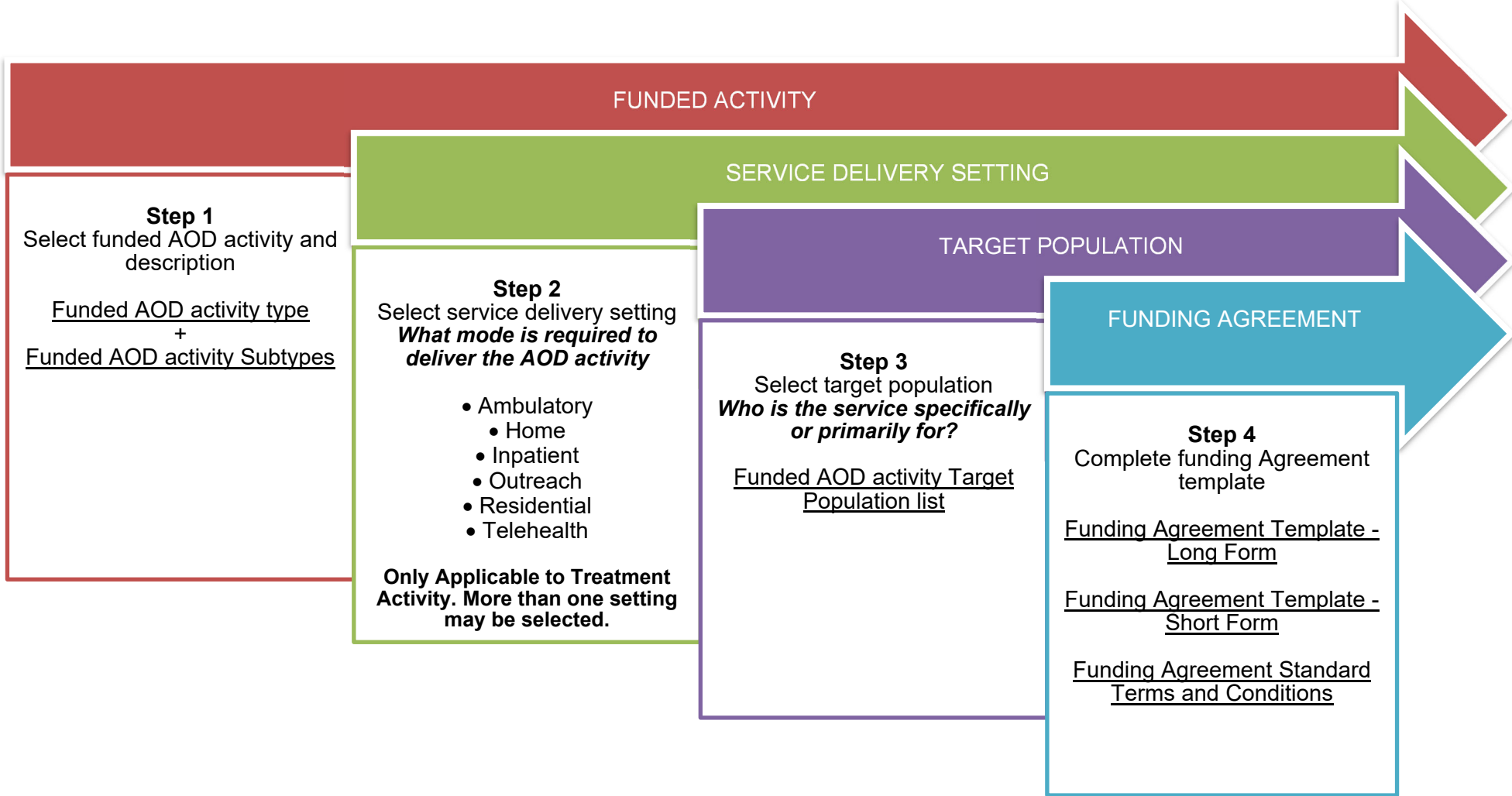
- ❑ **Use the AOD NGO Service Specification Guideline for all funded AOD activity**
NSW Health funded AOD activity for delivery by NGOs is categorised into types and subtypes. These types and subtypes, as well as AOD treatment settings and AOD target populations should cover all AOD activity scenarios. Refer to [Table 1](#) for AOD activity categories.
- ❑ **Populate the funding agreement template with details provided for funded activities**
The standard NSW Health long-form grant funding agreement template includes a section titled 'Activity'; populate this section with relevant activity specifications included in this Guideline. The current version of this Guideline includes specifications for funded AOD treatment activity only. For AOD activity that is not AOD treatment, use the activity types and subtypes and consider using the same format for developing local activity descriptions and requirements.
- ❑ **Select the AOD activity type and subtype**
Select the relevant AOD activity type and subtype for inclusion in the standard funding agreement. Where the AOD activity is treatment, copy the relevant treatment subtype specifications included in this Guide (from page 11) into the funding agreement template.
- ❑ **Select the AOD treatment activity setting**
Select the required setting or mode of service delivery for each funded AOD treatment activity. More than one service delivery setting may be selected if this is a requirement of the funding. Relevant activity settings are listed in green font in each AOD treatment specification.
- ❑ **Select the AOD activity target population**
Select the target population/s that the funded AOD activity is specifically or primarily for. The majority of funded AOD activities target up to two or three populations. Not all populations who may access the AOD service are to be selected, only those that the funded service is targeted at, adapted for, or exclusively for. Relevant target populations are listed in green font in each AOD treatment specification. Not all target populations are listed for each AOD treatment activity as not all services are provided and/or funded for all populations.
- ❑ **Adapt the activity description and requirements based on target populations**
Additional activity descriptions and requirements are provided from page 47 for some target populations. Include these additional requirements where the target population is:
 - Young people
 - Women
 - Women with children and/or pregnant women
 - Aboriginal and Torres Strait Islander people
 - People with cultural and linguistic diversity
 - People on opioid agonist treatment.

- ❑ **Don't adapt the MERIT priority access residential rehabilitation specifications**
AOD treatment activity descriptions and requirements may be adapted in a minor way to fit local circumstances. However, the MERIT priority access residential rehabilitation description and requirements cannot be adjusted and is to be applied as written in this Guide. The NSW Health Drug and Alcohol Program Council endorsed the MERIT priority access residential rehabilitation specifications as written in April 2021.
- ❑ **Select multiple AOD activity types and subtypes if funded**
Where NSW Health funds an NGO for more than one AOD activity type and/or subtype, label the funded activities in the funding agreement as Activity A, Activity B, etc. and list the activity specifications one after the other.
- ❑ **Apply NSW Health core performance indicators for all AOD treatment activity**
Where funding is for AOD treatment activity, apply the NSW Health AOD treatment core performance indicators to the funding agreement in *Annexure 2: Grant Funding Agreement AOD Performance Indicators Reporting Template*. The AOD treatment core performance indicators are summarised at page 53 and available from <https://www.health.nsw.gov.au/aod/Pages/ngo-aod-kpi-resources.aspx>.

Consider applying the additional AOD treatment activity performance indicators included in the *Annexure 2* template.

- ❑ **Use a standard budget template with all grant funding**
All NGO grant funding requires the organisation to submit an expenditure budget as part of the funding agreement approval process. A standard budget template and example budget is available in *Annexure 3: Grant Funding Agreement Budget*.
- ❑ **Include a milestone calendar in the funding agreement**
A standard milestone calendar that lists the required reporting, payments, activities and their timeframes can provide clarity on what is expected from both funding agreement parties for the duration of the agreement period. A milestone calendar example is provided at *Annexure 1: Grant Funding Agreement Milestone Calendar*.

CONTRACT CONSULTATION/NEGOTIATIONS WITH NGO



3. Funded AOD activities

Table 1. NSW Health funded AOD activity matrix

Funded AOD Activity Type	Funded AOD Activity Subtype	Funded AOD Treatment Setting	Funded AOD Activity Target Population
Prevention	Information and resources Education - School based Education - Community based Community development		Men Women Women with children and/or pregnant women Aboriginal men Aboriginal women Young people 10-13 years Young people 14-17 years Young people 18-24 years
Harm Reduction	Take home naloxone Supervised injecting centre Community development		People connected to criminal justice system People on opioid agonist treatment People who use methamphetamine People who use opioids People who use AODs People with cultural and linguistic diversity GLBTQI+ people Local communities Aboriginal communities Families Families with children AOD health / welfare providers or workforce Other
Treatment	Case management and care coordination Psychosocial counselling and support Withdrawal management Day rehabilitation Residential rehabilitation MERIT priority access residential rehabilitation Supported residential care MERIT program	Ambulatory Home Outreach Inpatient Residential Telehealth	
Research	Research leadership or coordination Research and evaluation projects		
Sector and organisational development	Workforce development Sector practice development Advocacy and representation		
Capital works / infrastructure	Capital works/infrastructure		

Funded activity descriptions and requirements

AOD prevention activities

Standard specifications are not yet available.

AOD harm reduction activities

Standard specifications are not yet available.

AOD treatment activities

Activity specifications are available for all funded AOD treatment activity from page 11.

AOD research activities

Standard specifications are not yet available.

AOD sector and organisational development activities

Standard specifications are not yet available.

AOD capital works / infrastructure activities

Standard specifications are not yet available.

AOD Case Management and Care Coordination

Activity

Item 1 Activity description

Activity name: Alcohol and other drug case management and care coordination

Activity aims and objectives: Your Organisation agrees to carry out the Activity in such a way that promotes the following program aims and objectives:

1. Reduce alcohol and other drug use related harm by delivering client-centred, high quality and safe case management and care coordination.
2. Improve the health, well-being and social outcomes of clients by delivering comprehensive alcohol and other drug support interventions that include the following clinical care standards:
 - Intake
 - Comprehensive assessment
 - Care planning
 - Identification, responding to, and ongoing monitoring of risk
 - Monitoring treatment progress and outcomes
 - Transfer of care
3. Clients' access to and engagement with alcohol and other drug, health and social services to meet their individual needs is improved.

Activity background: Alcohol and other drug case management and care coordination complements alcohol and other drug treatment services for people with complex needs who require coordination of individual care, support and advocacy to access health and social services. Case management and care coordination may be delivered as the primary alcohol and other drug intervention or alongside other alcohol and other drug interventions such as withdrawal management, psychosocial counselling and opioid agonist treatment. Case managers are generally not expected to provide the AOD treatment, health and social services, rather to refer and facilitate client engagement with those services.

Service delivery setting for the Activity: The setting for the Activity to be delivered is:

[select required setting]

- Ambulatory
- Outreach
- Telehealth

Target Group for the Activity: The target group for the activity is:

[select the required primary or specific population]

- Men
- Women
- Women with children and/or pregnant women
- Aboriginal men
- Aboriginal women
- Young people 10-13 years
- Young people 14-17 years

- Young people 18-24 years
- People connected to criminal justice system
- People on opioid agonist treatment
- People with cultural and linguistic diversity
- GLBTQI+ people

Activity description: Your organisation agrees to carry out the Activity as described below:

AOD case management and care coordination is assertive coordination of alcohol and other drug, health and social services for and with individual clients.

Screening, comprehensive assessment and care planning

- Intake screening is undertaken to determine client eligibility and suitability and if case management and care coordination is an appropriate service to meet client needs.
- Comprehensive health and social assessments are undertaken with clients to identify client needs and goals and individual care plans are developed for all clients.
- Alcohol and other drug use histories are taken to identify individual's withdrawal risks and addressed in care plans and/or in the transfer of care.
- Risk screening is undertaken for all clients to identify health, social and behavioural risks that need to be responded to and incorporated into care planning.
- Child safety and well-being is assessed and included in care planning and organisational responses.
- The role of family and other supports is considered in assessment and care planning.
- Care planning is developed in collaboration with clients to address their AOD use, mental health, physical health, psycho-social, cultural, socio-economic, legal, and other needs and goals.

Core program intervention

- Programs, services and interactions with clients is person-centred, trauma informed, and recognises individual strengths and needs.
- A documented program of evidence-based case management and care coordination is delivered to clients which focuses on the prevention and minimisation of harm associated with alcohol and other drug use.
- Provide alcohol and other drug brief intervention and education.
- Deliver alcohol and other drug treatment case management and care coordination irrespective of individual clients' religious or faith beliefs, and not require participation in religious or faith practice as part of treatment and care.
- Each client is assigned designated worker/s to coordinate individual care planning and monitoring.
- All staff have the knowledge, skills and empathic approach to provide programs and services with clients.

Exit and transfer of care

- Individual client exit and transfer of care planning is undertaken in partnership with clients and other care providers, is documented, and shared as necessary.
- Documented exit and transfer of care summaries are provided to clients and ongoing care providers on client exit.
- Clients exiting the service are provided with AOD harm reduction information, resources and ongoing support contacts.

Activity requirements: Your organisation agrees to the following Activity requirements:

1. Provide a minimum of [number (#)] episodes of case management and care coordination for up to six (6) months per episode.
2. Provide accessible information to clients, family and other service providers about the Organisation's case management and care coordination service, program, and eligibility and suitability criteria.
3. Assess clients with a range of coexisting physical health, mental health and social conditions for the Organisation's case management and care coordination service.
4. Facilitate regular contact and support for clients who are on a wait list to access the Organisation's case management and care coordination service.
5. Deliver case management and care coordination within the Organisation's clinical scope of practice.
6. Provide case management and care coordination episodes of up to six (6) months for each service episode, unless a longer period is required to address clients' health and social goals and reduce risk of serious harm.
7. Maintain a minimum of weekly direct contact with clients receiving case management and care coordination services.
8. Develop effective and shared care relationships with other health and social service providers for individual clients' alcohol and other drug case management and care coordination service.
9. Facilitate clients' access to alcohol and other drug treatment services.
10. Establish the scope of services and/or resource supports for clients that may be accessed with any dedicated brokerage funds.
11. Establish effective clinical governance and continuous clinical improvement systems, including multi-disciplinary team clinical review processes, serious adverse event review (SAER) and clinical incident review processes.
12. Report serious adverse clinical, business and corporate events to the nominated NSW Health contract contact.
13. Lead and participate in individual client case review and planning meetings with other health and social service providers.
14. Facilitate training for staff in the administration of take-home naloxone where feasible and offer clients who have previous opioid use take-home naloxone medicine and/or information where to obtain such medicine.

Item 2 Carrying out the Activity

Activity Period: The Activity must be performed from the Activity Commencement Date to the Activity End Date.

Activity Commencement Date: [date of funding agreement commencement, i.e. 1 July 2021]

Activity End Date: [date of funding agreement end, i.e. 30 June 2024]

Milestones: Your organisation agrees to the milestones and timeframes set out at Annexure 1.

Performance measures: Your organisation agrees to meet and report against the performance measures as set out at Annexure 2.

Item 3 Compliance with specific Laws, standards, policies and guidelines

Your organisation agrees to comply with the following:

Department of Health. *National Quality Framework for Drug and Alcohol Treatment Services*, 2019 <https://www.health.gov.au/resources/publications/national-quality-framework-for-drug-and-alcohol-treatment-services>

NSW Health. *Clinical Care Standards for Alcohol and Other Drug Treatment*, 2020 (or any updated versions) <https://www.health.nsw.gov.au/aod/Pages/clinical-care-standards-AOD.aspx>

NSW Health. *Data Dictionary and Collection Requirements for the NSW Minimum Data Set (MDS) for Drug and Alcohol Treatment Services*, 2015 (or any updated versions) <https://www.health.nsw.gov.au/aod/Pages/minimum-data-set.aspx>

NSW Health. *Alcohol and Other Drugs Psychosocial Interventions Practice Guide*, 2024 (or any updated versions) <https://www.health.nsw.gov.au/aod/resources/Publications/nsw-health-psychosocial-interventions.pdf>

NSW Health. *Communicating Positively: A Guide to Appropriate Aboriginal Terminology*, 2019 (or any updated versions) https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2019_008.pdf

NSW Health. *Client Registration Guideline*, 2007 (or any updated versions) https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2007_024.pdf

AOD Psychosocial Counselling and Support

Activity

Item 1 Activity description

Activity name: Alcohol and other drug psychosocial counselling and support

Activity aims and objectives: Your Organisation agrees to carry out the Activity in such a way that promotes the following program aims and objectives:

1. Reduce alcohol and other drug use related harm by delivering client-centred, high quality and safe psychosocial counselling and support.
2. Improve the health, well-being and social outcomes of clients by delivering comprehensive alcohol and other drug support interventions that include the following clinical care standards:
 - Intake
 - Comprehensive assessment
 - Care planning
 - Identification, responding to, and ongoing monitoring of risk
 - Monitoring treatment progress and outcomes
 - Transfer of care
3. Clients access and engagement with alcohol and other drug, health and social services to meet their individual needs is improved.

Activity background:

Psychosocial counselling is talk and activity-based treatment intended to support people to understand their own or others' alcohol and other drug use, and to make changes for better health and wellbeing. Counselling may be delivered face-to-face, online or via telephone with individuals, groups or families. Psychosocial counselling encompasses both the theoretical interventions applied (e.g. motivational interviewing, cognitive behavioural therapy) and the therapeutic relationship between the counsellor and the client/s.

Service delivery setting for the Activity: The setting for the Activity to be delivered is:

[select required setting]

- Ambulatory
- Outreach
- Telehealth

Target Group for the Activity: The target group for the activity is:

[select the required primary or specific population]

- Men
- Women
- Women with children and/or pregnant women
- Aboriginal men
- Aboriginal women
- Young people 10-13 years
- Young people 14-17 years
- Young people 18-24 years
- People connected to the criminal justice system

- People on the opioid agonist treatment
- People who use methamphetamine
- People with cultural and linguistic diversity
- GLBTQI+ people
- Families

Activity description: Your organisation agrees to carry out the Activity as described below:

Psychosocial counselling is talk and activity-based treatment intended to support people to understand their own or others' alcohol and other drug use, and to make changes for better health and wellbeing.

Screening, comprehensive assessment and care planning

- Intake screening is undertaken to determine client eligibility and suitability and to identify if counselling and support is an appropriate service to meet client needs.
- Comprehensive health and social assessments are undertaken with clients to identify client needs and goals and individual care plans are developed for all clients.
- Alcohol and other drug use histories are taken to identify individual's withdrawal risks and addressed in care plans and/or in the transfer of care.
- Risk screening is undertaken for all clients to identify health, social and behavioural risks that need to be responded to and incorporated into care planning.
- Child safety and well-being is assessed and included in care planning and organisational responses.
- The role of family and other supports are considered in assessment and care planning.
- Care planning is developed in collaboration with clients to address their AOD use, mental health, physical health, psycho-social, cultural, socio-economic, legal, and other needs and goals.

Core program intervention

- Programs, services and interactions with clients is person-centred, trauma informed, and recognises individual strengths and needs.
- A documented program of evidence based, psychosocial stepped care interventions is delivered to clients which focuses on the prevention and minimisation of harm associated with alcohol and other drug use, including overdose and blood borne virus (BBV) infection.
- Group and/or individual psychosocial counselling is provided to clients in line with NSW Health guidelines.
- A range of psychosocial counselling and support interventions is provided with the intensity level matched to client needs.
- Services are provided from safe and appropriate facilities.
- Each client is assigned designated worker/s to coordinate individual care planning and monitoring.
- Access to peer support within and external to the organisation is facilitated for clients.
- All staff have the knowledge, skills and empathic approach to provide programs and services.

Exit and transfer of care

- Individual client exit and transfer of care planning is undertaken in partnership with clients and other care providers, is documented, and shared as necessary.
- Documented exit and transfer of care summaries are provided to clients and ongoing care providers on client exit.
- Clients exiting the service are provided with AOD harm reduction information and advice, and ongoing support contacts.

Activity requirements: Your organisation agrees to the following Activity requirements:

1. Provide **[may include [number (#)] episodes of care, or [number (#)] FTE positions, or if funding is contribution to costs then omit numbers]**.
 2. Provide accessible information to clients, family and other service providers about the Organisation's service, program, and eligibility and suitability criteria.
 3. Assess clients with a range of coexisting medical, mental and social conditions for admission to the Organisation's counselling and support service.
 4. Provide the counselling and support service free of charge to clients or implement a financial hardship policy that allows eligible and suitable clients who are not able to contribute to any service fee to access the Organisation's counselling and support service.
 5. Facilitate regular contact and support for clients who are on a wait list to access the Organisation's service.
 6. Provide an environment free of alcohol and non-prescribed pharmaceutical medications.
 7. Deliver services within the Organisation's clinical scope of practice.
 8. Provide individual and group psychosocial counselling and support for set times (or a range) for each service episode, unless a longer period is required to address clients' health and social goals and reduce risk of serious harm.
 9. Establish effective clinical governance and continuous clinical improvement systems, including multi-disciplinary team clinical review processes, serious adverse event review (SAER) and clinical incident review processes.
 10. Participate in client case review and planning meetings facilitated by other health and social service providers as appropriate.
 11. Facilitate training for staff in the administration of take-home naloxone where feasible and offer clients who have previous opioid use take-home naloxone medicine and/or information where to obtain such medicine.
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Item 2 Carrying out the Activity

Activity Period: The Activity must be performed from the Activity Commencement Date to the Activity End Date.

Activity Commencement Date: [date of funding agreement commencement, i.e. 1 July 2021]

Activity End Date: [date of funding agreement end, i.e. 30 June 2024]

Milestones: Your organisation agrees to the milestones and timeframes as set out at Annexure 1.

Performance measures: Your organisation agrees to meet and report against the performance measures as set out at Annexure 2.

Item 3 Compliance with specific Laws, standards, policies and guidelines

Your organisation agrees to comply with the following:

Department of Health. *National Quality Framework for Drug and Alcohol Treatment Services*, 2019
<https://www.health.gov.au/resources/publications/national-quality-framework-for-drug-and-alcohol-treatment-services>

NSW Health. *Clinical Care Standards for Alcohol and Other Drug Treatment, 2020* (or any updated versions) <https://www.health.nsw.gov.au/aod/Pages/clinical-care-standards-AOD.aspx>

NSW Health. *Alcohol and Other Drugs Psychosocial Interventions Practice Guide, 2024* (or any updated versions)
<https://www.health.nsw.gov.au/aod/resources/Publications/nsw-health-psychosocial-interventions.pdf>

NSW Health. *Communicating Positively: A Guide to Appropriate Aboriginal Terminology*, 2019 (or any updated versions) https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2019_008.pdf

NSW Health. *Data Dictionary and Collection Requirements for the NSW Minimum Data Set (MDS) for Drug and Alcohol Treatment Services*, 2015 (or any updated versions)
<https://www.health.nsw.gov.au/aod/Pages/minimum-data-set.aspx>

NSW Health. *Client Registration Guideline, 2007* (or any updated versions)
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2007_024.pdf

AOD Residential Withdrawal Management

Activity

Item 1 Activity description

Activity name: Alcohol and other drug residential withdrawal management

Activity aims and objectives: Your Organisation agrees to carry out the Activity in such a way that promotes the following program aims and objectives:

1. Reduce alcohol and other drug use related harm by delivering client-centred, high quality and safe residential withdrawal management.
2. Improve the health, well-being and social outcomes of clients by delivering comprehensive alcohol and other drug treatment and support interventions that include the following clinical care standards:
 - Intake
 - Comprehensive assessment
 - Care planning
 - Identification, responding to, and ongoing monitoring of risk
 - Monitoring treatment progress and outcomes
 - Transfer of care
3. Interrupt a person's period of alcohol and other drug use and treat withdrawal symptoms, coexisting conditions and complications of chronic alcohol and other drug use.

Activity background: Alcohol and other drug withdrawal management is available through public, private and non- government providers, and in ambulatory, home-based, residential and hospital inpatient settings. NSW Health funds non-government organisations to deliver alcohol and other drug withdrawal management, primarily in a residential setting, for clients assessed as being at low risk of serious health or medical complications during withdrawal. Clients with severe dependence to high risk substances such as gamma hydroxybutyrate (GHB), alcohol or benzodiazepines, polysubstance dependence, complex physical or mental health needs, or histories of complex withdrawals are not generally suitable for withdrawal at an NGO facility.

Service delivery setting for the Activity: The setting for the Activity to be delivered is residential.

Target Group for the Activity: The target group for the activity are:

[select the required primary or specific population]

- Men
- Women
- Women with children and/or pregnant women
- Young people 18-24 years

Activity description: Your organisation agrees to carry out the Activity as described below:

Alcohol and other drug withdrawal management is the provision of health care to support individuals experiencing a clinically significant cluster of symptoms, behaviours and/or physiological features as a result of ceasing or reducing use of alcohol and/or other drugs that they have a dependence on.

Screening, comprehensive assessment and care planning

- Intake screening is undertaken to determine client eligibility and suitability, and if withdrawal management is an appropriate service to meet client needs.
- Intake screening is undertaken to determine the appropriate withdrawal management setting (ambulatory, residential or inpatient) and service provider based on client acuity, risks and preferences.
- Alcohol and other drug use histories, examinations and investigations are taken to identify individual's withdrawal risks and addressed in care plans and/or in the transfer of care.
- Comprehensive health and social assessments are undertaken with clients to identify client needs and goals and individual care plans are developed for all clients.
- Risk screening is undertaken for all clients to identify health, social and behavioural risks that need to be responded to and incorporated into care plans.
- Child safety and well-being is assessed and included in care planning and organisational responses.
- The role of family and other supports are considered in assessment and care planning.
- Care planning is developed in collaboration with clients to address their AOD use, mental health, physical health, psycho-social, cultural, socio-economic, legal, and other needs and goals.

Core program intervention

- Programs, services and interactions with clients is person-centred, trauma informed, and recognises individual strengths and needs.
- A documented, evidenced based program of withdrawal management care is delivered to clients which focuses on the prevention and minimisation of risk and discomfort associated with alcohol and other drug withdrawal.
- An individual care plan (or treatment plan) is developed that includes
 - Identification of appropriate withdrawal management setting
 - Frequency of clinical observations including the withdrawal signs and symptoms scale to be used
 - Management of withdrawal symptoms, including use of medication
 - Provision of routine supportive care
 - Access to psychosocial care
 - Investigation and management of any medical or mental health conditions
 - Cognitive assessment and recommendations for management
 - Post withdrawal AOD treatment including pharmacotherapies and psychosocial interventions.
- Clients are educated on alcohol and other drug withdrawal symptoms, risks and self-management strategies
- Clients are educated on relapse prevention, reducing alcohol and other drug use harms, and overdose prevention strategies
- Safe, personalised and appropriate accommodation is provided for clients, and meals are provided or facilitated for clients.

- Deliver alcohol and other drug treatment irrespective of individual clients' religious or faith beliefs, and not require participation in religious or faith practice as part of treatment and care.
- Each client is assigned designated worker/s to coordinate individual care planning and monitoring.
- Access to peer support within and external to the organisation is facilitated for clients, where appropriate.
- All staff have the knowledge, skills and empathic approach to provide withdrawal management services.

Exit and transfer of care

- Individual client exit and transfer of care planning is undertaken in partnership with clients and other care providers, is documented, and shared as necessary.
- Exit and transfer of care to other health and AOD services, including residential rehabilitation, is coordinated to eliminate or reduce the time between the interventions.
- Documented exit and transfer of care summaries are provided to clients and ongoing care providers on client exit.
- Clients exiting the service are provided with AOD harm reduction information, resources and ongoing support contacts.

Activity requirements: Your organisation agrees to the following Activity requirements:

1. Provide **[number (#)] withdrawal management beds or episodes of care.**
2. Provide accessible information to clients, family and other service providers about the Organisation's withdrawal management service, and eligibility and suitability criteria.
3. Facilitate regular contact and support for clients who are on a wait list to access the Organisation's residential withdrawal management service.
4. Deliver residential withdrawal management within the Organisation's clinical scope of practice, and for clients assessed as being at low risk of serious health or medical complications during withdrawal.
5. Deliver residential withdrawal management episodes for lengths of stay that align with NSW Health withdrawal management guidelines and is based on individual client's need.
6. Deliver selective withdrawal management for people who are on opioid agonist treatment (OAT) (methadone or buprenorphine) in partnership with the person's OAT prescriber, and where safe and feasible to do.
7. Facilitate transfer of care for clients assessed as at risk of, or experiencing, serious health or medical complications during AOD withdrawal.
8. Establish effective clinical governance and continuous clinical improvement systems, including multi-disciplinary team clinical review processes, serious adverse event review (SAER) and clinical incident review processes.
9. Report serious adverse clinical, business and corporate events to the nominated NSW Health contract contact.

10. Recruit appropriately qualified, skilled and competent staff to deliver withdrawal management and support services and support their ongoing clinical training.
11. Facilitate training for staff in the administration of take-home naloxone where feasible and offer clients who have undertaken opioid withdrawal take-home naloxone medicine and/or information where to obtain such medicine.

Item 2 Carrying out the Activity

Activity Period: The Activity must be performed from the Activity Commencement Date to the Activity End Date.

Activity Commencement Date: [date of funding agreement commencement, i.e. 1 July 2021]

Activity End Date: [date of funding agreement end, i.e. 30 June 2024]

Milestones: Your organisation agrees to the milestones and timeframes as set out at Annexure 1.

Performance measures: Your organisation agrees to meet and report against the performance measures as set out at Annexure 2.

Item 3 Compliance with specific Laws, standards, policies and guidelines

Your organisation agrees to comply with the following:

Department of Health. *National Quality Framework for Drug and Alcohol Treatment Services*, 2019
<https://www.health.gov.au/resources/publications/national-quality-framework-for-drug-and-alcohol-treatment-services>

NSW Health. *Clinical Care Standards for Alcohol and Other Drug Treatment*, 2020
<https://www.health.nsw.gov.au/aod/Pages/clinical-care-standards-AOD.aspx>

NSW Health. *Management of Withdrawal from Alcohol and Other Drugs Clinical Guidance*, 2022 (or any updated versions)
<https://www.health.nsw.gov.au/aod/professionals/Publications/clinical-guidance-withdrawal-alcohol-and-other-drugs.pdf>

NSW Health. *Alcohol and Other Drugs Psychosocial Interventions Practice Guide*, 2024 (or any updated versions)
<https://www.health.nsw.gov.au/aod/resources/Publications/nsw-health-psychosocial-interventions.pdf>

NSW Health. *Communicating Positively: A Guide to Appropriate Aboriginal Terminology*, 2019
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2019_008.pdf

NSW Health. *Data Dictionary and Collection Requirements for the NSW Minimum Data Set (MDS) for Drug and Alcohol Treatment Services*, 2015 (or any updated versions)
<https://www.health.nsw.gov.au/aod/Pages/minimum-data-set.aspx>

AOD Day Rehabilitation

Activity

Item 1 Activity description

Activity name: Alcohol and other drug day rehabilitation

Activity aims and objectives: Your Organisation agrees to carry out the Activity in such a way that promotes the following program aims and objectives:

1. Reduce alcohol and other drug use related harm by delivering client-centred, high quality and safe day rehabilitation programs.
2. Improve the health, well-being and social outcomes of clients by delivering comprehensive alcohol and other drug treatment and support interventions that include the following clinical care standards:
 - Intake
 - Comprehensive assessment Care planning
 - Identification, responding to, and ongoing monitoring of risk
 - Monitoring treatment progress and outcomes
 - Transfer of care.
3. Clients develop health management, social and living skills through participating in the non-residential day rehabilitation programs while living in the community.

Activity background: Alcohol and other drug day rehabilitation programs provide structured group and individual health and social interventions for clients living in the community who do not require more intensive residential rehabilitation treatment.

Service delivery setting for the Activity: The setting for the Activity to be delivered is ambulatory.

Target Group for the Activity: The target group for the Activity is:

[select the required primary or specific population]

- Men
- Women
- Women with children and/or pregnant women
- Aboriginal men
- Aboriginal women

Activity description: Your organisation agrees to carry out the Activity as described below:

Day rehabilitation is structured alcohol and other drug group and individual support and counselling services delivered over multiple sessions per week during the day and/or evening and for set periods of time, generally ranging from four to eight weeks.

Screening, comprehensive assessment and care planning

- Intake screening is undertaken to determine client eligibility and suitability and if day rehabilitation is an appropriate service to meet client needs.
- Comprehensive health and social assessments are undertaken with clients to identify client needs and goals and individual care plans are developed for all clients.
- Alcohol and other drug use histories are taken to identify individual's withdrawal risks and addressed in care plans and/or in the transfer of care.
- Risk screening is undertaken for all clients to identify health, social and behavioural risks that need to be responded to and incorporated into care planning.
- Child safety and well-being is assessed and included in care planning and organisational responses.
- The role of family and other supports is considered in assessment and care planning.
- Care planning is developed in collaboration with clients to address their AOD use, mental health, physical health, psycho-social, cultural, socio-economic, legal, and other needs and goals.

Core program intervention

- Programs, services and interactions with clients is person-centred, trauma informed, and recognises individual strengths and needs.
- A documented program of evidence based, psychosocial interventions is delivered to clients which focuses on the prevention and minimisation of harm associated with alcohol and other drug use, including overdose and blood borne virus (BBV) infection.
- Group and individual psychosocial counselling is provided to clients in line with NSW Health guidelines.
- A documented program of evidenced based social, well-being, vocational and/or living skill interventions is delivered for clients.
- Day rehabilitation is structured to deliver a range of services and activities for a set time period, with a fixed intake (the same group of people for the entire program cycle) and/or a rolling intake (where new people enter throughout the program cycle).
- A maximum number of clients is set for each cycle of the day rehabilitation program. Services are provided from safe and appropriate facilities.
- Deliver alcohol and other drug treatment irrespective of individual clients' religious or faith beliefs, and not require participation in religious or faith practice as part of treatment and care.
- Each client is assigned designated worker/s to coordinate individual care planning and monitoring.
- Access to peer support within and external to the organisation is facilitated for clients.
- All staff have the knowledge, skills and empathic approach to provide programs and services

Exit and transfer of care

- Individual client exit and transfer of care planning is undertaken in partnership with clients and other care providers, is documented, and shared as necessary.
- Documented exit and transfer of care summaries are provided to clients and ongoing care providers on client exit.
- Clients exiting the service are provided with AOD harm reduction information, resources and ongoing support contacts.

Activity requirements: Your organisation agrees to the following Activity requirements:

1. Provide **[may include [number (#)] program cycles or places, or if funding is contribution to costs then omit numbers]** day rehabilitation program **cycles** or **client places**.
 2. Provide accessible information to clients, family and other service providers about the Organisation's day rehabilitation services, program, and eligibility and suitability criteria.
 3. Assess clients with a range of coexisting medical, mental and social conditions for admission to the Organisation's day rehabilitation program.
 4. Provide day rehabilitation within reasonable access to public transport and for participants regardless of where they reside in NSW, provided they can participate in the program's activities.
 5. Provide the counselling and support service free of charge to clients or implement a financial hardship policy that allows eligible and suitable clients who are not able to contribute to any service fee to access the Organisation's day rehabilitation service.
 6. Facilitate regular contact and support for clients who are on a wait list to access the Organisation's day rehabilitation program.
 7. Provide an environment free of alcohol and non-prescribed pharmaceutical medications.
 8. Deliver day rehabilitation within the Organisation's clinical scope of practice.
 9. Establish effective clinical governance and continuous clinical improvement systems, including multi-disciplinary team clinical review processes, serious adverse event review (SAER) and clinical incident review processes.
 10. Participate in client case review and planning meetings facilitated by other health and social service providers as appropriate.
 11. Facilitate training for staff in the administration of take-home naloxone where feasible and offer clients who have previous opioid use take-home naloxone medicine and/or information where to obtain such medicine.
-

Item 2 Carrying out the Activity

Activity Period: The Activity must be performed from the Activity Commencement Date to the Activity End Date.

Activity Commencement Date: [date of funding agreement commencement, i.e. 1 July 2021]

Activity End Date: [date of funding agreement end, i.e. 30 June 2024]

Milestones: Your organisation agrees to the milestones and timeframes as set out at Annexure 1.

Performance measures: Your organisation agrees to meet and report against the performance measures as set out at Annexure 2.

Item 3 Compliance with specific Laws, standards, policies and guidelines

Your organisation agrees to comply with the following:

Department of Health. *National Quality Framework for Drug and Alcohol Treatment Services*, 2019
<https://www.health.gov.au/resources/publications/national-quality-framework-for-drug-and-alcohol-treatment-services>

NSW Health. *Clinical Care Standards for Alcohol and Other Drug Treatment*, 2020 (or any updated versions) <https://www.health.nsw.gov.au/aod/Pages/clinical-care-standards-AOD.aspx>

NSW Health. *Alcohol and Other Drugs Psychosocial Interventions Practice Guide*, 2024 (or any updated versions)
<https://www.health.nsw.gov.au/aod/resources/Publications/nsw-health-psychosocial-interventions.pdf>

NSW Health. *Communicating Positively: A Guide to Appropriate Aboriginal Terminology*, 2019 (or any updated versions) https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2019_008.pdf

NSW Health. *Data Dictionary and Collection Requirements for the NSW Minimum Data Set (MDS) for Drug and Alcohol Treatment Services*, 2015 (or any updated versions)
<https://www.health.nsw.gov.au/aod/Pages/minimum-data-set.aspx>

NSW Health. *Client Registration Guideline*, 2007 (or any updated versions)
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2007_024.pdf

MERIT Program

Activity

Item 1 Activity description

Activity name: Magistrates Early Referral Into Treatment (MERIT) program

Activity aim and objective: Your Organisation agrees to carry out the Activity in such a way that promotes the following program aims:

1. Reduce alcohol and other drug use related harm by delivering client-centred, high quality and safe intervention and care through the NSW MERIT program.
2. Improve the health, well-being and social outcomes of NSW MERIT clients by delivering comprehensive alcohol and other drug treatment interventions and care that include the following clinical care standards:
 - Intake
 - Comprehensive assessment
 - Care planning
 - Identification, responding to, and ongoing monitoring of risk
 - Monitoring treatment progress and outcomes
 - Transfer of care.
3. Reduce criminal offending for adults who have issues related to their alcohol and other drug use and are in contact with the criminal justice system.

Activity background: The NSW MERIT Program is a voluntary program for adults in the Local Court who have issues related to their alcohol and/or other drug (AOD) use. The Program provides case management and counselling and facilitates access to a range of alcohol and other drug treatment services for 12 weeks (while Court matters are adjourned). The MERIT program is primarily delivered by local health districts, however NSW Health funds several non-government organisations (NGOs) to deliver the MERIT program at NSW Local Courts. MERIT program delivery includes Local Court liaison, client assessment, case management and counselling, data collection and reporting.

Service delivery setting for the Activity: The setting for the Activity to be delivered is:

- Ambulatory
- Telehealth

Target Group for the Activity: The target group for the activity is:

- Men
- Women
- People connected to the criminal justice system.

Activity description: Your organisation agrees to carry out the Activity as described below:

MERIT is a voluntary program for adults in the Local Court who have issues related to their AOD use. The Program provides case management and counselling and facilitates access to a range of alcohol and other drug treatment services for 12 weeks.

Screening, comprehensive assessment and care planning

- Intake screening is undertaken to determine client suitability, confirm client eligibility (determined by the Magistrate) and if MERIT is an appropriate service to meet client needs.
- Comprehensive health and social assessments are undertaken with clients to identify client needs and goals and individual care plans are developed for all clients.
- Risk screening is undertaken for all clients to identify health, social and behavioural risks that need to be responded to and incorporated into care planning.
- Child safety and well-being is assessed and included in care planning and organisational responses.
- The role of family and other supports are considered in assessment and care planning.
- Care planning is developed in collaboration with clients to address their AOD use, mental health, physical health, psycho-social, cultural, socio-economic, legal, and other needs and goals.
- Standardised NSW Health outcome measurements are conducted when a client is accepted onto the MERIT program.
- Court Reports are submitted to the Magistrate documenting the outcome of the suitability

Core program intervention

- A documented program of evidence based, psychosocial interventions is delivered to clients which focuses on the prevention and minimisation of harm associated with alcohol and other drug use, including overdose and blood borne virus (BBV) infection.
- Group and individual psychosocial counselling is provided to clients in line with NSW Health guidelines.
- Each client is assigned a designated MERIT worker/s to coordinate individual care planning, case management and monitoring.
- An assertive case management approach is used to accelerate referrals through intake, assessment and program delivery for the 12-week MERIT program.
- Risk needs are reviewed in agreed timeframes and updated in the care plan as indicated.
- All clinicians and external service providers involved in the delivery of care are made aware of risks and the agreed strategies to support the client.
- Progress information is sought from external service provider/s to monitor progress, any changes in risk, attendance and plan for exit or transfer of care.
- Clients are educated on relapse prevention, reducing alcohol and other drug use, harms, and overdose prevention strategies.
- Court Reports are submitted to the Magistrate documenting client progress, participation, and continuation or exit from the program.

Exit and transfer of care

- Individual client exit and transfer of care planning is undertaken in partnership with clients and other care providers, is documented, and shared as necessary.
- Standardised NSW Health outcome measurements are conducted when a client is exited from the MERIT program.
- Exit and transfer of care to other health and AOD services is coordinated to eliminate or reduce the time between the interventions.
- Documented exit and transfer of care summaries are provided to clients and ongoing care providers on client exit.
- Clients exiting the service are provided with AOD harm reduction information and advice, and ongoing support contacts.
- Final Court Reports are submitted to the Magistrate summarising client progress, participation, and completion status.

Activity requirements: Your organisation agrees to the following Activity requirements:

1. Deliver the MERIT program through [insert name of Local Court/s] Local Court/s.
2. Provide accessible information to MERIT clients, family and the designated Local Court/s about the NSW MERIT program including eligibility and suitability criteria .
3. Provide MERIT program promotion and education to Local Court staff and referrers.
4. Deliver the MERIT program as per the MERIT Operational Manual and MERIT Model of Care.
5. Complete the client comprehensive assessment within two (2) weeks of the intake assessment where there are normal Local Court processes.
6. Deliver the MERIT program to clients from the designated Local Court/s that are found to be eligible and suitable and live or have a connection to the defined catchment area.
7. Transfer clients from the designated Local Court that are found to be eligible and suitable (following the intake assessment) that DO NOT live or have a connection to the defined catchment area following the standards outlined in the MERIT Operations Manual.
8. Collect MERIT client data in the MERIT Information Management System (MIMS) as per the MERIT Operations Manual, and maintain complete, accurate and current data for reporting.
9. Provide complete and accurate client related activity data uploads, extracts and reports from the MIMS to the NSW Health as required.
10. Liaise with clients and any residential treatment services about the client's required attendance at MERIT court hearings.
11. Establish effective clinical governance and continuous clinical improvement systems, including multi-disciplinary team clinical review processes (including external service providers when appropriate), serious adverse event review (SAER) and clinical incident review processes.

12. Recruit appropriately qualified, skilled and competent staff to deliver the MERIT program and support their ongoing clinical training.
 13. Facilitate training for staff in the administration of take-home naloxone where feasible and offer clients who have previous opioid use take-home naloxone medicine and/or information where to obtain such medicine.
-

Item 2 Carrying out the Activity

Activity Period: The Activity must be performed from the Activity Commencement Date to the Activity End Date.

Activity Commencement Date: [date of funding agreement commencement, i.e. 1 July 2021]

Activity End Date: [date of funding agreement end, i.e. 30 June 2024]

Milestones: Your organisation agrees to the milestones and timeframes as set out at Annexure 1.

Performance measures: Your organisation agrees to meet and report against the performance measures as set out at Annexure 2.

Item 3 Compliance with specific Laws, standards, policies and guidelines

Your organisation agrees to comply with the following:

Department of Justice. *MERIT Operational Manual*, 2019 (or any updated versions)

<https://localcourt.nsw.gov.au/local-court/sentencing--orders-and-appeals/sentencing-in-criminal-cases/diversion-programs/the-merit-program/resources.html#Operations1>

Department of Health. *National Quality Framework for Drug and Alcohol Treatment Services*, 2019

<https://www.health.gov.au/resources/publications/national-quality-framework-for-drug-and-alcohol-treatment-services>

NSW Health. *Clinical Care Standards for Alcohol and Other Drug Treatment*, 2020

<https://www.health.nsw.gov.au/aod/Pages/clinical-care-standards-AOD.aspx>

NSW Health. *Data Dictionary and Collection Requirements for the NSW Minimum Data Set (MDS) for Drug and Alcohol Treatment Services*, 2015

<https://www.health.nsw.gov.au/aod/Pages/minimum-data-set.aspx>

NSW Health. *MERIT Program Data Dictionary and Collection Guidelines*, 2003

<https://www.health.nsw.gov.au/aod/programs/Publications/merit-dictionary.pdf>

NSW Health. *Alcohol and Other Drugs Psychosocial Interventions Practice Guide*, 2024 (or any updated versions)

<https://www.health.nsw.gov.au/aod/resources/Publications/nsw-health-psychosocial-interventions.pdf>

NSW Health. *Communicating Positively: A Guide to Appropriate Aboriginal Terminology*, 2019

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2019_008.pdf

AOD Residential Rehabilitation

Activity

Item 1 Activity description

Activity name: Alcohol and other drug residential rehabilitation (may include [number (#)] beds or episodes of care, or if funding is contribution to costs then omit numbers).

Activity aims and objectives: Your Organisation agrees to carry out the Activity in such a way that promotes the following program aims and objectives:

1. Reduce alcohol and other drug use related harm by delivering client-centred, high quality and safe residential rehabilitation.
2. Improve the health, well-being and social outcomes of clients by delivering comprehensive alcohol and other drug treatment and support interventions that include the following clinical care standards:
 - Intake
 - Comprehensive assessment
 - Care planning
 - Identification, responding to, and ongoing monitoring of risk
 - Monitoring treatment progress and outcomes
 - Transfer of care.
3. Clients obtain a period where they are abstinent from alcohol and other drugs (except those prescribed for health and medical conditions) and develop health management, social and living skills for improved community connection.

Activity background: Alcohol and other drug residential rehabilitation is a structured health and social intervention delivered for live-in clients over a period ranging from four weeks to nine months. NSW Health funds a range of non- government organisations (NGOs) to deliver residential rehabilitation for clients who have not been able to achieve or maintain their treatment goals in non-residential settings.

Service delivery setting for the Activity: The setting for the Activity to be delivered is residential.

Target Group for the Activity: The target group for the activity is:

[select the required primary or specific population]

- Men
- Women
- Women with children and/or pregnant women
- Aboriginal men

- Aboriginal women
- Young people aged 14-17 years
- Young people aged 18-24 years
- People on opioid agonist treatment (OAT)

Activity description: Your organisation agrees to carry out the Activity as described below:

Residential Rehabilitation is an intensive and structured intervention that provides comprehensive alcohol and other drug treatment in a residential setting and which has 24-hour on-site paid staffing.

Screening, comprehensive assessment and care planning

- Intake screening is undertaken to determine client eligibility and suitability and if residential rehabilitation is an appropriate service to meet client needs.
- Comprehensive health and social assessments are undertaken with clients to identify client needs and goals and individual care plans are developed for all clients.
- Alcohol and other drug use histories are taken to identify individual's withdrawal risks and addressed in care plans and/or in the transfer of care.
- Risk screening is undertaken for all clients to identify health, social and behavioural risks that need to be responded to and incorporated into care planning.
- Child safety and well-being is assessed and included in care planning and organisational responses.
- The role of family and other supports is considered in assessment and care planning.
- Care planning is developed in collaboration with clients to address their AOD use, mental health, physical health, psycho-social, cultural, socio-economic, legal, and other needs and goals.

Core program intervention

- Programs, services and interactions with clients is person-centred, trauma informed, and recognises individual strengths and needs.
- A documented program of evidence based, psychosocial interventions is delivered to clients which focuses on the prevention and minimisation of harm associated with alcohol and other drug use, including overdose and blood borne virus (BBV) infection.
- Group and individual psychosocial counselling is provided to clients in line with NSW Health guidelines.
- A documented program of evidenced based social, well-being, vocational and/or living skill interventions is delivered for clients.
- Safe, personalised and appropriate accommodation is provided for clients, and meals are provided or facilitated for clients.
- Deliver alcohol and other drug treatment irrespective of individual clients' religious or faith beliefs, and not require participation in religious or faith practice as part of treatment and care.
- Each client is assigned designated worker/s to coordinate individual care planning and monitoring.
- Access to peer support within and external to the organisation is facilitated for clients.
- Transport to and from the residential rehabilitation service is facilitated where possible.
- All staff have the knowledge, skills and empathic approach to provide programs and services with clients.

Exit and transfer of care

- Individual client exit and transfer of care planning is undertaken in partnership with clients and other care providers, is documented, and shared as necessary.
- Documented exit and transfer of care summaries are provided to clients and ongoing care providers on client exit.
- Clients exiting the service are provided with AOD harm reduction information, resources and ongoing support contacts.

Activity requirements: Your organisation agrees to the following Activity requirements:

1. Provide [may include [number (#)] beds or episodes of care, or if funding is contribution to costs then omit numbers] residential rehabilitation places.
2. Provide accessible information to clients, family and other service providers about the Organisation's residential rehabilitation service, program, and eligibility and suitability criteria.
3. Assess clients with a range of coexisting medical, mental and social conditions for admission to the Organisation's residential rehabilitation service.
4. Provide access to residential rehabilitation regardless of where the participant resides in NSW.
5. Implement a financial hardship policy that allows eligible and suitable clients who are not able to make immediate or up-front payment of entry/admission/administration fee to access the Organisation's residential rehabilitation service.
6. Facilitate regular contact and support for clients who are on a wait list to access the Organisation's residential rehabilitation service.
7. Provide an environment free of alcohol and non-prescribed pharmaceutical medications.
8. Deliver residential rehabilitation within the Organisation's clinical scope of practice.
9. Provide residential rehabilitation for a period of up to nine months for each service episode, unless a longer period is required to address clients' health and social goals and reduce risk of serious harm.
10. Establish effective clinical governance and continuous clinical improvement systems, including multi-disciplinary team clinical review processes, serious adverse event review (SAER) and clinical incident review processes.
11. Report serious adverse clinical, business and corporate events to the nominated NSW Health contract contact.
12. Participate in client case review and planning meetings facilitated by other health and social service providers as appropriate.
13. Facilitate training for staff in the administration of take-home naloxone where feasible and offer clients who have previous opioid use take-home naloxone medicine and/or information where to obtain such medicine.

Item 2 Carrying out the Activity

Activity Period: The Activity must be performed from the Activity Commencement Date to the Activity End Date.

Activity Commencement Date: [date of funding agreement commencement, i.e. 1 July 2021]

Activity End Date: [date of funding agreement end, i.e. 30 June 2024]

Milestones: Your organisation agrees to the milestones and timeframes as set out at Annexure 1

Performance measures: Your organisation agrees to meet and report against the performance measures as set out at Annexure 2.

Item 3 Compliance with specific Laws, standards, policies and guidelines

Your organisation agrees to comply with the following:

Department of Health. *National Quality Framework for Drug and Alcohol Treatment Services*, 2019
<https://www.health.gov.au/resources/publications/national-quality-framework-for-drug-and-alcohol-treatment-services>

NSW Health. *Clinical Care Standards for Alcohol and Other Drug Treatment*, 2020
<https://www.health.nsw.gov.au/aod/Pages/clinical-care-standards-AOD.aspx>

NADA Practice Guide: Provide Alcohol and Other Drug Treatment in a Residential Setting
<https://nada.org.au/resources/providing-alcohol-and-other-drug-treatment-in-a-residential-setting/>

NSW Health. *Data Dictionary and Collection Requirements for the NSW Minimum Data Set (MDS) for Drug and Alcohol Treatment Services*, 2015
<https://www.health.nsw.gov.au/aod/Pages/minimum-data-set.aspx>

NSW Health. *Alcohol and Other Drugs Psychosocial Interventions Practice Guide*, 2024 (or any updated versions)
<https://www.health.nsw.gov.au/aod/resources/Publications/nsw-health-psychosocial-interventions.pdf>

NSW Health. *Communicating Positively: A Guide to Appropriate Aboriginal Terminology*, 2019
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2019_008.pdf

NSW Health. *Client Registration Guideline*, 2007 (or any updated versions)
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2007_024.pdf

MERIT Priority Access Residential Rehabilitation

Activity

Item 1 Activity description

Activity name: Magistrates Early Referral Into Treatment MERIT program priority access residential rehabilitation ([number (#)] beds).

Activity aims and objectives: Your Organisation agrees to carry out the Activity in such a way that promotes the following program aims and objectives:

1. Reduce alcohol and other drug use related harm by delivering client-centred, high quality and safe residential rehabilitation for MERIT program clients.
2. Improve the health, well-being and social outcomes of clients by delivering comprehensive alcohol and other drug treatment and support interventions that include the following clinical care standards:
 - Intake
 - Comprehensive assessment
 - Care planning
 - Identification, responding to, and ongoing monitoring of risk
 - Monitoring treatment progress and outcomes
 - Transfer of care.
3. Clients obtain a period where they are abstinent from alcohol and other drugs (except those prescribed for health and medical conditions) and develop health management, social and living skills for improved community connection.

Activity background: The NSW MERIT Program is a voluntary program for adults in the Local Court who have problematic alcohol and/or other drug use. The Program provides case management and counselling and facilitates access to a range of alcohol and other drug treatment services for 12 weeks. Alcohol and other drug residential rehabilitation forms part of the health and social care options available to participants of the MERIT program. Alcohol and other drug residential rehabilitation is a structured health and social intervention delivered for live-in clients over a period ranging from four weeks to nine months. NSW Health funds a range of non-government organisations (NGOs) to provide priority access and deliver residential rehabilitation services for MERIT clients.

Service delivery setting for the Activity: The setting for the Activity to be delivered is residential.

Target group for the Activity: The target group for the activity are referred participants of the NSW MERIT Program (18 years and over) who meet eligibility and suitability criteria for structured AOD residential rehabilitation, and who agree to participate in residential rehabilitation.

Activity description: Your organisation agrees to carry out the Activity as described below:

Residential Rehabilitation is an intensive and structured intervention that provides comprehensive alcohol and other drug treatment in a residential setting and which has 24-hour on-site paid staffing.

Screening, comprehensive assessment and care planning

- Intake screening is undertaken to determine client eligibility and suitability and if residential rehabilitation is an appropriate service to meet client needs.
- Comprehensive health and social assessments are undertaken with clients to identify client needs and goals and individual care plans are developed for all clients.
- Risk screening is undertaken for all clients to identify health, social and behavioural risks that need to be responded to and incorporated into care planning.
- Child safety and well-being is assessed and included in care planning and organisational responses.
- The role of family and other supports is considered in assessment and care planning.
- Care planning is developed in collaboration with clients to address their AOD use, mental health, physical health, psycho-social, cultural, socio-economic, legal, and other needs and goals.

Core program intervention

- Programs, services and interactions with clients is person-centred, trauma informed, and recognises individual strengths and needs.
- A documented program of evidence based, psychosocial interventions is delivered to clients which focuses on the prevention and minimisation of harm associated with alcohol and other drug use, including overdose and blood borne virus (BBV) infection.
- Group and individual psychosocial counselling is provided to clients in line with NSW Health guidelines.
- A documented program of evidenced based social, well-being, vocational and/or living skill interventions is delivered for clients.
- Safe, personalised and appropriate accommodation is provided for clients, and meals are provided or facilitated for clients.
- Deliver alcohol and other drug treatment irrespective of individual clients' religious or faith beliefs, and not require participation in religious or faith practice as part of treatment and care.
- Each client is assigned designated worker/s to coordinate individual care planning and monitoring.
- Access to peer support within and external to the organisation is facilitated for clients.
- Transport to and from the residential rehabilitation service is facilitated where possible.
- All staff have the knowledge, skills and empathic approach to provide programs and services with clients.

Exit and transfer of care

- Individual client exit and transfer of care planning is undertaken in partnership with clients and other care providers, is documented, and shared as necessary.
- Documented exit and transfer of care summaries are provided to clients and ongoing care providers on client exit.
- Clients exiting the service are provided with AOD harm reduction information, resources and ongoing support contacts.

Activity requirements: Your organisation agrees to the following Activity requirements:

1. Provide [number (#)] residential rehabilitation priority access places for MERIT clients for the duration of their participation in the MERIT program (approximately 12 weeks).
2. Provide accessible information to MERIT teams and MERIT clients and family about the Organisation's residential rehabilitation service, program, and eligibility and suitability criteria.
3. Assess clients with a range of coexisting medical, mental and social conditions for admission to the Organisation's residential rehabilitation service.
4. Provide admission to residential rehabilitation for MERIT clients within two (2) weeks of referral (priority access) where there is an available MERIT residential rehabilitation place and the Organisation assesses the MERIT client as eligible and suitable.
5. Communicate with referring MERIT teams on outcomes of individual client eligibility and suitability assessments.
6. Provide priority access for MERIT clients referred from any NSW MERIT team regardless of where the participant resides.
7. Waiver any client residential rehabilitation entry/admission/administration fee for MERIT clients accessing the MERIT priority access residential rehabilitation places.
8. Retain use of the MERIT priority access residential rehabilitation places for MERIT clients only, except where:
 - a) there are no MERIT client referrals; and
 - b) there are no MERIT clients on the waitlist for intake, assessment or admission; and
 - c) there is provision to retain at least one vacant MERIT bed to accommodate a MERIT client referral at short notice.
9. Record the client's Diversion Identifier (a number provided by the referring MERIT team) and use in written reports and communications with MERIT teams.
10. Provide brief individual client progress reports to the designated MERIT team for the duration of their participation in the MERIT program, either verbally or in writing as agreed with the MERIT team.
11. Liaise with MERIT client and MERIT teams about the client's required attendance at MERIT court hearings.
12. Establish effective clinical governance and continuous clinical improvement systems, including multi-disciplinary team clinical review processes, serious adverse event review (SAER) and clinical incident review processes.
13. Report serious adverse clinical, business and corporate events to the nominated NSW Health contract contact.
14. Participate in MERIT client case review and planning meetings facilitated by MERIT teams as appropriate.

15. Facilitate training for staff in the administration of take-home naloxone where feasible and offer clients who have previous opioid use take-home naloxone medicine and/or information where to obtain such medicine.
 16. Notify the designated MERIT team of the MERIT client's entry to and exit from residential rehabilitation, including when the client remains in residential rehabilitation after exiting from the MERIT program.
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Item 2 Carrying out the Activity

Activity Period: The Activity must be performed from the Activity Commencement Date to the Activity End Date.

Activity Commencement Date: [date of funding agreement commencement, i.e. 1 July 2021]

Activity End Date: [date of funding agreement end, i.e. 30 June 2024]

Milestones: Your organisation agrees to the milestones and timeframes as set out at Annexure 1.

Performance measures: Your organisation agrees to meet and report against the performance measures as set out at Annexure 2.

Item 3 Compliance with specific Laws, standards, policies and guidelines

Your organisation agrees to comply with the following:

Department of Health. *National Quality Framework for Drug and Alcohol Treatment Services*, 2019
<https://www.health.gov.au/resources/publications/national-quality-framework-for-drug-and-alcohol-treatment-services>

NSW Health. *Clinical Care Standards for Alcohol and Other Drug Treatment*, 2020
<https://www.health.nsw.gov.au/aod/Pages/clinical-care-standards-AOD.aspx>

NSW Health. *MERIT Residential Treatment Guidelines*, 2007
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2007_010.pdf

NSW Health. *Data Dictionary and Collection Requirements for the NSW Minimum Data Set (MDS) for Drug and Alcohol Treatment Services*, 2015
<https://www.health.nsw.gov.au/aod/Pages/minimum-data-set.aspx>

NSW Health. *Alcohol and Other Drugs Psychosocial Interventions Practice Guide*, 2024 (or any updated versions)
<https://www.health.nsw.gov.au/aod/resources/Publications/nsw-health-psychosocial-interventions.pdf>

NSW Health. *Communicating Positively: A Guide to Appropriate Aboriginal Terminology*, 2019
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2019_008.pdf

NSW Health. *Client Registration Guideline*, 2007 (or any updated versions)
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2007_024.pdf

AOD Supported Residential Care

Activity

Item 1 Activity description

Activity name: Alcohol and other drug supported residential care

Activity aims and objectives: Your Organisation agrees to carry out the Activity in such a way that promotes the following program aims and objectives:

1. Reduce alcohol and other drug use related harm by delivering client-centred, high quality and safe supported residential care.
2. Improve the health, well-being and social outcomes of clients by delivering comprehensive alcohol and other drug treatment interventions that include the following processes of care:
 - Intake
 - Comprehensive assessment
 - Care planning
 - Identification, responding to, and ongoing monitoring of risk
 - Monitoring treatment progress and outcomes
 - Transfer of care.
3. Clients obtain a period where they are abstinent from alcohol and other drugs (except those prescribed for health and medical conditions) and develop health management, social and living skills for improved community connection.

Activity background:

AOD supported residential care refers to alcohol and other drug related support services provided to clients that are residing in designated accommodation provided by the organisation. Supported residential care is a less intensive intervention than residential rehabilitation with a focus on case management and living skill development. Psychosocial counselling services may be provided in addition to supported residential care.

Service delivery setting for the Activity: The setting for the Activity to be delivered is residential.

Target Group for the Activity:

[select the required primary or specific population]

- Men
- Women
- People connected to the criminal justice system
- People on opioid agonist treatment (OAT)

Activity description: Your organisation agrees to carry out the as described below:

AOD supported residential care is alcohol and other drug related support services provided to clients that are residing in designated accommodation provided by the organisation. Supported residential care enables clients to focus on improving their physical, social and mental wellbeing with case management support. Supported residential care does not provide 24-hour staffing on-site but does provide an after-hours emergency contact.

Screening, comprehensive assessment and care planning

- Intake screening is undertaken to determine client eligibility and suitability for supported residential care.
- Assessments are undertaken with clients to identify client needs and goals and individual care plans are developed for all clients.
- Alcohol and other drug use histories are taken to identify individual's withdrawal risks and addressed in care plans and/or in the transfer of care.
- Risk screening is undertaken for all clients to identify health, social and behavioural risks that need to be responded to and incorporated into care planning.
- Child safety and well-being is assessed and included in care planning and organisational responses.
- The role of family and other supports is considered in assessment and care planning.
- Care planning is developed in collaboration with clients to address their AOD use, mental health, physical health, psycho-social, cultural, socio-economic, legal, and other needs and goals.

Core program intervention

- Services and interactions with clients are person-centred, trauma informed, and recognises individual strengths and needs.
- The supported residential care services provided by the organisation are documented and focus on the prevention and minimisation of harm associated with alcohol and other drug use.
- Minimum weekly case management and care coordination sessions are provided with clients.
- Social, well-being, vocational and/or living skill interventions are delivered for clients, including cooking skills, AOD relapse prevention, and vocational development.
- Access to peer support within and external to the organisation is facilitated for clients.
- Deliver supported residential care irrespective of individual clients' religious or faith beliefs, and not require participation in religious or faith practice as part of care.
- All staff have the knowledge, skills and empathic approach to provide services with clients.

Exit and transfer of care

- Individual client exit and transfer of care planning is undertaken in partnership with clients and other care providers, is documented, and shared as necessary.
- Documented exit and transfer of care summaries are provided to clients and ongoing care providers on client exit.
- Client's exiting the service are provided with AOD harm reduction information and advice, and ongoing support contacts.

Activity requirements: Your organisation agrees to the following Activity requirements:

1. Provide accessible information to clients, family and other service providers about the Organisation's supported residential care service, and eligibility and suitability criteria.
2. Assess clients with a range of coexisting medical, mental and social conditions for admission to the Organisation's supported residential care service.
3. Provide access to supported residential care regardless of where the participant resides in NSW.
4. Implement a financial hardship policy that allows eligible and suitable clients who are not able to make immediate or up-front payment of entry/admission/administration fee to access the Organisation's supported residential care service.
5. Facilitate regular contact and support for clients who are on a wait list to access the Organisation's supported residential care service.
6. Provide a safe environment free of alcohol and non-prescribed pharmaceutical medications.
7. Deliver supported residential care within the Organisation's scope of practice.
8. Provide supported residential care for a period of up to nine months for each service episode, unless a longer period is required to address clients' health and social goals and reduce risk of serious harm.
9. Develop effective and shared care relationships with other health and social service providers for individual clients' alcohol and other drug case management and care coordination service.
10. Facilitate clients' access to alcohol and other drug treatment services.
11. Establish effective serious adverse event review (SAER) and client incident review processes.
12. Report serious adverse clinical, business and corporate events to the nominated NSW Health contract contact.
13. Facilitate training for staff in the administration of take-home naloxone where feasible and offer clients who have previous opioid use take-home naloxone medicine and/or information where to obtain such medicine

Item 2 Carrying out the Activity

Activity Period: The Activity must be performed from the Activity Commencement Date to the Activity End Date.

Activity Commencement Date: [date of funding agreement commencement, i.e. 1 July 2021]

Activity End Date: [date of funding agreement end, i.e. 30 June 2024]

Milestones: Your organisation agrees to the milestones and timeframes as set out at Annexure 1

Performance measures: Your organisation agrees to meet and report against the performance measures as set out at Annexure 2.

Item 3 Compliance with specific Laws, standards, policies and guidelines

Your organisation agrees to comply with the following

Department of Health. *National Quality Framework for Drug and Alcohol Treatment Services*, 2019
<https://www.health.gov.au/resources/publications/national-quality-framework-for-drug-and-alcohol-treatment-services>

NSW Health. *Clinical Care Standards for Alcohol and Other Drug Treatment*, 2020
<https://www.health.nsw.gov.au/aod/Pages/clinical-care-standards-AOD.aspx>

NADA Practice Guide: Provide Alcohol and Other Drug Treatment in a Residential Setting
<https://nada.org.au/resources/providing-alcohol-and-other-drug-treatment-in-a-residential-setting/>

NSW Health. *Data Dictionary and Collection Requirements for the NSW Minimum Data Set (MDS) for Drug and Alcohol Treatment Services*, 2015
<https://www.health.nsw.gov.au/aod/Pages/minimum-data-set.aspx>

NSW Health. *Alcohol and Other Drugs Psychosocial Interventions Practice Guide*, 2024 (or any updated versions)
<https://www.health.nsw.gov.au/aod/resources/Publications/nsw-health-psychosocial-interventions.pdf>

NSW Health. *Communicating Positively: A Guide to Appropriate Aboriginal Terminology*, 2019
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2019_008.pdf

NSW Health. *Client Registration Guideline*, 2007 (or any updated versions)
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2007_024.pdf

4. Target Population Specifications

Young People

Funding agreement section	Guidance
Activity name	<p>Select the Funded AOD Activity from the standard categories.</p> <p>Add:</p> <ul style="list-style-type: none"> - 'with young people aged [year] to [year] years'.
Activity aims and objectives	<p>Apply the selected Funded AOD Activity objectives.</p>
Activity background	<p>Apply the selected Funded AOD Activity background.</p> <p>Option to add detail specific to the service or program being funded</p>
Service delivery setting for the Activity	<p>Select the Funded AOD Activity setting/s from the standard categories.</p>
Target group for the Activity	<p>Select:</p> <p>Young people aged 10-13 years, and/or Young people aged 14-17 years, and/or Young people aged 18-24 years, or Young people aged [insert ages] years</p>
Activity description	<p>Apply the selected Funded AOD Activity description.</p>
Activity requirements	<p>Apply the selected Funded AOD Activity requirements.</p> <p>Amend where suitable to target requirements to children and/or young people.</p> <p>Add:</p> <ul style="list-style-type: none"> - The organisation's physical and digital environment is accessible, safe and welcoming for young people in the target age range. - Services and activities are age and developmentally appropriate and adapted for young people in the target age range. - Clinical and psychosocial assessment, screening and outcome tools used with young people are age appropriate and evidence based. - The organisation has age specific policies and procedures to identify, respond and manage child protection concerns. - Partnerships with other agencies ensure young people's education, housing and other health needs are addressed. - Staff have the appropriate knowledge, skills and training to deliver age and developmentally appropriate care.

	<ul style="list-style-type: none"> - Where services are provided with children and young people under 18 years the Office of the Children’s Guardian Child Safe Standards are met.
<p>Compliance with specific Laws, standards, policies and guidelines</p>	<p>Apply the selected Funded AOD Activity list.</p> <p>Add:</p> <p><i>NSW Health. Substance Use and Young People Framework, 2014</i></p> <p>https://www.health.nsw.gov.au/aod/professionals/Publications/substance-use-young-framework.pdf</p> <ul style="list-style-type: none"> - <i>Office of the Children’s Guardian. A Guide to the Child Safe Standards, 2020</i> <p>https://www.kidsguardian.nsw.gov.au/child-safe-organisations/training-and-resources/child-safe-standards</p> <ul style="list-style-type: none"> - NSW Government. <i>NSW Children and Young Persons (Care and Protection) Act 1998</i> <p>https://www.legislation.nsw.gov.au/view/html/inforce/current/act-1998-157</p> <ul style="list-style-type: none"> - NSW Government. <i>NSW Child Protection (Working with Children) Regulation 2013</i> <p>https://www.legislation.nsw.gov.au/view/html/inforce/current/sl-2013-0156</p>

Women, pregnant women and women with dependent children

Funding agreement section	Guidance
Activity name	<p>Select the Funded AOD Activity from the standard categories.</p> <p>Add:</p> <ul style="list-style-type: none"> - “With women’, and / or - ‘With pregnant women’, and / or - ‘Women with dependent children’
Activity aims and objectives	<p>Apply the selected Funded AOD Activity objectives.</p>
Activity background	<p>Apply the selected Funded AOD Activity background.</p> <p>Option to add detail specific to the service or program being funded</p>
Service delivery setting for the Activity	<p>Select the Funded AOD Activity setting/s from the standard categories.</p>
Target group for the Activity	<p>Select one or more:</p> <ul style="list-style-type: none"> - Women - Aboriginal women - Pregnant women - Women with children
Activity description	<p>Apply the selected Funded AOD Activity description.</p>
Activity requirements	<p>Apply the selected Funded AOD Activity requirements.</p> <p>Amend where suitable to target requirements to children and/or young people.</p> <p>Add:</p> <ul style="list-style-type: none"> - A gender-responsive approach is applied to the delivery of AOD and related services. - The physical environment is trauma informed, secure, safe and family inclusive. - The physical environment is friendly, accommodating and safe for children. - Positive parenting and relationship strengthening between women and their children is incorporated into the service model of care. - Women’s sexual and reproductive health needs are incorporated into the service model of care. - Domestic and family violence needs of women and their children are incorporated into the service model of care. - Child protection and family court needs of women and their children are incorporated into the service model of care.

Compliance with specific Laws, standards, policies and guidelines

Apply the selected Funded AOD Activity list.

Add:

- NSW Health. *Clinical Guidelines for the Management of Substance Use During Pregnancy, Birth and the Postnatal Period, 2014* (or any updated versions)
<https://www.health.nsw.gov.au/aod/professionals/Pages/substance-use-during-pregnancy-guidelines.aspx>
- NSW Government. *NSW Children and Young Persons (Care and Protection) Act 1998*
<https://www.legislation.nsw.gov.au/view/html/inforce/current/act-1998-157>
- NSW Government. *NSW Child Protection (Working with Children) Regulation 2013*
<https://www.legislation.nsw.gov.au/view/html/inforce/current/sl-2013-0156>
- NSW Health. *Policy Directive 2020_017. Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases.*
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_017

Aboriginal and Torres Strait Islander people

Funding agreement section	Guidance
Activity name	<p>Select the Funded AOD Activity from the standard categories.</p> <p>Add:</p> <ul style="list-style-type: none"> - with Aboriginal and Torres Strait Islander people.
Activity aims and objectives	<p>Apply the standard Funded AOD Activity objectives.</p>
Activity background	<p>Apply the selected Funded AOD Activity standard background.</p> <p>Option to add detail specific to the service or program being funded.</p>
Service delivery setting for the Activity	<p>Select the Funded AOD Activity setting/s from the standard categories.</p>
Target group for the Activity	<p>Select:</p> <ul style="list-style-type: none"> - Aboriginal men <p>or</p> <ul style="list-style-type: none"> - Aboriginal women <p>or</p> <ul style="list-style-type: none"> - Aboriginal men and women.
Activity description	<p>Apply the selected Funded AOD Activity standard description.</p>
Activity requirements	<p>Apply the selected Funded AOD Activity standard requirements</p> <p>Amend where suitable to target requirements Aboriginal and Torres Strait Islander people.</p> <p>Add:</p> <ul style="list-style-type: none"> - The physical environment acknowledges the history, culture and strengths of Aboriginal and Torres Strait Islander people. - The physical environment and service delivery model recognises and accommodates Aboriginal and Torres Strait Islander people’s family, elders and community. - Acknowledge and be responsive to Aboriginal and Torres Strait Islander people’s cultural gender roles and needs when delivering services. - Develop connections with Aboriginal and Torres Strait Islander elders, communities and organisations to improve service delivery and client experience of service. - Staff are provided with knowledge and training to develop cultural capacity for working with Aboriginal and Torres Strait Islander people.

Compliance with
specific Laws,
standards, policies
and guidelines

Apply the selected Funded AOD Activity standard list.

People with cultural and linguistic diversity

Funding agreement section	Guidance
Activity name	<p>Select the Funded AOD Activity from the standard categories</p> <p>Add:</p> <ul style="list-style-type: none"> - for people with culturally and linguistically diverse backgrounds.
Activity aims and objectives	<p>Apply the standard Funded AOD Activity objectives.</p>
Activity background	<p>Apply the selected Funded AOD Activity standard background.</p> <p>Option to add detail specific to the service or program being funded.</p>
Service delivery setting for the Activity	<p>Select the Funded AOD Activity setting/s from the standard categories.</p>
Target group for the Activity	<p>Select:</p> <ul style="list-style-type: none"> - Culturally and linguistically diverse communities. <p>Select other target group/s as relevant.</p>
Activity description	<p>Apply the selected Funded AOD Activity standard description.</p>
Activity requirements	<p>Apply the selected Funded AOD Activity standard requirements.</p> <p>Amend where suitable to target requirements for culturally and linguistically diverse people and communities.</p> <p>Add</p> <ul style="list-style-type: none"> - The physical environment and service delivery model recognises and accommodates people with cultural and linguistic diversity, elders and community. - Acknowledge and be responsive to cultural gender roles and needs when delivering services for people with cultural and linguistic diversity. - Develop connections with elders, communities and organisations with cultural and linguistic diversity to improve service delivery and client experience of service. - Use trained interpreters when needed, particularly when discussing confidential and sensitive issues, rather than relying on family and friends.

	<ul style="list-style-type: none">- Staff are provided with knowledge and training to develop cultural capacity for working with people with cultural and linguistic diversity.
Compliance with specific Laws, standards, policies and guidelines	Apply the selected Funded AOD Activity standard list

People on opioid agonist treatment

Funding agreement section	Guidance
Activity name	<p>Select the Funded AOD Activity from the standard categories</p> <p>Add:</p> <ul style="list-style-type: none"> - with people on opioid agonist treatment (OAT)
Activity aims and objectives	<p>Apply the standard Funded AOD Activity objectives.</p> <p>Add:</p> <ul style="list-style-type: none"> - Clients achieve stabilisation on their opioid agonist treatment medication (methadone or buprenorphine), <p>or</p> <ul style="list-style-type: none"> - Clients work towards and achieve reduction or cessation of opioid agonist treatment medication (methadone or buprenorphine).
Activity background	<p>Apply the selected Funded AOD Activity standard background.</p> <p>Option to add detail specific to the service or program being funded.</p>
Service delivery setting for the Activity	<p>Select the Funded AOD Activity setting/s from the standard categories.</p>
Target group for the Activity	<p>Select:</p> <ul style="list-style-type: none"> - People on opioid agonist treatment <p>Select other target group/s as relevant.</p>
Activity description	<p>Apply the selected Funded AOD Activity standard description.</p> <p>Add:</p> <p><i>Screening, comprehensive assessment and care planning</i></p> <ul style="list-style-type: none"> ○ Communicate specific risks associated with opioid agonist treatment regarding: <ul style="list-style-type: none"> - impact of using other drugs; - possibility of altered tolerance levels; - overdose potential; and - intoxication and impact on capacity to drive. ○ Incorporate the client's OAT prescribing and dosing needs in the treatment plan. <p><i>Core program intervention</i></p> <ul style="list-style-type: none"> ○ Accommodate the client's OAT prescribing and dosing needs in the Funded Activity program.

	<ul style="list-style-type: none"> ○ OAT providers are included in delivery of the Funded Activity program as appropriate. <p><i>Exit and transfer of care</i></p> <ul style="list-style-type: none"> ○ OAT is often long term, spanning months or years, and involves clients transferring their treatment between health providers over time. Safe and effective treatment requires coordination of care between providers through appropriate communication and clinical handover.
Activity requirements	<p>Apply the selected Funded AOD Activity standard requirements.</p> <p>Amend where suitable to target requirements for people on opioid agonist treatment.</p> <p>Add:</p> <ul style="list-style-type: none"> ○ Partner with relevant services to provide holistic continuity of care for people on OAT, including OAT prescribers, dosing points, Aboriginal Community Controlled Health Organisations, and local health districts.
Compliance with specific Laws, standards, policies and guidelines	<p>Apply the selected Funded AOD Activity standard list</p> <p>Add: NSW Health. <i>NSW Clinical Guidelines: Treatment of Opioid Dependence</i>, 2018. https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2018_019.pdf</p> <p>NSW Health. Brief Clinical Guidelines for Use of Depot Buprenorphine in the Treatment of Opioid Dependence, undated. https://www.health.nsw.gov.au/aod/Pages/brief-depot-bupeq1.aspx</p> <p>NSW Health. Clinical Guidelines for Use of Depot Buprenorphine in the Treatment of Opioid Dependence, undated. https://www.health.nsw.gov.au/aod/Pages/depot-bupeq1-guidelines.aspx</p> <p>NSW Government. Poisons and Therapeutic Goods Act, 1966 No 31 https://www.legislation.nsw.gov.au/view/html/inforce/current/act-1966-031</p> <p>NSW Government. Poisons and Therapeutic Goods Regulation, 2008 https://www.legislation.nsw.gov.au/view/html/inforce/current/sl-2008-0392</p>

5. NSW Health AOD Treatment Core Performance Indicators

AOD - Core 1 NSW Minimum Data Set (MDS)

Description	The funded service electronically reports data for the NSW MDS DATS according to NSW Health data dictionary and collection requirements. The funded service is responsible for collecting, cleaning and validating data before submitting through agreed data reporting channels
Why is this data collected?	Collecting MDS data supports the NSW Health vision that people with AOD related harms experience person centred, safe, high quality interventions and care
Reporting frequency	Monthly no later than the 21st day of the month following the month of collection.

AOD - Core 2 Organisation accreditation and clinical governance

Description	<p>Group A organisations maintain accreditation by a certified accrediting body against NSW Health approved health and/or community service standards for alcohol and other drug treatment services.</p> <p>Group A organisations are those organisations funded to provide:</p> <ol style="list-style-type: none"> 1.counselling, case management, continuing care and other support services at an amount greater than \$200,000 per annum or where the funded service is part of a larger organisation, and/or 2.residential rehabilitation treatment, and/or 3.withdrawal management, and/or 4.day rehabilitation programs. <p>Group B organisations establish and maintain a system of clinical governance which ensures clinical leadership and accountability, registration of staff qualifications, and pathways for clinicians to maintain expertise through supervision, training and support. Group B organisations are those organisations funded to provide:</p> <ol style="list-style-type: none"> 1. counselling, case management, continuing care and other support services at an amount equal to or less than \$200,000 per annum, and 2.where the funded service is part of a small organisation
Why is this data collected?	Accreditation standards supports organisations to establish and maintain quality improvement processes, meet minimum requirements of operation and service delivery and provide a level assurance to clients and funders about service safety and quality
Reporting frequency	report six (6) monthly no later than the 21st day of the month following the six-month period of collection.

AOD - Core 3 Client reported experience

Description	The funded service routinely collects and analyses data on client's experience of the service provided using a standard client experience measure.
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Why is this data collected?	Enable patients to provide feedback on their experience of the service provided. They are an indicator of the quality of care provided. The information gathered from patient experience drives service improvements.
Reporting frequency	report six (6) monthly no later than the 21st day of the month following the six- month period of collection.

AOD - Core 4 Clinical Incident Management

Description	The funded service has a clinical incident management system in place which aligns with NSW Health clinical incident management policy and guidelines.
Why is this data collected?	Ensures clinical incidents are identified, appropriately responded to, reported, and information is used to improve the safety and quality of care. The funded service has a process in place for communicating serious clinical incidents to the local health district and/or Ministry of Health at the time of the incident. Clinical incident data is analysed and collated in reports for internal and external use.
Reporting frequency	report six (6) monthly no later than the 21st day of the month following the six- month period of collection.

AOD - Core 5 Client Discharge and transfer of care

Description	The funded service has a system in place for safe and effective discharge and transfer of care of clients, which aligns with NSW Health policy and guidelines.
Why is this data collected?	Ensures collaborative and continuing care is facilitated with the client throughout the treatment encounter to meet client needs. All clients have documented discharge and transfer of care plans identified, informed by a risk framework, documented and implemented
Reporting frequency	report six (6) monthly no later than the 21st day of the month following the six- month period of collection.