

## BUDGET ESTIMATES BRIEF

- **Early Planning to expand Alcohol and Drug Services (2018-19 New Initiative)**

Funding was provided as a one-off in 2018-19 to identify options to address the unmet need for alcohol and other drug treatment services in the ACT. Early planning has commenced funding will be required in 2019-20 to continue this initial work.

- **ACT Pathology Laboratory Information System Replacement (2018-19 New Initiative)**

This funding relates to the implementation of a planning study that was anticipated to be completed by June 2019, however, this has been delayed requiring the funding to be carried forward to 2019-20.

- **Digital Solutions Capital ICT Program (Base ACT Funding)**

This rollover relates to two specific projects, Infection Control and the Extension of Patientrack. Infection Control has experienced delays in the procurement process while Patientrack has seen configuration delays that will push testing out until the end of 2019.

- **Essential Vaccines Program (Commonwealth Funding)**

This funding has been rolled over in order to complete the milestones contained within the Commonwealth Agreement.

Cleared as complete and accurate:	20/05/2019	
Cleared by:	Chief Finance Officer	Ext: 49428
Contact Officer name:	Bianca Johnson	Ext: 49642
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:		
TRIM Ref:	GBC19/254	

GBCHS19/85

**Portfolio/s:** Mental Health

**ISSUE:** Strategic Indicator 5 – proportion of clients with a mental health seclusion episode

**Talking points:**

- The forecasted rate of seclusion in acute mental health inpatient units for 2018-19 is 16%.
- Seclusion refers to confining a person (who is being provided with treatment, care or support at the facility) by leaving them alone in a room where they cannot physically leave for some period of time.
- During a person's admission they will be provided care, treatment and support and in rare circumstances a person may be secluded.
- A person is secluded in the least restrictive manner, only when necessary and in a way that prevents the person from causing harm to themselves or someone else.
- The clinical reason for the increase in the use of seclusion is complex, as people that require an acute inpatient admission are presenting with a higher acuity and can be volatile when acutely mentally unwell.
- Seclusion can only occur under the provisions of the *Mental Health Act 2015*. All seclusions are documented in a register, including the reason for the seclusion, the Public Advocate is notified and the person under constant observation during seclusion and is examined by a medical officer at the conclusion of the seclusion period.
- In 2018-19, it is forecasted there will be 2,050 admitted episodes of care in an acute mental health inpatient unit, of which forecasting there were 334 (16%) seclusion events.
- The rate of seclusions has increased from 7% in 2017-18.

Cleared as complete and accurate:	31/05/2019	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Karen Grace	Ext: 41577
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Michelle Hemming	
TRIM Ref:	GBCHS19/	

**BUDGET DAY BRIEF**

- During 2018-19 there were a small number of complex patients with significantly high acuity that resulted in these individual patients having multiple events of seclusion. As this indicator is currently configured, with patient separations as the denominator, this scenario can significantly impact the rate .
- Next year, it is proposed to change the indicator to align with the national standard of episodes of seclusion per 1,000 bed days. This will ensure that the outcome is more consistent and less impacted by individuals.

Cleared as complete and accurate:	31/05/2019	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Karen Grace	Ext: 41577
Lead Directorate:	Canberra Health Services	
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Information Officer name:	Michelle Hemming	
TRIM Ref:	GBCHS19/	

GBCHS19/85

**Portfolio/s:** Mental Health

**ISSUE: Strategic Indicator 6 – Acute psychiatric unit patient 28 day readmission rate**

**Talking points:**

**Table 1: The proportion of clients who return to hospital within 28 days of discharge from an ACT public acute psychiatric unit following an acute episode of care**

Strategic indicator	2019–20 target	2019–20 est. outcome
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<10%	NP <sup>1</sup>

**Note:**

1. Due to considerations of the recommendations made under the Auditor General's Report Mental Health Services – Transition from Acute Care 2016 report, this indicator was not available at the time of publishing.

- This indicator is based on the Australian Health Care Standards (ACHS) definition of unplanned readmissions. A clinical review/audit is required to determine if a return to hospital for an inpatient admission within 28 days is part of planned treatment and care or unplanned. The intent of the indicator is to show the rate of readmissions within 28 days that are unexpected and not part of ongoing supported recovery treatment planning.
- An estimated outcome for 2019-20 is not available at this time due to the unplanned readmission within 28 days not being distinguishable from all readmissions, planned or unplanned. This is in part impacted on by the Auditor-General's Report, Mental Health Services – Transition from Acute Care. This report recommended the clinical review/audit for readmissions within 28 days not be conducted by the inpatient facility staff receiving the consumer due to a potential perception of a conflict of interest.

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TRIM Ref:	GBCHS19/85	

HEA E11

**Portfolio:** Mental Health

**ISSUE:** HEA E11 – Expanding public healthcare services for eating disorders

### 2019-20 Budget Paper Description:

The Government will establish an Eating Disorders Specialist Clinical Hub and a community-based intervention support service to expand the range of eating disorder services available in the ACT and make these available to more Canberrans.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	179	442	683	913	<b>2,217</b>
FTE	1.5	3.1	4.6	4.6	

### Talking points:

- This initiative will establish an Eating Disorders Specialist Clinical Hub and a partnership with a non-government organisation operated, community-based early intervention support service to expand the capacity and range of eating disorder services available in the ACT.
- Eating disorders are serious illnesses that are often poorly understood and their impacts are underestimated. They not only impact the person experiencing the disorder, but also family, friends and the community.
- We know that the sooner treatment for an eating disorder is started, the shorter the recovery process will be. By improving access to early and community-based interventions, we can reduce the severity, duration and impact of eating disorders in the ACT.
- Eating disorders can occur at any stage in life, although the incidence peaks nationally between the ages of 12-25. They cause high levels of psychological distress, carry risk of long term mental and physical illness,

Cleared as complete and accurate:	30/05/2019	
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Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Matthew Wafer	
TRIM Ref:	GBC19/254	

an increased risk of premature death due to medical complications and an increased risk of suicide.

- Ensuring people with eating disorders have access to a range of contemporary and co-ordinated services will result in improved health outcomes for the individuals. It will also better support families, carers, and the wider ACT community and reduce the reliance upon hospital services.

### **Key / background information**

- This initiative commits ongoing funding of \$2.217 million to address eating disorder service gaps in the ACT, ensuring people with eating disorders have access to evidence-based care when they need it; to promote recovery and improve health outcomes for people with an eating disorder; and to reduce demand on acute health services.
- In October 2018, you released the ACT Government's Eating Disorders Strategy Paper which outlined a range of measures that the Government is committed to progressing to improve eating disorder services so that we can provide the best treatment and care for people with eating disorders when they need it, where they need it.
- This budget initiative is a tangible step for the ACT Government in delivering on its Eating Disorders Strategy Paper.

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Cleared by:	Executive Group Manager	Ext: 49737
Contact Officer name:	Amber Shuhyta	Ext:
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Matthew Wafer	
TRIM Ref:	GBC19/254	

HEA E14

**Portfolio:** Mental Health**ISSUE: HEA E14 – Strengthening capacity for mental health carers****2019-20 Budget Paper Description:**

The Government will recruit two Carer Engagement Clinicians to pilot a range of support and psychosocial education activities to build capacity for the families and carers of people with mental health conditions.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	226	231	0	0	457
FTE	2.0	2.0			

**Talking points:**

- This proposal will invest in two Social workers to help develop knowledge and understanding for mental health carers through support and psychosocial education of the families and carers of people with mental health conditions.
- This investment will strengthen the resilience of both mental health carers and consumers and help prevent further functional impediments which, in turn, could contribute to reducing demand on more expensive acute and crisis level clinical services.

**Key / background information**

- This two-year pilot (2019/20-2020/21), will demonstrate the need to embed two Carer Engagement Clinicians (HP2 Social Workers) within existing mental health service delivery.
- Engagement would include a total of two HP2 Social Workers, one at each of the following:

Cleared as complete and accurate: 30/05/2019  
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 Contact Officer name: Ext:  
 Lead Directorate: Health  
 Cleared for release: Yes  
 Information Officer name:  
 TRIM Ref: GBC19/254

## BUDGET DAY BRIEF

- Child and Adolescent Mental Health Services shared between the Northside and Southside (these are mental health services administered by the Canberra Health Services); and
- one shared between the Wellways Australia Ltd Youth Step-Up Step-Down Program and CatholicCare's STEPS Program.
- The key message is that mental health carers and families who are supported to take care of their own health and wellbeing are better able to provide care for others. This message will be promoted by the Carer Engagement Clinicians (HP2 Social Workers), the services they work with and through Carers ACT.

Cleared as complete and accurate: 30/05/2019  
Cleared by: Executive Group Manager Ext:  
Contact Officer name: Ext:  
Lead Directorate: Health  
Cleared for release: Yes  
Information Officer name:  
TRIM Ref: GBC19/254



**ISSUE:** HEA E26 – Delivering better mental health care for people in crisis

**2019-20 Budget Paper Description:**

The Government will undertake planning and design work for a Police, Ambulance and Clinician Early Response (PACER) model which can provide better support for people experiencing acute mental health incidents. This will examine the delivery of an integrated service model which brings together police, ambulance paramedics and mental health clinicians to support the safe assessment and treatment of people experiencing acute mental health episodes without the need for admission to hospital.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Health Expenses	147	0	0	0	147
Justice & Community Safety Expenses	176	0	0	0	176
FTE	1.0				

**Talking points:**

- This will establish a tri-service mental health co-response capability for the ACT Police, Ambulance and Clinician Early Response (PACER). Funding will be required for ACT Policing, the ACT Ambulance Service (ACTAS) and ACT Health to contribute personnel and infrastructure in support of the initiative.

Cleared as complete and accurate: 30/05/2018  
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Information Officer name:  
TRIM Ref:

HEA E29

**Portfolio/s:** Mental Health

**ISSUE:** HEA E29 – Alternative justice pathways for people with mental illness

**2019-20 Budget Paper Description:**

The Government will expand the Mental Health Justice Health and Alcohol and Drug Service to better support people with mental illness who are on bail and help reduce reoffending. This investment aims to address the over-representation of people with mental health challenges who are in contact with the justice system.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	731	749	768	787	<b>3,035</b>
FTE	2.2	2.2	2.2	2.2	

**Talking points:**

- Health are seeking additional funding for 2.2 FTE on-going to meet the demand of a larger JACS Omnibus proposal that is envisaged to have a direct impact on government and non-government agencies and the service provision required to support complex individuals who may be bailed with mental health conditions to engage with mental health services.
- Expansion to Mental Health Justice Health service will enable a higher level of intervention for individuals with a mental illness who are on bail and require an assertive model of intervention by employing experts to assist with the interface and governance between ACT Health and the ACT Courts. Increase in funding to Wellways for the expansion of the Detention Exit Community Mental Health Outreach Service (DECO).

Cleared as complete and accurate: 30/05/2018  
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 Cleared for release: Yes  
 Information Officer name:  
 TRIM Ref:

CHS E02

**Portfolio/s:** Mental Health

**ISSUE: CHS E02 - Expanding Public Inpatient Mental Health Care**

**2019-20 Budget Paper Description:**

The Government will boost allied health and nursing staff in the Adult Mental Health Unit, as well as supporting administration staff. This will ensure inpatients are provided more comprehensive psychosocial care, while supporting improved clinical care standards and stronger workforce development.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	1,680	1,722	1,765	1,809	<b>6,976</b>
FTE	13.9	13.9	13.9	13.9	

**Talking points:**

- Throughout 2017 and 2018, increased demand and presentations to the Emergency Department have meant that bed occupancy is consistently at or over capacity, resulting in long length of stay for patients in ED who require a mental health bed

**Key / background information**

- This proposal will expand the Adult Mental Health Unit (AMHU) from 37 to 40 beds. Commissioning of AMHU in 2012 funded 35 beds and a subsequent expansion in 2015 from 35 to 37 beds.
- AMHU has been operating at 40 beds for some time. While measures have been deployed to address demand (three additional un-funded nurses were employed in January 2018 in response to Nurse Hours Per Patient Day (NHPPD)) staffing for 40 patients were not sustainable.

Cleared as complete and accurate: 30/05/2018  
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 Cleared for release: Yes  
 Information Officer name:  
 TRIM Ref:

CHS E15

**Portfolio/s:** Mental Health

**ISSUE: CHS E15 – 7 Day-a-week Mental Health Consultation Liaison Service**

**2019-20 Budget Paper Description:**

The Government will expand the Mental Health Consultation Liaison service to operate at Canberra Hospital seven days a week, increasing the level of support available for people with mental illness.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	800	1,234	1,268	1,292	<b>4,594</b>
FTE	4.0	6.0	6.0	6.0	

**Talking points:**

- The expansion to 7 day a week will enable the coverage of afterhours and weekend shifts, with a focus on adults admitted into the medical and surgical wards and/or presenting in the Emergency Department.

**Key / background information**

- Over the previous five years, the rate of referrals to the Adult MHCL team across medical and surgical wards has increased by 38 percent.
- The service currently receive over 700 new referrals a year.
- The projected annual referral rate is 987 referrals by 2023.

Cleared as complete and accurate: 30/05/2018  
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 Contact Officer name: Jacqui Taylor Ext: 5124 4037  
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 Cleared for release: Choose an item  
 Information Officer name:  
 TRIM Ref:

CHS E16

**Portfolio/s:** Mental Health**ISSUE: CHS E16 – More Mental Health Services at The Canberra Hospital****2019-20 Budget Paper Description:**

The Government will establish an electroconvulsive therapy service within the Adult Mental Health Unit at The Canberra Hospital, building on the services currently offered at Calvary Hospital. This new service will provide better access on Canberra's Southside to necessary therapy for patients experiencing mental health concerns like depression and psychosis.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	0	488	999	1,078	2,565
Depreciation	0	0	126	126	252
Capital	1,764	756	0	0	2,520
FTE	0	2.1	4.1	4.1	

**Talking points:**

- ECT will be provided from a dedicated self-contained unit within the Adult Mental Health Unit. All clients will be managed by a specialist ECT team.

**Key / background information**

- ECT is a therapeutic medical procedure which involves the delivery of an electrical current to the brain in order to induce a seizure for therapeutic purposes.
- ECT has a strong evidence base in the treatment of more severe forms of depression and catatonia.
- Currently Calvary Public Hospital Bruce (CPHB) is the only provider of elective ECT in Canberra which has proven to be insufficient to provide adequate service to Canberra's growing population.

Cleared as complete and accurate: 30/05/2018  
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 Lead Directorate: Choose directorate:  
 Cleared for release: Choose an item  
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## BUDGET DAY BRIEF

ECT has not been routinely provided at the Canberra Hospital (TCH) since the opening of the Adult Mental Health Unit in 2012.

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Cleared for release: Choose an item  
Information Officer name:  
TRIM Ref:

CHS E31

**Portfolio/s:** Mental Health

**ISSUE: CHS E31 – Expanding health services at the Alexander Maconochie Centre**

**2019-20 Budget Paper Description:**

The Government will expand the opiate replacement treatment service and provide a range of additional drug and alcohol services at the Alexander Maconochie Centre. This will help reduce waiting times for alcohol and drug consultations, and provide earlier access to interventions for detainees to support their treatment and recovery from addiction while in custody.

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expense	258	266	273	277	<b>1,074</b>
FTE	1.8	1.8	1.8	1.8	

**Talking points:**

- The Government will enhance the clinical provision of Justice Health (JHS) drug and alcohol services at the Alexander Maconochie Centre to provide a targeted opiate replacement treatment service and a range of additional drug and alcohol services
- Expanding service provision by 1.8 FTE Registered Nurses would enable key recommendations of the ACT Drug Strategy Action Plan 2018-2021 and the Alexander Maconochie Centre Drug and BBV Strategy 2018-2022 and the Human Rights Commission independent review into the Opioid Replacement Therapy program at the AMC to be addressed.
- This would also enable a 7 day a week service.

**Key / background information**

- In November 2018 the AMC detainee muster ranged between 475 and 490 individuals in custody. During this time 104 of these detainees were managed on the Opiate Maintenance Therapy (OMT) program. This equates to 21% of the prison population.

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 Information Officer name:  
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# BUDGET DAY BRIEF

JACS E01

**Portfolio/s:** Mental Health

**ISSUE:** JACS E01 - A Safer Canberra/Strengthening Public Safety and Security

## 2019-20 Budget Paper Description:

This Budget Business Case (BC) will provide several high priority requirements to strengthen the safety of the ACT as part of a National effort to address the risks associated with people who have a fixated threat, and to better protected crowded places from terrorism. The initiative is a two year trial.

The Health component relates to additional 1.5 FTE for clinical and psychiatric purposes (one full-time mental health clinician and a part time psychiatrist).

	2019/20	2020/21	2021/22	2022/23	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Expenses	82	277	285	-	644
FTE	0.5	1.2	1.2	-	812

## Talking points:

- The increase in staffing to the fixated threat team will add insitu mental health care and support.

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 TRIM Ref:



**Director-General**  
**Budget Estimates Hearing – 2019-20**  
**20 June 2019**

**General Information**

No.	Title	
1.	Brief – 2019-20 Community Budget Submission Summary	GBC19/264
2.	Minute - Ngunnawal Bush Healing Farm - Program intent and history - July 2018	DBC18/835

**QONs**

No.	Title	
3.	QON 2134 – Advertising – Dunne – 15 February 2019	GBC19/70
4.	QON 2506 – <b>DRAFT</b> Executive Level Positions – Dunne – 17 May 2019	GBC19/270
5.	<i>(spare)</i>	
6.	<i>(spare)</i>	

**Budget Estimates 2018-19**

No.	Title	
7.	Select Committee on Estimates 2018-19 Report (Health section p140-166)	
8.	Government Response to the Select Committee on Estimates 2018-19 Report	

**Admin**

No.	Title	
9.	Final Budget Estimates Hearing Program	
10.	Witness Lists	



MINISTERIAL BRIEF

ACT Health Directorate

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<b>To:</b>	Minister for Health and Wellbeing	Tracking No.: GBC19/264
	Minister for Mental Health	
<b>CC:</b>	Chief Executive Officer, Canberra Health Service	
<b>From:</b>	Deputy Director-General, Health Systems, Policy and Research	
<b>Subject:</b>	2019-20 Community Budget Submission Summary	
<b>Critical Date:</b>	3 June 2019	
<b>Critical Reason:</b>	To support discussions regarding the 2019-20 Budget.	

• DG .../.../...

**Purpose**

To provide you with information on the 2019-20 community budget submissions that relate to the Health Portfolios.

**Recommendation**

That the Minister for Health and Wellbeing note the information contained in this brief.

**Noted / Please Discuss**

Meegan Fitzharris MLA ...../...../.....

Minister's Office Feedback

That the Minister for Mental Health note the information contained in this brief.

**Noted / Please Discuss**

Shane Rattenbury MLA ...../...../..... 3/6/19

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Minister's Office Feedback
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### Background

1. The 2019-20 Budget consultations, conducted by ACT Treasury, closed on 31 October 2018. 141 submissions were received from individuals and organisations.
2. Health Policy and Strategy Branch (HPSB), ACT Health Directorate (HD), reviewed the relevant health portfolio submissions and provided a Ministerial Brief (GBC18/901), in December 2018, outlining the alignment of community submissions with relevant business cases.

### Issues

3. A summary of community budget submissions (Attachment A) has been included to provide an overview of submissions specific to the health portfolio.
4. Many submissions from community organisations sought funding for their own programs, many of which receive funding from the ACT Government through Service Funding Agreements (SFA) or grants.
5. The Health Directorate has been liaising with organisations about extension of the timeframes for current SFA which were due to expire on 30 June 2019 for a period of 3 years (1 July 2019-30 June 2022). During the extension process, a number of the organisations have expressed concern over certainty of funding for both their ongoing services and the budget submissions they supplied.
6. The Health Directorate has contacted all organisations about the process of variations to extend the current SFAs and responded to concerns. In some cases Letters of Variation have been offered rather than a Deed of Variation.
7. The key concerns raised by providers included a need for further clarification about how the variation related to their existing agreement, when indexation would be communicated and how the Equal Remuneration Order arrangements would be applied.
8. Due to the confidentiality around the budget process, the ACT Government is unable to comment publicly on the progress of individual budget submissions.
9. Further, there is confusion in the sector about this process and timing which does not operate in parallel Australian Government process, as many organisations provide submissions to both the Australian and ACT Governments.
10. HD reviewed the community budget submissions during the 2019-20 Community Budget consultation process with consideration of current financial capacity. Further noting that many of the themes identified in the submissions are found in funded items.
11. Community budget submissions will however be reviewed at the commencement of

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planning for the 2020-21 Budget with the intention to identify initiatives that might have strong merit in the light of emerging priorities and budget environment.

**Financial Implications**

12. Nil.

**Consultation**Internal

13. HPSB worked with the Mental Health Policy Unit, Preventive and Population Health, Public Health, Protection and Regulation and the Community Sector Contracts and Grants Unit to compile this information.

Cross Directorate

14. Not applicable.

External

15. Not applicable.

**Work Health and Safety**

16. Not applicable.

**Benefits/Sensitivities**

17. Community groups have in many instances sought funding to support their existing activities.
18. Specific benefits and sensitivities relating to community budget submissions have been included in Attachment A.
19. Further to these, HPSB is aware of unsolicited bids that are not included in the attachment, for example Kidsafe who are currently seeking additional funding from a number of directorates, citing the current level of funding they receive is now inadequate. A consolidated list of unsolicited bids has not been compiled.
20. Epilepsy ACT have been unable to secure ongoing funding due to competing demands on the Health Envelope. HD has been able to offer a grant of \$100,000 which will allow Epilepsy ACT to continue its services for another year.

**Communications, media and engagement implications**

21. ACT Health Media are working with CMTEDD and your Office in the development of specific health announcements in the lead up to the 2019-20 ACT Budget.

Signatory Name: Gabriela Sermeno

Phone: 49922

Action Officer: Rebecca Williams

Phone: 49755

**Attachments**

Attachment	Title
Attachment A	Community Budget Submission Summary

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## COMMUNITY BUDGET SUBMISSIONS SUMMARY

## BUSINESS CASES

Submission Number	Submission Title	Funding*	Summary	Related Government Activities	Sensitivities	Business Case <sup>#</sup>	Agreed Funding <sup>+</sup>
2	Pharmacy Guild of Australia – ACT Branch	Nil.	<p>Community pharmacies to support re:</p> <ul style="list-style-type: none"> <li>- Keeping aged people in their homes</li> <li>- Early intervention re chronic conditions and health risks</li> <li>- Provide advice re minor ailments incl non-prescription medicines</li> <li>- Compliance with medications</li> <li>- Medication management on acute care discharge</li> <li>- Smoking cessation counselling</li> <li>- Mental health prevention.</li> </ul>	<p>The issues raised in this submission were captured in the CHS Capital Works budget concept brief #36: Pharmacy works and more staff. ACT Health is also developing an ACT Preventive Health and Wellbeing Plan with specific focus on the prevention of chronic disease in the community. Pharmacy Guild have received funding previously from the ACT Health Promotion Grants Program (ACTHPGP) to fund smoking cessation counselling for different groups in the community. They received \$64,750 in 2014/15 and \$73,250 in 2015/16 for the 'Smoking Cessation in Community Pharmacy' program. They also received \$60,000 in 2016/17 and \$60,000 in 2017/18 for the 'Quit for 2 through community pharmacy' program.</p>	<p>PGA has responded concerns that community pharmacies in WA have not been charging appropriately for flu vaccines. The article in The West Australian mentioned that the flu vaccine is available at ACT community pharmacies.</p>	<p><b>CHS E27:</b> Expanding pharmacy services at Canberra Hospital</p>	<p><b>\$7.939 million</b> over 4 years (includes capital)</p>
46	General Practice at the Deep End - Canberra Region Australia	Nil.	<p>General Practice at the Deep End (GPDE) Propose a North-side Tier 1 dosing point for people to receive opioid maintenance treatment (OMT). GPDE states that northside patients make up 30.2% of all OMT patients, but at present there is no northside dosing point for OMT, leading to a number of patients exiting OMT due to transport and accessibility problems.</p>	<p>The issues raised in this submission were captured in the ACT HD budget concept brief Policy #23: Alcohol and Other Drugs Harm Reduction Package. Improved provision of Opioid Management Therapy is part of the ACT Drug Strategy Action Plan 2018-2021</p>	<p>Canberra Times story 30/5/19 'More ACT prisoners are illicit drug users when they enter prison than in other states and territories.' <a href="https://www.canberratimes.com.au/story/6189105/drug-problems-rife-among-incoming-prisoners/">https://www.canberratimes.com.au/story/6189105/drug-problems-rife-among-incoming-prisoners/</a> 'Just 6 per cent of the ACT respondents were methadone users when they entered prison. However, a 2018 survey of detainee opioid use by the same health organisation revealed that methadone use escalated significantly when people entered the ACT prison system, with 114 prisoners or almost a quarter of the entire Canberra prison population, reported to be on the heroin-replacement drug. The ACT government's justice directorate described the AIHW report as a small sample size, "taken from a group that may not be representative of the population" of the prison. "It is also a self-identifying survey, and this may alter the results accordingly, especially when compared like-for-like with other related reports."</p>	<p>Nil.</p>	<p>N/A</p>

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# COMMUNITY BUDGET SUBMISSIONS SUMMARY

173  
BUSINESS CASES

Submission Number	Submission Title	Funding*	Summary	Related Government Activities	Sensitivities	Business Case <sup>#</sup>	Agreed Funding <sup>†</sup>
47	Superannuated Commonwealth Officers Association (SCOA) Australia - ACT Committee	Nil.	<b>Improve Home and Community Care (HACC)</b> SCOA recommends monitoring and improving the operation of the ACT Home and Community Care Program and Community Aged Care packages. There are growing pressures being experienced on HACC, especially home-based care needs clients. There is an unacceptably long wait for new customers, unless there is a medical emergency. Many older people suffer reduced living standards and declining health due to lack of basic support services, and this impacts hospital and aged care admission. <b>NDIS</b> It is inequitable that older people are excluded from the NDIS. This impacts ACT government services such as Technical Aid for the Disabled ACT clients, and funding needs to reflect they cannot access NDIS. <b>Access to Dental Care</b> Waiting times for dental services need to be reduced, and access maintained and improved over the budget cycle. Acknowledges ACT measures for those needing urgent treatment. <b>Access to Primary Care</b> Recommends continued efforts to reduce the shortage of General Practitioners in the ACT, promote bulk billing, and introduce walk-in nurse clinics, especially given the ageing profile of ACT residents and doctors.	The issues raised in this submission were captured in the CHS budget concept brief #18: NDIS social work support and Calvary budget concept brief #10: Geriatric Rapid Acute Care Evaluation Service (GRACE) In the 2019-20 ACT Budget we will/have announced a pilot program to support General Practitioners to provide care to and support for people with complex conditions. This program will help to improve the coordination of specialist care for chronic conditions in the ACT, which will help to ensure continuity of health care and improve access to Primary Care across these conditions.	<a href="http://scoa.asn.au/special-general-meeting-canberra-monday-3-june-2019/">http://scoa.asn.au/special-general-meeting-canberra-monday-3-june-2019/</a> "A Special General Meeting will be held in Canberra on Monday 3 June 2019 at 10.30 am to vote on a number of recommendations made by the National Committee, including the winding up of SCOA Australia and the disbursement of any surplus funds." A sixth of surplus funds after SCOA closes is to be split between COTA ACT, QLD, and VIC. SCOA members are being redirected to National Seniors, COTA, and CPSU.	Nil.	N/A
49	Hepatitis ACT	Nil.	Seek \$50,000 per annum for education following increased demand for services from people with hepatitis.	Hepatitis ACT have an existing Service Funding Agreement with ACT Health Directorate to provide services for people with Hepatitis. ACT Health will continue to work with Hepatitis ACT to monitor demand and requirement for additional resources	ACT Health will work with stakeholders in the STI/BBV sector through the new STI/BBV Health Advisory Committee to develop a workplan which identifies and prioritises areas of work for STI/BBV related matters in the ACT. There is the potential for new projects to be identified through the development of the work plan and this may result in the allocation of resources from within the existing budget or budget bids for the 2020-2021 financial year.	Nil.	N/A

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## BUSINESS CASES

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50	Menslink	Nil.	Seeking \$712,500 over 4 years for free counselling for 10-12 year olds with behavioural issues.	Menslink already have a Deed of Grant (DoG) with the Health Directorate to support 10-12 year olds, which supplements their SFA with the Community Services Directorate for counselling for 12-25 year-old males.	The review of the current DoG performance and demand does not support the funding of this program to the degree requested. The Health Directorate is currently negotiating with Menslink to extend the DoG for an additional 12 months, for a value of \$50,000. CSD currently fund Menslink for counselling for boys aged 12 years and over. Made a recent statement on the ongoing issue of violence in schools: need to support victims and offenders, and reduce adults advocating violence in response	Nil.	N/A
51	Catholic Care	Nil.	Seeking \$125,500 towards STEPS Capital Works upgrade for sub-acute accommodation for 12-18 year olds with moderate to severe mental illness.		Canberra Times story 28/5/19 'Youth justice taskforce hands down final report as problems rise' mentions youth with mental illness. "The taskforce pointed to nine other focus areas for the blueprint over the next four years, including addressing childhood trauma common among kids in detention and early support for eight to 13-year-olds. More action was needed for children with cognitive impairments and mental health concerns, who the report said were overrepresented in youth detention across Australia, especially among Indigenous youth."	Nil.	N/A
52	AIDS Action Council of the ACT	Nil.	AIDS Action Council is seeking increased funding of \$132,900, in response to increased demand for counselling services over the last 12-18 months.	The issues raised in this submission were captured in the ACT HD budget concept brief Policy #6: Health Responses to LGBTIQ. AIDS Action Council ACT have an existing Service Funding Agreement with ACT Health Directorate which includes funding allocated to counselling. ACT Health will continue to work with AIDS Action Council ACT to monitor demand and requirement for additional resources.	ACT Health funds Capital Health Network to provide services for people with HIV (\$190,313 in 2018-19), including 150 hours of specialised counselling. CHN have reported the demand for the counsellor is low and never even meets half this amount. ACT Health is working with CHN to increase demand for counselling provided by CHN.	<b>HEA E08:</b> Supporting better healthcare for lesbian, gay, bisexual, transgender, intersex and queer Canberrans	<b>\$0.087 million</b> for 1 year

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60	Belconnen Arts Centre	Nil.	Belconnen Arts Centre (BAC) is seeking funds to expand the Dance for Wellbeing program to respond to an increase in demand. The Program is currently delivered in Belconnen and Tuggeranong, and delivers specifically devised dance programs for people with Parkinson's disease, dementia and other chronic conditions. Current funding ceases in October 2019. They are seeking \$70,000 to continue to deliver the current program, and an additional \$70,000 to expand it (\$140,000 in total per annum).	The issues raised in this submission were captured in the ACT HD budget concept brief Policy #24: Preventive Health Initiatives. Belconnen Arts Centre received their current funding for the Dance for Wellbeing program through the ACTHPGP. They received funding in Healthy Canberra Grants: Focus on Healthy Ageing of \$23,450 in 2016/17, \$41,900 in 2017/18 and \$41,900 in 2018/19. Healthy Canberra Grants only provides grants for programs up to three years duration. As a seed funding grants program, programs previously funded through Healthy Canberra Grants are unable to seek repeated funding.		Nil.	N/A
61	Community and Public Sector Union (CPSU) - PSU Group	Nil.	The CPSU is seeking additional funds to the ACTPS to meet increasing workloads and demands, with a particular focus on ACT Health including pathology, pharmacy and dental health lab CPSU argue there is inadequate resourcing and a high number of employees on contracts, and lack of backfilling.	The issues raised in this submission were captured in the CHS budget concept brief #20: Child Health Targeted Support Services staffing increase CHS budget concept brief #21: Enhanced cross border staffing increase CHS budget concept brief #22: Clinical Genetics staffing increase CHS budget concept brief #23: ADS expansion staffing increase CHS budget concept brief #24: Intellectual disability service staffing increase CHS budget concept brief #25: Dementia care staffing increase and more training CHS budget concept brief #26: Inpatient services staffing increase CHS Capital Works budget concept brief #36: Pharmacy works and more staff	Concerns about funding and job cuts in federal public service, especially in DHS (Centrelink, Medicare, and NDIA delivery is affected) Recent statement argued that "Management shake-up can't fix the NDIA while staffing cap remains" - CPSU wants to improve NDIS implementation and access	Nil.	N/A
62	Parentline ACT	Nil.	n/a				

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63	Hepatitis ACT, the AIDS Action Council and Sexual Health Family Planning ACT	Nil.	Increase the availability, access and awareness of BBV/STI prevention strategies (including HIV and Hepatitis C) through an outreach program to increase testing and awareness of testing. Seeking \$284,040 over 3 years. Propose to increase staff and resource capacity over 4 years to provide health promotion, education, outreach testing and primary healthcare.	The issues raised in this submission were captured in the ACT HD budget concept brief Policy #24: Preventive Health Initiatives. Hepatitis ACT, the AIDS Action Council and Sexual Health Family Planning ACT all have existing Service Funding Agreements with ACT Health Directorate. ACT Health will continue to work with all three organisations to monitor demand and requirement for additional resources.	ACT Health will work with stakeholders in the STI/BBV sector through the new STI/BBV Health Advisory Committee to develop a workplan which identifies and prioritises areas of work for STI/BBV related matters in the ACT. There is the potential for new projects to be identified through the development of the work plan, such as outreach programs and increased health promotion and education, and this may result in the allocation of resources from within the existing budget or budget bids for the 2020-2021 financial year.	Nil.	N/A
71	Toora Women	Nil.	Seeks \$385,000 for trauma counsellors intensive case management for women and children suffering domestic and family violence.	The issues raised in this submission were captured in the CHS budget concept brief #10: Strengthening response to FV - more AH staff		Nil.	N/A
72	Toora Women and EveryMan Australia	Nil.	Seeking \$254,000 for Building Respectful Families Program. Cost impact of violence to women and the economy is pain and suffering (incl mental health), increased risk of chronic illness and premature death. Parental substance abuse and mental health issues places children at risk.	The issues raised in this submission were captured in the CHS budget concept brief #10: Strengthening response to FV - more AH staff		Nil.	N/A
73	Canberra Convention Bureau	Nil.	Seeks \$10,000 for Biomechanics Conference - alignment with health, sports science and preventive health. Part of promoting Canberra as an education hub.			Nil.	N/A
76	Communities 4 Kids Project	Nil.	Domestic and family violence has long term psychological, emotional, behaviour and health impacts.			Nil.	N/A

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# COMMUNITY BUDGET SUBMISSIONS SUMMARY

## BUSINESS CASES <sup>177</sup>

Submission Number	Submission Title	Funding*	Summary	Related Government Activities	Sensitivities	Business Case <sup>#</sup>	Agreed Funding <sup>†</sup>
79	Nutrition Australia	Nil.	<p>Establishment of a food and nutrition coalition as part of the preventive Health and Active Living Strategy.</p> <ul style="list-style-type: none"> <li>- Create healthier food environments, as part of healthier Choices Canberra.</li> <li>- Ensuring appropriate food and nutrition for children and youth through education in schools.</li> <li>- Public education re healthy and active life.</li> </ul> <p>Importance of food link with obesity and chronic disease.</p>	<p>ACT Health is currently developing the ACT Preventive Health and Wellbeing Plan. This plan will include a specific focus on nutrition and food, as well as addressing healthy weight and physical activity. ACT Health is developing a range of consultation measures to inform this plan. Nutrition Australia have received numerous grants through the ACTHPGP over the last few years to address healthy eating. Health Promotion Innovation Funding Feb 2014 Food&amp;Me Years 5&amp; 6 - \$11,000 HPIF Feb 2014 - Project Dinnertime - Take the Nutrition Week Challenge - \$15,000. HPIF October 2016 - Nourishing Little Minds - \$14,900. HPIF October 2016 - Fuel up with Food - \$14,916. HPIF March 2018 - Teaching Nutrition in Secondary School \$14,900. HCG 2014/15- 2016/17 - ACT Nutrition Support Service - \$154,000; \$135,000, = \$419,000. HCG 2018/19 - 2020/21 - Nourishing Little Minds - \$33,800 - \$32,600 - \$99,800</p>		Nil.	N/A
80	Winnunga Nimmityjah Aboriginal Health and Community Services	Nil.	<p>Recommends: an overarching Indigenous policy statement and a 'single point' Indigenous policy and coord area in ACT Gov; funding for the design and construction of a residential alcohol and other drug rehabilitation facility in the ACT (the Ngunnawal Bush Healing Farm is not used for this, as planned); funding for Winnunga AHCS to provide autonomous, holistic health and wellbeing services at the Alexander Maconochie Centre; and recurrent funding for the Winnunga Healthy Weight Program. (Note #98 ACTCOSS) There is a need for Indigenous specific policies and programs designed jointly with the Aboriginal service providers, not just included in mainstream services. Existing expenditure is ineffective, and only a fraction through an Aboriginal led and controlled service, and demand for this is increasing. This is in response to persistent disadvantage for Aboriginal and Torres Strait Islander people in the ACT, including double the rate of children who are developmentally vulnerable, and higher avoidable hospitalisation rates for some conditions.</p>	<p>The ACT Government has developed a new ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 with the Aboriginal and Torres Strait Islander Elected Body (ATSIEB). This Agreement states the ACT Government's commitment towards reconciliation and wellbeing of communities. The issues raised in this submission were captured in the ACT HD budget concept brief Policy #16: ACT Strategic Priorities for Aboriginal and Torres Strait Islander Health 2019-2028 ACT HD budget concept brief Policy #23: Alcohol and Other Drugs Harm Reduction Package ACT HD budget concept brief Policy #36 Co-design and Planning: Aboriginal and Torres Strait Islander Alcohol and Drug Residential Rehabilitation Facility JACS-AMC Omnibus: Addressing the impacts of alcohol and drug dependence</p>	<p>Since this Community Budget Submission, the Winnunga Nimmityjah Aboriginal Health and Community Service has established a new clinic inside the Alexander Maconochie Centre to provide holistic model of healthcare for Aboriginal and Torres Strait Islander detainees.</p>	<p><b>HEA E15:</b> Delivering the ACT Strategic Priorities for Aboriginal and Torres Strait Islander Health 2019-2028 <b>HEA E25:</b> Strengthening care for older Canberrans</p>	<p><b>\$1.115 million</b> over 4 years <b>\$0.300 million</b> for 1 year</p>

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82	CatholicCare Canberra and Goulburn	Nil.	Seeks \$41,390 for minor capital works to deliver its NDIS program at its new disability hub in O'Connor (including specialist counselling, behaviour management and speech therapy and support services).	The ACT Government has entered into a Bilateral Agreement with the Commonwealth Government to establish a National Psychosocial Support Measure. This Measure is to provide matched funding for psychosocial support measures for people with functional impairment resulting from severe mental illness, who are not eligible for the NDIS. Through this Measure, the ACT is committing \$2 million over the four financial years from 2017-18 to 2020-21 while the Commonwealth is funding \$1.3 million over the same period. This funding is being transferred to the Capital Health Network who are commissioning these psychosocial support services. Currently, Flourish Australia and Woden Community Services have been awarded contracts under this measure so far. The issues raised in this submission were captured in the CHS budget concept brief #18: NDIS social work support		Nil.	N/A
85	Australian Breastfeeding Association	Nil.	Recommends: the ACT support the National Enduring Breastfeeding Strategy; review progress re the Breastfeeding Strategic Framework; collect statistics and fund accreditation; and support and fund breastfeeding services and education.	ABA have received funding through the ACTHPGP for programs relating to breastfeeding education and awareness. Most recently they received \$98,834 in 2016/17, \$59,544 in 2017/18 and \$59,769 in 2018/19 for the 'Breastfeeding resources and support for the ACT region' program		Nil.	N/A
88	Asthma Australia	Nil.	Seeks funding (\$1.125m) over the next 3 years: \$570,000 to develop better asthma self-management through 1800 helpline/coach program, primary health care and targeted outreach to at-risk communities. \$240,000 to support people leaving hospital, expanding the Calvary pilot to TCH. \$150,000 for nurse-led primary health asthma program to provide education, information and support; \$75,000 for asthma health promotion campaigns; \$90,000 for review of existing program. Prevalence of asthma is higher in the ACT than national average, is in the top 20 common reasons for ED presentations in the ACT. Asthma has a significant, but preventable burden on the ACT health system. Education programs address self-management as part of public health. 2	The issues raised in this submission were captured in the ACT HD budget concept brief Policy #24: Preventive Health Initiatives	Asthma ACT has expressed disappointment they have not received committed funding for their Pilot program. A Ministerial (MIN19/420) went up to outline the detail.	Nil.	N/A

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			programs are currently funded by ACT and align with chronic conditions strategies.				
89	Council on the Ageing ACT (COTA ACT)	Nil.	<p>Recommend initiatives to support older people using the health care system effectively to avoid hospitalisation (including improving acute care pathways for over 70 year olds); and access to palliative care in residential aged care and TCH. (Note #98 ACTCOSS, #99 HHCA, #114 National Seniors)</p> <p>Concerned that older patients are disadvantaged if privately insured patients have elective surgery in public hospitals. Need better management of aged care residents' health. Improve transitions of care of older people on discharge from hospital, and community-based support for older people to navigate the health system. Increase funding and coordination of public dental and pain management programs and training. Improve access to strength training to reduce falls etc.</p>	<p>The issues raised in this submission were captured in the CHS budget concept brief #49: ACT Wide Palliative Care - more staff and dedicated space at Canberra Hospital</p> <p>ACT HD budget concept brief Policy #2: Comprehensive Palliative Care in Aged Care</p> <p>ACT HD budget concept brief Policy #24 Preventive Health Initiatives</p>	<p>SCOA is closing down and a sixth of surplus funds is to be split between COTA ACT, QLD, and VIC. SCOA members are being redirected to National Seniors, COTA, and CPSU.</p>	<b>HEA E06:</b> Expanding palliative care for older Canberrans	<b>\$1.663 million</b> over 4 years
92	Capital Health Network	Nil.	<p>CHN recommends addressing economic and health policy in the priority areas of:- care across the continuum - funding HealthPathways program - vulnerable and at-risk groups: training for GPs/nurses to support victims of domestic and family violence; extra funding for primary care outreach expansion to public housing estates, and support Directions' outreach through a mobile clinic (Note: #107).- mental health: address access to psychiatrists.- aged care: expand the Geriatric Rapid Acute Care Evaluation (GRACE) Service to all residential aged care facilities (currently trial by CHN and Calvary).- alcohol and drug: a northside methadone dosing centre (Note: #46 GP at the Deep End)- chronic disease management: funding for the Change Program, a GP-delivered weight management program; expansion of Live Healthy Canberra online directory.- prevention: increase cancer screening rates through advertising campaign.</p>	<p>The issues raised in this submission were captured in the CHS budget concept brief #10: Strengthening response to FV - more AH staff</p> <p>ACT HD budget concept brief Policy #23: Alcohol and Other Drugs Harm Reduction Package</p> <p>ACT HD budget concept brief Policy #34: Nurses and Midwives: towards a safer culture</p> <p>Calvary budget concept brief #10: Geriatric Acute Care Evaluation Service (GRACE)</p> <p>JACS - AMC Omnibus: Addressing the impacts of alcohol and drug dependence. Expansion of OMT is a key part of the ACT Drug Strategy Action Plan 2018-2022.</p>	<p>Many of these initiatives are funded by the Commonwealth Government. CHN have also expressed concerns around sufficient funding for the HealthPathways project.</p>	<b>HEA E23:</b> Implementing the Nurses and Midwives: Towards a Safer Culture – The First Step strategy	<b>\$1.663 million</b> over 4 years
94	Community Options	Nil.	<p>Seeking \$350,000 per annum for in-home and community based support services with Activities of Daily Living for ACT residents with</p>	<p>The issues raised in this submission were captured in the HD is progressing a Deed of Grant in lieu of this budget submission.</p>		DoG	

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			terminal illnesses for end-of-life care in own home.				
95	Advocacy for Inclusion	Nil.	<p>Recommends:</p> <ul style="list-style-type: none"> <li>- Further funding for individual advocacy organisations to ensure increase in service capacity towards people with disabilities in a 'growing Canberra' without sole reliance on the NDIS. (Note: #98 ACTCOSS)</li> <li>- The ACT Government to actively work with the Office for Disability and Office for Mental Health towards the implementation of the NDIS mental health stream to ensure services, support and advocacy for available and ready.</li> <li>- The ACT Government to increase funding for disability and mental health community organisations to increase advocacy capacity to further support people with psycho-social disability in gaining supports, whether in or out of the NDIS. (Note: #98 ACTCOSS)</li> <li>- The ACT Government to consider funding and elevating similar programs like the Victorian Cradle to Kinder program, designed for parents with disabilities to access appropriate services under the ACT Disability Justice Strategy. (includes additional support from health services)</li> <li>- The Office for Disability to work with ACT Health and Child and Youth Protection Services to conduct a comprehensive review of pre-birth notifications to establish basic demographic details about mothers in the ACT, including the presence of any disability and the reasons given for the making of notifications. This information must be made public and transparent.</li> <li>- Concern that the NDIS is available to all who need support and should not be a substitute for available services or block those needing further support without the NDIS. Currently, without NDIS access, people are unable to access support. The community sector infrastructure needs to support people with disabilities on the NDIS and also those who are ineligible for</li> </ul>	<p>In this year's budget the ACT Government is providing funding to recruit two social workers to provide psychosocial support and education for mental health carers in the ACT. This initiative, which will help to improve the mental health and wellbeing of carers but will also help them to advocate and address the barriers to services for the people they care for.</p> <p>The issues raised in this submission were captured in the CHS budget concept brief #18: NDIS social work support</p> <p>ACT HD budget concept brief Policy #14: Capacity building for mental health carers</p>		Nil.	N/A

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			support or, simply choose not to take part in the NDIS.				
97	St Vincent de Paul	Nil.	Provide:- tenancy management, including support services such as mental health and social services, to the ACT Government flats at Oaks Estate.- mental health outreach through lease of Woden CIT site.- develop low cost housing in Woden- mental health case management via a hub.	The issues raised in this submission were captured in the ACT HD budget concept brief Policy #23: Alcohol and Other Drugs Harm Reduction Package	ACT Health formerly funded St Vincent de Paul for a similar support program for people with mental health issues in Oaks Estate. This funding was stopped due to being NDIS eligible (50/50 agreement with the Commonwealth). All of the people on that program were transitioned to the NDIS.	Nil.	N/A
98	ACT Council of Social Service (ACTCOSS)	Nil.	<p>Sub 1: Seeking \$275,000 over 3 years from CMTEDD to implement the ACT Community Services Industry Strategy. Implementation includes aligning sector development objectives and investments across industry-wide development processes (including the Office of Mental Health and Wellbeing).</p> <p>Sub 2: Seeking funds to support the health reform agenda and address non-clinical factors that impact on health, including access to, and effectiveness of, health services. Need to invest in preventative health, primary care and community-based health care and wellbeing services.</p> <p>Priorities are:</p> <ul style="list-style-type: none"> <li>- Enhanced health services and responses for women effected by transvaginal mesh (including financial);</li> <li>- A palliative care ward at Canberra hospital (Note: # 99 HCCA and #89 COTA)</li> <li>- Systems and workforce development;</li> <li>- Enhancements to the pain clinic;</li> <li>- A disability health strategy (access to low cost services).</li> <li>- Resource responses and cultural change work from the independent inquiry into ACT Health.</li> <li>- Also investment in: non-clinical needs of people with poor social determinants of health (including CASP) (see #47 SCOA); funding certainty for Health SFAs; Uni of Canberra Hospital; preventative health interventions; walk-in clinic in Civic; increasing AODT and rehab; better access/ responsiveness for people with disability; trauma informed practice and</li> </ul>	<p>Re: NDIS</p> <p>The ACT Government has entered into a Bilateral Agreement with the Commonwealth Government to establish a National Psychosocial Support Measure. This Measure is to provide matched funding for psychosocial support measures for people with functional impairment resulting from severe mental illness, who are not eligible for the NDIS.</p> <p>Through this Measure, the ACT is committing \$2 million over the four financial years from 2017-18 to 2020-21 while the Commonwealth is funding \$1.3 million over the same period. This funding is being transferred to the Capital Health Network who are commissioning these psychosocial support services. Currently, Flourish Australia and Woden Community Services have been awarded contracts under this measure so far.</p> <p>The issues raised in this submission were captured in the CHS budget concept brief #11: Pain Management Unit staffing increase CHS budget concept brief #16: Expand MH Consultation Liaison service CHS capital works budget concept brief #49: ACT Wide Palliative Care - more staff and dedicated space at Canberra Hospital ACT HD budget concept brief Policy #2: Comprehensive palliative care in aged care ACT HD budget concept brief Policy #13: supporting mental health in general practice ACT HD budget concept brief Policy #16: ACT Strategic Priorities for Aboriginal and Torres Strait Islander Health 2019</p>	<p>The Office for Mental Health published its response to the Productivity Commission's Inquiry into Mental Health in April 2019. This document describes the ACT Government's position that whole of government strategies are needed to adequately address the mental health and wellbeing needs in our community.</p> <p>Organisations may point to this publication and other communications regarding mental health and wellbeing when asking about funding priorities.</p>	<p><b>CHS E15:</b> 7-day-a-week Mental Health Consultation Liaison service</p> <p><b>HEA E06:</b> Expanding palliative care for older Canberrans</p> <p><b>HEA E13:</b> Delivering better care for Canberrans with complex needs through general practice</p> <p><b>HEA E15:</b> Delivering the ACT Strategic Priorities for Aboriginal and Torres Strait Islander Health 2019-2028</p> <p><b>HEA E25:</b> Co-design and Planning: Aboriginal and Torres Strait Islander Alcohol and Drug Residential Rehabilitation Facility</p>	<p><b>\$4.594 million</b> over 4 years</p> <p><b>\$1.663 million</b> over 4 years</p> <p><b>\$2.500 million</b> over 4 years</p> <p><b>\$1.115 million</b> over 4 years</p> <p><b>\$0.300 million</b> for 1 year</p>

\*No Community Budget Submissions received funding from the ACT Budget

<sup>#</sup>The Community Budget Submissions included themes that could be linked to this successful ACT Budget Bid<sup>+</sup>The funding amount indicated will be provided to the ACT Government to support the work outlined in the successful Business Case

## COMMUNITY BUDGET SUBMISSIONS SUMMARY

## BUSINESS CASES

Submission Number	Submission Title	Funding*	Summary	Related Government Activities	Sensitivities	Business Case#	Agreed Funding+
			<p>training, esp. for mental health sector; adult mental health day services; reduce costs and improve access for reproductive health including abortion; education re National Code of Conduct for health workers; chronic conditions (supports #99 HCCA re patient navigation).</p> <p>- Support Winnunga sub (# 80) re: 'single point of Indigenous policy and coord in ACT Gov; a residential AODT and rehab facility; and autonomous, holistic health and wellbeing services at the AMC.</p> <p>- Disability services: pressure on people and service providers re NDIS due to its structure (and transition issues); continued support and development for disability workforce; funding for mainstream systems outside NDIS, including healthcare; information and referral services for people with disability and chronic illness; aids, equipment and other services which cannot be provided under NDIS; capacity building for services for people with a psychosocial disability; and improved health service response re recommendations from the Inquiry into employment of people with disability.</p> <p>- Volunteering: work to address barriers and training for volunteers in mental health organisations. (see # 113 Volunteering and Contact ACT)</p> <p>- Reform and funding to justice policies to improve capability and engagement of community organisations (incl health sectors). (Note: #95 Advocacy for Inclusion)</p>	<p>ACT HD budget concept brief Policy #23: Alcohol and Other Drugs Harm Reduction Package</p> <p>ACT HD budget concept brief Policy #24: Preventive Health Initiatives</p> <p>ACT HD budget concept brief Policy #36: Co-design and Planning: Aboriginal and Torres Strait Islander Alcohol and Drug Residential Rehabilitation Facility</p> <p>JACS - AMC Omnibus: Addressing the impacts of alcohol and drug dependence</p>			

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## COMMUNITY BUDGET SUBMISSIONS SUMMARY

## BUSINESS CASES

Submission Number	Submission Title	Funding*	Summary	Related Government Activities	Sensitivities	Business Case <sup>#</sup>	Agreed Funding <sup>+</sup>
99	Health Care Consumers' Association	Nil.	<p>Recommends:- Palliative care at TCH and ACT-wide, more trained staff. (Note: #89 COTA and #98 ACTCOSS)- Trauma-informed care &amp; practice: training all staff at TCH and Calvary ED, and embedded in the Adult Mental Health Day Service at UCH to improve care (Note: # ACT Mental Health consumer Network – trauma care)- Improve the quality of support and management of chronic conditions: pilot a 3 year Patient Navigation Service (Note #89: COTA, #98 ACTCOSS). Funded to develop a model of care – importance of holistic approach and tailored information. Need to fund gaps in coordinated and individualised care.- Better funding for pain management services at TCH and implementation of the National Pain Action Plan, education for GPs and self-management.- Canberra sexual health services on northside, and more funding southside. More infrastructure, finance and workforce resources to support services, esp. for vulnerable and at-risk groups. (Note #63 AIDS council etc)- Response to transvaginal mesh: bio-psycho-social and financial support for removal of mesh implants in Sydney.- National code of conduct for health care workers: legislation to enact the Code and resources for implementation, including informing consumers.- Formal mechanism to work collaboratively with ACT Gov on design- Individual health advocacy (Note: #92 CHN, #95 Advocacy for Inclusion). and implementation of the Strategy.</p>	<p><b>Re: Chronic Conditions</b>In the 2019-20 ACT Budget we will/have announced a pilot program to support General Practitioners to provide care to and support for people with complex conditions. This program will help to improve the coordination of specialist care for chronic conditions in the ACT, which will help to ensure continuity of health care and improve access to Primary Care across these conditions.The issues raised in this submission were captured in the CHS Capital Works budget concept brief #49: ACT Wide Palliative care - more staff and dedicated space at Canberra HospitalACT HD budget concept brief Policy #2: Comprehensive Palliative Care in Aged Care</p>	<p>HCCA has expressed concerns that they do not have ongoing funding for their Health Literacy project. The funding for this project is already allocated, HD has worked with HCCA to ensure each stage of the project is successful ahead of each funding instalment.Quote from Newsletter 28/5/19:"HCCA is in the process of finalising negotiations with the ACT Government for our next funding agreement for 2019-2022. Many organisations have historical agreements that will need to be reviewed but HCCA is well positioned as we had a comprehensive review of our funding agreement in 2016. This means we have a contract that we are confident reflects the work of the organisation, and meets the need of consumers and the ACT Government"</p>	<p><b>HEA E06:</b> Expanding palliative care for older Canberrans</p>	<p><b>\$1.663 million</b> over 4 years</p>

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## BUSINESS CASES

Submission Number	Submission Title	Funding*	Summary	Related Government Activities	Sensitivities	Business Case <sup>#</sup>	Agreed Funding <sup>+</sup>
100	ADACAS Advocacy	Nil.	Fund:- gap in NDIS re specialist services and to support a holistic service response.- Advocacy support for individuals who can't access the services they need.- Mental Health and Suicide Plan, including creating and maintaining pathways re health and social service systems.- gaps in aged care services so people can remain at home if they wish- awareness and services re elder abuse.	<b>Re: NDIS</b> The ACT Government has entered into a Bilateral Agreement with the Commonwealth Government to establish a National Psychosocial Support Measure. This Measure is to provide matched funding for psychosocial support measures for people with functional impairment resulting from severe mental illness, who are not eligible for the NDIS. Through this Measure, the ACT is committing \$2 million over the four financial years from 2017-18 to 2020-21 while the Commonwealth is funding \$1.3 million over the same period. This funding is being transferred to the Capital Health Network who are commissioning these psychosocial support services. Currently, Flourish Australia and Woden Community Services have been awarded contracts under this measure so far. <b>Re: Advocacy</b> In the 2019-20 ACT Budget, we are also providing funding to recruit two social workers to provide psychosocial support and education for mental health carers in the ACT. This initiative, which will help to improve the mental health and wellbeing of carers but will also help them to advocate and address the barriers to services for the people they care for. This aligns with community requests to increase the capacity of advocacy services.The issues raised in this submission were captured in the ACT HD budget concept brief Policy #2: Comprehensive Palliative Care in Aged CareACT HD budget concept brief Policy #10: The Way Back Support Service	<b>Re: Mental Health and Suicide Prevention Plan</b> The CHN has informed the Health Directorate that current work on the development of the Regional Mental Health and Suicide Prevention Plan is progressing as planned.ADACAS has been chosen to deliver support and assistance to people with disability who were victims of sexual abuse within institutions and who wish to make application for the National Redress Scheme.	<b>HEA E06:</b> Expanding palliative care for older Canberrans	<b>\$1.663 million</b> over 4 years
106	Woden Community Service	Nil.	Seeking funds to provide a hoarding response service for participants and workers. WCS auspiced several CHN projects to build capacity of the Canberra Living Conditions Network (2014-16) re hoarding and underlying causes, including mental health.	The Health Protection Service has secured time limited funding to undertake a Hoarding Advocacy Support Services trial with Woden Community Services from March to June 2019.	Woden Community Services was previously a member of the Hoarding Case Management Group (HCMG) and provided limited case management support to some cases managed by the HCMG. WCS formally withdrew from the HCMG in February 2018 citing that their ongoing participation was unsustainable. Celebrating 50th anniversary.	Nil.	N/A

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## BUSINESS CASES

Submission Number	Submission Title	Funding*	Summary	Related Government Activities	Sensitivities	Business Case <sup>#</sup>	Agreed Funding <sup>+</sup>
107	Directions Health Services	Nil.	Seek \$1.1m per year for case managers for an innovative, integrated and multi-disciplinary service, incorporating AOD, mental health and primary care specialists. New court diversion system /intensive case management to manage alcohol and drug dependency for chronic, non-violent young offenders. Provides evidence of cost benefit in addressing this cohort early in their interactions with the justice system.	The issues raised in this submission were captured in the ACT HD budget concept brief Policy #23: Alcohol and Other Drugs Harm Reduction Package 2018-19 Budget Review: Alcohol and Drug Court JACS - AMC Omnibus: Addressing the impacts of alcohol and drug dependence		Nil.	N/A
108	Diabetes NSW and ACT (ACT Region)	Nil.	Seeks \$196,000 over 3 years to visit/educate/support GPs, pharmacies and podiatrists re registering people with diabetes and identifying undiagnosed people. A trial of GPs shows a gap of 44% (6,000 people) between people with diabetes recorded on the National Diabetes Services Scheme database and actual diagnosed patients in the ACT. Also found a gap in Type 2 testing, suggesting there may be 25,000, and not 14,338 with diabetes. Identifying diabetes sufferers will avoid co-morbidities and health/hospital costs.	The issues raised in this submission were captured in the ACT HD budget concept brief Policy #37: Diabetes Action Plan	Diabetes NSW and Australia have expressed concern they have not been receiving feedback on their Budget bid, and they do not feel the process is clear.	Nil.	N/A
109	Directions Health Services	Nil.	Seeks \$690,00 per annum for an outreach program, including staff, vehicle, admin to provide outreach for vulnerable clients, including physical and mental health services. An innovative, community-based model of intensive holistic support to meet client needs and capacity re access and engagement re substance abuse – 60% also have mental health issues and comorbidities. This would address funding gap re substance use, esp. vulnerable sub-groups in the ACT.	The issues raised in this submission were captured in the ACT HD budget concept brief Policy #23: Alcohol and Other Drugs Harm Reduction Package. The ACT Drug Strategy Action Plan includes specific actions released to comorbidities associated with Alcohol and Other Drug dependencies, including mental health. The Plan also includes actions related to primary health care.		Nil.	N/A
110	Youth Coalition of the ACT	Nil.	Proposal to prevent child homelessness, support young people in out-of-home care, and implement the Future of Education strategy (including addressing mental health issues). Establish responsibility to develop and implement the service mode across ACT Directorates, including Health, through therapeutic, wraparound services for families and young people.		HD and Commonwealth are currently under negotiation regarding funding of the Youth Aware of Mental Health (YAM) through their Community Health and Hospitals Program. These negotiations remain confidential.	Nil.	N/A

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## BUSINESS CASES

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112	Society of Hospital Pharmacists of Australia (SHPA) ACT Branch	Nil.	<p>Funding for medicines and pharmacy services should focus on health outcomes, not volume of delivery.</p> <p>Recommend for hospitals:</p> <ul style="list-style-type: none"> <li>- Increase clinical pharmacy resourcing/ workforce (Note: #61 CPSU)</li> <li>- Provide pharmacy services outside business hours</li> <li>- Improve access to discharge medicines (sign the Public Hospitals Pharmaceutical Reforms Agreement)</li> <li>- Embed specialty clinical pharmacists in clinical teams</li> <li>- Invest in opioid stewardship services re prescription and supply</li> <li>- Embed pharmacists in aged care facilities to support complex needs.</li> </ul>	The issues raised in this submission were captured in the CHS Capital Works budget concept brief #36: Pharmacy works and more staff		<b>CHS E27:</b> Expanding pharmacy services at Canberra Hospital	<b>\$7.939 million</b> over 4 years (includes capital)
113	Volunteering and Contact ACT	Nil.	<p>Seeks \$100,000 per annum to continue the Connections Program to provide one-to-one social support and mentoring for people with a mental illness. (Addresses a gap in services. Funding will cease end 2018, and is not covered by NDIS.)</p> <p>Seeks \$20,000 per annum for scholarship fund to train /develop volunteers.</p> <p>Proposes the ACT Gov considers a future 'Volunteer Passport' project to develop systems, tools and resources to streamline recruitment and onboarding processes. (see #98 ACTCOSS)</p>	The issues raised in this submission were captured in the ACT HD budget concept brief Policy #14: Capacity building for mental health carers	The ACT Government has fully transitioned to the NDIS. This includes the cashing out of all associated programs, such as the Connections Program. Volunteering and Contact ACT have unsuccessfully approached several different forums seeking funding for this program.	Nil.	N/A
114	National Seniors Australia	Nil.	<p>Recommends:- Fund a significant reduction in waiting times for both elective surgery and in-patient services.- Attract more specialists to Canberra to reduce appointment fees and reduce out-of-pocket expenses for private health. (Note: #45 Anon)- Fund additional hospices in Tuggeranong and Gungahlin – palliative care. (Note:</p>	The issues raised in this submission were captured in the CHS Capital Works budget concept brief #49: ACT Wide Palliative care - more staff and dedicated space at Canberra Hospital/ACT HD budget concept brief Policy #2: Comprehensive Palliative Care in Aged Care		<b>HEA E06:</b> Expanding palliative care for older Canberrans	<b>\$1.663 million</b> over 4 years
115	Palliative Care ACT	Nil.	<p>Seeks \$132,000 per annum for 3 years for:</p> <ul style="list-style-type: none"> <li>- palliative care information and resources for the community and providers, promotion of Advanced Care Directives and advocacy.</li> <li>- Strengthened partnerships with professionals and services.</li> </ul>	The issues raised in this submission were captured in the ACT HD budget concept brief Policy #2: Comprehensive Palliative Care in Aged Care		<b>HEA E06:</b> Expanding palliative care for older Canberrans	<b>\$1.663 million</b> over 4 years

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## BUSINESS CASES

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116	Carers ACT	Nil.	Seeks continued investment of \$10 per carer per year (\$500,000 per annum over 3 years) including to: - Acknowledge carers on health plans, including their role and support needs. - Consider carers' needs during hospital discharge process. - Conduct a carer impact assessment for the 'Hospital in the Home', to consider carers' needs and their role.	The ACT Government is providing funding to recruit two social workers to provide psychosocial support and education for mental health carers in the ACT. This initiative, which will help to improve the mental health and wellbeing of carers but will also help them to advocate and address the barriers to services for the people they care for. This aligns with community requests to increase the capacity of advocacy services.	Carers ACT recently lost Commonwealth funding through the transition to NDIS. They have also been unsuccessful in Australian Government Budget submissions they developed.	Nil.	N/A
118	MyHome in Canberra	Nil.	Funding long-term accommodation and support requirements for people with high and complex needs, esp. mental health.	Calls for increased availability of supported accommodation for people with mental illness are continuing to be addressed by the commitment of \$10 million over four years in the 2018-19 Budget to improve the availability of mental health accommodation in the ACT.		Nil.	N/A
122	Woden Valley Community Council	Nil.	Seek better health outcomes with sporting, arts and recreational facilities. New infrastructure would support Healthy Living.		Meeting on 3/4/19 attended by Alistair Coe and Caroline Le Couteur - no health issues discussed	Nil.	N/A
125	A Gender Agenda	Nil.	Seeks an increase of \$120,000 for ongoing support, including an Intersex project worker and a training officer for community and outreach.	The issues raised in this submission were captured in the ACT HD budget concept brief Policy #6: Health Responses to LGBTIQ		<b>HEA E08:</b> Supporting better healthcare for lesbian, gay, bisexual, transgender, intersex and queer Canberrans	<b>\$0.087 million</b> for 1 year
126	ACT Council of Parents and Citizens Associations	Nil.	Seeking \$52,909 to trail a daily mindfulness program as an early intervention strategy to target mental health issues.			Nil.	N/A

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## BUSINESS CASES

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129	National Disability Services (NDS)	Nil.	Seek:- \$1.8m to prevent people with disability falling through gaps in the service system.- \$360,000 to support organisations meet new regulatory requirements.- \$180,000 per year to increase capacity for NDS.Recommends:- ensuring initiatives identified in the NDIS inquiry are implemented.- each directorate develop a disability inclusion action plan.- funding essential services that do not meet NDIS guidelines.- provide scholarships for training disability workers.- fund CASP providers to ensure people with disability don't fall in the gap between disability and health funding.- provide assistants to people with disability to navigate the public hospital system. (see #89 COTA, #98 ACTCOSS, #99 HCCA)- training for all AHD staff in working with people with disability re NDIS and other supports.- fund physical and mental wellbeing services for family and carers of people with disability.	The ACT Government has entered into a Bilateral Agreement with the Commonwealth Government to establish a National Psychosocial Support Measure. This Measure is to provide matched funding for psychosocial support measures for people with functional impairment resulting from severe mental illness, who are not eligible for the NDIS. Through this Measure, the ACT is committing \$2 million over the four financial years from 2017-18 to 2020-21 while the Commonwealth is funding \$1.3 million over the same period. This funding is being transferred to the Capital Health Network who are commissioning these psychosocial support services. Currently, Flourish Australia and Woden Community Services have been awarded contracts under this measure so far.		Nil.	N/A

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131	People with Disabilities ACT	Nil.	Seeks: - 9.3% increase in disability funding. - implement recommendations of the inquiry. - gap funding as NDIS does not cover all people with disability, or services. - continue to fund Disability Justice Strategy, including 11-14 year olds (incl for mental health issues).	Re: NDIS The ACT Government recognises that there are gaps for people with psychosocial disability conditions who may not be covered or adequately supported by the NDIS. The ACT Government has entered into a Bilateral Agreement with the Commonwealth Government to establish a National Psychosocial Support Measure. This Measure is to provide matched funding for psychosocial support measures for people with functional impairment resulting from severe mental illness, who are not eligible for the NDIS. Through this Measure, the ACT is committing \$2 million over the four financial years from 2017-18 to 2020-21 while the Commonwealth is funding \$1.3 million over the same period. This funding is being transferred to the Capital Health Network who are commissioning these psychosocial support services. Currently, Flourish Australia and Woden Community Services have been awarded contracts under this measure so far.		Nil.	N/A
132	People with Disabilities (PWD)	Nil.	Seek: - additional \$100,000 per year to current service agreement to remain sustainable. - one-off grant of \$75,000 to develop a virtual information hub for people with disabilities.			Nil.	N/A
133	UnionsACT	Nil.	Seeks quality public hospitals and affordable healthcare through:- support improved nurse/midwife-patient ratios.- increase staffing in the AHD and CHS.			Nil.	N/A
135	ACT Playgroups	Nil.	Use Paint and Play sessions for referral and delivery of a range of health services. Paint and Play is important in providing practical support for socially isolated and at-risk families, who are at greater risk of physical and mental health issues.			Nil.	N/A
136	Canberra Police Community Youth Club	Nil.	Need additional funds to continue to deliver domestic and family violence, mental health, and drug and alcohol services.			Nil.	N/A
137	NRMA	Nil.	Importance of good transport to access health services			Nil.	N/A

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139	Mental Health Community Coalition of the ACT (MHCC ACT)	Nil.	<p><b>Fund:</b></p> <ul style="list-style-type: none"> <li>- inclusive mental health system, esp. recovery services, NDIS gaps, services for at-risk people, and give funding certainty to providers. (Note: #47 SCOA, #95 Advocacy, #98 ACTCOSS, #113 Volunteering, #129 NDS, #131)</li> <li>- existing initiatives, incl Officer for Mental Health, regional Mental Health and Suicide Plan and inquiry.</li> <li>- social determinants of health initiatives. (Note: #98, #113)</li> <li>- advocacy services (ACT Disability, Aged and Carer Advocacy Service and Canberra Community Law) (Note: #95 Advocacy, #98 ACTCOSS, #99 HCCA)</li> <li>- training in understanding trauma for all CHS, health services and ACT Gov employees. (Note: #98, #99)</li> <li>- increased services to support people with mental health issues and other health and substance use issues. (Note: #46 GPs, #92 CHN, #107 Directions)</li> <li>- a Hoarding Response Service (Note: #106 WCS).</li> </ul>	<p><b>Re: NDIS</b></p> <p>The ACT Government has entered into a Bilateral Agreement with the Commonwealth Government to establish a National Psychosocial Support Measure. This Measure is to provide matched funding for psychosocial support measures for people with functional impairment resulting from severe mental illness, who are not eligible for the NDIS.</p> <p>Through this Measure, the ACT is committing \$2 million over the four financial years from 2017-18 to 2020-21 while the Commonwealth is funding \$1.3 million over the same period. This funding is being transferred to the Capital Health Network who are commissioning these psychosocial support services. Currently, Flourish Australia and Woden Community Services have been awarded contracts under this measure so far.</p> <p><b>Re: hoarding</b></p> <p>The Health Protection Service has secured time limited funding to undertake a Hoarding Advocacy Support Services trial with Woden Community Services from March to June 2019.</p>	<p>The Health Directorate has recently been in negotiations with the MHCC about the strength of their Sector Development Program. Following negotiations MHCC have chosen to retain their current funding for the next financial year where-after, if no suitable improvement is achieved, their funding will be reduced by 20%.</p> <p><b>Re: social determinants</b></p> <p>The Office for Mental Health published its response to the Productivity Commission's Inquiry into Mental Health in April 2019. This document describes the ACT Government's belief that whole of government strategies are needed to adequately address the mental health and wellbeing needs in our community.</p> <p>Organisations may point to this publication and other communications regarding mental health and wellbeing when asking about funding priorities.</p>	Nil.	N/A

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## DIRECTOR-GENERAL MINUTE

TRIM Reference No. COR18/13715

<b>SUBJECT:</b>	Ngunnawal Bush Healing Farm - Program intent and history
<b>From:</b>	<i>Patrick Henry, Executive Director, Policy and Stakeholder Relations Branch</i>
<b>Critical Date:</b>	<i>10 July 2017</i>
<b>Reason:</b>	<i>To brief you ahead of a meeting with Directors-General and Ministers concerning the Ngunnawal Bush Healing Farm</i>

### Recommendations

That you:

Note the information contained in this brief.	<i>NOTED PLEASE DISCUSS</i>
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.....  
*Michael De'Ath*  
**Interim Director-General**  
 ACT Health

*July 2017*





## DIRECTOR-GENERAL MINUTE

### Purpose

To provide you with information concerning the original intent of the Ngunnawal Bush Healing Farm (NBHF) and the history of its development.

### Background

1. The United Ngunnawal Elders Council (UNEC) have promoted the concept of the NBHF since 2002. As a result, the concept was identified by the local community for inclusion in the 2005 Council of Australian Governments (COAG) coordinated care trial for the ACT.
2. In November 2007 the ACT Government committed financial resources to the establishment of the service, including recurrent funding. In June 2008, the Commonwealth Government committed an additional \$1 million in funding towards the initiative.
3. In August 2008 the ACT Government purchased "Miowera", Block 241 Paddy's River Road, on the private market as the location of the NBHF.
4. Construction of the facility commenced in 2015, and the NBHF facility was formally handed over to ACT Health in December 2016.
5. The Minister for Health and Wellbeing officially opened the NBHF on 4 September 2017. The launch date coincided with Aunty Agnes Shea's 86<sup>th</sup> Birthday. Client intake also formally commenced on this day.
6. Programs commenced at the NBHF on 14 November 2017.
7. A time line of development of NBHF can be found at [Attachment A](#).

### Issues

8. The NBHF represents a new type of service for the ACT founded on services which reconnect Aboriginal and Torres Strait Islander people to land and culture, using participation in land management activities and programs, with the aim of assisting them to better respond to life challenges.
9. The NBHF service model is based on that of a Therapeutic Community, in which people voluntarily choose to enter an abstinence-based residential community for personal growth and rehabilitation. However, the service model has been adapted to reflect the cultural requirements of the ACT Aboriginal and Torres Strait Islander population.

Intent of the NBHF

1. There has been community speculation as to the original intent of the NBHF, however, the documented record is quite clear as to purposes and services of the NBHF as they have developed over time.
2. As noted above, the UNEC, motivated by the impact alcohol and drug addiction was having on their community, came together to promote the concept of healing and the NBHF.
3. This model for the NBHF aligns with the *Living Web* concept developed by the UNEC to address a range of factors impacting on the health and wellbeing of Aboriginal and Torres Islander People.
4. The first phase of a Model of Care (MOC) was developed in 2010 which focused on an approach known as a Therapeutic Community. In this first phase it was noted: *The NBHF will be a holistic service, implementing culturally appropriate alcohol and other drug prevention and education programs.*
5. The *Therapeutic Community* MOC was further developed with stage two of the model. This second phase, developed in 2012 noted: *“The service model is based on that of a Therapeutic Community (TC), in which people voluntarily choose to enter abstinence based residential community for personal growth and rehabilitation, however it has been adapted to reflect the cultural requirements of the ACT Aboriginal and Torres Strait Islander population.”*
6. In addition the model also noted: *“The NBHF is not an Alcohol and Other Drug (AOD) detoxification facility, a medical or clinical facility, or an aged care/respite facility.”*
7. The MOC for the NBHF was used to inform both the physical design of the facility and for a Request for Proposal (RFP) for a service provider. A copy of this MOC is at Attachment B.
8. The Health Planning Unit Brief notes: *“The focus of the service will be a model of best practice for residential rehabilitation type services, targeted for clients, their families and the community. The program will include a strong focus on case management and equip clients with life skills (parenting, relationships), vocational education and training and ancillary programs that assist clients and their families develop personal and familial strategies for relapse prevention and management. To further ensure that abstinence is sustained, the community will be educated about their role in sustaining rehabilitation outcomes for their families and friends who have undergone rehabilitation.”*
9. The RFP issued by ACT Health in 2015 notes: *The NBHF will be an eight-bed Aboriginal and Torres Strait Islander alcohol and other drug (AOD) holistic evidence-based residential rehabilitation service that will include a combination of programs that will*



## DIRECTOR-GENERAL MINUTE

*focus on mind, body and spirit and actively engage the individual and significant others.*

10. Section 4 of the RFP also created specific service exclusions, such as:

- a) Retrospective activities;
- b) Acute health care or detoxification services;
- c) Activities undertaken by political organisations; and
- d) Activities that subsidise commercial activities.

11. In addition to the above sources on the purpose of the NBHF, another key indicator of its original intent and purpose was the submission provided by Ngunnawal Elder and NBHF Advisory Board Co-Chair, Ms Roslyn Brown, to a hearing of the ACT Civil and Administrative Tribunal (ACAT) in March 2014.

12. ACAT was hearing an appeal by local land holders on the approval of the Development Application for the farm. Ms Brown provided a submission on behalf of the NBHF Advisory board on the intent and purpose of the NBHF.

13. In this submission Ms Brown stated: *"a holistic centre in rural ACT to work with our youth, especially those 18-25 years old, away from the temptations of the city ... it will not be a place to detoxify or provide medical treatment for drug and alcohol addiction ... we will be working towards healing the mind, body and soul and opening a new world view for our youth ... there will be a strong focus on Aboriginal spirituality, culture and principles through recreational pursuits"*

14. Following the ACAT determination, in October 2014 the Minister for Planning, Mick Gentleman MLA used his call in powers to approve the development. In justifying his decision the Minister stated:

*"The farm will not be a place for medical treatment or to detoxify. Rather, it will be a place free of drugs and alcohol, with a strong focus on Aboriginal spirituality and culture. It will include a strong focus on agriculture and connection to the land,"*

15. In June 2017 the Minister for Health and Wellbeing confirmed this intent in a statement to the Legislative Assembly. The Minister stated:

*The model seeks to understand the unique spiritual, physical, cultural, social, emotional and economic needs of people accessing the service. This is a fundamental shift in thinking in how to address alcohol and drug problems amongst Aboriginal and Torres Strait Islander peoples. Indeed, it has been noted in other contexts that this community-based healing approach is in contrast to the western approach to medicine which is focused on an individual and their disease.*

*We are not seeking to create a new form of alcohol and drug treatment. It is not and will not be an alternative to treatment. Rather, it is an additional step in a journey which seeks to cement a person's recovery from addiction and to provide them with the power to make new and more positive choices in their lives.*

Confusion concerning intent and purpose

16. Much of the confusion concerning the purposes of the NBHF stem from the failure of RFP process in 2015 to produce responses.
17. The failure of the general tender process enabled direct negotiation with consultants and potential service providers. As this is a service that has not been delivered in the Territory before, and is only delivered in a small number of other sites around the country, ACT Health sought advice on an appropriate model of service to be implemented.
18. In 2016 ACT Health directly negotiated with Winnunga Nimmityjah, Alcohol Tobacco and Other Drug Association ACT (ATODA), and Karralika Programs to carry out work to assist in preparing the service over the six months to December 2016, this included the further development of a MOC.
19. However, the MOC developed as part of this contract did not meet the requirements of ACT Health and was not agreed to. This was in part because elements of the model contravened land use requirements, but also substantive in this determination was the MOC's failure to meet ACT Health's requirement for demonstrated collaboration between Winnunga Nimmityjah and another residential AOD rehabilitation provider.
20. However, this was decision by ACT Health in February 2018 to reject the work of Winnunga was interpreted by them and the broader community as a change in intent for the NBHF, and that ACT Health had failed to understand the zoning implication.
21. ACT Health always understood the limitation of the zoning of the site and the original intent of the NBHF and was discussed at the NBHF Advisory Board many times, including the 22 November 2013 meeting, when the Advisory Board was seeking to provide a submission to the ACAT hearing concerning the lease variation Development Application (DA) referenced above.
22. ACT Health, however, did fail to communicate clearly and early enough with contract partners concerning the purpose of the NBHF and the zoning limitations
23. The Minister for Health and Wellbeing acknowledged this in the Legislative Assembly in June 2017, stating:

*In relation to the confusion over the zoning of the bush healing farm and its consequence, it is important to be clear as to the precise nature of what*

## DIRECTOR-GENERAL MINUTE

*occurred. The issue at the centre of this matter is not a failure on behalf of ACT Health to understand the zoning, rather, ACT Health did not adequately communicate to the organisations which were contracted in 2016 the precise nature of this zoning.*

*This unfortunately resulted in Winnunga, ATODA and others developing a model of care that was not compatible with the site and created an inaccurate view as to the purpose of the Ngunnawal Bush Healing Farm. These consequences are not the fault of any external individual or organisation. ACT Health has acknowledged this in forums and in correspondence. I acknowledged it in the media yesterday and again in my amendments to the motion today.*

24. In order to avoid continued confusion in regards to whether or not the NBHF would provide clinical AOD services, the Project Team for the NBHF in 2017 began to limit this use of clinical terminology in document for the NBHF.
25. This included for example referring to service models as opposed to models of care to highlight the clear distinction in approaches.

### Staged Approach to opening

26. Given the failures to finalise an agreement with suitable partner organisations and the confusion and concerns regarding purposes and intent, a workshop was convened of key stakeholders on 8 May 2017.
27. This meeting was used to clarify the intent of the NBHF, the zoning, and activities that could be conducted at the NBHF.
28. The forum resulted in agreement to reconvene the NBHF Advisory Board and that ACT Health would directly manage the NBHF until a suitable provider could be found. ACT Health committed to opening the NBHF late in 2018 with a staged approach to the commencement of services.
29. The purpose was to build confidence in the “Healing” philosophy of the NBHF, and to create capacity in the service sector to support the NBHF in its goals.
30. ACT Health continues to develop plans for a residential service to action the commitment made during the 2017 ACT Health annual reports hearings and at the recent Aboriginal and Torres Strait Islander Elected Body (ATSIEB) Hearings to tender a residential program by early 2019. This work is dependent on the outcomes of the NBHF Healing Framework.

### Philosophy of Healing

31. There has also been criticism of the healing and therapeutic approach of the NBHF and its effectiveness as a methodology. This is to be expected given the limited



## DIRECTOR-GENERAL MINUTE

Australian experience in the concepts of “Healing” and the use of traditional concepts to address health issues.

32. The concept of Healing was first made most clear to the broader public in the *Bringing Them Home* report in 1997. Since then there has been growing recognition of the need for a holistic approach to tackle the root causes, rather than just the symptoms, of Aboriginal and Torres Strait Islander peoples’ suffering and disadvantage.
33. The concept is based on the idea that there is more to a person’s health than the strict medical treatment of disease. The NBHF Model seeks to use Aboriginal and Torres Strait Islander culture to improve the social determinants of health for Aboriginal and Torres Strait Islander peoples.
34. While the concept is well accepted and has proven effective in countries such as Canada, in Australia it still remains on the fringes.
35. While ACT Health has focused those recover from alcohol and drug addiction, however the healing approach at the core of the NBHF has application across a range of domains and examples in Australia include uses in health prevention, care and protection, justice, primary care, education, community development and healing trauma associated with the Stolen Generations.
36. To continue to develop the NBHF model and build confidence in the approach in the ACT, ACT Health engage the Healing Foundation to continue to develop the NBHF concept and build confidence in its approach.
37. The Healing Foundation is a national Aboriginal and Torres Strait Islander organisation that partners with communities to address the ongoing trauma caused by actions like the forced removal of children from their families. The Foundation also conducts research into the validity and effectiveness of healing approaches.
38. Their evidence to date has demonstrated that *Effective healing programs show positive impacts on individuals, families and communities in terms of self-worth and identity and have had a positive impact on health status and health disparities. There are also positive impacts in terms of knowledge and skills acquisition by community members and the development of individual, family and community capacity.*
39. ACT Health has commissioned the *Healing Foundation* to conduct consultation with the local Aboriginal and Torres Strait Islander community with the aim of identifying the “Healing” needs of the community, and to codify the underlying philosophy of Healing in relation NBHF.
40. While primarily focused on guiding the work of the NBHF, there is potential that this work could have broader application for the services and approach of ACT Health and the ACT Government.



## DIRECTOR-GENERAL MINUTE

### Benefits/Sensitivities

41. The NBHF has attracted significant media and public attention and drawn questions from members of the Legislative Assembly.
42. ACT Health has developed a Q&A fact sheet to ensure accurate and consistent messaging concerning the NBHF. A copy of the Q&A is at Attachment C.

### Media

*Have relevant communications material to support this brief been attached (communications plan, draft media release, talking points etc)?*  Yes  No  N/A

*Has the Communications Branch been consulted?*  Yes  No  N/A

### Financial

43. The NBHF has a recurrent index budget first appropriated in 2018.
44. Total recurrent funding for the NBHF was \$2,170,000 for the 2017-18 financial year.
45. The 2017-18 budget supports the following items:
  - a. Programs;
  - b. Staffing and administration;
  - c. Minor assets;
  - d. Depreciation;
  - e. Fleet vehicles;
  - f. ICT support;
  - g. Governance;
  - h. Facilities management;
  - i. Land management; and
  - j. Security.
46. At YTD May 2018, NBHF expenditure was \$1,326,950, which is a favourable variance to budget of \$345,826. Budget favourability is due to lower than planned repairs and maintenance, and lower than anticipated program costs offset by an overspend on security services.



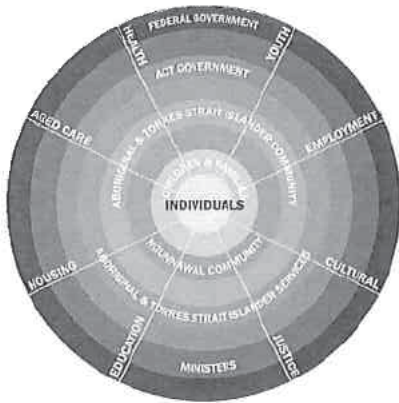
## DIRECTOR-GENERAL MINUTE

Signed off by:	Marc Emerson	Phone:	50693
Title:	<i>A/g Manager</i>		
Branch/Division	OEDSS		
Date:	10 July 2018		
Action Officer:	Marc Emerson	Phone:	50693
Unit:	OEDSS		



Year	Event
2008	<p>Funding: 2008-09 budget appropriation – capital funding. Commonwealth grant received. 2007-08 Budget – recurrent funding provided.</p> <p>August</p> <ul style="list-style-type: none"> <li>29 August – Settlement of sale for 'Miowera' property.</li> </ul> <p>September</p> <ul style="list-style-type: none"> <li>29 September Ngunnawal Bush Healing Farm (NBHF) Advisory Board established.</li> </ul>
2010	<p>October</p> <ul style="list-style-type: none"> <li>5 October - Phase One of the Model of Care (MoC) developed and endorsed.</li> </ul>
2011	<p>October</p> <ul style="list-style-type: none"> <li>10 October - Principal Consultant engaged.</li> </ul>
2012	<p>May</p> <ul style="list-style-type: none"> <li>25 May – Ministerial Press conference to commence community consultation.</li> </ul> <p>June</p> <ul style="list-style-type: none"> <li>15 June - Final Sketch Plans (FSP) approved.</li> </ul>
2013	<p>May</p> <ul style="list-style-type: none"> <li>9 May - Crown Lease Variation Development Application approved.</li> </ul> <p>June</p> <ul style="list-style-type: none"> <li>13 June - ACT Civil and Administrative Tribunal (ACAT) advised that applications for a review of the Crown Lease Variation DA decision had been received.</li> </ul> <p>November</p> <ul style="list-style-type: none"> <li>26 November - Site remediation plans approved by the Independent Auditor.</li> </ul>
2014	<p>April</p> <ul style="list-style-type: none"> <li>16 April - Decision by ACAT - ACT Rural Landholders Assoc Inc &amp;ORS v ACT Planning and Land Authority (Administrative Review).</li> </ul> <p>July</p> <ul style="list-style-type: none"> <li>1 July - Land Management Agreement completed.</li> <li>14 July - Variation to Crown lease registered with land titles office.</li> <li>23 July - Procurement process for Head Contractor undertaken.</li> </ul> <p>October</p> <ul style="list-style-type: none"> <li>8 October - Minister Gentleman exercises 'call in' powers to approve construction of NBHF.</li> </ul>
2015	<p>March</p> <ul style="list-style-type: none"> <li>30 March - Traditional Smoking Ceremony held on site.</li> </ul> <p>April</p> <ul style="list-style-type: none"> <li>16 April - St. Hilliers Property Pty Ltd engaged as Head Contractor.</li> </ul> <p>May</p> <ul style="list-style-type: none"> <li>6 May - Site remediation works commenced and early works construction commence.</li> </ul>

Year	Event
	<p>October</p> <ul style="list-style-type: none"> <li>• 19 October -Request for Proposal (RFP) for a service provider to run the service released, with no tenders received.</li> </ul> <p>December</p> <ul style="list-style-type: none"> <li>• 2 December-ACT Health Information session held at the Aboriginal and Torres Strait Islander Cultural Centre, Yarramundi Reach.</li> </ul>
<b>2016</b>	<p>January</p> <ul style="list-style-type: none"> <li>• Continued consultation with potential service providers.</li> </ul> <p>June</p> <ul style="list-style-type: none"> <li>• Continuing development of proposed final MoC</li> </ul> <p>November</p> <ul style="list-style-type: none"> <li>• 9 November - EPA endorse site audit statement with all requirements of remediation met.</li> </ul> <p>December</p> <ul style="list-style-type: none"> <li>• 9 December - Facility contract handover to ACT Health. 24/7 security arrangements commenced.</li> <li>• 14 December - Aboriginal and Torres Strait Islander Elected Body members tour of facility.</li> </ul>
<b>2017</b>	<ul style="list-style-type: none"> <li>• January to June - Minor construction work being completed, including enhancement of internet services and completion of upgrade works to an all weather secondary emergency access track (access track is a requirement of site emergency management plan and requires completion prior to facility opening).</li> <li>• May- Workshop to discuss way forward on the NBHF. Agreement to reconvene a reconstituted Advisory Board</li> <li>• September-Minister for Health and Wellbeing officially opens the NBHF. Client intake commences</li> <li>• November-Programs commence at the NBHF</li> </ul>



# **Ngunnawal Bush Healing Farm**

## **Detailed Service Model**

### **Phase Two**

*August 2012  
Version 1.2*

## Version Control

Version	Date	Modifications
1.0	19 June 2012	Input from NBHF Service Reference Group members
1.1	11 July 2012	Input from Alcohol and Other Drug Policy, Policy and Government Relations
1.2	22 August 2012	Input from the Alcohol Tobacco & Other Drug Association, ACT Office for Women, ACT Hepatitis Resource Centre and the Centre for Excellence in Indigenous Tobacco Control

## Acronyms

ACT	Australian Capital Territory
AMS	Aboriginal Medical Service
AOD	Alcohol and Other Drug
ASO	Administrative Services Officer
ATCA	Australian Therapeutic Community Association
ATODA	Alcohol, Tobacco and Other Drug Association
ATSIHU	Aboriginal and Torres Strait Islander Health Unit
BCA	Building Code of Australia
CFTP	Child and Family Transition Plan
COAG	Council of Australian Governments
ERG	Executive Reference Group
GP	General Practitioner
IPP	Individual Program Plan
ICT	Information and Communication Technology
IM	Information Management
IWG	Indigenous Working Group
LMA	Land Management Agreement
MOC	Model of Care
MOU	Memorandum of Understanding
NBHF	Ngunnawal Bush Healing Farm
NRM	Natural Resource Management
OAM	Order of Australia Medal
RTO	Registered Training Organisation
SA	Staff Assist
SRG	Service Reference Group
TC	Therapeutic Community
UNEC	United Ngunnawal Elders Council