Australian Government
Department of Health, Disability and Ageing

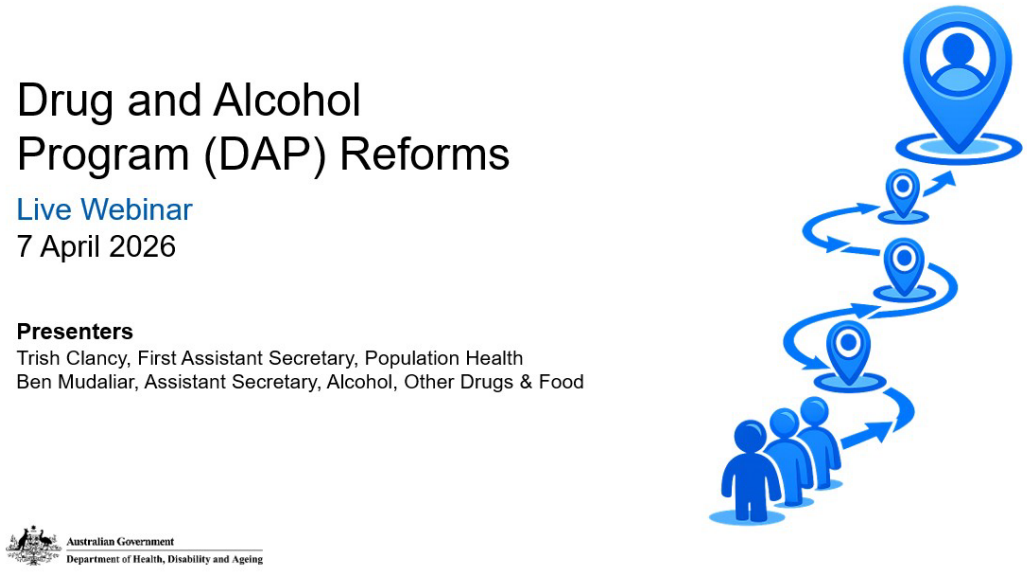
Drug and Alcohol Program (DAP) Reforms Live Webinar

7 April 2026

Disclaimer

The information provided in this document or forum is intended to support consultation discussions and reflect the policy positions at the time of publication. They are intended to give stakeholders the best available information to support planning, discussion, and early thinking.

Policy development remains underway and all information is subject to government consideration and decision. Until the Grant Opportunity Guidelines are published, this information is indicative only and not definitive of future Drug and Alcohol Program arrangements.



Slide 1

Introduction

Trish Clancy

Good afternoon and welcome to the DAP reforms Stage 2 consultation webinar. My name is Trish Clancy. I'm joined by my colleagues Ben Mudaliar and Suz Punch. Thank you very much for making time to join us today. I'd like to start by acknowledging that we are on Aboriginal land. In my case, I'm in Ngunnawal country. I want to acknowledge the traditional owners of this land, Elders past and present, and extend that acknowledgement to the Elders of the country you are on today, as well as any First Nations people joining us.

I am the First Assistant Secretary, Population Health Division. Ben is the Assistant Secretary, Alcohol, Other Drugs and Food Branch, and Suz is the Director of Alcohol and Other Drug Reforms Team.

Thank you so much for making time to join us today. We'll start with a small amount of us talking to you about what's happening, what we've heard so far, and then move into a question and answers session.

The alcohol and other drug reforms, so the DAP reforms, we evaluated the Drug and Alcohol Program last year, and following that, Government in the MYEFO budget agreed to consolidate the terminating and ongoing funding into a single ongoing program from the 1st of July 2027.

Funding certainty from our perspective is a big win. We're very happy to have been able to receive this. I know many of you will have had rollover of grants for 12 months, etc. So, this is really important to be able to give everybody more certainty.

The goal of reforming the DAP program is to ensure the program is having the greatest impact and achieving the greatest value for money. It's also about building the evidence base. So, at the end of the first 3-year grant period, we can better measure the impact that will allow us to demonstrate to Government that we're using taxpayers' money well and delivering for the public.

It will also allow us to inform future funding and policy decisions to continue to have support for this program.

We designed the consultation around this to have 3 phases. And that was very important to us because we wanted to do some thinking, put out our ideas to you, those of you who work in the sector, get your feedback, take it on board where we could and show you what we've done, and then put it out again so you can have a second chance at commenting on the refined version.

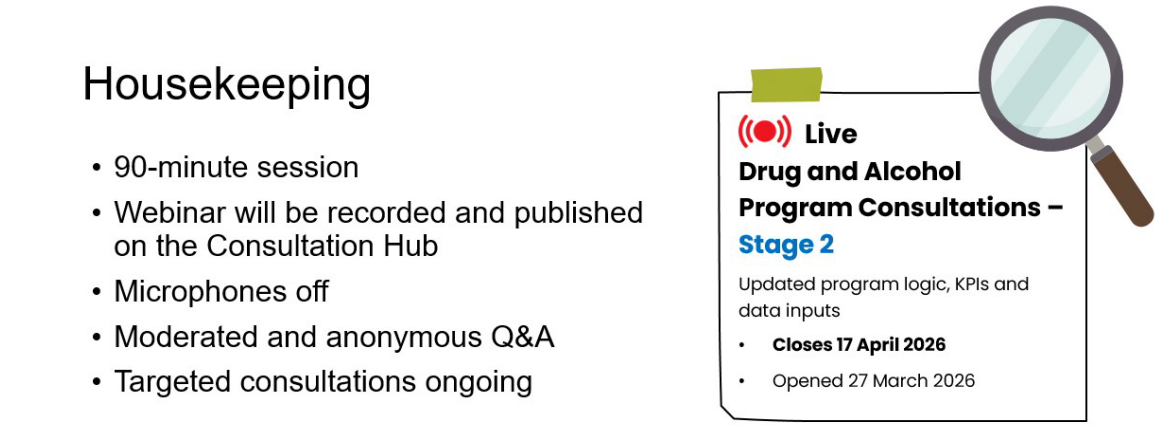
For those of you who follow along in the Consultation Hub carefully, you'll notice that version 2 was issued on Friday, March 27th.

Stage 1 of the consultation ran for 3 weeks, and it was really about focusing on testing the program logic and the KPIs. Stage 2 we're in at the moment, is about sharing back the refined program logic and KPIs for further comments. Also sharing some information on the needs-based funding model data inputs for feedback. Do we want to make sure that the money is tied to where need is greatest? Noting that this mightn’t be an overnight change in any way because these things have built up over time. But in doing that, we wanted to share with you the data sets we would be using and the types of variables we would look at…and to get your input on it.

This session is an important part of that work, and we also have some other targeted consultation around specific parts of the program in this Stage 2.

In Stage 3, we will feedback on the final program logic and KPIs that will allow us to finalise the grant opportunity. The guidelines will be and then open grants….Sorry, as well as to finalise the grant opportunities and open it for responses for applications.

I want to thank you very much, those of you who provided feedback during Stage 1. We received more than 70 detailed submissions, and I'll talk to those in a moment.



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Slide 2

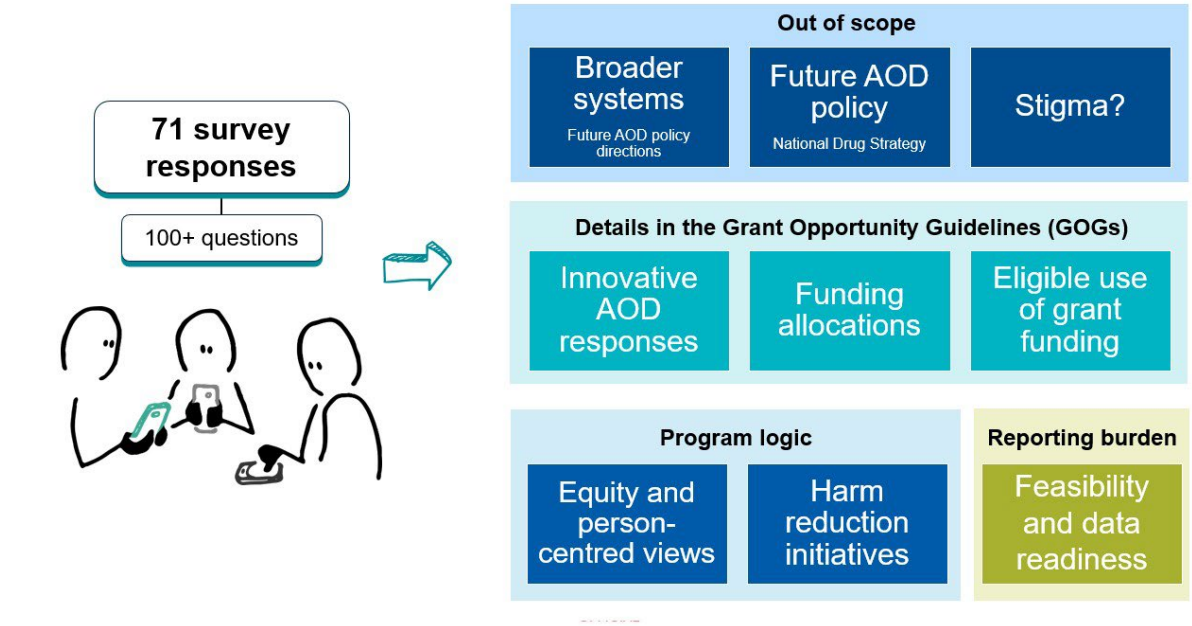
Just a little bit of housekeeping. You'll see the slide up on the screen. Session's going to run for 90 minutes. We are recording and we will publish this webinar on the Consultation Hub. So, anybody who couldn't join us live today can have access to it. We have turned people's microphones off.

There is moderated and anonymous Q&A. You can add your name, very happy to have your name, but you can also go as anonymous. And there are also targeted consultations underway. Remember that the main route for getting feedback is through the Consultation Hub. Stage 2 documents are on the Hub right now and they are open until the 17th of April. So, you have 10 more days to look at that.

We'll moderate questions with a very light touch and really that's about making sure that we're focusing on the questions that are in scope for DAP reform. We have found through this process, we've got a lot of really useful feedback broadly on what happens in drug and alcohol policy space, but we want to make sure our time today is really focused on the Drug and Alcohol Program.

You can upvote questions. So, if you see somebody's put in a question and you think it's an important one, you can upvote it. That will put it up the queue. And Suz will read out the most upvoted questions during the Q&A. We'll mark them as complete once answered, and you can start posting questions now.

The questions should be open for you.



Slide 3

Might move on to the next slide and give you a flavour of what we heard in the feedback from Stage 1. We got a wide range of feedback on operational issues and broader systems reform. We read and reviewed every one of…every submission, and there were 71 responses with over 100 questions.

I think what the feedback highlighted to us is that the DAP is part of a complex interdependent system. The DAP, of course, is one Australian Government funding mechanism focused on alcohol and other drugs. It sits along state and territory funding and other systems, including mental health, housing, justice, and social service systems.

The program logic is designed to set out what the DAP is trying to achieve. The KPIs measure how we will show how we will measure progress.

We have received an amount of feedback that we will feed into our broader policy work that isn't directly relevant to the DAP. So, there are things that were raised like the broader system settings, the investment balance, national governance, the future of the National Drug Strategy. This, of course, will be fed into our broader work.

We are also continuing to consider how stigma should be reflected in the DAP. It doesn't sit neatly within the program logic. Stigma is difficult to measure through program level KPIs and we wonder whether it may be better progressed through broader policy work alongside the DAP reforms. But we welcome any feedback you have that helps us better understand where there might be opportunities for it to be better reflected in the DAP.

Of course, we are changing the Drug and Alcohol Program. It's one step, an important first step. We don't expect it's going to make everything perfect. These are journeys of reform always. But our focus is to strengthen the program, build the evidence base on the program impact, and make sure we have the strongest case to Government about the merits of the DAP while making sure that we are supporting people with substance abuse disorder in our nation.

There were also questions that were more detailed than you would normally get in a program logic. And these details will come in the GOGs when they're released, the Grant Opportunity Guidelines. We had questions about operational funding detail. There were some, there were questions about very specific services, activities or target groups that weren't named explicitly in the program logic. The program logic, as you know, fits on a page. It is intended to be high level. And this leaves for space for innovation in AOD responses. It doesn't list every possible service or intervention. It is not designed to do so.

Further operational detail will be set out in the GOGs, funding allocations for different streams. Focus or weighting based on national priorities or activities, for example, national prevention programs, how do you include data and workforce capability requirements and budgets, and activities that won't be funded. For example, activities that are primarily for states and territories, for example, pill testing or needle and syringe programs, and also capital projects.

That's some overarching feedback. Ben will now take us through some of the feedback on the program logic and the KPIs before we head into the questions and answer session.

Ben Mudaliar

Thanks, Trish. And really, I just want to play back to you some of the things that we read and heard through our engagement with stakeholders, either as part of the material that was provided through the Consultation Hub or in more targeted engagement. And probably one of the first things that I wanted to draw attention to what we heard, was around AOD use rarely occurring in isolation from the broader social, cultural and economic determinants.

A lot of stakeholders emphasised the need for us to support a person-centred program logic really emphasising that the other social determinants matter, including housing stability, financial security, trauma, mental health, community connection and involvement with the justice system. You asked us to apply a stronger equity lens. And key equity considerations within that context include regional and remote access, socioeconomic disadvantage, people leaving custodial settings and culturally safe services. You also asked us to better reflect priority populations and the need for care to be, as I mentioned before, person-centred, integrated, evidence-informed.

We've added an assumptions statement to better capture how these factors underpin the DAP as part of the program logic work. We also heard from stakeholders for greater recognition of harm reduction. And this is a little bit of a tricky one for us, because I think typically when we use the term harm reduction, it's almost in the context of the carve up of jurisdictional responsibilities and the fact that many of the activities that have that label attached to them are usually those that jurisdictions themselves are implementing within a particular legislative context.

But nonetheless, we thought the feedback was valuable and certainly we don't want to give the impression that the DAP doesn't intend to reduce harm. So, what we've done is we've made sure that reducing harm is a key objective of the DAP and is now reflected in the early intervention and treatment, recovery and management pillars.

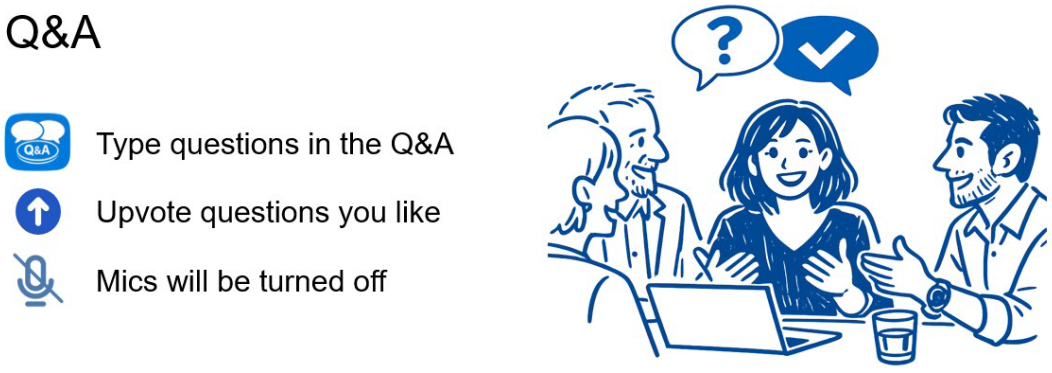
So, really kind of spreading right across that spectrum. We also heard about reporting burden, and I think probably some of our early materials create a little bit of confusion, which we're hoping in our next iteration, clarify kind of where responsibilities sit.

A lot of stakeholders raised concerns about reporting burden and KPI feasibility, especially for small organisations. Other stakeholders actually wanted the KPIs to go further and include measures of long-term wellbeing, self-efficacy, sustained engagement in programs, transitions between services and systems. Ultimately, I think we need to take a balanced approach. The DAP data needs to improve, as Trish said, so that we can better demonstrate the impact of the program overall and help to inform future funding and policy decisions. We know if we don't make progress on that front, we're essentially going to be caught in a status quo and it's going to be critical for us to convince Government that there's a return on its investment through more robust KPI data. So, we want to make sure we take that work at a pace and scale that matches sector capacity and is calibrated to the size of the organisations that we're funding.

With all that kind of in mind, we've updated the KPIs based on the feedback that we received, and I hope that you see the feedback that you provided reflected in those updates.

We also heard from some stakeholders that they were unsure about reporting responsibilities. Some thought that they needed to report against every KPI, and we could certainly see in retrospect how that impression arose. So, we've now provided some additional indicators, so orange indicators are to be provider reported and the white indicators are to be populated by the department using other data sources.

We're also considering what guidance and supports providers might need in order to undertake the reporting as part of any of the reforms that we might pursue once we get to that stage. Hopefully that little piece kind of adds to Trish's opening piece to give you a bit of a sense of the dominant themes that we heard, the actions that we've taken to update the material. Really happy now to move into questions where I'm sure people probably have additional things that they want to probe. Trish has already kind of outlined how the Q&A function will work, so I won't go into that.



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Slide 4

The only thing I'll add is that if we can't get to your question today, or if it's outside of the scope of the things that we really want to focus on, we will make sure that we note it, consider it as we progress this work, and if there's an opportunity for us to answer on the Consultation Hub, we'll do that as well.

I'll close there and I think we'll open now up to the Q&A function, and the slide will drop away.

Live Q&A session

> **Bold** text denotes questions or statements submitted by stakeholders, which were generally presented verbatim during the session.

Suz Punch
The first question that we've had come in is:

Q. In relation to the updated DAP program logic and KPIs document, given that page 3 acknowledges that the DAP is only one component of a complex and interdependent system and the DAP plays an important but partial role in the broader support system, why is the stated long-term outcome of the DAP still reduced prevalence of harmful AOD use, including AOD related deaths, when the document itself acknowledges that it is impossible for the DAP to achieve this by itself?

Trish Clancy
I think it's really important that we acknowledge the broader social determinants of which everyone lives, but also that we acknowledge that this program is designed to reduce alcohol and other drug harm. And our goal is to reduce harm.

I don't think we could justify having tax money to do some nice things that weren't going towards a goal that was supporting a reduction in harm for individuals and their families. So, I'm kind of unapologetic in keeping that as one of the long-term, as the long-term outcome, while recognising we could do everything perfect and not quite achieve it, but that is what we want to go towards.

Ben Mudaliar
I'll probably just add as well, Trish, there's also a legislative context here, which is somewhat boring to kind of talk about, but it essentially extends from legal challenges that have been made against the Commonwealth in terms of its authority around particular grant programs. And what that requires of departments when they design a grant program is there is a specificity to what is being funded through that program. So that in principle, all the programs are meant to essentially support each other at a broad level, but we can't have programs trying to do everything because it ends up making the authority for the spend quite murky. And so, we do bring a level of specificity around what the DAP program will support, as opposed to all those elements that might already be the responsibility for other agencies and other programs. So, it's a strange artefact of the way in which the Commonwealth more broadly organises its funding arrangements.

Trish Clancy
And if we do not have proper authority, we risk our kind of some challenges with the way we do grants and getting money out the door. We're very, very careful to get that right.

Ben Mudaliar

And it's also about how we measure performance. And we need to have those things all calibrated and lined up.

Trish Clancy

Q. Now, there was a point regarding stigma. The impact of equitable person-centred and harm reductive reproaches should translate to reduction in stigma.

I agree. Reduction in stigma should be an impact of the program logic and should be clearly listed as such. Thank you for sharing that. We'll certainly reflect on that as we do the next version of the program logic.

Suz Punch

The next question that we've had come through with the most amount of votes is:

Q. Has the department considered using the Drug and Alcohol Services Planning Model, or the DASPM, as an established tool to assess the need for AOD treatment across Australia instead of creating a new needs-based funding model, and can the department comment on why the DASPM is not currently proposed to be used?

Ben Mudaliar

I think there are a number of elements to that. So, one, we're required to make sure that any kind of guiding materials are contemporary, as contemporary as can be. I think there are things that we're looking to add to our assessment of need that goes beyond the DASPM.

And that's not to say that the DASPM is not part of what's informing our development of a needs-based funding model. We're not yet at the point, though, where we've made a decision about how the needs-based funding model will apply across the spread of programmatic investment. We really need to see what the final product looks like and to the extent that gives us confidence around how we might apply it. It's not to say that we have thrown the DASPM completely out of the room. It's just one part of what informs our decision making. We think there are things that were worth adding to our analysis of need as part of this development, as part of this work.

I hope that answers the question.

Suz Punch

Thank you. The next one is;

Q. Can you provide an update on PHN targeted consultation? This was like to occur in Stage 1, which is now closed.

Ben Mudaliar

We've had some initial engagement with the PHN advisory group. We are looking to undertake further engagement with the PHNs essentially around the scope of what's around the program logic, the KPIs and the needs-based funding model. We know that they'll likely have questions about how the DAP reform will essentially work for them. Some of that messaging has already gone to PHN representatives. I can't speak to the extent that it's been disseminated, but it's certainly still on the cards for us to have that next round of engagement with PHNs.

Suz Punch

Q. Page 10 of the Q&A document states that not all future DAP grant opportunities will be competitive and that more details on which grants will be classified as competitive

or non-competitive will follow the consultation period in accordance with the grant design process. When is it envisaged that this information will be available?

Ben Mudaliar
It's highly likely that it will be broadly available when the Grant Opportunity Guidelines are published. We might need to test whether we can get early advice subsequent to the Minister agreeing to the proposed approach and us having worked through all the processes that we need to undertake with the Department of Finance and the Minister for Finance as part of getting Grant Opportunity Guidelines agreed. I suspect, though, that the time frame in which we get that agreement and the time at which we'll be able to publish will be almost negligible. It's most likely that it will occur when we get agreement to publish. We are looking to publish as early as we can in July to maximise the amount of time that proponents have to apply for grants through a competitive process. We are potentially going to publish other Grant Opportunity Guidelines, those that are related to non-competitive arrangements after that. So, we're prioritising the competitive arrangements first.

Hopefully early July, that's somewhat subject to ministerial decisions on the way through, but we don't anticipate that it would be a significant delay if there was one.

Suz Punch
Thanks, Ben.

Q. Will the Commonwealth liaise with states and territories regarding where the greatest service need is for coordination of commissioning AOD services and to reduce duplication?

Trish Clancy
We have plans to engage with states and territories broadly. So, on this and more broadly on the program. We're hoping to meet with states and territories in the next two weeks as the first of a sequence of meetings in relation to the program reforms.

Yes, I think is the broad answer.

Suz Punch
Thanks, Trish.

Q. The KPIs for treatment and recovery appear to favour brief interventions and short periods of support. Under the new DAP program logic, will allowances be made for services providing long-term care and those doing time intensive holistic work, particularly for those services working with priority population groups where there is high complexity and intersectionality?

Trish Clancy
Our intent is to support high quality work across treatment and recovery, certainly not only short interventions. We have no intent of, you know, prioritising small interventions for easier to manage cohorts or cohorts with less need. We certainly will be looking at making sure that we're able to fund those providing holistic longer-term care where that's needed.

Suz Punch
Q. Are NSPs or needle and syringe programs outside the scope of what is funded within the DAP?

Ben Mudaliar

Yes, they're outside of scope. Services that are currently provided by jurisdictions and we're not looking to upset those kinds of arrangements. We recognise that there's further work that's needed to clarify roles and responsibilities, particularly where it relates to funding across the jurisdictions. But given that the states and territories already undertake these activities, or at least provide funding for these activities, that's outside of the scope for the DAP.

Suz Punch

Q. In relation to the needs-based funding model paper, given there is currently no proposed increase to current levels of funding throughout the DAP and given that we know that around 500,000 Australians are missing out on AOD treatment each year because of the lack of capacity in the AOD service system, how is redistribution of current funding going to achieve anything other than shifting unmet need between geographical areas?

Trish Clancy

We feel very privileged to have the ongoing funding we have. And while everybody would love more, every one of my colleagues would love more for every one of the programs they do as well. It's on us to spend the money we have as wisely as we can and focus on the areas of greatest need.

We will be looking at whether there are tweaks to the program we can make to do a better job of focusing on the greatest need and to ensure that we are funding the programs that have the highest level of quality as well.

Ben Mudaliar

We're also conscious though that we don't want to create a shock to the system, that any kind of funding changes are done in the most thoughtful, considered and…way possible, and that we engage with relevant stakeholders on the way through to that.

I know that there's always going to be an anxiety when you're part of a competitive process, but it would be problematic, even at just a political level, for us to be proposing wholesale changes to funding arrangements. We recognise that the size of the pie hasn't grown. I think it's likely, whilst we can't pre-empt the outcomes of a process, that needs to be managed with a level of procedural integrity. I don't think that we're looking at grand changes to funding arrangements in this kind of instance, but obviously we'll need, the devil will be in the detail once we get through that process.

Suz Punch

Q. Why is funding for AOD treatment and support services to Aboriginal and Torres Strait Islander people still being distributed through PHNs? It should be handed directly to the ACCHO sector in line with the Priority Reforms and the National Agreement and actions recommended under the Primary Health Care Plan.

Ben Mudaliar

Well, that's a good question, and I think you know the Government has made some really clear commitments around the Priority Reforms under the National Agreement on Closing the Gap. The department's already undertaken a process where it's looked to identify where transition can occur, where there are already direct funding arrangements between the department and a provider and that work is underway. We were part of that process in terms of some of the DAP funding where there were some activities that were identified as currently

going to providers that weren't Aboriginal community controlled and where there was potential opportunities for that transition to occur.

Because we're in this process at the moment around establishing a new grants round, that will certainly be something that we need to take into account as part of any future granting arrangements. Where it relates specifically to PHN funding, that funding isn't identified as funding specifically for First Nations people, even if in the end some of the providers who end up being granted funds through those arrangements are non-Aboriginal community control organisations or non-First Nations who end up providing a service that's primarily to First Nations people or exclusively to First Nations people.

PHNs, as essentially an entity of government, are also bound to take into account the Priority Reforms under the National Agreement. But that's not something that we dictate to them. That's something that they need to be mindful of in terms of their implementation of their commissioning processes. It's…I think some of the assumptions in the question, whilst they're really relevant in terms of the broader picture, it kind of falls a little bit short in terms of some of the specificity and the processes that the department has already undertaken, where we're at in this process more broadly, and what PHNs might consider as part of their work going forward, around commissioning as well.

Suz Punch

Q. Page 11 of the Q&A document states that the department recognises the challenges the current timeline can pose and is seeking to provide certainty to support service planning as early as possible and that the department will mitigate risks through timely communication with the sector and ensuring that upcoming grants processes both competitive and non-competitive, are conducted as efficiently and transparently as possible.

- **Does this mean that residential and other treatment services in particular will be informed of the outcomes of the commissioning process before March 2027?**
- **Or does it mean that transitional funding will be available beyond June 2027 for any currently funded services that may have their funding discontinued at the end of 26-27?**
- **Or should services stop intaking new clients at the end of 2026 calendar year in anticipation of potential defunding?**

Trish Clancy

Thank you for the question, and I know this is something on many people's minds when they…when they're part of competitive processes. We would hope to get information on who's been successful to providers before March next year. We are bound by, you know, complex procedures and we were going to get a whole lot of applications from you and procedures that make sure that we are spending Government and therefore tax money appropriately.

It will take us some time to evaluate and come back to people. In terms of transitional funding, any transitional funding is what's known in our business as a decision for Government. That means it would need to be made by Government and not us in the

department. And therefore, I cannot talk about, you know, whether there might be a decision, etc.

We will keep you updated as we know more about timelines and any other approaches we're taking. We are mindful and we are trying to be as respectful as we can while delivering to the mandate we've been given in terms of ongoing funding and reform.

Suz Punch
Thanks, Trish. Someone has posted…

Q. I'm concerned by the statement that the historical underfunding of harm reduction pillar is being addressed by increasing emphasis on early intervention and treatment. Needle and syringe programs, the federally funded Take Home Naloxone program, harm reduction education, drug checking services, etc. do not aim to reduce the prevalence of harmful AOD use. They aim to reduce the incidence of drug-related harm in the community. Do harm reduction services fall within the DAP?

Ben Mudaliar
I feel as though we've answered that question, noting that the term harm reduction gets applied in different ways. Some of the activities that were mentioned there are also things that are not funded through the DAP at all.

Again, I think it pivots a little bit on whether we're talking about harm reduction as a label that gets attached to certain activities, or whether we're talking about the effort to reduce harms more broadly, whether they're those that are associated with particular drug use or those that fit within that broader context, which speaks to some of the systemic challenges that surround people leading quite complex lives.

And these things kind of layer across government expenditure more broadly, or those sorts of expenditure that we can apply within the authoritative construct that government grants us as part of any new…as a part of any agreed funding arrangements.

I think this is probably a question that we might need to kind of come back to and provide a little bit more clarifying information in the Q&A document and it might be one that benefits from a bit of dialogue to whatever extent people are interested in pursuing that. But I think it sort of created some different perspectives of what we mean by harm reduction as well.

Trish Clancy
Probably worth noting as well, the Take Home Naloxone program is funded through a separate programmatic channel to the Drug and Alcohol Program, and there are no plans to change it. That will continue in parallel to this work.

Suz Punch
Thank you.

Q. Page 10 of the Q&A document states that mapping funding requires a commitment from all funders, including state and territory governments, to share funding details. The department will continue to work closely with state and territory governments to manage system level impacts during funding transitions. And on page 12, it states for the purposes of the DAP alone, a national AOD governance framework is not being considered. The recently agreed National Alcohol and Other Drugs Strategy Working Group could serve as an effective mechanism for tackling broader systemic issues of cross-jurisdictional relevance. So, will the new working group be used as a vehicle for

mapping current investment services and across Australian Government and state and territory governments to understand the broader impact of potential reallocation of DAP funding?

Trish Clancy

We…I think this rolls into the answer we had earlier about state and territory engagement. We have an upcoming meeting with states and territories that we're planning. We'll have a discussion as part of that, whether it is through the National Drug and Alcohol Strategy Working Group or through another subgroup that may be created for this purpose. It's impossible for me to answer at this moment.

The vehicle probably isn't as important, I think, to us as the fact that the engagement occurs and we work closely with our counterparts through this time.

Suz Punch

Thanks, Trish.

Q. Is there potential in future for grant agreements to be longer than 3 years and aligned with states and territory rounds, noting that some states have longer funding cycles? This may allow greater stability of AOD programs and workforce and improve program outcomes.

Trish Clancy

Potentially, yes.

In general, it is most Commonwealth government, not all, and I know in the First Nations space there's a definite exception, but most Commonwealth government, it is difficult to go beyond 4 years. And that's because what is known as the forward estimate, so the look at the Budget ahead, is a 4-year cycle.

But it is something we would be happy to have discussions about with government. At this stage, we felt it was important to put a marker in the ground in terms of getting out of the 12-month cycles and also in terms of using this cycle to gather more data. That certainly would allow us more freedom to show impact and therefore to ask for longer term.

Ben Mudaliar

I want to say that the context that's up above and broader, there's been work that's currently underway with the community sector more broadly around these sorts of issues. And there's a Ministerial Roundtable that's been established where community sector representatives are able to have these sorts of discussions. Certainly, I think the early signs, noting that like nothing's been landed out of that work at this stage, is that Government, this Government is open to those ideas, but they also are looking for community sector organisations to be at the forefront of gathering, reporting, data that lends itself to a really robust discussion and presentation of outcomes, so that it can have real confidence that if it enters into longer term funding arrangements, it's not locking itself into lower performance.

Now, I'm not suggesting for one second, that that's where the AOD sector is at in terms of its performance levels, but it's about the confidence that Government has that it's going to get a return on its investment. And so this fits within that broader context of what we're trying to achieve through the DAP Reform, through revised KPIs, things that allow us to go back to government and say, have we got a story for you around return on investment and they can look at it with fresh eyes. And the hope is that we're in a much stronger position to both argue

for more money, but potentially to explore things like longer term funding arrangements as well. The alignment with jurisdictions, I think would be an ideal state of affairs.

It represents a symptom of far more strategically coordinated funding arrangements. But that's a piece of work that will inevitably have to occur post this immediate phase of DAP reforms and with all the jurisdictions and will require changes on multiple parts, not just the Commonwealth getting itself in alignment with one jurisdiction and it will be all of us dancing to the same beat.

Trish Clancy
My experience getting 9 people to agree to something takes time.

Suz Punch
The next question is:

Q. Will PHNs and their commissioned services be reporting using the DAP's KPIs and included in the needs-based determination of funding allocation?

Ben Mudaliar

Sorry, can you say that one again Suz?

Suz Punch
Q. Will PHNs and their commissioned services be reporting using the DAP KPIs and included in the needs-based determination of funding allocation?

Ben Mudaliar
I'll go to the needs-based determination first and then come back to the issue around KPIs. We are certainly looking at how we might apply the needs-based funding model in the first instance to the distribution of PHN funding as its own bucket across PHNs. I think it's likely that there'll be redistribution of those funds with what that needs-based funding model suggests about relative need across different PHN regions and providers.

In relation to KPIs, I think that's something that we're still working through. We do want to see a strong alignment between the DAP KPIs and all provider reporting requirements, because that just allows us to get in a stronger position around comparability, but we haven't yet reached that point to kind of confirm what will be changing, what won't be changing for PHNs. It'll be subject to still the feedback that we get through this process.

Suz Punch
Thank you.

Q. Will funding continue to flow through PHNs for many services or will the government be signing grants directly with service providers?

Ben Mudaliar
I think my last answer kind of provides that…PHNs will still get the same bucket overall of the same quantum of funding that they get currently in this first phase. What happens after that would be subject to government decision, subject to the data we get around performance. But that's a long way down the track and I can't presume any responses until we have the data in front of us around what that might look like.

Trish Clancy
Which means for the next year, 3 years, it'll be proportionately the same as now.

Suz Punch
I think this one's partially been answered, but…

Q. The department will shortly make a decision as to which DAP programs will be subject to an open procurement. Can the department share any information about this…information at this time about what criteria or factors are being used to make this decision?

Ben Mudaliar
I think really, no. I mean, at the same time, without this being confirmation, you'd expect the same sorts of criteria that normally apply in any grants assessment process to apply here. Things around demonstrating need, questions that demonstrate the quality of the proposal, the viability of the proposal, the extent to which it represents value for money, they're always the kind of generic criteria that end up applying or typically end up applying. But in terms of confirming advice, that will be something that will be covered in the Grant Opportunity Guidelines.

Trish Clancy
There's one I see here that I can go to directly. But a question about what factors are we considering in the needs-based funding model. If you go to the Consultation Hub, to the Stage 2 consultation, there is a document called 'consultation briefing on data inputs to a needs-based funding model' and it shows the selection of criteria that are being considered right now around individual characteristics, socioeconomic status and remoteness.

Suz Punch
A link to that document is also pinned to the top of the Q&A.

Okay, next question.

Q. Will there be a commitment to fund the increase in wage and other real costs that organisations occur by including clear annual indexation increases to this value in the new grant round so as not to erode the level of service able to be delivered to the community?

Ben Mudaliar
The indexation is definitely included in the quantum of funding that government has agreed to be part of the DAP. Now, I note though that some providers have alerted the department to the fact that in some senses, we're already behind the eight ball, given that some of these arrangements weren't in place in the earlier funding.

I think as part of the next funding round, and I know this is inevitably going to present some challenges, is how do you make sure that you cost your proposal in such a way that you can maximise delivery whilst also maximising what is a fair outcome in terms of salary and other costs as part of the delivery of the program?

We don't have a growing bucket of money. That's other than what we get through indexation. And so this is part of why we need to come back and reaffirm the point around how do we make sure that we're gathering the data that lends itself to the most robust presentation of impact so that we are better positioned to go to government and say, this is worth investing in, this is potentially worth investing in over longer-term funding arrangements. But at this stage, it's really going to be somewhat dependent upon how you cost your proposals and what you submit for consideration.

Our job then at the other end is to make sure that whatever we recommend for funding represents the best value for money.

Suz Punch

Q. We know that Aboriginal and Torres Strait Islander people are over-represented in the DAP program. Have you had any targeted consultation with Aboriginal and Torres Strait Islander people or organisations to ensure services are appropriate?

Ben Mudaliar

We haven't to date.

Suz Punch

Q. When will a timeline be made available to enable providers and PHNs to start planning?

Ben Mudaliar

So, when will a…?

Suz Punch

Timeline be made available?

Ben Mudaliar

I mean, we could make a timeline available as part of this process.

Trish Clancy

Through the Q&A. Yes.

Ben Mudaliar

And I think in some ways that would be a really good contribution because it will increase the transparency. It will also give you a bit of a sense of those broader procedural and bureaucratic processes that we need to work through in order to ensure that where current providers continue to be funded as part of the next set of 3-year agreements, for continuity of funding and continuity of care and support for clients that you're currently servicing.

Because that is a key objective for us. We do not want to land in a space where organisations have to navigate a funding gap. Even if it was 2 weeks, we know that will present some challenges. We are doing everything we can to front load all this reform work so that we have sufficient time, working through the Community Grants Hub processes to ensure that there is that continuity of delivery.

Suz Punch

Q. Access to services becomes more of an issue the further a client is away from a major population centre. Can an access barrier KPI e.g., average time or distance from identification to first intervention, be included in the data set? It would be good to also include a measure of missed or abandoned referrals due to access barriers.

Trish Clancy

Thank you very much for those comments. We might reflect on those rather than answer them live as we iterate the documents. I think they're quite useful thoughts to bring into the mix.

Suz Punch

Q. What happens to other Australian Government and/or State and Territory

Government funding components if withdrawal of the DAP funding makes the overall organisation or service financially unviable to continue?

Trish Clancy
We will have these conversations with our state and territory counterparts ahead of time to understand what the potentials are here and to have some plans and contingencies in place.

Suz Punch
Thank you, Trish.

Q. How will the DAP support program innovation and pilots when all funds are being dispersed via the GOGS?

Ben Mudaliar
I mean, to whatever extent, there's a proposal that comes through that represents something innovative, something new, has a sufficient evidence base to give us confidence that there's potential for it to have a bigger impact than existing investment.

Well, that's entirely what a competitive process enables. It is about getting, enabling the government and the department to invest in those things that we think will have the greatest return on investment. There is scope for that, but consistent with our earlier comments, we really need to make sure that we're also balancing it against the extent to which a disruption to current funding arrangements presents a shock to the system with all the consequent challenges that that might present in terms of continuity of care for what we know is a really vulnerable group.

Suz Punch
Q. There's little in the DAP that relates to supporting family members, friends and supporters in their own right. Is this out of scope and why?

Ben Mudaliar
I don't think it is out of scope. I'll confirm with the team, but I think this sort of goes back to some of Trish's earlier comments about at least the program logic not necessarily reflecting every type of activity that we currently support. I don't see that it will be out of scope, but we can provide more detail on the Q&A document.

Suz Punch
I think this is a similar question.

Q. What role do you see peer workers playing within the new funding stream? Is there a specific peer-based intervention envisaged or how will peer workers be assured safe workplaces if employed within mainstream organisations?

Trish Clancy
And there was another question that's somewhat relatable about peer work.

Q. In some places, peer workforce and others you say lived and living experience workforce. The peer workforce is only one type of lived and living experience worker. Will this be streamlined across the document?

Across these, we have seen the value that a peer workforce brings in this sector and others.

We're very keen to make sure that that value is available and that support is available to people receiving drug and alcohol services. We're not envisaging, you know, a stream called

peer-based support, but we do encourage peer-based workforces within other services. In terms of safe workplaces, I think all normal expectations about safe workspaces exist in our minds that would in any service we fund, be it a drug and alcohol service, a family domestic violence service, a maternity service, etc.

We would expect to use those mechanisms to ensure safety. In terms of alignment of language, thank you for the person who brought that up. We'll just take a check of that in the final version.

Suz Punch

Q. Is there any risk that the department can't meet the March 2027 or before for notifying services about outcomes? And what's your commitment to notifying of the delay as early as possible? And if there is a delay, how will the department provide support to provide certainty for communities, workforce and organisations e.g., is an extension of funding agreements possible?

Trish Clancy

So there's always risk in life. We have made a plan that's as solid as we can, you know, that we have stress tested within our area with our Grants Branch, with the Grants Hub that make us pretty confident in the timelines we're talking about. However, risk exists and we cannot, you know, predict everything that's going to happen between now and then.

We are committed to giving people as much notice as possible. Once we know there's a slippage, if there is, and I do not expect there will be, we will commit, in terms of extending current arrangements, that would require Government to make a decision to do so. And so, it is quite an involved process that we would have to undertake, which we would if we thought that was the right answer. But it's not what we can pre-empt and say if this will do that and we'll get a yes, because that would be taking decisions of Government out of Government's hands…might mean taking the decision here.

I hope that helps. Well, noting there is still some grey here and that's the world in which we all live.

Ben Mudaliar

And we also recognise that until we're able to provide advice that's much more specific around these sorts of issues, that there'll be a level of anxiety amongst the sector. We're not pretending for the one moment that what we've said to you here today dissolves that anxiety. We're highly conscious of it, but until we're in a position where we can share government decisions, that's the space that we're all having to navigate.

Suz Punch

Q. Is there information publicly available on all the services that are currently funded under the DAP, whether by PHNs or directly? And if yes, can this information be found or where can this information be found?

Ben Mudaliar

I know that…I think Grant Connect publishes information broadly about grants that are funded through the Commonwealth. That is publicly available. I have to concede that every time I've tried to navigate that website, it hasn't proved an easy task at my end. Maybe if I had more time to kind of dedicate to working it out, we'll be able to provide you with more

specific advice, but we might kind of add some of that to our Q&A to provide as much advice as we can to assist with anybody who's interested in undertaking that process.

Suz Punch
Let me see.

Q. In my jurisdiction, DAP funding directed by PHNs has an increased health equity for the most at risk and marginalised members of the community because they don't or can't regularly access GPs or mainstream primary health services. Does the DAP plan to address the increasing inequity for these populations going forward?

Ben Mudaliar
We are certainly conscious of those sorts of issues that underpin the health equity issue fundamentally and the extent to which the challenges associated with addressing health equity generate additional costs for services in terms of their capacity to address those needs. I think at a broad level where we're very conscious of the value in providing more tailored responses to health equity challenges. How that will play out in terms of funding decisions is really going to be subject to what would happen as part of any typical process around application and assessment.

The needs-based funding model is looking at how it can generate more granular information about those sorts of issues, both in terms of need and cost drivers. But as I said earlier in one of my responses, we haven't yet settled exactly how we'll apply that and the pace at which we might potentially roll that out.

Suz Punch
Q. Will Grant Opportunity Guidelines clearly state what administrative costs will be eligible or ineligible for inclusion in proposals?

Ben Mudaliar
I will take that one on notice. I do appreciate that the more guidance you have, the more precise guidance you have, the easier it is for you to factor that into how you design your proposal.

Trish Clancy
The general sense is we would want, yes, but we'll answer the question more specifically in the Q&A and just make sure we've got the exact correct answer for you.

Suz Punch
Q. Are the NSPs that currently receive some funding from the PHN going to lose that funding?

Trish Clancy
No.

Suz Punch
Q. The logic identifies inputs or multi-year funding, sorry, inputs such as multi-year funding, a skilled multi-disciplinary workforce with peer roles, cross-government partnerships and governance with lived experience input and data enabling, data/ digital tools as enablers. These are all important that they assume ideal conditions that are generally only found in major population centres and settings. Funding for remote and low SES regions should be uniquely calibrated, recognising their higher costs and challenges there rather than be universal.

You should take that as a comment.

Ben Mudaliar

I'll take that as a comment, but I'd say broadly we agree with that, but it's a challenge that I think Australia faces broadly in terms of servicing regional and remote communities.

Suz Punch

Q. The Government agreed to extend all current DAP grants due to end in June 2026 for 1 year. We've been advised by the PHN that we will not know whether existing services will be extended for the 26-27 financial year until a deed is provided by the department. When will the PHNs be provided with a deed from the department to make commitments for the 26-27 financial year? Staff working in these programs are on contracts which expire and the lack of response regarding funding security is making staff nervous. Can a letter of comfort be provided to enable these staff to feel secure in their roles?

Ben Mudaliar

We did design our consultation, sorry, our engagement process around the MYEFO decisions in such a way where the department was directly funding a provider that we wrote to each of those providers explicitly confirming that their funding would continue. The scope of the MYEFO decision was that all existing grants continue. I note that for PHNs they have their own commissioning process, but the expectation and the letters that we provide to PHNs themselves were consistent with those decisions, that current grants are continued. I'm not sure about the requirement for a deed of variation being necessary for PHNs to provide that advice to their existing commissioned services. Certainly, I know that many PHNs have already communicated those decisions to the organisations that they've commissioned for AOD services.

I'm keen for those PHNs who have not done so thus far to do that as soon as possible and if there are issues that they see preventing them from doing so to get in touch with the department, for us to have a discussion about that given that we've already got some that have undertaken that work. I'm not particularly keen for us to do a trawl through all the providers that are commissioned by PHNs and send separate letters when that work has already at least partially been undertaken.

We will do whatever is needed to ensure that there's confirmation of 26-27 funding arrangements. But in the first instance, I would really like to get a better sense of which PHNs haven't done that work so that we can engage more directly with them to see whether there are any genuine practical barriers to doing that.

In terms of the deeds of variation, we are in the pipeline, the Community Grants Hub pipeline for that work to proceed. We are though at the mercy of the Community Grants Hub to complete their processes, but all of that should be underway. Our aim in getting communications out, I think it was late last year, was really to give as much notice as possible and comfort to providers. If there are particular reasons or instances where that hasn't occurred, I think I'd ask those PHNs to alert us to that fact and to give us a sense of why that's the case so that we can work through those issues.

Trish Clancy

We will send a reminder to all the PHNs of our expectations here.

Thanks for the question.

Suz Punch

Q. Is it envisaged that we will report activity through the National Minimum Data Set?

Ben Mudaliar

We'll take that one on notice. I mean, that goes to the KPIs and settling the KPIs.

Suz Punch

Q. The program logic and associated commentary is unclear and at times contradictory as to whether holistic factors and co-existing issues are in scope or out of scope. Are you able to clarify whether holistic work on co-existing issues is in scope under the revised DAP program logic?

Trish Clancy

Siobhan, I wonder, would you be happy to come on screen and talk to us a little bit about this? If you're comfortable, or else type some more, it would be great to get an example of the kind of holistic work on co-existing issues that you were thinking about when you wrote this question, because there's a lot of places that could go.

If you're happy to come on screen, if you put your hand up, we'll find you quickly in the long list of people who are attending, and we can give you your microphone.

Great, do we have the microphone for Siobhan?

This feels like I'm in a room and somebody's running around with a mic.

Suz Punch

Okay, Siobhan, I think I just put the microphone on.

Trish Clancy

Hello, thank you for joining us. Can you give us an example of what's in your mind when you talk about this?

Webinar attendee

Hi. Okay, hi. Now, there's my camera.

Particularly dual diagnosis, mental health and AOD co-existing. I mean…but also everything is early holistic support so people don't, you know…supporting the person not siloing the AOD issue but we particularly support young people who have co-existing mental health and AOD challenges which go hand in hand.

Ben Mudaliar

I don't think it's out of scope, and I know that might seem a little bit contradictory in terms of my earlier responses around the authority we get in terms of a spend and how broadly that can be distributed in terms of the outcomes we're seeking. I think lots of providers have found ways to provide a service that integrates the attention they give to particular, let's say, comorbidities. I think it gets more challenging the more steps removed you are from how an AOD issue might manifest. It's not explicitly out of scope, but we wouldn't be funding a mental health-specific activity under this, under the DAP program.

Webinar attendee

Okay, I guess we work with the person and all of the kind of issues and challenges that they bring and their capabilities and talents and strengths as well, of course. But yeah, a particular

focus for us is that there's a huge gap, as you can imagine, for young people who experience both mental health and alcohol and other drug challenges, and they often fall through the cracks. I mean, everybody knows this is on this is on this webinar, including you guys. So, yeah, like to, and it is, yeah, it just makes sense to not say we'll go and sort the mental health issues out over there and then come back to us and we'll support you with your drug and alcohol issues because that person's not coming back and they're not going to get their mental health issues supported elsewhere. So yeah, it is complex work, but it's highly common that they co-occur together.

Trish Clancy
And I think you're right, we're well…

Webinar attendee
And I think the acknowledgement of being, there's very few services that, you know, in the kind of treatment, again, the word treatment is very medical model nuanced, but there's very few services that will, you know, just go, yeah, sure, what are you bringing to us? What's going on for you? And it's really, it's really key, particularly for the young people we support and who just pull through the cracks if we don't support them in those ways, in those holistic ways.

Trish Clancy
Thank you, Siobhan. I think the intent is that we would be able to support something like that, but as I say, it's kind of how many steps removed you go. We will try and make the documentation a little bit clearer about the…and it is always, there isn't a line here, there's absolutely no way, there's probably an absolutely no way, but there's a long bit of grey between what is definitely in and the absolutely no ways, which is very hard to get right on paper.

Ben Mudaliar
Ultimately, though we'll have to get it right on paper for the Grant Opportunity Guidelines and at least provide enough guidance to inform the development and articulation of the funding proposal.

Webinar attendee
Yeah.

Ben Mudaliar
There's always a little bit of grey in the decision makers' capacity to consider how these activities might integrate and how they ultimately kind of serve a client who might have AOD issues. I know you're asking a question about the grey, and we're giving an answer that just confirms there's grey, but it would be, I think, inaccurate for us to say it would be out of scope. It's the question of really how do you articulate the connections and how does that come together in a model of service?

Trish Clancy
Thank you for your question.

Webinar attendee
Thank you.

Suz Punch
Okay.

Q. How will the needs-based assessment determine any change to split between prevention, harm reduction and treatment services, or is it only to guide decisions about treatment?

Ben Mudaliar

We're not yet at that decision as to how it will be applied. As I said earlier, it really depends on the product that we get, the confidence that we have in its potential application.

We certainly know that if it's going to be part of any decision-making process, that we need to be transparent about that before it would be presumably part of the Grant Opportunity Guidelines. The extent to which it might potentially lend itself to us making decisions about how much funding goes to the different streams of activity is all dependent on what we get as the product and the extent to which you inform decisions about individual applications. Again, we're not yet at that point where we can provide you with a response. Our hope is that we will have a product that could be applied for those purposes, but we suspect probably for both, that it will be a bit of an iterative engagement. Whilst we're looking to kind of pursue a lot of reforms in this first instance, they are focused on the KPIs and the program logic. The needs-based funding work might be something that we pursue over a longer period, but until we have the product, I can't confirm whether it's something that we work with the sector over the next 3.5 years or something that we work with the sector over a much shorter time period.

Suz Punch

Q. Could you please expand on how you'll be assessing value for money in proposals?

Ben Mudaliar

It's been a long time since I've had to assess an application in terms of value for money, but activating my brain on that front, to a certain extent, it's how much is the applicant seeking in terms of the quantum of funding? What is the overall client load that they might be looking to service, which is dependent on the type of service that they're providing as well. The extent to which, if they're an existing provider potentially, we have confidence around their capacity to deliver, the extent to which the proposal has an evidence base that underpins what they're proposing in terms of activity, all those things, they're dynamic variables. And in a sense, there's a comparative dimension around those things.

We're not so silly as to kind of just go, well, Proponent A has said they can deliver service X at $5 and proponent B has said they can deliver service X at $1 million and go, let's go with proponent A because it's cheaper. It is about assessing the extent to which all that comes together as a package for us to have confidence that we're likely to see a return on that investment. There's a level of judgement, particularly around the proposal that's articulated. But I'd say to a degree, it's art as well as it is science.

Suz Punch

Thanks, Ben.

Q. Given the 3-year funding cycle, how will emerging drug trends and priorities be responded to during that 3-year cycle after funding has been awarded? Or does this need to be already built into the grants and proposals?

Ben Mudaliar

That's a really tricky question because I think, you know, if we had a bureaucratic capacity and providers had an organisational capacity to pivot on a dime as the AOD landscape changed, we would be articulating a utopia that doesn't exist at the moment. The reality is that we have grant arrangements.

Where there is a need to change, then there's always capacity to have discussions with the department around what might need to be varied in a grant arrangement to ensure that both the provider and the government are getting the best return on that investment.

But I don't know…while I think the question has genuine merit in terms of what an ideal set of arrangements looks like. We're not, we don't have the structural arrangements in place that enable us to kind of pursue that kind of agile deployment of investments and scope of grant agreements.

Trish Clancy
I noticed there are 2 questions that are somewhat similar around employment as a metric. Thank you both for those contributions. We'll take them on board as we reflect on the KPIs. And it's really about employment in communities with limited labour markets. I think that's a very relevant point for us to reflect on.

Thank you.

Suz Punch
The next one is…

Q. Funding is informed by needs based assessment. How will you know what funding is going where from other funders?

Trish Clancy
Certainly, from state and territory funders, we will be having conversations with those. We don't have a route to, you know, access philanthropic funding, etc. and amounts. But my understanding from many people in the sector is that that's relatively limited in this.

If someone knows otherwise and there's a great source for finding out who and where, please add to the comments.

Ben Mudaliar

We also think, Trish, like what we want to do is improve the program. And so, I think some of these questions are also about explicitly articulating how are you going to get to the optimal ideal state of affairs. And I don't think, well, I know we're not going to get to the optimal ideal state of affairs as part of the administration of the next funding round.

But we are looking to kind of take things forward. If there is a world where we can get a complete picture of all of the funding, both public and private, and the availability of services and factoring into what it costs for the clients to access those services, we would love that. But I don't think that's going to happen in this next period at all.

Suz Punch
Q. Has there been lived and living experience consultation involvement in Phase 1 or 2, particularly in the development of outcome measures? People with lived and living experience often say that services don't measure the things that are important for building and maintaining health and wellbeing in our community.

Ben Mudaliar
In terms of targeted consultation, not explicitly, but I should note that we have engaged with ANACAD as part of these DAP reforms and on ANACAD we do have representation from lived and living experience.

Trish Clancy
We also hope that there are some people online today. We have over 180 people who have joined us at various points who are bringing up the lived and lived experience voice, and we certainly welcome your questions coming through.

Suz Punch
Q. Will equity metrics, for instance, instant service access rates in remote communities or reduction in AOD harm in the most disadvantaged groups be introduced to gauge if the system is truly becoming more equitable?

Trish Clancy
That's a useful point that I think we might reflect on. We're also very aware that…2 things, we are limited in the number of KPIs we can ask for through the grants process. And we're very aware all of you out there don't want to be spending your lives filling in KPI forms. And so, we would need to keep the numbers reasonably modest to achieve both that kind of meeting our grant limitations and also making sure that your time is largely on service focus.

But we'll reflect on that one. Thank you.

Suz Punch
Okay.

Q. Someone's asking about the earlier comments that PHNs should have confirmed ongoing funding for current commissioned services when PHNs haven't been informed of 2026-27 funding levels. Can you clarify your expectations of PHNs in this area?

Ben Mudaliar
Very happy to. We did write to all PHNs at the end of December confirming what the arrangements were going forward. Again, to just refer back to my previous answer, if there are particular PHNs that aren't aware of that, really happy for you to get in contact with us to let us know.

There may be instances beyond our control where that correspondence didn't reach the intended target. We certainly liaise with our PHN Branch within the department to make sure that we had what we thought were the most up-to-date contact details. So, if something has broken down in that process, please let us know that so we can rectify as soon as possible.

Trish Clancy
At what point in the year do we know the exact indexation for 26-27?

Ben Mudaliar
Well, that would have been applied as part of the decision.

Trish Clancy
So, it's already available. Yeah. Just checking that that could have been something people are waiting on.

Suz Punch

Q. When will the 26-27 funding be received by organisations?

Ben Mudaliar

It's subject to Community Grants Hub processing time frames, but our interest is to have all that settled by the 1st of July 2026.

Trish Clancy

I'm conscious we have about 14 minutes left. The team are madly prioritising what you've sent in. Thank you.

Suz Punch

That is not updated, but it should be at the moment…

Q. The helpful definition of integrated care and the second version of the program logic is appropriately ambitious. The discussion earlier today about the need for specificity or accountability makes me wonder how integrated care could meaningfully be funded and urgently needs to be given those restrictions, guardrails. Any thoughts on that?

Ben Mudaliar

I mean, again, I think we're sort of operating a little bit in the grey here. And so, I think if I was to take the things that are clearly out, anything that didn't have an AOD dimension to it, obviously, that's out. The extent to which the balance of activities that are being supported through DAP funding doesn't privilege AOD activities, that would likely make it a less competitive proposal.

The extent to which they're integrated in a way that gives us confidence that sufficient attention has been given to the AOD specific dimensions of what are obviously much more complicated scenarios for people, that just lends itself to it being a more competitive proposal. I think we said that we would sort of take this one a little bit on notice. We'll try and provide a little bit more detail, but as I said, that will be much more clear as part of the publishing of the GOGs as well.

Suz Punch

Okay, the next one is…

Q. Going through the program logic currently available in the Hub, particularly in system enablers. It is currently intentional that the spectrum of workforce is addressed at a very superficial level. Sorry….is it currently intentional that the spectrum of workforce is addressed at a very superficial level? Have there been discussions around people who are currently in the workforce who may not hold the traditional discipline specific titles such as RN, psychologist, SW and OT? However, gain qualifications tailored to mental health and AOD. This would support integrated care while also recognising the diverse background and skills the workforce is made-up of. For a system that is under pressure and with the necessity to utilise taxpayers' funds, has reviewing the current workforce cohort been a topic of relevance?

Ben Mudaliar

I think broadly speaking, it's a topic of relevance. The extent to which we're able to give immediate effect to that in terms of DAP granting arrangements, again, kind of falls within, it's going to be somewhat subject to the proposals that are put forward by applicants. It's going

to be somewhat subject to the extent to whatever is being proposed, potentially presents a shock to the system in terms of disruption of current funding arrangements. We know that there needs to be more dedicated work to how workforce is supported, but it's not going to be entirely pursued through a reform of the Drug and Alcohol Program.

Suz Punch
Q. Will there be allowance for community-based identification pathways, e.g., outreach, peer identification, to count alongside clinical screening processes? On lived experience engagement, this should be measured at a service level, not at a peak level.

Ben Mudaliar
We can take that as a comment.

Suz Punch
I think so.

Trish Clancy
Thank you for your comment on that.

Suz Punch
Q. Under integrated care, what consideration has been given to, including formal links to social services, such as housing, employment, nutrition support as part of AOD interventions rather than separate issues?

Ben Mudaliar
I think we have answered that question probably as best we can at this point.

Suz Punch
Q. Are peer-led supported housing models considered part of aftercare support?

Ben Mudaliar
It's a very specific question that I think we'll take on notice again.

Trish Clancy
We're getting down to the very, very specific questions at this point, which I think is good, because hopefully it means that the broad questions have largely been addressed, although I'm sure there are some coming through.

Suz Punch
Q. Young people are deemed as a priority population. Youth don't start being a priority at their 18th birthday. I can't see anywhere in the plan for youth-specific services. Funding for 10- to 18-year-olds is rare, but we know there's great need in regional areas. Can you comment on funding opportunities for youth-specific AOD evidence-based clinical services?

Ben Mudaliar
Well, I can say that anybody under the age of 18 is not out of scope for activities that could be funded through the DAP.

Trish Clancy
And we certainly found some services that serve under 18s at the moment in the current DAP.

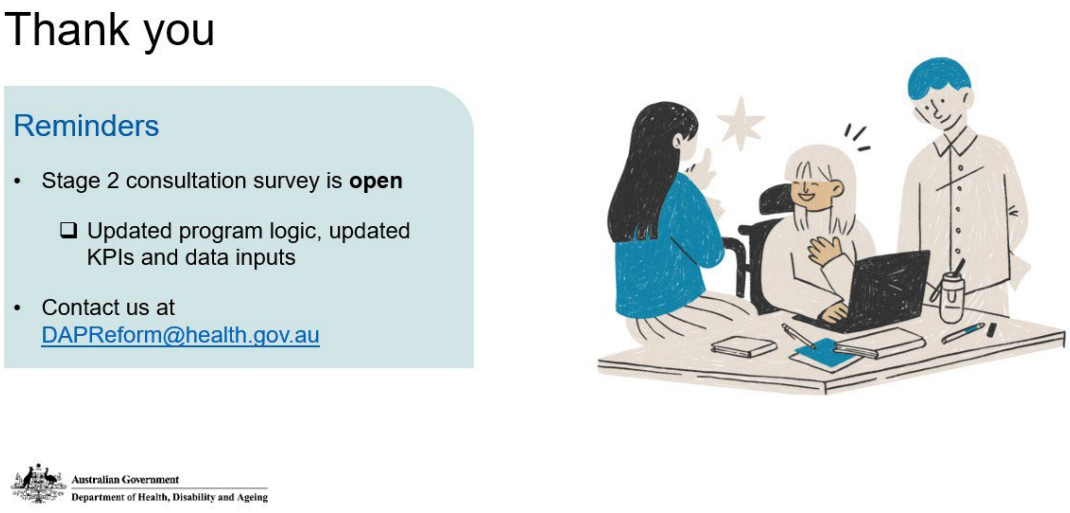
Ben Mudaliar
But it probably goes back to the point that you made, Trish, that not every activity is going to be reflected in the program logic, where you'll get that clarifying information and confirming information will be in the Grant Opportunity Guidelines.

Suz Punch
Q. To what extent has language and client self-reporting been considered? Heavy reliance on self-reported awareness, attitudes, and intention is problematic in remote contexts with low literacy and basic English.

Trish Clancy
Thank you. That's a really helpful point. We are working through the kind of details on the KPIs, how…the exact definitions, etc., how they we expect them to be collected, so we'll weave that into our thinking.

Suz Punch
I think that's all we have for now.

The ones that are in there have all been answered.



Slide 5

Trish Clancy
Fantastic. Thank you very much, everyone, for joining us today. Thank you for those of you who have stuck it out through this process. I hope that you've had a chance to click on the link and look at the Stage 2 documents. You'll see the green text are edits we've made from Stage 1. So that was as the result of your feedback. So, we appreciate it, and I hope you appreciate that we are looking to incorporate your wisdom and knowledge in this process. We hope that today has also been useful for you. It has been thought provoking for us, but to understand the nature of the questions that are coming through to hopefully answer some of them, but also to note the things that are in the grey that we may need to firm up some more.

Stage 2 consultation is open until the 17th of February, sorry, 17th of April. We invite you to review the updated program logic and KPIs, as well as the needs-based funding model inputs in the Consultation Hub and let us know what you think. We'll continue to test and refine these materials based on this feedback today and through the Consultation Hub and through our targeted feedback

The final program logic and KPIs will be shared in on the Consultation Hub in May. We would like to do that early May, but we will guarantee you it will be in May. And you expect at least some of the GOGs….I would expect all of the GOGs to be issued early. Well, some of the GOGs to be issued early in the second-half of the year; all of them to be issued in the second-half of the year.

Ben Mudaliar
I might just answer one of Mel's questions, which was…

Q. Will the answer to today's questions summarised, of course, be added to the Q&A document for people who weren't able to attend today's webinar or they need to watch the webinar to get those answers?

It's neither one nor the other exclusively, so we will do our best to start getting the responses to questions up on the Consultation Hub. But that doesn't preclude anybody from watching the webinar as well, because that has been recorded and there'll be a link to the webinar so that everybody, at least in a technical sense, has access to all the information that was provided today either through the questions/comments or the responses that we gave.

Trish Clancy
And hopefully, I think I noticed someone made a comment about upvoting not being super inclusive. I hope you've noticed that we have also answered quite a few that didn't have many upvotes at all, but we just thought were very good questions that would be good for many people on the call to know the answers to. I hope you have a good rest of your day.

Thank you very much for joining us. We look forward to hearing from you again in the future and releasing the GOGs.

Thanks everyone. Bye.