

Funding Priorities and Building Capability

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AOD funding in Tasmania

- * AOD Sector is relatively small. Mostly government and non-government providers with a few private providers
- * State funding is under pressure with cost savings across DHHS
- * Maintaining or growing a discrete AOD budget is difficult, particularly when the AOD program sits in Mental Health.
- * Health Reform and Departmental restructuring will see government service delivery transferred to the Hospital Network
- * The role of Medicare Local (TML) remains unclear.



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Funding is about more than just money

- * Determining what should be funded and who should deliver services is a process not well served in a contested world
- * Need to move away from competitive tendering to funding communities for wellbeing
- * Maintaining diversity and offering choice to consumers should not be devalued
- * Funding needs to be adequate i.e. real costs not bargain basement funding.



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What could the future hold?

- * Commonwealth are looking to more clearly delineate areas of responsibility between State and Federal Governments
- * Possibility of a consultative mechanism that includes all stakeholders with aim to reform all aspects of funding guidelines, procurement, identification of service and system needs
- * Working through Health Reform and developing our relationship with TML
- * Potential exists for new collaborative, resource sharing systems to emerge.



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Characteristics of collaborative, resource sharing systems

- “ Focus on people and relations not programs
- “ Pooled funding
- “ Distributed leadership
- “ Promote social enterprise
- “ Privileging of local knowledge
- “ Common reporting and red tape reduction
- “ Energy, trust and commitment
- “ Time matters

“ Professor David Adams May 2012 ATDC Conference



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