

18 July 2023

Section 9(2)(a)

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Our ref: OIA 105490

Tēnā koe Section 9(2)(a)

Official Information Act request: Proceeds of Crime Fund

I refer to your email of 29 May 2023 to Manatū Hauora – the Ministry of Health, requesting information relating to the Rewired programme, funded by the Proceeds of Crime Fund (POCF).

On 22 June 2023, your request was partially transferred to the Ministry of Justice (the Ministry). The parts transferred to the Ministry were:

- 1. A copy of the proposal for funding.*
- 6. A full list of the topics explored in the seven-week programme.*
- 7. The total amount budgeted/allocated for advertising the programme.*

Your request is being managed in accordance with the provisions of the Official Information Act 1982 (the Act).

Please find attached a copy of the proposal for the Rewired programme's funding by the POCF. Some information has been withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons. Please note that the proposed funding amounts within the document may not reflect funding amounts provided. For finalised funding amounts for this programme, please contact Mental Health and Addictions team at Te Whatu Ora – Health New Zealand, as it holds the contract with the provider.

For questions 6 and 7, regarding the topics explored in the programme and the total allocated advertising costs, the Ministry does not hold this information. These parts of your request are therefore refused under section 18(g) of the Act, as the information requested is not held by the Ministry. However, I can provide the following information, which I trust is of use to you.

The Ministry's role is to provide secretariat support for the Advisory Panel that selects proposals for POCF funding. The proposals are monitored, by the Secretariat, on a half year basis till their completion. The contracts are held by the sponsor agencies, in this case Te Whatu Ora.

If you are not satisfied with this response, you have the right to make a complaint to the Ombudsman under section 28(3) of the Act. The Office of the Ombudsman may be contacted by email to info@ombudsman.parliament.nz or by phone on 0800 802 602.

Nāku noa, nā

A handwritten signature in black ink, appearing to read 'RO', with a long, sweeping horizontal stroke extending to the right.

Ryan Orange
Deputy Director, Sector Directorate

Proceeds of Crime Fund

Detailed Funding Proposal

Rewired – reducing drug-related, sexual health, and mental health harms for gay and bisexual men who use methamphetamine

Document Info	Please complete fields below
Reference Number (received in your feedback on the Initial proposal)	522
Main contact person and email	Ben Birks Ang, Deputy Executive Director - Programmes, NZ Drug Foundation ben.birks@drugfoundation.org.nz [REDACTED]
Organisation/agency delivering the initiative	NZ Drug Foundation
Eligible agency submitting the proposal (if different from above), contact name and email	Richard Taylor Group Manager, Addiction, Mental Health and Addiction Directorate Ministry of Health Richard.taylor@health.govt.nz

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1 Initiative Summary

1.1 What is your proposal?

Maximum 100 words.

This proposal is to develop and expand services specifically for gay, bisexual and other men who have sex with men (GBM) who also use methamphetamine. Insights gained from these services will be used to develop targeted health advice, resources, and workforce development initiatives for the health and justice sector that this community come into contact with. The proposed independent evaluation will help identify if services are appropriate, and effective at reducing harm, and whether the wider programme of work in this pilot will help reduce drug-related, sexual health, and mental health harm for this community.

1.2 Summary of funding

Minister: <i>Minister of Health</i> Vote: <i>Health</i>	\$ millions				
	2021/22	2022/23	2023/24	2024/25	Total
Appropriation: NDE: Vote Health, National Mental Health Services	\$400,000	\$400,000	\$400,000	\$400,000	\$1,600,000
Total Capital	\$0	\$0	\$0	\$0	\$0
Total Operating	\$400,000	\$400,000	\$400,000	\$400,000	\$1,600,000
Overall Total	\$400,000	\$400,000	\$400,000	\$400,000	\$1,600,000

1.3 How does this align with the Proceeds of Crime Fund criteria?

Funding criteria	How does your proposal align to this criterion?
Expands alcohol and other drug treatment services	<p>This proposal will develop and expand services specifically for GBM who use methamphetamine and build the capacity of the health and justice sector to support them better. Both actions will reduce drug-related, sexual health, and mental health harms.</p> <p>This proposal is informed by a small-scale pilot of an eight week Rewired group programme for GBM</p>

	<p>who use methamphetamine, particularly those who use it as part of chemsex (a subculture of the gay community, involving sex under the influence of drugs such as methamphetamine and GHB/GBL). This pilot represents the only specialist support for this community that exists in New Zealand. Four rounds of this group programme have provided valuable insights into the challenges this community face, how they can be supported better, and has supported the development of lived experience leaders who are informing the development of this initiative.</p> <p>This proposal has an equity focus, that concentrates on the GBM community who are traditionally underserved by mainstream services. Almost all the people who participated in the Rewired pilot spoke about trying to access mainstream services and finding that they were not useful because the services did not understand their needs or experiences. According to the recent FLUX study of men who have sex with men in New Zealand, 32.5% of respondents reported recent sexualised drug use and an additional 3.1% of respondents reported recent chemsex. While numbers were too low to be statistically significant when divided further by ethnicity, this study also indicated that Māori were more likely than other ethnicities to experience mental health challenges and Pasifika were twice as likely to experience mental health challenges. This initiative will concentrate attention (including dedicated budget, lived experience leadership, and evaluation work) to developing services, advice, and workforces that are appropriate for Māori and Pasifika.</p>
<p>Fights organised criminal groups dealing in methamphetamine and other drugs</p>	<p>Methamphetamine use is six times higher amongst GBM in New Zealand. This proposal reduces demand for methamphetamine by providing GBM who use methamphetamine greater access to targeted information, advice, and support that reflects their personal experience.</p>
<p>Addresses mental health in the criminal justice system</p>	<p>This proposal will increase the capacity of health services in the justice sector to support GBM who</p>

	<p>use methamphetamine. This will: reduce drug-related, sexual health, and mental health harms; improve the competence of Police to respond appropriately when gay and bisexual men report sexual violence (especially within a sexual setting); and enable appropriate referrals to relevant treatment services. In addition, it will improve awareness of the specific needs of this group within a criminal justice setting, particularly around re-engaging with community to build resilience and lasting change.</p> <p>This proposal aligns with the vision in the Department of Corrections new Alcohol and other Drug Strategy to: Prioritise and treat alcohol and other drugs as an important oranga and wellbeing issue; identify and address systemic and institutional barriers to treatment and support; and work effectively with other agencies and organisations to build people’s resilience and enable people to stay connected with whānau and communities that support their oranga and wellbeing.</p>
<p>Addresses crime-related harm and improves community wellbeing</p>	<p>These are key outcomes for this proposal as methamphetamine use among GBM currently causes physical, mental and sexual health harm. Addressing the shortage of appropriate services and information through the actions of this initiative will reduce harm, increase help seeking, improve the effectiveness of current services and will sustain improvements in well-being through networks of mutual aid. In addition, the content on sexual assault prevention and consent covered in the groups will help to reduce rates of harm for this group.</p> <p>This proposal will help to build trust between the rainbow community and police. Currently there is large underreporting of issues such as relationship violence because of a lack of trust and fear of discrimination. This proposal will assist the police to work closer with this community, helping issues to</p>

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be resolved quicker and avoiding unnecessary escalation.

1.4 How does your proposal align with the purpose of the fund?

- **Maximum 150 words.**

This proposal aligns in two ways:

1. **It addresses the absence of support for this community to reduce drug-related harm.** GBM who use methamphetamine often cannot receive relevant support from mainstream services. Targeted support that reflects the experiences of this community, particularly the nuances of chemsex, is required for these men to explore their situation and make changes.

Chemsex has been named as a growing public health concern in urban centres, and few interventions exist to address harms (Stevens and Forrest, 2018)¹.

2. **It builds the capacity of the health, police, and justice sectors to understand and address this complex situation.**

A chemsex gathering often involves large amounts of drugs and multiple people. This means that people are more likely to face high-level prosecution for supply - leading to them entering the criminal justice system with harsher consequences, despite them not being a major player in the supply chain and more likely to experience violence if imprisoned. Sexual consent, relationship violence, and whether HIV status is disclosed are all factors that require a nuanced understanding of the situation to address.

2 Problem Definition

2.1 Problem definition

What is the problem you are trying to solve? **Maximum 300 words.**

There is no targeted support for this group.

GBM use illicit drugs at higher rates and are more likely to experience mental distress and substance use disorder compared to heterosexual populations. Methamphetamine use is six times higher among GBM in New Zealand and an estimated 5,000 GBM have used methamphetamine at least once in the past six months. The risk of harm from methamphetamine use is pronounced for those groups who also experience discrimination

¹ Stevens, O., Forrest, J (2018) Thinking upstream: The roles of international health and drug policies in public health responses to chemsex *Sexual Health*, 15, 108-118

and are part of minority groups (e.g. due to sexual orientation, ethnicity, living with HIV). However, because the numbers in those groups are small, they are often hidden populations – leading to a lack of appropriate support options that reflect who they are.

Without targeted support, this group (particularly those who use methamphetamine as part of chemsex) will continue to be at higher risk of experiencing assault from a sexual partner, mental distress, drug overdose, addiction, contracting sexually transmitted infections (particularly HIV and hepatitis), and experiencing poor outcomes from criminal justice settings. As noted earlier, Māori and Pasifika GBM are more likely than other ethnicities to experience mental health concerns, but that inequity can be addressed with appropriate support. All Māori participants in the Rewired pilot reported reducing psychological distress from scores in the concerning ranges of the Kessler Psychological Distress Scale on entry to scores in the “well” range on exit.

In general, health, police, and justice services do not know how to support this group.

Health services do not have the knowledge, expertise, or resourcing to support this group. This group face multiple levels of stigma (same-sex attraction, methamphetamine use, group sex) that often leads to them not accessing health care or receiving health care that does not reflect their situation. This leads to poorer health outcomes.

This is a complex situation that needs a nuanced understanding to know how to respond. Issues of whether sexual activity while intoxicated was consensual and whether HIV status was disclosed are some of the factors that require contextual understanding. A New Zealand situation that shows some of the complexities and highlights that targeted support needs to be created is outlined in this link: <https://www.hivjustice.net/cases/new-zealand-26-year-old-man-living-with-hiv-arrested-for-alleged-hiv-non-disclosure/>. This is also shown in the below quote from a New Zealand judge at the sentencing for a different person in 2017:

“Unfortunately it would appear from the evidence that I heard from trial that there is a grave element of sexual promiscuity and drug taking in certain portions of the gay community in Auckland and it would appear that both parties to this very sad and unfortunate episode were guilty of those things. And now we have two otherwise, I’m quite certain, very good people who suffer from the HIV virus and whose lives will be seriously compromised as a result.”

The health, police, and justice sectors are struggling to respond to this group resulting in inequitable outcomes. This initiative proposes a way to address that in a way that directly supports the men concerned and enables lived experience leadership.

2.2 Proposed solution

*Describe the intervention you are seeking funding for. Outline the intended scope and any known exclusions. **Maximum 300 words.***

The solution is to develop support services, and for the health, police, and justice sectors to work together to identify how to better support GBM who use methamphetamine. Both need to be done in a way that develops lived experience leadership.

Design and deliver targeted services for GBM (including expanding *Rewired* and developing *Re-up* - a peer-led mutual-aid programme) in Auckland, Wellington, Christchurch, and online to reduce the risk of harm from methamphetamine use and build communities of mutual aid. *Rewired* is based on a concept from Australia and co-developed further with people who have lived experience in New Zealand. This has included supporting Māori lived experience leadership, who have been involved in every stage of the development of *Rewired* and *Re-up* (e.g. setting aspirations, naming the service, shaping the content covered), and creating videos used in therapeutic settings. More than 20 percent of *Rewired* participants to date are Māori.

Targeted health advice and resources for GBM who use methamphetamine will also be developed, using insights gained from delivering these services.

Build the capacity of the health, police, and justice sectors to support this group. Workforce development will target sexual health services, drug treatment services, and health services within justice settings to develop their ability to engage and support GBM, particularly those using methamphetamine in a sexualised manner. The workforce development initiatives that are developed will be done in partnership with Māori lived experience leaders, who are already supporting the development of the *Rewired* pilot, and with Pasifika lived experience leaders who will be engaged and supported as part of this initiative. Insights from this work will be used to help develop relevant health responses that police and wider justice services can use.

This work will be supported by:

- National cross-sector collaborative planning and sharing of insights through a National Cross-Sector Steering Group, which will include Māori, Pasifika, and lived experience leadership.
- Independent evaluation, with annual reports to the National cross-sector steering group on progress, outcomes, and new insights.

The time to do this work is now because the subculture of chemsex is growing in New Zealand, heavily influenced by what people have experienced overseas.

This is a pivotal time to support the development of New Zealand specific lived experience leadership, appropriate support options, and targeted harm reduction advice.

2.3 Supporting Evidence

Is there any evidence/research to support your proposal? If so, please include it.

Based on the evidence, we are confident that the services outlined in this proposal would **immediately reduce** drug-related, sexual health, and mental health harms for the people who participate in them.

Sexualised drug use among GBM and its specific form (chemsex) are globally considered an emerging trend (Drysdale et al. 2020). It has been linked to increased risk of HIV and STI transmission, non-consensual sex, and adverse mental and physical health impacts (Ward et al. 2017). In the 2018 position statement, *A Call to Action for Effective Responses to Problematic Chemsex*, the European Chemsex Forum called for unique approaches, tailored to the specific needs of GBM who engage in sexualised drug use. It is recognised that these populations are otherwise unlikely to benefit from mainstream drug programmes.

The New Zealand programme is based on a programme developed in Australia, and its formal evaluation has been peer-reviewed and published in *Sexual Health* (Burgess et al. 2018). The favourable outcomes included improvements in participant psychological distress, personal well-being, stage of change, and reductions in methamphetamine use. Further qualitative analysis revealed additional benefits associated with addressing fear and discrimination.

The New Zealand Rewired programme used the framework of the Australian model as a basis for co-development with both people in New Zealand who have been involved in chemsex and professionals who brought a depth of experience working with this community to reduce sexual and drug harm. It has been trialled with excellent outcomes. Among the participants:

- 75% reduced their psychological distress and moved into a less concerning bracket of the Kessler Psychological Distress Scale or remained in the “well” bracket. These changes were more pronounced for those who began the group in the “severe” bracket.
- 75% reduced the number of days that they had used methamphetamine in the past month.
- 88% finished the group feeling closer to where they wanted to be in their relationship with methamphetamine (with an average increase of 2.1 points on a 10-point scale).
- 88% finished the group feeling more satisfied with their progress towards where they wanted to be in their relationship with methamphetamine (with an average increase of 2.6 points on a 10-point scale).

Further analysis of the New Zealand rewired programme participants’ accounts showed that the population of GBM engaging in sexualised drug use is not currently able to receive effective support from mainstream services who often do not understand the subcultural nuances of the chemsex scene. The New Zealand Rewired participants have reported that they could not talk about their experiences in mainstream support groups because of how different it was to the experiences of other group members and the fear of stigma from their sexual identity and activities. The below quotes from the local participants reinforce the need for targeted support:

“Rewired is, in my view, the only harm reduction programme that is tailored to people like me”

“having been to many [AOD] services, I have found the one that makes me feel like I belong”

The unique needs of GBM engaging in sexualised drug use require targeted action and the development of policies, processes, and resources to appropriately support these populations. The health resources and workforce development initiatives outlined in this proposal would help the health, police, and justice system **prevent** drug-related, sexual health, and mental health harms for GBM who use methamphetamine.

References are in the footer².

3 Agency Consultation and Support

3.1 Consultation

List any agencies or organisations that have been consulted on this initiative. Include the details of your main contact.

Agency	Contact Name, Job title
New Zealand AIDS Foundation	Alex Anderson Services and Outreach Manager
Body Positive	Mark Fisher Executive Director
New Zealand Drug Foundation	Ben Birks Ang Deputy Executive Director – Programmes
Odyssey	Lyndsay Fortune Strategic Initiatives Lead
Lifewise	Shaun Hill Housing First Key Worker
Auckland Sexual Health Service	Jeannie Oliphant Clinical Director

² Burgess K, Parkhill G, Wiggins J, Ruth S, Stooë M. Re-Wired: treatment and peer support for men who have sex with men who use methamphetamine. Sex Health. 2018 Apr;15(2):157-159.

Drysdale K, Bryant J, Hopwood M, Dowsett GW, Holt M, Lea T, Aggleton P, Treloar C. Destabilising the 'problem' of chemsex: Diversity in settings, relations and practices revealed in Australian gay and bisexual men's crystal methamphetamine use. Int J Drug Policy. 2020 Apr;78:102697.

Ward C, McQuillan O, Evans R. O14 Chemsex, consent and the rise in sexual assault. Sexually Transmitted Infections 2017;93:A5.

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Ministry of Health	Kristyn Heaney Senior Advisor, Addiction Richard Taylor Group Manager, Addiction
Department of Corrections	Mark Wood (and addictions team) Principal Advisor, Alcohol and other Drugs Angela Whibley-Smith Manager (Acting), Addiction Services
National Drug Intelligence Bureau	Detective Inspector Blair Macdonald Manager

3.2 Agency Support

For each agency above explain what consultation has taken place and the effect on the proposal. Comment on any likely impact the initiative will have for the agency and how the agency will respond (add more rows if required).

Agency	Details of agency consultation and consideration of impact on agency
New Zealand Aids Foundation	These organisations have been involved in developing this proposal, and are part of the Rewired Partnership – a group that meets regularly to oversee the development and delivery of this initiative. If this proposal is successful, they will be directly involved in the initiative. This will have a large impact on their ability to both directly support GBM who use methamphetamine and help the wider health, police, and justice system to support GBM who use methamphetamine better.
Body Positive	
New Zealand Drug Foundation	
Odyssey	
Ministry of Health	This proposal was discussed with the Group Manager, Addiction, to develop/determine the direction of this harm reduction programme and improve equity for those experiencing disadvantage.
National Drug Intelligence Bureau	Exploration about where the police could be involved with this initiative. The Diversity Liaison Network could be involved if this initiative proceeds. Developments from this initiative could support trust to be built between rainbow communities and the police.
Department of Corrections	This proposal was discussed with the addictions team. Scoping work will likely be needed to explore what the situation looks like in Corrections settings. The advisory group for workforce development in health, police, and justice settings should provide a forum for exploration to occur over time as insights are gathered from this initiative.
Sexual Health	Sexual health teams have supported the delivery of Rewired to date. The presence of Rewired as a referral option helps these teams to confidently have conversations with their clients about methamphetamine use and know there is a service to consult with or refer people to. Several conference presentations have been delivered to the sexual health sector with feedback shaping this proposal. All have found that

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	there is a greater need for workforce development to build their capacity to support GBM who use methamphetamine.
ADHB infectious diseases team	This team has supported the delivery of Rewired to date. The presence of Rewired as a referral option helps this team to confidently have conversations with their clients about methamphetamine use and know there is a service to consult with or refer people to.

4 Funding

4.1 Funding History

*Has this initiative already received funding? If so, what has been achieved and when does funding finish? **Maximum 300 words.***

No funding has been received from the Proceeds of Crime Fund, and there is no other funding for this initiative.

4.2 Funding requested

Preferred Option Expenses	\$ millions				
	2021/22	2022/23	2023/24	2024/25	Total
Capital: <i>(The items listed here are examples and can be changed as required)</i>					
Total Capital expenses	0	0	0	0	0
Operating: <i>(The items listed here are examples and can be changed as required)</i>					
National cross-sector collaboration and sharing of insights	0.045	0.045	0.045	0.045	0.180
Design and delivery of targeted services - Rewired and Re-up (peer-led mutual aid)	0.185	0.185	0.185	0.185	0.740
Design and delivery of targeted health advice	0.045	0.045	0.045	0.045	0.180
Build the capacity of health, police, and justice services	0.075	0.090	0.090	0.090	0.345

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Independent evaluation	0.050	0.035	0.035	0.035	0.155
Total Operating expenses	0.40	0.40	0.40	0.40	1.60
Total Capital and Operating funding sought*	0.40	0.40	0.40	0.40	1.60

*Note: Total funding sought should match 1.2 Summary of funding

4.3 What will funding provide?

What will this level of funding provide? (i.e. level of service, number of FTEs, number of contractors).
Maximum 300 words.

This funding will be used for the following deliverables. Staffing is included in each of these budget lines.

Area	Average cost per year (excluding GST)
National cross-sector collaboration and sharing of insights <i>Includes</i> <i>Recruitment of Programme Manager</i> <i>Establishment and regular meetings of National Cross-Sector Steering Group</i> <i>Equity leadership (Māori, Pasifika, and Lived Experience)</i> <i>Development of communications plan and communications activity to share insights</i>	\$45,000
Design and delivery of targeted services – Rewired and Re-up (mutual aid) <i>Includes</i> <i>Recruitment and training of facilitators (estimated minimum of two in each region, which will grow throughout the initiative)</i> <i>Recruitment and training of lived experience peer leaders (estimated minimum of two in each region, which will grow throughout the initiative)</i> <i>Development of Rewired and Re-up mutual aid programmes</i> <i>Promotion of the programmes and proactive engagement of potential clients (estimated average of between 8 and 10 clients per programme)</i> <i>Delivery of Rewired and Re-up mutual aid programmes in Auckland, Wellington, Christchurch, and online</i>	\$185,000
Design and delivery of targeted health advice <i>Includes</i>	\$45,000

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<p><i>Analysis of insights from Rewired</i> <i>Co-design of health and harm reduction advice that help GBM who use methamphetamine</i> <i>Development of communications products (web, video production, design)</i> <i>Targeted media spend</i></p>	
<p>Build the capacity of health, police, and justice services</p> <p><i>Includes</i> <i>High-level assessment of learning needs to refine learning outcomes</i> <i>Establishment and facilitation of an advisory group to co-develop training and identify service development opportunities with leaders in each sector</i> <i>Development of training programme</i> <i>Delivery of training</i> <i>Analysis of training effectiveness</i> <i>Refinement of training based on feedback</i> <i>Regular reporting to advisory group and national cross-sector steering group on opportunities for wider health, police, and justice service development</i></p>	\$86,000
<p>Independent evaluation</p> <p><i>Includes</i> <i>Selection and recruitment of independent evaluator</i> <i>Evaluation framework</i> <i>Internal document analysis</i> <i>Provision of evaluation services</i> <i>Annual evaluation report outlining if there is evidence that the programme of work is meeting its intended outcomes and recommendations on future directions to improve the effectiveness and sustainability of the initiative</i> <i>Annual workshop with stakeholders to make sense of the evaluation report and recommend next steps</i></p>	\$39,000 ³
Total per year (excluding GST)	\$400,000

4.4 Alternative option - financials

If funds are limited, what is a scaled option or minimum viable option for the proposal? Consult with your eligible agency's finance team as necessary.

Alternative option Expenses	\$ millions				
	2021/22	2022/23	2023/24	2024/25	Total
Capital: <i>(The items listed here are examples and can be changed as required)</i>					
Total Capital expenses	0	0	0	0	0
Operating: <i>(The items listed here are examples and can be changed as required)</i>					

³ This figure is the annual average of the overall evaluation cost over the four years in this proposal.

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National cross-sector collaboration and sharing of insights	0.045	0.045	0.045	0.045	0.180
Design and delivery of targeted services - Rewired and Re-up (peer-led mutual aid)	0.076	0.185	0.185	0.185	0.631
Design and delivery of targeted health advice	0.045	0.045	0.045	0.045	0.180
Independent evaluation	0.030	0.025	0.025	0.025	0.105
Total Operating expenses	0.196	0.300	0.300	0.300	1.096
Total Capital and Operating funding sought*	0.196	0.300	0.300	0.300	1.096

4.5 Alternative option – narrative

The alternative option has:

- A slower scale up of the design and delivery of services. In Year One fewer services will be offered, and these will be either in Auckland or online. This would scale up in years two to include Wellington and Christchurch.
- No capacity building of the health, police, and justice sectors. Insight reports will be shared with key staff in those sectors instead of delivering workforce development and facilitating an advisory group that identifies service development opportunities.
- A scaled back independent evaluation - to reflect the reduced scope of the initiative.

A major benefit of the first option that is not included in this option is that the health, police, and justice sectors work together to understand how to better address the situation. This is a complex situation, and this community is lost between health, police, and justice approaches that do not have a nuanced understanding of how to best respond to the situation. That results in high levels of inequity. We strongly recommend the first option, to enable both sectors to work together towards an improved, more equitable, solution.

4.6 What other potential funding sources exist for this initiative?

How are similar projects funded? Maximum 300 words.

Other similar projects sometimes get funding directly from the Ministry of Health or from a philanthropic source.

The common experience within the group of partner organisations is that funding from a philanthropic source is next to impossible. This is likely to be because of the stigma attached to this group. That makes it less likely to be within the funding criteria of most philanthropic trusts.

The Ministry of Health does not have baseline funding to support this initiative. All funding for AOD services is either planned or committed in contract for AOD Budget 2019 initiatives. Any available underspend towards the roll out of Te Ara Oranga in the Eastern Bay of Plenty or to the psychosocial response to COVID-19 in the Auckland region.

4.7 Implications of not funding this initiative

*What are the implications of not funding this initiative? What is the next best alternative? Could this be provided by someone else? **Maximum 300 words.***

Without targeted support, this group will continue to be at higher risk of experiencing inequitable health outcomes. These include: assault from a sexual partner; mental distress; drug overdose; addiction; contracting sexually transmitted infections (particularly HIV and hepatitis); and experiencing poor outcomes from criminal justice settings or interaction with the police.

The only way to address the situation is to resource the organisations who have trusted relationships with this community. The organisations behind this initiative have strong relationships with the community, built over several years. In particular, over the past two years they have worked on the Rewired pilot without funding. Due to the positive outcomes (e.g. 75% of participants reduced their psychological distress, 75% reduced the number of days they used methamphetamine in the past month, and 88% finished the group both much closer to where they wanted to be in their relationship with methamphetamine and much more satisfied with their progress), Rewired is now a trusted, positive, and effective support for GBM who use methamphetamine – delivered by the community for the community.

Some members of this community experience more discrimination from the health, police, and justice system than others (Māori and Pasifika in particular). Multiple layers of discrimination and exclusion lead to greater inequity in health and justice outcomes. It takes even more effort and time to build trust with these people who have experienced more discrimination – which requires the multi-year funding outlined in this proposal. Without this, these groups will continue to be hidden and suffer from a greater burden of harm.

We are now at a crucial stage where we need to use the strong foundations built from the pilot to create a comprehensive health-based approach. This will enable us to develop New Zealand specific lived experience leadership, appropriate support options, and targeted harm reduction advice – proactively mitigating the effects of an imported subculture that will increasingly impact our justice, police, and health system.

4.8 Ongoing sustainability

*What is the plan for this initiative when funding finishes? i.e. will future funding be required if the initiative is successful? Where might this come from? **Maximum 300 words.***

A National Cross-Sector Steering Group (NCSSG) will be established. The NCSSG will be working on securing sustainable funding throughout the duration of this funding.

Early engagement of an evaluation partner who will provide regular reports on progress will help to ensure the initiative is as effective as it can be. The first deliverable for the evaluation is an evaluation and monitoring framework, which will outline a logic model for this work and help to ensure that appropriate data is captured and analysed. The independent evaluation will help identify what outcomes the initiative has, which will support applications for future funding.

We anticipate that while there is likely to still be a continued need for direct and targeted service delivery, the workforce development component may change over time as the health, police, and justice workforces build their capability to support this group.

5 Delivery and Governance

5.1 Project Delivery

*Describe the implementation plan, including: management, staffing, reporting lines, stakeholder management, and change management. **Maximum 300 words.***

The plan outlined in this proposal will be reviewed and adjusted based on the level of funding confirmed.

Māori, Pasifika, and lived experience representation will be incorporated at all levels of the initiative to ensure that the initiative is appropriate for these communities and reduces inequities. This has been included in both budget options as a crucial component of this initiative.

The project will be delivered through a collaborative partnership, with one lead organisation. The Ministry of Health will contract the lead organisation who will be responsible for working collaboratively with the other partner organisations to ensure all contracted outcomes are met. In addition, the lead organisation will be responsible for: ensuring ethical and safe practice occurs; ensuring all outputs are of a high quality; and that funds for this initiative are used appropriately and according to the budget.

The New Zealand Drug Foundation will be the lead organisation on behalf of the partnership group. If funding is secured through this process, the group of partnership organisations will review the proposal with the Ministry of Health to ensure that the arrangement is fit for purpose.

A programme manager will be hired, who will report to the Deputy Executive Director, Programmes at Drug Foundation. The programme manager will be responsible for programme activity, managing and supporting contracted staff (e.g. programme facilitators, lived experience peers, and trainers), and ensuring the milestones outlined in 5.3 are met on time.

A National Cross-Sector Steering Group will be established to provide oversight and direction for this initiative. This steering group is outlined further in 5.2.

An advisory group will be established to co-develop training for sexual health services, alcohol and drug services, and health services in a justice setting. In addition, this advisory group will identify service development opportunities. The advisory group will involve leaders from each sector and from police and the wider justice sector to ensure the work reflects what is needed and support service development opportunities to be actioned.

An independent evaluation partner will be contracted to support the development of the initiative. This is outlined further in 5.4.

5.2 Governance and Organisational structure

Describe the governance structure that will oversee this initiative. Maximum 500 words.

The Ministry of Health would contract one lead organisation to deliver this project as per the specifications in the contractual agreement. The contract would be monitored through:

- Comprehensive quarterly reports to the Ministry of Health and six-monthly reporting to the Ministry of Justice that include progress against milestones and actual expenditure against budget.
- Regular conversation on progress of the initiative between the lead provider, partner organisations, and the Ministry of Health.

The established NCSSG will include partner organisations and agency representatives. We envision that the Ministry of Health, Department of Corrections, and NZ Police would be represented on this steering group. The steering group will include Māori, Pasifika, and lived experience representation to ensure that the initiative is appropriate for these communities and works to reduce inequities. The NCSSG will sign off a communications plan for this initiative within the first three months of the initiative to support clear and consistent communication about the initiative.

The partner organisations have experience working in collaborative initiatives like this (and also at a larger scale than this) with similar governance structures. Several of those initiatives have been independently evaluated and found to have effective partnership and governance relationships. For example, one evaluator wrote in their report that the projects *“are an excellent example of how multiple-partner, cross-sector projects can operate successfully, and is arguably an unusual case in the New Zealand public sector, given the large collection of government and community agencies working together in a unified way.”* (Cogo, 2020)

5.3 Key milestones

What are the key delivery milestones.

Milestone	Expected date
Recruitment of Programme Manager	2 months after contract signed
Establishment National Cross-Sector Steering Group	3 months after contract signed
Regular meetings of National Cross-Sector Steering Group	Quarterly
Development of communications plan (signed off by National Cross-Sector Steering Group)	3 months after contract signed
Recruitment and training of first group of facilitators	3 months after contract signed
Development of Rewired programme	3 months after contract signed
Independent evaluator contracted (signed off by National Cross-Sector Steering Group)	3 months after contract signed
Regular promotion of programmes, proactive engagement of potential clients, and delivery of Rewired and Re-up mutual aid programmes in Auckland, Wellington, Christchurch, and online.	Commencing 3 months after contract signed and continuing throughout funding term.
Establishment of health, police, and justice sector development advisory group to co-develop training and identify service development opportunities	3 months after contract signed
Report on learning needs and proposed learning outcomes for sexual health services, alcohol and drug services, and health services in justice settings signed off by advisory group	6 months after contract signed
Recruitment and training of lived experience peer leaders	6 months after contract signed
Development of Re-up mutual aid programme	6 months after contract signed
Analysis report of insights from Rewired, prioritising health and harm reduction advice that is relevant for this group (including proposed communication product and method of communication)	6 months after contract signed

Independent evaluator proposed evaluation and monitoring framework signed off by National Cross-Sector Steering Group	6 months after contract signed
Codesigned health and harm reduction advice and communications products for GBM who use methamphetamine	First products developed and disseminated by 9 months after contract signed. Regular development and dissemination throughout funding term.
Training programme developed and delivered	Training programme developed and trialled in the first year of the contract, with continued development and delivery throughout the funding term.
Annual report from independent evaluator received by National Cross-Sector Steering group (including annual workshop to make sense of the evaluation report and recommend next steps)	Annually

5.4 Evaluation

How will this initiative be evaluated? . Maximum 500 words.

An independent evaluator will be contracted to:

1. Create an evaluation and monitoring framework for the programme of work, including recommendations on the use of standardised outcome measures. This will include specific measures on whether the initiative is appropriate for Māori and Pasifika.
2. Identify if there is evidence that the programme of work is meeting its intended outcomes
3. Recommend future directions to improve the effectiveness and sustainability of the programme of work.

Based on previous experience, this is estimated to cost \$50,000 for the first year and \$35,000 for each of the following years⁴. This is included in the costing above. Feedback from evaluation partners is that approximately 10 percent of the overall budget should be allocated to evaluation for this type and scale of initiative. The budget of both options in this proposal is in line with that recommendation.

This has been discussed, in principle, with researchers at Massey University. They also suggested that the evidence base for the initiative could be supported by:

- A literature review to identify best practice approaches for defining (a) what data should be captured, (b) how processes are identified as ‘effective’, and © indications that this programme works.
- Developing a logic model as part of the evaluation and monitoring framework that outlines: programme inputs; activities; outputs; short-term outcomes; intermediate outcomes; and long-term outcomes.
- Involving a PhD student or other researchers to add to the Aotearoa evidence-base for this work.

6 Risks

6.1 Risks

What key risks are involved in the implementation of this proposal? **Maximum 300 words.**

Risk	Risk rating	Risk Mitigation and/or controls	Residual risks
Covid-19 impacts delivery timeframes	13 - Medium	Shift in-person meetings online where possible. Adjust timeframes for activity with steering group (workforce development activity may need to shift later and disseminating health advice may need to shift earlier)	Adjustments to timeframes.
Timing of development activity doesn't	8 - Medium	National Steering Group review project plan to check alignment of actions.	Bespoke support provided on a case-by-

⁴ The evaluation costs were included in the earlier financial table as an annual average (\$39,000) across the four years of the pilot.

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align (e.g. if people are given a health referral but the services have not started yet)		Build capability of staff to offer consultation to other health services at the start of the project.	case basis if services have not started yet.
Project timeframes not met	5 - Medium	Dedicated project management resource. Ensuring adequate resourcing for each action. Clear and concise project plans, with milestones, timeframes, and parameters. Monthly updates and quarterly reporting to the National Steering Group to ensure the work programme remains on track.	Adjustments to timeframes.
Project moves beyond designated scope	5 - Medium	Dedicated project management resource. Clear and concise project plans, with milestones, timeframes, and parameters. Incorporate feedback from developmental evaluation. Regular scope check at National Steering Group meetings.	Note that the National Steering Group may see value in altering planned project activity to respond to new insights gained from the project. Any residual risks will be discussed and mitigated by the National Steering Group.
Project budget exceeds funded amount	5 - Medium	Adequate allowances for projected activities. Budget monitoring attached to project plan.	None.
Implementation capability does not match requirements	5 - Medium	Ensure that appropriate expertise is sourced. Ensure sufficient training, monitoring, and supervision for programme facilitators and peers involved in service delivery. Use expertise of partner organisations to ensure there	Project milestones delayed due to recruitment timeframes.

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		is sufficient depth of experience to use if needed. Incorporate feedback from developmental evaluation. Regular check at National Steering Group meetings.	
Intended outcomes are not achieved	5 - Medium	Implement feedback from developmental evaluation. Clear identification of intended outcomes from the start of the project. Oversight responsibilities of the National Steering Group are made clear.	Note: What is learnt from the developmental evaluation may change how the initiative develops. This will improve the initiative, but may mean that initial intended outcomes are refined as the initiative develops.

Use the following matrix to rate each risk.

		High 15	High 19	Very High 22	Very High 24	Very High 25
Consequence (Impact)	Severe	High 15	High 19	Very High 22	Very High 24	Very High 25
	Significant	Medium 10	High 14	High 18	High 21	Very High 23
	Moderate	Medium 6	Medium 9	Medium 13	High 17	High 20
	Minor	Low 3	Medium 5	Medium 8	Medium 12	High 16
	Minimal	Low 1	Low 2	Medium 4	Medium 7	Medium 11
		Almost Never	Possible but Unlikely	Possible	Highly Probable	Almost Certain
		Likelihood				

7 Outcomes and Benefits⁵

You will be required to report progress towards your outcomes and benefits in your six-monthly performance reporting. This reporting may be shared with the Fund Ministers.

⁵ Guidance on outcomes and benefits has been taken from Treasury Guidance document *Managing Benefits from Projects and Programmes: Guide for Practitioners*

7.1 What is an outcome?

Please see 7.3

7.2 What is a benefit?

Please see 7.3

7.3 How will benefits be measured?

For each outcome identify the key benefits (one table per outcome, copy the table below if required). For each benefit explain how it will be measured and what the targets are. Each benefit should have at least one performance measure (add more rows if required).

Outcome 1 - Improved wellbeing and reduction in drug-related harms for GBM who use methamphetamine who receive support from this initiative			
Benefit	How will this benefit be measured?	When will this be measured?	Target
Initiative is reviewed and refined by Māori leaders and Māori with lived experience to ensure this initiative contributes to improved equity	Feedback collected by independent evaluator	Annually	Developments to make the initiative more appropriate for Māori are clearly identified. Māori attendees report high satisfaction in cultural appropriateness of the initiative. Equitable access and outcomes for Māori attendees.
Initiative is reviewed and refined by Pasifika leaders and Pasifika with lived experience to ensure this initiative contributes to improved equity	Feedback collected by independent evaluator	Annually	Developments to make the initiative more appropriate for Pasifika are clearly identified. Pasifika attendees report high satisfaction in cultural appropriateness of the initiative. Equitable access and outcomes for Pasifika attendees.
Attendees will have increased	Confidential self-assessment forms	End of programme	Improvement on a likert scale.

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understanding of how methamphetamine impacts their physical, mental, sexual, spiritual, and social wellbeing.			
Attendees will reduce distress	Kessler Psychological Distress Scale (K10) on confidential self-assessment form	Start and end of programme	Reduction in distress.
Attendees will reduce the frequency of methamphetamine (and other drug) use	Confidential self-assessment forms that measure the number of days of methamphetamine (and other drug) use in previous month - based on New Zealand's Alcohol and other Drug Outcome Measurement Tool (ADOM)	Start and end of programme	Reduction in days of use.
Attendees will implement harm reduction strategies (including abstinence) for drug use	Confidential self-assessment forms that measure aspects such as the number of days that drugs were injected and that injecting equipment was shared in previous month	Start and end of programme	Reduction in days of injecting drug use and that injecting equipment was shared with others.
Attendees will reduce drug related problems	Confidential self-assessment forms that measure frequency of problems in the last month for: <ul style="list-style-type: none"> - physical health problems - sexual health problems - arguments because of their alcohol and other drug use 	Start and end of programme	Reduction in frequency of problems.

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	<ul style="list-style-type: none"> - problems with work or other activities because of your alcohol and other drug use - problems with the law because of your alcohol and other drug use - difficulties with housing or finding somewhere to live 		
Attendees will improve their knowledge of sexual health and HIV-prevention practices	Confidential self-assessment forms	Start and end of programme	Increase in testing for HIV, use of HIV prevention and PrEP, and connection to sexual health services.
Attendees will improve connection to health services	Successful referrals for attendees that request them (indicated on self-assessment forms)	Start and end of programme	All referrals for other health services are completed successfully.
Attendees report greater control over their cravings and methamphetamine use	Confidential self-assessment forms	Start and end of programme	Improvement on a likert scale.
Increase in recovery capital - Attendees report feeling more connected to a community of similar people and hopeful for their future	Feedback collected from attendees by independent evaluator	Annually	Improved recovery capital.

Outcome 2 Improved wellbeing and reduction in drug-related harms for GBM who use methamphetamine who receive health and harm reduction advice			
Benefit	How will this benefit be measured?	When will this be measured?	Target

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Targeted health and harm reduction advice that has been created by the community for the community.	Reach and engagement with social media Feedback collected by independent evaluator	Annually	Information reaches the target audience, who report high satisfaction with its relevance and impact.
Health, police, and Justice services have health and harm reduction advice that has been created by the community for the community	Feedback collected by independent evaluator	Annually	Services report high satisfaction with health and harm reduction advice and the impact they observe.

Outcome 3 Sexual health, alcohol and drug services, police, and health services within justice settings have greater understanding and expertise to engage and provide appropriate support for GBM who use methamphetamine

Benefit	How will this benefit be measured?	When will this be measured?	Target
Staff in sexual health grow their knowledge, skills, and understanding of how to engage and provide care for this community - resulting in better outcomes for this community	Feedback collected from workshops (estimated minimum of four per year) Feedback collected by independent evaluator	Completion of each workshop Annually	Improvement in knowledge, skills, and attitude towards this community. Increase in access to support and positive outcomes for this community. Increase in referrals or consultation for specialist knowledge in the Rewired team.
Staff in alcohol and drug services grow their knowledge, skills, and understanding of how to engage and provide care for this community - resulting in better outcomes for this community	Feedback collected from workshops (estimated minimum of four per year) Feedback collected by independent evaluator	Completion of each workshop Annually	Improvement in knowledge, skills, and attitude towards this community. Increase in access to support and positive outcomes for this community. Increase in referrals or consultation for specialist

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			knowledge in the Rewired team.
Health staff in justice settings grow their knowledge, skills, and understanding of how to engage and provide care for this group - resulting in better outcomes for this community.	Feedback collected from workshops (estimated minimum of four per year) Feedback collected by independent evaluator	Completion of each workshop Annually	Improvement in knowledge, skills, and attitude towards this community. Increase in access to support and positive outcomes for this community. Increase in referrals or consultation for specialist knowledge in the Rewired team.
Police staff grow their knowledge, skills, and understanding of how to engage and support this group - resulting in better outcomes for this community	Feedback collected from workshops (estimated minimum of four per year) Feedback collected by independent evaluator	Completion of each workshop Annually	Improvement in knowledge, skills, and attitude towards this group. Increase in referrals or consultation for specialist knowledge in the Rewired team.
Sexual health services have identified and progressed service development opportunities.	Progress reported at advisory group meetings (estimated minimum of four per year). Feedback collected by independent evaluator	Quarterly Annually	Service development opportunities identified. Some service development is progressing and demonstrating effectiveness.
Alcohol and drug services have identified and progressed service development opportunities.	Progress reported at advisory group meetings (estimated minimum of four per year). Feedback collected by independent evaluator	Quarterly Annually	Service development opportunities identified. Some service development is progressing and demonstrating effectiveness.
Health services in justice settings have identified and progressed service	Progress reported at advisory group meetings (estimated minimum of four per year).	Quarterly Annually	Service development opportunities identified.

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development opportunities.	Feedback collected by independent evaluator		Some service development is progressing and demonstrating effectiveness
Police services have identified and progressed service development opportunities.	Progress reported at advisory group meetings (estimated minimum of four per year). Feedback collected by independent evaluator	Quarterly Annually	Service development opportunities identified. Some service development is progressing and demonstrating effectiveness.
Justice services have identified and progressed service development opportunities.	Progress reported at advisory group meetings (estimated minimum of four per year). Feedback collected by independent evaluator	Quarterly Annually	Service development opportunities identified. Some service development is progressing and demonstrating effectiveness.

Outcome 4 Improved lived experience leadership			
Benefit	How will this benefit be measured?	When will this be measured?	Target
Increased number of people who can provide lived experience leadership within this community	Number of peers trained and involved in delivery of mutual-aid support or health/harm reduction activity Feedback collected by independent evaluator	Annually	Annual increases in the number of people who actively provide lived experience leadership to this community.
Increased number of Māori people who can provide lived experience leadership within this community	Number of Māori peers trained and involved in delivery of mutual-aid support or health/harm reduction activity Feedback collected by independent evaluator	Annually	Annual increases in the number of Māori people who actively provide lived experience leadership to this community.
Increased number of Pasifika people who can provide lived experience	Number of Pasifika peers trained and involved in delivery of mutual-aid support or	Annually	Annual increases in the number of Pasifika people who actively provide lived

leadership within this community	health/harm reduction activity Feedback collected by independent evaluator		experience leadership to this community.
Greater visible prosocial/healthy living within the community	Feedback collected by independent evaluator	Annually	Increase in examples of harm reduction and prosocial/healthy living.

8 Attachments

If you have included any attachments, please list them here. Please note attachments are not required (add more rows if required).

Document Name	Briefly explain what value the attachment adds to the proposal
None	

9 Terms and Conditions

Background

- a. The terms and conditions contained in this Agreement appear as an appendix to the Detailed Funding Proposal template.
- b. In accordance with Cabinet’s decision (CAB-19-MIN-0087), the Secretariat is responsible for reporting back to the Minister of Justice and Minister of Finance on the progress and outcome of each funded proposal. The terms and conditions below are intended to assist the Secretariat in carrying out its responsibilities.
- c. Agencies and organisations that are not eligible to apply directly to the Proceeds of Crime Fund (‘Fund’) may partner with an eligible agency to submit a proposal. The eligible agency is expected to take the role of Lead Agency. If a proposal is being submitted by multiple eligible agencies, one of these must identify as the Lead Agency.
- d. By submitting a funding proposal to the Proceeds of Crime Fund, the Lead Agency agrees to be bound by the following terms and conditions if funding is approved. The Lead Agency will be responsible for:
 - Making funds available to the partner agency and/or organisation(s);
 - Ensuring reporting is undertaken in accordance with this Agreement; and
 - Resolving any issues between a partnering agency and/or organisation(s).

- e. If the Lead Agency’s funding proposal is approved, the Secretariat will write to the Lead Agency to confirm the decision specifying the approved funding amount, and agreement term (‘approval letter’). The approval letter will reattach these terms and conditions as a prompt.

Terms and conditions

Funding

1. The Lead Agency must:
 - 1.1. Spend the funding in accordance with the funding proposal during the agreement term specified in the approval letter (‘term’).
 - 1.2. Return to the Crown any portion of the funding that is not used in accordance with the funding proposal during the term.

Reporting

2. The Lead Agency will ensure a report on the performance of the funded proposal is completed every six months during the term and submitted to the Secretariat by the due dates as specified by the Secretariat. The report will be completed on the reporting template provided by the Secretariat, and will cover the following areas (taken from the funding proposal):
 - 2.1. Progress against the proposed milestones;
 - 2.2. Cost-to-date against the forecasted costs;
 - 2.3. Progress toward realising benefits and outcomes;
 - 2.4. Any anticipated or actual risks and issues potentially impacting the successful delivery of the proposal; and
 - 2.5. An indication of the funding proposal’s ‘health rating’ (serious concerns (red)/some concerns (amber)/on track (green)) as detailed in the reporting template; and
 - 2.6. Any other information requested by the Secretariat to be included in the report.
3. At the conclusion of the term, the Lead Agency will provide a report to the Secretariat covering:
 - 3.1. A description of the overall achievements of the funded proposal; and
 - 3.2. A description of the long-term plan (if any) for the proposal.
4. The Lead Agency acknowledges that information in the reports in clause 2 and 3 may be used by the Secretariat in its reporting to Ministers.

Review and audit

5. The Lead Agency will:
 - 5.1. Keep and maintain full and accurate records in connection with the use of the funding and carrying out the funded proposal in accordance with all applicable laws, and retain such records for at least seven years after termination or expiry of the term; and
 - 5.2. Make any files or records relating to the funded proposal available for inspection within 10 working days, if requested by the Secretariat.
6. The Secretariat has the right to appoint an auditor, at its cost, or inspect all records relating to the funded proposal and arising from this Agreement, from time to time until seven years after termination or expiry of this term.

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7. The Lead Agency must notify the Secretariat immediately:
 - 7.1. of any changes that affect the Lead Agency’s ability to carry out/deliver the funded proposal (for example, an intention by a third-party service provider to wind-up or cease operations, or any other significant event); and
 - 7.2. if any of the funding is misappropriated or spent by a third-party or provider engaged by the Lead Agency not in connection or accordance with the funding proposal.

Termination

8. The Secretariat may terminate this agreement and require repayment of all or part of the funding if the Lead Agency fails to comply with any of the terms and conditions in this Agreement.

Other

9. During the term of this Agreement, the Lead Agency may request a variation to this Agreement by writing to the Secretariat. The variation request must be approved by the Secretariat and will be recorded in writing.
10. All notices to the Secretariat regarding this Agreement may be sent to: PoCF@justice.govt.nz
11. The Secretariat, as part of the Ministry of Justice, is subject to the Official Information Act 1982. The Lead Agency acknowledges that the Secretariat may be required to release information related to the funding proposal, and subsequent information in connection with the use of the funding and carrying out the funded proposal, unless good reasons exist under the Official Information Act 1982 to withhold the information.

10 Completion checklist

All sections of this template need to be completed. If you need support, contact your eligible agency or the Secretariat for the fund at PoCF@justice.govt.nz.

Initiative is submitted by one of the eligible agencies.

Name of proposal has been included on the front cover and header of this document.

Table on front cover has been completed.

Sections 1 to 8 have been completed in full

Any attachments have been documented in section 9.

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