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Victorian Alcohol
& Drug Association

Annual Report 2020





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VADDA BOARD

VAADA Board Members

President / Vice President
Rebecca Lorains commenced as a board member November 2015

President
Stefan Gruenert
(retired November 2019)

Vice President
Andrew Bruun commenced as a board member November 2015

Treasurer / Secretary
Shannon Bell commenced as a board member November 2018

Treasurer / Secretary
Alan Murnane
(retired November 2019)

Ordinary Members

Elisa Buggy
Commenced as a board member November 2019

Kent Burgess
(Secretary until December 2019)
Commenced as a board member November 2017

Victoria Manning
Commenced as a board member November 2017

Jane Measday
Commenced as a board member November 2016

Naomi Rottem
Commenced as a board member November 2018

Tamsin Short
Commenced as a board member November 2018

Non-Sitting Board Members

President
Stefan Gruenert
(retired November 2019)

Treasurer
Alan Murnane
(retired November 2019)

BOARD MEMBER PROFILES



ANDREW BRUUN
VICE PRESIDENT
COMMENCED
DECEMBER 2019

Andrew Bruun is Chief Executive Officer at YSAS and an honorary fellow at the University of Melbourne, Department of Psychiatry. He has worked in the field of adolescent health as practitioner, educator and researcher since the mid-1980s. His special interest is in young people and families experiencing alcohol and drug-related problems and is committed to enabling service providers and policy makers to better understand and respond to their needs.



SHANNON BELL
TREASURER

Shannon Bell is the Senior Manager of Clinical Programs at Uniting ReGen, the leading AOD treatment and education agency of Uniting Victoria and Tasmania. With over 16 years' experience working as a clinician, supervisor and manager Shannon has worked in a range of treatment setting including prisons, withdrawal, non-residential rehabilitation, counselling and workforce development. Shannon is an accredited forensic clinician and has extensive experience working with both young people, adults and families involved in the justice system. He is also an accomplished facilitator of therapeutic and psycho-educational groups and has played a key role in the development and expansion of ReGen's Catalyst Therapeutic Day Rehabilitation Programs. Shannon has a special interest in ensuring the consumer participation plays an active role and is incorporated into AOD treatment, policy and service system decision making.



REBECCA LORAINS
PRESIDENT / VICE PRESIDENT
COMMENCED DECEMBER 2019

Rebecca Lorains holds an Associate Diploma of Welfare, a Diploma of Business, a Certificate IV of Alcohol and Other Drugs, a Certificate IV of Work Place Training and Assessor and currently studying her MBA. Rebecca has been with Primary Care Connect since 2002 and is currently the Chief Executive Officer. She has been part of the Leadership team at Primary Care Connect since 2006 and has vast leadership experience across a range of health and counselling services. Rebecca is responsible for all programs at Primary Care Connect ensuring the complex, multi-needs and vulnerable client groups in our community are serviced with high quality and safe programs. She has attained years of experience working with vulnerable and complex families, in particular young people, within the alcohol and other drugs sector and the justice system. Rebecca is a graduate of the Australian Institute of Company Directors, a Board Member of Victorian Healthcare Association and Chair of GVPCP.



ELISA BUGGY

Elisa Buggy is a Social Worker from Tasmania who started her career in the not-for-profit sector as the NIDS portfolio holder at the Link Youth Health Service. Elisa then helped develop the State's Drug Court before moving to Victoria to manage the Drug Court and build the Family Drug Treatment Court here. She has also been Research and Policy Officer at the Alcohol Tobacco and Other Drugs Council (Tasmanian peak body) and Principal Practitioner at ACSO and is currently Executive Officer of Flat Out. Elisa has been a long-time friend of VAADA and was on the steering committee for VAADA's submission to the current Royal Commission into Mental Health. She is also very familiar with best practice in governance having obtained her MBA in 2011 and chaired the Board of ANTaR Vic from 2015-2017. Elisa is an alumni of the Williamson Community Leadership Program with Leadership Victoria.



KENT BURGESS

Over 20 years Kent's focus has focussed on building effective, accountable health and community services that prioritise vulnerable groups. Kent is currently Deputy CEO at Star Health, a leading provider of AOD and other health services to Melbourne's inner and middle south community. An Occupational Therapist by background, Kent has a Master's in Public Health. Previously, Kent held leadership positions at Thorne Harbour Health, Victoria's key LGBTIQ health provider and was Chair of the Inner South East Primary Care Partnership. Kent brings governance skills, developed through Board roles in the housing and environmental sectors, including as past Chair of the Wilderness Society Victoria.



VICTORIA MANNING

Victoria Manning is an Associate Professor in Addictions at Monash University and the Head of Research and Workforce Development at Turning Point. As a chartered psychologist with 20 years clinical research experience in addiction treatment settings in the UK, Asia and Melbourne, she has extensive knowledge of the AOD treatment evidence-base and its implementation in real-world clinical practice. She has spent much of her career designing treatment outcome monitoring systems and trialling novel approaches to enhance treatment effectiveness and has overseen the successful completion of multiple DHHS-funded studies aimed at supporting the Victorian AOD sector through innovative projects, tool development and clinical guidelines.



JANE MEASDAY

Jane Measday is the General Manager of Social Support at Ballarat Community Health. Ballarat Community Health provides a range of primary care and wellbeing services across the Central Highlands. Jane has worked in a range of roles in the primary care sector over the last 23 years. Jane has a special interest in partnership work, change management and service system development. As a regional manager, she is committed to the ongoing development of the AOD service system in regional and rural areas and in particular recruiting, retaining and supporting the AOD workforce



NAOMI ROTTEM

Naomi Rottem is a Social Worker and Family Therapist, with over 20 years' experience. After 13 years working at The Bouverie Centre where she managed workforce development, she has recently moved into a new role at Drummond street services, managing training and consultancy, specialising in lived-experience workforce, family violence, and intersectionality trainings. She has designed and delivered a range of training, supervision and consultation to workers and managers in AOD and other health and welfare sectors. She brings a wealth of experience in family work, workforce development, clinical supervision and single session work.



TAMSIN SHORT

Dr Tamsin Short is a registered clinical and forensic psychologist who has worked in a range of clinical and management roles over the past ten years, including positions within alcohol and other drugs (AOD), forensic mental health and community health programs. Tamsin is currently the Senior Manager of Mental Health and AOD Services at Access Health and Community, a community health service in the Inner East of Melbourne. Tamsin is also a Co-Chair of the Eastern Mental Health Service Coordination Alliance (EMHSCA) and member of the Change Agent Network, a network of leaders in the Victorian AOD Sector. She is passionate about supporting excellent leadership and best practice in the AOD sector.

VAADA STAFF

Sam Biondo
Executive Officer

Naomi Carter
Project Officer - NWPHN and WVPHN

Kristen Lynch
Policy Officer

Jo Driscoll
(Secondment from YSAS)
Project Officer

Scott Drummond
Program Manager

Chris McDonnell
Administration Officer

Jane Moreton
Project Officer - Co-occurring Capacity Building

James Petty
Policy Officer

Marije Roos
Family Violence Capability Project Lead commenced December 2018 resigned June 2019

David Taylor
Policy Officer

Caitlyn Wilson
Project Officer - Co-occurring Capacity Building

Greg Denham
Policy Officer commenced April 2019 resigned July 2019

VISION & PURPOSE

Our Vision

A Victorian community in which the harms associated with drug use are reduced and general health and wellbeing is promoted

Our Purpose

To represent the membership by providing leadership, advocacy and information within the AOD sector and across the broader community in relation to alcohol and other drugs.

Guiding Principles:

1. VAADA works within a harm minimization and evidence informed framework
2. We will undertake our work with compassion and integrity, respect and inclusion and supportive of diversity and cultural inclusion
3. We will promote stability, integration and coherence across the AOD Sector

4. We are committed to working in collaboration with all key stakeholders to achieve the best possible outcomes for individuals, families and communities.

Strategic Objectives 2017-20

1. To build responsiveness and sustainability
2. To increase influence and leadership
3. To enhance capacity and innovation

PRESIDENT'S REPORT

It would be outside living memory for most of us, to have experienced such a challenging time as we are now living through with the advent of the COVID-19 pandemic. Those challenges have ranged across the world stage, descending down to the national level and ultimately affecting us all at a personnel level. These challenges have of course, also affected the drug treatment system, each agency, every worker in those agencies, and ultimately those people that we support in our services.

VAADA has played a key role in how the Victorian Drug Treatment system has responded to this crisis. Very early on, as the crisis unfolded, VAADA responded by increasing the frequency of its CEO/Managers meeting, refashioning it into a vital platform for the sector and DHHS. In what was a rapidly changing environment, the CEO/Managers allowed DHHS to communicate critical information to a large segment of key people in the sector. Conversely, it also provided the sector the opportunity to communicate to senior bureaucrats in the Mental Health and Drugs Branch. Other important service system support included the establishment of four working groups, including: Pharmacotherapy; Residential Services; Community Services; and, Harm reduction. These groups were crucial for the sector and department, to plan within and prepare these critical elements of the service system, to continue delivering services during COVID-19.

ENEWS was also an essential communication tool for the sector at this time, it allowed VAADA to provide timely service updates for the sector, and was also an invaluable conduit of information that flowed down from the Chief Health Officer and DHHS. VAADA also created specific COVID pages on its website, as a go to site, where the sector, cross-sector colleagues and the public, could find essential information about the status of services or DHHS updates.

VAADA was also able to rapidly adapt the Service Provider's format, moving it from a face-to-face old school conference to an online platform. The event was split over four webinars. Significant thinkers from the health space as well as Minister for Mental Health Martin Foley were invited to present on topics ranging from Front line service responses during COVID-19 to Disaster-proofing the AOD sector, or how the sector might transition itself from a COVID-19 footing, and resume a more typical service delivery model.

But it wasn't just these system wide activities that VAADA rolled out. There were a range of activities that were aimed at supporting workers and helping foster camaraderie amongst us. More intimate things such as Midday meditations, or Conversations of Change or Navigating Uncertainty, which allowed the sector to take a breather, or tap into how their peers were responding to the crisis in their services.

Of course VAADA's activity hasn't all been COVID related. VAADA has undertaken new projects over the last twelve months. The Tri Peaks project is a collaboration between VAADA, the Centre for Excellence in Child and Family Welfare and the Victorian Healthcare Association. This project aims to foster collaboration between the sectors these peaks represent. VAADA is also administering the Alcohol and Drug Research Innovation Agenda (ADRIA) on behalf of the Victorian government. These grants are for Victorian funded AOD services and ACCHOs, and seek to support innovative AOD research, to improve health and social outcomes for Victorians. I expect exciting work to come out of this for the sector.

VAADA has also been dealing with issues that have been of long standing in the sector. It has continued its efforts in providing a channel to DHHS about the sector's concerns about the Victorian Alcohol and Drug Collection (VADC) system. This work will continue, as there still remain issues about the data that comes from VADC and the increased impost and impaired usability it imposes on service providers.

A lot of work has also gone into representing the sector at the Royal Commission into Mental Health. Putting forward an AOD sector view on how the AOD and Mental Health systems can best collaborate to provide better outcomes for clients with co-occurring conditions. As a supplement to its written and face-to-face submissions,

VAADA facilitated international experts Dr. Ken Minkoff and Dr. Christie Cline to present to the commission about their Comprehensive Continuous Integrated System of Care (CCISC) model.

There has also been a continuation of the work VAADA has done to embed family violence capabilities in the AOD sector. This is important work, as the Family Violence space remains a complex environment for the sector to operate in and one that demands genuine cross-sector collaboration amongst the community sector.

Looking forward, the VAADA Strategic Plan is due for renewal, which is opportune, given the transformational environment we now find ourselves in. Without pre-empting what ends up in the plan, I expect that it will seek to affirm in the public eye, the sectors status as an essential service, with a unique skill-set, which allows it to work with often complex and marginalised people. On a personnel level, I would like to see a strategy that seeks to overcome the metro regional divide that exists, both at a service and bureaucratic level.

In finishing I would like to commend the resilience of the sector who after the initial COVID-19 outbreak, were ramping up to once again have face-to-face contact with clients only to have those hopes dashed. Despite this set back the sector carried on and has continued to provide services to its client group.

So in light of that, I would like to thank those of you who work in the sector, DHHS, and those that use our services, whose forbearance at this time have made the tasks we have undertaken a little easier.

I would of course like to thank VAADA's Executive Officer Sam Biondo his staff and my board colleagues for their efforts. In particular I would like to thank Stefan Gruenert and Alan Murnane who both retired November 2019. Both served in executive roles in VAADA, Stefan as both Vice-President and President and Alan as Treasurer and Secretary.

EXECUTIVE OFFICER REPORT

By any measure the past year has been extraordinary. While the impact of Covid 19 has been a significant factor in VAADA's work, thankfully, it is not the sole driver. As always, organisational effort remained focused on sector need and articulating these needs into action. To that extent our mission was unchanged. As can be observed in the various sections of this annual report VAADA's efforts are testament to this continued focus.

Overwhelmingly, organisational effort remains spread across sector development and capacity building, member services, communications, policy, and targeted program activities. While from year to year some activities under these themes change, in large part the general direction remains constant.

Given the persistently limited and unreliable AOD treatment data available to guide our work, compounded by even more limited and inadequate AOD data sources across Victoria's health and social landscape, VAADA has had to adapt to these limitations. The insight afforded through various VAADA networks, events, surveys, and meetings provides a broad tapestry, fundamental to informing us what the sector needs. Key sector groups such as the CEO and managers forums, and networks ranging from Withdrawal nurses, Emergency Department Clinicians, Catchment area planners, Youth focused workers, as well as Specialist pharmacotherapy clinicians and

the like bring a deep insight to sector work across Victoria. In combination with PHN funded activities across the Northwest, West, and Murray regions and participation in meetings across the Grampians, Gippsland and the Southern metro regions there exists a comprehensive view of sector and community needs. It is and remains a privilege for VAADA to engage with so many committed members and staff across our field and to learn of their endeavours to meet community need.

Clearly, VAADA seeks to be a conduit for sector views, these in turn inform our advocacy on behalf of the sector including the development of our State Budget Submission, representations and submissions to the Royal Commission into Mental Health, and specific reports such as on the VADC data system, drink/drug driving and any number of other issues. A more comprehensive overview of some of VAADA's reports, advocacy and sector development work can be observed in the body of this report.

In the midst of the Covid wrought transformation VAADA has maintained its focus on sector development as a cornerstone of its work but we have also extended our Capacity Building effort via network development in the Southeast and Gippsland regions. We undertook numerous sessions including, 'Managing vicarious trauma', Family Violence, Telehealth, establishing Consumer

input and quality improvement, 'ABI', and Dual Diagnosis as well as sessions delivered by internationally recognised experts Ken Minkoff and Christie Cline from Harvard University.

Continued project work undertaken this year has included the Family Violence area focusing on building family violence capacity across the Family Violence Information Sharing Schemes and the Multi Agency Risk Assessment and Management (MARAM) framework. This Family Safety Victoria funded activity draws attention to the transformative breadth of activity occurring across the health and welfare sector on a state-wide and national landscape. This work clearly identifies the AOD sector has a very important role to play in transitioning its systems and understanding to better deal with the impact of family violence as it affects not just clients but indeed all of us.

Additionally, with PHN funding support we continue our capacity building project work in the North Western Melbourne PHN, and Western Victoria Primary Health Network (WPHN), this work is now complemented with a newly establish activity funded in June 2019, by WVPHN focused on AOD Service Development Coordination. The project seeks to support workforce development activities and collaboration regarding regional models of care for Brief Intervention and AOD Core Programs. Further, in July

" In the midst of the Covid wrought transformation VAADA has maintained its focus on sector development as a cornerstone of its work but we have also extended our Capacity Building effort via network development in the Southeast and Gippsland regions".

2019 the Murray Primary Health Network (PHN) commissioned VAADA to establish an AOD Practice Leadership Hub in the region based around a Community of Practice model to support isolated rural and regional AOD practice leadership development.

This year also saw the establishment of two additional projects, namely the 3 year Tri-Peaks project established jointly with the Victorian Healthcare Association (VHA) and the Centre for Excellence in Child and Family Welfare (CFECFW). Funded by the Victorian Government this project seeks to promote, develop and model cross-sector collaboration between the AOD, health, and child and family welfare sectors at the peak level. So far, a series of governance and online events have been delivered, and in the course of the coming years we will see the establishment of mentorship, and joint demonstration projects. The second major project relates to the 'Alcohol and Drug Research Innovation Agenda' (ADRIA) which VAADA is managing on behalf of DHHS. ADRIA will provide approximately \$4 million of grant funding over four years to support Victorian AOD-focused research. The fund has a special focus on building AOD agency capacity to undertake and participate in research. While it is still in the establishment phase it is hoped that the fund will launch later in 2020.

Given this past year has been unique and unparalleled because of the impact of Covid I will take the opportunity to sincerely thank all VAADA staff for the way in which they handled establishing the processes and maintaining their spirit in working and supporting our sector during such a maelstrom. I am enormously proud of all staff for their efforts and how they adapted. Within days they transformed VAADA's operations, establishing and supporting specific purpose groups including ones on urgent Covid related guidelines, rural and regional support groups, meditations sessions, a Youtube channel, special seminars, regular wellbeing sessions, and networks meetings seeking to identify the best way to meet community need. It has been a great and memorable teamwork effort for which all staff are recognized. It is also a time to recognize the efforts of those who have left VAADA during the past year. These have included Marije Roos who worked in establishing the Family Violence related projects, Greg Denham who worked with VAADA for a period of time as Policy Officer, Naomi Carter who's inimical style and infectious enthusiasm melded together the PHN project area.

I would also like to pay special recognition to the VAADA Board. This past year saw the departure of our outgoing President, Stefan Gruenert. I have enjoyed a positive working relationship with Stefan since his commencement as a VAADA Board Member in 2013 and have appreciated his commitment and support. I welcome new board members who I look forward working with and also welcome Rebecca Lorains as VAADA President and thank all Board members who have provided valuable support to myself, VAADA staff, and our efforts on behalf of the sector. All Board members have contributed and added value to our efforts on behalf of our sector. Lastly, and as has become customary, I recognize the generosity and engagement that we have with our sector.

VAADA values the input and contribution that members and the sector make. It is invaluable in our work and it provides the impetus to strive for change and to do better. We look forward to engaging with you in the coming year.

SECTOR DEVELOPMENT

2019/20 was a busy year for AOD sector development. In the first half of the financial year, VAADA delivered capacity-building activities via the almost outdated method of face-to-face training, network meetings, forums, and conferences amongst other things. The second half of the year saw these things upended by COVID-19 and the peak body switch to online delivery of its face-to-face activities.

Notwithstanding this, the advent of COVID-19 did not see a decline of sector development but an increase. In 2020/21 VAADA established two new networks including a network of Emergency Department AOD nurses and a youth AOD network. Network meetings that were previously held quarterly morphed into fortnightly meetings as the sector came together during the pandemic. VAADA also launched its own YouTube channel in response to Covid-19 to allow access to recorded forums and presentations. At the same time, VAADA increased its focus on supporting AOD agencies and their staff navigate COVID-19 with a series of innovative responses as outlined in Sector Development and COVID-19 below.

One observation of the impact of COVID-19 on sector development was that the move to online delivery saw more staff from further afield meet more regularly than before. This created new relationships and strengthened existing ones, and offered rural and regional colleagues more opportunities to stay connected.

Despite these benefits, VAADA looks forward to regaining more face-to-face connection, recognising that nothing replaces close human contact. In the meantime, VAADA will continue to look for creative ways to support the Victorian AOD sector to provide its essential service during COVID-19 and beyond.

Thank you to the individual AOD staff, networks and agencies VAADA has the pleasure of supporting.

Sector Development and COVID-19

To support the AOD sector during the COVID-19 pandemic, VAADA rapidly organised a range of activities including:

- Increased frequency of sector network meetings with key staff cohorts, such as the CEOs and Managers within the sector as well as the delivery of additional Communities of Practice to six PHN-aligned services across Victoria
- 'Midday Meditations' - Online meditation session available to all AOD services
- becoming a key conduit between DHHS and the AOD sector, including fortnightly online forums between DHHS & AOD CEO's and senior managers
- leading the establishment of four key working groups to help inform AOD sector planning and preparedness across key domains of AOD treatment. These included:

- Pharmacotherapy
- Residential Services
- Community Services
- Harm Reduction

- providing regular COVID-19 updates via VAADA's e-news service; regular newsletters and bulletins and a dedicated COVID-19 web page. VAADA also established a webpage for services to log their service status.
- launching our YouTube channel in response to Covid-19 to allow access to forums and presentations at a time that suits the sector.
- created new online training sessions on COVID-19 Digital Health: Four interactive online sessions identifying and exploring key practice implications for COVID-19 and the use of digital health.
- Navigating Uncertainty - designed to provide practical skills and applied techniques for navigating uncertainty. Empowering participants with better communication skills, enhanced creative awareness and capacity for co-creation whilst instilling a sense of hope and joy.
- Produced Conversations of Change - A series of interviews from key people in the AOD sector is to understand what other organisations are doing to respond to the pandemic.

Issues and reports

Sector Development, while focused on capacity building and enabling member agencies and staff 'to do',

also involves supporting member agencies to navigate barriers and obstacles. Over the 2019/20 year VAADA undertook numerous projects and activities to represent the sector, some of these have included:

VADC

The Victorian Alcohol Drug Collection (VADC) system which is the data collection used by all DHHS Victorian funded AOD treatment providers has been an issue impacting the sector for several years.

The VADC supports performance monitoring and is designed to inform service system development, planning and demand modelling among other things. This year VAADA explored with AOD agencies the difficulties they were having in relation to the VADC and prepared two reports to DHHS to help the department identify and resolve the issues. VAADA also played a role in establishing two new VADC governance groups to help oversee and implement changes.

VicRoads Drink Drug Driving behaviour change programs

During the year, VAADA consulted AOD member agencies responsible for delivering the VicRoads Drink Drug Driving behaviour change programs. While the programs delivered by AOD services were well regarded, there were a number of requirements on agencies which compromised effective delivery of the programs. VAADA prepared a report to VicRoads and worked with

AOD services to help resolve these issues.

Victorian Royal Commission into Mental Health

In July 2019, VAADA tendered 2 submissions to the Royal Commission. The first submission involved consultation across the AOD sector, and outlined VAADA's position with regard to its perception of the problems for clients both within, and accessing the MH sector together with its recommendations for change. The second submission undertaken with the assistance of Melbourne University Scholl of Population and Global Health sought to focus on the large and significant numbers of individuals with both Mental Health and AOD issues entering the justice system and the benefits to be derived in better management of issues both prior to engagement with the criminal justice system and better reintegration on exit for those released from prison.

AOD Mental Health hubs

IN 2019/20, VAADA also worked with a group of mental health, AOD and DHHS stakeholders (including six public hospitals), responsible for establishing a stronger response to dual diagnosis presentations in in Emergency Departments through the establishment of AOD Mental Health hubs.

Alcohol and Other Drug Capacity Building Project

VAADA's Alcohol and Other Drug Capacity Building Project is a

federally funded project aimed at and building capacity in the AOD sector, it was formerly called the Co-occurring Capacity Building (CCB) Project and it continues to implement state-wide capacity building activities across the Victorian AOD sector.

In November 2019 VAADA facilitated "Managing Vicarious Trauma", presented by Blue Knot, and in December 2019 the Alcohol Related Brain Injury Association (ARBIAS) presented training on identifying and managing clients with acquired brain injuries. Both sessions received positive feedback. In late 2019, VAADA was planning to run a one-day forum with dual diagnosis international experts Dr. Ken Minkoff and Dr. Christie Cline in relation to their Comprehensive Continuous Integrated System of Care (CCISC) model in May 2020. The planned forum was the result of a collaboration between VAADA, Department of Health and Human Services (DHHS), the Victorian Dual Diagnosis Initiative (VDDI) and the Centre for Mental Health Learning. Unfortunately due to COVID-19 the forum was postponed, with some re-scheduled online sessions to be held in October 2020. However, the working group was successful in arranging a meeting between Doctors Minkoff and Cline and the Mental Health Royal Commissioners to inform the Commissioners work. VAADA remains hopeful that some of the best practice concepts from the CCISC model will be of interest to the Royal Commission's recommendations.

During late 2019, VAADA began working in collaboration with Odyssey House, Uniting Care Re-Gen, Association of Participating Service Users (APSU) and APOD Family Drug Support to develop a consistent model of consumer feedback to support agency quality improvement processes. The working group has developed the Terms of Reference and a detailed Project Plan, in addition to having completed an annotated bibliography and sector scan. It is anticipated that work will recommence as soon as working from home and social distancing rules are relaxed in the coming months.

In April and May 2020, the AOD Sector Building Project and VAADA's PHN Projects worked together to develop and deliver a series of 4 webinars to directly assist staff (both managers and clinicians) to utilise digital platforms in the use of telehealth modalities with their clients. The content of the sessions covered digital health and its considerations for clinical practice, managing increased experiences of mental distress, and the identification and risk management of experiences of family violence. All 4 sessions were recorded and evaluated, and have been made available on VAADA's YouTube 'AOD TV' channel.

Throughout the past year VAADA has actively maintained its relationship with the Victorian Dual Diagnosis Initiative (VDDI) via participating in its leadership group, and with the Peaks Capacity Building Network (PCBN) through regular meetings. Meetings with both groups substantially increased

during the period from late March through to June due to an increased need to share information about all aspects of our work, from client management strategies through to supporting staff during COVID-19.

In response to a greater need for collaboration and better linkages between agencies (as a result of COVID-19), from April 2020 VAADA has facilitated manager support networks across the south-eastern and eastern metropolitan areas of Melbourne. A Gippsland network was also established.

For the duration of the 2019/2020 year VAADA's staffing on this project remained stable, with both Jane Moreton and Caitlyn Wilson continuing in their roles. Despite the challenges that have arisen due to COVID-19, learnings from the past few months will be incorporated into project and staff work practices moving forward.

Tri Peaks

Improving collaboration between the AOD and other sectors is one of VAADA's key sector development goals. We know that AOD clients engage with agencies in other sectors, and that the 'gaps' between sectors can be difficult to navigate. Improving the links between different sectors and engaging collaboratively with them is essential for improving outcomes for shared clients.

In 2019/20, VAADA, alongside the Victorian Healthcare Association (VHA) and the Centre for Excellence in Child and Family Welfare (CFECFW) formed the Tri-Peaks project. Funded by the Victorian

Government and running for three years, the aim of Tri-Peaks is to promote, develop and model cross-sector collaboration between the AOD, health, and child and family welfare sectors at the peak level.

While COVID-19 has caused significant disruptions, Tri-Peaks has adapted well. In 2020, Tri-Peaks put several planned activities on hold and commissioned a series of professional development webinars. Webinars have predominantly focused on issues relating to governance, such as OH&S obligations and COVID-19, planning for financial longevity, and helping boards to develop a succession plan.

Currently, total webinar attendance is sitting at approximately 1500. These have received consistently positive feedback.

Tri-Peaks also conducted a survey of board members from across the three participating sectors. This identified strong standards of governance across the sectors, while also highlighting several areas for improvement such as succession planning and a lack of accessible key document templates. The survey results will be used to inform future Tri Peak project activities, including the development of a generic board tool-kit and a set of templates to assist with the development of key board procedures.

Tri-Peaks developed a plan for a board director mentoring program, which will produce cross-sector matches of board directors in the three participating sectors. This was developed in 2019/20 and will begin in 2020/21.

Alcohol and Drug Research Innovation Agenda

In 2019/20, DHHS invited VAADA to apply to administrate a new research grants initiative – the Alcohol and Drug Research Innovation Agenda (ADRIA). VAADA was successful in our application.

ADRIA will provide approximately \$4 million of grant funding over four years to support Victorian AOD-focused research. ADRIA has a special focus on building capacity of agencies in the AOD sector to undertake and participate in research.

Organisations can apply for grants of any amount under \$200,000 per year of the project. This represents an important opportunity for the Victorian AOD sector to increase its capacity to participate in knowledge production and translation.

2019/20 saw VAADA establish the architecture and framework for the ADRIA grants program this included:

- Convening an independent Advisory Group to provide guidance and expertise;
- Developing key program documents such as ADRIA's research agenda, the Terms of Reference for the Advisory Group, Program guidelines, and application templates;
- Consulting with key Aboriginal stakeholders about how to ensure the program is accessible for Aboriginal researchers and organisations;
- Recruitment of membership for the Evaluation Panel – the body

that will assess applications and make recommendations for funding allocation;

- Convening monthly meetings of the Advisory Group (and preparation of meeting papers).

We currently anticipate that applications for ADRIA grant funding will open in late 2020 or early 2021.

1.1 Network meetings

Network meetings are a mainstay of VAADA's sector development. Network meetings with key AOD staff cohorts provide forums for collegial support, sharing practice wisdom, professional development, information sharing, and networking. They are also a useful source of information for VAADA to support its advocacy activities.

In 2019/20 VAADA facilitated meetings including

- Non-residential withdrawal nurses
- Emergency Department Clinical Liaison Addiction Network (EDCLAN)
- AOD CEOs and Managers
- Youth AOD network including a rural and regional AOD youth network
- Catchment Planners including a Catchment Planners Data subgroup
- Specialist Pharmacotherapy Services including a COVID-19 Pharmacotherapy Project Team

VAADA also regularly attended metro and regional agency-driven meetings including in the Southern Metropolitan Region; Grampians

Region and Gippsland to support and share information.

At the onset of COVID-19, VAADA also facilitated a dedicated Pharmacotherapy Project Team that provided advice to DHHS on the pharmacotherapy response ensuring continuity of medication and support for those receiving opioid replacement therapies.

1.2 PHNs

Across 2019/20 VAADA supported AOD Capacity building through three PHN-funded projects, and facilitated a series of PHN AOD service provider network meetings.

1.2.1 North Western Melbourne PHN project

The North West Melbourne PHN continued its commitment to sector development by retaining VAADA to drive capacity building in the region.

The aim for the first 6 months of 2019-2020 was to develop and design a cross-sector initiative and to develop a shared vision and goals for integrated service delivery within and across AOD, Mental Health and Homelessness sectors in the North West.

VAADA met with key stakeholders from a range of peak bodies including VCOSS, Mental Health Vic, Council to Homeless Persons, APSU, SHARC, Western and Northern Homelessness Networkers, NWM AOD Catchment Planner, City of Melbourne, Community Services Maribyrnong City Council, Inner North West Primary Care Partnership, Flat Out and Harm Reduction Victoria.

The first event held was Looking Back, Moving Forward and highlighted the need for increased opportunities for lived experience to inform service design and delivery, and for cross-sector collaboration, shared vision and improved integration.

The key learnings taken from Looking Back Moving Forward informed the design and focus of the second event, called Beyond Barriers: Visions of Meaningful Collaboration which brought together a diverse range of people from AOD, Mental Health and Homelessness sectors, including practitioners, team leaders, managers, and policy and workforce development roles. There were also representatives from sector, consumer and carer peak bodies, youth services, Centre for Multicultural Youth, VCOSS, local councils, DHHS and Primary Health Networks. Most importantly, there was also strong representation from people who have an experience of accessing multiple service systems. The feedback from the Beyond Barriers indicated a strong desire for cross-sector collaboration, mentoring and continued opportunities to network across sectors and include more lived experience voices.

The second six months of the project was devoted to a targeted place-based pilot cross-sector initiative, targeting AOD, MH and Homelessness Services. This initiative was named Boundary Spanners and was informed by the findings of Beyond Barriers, and undertaken with the support, involvement and guidance of consumer and sector peak bodies.

With the onset of lockdown in March 2020, the pilot program for the place-based cross sector initiative was unable to proceed. Four practitioner reflective learning circles were held after Beyond Barriers, however attendance was much less than anticipated due to the impact of the pandemic and transition to working from home.

1.2.2 Western Victoria PHN Project

In June 2019, the Western Victoria Primary Health Network (WVPHN) commissioned VAADA to undertake an AOD Service Development Coordination Project. The aim of this project was to support workforce development activities and collaboration regarding regional models of care for Brief Intervention and AOD Core Programs. VAADA supported both AOD core programs and Brief Intervention networks by:

- developing referral pathways in and out of state and PHN funded AOD services
- working together to support and improve client journeys
- identifying areas of workforce need
- supporting networking
- transitioning to Victorian Alcohol and Drug Collection (VADC)
- improving cultural safety in mainstream services
- improving delivery of AOD treatment within ACCHOs
- enabling networking to build relationships and improve client support

In response to COVID-19, and with support from the WVPHN, VAADA commenced running weekly manager meetings via zoom, from 24 March, 2020, with 16 held by end of the financial year. The purpose of these meetings was to bring managers together in a time of great uncertainty, to create opportunities for peer support, sharing strategies and contingency plans to ensure ongoing operational effectiveness. As managers have recognised the value in coming together to share experiences, challenges and successes, the focus of these meetings has evolved to include exploration of appropriate models of care, with a particular focus on new initiatives post-COVID.

1.2.3 Murray PHN

In July 2019 the Murray Primary Health Network (PHN) commissioned the Victorian Alcohol and Drug Association (VAADA) to continue implementation of an AOD Practice Leadership Hub in the Murray PHN region based around a Community of Practice model. The aim of the model, developed and informed via consultation with service providers, was to support AOD practice leadership development in the Murray PHN catchment through a collaborative partnership model. This approach was designed to overcome rural isolation for AOD clinicians and managers, support best practice approaches through mutual support and professional development and provide rural and local based opportunities for leaders to work together to address local challenges.

This project, spanning 12 months, saw the effective implementation of all components of the model, including online professional development and communities of practice, practitioner network meetings and manager network meetings. Further to this, additional support continues for AOD managers in the form of weekly network meetings in direct response to the challenges presented by COVID-19.

This model has been effective at building strong, supportive networks across the region, for both managers and practitioners. Further to this, there is growing engagement with the online training as evidenced by increasing registrations and more activity in the online community of practice.

Only one face to face meeting was held in the North West and Central region, as both the timing of COVID-19 and subsequent physical distancing measures meant these meetings were unable to go ahead. In response to COVID-19 however, and with full support from the Murray PHN, VAADA commenced running weekly manager meetings via Zoom commencing March, 2020, and are ongoing, with 15 held to date. The purpose of these meetings was to bring managers together in a time of great uncertainty, to create opportunities for peer support, sharing strategies and contingency plans to ensure ongoing operational effectiveness.

1.3 Service Provider's Conference

DHHS fund VAADA to host two AOD Sector Service Provider Conferences each year. The conferences attract 250+ attendees. In recognition of the diversity of work undertaken by the AOD Sector, the November 2019 conference eschewed a single theme and offered a 'mixed bag' of keynote speakers and presentations. Held at the Catholic Leadership Centre in East Melbourne, the conference included a key note speech from Associate Professor Kate Seear titled, No longer a case of 'parallel universes': alcohol, drugs and human rights. Other highlights included a presentation by Assoc. Professor Rebecca Wickes on drugs, crime and community cohesion and Dr Olatz Lopez Fernandez, speaking on internet gaming addiction.

In response to COVID-19 the first 2020 Service Provider's Conference was divided into four 90 minute sessions focused on the pandemic.

1.4 Family Violence

The AOD sector has a critical role in family violence and incorporating family violence response in its practice with both victim survivors and perpetrators of family violence. Recognising this, VAADA worked with Family Safety Victoria and DHHS to build family violence capacity across the Family Violence Information Sharing Schemes and the Multi Agency Risk Assessment and Management (MARAM) framework in 2019/20. VAADA also undertook a project to explore how the AOD sector may embed family violence capabilities, from

the Responding to Family Violence Capability Framework.

To achieve these aims, VAADA undertook a broad range of activities including:

- Establishment of networks
- Consultation with AOD sector stakeholders
- Survey of the AOD sector and the AOD/MH FV Advisors
- Reports including findings from a literature review, consultations and surveys
- Capacity building through provision of information and promoting of training opportunities
- Training in substance use coercion
- Development of online resources
- Sector Forums
- Sector newsletters and other communications

There was a large amount of development and achievement during 2019/20, which created the conditions for AOD sector organisations to feel more confident about their next steps and responsibilities to understanding and aligning to the MARAM Framework and to build workforce capability to respond to incidence of family violence.

VAADA would like to acknowledge the contribution of Marije Roos, VAADA Family Violence Project Lead, who left VAADA in June 2020, but drove these activities.

SNAPSHOT 2019 - 2020

50+

**PARTNERSHIPS,
LINKAGES &
NETWORKS**



PARTNERSHIPS LINKAGES AND NETWORKS

In addition to its membership, VAADA works with a range of stakeholders to reduce AOD related harms. These additional stakeholders include: AOD service users; those directly impacted on by drug use; CALD communities; Government; the public service; media; allied sectors; and other peak bodies. The following list comprises a range of organisations and networks VAADA has engaged with, in various capacities, to help meet its mission and vision.

- AOD State & National Peaks Network
- AOD System Coordination Group
- Alcohol Policy Coalition
- AOD Providers Network Meetings
- Association of Participating Service Users
- Centre for Culture Ethnicity & Health
- Centre for Excellence in Child and Family Welfare
- Centre for Multicultural Youth
- Change Agent Network (CAN)
- Community Housing Federation of Victoria

- Community Services and Health Industry Advisory Group
- Council to Homeless Persons
- Domestic Violence Victoria
- Drug & Alcohol Multicultural Education Centre
- DHHS - Mental Health and AOD Hub - EAG
- DHHS - Safescript External Advisory Committee
- DHHS - Service Agreement Working Group
- Family Safety Victoria
- Federation of Community Legal Centres
- Fitzroy Legal Service
- Grampians - AOD Interagency Meeting
- Harm Reduction Victoria
- Hepatitis Victoria
- Human Services Health Partnership Implementation Committee (HSHPIC)
- Inner Melbourne Community Legal Centre
- Inner North West Primary Care Partnership
- Islamic Council Victoria
- La Trobe University
- Local Government Drug Issues Forum
- MARAMIS Expert Advisory Group
- Mental Health Victoria
- Monash Addiction Research Centre - Advisory Board
- Neighbourhood Justice Centre
- No to Violence
- NWPVN AOD EAG
- Peaks Capacity Building Network
- Penington Institute

- Pharmacotherapy expert advisory group
- Responsible Gambling Victoria
- RMIT - Future Social Service Institute
- Safe Steps Family Violence support
- VACCHO Coalition for Aboriginal Health Equity Victoria (CAHEV)
- Vicpol Mental Health Portfolio Reference Group
- VICSEG
- Victorian Council of Social Services (VCOSS)
- Victorian Dual Diagnosis Initiative
- Victorian Mental Health Inter-professional Leadership Network
- Victorian Primary Health Networks
 - North Western Melbourne
 - Eastern Melbourne
 - South Eastern Melbourne
 - Gippsland
 - Murray
 - Western Victoria
- Victorian Trades Hall Council
- Victorian Transcultural Mental Health
- Victorian Primary Health Care Network
- What Can Be Done working group
- WIRE
- Women's Health in the North
- Women's Health in the West
- Yarra drug and health forum

MEMBERSHIP

As of 30 June 2020 VAADA had 66 members. Organisational members included: 'drug specific' organisations, hospital community health centres, primary health organisations

general youth services and others (i.e. counselling service forensic, legal services). Individual members reflected the organisational members' mix of services.

EVENTS

CONFERENCES

Victorian AOD service Providers Conference

2019	22 NOV	2020 - A mixed Bag
2019	16 AUGUST	Victorian AOD Service Providers Conference Webinar Series #1
	23 APR	AOD Sector during the crisis Victorian AOD Service Providers Conference Webinar Series #2
2020	30 APR	Front line service responses during COVID-19, selected perspectives
	21 MAY	Victorian AOD Service Providers Conference Webinar Series #3 Disaster-proofing the AOD sector Part 1
	28 MAY	Moving through COVID-19: future health service delivery Disaster-proofing the AOD sector Part 2 - the exit strategy

VAADA NETWORK MEETINGS

2019	20 SEPTEMBER	16 DECEMBER
2020	6 MARCH	12 JUNE

EMERGENCY DEPARTMENT CLINICAL LIAISON ADDICTION NETWORK (EDCLAN)

20 March EDCLAN
23 June EDCLAN

FAMILY VIOLENCE PROJECT

AOD CEOs and Managers Meeting

2019	16 AUGUST	18 OCTOBER
2020	27 MARCH	3 APRIL
	10 APRIL	17 APRIL
	24 APRIL	1 MAY
	8 MAY	15 MAY
	5 JUNE	19 JUNE

NON RESIDENTIAL WITHDRAWAL NURSES

2019	20 SEPTEMBER	16 DECEMBER
2020	6 MARCH	12 JUNE

YOUTH AOD NETWORK

2020	4 MAY
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CATCHMENT PLANNERS

2019	20 AUGUST	2 NOVEMBER
2020	26 FEBRUARY	20 MARCH
	20 APRIL	13 MAY
	30 JUNE	

SPECIALIST PHARMACOTHERAPY SERVICES

23 September
10 March

TRI PEAKS

May 14 Webinar title: Not-for-profit governance during COVID-19

May 28 Webinar title: What should be different in the new normal post-pandemic?

PRIMARY HEALTH NETWORK - PROJECT MEETINGS

40 NETWORK MEETINGS

16 TRAINING SESSIONS

10 C.O.P MEETINGS

04 FORUMS

WEEKLY MANAGERS NETWORK MEETINGS ACROSS FUNDED PHN REGIONS:

6 x NWMPHN region, meetings commenced on 21/4, ceased on 26/5

14 x Western Vic PHN meetings commenced on 24/3 and still continuing. Meetings have evolved to include considered reflection and exploration of appropriate models of care, with a particular focus on new initiatives post-COVID.

14 x Murray PHN meetings commenced on 26/3 date and still continuing. These meetings have also evolved to include presentations by cross-sector representatives such as Responsible Gambling, Specialist Family Violence Advisors and Victorian Dual Diagnosis workers.

FORTNIGHTLY BRIEF INTERVENTION PROVIDER NETWORK MEETINGS:

6 x Western Vic PHN funded brief intervention provider meetings commenced on 26/3 and are still continuing.

NWMPHN EVENTS/ACTIVITIES

4 x AOD and Homelessness Community of Practice online sessions

1 x Looking Back and Moving Forward – reflections on learnings from Making Links (AOD, mental health & homelessness collaboration to improve integrated care). Exploring how to progress this learning further.

1 x Beyond Barriers event – bringing together AOD, homelessness, mental health managers, practitioners and lived experience to explore visions of meaningful collaboration.

1 x Confidentiality and Information Sharing Forum – in collaboration with the Yarra Mental Health

Alliance, and also producing a recording of the event and a resource to support decision making.

1 x Boundary Spanners – bringing together AOD, homelessness, mental health managers, practitioners and lived experience to provide skills and frameworks for progressing collaboration in practice

4 x Manager Reflective Learning Circle – AOD, mental health and homelessness managers along with people with a lived experience

4 x Practitioner Reflective Learning Circles – AOD, mental health and homelessness practitioners along with people with a lived experience.

WESTERN VICTORIA PHN EVENTS/ACTIVITIES

3 x Brief Intervention Provider Meetings

1 x Manager Network meeting

1 x AOD manager and practitioner network meeting

2 x AOD and ACCHO provider meetings

7 x Brief Intervention, GP working party meetings

1 x Single Session Training

1 x Trauma Informed Training

1 x Substance Use Coercion Training

MURRAY PHN EVENTS/ACTIVITIES

1 x Supporting AOD clients with cognitive impairment online training and 6 week community of practice

1 x Single Session Family Consultation online training and 6 week community of practice

1 x Becoming Trauma Informed online training and 6 week community of practice

2 x Practitioner professional development sessions – New and Emerging Drugs and Working with Forensic Clients

4 x Manager Network meetings

3 x Practitioner network meetings.

IN PARTNERSHIP WITH BURNETT AND CENTRE FOR CULTURE ETHNICITY AND HEALTH EVENTS/ACTIVITIES

1 x Manager Session - meeting the needs of people from refugee and migrant populations

1 x Practitioner session – cultural engagement as harm reduction in the AOD sector.

COVID RESPONSE EVENTS/ACTIVITIES

66 COVID SPECIFIC EVENTS 

COVID 19 AND DIGITAL HEALTH AOD PRACTICE IMPLICATIONS

Session 1: Introduction to digital health and shifting paradigms for AOD workers in clinical practice

Session 2: Clinical considerations of digital health: risk management, harm minimisation, self-care and boundaries

Session 3: Managing increased presentation of dual diagnosis and experiences of mental distress

Session 4: Focus on identification and risk management of experiences of family violence

These sessions were recorded and made available via the VAADA YouTube channel.

CONVERSATIONS OF CHANGE

17 x structured interviews stemming from the desire to capture, in the moment, multiple stories and diverse perspectives regarding how the Victorian alcohol and other drug (AOD) sector responded to the challenges presented by COVID-19.

These sessions were recorded and made available via the VAADA YouTube channel.

NAVIGATING UNCERTAINTY

7 x online workshops to help build capacity for navigating uncertainty by support, connection and with a sense of hope and possibility.

These sessions were recorded and made available via the VAADA YouTube channel

MIDDAY MEDITATIONS

42 x 15 minute guided meditations, initially run daily from March to April and now running Tuesday and Thursdays.

These sessions were recorded and made available via the VAADA YouTube channel

YOUTUBE CHANNEL

Through this time, VAADA has increased YouTube subscribers from 6 to 113.

SURVEYS

04 SURVEYS 

VAADA has conducted consultations and surveys with the AOD sector some include:

Survey of the AOD sector and the AOD/MH FV Advisors

COVID impact survey

Sector priorities survey 2019

Tri Peaks Board member Survey

NEWSLETTER

VAADA NEWS June 19

VAADA NEWS September 19

MEDIA

29 MEDIA PIECES 

VAADA has continued to distribute press releases, undertake radio

interviews, press interviews, TV appearances, prepare letters to the editor and engage with key journalists.

From February 2020, VAADA has achieved 12 radio, five print, 10 online and two letter media activities; several TV interviews, radio interviews for members and service users have also been arranged, on both the ABC national, Law Report and Drive programs.

Media continues to be used to strongly advocate around key sector issues and is blended and often timed with a range of associated activities to maximise impact.

VAADA ENEWS

900-2.8K SUBSCRIBERS 

SUBMISSIONS

21 SUBMISSIONS TO GOVERNMENT 

Inquiry into Sustainable Employment for disadvantaged Jobseekers

Effective Approaches to Prevention, Diagnosis and Support for Foetal Alcohol Spectrum Disorder

Review of Liquor Control Reform Act 1998 – Phase Two Submission to Liquor and Gambling Policy, Victorian Department of Justice and Community Safety

Social Security Legislation Amendment (Drug Testing Trial) Bill 2019 Submission to the Community Affairs Legislation Committee

Submission to Victorian Coroners Court - Addressing Post-Release

Overdose Deaths in Victoria

Proposed decriminalisation of public drunkenness

Drugs, Poisons and Controlled Substances Amendment (Pill Testing Pilot for Harm Reduction) Bill 2019

2 x Submission to the Royal Commission into Victoria's Mental Health System

VAADA 2020/21 State budget submission

Victorian Alcohol and Drug Association response to the consultation for the next Victorian State disability Plan 2021 – 24

Inquiry into Homelessness in Victoria Submission to the Legal and Social Issues Committee, Parliament of Victoria

Review of Victoria's NSP Operating Policy and Procedures

Inquiry into Public Communications Campaigns Targeting Drug and Substance Abuse

Submission to the Senate Community Affairs Legislation Committee on the Social Services Legislation Amendment (Drug Testing Trial) Bill 2019

Submission to VicRoad in respect of the Drink & Drug Driving Behaviour Change courses

Submission to Food Standards Aust & NZ (FSANZ) on mandatory pregnancy warning labels on alcohol

Submission to Victorian Inquiry into Sustainable Employment for Disadvantaged Jobseekers

Submission in respect of the changes to Victorian Nurse Practitioner prescribing arrangements

Submission to Vic Govt Enquiry into supporting Victoria's growing economy – training and VET sector

Submission to Federal Productivity Commission's Inquiry into Mental Health

TREASURER'S REPORT

I am pleased to present the audited financial statements for the year ended 30th June 2020.

Organisational equity as at June 30 is \$1,333,862 after allowing for liabilities of \$1,420,607 of which the main part is Income in Advance, the remainder is Trade and other Payables, lease and staff provisions.

VAADA received total revenue of \$1,660,259, of which \$1,203,871 was grant income.

I would like to thank the following funders for their contributions to VAADA.

These include:

- Victorian Department of Health and Human Services,
- Family Safety Victoria,
- Commonwealth Department of Health,
- North Western Melbourne PHN,
- Western Victoria PHN, and
- Murray PHN.

Other Revenue of \$450,288 (an increase of \$209,111 on the previous year) was received and is comprised of interest, return on investments, membership fees, Covid 19 Federal Government tax concessions and credits, and income from organisational activity. Grant revenue fell by \$23,414 while overall revenue increased by \$166,358.

VAADA expended \$1,559,215 which is an increase of \$230,795 from the previous financial year.

VAADA budgeted for a deficit of \$52,000 in 2019/20 financial year, with the Board believing that VAADA should use its cash reserve to provide additional resources for sector develop. At the years end VAADA posted a deficit of \$91,028, much of which was unfunded staff for the increased sector support and losses on VAADA's investments.

For the 2020/21 year the VAADA Board has budgeted for a small surplus for the year.

VAADA extends our gratitude to Ruth Watson and Associates who have provided accounting support throughout the financial period 2019/20. I would also like to thank Sean Denham and Associates for undertaking the Auditing of the VAADA financial reports for 2019/20.

FINANCIAL REPORTS

For the year ended 30 June 2020

Statement of Profit or Loss and other Comprehensive Income for the year ended 30 June 2020

	Note	2020	2019
		\$	\$
REVENUE			
Grant revenue		1,203,871	1,227,285
Interest revenue		6,100	25,439
Other income		450,288	241,177
		1,660,259	1,493,901
EXPENDITURE			
Employee benefits expense		1,024,916	747,176
Finance expenses		2,976	239
Amortisation		44,824	-
Occupancy expenses		2,814	45,781
Meeting and forum expenses		88,759	233,318
Administration expenses		394,926	187,327
		1,559,215	1,213,841
Surplus/(deficit) before income tax		101,044	280,060
Income tax expense		-	-
Surplus/(deficit) after income tax		101,044	280,060
Other comprehensive income net of income tax		(192,072)	38,446
Total comprehensive income attributable to the entity		(91,028)	318,506

Statement of Financial Position as at 30 June 2020

	Note	2020	2019
		\$	\$
CURRENT ASSETS			
Cash and cash equivalents	2	1,943,955	1,009,857
Trade and other receivables	3	60,253	27,669
Financial assets	4	692,982	697,508
TOTAL CURRENT ASSETS		2,697,190	1,735,034
NON CURRENT ASSETS			
Right of use asset	5	57,279	-
TOTAL NON CURRENT ASSETS		57,279	-
TOTAL ASSETS		2,754,469	1,735,034
CURRENT LIABILITIES			
Trade and other payables	6	174,719	85,771
Income in advance	7	1,018,516	95,108
Lease liabilities	8	46,384	-
Provisions	9	161,381	121,401
TOTAL CURRENT LIABILITIES		1,401,000	302,280
NON-CURRENT LIABILITIES			
Lease liabilities	8	11,962	-
Provisions	9	7,645	7,864
TOTAL NON-CURRENT LIABILITIES		19,607	7,864
TOTAL LIABILITIES		1,420,607	310,144
NET ASSETS		1,333,862	1,424,890
MEMBERS' FUNDS			
Retained Surplus		1,333,862	1,424,890
TOTAL MEMBERS' FUNDS		1,333,862	1,424,890

Statement of Changes in Equity For the year ended 30 June 2020

	Retained Earnings	Total
	\$	\$
Balance at 1 July 2018	1,106,384	1,106,384
Surplus attributable to the entity	280,060	280,060
Other comprehensive income	38,446	38,446
Balance at 30 June 2019	1,424,890	1,424,890
Surplus attributable to the entity	101,044	101,044
Other comprehensive income	(192,072)	(192,072)
Balance at 30 June 2020	1,333,862	1,333,862

Statement of Cash Flows For the year ended 30 June 2020

	Note	2020	2019
		\$	\$
Cash flows from operating activities			
Receipts from grants		2,121,098	1,150,889
Other Income		267,358	242,629
Payments to suppliers and employees		(1,421,227)	(1,160,362)
Interest received		6,100	25,439
Net Cash provided by operating activities	10	973,329	258,595
Cash flows from investing activities			
Funds invested		4,526	(67,505)
Repayment of lease liabilities		(43,757)	-
Net Cash used in investing activities		(39,231)	(67,505)
Net increase/(decrease) in cash held		934,098	191,090
Cash at the beginning of the year		1,009,857	818,767
Cash at the end of the year	2	1,943,955	1,009,857

Note 1: Statement of Significant Accounting Policies

Financial Reporting Framework

The Committee has determined that the Association is not a reporting entity because it is unlikely there are users of these financial statements who are not in a position to require the preparation of reports tailored to their information needs.

Accordingly, these financial statements have been prepared to satisfy the Committee's reporting requirements under the Australian Charities and Not-for-profits Commission Act 2012. The Association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Statement of Compliance

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the Australian Charities and Not-for-profits Commission Act 2012. These special purpose financial statements do not comply with the recognition and measurement requirements in all Australian Accounting Standards.

Basis of Preparation

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs unless otherwise stated in the notes. The material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise. Where applicable they indicate how the recognition and measurement requirements in Australian Accounting Standards have not been complied with. The amounts presented in the financial statements have been rounded to the nearest dollar.

COVID-19

Prior to year end 2020, the World Health Organisation declared the novel coronavirus 2019 (COVID-19) outbreak a public health emergency.

During this time, the Association received various Federal Government tax concessions and credits which offset some of the revenue reduction, however, there is uncertainty regarding how long the federal government will have these changes in place, and the Committee is ready to adapt as necessary should there be any further changes or restrictions.

The Committee believe that they have instituted sufficient measures by way of reducing expenditure where possible, and utilising accumulated reserves where necessary, that the Association will be able to navigate these unprecedented economic conditions.

a. Income Tax

No provision for income tax has been raised, as the entity is exempt from income tax under Div. 50 of the Income Tax Assessment Act 1997.

b. Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with banks, and other short-term highly liquid investments with original maturities of three months or less.

c. Trade and other receivables

Trade receivable and other debtors include amounts due from donors and any outstanding grant receipts.

Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

d. Trade and other payables

Trade payable and other payables represent the liability outstanding at the end of the reporting period for goods and services received by

the company during the reporting period which remain unpaid. The balance is recognised as a current liability with the amount normally paid within 30 days of recognition of the liability.

e. Employee entitlements

Provision is made for the entity's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amount expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the discounted value of estimated future cash outflows to be made for those benefits.

f. Provisions

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at the end of the reporting period.

g. Impairment of assets

At the end of each reporting period, the entity reviews the carrying values of its tangible and intangible assets to determine whether there is an indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying value over its recoverable amount is recognised in the income and expenditure statement.

h. Revenue

Revenue is brought to account when received and to the extent that it relates to the subsequent period it is disclosed as a liability.

Notes to the Financial Statements For the year ended 30 June 2020

Grant income

Unspent grant income received in relation to specific projects and events is not brought to account as revenue in the current year but deferred as a liability in the financial statements until spent for the purpose received without assessing whether enforceable performance obligations exist.

The liability for deferred income is the unutilised amounts of grants received on the condition that specified services are delivered or conditions are fulfilled. The services are usually provided or the conditions usually fulfilled within 12 months of receipt of the grant. Where the amount received is in respect of services to be provided over a period that exceeds 12 months after the reporting date or the conditions will only be satisfied more than 12 months after the reporting date, the liability is discounted and presented as non-current.

This policy is not in accordance with the recognition and measurement criteria of AASB 15 Revenue or AASB 1058 Income of Not-for-profit Entities.

Interest revenue

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Donations

Donation income is recognised when the entity obtains control

over the funds which is generally at the time of receipt.

All revenue is stated net of the amount of goods and services tax (GST).

i. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the assets and liabilities statement.

j. Leases

The Company as Lessee

At inception of a contract, the Company assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the Company where the Company is a lessee. However all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily

determined, the Company uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options if lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset

Notes to the Financial Statements For the year ended 30 June 2020

whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Company anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

Exceptions to lease accounting

The Association has elected to apply the exceptions to lease accounting for both short-term leases (i.e. leases with a term of less than or equal to 12 months) and leases of low-value assets. The Association recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

k. Investments and Financial Assets

In accordance with AASB 9 the Foundation has designated its investments in financial assets as "fair value through other comprehensive income". This results in all realised and unrealised profits and losses from the investment portfolio being recognised directly in equity through "other comprehensive income" in the Statement of Comprehensive Income.

Instruments classified as financial assets held at fair value through other comprehensive income have not been acquired for the purpose of selling in the near term.

Financial instruments are initially recognised at fair value with transaction costs, being the cost of acquisition.

Subsequent to initial recognition, all instruments classified as "fair value through other comprehensive income" are measured at fair value.

Interest and dividends received from investments in financial assets, other than in relation to share buy backs, are not included in the calculation of net gains or losses in each category.

Notes to the Financial Statements For the year ended 30 June 2020

	2020	2019
Note 2: Cash and cash equivalents	\$	\$
Cash on hand	80	107
Cash at Bank	1,943,875	1,009,750
	<u>1,943,955</u>	<u>1,009,857</u>
Note 3: Trade and other receivables		
Trade receivables	22,143	15,962
Conference expenses paid in advance	35,545	-
Accrued income	2,565	11,707
	<u>60,253</u>	<u>27,669</u>
Note 4: Financial Assets		
Managed Funds - UCA Funds Management	4a 692,982	697,508
a. Investments in equity instruments designated as at fair value through other comprehensive income		
Unlisted Investments, at fair value:		
- units in unlisted entities	692,982	697,508
	<u>692,982</u>	<u>697,508</u>
Note 5: Right of Use Asset		
Right of use asset - 211 Victoria Parade, Collingwood	91,647	-
Less: Accumulated Amortisation	(34,368)	-
	<u>57,279</u>	<u>-</u>
Note 6: Trade and other payables		
Current		
Sundry creditors and accruals	38,746	61,238
PAYG Withholding Payable	-	9,127
Superannuation Payable	7,866	5,248
GST Payable	128,107	10,158
	<u>174,719</u>	<u>85,771</u>

Note 7: Income in Advance

The liability for deferred income is the unutilised amounts of grants received on the condition that specified services are delivered or conditions are fulfilled. The services are usually provided or the conditions usually fulfilled within 12 months of receipt of the grant. Where the amount received is in respect of services to be provided over a period that exceeds 12 months after the reporting date or the conditions will only be satisfied more than 12 months after the reporting date, the liability is discounted and presented as non-current.

Notes to the Financial Statements For the year ended 30 June 2020

	2020	2019
	\$	\$
Current		
Grants in advance	1,018,516	95,108
	<u>1,018,516</u>	<u>95,108</u>
Note 8: Provisions		
Current		
Lease liability - 211 Victoria St Collingwood	46,384	-
	<u>46,384</u>	<u>-</u>
Non-Current		
Employee Entitlements	11,962	-
	<u>11,962</u>	<u>-</u>
Note 9: Provisions		
Current		
Employee Entitlements	161,381	121,401
	<u>161,381</u>	<u>121,401</u>
Non-Current		
Employee Entitlements	7,645	7,864
	<u>7,645</u>	<u>7,864</u>
Note 10: Reconciliation of Cash Flow from Operations with Profit from Ordinary Activities after Income Tax		
Profit after income tax	101,044	280,060
Non-cash flows in profit		
- Net Market value of investments	(192,072)	38,446
- Amortisation	44,824	-
Changes in assets and liabilities:		
- (Increase)/decrease in trade and other debtors	(32,584)	8,652
- Increase/(decrease) in trade and other payables	88,948	19,692
- Increase/(decrease) in provisions	39,761	(19,012)
- Increase/(decrease) in income in advance	923,408	(76,396)
Net cash provided by Operating Activities	<u>973,329</u>	<u>251,442</u>

Notes to the Financial Statements For the year ended 30 June 2020

	2020	2019
Note 11: Capital and Leasing Commitments	\$	\$
Non-cancellable leases contracted for but not recognised in the financial statements.		
Payable – minimum lease payments:		
not later than 12 months	-	10,500
later than 12 months but not later than five years	-	-
later than five years	-	-
	-	10,500

The property lease commitments are non-cancellable operating lease contracted for but not capitalised in the financial statements with a two-year term. Increases in lease commitments will not occur each year for the term of the lease. There was no option to extend the lease for a further term beyond its expiration date of 30 September 2019. After which time a new lease was negotiated.

Refer to Note 8 for details of lease accounting in 2020.

Note 12: Change to accounting policy - Provision for Long Service Leave Entitlements

During 2020 the Committee made the decision to change the policy relating to the measurement of Long Service Leave entitlements. In previous years the provision was measured at the undiscounted amount owing to employees who had attained 5 years of continuous service with the Association. As at 30 June 2020 the provision was measured at the discounted amount for all employees, regardless of the years of service, as required by the measurement criteria of AASB 119 Employee Benefits. The effect of this change in policy on the comparative figures is set out in the table below.

Financial Year Ended 30 June 2019	Previously Stated \$	Adjustment 2019 \$	Restated \$
Statement of Financial Position			
Provision for Employee Entitlements	(122,112)	(7,153)	(129,265)
Statement of Profit or Loss and Other Comprehensive Income			
Employee Benefits Expense	16,068	7,153	23,221

Statement by Members of the Committee For the year ended 30 June 2020

The Committee has determined that the Association is not a reporting entity and that this special purpose report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the committee of Victorian Alcohol and Drug Association Inc.:

a) the financial statements and notes of Victorian Alcohol and Drug Association Inc. are in accordance with the Associations Incorporation Reform Act (Vic) 2012 and the Australian Charities and Not-for-profits Commission Act 2012, including:

i. giving a true and fair view of its financial position as at 30 June 2020 and of its performance for

the financial year ended on that date; and

ii. complying with the Australian Charities and Not-for-profits Commission Regulation 2013 ; and

b) there are reasonable grounds to believe that Victorian Alcohol and Drug Association Inc. will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:

Rebecca Lorains

Chairperson

Dated 30.09.2020



Treasurer

Dated 30.09.2020

Independent Audit Report to the Members of Victorian Alcohol and Drug Association inc.

Opinion

I have audited the accompanying financial report, of Victorian Alcohol And Drug Association Inc., which comprises the statement of financial position as at 30 June 2020, statement of changes in equity, statement of cash flows and the statement of profit or loss and other comprehensive income for the year then ended, notes comprising a summary of significant policies and the certification by members of the committee.

In my opinion, the accompanying financial report of Victorian Alcohol And Drug Association Inc. has been prepared in accordance with Div 60 of the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) including:

- a) giving a true and fair view of the Association's financial position as at 30 June 2020 and of its financial performance for the year then ended; and
- b) complies with Australian Accounting Standards to the extent described in Note 1 to the financial statements, and the requirements of the Associations Incorporation Reform Act 2012 (Vic) and Div 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of my report. I am independent of the association in accordance with the Associations Incorporation Reform Act 2012 (Vic) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the association's reporting responsibilities under the Associations Incorporation Reform Act 2012 (Vic) and the Australian Charities and Not-for-profits Commission Act 2012. As a result, the financial report may not be suitable for another purpose. My opinion is not modified in respect of this matter.

Responsibility of the Committee for the Financial Report

The committee of the association are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 of the financial report is appropriate to meet the requirements of the Associations Incorporation Reform Act 2012 (Vic) and the Australian Charities and Not-for-profits Commission Act 2012 and the needs of the members. The committee's responsibility also includes such internal control as the committee determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Independent Audit Report to the Members of Victorian Alcohol and Drug Association inc.

In preparing the financial report, the committee are responsible for assessing the association's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the committee either intend to liquidate the association or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibility for the Audit of the Financial Report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the committee.
- Conclude on the appropriateness of responsible entities' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the association's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions that may cause the to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



Sean Denham

Dated: 30th September 2020

Suite 1, 707 Mt Alexander Road

Moonee Ponds VIC 3039

