2016 Annual Report Victorian Alcohol And Drug Association





The Victorian Alcohol and Drug Association (VAADA) acknowledges the support of the Victorian Government

The VAADA Annual Report 2015-2016 published November 2016

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THE VAADA BOARD

BOARD MEMBER PROFILES

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President Stefan Gruenert

Vice President Sharon O'Reilly

Treasurer Laurence Alvis

Ordinary Members

Stephen Bright Andrew Bruun Rebecca Lorains Anne-Maree Rogers Salli Mitchell Cheryl Sobczyk

President - Stefan Gruenert

Stefan is a registered psychologist with more than 15 years of experience in the drug and alcohol sector. Stefan is currently the Chief Executive Officer for Odyssey House Victoria. In the past, Stefan has worked as a senior counsellor in a range of settings and has conducted research on alcohol use, men's issues, intimacy, family work, AOD treatment interventions and fathers. Stefan is actively involved in promoting change to better address the needs of children affected by problematic parental substance use. He has co-authored a number of resources and books for workers in the drug and alcohol field, regularly provides advice to government, and has delivered a number of presentations at national and international conferences.

Vice President - Sharon O'Reilly

Sharon is an established leader in the alcohol and drug sector in Victoria, starting out as an AOD clinician and for many years has held senior management positions in a range of AOD service types, settings, programs and key organisations in Victoria. Sharon currently holds a senior management role with the South East Melbourne PHN, involved in the leadership and management of the Drug & Alcohol and Mental Health Programs which work with primary care practitioners across the south eastern region. Sharon has a well-developed track record in the area of policy and program development. Her specific interest is in AOD policy and program development that aims to integrate harm reduction principles within Clinical Governance Frameworks and practice, believing that neither frameworks stand alone in the area of AOD prevention and treatment.

Treasurer - Laurence Alvis

Laurence Alvis has been the Chief Executive Officer of UnitingCare ReGen (formerly Moreland Hall) for the past 12 years. ReGen is an alcohol and other drug service based in various suburbs of Melbourne, with a strong reputation and over 45 years of experience in the delivery of alcohol and other drug services in Victoria. The organisation delivers a

BOARD MEMBER PROFILES

broad range of programs and services in the local, statewide and national alcohol and drug and other sectors. ReGen is a registered training organisation and also produces many published resources which are used state-wide and nationally. ReGen has a strong commitment and takes a lead role in developing responses for better treatment outcomes for clients in all its services. It has assisted the Victorian State Government in developing a number of new education and treatment programs focusing on methamphetamine issues for clients and their families.

Laurence has a Bachelor of Economics, a Post Graduate Diploma in Human Services Administration and a Masters in Social Science (Policy and Human Services).

Laurence has been managing various community services since the early 1990s. He has a strong commitment to social justice principals and providing accessible services to those who need them most.

Stephen Bright

Dr Stephen Bright is a clinically-trained psychologist who has worked within the Alcohol and Other Drugs (AOD) field for the past 10 years. He is a senior dual diagnosis clinician at Southern Dual Diagnosis Service and the previous manager of AOD Services at Peninsula Health. Stephen is an adjunct research fellow with the National Drug Research Institute at Curtin University. He is the founding board member of PRISM, a not-for-profit research organisation that aims to fund research into the therapeutic potential of psychedelic drugs. He has published papers on new psychoactive substances, drug policy, moral panic, psychotherapy, older adults and psychometrics. Stephen is a strong advocate of harm reduction and an evidence-based approach to AOD legislation.

Andrew Bruun

Andrew Bruun is the Acting Chief Executive Officer at YSAS, the Director of The Centre for Youth AOD Practice Development 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.

Rebecca Lorains

Rebecca Lorains holds an Associate Diploma of Welfare, a Diploma of Business, a Certificate IV of Alcohol and Other Drugs, and a Certificate IV of Work Place Training and Assessment. 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 fellow of the Australian College of Health Service Managers and a Board Member of St Mary Catholic School.

Sally Mitchell

Sally Mitchell is the Executive Director, Mental Health, AOD and Homelessness at cohealth, one of the largest community health organisations in Australia providing services across northern and western Melbourne. cohealth provides mental health, oral health, family violence, alcohol and other drugs, aged care and medical and integrated health services. Sally has an interest in services for people with complex support needs. She has over 30 years' experience working in the community sector in a number of roles, including as Executive Officer for Yarra Drug and Health Forum.

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Anne Maree Rogers

Anne Maree has worked for over 30 years in the drug and alcohol/mental health sector. Anne Maree is a mental health nurse who has worked in clinical, training and management roles in a number of government and non-government agencies in regional and metropolitan Melbourne. - Anne Maree currently works at EACH social and community health as the Program Manager of Alcohol and Drug Programs. EACH is the lead agency for the SURE consortium.

Cheryl Sobczyk

Cheryl is responsible for a broad range of programs encompassing public and primary health programs in a community health setting and is the Senior Manager of Alcohol and Other Drug Services at Bendigo Community Health Services (BCHS) where she has worked for the past 21 years. Cheryl's background is nursing and she has maintained her clinical competence with her focus on the provision of services along the prevention to recovery continuum. She is actively involved in her local and regional communities, with representation on regional AOD and Pharmacotherapy networks and local Domestic Violence, Safe Communities and Complex Needs panels. Cheryl has been on the Board of the Victorian Alcohol & Drug Association (VAADA) for the past 6 years and has previously been President. Cheryl is currently a member of the Specialist Workforce Advisory Group under the Victorian Government's Ice Action Taskforce and is on the Change Agent Network board. She has a passion for assisting people from all walks of life and strives to enable and empower people to maximize their choice and experience of accessing health and wellbeing services.

VAADA Staff

VISION & MISSION

Sam Biondo Executive Officer

Chantel Churchus Project Officer

Chris McDonnell Administration Officer

Jane Moreton Project Officer - Co-occurring Capacity Building

Sarah Nikakis Project Officer - Co-occurring Capacity Building

Brad Pearce Manager - Sector Development

John Quiroga Project Officer

David Taylor Policy Officer

Our Vision

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

Our Mission

To represent the membership by providing leadership, advocacy and information to the broader community in relation to alcohol and other drugs

Our Values

In achieving its vision, VAADA will be guided by a commitment to integrity, compassion, respect and inclusion

VAADA Policy Principles

Three key principles guide VAADA in its policy development. These principles are:

- A commitment to the principle of harm minimisation underpinned by evidence based response to demand reduction, harm reduction and supply reduction policies and practices
- A commitment to social justice principles that value equity and diversity and uphold individual rights to respect and dignity
- 3. A recognition of the complex and multidimensional context of substance use, and the need for integrated strategies

PRESIDENT'S REPORT

I would like to express my thanks to the Executive Officer, Sam Biondo, and all the staff members at VAADA for their advocacy work and dedication in supporting our membership this year.

Through a series of consultations which have included Regional Voices, sector surveys and CEO forums, VAADA has endeavoured to ensure that the support we provide to our members is well targeted. Furthermore, an examination of the forensic system, and meetings with service participants, culturally and linguistically diverse populations, and Aboriginal and Torres Strait Islander organisations, have given us confidence that our advocacy is well informed by our membership, external stakeholders, and the broader community.

While the media attention surrounding crystal methamphetamine appears to have reduced somewhat, the Victorian alcohol and other drug treatment sector continues to face significant challenges in assisting those who seek its help. Stigmatisation of drug users and their families remains high, as does community fear and misinformation. VAADA has continued to play an active role in public debates, working hard to disseminate accurate information and raise public awareness and empathy. VAADA was also involved in helping shape the Victorian Ice Action Plan and made several submissions to government enquiries and to the National Ice Taskforce.

Demand for services in Victoria continues to exceed the AOD sector's capacity to deliver them, especially in the forensic and residential areas. This has continued despite some increased investment by government. The unmet need in Victoria has sparked an increase in the number of private providers, which has led to greater consumer choice for those who can afford them, as well as a welcomed increase in capacity. However, concerns about the practices of some providers, have foreshadowed the need for accreditation of all providers, greater regulation, and enforcement of standards to ensure that vulnerable individuals and their families receive ethical and evidence-informed treatment.

VAADA has established a series of regular network meetings with catchment planners and with several of the new Primary

Health Networks (PHNs). This has assisted in the coordination of data and service planning, and ultimately better resource allocation. Although much uncertainty remains regarding the scale and nature of the investment that will eventuate through the PHNs, VAADA welcomes the opportunity they provide to better target Commonwealth spending in response to local need.

Competitive tendering and sector reform continue to have a significant impact on the nature of service delivery and on the relationships between providers. During the course of the year, VAADA has facilitated opportunities to foster collaboration between service providers, and created forums and training to enhance the integration of our services with other sectors in order to reduce fragmentation. Consequently, we look forward to the ongoing work that will be required with government and other stakeholders to address the issues identified by the ASPEX review, and we will continue to advocate for changes that improve the functioning of our AOD treatment system.

VAADA is mindful that additional expectations will be placed on the AOD sector workforce to better address issues such as family violence, children and parenting, mental health, and housing, as well as the recovery needs of our clients. As a result, VAADA will continue to meet with government and training providers to identify workforce development challenges and to support the rollout of training solutions. Likewise, we appreciate the difficulty that many of our member services are facing in attracting, training, rewarding and maintaining suitable staff, and we remain committed to advocating for adequate funding models.

As the Victorian Government moves toward increased accountability from services, we expect higher levels of performance management and greater measurement of outcomes. While most view this as a good thing, it is important that VAADA helps to influence the nature and the implementation of any new DHHS Quality Framework and data capture system. There is considerable concern that currently submitted data merely captures throughputs, that it is not yet accurate enough, and that it lacks the consistency required across providers to be a meaningful measure of performance.

PRESIDENT'S REPORT

Consequently, VAADA and our members will need to be engaged in discussion with government to ensure that our views and experiences are captured in any new outcome and performance management systems, and to ensure that resource allocation is made in a transparent and fair way.

The principles of good practice remain as important as ever. VAADA remains focussed on advocating for the conditions required to provide timely, accessible and relevant services to a diverse range of people. In addition, VAADA will continue to call for services that are centred around consumer needs, inclusive of their families and significant others, informed by the evidence of what works, developed in partnership with those with a lived experience of addiction and recovery, and delivered by a suitably trained and compensated workforce.

It has been a privilege to serve VAADA this year as President, and I would like to thank all the Board Directors for their contribution to the leadership and support of the Victorian AOD sector.

Stefan Gruenert

Board President

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EXECUTIVE OFFICER'S REPORT

Over the past year we have seen some stability return to the Victorian AOD sector after the tumultuous beginnings brought about by recommissioning in September 2014. We also saw the first strides by the new State government to review a complex array of issues impacting the sector and the Victorian community from the new arrangements. To this effect, Aspex consulting delivered its report "Independent Review of New Arrangements for the delivery of Mental Health Community Support Services and Drug Treatment Services" which resulted in large number of recommendations to address a range of sector and consumer critical issues. VAADA also undertook our own independent research involving a series of metropolitan and regional consultations to assess locality based issues arising from the recommissioning of AOD services. Not surprisingly, the Aspex review and VAADA's Regional Voices report had a significant overlap in findings. As a result, DHHS has formed a sector reference group to examine key findings. Despite numerous meetings over this year, so far resolution of fundamental issues seems elusive.

As a peak organisation it is VAADA's role to represent the sector in many and varied ways, and over the past year we have been actively engaged with State and Federal Governments, relevant Departments, and the general public across a range of issues. Of note is the considerable effort which has gone into establishing communication links and working relationships with newly established Primary Health Networks (PHN) which are to be utilised by the federal government for regionalised health planning and commissioning purposes including in the AOD and mental health areas. It is hoped that effective planning, dialogue and commissioning can build a solid foundation into the future. Of note is the work PHN's will be undertaking in commissioning new services arising from federal Ice Taskforce funding and the significant role they will have in the ongoing management and possible transformation of NGOTGP and SMSDGF flexible funding into the future.

In the area of advocacy VAADA has continued to utilise the media and build a strong voice as a means of pursuing our key advocacy messages, and also to respond to a plethora of issues that arise. Notably, this year we have seen positive responses from the State Government's 2016 Budget announcements related to issues of concern to VAADA, including real-time prescription monitoring, the extension of the Drug Court and additional investment in residential rehabilitation beds in the Grampians region. These investments have been welcome and VAADA remains involved in a range of associated activities related to them.

Over the past year VAADA has convened a series of specialist AOD forums and events spanning Family Violence, Forensic AOD treatment, Culturally and Linguistically Diverse (CALD) community and AOD issues. We have also brought the sector together for two AOD Service providers' conferences, 8 Regional voices consultations, State Budget consultations, as well as continuing our regular network meetings occurring on a quarterly basis. Over the past two years, VAADA was supported by Department of Health and State Government funding to undertaken a CALD AOD project with the assistance of project officer John Quiroga. This seminal piece of work engaged with five communities across Victoria to identify key issues and factors impacting access to the AOD service system. The project was supported by a broad based reference group and engagement of community representatives to facilitate access to communities. John worked tirelessly, establishing a firm footing within each of the diverse communities as well as with a number of sector agencies. The final report and recommendations establish a very firm basis upon which to build lasting linkages, relationships and, mostly importantly, to enhance service provision to culturally diverse communities.

In conclusion I would like to extend my heartfelt thanks to the hardworking and dedicated VAADA staff and acknowledge their tireless daily efforts. As always it has been a pleasure to work with such dedicated and committed staff, their contribution helps bind our many disparate parts into a strong voice for the Victorian AOD sector. I also acknowledge the substantial commitment of VAADA's Board who make a significant contribution to sector advocacy and for their personal support of all staff and myself in our work on issues large and some seemingly small that can have wide-reaching ramifications for the sector. Most importantly I acknowledge

EXECUTIVE OFFICER'S REPORT

the stewardship of VAADA's Chairperson Stefan Gruenert for his wise counsel and support across the past year. Lastly it is most important to recognise the many public officials, Departmental staff, stakeholders, and members that VAADA interacts with almost daily, in the pursuit of solutions to often very complex problems within what can only be described as a most complex and ever changing environment.

Sam Biondo Executive Officer 11

SECTOR DEVELOPMENT REPORT

The busy workload for the sector development program continued throughout 2015-16. There have been a range of activities associated with implementation of the recommissioning process, and the delivery of discrete projects, alongside some ongoing work related to sector networks. Overall we have attempted to add value to the sector by being visible, available to respond to identified sector needs, and maintaining a strong line of advocacy on issues of relevance to stakeholders.

Importantly, this has been delivered without dedicated sector development funding, an issue which continues to be challenging while ensuring that the program can be responsive to the vast range of issues that get highlighted both from within, and external to the Victorian AOD sector.

Support of the Recommissioned System

It is well documented that VAADA began receiving feedback soon after the recommissioned system was implemented that there were a range of potential problems emerging with the way the change process had been managed. The issues and concerns being raised by AOD service providers, consumers and external stakeholders reflected significant concerns.

The announcement of an independent review being conducted by Aspex consulting was welcomed by the sector and not surprisingly the findings mirrored the many concerns being raised by providers. VAADA has continued to highlight the need for change through a genuine and transparent consultative approach.

Network meetings

VAADA has maintained the facilitation of a range of networks throughout this period. The overall aims of the networks are to provide opportunities for services to share information, develop a consistent understanding of relevant issues and plan for a coordinated approach to enhancing the delivery of programs for service users. Meetings for each of the networks are held quarterly, with attendance from providers across Victoria. The networks include:

- Pharmacotherapy Area Based Networks
- AOD Catchment Planning Function providers
- Catchment Intake and Assessment providers
- Non-Residential Withdrawal Nurses

Projects

Regional Voices

In mid-2015 VAADA engaged the Australian Catholic University (ACU) to undertake some work seeking the views of service providers across Victoria as to how recommissioning had impacted their capacity to respond to local needs and demands. Key objectives of the project included:

- Developing an up to date body of knowledge about the broad AOD issues impacting providers and service users
- Identifying current challenges in the delivery of services and opportunities for advancing strategies to overcome these
- Determining sector views on strategies to enhance the system given 'stage two recommissioning' will not proceed as initially planned

The findings of this project very much aligned with the recommendations contained in the Aspex report, hence reinforcing some critical areas that required attention. The state-wide series of forums was well attended, which clearly reflected the desire of providers to explore the issues and strategies to move forward.

CALD AOD Project

The two year CALD project was completed at the end of 2015. Key objectives were to:

1. Inform improved access to culturally appropriate drug and alcohol information and services

2. Inform improved cultural competence of staff in AOD treatment services so they can more effectively work in cross-cultural situations

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SECTOR DEVELOPMENT REPORT

The project was guided by a Project Reference Group made up of key representatives and experts from both the CALD and AOD sectors. The five communities included were the Afghan Hazara community in Shepparton, African community in Dandenong, Arabic-speaking Muslim community in Broadmeadows, Pacific Islander and Maori ('Pasifika') community in Werribee and the Vietnamese community in Richmond.

Findings included:

- Limited data on prevalence rates is available
- CALD communities are under-represented in AOD system
- There are multiple risk factors across communities
- Some communities have limited understanding of supports available
- Limited culturally appropriate responses are available across health systems

The findings were sent to DHHS and to the Minister. VAADA continues to promote action on the recommendations in order to improve outcomes for CALD community members.

Forensic AOD system

Between February and May 2016 VAADA undertook a project looking at the provision of forensic AOD treatment. VAADA embarked on this work following a series of enquiries from AOD service providers about changes to forensic AOD service delivery post-recommissioning.

AOD service providers spoke of a complex and confusing system, highlighting serious concerns around the changes to the forensic funding and significant additional administrative pressures associated with reporting requirements and data collection. In response, VAADA undertook a small number of preliminary consultations then invited all Victorian AOD agencies to participate in a state-wide Forensic Forum. The forum was attended by over 60 representatives of over 30 metropolitan and rural and regional AOD services. The project identified issues associated with funding, workforce capacity, administrative burdens and system fragmentation. The final report included a range of recommendations and was sent to DHHS and ACSO COATS for consideration.

2016 Workforce Study

In late 2015 planning was initiated for the next AOD workforce study. Designed to follow on from the work undertaken in 2013, this project will explore agency and worker perspectives in order to determine priority needs in the new system.

The 2013 study provided a comprehensive overview of the workforce and it is anticipated that the findings of this next iteration will be valuable to determine current opportunities and challenges. At this time the surveys are expected to be distributed later in 2016

Service Providers Conferences

VAADA was funded to organise two service provider conference in 2015-16.

The first event was held in September 2015 and was titled "Evidence Driving Innovation'. It included presentations and workshops covering family violence, the NDIS, forensics, Aboriginal health and family inclusive practice.

The second conference occurred in April 2016 and was titled 'Priority Populations'. Key topics canvassed across the day included child protection, pharmaceuticals, young people, older adults, CALD communities and working with Aboriginal organisations.

Both events were extremely well attended, with generally positive feedback received from delegates. It was clear that the forums provided an opportunity for service providers across the state to network, hear updates and learn of innovative activities occurring across catchments.

Primary Health Networks (PHNs)

In line with Commonwealth government announcements regarding AOD funding to be commissioned through the six Victorian PHNs, VAADA has actively attempted to create understanding about the existing system, funded service

SECTOR DEVELOPMENT REPORT

providers and the opportunities and challenges confronting the sector. There are numerous questions regarding what will be funded, how commissioning will occur, and how it will be aligned with current funding arrangements. VAADA, along with AOD peaks in other states and territories, continues to engage Commonwealth representatives and local PHNs to promote a transparent and coordinated approach.

Timelines are relatively short and we will seek to provide ongoing opportunities for each of the PHNs to communicate with the sector to enhance opportunities for capacity building and increased service delivery across regions.

Training Sessions and Presentations

- APSU peer support program
- Boneo Primary School
- Community Housing Federation of Victoria
- MediClinic Clayton
- NEAMI State day
- NADA Conference
- ReGen consumer participation training
- University of Melbourne Pharmacotherapy Roundtable
- Whittington Child & family Centre
- Women's Housing
- YDHF Strategic Planning
- VACCHO State wide AOD worker gathering

CO-OCCURRING CAPACITY BUILDING PROJECT REPORT

The Co-occurring Capacity Building Project has now been funded by the Commonwealth Department of Health from the Substance Misuse Service Delivery Grants Fund (SMSDGF) for four consecutive years. Despite its initial focus on co-occurring mental health and substance use, the project has evolved to allow organisations to increase their capacity to respond to clients presenting with additional complexities such as family violence, homelessness and culturally and linguistically diverse backgrounds.

Resource Development

As a reflection of the need to consider diverse populations with complex needs, VAADA updated its 'Capacity Building and Change Management; A Guide for Community Services' manual, previously released in 2013. The original manual had focused on providing Alcohol and Other Drug (AOD) agencies with the tools needed to build their capacity specifically in the area of mental health. The new manual offers frameworks and strategies to manage capacity building and change management across all areas of complexity. It can therefore be used by agencies from other community sectors and not just AOD agencies. The manual is available on the VAADA website (www.vaada.org.au).

Family Violence

In November 2015 VAADA convened a reference group consisting of representatives from organisations across the AOD and family violence sectors. These included Domestic Violence Victoria, Men's Referral Service, Kildonan Uniting Care, Odyssey House, VCOSS, Relationships Australia and Ballarat Community Health Centre. A significant outcome of the reference group was the decision to stage four forums (two metropolitan and two rural) with the objective of improving connections between workers and services from all sectors involved. The forums brought together local guest speakers from all sectors (including AOD, family violence, men's behaviour change, Aboriginal services and police) to explore some of the issues in working with clients presenting with co-occurring AOD and family violence problems, and to identify those areas which can be improved. A total of 198 people attended, with positive feedback received. Work is continuing in this space to address some of the suggested improvements which will be achievable over the next 12 months.

Training

March, April and May 2016 also proved to be an exceptionally busy time at VAADA for the delivery of various training. In March Leah Mammino, Dr Brooke Froud-Cummins (ABI Behaviour Consultancy, Austin Health) and Dr Louise Bannister facilitated 'Working with Acquired Brain Injury and Behavioural Interventions.' During April, VAADA hosted training in 'New and Novel Psychoactive Substances; Challenges for Healthcare Workers'. This event was presented by Dr Stephen Bright, with special invited speakers Associate Professor David Caldicott (Emergency Consultant, Calgary Hospital Canberra) and Joe Van Buskirk (NDARC). Britt Farrance, psychotherapist and occupational therapist presented 'Working with Complex Clients who have Personality Disorders' in May 2016. All the training sessions were well attended, and offered useful up-todate information and strategies for clinicians to integrate into their clinical practice with clients.

Throughout the 2015/2016 financial year VAADA continued to facilitate meetings for the SMSDGF Network, with 6 meetings held throughout this period. VAADA's collaborative relationship with other state and territory peaks has also been ongoing with the development of a joint capacity building repository to share relevant documents and information, monthly teleconferences and attendance at six monthly face-to-face meetings.

PARTNERSHIPS LINKAGES & NETWORKS

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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 VAADA has engaged with, in various capacities, to help meet its mission and vision.

- AOD State & National Peaks Network
- Alcohol Policy Coalition
- AOD local government
- AOD Providers Network Meetings
- APSAD conference
- APSU
- Barwon AOD Service Providers Regional Meeting
- Centre for Culture Ethnicity & Health
- Centre for Excellence in Child and Family Welfare
- Centre for Multicultural Youth
- Change Agents Network
- City of Greater Geelong Healthy Children's forum
- Community Housing Federation of Victoria
- Council to Homeless Persons
- Drug & Alcohol Multicultural Education Centre
- Eastern Metropolitan Network Meeting
- Federation of Community Legal Centres
- Foundation House
- Grampians AOD Interagency Meeting
- Harm Reduction Victoria
- Human Services and Health Partnership Implementation Committee (HSHPIC)
- Inner Melbourne Community Legal Centre
- Local Government Drug Issues Forum
- Loddon Mallee Regional AOD Network Forum Primary and Community Health network Victoria

- NDRI Experiences of Addiction advisory group
- Neighbourhood Justice Centre
- Peaks Capacity Building Network
- Penington Institute
- Peninsula Legal Service
- Pharmacotherapy expert advisory group
- Reservoir Community Corrections
- RMIT Social Sciences coursework
- RMIT VET program advisory committee
- RTO Managers network
- Safe Steps Family Violence support
- Somerville Primary School
- Sunbury AOD network
- Telkaya (Koori AOD network)
- VACCHO Coalition for Aboriginal Health Equity Victoria (CAHEV)
- Vicpol Mental Health Portfolio Reference Group
- VICSEG
- Victorian Addiction Inter-hospital Liaison Association (VAILA)
- Victorian Council of Social Services (VCOSS)
- Victorian Dual Diagnosis Initiative
- VICSERV
- Victorian Primary Health Networks
- North Western Melbourne
- Eastern Melbourne
 - South Eastern Melbourne
 - Gippsland
 - Murray
 - Western Victoria

• Mungabareena Aboriginal Health Service

PARTNERSHIPS LINKAGES & NETWORKS

VAADA would like to thank the organisations that have participated in reference groups for two of VAADA's key projects.

CALD AOD Project - Project Reference Group

- Turning Point
- Drug & Alcohol Multicultural Education Centre
- Centre for Culture, Ethnicity & Health
- Executive Manager
- Primary Care Connect
- Victorian Foundation for Survivors of Torture
- VICSEG New Futures

Domestic Violence - Project Reference Group

- Relationships Australia
- Domestic Violence Victoria
- Men's Referral Service
- VCOSS
- Aboriginal Family Violence Prevention and Legal Service
- Ballarat Community Health Centre
- Odyssey House
- Kildonan Uniting Care

Membership

As of 30 June 2016, VAADA had 73 members. Organisational members included: 'drug specific' organisations, hospitals, community health centres, primary health organisations, general youth services, local government and others (i.e. TAFEs, counselling services, forensic, legal services). Individual members reflected the organisational members' mix of services.

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Events & Activities

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The following is a list of events and activities that VAADA conducted with its membership and stakeholders throughout the 2015-2016 financial year.

AOD Sector Network Meetings

Non-residential withdrawal nurses meetings:

- 8 December 2015
- 9 March 2016
- 15 June 2016

Intake and Assessment network meetings:

- 23 July 2015
- 25 February 2016
- 26 May 2016

Planning function network meetings:

- 22 July 2015
- 28 October 2015
- 24 February 2016
- 25 May 2016

Pharmacotherapy area based networks meetings:

- 3 August 2015
- 9 November 2015
- 8 February 2016
- 9 May 2016

CALD AOD forum – Crossing the Cultural Divide

• 30 November 2016

CEO / Managers Network

- 21 August 2015
- 9 October 2015
- 20 February 2015
- 17 June 2016

Co-occurring Capacity Building & Substance Misuse Service Delivery Grants Fund Network Meetings

- 27 August 2015
- 13 October 2015
- 15 December 2015
- 18 February 2016
- 19 April 2016
- 14 June 2016

Family Violence Forums

- Ballarat, 2 May 2016
- Dandenong, 12 May 2016
- Morwell, 23 June 2016
- Sunshine, 30 June 2016

Forensic Forum

• 2 March 2016

New and novel psychoactive substances: Challenges for healthcare workers

• 4 April 2016

Regional Voices Forums

- Colac, 8 September 2015
- Ballarat, 9 September 2015
- Box Hill, 11 September 2015
- Swan Hill, 15 September 2015
- Benalla, 16 September 2015
- Darebin, 18 September 2015
- Traralgon, 6 October 2015
- Dandenong, 8 October 2015

AOD Service Providers Conference

- 4 September 2015
- 14 April 2016

Events & Activities

VAILA Conference: Alcohol and Drugs in the Emergency Department

• 11 March 2016

Working with Acquired Brain Injury (ABI) and Behavioural Interventions

• 17 March 2016

Working with Complex Clients who have Personality Disorders

• 17 June 2016

Submissions & Publications

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During the 2015-2016 financial year VAADA made 19 submissions on behalf of its members both at a State and Federal level. VAADA would like to thank all those that contributed to the development of the submissions.

- 2016/17 State Budget submission
- Access to justice review
- Annual Needs Survey Sector priorities 2016/17
- Community consultations on Victorian Ombudsman and Auditor General Review: Long Service Leave Act 1992
- Drugs, Poisons and Controlled Substances Regulations 2006
- Forensic Issues Paper
- Inquiry into Personal Choice and Community Impacts
- Inquiry into Portability of Long Service Leave Entitlements
- Medicinal Cannabis: issues paper
- National Alcohol Strategy, 2016-2021
- National Drug Strategy, 2016-2025
- Victorian Public Health and Wellbeing Plan 2015 2019
- Regional Voices Consultation Paper
- Response to consultation on Health 2040
- Response to UNGASS
- Roadmap for reform: strong families; safe children
- Royal Commission into Family Violence
- What's Important to Youth discussion paper
- Victorian Public Health and Wellbeing Plan 2015 2019

Media

VAADA believes it important that the general community has clear, non-stigmatising information about drug treatment. One of the ways in which VAADA achieves this, is to engage with media in its various forms. In the last 12 months, VAADA has had more than 90 contributions to the media, across radio, print and online platforms.

VAADA newsletters

- September 2015
- December 2015
- January 2016
- May 2016

Press releases

- 24 November 2015 Proof is in the Pudding!
- 6 December 2015 *Ice task force report: Move in the right direction*
- 9 February 2016 Small investment for big wins
- 31 March 2015 Royal Commission highlights much needed reform
- 18 April 2015 Government investment will thaw the impact of ice

Press Release Radio Press τv Online Monthly total July 2015 1 2 2 5 August 2015 5 2 1 2 2 September 2015 1 1 October 2015 3 1 2 6 November 2015 4 2 3 3 13 1 December 2015 1 6 1 1 9 January 2016 1 1 1 1 4 2 4 7 February 2016 1 March 2016 1 4 1 1 1 8 April 2016 1 9 6 1 12 29 May 2016 1 1 June 2016 2 1 3 TOTAL 5 33 17 6 31 92

Media activity by type

Media activity

VAADA advocated on a range of issues through a number of media platforms throughout 2015/16, including:

- Continued to advocate on the various system issues related to the recommissioning
- Highlighting various aspects related to sector capacity, resourcing and access
- Responding to harms associated with problematic pharmaceutical use, including the need for a 'real time prescription monitoring' system
- Addressing issues related to AOD harms and law and order issues, including the need for additional Drug Court capacity across Victoria
- Highlighting the issues relating to fatal overdose, including the increasing contribution of illicit substances

VAADA engages with a range of media bodies through radio, online and print platforms. Activity is both proactive (campaign based) and reactive. 21

Key Events

Annual Needs Survey Sector priorities 2016/17

During May VAADA administered an electronic survey to the AOD sector to ascertain the needs and priorities of the sector for the financial year 2016/17. This survey provides key input into VAADA's advocacy activities and assists in forward looking strategic planning.

AOD Service Providers Conference Friday, 4 September 2015

VAADA was funded to organise two AOD Service Providers Conferences in the 2015-16 financial year.

The first of these one-day events took place on Friday, 4 September 2015 at the Darebin Arts and Entertainment Centre in Preston and saw 281 people attend. Delegates reflected the diversity of the sector and included CEO's, managers, clinical staff and representatives from peak bodies and DHHS.

The Conference broadly examined emerging issues for the AOD sector, as well as providing opportunities for skills based development for working in the recommissioned system.

There were a number of concurrent sessions which included: focusing on the NDIS; family violence; facilitating group work; cultural safety in Aboriginal health; family inclusive practice in the recommissioned system; and, working with complex forensic clients. There was also a panel discussion that explored the delivery of AOD treatment services for forensic clients.

AOD Service Providers Conference Thursday, 14 April 2016

The second Conference was held on Thursday, 14 April 2016 at the Darebin Arts and Entertainment Centre in Preston.

The theme for the Conference was 'Priority Populations'. It was chosen as a way to explore current issues for the AOD sector, as well as provide opportunities for skills based development for working with key target populations. The program included an AOD update from Judith Abbott, Director, Drugs, Policy and Services at DHHS; an update from Beth Allen, Assistant Director of the Child Protection Unit at DHHS; an update from Moses Abbatangelo on the Change Agent Network; a panel discussion focussing on pharmaceuticals, harms and responses; and a series of afternoon workshops.

Topics for the afternoon workshops included working with young people; working with older adults; working with CALD communities; and building relationships with Aboriginal Community Controlled Organisations.

CALD AOD forum - Crossing the Cultural Divide

On Monday, 30 November 2016 VAADA, as part of the CALD AOD Project, hosted Crossing the Cultural Divide, a forum focusing on the specific health needs of individuals and families from culturally and linguistically diverse (CALD) backgrounds who are affected by harmful alcohol and other drug (AOD) use.

This forum was the culmination of a series of activities undertaken during the project, and aimed to build on what had already been achieved, while further strengthening the ties between CALD communities, AOD and allied health providers, the Department of Health and Human Services and government.

The forum which was opened by Minister Martin Foley, had 140 participants in attendance, including community leaders and other representatives from a range of CALD communities, AOD and allied health service practitioners, Project Reference Group members, Department of Health and Human Services (DHHS) staff and other interested parties.

The forum reflected the work the projects undertook with specific CALD communities across Victoria, including: Afghan Hazara; African; Arabic speaking Muslim; Pacific Islander and Maori; and, Vietnamese communities. The forum showcased many of the experiences of these diverse communities, highlighting the key issues these communities face around engaging and accessing AOD treatment.

Key Events

Family Violence Forums

As part of its Commonwealth funded capacity building activities VAADA ran four alcohol and other drug (AOD) and family violence forums at locations across Victoria, including Ballarat, Dandenong, Morwell and Sunshine. The aim of the forums was to provide an environment where both clinicians and managers from all involved sectors could network with one another, and lay the groundwork to build more collaborative working relationships for shared clients. The forums also allowed a discussion of the barriers to service provision and potential solutions to removing such barriers. The format of each of the forums involved presentations from speakers about women's services, men's behaviour change programs, police responses, issues faced by Aboriginal clients and AOD services. The speakers were then asked to form an expert panel, and describe how they would manage a client presenting with cooccurring AOD and family violence issues by using a case study. This session stimulated some lively conversation with all the forum participants regarding some of the challenges faced by workers on a day to day basis.

Forensic Forum

VAADA hosted a state-wide forum to discuss current challenges and opportunities in forensic AOD service provision. Sixty people attended the forum, including those in senior management and clinical roles, and representing metro and rural and regional AOD services.

The forum was convened in response to a number of service provider queries about the forensic system. Preliminary discussions with the sector identified some key areas of concern with the forensic system including: funding requirements, prepayments and fee-for-service; workforce needs and capacity; and, administrative pressures. These issues were used to shape the focus of the forum.

The event commenced with an informative presentation from Heather Carmichael, Senior Manager, Community Offender Advice and Treatment Service (COATS) on the Evolution of Forensic Funding with particular attention to more recent changes associated with recommissioning in September 2014. Attendees then had an opportunity to identify key issues and challenges which formed the basis of in-depth smaller group discussion and problem-solving.

An Issues Paper titled 'Forensic AOD service delivery and treatment 'was developed following the forum. VAADA has used the findings from the forum to engage the Department of Health and Human Services, Department of Justice and COATS to explore ways forward within the forensic AOD system.

VAADA would like to thank all participants for a robust discussion, and particularly to those colleagues who travelled many hours to participate in this important event.

Regional Voices

Given the significant changes associated with the recommissioning of Victoria's AOD treatment services in September 2014, VAADA embarked on the Regional Voices project to build an up-to-date profile of current issues impacting AOD service providers, and to determine potential solutions to support and strengthen the system.

The project involved eight regional forums with AOD service providers across metropolitan Melbourne and rural and regional Victoria held throughout September and early October 2015. Over 130 individuals attended and shared their views on current challenges and the potential solutions and strategies to address local issues.

The forums involved targeted discussion of reform benefits alongside reform-related challenges; identification of key issues and prioritisation of those issues for problem-solving. The project also sought to incorporate local features and differences across the regions such as population, geography and particular service arrangements, to give the project a regional focus and insight.

A final report was released in February 2016.

Key Submissions and Reports

VAADA's 2016/17 State Budget submission

Earlier this year, the 2016/17 VAADA state budget submission was released. This submission detailed a number of significant challenges in the AOD space and provided a range of responses to these challenges. A key point made in the submission is that AOD treatment provides a cost benefit ratio of \$8 for every \$1 spent—equating to a significant saving to government and community. It also highlighted that clients who accessed drug treatment, on average, had a 16 percent reduction in demand for acute health services following on from their engagement with AOD treatment. The majority of the items outlined in the submission reflect entrenched and long standing issues which continue to afflict the sector. There are, however a number of new items, including a key recommendations to address service system deficits following on from the AOD reforms.

Key recommendations included:

- Addressing service gaps in the sector
- State wide access to the Victorian Drug Court
- Sector Development including capacity building endeavours, workforce development and cross sector engagement
- Community AOD action teams
- Increase residential rehabilitation capacity in rural and regional Victoria

VAADA forensic issues paper

'Forensic AOD service delivery and treatment: a discussion of issues'. The paper was the result of a project undertaken between February and May 2016.

A series of preliminary consultations with key informants, and a forum of 60 participants from a broad cross section of the AOD sector informed the content of the paper. Key issues identified in the consultations following on from sector recommissioning included: services grappling with a complex and confusing system, the funding model; workforce challenges and, significant additional administrative pressures associated with reporting requirements and data collection.

Key recommendations included:

- The establishment of a broadly representative Forensic AOD Reference Committee
- A review of forensic funding to be undertaken by DHHS in consultation with the sector.
- Addressing the barriers identified around the inclusion of non-residential withdrawal as a forensic treatment type;
- Clarification around the forensic accreditation process and the implementation of an AOD workforce development strategy which will continue to build forensic competence across the sector;
- Options to simplify intake pathways for forensic clients and mechanisms to assist with information sharing and transparency around referrals into and through the AOD system.

Regional Voices

In 2015 VAADA contracted the Australian Catholic University (ACU) to facilitate a series of face to face consultations with staff from funded Victorian AOD services, following major reform of the Victorian AOD sector in 2014.

The project documents service provider perspectives on benefits of the reform and major issues that have arisen, one year on. Forums were held in each of the eight DHHS regions the opportunities and challenges directly as the AOD sector sees them.

The consultations undertaken with AOD service providers identified six priority areas necessitating action as follows:

- Intake and assessment
- Treatment types and restrictions
- Disrupted professional relationships due to the process of change
- Adverse impacts upon the broader AOD workforce

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SNAPSHOT 2015-2016

Key Submissions and Reports

- Various limitations relating to funding and Drug Treatment Activity Units
- Increased administration and bureaucratic demands

A lack of service user involvement and minimal scope for evaluation were also identified as areas of concern.

The final project report, Regional Voices: The impact of alcohol and other drug sector reform in Victoria can be found on the VAADA website at: www.vaada.org.au

CALD AOD Project: Final report

This report provides an overview of the project, from its beginning in January 2014 through to its conclusion in December 2015. The report details all the key activities undertaken throughout the project, including a discussion of the key issues and learnings which have emerged.

The activities discussed in the report include:

- A targeted literature review
- Follow-up consultations interviews held with CALD and AOD practitioners across the state (mostly face-to-face)
- Selection of target CALD populations as informed by consultations and literature review
- Development of 'cultural inventories'
- Initial roundtable discussions used to engage CALD representatives (community leaders and practitioners) and key decision makers from the relevant local AOD agencies
- Agency site visits
- CALD AOD forum

The report documented a range of findings that came out of the project and the recommendations that followed on from these findings. The report contained eleven recommendations some of the key findings were:

- That existing AOD screening and assessment tools utilised by Victorian AOD practitioners be reviewed to examine their applicability to CALD populations
- That the existing AOD sector catchment based intake and assessment system be reviewed and reworked (in

consultation with CALD community leaders and other representatives) to enable alternative referral and entry pathways for individuals and family members from CALD backgrounds

 That AOD agencies be supported to establish interagency partnerships and protocols with CALD organisations, thus ensuring more accessible, holistic and culturally safe services for individuals and family members impacted by harmful AOD use

VAADA would like to thank John Quiroga who was the key project officer for the CALD Project and worked tirelessly in making the project a success.

TREASURER'S REPORT

2015/16 has continued to see the implementation and consolidation of the State Governments reform agenda for AOD consortiums and services. After some doubt about future funding from the Commonwealth beyond 2015/16, a further extension of existing Commonwealth programs was confirmed for 2016/17 for the Commonwealth VAADA projects.

July 2015 began with VAADA holding \$869,706 in equity. This has decreased slightly to \$832,477 by the end of June 2016. Despite this \$37,229 decrease in equity across the year, VAADA continues to show a solid overall financial position.

The Balance Sheet figures report total assets of \$985,614 versus liabilities of \$153,137. There has been a reduction in assets compared to 2014/15, through utilisation of funds from programs that had been paid in advance by Government. There was also reduction in liabilities of \$135,823 between 1/7/15 to 30/6/16.

Total revenue for VAADA fell by nearly \$300,000 in 2015/16. While this is partly due to 2015/16 being a year when the two yearly VAADA Conference is not held, there has also been a decrease in grants received for "one off" and other projects during 2015/16. This is an area that the VAADA Board is aware of and will review regularly, given there are less new grants being received from both State and Commonwealth Government.

The current financial position in 2015/16 enables VAADA to continue the important role that it plays in the Alcohol and Other Drug (AOD) field. In setting the VAADA budget this year, the Board has continued to set a small deficit budget for 2016/17. This recognises VAADA making a contribution to meeting future challenges within the AOD services sector in Victoria.

I would like to thank all those organisations/Government Departments who have provided financial and/or Pro Bono work to VAADA during the year. VAADA extends our gratitude to Ruth Watson and Associates who has provided accounting support throughout the financial period 2014/15. I would also like to thank Sean Denham and Associates for undertaking the Auditing of the VAADA financial reports for 2015/16.

Laurence Alvis

Treasurer

Income and Expenditure Statement for the year ended 30 June 2016

	Note	2016	2015
REVENUE		\$	\$
Grant Revenue		823,891	1,049,599
Other Income		141,448	234,535
		965,339	1,284,134
EXPENDITURE			
Employee benefits expense		642,607	616,240
Finance expenses		379	577
Occupancy expenses		39,743	38,526
Meeting and forum expenses		74,910	101,987
Administration expenses		244,929	251,377
		1,002,568	1,008,806
Surplus (Loss) before income tax		(37,229)	275,328
Income tax expense	2	-	-
Surplus (Loss) after income tax		(37,229)	275,328
Retained Surplus (Losses) at the beginning of the financial year		869,706	594,378
Retained Surplus (Losses) at the end of the financial year		832,477	869,706

Assets and Liabilities Statement as at 30 June 2016

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	Note	2016	2015
CURRENT ASSETS		\$	\$
Cash and cash equivalents	2	240,016	444,496
Trade and other receivables	3	19,300	10,036
Financial assets	4	726,298	704,134
TOTAL CURRENT ASSETS		985,614	1,158,666
TOTAL ASSETS		985,614	1,158,666
CURRENT LIABILITIES			
Trade and other payables	5	38,421	26,068
Income in advance	6	-	141,994
Provisions	7	114,716	112,549
TOTAL CURRENT LIABILITIES		153,137	280,611
NON-CURRENT LIABILITIES			
Provisions	7		8,349
TOTAL LIABILITIES		153,137	288,960
NET ASSETS		832,477	869,706
MEMBERS' FUNDS			
Retained Profits		832,477	869,706
TOTAL MEMBERS' FUNDS		832,477	869,706

Statement of Cash Flows for the year ended 30 June 2016

	Note	2016	2015
CASH FLOWS FROM OPERATING ACTIVITIES		\$	\$
Receipts from grants		681,897	578,078
Other Income		103,527	216,378
Payments to suppliers and employees		(998,250)	(1,041,320)
Interest received		8,346	15,116
Net cash provided by operating activities	9	(204,480)	(222,748)
CASH FLOWS FROM INVESTING ACTIVITIES (Purchase)/redemption of investments			5
Net Cash provided by (used in) investing activities			5
Net increase (decrease) in cash held		(222,743)	(222,743)
Cash at the beginning of the year		444,496	667,239
Cash at the end of the year	2	240,016	444,496

Notes to the Financial Statements for the year ended 30 June 2016

Note 1: Statement of Significant Accounting Policies

This financial report is special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Reform Act 2012 (Vic). The committee has determined that the association is not a reporting entity. The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where specifically stated, current valuation of non-current assets. The following significant accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in preparation of this financial report.

- a. **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.
- b. **Income Tax.** The Association is exempt from paying income tax by virtue of Section 50-45 of the Income Tax Assessment Act, 1997. Accordingly, tax effect accounting has not been adopted.
- c. **Property, Plant and Equipment.** The depreciable amount of all property, plant and equipment is depreciated over the useful lives of the assets to the association commencing from the time the asset is held ready for use. Leasehold Improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.
- d. **Employee Entitlements.** Provision is made for the Association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits have been measured at the amounts expected to be paid when the liability is settled. Provision is made for the Association's liability for long service leave when an employee reaches 5 years of continuous employment with the association.
- e. **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.
- f. **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.

g. **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.

Grant Income

Grant income received, other than for specific purposes, is brought to account over the period to which the grant relates.

Deferred 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.

Capital Grants

Grant Income received relating to the purchase of capital items is shown as Unamortised Capital Grant and brought to account over the expected life of the asset in proportion to the related depreciation charge.

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).

- h. 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.
- i. **Economic Dependence.** The entity is dependent on the Department of Health and Aging (Vic) for the majority of its revenue used to operate the business. At the date of this report the Committee has no reason to believe the Department will not continue to support the entity.

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FINANCIAL REPORT

Notes to the Financial Statements for the year ended 30 June 2016

	2016	2015
	\$	\$
Note 2: Cash and		
cash equivalents		
Cash on hand	172	139
Cash at Bank	239,844	444,357
	240,016	444,496
Note 3: Trade and		
other receivables		
Trade receivables	6,722	1,633
Sundry receivables	4,045	0
Accrued interest	8,533	8,403
	19,300	10,036
Note 4: Financial		
Assets		
Term Deposits	726,298	704,134
Note 5: Trade and		
other payables		
Current		
Sundry creditors and accruals	22,526	8,652
PAYG Withholding Payable	5,582	4,484
Superannuation Payable	(864)	10,191
GST Payable	11,141	2,831
	38,421	26,068

				20	016	2015
					\$	\$
Note	6:	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 noncurrent.

Current Grants in advance	0	141,994
Note 7: Provisions		
Employee Entitlements	114,716	112,549
Non-Current		
Employee Entitlements	0	8,349

Notes to the Financial Statements for the year ended 30 June 2016

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	2016	2015
Note 8: Reconciliation of Cash Flow from Operations with Profit from Ordinary Activities after Income Tax	\$	\$
Profit after income tax	(37,229)	275,328
Cash flows excluded from operating profit attributable to operating activities		
Non-cash flows in profit - prior year adjustment	-	-
Changes in assets and liabilities;		
- (Increase)/decrease in trade and other debtors	(9,264)	(5,470)
- Increase/(decrease) in financial assets	(22,164)	(17,571)
- Increase/(decrease) in trades and other payables	12,353	(24,115)
- Increase/(decrease) in provisions	(6,182)	22,930
- Increase/(decrease) in income in advance	(141,994)	(473,850)
Net cash provided by Operating Activities	(204,480)	(222,784)

Note 9: Capital and Leasing

Commitments

Operating Lease Commitments		
Non-cancellable operating leases contracted for but not recognised in		
the financial statements.		
Payable – minimum lease payments:		
- not later than 12 months	-	8,807
- later than 12 months but not later than five years	-	-
- later than five years	-	-
	-	8,807

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 occur at a rate of 3% each year for the term of the lease. There is the option to increase the lease for a further term of 2 years beyond its current expiration date of 30 September 2016.

Statement by members of the committee for the year ended 30 June 2016

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 the financial report as set out on pages 27 to 32:

Presents a true and fair view of the financial position of Victorian Alcohol and Drug Association Inc. as at 30 June 2016 and its performance for the year ended on that date.

At the date of this statement, there are reasonable grounds to believe that the Victorian Alcohol and Drug Association Inc. will be able to pay its debts as and when they fall due.

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

Chairperson

Dated: 22 September, 2016 Treasure

Dated: 19/9/16

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AUDIT

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

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of Victorian Alcohol and Drug Association Inc., which comprises the assets and liabilities statement as at 30 June 2016, statement of cash flows and the income and expenditure statement for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the certification by members of the statement by members of the committee.

Committee's Responsibility for the Financial Report

The committee of Victorian Alcohol and Drug Association Inc is responsible for the preparation of the financial report, and has determined that the basis of preparation described in Note 1 is appropriate to meet the requirements of the Associations Incorporation Reform Act 2012 (Vic) and the needs of the members. The committee's responsibility also includes such internal control as the committee determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We have conducted our audit in accordance with Australian Auditing Standards. Those Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation and fair presentation of the financial report that gives a true and fair view, 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting made by the committee, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial report gives a true and fair view of the financial position of Victorian Alcohol and Drug Association Inc. as at 30 June 2016 and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the requirements of the Associations Incorporation Reform Act 2012 (Vic).

Basis of Accounting and Restriction on Distribution

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist Victorian Alcohol and Drug Association Inc. to meet the requirements of the Associations Incorporation Reform Act 2012 (Vic). As a result, the financial report may not be suitable for another purpose.

Sean Denham Sean Denham & Associates Dated: 23 to SEPTEMBER 2016 Suite 1, 707 Mt Alexander Road Moonee Ponds VIC 3039



211 Victoria Parade Collingwood, Melbourne 3066