

2019

ANNUAL REPORT

Victorian Alcohol
& Drug Association



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VADDA BOARD

BOARD MEMBER PROFILES

VAADA Board

President
Stefan Gruenert

Vice President
Rebecca Lorains

Vice President
Sally Mitchell
(retired November 2018)

Treasurer
Alan Murnane

Ordinary Members

Shannon Bell

Secretary
Andrew Bruun

Kent Burgess

Victoria Manning

Jane Measday

Anne-Maree Rogers
(retired November 2018)

Naomi Rottem

Tamsin Short



**PRESIDENT -
STEFAN GRUENERT**

Stefan is a registered psychologist with more than 18 years of experience in the drug and alcohol sector as a clinician, supervisor, researcher, and manager. Stefan has worked as a senior counsellor in a range of settings and has conducted research on treatment outcomes, alcohol use, men's issues, intimacy, family work, and fathers. He has developed a number of resources for workers in the drug and alcohol field on parenting, families and family violence, regularly provides advice to government, and has delivered a number of presentations at national and international conferences. He is currently the Chief Executive Officer at Odyssey House Victoria.



**VICE PRESIDENT -
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 Board Member of Victorian Healthcare Association and President of the Mooroopna Education and Activity.



**VICE PRESIDENT -
SALLY MITCHELL**

Sally is the Executive Director Mental Health, AOD and Homelessness at cohealth. With over 30 years' experience working in the community sector in a number of roles, Sally is committed to addressing health inequalities and maximising service access particularly for those people who experience barriers to accessing health services. Sally has been a VAADA Board member since 2014 and Vice President since 2018.

cohealth is one of the largest community health organisations in Australia. cohealth provides quality primary health and social services across North and West Melbourne. cohealth has a strong commitment to health promotion and prevention activities, advocacy and consumer co-design. The Mental Health, AOD and Homelessness Directorate works with people with complex support needs to develop and achieve their goals; frequently working in collaboration with other services to achieve the best outcomes. cohealth offers AOD harm reduction and treatment services including needle and syringe program; specialist AOD primary health services, treatment services; health and community education; and is the lead agency for the North West Melbourne Pharmacotherapy Network; and auspice of the Yarra Drug and Health Forum.



**VICE PRESIDENT -
ANNE MAREE ROGERS**

Anne Maree Rogers 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.



ALAN MURNANE
- TREASURER

Alan has a wealth of leadership and strategic experience with over 26 years working in the health and community sectors including roles in nursing, disability employment, youth services, housing, men's family violence, drug and alcohol services. His experience also incorporates roles in public policy and program development in the Victorian State Government. He is concerned by the inequity that exists in the community, the limited income redistribution occurring through the tax system, and the need to proactively provide treatment for trauma as this is a factor in the lives of many who experience poor health. Alan has a Masters in Organisational Leadership.



SHANNON BELL

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.



ANDREW BRUUN

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.



KENT BURGESS

Over 20 years Kent's focus has been on building effective, accountable health and community services that prioritise vulnerable groups. Kent is currently General Manager, Healthy Communities 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. Kent is current VAADA Secretary and has been on the Board for two years.



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. She works for The Bouverie Centre - a Research Centre of Latrobe University - where she manages workforce development in the Community Services Program. 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. She also been president of a committee of management of a community organisation.



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

STAFF

Sam Biondo
Executive Officer

Naomi Carter
Project Officer - NWPHN
and WVPHN

James Crafti
Conference Organiser

Greg Denham
Policy Officer (resigned July 2019)

Scott Drummond
Program Manager

Chris McDonnell
Administration Officer

Jane Moreton
Project Officer - Co-occurring
Capacity Building

Marije Roos
Family Violence Capability
Project Lead

David Taylor
Policy Officer (resigned
April 2019)

Caitlyn Wilson
Project Officer - Co-occurring
Capacity Building

VISION AND 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 minimisation 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

A lot has happened in the past 12 months in the Victorian alcohol and other drug sector. Recent investment by the Victorian State Government to expand treatment services has taken some time to bed down, but the additional residential rehabilitation beds, community services for those at risk of an overdose and those on a family reunification order, and a medically supervised injecting room in Richmond are much needed additions to the sector.

In a time of constant change and reform, the new data capture system for the AOD sector (VADC) has also presented enormous challenges for member agencies. We understand this system will eventually provide more timely and higher quality data for performance and planning purposes, but the pain for the sector has been great, with high worker stress and significant resources being moved away from direct service delivery in order to bed this down.

The 2019 VAADA conference was considered by many to be one of our most successful, with over 600 delegates and great presentations that stimulated debate and reaffirmed the importance of our work.

As the complexity of work increases for staff in the AOD sector, VAADA has taken on a number of additional projects that seek to build workforce capacity, and assist in coordinating new government initiatives. Some of these include better

supporting clients experiencing or using violence in their family relationships, new information sharing schemes, and enhanced responses to our forensic clients.

VAADA has aimed to consult widely with our membership through sector surveys, service providers meetings and CEO forums. Our advocacy work, our capacity building, and our sector support initiatives are best done when they are well informed by our members and other stakeholders. Thank you all for your input and participation throughout the year.

In response, VAADA has been active in representing the sector's views on a range of Government Committees including the AOD Sector Reference Group, the Forensic AOD System Review, and in Family Violence and workforce consultations. We look forward to continuing to work together with our members, with State and Commonwealth departments, and with the PHNs.

VAADA has increased our contribution to the establishment of a new peak body, and has also provided input into the national campaign, calling for a doubling of the investment in the AOD sector, better coordination of State and Federal services, and more attention on building workforce and infrastructure capacity. This aims to ensure that people seeking help can get the right support at the right time in the right place.

Momentum is growing from community and health professionals for more sensible and evidence-based drug policy, aimed at reducing harm. VAADA has continued to play a strong role in media advocacy on this front with key issues such as expanding trials of pill testing, moving toward regulated supply of cannabis, and enhancing the transitional support offered to prisoners as they reintegrate back into the community. Likewise, VAADA has made a significant contribution to other discussions and inquiries such as our submission to the Royal Commission into Mental Health, highlighting the improvements needed to better support those with both AOD and mental health issues.

As I come to the end of my term on the VAADA Board, I would like to acknowledge the hard work of all VAADA staff members and my fellow Board Directors. Together you have provided a strong vision and enormous support to the AOD sector. Our members and the clients we serve have no doubt benefited accordingly. I would especially like to thank Sally Mitchell and Anne-Maree Rogers who retired from the Board this year after many years of service. I would also like to thank the Executive Officer, Sam Biondo, for his leadership and strong advocacy with Government and in the media.

Whilst many great treatment programs now exist within the AOD sector, these programs require greater coordination to operate as an easy to navigate treatment system, and this will certainly be a focus for VAADA in the coming years. In addition to this internal coordination, enhancing the coordination of services between AOD and Mental Health, Family Violence and Forensic services will also require much attention, as will responding to emerging patterns of drug use and harms, including the recent increase in opioid overdoses.

VAADA will remain vigilant to emerging issues, changing trends, and the ongoing needs of our members. We will continue to call for services that are centred around consumer needs and inclusive of their families and significant others where appropriate. We remain supportive of services that are informed by community participants, by the evidence of what works, and are delivered by a suitably trained and compensated workforce.

Again, it has been my pleasure and privilege to serve as VAADA President this year. The Board has maintained oversight of VAADA's strong financial position and reputation, and we welcome your ongoing feedback and contribution to our work at all times.

EXECUTIVE OFFICER REPORT

This past year has been a year of change for our sector, with the rollout of government-led state-wide reforms changing the way that AOD service providers do their job. It presents an exciting time, and an opportunity to improve, but one which presents challenges. As always, we are committed to working alongside our Membership to identify and iron out the issues that inevitably arise with broad-scale change. To this effect we value sector input through the range of established mechanisms be it CEO forums, network meetings, service providers events, surveys, and special events.

There have been a raft of reforms that are changing the landscape of the community services sector in Victoria, following the 2016 Royal Commission into Family Violence. The introduction of the new Family Violence Information Sharing Schemes, which allow for earlier identification and management of situations involving family violence, require increased cross-sector collaboration between organisations. We have taken some earlier steps via a dedicated position to establish our thinking and the position sector, and we look forward to working with our sector to navigate the changes that will impact how they work.

The Victorian Alcohol and Drug Collection (VADC) data collection scheme in particular has been a challenge for our sector over 2018/19. Although it aims to make data collection easier for practitioners, it has caused frustration for many,

and VAADA has engaged with the sector and the Department of Health and Human Services to raise concerns and establish the means to remedy the technical issues that have arisen.

Workforce capacity building has been a strong area of focus for VAADA throughout 2018/19. February 2019 saw the release of VAADA's online Forensic Foundations course, which aims to build the capacity of clinicians who work with forensic clients. The course has been taken up with enthusiasm, with more than 900 participants completing the course.

VAADA has been commissioned by three Primary Health Networks across Victoria to provide workforce capacity training for staff in the relevant regions: North Western Melbourne, Western Victoria and Murray. The North Western Melbourne PHN engaged VAADA to deliver Workforce Development and Stakeholder Engagement Project to June 2019. Within the Western Victoria PHN region, VAADA was engaged in July 2018 to undertake an AOD Service Development and Redesign Project, which aimed to improve coordination and integration of AOD services in the region. In the Murray PHN region, VAADA assists in developing an AOD Practice Leadership Hub in order to support local AOD practice leadership.

One of our strengths as a peak body is our membership, and VAADA has continued to convene a number of events and meetings which allowed our members to come together to

discuss issues, network, and to share and build knowledge. 2019 got off to a positive start, with a particularly successful Biennial Conference convened in February 2019. The Biennial Conference drew more than 600 participants from across the sector and more broadly, who had to opportunity to hear from an esteemed range of local and international speakers under the theme 'Jack of All Trades, Master of One'. VAADA also convened two Service Providers conferences, in November 2018 and May 2019. The CEO & Managers' Forum has continued to be a valuable opportunity for the sharing of ideas throughout 2018/19.

VAADA has been actively engaging with its interstate and national counterparts, through the Australian AOD Peaks Network to pursue common goals and address those issues which cross state boundaries.

VAADA has made a commitment to cross-sector engagement, by taking part in the innovative Tri-Peaks Project. Along with the Victorian Health Association and the Centre for Excellence in Family and Child Wellbeing, VAADA has been working towards a pilot project which will commence in the next financial year (2019/20).

VAADA has continued to represent the AOD sector on a number of advisory groups, networks and committees, including:

- VADC Reference Group
- DHHS AOD System Co-ordination Group

“ VAADA has been actively engaging with its interstate and national counterparts, through the Australian AOD Peaks Network to pursue common goals and address those issues which cross state boundaries”.

- MARAMIS Expert Advisory Group,
- VicRoads Drink/Drug Driving Expert Advisory Group
- Safescript
- Vicpol Mental Health Advisory Committee

As always, we rely on Member engagement to keep VAADA appraised of the issues which are facing our sector, to allow us to prioritise and address any issues that the workforce encounters. We appreciate the input from our Membership to our two workforce surveys in 2018/2019. VAADA has also continued to facilitate network meetings catering to various cohorts within the sector, including non-residential withdrawal nurses, catchment planners, RTOs, and intake and assessment workers. These are a valuable opportunity for VAADA to be able to prioritise and shape policy.

VAADA has continued its advocacy role on behalf of the sector, to ensure that the viewpoints of our membership is presented, and to hold government to account. We have been proactive in the media throughout 2018/19, with radio, television and print media used to present our message. As well as liaising directly with politicians at all levels, VAADA has made submissions to all levels of government and government agencies on a number of policies and inquiries which affect our sector.

All of this work has come to fruition through the efforts of VAADA staff. In particular, I would like to take this opportunity to thank David Taylor (Policy & Media Officer) who has departed VAADA after 8 years of service to the organisation and the sector more broadly. VAADA and its Members particularly benefited from David's skills in engaging with the media, which has strengthened our advocacy efforts over the years.

2019 also marks 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, accessibility, and strong advocacy on behalf of the sector. Thanks to outgoing Treasurer Alan Murnane, and Vice-Presidents Sally Mitchell and Ann Maree Rogers, who have all made a significant contribution to the sector. I also welcome our newest Board members, and I look forward to working with you through the coming year.

A special acknowledgement to VAADA's Members, without whom VAADA would be unable to do our work. As an organisation, we benefit from a membership which is engaged and generous, and informs our work by sharing their experiences and issues. As a peak body, the input from our Membership is invaluable and provides us with direction and drive to effect positive change in the AOD sector. We look forward to engaging with you throughout the coming year.

SECTOR DEVELOPMENT

Sector Development report, 18/19 Annual report

Project activity drove much of VAADA's sector development work in 2018/19. This was complemented by a busy conference schedule and an ongoing series of network meetings. 2018/19 also saw a busy advocacy agenda with VAADA making a number of submissions to various inquiries, government departments and authorities in support of sector development in the Victorian AOD sector.

Three key VAADA projects across family violence, capacity building and Primary Health Networks (PHNs), saw VAADA develop and deliver numerous workshops, forums, training opportunities and resources in 2019. VAADA also took on a stand-alone project to develop an online Forensic learning course in 2018/19 designed to provide AOD sector staff with foundational knowledge of the forensic service system.

Following the Royal Commission into Family Violence in 2016, which saw the Victorian Government accept all 277 recommendations included in the Royal Commission's final report, VAADA was funded to support the AOD sector build capacity to manage new family violence information sharing requirements which arose. In late 2018, Family Safety Victoria also engaged VAADA to explore how family violence capabilities could be integrated into existing AOD sector capabilities by embedding within, for example, existing practice frameworks, professional development, training

and resources. In 2018/19 VAADA also began developing a set of practice principles at the intersection of AOD and family violence. These principles are still in development, and consultation with the sector will continue through 2019/20. Together, these projects keep Marije Roos, VAADA's Family Violence Lead, very busy as she brings an AOD lens to all things family violence. Marije explains more about these projects in the following pages.

The Commonwealth Department of Health provides funding for the state peak bodies (including VAADA), for a range of capacity building activities. Through this funding, VAADA continues to support treatment services in Victoria to build linkages and strategic partnerships, promote workforce development initiatives, develop resources, and undertake organisational change to better meet the needs of clients presenting with complex needs. Jane Moreton VAADA's Co-occurring Capacity Building Project Officer, coordinates a range of activities connected to this project and also writes about these below.

Naomi Carter has responsibility for driving VAADA's Primary Health Network-funded sector development work. This includes capacity building across North Western Melbourne, Western Victoria and more recently, the Murray PHN regions. VAADA has been engaged by Murray PHN, one of Victoria's largest rural and regional PHNs, to develop a model for an AOD leadership hub in that region. In 2018/19 VAADA worked with rural and regional AOD providers

to design and develop the model which will support clinical and leadership capacity in this rural and regional area in 2019/20.

In April 2018, the Department of Health and Human Services (DHHS) engaged VAADA to develop an online forensic learning course for the AOD sector. The online course provides participants with the foundational knowledge required to understand what is involved in providing AOD treatment to forensic clients. Launched in February 2019, the course was designed to provide a broad overview of forensic AOD treatment and equip participants with the foundations from which to undertake more specialised face-to-face forensic training.

Hosted on the VAADA website, the course has proved popular with the sector with over 900 registered users to date.

In 2018/19, DHHS funded three Victorian peaks bodies to undertake a cross-sector collaboration pilot project (Tri-Peaks Project). VAADA has joined with the Victorian Healthcare Association and the Centre for Excellence in Child and Family Welfare to undertake the Tri-Peaks Project. The aim is to strengthen ties between the sectors, increase literacy of each other's sectors, and build collaboration in the interests of shared clients. While this project has only just commenced, it will culminate in several demonstration projects that aim to build the capacity of staff and agencies in the respective sectors respond to shared clients.

Sector development activity should be informed by a strong understanding of current sector needs. To help inform our understanding of the sector, VAADA, in collaboration with the National Centre for Education Training in Addiction and DHHS, undertook two AOD workforce surveys in 2018/19: an agency survey (which aims to find out the size and characteristics of AOD agencies) and a worker survey (aimed at individual workers). Thank you to the 600+ sector staff completed the worker survey and the AOD agencies that completed the agency survey. Results of the survey will inform national, state and organizational policy and practice to ensure a sustainable and effective AOD workforce. VAADA will be working with DHHS to make results of the surveys available to the sector.

To further increase our understanding of sector needs also comes from simply listening to the perspectives, experiences and opinions of AOD sector staff. In addition to countless informal opportunities, VAADA has continued to facilitate a range of network meetings with key staff cohorts which provides structured opportunities to hear directly from the sector. This includes non-residential withdrawal nurses, specialist pharmacotherapy services, catchment-based planners, intake and assessment staff, among others. Across 2018/19 VAADA also facilitated a number of consultations and forums on specific issues with the aim of understanding the needs of the AOD sector. One notable example has been consultation with the sector

on the Victoria Alcohol and Drug Collection (VADC) system. The VADC is designed to give the sector a better understanding of how clients travel through treatment services and, by improving data quality, allow for more accurate assessment of system performance and client trends. Unfortunately, the implementation of the VADC has been problematic. As a result, VAADA has worked as an intermediary between AOD treatment providers and DHHS to iron out errors and problems with business rules in an attempt to realise the intended benefits of the system.

VAADA held three conferences in 2018/19, comprising of two Service Provider Conferences (SPC) and our Biennial Conference. The November 2018 SPC adopted the theme 'Tomorrow's Sector' and considered how we can better ensure our sector is meeting the needs of people who use drugs. This was followed by the May 2019 SPC, with the theme of 'Transitions', which asked attendees to consider the role and importance of transitions for clients, staff and others involved with our sector. The SPCs continue to be very popular, with around 300 sector staff attending each time and taking the opportunity to listen to informative presentations and speakers who have shared valuable insights into sector development.

Enhancing the capacity of the AOD sector through sector development activity and supporting member agencies 'to do' is a key objective of VAADA. One of the benefits of this approach is forming strong and meaningful relationships

between the peak body, its member agencies and staff. We value these relationships and we look forward to continuing to support you 'to do' into the future.

Co-occurring Capacity Building (CCB) Project

VAADA's Co-occurring Capacity Building (CCB) Project is now in its 11th year, and it continues to provide the Victorian alcohol and other drug (AOD) sector with ongoing support and resources. The Commonwealth Department of Health recently announced that they have re-funded VAADA and our interstate equivalents around Australia for a further three years, between July 2019 and June 2022.

Throughout the last 12 months, VAADA has worked collaboratively with the Western Australian Network of Alcohol and Other Drug Agencies (WANADA) to develop an Evaluation Framework for all Australian AOD peak bodies (Australian Peaks), assisted by the National Centre for Education and Training (NCETA) as consultants. This project provides Australian Peaks with a list of capacity building activities, together with outcomes and performance measures that can be used to evaluation those activities. Throughout the past year, VAADA has also continued to work with the Australian Peaks through the Peaks Capacity Building Network, which connects on a monthly basis via teleconferences. In addition, VAADA hosted a face-to-face meeting with the Australian Peaks in Melbourne in February 2019.

In October 2018, VAADA surveyed the AOD sector and related stakeholders (cross-sectoral organisations, government, peak bodies from other sectors). The feedback was generally positive, and it was collated into a report to provide a baseline for measuring some of VAADA's general activities. VAADA will repeat its Stakeholder Survey in October 2019 to evaluate its progress against these activities over the 2018/19 financial year. In the upcoming 2019 survey, VAADA hopes to incorporate some of the agreed capacity building joint performance measures emerging from the Peaks Evaluation Framework Project to assist in driving its own quality improvement processes.

VAADA has also collaborated with QUIT Victoria to develop an online training course in smoking cessation, and how to most effectively discuss quitting, for AOD clinicians to use with their clients. VAADA assisted QUIT by informing the content of the course. VAADA's input was based on the results of a training needs analysis which took place across the sector and facilitate focus-groups, and VAADA represents the sector on the project's overarching steering/working group. This project is near completion with an anticipated launch later in 2019.

VAADA has coordinated three training events during the past 12 months, with all participants indicating that they were either fully, or partially satisfied that the learning outcomes were met. The first was Trauma-Informed Care and Practice, delivered by

Blue Knot Foundation, the second was a self-care workshop in November 2018 for clinical staff, and the third was an Introduction to Motivational Interviewing facilitated by Helen Mentha in March 2019.

The prompt cards have continued to be VAADA's most popular and sought after resource. Between July 2018 and June 2019, VAADA received requests to post approximately 1850 of each set of the cards. Given that there are 15 cards in each full set, this equates to around 9,250 cards in total. Additional cards were also disseminated at various AOD and cross-sector forums and training events. Those people accessing the cards included AOD, mental health (MH) and other cross-sector service delivery staff, in addition to psychology, social work and certificate IV AOD/MH students.

VAADA has worked collaboratively with the Victorian Dual Diagnosis Initiative (VDDI) by attending its leadership group meetings, and by providing input to mental health capacity building initiatives. The CCB Project directly contributed to VAADA submission to the Royal Commission into Mental Health, and it is expected that VAADA will be involved in implementing some of the recommendations made by the Commission after it hands down its findings.

VAADA staffing on this project has remained stable throughout the year, with Caitlyn Wilson having been an invaluable support.

Family Violence Capability Project

Following the conclusion of the 2016 Royal Commission into Family Violence, a number of reforms have been implemented to allow a better response to family violence. The past 12 months have been a busy time for the alcohol and other drug (AOD) sector, tasked with the implementation of a number of family violence reforms.

Family Safety Victoria (FSV) developed the Responding to Family Violence Capability Framework (the Framework), a document for that provides the foundational skill set required to respond to all forms of family violence. The Framework covers a wide range of Victorian workforces, including state-funded AOD agencies. VAADA raised awareness of the Framework through a number of activities, including a presentation table at the 2019 VAADA conference Jack of All Trades, Master of One.

FSV has commissioned VAADA to develop a plan for the integration of the 'Responding to Family Violence Capability Framework' in the AOD sector, which will be provided to FSV in December 2019. Findings from VAADA's mid-term report, to be provided to FSV in July 2019, will be used as the basis for the Roadmap for integration of the Framework.

The AOD sector has been subject to a number of additional reforms focused on supporting the safety of those experiencing family

violence, and aimed at holding the perpetrator accountable and in view. These additional reforms include:

- Family Violence Information Sharing Scheme (FVISS)
- Child Information Sharing Scheme (CISS)
- Multi-Agency Risk Assessment and Management (MARAM) Framework

VAADA was the recipient of the MARAM & Information Sharing Sector Implementation Support Grant 2018-19 and 2019-20. The overarching goals of these projects were to support organisational, cultural and practice change in the AOD sector and provide practice guidance on the implications of the reforms in the AOD context.

In the context of both projects, VAADA undertook an in-depth examination of the AOD sector's current approach to family violence, as well as barriers and opportunities for the integration of the reforms moving forward.

Initial consultations with the sector took place through an online survey distributed in early February 2019. We received 106 responses from all 17 DHHS catchment regions, from those in roles spanning the breadth of the services system. Ongoing consultations included in-depth interviews with all AOD Specialist Family Violence Advisors in May and June 2019.

In order to facilitate discussions surrounding the Framework and the reforms, VAADA convened a full day Family Violence Capability

Forum in February 2019. The Forum brought together 35 people from the AOD-FV Network. The Forum's agenda included networking and group discussion, the sharing of experiences with the new Information Sharing Schemes and the Framework, measuring organisational readiness, as well as creating the chance to discuss opportunities and barriers to the integration of the reforms in the AOD sector.

To support these three projects, VAADA has used its online presence to share information with the sector. VAADA has established an AOD family violence network (AOD-FV Network), containing over 80 members. At the heart of the Network are the regional AOD Specialist Family Violence Advisors, who are joined by AOD clinicians and managers who self-identified as subject matter experts on practice at the intersection of AOD and family violence. An online platform was established for the AOD-FV Network and functioned as: an online library of existing evidenced-based resources; a platform to share resources developed by the sector with peers to avoid duplication; a notice board with up to date reform development notifications, as well as a community to test sector resources. To further support the distribution of information about the family violence reforms to the sector, VAADA established a family violence newsletter distributed through VAADA E-News.

In early 2019, VAADA established a page on the VAADA website,

dedicated to family violence reforms in the AOD sector. The page is targeted at AOD clinicians and includes several resources to support capacity building in respect of family violence. In addition, a number of practice resources have been developed to support the AOD workforce to implement the new Information Sharing Schemes. These resources will be available in late 2019.

In the context of both projects, VAADA has collaborated closely with cross sector peak organisations and stakeholders, including Youth Support and Advocacy Service (YSAS), the Council for Homeless People, No to Violence and DV Vic.

With cross-sector collaboration increasing as a result of the reforms, VAADA recognised that the family violence sector and AOD sector have varying underlying practice frameworks and principles. VAADA has worked with the AOD sector to develop high level principles which apply at the interface of AOD and family violence (Practice Principles). Two face-to-face events aimed at progressing the development of the Practice Principles were held in July 2019. The first event brought together 26 members of the AOD-FV Network, and the subsequent event targeting AOD CEOs and Managers was attended by 18 participants. The first set of Practice Principles will be further refined through additional cross sector and AOD sector consultations.

North Western Melbourne PHN: AOD Workforce Development and Stakeholder Engagement Project

VAADA and North Western Melbourne PHN (NWMPHN) have continued their partnership, with NWMPHN extending VAADA's contract to undertake the Workforce Development and Stakeholder Engagement Project (Project) to June 2019.

The aim of the Project is to increase the overall effectiveness of client care in the NWMPHN region by enhancing the capacity of the AOD sector through workforce development and sustainability initiatives. After understanding the needs and priorities, VAADA delivered a range of innovative and customised learning and development opportunities to agencies and staff.

Consultation with the AOD sector about its workforce development needs and priorities took place in the form of stakeholder meetings, advisory group meetings, feedback from forums, training sessions, Communities of Practice and Managers' Network meetings. Feedback obtained was used to tailor training content and topics of workforce development events directly to the needs of the sector in the NWMPHN.

The following activities took place over the 2018/19 financial year:

- Intersectionality forum
- Homelessness forum
- Managers' Network meetings
- Community of Practice workshops
- Skills based training

The delivery of the above activities has received positive feedback from participants, and has laid the foundations for ongoing networks within the AOD sector and across other sectors. New relationships have been established, which link the NWMPHN region to a range of services addressing the needs of the local population, and present further opportunities for networking.

VAADA has also built on its previous campaign within the NWMPHN region to attract new staff to the AOD sector. This campaign has used two methods: encouraging agencies to sponsor the placement of Masters of Social Work students from the University of Melbourne; and a social media campaign aimed at engaging key potential employee cohorts. This social media campaign proved successful and a cost-effective method of targeting those seeking employment in the AOD or related field.

The final six months of the Project saw a discrete piece of work added to the Project; which explored outcome measures in the AOD context. The purpose of this work was to scope organisational and system level outcome measures, and focus was on two key outcomes and their related indicators, namely improving access and coordinated care. Consultants Dr Judy Gold and Ms Natasha Ludowyck were engaged to undertake the work. To date, a range of scoping activities, consultations and workshops have been undertaken to inform draft measures and indicators.

Western Victoria PHN Project

In May 2018, the Western Victoria Primary Health Network (WVPHN) commissioned an AOD service co-design process in each of its four sub-regions. The intention was to improve coordination and integration of AOD services in the WPHN region, through engaging local service providers to co-design AOD models of care with their communities, with a focus on meeting local needs. Recommendations resulting from this process informed the next commissioning phase, including potentially recommissioning existing WVPHN-funded services such as the Brief Intervention program.

To support the co-design and re-commissioning process, the WVPHN engaged VAADA in July 2018 to undertake an AOD Service Development and Redesign Project. The objectives of the project included:-

1. Providing support to newly commissioned co-design projects in the development of prioritised models of care
2. Producing a report including sub-regional priorities and overall regional priorities;
3. Reflections on co-design process and other findings

Three of the four commissioned co-design processes were led by local agencies in the Grampians, Great South Coast and Ballarat regions, with a private consulting firm engaged to lead the process for the Geelong Otway region. The consultation process revealed common themes including:

- The need for continued support for brief intervention;
- Improved access to services;
- Equitable access to services;
- Improved responsiveness to complex clients;
- Improved referral pathways with consideration given to rural and remote areas;
- Strategies to reduce stigma;
- Preventative measures and education;
- Investment in workforce; and
- Investment in strategies to support coordinated care.

Overall, the co-design process was successful at meeting the key aims of the commissioning process, being to undertake a broad consultation reflecting regional AOD needs, and to strengthen partnerships and collaboration across the sub-regions.

Subsequently, VAADA provided support to commissioned co-design projects by helping services to articulate regional models of care and assist in the development of a standard reporting template in the form of a matrix. The aim of the template was to help maintain consistency across co-design reports, and allow for ease of comparison of findings and recommendations.

Along with the co-design activity, VAADA has continued to work with the AOD Brief Intervention agencies, supporting service development and model articulation. Regular network meetings provided an opportunity for agencies to share learnings, discuss service targets, clarify questions regarding evaluation, build

relationships and access learning and development, and provided a unique platform for a regional community of practice.

Murray PHN Project

Between March and June 2019, VAADA was engaged by the Murray Primary Health Network (Murray PHN) to assist in developing an AOD Practice Leadership Hub, based on a Community of Practice model. The Project's aim was to support AOD practice leadership in the Murray PHN region through a collaborative partnership model.

VAADA initially drafted a basic model, in consultation with the Murray PHN. This model was then tested with the Murray PHN Project Control Group, and subsequently with the region's clinicians. During consultation, agencies continually highlighted the need for local agencies to come together in a coordinated and supported way.

The below Practice Leadership Hub model has been proposed by VAADA, based on its consultations:

- 2 x on-line training modules – pre-recorded, or live if possible, training sessions targeting priorities as identified through consultation
- 2 x on-line community of practice – to follow the training sessions, and support application of learning in the workplace
- 4 x Local managers network meetings (2 in the east, 2 in the west) – opportunities for shared learnings, collaboration and targeted resolution to local challenges
- 4 x Local practitioners network

meetings (2 in the east, 2 in the west) – opportunities for peer support, critical reflection, debrief and improved service integration

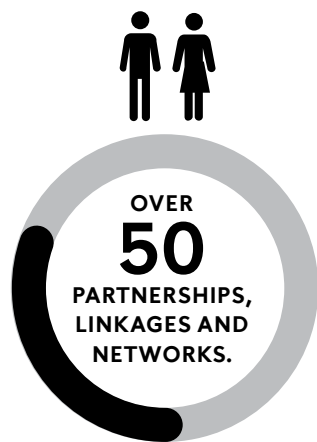
VAADA has since been funded until June 2020 to implement the Practice Leadership Hub activities as outlined above.

The mix of online and face to face interaction meets the intention of the PHN's project brief, and the needs of the region's staff. The Murray PHN region is one of the largest PHN regions in Victoria and it was recognised that online learning was a necessity to bridge the geographical distance between the area's clinicians.

VAADA had an opportunity to test part of the model by undertaking an online training session. The online training component of the Project was developed in collaboration with Turning Point, and explores effective ways of working with AOD clients who live with cognitive impairment. A training session delivered by Turning Point's neuropsychology clinical team was filmed, and is accompanied by a suite of resources to support learning. An online Community of Practice was also convened, which provided an opportunity for clinicians to transfer their learning into practice.

The Project fulfilled the need identified during consultation for clinicians to share gives clinicians the opportunity to share experience and learnings, which was identified as a need during consultation. Amongst clinicians, there was a strong willingness and commitment to finding ways of doing things differently, with the dual aims of providing more integrated care, and improved staff support and capability.

SNAPSHOT 2018 - 2019



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
- Safe Steps Family Violence support
- VACCHO Coalition for Aboriginal Health Equity Vict (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 2019, 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

27
EVENTS
2000+ PEOPLE

CONFERENCES

Victorian AOD Service Providers Conference: Tomorrow's Sector - 7th December 2018.

280 people attended this event at the Catholic Leadership Centre

Victorian AOD Service Providers Conference: Transitions - May 31st 2019

240 people attended this event at the Catholic Leadership Centre

VAADA 2019: Jack of all trades, master of one - 14th to and the 15th of February 2019

658 people attended over the two days of the conference held at the Pullman on the Park East Melbourne.

VAADA NETWORK MEETINGS

Managers' Network Meetings

VAADA CEO Managers Forum - 17th of August

VAADA CEO Managers Forum - 12th of April

VAADA CEO Managers Forum - 28th of June

Specialist Pharmacotherapy Services Network Meetings

Specialist Pharmacotherapy Services Network Meetings - 16th of July

Specialist Pharmacotherapy Services Network Meetings - 15th of October

Specialist Pharmacotherapy Services Network Meetings - 11th of March

Specialist Pharmacotherapy Services Network Meetings - 12th of June

Catchments Planners Network Meetings

Catchments Planners Network Meetings - 20th of August

Catchments Planners Network Meetings - 12th of February

Catchments Planners Network Meetings - 18th of June

FAMILY VIOLENCE PROJECT

AOD-FV Network May 2019

FORUMS AND WORKSHOPS

NWMPHN Project

• Intersectionality forum - October 2018

• Homelessness forum - March 2019

FAMILY VIOLENCE PROJECT

Family Violence Capability Forum

NWMPHN PROJECT

• November 2018 - barriers, challenges and principles of stakeholder engagement.

• March 2019 - partnerships in action, panel discussion exploring strategic and operational considerations when it comes to cross-sector and multi-disciplinary partnerships

COMMUNITY OF PRACTICE WORKSHOPS

NWMPHN Project

• November 2018 - which focused on family violence

• April 2019 - focused on applying an intersectional lens when working with LGBTIQ people

• May 2019 - focused on applying an intersectional lens when working with people from Victoria's culturally and linguistically diverse communities.

13
SUBMISSIONS TO
GOVERNMENT

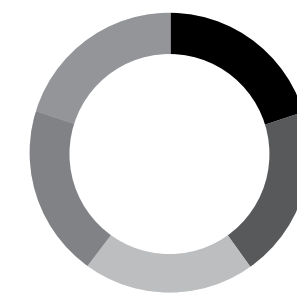


1040
ENEWS
TO 2500 SUBSCRIBERS

4
NEWSLETTERS



7
SURVEYS



THE DEVELOPMENT OF
5 SECTOR
RESOURCES

TRAINING

NWMPHN PROJECT

- February 2019 – Intersectionality: Navigating complex intersections in practice one day training which expanded on the Intersectionality Forum
- June 2019 – AOD and Homelessness: Working better together at the intersections of practice one day training bringing together both sectors to develop shared understandings and effect improved integrated care
- July – August 2019 – 6 week AOD and Homelessness online community of practice to support application of learning from one day training and continue to build relationships across the sectors

CCB

- Trauma-Informed Care and Practice, delivered by Blue Knot Foundation
- Self-care workshop in November 2018 for clinical staff,
- Introduction to Motivational Interviewing facilitated by Helen Mentha in March 2019.

RESOURCES AND PUBLICATIONS

RESOURCES

Family Violence Reform Web Page
Information Sharing Prompt cards
Information Sharing Toolkit
In Collaboration with WANADA and NCETA an Evaluation Framework for AOD Peaks.

SURVEYS

VAADA has conducted numerous sector surveys, evaluations of events and training. VAADA also led focus groups and key informant interviews to support its submission to the Mental Health Royal Commission.

Family Violence Survey
VAADA Stakeholder Survey
VAADA Sector priorities survey
DHHS Workforce Survey
DHHS Workforce Agency Survey
FV AOD Status survey
Involvement with VAADA working groups survey
Evaluations for training events, forums, and workshops

Needs analysis for Forensic Foundations
MHRC survey,
MHRC focus groups and key informant interviews
VADC impact survey
Intake and Assessment survey
National Quality Framework Survey.

NEWSLETTERS

VAADA News – September 2018
VAADA News – November 2018
VAADA News – March 2019
Family Violence Newsletters
Family Violence Newsletter April –
Family Violence Reform overview

VAADA ENEWS

VAADA sent more than 1040 items to more than 2500 subscribers.

POLICY POSITION PAPERS

- Pharmacotherapy Position paper (updated).
- AOD statement of principles. “Working with family violence in the alcohol and other drug treatment sector”.
- VAADA VIC election position Oct 2018

SUBMISSIONS

- VAADA State Budget Submission - 2019-20
- Submission to the development of the Terms of Reference (ToR) for the Mental Health Royal Commission (MHRC) – Jan 2019
- VAADA AOD Sector Submission to the Mental Health Royal Commission (MHRC) – July 2019
- VAADA & UoM Submission to the Royal Commission into

Victoria’s Mental Health System - Inequalities and inequities experienced by people with mental health and substance use issues involved in the criminal justice system. July 2019

- VAADA Submission – Inquiry into Sustainable Employment for Disadvantaged Jobseekers – July 2019
- Submission to the Independent review of nursing preparation in Australia: Educating the Nurse of the Future - June 2019
- National Productivity Commission Submission to the Inquiry into the social and economic benefits of improving mental health - May 2019
- VAADA Submission - National Treatment Framework V 1, 2, &3
- Submission to the Review of the Medically Supervised Injecting Room
- Submission to the Inquiry into personal choice and community impacts: an inquiry into measures introduced to

restrict personal choice ‘for the individual’s own good’

- Social Services Legislation Amendment (Drug Testing Trial) Bill 2018 (Federal Senate)
- Submission to The Review Of ‘The Social Services Pricing Framework’ August 2018
- Letter detailing a range of issues arising from the “Serious Offenders Act” and transfer of clients into AOD services without adequate preparation was made to Ministers for Health, AOD and Corrections

TREASURER'S REPORT

VAADA has had another successful year both in its services for members and in strengthening its financial position.

VAADA received total grant funding of \$1,227,285. 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 \$266,616 was received and is comprised of interest, return on investments, membership fees and income from organisational activity. Total Income for the year was \$1,493,901.

VAADA expended \$1,206,688 which is an increase of \$230,795 from the previous financial year. This increase in expenditure occurred within the environment of a large increase in organisational activity, including four new projects and the VAADA Conference.

VAADA budgeted for a deficit in 2018/19. Due to a number of factors including salary savings arising from staff departures, and a very successful biennial conference, VAADA posted a surplus of \$325,659 for the year.

Organisational equity as at June 30 is \$1,432,043 after allowing for liabilities of \$302,991 which include Income in Advance, Trade and other Payables and staff provisions.

An ambitious program supporting the Sector for the 2019/20 year required the VAADA Board to approve a significant deficit for the year. The Board is pleased to have the opportunity through reserves to expand developmental work for the Sector.

VAADA extends our gratitude to Ruth Watson and Associates who have provided accounting support throughout the financial period 2018/19. I would also like to thank Sean Denham and Associates for undertaking the Auditing of the VAADA financial reports for 2018/19.

Alan Murnane

FINANCIAL REPORT

For the year ended 30 June 2019

Statement of Profit or Loss and other Comprehensive Income for the year ended 30 June 2019

	Note	2019	2018
		\$	\$
REVENUE			
Grant revenue		1,227,285	1,027,265
Interest revenue		25,439	23,456
Other income		241,177	75,736
		1,493,901	1,126,457
EXPENDITURE			
Employee benefits expense		740,023	664,226
Finance expenses		239	357
Occupancy expenses		45,781	46,396
Meeting and forum expenses		233,318	77,200
Administration expenses		187,327	187,714
		1,206,688	975,893
Surplus/(deficit) before income tax		287,213	150,564
Income tax expense		-	-
Surplus/(deficit) after income tax		287,213	150,564
Other comprehensive income net of income tax		38,446	30,003
Total comprehensive income attributable to the entity		325,659	180,567

Statement of Financial Position as at 30 June 2019

	Note	2019	2018
		\$	\$
CURRENT ASSETS			
Cash and cash equivalents	2	1,009,857	818,767
Trade and other receivables	3	27,669	36,321
Financial assets	4	697,508	630,003
TOTAL CURRENT ASSETS		1,735,034	1,485,091
TOTAL ASSETS		1,735,034	1,485,091
CURRENT LIABILITIES			
Trade and other payables	5	85,771	66,079
Income in Advance	6	95,108	171,504
Provisions	7	122,112	141,124
TOTAL CURRENT LIABILITIES		302,991	378,707
NON-CURRENT LIABILITIES			
Provisions	7	-	-
TOTAL LIABILITIES		302,991	378,707
NET ASSETS		1,432,043	1,106,384
MEMBERS' FUNDS			
Retained Profits		1,432,043	1,106,384
TOTAL MEMBERS' FUNDS		1,432,043	1,106,384

Statement of Changes in Equity For the year ended 30 June 2019

	Retained Earnings	Total
	\$	\$
Balance at 1 July 2017	925,817	925,817
Surplus attributable to the entity	150,564	150,564
Other comprehensive income	30,003	30,003
Shares issued	-	-
Balance at 30 June 2018	1,106,384	1,106,384
Surplus attributable to the entity	287,213	287,213
Other comprehensive income	38,446	38,446
Shares issued/(forfeited)	-	-
Balance at 30 June 2019	1,432,043	1,432,043

Statement of cash flows For the year ended 30 June 2019

	Note	2019	2018
		\$	\$
Cash flows from operating activities			
Receipts from grants		1,150,889	1,095,657
Other Income		242,629	56,781
Payments to suppliers and employees		(1,160,362)	(934,585)
Interest received		25,439	23,456
Net Cash provided by operating activities	9	258,595	241,309
Cash flows from investing activities			
Funds invested		(67,505)	117,451
Net Cash provided by (used in) investing activities		(67,505)	117,451
Net increase (decrease) in cash held		191,090	358,760
Cash at the beginning of the year		818,767	460,007
Cash at the end of the year	2	1,009,857	818,767

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) and the Australian Charities and Not-for-profits Commission Act 2012. 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 outflows 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.

Note 1: Statement of Significant Accounting Policies (cont.)

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.

Notes to the Financial Statements For the year ended 30 June 2019

	2019	2018
Note 2: Cash and cash equivalents		
Cash on hand	107	3
Cash at Bank	1,009,750	818,764
	<u>1,009,857</u>	<u>818,767</u>
Note 3: Trade and other receivables		
Trade receivables	15,962	21,719
Prepayments	-	7,200
Accrued income	11,707	7,402
	<u>27,669</u>	<u>36,321</u>
Note 4: Financial Assets		
Managed Funds - UCA Funds Management	<u>697,508</u>	<u>630,003</u>
Note 5: Trade and other payables		
Current		
Sundry creditors and accruals	61,238	31,818
PAYG Withholding Payable	9,127	10,424
Superannuation Payable	5,248	3,725
GST Payable	10,158	20,112
	<u>85,771</u>	<u>66,079</u>

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 non-current.

	2019	2018
	\$	\$
Current		
Grants in advance	<u>95,108</u>	<u>171,504</u>

Notes to the Financial Statements For the year ended 30 June 2019

	2019	2018
Note 7: Provisions		
Current		
Employee Entitlements	<u>122,112</u>	<u>141,124</u>
Non-Current		
Employee Entitlements	<u>-</u>	<u>-</u>
Note 8: Reconciliation of Cash Flow from Operations with Profit		
from Ordinary Activities after Income Tax		
Profit after income tax	287,213	150,564
Non-cash flows in profit		
- Net Market value of investments	38,446	30,003
Changes in assets and liabilities;		
- (Increase)/decrease in trade and other debtors	8,652	(26,155)
- Increase/(decrease) in trade and other payables	19,692	(6,016)
- Increase/(decrease) in provisions	(19,012)	24,521
- Increase/(decrease) in income in advance	(76,396)	68,392
Net cash provided by Operating Activities	<u>258,595</u>	<u>241,309</u>
Note 9: 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	42,000
later than 12 months but not later than five years	-	10,500
later than five years	-	-
	<u>10,500</u>	<u>52,500</u>

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 is no option to extend the lease for a further term beyond its current expiration date of 30 September 2019.

Statement by Members of the Committee for the year ended 30 June 2019

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 2019 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:



Chairperson

Dated: 7 October 2019



Treasurer

Dated: 4 October 2019

Auditor's Independence Declaration under Section 60-40 of the Australian Charities and Not-For-Profits Commission Act 2012

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as auditor for the audit of Victorian Alcohol and Drug Association Inc. for the year ended 30 June 2019, I declare that, to the best of my knowledge and belief, there have been:

- i. no contraventions of the auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and
- ii. no contraventions of any applicable code of professional conduct in relation to the audit.



Sean Denham

Dated: 14th October 2019

Sean Denham & Associates
Suite 1, 707 Mt Alexander Road
Moonee Ponds VIC 3039

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 2019, 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 2019 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.

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.

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

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: 14th October 2019
Sean Denham & Associates
Suite 1, 707 Mt Alexander Road
Moonee Ponds VIC 3039

Auditor's Independence Declaration under section 60-40 of the Australian Charities and Not-For-Profits Commission Act 2012

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as auditor for the audit of Victorian Alcohol and Drug Association Inc. for the year ended 30 June 2019, I declare that, to the best of my knowledge and belief, there have been:

- no contraventions of the auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and
- no contraventions of any applicable code of professional conduct in relation to the audit.



Sean Denham

Dated: 14th October 2019
Sean Denham & Associates
Suite 1, 707 Mt Alexander Road
Moonee Ponds VIC 3039

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Notes

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