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# President's report

This past year has seen the ongoing implementation of new arrangements for the delivery of alcohol and drug treatment services in Victoria. The reform process was characterised by very tight timelines, an inadequate transition period and service fragmentation. Much of the onus of reintegrating the service system fell on successful consortia that were not only trying to establish new service models, but also attempting to integrate and co-ordinate local service delivery with new consortia partners. Consequently, this process destabilised the AOD workforce creating further complexity.

Following the 2014 Victorian election, the departmental restructure changed the relationships between consortia leaders and departmental representatives. These factors combined to form a rich complexity of experience that we shall all remember as the 'AOD Reform of 2014...'

In providing leadership to the sector, VAADA commenced a range of activities to assist services in transitioning into the new system. It engaged directly with staff across the sector through the creation of a series of networks including: Area Based Pharmacotherapy Networks; Intake and Assessment Providers Network; and the Catchment Planning Role Network and Training Providers Network. VAADA has undertaken consultations through surveys, events & discussions looking at system health, in addition to the regular CEO and Manager's forums. These activities promote inclusion to bring people together to form a united voice and work collectively to develop solutions.

A particular highlight that contributed to rebuilding sector esprit de corps was VAADA's 2015 biannual conference. Participants took the opportunity to renew professional and personal acquaintances, they also debriefed on the enormity of changes that had occurred across the sector and the conference also provided a platform for the sector to showcase how they were developing a new service system design.

Now as this year closes, we are dealing with a prodigious range of reports and strategies recently released by both the state and federal governments. The Aspex report has critically analysed the feedback from the sector and has made bold recommendations to remedy the system. It remains to be seen what the level of commitment the State government shows in the implementation of these recommendations. The National Ice Task Force recently announced a significant increase in funding and change to funding mechanisms that will again see possible disruptions to traditional programs and services. Whilst VAADA welcomes the additional funding commitment through the Federal government, the devil is in the detail.

On behalf of the VAADA Board I would like to thank the sector for your ongoing engagement with VAADA throughout these challenging times. Without your valued input VAADA would not be able to do the work it does.

I take this opportunity to commend and thank the VAADA Staff team for their hard work and support of the sector throughout this difficult period. I would like to also thank the VAADA Board for their work and support over this period, and acknowledge and thank our recently retired Board colleagues, Paul Bird and Donald Currie for their contribution and efforts during their term. A special note of thanks goes to Simon Ruth who has stepped down from the VAADA Board after 10 years of leadership and service to the sector. Finally I thank Cheryl Sobczyk for her accomplishments as the immediate past President of VAADA.

We approach the coming year with a sense of great hope inspired by the dedication of those working in the sector who are all working toward improved outcomes and the reduction of harm in our communities.

All the very best for the festive season and health and happiness in the year ahead.

Sharon O'Reilly  
President



# 1 year on - the thaw begins

In this edition you will note an outline of the Aspex consulting report commissioned by the Victorian Government. Irrespective of whether an agency may be perceived as large, small, successful or less successful, a range of problems and issue areas have been delineated in their report. Some of the key findings from the report include challenges in relation to intake and assessment, access to service delivery, service relationships and partnerships, workforce, funding, performance, service system planning, and strategic development. It will be inevitable that for the foreseeable future, our system will continue its transition seeking to arrive at a more stable platform for service delivery.

As an attempt to give voice to the sector, VAADA has engaged Dr Lynda Berrends from the ACU to undertake a piece of research looking at a range of solutions from the perspective of service providers around the state. This piece of work entitled 'Regional Voices', will also be used to inform the department of the participants' views. The report is undergoing final edits and should be made available to the sector in the new year. Key areas arising in the report focused on service access, responding to the needs of complex clients, gaps in service delivery, workforce issues, family work and issues around funding and DTAUs.

In another area of work, a two year commitment by VAADA which has been supported by the Victorian Government has focused attention on system improvements for better engagement with culturally and linguistically diverse (CALD) communities in the utilization of AOD services. The action-reflection methodology utilized by VAADA in this research has identified a number of areas

for improvement and the article contained herein provides an insight into progressing positive outcomes for these communities.

Just recently, the Federal Government outlined its response to the National Ice Taskforce report. It has promised a \$300M investment over four years to improve treatment, aftercare, education, prevention, support and community engagement to respond to issues related to methamphetamine. \$241.5M will be invested through the 31 'Primary Health Networks'; \$13M will be used to introduce new MBS items for addiction medicine specialists; \$24.9M will be made available to help families and communities through resource, information and support provisions. \$18.8M will be allocated to establish better research, evidence and guidelines on ice. Importantly, NGOTGP and SMSDGF recipients funding will be extended until 30 June 2017. We are in the process of seeking further information regarding current and future funding as well as a range of other issues. Further information will be made available as it arises.

Finally I would like to take the opportunity to extend my best wishes and those of VAADA staff to our colleagues across the sector. We acknowledge your efforts on behalf of the Victorian community throughout 2015 and we wish you a happy and safe festive season and look forward to working with you once again in 2016.

Sam Biondo  
Executive Officer

## Journey to social inclusion (J2SI) mark II

The J2SI service model was developed by Sacred Heart Mission (SHM) and piloted over 2009-12 to test a service intervention that could end long-term, chronic homelessness. Evaluated by the RMIT University and University of Melbourne the pilot demonstrated 85% of J2SI participants had maintained their independent housing at the end of the three year pilot.

Despite the pilot contributing to improvements in participant's lives in a number of outcome areas, there were no statistically significant changes in the proportion of participants using illegal drugs nor increased links to AOD treatment services. This was despite a harm minimisation approach being strongly utilised through the project alongside strategies explored with the two AOD partner agencies.

[https://www.sacredheartmission.org/sites/default/files/publication-documents/j2si\\_sustaining\\_exits\\_from\\_longterm\\_homelessness\\_2015.pdf](https://www.sacredheartmission.org/sites/default/files/publication-documents/j2si_sustaining_exits_from_longterm_homelessness_2015.pdf)

With the expansion of J2SI Mark II to extend from St Kilda to the inner north of Melbourne in December 2015, we will be looking at developing new partnership agreements with AOD intake and assessment services to enhance the ability of J2SI to

improve participants AOD outcomes. VAADA has been helpful in connecting the project to people and services with specialist experience in providing services to people with an experience of homelessness and complex needs. Turning Point also has provided excellent information on evidence based best practice to recovery approaches.

A randomised control trial will be used by J2SI Mark II as the primary methodology that informs the J2SI Mark II impact evaluation. This means that partnership strategies tested by J2SI Mark II can be identified, measured for effectiveness, and then contribute to the existing evidence base.

Recruitment of J2SI clients is planned to commence on 7 December with service delivery starting immediately. Referrals will occur through the engagement service hubs of Sacred Heart Mission in St Kilda, St Marys House of Welcome Fitzroy, and VincentCare North Melbourne, alongside a number of secondary referral agencies.

**For J2SI Mark II information contact**  
**Anna Paris, Manager: [aparis@sacredheartmission.org](mailto:aparis@sacredheartmission.org)**

# Reflection on the Aspex report

The Independent review of MHCSS and Drug Treatment Services conducted by Aspex consulting was released on Friday 20 November.

The report can be found at <https://www2.health.vic.gov.au/about/publications/ResearchAndReports/review-of-mental-health-community-support-services-and-drug-treatment-services>

Aspex identified numerous benefits attributed to the new system, though overall there were a range of issues highlighted with proposed solutions put forward for consideration by government. The findings were not a significant surprise as they are generally consistent with what VAADA and the AOD sector have been communicating throughout the past 12 months. This brief summary is focussed on the key issues identified, and we encourage those interested to read the review in full.

The data utilised for this review indicates that in 2015 there has been a reduction of 21% in the number of AOD service contacts, as compared to 2014. This significant reduction is highlighted as a key concern and reflects reports from many service providers that there has been a reduction in referrals to their services.

The review has identified the following issue areas as key themes from the consultations that were undertaken:

- Intake and assessment
- Service delivery
- Service relationships and partnerships
- Workforce
- Funding
- Performance
- Service system planning and strategic development

## Intake and Assessment

There were numerous issues identified in relation to the delivery of intake and assessment across the system. This includes the challenges associated with the delivery of phone based screening processes, particularly for more vulnerable clients; the appropriateness of the screening tool; the difficulties faced by referrers who have experienced frustrations attempting to support clients/patients to access the AOD system; the separation of the assessment function from the treatment role; limited scope for responding to 'walk-ins'; confusion between different intake processes in recommissioned services as compared to non-recommissioned services; and limitations for delivering family sensitive responses.

Each of the above identified issues included a discussion of the main points, which was followed by an overview of potential solutions.

## Service delivery, relationships and partnerships

Much of the feedback provided through the consultation process appeared to focus on the challenges associated with intake and assessment, however a number of factors regarding the delivery of the various components of the system was raised.

By in large the catchment based planning function was regarded as a useful activity, though the structure of the treatment types is problematic according to many. Examples highlighted include the lack of clear program expectations leading to inconsistency between services; ongoing siloed provision of services; limited capacity to provide early and brief interventions; an inability to account for work undertaken with families and carers; inflexibility in the funding structure of counselling; and the underfunding of care and recovery coordination.

The subsequent section of the report looked at service relationships and partnerships. Two key issues were identified, these being the undermining of existing relationships due to the competitive tendering environment and the challenges with the formation of some consortia which have experienced poor communication between lead agencies and consortia members.

It is critical that these issues are explored to inform a more effective functioning system. This will include consideration of the system issues, as well as those functions and models developed within consortia and participating agencies.

## Workforce and Funding

Two primary workforce issues were highlighted within the report. These were in relation to the loss of experienced staff leading up to, and post the implementation of the recommissioned system, with the second issue being the deskilling of the workforce attributed to the separation of the assessment function from the delivery of treatment interventions. The proposed solution is the development of an updated workforce strategy to inform support structures for workforce capacity building.

The report identified both positives and negatives related to the funding model. Although noted as less of a focus in the consultations, Aspex observed that there are funding implications if proposed system changes are undertaken. It found that the new activity based model provided a more consistent and transparent approach to the purchasing of services by government, and although it may have limitations, the report indicated that this model should be maintained moving forward.

The challenges with the funding model included the limitations to flexibly utilise funding to deliver required services to meet local needs. Activities such as prevention, early intervention and after care are considered areas that are in demand, but not supported

by the existing approach. Another issue was the pricing structure of the DTAUs. The report stated that there were insufficient funds to deliver the work required and that a lack of guidelines and articulation of how pricing was formulated has contributed to inconsistencies in how agencies have interpreted and subsequently applied the criteria. This, along with the reporting spreadsheet which is referenced as a 'band aid' solution, appears to reflect a model which may meet the needs of government, but fails to adequately align with the needs of AOD services.

### Performance monitoring and service system planning

The lack of implementation of the performance management framework by DHHS was identified as a significant problem, as is the failure to have developed a useful data collection and reporting system. Further to the former, Aspex recommend against a rushed implementation of a performance framework given the many issues identified throughout the review. Rather they suggest a phased approach, built around effective consultation with the sector.

Finally the report highlights the need to provide data back to the sector. Based on a minimum data set, it is proposed that system level and service provider metrics be made publicly available online.

VAADA acknowledges that some agencies have developed robust and effective systems within the recommissioned environment, and that the findings of this review in no way reflect the views of all providers. The diversity in service types, catchment boundaries, models of care and delivery of both recommissioned and non-recommissioned programs will mean that experiences of the change process and implementation can be quite distinct. With this in mind though, VAADA believes that the report has clearly articulated a range of issues that need addressing in order to meet the stated objectives of recommissioning and we look forward to working alongside other stakeholders in response to the review.

# Aboriginal Metropolitan Ice Partnership pilot project

The Department of Health and Human Services funded an 18 month Aboriginal Metropolitan Ice Partnership Pilot Project. The Project is a practical response to assist on addressing Aboriginal and Torres Strait Islander community needs associated with ice issues, in metropolitan areas of Melbourne. The Pilot targets users and individuals affected by ice, as well as alcohol and other drugs.

The impact of Ice on users and their families is an issue that has been identified by Aboriginal Community Controlled Organisations (ACCOs) and Alcohol and Other Drugs service providers as a key priority. This has enabled the development of a partnership approach between both of these service sectors that focus on assertive outreach, Alcohol and Other Drug clinical interventions and better access to services for Aboriginal Ice users and their families. A workforce has been rolled out that consists of Project Coordinator, Care and Recovery and Counselling staff. The Care and Recovery Workers are based within the ACCO service and the Counsellors are based within the Alcohol and Other Drug service.

The Project partners include: North West Melbourne; Victorian Aboriginal Health Service, Uniting Care ReGen and Odyssey

House, Eastern Melbourne; Victorian Aboriginal Child Care Agency and Eastern Health, Southern Region; Ngwala Willumbong and Monash Health.

There are three aims of the Project, they are to:

1. Improve health outcomes for Aboriginal people and families by minimising harm associated with use of methamphetamine (ice), alcohol and other drugs:
2. Build sector capacity to specifically work with the impacts of Ice on Aboriginal individuals and families: and
3. Provide learnings about approaches and practices that can be embedded into the Alcohol and Other Drug service system to provide better responses to clients and families affected by Ice.

The Project intends to develop strong community linkages supported by the partner organisations to provide an effective and appropriate response to Ice in the Aboriginal community.

**For more information, please contact the Project Coordinator Toni Mason on 9403 3300.**

# VAADA Regional Voices project

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.

VAADA engaged the Australian Catholic University to undertake the project and produce a report detailing the findings. The project involved eight regional forums with AOD service providers across metropolitan Melbourne and rural and regional Victoria held throughout September and early October. 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.

The analysis, which is being undertaken by the lead researcher Dr Lynda Berends, is showing some interesting findings. It appears, perhaps unsurprisingly, that many of the challenges faced by providers across the state are compounded in rural and regional areas. Few benefits could be readily identified by rural and regional service providers, with a number of forums across regional Victoria unable to identify any benefits associated with the reforms. There was however, recognition that some of the significant early challenges may be stabilising. The metropolitan forums, however, discussed a number of perceived benefits including opportunities for relationship building between AOD providers and improved clinical governance capacity, among others. Great potential was seen in new service types like Care & Recovery Coordination and Catchment Based Planning, if resourced appropriately.

The top issues drawn from the discussions in each location were consolidated as part of the data analysis into key priorities across the state. These included Intake & Assessment, treatment types & restrictions, professional relationships, workforce impacts, and funding and DTAUs, administration and bureaucracy, among others.

Intake & Assessment was identified as a top issue across all forums. Some of the specific problems detailed by service providers included: a view that general access to the system is more difficult and the pathway into treatment more convoluted; referral pathways are impaired; and external referrers such as General Practitioners are finding it harder to refer into the new system. Service providers also reported that the system 'doesn't work' for complex clients. Options to address these issues covered a broad spectrum including the suggestion of placing I&A workers in every treatment service through to dismantling the centralised I&A model and the suggestion of having a 'dual track' system encompassing both a centralised model alongside treatment providers having enhanced capacity to undertake their own assessments.

Another common theme identified across many of the forums was the restrictive nature of the new treatment types and the need to address gaps in the new treatment and service delivery models by enhancing capacity for outreach, family work and early and brief intervention. Other key issues identified included AOD workforce impacts; challenges with administration, bureaucracy, funding and DTAUs.

A final report is due for release in the near future. The findings from this project will add further weight to a growing body of evidence on reform-related impacts and proposed solutions to remedy these.



# CALD AOD forum – Crossing the Cultural Divide

On Monday, 30th November 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 drugs (AOD) use.

Following on from a series of activities undertaken during the project, its aim was 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 drew quite a response with almost 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.

Proceedings were opened by Martin Foley, Minister for Housing, Disability and Ageing, Minister for Mental Health, Minister for Equality and Minister for Creative Industries, who was also invited to formally launch a number of consumer and worker resources developed in collaboration with CALD liaison staff.

In the second half of the project (from January 2015 onwards) VAADA has been operating in five locations across the state, targeting specific CALD communities in each site (including Afghan Hazara, African, Arabic speaking Muslim, Pacific Islander and Maori and Vietnamese communities) to assess the sorts of problems these communities have been experiencing in relation to AOD issues.

The forum showcased many of their experiences, highlighting a number of key issues impacting on these communities. For example:

- Improving the capacity of AOD agencies to provide culturally responsive services should not be done in isolation, with the emphasis merely on the professional development needs of frontline staff. What is required is a broader systemic approach, one which addresses the underlying service barriers making it difficult for CALD communities to access relevant information, treatment and support

- Despite the shame and stigma associated with AOD use, and the reluctance of many to come forward, there is significant interest across CALD communities to engage more fully with treatment providers, with multiple opportunities identified to work collaboratively and build on the gains which are already in place

The forum is one of the final activities undertaken during the CALD AOD Project. In the coming weeks we will draw the project to a close. Final reports are being prepared and a range of recommendations arising from the project will be available in the near future.

For more information about the CALD AOD Project please contact John Quiroga (email [jquiroga@vaada.org.au](mailto:jquiroga@vaada.org.au)) or VAADA directly.



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