Latrobe Community Health Service

Gippsland Alcohol and Other Drugs **Catchment Based Planning**

2018 Annual Review & 2019 Extended Plan

November 2018

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"Individually we are one drop. Together we are an ocean."
Ryunosuke Satoro

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EXECUTIVE SUMMARY

2018 has proven to be a formative year for Gippsland Alcohol and Other Drug (AOD) Catchment Based Planning (CBP).

The focus has been to re-ground, re-activate and co-create.

Highlights include:

- Recruitment to the CBP role after 7 month vacancy
- Strategic re-focus of CBP role
- Review and re-activation of Catchment Plan Priorities
- 'Who Knows?' service promotion project
- 'Collaborating for Change' internal health check and cross sector capacity building initiative
- Stepped plan for partnering with consumers

OUR FOCUS:

- Re-ground
- Re-activate
- Co-Create

Current priorities emerged from a May 2018 Governance Group review of the 2017 Plan. Dormant items from the 2015-2017 Plan were either reactivated or retired, with an emphasis on: evidence of need, strategic sustainability, and professional insight/logic.

2018 Priorities are:

- Client Access
- Collaboration
- Consumers Partners

Under the extended plan these priorities will continue to be actioned through to December 2019.

Opportunities continue to emerge with the introduction of Victorian Alcohol and Drug Collection (VADC) data reporting from July 2018, and the re-alignment of CBP boundaries from July 2019.

OUR PRIORITIES:

- Client Access
- Collaboration
- Consumer Partners

CBP work in Gippsland is guided and supported by key organisations and groups including the Department of Health and Human Service (DHHS) as the main funding body; Latrobe Community Health Service (Lead Agency) ; Governance Group Member Agencies[1]; Gippsland Alcohol Drug Service Providers Alliance (GADSPA), and the Gippsland AOD Service Providers Consortia.

Our focus, priorities and evidence based beliefs help to shape our ongoing commitment to effective Catchment Planning in Gippsland. In this context, the Catchment Based Planning Governance Group are pleased to affirm that they:

- Embrace the strategic priorities and actionable initiatives of the 2019 Extended Plan
- Share a belief that together we can make a real and positive difference to the wellbeing and optimism of individuals, families and communities currently affected by alcohol and drug issues

OUR BELIEF:

***Together* we can make a real and positive difference**

BACKGROUND

The purpose of AoD Catchment Planning is to assist AOD treatment providers to develop an evidence-based catchment plan which identifies critical service gaps and pressures, and improves responsiveness to clients and broader community including disadvantaged population groups. Each plan also provides a basis from which AoD and cross-sector services can move towards joined-up approaches that better meet the needs of clients.

Initially funded in 2015 by the Victorian Department of Health and Human Services (DHHS), the Alcohol and Other Drug (AOD) Catchment Based Planning (CBP) function in Gippsland has evolved in response to policy, sector, and regional transformation.

Policy reform has included an increased focus on collaborative and cross sector engagement, with a commitment by DHHS to the rolling out of multi-provider Support and Safety Hubs across Victoria.

Since the start of CBP in 2015, AOD sector changes have included the 2016 transition to central intake and assessment, followed by a return of the assessment function to service providers in 2017. In Gippsland, the CBP role was pivotal to the successful implementation of new arrangements.

In July 2017 the allocation of Mental Health (MH) and AOD catchment planning funds was split between State and Commonwealth, with AOD Catchment Planning remaining with the State. To this point in time, both the Gippsland MH and the AOD catchment planning roles had been undertaken by the same incumbent.

[1] Australian Community Support Organisation (ACSO), Bairnsdale Regional Health Service (BRHS) for Gippsland Alcohol and Drug Services Alliance (GADSPA) and regional Hospital Withdrawal Beds, Central West Gippsland Primary Care Partnerships (CWGPCP), Department of Health and Human Services (DHHS), Gippsland East Gippsland Aboriginal Cooperative (GEGAC), Latrobe Community Health Service (LCHS), Latrobe Regional Hospital (LRH) for Dual Diagnosis, Mental Health and Regional Withdrawal Nursing, Monash University School of Rural Health (MUDRIH), Gippsland Primary Health Network (GPHN), Ramahyuck and District Aboriginal Corporation (RDAC), Youth Support Advocacy Service (YSAS).

The relocation of Mental Health funding was followed by a 7 month vacancy in the Gippsland AOD CBP role. The role was re-filled at the end of February 2018.

The focus of the Gippsland CBP from March 2018 has been to re-ground and re-activate the role, renewing key relationships, building on previous work, and collaboratively creating new and sustainable strategies for delivering outcomes in a reformed and restructured environment.

To end June 2018 the CBP role was responsible for compiling a bi-annual AOD data report for the region. It is anticipated that introduction of DHHS VADC system from July 2018 will increase the ease and efficiency of data reporting, and meet key information needs such as: demand and wait times, consumer profiles, catchment based trends, service gaps, opportunities for evidence based improvements and benchmarking.

In August 2018, DHHS announced that to align with other recent area based changes, and better meet the needs of the region, adjustment to Gippsland CBP catchment boundaries would come into effect from July 2019.

While the CBP role currently covers the whole of Gippsland, the 2019 boundary changes will secure dedicated area based planning support for both Inner and Outer Gippsland. Retention of the whole of Gippsland AOD Service Providers Consortium and the Gippsland Alcohol Drug Service Providers Alliance (GADSPA), will ensure the continuation of common systems and collective planning opportunities.

To accommodate the impact of this change on the 3 year planning process, affected areas (including Gippsland) are extending existing 2015-2018 plans by one year (to December 2019).

In context, the 'Gippsland AOD Catchment Based Planning: 2018 Review, 2019 Extended Plan' emerges from a period of dormancy, transition and transformation. The extension is therefore an opportunity to:

- Consolidate and build on our current planning priorities
- Prepare for and adjust to the impact of boundary changes
- Embrace and gain leverage from other emerging opportunities for 2019 and beyond

ACCOUNTABILITY, SUPPORT AND GOVERNANCE

The Catchment Based Planning role is supported by, and accountable through, regular interaction with and reporting to: a Lead Agency, the CBP Governance Group, and DHHS.

The Lead Agency for the CBP function is currently Latrobe Community Health Service (LCHS). LCHS are responsible for supervising the CBP role, and for convening and chairing the CBP Governance Group.

The purpose of the Governance Group is to provide a collaborative partnership platform with responsibility for[2]:

- Developing a three year catchment based strategic plan
- Ongoing and annual review of catchment planning priorities, actions and outcomes
- Providing advice and support to the planning officer

[2] Summarised from 'Gippsland AOD Catchment Planning Governance Group Terms of reference 2017'

- Sharing and analysis of data relevant to catchment based planning
- Fostering collaborative relationships with strategic health and social planning networks
- Active participation in, leading and/or contributing to working groups, projects or other activities identified within the plan
- Monitoring planning activities (including one-off projects) to ensure milestones are achievable and outcomes are delivered
- Identifying strategies to improve how AOD services work with each other and other sectors
- Establishing mechanisms to enable carer and consumer consultation and participation

Governance Group meetings are held every 8 weeks, and currently chaired by the Executive Director, Community Support and Connection (LCHS). Current Membership includes the Catchment Based Planner and representatives from:

Australian Community Support Organisation (ACSO), Bairnsdale Regional Health Service (BRHS) for Gippsland Alcohol and Drug Services Alliance (GADSPA) and regional Hospital Withdrawal Beds, Central West Gippsland Primary Care Partnerships (CWGPCP), Department of Health and Human Services (DHHS), Gippsland East Gippsland Aboriginal Cooperative (GEGAC), Latrobe Community Health Service (LCHS), Latrobe Regional Hospital (LRH) for Dual Diagnosis, Mental Health and Regional Withdrawal Nursing, Monash University School of Rural Health (MUDRIH), Gippsland Primary Health Network (GPHN), Ramahyuck and District Aboriginal Corporation (RDAC), Youth Support Advocacy Service (YSAS).

The CBP Governance structure will remain unchanged to end June 2019, at which time boundary related changes will take effect. While currently unconfirmed, it is possible that the current Group will then be linked to either the Inner or Outer Gippsland region, and a new CBP Governance Group formed to support the outstanding region.

Preparation for these changes will commence following further advice from DHHS.

In addition to the position of funding body and local participation in Governance Group, DHHS provide regular support to the role through information sharing, professional guidance, policy and systems advice.

Reporting from the CBP role to DHHS occurs via: scheduled meetings with the Senior Advisor, Agency Performance and Systems Support (South Division); communication with and formal reporting to the centrally located Drug Policy and Reform Unit.

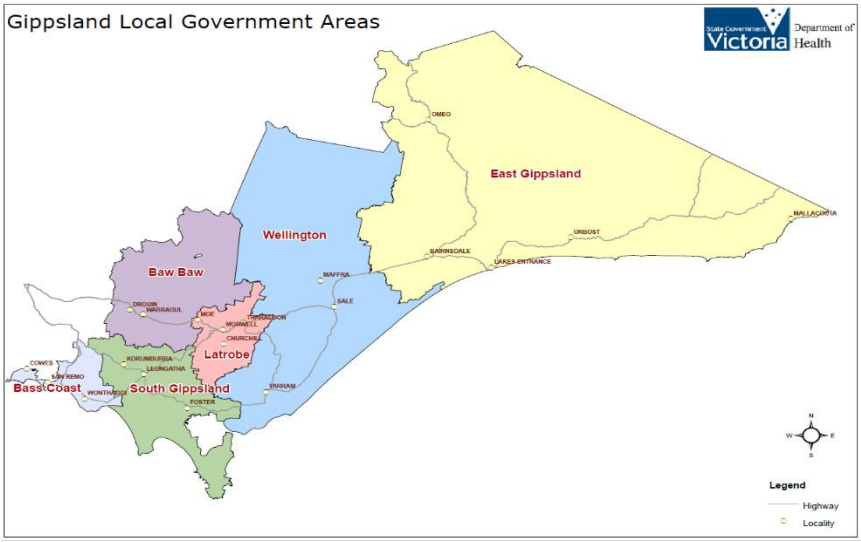
To ensure that information about CBP aims and activities is available to the public, the '2018 Annual Review, 2019 Extended Plan' (and Attachment 1: Gippsland AoD Service Map) will be placed on the LCHS website.

An additional and highly valued support, communication and collaborative platform is the quarterly VAADA led forum for Victorian AOD Catchment Based Planners.

CATCHMENT PROFILE

Geography, Population and Catchment Boundaries

Encompassing traditional lands of the Gunaikurnai and Kulin nations, the Gippsland Catchment is a rural area of Victoria stretching south east from Melbourne to the north east border of the state, and covering 41,556 km^2.



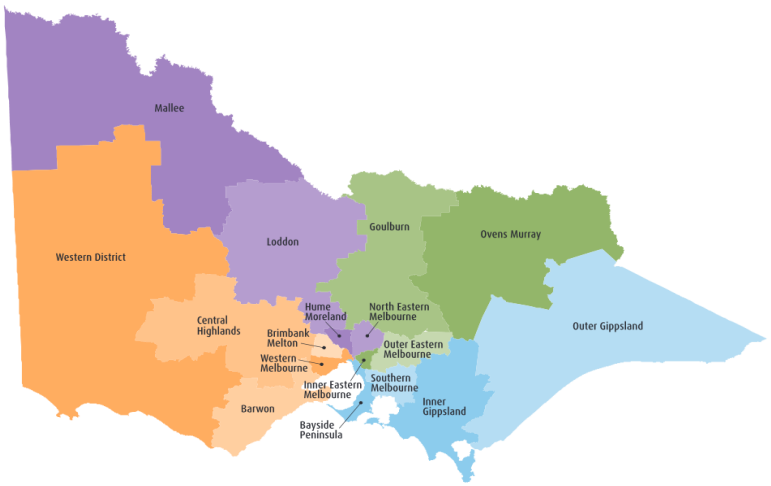
There are 6 Local Government Areas (LGAs): Bass Coast, South Gippsland, Baw Baw, Latrobe, Wellington, and East Gippsland.

At the 2016 Australian Census[3], combined LGA's in the Gippsland AOD Catchment had a total population of 271,416 with the principal population centres of the region (in descending order of population) being Traralgon, Morwell, Moe/Newborough, Warragul, Sale, Bairnsdale, Drouin, Wonthaggi, Leongatha, and Phillip Island.

In 2016 the total number of people in the Gippsland Catchment identifying as Aboriginal or Torres Strait Islander was 4,173, or 1.5% of the overall population.

In 2011, 6.1% of people living in Gippsland were born in a non-English speaking country. This was low compared to 20.9% in Victoria for the same period. From July 2019 the Gippsland AOD Catchment boundaries will be adjusted to include two catchment areas - Inner Gippsland and Outer Gippsland. The new boundaries will align the geographic scope of the CBP function to other DHHS services in the region.

Victoria – Department of Human Services – Areas



Inner Gippsland will include the LGA's of Baw Baw, Bass Coast, South Gippsland and Latrobe. Outer Gippsland will include Wellington and East Gippsland LGA's.

[3] ABS Census Quick Stats 2016

VULNERABILITY

DHHS reports[4] indicate that the health and wellbeing of people residing in the Gippsland Catchment is highly vulnerable, including by comparison to the rest of the State. Some key indicators are:

Diversity

- The percentage of people of Aboriginal and Torres Strait Islander origin is *third highest* of all regions
- The percentage of people who believe multiculturalism makes life better is the *lowest* in the state
- Cultural diversity is *lower* than average, with the rate of people born in a non-English speaking country being third lowest of all regions

Disadvantage, crime and social engagement

The Index of Relative Socio-Economic Disadvantage (IRSD) indicates that Gippsland has a *high level of disadvantage*, including the highest:

- Percentage of people with income less than $400 per week
- Rates per 1,000 population of family violence incidents, drug usage and possession offences and total offences

The percentage of people who feel valued by society is the *lowest in the state*.

Housing, transport and education

Gippsland indicators are the *highest in the state* for:

- Percentage of households with rental stress
- Percentage of children developmentally vulnerable in two or more domains

Gippsland indicators are the *lowest in the state* for:

- Percentage of people 19 years old having completed year 12
- Percentage of people who completed a higher education qualification

Health status and service utilisation

Gippsland indicators are the *highest in the state* for:

- The percentage of people reporting high/very high psychological distress
- rate of unintentional injuries treated in hospital per 1,000 population
- percentage of people who drink sugar-sweetened soft drink every day
- percentages of cancer incidence, people reporting high blood pressure
- dementia (estimated) per 1,000 population
- hospital inpatient separations, emergency department presentations and primary care type emergency department presentations
- percentages of specialist attendances that are bulk billed
- percentage of people with need for assistance with core activity

[4] VicHealth Gippsland Region Profile 2015 DHHS (updated 2017)

- percentage of people of all ages with severe and profound disability living in the community
- rate of age pension recipients per 1,000 population
- Percentage of people aged over 18 who are current smokers
- rate of clients that received alcohol and drug treatment services per 1,000 population

Child health and service utilisation

Gippsland indicators are the *highest in the state* for:

- percentage of babies with low birth weight
- rates of child protection measures

ALCOHOL AND OTHER DRUG – GIPPSLAND LGA POPULATION DATA

The following tables present mixed/drug related and alcohol specific indicators [5] for Gippsland LGA's and Victoria. This data can be used to measure population level changes over time.

CBP Governance are also aware of the importance of multi-level outcome measurement and are seeking systems and partnership options that support the collection of simple service level indicators. For example, the proportion of tracked alcohol and/or drug service users who have reduced consumption (by a fourth, half, and completely) would be a valuable addition to regional data.

Colour coding shows where figures are high or low compared to other areas in Victoria.

	High compared to other areas, top 25% of values
	Low compared to other areas, bottom 25% of values

Mixed/Drug Related Indicators	Bass Coast	South Gippsland	Baw Baw	Latrobe	East Gippsland	Wellington	VICTORIA
Clients who received Alcohol and Drug treatment services, per 1,000 population	7.1	4.5	5.1	10.5	10.0	6.8	5.0
Opioid prescriptions, age-standardised rate per 100,000 people			71,295	101,728	76,870	71,878	55,414
Illicit drug (any) - ambulance attendances, rate per 100,000 population	102.1	65.7	85.7	251.6	134.3	174.9	179.6
Illicit drug (any) - hospital admissions per 10,000 population	19.0	16.5	10.0	21.0	23.3	24.9	25.3
Illicit drug (any) - ADIS episodes of care, rate per 10,000 population	40.1	20.2	46.5	98.0	63.9	42.5	38.9

[5] Population Health Planning Hub Data, Primary Health Network Gippsland

Alcohol Specific Indicators	Bass Coast	South Gippsland	Baw Baw	Latrobe	East Gippsland	Wellington	VICTORIA
Proportion of adult population who consumed alcohol at levels likely to increase lifetime risk of harm (> 2 standard drinks per day)	62.9%	57.6%	57.0%	61.0%	61.4%	76.0%	59.2%
Consumed alcohol at levels with increased risk of injury on a single occasion (>4 standard drinks single occasion at least monthly)	45.2%	41.9%	42.9%	43.3%	44.0%	52.5%	42.5%
Alcohol intoxication ambulance attendances, rate per 100,000 population	381.2	190.1	240.8	450.7	484.3	384.2	350.7
Alcohol related emergency department presentations; rate per 10,000	12.8	5.8	8.6	13.3	18.5	21.8	13.8
Alcohol related hospital admissions, rate per 10,000 population	58.5	62.3	34.0	51.1	63.1	58.5	55.0
Alcohol related hospital admissions, rate per 10,000 males	79.9	72.2	47.9	64.2	80.0	85.8	67.8
Alcohol related hospital admissions, rate per 10,000 females	36.9	52.5	20.3	38.2	46.3	30.7	42.5
Alcohol related death rate per 10,000 population	2.2	3.9	4.8	3.3	2.7	2.8	1.7
Alcohol related - ADIS episodes of care, rate per 10,000 population	57.9	26.5	38.4	73.2	77.5	46.6	28.8
Alcohol - definite or possible family violence incidents per 10,000 population	45.0	22.4	20.6	83.5	76.8	56.5	31.3

CONSUMER PROFILES and PRIMARY DRUG USE

The aggregated data below was compiled as part of the Gippsland CBP Bi-annual Data Report. The Report also contains other more detailed service provider level information, which is available to contributing agencies.

The Data Report is used by service providers to assist with identification and analysis of demand pressures, service gaps and other improvement opportunities. For example:

The consistent proportion of AOD service users who also have a diagnosed psychiatric illness (44%) confirms the criticality of maintaining and strengthening the regional dual diagnosis program

The proportion of clients living with dependent children (20%) raises questions regarding the impact on the children, and our strategic and service level response.

Consumer Profiles

People identified as especially vulnerable include members of the Aboriginal and Torres Strait Islander Community, young people, dependent children living in substance affected families, those who are homeless, families experiencing (or at risk of) family violence, people considered culturally or otherwise diverse, and those with multiple health issues.

Gippsland AoD Service Providers Consortium

The Gippsland AoD Service Providers Consortium represents a formal network of co-operation between Latrobe Community Health Service (lead agency), Bass Coast Health, Gippsland Lakes Community Health, and Gippsland Southern Health Service.

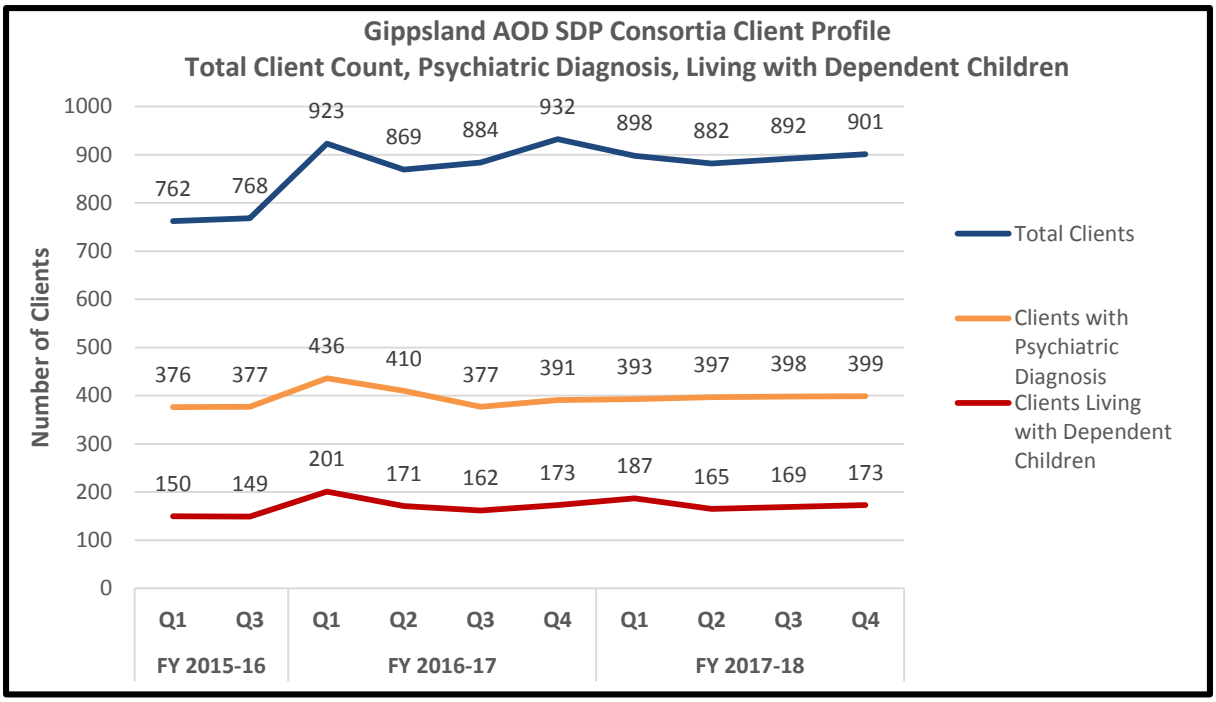
Of the quarterly average of 893 unique clients within the Consortium in 2017-18, 45% percent of clients were recorded as having a *psychiatric diagnosis* while 20% lived with *dependent children*.

Around 5% of clients identified as either *Aboriginal or Torres Strait Islander*. Clients who were *homeless or at-risk of homelessness* accounted for 3% of all clients.

Table 1: Client Profile - Consortium Clients Q1 – Q4, 2017 - 18

Client profile – Consortium Clients	FY 2017-18			
	Q1	Q2	Q3	Q4
Total Unique Clients	898	882	892	901
Aboriginal and/or Torres Strait Islander Clients	49 (5%)	46 (5%)	58 (6%)	49 (5%)
Homeless or Clients at-risk of Homelessness	21 (2%)	27 (3%)	27 (3%)	28 (3%)
Clients with Psychiatric Diagnosis	393 (44%)	397 (45%)	398 (45%)	399 (45%)
Clients Living with Dependent Children	187 (21%)	165 (19%)	169 (19%)	173 (20%)

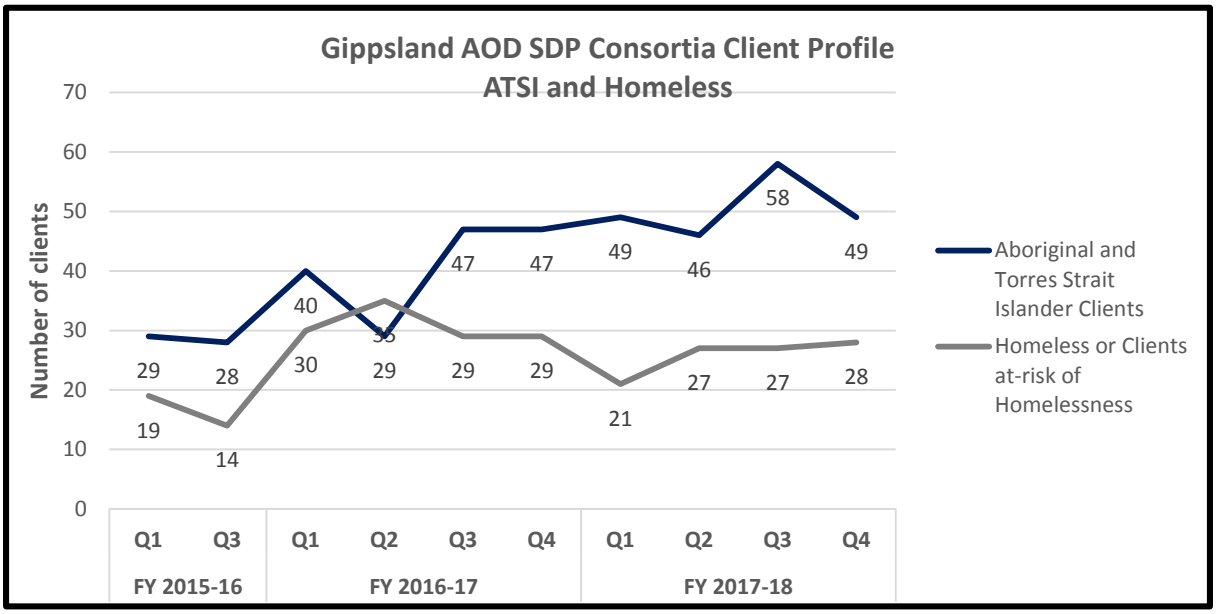
Longer term, the number of **clients with psychiatric diagnosis and those with dependent children** has remained relatively stable over 2015-2018, averaging 394 clients and 169 clients per quarter respectively.



Note: Q2 and Q4 2015-16 data was omitted due to previous limitations in data processing leading to unreliable counts

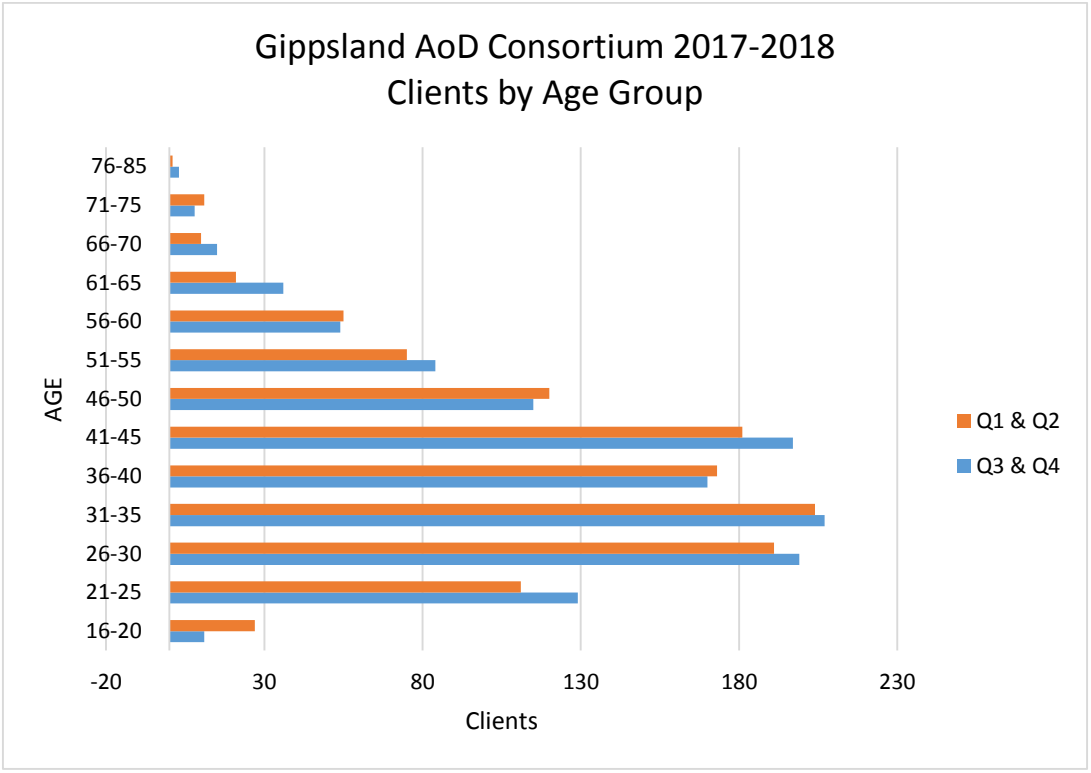
From Q3 in 2015-16 (n=28) to Q3 in 2017-18 (n=58), the number of **Aboriginal and/or Torres Strait Islander** clients per quarter has doubled. The proportion of Aboriginal or Torres Strait Islander clients compared to total number of clients has increased by 1.6%, from 3.81% in (Q1, FY 2015-16) to 5.44% (Q4, 2017-18).

A very slight overall increase in the average number of **homeless clients (including at high risk of homelessness)** was also observed, from 19 clients in Q1 2015-16 to 28 clients in Q4 2017-18. In terms of proportion, homeless clients increased slightly from 2.49% (Q1, FY 2015-16) to 3.11% (Q4, 2017-18).

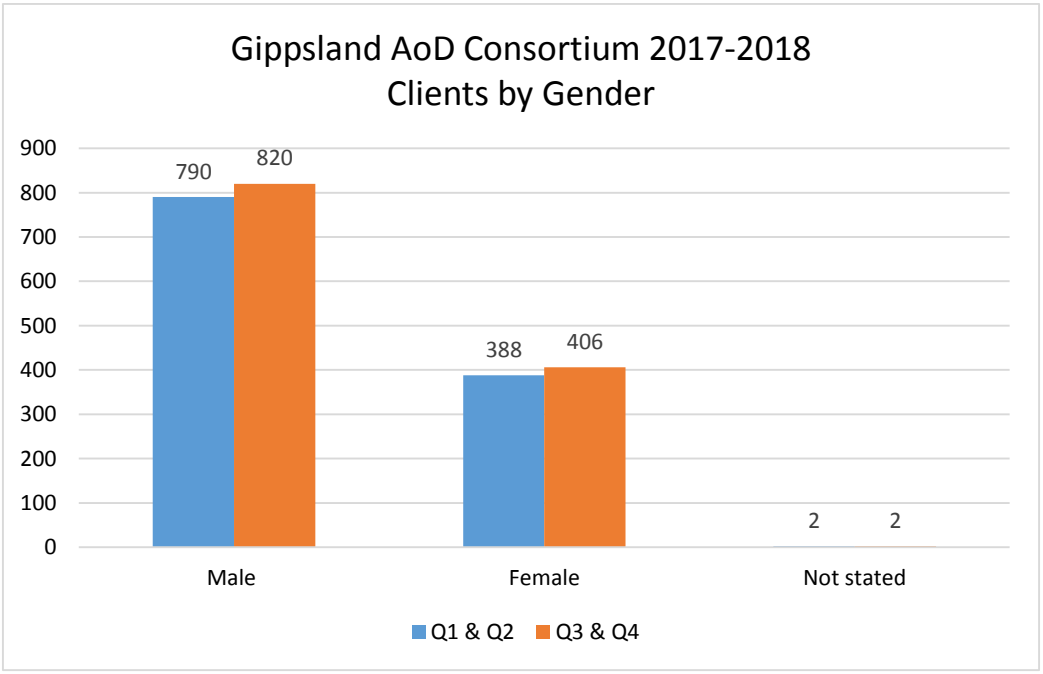


Note: Q2 and Q4 2015-16 data was omitted due to previous limitations in data processing leading to unreliable counts

The overall **age range** for consortium clients across 2017-2018 was 16 to 83 years. The **most dominant age range was 26 to 45 years**, followed by 12 to 25 and 46 to 50 years.



The gender of Consortium clients during 2017-2018 was predominantly Male. This is consistent with previous years.



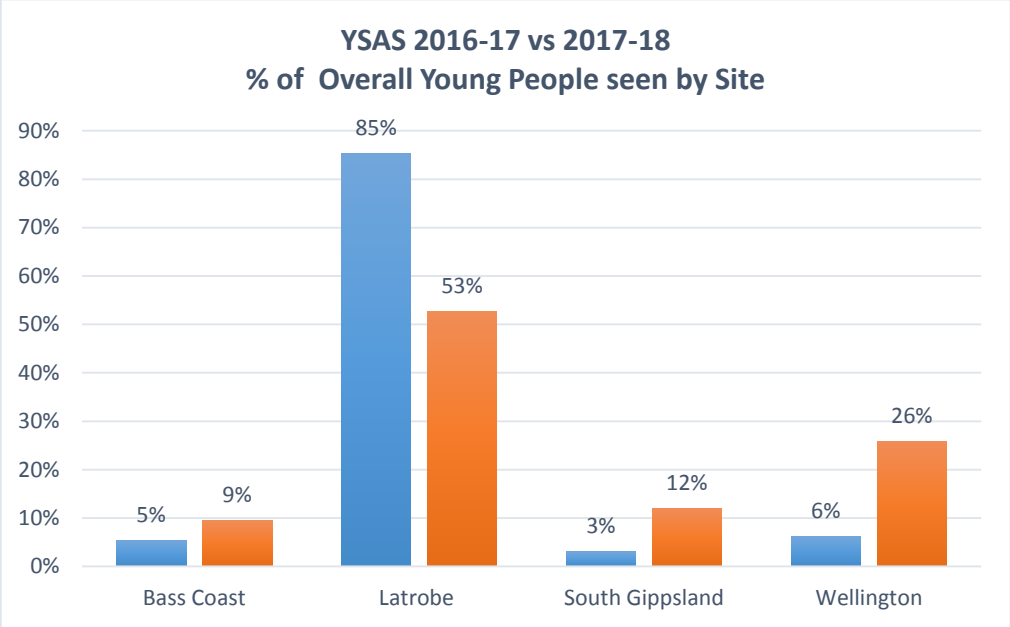
The current data collection system does not provide information around family violence. This, and several other data needs, will be addressed with the changeover to the VADC database. Summary AoD data for young people in the region can be found in the following section.

Young People

Youth Support and Advocacy Service (YSAS)

The Youth Support and Advocacy Service (YSAS) are a major provider of drug and alcohol services in the Gippsland region. YSAS delivers an outreach service to young people aged between 12 years and 22 years.

Within the Gippsland AOD Catchment in 2017/2018 YSAS operated from multiple sites, including Wellington, Baw Baw, Latrobe, Bass Coast and South Gippsland providing improved access and a responsive service to isolated young people within the catchment area. The extensive geographical area covered within this catchment remains a challenge to both young people wanting to access services and to workers attempting to access these young people.



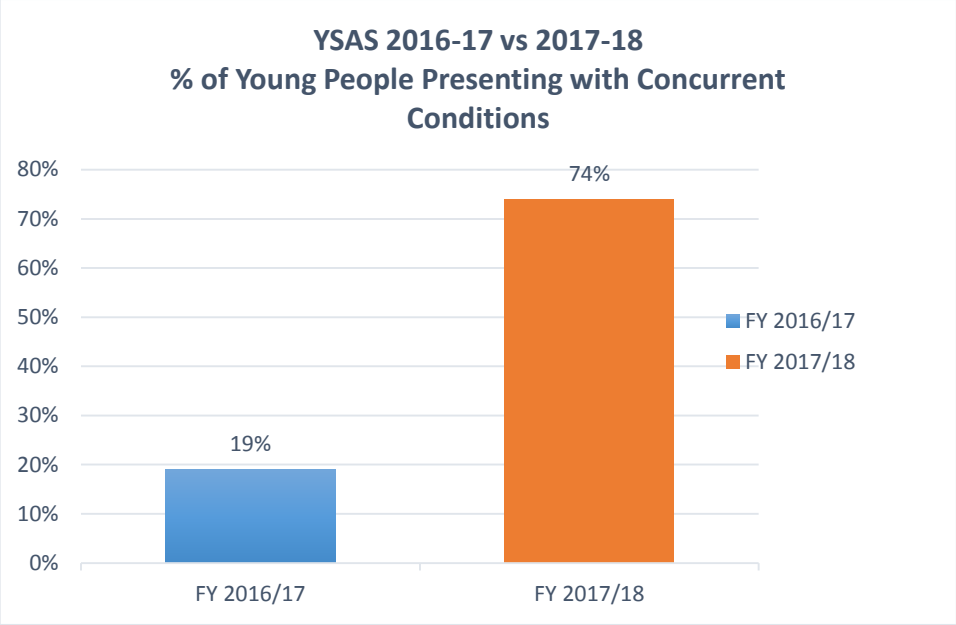
Similar to the previous year, in 2017 to 2018 ***Cannabis remained the primary drug of choice for young people*** accessing our Gippsland services followed by Alcohol and Amphetamines.

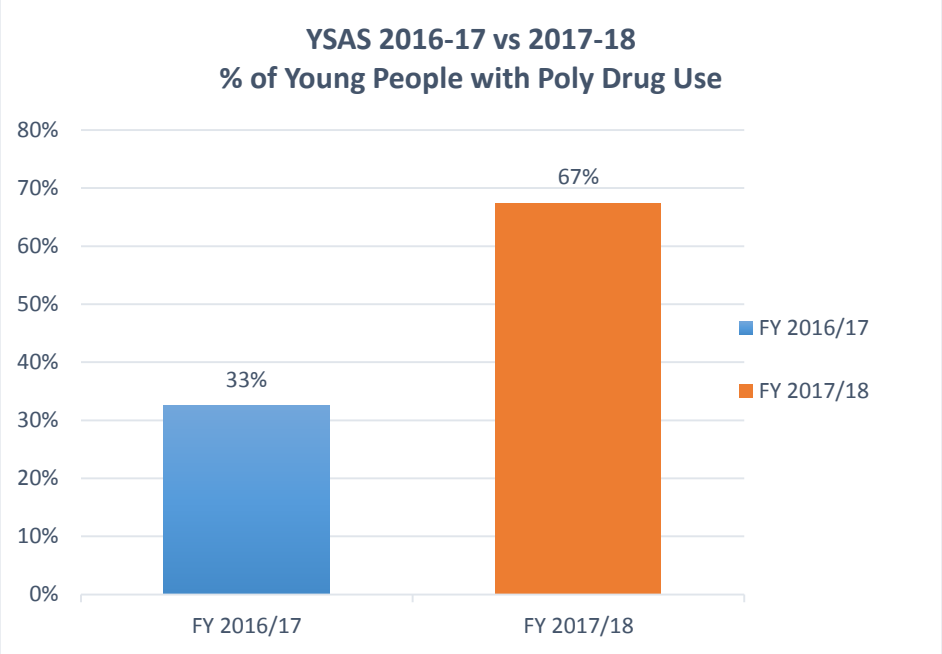
There was an ***increase in young people identifying as either Aboriginal or Torres Strait Islander*** or both in the sites of Bass Coast, South Gippsland and Wellington and an overall increase in young people reporting they were unemployed in all but Latrobe, where this remained stable.

There has been a ***significant increase, 50% from the previous year, in young people presenting with concurrent conditions***, such as psychiatric and/or physical health difficulties.

This along with ***increasing unemployment and poly drug[6] use*** points to a growing complexity within the youth population who are accessing YSAS Gippsland services and the need for integrated, robust service responses.

[6] Primary drug plus a secondary drug





These issues are exacerbated by a scarcity of locally based pro-social activity program options (such as day programs / alternative education) for young people who are chronically disengaged as a result of complex psychosocial problems.

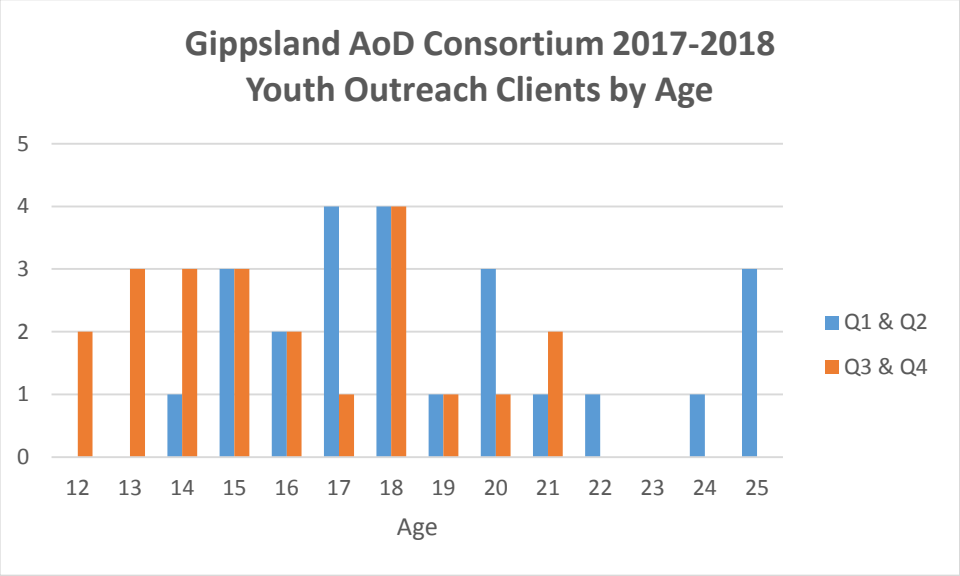
Young people in the youth drug treatment cohort often benefit from the opportunity to engage in a broad range of experiential learning methodologies and foundational social group work based programs to enhance positive community participation and transitions to education and employment. An absence of these service resources has been identified throughout the region over many years.

Service Providers Consortium

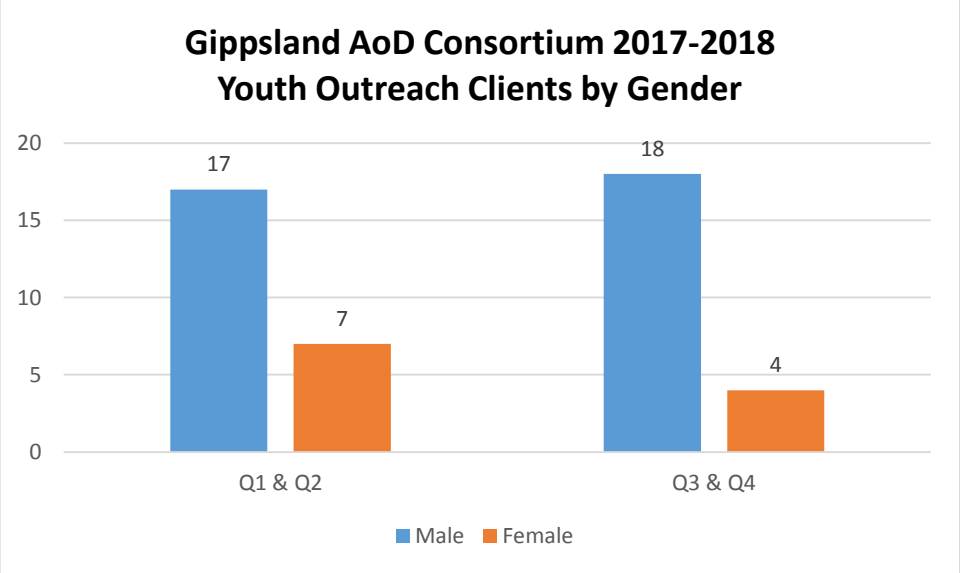
The Gippsland AoD Service providers Consortium delivers youth specific outreach services in Baw Baw, East Gippsland, Latrobe, and South Gippsland.

In 2017-2018 a total of 28 *unique*[7] clients received a Youth Outreach Service. Overall, these clients were aged between 12 and 25 years, with the average and most frequent age being 18 years.

The age range across Q1 & Q2 was 14 to 25 years, with a lower age range of 12 to 21 years across Q3 & Q4.



The nominated gender of Youth Outreach clients for 2017-2018 was predominantly male.



[7] Duplications due to clients receiving a service across multiple quarters have been removed

Primary Drug Use – Adult Consortium Clients

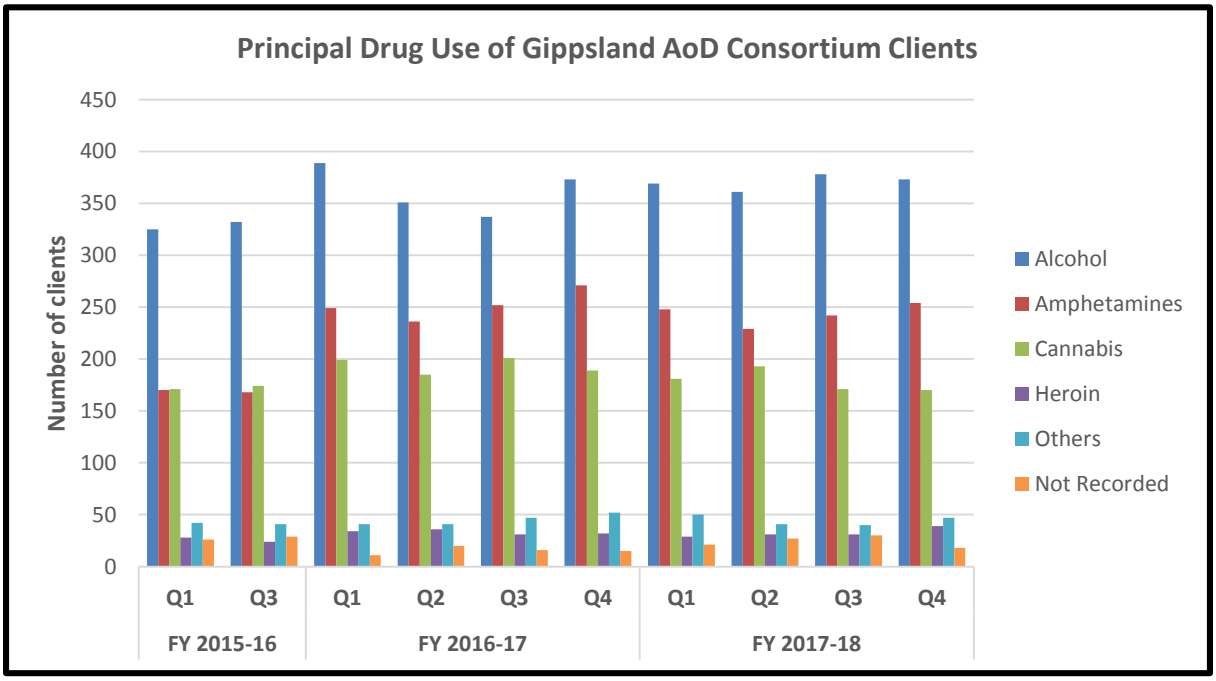
Unlike young people engaging with YSAS (whose primary drug of choice was Cannabis), Alcohol remains the primary drug of use by the majority of adult Consortium clients with 41% of all clients reporting it as their primary drug during Q4 of 2017-18.

This is followed by Amphetamines at 28%, then Cannabis at 19% during Q4 of 2017-18. Clients reporting Amphetamines as their primary drug of use has increased over time (from 22% during Q1 2015-16 to 28% at Q4 2017-18).

Principal Drug Use of Gippsland AoD Consortium Clients

	FY 2015-16		FY 2016-17				FY 2017-18			
	Q1	Q3	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Alcohol	325	332	389	351	337	373	369	361	378	373
Amphetamines	170	168	249	236	252	271	248	229	242	254
Cannabis	171	174	199	185	201	189	181	193	171	170
Heroin	28	24	34	36	31	32	29	31	31	39
Others	42	41	41	41	47	52	50	41	40	47
Not Recorded	26	29	11	20	16	15	21	27	30	18
Total	**762**	**768**	**923**	**869**	**884**	**932**	**898**	**882**	**892**	**901**

Notes: The DHHS ADIS data base which collates agency data does not allow for capture of Crystal Methamphetamine (Ice) as a stand-alone drug category. Therefore this data is included in the data field 'Amphetamines'; Q2 and Q4 2015-16 data was omitted due to previous limitations in data processing leading to unreliable counts



Note: Q2 and Q4 2015-16 data was omitted due to previous limitations in data processing leading to unreliable counts

Primary Drug Use - Hospital Withdrawal Beds

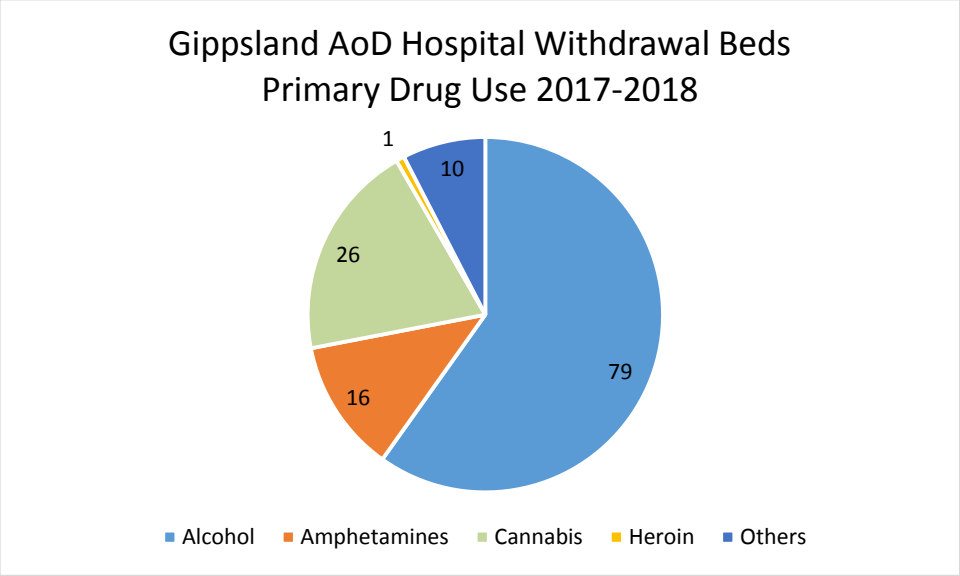
Gippsland AoD Hospital in-patient withdrawal bed services are provided by:

- Bairnsdale Regional Health Service (BRHS) – 1 bed
- Gippsland Southern Health Services (GSHS) – 1 bed
- Central Gippsland Health Service (CGHS) – 2 beds

As shown in the Service Activity Snapshot, 102 clients participated in the hospital in-patient withdrawal bed service across Quarters 3 and 4 of financial year 2017-2018.

For the full year 2017-2018, the primary drug of patients using the hospital withdrawal bed service was similar to that of Consortium clients in that alcohol was the drug used by the majority (60%) of patients.

Unlike consortium clients, the next most frequent drug used was Cannabis (20%), followed by amphetamines at 12%.



Additional and more detailed data for Gippsland Hospital Withdrawal Beds is made available to local AoD service providers via the Gippsland Catchment Based Planning Bi-annual Data Report.

STRATEGIC SUPPORTS and SERVICE ACTIVITY

Partnerships and Programs

AOD activity in Gippsland involves a mix of client facing services and other strategic supports, partnerships, and capacity building initiatives.

Partnerships include the Gippsland AOD Service Delivery Providers Consortium, Gippsland Alcohol and Drug Services Alliance, and the Gippsland AOD Catchment Based Planning Governance Group.

Example initiatives include dual-diagnosis work (client facing and capacity building), Risk of Overdose Project, Needle Syringe Program, and the Pharmacotherapy Area Based Network.

Commonwealth funded programs include hospital based SMART Recovery Programs which are run in multiple locations across the Catchment, and the Breaking the Cycle non-illicit drug strategy.

ACSO is the main intake service for AOD in the region. When needed, alternative (direct intake) pathways are available for members of the indigenous community and for young people.

The region wide Gippsland AOD Service Delivery Providers Consortium offers: voluntary assessment, counselling, care and recovery, non-residential withdrawal, Therapeutic Day Rehabilitation, and Youth Outreach.

Other youth specific AOD programs are provided by the Youth Support and Advocacy Service. YSAS offer outreach, counselling, support work, withdrawal, and innovative services for young people who are homeless.

Indigenous specific services also include intake and assessment, counselling, care and recovery, along with bridging support, youth support and outreach, and family support.

Hospital based services include bed-based withdrawal and an Emergency Department based AOD Nurse Practitioner.

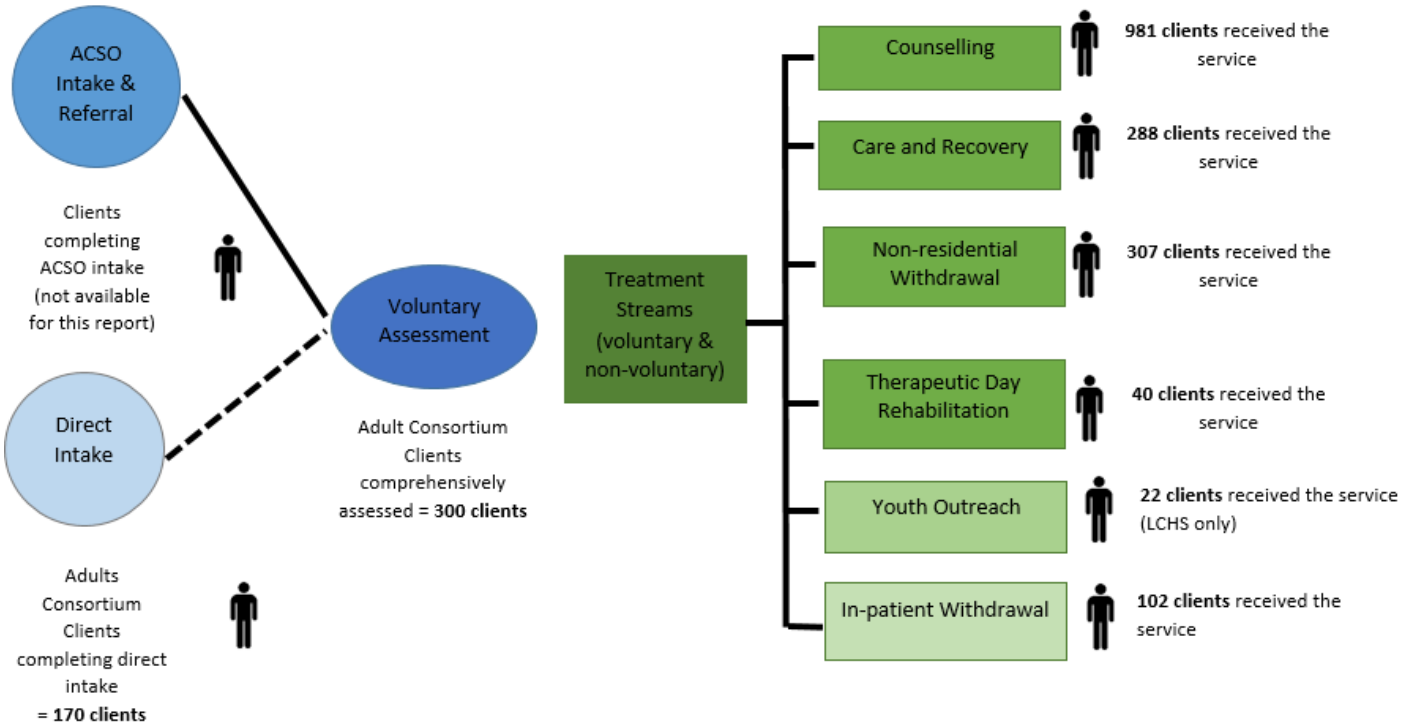
A comprehensive picture of service provision by LGA and provider can be found in the Gippsland Regional AOD Service Map[8]. The Map has been compiled by the Gippsland PHN and CBP as a resource to help individuals and health professionals identify a comprehensive range of location based services.

[8] Attachment 1 Gippsland Regional AOD Service Map

Service Activity

Gippsland AOD consortium and bed based withdrawal data has traditionally been collected and analysed bi-annually by the CBP and a detailed report provided to contributing services. Data contributions from ACSO and YSAS are encouraged. The following is a snapshot of aggregated information indicative of new voluntary assessments, and number of voluntary and non-voluntary clients by treatment streams for the 2017-2018 half-year Q3 and Q4·

Snapshot: AoD Gippsland Catchment –Clients[1] participating in Intake, Assessment and Treatment Streams Q3 and Q4 2017-2018



[1] For Treatment Streams, duplications due to clients receiving service across multiple quarters have been removed. Consortium data (BCHS, GLCH, GSHS, and LCHS) was prepared from ADIS extracts.

CONSUMER PRIORITIES

Regional Roadshow – Summary Findings

In the first half of 2018 the Regional Roadshow Project took place across regional Victoria. This project was a partnership between APSU (Association of participating Service Users), the peak Victorian AOD consumer representative body (a service of the Self Help Addiction Resource Centre) and Victorian Mental Illness Awareness Council (VMIAC) the peak NGO body for people with a lived experience of mental health and emotional distress.

The Project's broad aims were to connect with consumers of alcohol and other drug (AOD) and mental health (MH) services in rural and regional areas and to capture the experiences and issues that people who utilise services in these regions face.

One of the regional consumer forums took place in Traralgon.

Main findings from the APSU VMIAC Regional Roadshow[9] (local consumers/carers/peer workers forum held on 29 June 2018 in Traralgon, Gippsland) were that:

- Frontline services are not familiar enough with referral pathways and local services
- Consumers often do not know 'where to start' when seeking help
- ACSO is invaluable as an information hub and peer support when wanting links to services

Other barriers to treatment were:

- confidentiality makes it harder for family to be informed and involved in care of loved ones
- general fragmentation between services
- lack of step-down supports
- long wait times
- perpetual cycle of referrals
- access difficulty relating to size of region and geographic isolation of smaller communities

While in additional level of detail will be sought from APSU, the implications of these summary findings and the demonstrated criticality of consumer engagement per se, have helped to inform the priorities current Gippsland AOD Catchment Plan priorities and prompted appropriate adjustments in our overall approach to planning and Governance.

Service level consumer engagement / feedback

While not yet formally mapped, it appears that regional AoD consumer engagement/ feedback occurs systematically within some services[10] and not others. Ways to encourage more consumer participation, plus the collection and full circle application of consumer feedback, by AOD services will be raised as part of the Consumer Partners catchment planning priority.

[9] 'Sitting on the outside, looking in' Report on the 2018 Regional Roadshow Project, APSU and VMIAC September 2018

[10] Gippsland AoD In-patient Withdrawal Service, Patient Feedback; LRH Dual Diagnosis, Consumer/Carer Bank Report

GIPPSLAND AOD CATCHMENT PLAN – Summary 2015-2017

Gippsland AOD Catchment Planning commenced in 2015. The Plan has traditionally taken the form of an Excel based working document, with review and updates occurring at bi-monthly Governance meetings.

PREVIOUS PLANNING ITEMS and RESPONSIBILITIES – Completed and Ongoing: 2015-2017

Core Catchment Planning Priorities for 2015-2017 were: Client Access, Collaboration, Workforce, and Data. A major achievement of this planning period was the implementation of reformed intake and assessment pathways via an agreed business process and service delivery protocol. Other achievements were: support and development for dual diagnosis survey and training, structure and convene the ongoing AOD Service Delivery Providers Consortium, AOD service promotion via information sessions and marketing products, develop a Gippsland AOD data management and reporting strategy.

The following table is a snapshot of the purpose, actions and status for core planning items at September 2017[11].

PRIORITY	PLANNING ITEM	PURPOSE	KEY ACTIONS / ACTORS	STATUS
Client Access	Improve client access to AoD services	AoD intake, assessment, treatment services are easier to find and access	Gippsland CBP Officer, LCHS AOD Regional Project Officer, Gippsland PHN, Central West Gippsland PCP: Promotional products designed and distributed to GPs and other community organisations. Information sessions for Latrobe based family services conducted. AoD & MH Forum to help ChildFirst agencies understand referral and intake process for AoD and mental health services.	Completed 2016-2017
	AOD Service Providers Protocol – agreed pathways for intake,	Improved responsiveness to consumers and carers / improved continuity of	ACSO & LCHS AoD Regional Project Officer with regional AOD Protocol Advisory Group: Develop regional intake, assessment and referral service delivery protocols to describe business processes between ACSO and AOD services	Primary document completed September 2016.

[11] Formal CBP Governance Meeting held September 2018 during CBP role vacancy

PRIORITY	PLANNING ITEM	PURPOSE	KEY ACTIONS / ACTORS	STATUS
	assessment, and referral	care via use of agreed business processes		Annual (or at need) review – current/ongoing
Collaboration	Region wide AOD Service Delivery Providers Consortium	A cohesive approach to service delivery across the region, leading to better outcomes for clients	Convene a regular ongoing structure and forum for Gippsland AOD Service Providers to work in partnership across the region	Agreement Completed. Service Delivery Providers Consortia - Current ongoing
Workforce	Build workforce competency	A better understanding of regional AoD and Dual Diagnosis workforce training needs informs the provision of local training	LRH Dual Diagnosis Team: 2016 workforce survey to determine Dual Diagnosis Training Needs across the sector. LRH Dual Diagnosis Work Plan 2017: actions for delivery of training and expansion of dual diagnosis secondary consultation. Literature review undertaken by CBP. Southern Dual Diagnosis Training Calendar (Monash Health) for 2017 distributed to AoD and mental health providers.	Completed 2017
Data	Document a catchment planning data collation and management strategy	Catchment based planning informed by strong data evidence base/analysis Stakeholders are clear about what data is collated and when, how data is stored and shared with services/other organisations. Data strategy meets legislative requirements.	CBP Governance Group, CBP and LCHS Data Analyst, contributing services, other stakeholders. Gippsland Catchment Based Planning Data Management Strategy developed. Bi Annual Reports are run for Qs 1-2 and 3-4. Reports made available to data partners, DHHS and Gippsland Primary Health Network. Reports are available upon request to Local Government Planners and Primary Care Partnerships.	Initial Strategy and Reporting Format completed 2015. Ongoing to June 2018. Review and adjust in March 2019 following introduction of VADC

GIPPSLAND AOD CATCHMENT PLAN - 2018-2019

Focus and Priorities - Re-ground, Re-activate, and Co-create

From March 2018 a key factor in re-grounding and re-activating the CBP role at 0.3 EFT was to place greater emphasis on strategic planning, creative thinking, and facilitation (as opposed to hands on implementation). The intent of this approach was to encourage:

- Efficient use of CBP capacity
- Broader ownership of actions/projects/initiatives
- Widely beneficial across multiple locations, agencies, treatment streams, and client profiles
- Collaborative capacity building within and between services and networks

Legacy items from the dormant 2015-2017 Catchment Plan were reviewed by CPB Governance in May 2018 using the following questions:

- Are they strategic?
- Is there evidence?
- Can they benefit our whole region?
- Can they be sustainably resourced?
- Will there be measurable outcomes?
- How well do they align with policy?

Some parts of the 2015-2017 plan were retired due to similar intervention now being provided by other initiatives. Some priorities were seen as being reduced in urgency by the anticipated opening of The Orange Door Support and Safety Hubs. The latter items remained on hold for a 2 month transition period and were eventually retired.

Existing priorities that were re-enforced by current policy and compelling local evidence, were strategically and methodically re-activated using a collaborative and sustainable approach.

Emerging priorities and actions were likewise scoped and confirmed.

CURRENT PRIORITIES – 2018 to December 2019

The intent underpinning our 2019-2019 priorities is to use a strategic planning and capacity building approach to bring about systemic change in areas that have been identified as important, both in government policy and by local stakeholders.

Our current priorities are: Client Access, Collaboration, and Consumer Partners.

Sitting within each Priority are a variety of formal Planning Items.

Current Planning Items are grounded in either a project brief or other guiding document, and will be actioned collaboratively using methods and models that can be:

- Tested and evaluated
- Replicated by / adapted to a wide range of stakeholders and endeavours

Planning Items and their associated actions are outlined more fully in the CATCHMENT PLAN – December 2018 to December 2019.

Anticipated Outcomes

There are a number of broad aims associated with current Catchment Plan activity.

Client Access:

- Greater awareness of AOD services and how to access them (individual, family/carer, community, health and community professionals)
    - more people receive the services that they need to lead healthier happier lives

Collaboration:

- Increased intra AOD and cross sector collaboration
    - More people working together to reach shared goals aimed at health and wellbeing

Consumer Partners:

- A culture of co-design where including consumers as partners (including lived experience workforce) is common and best practice
    - Service are better because the people who use them are taking part in their design and delivery

Measurement

Outcomes can be measured in a number of ways, and at various levels including: changes in standard service level and population data, stakeholder feedback, and the results of targeted test/retest survey activity.

In the medium term, it is possible to systematically measure Priority related outcomes in the following ways:

Greater awareness of AOD services and how to access them

- Service promotion mapping survey results
- Consumer / carer feedback results
- Number of referrals (including for people identified as vulnerable or hard to reach)
- Number of referrals by referral stream i.e. GP's / health professionals, and cross sector services

Increased collaboration

- CHAT survey results (GADSPA and other key partnership groups)
- Agency feedback results
- Number of groups actively working towards shared goal/s
- Number of cross sector referrals

Partnering with consumers occurs as standard practice

- Number of groups/alliance with formal consumer membership
- Number of projects/initiatives with inbuilt mechanisms for co-design
- Internal stocktake findings from AOD services and groups
- Number of lived experience workers in local services
- Number of services employing peer workers
- Feedback from consumers and lived experience workers

Longer term changes to health and wellbeing of consumers can be measured using existing population data (i.e. alcohol consumption, drug and alcohol related episodes of care, incidents and deaths).

Methods are needed to extract more immediate evidence of change at service delivery level. This may be possible via VADC data reports, and/or the creation of other simple yet specific case level measures such as reduction in drug and alcohol consumption, and other client reported change. Options for additional outcome measurement can be further explored through the scheduled review of CBP data work.

CATCHMENT PLAN – December 2018 to December 2019

The table below is a summary of current priorities and planning items commenced since May 2018, and ongoing to December 2019.

PRIORITY	PLANNING ITEM	PURPOSE	KEY ACTIONS / ACTORS	STATUS
Client Access	'Who knows?' region wide service promotion project	Consumers, carers, community, health and other professionals are more aware of AOD services and how to access them. Particular emphasis on communicating with people who are identified as especially vulnerable and/or hard to reach using traditional advertising and promotion methods.	CBP and multi-agency working group: take actions as per Project Brief i.e. engage with consumers and local AOD services to complete two placed based service promotion pilots; evaluate pilots and use learning to create region wide framework and implementation plan for service promotion; support initiatives around joined up state-wide service promotion strategies.	Current – December 2019
	Service Providers Protocol	Improved responsiveness to AOD consumers and carers / improved continuity of care via use of agreed business processes	CBP: maintenance of agreement - review and update Protocol annually (or as agreed by service provides)	Current-ongoing
	Gippsland AOD Service Map – Annual Update	Up to date map of funded Gippsland AOD services / programs, location and agency is available to stakeholders	CBP and Gippsland PHN: collaborate to maintain currency of local AOD Service Map. PHN: makes Map available to stakeholders	Current-ongoing
Collaboration	'Collaborate for Change' initiative	Increase understanding of collaborative health, and instances of working	CBP, GADSPA, DHHS, and other identified groups/persons (potential support from	Current – December 2019

		collectively (intra AOD and cross sector) to address gaps in service delivery and improve client outcomes.	CWGPCP) take action as per Project Brief i.e. offer Cycle of Change webinars to GADSPA members, completion of CHAT survey by GADSPA members, delivery of data analysis and summary collaborative health report, cross-sector workshop series led by Collaboration for Impact, review current level of collaborative health, develop and implement a formal strategy to address gaps and activate ongoing collaboration	
Consumer Partnerships	'Stepped Plan for Partnering with consumers'	Ensure that co-design with consumers is introduced to multiple aspects of CBP (and broader) activity in a planful, sustainable and timely way.	CBP / Governance convene a Working Group. Design a 'Stepped Plan for Partnering with Consumers' to be actioned within CBP Governance and GADSPA. Plan to be made available to AOD services as a transferable model/toolkit for consumer inclusion.	Current – December 2019
	Lived experience workforce	Support the development of a peer workforce within Gippsland AOD services. Improve outcomes for consumers and their families.	CBP Governance, DHHS, APSU: DHHS provide initial brief and explore APSU support; convene a CBP supported working group to collaborate with local AOD services around a lived experience workforce.	Current – December 2019

Other CBP Activities

The Gippsland CBP role has a number of other responsibilities, including: Governance administration and document maintenance, responding to change (policy and/or operational), AOD data analysis, and contributing to the state-wide AOD Catchment Planners Network hosted by VAADA.

PRIORITY	PLANNING ITEM	PURPOSE	KEY ACTIONS / ACTORS	STATUS
Governance	Governance Group	Maintain: accountability, oversight and support around CBP activity; formal Governance papers/documents	CBP: formal bi-monthly engagement with Governance Group; Governance meeting administration. Governance Group: provide support and oversight to CBP work	Current-ongoing
Change Management	Boundary changes	Efficient and positive transition to new catchment boundary arrangements	CBP, Governance and LCHSS work with DHHS: to effect boundary related changes to CBP structures and processes	Current – July 2019 (and beyond as needed)
AOD Data	Gippsland AOD Data Analysis and Reporting	Local AOD services and other stakeholders have regular access to a summary data report.	CBP, governance and DHHS: review and transition current data management and reporting protocols to make best use of VADC. Support emerging data reporting activities.	February – March 2019 (and again post July 2019 boundary changes). Ongoing actions (where agreed)
State wide AOD	AOD Catchment Planners Network	AOD Catchment Planners have a state-wide forum for networking / peer support, information sharing, strategic planning and collective bargaining.	CBP: Attend quarterly meetings, respond to information requests (from DHHS, VAADA, CBP network), support moves towards standardised DHHS issued state-wide data reports and other improvement opportunities.	Current-ongoing

OPPORTUNITY AND RISK

The pursuit of improvement opportunities is not without challenges. The Risk Table below is a start point for ongoing identification and management of potential impacts to our work in 2019.

Description of Risk	Impact Level	Odds	Management Strategy
Boundary changes 2019 – potential impact on: • scope • timelines • Governance and working group membership, • cross catchment collaboration • auspicing structure	Mid	High	• Ensure that the Plan is a living document that can adapt to a changing environment • Pro-active focus on / promotion of cross catchment benefits and opportunities • Ongoing and transparent communication plan to maintain healthy relationships with / between stakeholders • DHHS support / leadership for continued whole of Gippsland structures and relationships
CBP role: • Current capacity limits	Mid	High	• Finish each meeting with an actions review • Move good (out of current scope) ideas in a future proofing registrar
• Difficulty recruiting to additional role	High	Mid	Current CBP available as mentor – allows for broader selection criteria
Availability of financial resources	Mid	Mid	Multi-partner leveraging (i.e. pooling of underspends and/or improvement budgets) to advance projects
Availability of human resources	Mid	Mid	• Seek high level multi-partner approval for working group participation Group responsibility for: • task sharing • wider promotion of CBP initiatives and opportunities for hands on contribution to projects
Ongoing support/buy in from multiple stakeholders (high level and operational)	Mid	Mid	• Members circulate information and advocate for participation • Promote collaborative health and methodology (AOD and cross sector) as a priority
Duplication of action/initiatives	Mid	Mid	Open communication channels with GADSPA, Municipal Public health and Well-being Plan working groups

CONCLUSION

2018 has been a time of advancement for Gippsland AOD Catchment Planning. Highlights have been the renewal, consolidation and re-invigoration the strategic and collaborative elements of the Planning function.

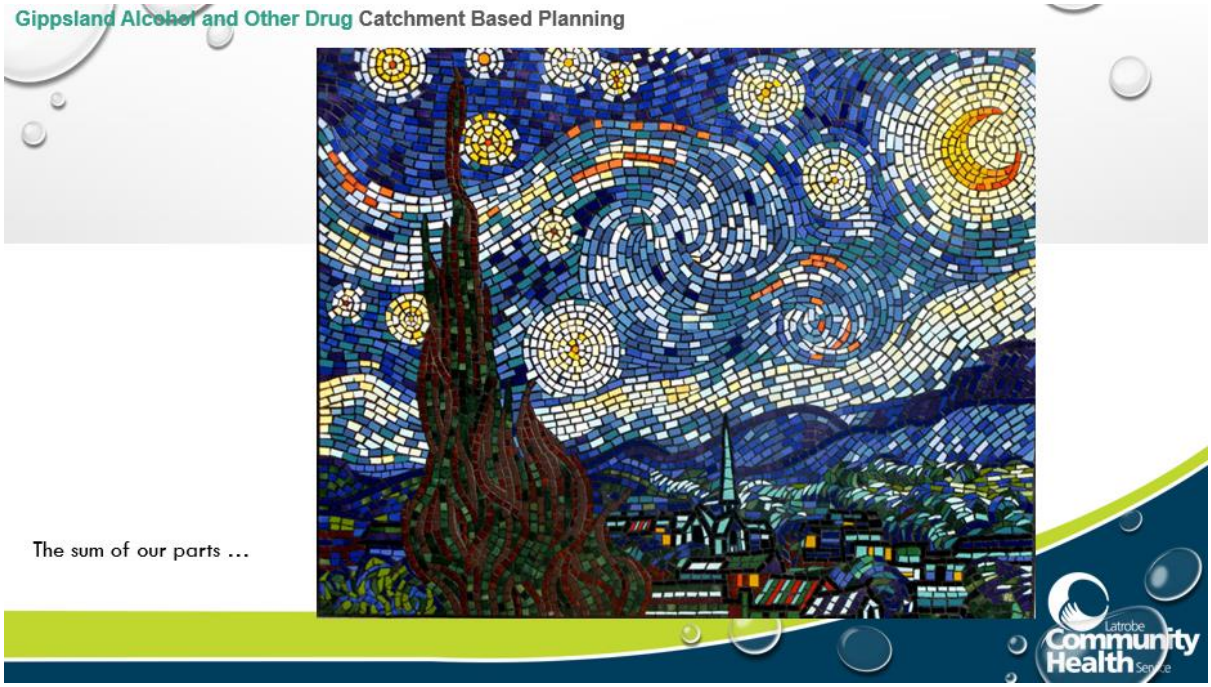
Core initiatives underway include:

- Strategic refocus of the CBP role
- 'Who knows?' AOD Service Promotion;
- 'Collaboration for Change' supporting collaborative health measurement and capacity building (AOD and cross-sector)
- Stepped plan for partnering with consumers

Continued support from service providers, local health agencies and DHHS combined with strong elements of co-design with consumers and other stakeholders (and underpinned by VADC data), will inform and drive CBP outputs.

Catchment planning in 2019 will be a time of further change. We, the Gippsland AOD sector, can be mindful of potential risks and at the same time embrace the multiple opportunities inherent in the upcoming boundary changes and a new data collection/reporting system.

This includes acknowledging and supporting area based needs and working strategies, without losing the impetus and ongoing potential for collaborative whole of region initiatives and outcomes achievement.



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ATTACHMENT 1

Gippsland AOD Regional Service Map - November 2018, Gippsland Primary Health Network

			General																Indigenous Specific											Youth Specific						Other					
LGA	**Provider**	**Locations**	**Intake and Forensic Assessment**	**Assessment Voluntary**	**Brief Intervention**	**Bridging Support**	**Counselling Voluntary**	**Counselling Forensic**	**AoD Family Counselling**	**Pharmacotherapy**	**Pharmaco- network**	**Dual DX Secondary Consultation**	**Care & recovery**	**AoD nurse practitioner/consultant**	**Resi Rehab**	**Withdrawal bed hospital**	**Non Resi -rehab**	**Therapeutic day Rehab**	**Non-residential withdrawal**	**Intake /Assessment**	**Bridging**	**Counselling Vol and Forensic**	**Care and Recovery Vol and Forensic**	**Withdrawal**	**AOD Rural Nursing program**	**AoD Worker**	**Koori Forensic AoD worker**	**A & D Resource Service**	**Youth AoD withdrawal**	**Youth Support**	**Youth outreach**	**Family Support**	**AoD Intake screening assessment**	**Outreach**	**Counselling Voluntary**	**Counselling Forensic**	**Support Services**	**Withdrawal**	**Innovative Services for Homeless Youth**	**Breaking the Cycle-Non illicit drug Strategy (c'wealth$)**	**Integrated Hep Nursing**	**AoD education**	**Needle syringe program**	**SMART Recovery Program**	**Mobile Drug Safety Worker**
Bass Coast	**ACSO**	Wonthaggi	●			●																																◊			
	BCH	Bass Coast Shire catchment with delivery in Wonthaggi, Cowes, San Remo, Grantville and Corinella		●			●	●	●	●	●		●						●																			◊	●		
	YSAS	Outreach in Wonthaggi, Cowes, San Remo. Grantville & Corinella (12-25 years)																													◊	●	●	●	●	●				◊			
Baw Baw	**ACSO**	Warragul	●			●			●																														◊			
	LCHS	Warragul		●			●12+	●12+		●	●		●					●16+	●12 +														●<21				●<25yo		●			●		●
	GEGAC	Outreach to Drouin and Warragul										◊							●	●	●	●	●			●	●			●	●	●							●					
	YSAS	Outreach Drouin, Warragul , Neerim, Ripplebrook, Rawson, Erica, Willow Grove, Narracan (12-22 years)																														●	●	●	●	●				◊			
East Gippsland	**ACSO**	Lakes Entrance, Orbost, Bairnsdale	●			●			●																														◊			
	GLCH	Bairnsdale		●		●	●	●					●						●							●	●												◊	●		
		Lakes Entrance		●		●	●	●		●	●		●													●	●											●	◊	●		
		Orbost				●	●	●					●																											◊	●		
	GEGAC	Bairnsdale										◊							●	●	●	●	●	●		●	●			●	●	●							●					
	BRHS	Bairnsdale												●		●≥16yo																								◊	●	●	
Latrobe	**ACSO**	Morwell, Traralgon	●		●				●																														◊			
	LCHS	Morwell		●			●12+	●12+		●	●		●					●16+	●12+														●<21				●	●<26	●<26	●18+		●		●12+
		Moe		●			●12+	●12+					●	●				●16+	●12+														●<21				●	●<26	●<26			●		●12+
		Traralgon		●			●12+	●12+					●	●				●16+	●12+														●<21				●	●<26	●<26	●18+		●		●12+
		Churchill					●12+	●12+					●	●				●16+	●12+														●<21				●	●<26	●<26			●		●12+
	Ramahyuck	Morwell																						◊								◊											
	GEGAC	Outreach to Morwell, Trafalgar, Churchill and Moe										◊								●	●	●	●			●	●			●	●	●							●					
	LRH	Traralgon												● 18-64yo																													
	YSAS	Outreach (12-22 years)																													◊	●	●	●	●	●				◊			
South Gippsland	**ACSO**		●						●																														◊			
	GSHS	Leongatha and Korumburra sites, Foster and Mirboo nth-room rentals if available		●		◊	●	●			`		●	●		●			●																	◊				●	●	
	YSAS	Outreach Leongatha, Korrumburra, Foster, Inverloch, Mirboo North (12-25 years)																													◊	◊	◊	◊	◊	◊				◊			
Wellington	**ACSO**	Sale	●		●	●			●																														◊			
	CGHS	Sale												●		●																									●	●	●
	LCHS			●			●	●		●			●						●																						●		
	Ramahyuck	Sale					◊12+	◊12+					◊12+						◊12+																								
	YSAS	Outreach; Sale, Maffra, Heyfield, Darnam, Rosedale, Stratford, Loch Sport, Golden Beach (12-25 years)																													◊	●	●	●	●	●				◊			
Regional Service	**LCHS**	Traralgon, Sale, Bairnsdale, Yarram, Orbost, Warragul, Korumburra, Leongatha, Wonthaggi										●18-64		●18-64					Day Hab																					◊			●

◊ provider indicates that this is provided, but is not a funded activity

Additional Comments: Family counselling provided through ACSO is single session work

Latest update: November 2018

Please refer directly to providers for any updates


Latrobe
Community
Health
Service