

Alcohol and Other Drug Action Plan

2009 – 2013



PROGRESS REPORT

**Central Highlands Alcohol and Other Drug Action Plan 2009-2013
Progress Report
February, 2010**

For further information please contact:

Robyn Reeves
Chief Executive Officer
Ballarat Community Health
Ph: 5338 4500
Email: robynr@bchc.org.au

Report prepared by:
Adrienne Annear, Project Officer
Ballarat Community Health

CONTENTS

Introduction	3
Regional Overview	4
Recommended Actions to Progress Key Priority Areas	6
Current Progress	10
Current Progress	10
Key Priority Area 1: Health Promotion	10
Community Awareness	10
Parent Education	12
Prevention & Early Intervention	12
Tobacco	13
Youth	14
Key Priority Area 2: Community Development/Attitudes and Community Safety	16
Community Awareness of AOD issues	16
Promotion of City Safe programs	17
Youth	18
Planning	22
Key Priority Area 3: University Students and Student Associations	23
Reducing alcohol-related risks	23
Curriculum	23
Key Priority Area 4: Role of Councils	23
Council Plans	24
Liquor Accords	25
Key Priority Area 5: Family Support and Child Protection	26
Key Priority Area 6: Housing	27
Key Priority Area 7: Transport	27
Availability and Access	28
Promotional Campaigns	28
Access to AOD Treatment Services	29
Key Priority Area 8: Relationship with Police, Courts and Forensic Clients	29
Referrals	29
Promotion	29
Relationships	30
Key Priority Areas 9 & 10 Dual Diagnosis (AOD/ABI/MH Clients)	30
Referral pathways	31
Screening and Assessment	31
Access to timely neuropsychological assessment	32
Service relationships	32
Clinical Practice	33
Data collection	33
Key Priority Area 11: AOD Treatment Services for Individuals	33
Support for General Practitioners	34
Service Evaluation	35
Emergency and Acute Services	37
Access to detoxification/withdrawal and rehabilitation	37
Key Priority Area 12: Professional Development	39
AOD Youth Outreach Workers	39
Education Sector	39
Licensed Venues	40
Overview of Progress	41
 APPENDIX 1 RESIDENTIAL WITHDRAWAL AND REHABILITATION SERVICE PROVIDERS	 45

Introduction

Background

In 2008, Ballarat Community Health (BCH) received funding from the Department of Human Services (DHS) to auspice the development of a Central Highlands Alcohol and Drug (CHAOD) Action Plan.

The Project Brief outlined nine deliverables that were divided into 2 distinct phases with the first phase involving the initial consultation process and development of the plan and the second being the implementation of the identified actions developed in the first phase.

Phase 1 was completed in early 2009 and covered the initial consultation process along with the development of the action plan. Many broad issues were raised throughout the consultation process resulting in the development of 12 Key Priority Areas that form the basis for the CHAOD Action Plan. These include the following:

1. Health Promotion
2. Community Development and Community Safety
3. University Students and Student Associations
4. Role of Councils
5. Family Support and Child Protection
6. Housing
7. Transport
8. Relationship with Police, Courts and Forensic Clients
9. Dual Diagnosis ABI/AOD Clients
10. Dual Diagnosis AOD/MH Clients
11. AOD Treatment Services for Individuals
12. Professional Development

In June 2009, a Project Officer was employed by BCH to progress Phase 2 and facilitate the implementation of the CHAOD Action Plan. A Steering Group was established consisting of representatives from the Department of Health, funded alcohol and other drug agencies within the Central Highlands area, local government representatives from City of Ballarat, Golden Plains Shire, Hepburn Shire and Moorabool Shire along with Dual Diagnosis representatives from Ballarat Health Services and St John of God Hospital. The primary role of the Steering Committee was to oversee the activities of the Project Officer and provide guidance to inform the progress of the project.

During the first 6 months of Phase 2 the key activities have involved liaising with key stakeholders and to identify and document current programs and activities being undertaken by various organisations across all local government areas within the Central Highlands. Whilst there has been some extensive work completed in many of the Key Priority Areas, ongoing work is required to address many of the issues identified and to further progress the CHAOD Action Plan.

The aim of this document is to provide a brief overview on the progress made thus far in relation to the implementation of the CHAOD Action Plan. Current activities are described and recommendations have been made regarding future work to ensure ongoing progression of the action plan. In the following section, a brief overview of the local government areas is provided including population and a list of alcohol and other drug services in the Central Highlands. The recommended actions to progress the key priority areas are then presented with nominated providers included where possible. The current progress follows this and has been organised according to the 12 Key Priority Areas. Under each Key Priority Area a number of themes have been identified to arrange related initiatives. In some cases initiatives have been moved from their original location to reflect the commonalities across initiatives. The final section is presented in a table form to provide an overview of the current progress on each of the initiatives listed in the CHAOD Action Plan 2009-2013.

Regional Overview

The Central Highlands region incorporates the local government areas of City of Ballarat, Golden Plains Shire, Hepburn Shire and Moorabool Shire.

City of Ballarat

The City of Ballarat is located in the Central Highlands Region, 110 kilometres north-west of Melbourne, and is surrounded by the municipalities of the Shires of Hepburn, Pyrenees, Golden Plains and Moorabool. It has an area of 740 square kilometres and an estimated population of 88,437 according to the 2006 Census, and is expected to increase to 103,474 by 2016. The City of Ballarat is one of Australia's largest inland cities and includes the townships of Learmonth (population 300), Buninyong (population 1800) Miners Rest (population 450) and Cardigan Village (population 200) [Ref: University of Ballarat (2009). Health & Wellbeing Needs Analysis for the Central Highlands Primary Care Partnerships. Available at www.chpcp.org]

Golden Plains Shire

The Golden Plains Shire comprises 2,705 square kilometres between Victoria's two largest regional cities, Geelong and Ballarat, and is within one hour of Melbourne. There is no major township in Golden Plains that provides services and community activities for the whole shire. Residents access Ballarat and Geelong at each end of the municipality for services, employment, education and entertainment. Golden Plains Shire has a population exceeding 17,000 people. The population is growing with an expected increase by 2016 to 20,833¹ yet there are many isolated population 'centres' dispersed over 57 localities, 35 communities and 14 townships – only 12 of which have a shop. It has only one town of just over 3,000 people (Bannockburn) and four others with populations of around 1,000 people. Most other towns and settlements have fewer than 500 people. There is only one pharmacy, one GP clinic, one dental clinic and one bank – and all of these are in Bannockburn. There are very few community based service providers with a home base in the Shire. [Ref: Healthy People, Health Places: Golden Plains Shire 2008-2012. p7]

Hepburn Shire

Hepburn Shire is located approximately 110 kilometres from Melbourne and according to the 2006 Census the population 14,235. The total population is expected to increase to 15,690 in 2016. The Shire covers 1,470 square kilometres and the main townships are Daylesford/Hepburn Springs (population approximately 3,500), Creswick (population approximately 2,480), Clunes (population 920) and Trentham (population 710). The remaining residents live in the many small towns and rural areas across the Shire. Hepburn currently – and in the future – has the highest percentage of older residents than any of the other three local government areas. [Ref: University of Ballarat (2009). Health & Wellbeing Needs Analysis for the Central Highlands Primary Care Partnerships. Available at www.chpcp.org]

Moorabool Shire

Moorabool Shire is located in the Central Highlands west of Melbourne and east of Ballarat. The Shire covers a total area of 2,110 square kilometres and according to the 2006 Census had a total population of 26,445. The Shire contains 43 towns, with the main centres being Bacchus Marsh and Ballan, then Gordon and Blackwood. The total population is expected to increase to 30,414 in 2016. One-third of the Moorabool population is aged 0-19 years, and there are comparatively fewer older people aged 60 plus years (14%) living there compared with the state average (17%). Moorabool Shire has been described as being a dormitory shire, experiencing a mass exodus of the working population and school children each weekday. [Ref: Central Highlands Primary Care Partnership Website. Online: <http://www.chpcp.org/>]

¹ (University of Ballarat (2009). Health & Wellbeing Needs Analysis for the Central Highlands Primary Care Partnerships. Available at www.chpcp.org),

Summary Central Highlands AOD Services (February 2010)

SERVICES	Ballarat Community Health	Ballarat Health Services	Uniting Care Ballarat	Djerriwarrh Health Services	Hepburn Health Services	Golden Plains Shire	Ballarat & District Aboriginal Cooperative	University of Ballarat	St John of God Hospital – Bloomsbury House	Centacare Ballarat
HEALTH PROMOTION										
AOD Health Promotion Activities	√									
EARLY INTERVENTION										
Needle & Syringe Exchange Program	√			√	√			√		
Mobile Drug Safety Worker	√									
Alcohol and Drug Diversion Programs	√		√							
Cautious with Cannabis			√							
COUNSELLING										
Alcohol & Drug Family Counselling			√							
Alcohol and Drug Counselling (CCCC)	√		√		√					
General AOD Counselling	√			√			√			
AOD Therapeutic Support Groups	√									
AOD Youth Outreach	√		√		√		√			
COMPLEX NEEDS (Dual Diagnosis, ABI, homelessness)										
AOD related Acquired Brain Injury	√	√								
AOD Counselling (Complex needs)	√		√							
AOD Supported Accommodation			√							
AOD Supported Accommodation - Women			√							
Dual Diagnosis Treatment and Support	√	√								
Dual Diagnosis Treatment and Support for Youth	√								√	
Youth Residential Rehabilitation - dual diagnosis										√
DETOXIFICATION / WITHDRAWAL										
Inpatient Withdrawal Services				√						
Adult Home Based, Inpatient & Outpatient Withdrawal Support	√				√					
Youth Home Based Withdrawal Support	√									
Alcohol and Drug Post Withdrawal Linkage Support			√				√			
Youth Residential Withdrawal Unit			√							

*Golden Plains does not have dedicated AOD services within the shire. Residents access services outside of the shire with the main centres being Ballarat and Geelong.

Recommended Actions to Progress Key Priority Areas

**Refer to the table at the end of this section for a list of acronyms for nominated provider*

Key Priority Area 1: Health Promotion

One of the key issues in relation to this Key Priority Area is the ability of organisations to dedicate resources to AOD health promotion activities. As the focus of funded AOD agencies is to deliver treatment services such as counselling and support, there is limited capacity to undertake effective and sustainable health promotion work. Further discussions are required between Department of Health and agencies to identify opportunities to build capacity within this area.

Theme	Activity	Actions to progress	Who	Timeline
Community Awareness	Drug Action Week 2010	<ul style="list-style-type: none"> Coordinate and promote 	BCH, DH, UCB	June 2010
	AOD Library Collection	<ul style="list-style-type: none"> Identify and collate list of resources Obtain funding Purchase and create AOD collection 	BCH, DH	2010
	Series of AOD newspaper articles	<ul style="list-style-type: none"> Liaise with local paper Identify themes and write articles 	BCH	2010
Parent Education	Develop strategies to engage parents	<ul style="list-style-type: none"> Support SSMART Network to progress Identify strategies to disseminate information 	SSMART Network & other relevant agencies	2010
Prevention & Early Intervention	Support activities of SSMART Network	<ul style="list-style-type: none"> Explore funding opportunities for operational and development activities 	BCH & CoB initially	2010
	Risky Drinking Project	<ul style="list-style-type: none"> Promote and support Risky Drinking project 	All relevant providers	2010
Tobacco	Western Region Smoking Facilitators Network	<ul style="list-style-type: none"> Liaise with network to consider specific initiatives and actions from CHAOD Action Plan to be incorporated within their activities (Initiatives: 1.5;1.6;1.8;10.6;10.7) 	BCH	2010

Key Priority Area 2: Community Development/Attitudes and Community Safety

The majority of the initiatives listed under this Key Priority Area are predominantly relevant to the City of Ballarat. At this stage, there are no specific activities or actions nominated to be progressed as the relevant activities are identified within specific City of Ballarat strategic plans such as the Community Safety Action Plan and being progressed by the Community Safety Advisory Committee and the CitySafe Working Group.

Key Priority Area 3: University Students and Student Associations

Many of the initiatives listed under this Key Priority Area were identified in response to a number of issues present at the time of developing the CHAOD Action Plan. Many of these issues have since been resolved internally with a lot of work being undertaken by universities in consultation with student associations/unions. Ongoing work is required to ensure continual promotion of harms associated with AOD misuse along with the delivery of alcohol free events for students. This is the responsibility of each respective university. External support for events can be sought via the Be Safe Committee.

Key Priority Area 4: Role of Councils

The emphasis placed on specific AOD related strategies is relative to the extent to which AOD is identified as a problem within each local government area. Specific initiatives within the CHAOD Action Plan 2009-2013 that require further action relate to supporting members of the Liquor Accords as described below.

Theme	Activity	Actions to progress	Who	Timeline
Liquor Accords	Support of Liquor Accord members	<ul style="list-style-type: none"> Identify specific needs such as training for staff or support with health promotion campaigns of Liquor Accord members 	CoB	2010
	Status of Bacchus Marsh, Daylesford, Creswick Liquor Accord	<ul style="list-style-type: none"> Identify status and progress to be made to create sustainable and effective Liquor Accord in this area 	To be agreed	2010

Key Priority Area 5: Family Support and Child Protection

The key issues identified under this Key Priority Area focus on relationship development across the various welfare sectors. The Greater Grampians Family Services Alliance Group held a Cross Sector Partnership Forum in November 2009 which has resulted in the establishment of the Cross Program Working Group.

Theme	Activity	Actions to progress	Who	Timeline
Relationship development	Goldfields Family Placement Services (GFPS) Regional Executive network to provide strategic direction to build greater collaborative relationships.	<ul style="list-style-type: none"> Review protocols/MOU to enhance collaborative practice Provide managerial endorsement of Cross Program Working Group 	GFPS Regional Network	2010
Cross Sector Understanding and awareness	Provide ongoing support to the Cross Program Working Group (established by the Family Services Alliance Group)	<ul style="list-style-type: none"> Agencies to release staff to attend Cross Program Working Group meetings/forums Promotion of Cross Program Working Group to engage all sectors Intellectual Disability services to be engaged within Cross Program Working Group activities/process 	Relevant AOD, MH, Family Services, Child Protection and ID agencies	2010

Key Priority Area 6: Housing

This area is essentially for State and Federal government consideration. Emerging initiatives will be reported on an ongoing basis through various forums and team meetings within relevant organisations.

Key Priority Area 7: Transport

Transport is a key issue particularly for communities in the local government areas surrounding the City of Ballarat. The responsibility to progress this area is beyond the scope of the CHAOD Action Plan 2009-2013 and ongoing plans to address the issues are noted in various Council plans. An initiative that requires highlighting for further consideration for the AOD sector is accessing AOD treatment services.

Theme	Activity	Actions to progress	Who	Timeline
Accessing AOD treatment services	Identify appropriate forum/platform for discussion	Formulate plan with associated recommendations to progress	To be agreed	2010

Key Priority Area 8: Relationship with Police, Courts and Forensic Clients

This area requires extensive work to progress as there are multiple issues involved. The justice system is complex and to implement effective change requires collaboration and support across many levels and sectors. Education and awareness of the effectiveness of drug diversion programs is required along with evidence to measure the effectiveness of these programs. On a local level, consideration should be given to developing better working relationships between court staff and AOD agencies.

Theme	Activity	Actions to progress	Who	Timeline
Relationships	Build local relationships between courts staff and AOD agencies	<ul style="list-style-type: none"> Explore options to hold informal meeting with court staff and AOD agencies as was previously done Identify pathways to create better relationships and information sharing across justice and AOD sector 	To be agreed	2010

Key Priority Area 9 & 10 Dual Diagnosis (AOD/ABI/MH Clients)

The majority of the Dual Diagnosis initiatives are being progressed via the Central Highlands Dual Diagnosis Portfolio Holders Group (CHDDPHG) and the Grampians Region Dual Diagnosis Action Group (GRDDAG).

Theme	Activity	Actions to progress	Who	Timeline
Referral pathways	Outline clear referral pathway for clients with complex needs	<ul style="list-style-type: none"> Develop referral pathway for clients with complex needs 	CHDDPHG	2010
Screening & Assessment	Screening & Assessment tools to be implemented	<ul style="list-style-type: none"> Screening and Assessment tools to be utilized by agencies and ongoing feedback across sectors to ensure tools are effective Increase involvement of Intellectual Disability sector 	CHDDPHG	2010
Access to timely neuropsychological assessment	Identify appropriate forum/platform for further discussion about access to neuropsychological services	<ul style="list-style-type: none"> Develop strategies and key recommendations to create better access to neuropsychological services 	CHDDPHG	2011
	Ensure clinicians have training to support ABI clients	<ul style="list-style-type: none"> Training for clinicians to be ongoing agenda issue to be addressed by GRDDAG Greater utilisation of the Regional AOD/ABI position 	GRDDAG	2010
Service relationships	Revise Grampians Region Mental Health and AOD Service Providers protocol	<ul style="list-style-type: none"> Revise service delivery protocol to incorporate state policy directions along with local service developments. 	To be agreed	2010
	Greater understanding for other services/sectors about the needs of the ABI client group	<ul style="list-style-type: none"> Develop strategies to create a better understanding by other services of the issues faced by ABI clients and the expectations services should/should not have of this client group 	To be agreed	2010
Clinical Practice	Increase skills for clinicians who are working with multiple diagnosis clients	<ul style="list-style-type: none"> Training for clinicians to be ongoing agenda issue to be addressed by GRDDAG Links to Intellectual Disability sector to be further investigated and established 	GRDDAG	2010
Data collection	Develop accurate data about AOD/ABI clients	<ul style="list-style-type: none"> Identify appropriate forum for this to be progressed 	DH	2010

Key Priority Area 11: AOD Treatment Services for Individuals

A summary of the AOD Services available in the Central Highlands region has been included in Appendix 1. This does not include General Practitioners or Pharmacies providing Opiate Replacement Therapy. A summary of State-Wide Residential Withdrawal and Rehabilitation Services has been included in Appendix 2.

Theme	Activity	Actions to progress	Who	Timeline
Support for GPs	Ongoing participation in the AOD Special Interest Group	<ul style="list-style-type: none"> Encourage ongoing participation in the AOD Special Interest Group 	BDDGP & AOD Agencies	Ongoing
	Improve access to information about AOD services for GPs and wider community	<ul style="list-style-type: none"> Continue development of Regional AOD Service Pamphlet Link with Grampians Community Health Project Officer to access regional information 	BDDGP	2010
Service Evaluation	Participate in the statewide evaluation "System and Performance Analysis of the AOD Treatment System"	<ul style="list-style-type: none"> Ensure AOD sector is informed of progress of tender and future mechanism to participate in evaluation. 	DH	2010
Emergency & Acute Services	Improving implementation of clinical practice guidelines and support for staff treating AOD/MH clients at emergency &/or acute settings	<ul style="list-style-type: none"> Specific initiatives to be progressed via the BHS Primary Care & Population Health Advisory Committee. Links to be established with SJOG to ensure training delivery can be utilised by both health services 	BHS PCPHAC	2010
	Improve access to Addiction Specialist	<ul style="list-style-type: none"> Specific initiatives to be progressed via the BHS Primary Care & Population Health Advisory Committee. 	BHS PCPHAC	2010
Access to detoxification/ withdrawal & rehabilitation facilities	Identify appropriate forum/platform for further discussion about accessing detoxification/ withdrawal & rehabilitation services within the Grampians region	<ul style="list-style-type: none"> Develop strategies and key recommendations to create better access to detoxification/ withdrawal & rehabilitation services within the Grampians region 	To be agreed	2010 / 2011

Key Priority Area 12: Professional Development

Theme	Activity	Actions to progress	Who	Timeline
Generic workers	Provide appropriate training opportunities for generic workers to support AOD clients	<ul style="list-style-type: none"> Clearly identify target group for training Ascertain training requirements and strategy to deliver 	To be agreed	2010
AOD Youth Outreach Workers	Improve links with AOD Youth Outreach working in local networks	<ul style="list-style-type: none"> Identify appropriate mechanism/forum to progress 	To be agreed	2010

Provider Acronyms

CoB	City of Ballarat
BCH	Ballarat Community Health
BDDGP	Ballarat and District Division of General Practitioners
BHS PCPHAC	BHS Primary Care & Population Health Advisory Committee.
CHDDPHG	Central Highlands Dual Diagnosis Portfolio Holders Group
DH	Department of Health
GFPS Regional Executive Network	Goldfields Family Placement Services Regional Executive network
GRDDAG	Grampians Region Dual Diagnosis Action Group
SJOG	St John of God's Hospital
UCB	UnitingCare Ballarat

Current Progress

Key Priority Area 1: Health Promotion

The Key Priority Area of Health Promotion was originally divided into two sections namely population and school focus.

Population Focus (Initiatives 1.1 – 1.9)

The health promotion (population focus) initiatives identified in the CHAOD Action Plan incorporate the following overarching activities:

- Promoting awareness of issues associated with the misuse of alcohol and other drugs
- Supporting prevention and early intervention strategies
- Increasing coordination between programs and activities
- Providing information to parents, students and the general community.

School Focus (Initiatives 1.10 – 1.13)

The school focus health promotion initiatives incorporate the following overarching activities:

- Developing increased capacity for resilience for young people
- Promoting awareness of impacts and risks of alcohol and other drug misuse
- Developing and delivering education to parents
- Access to appropriate resources
- Training for teachers

For the purpose of this report, the initiatives have been collapsed under the following themes:

- Community awareness
- Parent education
- Prevention and early intervention
- Tobacco
- Youth

Community Awareness

2009	Initiative: 1.1 Promote community awareness of impacts and risks of AOD and binge drinking
2010	Initiative: 1.4 Increase coordination between AOD information sessions and other Health Promotion activities
	Initiative: 1.7 Improve links with CHSA and Leisure Networks (Geelong) to include AOD issues in education re sports management and events

Central Highlands PCP Health Promotion Network

The Central Highlands Primary Care Partnership has developed a draft of the *Integrated Health Promotion Plan 2009-2012*. The Integrated Health Promotion Plan is a living document with flexibility to respond to new and emerging issues, therefore it is envisaged that during the years 2009-2012 there will be additions and alterations that will change the plan along the way. At the time of writing this report, the following three priority areas had been agreed on by the Central Highlands PCP Health Promotion Network:

1. Health Lifestyles
2. Mental Health and Wellbeing
3. Sexual and Reproductive Health

A key theme identified under the priority area of Healthy Lifestyles is *to reduce harm caused by alcohol, tobacco and other drugs*. The nominated objective states that “CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to promote health lifestyle choices”. The strategies/intervention linked includes:

- Participate in whole of community awareness and education programs [QUIT, BCH, Wellbeing Wendouree, City of Ballarat, DEECD, St Johns Ambulance, Victorian Police, UnitingCare Ballarat]
- Work in partnership with BCH and City of Ballarat to implement the CHAOD Action Plan 2009–2013 (CHPCP, BCH, City of Ballarat, DJHS)

Ballarat Community Health and Djerrivarrh Health Services have also specified developing strategies with a focus on tobacco reduction.

Drug Action Week 2009 – Alcohol is a Drug Too!

As part of the annual Drug Action Week, a community event was held in June 2009. The event was the result of a strong collaboration across AOD agencies including UnitingCare Ballarat, Ballarat Community Health, BADAC, with support from the Department of Health (formerly Department of Human Services).

The community event was held at the Wendouree Performing Arts Centre and was attended by 350-400 community members from across Ballarat and surrounding districts. The event was facilitated by Jim Stynes and provided the opportunity for the audience to ask questions, discuss key issues and offer general information. The event consisted of a Hypothetical Forum for parents and children highlighting safe party practices, including the risks, harms and consequences of substance use. A panel was present to respond to questions including a representative from AOD agency, solicitor, police, St John's Ambulance, and a dual diagnosis clinician. The SKIT team from Ballarat Community Health performed a number of hypothetical scenes to promote discussion and participation. As part of the lead up to the event, 6 secondary schools participated in an art competition. Students were asked to depict their thoughts on the theme of "Alcohol is a Drug Too!" on a 1200 x 2400cm canvas. Each entry was displayed at the event with the winning entry to be used in the 2010 event promotional material. Feedback gathered from those attending the event indicated that it was well received.

The success of the event has encouraged agencies to organise a similar event for Drug Action Week in 2010 with the national theme of "Looking after YOUR mind" blending with a local theme already identified of "Beating the Binge". Variations being considered for this year include holding a debate-type setting with a panel of youth, parents and experts to discuss issues. The poster competition will be conducted again with the inclusion of Year 6 students to encourage engagement from upper-primary school levels.

Alcohol and Other Drug Library Resources

In order to provide wider access to information pertaining to alcohol and other drugs, consideration was given to providing information via the public libraries. Following discussions it has been ascertained that the Central Highlands Regional Library Corporation (CHRLC) would welcome the addition of an 'AOD Collection' for public to access information relating to AOD. This needs to be progressed further.

AOD newspaper articles

The utilisation of public media outlets to provide information to community members is an identified need. Ballarat Community Health will take the lead role to progress the development and distribution of newspaper articles focusing on AOD in collaboration with other key agencies.

Central Highlands Sports Assembly

One of the key roles of the Central Highlands Sports Assembly (CHSA) is to promote and deliver the Good Sports Program. The program is aimed at Club Committee level and seeks to educate them as to how they can be more responsible in regards to alcohol serving and consumption; providing options and highlighting their duty of care.

The Good Sports Program has 3 levels that organisations go through:

- Level 1: Intro to joining the program. Liquor licensing, opportunity to train staff (Need to be at this level for 12 months)
- Level 2: Diversifying streams of revenue (another 12 months)
- Level 3: Developing policy resulting from Level 1 and 2

As part of the program, the Responsible Serving of Alcohol (RSA) course is subsidised to provide training to those serving alcohol at the club. This training is then transportable and is recognised in other licensed premises. The CHSA has created partnerships with organisations such as Grampians Community Health and liaises with them when they are conducting sessions and co-present at events. Future partnership development is envisaged and is progressing with the CHSA linking with the CHPCP Health Promotion Network. Currently the CHSA has approximately 100 sporting clubs they are supporting representing less than 10% of all clubs in the Central Highlands region. The role of CHSA should be continually promoted and links made to appropriate health promotion events.

Parent Education

2010	Initiative: 1.12 Increase awareness of AOD and tobacco issues among parents
	Initiative: 1.13 Increase availability of, and access to, appropriate resources that can be included in school newsletters.
2011	Initiative: 1.3 Provide accurate information to parents re education of young people about safe home based alcohol use

There are a number of challenges associated with providing education to parents on AOD issues. These include effective engagement, accessing parents, providing suitable and relevant information and, linking with disconnected parents. There is a commonly held view that parents are more engaged with school networks at the primary school level and this could be the opportune time to provide them with information prior to their children entering high school. This is an area that the SSMART Network is keen to progress. However, currently there are limited human resources available to dedicate to this area.

A number of alcohol information sheets for parents are available on the DEECD website and would be appropriate for distribution through school networks. A key pamphlet entitled “Drug Information for Parents” (2003) can be distributed at drug information forums facilitated by schools. These include the following:

Prevention & Early Intervention

2009 Initiative 1.2 Promote Prevention and Early Intervention

There two key activities described under this initiative namely the SSMART Network and the Ballarat Reducing Risky Drinking Project.

SSMART (Surviving Substance Misuse and Alcohol Risk Taking) Network

The SSMART Network is a City of Ballarat Strengthening Generations’ working party, established to address binge drinking and substance misuse in young people. The SSMART Network includes representatives from 10 Ballarat community and government agencies and is a working network. The SSMART Network has developed two prevention initiatives that use an evidence based approach and focus on harm minimisation including the following:

- SSMART ASSK (Alcohol and Substance Survival Knowledge)
SSMART ASSK is an experiential learning program for Year 9 students across Ballarat and surrounding districts. In 2009 at total of 1200 Year 9 students from across 10 secondary schools participated in the program. In addition to Ballarat based schools, Daylesford, Bacchus Marsh and Beaufort also participated.

An evaluation of the program was completed in 2009 and includes a number of recommendations to further improve the program. Overall the evaluation provides some evidence that there had been positive impacts resulting from the delivery of the program and highlights a number of key factors around program enhancement and sustainability. (For a copy of the Ssmart Assk evaluation, refer to www.ballarat.vic.gov.au/community-service/community-development/strengthening-generations.aspx)

- SSMART Answers Conference
SSMART Answers is a bi-annual two day conference involving young people, parents and agencies across various sectors including alcohol and other drug, family and welfare and education. Participants are invited to focus on solutions to issues of binge drinking and risk taking behaviour in a variety of ways, using a variety of mediums. The event explores critical issues of communication and family conflict associated with alcohol and substance use and ways to build the resilience of young people and families. The event is the culmination of a series of meetings, workshops and forums hosted by the Strengthening Generations SSMART network in local secondary schools. It encourages participants to pose the questions around their key issues associated with these topics. Through this process and resulting outcome of the event, it aims to build the capacity of the community to discuss and develop local solutions to their issues. (Refer to www.ballarat.vic.gov.au/community-service/community-development/strengthening-generations.aspx for a copy of the Ssmart Answers evaluation)

- A key recommendation from the young people attending the SSMART Answers Conference was to provide similar information to teachers and teaching staff. This resulted in the organisation of the event SSMART Solutions - Tackling Binge Drinking held on 28th January 2010 which was originally intended for upper primary school teachers, principals, secondary school teachers, welfare, health/community workers, police and parents. Unfortunately the professional development schedule for teaching staff had already been established which prevented many attending this session however it was decided to proceed due to the significant numbers who had registered when the event was first advertised. As part of the session, guest speakers Paul Dillon {Social Commentator, Drug & Alcohol Research & Training Australia (DARTA); National Drug & Alcohol Research Centre (NDARC)} and Associate Professor John Toumbourou {Chair in Health Psychology, School of Psychology, Deakin University; VicHealth Senior Research Fellow} provided information pertaining to alcohol and other drug issues along with community perspectives and strategies. There were a total of 100 people in attendance representing not only a diverse range of organisations but also communities from across the region. The organisations included Community Health Centres (Ballarat, Horsham, and Grampians), education providers (VCAL Horsham & Ballarat and secondary schools), and youth justice along with representatives from Macedon Ranges, Warrnambool, Geelong and St Arnaud. One of the key outcomes of the session was to encourage participants to lobby for the introduction of Secondary Supply legislation to reduce the ability of parents to supply alcohol to those underage on their premises as is the case in other states. (For further information regarding Secondary Supply legislation refer to www.adf.org.au). The participation of various agencies and distances travelled to attend this session suggest a strong need for these types of events.

Ballarat Reducing Risky Drinking Project

The Ballarat Reducing Risky Drinking project is a partnership project between the Ballarat and District Division of General Practice Inc (BDDGP), the Ballarat Community Health (BCH) and in association with Hepburn Health Service (HHS). A Project Manager was appointed to the project in November 2009 and recruitment for the Alcohol and Drug Brief Intervention Practice Nurse position has commenced.

The overall aim of the project is:

To develop, implement and evaluate, through partnerships, under the Reducing Risky Drinking Initiatives an effective engagement and intervention strategy for adult, at risk drinkers in the community who have not considered treatment.

The major objectives are to:

- Implement an effective engagement strategy for adult, at risk drinkers who have not considered treatment. This will be done via General Practices in the respective catchment areas, health promotional activities at major industries, sport and social clubs, and tertiary education institutions.
- Implement an effective brief intervention model for at risk drinkers that is appropriate to the service setting
- Provide an effective follow-up service after 3 and 6 months to support clients through their journey of behavioural change.

Tobacco

2009	Initiative: 1.5 Increase awareness of impacts and risks of tobacco use
2010	Initiative: 1.6 Increase awareness of, and coordination between, Smoking Cessation programs
	Initiative: 1.8 Extend Health Promotion AOD and tobacco initiatives into workplaces

Western Region Smoking Facilitators Network

The Western Region Smoking Facilitators Network established 2009 and is being coordinated by Ballarat Community Health. The membership of the group includes staff that have been trained in Smoking Cessation programs and includes Ballarat Community Health (3 sites), BADAC, Maryborough Health Service, BHS Psychiatric Services, Beaufort & Skipton Health Service, BHS Smoking Cessation Clinic, Colac Area Health Service, Barwon Health Service, South West Health Service.

Ballarat Community Health is due to implement a smoke free policy for the majority of their sites in July 2010. Djerriwarrh Health Services are ensuring 2 workers are trained in Smoking Cessation and information has been provided with links to Regional group outlined.

Future action may include consideration to be given to the specific initiatives and actions identified within the CHAOD Action Plan by the Western Region Smoking Facilitators Network along with health promotion activities identified within agency plans and the Central Highlands Integrated Health Promotion Plan.

2010 Initiative: 1.11 Promote awareness of impacts and risks of tobacco use in schools

From 1 July 2009 smoking on Victorian government school premises is prohibited. This is a key action included in the Victorian Tobacco Control Strategy 2008-2013 and was developed in response to public consultations that found a high level of support for schools to be smoke-free. The Department of Education and Early Childhood Development has developed a resource package to support the implementation of the policy.

**2010 Initiative: 10.6 Smoking Cessation programs specifically for AOD/MH clients
Initiative: 10.7 Alcohol, tobacco and other drugs education programs for clients with recognized AOD/MH issues**

Ballarat Community Health is in the process of developing strategies to support clients in this target group. This area required further work to specifically target this group.

Youth

2010 Initiative: 1.10 Develop increased capacity for resilience among young people engaged in schools

It needs to be acknowledged that the activities noted in this report namely SSMART Network (refer to page 15 for description) and BCH School Based Integrated Health Promotion described below are not the only actions being taken to address this initiative as various activities conducted within schools are being completed.

The following overview of BCH School Based Integrated Health Promotion displays differences in health promotion activities for particular age groups reflecting the various stages of development.

Health Issue	Intervention	Description	Target Group
Puberty	Puberty & Health education	Grade 5 / 6 three week education program. BCH provides curriculum, resources, and teaches one hour with classroom teacher delivering a 30min follow up.	Grade 5 / 6
Self Efficacy	Body image program	Grade 5 / 6 education program (one session) supported with skit performances	Grade 5 / 6
Self Efficacy	Body Image Resource Development	BCH have sponsored and guided the development of a skit performance by Mt Clear College students. Performance will be filmed and combined with a resource package that includes a PowerPoint presentation, notes and teaching aids. The package will then be available for Grade 5 / 6 students and will be delivered by teachers.	Yr 7 – 11 (development) Gr 5 / 6 (Program)
Puberty	Puberty Information nights	Parents attend information discussion on how to communicate with their children about puberty related issues. Children also participate.	Parent, Gr 5 / 6
Mental Health Sexual Health Relationships Alcohol & other drugs	Health Workshops	Year 7 / 8 students attend full day health program. The day begins with 40min play with 9 scenes. The play describes a snapshot of the life of two young people and their family, with each scene highlighting at least one negative issue. Students then break into four workshops to discuss related issues. Following the workshops the play is played scene by scene with students given the opportunity to participate in achieving better outcomes for the characters	Year 7 / 8
Sexual Health	Sexual Health Education	School based health information delivered within schools.	Year 8 – 10
Sexual Health, family planning	The Core of Life	Sexual health, pregnancy and childbirth program delivered within schools	Year 9 / 10
Alcohol and other drugs	SSMART ASSK	Students attend nightclub and break into workstations where they learn about the effects and potential harms of alcohol and other drugs. The program includes specific legal and emergency information Skits and	Year 9

		facilitated discussion complete the program. Delivered in partnership through the Strengthening Generations program.	
Sexual Health Alcohol and other drugs	Health Day	Provision of specific information for Year 10 / 11 students in conjunction with school health days. Usually includes sexual health as well as alcohol and other drug education as well as skit performances	Year 10 / 11
Mental Health	Counselling	Specific counselling services provided on a regular basis at one school.	Yr 7 – 12
	School Focused Youth Service	Provision of both funding and capacity building to develop partnerships between schools and agencies. SFYS aims to implement strategies that keep students engaged with both school and community	10 – 18 years
Education	Youth Options Guarantee	Commitment by schools and agencies to work together to provide young people with the best possible opportunity to achieve a year 12 equivalent education.	Year 7 – 12
Alcohol and other drugs	Hypothetical	Delivered in partnership – providing a panel of community based professionals who can discuss a range of scenarios related to alcohol and other drugs. Scenarios are demonstrated through skits with facilitation to encourage discussion. Attended by students and parents	Year 7 – 12 Parents
Education & parenting	PODS – Young Parent Education Support	Provides opportunities and overcomes barriers to enable young parents to continue or return to education. Develops strategies to increase the knowledge and partnerships of service providers in education, youth and family to create increased opportunities for young parents	Under 20yrs.

Department for Education and Early Childhood Development (DEECD)

To support teachers within schools, DEECD takes the lead responsibility in terms of providing Professional Development, training and resources. In particular, in the area of Drug and Alcohol Education the following is provided:

- Deliver PD for teachers
- Key projects with schools
- Parent engagement – moving to primary school level
- Targeting teachers and principals – policies and curriculum
- Students to make good choices
- Community partnerships – police and sporting clubs
- Parent forums
- Teacher education sessions – if optional then there is limited uptake, if mandatory then attendance good
- Schools are to be smoke free (as of June 2009) – implementation meant to happen. Resource developed as listed below.
- Community Health often deliver sessions within schools – need to ensure a consistent approach is taken in line with Education policies
- Mind Matters developed document aimed at agencies and schools for appropriate interaction – “Schools and Agencies: Working Together”

Resources:

- Victorian resource “Smoke Free Schools” – community development approach and lesson plans
- “Schools and Agencies: Working Together”
- “Effective Schools are Engaging Schools – Student Engagement Policy Guidelines”

<http://www.education.vic.gov.au/aboutschool/childhealth/drugeducation.htm>

Education at School

In a typical example of effective school drug education in Victoria, a school would have:

- a drug education plan that is reviewed every four years in consultation with teachers, parents, and students. This plan includes age appropriate curriculum on licit and illicit drugs and programs to support the wellbeing of students
- a policy on how to manage critical incidents
- a minimum of 10 hours of drug education across each year level.

Key Priority Area 2: Community Development/Attitudes and Community Safety

Under this key priority area, it needs to be acknowledged that during the development of the CHAOD Action Plan, issues associated with alcohol-related violence were not specifically identified. This area of community concern has emerged strongly across both the region and state during 2009.

The City of Ballarat appears to be the only local government area that includes actions specifically related to alcohol and other drugs. Although other shires do not directly address alcohol and other drug issues within their plans, there are some community based strategies identified that address the social determinants of alcohol and other drug misuse.

The identified themes to organize this section include:

- Community Awareness of AOD issues
- Promotion of City Safe programs
- Youth
- Planning

Community Awareness of AOD issues

ONGOING	Initiative: 2.1 Increase awareness of AOD issues and impacts in community development initiatives
2011	Initiative: 2.2 Increase awareness of AOD issues within communities to encourage social connectedness initiatives

City of Ballarat - Community Safety Advisory Committee

The Community Safety Advisory Committee represents the City of Ballarat's key government, non-government and community organisations. The purpose of the Community Safety Action Plan 2008-2013 is to provide Council with a framework to guide decision-making and determine its role in providing for the community safety needs of the community.

Within the Community Safety Action Plan there are 6 Priority Areas for Action identified:

1. Partnerships
2. Community strengthening
3. Urban design for safe and health environments
4. Safer roads, access and movement
- 5. Alcohol related harm**
6. Family violence prevention

The identified goal of the priority area *Alcohol Related Harm* is:

To reduce the individual, family and social harms associated with the misuse of alcohol by considering both alcohol supply and demand factors.

The objectives for this area include:

1. To develop a local evidence base to inform land use planning and policy development that impacts upon the supply of alcohol (i.e outlet density, location and hours of operation).
2. Increase community engagement and discussion about evidence-based strategies to reduce alcohol-related harm.
3. Support and enhance licensing, regulatory and policy measures which reduce alcohol-related harm.

Mapping alcohol supply, demand and harm in the City of Ballarat

The objective of this project is to:

Provide an overview of evidence relating to the supply of, demand for and harm associated with alcohol consumption within the municipality of Ballarat.

In November 2009 ICLEI Oceania were appointed to progress the project. This national organisation delivers the Cities for Safe and Health Communities program. This capacity-building program focuses on identifying local government's role in building safe and healthy communities, and ensuring it has the tools, technical expertise and political will to play that role effectively. As part of Cities for Safe and Healthy Communities, the Alcohol, Tobacco and Drugs Harm Minimisation domain seeks to use local government functions by managing liquor outlet density and operating hours, encouraging mixed use and diverse economic activities, supporting sporting facilities and clubs, and leading local networks to manage alcohol and other drugs-related harms. A key resource developed by ICLEI Oceania is the Alcohol-related Harms Data Inventory Toolkit that can be utilized by participating councils. The toolkit outlines the indicators and datasets that can assist councils in planning, reporting and monitoring alcohol-related issues at the municipal level.

The City of Ballarat and Moorabool Shire are both members of ICLEI Oceania and as such have access to the Alcohol-related Harms Data Inventory Toolkit and associated capacity-building workshops for local government staff.

Promotion of City Safe programs

2009 Initiative: 2.6 Coordinate social marketing re City Safe programs

This initiative is directly related to the City of Ballarat and focuses on the ongoing promotion of City Safe programs.

CitySafe Working Group

The CitySafe Working Group was established at the direction of the Community Safety Advisory Committee and reports to the committee on progress and recommendations for action. The aim of the working group is to *improve actual and perceptions of public safety and amenity in the late night entertainment precinct and central business area during the day and night.*

The objectives of the group include:

- Reduce the incidence of violence, property damage, anti-social behaviour;
- Minimise the harms arising from the high risk consumption of alcohol;
- Provide a safe and secure environment for patrons accessing taxis and taxi drivers;
- Improve perceptions of safety within the precinct;
- Implement Crime Prevention Through Environmental Design measures which promote public safety and security, including Public Place CCTV, and Community Safety Lighting Project ;and
- Fulfill the role of Governance Committee for the CCTV (Closed Circuit Television) Project.

The Working Group meets 4 times a year and has a broad range of representation on the group including:

- University of Ballarat
- City of Ballarat (Councillors and Officers)
- Licensed Venue Operators
- Retailer Representative
- Victoria Police
- Ballarat Taxi Co-operative
- Media Representative
- Security Provider
- Commerce Ballarat

CitySafe Night Experience

A CitySafe Night Experience took place on Sunday 1st November from 2am-4am, with four councillors attending. The Night Experience aims to increase understanding of the issues for managing an entertainment precinct and also address concerns regarding perceptions of safety within the late night entertainment precinct. The activity provides the opportunity for councilors and other members of the Community Safety Advisory Committee with a valuable glimpse of the night

economy of the late night entertainment precinct. Many observations were made by Councillors including issues relating to public amenity, lack of public toilets, lighting, operation of the public place CCTV system and Citysafe Taxi Ranks

The CitySafe Safety Camera Program

The City of Ballarat established the CitySafe Safety Camera system in the late night entertainment precinct with the support of Victoria Police in 2008. The camera program assists Victoria Police in responding to incidents which occur within the precinct. The program aims to provide a safer environment and improve perceptions of safety by deterring potential offenders and helping Police with crime detection.

Twelve closed circuit television (CCTV) cameras are located in areas where anti-social behaviour or criminal activity has an increased chance of occurring. The cameras are linked to a control room located in the Police station and images are recorded 24 hours a day. The camera's monitor and record activity within the precinct and Police are able to refer to real time images to respond to incidents.

An evaluation of the CitySafe Safety Camera Program is currently being undertaken and will be completed mid-February 2010.

Ballarat's CitySafe Taxi Rank

Ballarat's CitySafe Taxi Ranks is located on the corner of Sturt & Lydiard Streets (south rank) and opposite the train station (north rank), and when in operation has 2 security staff on each site. The CitySafe Taxi Rank is aimed at reducing the waiting time for a taxi in a convenient and safe location. The CitySafe Taxi rank operates on Saturday and Sunday from 1am to 6am and north rank 2am to 6am.

Youth

2010 Initiative: 2.3 Increase youth participation in a range of options that do not include AOD.
Initiative: 2.4 Increase engagement with youth who may not be in schools.
Initiative: 2.5 Develop increased capacity for resilience among young people who are not engaged in schools.

Local Government Youth Strategies & Networks

City of Ballarat

Our Youth Strategy 2009-20104

Resulting from an extensive consultation process, the City of Ballarat has developed a Youth Strategy to provide Council and the community with a framework to address the health and wellbeing needs of young people aged 12 to 25 years over the next 5 years. [Available: www.ballarat.vic.gov.au]

The City of Ballarat Youth Services works within a community strengthening framework aiming to engage young people in their local community. Young people who are involved in Youth Services' committees are provided with opportunities to be involved with a range of projects and events. It is through this involvement young people have access to a range of skills enhancement, training and development.

Youth Services

The City of Ballarat Youth Services provides many services. These are outlined below:

YHQ (Youth Head Quarters) is the information and resource centre for young people in the City of Ballarat. YHQ provides three main functions

1. Information and resources for young people on a range of topics
2. A safe supervised space for young people to hang out
3. A headquarters for Youth Service's groups and committees to meet, work with staff and access the resources they need to plan projects and events.

YHQ youth workers provide advice, referrals, support around a variety of issues young people face as well as work with young people to plan a range of projects and events. YHQ also offers internet use, tea, coffee, information on youth committees and a safe places for young people aged from 12-25. YHQ is open from 2.00pm-6.00pm Monday to Friday. A review of the YHQ concept suggests that this model should be continued and expanded to outlying townships. If the development of youth spaces is considered for townships in the City of Ballarat, it will be important to align them with other community-based services to gain maximum impact.

Projects that young people can get involved in are:

- Random Smash - youth magazine
- Zaque - same sex attracted social/support
- SPU - Skate park users
- YHQ - Youth Headquarter steering group

Golden Plains Shire

The Golden Plains Shire Youth Services consists of 2 dedicated workers. A number of activities are facilitated by the Youth Services team including the following:

- Youth Action Teams: These teams are made up of groups of young people who work together to identify and implement projects and initiatives that will benefit the young people in their communities. Youth Action Teams are currently happening in Linton, Enfield/Napoleons, Teesdale, Lethbridge and Rokewood/Dereel
- FReeZA: Youth Services runs a minimum of 5 FReeZA events in the shire each year. FReeZA events include musical or cultural activities which are planned and implemented by teams of young people across the shire. Recently there have been two music events, one in Meredith and one in Teesdale. These events had music, glowsticks, temporary tattoos, and physical activities. Free transport is provided for all events throughout the Golden Plains Shire.
- Referral & Advocacy: Referral and support is available to young people by linking them with specialist services for health, personal, family, lifestyle, financial, legal and many other areas that impact on young people's lives
- Youth Moves - Holiday Activity Transport: Holiday activity support is provided in the form of transport assistance for groups
- Local Youth Groups, Events & Activities: Youth Services Team can provide information about youth focused groups and events happening in the local community and in the region.

Hepburn Shire

There is Youth Development Coordinator that is based in Creswick and visits Clunes, Trentham and Daylesford frequently. There are a number of activities that are facilitated by the Youth Development Coordinator including:

- Youth Advisory Committee (YAC) - The Youth Advisory Committee (YAC) are a group of up to 11 youth representatives aged 12-25 who assist and work with other people or groups to improve the Shire in the interests of the youth. The YAC is run by the Youth Development Co-ordinator. Other people can become associate members to keep informed and involved if they want. The YAC meet once a month for meetings, as well as meeting with people about specific projects that we are helping them with. People can volunteer to be a part of working groups to get specific projects or events off the ground.
- Hepburn FReeZA is for people aged 12-25 who are interested in running drug, alcohol and smoke free music, culture and arts events for young people in their home town. Hepburn FReeZA has \$4000 for each of the towns of Creswick, Clunes, Trentham and Daylesford. How this money gets used depends on how young people get involved and what they want to do.
- The Youth Initiatives Network (YIN) brings together the various youth workers, programs, organisations and initiatives running in the Hepburn Shire for information and support. To help ease access for young people the different programs, organisations, workers and contacts are listed on the Youth Initiatives Network Register.

Moorabool Shire

Moorabool Shire Council Youth Services is located at the Bacchus Marsh Community Centre, 213 Main Street, Bacchus Marsh. Moorabool Shire Council operates on community/strategic development principles. The unit does not provide direct service delivery but does provide support and advice to communities, agencies, schools and young people in order to promote youth needs within the Shire. Youth Services works in partnership with young people, schools and community agencies to develop information, promote service delivery growth and the well being of young people throughout the Moorabool Shire.

Initiatives of the Shire in partnership with local community organisations since 2002 include the development of a youth services directory, a number of Youth Forums, and a Rural Youth Facilities Study. A range of recreational projects including the development of recreational projects including the development of a BMX Jump Park (Darley) and Skate Park (Ballan) has been supported by Moorabool Shire Youth Services.

Youth Options Guarantee (YOG)

The Youth Options Guarantee aims to ensure young people are able to achieve a minimum year 12 equivalent education or ongoing employment. It is a set of arrangements put in place by those organisations that are signatories to a Memorandum of Understanding in each LLEN area that aim to improve the support for young people to remain engaged in education or training until they complete year 12 or equivalent qualifications.

To achieve this, the aim is to connect people under the age of 18 without these qualifications to education or training. Depending on the nature of the association with a young person, this might occur during an agency's involvement or be a transition as part of the completion of client support. In some cases the young person may still not be ready to connect to employment or education at the completion of an agency's service, but may move to another health/welfare agency that may provide that opportunity through their involvement (eg Youth Pathways or Youth Transitions Support Initiative).

There are four main elements to the Youth Options Guarantee including:

- Inclusive education provision arrangements to engage young people in learning to year 12 or equivalent
- Supportive intervention for those young people identified as potential early leavers to prevent early leaving
- Transition support for early leavers to and between education and training providers or employment with structured training
- Provision of support for the reintegration into education or training of early leavers who have previously disengaged from education or training prior to gaining year 12 or equivalent qualifications.

These elements are underpinned by a set of referral arrangements between the partners in this LLEN area. The intention is to ensure that there is always someone or some organisation taking responsibility for supporting each young person to complete year 12 or equivalent. There are up to 84 partners in the Highlands LLEN from a wide range of sectors including education and training, health, youth, justice and welfare.

The Ballarat Learning Exchange (BLX)

The Ballarat Learning Exchange (BLX) is a Department of Education & Early Childhood Development resource that aims to enhance education and training provision within the city of Ballarat. The prime objectives of the BLX are:

- To provide sustainable and accessible vocational training opportunities that are not otherwise readily available within Ballarat
- To contribute to the development of a culture of lifelong learning within the community
- To improve access to education and training options for people who are "at risk", specifically those in the 15-19 year old group.

- Complement, and add value to, existing education, training and employment provision and infrastructure, including student support infrastructure

The BLX is a supportive education environment that supports youth that have disengaged with school and provides alternative educational opportunities. The facilities to provide this environment include a conference room, IT classroom, Multimedia room, Studio (film, video and music production) and Skills warehouse (hands on training in OH&S and warehouse applications). Also located within the BLX building is THAT PLACE and the Highlands Local Learning and Education Network (HLLLEN).

THAT PLACE

THAT PLACE is a space designed for and supportive of 15 – 19 year olds. Located within the Ballarat Learning Exchange, THAT PLACE exists to support young people in times of transition. It is a bright and welcoming space to find information to improve understanding of the work place, education pathways and options open to youth. Resources and advice are available at THAT PLACE for job or career information or job search. Some of the resources available include:

- Information on Employers
- Computer use – resume updating and printing
- Personality testing/profiles – assistance working out your career
- Information on a variety of services are available to you
- Information on courses, TAFE Colleges, Universities, Short courses,
- Volunteer work
- Job Network Agencies and New Apprenticeship Centres
- Support during Job search
- Information on interview technique
- Office use for job search – fax, phone, internet and general assistance
- Ongoing contact via ONTRACK connect once you have left school

THAT PLACE also has links with other agencies that can be accessed through THAT PLACE including:

- JANA – Jobs a New Approach – link into mentoring
- LEAD ON – make links to Business, have fun & gain skills
- Centrelink
- VET in Schools and School Based New Apprenticeship contact and information

Highlands Local Learning and Employment Network (HLLLEN)

The LLENs were created to empower communities to be responsive to their particular post compulsory education and training needs, especially as these relate to 15 to 19 year olds. The reason for focusing communities on the education and training needs of 15 to 19 year olds is the recognition, both in Australia and in developed nations globally, that

"12 years of worthwhile learning is considered crucial to both improving the job prospects of young people and maintaining a vibrant and dynamic economy with a strong skills base."

In support of its belief in the need for 12 years of worthwhile learning the Victorian Government has set two targets, which aim to achieve near universal provision of education and training for 15 to 19 year olds by 2010.

- By 2010, 90% of young people in Victoria will complete Year 12 or its equivalent.
- By 2005, the percentage of young people aged 15 to 19 in rural and regional Victoria engaged in education and training will rise by 6%.

The second target recognises the greater challenges faced in regional and rural areas in the provision of education and training for their communities, and also that retention rates in many of these areas are currently lower than the State average.

The **Highlands LLEN (HLLLEN)** comprises five Local Government Areas, including City of Ballarat, Golden Plains Shire, Hepburn Shire, Moorabool Shire and Pyrenees Shire.

In order for the Highlands LLEN to assist its communities to be responsive to their local education and training needs, and thereby the achievement of the Government's targets, it has been working within the strategic priority areas of Community Awareness, Pathway Planning and Engaging Employers.

The HLLLEN is continually seeking active members to assist in the development and introduction of innovative programs that will assist our young people in making the transition from school to work or further education. The Committee of Management is formed from a diverse range of stakeholder organisations including Employer Peak Bodies, Local Government, TAFE/Universities, Adult Community Education, Schools, Koorie, Community Trade Unions and Other Educational & Training organisations.

The HLLLEN is currently working with the school sector to assist with the coordination of Vocational Education Training (VET in Schools) to ensure the VET programs are relevant and align more with the skills shortages that exist within our communities. The structured work placements, that are a part of the VET course, and linked to the relevant industry assist in equipping the students with the skills and attributes that employers need.

The Highlands LLEN has been active in:

- Establishing That Place – Career Information Centre to assist young people with career information and knowledge to prepare them for the job seeking market.
- Establishing Taster Programs – working with industry to develop programs that meet their needs in relation to skills and knowledge. Programs including the Australian Industry Group Engineering Taster, the UFS Dispensary Pharmacy Assistant/Retail Taster, the Bricklaying Taster in partnership with the Australian Block & Bricklaying Association and the University of Ballarat TAFE Division, and the IT Taster in partnership with the University of Ballarat TAFE Division.
- Coordination of the school Based New Apprenticeship Program where students can combine schooling with a part-time apprenticeship/traineeship.
- Facilitating Career Voyage workshops working with a range of students and producing action plans about possible career choices.
- Sponsoring industry/education breakfasts where both parties can discuss in an informal manner on how they can work closely together to create mutually beneficial outcomes.
- Promoting Manufacturing Week and facilitating school/industry tours, Mindshop Excellence programs all focussed on school to employment transitions and industry/market place knowledge.

Planning

2011 Initiative: 2.7 Strategically align Central Highlands AOD Action Plan with other existing Action Plans.

The Central Highlands AOD Action Plan is referred to in the following plans:

- City of Ballarat Health and Wellbeing Plan 2009-2013
- Central Highlands PCP Integrated Health Promotion Plan
- Ballarat Reducing Risky Drinking Project

Key Priority Area 3: University Students and Student Associations

2009	Initiative: 3.3 All student unions to provide and promote alcohol free activities Initiative: 3.4 Student unions to be actively engaged in providing safe partying environments and safe transport options
2010	Initiative 3.2 Increase engagement with university student communities in developing programs re awareness of risks and impacts of AOD Initiative 3.5 Increase support for students who are moving to Ballarat, including International students

Reducing alcohol-related risks

Many of the initiatives listed under this Key Priority Area were identified in response to a number of issues present at the time of developing the CHAOD Action Plan. Many of these issues have since been resolved internally with a lot of work being undertaken by universities in consultation with student associations/unions. Ongoing work is required to ensure continual promotion of harms associated with AOD misuse along with the delivery of alcohol free events for students. A coordinated strategy including external support for events is being undertaken by the Be Safe Committee.

Curriculum

2010 Initiative: 3.1 Increase input into university curriculum re AOD and MH issues

There is a Moderator's Meeting held bi-monthly for the Certificate 4 AOD/Mental Health and Welfare. The group is currently ensuring that students are being trained and gaining qualifications that meet workplace needs, influencing curriculum development and providing student supervision training.

Representatives on the Moderator's group include Centacare MASC, UnitingCare, Ballarat Community Health, UB Tafe Campus and BHS Dual Diagnosis Coordinator.

In addition to the Moderators' group, a number of AOD clinicians are delivering units to students in the area of alcohol and other drugs.

Key Priority Area 4: Role of Councils

2009	Initiative: 4.1 Respond to evidence that there is increased alcohol use where there is increased availability of alcohol Initiative: 4.2 Harm minimisation strategies to be supported through Liquor Accords
------	---

Due to the size of the Ballarat entertainment district and number of alcohol outlets, the initiatives identified under this key priority area are predominantly related to the City of Ballarat rather than other local government areas. Key objectives and strategies identified in Council plans for Golden Plains, Hepburn and Moorabool are a reflection of community needs and identified priorities for each community. Within these plans issues associated with alcohol and other drugs is not directly addressed however, as part of the social determinants of health model, building stronger communities addresses underlying issues that can compound alcohol and other drug problems that can emerge within communities.

Council Plans

City of Ballarat

The key strategic and action plans for the City of Ballarat include the following:

- **City of Ballarat Council Plan 2009-2013 : *Ballarat: Today, Tomorrow, Together***
- **City of Ballarat Health and Wellbeing Plan 2009-2013**

Specific actions within this plan related to alcohol and other drugs include:

(1) Alcohol harm

- Implement actions to tackle alcohol-related harm in the Community Safety Action Plan (note: undertake the “Mapping alcohol supply, demand and harm” project to provide an overview of evidence relating to the supply of, demand for, and harm associated with alcohol consumption within the municipality of Ballarat).
- Continue to provide accurate information and opportunities for community engagement about alcohol harm (e.g. SSMART ASSK and SSMART Answers Conference).
- Work in partnership with Ballarat Community Health Centre and CHPCP to implement the Central Highlands Drug & Alcohol Action Plan 2009-2013

(4) Tobacco

Tackle tobacco related harm through:

- Reducing exposure to environmental tobacco smoke via monitoring and enforcement of tobacco legislation & regulation
- Reducing tobacco use initiation via monitoring and enforcement of tobacco regulations relating to the promotion and sale of tobacco products (including sale to minors)
- Increase tobacco use cessation by offering CoB staff access to best practice smoking cessation programs

Golden Plains Shire

- **Golden Plains Council Plan 2009-2013**
- **Golden Plains Shire - Municipal Public Health Plan 2008-2012: ‘Healthy People - Healthy Places’**

‘Healthy People – Healthy Places’ sets the overarching framework for all of the policies and partnerships and sets out the high level policy directions for the future. These inform the actions identified in this document, other strategies and plans prepared by Council, and work completed in partnership between Council, local communities and a range of government and non-government agencies. Focus will be placed on 6 specific areas including:

1. Planning for Population Change
2. Community Strengthening and Social Inclusion
3. Healthy Active Transport
4. Physical Activity and Healthy Eating
5. Better Access to Services
6. Public Health and Safety

Other Key Strategies

Other key strategies referred to within Golden Plains Council Plan 2009-2013 and Municipal Public Health Plan 2008-2012 but not listed on the website:

- Golden Plains Shire – Community Development Strategy 2009-2012
- Golden Plains Shire – Recreation Strategy 2008-2012
- Golden Plains Shire – Youth Development Strategy

Community Development Program

The Community Development Program engages residents and local communities in planning for their future. The program assists community members to work together to:

- Identify needs, issues and opportunities
- Decide on the priority actions or projects
- Establish groups they will work with to achieve agreed goals

Twenty communities have developed their own community plans with the assistance of a community development facilitator.

Hepburn Shire

The **Hepburn Shire Council Plan 2009-2013** identifies 4 fundamental commitments:

1. Deliver Good Governance
2. Improve Economic Prosperity
3. Assist residents to improve the health, safety and vibrancy of communities
4. Guide Shire towards environmental sustainability

The Hepburn Healthy Communities Project (HHC) provides a framework for the identified commitment of improving the health, safety and vibrancy of communities. Completed in January 2009, the HHC will be progressed via the Community Strengthening Unit, incorporating Youth, Recreation, Culture and Arts, Transport Connections and Community Planning.

Moorabool Shire

- **Moorabool Shire Council Plan 2009-2013: Working Together for our Community**

There are 4 Key Result Areas identified in the Moorabool Shire Council Plan including:

1. Representation and Leadership of our Community
2. Community Wellbeing
3. Enhanced Natural and Built Environment
4. Continuous Improvement in Council Services

The key supporting strategic documents are as follows:

- Community plans (KRA 1). The Moorabool Communities in Action (MCiA) program aims to inform and priorities shire-wide planning, address local priorities and promote Council working in partnerships with residents to make things happen. Workshops have been conducted with 8 communities resulting in the development of individual Community Actions Plans.
- Community Engagement and Consultation Strategy (TBD 2009/10) (KRA 1)
- Youth Strategy (Draft)
- Moorabool Shire Project: Stage 1 - Local Area Planning

Liquor Accords

The Ballarat Liquor Accord is voluntary and has been operating since 2001. The purpose of the Accord is to draw together representatives of key establishments to recognise and address issues of excessive alcohol consumption and unacceptable practices that contribute to community and social problems. The Ballarat Liquor Accord promotes and supports the use of the CitySafe Taxi Rank and the Designated Driver Program.

In relation to other areas identified within the CHAOD Action Plan namely Bacchus Marsh, Daylesford and Creswick, the Project Officer has not made any progress in terms of liaising with the appropriate representatives to verify status and/or progress.

Links to licensed venues and Liquor Accord groups not developed at this stage. Future work is required to support the Liquor Accord groups to understand how they can contribute to promoting harm minimization messages and to ascertain what kind of support they may or may not require.

2012 Initiative: 4.3 Increase interventions to control the number of liquor outlets across Ballarat

This initiative is directly linked to the current project "Mapping alcohol supply, demand and harm in the City of Ballarat" (refer to page 20 for description).

2012 Initiative: 4.4 Provide alternative entertainment in central precinct

At this stage this initiative has not been progressed.

Key Priority Area 5: Family Support and Child Protection

Under this Key Priority Area the key themes that have emerged include the need for relationship development, creating greater understanding and awareness between sectors as well as across management levels.

2009 Initiative: 5.2 Improve relationships between Grampians Family and Placement Service (GFPS) organisations with services for AOD, disability and MH

The *Protocol between Drug Treatment Services and Child Protection for Working with Parents with Alcohol and Other Drug Issues* was developed in 2002. Although this protocol is in existence, there has been limited progress in terms of implementation. There is a need for these protocols to be reviewed and consideration given to the emergence of cross sector development work described under the next initiatives. A regional view is required to develop an effective and workable Memorandum of Understanding that is linked to established protocols.

2009 Initiative: 5.3 Improve understanding of the AOD, Disability and MH sectors in relation to the Children's, Youth and Families Act and Statewide outcomes for children
Initiative: 12.7 Increase skills and awareness of AOD workers re Child FIRST and referral procedures

2010 Initiative: 8.5 Increase referrals between AOD services and Family Violence and Child Protection interventions

Initiative: 12.11 Increase awareness of the impacts of AOD abuse on families, including the safety and well-being of children

In November 2009, a workshop was held with representatives from Department of Human Services Child Protection, Department of Health, Family Services, Child FIRST, Family Violence Services, AOD services and Mental Health services. The workshop was initiated by the Greater Grampians Family Services Alliance in order to develop better cross program relationships.

The overarching theme of the workshop was captured in this phrase:

Regardless of any new investment in respective program areas, the impact of the reforms on the wellbeing of children, families and communities will always be heavily dependent on one key issue: how well the various individuals and organisations that provide services work together.

The objectives of the workshop were:

- To build and further develop good working relationships between Child Protection, Family Services, Child First, Mental Health services and AOD services in the Greater Grampians Region
- To explore the cross program issues impacting on our collaboration and proposed principles to address the issues
- To develop practical strategies for actioning the agreed principles

Throughout the workshop, five issues were explored:

1. Shared responsibilities, separate Government departments – but clients don't care
2. Lack of cross sector knowledge
3. Client needs can be subsumed and lost to a primary focus on service operation
4. Legislative diversity
5. Problematic relationships are fuelled by a failure to deal with problems

The key outcomes agreed upon included:

- Cross program reflective practice sessions
- Develop and trial a Collaborative Integrated Service Model
- Establishment of a Collaborative Working Party

The first meeting of the Collaborative Working Party is scheduled to be held in mid-February and will be attended by up to 20 representatives from the various sectors. The aim of this meeting is to establish the framework and delivery schedule for cross program reflective practice sessions as well as exploring a Collaborative Integrated Service Model that can be implemented. Further work is required to develop links with Disability Services.

2010 Initiative: 5.1 Increase awareness of services to support families who have a carer role
This initiative requires further clarification to define the target group clearly, identify the resources required and methods of distribution.

In relation to awareness of AOD services, the Regional AOD Service Pamphlet currently being developed could serve as a good reference to promote services available.

Key Priority Area 6: Housing

2009 Initiative: 6.1 Increase availability of safe, suitable and affordable housing, including transition housing, for youth and general community
2012 Initiative: 6.2 Increase availability of safe, affordable housing that is accessible to the target group, including dual diagnosis clients

This key priority area is not within the reach of this project however it needs to be acknowledged that there is ongoing work being completed in this area. In addition to the changes in referral processes as outlined below, funding is now being directed to the area of at risk youth with dual diagnosis issues who are homeless. Significant progress is being made in establishing positions to support this work within various agencies. These initiatives are continuing and updates will be provided on an ongoing basis through various forums and team meetings within relevant organisations.

Opening the Doors Framework – A Victorian Government Initiative.

A significant change has been made in relation to referral pathways into homelessness services with the implementation of the Opening the Doors Framework in November 2009.

Throughout the Victorian Government Initiative of 'Opening Doors', pathways into homelessness and housing services have been reconfigures to create more transparency and efficiency of service access for people at risk of and already experiencing homelessness.

In the Grampians, local homelessness and housing support providers (Transitional Housing Management, Supported Accommodation Assistance Programs and Social Housing & Advocacy Support Programs) have worked together to create visible and coordinated entry points into their homeless support services. The Entry Points will provide an initial assessment of people's housing and support needs and may then make referrals into other homelessness and housing support services.

The nominated entry points in the Central Highlands include the following:

Location	Provider	Address	Phone	Hours
Ballarat	UnitingCare Ballarat	105 Dana St, Ballarat	03 5332 1286	9am–5pm Mon–Fri
Bacchus Marsh	CAFS Moorabool	52 Grant St, Bacchus Marsh	03 5367 9900	Part-time
Daylesford	CAFS Hepburn	13 Hospital St, Daylesford	03 5348 8200	Part-time

Key Priority Area 7: Transport

This area is not the core business of the CHAOD Action Plan 2009-2013 and initiatives are continually being progressed by relevant departments. The key themes in the area of Transport include:

- Availability and access
- Promotional campaigns
- Accessing AOD treatment services

Availability and Access

2009 Initiative: 7.1 Increase availability and use of public transport across all ages

City of Ballarat

CitySafe Taxi Rank, refer to page 22 for description

Transport Connections

Transport Connections is an \$18.3 million Victorian Government investment that provides funding to help communities set up working groups, employ a coordinator and develop a range of transport initiatives. A Transport Connections Flexible Fund helps to deliver small-scale localised initiatives across the State. These include extensions to existing services or the implementation of new trial services.

Golden Plains Shire - Community Transport

The Golden Connections Community Transport service is a part of the state-wide Transport Connections Project and provides assistance and transport to residents of Golden Plains. This can be for:

- Medical appointments. A door-to-door service is available Monday to Friday for medical appointments and other specialist activities
- Community travel needs
- Assistance where no other transport services are available
- Passenger assistance can also be provided where necessary, to help clients who are frail or have restricted mobility.
- Links to other existing transport services

Some of the services Golden Connections Community Transport offers are

- Regular route services are available from Rokewood to Ballarat return each Thursday and from Linton to Ballarat return each Wednesday. These services enable residents to have 3 hours in Ballarat for medical appointments or shopping needs
- Community group bus hire, where groups and organisations in Golden Plains can hire 12 seat mini buses for special events and functions at reduced rates. Larger vehicles, up to 50 seats and drivers, can also be arranged.

Hepburn & Moorabool Shire

The Transport Connections Project covering Hepburn Shire and Moorabool Shire west is called *Front SEEAT* commenced in January 2008. The project covers all of Hepburn Shire and the western part of Moorabool Shire and is aimed at reducing transport disadvantage across the two municipalities in a way that increases social connectedness.

Promotional Campaigns

2009 Initiative: 7.2 Reduce drink driving

The actions described under this initiative predominantly refer to promotion campaigns and actions for licensed premises. The underlying premise of the campaigns is to educate people to plan their night out and to provide harm minimization strategies to reduce harms associated with alcohol misuse. The key promotional campaigns referred to include the Designated Driver program and the Stay with your Mates program.

The Designated Driver program promotional material appears across the majority of licensed premises as well as locations such as the universities. This program is due to be evaluated through the City of Ballarat, Community Safety Advisory Committee in 2010. It is also a program promoted by the Be Safe Committee.

Access to AOD Treatment Services

2009 Initiative: 7.3 Increase availability of appropriate transport for detox clients into services

This initiative is particularly pertinent to outlying areas as well as City of Ballarat and has a number of issues including:

- Worker time to transport clients
 - Issue also related to accessing other AOD services including counseling
 - Requires further consideration in order to progress and explore options to lobby
 - Different models to be investigated
- This initiative has not been progressed at this stage.

Key Priority Area 8: Relationship with Police, Courts and Forensic Clients

This area requires extensive work to progress as there are multiple issues involved. The justice system is complex and to implement effective change requires collaboration and support across many levels and sectors. Education and awareness of the effectiveness of drug diversion programs is required along with evidence to measure the effectiveness of these programs. An educational DVD entitled “Drug Diversion” is highlighted here as an identified resource. The key themes for this key priority area include:

- Referrals
- Promotion
- Relationships

Drug Diversion DVD

An educational film developed by the NSW Police Drug and Alcohol Coordination (DAC) unit aims to raise frontline police awareness of drug and alcohol diversion options. The 30 minutes DVD entitled Drug Diversion and Police, focuses on attitudinal change, and promotes the use of intervention programs. Options could be explored to adapt the DVD to Victorian settings. The scenarios contained in the DVD are based on cases from their police database and according to Penny Cheverall, Drug and Alcohol Coordination (NSW) who was involved in the development of the DVD; there was significant high level of support from Commanders to produce the DVD including the use of police officers to appear in it.

The Drug Diversion Project Officer (Vic Police) has been using parts of the DVD in training sessions. She said that it was a great tool to create discussion but as programs are NSW specific there is additional scepticism as to success and inability to inform members of Victorian specific legislation. While there is a Victorian based video that was done in 2003, it is now out of date. Future investigation into developing a Victorian based DVD similar to the NSW version would be beneficial but costs would be an issue.

Referrals

2009 Initiative 8.6 Increase police referrals to AOD services as first option in lieu of penalty or criminal sanctions

2010 Initiative 8.3 Increase utilization of drug diversion programs

- There is a great need for further work in this area. At this stage this initiative has not been specifically progressed

Promotion

2010 Initiative 8.4 Increase awareness of consequences for arrest for alcohol eg compulsory assistance

2011 Initiative 8.2 Increase use of Cautioning Programs (Alcohol or Drugs)

- At this stage this initiative has not been specifically progressed

Relationships

2009 Initiative: 8.1 Support closer community links with police

2010 Initiative: 8.7 Develop closer relationship with the court system as an avenue to bridge the gap between judicial and therapeutic services

A diversion program entitled "Alcohol: What's the Harm" has been operating in Bacchus Marsh for up to 5 years. Under this program, youth that are apprehended for underage drinking are given the choice of being fined or attending an education session facilitated by an AOD Counsellor from Ballarat Community Health. This has worked well in previous years however the number of referrals has diminished in the past 12 months which is potentially due to the number of new police officers working in the area that are not fully aware of the program.

Within Ballarat, representatives from court based programs and AOD agencies previously met informally a few times a year to provide the opportunity for general discussion pertaining to various shared issues. This has subsequently diminished and the suggestion to reinvigorate these meetings has been supported in principle. This needs to be further progressed.

Key Priority Areas 9 & 10 Dual Diagnosis (AOD/ABI/MH Clients)

Key Priority Area 9: Dual Diagnosis AOD/ABI Clients

Key Priority Area 10: Dual Diagnosis MH/AOD Clients

The area of Dual Diagnosis has been merged to include both Key Priority Area 9 and 10. This reflects the common activities being completed across these areas for AOD clients with dual diagnosis of Acquired Brain Injury (ABI) and/or Mental Health (MH). The key themes identified for this area include:

- Referral pathways
- Screening and Assessment
- Access to timely neuropsychological assessment
- Service relationships
- Clinical practice
- Data collection

Dual Diagnosis Regional Action Plan (initiative 10.5)

The Dual Diagnosis Regional Action Plan was completed in June 2009. It is envisaged that the plan will sit with the *Grampians Region Dual Diagnosis Action Group* to ensure it is progressed. Following consolidation of previous consultation completed and additional liaising with agencies, the following recommendations were provided in the report:

- That the Dual Diagnosis Steering Group advising this project discuss with DHS the need to review existing regional mental health / AOD structures with the aim of reducing duplication and demand on service managers, whilst providing appropriate leadership to build dual diagnosis capability in this region.
- As part of stage two of this project DHS consider various ways to support the role of DDPH's in this region including funding to implement the roll-out of screening tools accompanied by training and to assist agencies to provide dedicated staff time to this role.
- That human resource management and resource considerations be undertaken by agencies, funders and decision makers for the provision of reciprocal rotation training for practitioners identified to develop skills as Advanced Practitioners.
- If a regional structure is created to provide leadership on dual diagnosis matters, there should be adequate supported representation of carers and consumers.

Grampians Region Dual Diagnosis Action Group

This group will be the regional management group for Dual Diagnosis and with the first meeting held in February 2010.

Central Highlands Dual Diagnosis Portfolio Holders Group

The Central Highlands Dual Diagnosis Portfolio Holders Group is responsible for providing strategic guidance and direction to their auspice agencies for the development, and future service delivery arrangements in accordance with the direction of the service development outcomes outlined in the key direction and priorities policy for dual diagnosis developed by Department of Human Services.

Aims:

- Increase leadership role within clinical teams including area mental health service, PDRSS and alcohol & other drug services in the Central Highlands region around DD issues and allowing an opportunity for the culture of *no wrong door* to be embedded in the service
- Create a mechanism for collection of information of frequency and type of dual diagnosis issues occurring within the teams. This will allow for further development of
 - Building consensus for change within the team
 - Making the change, and
 - Sustaining the change
- Key areas for further development in line with the key directions and priorities will be alerted i.e.
 - Information about alcohol and drugs of abuse, and interactions with mental illness,
 - Screening and assessment of substance use,
 - Motivational interviewing, and
 - Substance abuse interventions.
- Ensure DD issues are followed-up within the team/agency and clinicians are monitored and supported. If required further consultations and recommendations can be sought from the DD team
- Assists with legitimizing a team culture towards DD issues as core business and gives each team ownership towards change.

Referral pathways

2009 Initiative: 10.3 Clear referral pathways to ensure access to all appropriate services for clients with complex needs (multiple diagnoses)

Minimal progress has been made on this initiative. Further work is required by the Central Highlands Dual Diagnosis Portfolio Holders Group, Grampian Region Dual Diagnosis Action Group and the Ballarat & District Division of General Practice.

Screening and Assessment

2009 Initiative: 9.1 Consistent assessment that captures AOD/ABI clients
Initiative: 10.1 Implement consistent assessment for MH/AOD clients

2010 Initiative: 9.2 Increase recognition of clients with multiple diagnoses which may include AOD/MH/ABI/Intellectual Disability

Initiative: 10.2 Increase recognition of clients with multiple diagnoses which may include AOD/MG/ABI/Intellectual Disability

This area has been progressed significantly by the Central Highlands Dual Diagnosis Portfolio Holders Group with draft screening and assessment tools developed for AOD, Mental Health and ABI. These tools are now being implemented across the various sectors.

Further work is required in establishing better linkages with the Intellectual Disability sector.

Access to timely neuropsychological assessment

2009 Initiative: 11.4 Improve access to neuropsychological assessment prior to admission to Rehab

2011 Initiative: 9.4 Reduce delay in neuropsychological assessment for prioritized clients
Initiative: 9.5 Develop and implement process for neuropsychological assessment prior to admission to Rehab and after detox

This area requires a lot of development as there is a number of issues that have been identified. Discussion held with AOD Treatment Service Working Group and number of issues identified in this area.

- Key action is to ensure clinicians have training to support clients
- Utilisation of AOD/ABI Regional position when filled
- Grampians Dual Diagnosis Management Group to lead training initiatives – need to ensure training is placed of the agenda of this group

Extensive discussion highlighted a number of issues:

- Time frame between detox and rehab does not allow for assessment – rehab require clients to come directly from detox
- Availability of appropriate assessors limited – practitioners and appointments
- Time taken for assessment is lengthy and costs are high – payment is an issue as client themselves have to pay in some cases
- If assessments completed this does not necessarily improve outcomes or behaviour change.
- Current service system has not grown to meet the demand and workforce is not necessarily skilled to manage ABI clients
- Need to look at ways to better support people with cognitive impairment (Mental Health; Intellectual Disability; ABI) and what can realistically be done with this client group
- Improvement in early intervention and support for front line workers is required. This includes screening and strategies for management of ABI clients.
- Greater understanding of this client group required by other services including their expectations of the clients (ie Child Protection, Corrections, Disability Services)

Identified actions:

- Early intervention to be area of focus for this initiative. This includes skilling the AOD workforce in screening.
- Screening tool to be identified that will be used across AOD/MH agencies to be a part of AOD toolbox.
- Agencies need to be educated in ABI and the impact it has on client's ability to engage with services
- Explore opportunities to utilise Regional ABI/AOD position – secondary consultation and delivering training
- Online training, particularly in area of Dual Diagnosis to be promoted. Currently being done via DD Portfolio Holders Group.

Service relationships

2009 Initiative: 10.4 Establish consistent understanding of BHSPS services for AOD clients

A Service delivery protocol between Grampians Region Mental Health and Alcohol and Other Drug Service Providers was developed in 2005. This protocol requires revision and updating to ensure there is an effective and relevant memorandum of understanding is implemented.

Clinical Practice

2010 Initiative: 10.8 Consistent implementation of clinical practice guidelines for dual diagnosis clients

This initiative is being progressed through the Dual Diagnosis Portfolio Holders Group. Further work to be completed regarding specific actions identified including the promotion of Promote consistent implementation of clinical practice guidelines for dual diagnosis across BHS and BHSPS.

2011 Initiative: 9.6 Implement recommendations from 2008 Evaluation of BHS AOD/ABI Case Management Services in rural regions (for Grampians region)

Recommendations have been developed and ready for implementation. Further follow up is required to establish status of report and strategies to implement recommendations.

2011 Initiative: 12.4 Increase skills for clinicians who are working with multiple diagnosis AOD/ABI/MH/Intellectual Disability clients

2012 Initiative: 12.12 Increase AOD and MH clinicians skills in each area

Many of the AOD and MH Clinicians are moving towards or have already achieved dual qualifications. The Dual Diagnosis Portfolio Holders Group is providing further support in this area. It has been identified that ongoing training and support is required for clinician and this should be the responsibility of the Grampians Regional Dual Diagnosis Action Group.

A key gap in this area is the involvement of the Intellectual Disability sector.

Data collection

2010 Initiative: 9.3 Accurate data about ABI/AOD dual diagnosis clients

- At this stage this initiative has not been progressed. There is a need to identify the most appropriate responsible party to progress initiative.

Key Priority Area 11: AOD Treatment Services for Individuals

To progress the identified initiative under this key priority area, an AOD Treatment Services Working Party was established from the CHAOD Action Plan Implementation Steering Committee. Membership included Team Leader, Ballarat Community Health, Program Manager UnitingCare Ballarat, BADAC AOD Worker, Dual Diagnosis Coordinator BHS and Dual Diagnosis Manager, SJOG, Bloomsbury House.

It is important within the discussion of AOD treatment services for individuals to consider the entire continuum of care including counseling, withdrawal management and support/case management. According to the Alcohol and Other Drug treatment services in Victoria 2007-08: Findings from the National Minimum Data Set (NMDS) (available www.aihw.gov.au/drugs) "counselling was the most common form of main treatment provided (accounting for 47% of episodes compared to 49% in 2006-07), followed by withdrawal management (detoxification) (21%) and support and case management only (13%)".

For the purpose of this report, the key themes for this area include:

- Support for General Practitioners
- Service Evaluation
- Emergency and Acute Services
- Access to detoxification/withdrawal and rehabilitation

Support for General Practitioners

2009	Initiative: 11.6 Improve access to information that is readily available about AOD services that do exist
2011	Initiative: 12.1 Provide PD for GPs supporting complex and dual diagnosis clients

Ballarat and District Division of General Practice (BDDGP)

Ballarat and District Division of General Practice are implementing a number of initiatives to support GPs in the management of patients with alcohol and other drugs issues:

Alcohol and Other Drug Special Interest Group

The BDDGP AOD Special Interest Group was reconvened early 2007 and meets regularly.

The purpose of the group is to:

- Facilitate the education and training needs of General Practitioners (GPs)
- Establish and maintain links between GP pharmacotherapy prescribers, dispensers and AOD service agencies
- Provide joint education and training for GPs and AOD Workers
- Identify pathways to the available patient support, services and resources

Group membership comprises:

- General Practitioners
- Pharmacists
- AOD Agency Workers
- Mental Health Senior Program Coordinator, BDDGP
- State & Regional Representatives, Department of Health

Special Interest Group achievements include:

- **Web-based Service Directory**
The BDDGP web-based service directory has been developed to provide a quick and easy way to locate specialists and specialist services in the Ballarat and surrounding district. Categories contained within the service directory include Mental Health, Alcohol and Other Drugs, Specialists and Perinatal & Infant Mental Health Support. Based on the existing Mental Health Decision Making Support Tool for GPs, the Alcohol and Other Drugs category was added to the web-based service directory in 2009. Link: <http://directory.bddgp.org.au/directory.php>
- **GP Quick Reference Guide for AOD Management**
BDDGP has developed an A4 size GP Quick Reference Guide for AOD Management containing information on:
 - Clinical pathways for AOD counselling, detoxification/withdrawal and rehabilitation
 - Identification of and contact numbers for agencies providing AOD services in the Central Highlands
 - Useful websites
 - Reference to BDDGP online tool
 - List of screening tools
 - Location and contact numbers for pharmacies that provide Opiate Replacement Therapy
 - List of home based withdrawal services
 - List of state based residential withdrawal services and rehabilitation services including name, location, phone number, provider name, number of beds, length of stay and target group.

Information about services within the Central Highlands has been circulated to each AOD agencies via the Project Officer for CHAOD Action Plan to ensure information reflects their service delivery.

Regional AOD Service Pamphlet

The development of the AOD Service pamphlet in partnership with Ballarat Community Health and Ballarat & District Division of General Practice (BDDGP) is being progressed. This activity supports initiatives identified in the CHAOD Action Plan 2009-2013 and key priority areas for the BDDGP. To ensure the pamphlet remains current and is distributed to the appropriate services, the BDDGP will take the lead role in creating a distribution list and regularly updating the contacts. All services will be consulted to ensure agency satisfaction and accurate details are published. Distribution will be focused on community health centres, GP clinics and other welfare agencies across the Grampians region. Links have been created with the Grampians Community Health Project Officer facilitating the implementation of the AOD action plans developed for that part of the region.

2010 Initiative: 11.7 Increase numbers of prescribing GPs

In addition to the work being completed by the BDDGP, the Department of Health, Mental Health, Drugs and Regions division have a dedicated position to Harm Reduction and Pharmacotherapy Services. According to statistics provided by the Pharmacotherapy Development Officer, there are a total of 28 authorised prescribing doctors across the Grampians region, of these 14 are located within the Central Highlands sub-region. There are 24 pharmacies dispensing opiate replacement therapy across the Grampians region with 13 of these located within the Central Highlands sub-region.

Educational DVD

An educational DVD entitled *Fighting the Dragon with Luck* has been developed and promoted with the aim to realign community and pharmacy attitudes to opiate replacement therapy (ORT) for treating drug addiction. The documentary tells the story of addiction through the eyes of six people in the inner Melbourne suburb of Brunswick. The stories share a common theme of hope that, despite the crippling realities of heroin addiction, a return to normal life is possible. The aim of the DVD is:

- to inform clients and their friends and families about ORT
- to educate and recruit doctors and pharmacists
- to educate the community about ORT
- to eventually change community attitudes to ORT

Approximately 8,500 copies of the DVD have been distributed across the state predominantly through dispensing pharmacies as well as prescribing doctors and some agencies. There have been presentations statewide by the Pharmaceutical Society of Victoria along with multiple presentations at several service providers meetings, various surgeries and agency meetings. As well as multiple screenings across the country, the documentary has also been presented in New Zealand, Reno and received a special mention and screening at the International Drugs and Harm Reduction Film Festival (Barcelona 2008). In March it was also screened at both the National Drug Treatment Conference in London and at a UNICEF film festival in New Delhi. For further information go to: www.fightingthedragonwithluck.com

Service Evaluation

2009 Initiative: 11.9 Evaluation of current service provision

Current Status

- Ballarat Community Health completed an evaluation of their AOD services in 2009.
- UnitingCare Ballarat completed an evaluation of Tabor House in June 2009 along with an overall organisation evaluation that includes AOD services.
- BADAC is currently reviewing a lot of program areas and infrastructure. A formal evaluation of AOD services has not been completed at this stage.
- An evaluation specific to AOD services for Hepburn Health Services and Djerriwarrh Health Service has not been completed.

A key issue faced by agencies to conduct service evaluations is having both the expertise and capacity of staff to undertake. This is particularly evident when the AOD teams are much smaller

ranging from 1 to 3 workers that are dedicated to AOD services. It was agreed that rather than attempting to progress any service evaluations at this time, there is a need to utilise any evaluations that have been completed to assist in identifying service gaps. In addition to this, it would also be beneficial to look at what processes are being used across agencies and scope where further support could be provided.

A key suggestion emerging from discussions held include:

- Developing a suite of evaluation tools for across the AOD sector would be valuable. These could then be distributed to agencies to provide them with the support to conduct service evaluations.
- A long term vision of this would be the ability to do client surveys across all services at one time. DHS would serve as a central point for the evaluation tools and provide the key resources for agencies.

Future directions

Resulting from discussions held with the AOD Treatment Services Working Group, it was agreed that it would be more valuable to conduct an up-to-date evaluation of the service system as a whole. An evaluation and review of waiting list times, effectiveness, range of available services and service levels (including treatment, counselling, diversion and home based withdrawal programs) would form a part of the overall evaluation.

In addition to standard data sets collected via reports, along with other quantitative and qualitative data, the AOD Treatment Service Working Party recommended that the following themes be explored within a Service System evaluation:

- Agency Performance Targets
 - Impact on budgets
 - Impacts on delivering services
 - AOD Workers doing more than before – Episodes of Care have not changed
- Data Collection – does not reflect level of work to achieve 1 episode of care
- Waiting lists – managing increased demand
- Increase in mandated clients
- Lack of detox beds
- Need for specialist AOD trained workers (ABI; Addiction Specialist)
- Staff backfill – when up-skilling staff
- Level of education of new graduates – less quality within courses, less skilled workforce; cost of courses; length of courses reduced
- Lack of available resources (staff availability; level of skill; turn around time to recruit staff)
- Priorities based on service agreements (voluntary first priority then mandated)
- Pharmacotherapy – lack of availability
- Legal system
- Wages for workforce
- Representation with VAADA

Department of Health - System and Performance Analysis of the Alcohol and other Drugs Treatment System

The Department of Health is seeking suitably qualified and experienced parties to undertake a project to assess and analyse the degree to which the Victorian AOD treatment system reflects current best-practice treatment models, meets client need and population demand, meets key government indicators and benchmarks, and achieves government objectives and long-term strategy goals. Tenders to undertake this body of work were due 4th February 2010.

Emergency and Acute Services

2010	Initiative: 11.8 Improve consistent implementation of clinical practice guidelines for alcohol withdrawal in acute settings and blood alcohol estimation in ED services
2011	Initiative: 12.5 Increase skills for clinicians re AOD and MH clients who present to Emergency and Acute services

At this stage this initiative has not been progressed. Initial discussions to progress this area are underway.

Access to detoxification/withdrawal and rehabilitation

2010	Initiative: 11.5 Improve access to options for detox services.
2011	Initiative: 11.1 Improve access to voluntary adult detox beds in Central Highlands
	Initiative: 11.2 Improve access to rehab beds in Central Highlands
	Initiative: 11.3 Improve access to consistent seamless care between detox and rehab

Access to residential detoxification/withdrawal and rehabilitation facilities is a challenging matter with many issues impacting on the ability of individuals with AOD problems to utilise these services. Some of these issues include:

- access to transport
- socio-economic status
- distance from support networks such as family and friends
- limited availability of services.

It has been noted in various local and regional documents that there is a need for facilities that provides services for both residential withdrawal and rehabilitation.

- Central Highlands Alcohol and Other Drug Action Plan 2009-2013
The implementation of the CHAOD Action Plan 2009-2013 has been progressed and throughout the ongoing consultation process with various agencies, the need for withdrawal and rehabilitation services within the Grampians region continues to be raised as a key issue to be addressed.
- Dual Diagnosis Regional Action Plan 2009
The Dual Diagnosis Regional Action Plan 2009 was developed through extensive regional consultation with individual agencies and service networks comprising of the Alcohol and Other Drug services, Psychiatric Disability Rehabilitation and Support Services and the Area Mental Health Service. It was noted in this report that throughout the consultation process there was universal agreement that a withdrawal (detoxification) facility was required.
- Ballarat Community Health (BCH) – AOD Service Evaluation
An evaluation of the BCH Alcohol and Other Drug Service was conducted in early 2009. As part of the evaluation, key issues were identified including the need for access to residential withdrawal and rehabilitation services within the Grampians region.

The demand for the withdrawal program at BCH is high with waiting lists for clients to access initial assessments averaging 20 per month. This is then exasperated by the waiting time to access residential withdrawal facilities located in other parts of the state which can range from 2 weeks to 6 weeks depending on the demand at the time.

If the client requires further support in the form of residential rehabilitation there are further waiting times involved as the demand for these services is high. Additional issues are faced with eligibility to particular services including the need for clients to have completed withdrawal process prior to entering the rehabilitation facility and the time frame between accessing these two services can be extensive, impacting on the eligibility of the client.

In addition, clients who are in a contemplative phase and ready to access intensive services then have the additional complexities of moving away from familiar support services and family. While this may be beneficial for some clients for the initial withdrawal period, it is not supportive for the longer term rehabilitation process.

- Ballarat & District Division of General Practice – GP Survey (2009)

A survey was distributed to General Practitioners in regards to supporting clients with alcohol and other drug issues. Some of the reasons identified for not referring patients to withdrawal or rehabilitation services included the lack of local services available, difficulties faced by patients to travel to other services as well as being separated from their support networks such as family and friends.

The lack of local inpatient services for withdrawal and residential rehabilitation services within the Grampians region was identified as one of the key issues for General Practitioners working with patients with alcohol and other drug issues.

In addition to issues faced by individuals wanting to access services, the ability of services including government departments to accurately measure both the demand for services and outcomes resulting from service engagement is also a challenge due to limitations of coordinated data collection across agencies.

Availability of State-wide Residential Withdrawal and Rehabilitation Services

All residential withdrawal and rehabilitation services are available to anyone in Victoria regardless of the region in which they reside. A summary of the state-wide residential withdrawal and rehabilitation services is provided below including the number of services and individual beds available across the state. The total numbers have been based on the service providers listed in Appendix 1 which includes the designated Department of Health region each service provider is located within. Private facilities that may not be commonly utilised have not been included.

State-wide Residential Withdrawal Services

	State Total # Services	State Total # beds	Metro # Services	Metro Total # beds	State Regional # Services	Regional Total # beds
Adult	8	88	5	71	3	17
Youth	6	39	4	31	2	8
TOTAL	14	127	9	102	5	25

Within the Grampians region there are 2 services available for residential withdrawal namely Tabor House (4 youth beds, Average length of stay 10-14 days) and Bacchus Marsh Hospital (1 adult bed, 7 days)

Based on an average length of stay within an adult withdrawal service of 7 days, across the state **76 adults** could access services each week. Over 51 weeks, there would be **3,876 adults** able to access services over the year.

There are two agencies that offer an extended stay of between 3-4 weeks. A total of **12 adults** could access this service each month and a total of **144 adults** over a year would be able to access an extended stay within a withdrawal facility.

Based on an average length of stay of 12 days, a total of **39 youth** could access services across the state every 12 days. Over a year (approximately 30 cycles of 12 days), **1,170 youth** could access withdrawal services.

State-wide Residential Rehabilitation Services

	State Total # Services	State Total # beds	Metro # Services	Metro Total # beds	State Regional # Services	State Regional Total # beds
Adult	7	231	5	184	2	47
Indigenous Adult	3	32	1	16	2	16
TOTAL	10	263	6	200	4	63
Youth	2	19	2	19	2*	**
Indigenous Youth	1	6	1	6		
TOTAL	3	25	3	25		

*These services are for s18 years and above and have been included in the adult tally.

**Details on the average number of beds utilized by those aged between 18-25 years classified as youth has not been gathered.

There is a great variation in the average length of stay at residential rehabilitation facilities ranging from 6 weeks, 4 months up to 1 year depending on the facility.

Overall, there are a total of **263 beds** available for adults and **25 beds** available for youth across the state. Of the adult beds, **63 beds** are located outside of the metropolitan regions, 16 of which are Indigenous specific leaving a total of **47 adult beds**.

It is important to note that the 47 adult beds located outside the metropolitan region(s) may also be used for youth as the nominated age group is 18-30 years. The two service providers in this instance include Overdale (Salvation Army) located near Kilmore and Teen Challenge Drug and Alcohol Rehabilitation Centre located in Kyabram which accepts clients 18 years and above..

Key Priority Area 12: Professional Development

2009 Initiative: 12.2 Increase awareness by generic workers re available AOD services, including after hours availability

Initiative: 12.3 Increase skills for generic workers as they support clients waiting for AOD services

- Generic workers include staff working in human service industries that are not AOD specialists.
- At this stage this initiative has not been progressed.

AOD Youth Outreach Workers

2009 Initiative: 12.6 Improve links with AOD Youth Outreach working in local networks

- This initiative is being considered by local service providers.
- A major project that is related to this area is the Grampians Region Child and Youth Mental Health Service System Redesign Demonstration Project as mapping and linking local networks forms part of this project.

Education Sector

2010 Initiative: 12.8 Increase skills for teachers to manage absenteeism and bullying

Initiative: 12.9 Increase skills for teachers with concerns about delivery of AOD information into classes

This area is predominantly the responsibility of DEECD who coordinate the Professional Development training for teachers. The SSmart Solutions session facilitated by the SSmart Network described on page 15 also supports initiative 12.9.

A resource was developed March 2009 entitled "Effective Schools are Engaging Schools: Student Engagement Policy Guidelines". This resource replaces 2 existing guidelines which outline

attendance and behaviour standards at school. The new guidelines developed to promote positive school cultures and increase student wellbeing and learning.

One of the key issues identified has been the difficulties found in attendance to sessions. Although there is a level of interest in the area of AOD, attendance has been poor.

Licensed Venues

2010 Initiative: 12.10 Increase skills of licensed venue staff in relation to drug awareness

At this stage this initiative has not been progressed.

Overview of Progress

KPA 1 Health Promotion 2009

Initiative		Current Status
1.1	Promote community awareness of impacts and risks of AOD and binge drinking	In Progress – Ongoing
1.2	Promote Prevention and Early Intervention	In Progress – Ongoing
1.5	Increase awareness of impacts and risks of tobacco use	In Progress – Ongoing

2010

Initiative		Current Status
1.4	Increase coordination between AOD information sessions and other Health Promotion activities	In Progress – Ongoing
1.6	Increase awareness of, and coordination between, Smoking Cessation programs	In Progress – Ongoing
1.7	Improve links with CHSA and Leisure Networks (Geelong) to include AOD issues in education re sports management and events	In Progress – Ongoing
1.8	Extend Health Promotion AOD and tobacco initiatives into workplaces	Not progressed – action required
1.10	Develop increased capacity for resilience among young people engaged in schools	In Progress – Ongoing
1.11	Promote awareness of impacts and risks of tobacco use in schools	In Progress – Ongoing action required
1.12	Increase awareness of AOD and tobacco issues among parents	Not progressed – action required
1.13	Increase availability of, and access to, appropriate resources that can be included in school newsletters	Not progressed – action required
10.6	Smoking Cessation programs specifically for AOD/MH clients	Some progress – further action required
10.7	Alcohol, tobacco and other drugs education programs for clients with recognized AOD/MH issues	Not progressed – action required

2011

Initiative		Current Status
1.3	Provide accurate information to parents re education of young people about safe home based alcohol use	Not progressed – action required

KPA 2 Community Development and Safety

2009

Initiative		Current Status
2.6	Coordinate social marketing re City Safe programs	In Progress – Ongoing

2010

Initiative		Current Status
2.3	Increase youth participation in a range of options that do not include AOD.	In Progress – Ongoing
2.4	Increase engagement with youth who may not be in schools.	In Progress – Ongoing
2.5	Develop increased capacity for resilience among young people who are not engaged in schools	In Progress – Ongoing

2011

Initiative		Current Status
2.2	Increase awareness of AOD issues within communities to encourage social connectedness initiatives	Not progressed – action required
2.7	Strategically align Central Highlands AOD Action Plan with other existing Action Plans	In Progress – Ongoing

KPA 3 University Students and Student Associations

2009

Initiative		Current Status
3.3	All student unions to provide and promote alcohol free activities	In Progress – Ongoing
3.4	Student unions to be actively engaged in providing safe partying environments and safe transport options	In Progress – Ongoing

2010

Initiative		Current Status
3.1	Increase input into university curriculum re AOD and MH issues	In Progress – Ongoing
3.2	Increase engagement with university student communities in developing programs re awareness of risks and impacts of AOD	Some progress – further action required
3.5	Increase support for students who are moving to Ballarat, including International students	Not progressed – action required

KPA 4 Role of Councils

2009

Initiative		Current Status
4.1	Respond to evidence that there is increased alcohol use where there is increased availability of alcohol	In Progress – Ongoing
4.2	Harm minimisation strategies to be supported through Liquor Accords	In Progress – Ongoing

2012

Initiative		Current Status
4.3	Increase interventions to control the number of liquor outlets across Ballarat	In Progress – Ongoing
4.4	Provide alternative entertainment in central precinct	Not progressed – action required

KPA 5 Family Support and Child Protection

2009

Initiative		Current Status
5.2	Improve relationships between Grampians Family and Placement Service (GFPS) organisations with services for AOD, disability and MH	Not progressed–action required
5.3	Improve understanding of the AOD, Disability and MH sectors in relation to the Children’s, Youth and Families Act and Statewide outcomes for children	Some progress – further action required
12.7	Increase skills and awareness of AOD workers re Child FIRST and referral procedures	Some progress – further action required

2010

Initiative		Current Status
5.1	Increase awareness of services to support families who have a carer role	Not progressed – action required
8.5	Increase referrals between AOD services and Family Violence and Child Protection interventions	In Progress – Ongoing
12.11	Increase awareness of the impacts of AOD abuse on families, including the safety and well-being of children	In Progress – Ongoing

KPA 6 Housing

2009

Initiative		Current Status
6.1	Increase availability of safe, suitable and affordable housing, including transition housing, for youth and general community	In Progress – Ongoing

2012

Initiative		Current Status
6.2	Increase availability of safe, affordable housing that is accessible to the target group, including dual diagnosis clients	Not progressed – action required

KPA 7 Transport

2009

Initiative		Current Status
7.1	Increase availability and use of public transport across all ages	Some progress – action required
7.2	Reduce drink driving	Some Progress – Ongoing action
7.3	Increase availability of appropriate transport for detox clients into services	Not progressed – action required

KPA 8 Relationship with Police, Courts and Forensic Clients

2009

Initiative		Current Status
8.1	Support closer community links with police	Not progressed – action required
8.6	Increase police referrals to AOD services as first option in lieu of penalty or criminal sanctions	Not progressed – action required

2010

Initiative		Current Status
8.7	Develop closer relationship with the court system as an avenue to bridge the gap between judicial and therapeutic services	Not progressed – action required
8.4	Increase awareness of consequences for arrest for alcohol eg compulsory assistance	Not progressed – action required
8.3	Increase utilization of drug diversion programs	Not progressed – action required

2011

Initiative		Current Status
8.2	Increase use of Cautioning Programs (Alcohol or Drugs)	Not progressed – action required

KPA 9 & 10 Dual Diagnosis (AOD/ABI/MH)

2009

Initiative		Current Status
9.1	Consistent assessment that captures AOD/ABI clients	In Progress – Ongoing
10.1	Implement consistent assessment for MH/AOD clients	In Progress – Ongoing
10.3	Clear referral pathways to ensure access to all appropriate services for clients with complex needs (multiple diagnoses)	In Progress – Ongoing
10.4	Establish consistent understanding of BHSPS services for AOD clients	In Progress – Ongoing
11.4	Improve access to neuropsychological assessment prior to admission to Rehab	Not progressed – action required

2010

Initiative		Current Status
9.2	Increase recognition of clients with multiple diagnoses which may include AOD/MH/ABI/Intellectual Disability	In Progress – Ongoing
9.3	Accurate data about ABI/AOD dual diagnosis clients	Not progressed – action required
10.2	Increase recognition of clients with multiple diagnoses which may include AOD/MG/ABI/Intellectual Disability	Some progress – further action required
10.8	Consistent implementation of clinical practice guidelines for dual diagnosis clients	In Progress – Ongoing

2011

Initiative		Current Status
9.4	Reduce delay in neuropsychological assessment for prioritized clients	Not progressed – action required
9.5	Develop and implement process for neuropsychological assessment prior to admission to Rehab and after detox	Not progressed – action required
9.6	Implement recommendations from 2008 Evaluation of BHS AOD/ABI Case	In Progress – Ongoing

	Management Services in rural regions (for Grampians region)	
12.4	Increase skills for clinicians who are working with multiple diagnosis AOD/ABI/MH/Intellectual Disability clients	In Progress – Ongoing

2012

	Initiative	Current Status
12.12	Increase AOD and MH clinicians skills in each area	In Progress – Ongoing

KPA 11 AOD Treatment Services

2009

	Initiative	Current Status
11.9	Evaluation of current service provision	In Progress – Ongoing
11.6	Improve access to information that is readily available about AOD services that do exist	In Progress – Ongoing

2010

	Initiative	Current Status
11.5	Improve access to options for detox services.	Not progressed – action required
11.7	Increase numbers of prescribing GPs	In Progress – Ongoing
11.8	Improve consistent implementation of clinical practice guidelines for alcohol withdrawal in acute settings and blood alcohol estimation in ED services	Not progressed – action required

2011

	Initiative	Current Status
11.1	Improve access to voluntary adult detox beds in Central Highlands	Not progressed – action required
11.2	Improve access to rehab beds in Central Highlands	Not progressed – action required
11.3	Improve access to consistent seamless care between detox and rehab	Not progressed – action required
12.1	Provide PD for GPs supporting complex and dual diagnosis clients	In Progress – Ongoing action required
12.5	Increase skills for clinicians re AOD and MH clients who present to Emergency and Acute services	Not progressed – action required

KPA 12 Professional Development

2009

	Initiative	Current Status
12.2	Increase awareness by generic workers re available AOD services, including after hours availability	Not progressed – action required
12.3	Increase skills for generic workers as they support clients waiting for AOD services	Not progressed – action required
12.6	Improve links with AOD Youth Outreach working in local networks	In Progress – Ongoing

2010

	Initiative	Current Status
12.8	Increase skills for teachers to manage absenteeism and bullying	In Progress – Ongoing
12.9	Increase skills for teachers with concerns about delivery of AOD information into classes	In Progress – Ongoing
12.10	Increase skills of licensed venue staff in relation to drug awareness	Not progressed – action required

APPENDIX 1

RESIDENTIAL WITHDRAWAL AND REHABILITATION SERVICE PROVIDERS

Residential Withdrawal Services - Victoria

Service Name	Department of Health Region	Location	Provider	No. of beds	Length of Stay	Clients
METROPOLITAN ADULT						
Salvation Army – Bridge Withdrawal Unit	North & West	Abbotsford	Salvation Army	13	6 nights	Adult
DAS West	North & West	Footscray	Western Hospital	12	6-7 days adult	Adult
De Paul House	North & West	Fitzroy	St Vincent De Paul	12	Varies	Adult
Wellington House	Eastern	Box Hill	Eastern Health AOD Service	12	6 days	Adult
Windana Adult Residential Drug Withdrawal Program	Southern	St Kilda	Windana	16	7 – 10 days	Adult
				6	Up to 30 days	
			TOTAL	71		
REGIONAL ADULT						
Salvation Army - The Bridge Program	Barwon SW	Geelong	Salvation Army	6	1 week	Adult
Salvation Army - The Bridge Program	Barwon SW	Geelong	Salvation Army	6	3 wks (ext stay)	Adult
Nova House	Loddon Mallee	Bendigo	Bendigo Health Service	4	6 days	Adult
Bacchus Marsh Hospital	Grampians	Bacchus Marsh	Djerriwarrh Health	1	1 week (Mon-Mon)	Adult
			TOTAL	17		
METROPOLITAN YOUTH						
DAS West	North & West	Footscray	Western Hospital	12	14 days youth	Youth
YSAS - Youth Substance Abuse Service	North & West	Fitzroy Residential	YSAS	8	7 – 10 days	Youth
Windana Youth Community House	Southern	Dandenong	Windana	6	10-15 days	Youth 12-21
YSAS - Youth Substance Abuse Service	Eastern	Eastern Residential (Glen Iris)	YSAS	5	7 – 10 days	Youth
			TOTAL	31		
REGIONAL YOUTH						
Tabor House	Grampians	Ballarat	Uniting Care	4	10-14 days	Youth
YSAS - Youth Substance Abuse Service	Barwon SW	Geelong	YSAS	4	7 – 10 days	Youth
			TOTAL	8		

Residential Rehabilitation Services – Victoria

Service Name	Department of Health Region	Location	Provider	No. of beds	Length of Stay	Clients
METROPOLITAN ADULT						
Windana Therapeutic Community	Southern	Mary's Knoll (residential)	Windana Society	40 (5 houses)	4 months	Adult 18+
The Basin (Salvation Army Bridge Program)	Southern	The Basin	Salvation Army	36 (11 fem 25 male)	4 months	Adult (21+)
Bridgehaven (Salvation Army Bridge Program)	North & West	Preston	Salvation Army	16	4 months	Women 18+ & children
DAS West Women's and Children's Services	North & West	Footscray	Western Hospital	7	6 weeks	Women & Child up to 5yrs
Odyssey House	Eastern	Lower Plenty (residential)	Odyssey House Foundation	85	6-8 wks (up to 18 mths)	Adult & children
			TOTAL	184		
METROPOLITAN INDIGENOUS ADULT						
Galiamble	Southern	St Kilda	Ngwala Willumbong Coop Ltd	16	3 mths – 1 yr	Indig Male
			TOTAL	16		
REGIONAL ADULT						
Overdale (Salvation Army Bridge Program)	Hume	Wandong (near Kilmore)	Salvation Army	12	6-8 weeks	18-30yrs
Teen Challenge Drug and Alcohol Rehabilitation Centre	Loddon Mallee	Kyabram	Teen Challenge	35	12-18 months	Male 18+
			TOTAL	47		
REGIONAL INDIGENOUS ADULT						
The Percy Green Memorial Recovery Centre	Hume	Mooroopna (Central Vic)	Ngwala Willumbong Coop Ltd	8	3 months	Indig Male
Winja Ulupna		Not specified	Ngwala Willumbong Coop Ltd	8	3 months	Indig Female
			TOTAL	16		
METROPOLITAN YOUTH						
Birribi	Eastern	Eltham	YSAS	15	6 months	Youth (16-20)
Tandana	Eastern	Mt Waverley	WEAC Program	4	16 weeks	Youth 12-21
Koori Youth Alcohol & Drugs Health Service	Southern	Bittern (Mornington Peninsula)	YSAS	6		Indig Youth
			TOTAL	25		