

Goulburn Valley Alcohol and Other Drugs Plan

Summary of Actions 2015-2018



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Healthy Communities

How to read this document

This document provides the Vision, mission, priority objectives and actions identified in the GV AOD Services Catchment Plan.

The actions have been updated following feedback from the Department of Health and Human Services.

The actions which are shaded are the **suggested priorities** for commencement in 2016

Within each action you will see there are **codes, for example A1, E5** etc. These indicate that the Action potentially relates to other Action/Actions ie

A1 = Priority A - Action No 1

E5 = Priority E - Action No 5

and so on.







The **page numbers** take you to the page in the GV AOD Services Catchment Plan which has the sub-title "*Priorities and Implementation Approaches April 2016*"

To access a copy of this abridged version of the Plan, contact Christine Nunn, Catchment Planner on 0418 106 199 or email christine.nunn@gvhealth.vic.gov.au.

This document contains the priorities, detailed actions, organisations to be involved, a timeframe, intended outputs and outcomes and options for implementation. It does not have all the preliminary information or attachments with the exception of an acronymns listing.

To access the complete Goulburn Valley Alcohol and Other Drugs Services Plan 2015-2018 please visit Goulburn Valley Alcohol and Drug Service webpage <http://www.gvhealth.org.au/services/alcohol-and-drug-service/>.

Legend

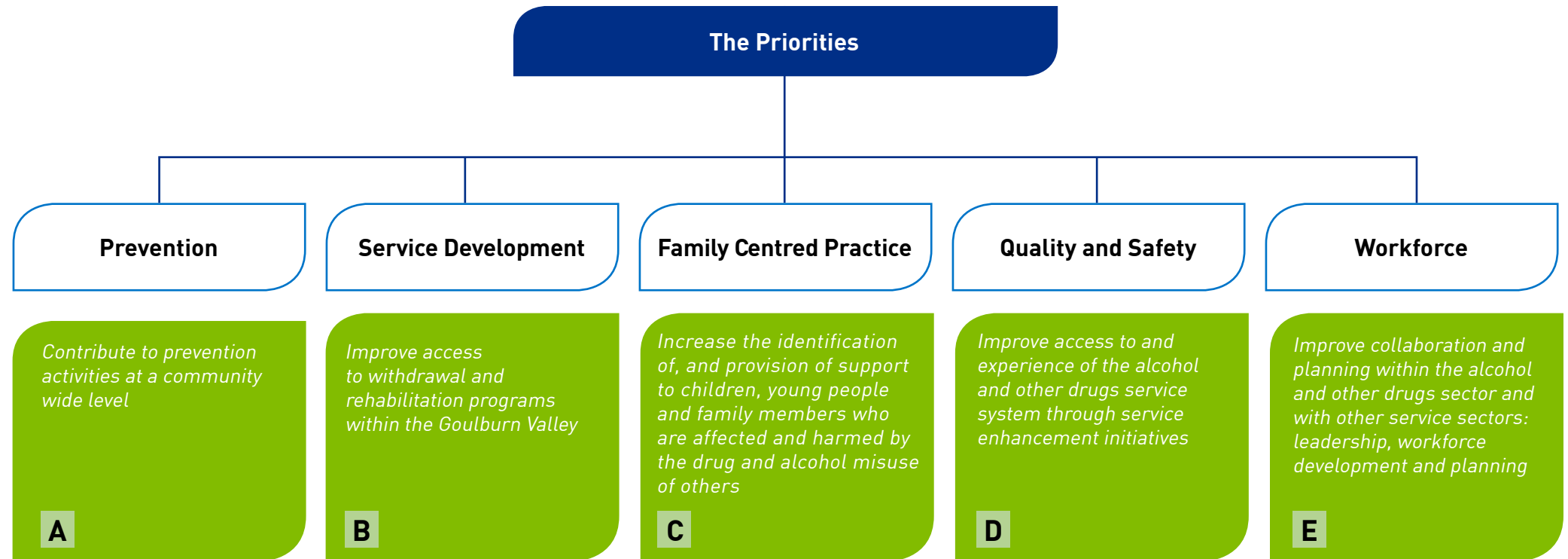
-  2015-2016 Lead Identified
-  2015-2016 Agencies working within their capacity
-  2016-2017 Lead Identified
-  2016-2017 Agencies working within their capacity
-  2017-2018 Lead to be identified
-  To be reviewed December 2016
Agencies may work within their own capacity

Vision

Residents, workers and visitors to the Goulburn Valley have a responsible attitude to alcohol and other drugs, and individuals, families and communities affected by the use of drugs and alcohol are able to reach their potential and lead safe, healthier and happier lives.

Mission

To prevent, reduce and/or eliminate problematic substance use and its consequences.



Prevention

Contribute to prevention activities at a community wide level

A

ACTIONS

1. Support people to make positive changes in their lives when they decide to seek help for an alcohol or drug problem by enabling improved understanding of and access to the support available for individuals who are misusing alcohol and/or other drugs and their families or carers .
(E1, E5)

Page 2 Priority Document
2015-2016 ONGOING

No Lead AOD agencies to work within their capacity

2. Encourage, support and collaborate with local government to: understand the impact of alcohol and other drug use in their communities and enable the inclusion of evidenced based prevention strategies within their Municipal Public Health and Wellbeing Plans.
(C3, E1, E4)

Page 3 Priority Document
2015-2016 ONGOING

Lead: GVADS

3. Encourage, support and collaborate with community led alcohol and other drug prevention initiatives to change community norms so that: underage use of AOD, misuse of prescription drugs; and any use of illegal drugs is considered inappropriate and unacceptable by adopting good practice approaches.
(C3, E4)

Page 4 Priority Document
2015-2016 ONGOING

No Lead AOD agencies to work within their capacity

4. AOD service providers will collaborate with service sector networks to:

- * facilitate understanding the impact of alcohol and other drug use

- * encourage implementation of evidenced based prevention strategies

- * advocate for and/or seek funding when appropriate

- * advocate for change at the required level

- * support planning and evaluation of prevention strategies

- * obtain expert advice in relation to communities of interest.

(C2, C3, C4, E3,)

Page 4 Priority Document
2015-2016 ONGOING

No Lead - AOD agencies to work within their capacity

Service Development

Improve access to withdrawal and rehabilitation programs within the Goulburn Valley

B

ACTIONS

1. Use the evaluation of the GVADS therapeutic non-residential rehabilitation program and best practice evidence to develop a model which enables delivery across the Goulburn Valley .

(E1, E3, E9)

Page 6 Priority Document #
Evaluation commencing 2015, Reporting 2016-2017

Lead: GVADS

2. AOD service system to establish mechanisms for working with GP's and regional and rural hospitals to provide and/or increase access to beds for AOD withdrawal when appropriate for clients and their families and significant others

(E1, E3, E4)

Page 6 Priority Document #
2015-2016 ONGOING

Lead: GVADS

3. DHHS and the AOD service system will establish mechanisms to work with the Rumbalara AOD Team to investigate and develop a family based model of withdrawal and rehabilitation which addresses the needs of the Aboriginal and Torres Strait Islander community in the Goulburn Valley.

(C3,E1,E4, E5, E6)

Page 7 Priority Document #
2016-2017

Lead: Rumbalara

4. AOD service providers will work with government, health and community organisations to develop a residential rehabilitation model for the Goulburn Valley that addresses the needs of clients requiring intensive support in their recovery which cannot be addressed by a fully developed therapeutic non-residential service.

(E3, E4, E5)

Page 8 Priority Document #
2016-2017 ONGOING

Lead: ACSO

Increase the identification of, and provision of support to children, young people and family members who are affected and harmed by the drug and alcohol misuse of others

C

ACTIONS

1. Use the evaluation of the PCC family support initiative and best practice evidence to develop a model which enables delivery across the Goulburn Valley
(E1, E3, E9)
Page 10 Priority Document
Evaluation commencing 2015, Reporting 2016-2017
Lead: PCC

2. AOD services will actively participate in the Catchment Based BEACON project being led by The Bouverie Centre, towards development and implementation of a family inclusive model for the Goulburn Valley.
(A4, C4, E1, E2, E3, E4, E5, E7, E8, E9)
Page 10 Priority Document
2015-2017
Lead: The Bouverie Centre

3. Provide service providers who work with children and adolescents (e.g.: M&CH, early childhood education and care, teachers, youth workers etc) with supports that enable them to undertake prevention and early intervention work to reduce the negative impact of parental alcohol and drug misuse on children and young people.
(A2, A3, A4, B3, E1, E3, E4)
Page 12 Priority Document
2016-2017 ONGOING
No Lead AOD agencies to work within their capacity

4. On an annual basis AOD service providers undertake a family inclusive practice review.
(A4, C2)
Page 13 Priority Document
2015-2016 ONGOING
AOD agencies to report to the CBP Advisory Network annually

5. AOD service providers will enable the AOD workforce to continually develop skills in delivering evidence based family and child centered practice.
(E1, E6, E8, E9)
Page 13 Priority Document
2017-2018
Lead to be identified

6. AOD service providers will work with children and family service providers to:
* Identify existing programs and activities which: support AOD clients or children and/or young people who are affected by a parent/carer who misuses AOD, including out of home care providers
* support greater inclusion of AOD clients in existing programs and activities
* Identify evidence based programs and activities that could be brought to the catchment and how to make this happen.
(E1, E3, E5, E9)
Page 14 Priority Document
2016-2017
No Lead AOD agencies to work within their capacity

7. AOD service providers will support the development of a sustainable peer support and self-help program for families and carers across the catchment.
(A1, E1, E9)
Page 15 Priority Document
2017-2018
Lead to be identified

Improve access to and experience of the alcohol and other drugs service system through service enhancement initiatives

D

ACTIONS

1. AOD service providers will develop a coordinated approach to the provision of information and promotion of services to AOD staff, GPs, ambulance para-medics, accident and emergency workers, medical/clinical hospital staff and other services in the community. (E1, E3, E4)

Page 16 Priority Document 2017-2018
Lead to be identified

2. *Establish an inclusive forum of AOD service providers, the Hume Pharmacotherapy Network and the Primary Health Networks to determine the most appropriate model of providing specialist addiction medicine support to general practitioners and other AOD workers and increase access to prescribers and dispensers in the Goulburn Valley catchment.*

(D5, E1, E3, E4, E5, E7)
Page 16 Priority Document # 2016-2017
Lead: PCC

3. AOD service providers will develop partnership and collaborative approaches with community mental health services to ensure people with a dual diagnosis and their families, carers and significant others receive appropriate support and care.

(D5, E1, E3, E4, E5, E9)
Page 17 Priority Document 2016-2017
Lead: GV Health Dual Dianosis Team

4. AOD service providers will participate in the VAADA CALD AOD Project targeting specific CALD communities (African, Vietnamese, and Arabic speaking Muslim, Pacific Islander and Afghan Hazara) to improve service provision to these communities

(A1, E1, E3, E4, E5, E6, E7)
Page 18 Priority Document
On-hold waiting on DHHS response to VAADA recommendations
Lead to be identified

5. AOD service providers will investigate the use of telehealth in the provision of AOD services to guide the adoption of evidence based telehealth and/or trial of new approaches to telehealth practices in the Goulburn Valley.

(D2, D3, E9)
Page 18 Priority Document
2016-2017 ONGOING
No Lead - AOD agencies to work within their capacity

6. AOD service providers will work with DHHS to increase NSP funding and service provision within the catchment.

(E1, E4, E9)
Page 19 Priority Document 2017-2018
Lead to be identified

Workforce

Improve collaboration and planning within the alcohol and other drugs sector and with other service sectors: leadership, workforce development and planning

E

ACTIONS

1. Establish a mechanism which ensures all AOD staff and staff in other sectors, are aware of agreements made in relation to service improvements and /or changes in a timely manner.
(A1, A2, B1, B2, B3, B4, C1, C2, C3)
Page 20 Priority Document 2016-2017
No Lead AOD agencies to take responsibility for sharing information about their operations

2. AOD service providers will work collaboratively to ensure there is a consistent approach to training of AOD staff in the use of assessment tools and documentation of client work.
(E4)
Page 20 Priority Document
Review Dec 2016
No Lead AOD agencies to be aware of issue and work within

3. Hold a regular (2x per year) forum for AOD workers and other key workers supporting AOD clients across the catchment.
(A4, B2, B4, D2, D3)
Page 21 Priority Document 2016-2017 ongoing
No Lead, however linked with E4

4. Utilise the catchment planning process to strengthen service partnerships and planning.
(A2, A3, A4, B2, B3, B4, E2)
Page 21 Priority Document 2016-2017
Lead: GVADS

5. AOD service providers will develop a coordinated approach to the provision of information and promotion of services to service providers in other care settings.
(A1, B3, B4, E1)
Page 22 Priority Document
Timing: Review Dec 2016
No Lead AOD agencies to be aware of issue and work within capacity

6. AOD service providers will establish mechanisms for interagency AOD worker placement/induction as a mechanism to build a high skilled workforce able to provide quality care.
(B3, D2, D3, D4)
Page 22 Priority Document
Review Dec 2016
No Lead AOD agencies to be aware of issue and work within capacity

7. AOD service providers will work with DHHS to seek an increased focus on AOD in the undergraduate and post graduate training and professional development programs for health and community service workers.
(C2, D2, D4)
Page 23 Priority Document
Review Dec 2016
No Lead AOD agencies to be aware of issue and work within capacity

8. AOD service providers will work with appropriate networks and professional development organisations within the Goulburn Valley to develop a project aimed at embedding and monitoring the practice of routine alcohol screening and brief advice in other care settings.
(C2, C5)
Page 23 Priority Document
Review Dec 2016
No Lead AOD agencies to be aware of issue and work within capacity

9. AOD service providers will develop an agreed approach to investigation and development of evidence based practice which enables continuous improvement in the delivery of AOD services in the Goulburn Valley.
(B1, C5, C6, C7, D3, D5, D6)
Page 24 Priority Document
Review Dec 2016
No Lead AOD agencies to be aware of issue and work within capacity