

REPORT TEMPLATE

Name of organisation: Western Australian Network of Alcohol and other Drug Agencies
Name of project: Sector Capacity Building Project
Contact officer and phone number: Maree Stallard - 08 6365 6365
This progress report relates to the period: July 2015 – December 2015

I certify the documents detailed below are attached and/or contained in the Progress/Annual report and I have approved this report for submission.

I certify the funds and other contributions received were spent for the purpose of the Project in accordance with the Deed for Multi Project Funding Agreement and Project Schedules. I acknowledge that under section 137.1 of the schedule to the *Criminal Code Act 1995* it is an offence to provide false or misleading information to the Commonwealth.

Name and position of authorised officer: Jill Rundle , CEO

Signature of authorised officer:



Please return completed report to the STO Contact Officer: -----

Reports:	Covering the period	Due Date	Please prepare your report in accordance with Section D.2 of the Project Schedule. Please attach:
Progress Report	1 July to 31 December	By 15 February	<input type="checkbox"/> A statement of Income and Expenditure for the period (using the approved financial reporting template) <input type="checkbox"/> A statement of the balance of the funds for the project in the bank account; and a statement of how much is needed to meet current liabilities under legal commitments entered into by your organisation for the performance of the project. <input type="checkbox"/> A correctly rendered tax invoice to claim for further payment as per the funding agreement. <input type="checkbox"/> Copies of project materials where relevant <input type="checkbox"/> Copies of the most recent Certificates of Currency documenting compliance with the insurance requirements of your funding agreement if these expired during the report period.
Annual Report	1 July to 30 June	By 31 October	<input type="checkbox"/> A statement of Income and Expenditure for the period (using the approved financial reporting template) <input type="checkbox"/> The audited financial statement for the project and organisation <input type="checkbox"/> A correctly rendered tax invoice to claim for further payment as per the funding agreement. <input type="checkbox"/> Copies of project materials where relevant <input type="checkbox"/> Copies of the most recent Certificates of Currency documenting compliance with the insurance requirements of your funding agreement. <input type="checkbox"/>

INSTRUCTIONS FOR COMPLETING YOUR REPORT

The Report template uses Project Goals as overarching headers.

Project Goals were initially supplied in the Project Plan template guide, and were developed to assist a nationally consistent approach to reporting across all Projects funded under the Non-Government Organisation Treatment Grants Program (NGOTGP) and the Substance Misuse Service Delivery Grants fund (SMSDGF).

The Project Goals are as follows:

1. Deliver a drug and alcohol treatment service and reduce drug related harm for individuals, families and communities.
2. Provide a high quality alcohol and drug treatment service, including maintaining existing capacity within your organisation.
3. Ensure your service meets the specific needs of target groups (such as women, youth, families with children, and Aboriginal and Torres Strait Islander people).
4. Support clients through their treatment journey through both internal services provided and referral pathways/linkages (such as legal, employment, medical, child and family care, housing, etc.).
5. Enhance service capacity to deliver appropriate services and treatment to clients with complex health and social needs including mental illness.

Please align each of the Project Objectives listed in your Project Plan against the **most relevant** goal and delete the others. *Please report each Project Objective once only.*

- As each Project Objective is likely to have a number of Performance Measures, we suggest you use each Strategy as a subheading.
- Report on outcomes achieved during the period referring to performance measures from your Project Plan and, where relevant, analyse data and identify key trends.
- Identify key timeframes from your Project Plan that have not been met and strategies to manage this as well as revised completion dates.
- Comment on any difficulties or challenges and actions being undertaken to address them.

Keep your report brief – we suggest you aim for one or two pages per goal.

You may attach data tables/additional information however if doing this please ensure you include an analysis of the data in the main part of the report.

Case studies focussing on how the project assisted an individual client may also be attached.

Build sustainable linkages and strategic partnerships between the AOD NGO sector and other health and community sectors to assist the development of supportive networks to provide better care and pathways for clients with comorbidity issues

1. Build on existing cross sector partnerships established, taking into consideration new developments and research undertaken, to inform collaborative approach to addressing comorbidity issues

WA Primary Health Alliance (previously Medicare Locals):

WANADA progressed the working relationship with the Medicare Locals as best as possible, however provided more significant and targeted support for potential submissions for the Primary Health Networks as well as relationship building with the WA Primary Health Alliance once it was announced as the successful bidder for the WA PHNs.

Development of Primary Health Network Alliance (WAPHA) – WANADA was consulted on the development of a submission by the WAPHA, committing to participating on an advisory body if the alliance was to be supported with Commonwealth funding – which it since has been. Ongoing consultations on the governance structure and role of the advisory body have and will continue. WANADA has for example been consulted by WAPHA on the Commonwealth commissioning process and guidelines.

The release of the National Ice Taskforce report, and the announcement of the commonwealth commissioning responsibilities through the PHNs saw WANADA being in a sound position to support WAPHA's developments. In meetings in this report period it was agreed that WANADA would coordinate a sector forum for WAPHA to present its role and process; WANADA has contributed to information disseminated by WAPHA; WANADA has made recommendations for WAPHA's AOD sector planning, service needs assessment, and advisory structure.

Cross sector peak body collaboration:

The amalgamation of DAO and MHC has significantly increased the number and diversity of networks, consultations, reference groups etc. that WANADA and member agencies are being asked to participate in. The apparent lack of clarity by stakeholders in what, where and how alcohol and other drug services and issues need to be considered alongside mental health planning is increasing the workload across the sector. WANADA has aimed to maintain a strategic view and participate in systems and sector level networks during this period of change and uncertainty.

During this reporting period WANADA has worked to promote opportunities for increased collaboration and information sharing between sectors. This has occurred through participation at meetings, facilitating forums, and sharing and dissemination of information addressing co-occurring issues.

One example, during this reporting period, highlighting positive outcomes from this collaborative approach is the work WANADA conducted with Youth Affairs Council of WA (YACWA). WANADA was invited to facilitate a comorbidity workshop session at the Youth Homelessness and Mental Health Sector Summit held in September 2015. This workshop session aimed to assist service providers, policy makers and consumers of youth services across a variety of sectors to identify solutions to ways we can work together to achieve better outcomes for young people with complex needs. This forum promoted the building of networks and relationships across sectors. Information and recommendations from this summit were collated and presented to the WA Minister for Mental

Health; Disability Services; Child Protection for consideration and to inform future planning and policy development.

The building and maintaining of relationships with cross sector peaks has included phone and face to face meetings to discuss opportunities to share information and build supportive networks to provide better care and pathways for clients with co-occurring issues. Meetings that WANADA has participated in during this reporting period include:

- Three monthly WA Peaks Forums - enabling community sector information exchange and discussions on collective state initiatives.
- Monthly partnership meetings with Mental Health Commission Senior Executive members – informing collaboration opportunities and emerging cross sector issues and trends
- Monthly meeting with the acting Deputy Commissioner and policy coordinator - providing an opportunity to clarify or present sector issues and concerns
- WANADA also has regular meetings with the Minister for Mental Health, and is represented on the Alcohol and Other Drug Advisory Board which contribute to the direction of the MHC.
- Regular meetings with the WA Mental Health peak to discuss and progress collaborative approaches including informing the establishment of a Recovery college model and Mental Health Week awards

WANADA has been consulted on the establishment of the WA Mental Health Network – AOD subnetwork. This sub-network will likely continue the work of the collaborative care framework which was initiated by the WA Collaboration of Substance Use and Mental Health (WACSUMH) Executive group. This will provide significant referral pathway and shared care support across-sectors.

In addition the Joint Service Directory (Green Book) supports increased awareness of both AOD and mental health services, for improved referral pathways. The Green Book data base has been shared, for linking, with the Mental Health Commission and the WAPHA.

Consumer Involvement:

An action plan informed by WANADA coordinated research on Stigma and Discrimination will be progressed in the next report period.

Alongside/parallel to the stigma and discrimination research was the DAO led Consumer Involvement research, consultations and report. WANADA was a partner with DAO in this process. WANADA supported sector and consumer participation in the Consumer Involvement research and forums in previous report periods. In this report period WANADA has worked collaboratively with the Health Consumers Council to progress the recommendations of the forums and research. Health Consumers Council received a small grant from the MHC for this purpose.

Performance Indicators	Measures
Primary Health Number and frequency of meetings held with WAPHA Report on-strategies WANADA has contributed to that support collaboration and shared care between NGO AOD sector and primary health sector.	Since the establishment of WAPHA, WANADA has had 7 formal meetings and multiple telephone and email exchanges. Strategies that WANADA has contributed to include: establishment of the community sector advisory council; commissioning processes; establishment of clinical councils; possibility of piloting commissioning to WA AOD sector (prior to Ice Taskforce report); information forum for the WA AOD sector; collaboration on information sheet sent from WAPHA to the AOD sector; input into commissioning guidelines; planning/needs assessment of AOD sector

	These measures indicate an enhancement of collaboration between NGO AOD and primary health sectors
Cross-sector peak collaboration (MH, Housing/Homelessness and other sector peaks) Number of information exchange opportunities coordinated/supported Feedback from participating organisations on usefulness/effectiveness of specific collaborative activities Feedback on strategies for improved referral and shared care	<p>In this report period there have been 14 formal meetings, participation in 2 workshops, and multiple telephone and email exchanges specifically with the mental health, housing/homelessness sector.</p> <p>Additional exchanges with cross-sector peaks include 6 formal meetings, 1 workshop and multiple telephone and email exchanges.</p> <p>An annual survey will be conducted by WANADA, with results on stakeholder feedback to be included in the 12 month report (next report). Informal feedback received has been very positive, demonstrated through willingness to continue collaborations.</p> <p>All of these activities have provided opportunities to promote and enhance collaboration and information sharing across sectors.</p>
Consumer Involvement Feedback on opportunities for increased consumer engagement identified.	<p>In this report period WANADA has consulted with a range of consumer peak bodies (Health Consumers Council; Consumers of Mental Health WA; Developmental Disability Council of WA) on the most appropriate approach for AOD consumer involvement. WANADA continues to meet with these consumer peaks to discuss and refine understanding of possible AOD consumer involvement approaches.</p>
Industry Number of networking opportunities across sectors provided.	<p>In this report period WANADA has been invited to consultations with the Construction Industry (2 formal meetings) and Local government (2 workshops).</p>
Research Bodies Feedback on opportunities for collaboration with both State based and National research bodies identified.	<p>An agreement between the AOD peaks and the national research centres has progressed to ensure and support improved collaboration, and a stronger link between research and practice. WANADA has been consulted on research directions by the three national research bodies – NDARC, NDRI and NCETA. In addition WANADA coordinated a methamphetamine forum focusing on research to practice, with presentations from researchers and facilitated by Ann Roche from NCETA.</p> <p>In this report period WANADA has been invited to participate as a member of the Measure Development and Data Collection Working Group, which is seeking assistance in the development of the survey instrument to be used in the Alcohol Treatment Centre Study by providing critical advice and feedback about items to be included. Sector services from all states and territories will be invited to participate in the survey assessing effectiveness.</p> <p>As above an annual survey will be conducted by WANADA, with results on stakeholder feedback to be included in the 12 month report (next report). The willingness of research bodies to collaborate and consult with WANADA demonstrate a positive working relationship</p>

2. Build, maintain and advance existing partnerships and linkages opportunities at a national level, with a specific focus on continual quality improvement approaches to AOD service delivery and comorbidity.

The Peaks Capacity Building Network (PCBN):

The PCBN has continued monthly meetings throughout this period, with new resources and advice on the development of the resources continuing to be discussed and shared.

Key activities with a focus on improving information sharing and efficiencies between the State and Territory AOD peak bodies has included the development of a central repository. As reported previously one of the aims of this repository is to advance the development of joint position statements on specific areas of focus including but not limited to, data and outcomes, research translation, consumer engagement, stigma and discrimination, workforce development, and organisational and systems development. It is anticipated these joint position statements will provide evidence base for supporting quality improvement approaches to AOD co-occurring service delivery throughout Australia.

A face-to-face meeting of PCBN managers/coordinators from each jurisdiction was held in Perth in November 2015, facilitated by WANADA. At this meeting PCBN representatives agreed on a set of guidelines for use of the central repository and processes for uploading of capacity building resources and activities to the repository. At this face to face meeting the PCBN participants reached a consensus on a draft template to guide the information captured in the position papers. The PCBN are planning on having a draft of the position statements completed during the next six monthly reporting period.

As detailed in the 2014-2015 Sector Capacity Building Project Annual Report WANADA contributed to the Evaluation of the Alcohol and Other Drugs Peak Bodies' roles in Building Capacity report. WANADA co-presented on the outcomes of this evaluation at the 2015 APSAD Conference. There were ten recommendations from the evaluation, including that the state and territory NGO AOD peak bodies maintain capacity building as their primary focus, with the aim of building the capacity of AOD workers, agencies and the sector as a whole to deliver sound, valued client outcomes. WANADA will draw on the recommendations of this report to inform future planning and strategic direction

While there is no longer a national AOD peak body representing the AOD service sector the state and territory peaks work collaboratively to ensure this representation is not void.

WANADA has provided feedback and comment to a range of policy and planning discussion documents that would impact at a National level on the sustainability of the sector. These have included but are not limited to

- National Ice Taskforce
- National AOD Strategy
- National Alcohol Strategy

These are detailed further in this report:

AOD Sector representation

WANADA represents the WA AOD sector at a wide range of state and federal committees.

WANADA's participation ensures the WA sector remains well informed of relevant issues and that

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decisions are informed by WANADA's knowledge and understanding of AOD and co-occurring related issues in WA.

Some of the consultations that WANADA participated in during this report period include:

- IGCD National Drug Strategy Review - WANADA has participated in IGCD consultations reviewing the National Drug Strategy and the National Alcohol Strategy. On behalf of the network of state and territory AOD peaks WANADA prepared a submission to the draft National Drug Strategy and National Alcohol Strategy.
- State and Federal government "Ice Taskforce" developments – WANADA has been invited and has participated in a number of consultations by state and federal governments (including relevant ministers, shadow ministers and senators) to discuss alcohol and other drug policy development including government responses to National "Ice" Taskforce.
- APSAD Conference Committee – WANADA was on the conference advisory committee for the November 2015 APSAD conference in Perth.
- Alcohol and other Drug Advisory Board – The WANADA CEO was appointed a member of the Advisory Board.
- WA Cancer Council – WANADA has been consulted on, and participating on working groups to inform the Cancer Council's 'make smoking history – community sector engagement' campaign. This campaign focuses on supporting staff to in turn support community sector service consumers stop smoking. WANADA has provided endorsement and has and will continue to identify sector capacity building initiatives.
- As per previous reports WANADA has a number of formal agreements with stakeholders, including with: tertiary education institutions; consultants engaged such as the Institute of Healthy Communities Australia, Social Ventures Australia, a range of collective service agencies (childcare services, EAP and interpreter providers), research bodies, training consultants, etc.

WACSUMH Executive and Working Group – This working group no longer runs, however WANADA has been involved since its inception as the JSDU steering group in 2002, which evolved into the State Strategic Dual Diagnosis Planning Group, and then further into WACSUMH. WANADA continued to be represented at this meeting until it was dissolved.

Performance Indicators	Measures
PCBN	
Record of scheduled monthly meetings including, information exchanged	Teleconference meetings scheduled during this reporting period occurred on 22 July, 19 August, 23 September, and 21 October. WANADA hosted a face to face meeting of the PCBN representatives on 12 November 2015.
Feedback on the collaborative strategies implemented	Collaborative strategies included developing a shared repository, dissemination and distribution of the peaks, independent evaluation report and exploring ways of supporting AOD sector sharing of information through the Health InfoNet website.
Feedback on dissemination strategies and implementation of the dissemination plan for the evaluation report	Distribution of the evaluation report was coordinated through the jurisdictional peaks networks. WANADA contributed to a joint media statement highlighting the independent report and where to obtain further information and access to the report.
	Positive feedback on the report was received from the Minister and the Commonwealth DoH representatives.
	Further dissemination of the report included the joint presentation at the APSAD conference, provided by WANADA, NADA and the

	engaged researcher David McDonald. The presentation generated a number of questions and positive comments on the Peaks' capacity building role.
Evaluation by the Commonwealth of the Substance Misuse Service Delivery Grants Fund (SMSDGF) Nature and type of participation recorded	As per Schedule 3, WANADA will participate in any evaluation of the SMSDGF as initiated by the Commonwealth - as required.

Assist AOD NGO treatment services, particularly other organisations funded under the Fund, to undertake service improvement activities, including identifying and facilitating training opportunities related to comorbidity

1. Identify and establish strategic partnerships with specific community groups significantly impacted by comorbidity concerns to support increased understanding of comorbidity and the support and treatment approaches available.

Telethon Institute for Child Health Research and Nyoongar Elders (Looking Forward):

WANADA has continued to work with the Telethon Institute for Child Health Research and Nyoongar Elders on the Looking Forward Project. In this period WANADA has hosted 6 meetings with Elders to enhance and share understandings around Nyoongar ways of working and exploring ways to reduce barriers to service access.

WANADA co-presented with elders and the Looking Forward Team at the APSAD Conference in November 2015. Feedback from audience members was supportive and positive. WANADA also contributed to an article prepared by the Looking Forward team.

Key learnings from participating in the program is that there is a need to spend time with elders, building mutual trust and respect and building a shared understanding.

The final report for the program was launched in December 2015, with the report incorporating the developed Framework of engagement – 'Minditj Kaart-Moorditj Kaart'. There were 5 recommendations from this report relevant to WANADA/peak bodies:

Recommendation 1: Through the implementation of the 'Minditj Kaart-Moorditj Kaart' Framework, organisations engage and work with Nyoongar Elders to improve service delivery to Nyoongar people. It is our recommendation that key funding and peak bodies lead such an initiative to ensure that the changes are effective sector-wide.

Recommendation 3: The Mental Health Commission of WA (the Commission) and independent evaluators also apply the Framework to their own contractual procedures and work with Nyoongar Elders to ensure the cultural security and inclusivity of these procedures. In addition, we recommend the Commission and peak bodies promote the use of the 'Minditj Kaart-Moorditj Kaart' Framework to all community managed services as a way to evaluate the effectiveness of their service provision to Nyoongar clients and their families, in alignment with these revised contractual guidelines.

- Recommendation 5: That peak bodies and sector leaders apply the 'Minditj Kaart-Moorditj Kaart' Framework to review and implement an inclusive and suitable method for engaging with Elders to identify and implement appropriate governance structures that reflect Nyoongar standpoints.
- Recommendation 6: The Commission and peak bodies work with Elders to identify and implement strategies to reduce the impact of racism for, and exclusion of, Nyoongar peoples, specifically within organisations tasked with providing services to them.
- Recommendation 7: The Commission and peak bodies work with Nyoongar Elders to identify and implement strategies that enable service providers to increase their visibility in the community and thus promote greater access to and use of their services. Funding for targeted community relationship building activities should also be made available.

While these recommendations are relate to a specific framework WANADA, in consultation with Nyoongar elders and advisors, will consider ways that it can most effectively support the goals of these recommendations.

Performance Indicators	Measures
Community Groups Number and type of community group consultations undertaken.	During this reporting period 6 formal meetings with the Nyoongar elders has occurred. Additional 4 meetings were held with the program team from the Telethon Institute. There were also multiple phone and email exchanges. These meetings and communications with the Nyoongar elders as representatives of a community group has facilitated increased understanding of co-occurring treatment and support approaches available, that are specifically tailored.

2. Support NGO AOD services to build capacity through service improvement activities, establishing sustainable systems that support continuous quality improvement in relation to comorbidity

Standard on Culturally Secure Practice (SCSP):

WANADA's support for NGO AOD services to build capacity through service improvement and establishing sustainable systems that support continuous quality improvement in relation to co-occurring issues has been ongoing throughout this reporting period. This has included supporting member agencies to become accredited against the SCSP. The SCSP has an Interpretive Guide and self-assessment tool that incorporates the DDCAT elements. The support offered by WANADA during this reporting period has included 6 site visits, targeted phone and email communication, face to face meetings and presentations to member agency teams. The outcome of these support activities has seen AOD services involved develop action plans to progress their organisations systems approach to undertake service improvement activities including working towards achieving accreditation against the SCSP.

WANADA has continued to actively promote the need for resources from the state government to support the assessment of all AOD and mental health services' co-occurring capability using the DDCAT and the mental health equivalent. As reported previously, the aim of this is to not only determine the capability of the services in the two sectors to meet the needs of people with co-

occurring issues, but to generate an informed/validated approach to identifying opportunities for improvement. The use of these tools in this way are amongst the recommendations developed by the WACSUMH working group addressing the relevant recommendations of the Stokes Report.

Regular communication with the WANADA members has continued throughout this reporting period around continuous quality improvement activities, with particular emphasis on co-occurring considerations and best practice approaches to supporting consumers with complex needs. This communication is detailed further in this report including the Methamphetamine Forum.

As highlighted in previous reports WANADA continues to review its approach to providing tools and support to assist organisations with their continuous quality improvement with a dedicated SCSP website being developed. The aim of this new website is to offer case studies, videos and tools to introduce and support the application of the Standard. These tools will include co-occurring considerations and how the DDCAT correlates with the Performance Expectations of the SCSP.

AOD Sector Forums:

WANADA coordinated the **WA Methamphetamine Forum: From research to practice** (held on 22 October).

The forum was facilitated by Professor Ann Roche (Director, NCETA Flinders University) and included guest presentations from A/Professor Nicole Lee (Director, The LeeJenn Group & Associate Professor, NCETA), Professor Amanda Baker (Research Fellow, NHMRC University of Newcastle and Clinical Psychologist), Dr Amanda Stafford (ED Consultant, Royal Perth Hospital), Paul Dessauer (Outreach Coordinator and Peer Educator, WA Substance Users Association), Sandra Harris (Coordinator, Palmerston Association), Superintendent James Migro (Licensing Enforcement Division, WA Police Service). The forum also offered a workshop opportunity to identify achievements, challenges and ways forward in addressing methamphetamine related issues.

Over 130 participants attended the forum from a wide variety of alcohol and other drug and mental health related professions, including frontline health (doctors, nurses, and counsellors), community workers, police and policy makers.

Following completion of the forum, participants were requested to complete an evaluation questionnaire. The feedback from the forum was extremely positive, specifically receiving comment on the variety of speakers, evidence-based content, and the relevance of the forum to their work environments.

- 97% of participants indicated that they were satisfied with the services and support provided by WANADA
- 95% of participants agreed/ strongly agreed that the forum provided them with information that they could take back to their service/organisations

WANADA facilitated a networking forum for **Regional and Remote Managers** on Friday 23rd October. Representatives from the various regions across WA including the Kimberley, Goldfields, Pilbara, Midwest, Southwest and Wheatbelt participated in the forum. The forum promoted the opportunity for residential services, community drug services, and sobering up centre managers to network and share learnings across the regions.

During the Regional and Remote Managers' forum services from the Goldfields region were able to showcase and share their successful approaches to partnering/collaborating with other services in

the region. This collaborative approach is having a positive impact on the community through streamlining referrals and ensuring a culturally secure approach to services in the regions.

In response to feedback and input from previous Rural and Remote Managers meetings highlighting a need for information sharing and discussion relating to the funding and resourcing uncertainty, WANADA arranged by invitation a guest speaker from the WA Primary Health Alliance (WAPHA – Country PHN) to speak with the group and share information on the recent changes to commonwealth commissioning (this was prior to the announcement of the National Ice Taskforce report recommendations for AOD treatment service commissioning by the Primary Health Networks - PHNs). This presentation assisted in informing the regional services on the contacts of the PHNs in the regions.

WANADA conducted an evaluation of the Regional and Remote Managers forum. The strengths of the forum that were identified by the participants included the networking opportunity and information sharing; and the recognition that regional issues are different from metropolitan issues.

Additional feedback provided by the Managers related to the Methamphetamine Forum. There was a very positive response in general, with specific feedback recognising the variety and balance of keynote speakers at the forum; the opportunity for differing views and approaches and the big picture perspective that was presented. The comparison of alcohol and methamphetamine harms was also acknowledged as valuable in terms of putting the issue into context.

The **Strategic Alliance Forum** (held on 2 October) was to seek sector comment on the configuration of the services in the WA AOD sector – with consideration of intra sector service diversity, integration and collaboration to support improved effectiveness and efficiency, (outcomes for consumers and impact on the community).

This independently facilitated forum resulted in the sector identifying strengths of the current integrated service model as well as opportunities for improvement.

A Data, Outcomes and Policy Forum (held on 4 November) with presentations from Tom Leeming, Executive Director Community and Human Services Department of Premier and Cabinet; and Professor Paul Flatau, Director of the Centre for Social Impact UWA Business School.

Outcomes measurements have become a focus for the community sector in the past 3 to 4 years. The forum provided the AOD sector the opportunity to reflect on the purpose of outcomes measurement; challenges, gaps and improvements needed in measurements and measurement approaches. The forum was interactive, and has generated ongoing conversations on the topic.

All forums received positive feedback from the sector, specifically related to the relevance and timeliness of the forums to inform sector participation on strategic planning and service improvement activities.

Performance Indicators	Measures
SCSP	The DDCAT dimensions have been embedded in the Performance expectations of the SCSP. Independent assessment of the DDCAT specifically occurs, throughout the auditing and accreditation process against the SCSP.
Feedback on common process developed and supported nationally by Peaks	
Number of service and feedback on WA AOD services supported to undertake independent DDCAT assessments and other quality improvements	The incorporation of the cross-jurisdiction supported DDCAT into the SCSP has not resulted in any identified barriers from either the auditing body or AOD services. The SCSP Accreditation standard, and therefore the DDCAT application incorporated, is due for review in 2017. More intensive feedback on these areas will be sought closer to the review date.

	29 WA AOD services to date have received accreditation against the SCSP. Some are due for their second round full-accreditation in 2016/17. WANADA has provided support for each of these services to achieve accreditation against the SCSP, including against the incorporated DDCAT assessment measures, with the opportunity to support a further 10 services during the next reporting period.
Sector Forums Feedback on best practice examples identified and promoted – and the means by which these were promoted	During this reporting period 4 significant forums were held, highlighting the opportunity for sharing of best practice examples. The forums were well attended by AOD sector representatives, following promotion through WANADA's e-newsletters and other social media. Positive feedback was received from the participants at each of the forums, including the benefits of being able to incorporate best practice examples into future planning and service delivery.

3. **Support the achievement of identified minimum training, knowledge and skills required of the existing NGO AOD sector workforce to provide services to people with complex needs including through coordinating/supporting relevant training, ensuring consultation with relevant Workforce Support Units and the Drug and Alcohol Office's Workforce Development Branch**

During this 6 monthly reporting period the Mental Health Commission (MHC) and the Drug and Alcohol Office (DAO) amalgamated. As reported above, WANADA continued to promote and represent the sector's views through regular meetings with MHC Senior Executive. This includes representation on workforce development and planning – informed significantly by the WANADA survey undertaken and reported on in the previous report.

WANADA has had communications with the MHC research team, workforce development branch, Aboriginal program, Next Step, media, and NGO purchasing and development staff at the MHC.

WANADA has participated in advisory group meetings for review and development of the Dropped Resource. Representatives on this advisory group include MHC staff from Workforce Development and Aboriginal Programs, National Drug Research Institute and WA Substance Users Association. The review of this resource is intended to provide current information and training to raise awareness on how to recognise and appropriately respond to amphetamine toxicity and opioid overdose. WANADA's contribution on this advisory group provides representation of AOD service and consumer needs and information dissemination and feedback opportunities through networks.

WANADA has undertaken work to review and implement a sustainable Management Development program, supported through MHC grant funding. This training program was developed in response to continued requests from AOD organisations for management and leadership training and support, and following the exceptionally positive feedback from the previous programs. Activities involved in this review process have included negotiation and finalising of contracts with a training consultant, research and implementation of an on-line learning platform, feedback from the sector by conducting interviews and facilitated forums. Outcomes from the review include a re-design of the program that now includes a combination of face-to-face, on-line and workplace learning through skills development and application. Some of the areas of focus in the program include effective leadership, leadership communication and engagement, managing and influencing change, effective teams, embracing partnerships, managing projects and budgets, strategic

planning, capacity building and planning for your own professional development. The first of the face-to-face sessions of the program were delivered September-November during this reporting period. One of the anticipated outcomes from this program will be to support the AOD workforce to better meet the needs of individuals, families and communities impacted by alcohol and other drugs.

Performance Indicators	Measures
WA AOD Service sector training Number and feedback on sector development, training and capacity building events coordinated/supported.	WANADA has participated in 30 formalised meetings that promote, plan and implement training and capacity building within the AOD sector. Feedback from these events has included the positive response to the value of the training and capacity building approach of the events available.
Partnerships with Tertiary, Vocational and RTO Listing and feedback on the identified opportunities for partnership with tertiary, vocational and RTO, relevant to sector workforce development. Feedback and number of identified consultations and liaison meetings with Tertiary, Vocational and RTO bodies that do not currently engage	WANADA has partnership agreements with 3 of the WA based universities. WANADA has broadened the range of faculties that are now involved in AOD workforce development, these include: medicine, health promotion, dietetics, exercise and sports science, social work, public health and pharmacy. Positive feedback from the universities and the sector services involved include the value of the sustainable approach to sector workforce development. Meetings have occurred with 4 Vocational and RTOs currently not engaged during this reporting period. Feedback from these liaison meetings has indicated an opportunity to explore further into the next reporting period.

4. Identify, develop and support strategies to ensure appropriate workforce qualifications, skills, knowledge and capacity of future WA NGO AOD sector staff to meet the complex needs of individuals, families and communities impacted by comorbidity

WANADA continues to build collaborative working relationships with the **tertiary education sector**. Universities involved during this period have included Edith Cowan University (ECU), Curtin, University of Western Australia (UWA) and James Cook University (JCU). The development of these relationships has resulted in further development of student placement opportunities facilitated by WANADA. During this 6 monthly reporting period WANADA successfully facilitated the placement of students to both metropolitan and regional areas in WA. Regionally students successfully completed placement in the Goldfields and Midwest regions.

Students studying pharmacology, dietetics, social work, public health, medicine, and exercise and sports science were placed in the AOD sector. Students from the different specialist areas were able to share up to date information and best practice approaches with the member services while at the same time develop their knowledge and skills in the AOD setting.

WANADA facilitates a consistent approach to the student placements, supporting students learning through induction, supervision and mentoring and ensuring a sustainable approach to the activities the students initiate during placement. This sustainable approach supports the capacity of the services to better meet the needs of their consumer groups.

Following the successful outcomes from the implementation of the pilot graduate program WANADA is in the planning phase of developing and exploring options for internship opportunities across the AOD sector.

WANADA participates in the WA Clinical Training Network and also on the ECU School of Exercise and Health Science Course Consultative Committee. Participating in the bi-monthly meetings provided WANADA an opportunity to promote AOD perspectives during curriculum planning and promote future workforce opportunities for students within the allied health fields. WANADA was also invited to contribute as a key Industry stakeholder for the Dietetics School Accreditation Audit. WANADA was able to provide feedback and respond to the auditing panel questions highlighting the benefits of the partnership between WANADA and ECU

Further workforce development activities undertaken during this 6 month reporting period has included **planning and coordinating the 2016 Aboriginal Forum** in partnership with the Aboriginal Alcohol and Drug Service (AADS) and Milliya Rumurra, supported through funds from the MHC and Lotterywest. The forum is being planned for April 2016. WANADA is committed to supporting Aboriginal worker networking and information sharing.

Performance Indicators	Measures
Pilot Graduate program Feedback on the evaluation of the Pilot Graduation program including strategies to attract and retain graduates to the sector. Feedback on the further development of the Graduate program including satisfaction levels of graduates and services and benefits gained.	Evaluation of the Pilot graduate program was included in the previous report. WANADA has not progressed the graduate program as funding was not included in this reporting period. WANADA has continued to explore options in this area and has had several meetings with both universities and McCusker Centre to explore Internship opportunities.

Provide targeted and relevant information and resources to the AOD NGO treatment sector relating to comorbidity.

Collaborate with jurisdictional AOD peak bodies to develop shared strategies to support access to relevant information and resources

Collaboration between AOD Peaks and the National Research Centres - An agreement between the AOD peaks and the national research centres has progressed to ensure and support improved collaboration, and a stronger link between research and practice. WANADA has been consulted on research directions by the three national research bodies – NDARC, NDRI and NCETA.

Also as above WANADA and the other AOD peaks are developing efficient information sharing through the position paper repository.

WANADA disseminates to WA AOD sector any research documents, reports and tools developed or identified by the collective Peaks. These are disseminated via WANADA's e-newsletters, offered on the WANADA website, or promoted via links in social media.

Increase community understanding of comorbidity issues and effective responses/ support or treatment approaches available

As reported previously the Green Book directory and smart phone app has been developed and accessed extensively. In response to requests from stakeholders for 'joined-up' thinking around service directory production and maintenance and in recognition of WANADA's leadership in creation of the Green Book a print version of the Green Book Joint Service Directory was finalised in September.

Recipients of the printed version of the Green Book has been diverse across a range of sectors, including both AOD and MH sectors. More broadly the widespread distribution has ranged from WANADA member agencies, health facilities, youth services, police, neighbourhood and telecentres, Medicare Locals/PHNs, individual GP's and medical clinics, education sector including universities, TAFE, school psychologists, Local Government Authorities, Research Institutes such as NDRI and McCusker centre, department of corrective services to name a few.

WANADA has a process in place for ongoing updates of the electronic/app version of the Green Book, ensuring its reliability. WANADA has also shared the data base with a variety of stakeholders for maximum linking across sectors.

The following communication and information dissemination has occurred during this reporting period:

The **FYI e-newsletter**, sent regularly to over 680 individual addresses, reaches a diverse range of sector stakeholders at all levels. FYI is the only newsletter to promote events, information, training and jobs of specific relevance to the WA AOD sector. 13 issues have been published in this period.

Member Update e-bulletin is sent to CEOs and service managers at WANADA member agencies to promote events and highlight priority information, including the amalgamation of the Mental Health Commission and the Drug and Alcohol Office, the WA Mental Health and Alcohol and other Drug Services Plan 2015 – 2025 and WANADA's survey on methamphetamine use by AOD service users. WANADA sent 13 issues of Member Update to 114 recipients in this reporting period.

The Green Book Blog explores alcohol and other drug issues and profiles WA services in an easily accessible format. The blog has attracted over 3000 hits this reporting period.

WANADA's **Twitter** profile @WANADAFYI remains active, promoting the sector, and priority issues, widening our stakeholder network and attracting new followers. Each month in this reporting period @WANADAFYI earned over 3500 tweet impressions, peaking at 7,576 impressions in September 2015, in which our top tweet for the period – calling for secure funding for specialist alcohol and other drug services and less stigma - earned 1,283 impressions. @WANADAFYI has over 1100 followers.

LinkedIn – WANADA is using LinkedIn to promote career-related opportunities and workforce development in the alcohol and other drug sector. With 90 followers, our profile is building as we explore LinkedIn's potential.

Drugspeak is the product of a successful sector partnership that showcases work in the alcohol and other drug field in WA. While regularly contributing to each edition of Drugspeak, WANADA ensures articles represent the diversity of the non-government AOD sector and remains relevant to sector interests. During this reporting period WANADA contributed articles for the August 2015 issue. These specific articles related to:

- From Research to Practice Methamphetamine Forum
- regional student placements,

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- production of the Green Book Directory in print.

WANADA is working with its website developer to finalise the re-development of its **website**. The current site has been regularly updated to ensure relevant and current information is accessible to AOD services, wider stakeholders and the community. Access to the site remains steady, with 5,267 users contributing to a total of 9,243 sessions and 24,952 page-views. Australian users accounted for over 89% of sessions.

Performance Indicators	Measures
Dissemination of resources Resource repository developed and accessible by jurisdictional AOD peak bodies. Feedback on the exchange of resources across the sector and the format of/technologies used for these exchanges Feedback on the implementation of the dissemination plan	During this reporting period the repository was implemented with consensus from all participating AOD peaks on the guidelines for use and uploading of documents. Website, Blog updates, FYI e-newsletter, Member updated, Twitter and LinkedIn have been fully utilised during this reporting period to promote dissemination and information sharing relevant to the AOD sector. Those in receipt of the information provide feedback and engage with the information being shared that indicates these forms of dissemination have wide reaching capability across the sector.