

# The AOD sector in Victoria: Learnings from the recommissioned system



Victorian Alcohol and Drug Association

Brad Pearce – 2016 NADA Conference

# Who is VAADA?

- The peak body for funded alcohol and other drug (AOD) services in Victoria
- Membership comprises health and community organisations, as well as individuals who have an interest in prevention, treatment, rehabilitation or research that minimises the harms associated with AOD use

## **Our vision:**

A Victorian community in which the harms associated with alcohol and other drug use are reduced and well being is promoted

## **Guiding Principles:**

1. VAADA works within a harm minimisation and evidence informed framework
2. We will undertake our work with compassion and integrity, respect and inclusion (supports diversity and cultural inclusion)
3. We will promote stability, integration and coherence across the AOD Sector
4. We are committed to collaboration to achieve the best possible outcomes for individuals, families and communities.

# Today's presentation

- Our system: previous & current environment
- Independent review: priority areas & system design
- VAADA's Regional Voices project
- Looking forward: consumers, families, the Victorian community
- **& this is relevant for you because?.....**

## Previous system: What was going on?

- 8 Department of Health regions
- Over 20 different funded treatment types
- 105 funded NGOs
- Approximately 30,000 clients in treatment system
- Over 56,000 closed treatment episodes (2013-14)
- Alcohol most common principal drug of concern in closed episodes – 45%
- Counselling most common type of treatment -54% of closed episodes
- Was approximately 14,000 pharmacotherapy clients (9,000 methadone / 5,000 bupe)



# What happened?

## ➤ Victorian Auditor General (March 2011)

- Fragmented system
- Equity of access
- Quality of data collected
- Funding model
- Performance management
- ORT barriers

## ➤ 32 reviews and evaluations 1999-2010

Limited actioning of findings and recommendations

- Recurring themes:

Service integration

Workforce qualifications/training, career pathways

Unit pricing

Design of ORT system



# What was included in recommissioning?

- Stage 1: **Adult non residential services**
- Competitive process
- Partnerships, consortiums, mergers
- Recovery oriented
- Shift from outputs → outcomes
- Redeveloped catchments
  
- Consultations with the sector
- Reduction in treatment types
- Centralised intake & assessment
- Activity based funding model



# New system priority areas

1. **A simpler system:** centralised access, fewer treatment streams, simplified funding model
2. **Integrated services:** local area planning, links with other systems, holistic provision
3. **A strong, capable workforce:** learning and professional development, promoting leadership
4. **Quality service provision:** principles, tools and mechanisms to enhance quality
5. **Accountability for outcomes:** from outputs to outcomes, a new performance framework
6. **Information management:** increased capabilities with long term technology solutions

# The new treatment types – Sep 2014

## ➤ Centralised intake and assessment

Central state wide access point and local catchment based intake and assessment units

## ➤ Counselling

Face-to-face, online and telephone. Classified as standard or complex

## ➤ Care and recovery coordination

In each catchment and can assist the person throughout their treatment journey if required

## ➤ Withdrawal

Consolidates home-based, outpatient, rural and residential into resi and non-resi

## ➤ Residential rehabilitation

Therapeutic communities. Second stage of recommissioning. Will look at flexible models that vary in terms of intensity, service mix and length of stay.

## ➤ Pharmacotherapy

Development of five area based networks



# The Independent Review – Sep 2015

- Intake and Assessment
- Accounting for work undertaken against funding - inconsistencies
- Communication within and across consortia
- Workforce challenges
  - Loss through recommissioning
  - Potential deskilling
- Performance monitoring & data



# Regional Voices – Oct 2015

- Intake and assessment
- Treatment types and restrictions
- Professional relationships
- Workforce impacts
- Funding and DTAUs
- Administration and bureaucracy

# Where are we now?

- Sector Reference Group informing priority actions
- Discussions with the sector to consider identified issues
- Performance management & outcomes monitoring framework
- Client management systems
- Data collection and reporting
- Considering the role of PHNs
- Family Violence Royal Commission
- Community Mental Health System – NDIS (*still to come*)

# Looking forward...

- Consumers.... An after thought or central to way things should be shaped?
  
- VAGO report set the recommissioning agenda
  - Fragmented system, Equity of access, Quality of data collected, Funding models, Performance management, ORT barriers
  
- Broader questions have direct impact on the way we do business:
  - Do competitive processes have long term impacts on relationships?
  - Does reform ensure a client centred approach to service delivery?
  - Has the focus on consortia addressed fragmentation?
  - Does activity based funding address 'gaming' of the system?
  - How do we ensure diverse data collection mechanisms inform planning to assist system & service development?

## Further Information

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**Thank You**