



# Gippsland Alcohol and Other Drug Catchment Based Plan 2022 – 2025

# Contents

<b>Executive Summary</b>	<b>3</b>
<b>Background</b>	<b>4</b>
<b>Our catchment</b>	<b>5</b>
Inner Gippsland	5
Outer Gippsland	5
Local Government Profiles	7
Bass Coast Shire	7
Baw Baw Shire	8
Latrobe City Council	9
South Gippsland Shire	10
East Gippsland Shire	11
Wellington Shire	12
<b>Developing our plan</b>	<b>13</b>
Data analysis	13
Stakeholder Consultation	14
<b>Identifying Our needs</b>	<b>15</b>
Socio demographic data	15
AOD & Related data	15
AOD Client and Substance Profile	16
Consumer Feedback	19
<b>Implementing our plan</b>	<b>18</b>
Governance	18
Working Committees	18
<b>Priorities</b>	<b>20</b>
Integrating mental health reforms	20
Workforce development	22
Consumer Voice	24
<b>List of abbreviations</b>	<b>26</b>



## ACKNOWLEDGMENT OF TRADITIONAL OWNERS

We acknowledge the Braiakaulung people of the Gunaikurnai nation as the traditional custodians of the land now known as Latrobe Valley. We pay our respects to Elders past and present and future generations. We acknowledge the living culture of the Gunaikurnai people and the important contribution they make to Gippsland.

*Written by Linda Rowley Consulting with Catherine Bateman and Michelle Ravesi. Many thanks to the agencies who supported this plan with their information and advice.*

# Executive Summary

The Gippsland Alcohol and Other Drug (AOD) catchment covers the regions of Inner and Outer Gippsland, and includes the local government areas of Bass Coast Shire, Baw Baw Shire, Latrobe City Council, and South Gippsland Shire (Inner) and East Gippsland Shire and Wellington Shire (Outer).

It is geographically sparse, with Inner Gippsland covering 9615 square kilometres and housing a population of nearly 200,000 people. Outer Gippsland covers 31,758 square kilometres with a population of only 89,000 people. This demography brings with it unique challenges when supporting clients with alcohol and other drug needs. There are considerable differences in sociodemographic profiles and access to services throughout the region.

There are fifteen (15) state funded Alcohol and Other Drug (AOD) services across the Gippsland Region, which includes five (5) Indigenous specific services. Latrobe Community Health Service as the lead agent of a consortia, comprising of four agencies throughout the region.

The 2022 – 2025 Gippsland Alcohol and Other Drug (AOD) Catchment-Based Plan (CBP) (the plan) has been developed on behalf of the AOD services in the Gippsland region. Development of the plan involved review of current projects and achievements, analysis of demographic and AOD service delivery data, review of consumer consultation feedback, and consultation with the AOD sector.

The result is a sharpening of focus on three (3) key priorities for the 2022 – 2025 period:

## **1 Integrating mental health reforms**

(Communication and collaboration across the sector)

## **2 Workforce development**

(A competent, supported and sustainable workforce)

## **3 Consumer Voice & Peer Workforce**

(People with lived experience are engaged in all aspects of service design)



# Background

In Gippsland, state funded Alcohol and Other Drug (AOD) services are delivered through organisation specific and consortia activities with funding from the Department of Health. The catchments of Inner and Outer Gippsland consist of Bass Coast Shire, Baw Baw Shire, Latrobe City Council, and South Gippsland Shire (Inner) and East Gippsland Shire and Wellington Shire (Outer). The consortium delivering AOD services in the catchment is led by Latrobe Community Health Service (LCHS) who also have responsibility for catchment based planning work.

*“Catchment-based planning is undertaken by a single provider on behalf of, and in partnership with all alcohol and other drug services operating in the catchment and a range of stakeholders, including the department. The primary purpose of the planning function is to assist alcohol and other drug providers operating in a given catchment to develop a regular common plan which will identify critical service gaps and pressures, and strategies to improve responsiveness to people with alcohol and other drug issues (particularly people facing disadvantage), population diversity and broader community need. The plan provides a basis for improved cross-service coordination at the catchment level to achieve a more planned, joined-up approach to the needs of individual clients.”<sup>1</sup>*

This plan has been developed in consultation with members of the Gippsland AOD Catchment Based Planning Governance Committee which includes representatives from:

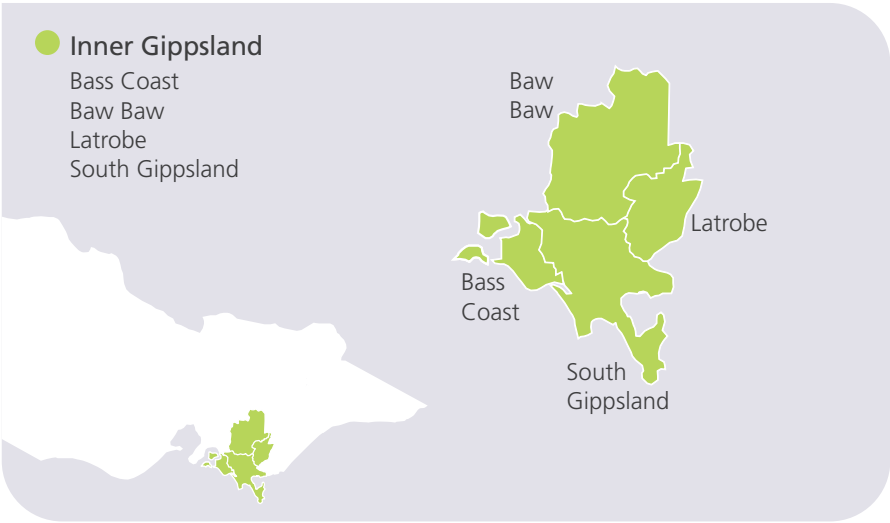
- Australian Community Support Organisation (ACSO)
- Bairnsdale Regional Health Service (BRHS)
- Bass Coast Health (BCH)
- Central Gippsland Health Service (CGHS)
- Department of Families, Fairness and Housing (DFFH)
- Gippsland and East Gippsland Aboriginal Co-Operative (GEGAC)
- Gippsland Lakes Complete Health (GLCH)
- Gippsland Primary Health Network (GPHN)
- Gippsland Southern Health Service (GSHS)
- Lakes Entrance Aboriginal Health Association (LEAHA)
- Lake Tyers Health and Children's Services (LTCHS)
- Latrobe Community Health Service (LCHS)
- Latrobe Regional Hospital (LRH)
- Moogji Aboriginal Council East Gippsland (Moogji)
- Odyssey House Victoria
- Ramahyuck District Aboriginal Corporation (RDAC)
- Uniting (Vic/ Tas) Limited
- Youth Support and Advocacy Service (YSAS)

<sup>1</sup> Victorian Government Department of Health and Human Services (2018). Alcohol and Other Drugs - Catchment-based planning. Retrieved 17th March 2020 from <https://www.health.vic.gov.au/aod-service-standards-guidelines/alcohol-and-other-drug-program-guidelines>

# Our catchment

## Inner Gippsland

Comprising of Bass Coast Shire, Baw Baw Shire, Latrobe City Council and South Gippsland Shire the Inner Gippsland Area (IGA) covers 9615 square kilometers with a population of nearly 200,000 people. The highest population concentration is within Latrobe City with 40% of the areas total population and the lowest median age of 40.4 years.

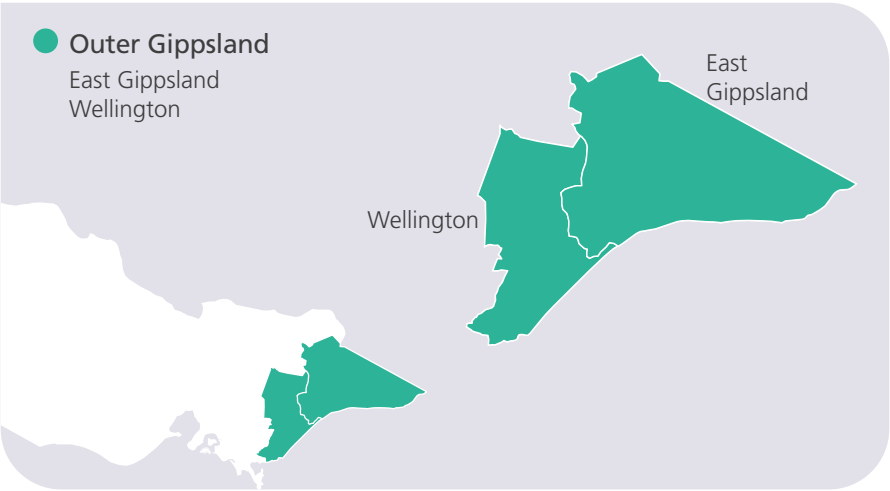


**Table 1 List of Major Centers across Local Government Areas (LGA's)<sup>2</sup> in Gippsland**

Inner Gippsland	
LGA	Major Centres
Bass Coast	Wonthaggi, Cowes, Inverloch
Baw Baw	Warragul, Drouin, Trafalgar
Latrobe	Traralgon, Moe, Morwell, Churchill
South Gippsland	Leongatha, Korumburra, Mirboo North

## Outer Gippsland

Comprising of East Gippsland Shire and Wellington Shire, the Outer Gippsland Area (OGA) covers 31,758 square kilometers with a population of only 89,000 people. Wellington Shire is more densely populated than East Gippsland Shire, however both share the characteristic of very large geographic areas and small populations. This distinctive demography brings unique challenges when supporting clients with alcohol and other drug needs.



Outer Gippsland	
LGA	Major Centres
East Gippsland	Bairnsdale, Lakes Entrance, Orbost
Wellington	Sale, Maffra, Yarram, Heyfield

<sup>2</sup> Victoria in Future 2014; <http://www.dtpli.vic.gov.au/data-and-research/population/census-2011/victoria-in-future-2014>

## Our Catchment

# Local Government Profiles

### Bass Coast Shire

Bass Coast Shire (BCS) is famous for its dramatic coastlines and popular holiday destinations such as Philip Island. BCS has a population of 37,445 and experienced an annualised growth rate of 2.85%<sup>3</sup> between 2016 – 2020.

The median age of BCS residents is 50, which is significantly higher than the Victorian median age of 37, and the second highest median age for a Gippsland LGA, second only to East Gippsland at 51.

#### AOD Services

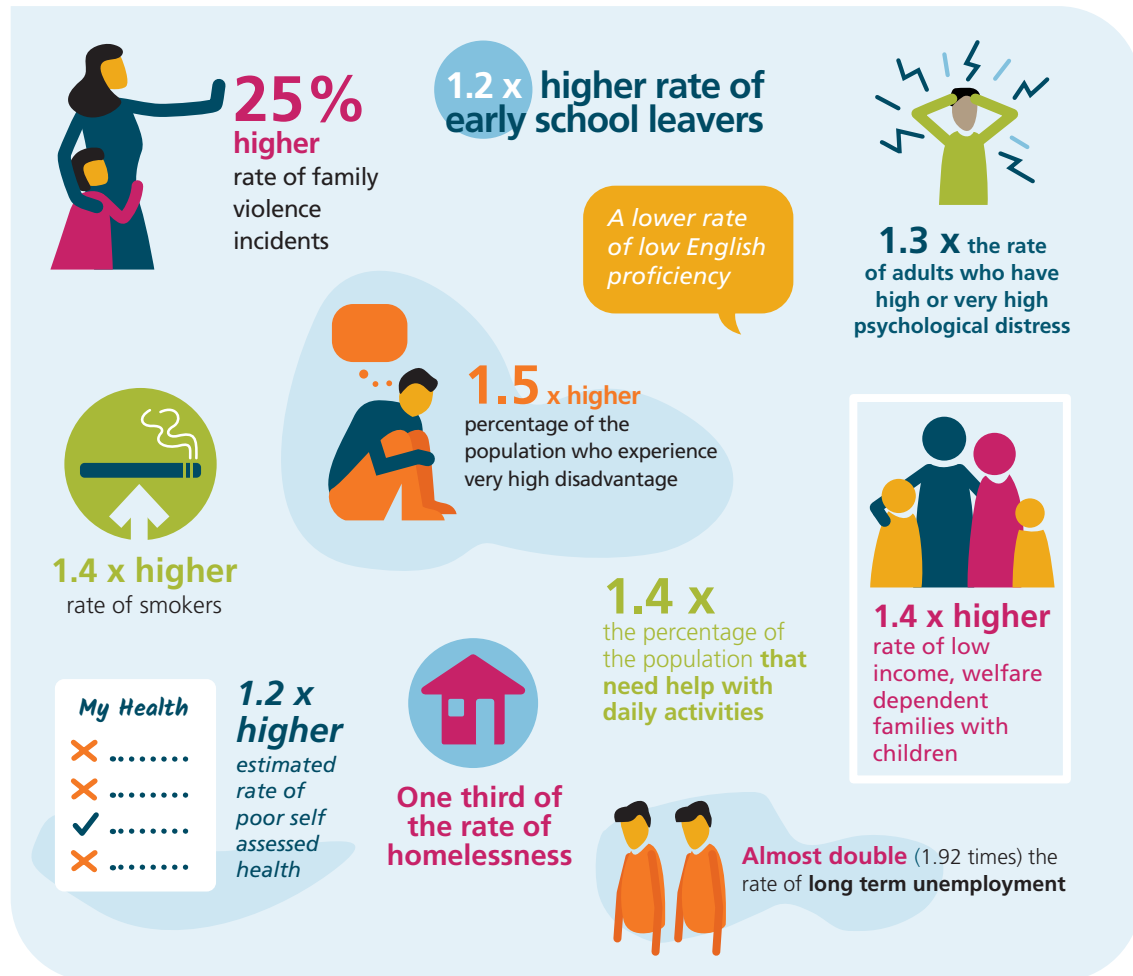
BCS is serviced by Australian Community Support Organisation as the regional AOD Intake provider, who also provide Family & Carers Support Service, Bass Coast Health (BCH) who provide comprehensive AOD Assessment, voluntary and forensic counselling, care and recovery, Needle and Syringe Program, Pharmacotherapy Regional Outreach, non residential withdrawal, referral to residential withdrawal and rehabilitation, Family support worker and support group. YSAS provide outreach to the Bass Coast region including crisis intervention, assessment, case work and ongoing support to young people from the area. LCHS provide Risk of Overdose initiative as well as access to the Therapeutic Day Rehabilitation service based in Moe. Regional initiatives include Choices, Pharmacotherapy Area Based Network, LCHS TDR, AOD Family Reunification Order, Residential Rehab and Youth Residential Rehab.

<sup>3</sup> Remplan Bass Coast Community Profile, accessed 12/02/22 <https://app.remplan.com.au/basscoast/community/summary?state=PN1xTabgmTO63LMTnWeMJoseuwu8Py>

<sup>4</sup> Refer to Appendix 1 for data sources

#### Characteristics

The characteristics of the Bass Coast population stand out from the Victorian population in the following ways. The Bass Coast Shire has<sup>4</sup>:



# Our Catchment

## Local Government Profiles

### Baw Baw Shire

Baw Baw Shire (BBS) is the first part of the Gippsland region you reach when travelling east from Melbourne. BBS consists of the regional towns of Drouin, Warragul and Trafalgar as well as the famous potato growing region of Thorpdale and the popular snow destination of Mount Baw Baw. BBS also houses the Thompson Reservoir, which supplies approximately 60% of Melbourne's total water storage.

BBS has a population of 54,884 with a 2016 – 2020 annualised growth rate of 13.17%, compared to 1.36% for Gippsland Region<sup>5</sup>.

The median age of BBS residents is 43, which is higher than the Victorian median age of 37, yet the second lowest median age for a Gippsland LGA.

#### AOD Services

BBS is serviced by Australian Community Support Organisation as the regional AOD Intake provider, who also provide Family & Carers Support Service, Latrobe Community Health Service (LCHS) who provide voluntary and forensic counselling, care and recovery, PABN, Therapeutic Day Rehab and non-residential withdrawal. YSAS provide outreach to the Baw Baw region including crisis intervention, assessment, case work and ongoing support to young people from the area. Gippsland and East Gippsland Aboriginal Cooperative (GEGAC) provide a wide range of AOD outreach services for Aboriginal and Torres Strait Islanders in the community. LCHS provide Risk of Overdose program as well as access to the Therapeutic Day rehabilitation service based in Moe. Regional initiatives include Choices, Pharmacotherapy Area Based Network, LCHS TDR, AOD Family Reunification Order, Residential Rehab and Youth Residential Rehab.

<sup>5</sup> Remplan Baw Baw Community Profile accessed on 12th January 2022 from: <https://app.remplan.com.au/bawbaw/community/population/age?g=au2016ssc&state=ZwORSo!VO1kSM41dF9plQnf4VRzyhwTnuBKQINN73courud3uwsvs0sryNsR7k>

<sup>6</sup> Refer to Appendix 1 for data sources.

#### Characteristics

Compared to the Victorian population, the Baw Baw Shire population stands out for its<sup>6</sup>:





## Our Catchment

# Local Government Profiles

### Latrobe City Council

Latrobe City Council (LCC) is the most densely populated local government area of Gippsland and is the principal service centre for the Gippsland. LCC is known for the energy producing hub that provides 80% of Victoria's electrical power supply and includes the regional headquarters for government and private organisations<sup>7</sup>.

LCC includes the regional towns of Morwell, Moe and Traralgon spread along the Princes Highway, Churchill which is home to Federation University and there are a number of smaller localities throughout the Council area. LCC is also known for some beautiful and significant natural areas, for example, Tarra Bulga National Park.

LCC has a population of 75,915 with the highest annualised growth rate for the Gippsland region for the period 2016 – 2020 of 22.73%<sup>8</sup> (compared to 1.36% for Gippsland region).

LCC has the youngest average population of Gippsland with a median age of 41.

#### AOD Services

LCC is serviced by Australian Community Support Organisation as the regional AOD Intake provider, who also provide Family & Carers Support Service, LCHS who provide voluntary assessment, voluntary and forensic counselling, care and recovery, pharmacotherapy regional outreach, PABN, Therapeutic Day Rehab, Needle and Syringe Program, mobile drug safety worker, risk of overdose initiative, assessment for CISP (Court Integrated Service Program) / ARC (Assessment and Referral Court), and non-residential withdrawal and Specialist AOD FV Advisor.

Latrobe Regional Hospital has AOD Emergency department nursing, Dual Diagnosis Program supports people with co-occurring mental health and substance use problems, GEGAC provide outreach to Morwell, Traralgar, Moe and Churchill and YSAS who provide outreach to the Latrobe area. A new 20 bed youth residential rehabilitation centre managed by Uniting commenced services in December 2021. Uniting provide assessment, counselling and care and recovery for Child Protection clients on Family Reunification Orders. Ramahyuck who provide Aboriginal AOD Worker in Latrobe, CGH also provide the Withdrawal Bed Service to Latrobe clients based in Wellington. Regional initiatives include Choices, Residential Rehab and Youth Residential Rehab.

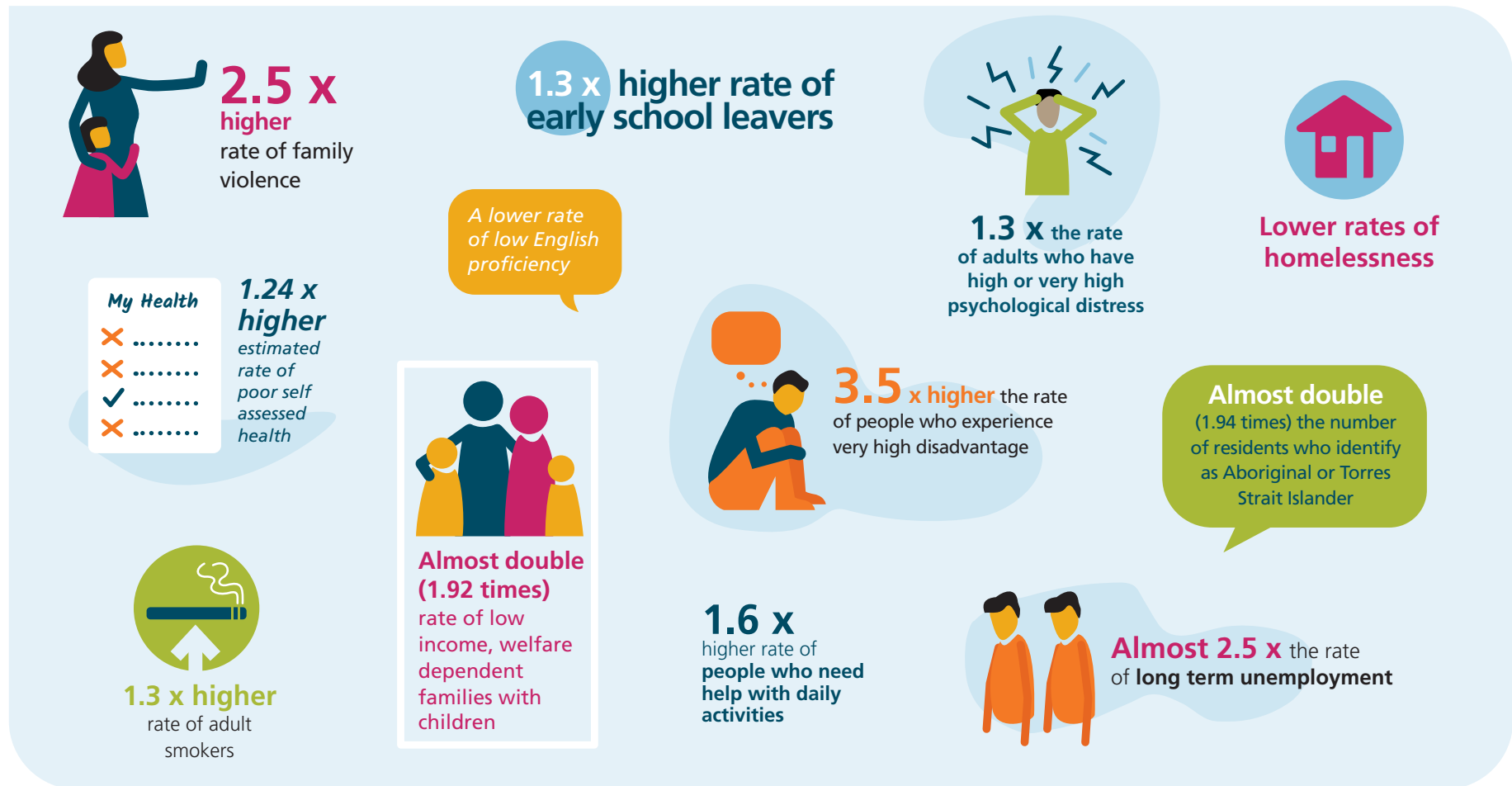
<sup>7</sup> Know your council Latrobe City accessed on the 1st February 2022 from <https://knowyourcouncil.vic.gov.au/councils/latrobe#:~:text=Latrobe%20City%20is%20located%20in%20private%20organisations%2C%20and%20education%20centres>.

<sup>8</sup> Remplan Latrobe Profile accessed on 12th January 2022 from <https://app.remplan.com.au/latrobe/community/migration/address-on-census-night?g=au2016ssc&state=48AESD!GN9mTnyOXUZ6zDQC3WJEht6F9N4lBFJFGFPUNFNsbB2r>



## Characteristics

Compared to the Victorian population, the Latrobe population stands out for<sup>9</sup>:



<sup>9</sup> Refer to Appendix 1 for data sources.

# Our Catchment

## Local Government Profiles

### South Gippsland Shire

South Gippsland Shire (SGS) includes the southern most tip of the Australian mainland the stunning Wilson's Promontory, as well as dramatic coastal areas and prime agricultural land. SGS is the only local government area (LGA) in Gippsland whose main employing industry is not health care and social assistance. The main employing industries are farming (dairy and beef), hospitals and supermarkets<sup>10</sup>. SGS has the lowest unemployment rate in Gippsland at only 4.9% and includes the regional towns of Korumburra and Leongatha.

SGS has a population of 30,248 and an annualised growth rate (2016 – 2020) of -2.49%<sup>11</sup>.

SGS residents have a median age of 48 years, the third highest across the Gippsland region.

#### AOD Services

SGS is serviced by Australian Community Support Organisation as the regional AOD Intake provider, who also provide Family & Carers Support Service, Gippsland Southern Health Service which provide comprehensive AOD Assessment, voluntary and forensic counselling, non-residential withdrawal, hospital based withdrawal, care and recovery coordination and NSP. LCHS provide Risk of Overdose program. YSAS provide outreach to the SGS region including crisis intervention, assessment, case work and ongoing support to young people from the area. Regional initiatives include Choices, Pharmacotherapy Area Based Network, LCHS TDR, AOD Family Reunification Order, Residential Rehab and Youth Residential Rehab.

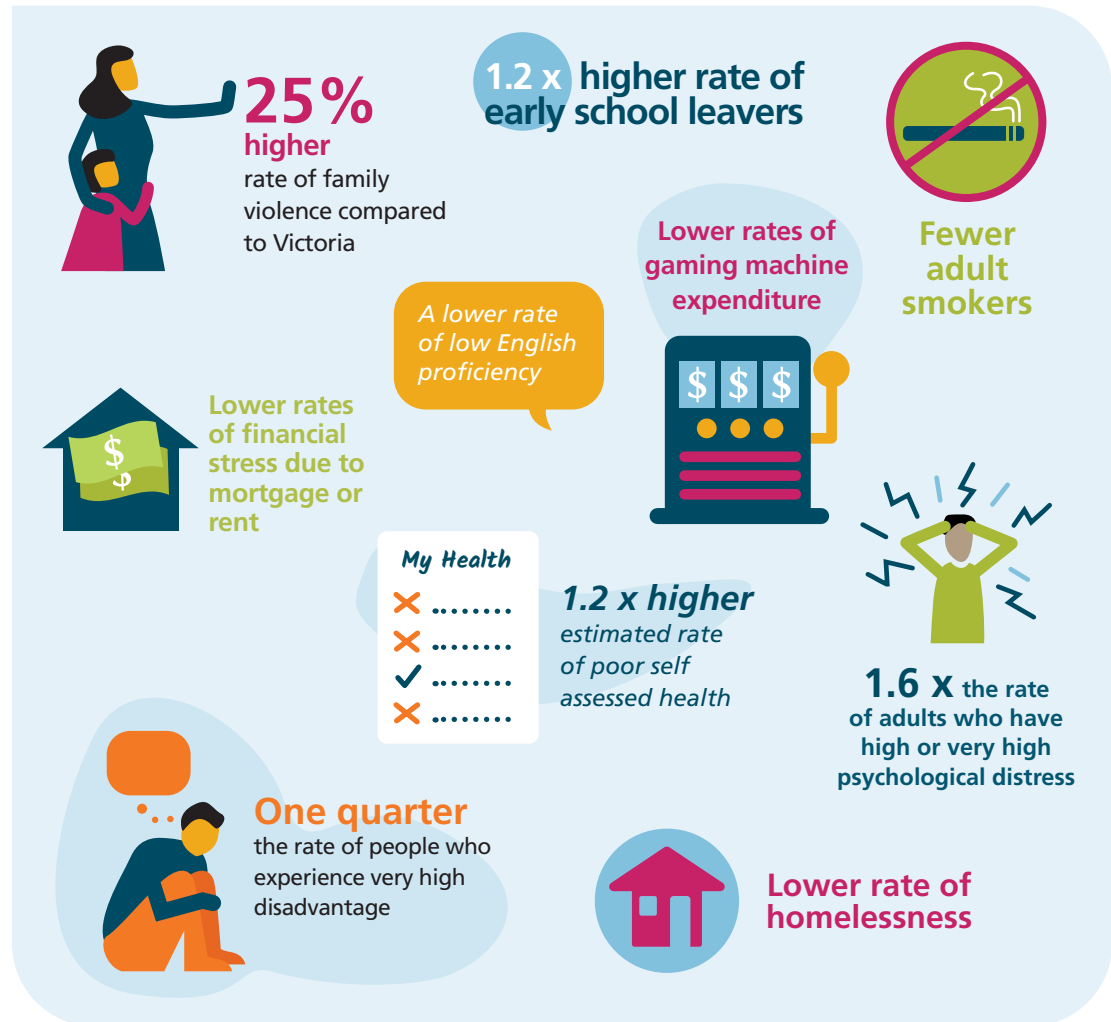
<sup>10</sup> ABS 2016 Census, [https://quickstats.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/LGA26170](https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA26170)

<sup>11</sup> Remplan South Gippsland Community Profile accessed on 12th January 2022 from <https://app.remplan.com.au/southgippsland/community/summary?state=qmxXU0eq3TqGvWrT1k3enyhVtotAb5>

<sup>12</sup> Refer to Appendix 1 for data sources

#### Characteristics

Compared to the Victorian Population, the South Gippsland population stands out for<sup>12</sup>:



# Our Catchment

## Local Government Profiles

### East Gippsland Shire

East Gippsland Shire (EGS) stretches from Lake Victoria in the south west, east to Mallacoota on the border with New South Wales and north to the source of the Murray River near Suggan Buggan. It incorporates many national parks including the Snowy River National Park and Croajingolong National Park both areas of outstanding natural beauty. EGS is the largest LGA in Gippsland and has the lowest population density with only 0.02 persons per hectare<sup>13</sup> and includes the towns of Bairnsdale and Lakes Entrance in the south west, Mallacoota in the south east, Orbost in the south central and Omeo in the north. EGS experienced the catastrophic fires of the summer of 2019/20, an event that will impact the region for years to come.

EGS has a population of 47,775 and an annualised growth rate (2016 – 2020) of 9.28% compared to the Gippsland average of 1.36%<sup>14</sup>.

EGS residents have the highest median age of all the Gippsland regions, with a median age of 51 years.

#### AOD Services

EGS is serviced by ACSO as the regional AOD Intake provider, who also provide Family & Carers Support Service, Bairnsdale Regional Health Service with hospital based withdrawal and community outreach including to Mallacoota and Orbost, and AOD-ED Nursing. Gippsland Lakes Complete Health provide assessment, counselling, non-residential withdrawal, care and recovery, Choices, Pharmacotherapy Regional Outreach, Youth Outreach and Specialist AOD FV Advisor. EG has four Aboriginal community controlled health organisations Moogji, Lakes Entrance Aboriginal Health Association, Lake Tyers Health and Children's Services and Gippsland and East Gippsland Aboriginal Co-operative who have Aboriginal AOD Workers, and AOD Nursing at GEGAC. Odyssey House run a residential rehabilitation facility near Bairnsdale. Uniting provide assessment, counselling and care and recovery for Child Protection clients on Family Reunification Orders. LCHS provide a Risk of Overdose program, PABN, Therapeutic Day Rehab.

<sup>13</sup> Profile ID, East Gippsland Shire Community Profile accessed on 17th March 2020 from <https://profile.id.com.au/east-gippsland>

<sup>14</sup> Remplan East Gippsland Profile accessed on 12th January 2022 from <https://app.remplan.com.au/eastgippsland/community/population/>

<sup>15</sup> Refer to Appendix 1 for data sources.

#### Characteristics

Compared to the Victorian population, the East Gippsland Shire population stands out for<sup>15</sup>:



## Our Catchment

# Local Government Profiles

### Wellington Shire

Wellington Shire (WS) incorporates the coastal areas east of Wilsons Prom and West of Bairnsdale and north to the southern portion of the Alpine National Park making it a geographically diverse area. With a small population concentrated in the regional town of Sale and surrounding towns primarily in the southern portion of the shire. While *health care and social assistance* is the main employing industry (12.5%), agriculture forestry and fisheries is a close second (11.8%) and makes up the bulk of the businesses in WS primarily due to the significant number of farming families and enterprises in the region<sup>16</sup>.

WS has a population of 44,770 and an annualised growth rate (2016 – 2020) of 7.55% compared to the Gippsland average of 1.36%<sup>17</sup>.

WS residents have a median age of 44 years.

#### AOD Services

WS is serviced by Australian Community Support Organisation as the regional AOD Intake provider, who also provide Family & Carers Support Service, Central Gippsland Health Service who provide hospital based withdrawal and AOD-ED nursing, Latrobe Community Health Service who provide assessment, counselling, care and recovery, non residential withdrawal, Pharmacotherapy Regional Outreach , Risk of Overdose program, Choices, PABN, Therapeutic Day Rehab, Mobile Drug Safety, Youth Outreach, Ramahyuck who provide Aboriginal AOD Worker. Uniting provide assessment, counselling and care and recovery for Child Protection clients on Family Reunification Orders.

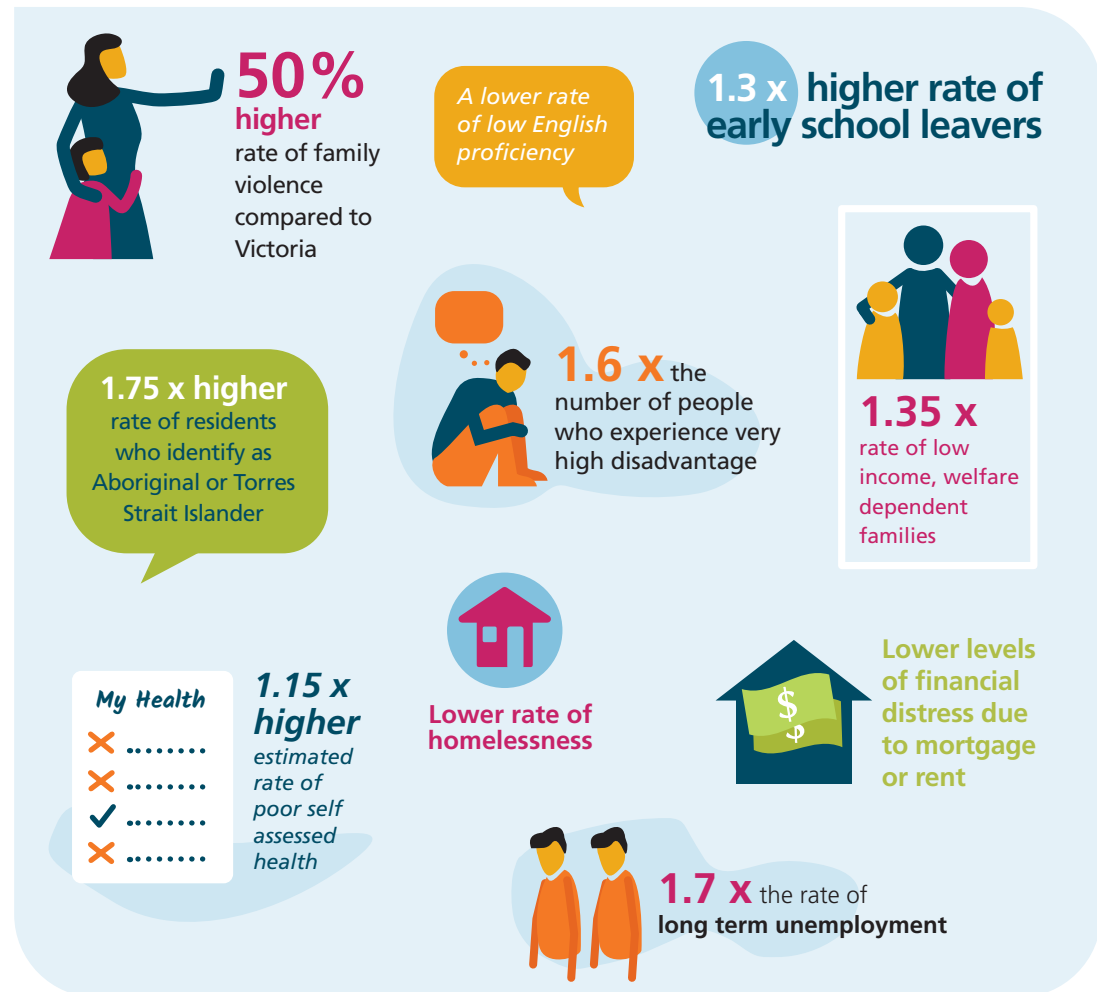
<sup>16</sup> ABS Data By Region, Wellington (S) (LGA) (26810) accessed on 17th March 2020 from [https://quickstats.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/20505?opendocument](https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/20505?opendocument)

<sup>17</sup> Remplan Wellington Community Profile accessed on 12th January 2021 from: <https://app.remplan.com.au/wellington/community/populationage?g=au2016ssc&state=LNz7T4!J4z1TEbNpTgkMB4Sgm289ieh4tnNOfxsotZtZktOtRunE9hWp9>

<sup>18</sup> Refer to Appendix 1 for data sources

#### Characteristics

Looking at the characteristics of the Wellington population, compared to the Victorian Population, the Wellington population stands out for<sup>18</sup>:



# Developing our plan

The development of the plan involved review of current projects and achievements, analysis of demographic and AOD service delivery data, review of consumer consultation feedback, and consultation with the AOD sector.

Project working groups were consulted with feedback sought regarding the achievements to date and prioritisation of continued project activities.

## Data analysis

To obtain an in depth insight into the AOD issues in the region and inform the priorities, AOD client and service data was sourced from the Victorian Agency for Health Information (VAHI). Additional data was sourced from:

### Turning Point

- Ambulance Attendances
- Assaults
- Counselling Online
- Deaths
- DirectLine
- Family Violence
- Hospital Admissions
- Serious Injuries due to road accidents

### Crime Statistics

#### Gippsland Primary Health Network

- Gippsland AOD statistics
- Gippsland Mental Health statistics

#### Remplan Community Profiles

- Community demographics
- SEIFA scores

#### Social Health Atlas

- Range of social health indicators

#### Tableau Public

- Homelessness rates

#### Victorian Commission for Gambling and Liquor Regulation

- Gambling statistics

Refer to Appendix 1 for a complete list of data sources.

## Stakeholder Consultation

Stakeholder consultation was bounded by competing demands on service providers (for instance, managing the impacts of Covid-19) and time constraints. Covid-19 restrictions limited the ability to undertake face to face consultation and to consult more broadly.

The AOD Governance Group met to review the previous plan and identify priorities for the current plan. The meeting attracted limited representation from the sector, so a follow up survey was sent to the governance group members for input into the selection of priorities.

Due to the inability to engage consumers in the consultation process, consumer consultation data obtained through Association of Participating Service Users (APSU) and Victorian Mental Illness Awareness Council (VMIAC) in 2018 / 2019 was reviewed to inform the plan.

Additional opportunities will be sought to undertake more robust consultation with key stakeholders, including the Victorian Drug and Alcohol Association, Gippsland Alcohol and Drug Service Providers Alliance (GADSPA), AOD sector, consumers, their families and carers, where possible to inform and guide further plan implementation.

# Identifying our needs

The LGA Profiles highlight the considerable differences in sociodemographic characteristics throughout the Gippsland region. This demography brings with it unique challenges when supporting clients with alcohol and other drug needs.

Whilst there are significant differences between LGAs, there are also common areas of need and consistent themes which arise.

## Socio demographic data

All six LGA's experience relative socioeconomic disadvantage, as measured by the Socio-Economic Indexes for Areas (SEIFA). SEIFA was developed by the Australian Bureau of Statistics (ABS) to rank areas according to relative advantage or disadvantage using a set of geographical based indexes. The SEIFA Index for Victoria is 1010. A lower score indicates a higher level of disadvantage, whereas a higher score indicates a higher level of advantage. Gippsland LGA's SEIFA Index scores range from 997 to 931.

Looking at complexity characteristics, compared to the Victorian average, all six Gippsland LGA's experience:

- Higher rates of family violence from 1.33 times to 2.5 times
- Higher rates of long term unemployment from 1.25 to 2.25 times
- Higher estimates of poor self-assessed health
- Higher rates of early school leavers

## AOD & Related data

Reviewing the data relating to AOD use and outcomes, compared to the Victorian average, **all six Gippsland LGA's experience:**

- Higher rates of alcohol related deaths with four of the six LGAs in the top 25%, ranging from 1.77 times to double the rate of deaths.
- Higher rates of deaths related to alcohol and illicit drugs, ranging from 1.44 to 2.7 times.
- Higher rates of serious injuries involving vehicle crashes in Victoria during high alcohol hours, ranging from 1.5 to 2.45 times.
- Higher rates of alcohol related – ADIS episodes of care, with all six LGAs in the top 25%.
- Higher rates of consumption of alcohol at levels with increased risk of injury on a single occasion, with three in the top 25%.

### Five of the six Gippsland LGA's:

- Are in the top 25% for any Illicit drug – ADIS episodes of care.
- Have higher rates of alcohol – definite or possible family violence incidents, with four of the six LGAs in the top 25% ranging from 1.2 to 4.9 times the Victorian rate.
- Higher rates of alcohol assault during High Alcohol Hours.

### Four of the six Gippsland LGA's:

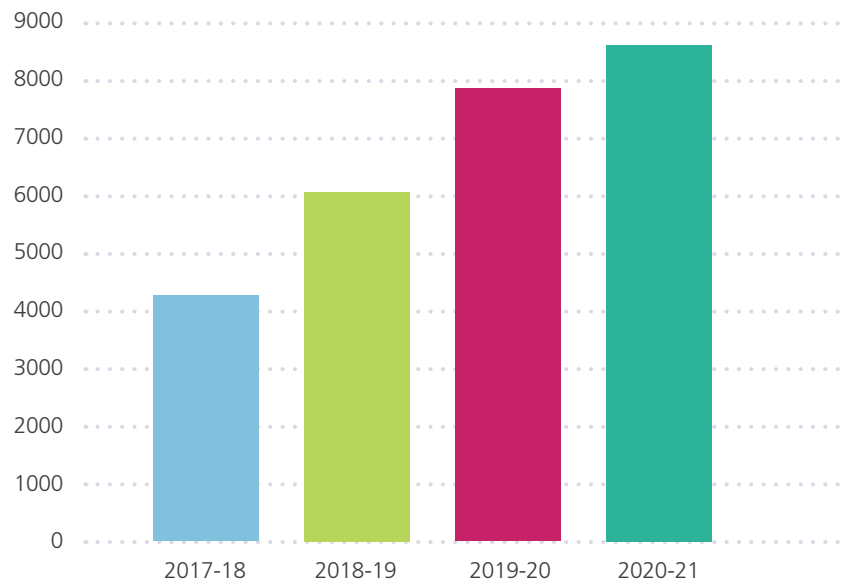
- Have higher rates (1.23 to 1.5 times) of people diagnosed with anxiety or depression.
- Are in the top 25% for alcohol intoxication ambulance attendances.

## AOD Client and Substance Profile

The Victorian Agency for Health Information (VAHI) provides data on Course of Treatment (CoT), Episodes of Care (EoC) and the number of unique clients. Data is recorded by AOD Service Providers and lodged with VAHI, who report data on a financial year basis. The following provides a snapshot of data for the 2020 – 2021 financial year.

The number of completed Courses of Treatment (CoT's) provided to Gippsland clients has doubled in the period 2017 – 2018 to 2020 – 2021, with the number of clients increasing by 1.28% during the same time period.

**Figure 1: Number of completed CoT's by financial year**



Most Gippsland AOD clients are aged between 21 years to 55 years with a median age of 36.1 years.

The majority of clients identify as male (64%), with females representing 36% of clients and fewer than 1% were clients identifying as an other gender identity.

12.8% of clients who completed a CoT identified as Aboriginal, 0.3% as Torres Strait Islander but not Aboriginal origin, and 0.6% as both Aboriginal and Torres Strait Islander origin. This indicates people who are Aboriginal are overrepresented in the data, as the percentage of Gippsland region residents who identify as Aboriginal or Torres Strait Islander is 1.9%<sup>19</sup>.

93% of AOD clients were born in Australia, with other countries of birth outlined in Table 2 below. Australian Bureau of Statistics 2016 Census data indicates that at that time, 79.4% of people were born in Australia. The other most common countries of birth were England 3.0%, New Zealand 1.0%, Netherlands 0.7%, Italy 0.6% and Scotland 0.6%. It is acknowledged the cultural diversity of the region may have changed since 2016.

**Table 2: Gippsland clients accessing AOD services, by country of birth, 2020 – 2021**

Australia	3,151
Unknown	177
North-West Europe	43
New Zealand	41
North Africa and the Middle East	22
South-East Asia	16
Southern and Eastern Surpoe	14
Oceania and Antarctica – excluding AU/NZ	9
Southern and Central Asia	9
Americas	7
Sub-Saharan Africa	6

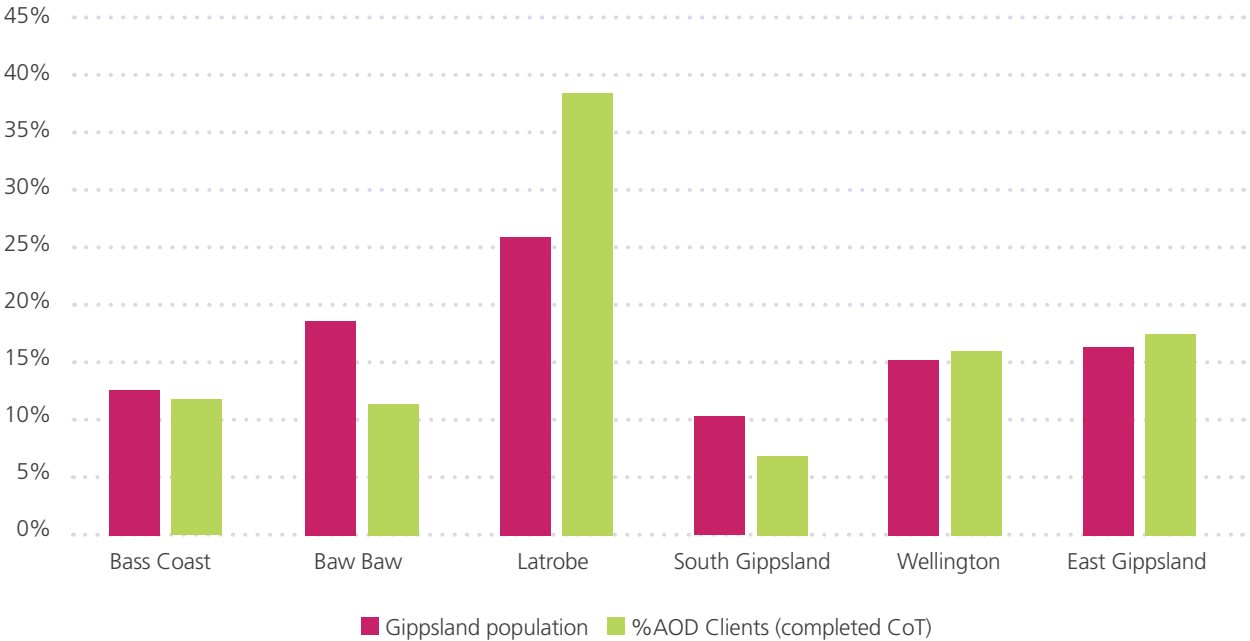
<sup>19</sup> ABS 2016 Census QuickStats accessed on 15th January 2022 from: [https://quickstats.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/CED215#:~:text=In%20the%202016%20Census%2C%20there,up%201.9%25%20of%20the%20population.](https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/CED215#:~:text=In%20the%202016%20Census%2C%20there,up%201.9%25%20of%20the%20population.)

English was spoken by 99% of AOD clients in Gippsland. Languages spoken by AOD clients include Arabic, other South East Asian languages, Eastern Arrernte, Aboriginal English, Other Australian Indigenous Languages. Each of these languages were recorded for less than 5 clients for the 2021 – 2022 period.

38% of AOD service events in Gippsland were provided to clients reporting they were unemployed. However, 48% of AOD service events in Gippsland were provided to clients where their employment status was not known.

The data we have indicates the majority of clients live in a private residence. Analysis of AOD clients LGA of residence indicates that Latrobe City residents are overrepresented in AOD CoT's, whilst Baw Baw and South Gippsland Shires have a lower percentage of the population who accessed AOD services. Refer to Figure 2 below.

**Figure 2: Percentage of Gippsland population by LGA, and percentage of recorded AOD clients 2020 – 2021.**





78% of AOD service events in Gippsland were delivered to voluntary clients. 22% of AOD service events were delivered to forensic clients.

Alcohol was the most common primary drug of concern for clients receiving AOD treatment in Gippsland during 2020 – 2021.

The top seven primary drugs of concern for clients in Gippsland for 2020 – 2021 are outlined in Table 3 below

**Table 3: Percentage of ended AOD treatment events in Gippsland, by primary drug of concern, 2020 – 2021**

Alcohols	41%
Amphetamines	27%
Cannabinoids	22%
Other	4%
Heroin	3%
Unknown	2%
Benzodiazepines	1%

Comprehensive assessment, counselling and brief interventions were the top three AOD services provided in Gippsland during 2020 – 2021, followed by intake, non-residential withdrawal and care recovery and coordination.

## Consumer Feedback

Consumers who attended consultations conducted by the APSU and VMIAC in 2018 identified key issues that contribute to the level of mental health problems and addiction issues as: homelessness; a lack of community spaces and social activities, a lack of trust in services, poverty, shame and stigma, lack of preventative services, easy access to substances ; and family breakdown as key factors which contribute to the level of mental health and addiction issues in the area<sup>20</sup>.

Consumers felt that:

- There is a lack of university-trained workers, under-employment and stigma in the regional workforce which contributes to the wait times for services and some workers having a lack of understanding about trauma or dual diagnosis.
- Confidentiality is a barrier for them as family members could be informed about the care of their loved one.
- Fragmentation of services, lack of step-down supports, long wait times, perpetual cycle of referral.
- The large geographical area causing issues with travel.<sup>21</sup>

Consumer feedback from a meeting in January 2019 identified confusion about where to access help, lack of facilitated referrals, and difficulties accessing crisis support.

<sup>20</sup> Association of Participating Service Users and Victorian Mental Illness Awareness Council, 2018, "Sitting on the outside, looking in" Report on the 2018 Regional Roadshow Project

<sup>21</sup> ibid

# Implementing our plan

## Governance

As the lead agency, Latrobe Community Health Service are ultimately responsible for leading the catchment based plan in collaboration with state funded AOD services. However, appropriate governance structures and processes are critical to guiding the planning processes, including actively supporting the involvement of core stakeholders in the development, review, endorsement and implementation of the plan.

The Gippsland AOD Catchment Based Planning Governance Committee has been established as the governing body and fulfills the above role. The Governance Committee meets quarterly and consists of senior managers from the participating organisations listed at the beginning of this document.

Membership of the Governance Committee includes:

- relevant AOD providers in the catchment
- major health services in the catchment
- representatives of the DFFH divisional office (Inner and Outer Gippsland) on an ex-officio basis.

In addition, progress toward the identified priorities will be reported to GADSPA quarterly.

A priority for this planning phase is to expand Committee membership to include consumers, family and significant other representatives, and encourage senior level participation from relevant local health and human services providers as well as organisations involved in health and community planning within Gippsland.

## Working Groups

The existing working group structure reports mixed success regarding regularity of meetings, appropriate stakeholder representation and sustainability of membership. Attendance at working group meetings has been impacted by the demands of Covid-19 on stakeholder agencies and meeting logistics.

Despite the identified challenges, significant outcomes have been achieved in progressing the activities of the previous plan, for example, the workforce development strategy via the collective efforts of sector representatives.

The current working group structure, membership and Terms of Reference will be reviewed as a key action in the implementation of the plan. Working groups will consist of GADSPA members, with accountability in progressing the plans and activities and providing quarterly updates against progression. An effort will be made to recruit subject matter experts into the working groups. Where no current working group exists, a new working group will be convened to collaboratively guide the development and implementation of actions for their dedicated priority area. Working groups will be coordinated by LCHS.



# Priorities

The mental health and wellbeing service system is undergoing reform with a future structure comprising six levels of care progressively being established from July 2022 to 2026, with services in Latrobe City commencing in July 2022, and East Gippsland Shire reforms operational by the end of 2023.

Broadly, the three priorities are:

- **Integrating mental health reforms**  
(Communication and collaboration across the sector)
- **Workforce development**  
(A competent, supported and sustainable workforce)
- **Consumer Voice**  
(People with lived experience are engaged in all aspects of service design)

Each priority is outlined in detail on the following pages.

## Integrating mental health reforms

### (Communication and collaboration across the sector)

The mental health and wellbeing service system is undergoing reform with a future structure comprising six levels of care progressively being established from July 2022 to 2026, with services in Latrobe City commencing in July 2022, and East Gippsland Shire reforms operational by the end of 2023.

Key to the proposed structure is Local Adult and Older Adult Mental Health and Wellbeing Services (Local Services). This model will provide an integrated treatment, care and wellbeing support response for consumers experiencing a mental illness and co-occurring substance use or addiction<sup>22</sup>.

The aim is to develop sustainable collaborative relationships and clear referral pathways with care providers including AOD services in order to provide seamless care to consumers and assist them to access specialist AOD treatment, care and support (if required), and residential and non-residential withdrawal services<sup>23</sup>.

Developing communication pathways and communicating progress toward service sector reform to the workforce in an accessible way and promoting collaboration across the sector will be key to achieving the intended outcome *AOD consumers experience seamless and integrated service response*.

**Table 4: Integrating mental health reforms**

Priority	Outcome	Indicators	Activities	Working Group Membership
<b>Integration of Mental Health Reforms</b>	AOD consumers experience seamless and integrated service response.	<p>Gippsland AOD workforce report up to date knowledge of the implementation of the mental health reform in Gippsland at a practice level.</p> <p>Health and human service sector agencies report a high level of appropriate, quality referrals.</p> <p>Quality referral pathways are demonstrated in the data.</p> <p>Consumers, families and carers report integrated service access.</p>	<p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>Gippsland cross sector collaborative community of practice is established and promoted.</li> <li>Effective interagency and intra-agency communication pathways are developed and implemented.</li> <li>Refine and promote referral pathways, providing training and support as required.</li> </ul> <p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>Support community of practice and implement strategies to promote high levels of attendance.</li> <li>Continue to refine communication pathways and provide up to date information on the implementation of reforms.</li> <li>Monitor referral pathways data and provide support as required.</li> </ul> <p><b>Year 3</b></p> <ul style="list-style-type: none"> <li>Undertake evaluation of year 1 and 2 activities and assess progress against baseline data and indicators.</li> <li>Share learnings and review priority areas including making recommendations for future projects.</li> </ul>	<p>Working Group includes the following stakeholders:</p> <ul style="list-style-type: none"> <li>BCH AOD Team Leader,</li> <li>Adult AOD service operational managers,</li> <li>Chair, GMHAlliance,</li> <li>DFFH/DoH representative,</li> <li>ACSO,</li> <li>Future Manager Local Adult &amp; Older Adult MH and Wellbeing Service,</li> <li>Consumer/Carer representative.</li> </ul>

<sup>22</sup> Victorian Government Health and Human Services Local Adult and Older Adult Mental Health and Wellbeing Services Annex 1: Service Specification, 2021

<sup>23</sup> ibid

## Workforce development

### (A competent, supported and sustainable workforce)

Recruiting and retaining a competent, skilled AOD and mental health workforce in Gippsland is challenging. These challenges are not unique to Gippsland, with rural and regional areas nationally struggling to fill vacancies and provide supportive workplaces<sup>24</sup>.

At a state level, the Victorian Government is committing \$30 million annually to the Mental health and AOD workforces for workforce development<sup>25</sup>, over \$40 million to support and grow the consumer and carer lived experience workforces, in addition to dedicating resources to building rural and regional workforces.

The AOD Workforce Development Working Group has collectively led the design of activities in Gippsland working toward building a competent and skilled AOD workforce.

A review of current progress and feedback from stakeholders identified the following desired outcome: *Gippsland has a competent, supported and sustainable workforce delivering recovery-oriented, best-practice care to people in Gippsland where and when they need it.*

*There is no single solution to resolving inadequate mental health workforce supply; multiple initiatives that each bring incremental improvements must be used to ensure an overall positive impact<sup>26</sup>*

To achieve the above outcome, the existing workforce development working group will continue design and implementation of the Gippsland Workforce Development Strategy, with a specific focus on the following 3 key areas:

#### **1 Implementation of the AOD Graduate Program**

#### **2 Sustainability and support of the Gippsland Aboriginal AOD Network (GAAP)**

#### **3 Development and implementation of a lived experience workforce strategy**

<sup>24</sup> Victoria's Mental Health and Wellbeing Strategy, December 2021

<sup>25</sup> Victoria's Mental Health and Wellbeing Strategy, December 2021

<sup>26</sup> Regional Mental Health and Suicide Prevention Workforce Strategy – Gippsland February 2020

**Table 5: Workforce development**

Priority	Outcome	Indicators	Activities	Working Group Membership
<b>Workforce Development</b>	Gippsland has a competent, supported and sustainable workforce delivering recovery-oriented, best-practice care to people in Gippsland where and when they need it.	<p>The AOD Graduate Program is widely adopted and successfully implemented.</p> <p>The Gippsland Aboriginal AOD Network (GAAP) is thriving.</p> <p>The diversity of our workforce reflects the diversity of our community.</p> <p>We have appropriate numbers of forensic program Accredited Assessors and Clinical Supervisors in each service.</p> <p>We see an increase in the retention of skilled AOD employees.</p>	<p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>• The AOD Graduate program is endorsed and implementation commences.</li> <li>• We support the Gippsland Aboriginal AOD Network (GAAP)</li> <li>• We commence research and consultation for the peer workforce strategy.</li> <li>• We review the forensic capacity across the region and advocate for streamlining the Accreditation process.</li> <li>• We keep up to date with the release of the Strategy for the Alcohol and Other Drug Peer Workforce strategy in Victoria.</li> <li>• Support state AOD workforce development initiatives (e.g. rural and workforce incentive program/Rural and regional AOD traineeships).</li> <li>• Baseline data regarding workforce characteristics (e.g. skills, retention) is collected.</li> </ul> <p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>• We undertake an interim evaluation of Graduate Program and implement recommendations.</li> <li>• We develop a peer workforce strategy, informed by the Victorian Government Strategy for AOD Peer Workforce.</li> <li>• We continue GAAP support.</li> </ul> <p><b>Year 3</b></p> <ul style="list-style-type: none"> <li>• We implement the Peer workforce strategy.</li> <li>• We undertake evaluation of year 1 and 2 activities and assess progress against baseline data and indicators.</li> <li>• We share learnings and review priority areas including making recommendations for future projects.</li> </ul>	<p>Gippsland AOD Workforce Strategy Working Group.</p> <ul style="list-style-type: none"> <li>• ACSO</li> <li>• BCH</li> <li>• GAAP</li> <li>• GEGAC</li> <li>• GLCH</li> <li>• GPHN</li> <li>• GSHS</li> <li>• LCHS</li> <li>• Odyssey</li> <li>• Uniting</li> <li>• YSAS</li> </ul>



## Consumer voice

(People with lived experience are engaged in all aspects of service design and delivery)

Consumer participation in drug and alcohol treatment services is a requirement of state and federal government<sup>27</sup>.

There are significant benefits to consumer participation including increased accountability, innovative ideas and co-design, increased consumer focus and human centred treatment system.

However, the lack of an agreed state or national approach to guide and support implementation has led to a low degree of consumer participation in AOD service design.

Examples of robust, meaningful consumer participation and lived experience engagement processes are emerging statewide through reference groups and supported peer research opportunities.

Opportunities to meaningfully engage consumers and people with lived experience in the identification of priorities, design of services and systems processes are sought.

A Consumer Voice working group will be convened to collaboratively lead the design and development of activities for consumer and lived experience participation, with the desired outcome: *Consumers, families and carers are meaningfully engaged in design of Gippsland AOD services.*

<sup>27</sup> Consumer Participation in AOD, DFFH



**Table 6: Consumer voice**

Priority	Outcome	Indicators	Activities	Working Group Membership
<p><b>Consumer Voice</b></p>	<p>Consumers, families and carers are meaningfully engaged in Gippsland AOD sector service design.</p>	<p>Consumers, families and carers are engaged in the refinement of CBP priorities and activities.</p> <p>Consumers, families and carers are engaged in the design of Gippsland AOD services.</p> <p>Services are responsive and delivering consumer centred care and treatment.</p> <p>Consumer, carer and community engagement strategy is developed and endorsed.</p> <p>Consumers feel more supported by families and carers and maintain recovery longer term.</p>	<p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>Investigate best practice in rural and regional consumer, family and carer participation.</li> <li>Showcase successful examples within and exterior to Gippsland of consumer, family and carer participation in AOD.</li> <li>Research opportunities for organisational and workforce training in co-design and consumer centred care.</li> <li>Recruit consumers, family and carer representatives to the governance committee and support their participation.</li> <li>Undertake consultation with consumer, family and carer representatives regarding CBP priorities and activities.</li> <li>Attract subject matter experts to form Working Group.</li> </ul> <p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>Continue to support the consumer, family, carer representative/s on the governance committee.</li> <li>Develop a framework and Terms of Reference for consumer and lived experience Reference Group.</li> <li>Attract consumer, family and carer representatives to the Reference Group.</li> </ul> <p><b>Year 3</b></p> <ul style="list-style-type: none"> <li>Continue to support the consumer, family, carer representative/s on the governance committee.</li> <li>Continue to support the consumer, family and carer Reference Group.</li> <li>Undertake evaluation of year 1 and 2 activities and assess progress against baseline data and indicators.</li> <li>Share learnings and review priority areas including making recommendations for future projects.</li> <li>Include consumer, family and carer representatives in the development of the new CBP.</li> </ul>	<p>Working Group: To be determined</p>

# List of abbreviations

<b>ACSO</b>	Australian Community Support Organisation	<b>GAAP</b>	Gippsland Aboriginal AOD Practitioners	<b>RDAC</b>	Ramahyuck District Aboriginal Corporation
<b>ADIS</b>	Alcohol and Drug Information Services	<b>GADSPA</b>	Gippsland Alcohol and Drug Service Providers Alliance	<b>SEIFA</b>	Socio-Economic Indexes for Areas
<b>AOD</b>	Alcohol and Other Drug	<b>CBP</b>	Catchment Based Plan	<b>SG</b>	South Gippsland
<b>AOD-ED</b>	Alcohol and Other Drug Emergency Department (acute service)	<b>GEGAC</b>	Gippsland and East Gippsland Aboriginal Co-operative	<b>SGS</b>	South Gippsland Shire
<b>APSU</b>	Association of Participating Service Users	<b>GLCH</b>	Gippsland Lakes Complete Health	<b>SMART</b>	Self-management and recovery training
<b>ARC</b>	Assessment and Referral Court	<b>GMHA</b>	Gippsland Mental Health Alliance	<b>TDR</b>	Therapeutic Day Rehabilitation
<b>BRHS</b>	Bairnsdale Regional Health Service	<b>GPHN</b>	Gippsland Primary Health Network	<b>VAADA</b>	Victorian Alcohol and Drug Association
<b>BCH</b>	Bass Coast Health	<b>GSHS</b>	Gippsland Southern Health Service	<b>VAHI</b>	Victorian Agency for Health Information
<b>BCS</b>	Bass Coast Shire	<b>IGA</b>	Inner Gippsland Area	<b>VMIAC</b>	Victorian Mental Illness Awareness Council
<b>BBSC</b>	Baw Baw Shire	<b>LC</b>	Latrobe City	<b>WS</b>	Wellington Shire
<b>CGHS</b>	Central Gippsland Health Service	<b>LCC</b>	Latrobe City Council	<b>YSAS</b>	Youth Support and Advocacy Service
<b>CISP</b>	Court Integrated Service Program	<b>LCHS</b>	Latrobe Community Health Service		
<b>CoT</b>	Course of Treatment	<b>LEAHA</b>	Lakes Entrance Aboriginal Health Association		
<b>DFFH</b>	Department of Families, Fairness and Housing	<b>LGA</b>	Local Government Area		
<b>DoH</b>	Department of Health	<b>LRH</b>	Latrobe Regional Hospital		
<b>EG</b>	East Gippsland	<b>LTHCS</b>	Lake Tyers Health and Children's Services		
<b>EGS</b>	East Gippsland Shire	<b>NSP</b>	Needle and Syringe Program		
<b>EoC</b>	Episodes of Care	<b>OGA</b>	Outer Gippsland Area		
<b>FV</b>	Family Violence	<b>PABN</b>	Pharmacotherapy Area Based Network		

For definitions of Alcohol and Other Drug terms, refer to the Victorian Department of Health [Overview of Victoria's Alcohol and Drug System](#)

# Appendix 1

## Data Sources

Source	Link
<b>AOD Stats by Turning Point:</b> <ul style="list-style-type: none"><li>• Ambulance Attendances</li><li>• Assaults</li><li>• Counselling Online</li><li>• Deaths</li><li>• DirectLine</li><li>• Family Violence</li><li>• Hospital Admissions</li><li>• Serious Injuries due to road accidents</li></ul>	<a href="https://aodstats.org.au/explore-data/">https://aodstats.org.au/explore-data/</a>
<b>Crime Statistics</b>	<a href="https://www.crimestatistics.vic.gov.au/research-and-evaluation/publications/drug-and-alcohol-use-and-crime">https://www.crimestatistics.vic.gov.au/research-and-evaluation/publications/drug-and-alcohol-use-and-crime</a>
<b>Gippsland Primary Health Network</b> <ul style="list-style-type: none"><li>• Gippsland AOD statistics</li><li>• Gippsland Mental Health statistics</li></ul>	<a href="https://gphn.org.au/what-we-do/health-planning/population-health/resources-ph/">https://gphn.org.au/what-we-do/health-planning/population-health/resources-ph/</a>
<b>Remplan Community Profiles</b> <ul style="list-style-type: none"><li>• Community demographics</li><li>• SEIFA scores</li></ul>	<a href="https://app.remplan.com.au/">https://app.remplan.com.au/</a>
<b>Social Health Atlas</b> <ul style="list-style-type: none"><li>• Range of social health indicators</li></ul>	<a href="https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-">https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-</a>
<b>Tableau Public</b> <ul style="list-style-type: none"><li>• Homelessness rates</li></ul>	<a href="https://public.tableau.com/app/profile/christy.asdf/viz/Homelessness_8/HomelessnessRate">https://public.tableau.com/app/profile/christy.asdf/viz/Homelessness_8/HomelessnessRate</a>
<b>Victorian Commission for Gambling and Liquor Regulation</b> <ul style="list-style-type: none"><li>• Gambling statistics</li></ul>	<a href="https://www.vcglr.vic.gov.au/resources/data-and-research/gambling-data/gaming-expenditure-venue">https://www.vcglr.vic.gov.au/resources/data-and-research/gambling-data/gaming-expenditure-venue</a>
<b>Victorian Health Information Agency (VHIA)</b> <ul style="list-style-type: none"><li>• Gippsland AOD Client data</li><li>• Gippsland AOD EoC &amp; CoT data</li></ul>	

Background data is available. Please contact Latrobe Community Health Service.



Free call 1800 242 696

81-87 Buckley Street (PO Box 960)

Morwell VIC 3840

[www.lchs.com.au](http://www.lchs.com.au)