# Bayside Peninsula Area AOD Action Plan 2023

**Priority Action Area 1:   Identify catchment priorities, monitor activity and build partnerships**

| Objectives | Activities | Outputs | Outcomes | Proposed 2023 activity |
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| **Identify and monitor catchment priorities** | Review reports from working groups and others regarding risks, trends and opportunities | Identify priorities annually and review progress against priorities | Collective action that progresses shared priorities | Monthly activity and waiting list reports<br>Bi-monthly planning meetings to review actions against priorities |
| **Engage stakeholders within and outside the AOD sector to deliver on the shared plan** | Establish links between BPA AOD Planning Steering Committee and other networks such as Family Violence, Homelessness and Mental Health Increase engagement with:<br>• Family violence<br>• Child protection/FRO<br>• Mental Health Locals<br>• Hospital EDs | Invited speakers at meetings<br>Sharing information about other services at meeting | Better understanding and information sharing between AOD services and other sectors | Speakers at meetings:<br>• Area 4 Pharmacotherapy manager<br>• Manager, Public Intoxication Reforms, DH<br>• AOD service managers<br>• Family violence<br><br>Ongoing contact with:<br>• Health promotion teams in local government regarding Health and Wellbeing priorities<br>• DH re naloxone reforms |
| **Identify, report and monitor AOD data covering:**<br>• **Demand**<br>• **Activity**<br>• **Harm reduction** | Maintain and improve risk and trend data monitoring framework that articulates domains for monitoring, | Risks and trends are reviewed and shared | BPA service providers use data to improve service quality and access | Ongoing monitoring of new data<br>Rolling reports as data becomes available<br>Sharing of information in digests and online |

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| | identifies relevant data sets and identifies how partners will analyse, utilise and share data.<br><br>Request access to SLK for linking clients between services<br>Request access to NSP when available<br>2 way data exchange with PHN<br>Review opportunities for measure demand (unmet need, non-treatment seeking AOD users) | | |

**Priority Action Area 2:   Improved and integrated service access**

| Objectives | Activities | Outputs | Outcomes | Progress |
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| **Understand barriers and respond to problems with referral and access** | Identify current access and intake protocols amongst BPA AOD providers through analysis of needs, gaps, intersections as part of continuous improvement and best practice<br><br>Identify opportunities for shared demand management and alternative service pathways | Sharing of activity data<br>Revision of access and referral protocols informed by barriers and needs identified | Improved access and referral to treatment and services in response to needs | Monthly sharing of referral numbers and waiting list<br>Facilitation of sharing client loads<br>Identification of additional referral opportunities (Aboriginal, LGBTIQ+)<br>Development of list of services without waiting lists |
| **Improve access to people not seeking treatment** | Review ED approaches to managing AOD presentations<br>Work with hospital EDs to connect people presenting to ED to services | | | |
| **Improve access to families of people affected by AOD use** | | | | |
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| **Identification and monitoring of COVID-19 responses that may impact users of AOD services** | Monitor changes to COVID-19 responses that may impact users of AOD services, such as:<br>•Service access | Development of process to monitor impacts<br><br>Ongoing monitoring of potential impacts | Users of AOD services are not disproportionately impacted by COVID-19 responses | Monthly review of COVID impact<br>Sharing of approach and strategies |

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| | •Working with people who are unvaccinated<br>•Working with people who are COVID positive<br>•Staff return to work | Regular reports on the status of COVID-19 activities with the potential to impact AOD service users | | |

**Priority Action Area 3:  Analysis and facilitation of education and training opportunities to support ongoing development of a capable, skilled and responsive workforce AOD workforce**

| Objectives | Activities | Outputs | Outcomes | Progress |
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| **Better understand the BPA workforce including skills, capacity and areas of need** | Monthly review of work force gaps and recruitment challenges | Minutes describing current work force status | Up to date understanding of immediate work force needs | Monthly review of workforce gaps and recruitment challenges<br>Facilitation of extra training<br>Review of pay rates and awards used |
| **Foster skill sharing and workforce development opportunities across the catchment** | Identify training opportunities and facilitate training opportunities between BPA AOD providers | Working group develops a calendar of events | Build capacity of local workforce to respond to client needs | Regular speakers at all groups<br>Internal sharing of expertise |
| **Improve experience of AOD workers** | Looking for opportunities to support workforce<br>Find out what other services are doing to support staff | | | |
| **Increase the number of accepted referrals to residential adult withdrawal services** | Work with main referrers, main services and possibly VAADA to develop clear referral guidelines | Guidelines<br>Register of declined referrals | More efficient access to residential withdrawal for BPA clients | |

| | Track events when referrals are declined | | | |
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**Priority Action Area 4:  Enhance harm reduction responses amongst people who use drugs**

| Objectives | Activities | Outputs | Outcomes | Progress |
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| **Engage stakeholders within and outside the AOD sector to deliver on the shared plan** | Establish links between working group and other networks such as Family Violence, Homelessness and Mental Health.<br><br>Work with HR Vic to support the development of harm reduction peer workforce<br><br>Support Peninsula Health e-learning module with section on Harm Reduction | Invited speakers at meetings<br>Sharing information about other services at meeting | Better understanding and information sharing between AOD services and other sectors | Speakers from HR Vic who are developing Peer Resources separately<br>Provided small amount of support for Peninsula Health e-learning module<br>Peninsula Health ED liaison through AOD educator |
| **Identify, report and monitor AOD data covering:**<br>• **Harm reduction** | Maintain and improve risk and trend data monitoring framework that articulates domains for monitoring, identifies relevant data sets and identifies how partners will analyse, utilise and share data.<br><br>Keep up to date information about current harm activity. Actively provide local information in accessible formats when | Risks and trends are reviewed and shared<br><br>Share data reports focussed on:<br>• Usage trends<br>• Local harm<br>• Drug law reform<br><br>Continue to explore opportunities to support non-injecting users | BPA service providers use data to improve service quality and access<br><br>Progress the conversation about drug law reform | Ongoing monitoring of new data<br>Rolling reports as data becomes available<br>Sharing of information in digests and online |

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| | requested and not requested.<br><br>Develop focussed data reports | | | |
| **Promote stigma - reduction strategies** | Review existing resources and identify opportunities to promote strategies | Promotional materials | Reduction in stigma towards people with substance use issues | Discussion of anti-stigma activities – World Overdose Day, World's Largest Overdose Prevention Training |
| **Improve access to pharmacotherapy** | Work with other agencies such as Area 4 to improve access to pharmacotherapy | | | |