



CONTENTS

- 02** Support
- 03** Introduction
- 04** Committee of Management
- 04** WRAD Staff
- 05** WRAD Agency Report
- 07** Operations Manager's Report
- 08** Veteran WRAD Leaders Retire
- 10** Finance Manager's Report
- 10** Sliding Doors Report
- 12** Western Victoria Primary Health Network Funded Services
- 14** Specialist Family Violence Advisor Program Report
- 15** WRAD Operational Plan 20-21
- 16** WRAD Values
- 17** Statistics
- 18** About WRAD
- 19** Financials and Treasurer's Report

THE ARTWORK ON THE FRONT COVER AND THROUGHOUT THE ANNUAL REPORT:

Butterfly Tears is about Indigenous and non-Indigenous carers of people with drug and alcohol problems.

Whilst the carers love and care unselfishly, at the same time the carers may suffer loss or grief and despair for the freedom they no longer have and the loss of the 'person' they care for. The carers have watched or are watching their partner, friend, child or parent slowly slide downhill into a net they can't get out of.


The carers may feel boxed in, like the people they care for and sometimes wish they could fly away like a butterfly. But the carers suffer emotionally in silence, in tears and in despair.


The light behind the figures of the two main carers in Butterfly Tears is a sign that there is hope.

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THE WESTERN REGION
ALCOHOL & DRUG CENTRE INC

ANNUAL REPORT 2019 | 20

 172 Merri Street,
Warrnambool, Vic 3280

 1300 009723 / 55 645777

 wrad.org.au
thelookoutrehab.com.au

The Western Region Alcohol and Drug Centre Inc (WRAD) is funded by the Victorian Government Department of Health and the Western Victoria Primary Health Network. Other sources of funding include fee-for-services through Medical Services, and various fund-raising activities.

SUPPORT

WRAD acknowledges the significant support from the local community, the Department of Health & Human Services Victoria, the Western Victoria Primary Health Network and many individuals who have contributed generously to WRAD and the Lookout Residential Rehabilitation Centre appeal.

 thelookoutrehab.com.au

INTRODUCTION

The Western Region Alcohol and Drug Centre Inc (WRAD) is funded by the Victorian Government Department of Health and the Western Victoria Primary Health Network. Other sources of funding include fee-for-services through Medical Services and various fund-raising activities.

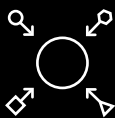
WRAD began as a community steering group more than 36 years ago, determined to provide better services for people with alcohol and drug (AOD) problems in south-west Victoria. Since the centre opened 33 years ago, WRAD has broadened its base to provide diverse services to meet the multiple needs of people with AOD problems and has expanded to become part of the Handbury Medical Suites which now offers a full range of general bulk billing medical services that are available to everyone.

The WRAD Centre is a not-for-profit organisation that operates within a community-based management model. An elected Committee of Management is responsible for providing services in accordance with relevant legislation, service guidelines and funding agreements.

The philosophy of harm minimisation underpins the delivery of all programs offered by WRAD. People and their problems are viewed holistically, and WRAD staff work collaboratively with other health-related professionals and organisations to best meet the needs of clients and their families.



COMMITTED to providing specialist services to individuals and families across south-west Victoria.



ATTENDING to the diverse needs and problems created by alcohol and drug use.



WELCOME

COMMITTEE OF MANAGEMENT

Helen Taylor
Robert Coffey
Scott Dickie
Shane Keogh
Tracey Kol
Carolyn Monaghan
Glenys Phillipot
Luke Taylor

Chairperson, Assistant-Principal Brauer College (retired)
 Secretary and Public Officer, Abalone Diver (retired)
 Treasurer, Partner Sinclair Wilson Chartered Accountants
 Senior Sergeant, Victoria Police, Warrnambool
 Sales Manager, Ace Radio
 Pharmacist (retired)
 Warrnambool City Councillor (retired)
 Principal, Tait's Legal

WRAD STAFF

Geoff Soma
Mark Powell

Daryl Fitzgibbon
Alistair Ross
Dawn Bermingham

Director
 Senior AOD Clinician/Brief Intervention Clinician (commenced September 2019); Operations Manager (commenced April 2020)
 Transitioning to retirement
 Finance Manager (commenced April 2020)
 Transitioning to retirement

Angela Alexander
Rick Bayne
Alana Beasley
Jon Benson

Sliding Doors Non-Residential Day Program Co-ordinator
 Media Consultant/Project Worker
 Assertive Youth Outreach Clinician
 Sliding Doors Non-Residential Day Program Facilitator,
 Peer Group Worker - High Risk Overdose Project
 Assertive Youth Outreach Clinician (commenced May 2020)

Renee Bermingham
Barbara Brown
Michelle Cameron
Robert Duynhoven
Kevin Fitzgerald
Dr Yunfei Han

AOD Clinician (finished March 2020)
 Finance Assistant/Receptionist
 Finance Manager Assistant (finished April 2020)
 AOD and Supported Accommodation Clinician
 Medical Practitioner - Part-time from February 2020
 (Medical Registrar August 2019-February 2020)

Chris Kendall
Rob Kenna
Debbie Maguire
Carol Main
Dr Clare Mooney
Leanne Nicholson
Karen O'Donnell
Anna Pike
Dr Dev Ramu
Dr Sue Richardson
Margaret Skene
Felicity Sloane

Senior Clinical Co-ordinator
 Practice Nurse
 Finance Officer
 Medical Administrator
 Medical Practitioner
 Sliding Door Non-Residential Day Program Facilitator
 Receptionist/Medical Administration
 DARE AOD Clinician
 Medical Practitioner
 Medical Practitioner
 Project Worker
 Peer Support & Advocacy (commenced April 2020)

Kerry-Leigh Walmsley-Sims
Julie Wallis
James Webster
June Williams

Specialist Domestic Violence Advisor
 Dual Diagnosis Clinician
 Medical Registrar (12-month placement - finished February 2020)
 Family Reunification Worker

WRAD AGENCY REPORT

The Chairperson and the Director are pleased to present the 2020 WRAD annual report. The year in review continued to build on tailored service provision to assist clients and families to address alcohol and other drugs and complex issues. These are serious health problems that affect the whole community.

Funding was provided by the Department of Health and Human Services, the Western Victoria Primary Health Network and medical fees for services.

The WRAD Committee provided good governance across the organisation and there were no changes to this Committee during the reporting period. Rob Coffey completed 10 years of service on the Committee and we congratulate him on this significant achievement and his passion for the work that we do.

In regards to staffing, there were minor changes overall. Dawn Bermingham (34 years) and Daryl Fitzgibbon (21 years) transitioned into retirement during the last quarter of the financial year. Their hard work, commitment and dedication over many years will be embedded in WRAD's history for years to come. Kevin Fitzgerald celebrated 20 years of service with our organisation and we are grateful for the work that he does for our clients.

A new management team was welcomed and Mark Powell (Operations Manager) and Alistair Ross (Finance Manager) have value added to the WRAD team. The year ahead promises to be productive and rewarding as we navigate our way through the challenges that lay ahead.

The reporting year was interrupted with the advent of the COVID virus. This resulted in significant changes to service provision and challenges to staff and clients alike. Policies, procedures and systems were adjusted accordingly and the organisation responded quickly to introduce telehealth, phone counselling and remote online meetings and groups. We acknowledge

the significant impact to clients with alcohol and other drugs and mental health issues and thank the WRAD staff team for their hard work in delivering a flexible and effective response.

The PROMPT software system was introduced in order to improve our network operation and policy and procedure controls. The risk management database provided monitoring of quality tasks across the organisation.

There were a number of highlights recorded during the reporting period including:

- 1.** Medical Services were accredited against the Australian General Practice Accreditation Limited process.
- 2.** An increase in the number of GPs working at the centre. The Murray City Country Coast GP Training program provided Registrars and WRAD worked closely with Deakin Medical School to provide an essential bulk billing practice for the community.
- 3.** Development of the Rainbow Tick accreditation process. This provides a framework to help organisations become safe and inclusive of the LGBTIQ community.
- 4.** Increased focus on cultural safety and working with Aboriginal and Torres Strait Islander clients.
- 5.** Completed quality improvement plan in preparation for Quality Improvement Council Mid-cycle accreditation process.



- 6.** Successful VCAT application to modify planning conditions in order to progress the Lookout Residential Rehabilitation Centre project. This was made possible due to some amazing community support, philanthropic trusts and pro-bono support from a number of local businesses.

The community will benefit from the Lookout Residential Rehabilitation Centre becoming a reality but the big winners are the clients and families who deserve hope and recovery from addiction.

- 7.** New Strategic Plan developed to focus on alcohol and other drug service delivery.
- a. Increased alcohol and other drug service delivery and treatment options for clients across the region.
 - b. Quality accreditation across the organisation.
 - c. Strengthening of local strategic partnerships to improve services for clients.
 - d. Diversifying the WRAD funding base.
 - e. An increased focus on client outcomes.

PICTURED: Director Geoff Soma and Lookout Residential Rehabilitation Centre Chair Glenys Phillpott welcomed VCAT's decision on staffing for the Lookout.



The year in review was satisfying especially in regards to client service delivery and programs designed to reduce drug harms and increase awareness, make health gains, improve living skills and foster personal achievement through recovery.

This work was assisted across the Great South Coast catchment through our Consortium partners Brophy Family and Youth Services, Portland District Health, South West Healthcare and Western Victoria Primary Health Network.

WRAD continued membership on the Community South West alliance and developed an important strategic partnership with WDEA Works.

We take this opportunity to acknowledge the impressive work of the volunteer Committee of Management and the WRAD staff team. As everyone in our community knows, it has been a challenging and different year. The pandemic has highlighted a number of strengths that we need to acknowledge and draw inspiration from at WRAD. The staff have been flexible, positive and creative in their ability to look after their clients and each another. The various sub-committee meetings have brought great ideas and approaches out of difficult times. The Committee of Management has met as often as it could, adhering to COVID 19 rulings and safety procedures. Our volunteer Committee of Management has willingly connected to WRAD staff whenever called upon. The WRAD executive team has been provided with excellent leadership by Geoff Soma and the Committee wishes to acknowledge his effort and commitment.



GEOFF SOMA
Director



HELEN TAYLOR
Chairperson,
WRAD Committee
of Management

OPERATIONS MANAGER'S REPORT

In April 2020 I took over as the new operations manager for WRAD, replacing Daryl Fitzgibbon who had been a long-term employee who well deserved to take retirement this year after a long career in the health sector. WRAD is indebted to Daryl for his years of service and leadership over that time.

It has been a busy introduction into the WRAD family with many operational tasks to get acquainted with. WRAD is an amazingly strong Alcohol and other Drug (AOD) service, providing a unique model of AOD clinical interventions combined with a general practice that offers so much more to the community than just a stand-alone AOD service.

The ongoing support from addiction psychiatrist Dr Harry Hill has seen our capacity to deliver treatment and recommendations for those with a "dual diagnosis" continue to grow. Dr Hill is also supporting the day rehabilitation program of Sliding Doors as well both the clinical and medical teams with onsite training and case reviews.

WRAD continues to provide leadership to the Great South Coast consortium and has maintained delivery of AOD-funded programs across the region. Our work has been challenged by the COVID situation but credit goes to all staff and consortium partners for being able to quickly adapt service delivery to meet consumer needs. Through the support of DHHS, we are able to offer telehealth services to our consumers both from the medical practice and also for our AOD clients, although a number of clients seem to prefer the telephone option as opposed to video calls.

The use of telehealth has increased client retention in treatment, most likely related to the ease of accessibility and no need for transport to the office. Whilst there are positives to the new way of working there are also negatives. Engagement with some of the more complex clients can be

harder without the ability for face-to-face consultations. All the programs within WRAD continue to remain busy.

The key operational tasks for me have been to continue working towards meeting the requirements of accreditation through the provision of a highly competent workforce with appropriate governance and policies in place. This year we purchased a program called PROMPT and transitioned all our policies and procedures to one spot which enables greater quality control and access for staff.

We are working hard to achieve clinical targets for the consortium's state and commonwealth-funded projects. The work of the youth outreach, dual diagnosis and brief interventions programs has been well received and supported. Our state-funded programs continue to be busy as well. Demand for new and innovative ways to meet community needs has seen a review of our website and a more concerted effort to increase our community profile through regular Facebook posts, media commentary and advertising.

WRAD has a peer participation worker and is very excited to see the impact that regular peer input into service design and function will have going forward. WRAD has developed an intentional peer support policy and terms of reference for a peer participation committee. Along with this, WRAD is working towards building a culturally safe organisation for people who identify as Aboriginal and Torres Strait Islander with a close working relationship with the Cultural Safety Advisor from Gunditjmara Aboriginal Cooperative.



WRAD has developed an action plan with clear steps to take us forward. WRAD also want to be recognised as a service for all people in our community and therefore we are taking steps to being seen as a welcoming service to all people regardless of gender, diversity, or culture. We are part of the community of agencies working towards Rainbow Tick accreditation.

We have been able to recruit some exciting new staff. During the 2019-20 financial year, we welcomed Felicity Sloane, Renee Bermingham and Alistair Ross to the service who all bring great knowledge and skills to take WRAD forward on its journey to the future.

As we know COVID created a lot of change and stress for people both within the community and within WRAD. In a partnership with Tasty Plate, we were able to source pre-cooked meals for some of our clients and able to assist others with vouchers. For our staff, we implemented a few different ideas from our newly formed "wellness committee" to keep people connected whilst working from home.

On an individual level, WRAD offers two programs for support of people living with or affected by a loved one with substance

use. The Family and Friends group that used to meet at the Archie Graham centre on the third Monday of the month has had to go online and is now receiving regular support from Family Drug Help. On Tuesday nights we run a Family and Friends Group via Zoom through the SMART recovery network and on Wednesday nights we run a Zoom group for people struggling with addiction with links on the SMART recovery website and our website and Facebook.

We are so excited for the potential future of WRAD and want to assure our community that we are here to support individuals and families towards a brighter future.



MARK POWELL
Operations Manager

VETERAN WRAD LEADERS RETIRE

Two of WRAD's longest serving staff members retired during the financial, including one who had been with the organisation since its inception.

Office Manager Dawn Bermingham and Operations Manager Daryl Fitzgibbon both ended their full-time connections with WRAD, although Dawn has returned for some part-time work.

Dawn is WRAD's longest serving employee and has been with the organisation since it started in 1986.

She never expected to spend so long with one organisation, but she's glad she did.

"After taking time off to have children, I was working in a short-term role in the office at Corrections Services and was encouraged to apply for the receptionist position at WRAD," she said.

When WRAD started at 325 Timor Street, it had a full-time coordinator, Carmel Crowe, counsellor Anne Parkes and Dawn as receptionist, a role that evolved into finance and office management.

"It has been a great opportunity to work with a lot of people on the committee of management and staff who helped me to grow into my role over the years," she said.

Ms Bermingham said she continued to enjoy seeing the difference WRAD makes to people's lives.

"WRAD gives people an opportunity to look at how they can heal," she said. "The core service is delivery to clients and the clinical team, administration and medical staff have worked effectively together to provide this service to the community." She now hopes the Lookout Rehabilitation Centre can add to those services. "The Lookout can only complement a whole lot of health services in the area," she said.

Daryl worked in health for about 45 years, starting as a company medic in the Army and later completing nursing training at a cancer hospice in Melbourne and psychiatric nursing training at Mont Park and working in the psychiatric prison.

He moved back to his original home in Port Fairy to raise a family and took the last gazetted job at Brierly Hospital before moving into community psychiatric services and becoming qualified in dual diagnosis.

In 1999 Daryl started at WRAD in supported accommodation and later moved into clinical management and operations management roles.

"As clinical manager, I tried to make sure WRAD had a level of respect within the community and was always professional in its procedures and processes," he said.

More recently he ensured the Great South Coast Consortium developed strong relationships to provide alcohol and drug services across the region.

Daryl said he had entered the health profession to care for people and was leaving with the same mission.

"I've always had a caring nature and we have to make sure the fundamentals of health stay the same. My practice was to never erode anyone's dignity.

"WRAD has always had a really good ear for local community need. WRAD recognises the need to diversify and I think the Lookout is essential, something our community really needs," he said.

"One of the main impediments for people not entering rehab is that they have to travel out of the area. You're better off knowing your family is only a short distance away and being with people from around your district."

“ ”

WRAD has always had a really good ear for local community need. WRAD recognises the need to diversify and I think the Lookout is essential, something our community really needs.

DARYL FITZGIBBON



**DARYL
AND DAWN**

FINANCE MANAGER'S REPORT

I had the pleasure of joining WRAD in April this year. This was during our region's first COVID lockdown, and since that time we've successfully transitioned to the provision of mainly teleconferencing or telephone consulting from both our clinical and medical teams.

We've established COVID-safe screening protocols for those that enter WRAD, and protocols for cleaning and personal protections. Our thanks go to our practitioners and our clients and patients who have adapted to these circumstances. We've taken advantage of these times to give WRAD an internal refresh, with painting and recarpeting, and we look forward to again welcoming inside our clients and patients.

My primary role at WRAD is financial management and matters pertaining to financial reporting, debtor and creditor control, minimisation of financial and other risks, budgeting, annual audit and payroll, and I'd like to express my thanks for the assistance given to me by Debbie, Michelle, Carol and Karen.

Bringing with me my experiences in GP practice management, I have worked closely with Rob in the Medical Practice and thank him for his professional nursing skills in addition to his significant role in the management of our GP practice.

The assistance of Dawn Bermingham, as she transitions to retirement has been invaluable. I wish both her and Daryl Fitzgibbon the very best as they embark on life after WRAD.



ALISTAIR ROSS
Finance Manager

SLIDING DOORS REPORT

Sliding Doors at WRAD has continued to deliver the therapeutic day program Monday to Friday throughout 2020, successfully navigating a range of challenges.

COVID19 required a rapid and radical change to program delivery.

In early March, a COVID mitigation plan was developed, although at that stage it was assumed home isolation would not extend for a significant period of time.

Enacting the COVID plan for Sliding Doors was achieved effectively over a three-day period in mid-March by identifying LifeSize as an

appropriate online video conferencing option, then training and resourcing staff and clients to access and utilise the technology.

Sliding Doors moved seamlessly to online service delivery without any breaks in program.

Staff began working from home over the following two weeks.

Program content remains based on the 'Catalyst Program' manualised sessions. YouTube videos

and web-based resources are also provided for clients to explore. The online service delivery response also includes flexible communication, including a daily email as well as regular text and phone support. This is very valuable to many clients, with several people who experienced lapses re-engaging as a result of this assertive outreach.

Many of our regular guest speakers have remained supportive, engaging with the group online.

Throughout COVID-19 restrictions, we have continued to provide flexible options. Clients preparing to graduate from Sliding Doors are actively engaged in gradual exit planning; transitioning through staged part-time attendance, into longer term supports such as the WRAD Peer Support group WARP and community-based options such as Smart Recovery and 12 step fellowships.

WRAD has also provided extensive practical supports including access to internet by providing Wi-Fi modems and data, Coles vouchers, fuel vouchers and meals through Tasty Plate as well as purchase of technology and equipment to support staff working from home.

In the early months of online service delivery, staff noted significant fatigue; by June however they were reporting feeling comfortable and confident managing the online environment with a positive problem-solving approach. A sustainable routine was established with extra break times, regular debriefs throughout the day and a strong focus on client care and risk management.

Changed circumstances and increased isolation for clients did initially result in a noted increase in lapse. Mental health concerns around anxiety and depression as well as increased risk of domestic violence were all concerning reports.

However, as time went on feedback from clients indicated the positive effects of having a reliable, safe, therapeutic space to attend. Increasingly outcomes have been very positive.

A total of 12 to 15 clients have been engaged with the Therapeutic Day Program most of the time throughout 2020 with a steady turnover of graduates and new referrals. Many of our participants are extremely vulnerable, complex-needs clients with significant chronic relapsing addiction cycles, reoccurring mental health concerns and extensive history of trauma and abuse.

Sliding Doors clients are often from families experiencing DHHS Child Protection involvement and it is deeply rewarding to witness the growth and development of these parents and see them steadily enjoy increased access and reunification with their children.

We look forward to continuing to offer Sliding Doors as a treatment option at WRAD. Into the future we hope to retain an online component to our program - enabling us to reach many more people and help overcome many common barriers to engaging with services such as distance, transport, mental health and responsibilities of caring for young families.

“ ”

Sliding Doors moved seamlessly to online service delivery without any breaks in program.



ANGELA ALEXANDER
Sliding Doors Coordinator



WESTERN VICTORIA PRIMARY HEALTH NETWORK FUNDED SERVICES

The Brief Intervention Program delivered by WRAD is now well established and operating smoothly in two Warrnambool medical clinics, Cambourne Clinic and Jamieson Medical Clinic, with referrals coming almost exclusively from General Practitioners.

The ease of access for individuals to be seen in the medical practice they already attend has helped in terms of engagement and retention into treatment. The issues of COVID and restriction for the Brief Intervention practitioner not being able to attend clinics saw a significant reduction in referrals from March to June. However, actual figures were in excess of the target required. There were 62 brief interventions and 83 secondary consultations. Excellent relationships have been formed in both clinics with the practice manager, medical reception staff, doctors and nurses.

At Cambourne Clinic, the Brief Intervention Program comprises one full day per week (Friday) and has maintained a steady number of referrals throughout the year and regular catch-ups with the doctors are available on Fridays. The Brief Intervention Clinician continues to be included in the medical clinic internal email to facilitate communication, including referral from doctors and closure letters to doctors at end of treatment. There is ample opportunity for informal meetings with the GPs to discuss any clients they are concerned about, as well to provide updates on clients they have referred. All new referrals sign a consent for feedback to GP post assessment and a letter is written to the GP to provide feedback after the initial session and again at closure. Presentations have been made to the GP group at the Monday morning monthly meeting to introduce the clinician and explain the role and referral process.

Jamieson Medical Clinic has two sites with the main clinic based at the Northpoint Shopping Centre. The program has only attended the Northpoint Shopping Centre clinic although has offered to attend the other clinic if required. The Brief Intervention Clinician attended the clinic every Wednesday afternoon.

Referral numbers have been strong for both clinics and reinforce the value of having an alcohol and other drug worker attending the primary care settings.

The split of male to female was almost equal with alcohol being the most prevalent substance people were referred for.

The Assertive Youth Outreach worker had another successful and busy year for 2019/20. Alana Beasley provided outreach across Warrnambool and was available for the Corangamite district. Alana exceeded the targets set for the year as demand for the role was high. Alana worked with Warrnambool College and received referrals from Brauer College during the year. The Assertive Youth Outreach worker was available for referrals from headspace, Emmanuel College and other services upon request. An increased focus on secondary consults with mental health services, GPs, Drug Diversion, Youth Justice, Kuna Bim youth residence and Emma House Family Violence, also led to increased referrals into the youth program. The youth worker continues to have a good working relationship with Brophy Family & Youth Services' DARE early intervention team and remains a strong partner within the consortium.

Regionally there were strong ties with Youth Support and Advocacy Services (YSAS) both in residential withdrawal and metro-based programs. Ongoing contact was maintained with YSAS staff and WRAD has agreed to be a strategic partner going forward. There has also been liaison with Youth Drugs and Alcohol Advice (YODAA) which provided support for the program. In regards to withdrawal, the project worker continued to liaise closely with South West Healthcare, YSAS- Fitzroy and Geelong detox facilities and Birriibi

Rehabilitation when required. Towards the end of the year Alana went on maternity leave and we congratulate her and her partner on their beautiful addition to the family. Renee Bermingham provided coverage for the remainder of the financial year and this remains a well-received and strong program and we continue to look forward to the close working relationships with the relevant agencies. This will ensure our young people have access to early intervention and treatment in a youth friendly and accessible service model.

The Dual Diagnosis program at WRAD is now very well established and in July 2019 - June 2020 operated well above performance targets. Dual Diagnosis direct client treatment was 62 DTAU (Drug Treatment Activity Units) of an expected 55 and the Dual Diagnosis Clinician completed 55 secondary consultations, well above the expected 35 to meet funding targets.

The majority of clients have actively participated in seven sessions as part of their treatment with a number with further complexities requiring continued care. Client sessions included the following therapies: Cognitive Behaviour Therapy, Motivational Interviewing, Mindfulness, ACT (Acceptance Commitment Therapy), DBT (Dialectical Behaviour Therapy) informed care and other therapy as needed. Warm referral, secondary consultation, professional discussion and collaboration continued to be integral to Dual Diagnosis treatment at WRAD.

Due to the degree of client complexities, multiple professional discussions, secondary consultations and multidisciplinary team meetings were required as part of providing the best quality of care.

The majority of clients engaged in Dual Diagnosis treatment had more than one formal mental health diagnosis including BPD (Borderline Personality Disorder) and Depressive Disorder or PTSD (Post Traumatic Stress Disorder), Depressive Disorder, OCD (Obsessive Compulsive Disorder) and Schizophrenia. Some clients also presented with co-occurring ABI

(Acquired Brain Injury), problem gambling and chronic physical health concerns.

Multidisciplinary team case discussions, secondary consultations and professional discussions took place with a range of health professionals including our Addiction Medicine Psychiatrist, South West Mental Health staff from the Access, PARC and PEHP teams and other health and community service professionals from housing, employment and associated services. The Dual Diagnosis Clinician provided education and information around AOD service system, including long-term rehabilitation facilities, withdrawal management education, actions and effects of illicit substances and other support to health professionals outside the AOD sector. Discussion and consultation also continue with general practitioners, residential withdrawal staff and other health professionals including problem gambling staff to ensure clients receive quality and continuity of care.

Through these interactions, the collaborative relationship between WRAD and other services continues to grow in strength.

WRAD has a very good relationship with Addiction Medicine Psychiatrist Dr Harry Hill, who completed registration and certification to practise privately during the financial year. His relationship with the WRAD team has continued to grow so that psychiatric assessments and MDT case conferences were provided to increase knowledge and understanding within the WRAD clinical and medical team. This resulted in essential specialist psychiatric treatment to clients engaged with WRAD. Clients, AOD clinicians and doctors at WRAD all benefit from this program, which offers very timely treatment and advice and continues to grow.

WRAD acknowledges the support and funding provided by the Western Region Primary Health Network.

MARK POWELL AND JULIE WALLIS



SPECIALIST FAMILY VIOLENCE ADVISOR PROGRAM

The family violence role has been very busy for 2019/2020. Along with ongoing regular secondary consultations around people in the AOD service in family violence situations, I have also regularly attended Emma House on a Wednesday afternoon in a co-location capacity to offer secondary consults to practitioners.

The family violence role has a strong component of education, secondary consultations, imbedding reform and building pathways for collaboration. It also encompasses building links and as such I have engaged with the new community services manager of Gunditjmarra Aboriginal Cooperative, met with staff to explain reforms and ensure that training information is passed on, and met the new cultural safety worker and linked her into WRAD to ensure we include that lens into our service delivery.

I continue to attend daily clinical meetings with AOD staff and a risk meeting has been established where clinicians can share any clients they feel are at risk and gain peer support and a pool of knowledge. I also assisted with WRAD policy reform and have been involved in workshopping some of the new practice guidance.

I remain in contact with family violence (FV) services and the Family Violence Advisor for Mental Health. Prior to COVID, we had Men's Behaviour Change meetings quarterly and hope they will resume.

The introduction of MARAM training was a major focus for the sector and I had a significant role in assisting and promoting the roll out. WRAD, Portland and Hamilton services have completed the four sessions with most now enrolled in the next portion of collaborative practice. We continue to focus on the AOD and FV sectors working together to assist each other.

As a sector, we are becoming increasingly aware of the impacts of family violence and the role of victims, survivors and perpetrators

and believe the sector as a whole is proactively working to identify and address FV issues.

The onset of COVID created a lot of change in how the role functioned and the restrictions have led to increases in cases of substance use and FV. I have maintained close alliances with all key stakeholders. This included training in detection and checking in with clients as our service delivery went from in-person to video or phone. This led to learning some new nuances and approaches in treatment to assist staff in identifying any FV issues developing for our consumers and a closer liaison with Emma House with case collaboration, secondary consults and referrals.

In March just prior to lockdown we celebrated International Women's Day at South West Healthcare. Sliding Doors participants created a beautiful banner that was proudly hung, women told stories of strength, and Emma House showed a movie of its history. It was very well attended and we were happy with the turn out of the Aboriginal community as well. It was a great combination of organisations coming together.

More plans are underway to continue to strengthen our collaborations in hopes of keeping women and children safe.



KERRY-LEIGH WALMSLEY-SIMS
Specialist Domestic Violence Advisor

WRAD OPERATIONAL PLAN 20/21



WRAD VALUES

RESPECT

We acknowledge, value and protect the diversity of beliefs, and support the rights of others in delivery of health services.



COMPASSION

We are caring and considerate in our dealings with others.



EXCELLENCE

We act with professionalism to bring the highest quality of care to meet the needs of our clients.



ACCOUNTABILITY

We will be responsible for the care and client outcomes provided by Western Region Alcohol and Drug Centre and the consequences of our actions.



TEAMWORK

We work constructively and collaboratively within Western Region Alcohol and Drug Centre as well as with external partners to deliver integrated care to our clients.



ETHICAL BEHAVIOUR

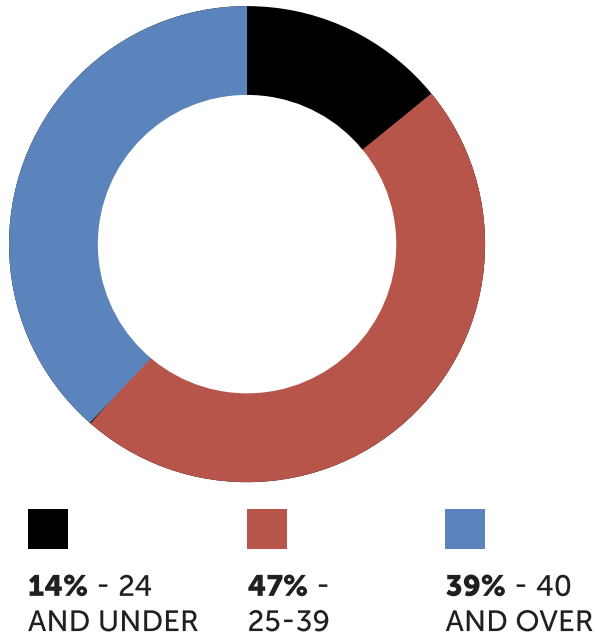
Staff act with integrity, professionalism, transparency, honesty and fairness to earn the trust of those we care for.



WRAD STATISTICS

Department of Health data by contacts for 2019/20 reporting period.

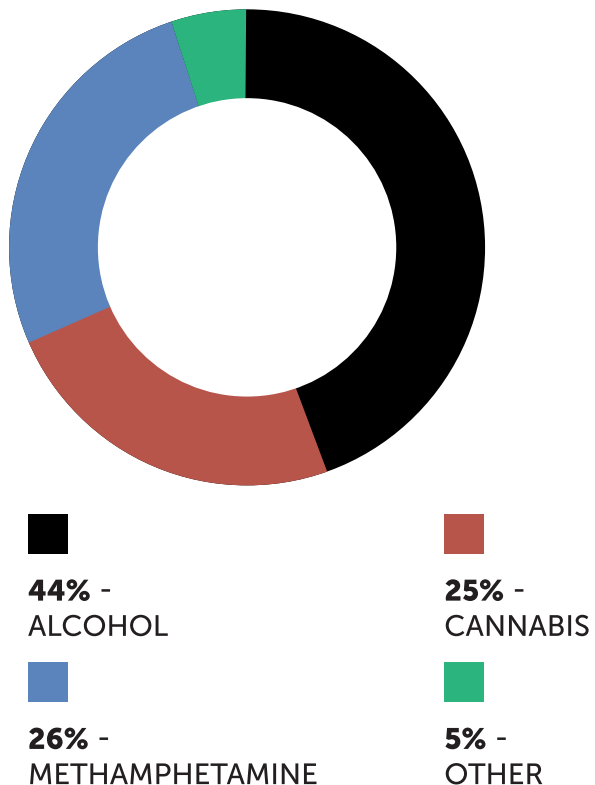
CLIENT AGE RANGE



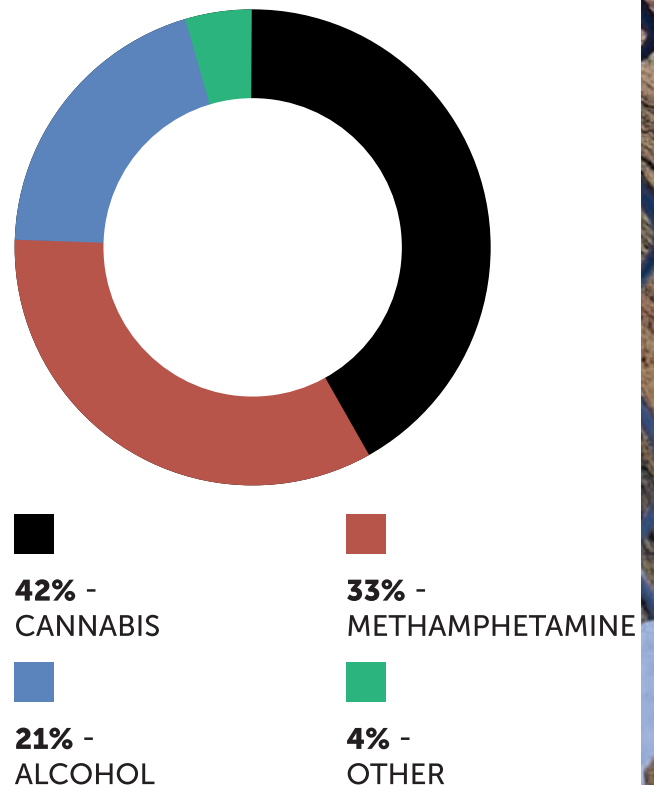
CLIENT GENDER



PRIMARY DRUG



SECONDARY DRUG



REFERRAL SOURCE



54% -
SELF-REFERRAL



5% -
GP/HEALTH SERVICE



5% -
JUSTICE



26% -
COATS

ABOUT WRAD

OUR VISION



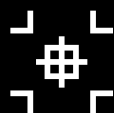
The WRAD Centre's vision is to advance the health and wellbeing of those in the south western region of Victoria affected by addictive behaviours and to promote optimal quality of life.

OUR MISSION



The WRAD Centre seeks to provide comprehensive support and treatment for those affected by addictive behaviours.

OUR AIM



To reduce the harm that results from addictive behaviours.

OUR PHILOSOPHY



The philosophy of harm minimisation underpins the delivery of all programs offered by WRAD. WRAD operates on a social model of health.

FINANCES

WESTERN REGION ALCOHOL AND DRUG CENTRE INC.

COMMITTEE'S REPORT

Your Committee members submit the Financial Report of Western Region Alcohol and Drug Centre Inc. for the financial year ended 30 June, 2020.

Committee Members

The names of Committee members throughout the year and at the date of this Report are:

- Helen Taylor [Chairperson]
- Scott Dickie [Treasurer]
- Robert Coffey [Secretary & Public Officer]
- Glenys Phillpot
- Luke Taylor
- Carolyn Monaghan
- Tracey Kol
- Shane Keogh

Principal Activities


The principal activities of the Association during the financial year were to advance the health and wellbeing of those in the South Western Region of Victoria affected by addictive behaviours and to promote optimal enjoyment of life.

Significant Changes

No significant change in the nature of these activities occurred during the year.

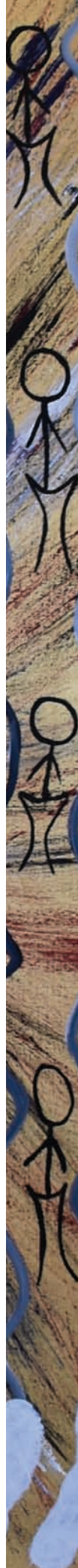
Operational Result

The operating deficit for the year amounted to \$70,857 (2019 \$79,050 surplus).



Helen Taylor, Chairperson

Dated this 30th day of October, 2020.



TREASURER'S REPORT

For the year to 30th June 2020, WRAD recorded a deficit of \$70,857. This was a pleasing result after WRAD had forecast a yearly deficit of about \$200,000.

The realised deficit is down on the net surplus of \$79,050 from the previous year. This movement was attributable to significant capital works undertaken in the year, costs associated with the Lookout VCAT case and alignment of employee expenses. Total income increased by \$77,619, whilst total expenditure increased by \$227,526.

Most categories of income stayed at similar amounts to the prior year. Fee for Service income increased by \$52,742 and Reimbursements, Recoveries and Sundries income increased by \$50,608. Donations and Gifts dropped by \$32,015 and Funding & Grants dropped by \$8,365.

In general, government funding was within contract arrangements. There was a net gain on Disposal of Non-Financial Assets and Sundry Income.

The total increase in expenditure was mainly reflected in increases in Employee Expenses, Property Expenses and Depreciation. Drops in expenditure were mainly in Office Expenses (reflecting less costs incurred on the Lookout defence), GSC Consortium (Sub-Contracting Expenses) and Project Expenditure. The increase in Employee Expenses for the year reflected aligning employee pays with industry standards, whilst the increase in Property Expenses and Depreciation reflected required maintenance and capital works (which were partially funded) undertaken throughout the year.

Maintaining funding and grants at a similar level to the prior year is a credit to the continued hard work undertaken by the WRAD team in the renewal of submissions, tendering and new submissions on projects and contracts. This was undertaken whilst the team took on the extra work associated with the Lookout project over the last couple of years. These include projects and services continuing from prior years, such

as the Great South Coast consortium-led Sliding Doors non-residential program, Dare Early Intervention Service, and the Assertive Youth Outreach and Dual Diagnosis projects.

The further decrease in donations and gifts resulted from the tapering off of support received for The Lookout Residential Rehabilitation Centre, with most pledges being raised and recognised in previous years. As always, we extend our thanks to all supporters who have given to WRAD both financially or with their time and services provided at minimal, little or no cost.

Fee-for-service income from our Medical Services practice showed an increase from the prior year, attributable to more consultations through the clinic. This is particularly pleasing when you consider that COVID 19 impacted in the last quarter of the year, forcing the clinic to utilise non-face-to-face consultation methods. This demonstrated the continued high service level provided to patients and our community throughout the year. Thank you to all our doctors and staff.

Each year the WRAD team undertakes detailed budgeting and monitors progress to the budget. This enables the team to manage expenditure and appropriately adjust through the year as required.

The WRAD balance sheet continues to remain strong with net assets valued at \$3,378,884, down from \$3,449,741. This strong financial position continues to support WRAD in providing its services and programs and provides a strong asset backing for the development of the Lookout project.

WRAD's performance has been the result of the continued dedication and high standard of work undertaken by our WRAD team. Thank you to all our team and consortium partners for their hard work and endeavours.

I thank the administration and finance team for its dedication and continued high level of support provided to WRAD, its committee and its partners. A special thank you goes to Dawn Bermingham, who recently retired from the finance team.



SCOTT DICKIE
Treasurer

WESTERN REGION ALCOHOL AND DRUG CENTRE INC.

**COMPREHENSIVE INCOME STATEMENT
FOR THE YEAR ENDED 30TH JUNE, 2020**

	2020 \$	2019 \$
Income		
Funding and Grants	2,888,083	2,896,448
Interest	1,028	1,022
Donations and Gifts	23,400	55,415
Fee for Service Income	891,908	839,166
Grants from General Government Budget Sector - within Portfolio	2,960	-
Net Gain on Disposal of Non-Financial Assets	9,847	-
Reimbursements, Recoveries and Sundries	100,981	50,373
Rental Income	44,593	42,925
Sundry Income	168	-
Total Income	3,962,968	3,885,349
Expenditure		
Bad Debts	-	74
Depreciation	85,284	75,020
Bank Fees	787	864
Medical Expenses	15,441	11,934
Motor Vehicle Expenses	25,621	22,172
Office Expenses	220,092	260,640
Employee Expenses	2,373,648	2,172,158
Professional and Consultancy Expenses	8,273	9,900
Project Expenditure	202,976	207,077
Property Expenses	104,162	38,614
Public Relations/Marketing	570	159
Purchase of Services - Intra Government	2,960	-
GSC Consortium (Sub-Contracting Expenses)	976,464	989,343
Utilities	17,547	18,344
Total Expenditure	4,033,825	3,806,299
NET RESULT FOR THE YEAR	(70,857)	79,050
OTHER COMPREHENSIVE INCOME		
Revaluation of Land & Buildings	-	132,032
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	(70,857)	211,082

WESTERN REGION ALCOHOL AND DRUG CENTRE INC.

STATEMENT OF FINANCIAL POSITION
AS AT 30TH JUNE, 2020

	Notes	2020 \$	2019 \$
CURRENT ASSETS			
Cash and Cash Equivalents	2	1,230,913	1,175,620
Receivables	3	169,087	163,380
TOTAL CURRENT ASSETS		1,400,000	1,339,000
NON CURRENT ASSETS			
Property, Plant and Equipment	4	2,834,164	2,739,145
TOTAL NON CURRENT ASSETS		2,834,164	2,739,145
TOTAL ASSETS		4,234,164	4,078,145
CURRENT LIABILITIES			
Trade and Other Payables	5	290,353.58	224,616
Borrowings	6	14,982	34,330
Provisions	7	473,008	355,182
TOTAL CURRENT LIABILITIES		778,344	614,128
NON CURRENT LIABILITIES			
Borrowings	6	65,141	-
Provisions	7	11,795	14,276
TOTAL NON CURRENT LIABILITIES		76,936	14,276
TOTAL LIABILITIES		855,280	628,404
NET ASSETS		3,378,884	3,449,741
EQUITY			
Asset Revaluation Reserve		537,558	537,558
Retained Earnings		2,841,326	2,912,183
TOTAL EQUITY		3,378,884	3,449,741

This statement should be read in conjunction with the accompanying notes

WESTERN REGION ALCOHOL AND DRUG CENTRE INC.

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30TH JUNE, 2020

	Retained Earnings \$	Asset Revaluation Reserve \$	Total \$
Balance at 30 June 2018	2,833,133	405,526	3,238,659
Net Result for the Year	79,050	-	79,050
Other Comprehensive Income for the Year	-	132,032	132,032
Balance 30 June 2019	2,912,183	537,558	3,449,741
Net Result for the Year	(70,857)	-	(70,857)
Other Comprehensive Income for the Year	-	-	-
Balance 30 June 2020	2,841,326	537,558	3,378,884

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30TH JUNE, 2020

	Notes	2020 \$	2019 \$
OPERATING ACTIVITIES			
Receipts from Government Funding		2,899,506	2,907,448
Other Receipts		1,057,755	995,952
Interest Expense		(2,322)	(3,223)
Net GST Received / (Paid)		5,601	(1,869)
Payments for Operating Activities		(3,780,584)	(3,699,725)
Net Cash Flow from/(used in) Operating Activities	8	179,956	198,583
INVESTING ACTIVITIES			
Payments for Property, Plant and Equipment		(188,637)	(16,391)
Proceeds from Sale of Non-Financial Assets		18,182	-
Net Cash Flow used in Investing Activities		(170,455)	(16,391)
FINANCING ACTIVITIES			
Proceeds from Borrowings		81,033	-
Repayment of Borrowings		(35,240)	(13,089)
Net Cash Flows from Financing Activities		45,793	(13,089)
Net Increase/(Decrease) in Cash and Cash Equivalents		55,294	169,103
Cash and Cash Equivalents at Start of Year		1,175,620	1,006,517
Cash and Cash Equivalents at End of Year	2	1,230,914	1,175,620

WESTERN REGION ALCOHOL AND DRUG CENTRE INC.

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 2020.**

Note 1. Statement of Accounting Policies

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the "Associations Incorporation Reform Act 2012" and the "Australian Charities and Not-for-profits Commission Act 2012". The Committee has determined that the Association is not reporting entity.

The financial statements have been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where specifically stated, current valuations of non current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

Note 1. Statement of Accounting Policies

a) Buildings, Plant and Equipment

Plant, Equipment, Furniture and Motor Vehicles are included at cost, less where applicable any accumulated depreciation. Depreciation is calculated based on the expected useful life of the asset.

Land and Buildings are carried at independent market valuation. The Committee revalued the organisations' properties as at 30 June, 2019 on the basis of an external independent valuation by Roger Cussen, Registered Valuer, with the treatment of the revaluation being in accordance with AASB 116 Property, Plant and Equipment. Depreciation on revalued buildings is calculated based on the expected useful life of the asset.

The carrying amount of property, plant and equipment is reviewed annually by the Committee to ensure it is not in excess of the recoverable amount of those assets.

b) Cash and Cash Equivalents

For the purpose of the Cash Flow Statement, cash includes cash on hand, at banks and on deposit.

c) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of the expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

d) Revenue

The entity has applied AASB 15: Revenue from Contracts with Customers (AASB 15) and AASB 1058: Income of Not-for-Profit Entities (AASB 1058) using the cumulative effective method of initially applying AASB 15 and AASB 1058 as at 1 July 2019. Therefore the comparative information has not been restated and continues to be presented under AASB 18: Revenue and AASB 1004: Contributions.

Operating Grants, Donations and Bequests

When the entity receives operating grant revenue, donations or bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15.

When both these conditions are satisfied, the entity:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards;
- recognises relates amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from contract with customer)
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

WESTERN REGION ALCOHOL AND DRUG CENTRE INC.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 2020.

Note 1 Statement of Accounting Policies (cont.)

d) Revenue (cont.)

Capital Grants

When the entity receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer) recognised under other Australian Accounting Standards.

The entity recognises income in profit or loss when or as the entity satisfies its obligations under the terms

Interest Income

Interest Income is recognised using the effective interest method.

e) Income Tax

The Association's Committee has determined that the Association is exempt from income tax under Section 50-10 of the Income Tax Assessment Act.

f) Leases

At inception of a contract, the entity assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and corresponding lease liability are recognised by the entity where the entity is a lessee. However, all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the entity uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentive;
- variable lease payments that depend on an index or rate, initially measured using the index or the rate at the commencement date;
- the amount expected to be payable by the lessee under the residual value guarantees;
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options if lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term of useful life of the underlying asset, whichever is the shortest. Where lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the entity anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

WESTERN REGION ALCOHOL AND DRUG CENTRE INC.

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 2020.**

g) Employee Benefits

Provision is made for the entity's liability for employee benefits arising from services rendered by employees to the entity. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on costs. Employee 'benefits payable later than one year have been measured at the present value of the estimated cash outflows to be made for these benefits.

Long service leave portability

Employees entitled to the long service leave portability scheme will have their long service leave entitlement held by the scheme from the 1st of July 2019. If the employee is entitled to a higher benefit of longer service leave or is not entitled to the scheme, their benefit will be calculated per the short-term or other long-term employee benefits.

h) Accounts Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest rate method, less any provision for impairment.

i) Accounts payable and other payables

Accounts payable and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the association during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

j) Critical Accounting Estimates and Judgements

The committee evaluates estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the association.

Key estimates - Impairment

The association assesses impairment at the end of each reporting period by evaluating the conditions and events specific to the association that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

Employee Benefits

For the purposes of measurement, AASB 119: Employee Benefits defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As the association expects that all of its employees would use all of their annual leave entitlements earned during a reporting period before 12 months after the end of the reporting period, the association believes that obligations for annual leave entitlements satisfy the definition of short-term employee benefits and, therefore, can be measured at the (undiscounted) amounts expected to be paid to employees when the obligations are settled.

Performance obligations under AASB 15

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently specific by taking into account any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature/type, cost/value, quantity and the period of transfer to the goods or services promised.

WESTERN REGION ALCOHOL AND DRUG CENTRE INC.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 2020.

k) New Accounting Standards for Application in Future Periods

Accounting Standards issued by the AASB that are not yet mandatorily applicable to the association, together with an assessment of the potential impact of such pronouncements on the association when adopted in future periods, are discussed below:

As at 30 June 2020, the following standards and interpretations had been issued by the AASB but were not yet effective, They become effective for the first financial statements for the reporting periods commencing after the stated operative dates as detailed in the table below. WRAD has not and does not intend to adopt these standards early.

Standard / Interpretation	Summary	Applicable for reporting periods beginning on	Impact on the Annual Statements
AASB 2018-7 Amendments to Australian Accounting Standards – Definition of Material	This Standard principally amends AASB 101 Presentation of Financial Statements and AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors. The amendments refine and clarify the definition of material in AASB 101 and its application by improving the wording and aligning the definition across AASB Standards and other publications. The amendments also include some supporting requirements in AASB 101 in the definition to give it more prominence and clarify the explanation accompanying the definition of material.	1 January 2020	The standard is not expected to have a significant impact on the entity.
AASB 2020-1 Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current	This Standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current. A liability is classified as non-current if an entity has the right at the end of the reporting period to defer settlement of the liability for at least 12 months after the reporting period. The meaning of settlement of a liability is also clarified.	1 January 2022. However, ED 301 has been issued with the intention to defer application to 1 January 2023.	The standard is not expected to have a significant impact on the entity.

WESTERN REGION ALCOHOL AND DRUG CENTRE INC.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 2020**

	2020	2019
	\$	\$
Note 2. Cash and Cash Equivalents		
Main Account	905,340	872,563
WRAMSAP Account	-	108
Commonwealth Project	38,272	38,233
Lookout Appeal	287,237	264,652
Online Savers	64	64
	1,230,913	1,175,620
Note 3. Receivables		
Grants receivable	14,900	-
Trade Debtors	154,187	163,380
	169,087	163,380
Note 4. Property, Plant and Equipment per Valuation		
Land - at fair value	1,052,450	1,052,450
Buildings - at fair value	1,571,100	1,571,100
Less: Accumulated Depreciation	(39,277)	-
	2,584,273	2,623,550
Plant and Equipment at fair value	259,123	189,157
Less: Accumulated Depreciation	(170,750)	(148,278)
	88,372	40,879
Motor Vehicles at fair value - owned	161,788	124,860
Motor Vehicles at fair value - leased	80,662	50,642
Less: Accumulated Depreciation	(80,932)	(100,786)
	161,519	74,716
	2,834,164	2,739,145

Land and buildings were revalued to fair value by Roger Cussen, independent registered valuer as at 30th June, 2019.

WESTERN REGION ALCOHOL AND DRUG CENTRE INC.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 2020

	2020 \$	2019 \$
Note 5. Trade and Other payables		
Trade Payables	93,694	83,686
Accrued Expenses	105,908	99,776
GST / PAYG Liabilities	49,063	41,154
Income in Advance	41,689	-
	290,354	224,616
Note 6. Borrowings		
(a) Current		
Lease Liability	14,982	34,330
(b) Non Current		
Lease Liability	65,141	-
Note 7. Provisions		
(a) Current		
Annual Leave	231,871	147,995
Long Service Leave	213,637	179,687
Other Employee Entitlements	27,500	27,500
	473,008	355,182
(b) Non Current		
Long Service Leave	11,795	14,276
Note 8. Cash Flow Information		
Reconciliation of Cash Flow from Operations with Net Result		
Net Result for the Year	(70,857)	79,050
Add back Non-Cash Flows in Operating Profit:		
Depreciation	85,284	75,020
Profit on Sale of Non-Financial Assets	(9,847)	-
Movement in Assets and Liabilities		
Increase/(Decrease) in Trade and Other Payables	65,738	(2,916)
Increase/(Decrease) in Employee Provisions	115,345	29,378
(Increase)/Decrease in Receivables	(5,707)	18,051
Cash Flows from Operations	179,956	198,583

WESTERN REGION ALCOHOL AND DRUG CENTRE INC.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 2020**

Note 9. Contingent Assets

Contingent assets are possible assets that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity.

Since 2017 WRAD have been actively fundraising for donations to contribute towards the construction of the Lookout Facility. Management have also received pledges which amount to \$354,000 as at 30 June 2020, which would become receivable to WRAD upon the Department of Health and Human Services confirming their grant towards operational funding to enable the project to commence. As a result these pledges have been recognised as a contingent asset.

Contingent Liabilities

Contingent liabilities are possible obligations that arise from past events,

- whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity; or
- present obligations that arise from past events but are not recognised because it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligations; or the amount of the obligations cannot be measured with sufficient reliability.

As at 30 June 2020, WRAD had received donations towards the establishment of the Lookout Facility amounting to \$287,237 which have been recognised as income during the past two years. The Board have appropriate controls in place to manage these donations. These donations will be utilised upon the Department of Health and Human Services confirming their grant towards operational funding to enable the project to commence.

Western Region Alcohol and Drug Centre Inc. has submitted an expression of interest to purchase a property, for the purpose of establishing the Lookout Rehabilitation Centre which has been accepted by the vendor. The EOI is subject to the satisfactory outcome of two conditions. As at balance date these conditions have not been met, however if achieved WRAD would be liable to purchase the property.

Western Region Alcohol and Drug Centre Inc. has lodged titles for property held in Warrnambool with the Australia and New Zealand Banking Group Limited, who in turn have provided an overdraft facility (undrawn as at 30 June 2020).

Security against specific chattels is held for interest bearing liabilities.

WESTERN REGION ALCOHOL AND DRUG CENTRE INC.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 2020

	2020	2019
	\$	\$

Note 10. Leasing Commitments

Motor vehicle lease obligations are secured over the asset.

Minimum lease payments due:

Within 1 year	19,171	38,519
1 to 5 years	67,235	6,283
After 5 years	-	-
Total	86,406	44,802

Note 11. EVENTS AFTER THE BALANCE SHEET DATE


The Committee is not aware of any events which have occurred subsequent to balance date which would materially affect the financial statements as at 30 June 2020.

In the opinion of the Committee the Financial Report comprising the Comprehensive Income Statement, Statement of Financial Position, Statement of Changes in Equity, Statement of Cash Flows and Notes to the Financial Report:

1. the Incorporated Association is not a reporting entity because there are no users dependent on general purpose financial statements. Accordingly, as described in note 1 to the financial statements, the attached special purpose financial statements have been prepared for the purposes of complying with the Australian Charities and Not-for-Profits Commission Act 2012 and the Associations Incorporation Reform Act 2012 (Vic).
2. the attached financial statements and notes thereto comply with Accounting Standards as described in note 1 to the financial statements;
3. the attached financial statements and notes give true and fair value of the Incorporated Association's financial position as at 30 June 2020 and its performance for the financial year ended or that date; and
4. there are reasonable grounds to believe that the Incorporated Association will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:


Chairperson: Helen Taylor


Treasurer: Scott Dickie

Dated this 30th day of October, 2020.

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF WESTERN REGION ALCOHOL AND DRUG CENTRE INC.

Opinion

We have audited the financial report of Western Region Alcohol and Drug Centre Inc., which comprises the statement of financial position as at 30 June 2020, comprehensive income statement, statement of changes in equity, and the statement cash flows for year then ended, and notes to the financial statements, including a summary of significant accounting policies and statement by the members of the committee.

In our opinion, the accompanying financial report presents fairly, in all material respects, the financial position of the Western Region Alcohol and Drug Centre Inc. as at 30 June 2020, and its financial performance and its cash flows for the year then ended in accordance with the financial reporting requirements of the *Associations Incorporation Reform Act (Vic) 2012* and the *Australian Charities and Not-For-Profits Commission Act 2012*.

Basis of Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Western Region Alcohol and Drug Centre Inc. in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia, and we have fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report is prepared to assist Western Region Alcohol and Drug Centre Inc. in complying with the to meet the requirements of the *Associations Incorporation Reform Act (Vic) 2012* and the *Australian Charities and Not-For-Profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Financial Report

Management is responsible for the preparation of the financial report in accordance with the requirements of the *Associations Incorporation Reform Act (Vic) 2012* and the *Australian Charities and Not-For-Profits Commission Act 2012* and for such internal control as management determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the Western Region Alcohol and Drug Centre Inc.'s ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless management either intends to liquidate the Western Region Alcohol and Drug Centre Inc. or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Western Region Alcohol and Drug Centre Inc.'s financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Western Region Alcohol and Drug Centre Inc.'s internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Western Region Alcohol and Drug Centre Inc.'s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Western Region Alcohol and Drug Centre Inc. to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Independence

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

McLaren Hunt

MCLAREN HUNT
AUDIT AND ASSURANCE

N.L. McLean
N.L. MCLEAN
PARTNER

Dated at Warrnambool 9th November 2020.

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THE WESTERN REGION
ALCOHOL & DRUG CENTRE INC

- LEAD AGENCY GREAT SOUTH COAST
ALCOHOL AND OTHER DRUG
TREATMENT CONSORTIUM
- HANDBURY MEDICAL SUITES





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