



WRAD HEALTH

ANNUAL REPORT 2022|2023



WRAD HEALTH
PERSON-CENTRED CARE

WRAD HEALTH SERVICES:

- + Handbury Medical Clinic
(Bulk Billing)
- + Youth and Adult Counselling
- + Sliding Doors Day Rehab
- + Supported Accommodation
- + Mental Health Support
- + Family Support
- + Peer Support
- + Pharmacotherapy

172
Merri St

WRAD
HEALTH

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ACKNOWLEDGMENT

We acknowledge the traditional custodians of the land on which we meet, the Peek Whurrong People of the Maar Nation. We pay our respects to the world's oldest continuing culture, and to Elders past, present and emerging.



WRAD HEALTH ANNUAL REPORT 2022/23

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Warrnambool, Vic 3280

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wrad.org.au
thelookoutrehab.com.au

WRAD Health 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 Victoria, the Western Victoria Primary Health Network and many individuals who have contributed generously to WRAD Health and the Lookout Residential Rehabilitation Centre appeal.

thelookoutrehab.com.au

INTRODUCTION

WRAD Health, formerly known as 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 Health began as a community steering group nearly 40 years ago, determined to provide better services for people with alcohol and other drug (AOD) problems in south-west Victoria. Since the centre opened 36 years ago, WRAD Health has broadened its base to provide diverse services to meet the multiple needs of people with AOD problems and has expanded to include the Handbury Medical Suites offering a full range of general bulk billing medical services that are available to everyone.

WRAD Health 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 Health. People and their problems are viewed holistically, and WRAD Health 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.



WRAD HEALTH
PERSON-CENTRED CARE

The front cover shows the new look WRAD Health building in Warrnambool.

In December 2022, the Western Region Alcohol and Drug Centre announced it was changing its name to WRAD Health.

As part of the change, new corporate colours and logos were adopted, replacing the former red designs. The logo reflects WRAD Health's focus on Person Centred Care, helping people to live brighter, healthier futures, and the broad range of medical services offered from the centre.

COMMITTEE OF MANAGEMENT

Helen Taylor	Chairperson, Assistant-Principal Brauer College (retired)	Shane Keogh	Senior Sergeant, Victoria Police, Warrnambool
Robert Coffey	Secretary and Public Officer, Abalone Diver (retired)	Tracey Kol	Sales Manager, Ace Radio
Scott Dickie	Treasurer, Partner Sinclair Wilson Chartered Accountants	Carolyn Monaghan	Pharmacist (retired)
		Glenys Phillpot	Warrnambool City Councillor (retired)
		Luke Taylor	Principal, Taits Legal

WRAD STAFF

Mark Powell	Acting CEO/Operations Manager	Cindy Ormiston	Peer Support Worker. Commenced 12 September 2022
Chris Kendall	Operations Manager/Clinical Manager	Veronica Paton	Program Group Facilitator & Clinical support worker
Alistair Ross	Finance Manager/ Medical Practice Manager	Anna Pike	AOD Clinician
Rick Bayne	Media Consultant	Dr Bibha Pradhan	Medical Practitioner
Brock Bowman	AOD Trainee	Dr Dev Ramu	Medical Practitioner
Marc Cahill	AOD Clinician. Commenced 21 December 2022	Dr Sue Richardson	Medical Practitioner
Dr Yang Chen	Medical Practitioner. Commenced 6 February 2023	Janette Scott	AOD Clinician
Ebony Curran	Practice Nurse	Sarah Serjeant	Dietitian/QA Assistant/Receptionist
Wendy Dawson	AOD Clinician. Commenced 18 July 2022	Margaret Skene	Project Worker
Hayley Elliott	AOD Clinician	Rebecca Smith	Dual Diagnosis Clinician
Sarah Finnerty	AOD Trainee	Sue van Rooy	Receptionist/Medical Administration. Commenced 30 March 2023
Dr Yunfei Han	Medical Practitioner	Tracey van Rooy	Receptionist. Commenced 18 July 2022
Sandra Heath	Accountant. Commenced 13 June 2023	Julie Wallis	AOD Clinician and AOD Outreach Worker
Rob Kenna	Practice Nurse	Kayleigh Walmsley-Sims	Brief Intervention Worker & AOD Family Violence Specialist Advisor
Dr Hazel Loy	Medical Practitioner	Dr Sharni Wilkes	Medical Practitioner. Commenced 6 February 2023
Debbie Maguire	Financial Officer	Joel Willoughby	AOD Clinician
Carol Main	Medical Administration		
Dr Clare Mooney	Medical Practitioner		
Leanne Nicholson	Sliding Doors Non-Residential Day Program Facilitator		

WRAD HEALTH STAFF WHO LEFT 2022-23

Geoff Soma	CEO. Finished June 2023		Finished April 2023
Angela Aerth	Sliding Doors Non-Residential Day Program Co-ordinator. Finished August 2022	Julietta Rocha	Receptionist. Finished November 2022
Dawn Bermingham	PA to CEO. Finished June 2023	Harriet Rose	AOD Clinician. Finished April 2023
Emma Campbell	Receptionist. Finished January 2023	Dr Mohan Shrestha	GP Registrar. Finished August 2022
Kevin Fitzgerald	AOD Clinician. Finished June 2023	Jonathan Thomas	Peer Support Worker. Finished August 2022
Karen O'Donnell	Receptionist/Medical Administration.		

WRAD PATRONS

Paul Jennings AM	Author	Ruby Hunter	Singer/Songwriter/ Art Performer/Author
Archie Roach AM	Singer/Songwriter		

CHAIR'S REPORT

The 2022-23 year has certainly been busy for WRAD Health. Firstly, we have rebranded our health centre to better reflect the services we are providing for the Warrnambool and district community. With the rebranding to WRAD Health came a fresh new colour scheme and signage. Our team agrees the new look is positive and visually pleasing.

It was also a year that marked the retirement of Geoff Soma as CEO. Geoff has been at the front of WRAD Health for more than 20 years and during that time introduced many holistic and meaningful strategies to improve our clients' health. We say thank you to Geoff and wish him well in his much-deserved retirement.

We have welcomed Mark Powell to the role of acting CEO and appreciate his one-day per week preparation for the role prior to Geoff's retirement. This was a positive transition plan to maintain meaningful skills and leadership.

WRAD Health has continued to strive forward to seek government support for The Lookout, Residential Rehabilitation Centre. Our Lookout Steering Committee, chaired by Glenys Philpot, has continued to connect and communicate with the Victorian Health Department, local MPs and other community groups keen to see The Lookout built and operational. The WRAD Health executive and CEO have also continued to seek out support for The Lookout.

I wish to thank the WRAD Health team for their passion, hard work and determination to provide care and support to all our clients. Our team of doctors and specialist staff have worked tirelessly to provide support to clients in need of general medical assistant, drug and alcohol support, mental health assistance and other programs provided through WRAD Health.

Lastly, I wish to thank the WRAD Health Committee of Management for all their expertise, time and effort. Their role is crucial to the smooth operation of WRAD Health and their efforts are entirely voluntary.



HELEN TAYLOR
CHAIR, WRAD HEALTH



CEO'S REPORT

This Annual Report marks the end of my 23-year career at the recently re-named WRAD Health centre. I have had so many pleasant experiences since walking through the doors of the old WRAD Centre in Timor Street in August 2000. Back then I was greeted by a small but effective staff team, which has since grown to 40. I am privileged to have been supported by two Chairpersons (Ian Armstrong and Helen Taylor) and multiple Committee members over that period. I have valued their expertise and my learnings over the years.

My career in Warrnambool has given me many opportunities to work alongside multiple agency colleagues and a plethora of talented and skilled staff, as well as peak bodies and departmental employees. These experiences have increased my skill base and enriched my time at the helm.

Client Services have grown considerably over this time and we have developed a Dual Diagnosis program, LGBTQ+ inclusive service and seen significant Cultural Diversity progression. It has been very satisfying to have witnessed the growth in Medical and Allied Health Services and our Bulk Billing GP practice continues to provide affordable and accessible health services to Warrnambool and surrounding communities. This has been supported by a psychiatrist, psychologist, mental health social worker, dietitian and a range of capable clinicians.

Looking back on my career there are many highlights including the following:

1. The Tears of Hope booklet was produced in 2005 to support families and friends and clients who struggled with substance misuse issues and acquired brain injury. This booklet included local Indigenous artwork and provided important messages and stories for this caring group of individuals.
2. The building of a purpose-built facility situated in Merri Street in 2006 to house multiple services to assist clients and families. This building won a local design award and commands great sea views.
3. From 2007 to 2015 inclusive, Geoff Handbury AM, donated \$100,000 per year to support the services provided by WRAD. These very generous donations supported many projects over the years including the WRAD General Practice. Geoff believed that people who were affected by substance misuse deserved a fair go and encouragement for a brighter future. His relationship with WRAD was very special.
4. From 2009 to 2013 WRAD organised the Collecta-Bool event which hosted a large number of antiques and collections. These events showcased WRAD services and helped break down some of the barriers in how people perceive substance misuse.

“The WRAD Health organisation, I believe, is in a great position going forward and I will remember my time with fondness and pride”.



Mark Powell & Geoff Soma

5. From 2013 to 2018 WRAD organised and showcased the Art in Schools competition. As part of this event, WRAD worked with secondary school teachers and students to promote discussions around substance misuse issues. Again, this event promoted the WRAD services and allowed us to reach out to the broader community.
6. In 2014 WRAD was successful in winning the Powercor Community Enterprise award for service achievement. This recognition was significant and helped embed WRAD in the local community.
7. WRAD was instrumental in organising the Warrnambool Alcohol and other Drug Committee conferences from 2002 to 2007. These conferences highlighted local innovative achievements and hosted rural, metropolitan, interstate and international speakers. This event brought valuable expertise to rural Victoria.
8. Since 2017 the Lookout Residential Rehabilitation project has consumed much of my time and passion along with many resources, and has garnered the support of so many people in our community. There has been considerable money donated and pledged to support this much needed project. I am very grateful to committee members, department staff, politicians, community leaders and so many more people who have generously given their time to support this project with advocacy over the past seven years. It is very important that our clients and families have this effective, tried and proven local treatment option.
9. The Recovery Stories project in 2021 and 2022 provided opportunities for clients and families to share their experiences through writing. This project was supported by the local library and copies were available to the general community. This has been a marvelous opportunity for WRAD to support clients to promote hope in recovery.
10. WRAD was privileged to be supported by two well known identities as our patrons. The late Archie Roach AM and Paul Jennings lent their names and voices and support to the work of WRAD in south west Victoria. I am grateful to them both.
11. The WRAD mural project began in 2020 and was finished in 2022 and it was a very ambitious and rewarding project. Four very talented artists painted images to highlight client recovery journeys and it provides a stunning backdrop to the Merri Street building.
12. The 2023 rebranding has provided a fresh and stylish marketing approach to promote WRAD Health as a service that provides so many parts that includes substance misuse, general practice, mental health and support services. The new symbol welcomes individuals and families to participate in change and personal growth.

The year in review was a positive one as we implemented a number of new services through the Western Victoria Primary Health Network and the Department of Health.

These included:

1. The introduction of the long-acting injectable Buprenorphine project which is designed to be more user friendly, supportive and cost effective.
2. The implementation of pharmacotherapy clinics in Portland and Hamilton. These clinics were operated by our GP and a nurse and supported by Portland District Health and Hamilton Base Hospital.
3. Financial support to extend outreach clinics across Moyne and Corangamite shires. Outreach clinical staff worked with a number of health services to provide assistance to clients living in outlying areas.
4. Successful tender with Mind Australia, GenU, Brophy Youth and Family Services and Portland District Health to provide a range of programs for clients. The Step Thru program is designed to maximise client pathways and to implement a multi-disciplined approach which includes a peer worker.

WRAD Health maintained a strong financial position during the year. With the assistance of the Department of Health, we were able to carry out renovations and support energy efficiency.

WRAD Health continued to monitor quality across the organisation. We are trialing a new Riskware database to help mitigate risk throughout the whole service. We were successful in meeting accreditation standards with Q.I.P. and a number of improvements will be introduced as a result of this process.

During the year, WRAD Health introduced a process to review its strategic direction.

The 2023-2026 Strategic Plan focuses on the following key areas:

1. Client quality and service growth
2. WRAD Health promotion
3. Strong effective partnerships
4. Financial growth
5. Sustainable work force.

WRAD Health maintained important strategic relationships throughout the reporting period and provided leadership to the Great South Coast Alcohol and other Drug Treatment Services that included the following partners:

1. Brophy Family and Youth Services
2. Western Victoria Primary Health Network
3. Portland District Health
4. South West Healthcare.

Strong relationships were forged with all of our partner agencies and I thank them for their support and dedication to the Consortium and to clients in the Great South Coast catchment.

The relationship with Odyssey House Victoria was productive throughout the 2022-2023 year. We value the ongoing support of their Board and CEO.

A Memorandum of Understanding was negotiated with South West TAFE to provide employment and training pathways as well as placement between TAFE and WRAD Health.

WRAD Health has worked closely with Gunditjmara Aboriginal Co-operative over the past 12 months. We were involved in a joint submission to support Aboriginal and Torres Strait Island clients from the justice system. Gunditjmara and WRAD Health will work side by side to support the development of the Lookout Residential Rehabilitation Centre in the near future. This will be important in providing cultural treatment for Aboriginal and Torres Strait islander peoples on country.

The Lookout project will fill an important gap in treatment services for clients with significant substance misuse issues. There has been a swell of local community support as well as from Warrnambool City Council and local politicians to get this important project funded.

I thank everyone who has supported this project to date and look forward to the Centre being built.

The WRAD Health workforce has worked hard during the reporting period and

I acknowledge their dedication and support. The Wrad Health team provided individualised care for clients and their families and I thank them for their continued efforts.

I have worked alongside Dawn Bermingham for 23 years and she has made an incredible contribution to WRAD Health. I have valued her professionalism and admire her loyalty and support.

A lot has been invested in succession planning in preparation for my retirement. This has included a review of the leadership framework. I have every confidence in the new leadership group and I take this opportunity to acknowledge Mark Powell and Alistair Ross for their support and contribution to WRAD Health.

In closing, I wish to thank Helen Taylor who has been generous and giving of her time as Chairperson over the years. Helen's undying support and leadership of the Committee of Management is very much appreciated. Helen cares greatly about the important work that we do and I acknowledge her significant assistance.

The WRAD Health organisation, I believe, is in a great position going forward and I will remember my time with fondness and pride.



GEOFF SOMA
CEO, WRAD HEALTH



OPERATIONS MANAGER'S REPORT

Another busy year was marked by some significant changes in terms of branding, staff succession planning and the development of clinical programs.

All of our achievements would not be possible without the dedication, commitment and professionalism of all the team at WRAD Health. This is felt from the moment you walk in the door and are greeted at reception to the professional support from all the staff. The feedback from patients and consumers suggests access to service has been a positive and rewarding one. The stories of success and recovery both in physical and mental health keep us all energised.

We set key priorities for the year in clinical service delivery, community and public profile, collaboration and partnerships, quality and risk, and financial management and are proud to have delivered in all of those areas beyond our expectations.

Personally, this has also been a year with some increased responsibilities acting in the CEO role one day per week whilst WRAD Health looked at succession planning for the position. This has been a great opportunity to work closely with a well-respected leader in the AOD field, Geoff Soma, who mentored my professional development. Together we have achieved a lot.

Our clinical services were expanded with a trial program of an after-hours mental health/AOD clinic and medical clinic. During that time, we saw 371 clients and/or family members for AOD services and 549 patients for the medical clinic. We continued to deliver on our Primary Health Network funded programs of dual diagnosis, brief interventions and assertive youth outreach as well our state funded programs.

We also developed our new strategic plan for the years ahead and welcomed many new staff and were saddened to see departure of others.

Through a government grant we were able to extend the Sliding Doors group room which

has made one of our already well-respected programs much better for participants by having a designated and usable space. This space is also used for our after-hours Family and Friends meetings once a month.

Our community profile continues to be an important part of our activity as we recognise the importance of communicating positive messages to dispel some of the myths and stigma that impact on people seeking help. WRAD Health engages with mainstream media and social media to get those messages out to the broader population, whilst also connecting with local business and community services groups. We upgraded our website and social media activity as well as responding to local media questions. WRAD Health continues to engage with the Department of Health around our state funded programs.

We were very grateful to Fiona Fitzgerald from Hello Design with rebranding and design of printed materials.

WRAD Health staff participated in a reference group for the Leadership Great South Coast inaugural conference for the LGBTIQA+ community. Members of our team also sat on the statewide network for sex and gender diversity convened by VAADA.

WRAD Health joined forces with a number of agencies to bring the Pride in Your Health conference to Deakin University which celebrated gender diversity and provided a positive forum for health services to connect and learn. On behalf of the organising committee, we are very thankful for the support from Deakin University.

WRAD Health partnered with Family Drug and Gamblers Help to hold an education session at the new library for families and friends affected by someone with substance use issues. This led to a partnership with



Mark Powell addresses the Pride in Your Health conference

the library on a project revamping the short stories program.

WRAD Health continues to work towards establishing the centre as a safe, acceptable and accessible service for Aboriginal and Torres Strait Islander peoples and have advanced to the next stage of our Reconciliation Action Plan. We are grateful to the Wata Waetnanda group, and special thanks to the Elders who take time to meet with us and also acknowledge our patrons.

Partnerships with other agencies have always been a strong point of WRAD Health and this continued through service agreements with The Orange Door, Portland District Health, South West Healthcare, Brophy Family and Youth Services, West Vic PHN, SHARC, Department of Justice and Community Safety, Salvation Army, MIND Australia, Wellways, Child Protection and many others. We also continue to liaise with a variety of other services both locally and statewide and have been particularly grateful for the relationship with our peak body VAADA.

Our partnerships with mental health services strengthened with the continued working relationship with Community Collective and placement of a provisional psychologist in the service who is able to provide psychological testing assisting people access NDIS. We also have a mental health social worker Leanne

Mitchell from Mitchell Therapies deliver mental health support services in our after-hours program.

Our ongoing relationship with Dr Harry Hill as an addiction psychiatrist complements both our medical services team and our AOD clinical team. Through his dedication and support we have been able to partner with South West Healthcare mental health services to have a psychiatric registrar attend one day per week. This started last year and was able to continue this year. All of this would not be possible without significant support through programs funded by Western Victoria Primary Health Network.

Special funding through the COVID workforce initiative saw us able to offer outreach services to the Corangamite and Moyne Shires, which is an expansion on the work that Julie Wallis pioneered in Terang and Cobden.



MARK POWELL
OPERATIONS MANAGER

FINANCE MANAGER'S REPORT

As we approached the end of the financial year, we welcomed Sandra Heath to our administrative team, to fill the shoes of Debbie Maguire, who was soon to retire after many years of service to WRAD. Thank you and congratulations Debbie.

In 2023 we welcomed the arrival of GP Registrars Dr Sharni Wilkes and Dr Yang Chen, who were welcome additions to our medical team, which was achieved through the conversion of an administrative office into our seventh GP consulting room. This has helped us further enhance our medical services and increased patient capacity.

We have been pleased to have had placed with us full time HMO and part time intern doctors - on 10-week rotations over the year. Demands on bulk billing services, and new patient enquiries, were strong. A big thank you to the reception, administrative and nursing teams for their efforts in dealing with these increased activities.

This has helped us further enhance our medical services and increased patient capacity.

Major achievements during the year included:

- Maintaining a one day per week Portland Pharmacotherapy Clinic;
- Introduction of a one day per week Hamilton Pharmacotherapy Clinic;
- Trial of a two-to-three evening per week After Hours Clinic;
- Preparation for upcoming Medical Practice AGPAL re-accreditation.

Over the course of the year this has culminated in Medical Services achieving a 27.5% increase in gross income.



ALISTAIR ROSS
FINANCE MANAGER /
MEDICAL PRACTICE MANAGER



CLINICAL TEAM REPORT

The Alcohol and Other Drug Service at WRAD Health has had a solid year with team members expanding their horizons through providing specialised services and being involved in various projects.

STAFFING

There were a number of staffing changes through 2022-23. We said goodbye to Angela Aerth and Harriet Rose, who left to pursue new career opportunities and we thank them for their time at WRAD Health.

We also farewelled Kevin Fitzgerald who retired on July 30 after more than 23 years of service. Kevin's many years of knowledge will be missed and we wish him all the best in retirement.

The Clinical Team also welcomed a number of new staff. Brock Bowman and Sarah Finnerty signed on as the first trainees for a 12-month traineeship, with Brock also completing a Certificate IV in Alcohol & Other Drugs. Both have now moved to pursue their careers.

Wendy Dawson joined in July 2022 as an AOD clinician. Cindy Ormiston took up the part-time position of Consumer Advocate and also represents peers on a number of committees.

Marc Cahill commenced in December 2022, coming from a background of working with youth through YSAS.

OUTREACH SERVICES

After a review of AOD operations, it was decided that services needed to be available to clients as close as possible to their homes. The decision was made to trial provide Outreach Services within the region to meet client demand.

The team has been busy embedding themselves into satellite services. Julie Wallis operates in an outreach role four days a week and has worked hard to link with organisations and medical services in the Camperdown, Terang and Cobden areas. Julie provides secondary consultation to medical staff as well as engaging with clients in their closest town. Julie's endeavours have resulted in a well utilised AOD service and is particularly welcomed by clients who cannot access Warrnambool.

Such was the growth within individual towns, Julie took on a new service in Timboon. As a result, Janette Scott who was covering Camperdown commenced offering services in Terang.

Joel Willoughby added Port Fairy to his responsibilities, offering a part-time service through the Port Fairy Medical Clinic and steadily building the client base.

Anna Pike also offered services in Mortlake on a part-time basis.

All staff have offered secondary consults to services that have referred clients for treatment.

The expansion of AOD Services through outreach has been a success and is well patronised.

The expansion of AOD Services through outreach has been a success and is well patronised.

SPECIALIST SERVICES

A number of staff have taken on specialised roles over the past year. Hayley Elliott is now part of the Project Connect Team with Practice Nurse, Ebony Curran. Hayley also works with the Rough Sleepers Program at Brophy Youth and Family Services one day a week and is responsible for the AOD Supported Accommodation Program.

Anna Pike has worked closely with Child Protection and is now the principal liaison with Child Protection and WRAD Health.

Rebecca (Bec) Smith continues to specialise in dual diagnosis, an area which seems to grow each year. All AOD staff are dual diagnosis competent, but Bec works with clients with the most complex presentations and also presents clients for review with Addiction Medicine Psychiatrist Dr Harry Hill.

Marc Cahill took over the position of Youth Outreach Clinician after the resignation of Harriet Rose and has made significant connections with schools in the area.

Cindy Ormiston has taken over the WARP Group, which meets weekly, as well as the Consumer Participation Committee.

Kayleigh Walmsley-Sims finished her work with the Brief Intervention Program at the end of June, which was successful but was redefined in line with a different funding approach.

Kayleigh offered limited session counselling at both the Ochre and Cambourne medical centres.

Kayleigh is also the Senior Family Violence Advocate for the region, a position that offers support to AOD services with a Family Violence lens.

SLIDING DOORS

Sliding Doors recorded a solid 12 months. Led by Leanne Nicholson with co-facilitator Veronica Paton, Sliding Doors provided a rehabilitation-focused recovery program run over a five-day week. Each program runs for six weeks, and many clients attended more than one group.

A number of clients were successful in their recovery and went on to achieve more goals in their lives. The Sliding Doors Program was also a conduit into the WARP Program for those who maintained abstinence.

Both facilitators reviewed and honed the way the group operated, and the information presented.

The program recorded a 274% increase in participation numbers and tripled its graduates during the past financial year compared to the previous 12 months.

PROGRAM	START	FINISH	PARTICIPANTS STARTED PROGRAM (various times)	PARTICIPANTS REMAINED ENGAGED	GRADUATES (Hours complete)
Program 1	15/07/2022	26/08/2022	8	4	2
Program 2	05/09/2022	14/10/2022	8	4	2
Program 3	24/10/2022	02/12/2022	8	5	2
Pre-Christmas program (2 weeks)	12/12/2022	22/12/2022	5	5	5
Program 4	09/01/2023	17/02/2023	9	6	3
Program 5	27/02/2023	06/04/2023	12	6	4
Program 6	17/04/2023	26/05/2023	14	5	2
Program 7	05/06/2023	14/07/2023	10	8	4
TOTAL 2022-2023			74	43	24

PROJECTS

One of the main projects for the year was the introduction of an After Hours Medical and AOD Service, made possible through the funding and support of the Westvic Primary Health Network.

Anecdotal evidence from the AOD team indicated there was a portion of clients who did not seek treatment at WRAD Health because they were unable to access the service during business hours. This became the seed to delivering an after-hours service.

Operating from 6 – 8.30 pm, Monday, Tuesday and Thursday, the medical component was kept extremely busy. Unfortunately, there were few clients of the AOD service and significant marketing failed to increase AOD numbers.

Our association with Addiction Medicine Specialist Dr Harry Hill continued. Dr Hill provided monthly sessions to AOD staff from WRAD Health and Portland District Health, covering many topics in regard to mental health and AOD. He also worked with staff on client issues, through multidisciplinary meetings and at times client-patient reviews.

One of the goals for the financial year was to raise the profile of WRAD Health and in particular the AOD service.

As a result, staff worked on a campaign of making information presentations to medical clinics, human service organisations, workplaces, sporting clubs and service organisations, in conjunction with a media and social media campaign.

All presentations were greatly received but to make an ongoing impact this strategy needs to be re-visited every year.

Hayley Elliott and Wendy Dawson joined with Warrnambool City Council and other organisations to bring to fruition the ‘Share the Load’ Laundry Project. Based at the Archie Graham Centre, the project aimed to supply free washing machines and dryers to those who were homeless or unable to access suitable laundry equipment.

As a result of a successful tender to PHN, MIND Australia in a Consortia became the lead agency in providing Dual Diagnosis and Brief Intervention Services, that would be provided by WRAD Health. Originally, termed the Synergy Project but later changed to Step Thru Care, the advantage for our client base was the availability of further options for their AOD and mental health care.

The Consumer Participation Committee continued to give a voice to clients. Unfortunately, a number of consumers on the committee found themselves having to work, attend education or with increased family commitments, resulting numbers dwindling near the end of the year.



CHIRS KENDALL
TEAM LEADER
GREAT SOUTH COAST

The program recorded a 274% increase in participation numbers and tripled its graduates during the past financial year compared to the previous 12 months.

NEW WRAD HEALTH PATRON

The late Ruby Hunter has been honoured as the latest Patron of WRAD Health.

Following discussions with her family, WRAD Health welcomed Ruby as WRAD Health's third patron, joining her long-time partner Archie Roach AM and author Paul Jennings AM.

WRAD Health will honour her name with recognition on the centre's honour board and on the WRAD Health website.

Recently retired CEO Geoff Soma, who instigated the recognition, said Ruby was a glowing example of what can be achieved through soul searching, grit and determination and love for her people and her family.

"We celebrate her wonderful life and it is pleasing that Archie and Ruby's names will be embedded in WRAD Health's rich history, alongside Paul Jennings," Geoff said.

Ruby was an Indigenous singer, art performer, mother and song writer and was born in South Australia. She has also published children's fiction and poetry as well as a musical based on her life.



Archie Roach AM & Ruby Hunter

Ruby, who died in 2010 aged 54, was part of the Stolen Generation and suffered many traumas over time.

Her early teens were affected by substance misuse, homelessness and chaotic and painful memories.

Throughout all of this she was a strong and proud Ngarrindjeri/ Kokatha/ Pitgantgatgara woman.

"Ruby Hunter rose above significant adversity and stood tall in her support for Aboriginal women, music and the arts," Geoff said. "She was a strong role model for young people suffering from issues related to substance misuse."

In her song "Down City streets", Ruby highlighted alcohol abuse that she used to cope with her difficult life. In the line "Understand how street kids feel when they are put down" she spoke of her feelings and empathy for those struggling with life's challenges.

Geoff said WRAD Health acknowledged Ruby's family for allowing the centre to promote her as a "beacon of hope and courage for clients and families".

“Her songs and story will encourage and inspire others along the recovery road.”

WRAD OPERATIONAL PLAN 23/24



VISION

The WRAD Health's vision is to advocate and promote the good health and wellbeing of all people in the South Western Region of Victoria



MISSION

The WRAD Health Centre strives to provide comprehensive integrated healthcare and tailored treatment to individuals and their families



VALUES

Respect, Compassion, Accountability, Integrity, Collaboration.

CLIENT SERVICE DELIVERY

- Implement Smoking Cessation/Vaping Clinic.
- Provide staff training in Family Counselling.
- Establish a minimum standard of skills for all AOD clinical staff through appropriate training and supervision.
- Link Pharmacotherapy Clients to AOD clinical services.
- Lookout: Broadening collegial services via strong relationships. Lobby for Funding for the Lookout Residential Rehabilitation Centre.
- Embed MARAM guidelines and Child Safety Standards into clinical practice.
- Continue to develop support to people accessing NSP. Increase our services with new alternate therapies, ie. Women's Health.
- Lobby Department of Health for recurrent funding for Pharmacotherapy Clinics.
- Maintain a culturally safe workplace for both staff and clients through policy and training.
- Clinical Model of Care to be embedded within clinical team.
- Provide clinical consults through partnership with private sector psychiatrist and psychologist and mental health social worker.
- Increase consumer input to service design through consumer advocacy role. Maintain WRAD client support group. Implement client satisfaction surveys.
- Further develop outreach program to increase client accessibility.
- Achieve 95% targets across Department of Health and Human Services contract. Monitor and report client information and targets through Redicase data system. Maintain DH performance framework.
- Maintain General practice, Mental Health and AOD after hours service.
- Provide a Bulk Billing service to meet community demand for medical services.

QUALITY /RISK

- Build on leadership team framework.
- Complete policy reviews and update database with new policies on Practice Hub.
- Maintain and monitor HR standards.
- Continue to provide staff wellness program and promote employee job satisfaction.
- Maintain adequate staff coverage across WRAD Health and Medical services.
- Implement Department of Health staff stage 2 traineeship program.
- Maintain DH compliance standards.
- Manage effective OHS policies.
- Maintain incident reporting process using CIMS. Manage Covid protocols.
- Implement WRAD organisational plan and monitor and review.
- Provide regular reports on progress against strategic plan goals.
- Implement and monitor Department of Health Services agreement. Implement and monitor WVPFN funded programs.
- Maintain DHS compliance reporting and desktop audit process.
- Complete senior staff succession planning.
- Update and report on Risk Management database and task register.
- Complete AGPAL accreditation.
- Complete QIP mid cycle assessment.

COMMUNITY/PUBLIC PROFILE

- Promote greater community awareness and acceptance of the need for WRAD Health services, through social, print and radio media. Update website and program information resources.
- Provide presentations to service clubs, schools, businesses and community organisations. Raise awareness of the diverse programs that WRAD Health provide.
- Breakdown the stigma of AOD issues through media and public presentations.
- Provide Secondary consultation to relevant Health agencies and related services.
- Maintain strong and effective community profile by engaging in local community projects and celebrations such as NAIDOC week and Mental Health Week.

PARTNERSHIPS/COLLABORATION

- Promote new WRAD Health branding.
- Develop strategic relationship with Brophy to expand family centered practice.
- Develop Strategic partnership with MIND and SWH mental health services to position agency for RCMHS recommendations.
- Provide scholarships for health-related disciplines at teaching institutions.
- Strengthen links with Self Help Addiction Recovery Centre. Further develop MOU with Odyssey House and TAFE, Gunditjmarra and other health related agencies.
- Strengthen links with VAADA peak body.
- Strengthen links with Deakin and RACGP Training program.
- Maintain strategic alliances with WDEA Works, Headspace, Brophy, Portland District Health, South West Healthcare and Community South West Alliance.
- Maximise referral pathways between WRAD and Health and disability related services.
- Strengthen links with local Aboriginal services.
- Strengthen links with family and domestic violence services.
- Provide effective Leadership across the Great South Coast AOD Consortium.

FINANCIAL MANAGEMENT

- Maximise rental income. Maximise medical fee for service income.
- Provide vaccination program.
- Provide LAIB pharmacotherapy program.
- Promote service expansion through State and Commonwealth funding opportunities.
- Develop key strategic partnerships to increase income sources.
- Successfully tender for WVPHN funded tenders.
- Secure funding for pharmacotherapy services in Hamilton and Portland.
- Meet budget forecast projections.
- Manage WRAD assets and computer replacement and resource process.
- Investigate planned building requirements into the future.
- Complete Department of Health and PHN funding contract requirements.
- Implement effective financial controls and provide regular monitoring and reporting.

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.



ACCOUNTABILITY

We will be responsible for the care and client outcomes provided by WRAD Health and the consequences of our actions.



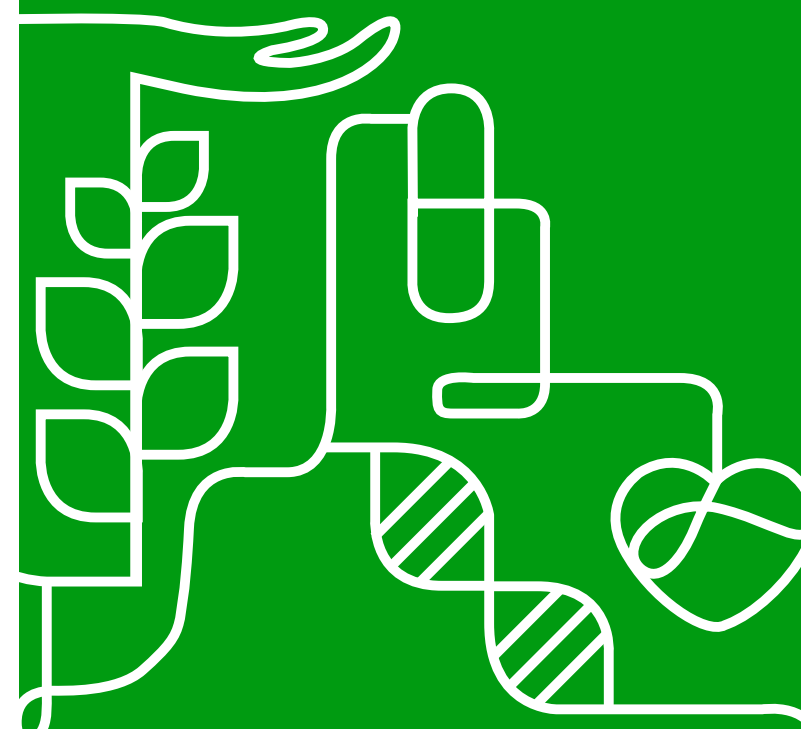
INTEGRITY

We act with integrity, professionalism, transparency, honesty and fairness to earn the trust of those we care for. We also bring the highest quality of care to meet the needs of our clients.



COLLABORATION

We work constructively and collaboratively within WRAD Health as well as with external partners to deliver integrated care to our clients.



WRAD HEALTH STATISTICS

PROGRAM DATA



- PHN AFTER HOURS AOD/MH CLINIC
- PHN BRIEF INTERVENTION
- PHN DUAL DIAGNOSIS
- PHN YOUTH OUTREACH
- VADC BRIEF INTERVENTION
- VADC CONSORTIUM ASSESSMENT
- VADC CONSORTIUM CARE & RECOVERY
- VADC CONSORTIUM COUNSELLING
- VADC CONSORTIUM COUNSELLING STANDARD
- VADC CONSORTIUM NON-RESIDENTIAL WITHDRAWAL
- VADC CONSORTIUM THERAPEUTIC DAY PROGRAM
- VADC DRUG OVERDOSE PREVENTION INITIATIVE
- VADC YOUTH ALCOHOL & DRUG SUPPORTED ACCOMMODATION
- VADC YOUTH OUTREACH

INDIGENOUS STATUS



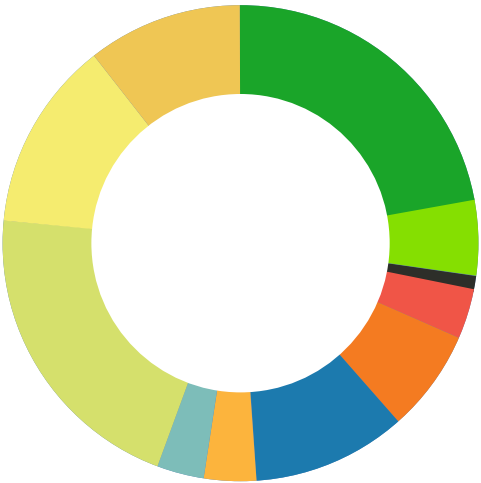
- ABORIGINAL BUT NOT TORRES STRAIT ISLANDER ORIGIN
- BOTH ABORIGINAL AND TORRES STRAIT ISLANDER ORIGIN
- NEITHER ABORIGINAL NOR TORRES STRAIT ISLANDER ORIGIN
- TORRES STRAIT ISLANDER BUT NOT ABORIGINAL ORIGIN
- NOT RECORDED
- NOT STATED

AGE



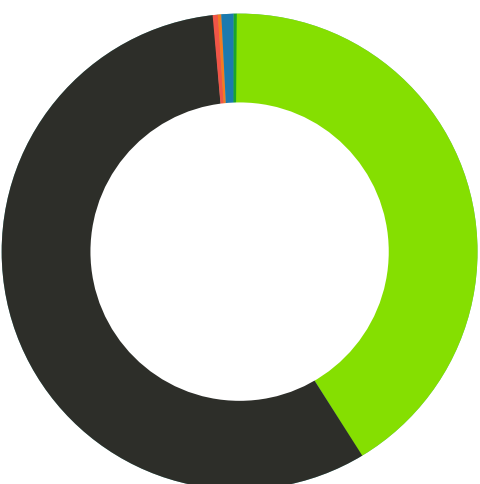
- 15 & UNDER
- 16-18
- 19-24
- 25-29
- 30-34
- 35-39
- 40-45
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70 & OLDER

LIVING ARRANGEMENTS



- ALONE
- ALONE WITH CHILD/REN
- NOT RECORDED
- OTHER
- WITH FRIEND/S
- WITH FRIENDS, PARENT/S OR RELATIVES
- WITH FRIENDS, PARENT/S OR RELATIVES & CHILD/REN
- WITH OTHER RELATIVES
- WITH PARENT/S
- WITH SPOUSE/PARTNER
- WITH SPOUSE/PARTNER AND CHILD/REN

GENDER



- DECLINE TO ANSWER
- FEMALE
- MALE
- NON BINARY
- NON STATED
- TRANSGENDER MALE

MARITAL STATUS



- DIVORCED
- MARRIED/DE FACTO
- NEVER MARRIED
- SEPARATED
- WIDOWED

POLODRUG USE



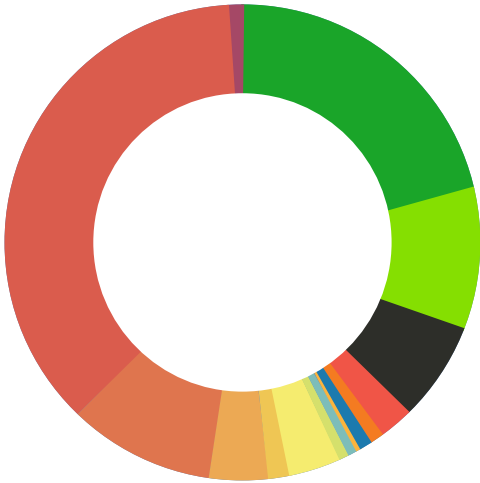
- NO
- NOT RECORDED
- UNKNOWN
- YES

TOP DRUGS OF CONCERN



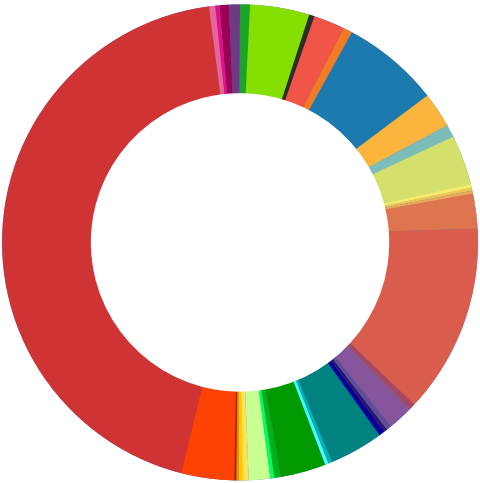
- ALCOHOL
- CANNABIS
- METHAMPHETAMINE

EMPLOYMENT STATUS



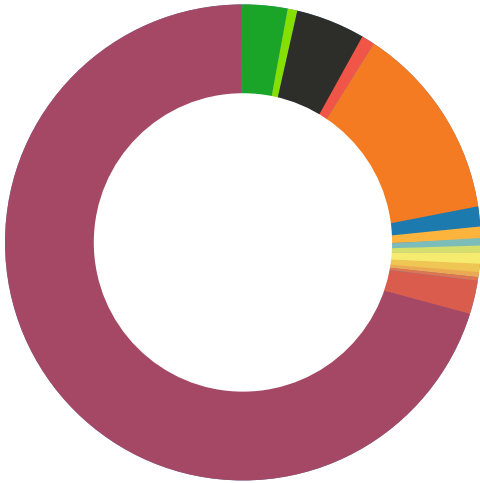
- EMPLOYED FULL-TIME (MORE THAN 35HRS PER WEEK)
- EMPLOYED PART-TIME (BETWEEN 20-35HRS PER WEEK)
- EMPLOYED PART-TIME (LESS THAN 20HRS PER WEEK)
- HOME DUTIES
- NO INCOME
- NOT APPLICABLE
- NOT RECORDED
- NOT STATED
- OTHER
- PENSIONER
- RETIREMENT FUND
- SELF EMPLOYED
- STUDENT
- UNEMPLOYED
- UNKNOWN

SOURCE OF REFERRAL



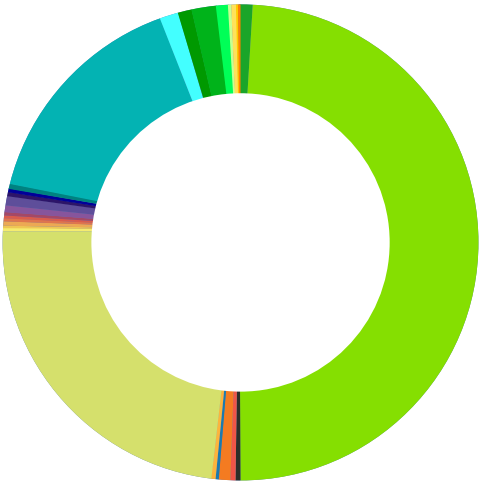
- A&D SERVICE - NON-RESIDENTIAL
- ALCOHOL & OTHER DRUG TREATMENT SERVICE
- CENTRELINK OR EMPLOYMENT SERVICE
- CHILD PROTECTION
- COMMUNITY SUPPORT GROUPS/AGENCIES
- CORRECTIONAL SERVICE
- COURT DIVERSION
- DISABILITY SUPPORT SERVICE
- EDUCATION INSTITUTION
- EMERGENCY DEPARTMENT AOD MENTAL HEALTH CRISIS HUBS
- EMPLOYER
- FAMILY & CHILD PROTECTION
- FAMILY MEMBER/FRIEND
- GENERAL PRACTITIONER
- HOMELESS SERVICES
- HOSPITAL
- HOUSING & HOMELESSNESS SERVICE
- LEGAL UNIT (INCLUDING LEGAL AID)
- MEDICAL PRACTITIONER
- MENTAL HEALTH CARE SERVICE
- NON-RESIDENTIAL ALCOHOL & OTHER DRUG TREATMENT AGENCY
- NON-RESIDENTIAL COMMUNITY MENTAL HEALTH CARE
- OFFICE OF CORRECTIONS
- OTHER COMMUNITY/HEALTH CARE SERVICE
- OTHER CRIMINAL JUSTICE SETTING
- OTHER WELFARE
- POLICE DIVERSION
- PSYCHIATRIC SERVICE - NON-RESIDENTIAL
- PSYCHIATRIC SERVICE - RESIDENTIAL
- RESIDENTIAL COMMUNITY MENTAL HEALTH CARE UNIT
- SCHOOL / OTHER EDUCATION OR TRAINING INSTITUTION
- SELF
- SPECIALIST FAMILY VIOLENCE SERVICE
- WORKPLACE (EAP)
- YOUTH JUSTICE
- YOUTH SERVICE (NON-AOD)
- VADC CONSORTIUM COUNSELLING

REASON FOR CESSATION



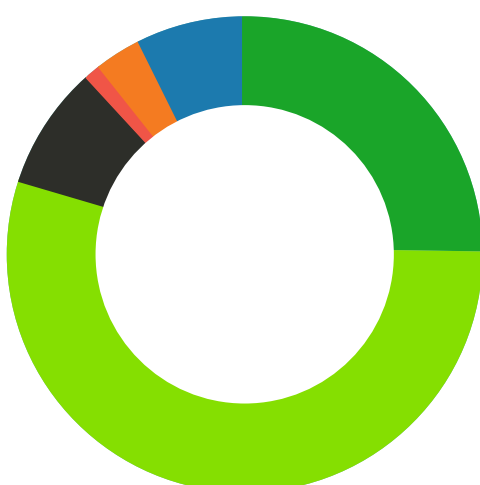
- CEASED TO PARTICIPATE AGAINST ADVICE
- CEASED TO PARTICIPATE AT EXPIATION
- CEASED TO PARTICIPATE BY MUTAL AGREEMENT
- CEASED TO PARTICIPATE INVOLUNTARY (NON-COMPLIANCE)
- CHANGE IN MAIN TREATMENT TYPE
- CHANGE IN THE DELIVERY SETTING
- CHANGE IN THE PRINCIPAL DRUG OF CONCERN
- DIED
- IMPRISONED, OTHER THAN DRUG COURT SACTIONED
- NOT STATED
- OTHER
- SELF-MANAGING - DOES NOT NEED FURTHER CARE COORINATION
- TRANSFERRED TO ANOTHER SERVICE PROVIDER
- TREATMENT COMPLETED

PRINCIPAL DRUG



- AEROSOL
- ALCOHOL
- AMPHETAMINE
- BASE
- BENZODIAZEPINES
- BENZOS
- BUPRENORPHONE
- CANNABINOIDS & RELATED DRUGS, N.E.C
- CANNABIS
- COCAINE
- CRACK COCAINE
- DEODORANT
- DEXAMPHETAMINE
- DUROMINE
- ECTASY
- GHB
- HEROIN
- KETAMINE
- MDMA
- METHADONE
- METHAMPHETAMINE
- NICOTINE
- NONE / NO OTHER DRUGS OF CONCERN
- NOT RECORDED
- OPIOD ANALGESIC
- SPEED
- TABACCO
- TRAMADOL
- XANAX

MAIN TREATMENT PROVIDED



- ASSESSMENT ONLY
- COUNSELLING
- INFORMATION & EDUCATION
- OTHER
- REHABILITATION
- SUPPORT & CASE MANAGEMENT

FINANCES

WRAD HEALTH INC. COMMITTEE’S REPORT

Your Committee members submit the Financial Report of WRAD Health Inc. for the financial year ended 30 June, 2023.

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 surplus for the year amounted to \$238,012 (2022 \$238,710 surplus).



Helen Taylor, Chairperson

Dated this 22nd day of September 2023

TREASURER’S REPORT

WRAD Health has maintained a healthy financial position for the year to 30 June 2023, recording a surplus of \$238,012 for the year. This maintains a strong foundation, enabling the continuance of successful services and programs to the community.

Our surplus was slightly down on the normalised surplus of \$238,710 in the previous year but is a great result coming out of the COVID pandemic.

Total income increased by \$744,757 to \$5,573,709, whilst total expenditure increased by \$745,454 to \$5,335,696.

Increases from the previous year were seen in most income categories; funding and grants by \$434,007, interest income by \$13,668, Fee for Service income by \$315,414, Grants from General Government Budget Sector - within Portfolio by \$7,589 and reimbursements, recoveries and sundries by \$25,903. Donations and gifts dropped by \$29,613 and rental income by \$8,943. There were no Disposals of Non-Financial Assets for the year.

Government funding income came mainly from ongoing contractual arrangements, a reflection of the hard work undertaken by the WRAD Health team in renewal of existing submissions, tendering and new submissions on projects and contracts.

The total increase in expenditure mainly reflected office expenses increasing by \$79,017, employee expenses increasing by \$705,948, and GSC Consortium (Sub-Contracting Expenses) increasing by \$5,649. These were primarily funded. Project expenditure dropped by \$147,660 and there were minor drops in bank fees and utilities.

Projects and services continuing from prior years were the Sliding Doors Day Rehabilitation program, Mental Health Support services, Peer Support services, Supported Accommodation, Family Support services and the Assertive Youth Outreach program.

WRAD Health is grateful for continued strong community support in areas such as services provided for free or reduced costs, financial support by donations or assistance

with ongoing community programs (such as the successful short stories competition). WRAD Health extends appreciation to all supporters.

WRAD Health’s increase in Fee for Services income came mainly from the Handbury Medical Suites. This was the result of additional consultations being available from additional medical staff and the after-hours clinic. The centre has continued to provide a high level of service to patients and our community throughout the year. Thank you to all our doctors and staff.

The finance team prepares monthly detailed financial reports and budgets for management and the Committee. This allows for ongoing monitoring of finances and appropriate adjustments as needed.

WRAD Health’s balance sheet continues to remain strong with net assets valued at \$4,563,741, up from \$4,325,729. This represents a strong financial position enabling WRAD Health to continue to provide its services and programs with a strong asset backing for future projects.

WRAD Health’s continued excellent performance has resulted from the high standard of work undertaken our team, volunteers and partners. Thank you to all for their continued dedicated work and endeavours.

I thank the administration and finance teams for their dedication and continued high level of support provided to WRAD Health, its committee and its partners.



SCOTT DICKIE
TREASURER, WRAD HEALTH

FINANCES

COMPREHENSIVE INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2023

	2023 \$	2022 \$
Income		
Funding and Grants	3,995,742	3,561,735
Interest	14,220	552
Donations and Gifts	9,085	38,698
Fee for Service Income	1,406,753	1,091,339
Grants from General Government Budget Sector - within Portfolio	14,822	7,233
Net Gain on Disposal of Non-Financial Assets	-	13,169
Reimbursements, Recoveries and Sundries	98,584	72,781
Rental Income	34,502	43,445
Total Income	5,573,709	4,828,952
Expenditure		
Depreciation	110,981	98,980
Bank Fees	572	714
Medical Expenses	23,192	15,482
Motor Vehicle Expenses	50,009	33,187
Office Expenses	267,496	188,479
Employee Expenses	3,310,368	2,604,420
Professional and Consultancy Expenses	13,050	12,631
Project Expenditure	286,944	434,604
Property Expenses	63,668	51,345
Net Loss on Disposal of Non-Financial Assets	4,060	-
Purchase of Services - Intra Government	14,822	7,233
GSC Consortium (Sub-Contracting Expenses)	1,181,570	1,128,921
Utilities	8,964	14,246
Total Expenditure	5,335,696	4,590,242
NET RESULT FOR THE YEAR	238,012	238,710
OTHER COMPREHENSIVE INCOME		
Revaluation of Land & Buildings	-	714,283
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	238,012	952,993

This statement should be read in conjunction with the accompanying notes

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2023

	NOTES	2023 \$	2022 \$
Current Assets			
Cash and Cash Equivalents	2	809,730	1,900,670
Financial Assets	3	657,788	-
Receivables	4	527,606	234,244
TOTAL CURRENT ASSETS		1,995,125	2,134,914
Non Current Assets			
Property, Plant and Equipment	5	3,480,213	3,478,554
TOTAL NON CURRENT ASSETS		3,480,213	3,478,554
TOTAL ASSETS		5,475,338	5,613,468
Current Liabilities			
Trade and Other Payables	6	369,059	243,035
Other Liabilities	7	114,448	579,875
Borrowings	8	-	49,376
Provisions	9	392,258	389,819
TOTAL CURRENT LIABILITIES		875,765	1,262,105
NON CURRENT LIABILITIES			
Provisions	9	35,832	25,634
TOTAL NON CURRENT LIABILITIES		35,832	25,634
TOTAL LIABILITIES		911,597	1,287,739
NET ASSETS		4,563,741	4,325,729
EQUITY			
Asset Revaluation Reserve		1,251,842	1,251,842
Retained Earnings		3,311,899	3,073,887
TOTAL EQUITY		4,563,741	4,325,729

This statement should be read in conjunction with the accompanying notes

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2023

	Retained Earnings \$	Asset Revaluation Reserve \$	Total \$
Balance 30 June 2021	2,835,177	537,559	3,372,736
Net Result for the Year	238,710	-	238,710
Other Comprehensive Income for the Year	-	714,283	714,283
Balance 30 June 2022	3,073,887	1,251,842	4,325,729
Net Result for the Year	238,012	-	238,012
Balance 30 June 2023	3,311,899	1,251,842	4,563,741

STATEMENT OF CASH FLOWS AS AT 30 JUNE 2023

	NOTES	2023 \$	2022 \$
Operating Activities			
Receipts from Government Funding		3,771,855	3,506,620
Other Receipts		1,508,492	1,274,644
Interest Expense		(1,233)	(2,924)
Net GST Received / (Paid)		(14,164)	39,044
Payments for Operating Activities		(5,532,024)	(4,114,407)
Net Cash Flow from/(used in) Operating Activities	10	1,995,125	702,977
Investing Activities			
Purchase of Financial Assets		(657,788)	-
Payments for Property, Plant and Equipment		(116,701)	(76,196)
Proceeds from Sale of Non-Financial Assets		-	20,000
Net Cash Flow from/(used in) Investing Activities		(774,489)	(56,196)
Financing Activities			
Repayment of Borrowings		(49,376)	(15,765)
Net Cash Flow from/(used in) Financing Activities		(49,376)	(15,765)
Net Increase/(Decrease) in Cash and Cash Equivalents		(1,090,940)	631,016
Cash and Cash Equivalents at Start of Year		1,900,670	1,269,654
Cash and Cash Equivalents at End of Year	2	809,730	1,900.670

This statement should be read in conjunction with the accompanying notes

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

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 a reporting entity.

The financial statements have been prepared on an accruals basis and are based on historical costs and do 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 organisation’s properties as at 30 June, 2022 on the basis of an external independent valuation by Preston Rowe Paterson Warrnambool Pty Ltd, 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 with a maturity of 3 months or less.

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

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.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

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 for fee for service upon services being delivered.

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.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

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.

Whilst in prior years there has been a net approach to reporting long service leave, from 1st of July 2022 a gross approach has been taken to calculate the entire long service leave liability, including on-costs and a present day calculation. Conversely a provision has been raised to reflect the future benefit of contributions receivable from the long service leave portability scheme.

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.

Portable long service leave scheme receivable

WRAD Health Inc. is a Participant Employer of the Portable Long Service Leave Scheme (PLSLS). As a Participant Employer, WRAD Health Inc. contributes an quarterly levy to PLSLS. The quarterly levy amount is equivalent to 1.65% of the time worked and ordinary wages paid to their employees. Pursuant to Portable Long Service Leave Regulations 2020, the PLSLS has an obligation to Participant Employers to pay from the Scheme, benefits to them as a reimbursement for long service leave paid or payable to their employees. In accordance with the Scheme Rules, the Participant Employers remain legally responsible for long service leave obligations.

Notwithstanding, in accordance with Accounting Standards, given the existence of the Scheme and the rules of the Scheme, where the long service leave obligation will be reimbursed by the Scheme, a reimbursement asset shall be recognised when and only when the reimbursement is virtually certain. Accounting standards specifically require the reimbursement to be treated as a separate asset that shall not exceed the value of the provision.

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.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

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.

Employee benefit liabilities are classified as a non-current liability if Centre for Participation has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category. Centre for Participation applies significant judgment when measuring its employee benefit liabilities.

The Association applies judgement to determine when it expects its employee entitlements to be paid.

With reference to historical data, if the health service does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees.

Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields on government bonds at the end of the reporting period.

All other entitlements are measured at their nominal value.

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.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

k) New Accounting Standards for Application in Future Periods

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

As at 30 June 2023, 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.

Standard/Interpretation	Applicable for annual reporting periods beginning on	Impact on entity financial statements
AASB 17: Insurance Contracts	Reporting periods on or after 1 January 2022.	Adoption of this standard is not expected to have a material impact
AASB 2020-1: Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current	Reporting periods on or after 1 January 2022.	Adoption of this standard is not expected to have a material impact
AASB 2020-3: Amendments to Australian Accounting Standards – Annual Improvements 2018-2020 and Other Amendments	Reporting periods on or after 1 January 2022.	Adoption of this standard is not expected to have a material impact
AASB 2021-2: Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definitions of Accounting Estimates.	Reporting periods on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact
AASB 2021-5: Amendments to Australian Accounting Standards – Deferred Tax related to Assets and Liabilities arising from a Single Transaction	Reporting periods on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact
AASB 2021-6: Amendments to Australian Accounting Standards – Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards	Reporting periods on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact
AASB 2021-7: Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128 and Editorial Corrections	Reporting periods on or after 1 January 2023.	Adoption of this standard is not expected to have a material impact

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

	2023 \$	2022 \$
Note 2. Cash and Cash Equivalents		
Main Account	771,332	1,504,456
Commonwealth Project	38,317	38,313
Lookout Appeal	18	357,838
Online Savers	64	64
	809,730	1,900,670
Note 3. Financial Assets		
WRAD - Term deposit	300,000	-
Lookout Appeal - Term deposit	357,788	-
	657,788	-
Note 4. Receivables		
Accrued Income	16,754	-
PLSA Scheme Receivable	24,155	-
Trade Debtors	486,697	234,244
	527,606	234,244
Note 5. Property, Plant and Equipment per Valuation		
Land - at fair value	1,595,000	1,595,000
Buildings - at fair value	1,732,370	1,625,000
Less: Accumulated Depreciation	(45,149)	-
	3,282,220	3,220,000
Plant and Equipment at fair value	260,822	278,401
Less: Accumulated Depreciation	(176,997)	(166,244)
	83,825	112,157
Motor Vehicles at fair value - owned	253,940	187,880
Motor Vehicles at fair value - leased	-	80,662
Less: Accumulated Depreciation	(139,772)	(122,146)
	144,168	146,396
	3,480,213	3,478,554

Land and buildings were revalued to fair value by Preston Rowe Paterson Warrnambool Pty Ltd as at 30th June, 2022.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

	2023 \$	2022 \$
Note 6. Trade and Other payables (Current)		
Trade Payables	219,926	102,922
Accrued Expenses	72,021	48,866
GST / PAYG Liabilities	77,112	91,248
	369,059	243,035
Note 7. Other Liabilities		
Income in Advance	114,448	579,875
Note 8. Borrowings		
(a) Current		
Lease Liability	-	49,376
Note 9. Provisions		
(a) Current		
Annual Leave	238,144	231,695
Long Service Leave	154,114	158,124
	392,258	389,819
(b) Non Current		
Long Service Leave	35,832	25,634
Note 10. Cash Flow Information		
Reconciliation of Cash Flow from Operations with Net Result		
Net Result for the Year	238,012	238,710
Add back Non-Cash Flows in Operating Profit:		
Depreciation	110,981	98,980
(Profit) / loss on disposal of Non-Financial Assets	4,060	(13,169)
Movement in Assets and Liabilities		
Increase/(Decrease) in Trade Payables	117,004	(4,397)
Increase/(Decrease) in Accrued Expenses	23,156	(684)
Increase/(Decrease) in GST / PAYG Liabilities	(14,136)	30,350
Increase/(Decrease) in Other Liabilities	(465,427)	393,533
Increase/(Decrease) in Employee Provisions	12,637	(5,827)
(Increase)/Decrease in Receivables	(293,362)	(34,519)
Cash Flows from / (used in) Operations	(267,075)	702,977

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

Note 11. 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 Health has been actively fundraising for donations to contribute towards the construction of the Lookout Facility. Management have also received pledges which amount to \$331,000 as at 30 June 2023, 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 vents 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 2023, WRAD Health had received donations towards the establishment of the Lookout Facility amounting to \$364,844 which have been recognised as income during the past seven 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.

WRAD Health 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.

WRAD Health 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 2023).

Security against specific chattels is held for interest bearing liabilities.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

	2023 \$	2022 \$
Note 12. Leasing Commitments		
Motor vehicle lease obligations are secured over the asset.		
Minimum lease payments due:		
Within 1 year	-	49,376
Total	-	49,376
Low value operating lease commitments		
Payable within 12 months	5,379	5,379
Payable 1 to 5 years	12,102	17,481
	17,481	22,860
Note 13. 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 2023.		
Note 14. Capital Commitment		
Payable within 12 months	11,863	97,117

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

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 2023 and its performance for the financial year ended or that date; and
- 4.** here 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

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF WRAD HEALTH INC.

Opinion

We have audited the financial report of WRAD Health Inc., which comprises the statement of financial position as at 30 June 2023, 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 WRAD Health Inc. as at 30 June 2023, 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 WRAD Health 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 WRAD Health 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 WRAD Health 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 WRAD Health Inc. or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the WRAD Health 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.

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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.

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 WRAD Health 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 WRAD Health 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 WRAD Health 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 27 September 2023.

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WRAD HEALTH ANNUAL REPORT 2022/23

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WRAD HEALTH
PERSON-CENTRED CARE