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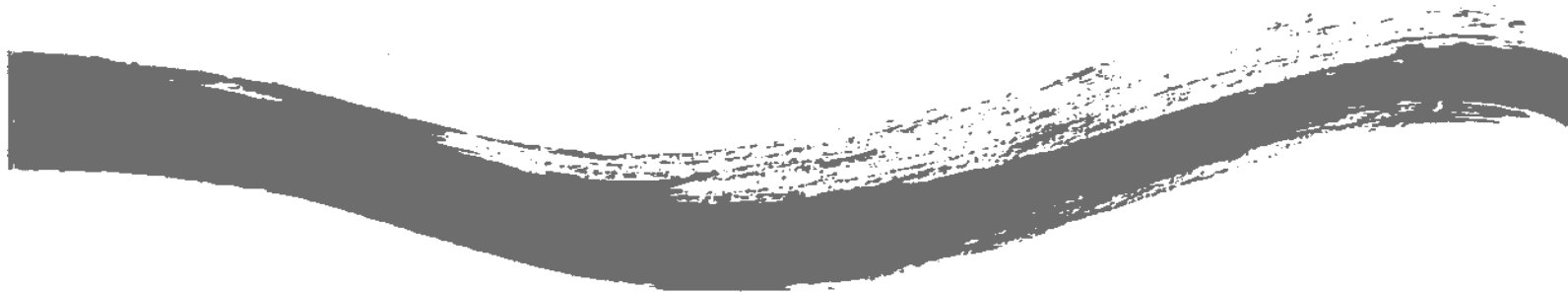
CEO Report to May 2011 COM meeting The Buoyancy Foundation of Victoria and Buoyancy Services Inc

Code of Ethics/Code of Conduct COM members

Conversation with COM members re accepting or not accepting this code of conduct/workability for COM members.

BUOYANCY FOUNDATION COM: CODE OF ETHICS, CONDUCT AND/OR WORKABILITY

This code of ethics, conduct and workability outlines acceptable behaviour and expectations in relation to committee members, and all participants of Buoyancy Foundation in providing a context for drug counselling and therapeutic relationships.



The Buoyancy Foundation of Victoria. Reg No: A002737C
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Quality
Endorsed
Company
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SAI Global

1. I will focus on the welfare of our service users, relevant family members, staff, my own and other COM members in matters affecting them, above all other concerns.
2. To this end I will deliver kind and humane treatment to all in my care, regardless of age, race, religion or lack of religion, sexual orientation or health status.
3. I will not do harm, either physically or psychologically. I will not verbally assault, ridicule, attempt to subjugate or endanger , nor will I allow others to do this.
4. I will prefer changes lives, only on their behalf and in the interest of promoting recovery from the condition of drug dependence and other associated problems. I will not otherwise press them to adopt beliefs and behaviours which reflect my value system, rather than their own.
5. I will be aware of my skills and limitations. Since people may perceive me as an authority, I will never counsel them, or advise them on matters not within my area of expertise. I will be willing to refer to other programs or individuals where appropriate.
6. I will not engage in any activity that could be construed as exploitation for personal gain, be it sexual, social or financial.
7. I will not promote dependence on me, but empower people to empower themselves.
8. I will not name or give information about a service user, ex-service member or family member, except to other Buoyancy staff members, or when specially authorised by the service user.
9. I understand and agree to defend both the spirit and the letter of Buoyancy Foundation's policies, and to respect the rights and views of other professionals.
10. I understand that a therapeutic relationship does not end with people leaving Buoyancy. I recognise the need to maintain the same concern for peoples well being, as acknowledged above.
11. In my personal use of mood altering drugs, I will serve as a responsible role model. If I have been chemically dependent in the past, I will maintain abstinence from drugs while employed at Buoyancy.
12. I will be responsible for the well-being of my peers, and the Buoyancy community by not ignoring illness or unethical conduct in my colleagues.

13. I will be responsible for my continuing education and professional development, as part of my commitment to providing quality care for those who seek help.

Acceptance of Code of Ethics.

I accept the principles outlined in the Buoyancy Foundation Code of Ethics, and pledge myself to observe them.

Signed_____

Name (printed)_____

Date_____

Witness_____

Matters Arising from previous minutes

Contract for new Buoyancy internet site

From: Bin Zhou (programmer of current Buoyancy front page www.buoyancy.org.au)

Sent: Tuesday, 26 April 2011 10:40 PM

Subject: Proposal for Buoyancy Foundation Website

1. Online counselling/video conferencing is very big by itself, and I do not have the experience about this particular area. I would suggest to just use Skype. If you worry about the security of Skype, you can always try some more secure video conferencing tool.

2. I can guarantee the functional design, but graphic design is not my strongest skill.
3. I may need to learn some new skills for some of requirements, which may slow down the progress.
4. I am working on a very powerful system with which any database related software can be made very easily, including the one for Buoyancy. But I still need another few months, depending on how much free time I can get. Your project may need to wait till then.

Bin cannot put new content into a new internet site until probably July 2011 so I have asked Ria to compile the material on a test site so we are ready to go ahead with content in either format..see communication from Ria below.

Hi Deb,

can you please check out work in progress on test site on which to compile content at

<http://www.buoyancyonline.org/>

Try logging in as Username: deb password: boing

- the test site is designed to demonstrate how intranet functions can be integrated into the new website at [buoyancy.org.au](http://www.buoyancy.org.au), using wordpress as a platform, and creating a unique template. i've also given an example on the home page of how Buoyancy conversations can be integrated into the site. The overall look and layout of the site needs to be developed and there are infinite options for these aspects - changes can be made before and after the site goes live.

- I am not able to provide an online demo of more complex functions like client appointment booking and live chat . These functions can easily be integrated into the site once it is set up. Because of security issues, these are set up with a company who provides a secure encrypted connection (this is an industry standard)

Suggestions for integrating buoyancy conversations and [buoyancy.org.au](http://www.buoyancy.org.au)

- if the look of the site is similar to buoyancy conversations, then it will make it easier for visitors to move between the sites

- Buoy conv. site will have links to main site on every page, and it will clearly function as the area of the website for articles/audio and video resources (remove current pages that include info about buoyancy)

- gradually move all Buoy Conv content to be hosted within Buoy org (to stream line things). the url for buoy con, will still take visitors straight to the buoy conv area within the main site

Estimated timeline for competing website would be

- develop layout, graphics and content - 30 to 40 hours
- upload new site and get it working, format and upload Quality assurance documents, set up calendars for staff and castlemaine etc , back up programs etc approx - 40- 50 hours. Site could redirect to Buoy conv while it is being installed
- trouble shooting , integrating Buoyancy Conversations content, train staff to manage their own content - 20 hours approx, depending on how many hours I can do while at Buoyancy during my usual timeslot

other costs - soft ware - \$150- \$200

Ria can start on this now, aiming to launch by June 15th

Letters of appointment for all staff

Deb recommends that we support our core staff by providing a letter of appointment for 2011-2014 for all current staff.

COM asked for Staff pay rate to date

Staff name	Current hourly rate	Weekly hours	KPI hourly rate		Current wages			Scenario 1: Increase/(decrease) (\$38.27 ph)				Scenario 2: Increase/(decrease)		
					Weekly	Monthly	Annually	Hourly	Weekly	Monthly	Annually	Hourly	Weekly	Monthly
Deb	\$48.077	36.0	5.00	180	1,730.8	7,500.00	90,000.00	(9.80)	(352.91)	(1,533.46)	(18,401.49)	(4.80)	(172.91)	
King	\$35.000	14.4	5.00	72	504.0	2,184.00	26,208.00	3.27	47.15	204.86	2,458.31	8.27	119.15	517.72
Cony	\$35.000	14.4	5.00	72	504.0	2,184.00	26,208.00	3.27	47.15	204.86	2,458.31	8.27	119.15	517.72
Anna	\$30.000	7.2	5.00	36	216.0	936.00	11,232.00	8.27	59.57	258.86	3,106.30	13.27	95.57	415.29
Diana	\$30.000	14.4	5.00	72	432.0	1,872.00	22,464.00	8.27	119.15	517.72	6,212.59	13.27	191.15	830.57
Rai	\$34.615	6.0	5.00	30	207.7	900.00	10,800.00	3.66						225.74

								21.95	95.39	1,144.62	8.66	51.95		
a	\$30.000	4.0	5.00	20	120.0	520.00	6,240.00	8.27	33.10	143.81	1,725.72	13.27	53.10	230.71
nma	\$30.000	3.0	5.00	15	90.0	390.00	4,680.00	8.27	24.82	107.86	1,294.29	13.27	39.82	173.04
	Total hours per week	99.4		497	3,804.5			(0.03)	(0.11)	(1.35)		496.97		2,159.50

Even-distributed hourly rate 38.274 71,648.93 p.a. for EFT Total of KPI |

Even-distributed hourly rate with \$5 KPI Rate 43.274 81,008.93 p.a. for EFT

Staff wage rates scenarios

Ming calculation to see the effects.

Here are the 3 scenarios

1. Distribute current wage evenly: new hourly rate of \$38.274
 There will be no increase or decrease overall for Buoyancy
 But: Deb's rate will drop \$9.80 or \$18,401.40 per annual
2. Distribute current wage + KPI payment evenly: new hourly rate of \$43.274
 There will be an increase of \$25,913.76 per annual for Buoyancy
 Still: Deb's rate will drop \$4.80 or \$9,015.77

Ming prefers scenario 3

3. Distribute current wage evenly but KPI payment to Deb: new hourly rate of \$38.274

There will be an overall increase of \$14,368.44 per annual (3% CPI on our state funding is \$9,454; 4% CPI on our state funding is \$12,606)
But, current KPI payment would go to compensate Deb's wage decrease. As a result, Deb's hourly rate will only drop \$1.00 or \$1,872.20 per annual.

Registrar of casual workers

Deb proposes that we advertise for casual workers who can fill in as required during staff holidays

Funding context.

The assistant director of the Commonwealth drug funding in Victoria has become the Policy advisor for state drug funding in Victoria and the language of restructuring (and continuity) is expressed below in the two post budget announcements.

State Government budget 2011-2012

The Victorian Coalition Government is investing \$188 million in new funding for improved prevention and treatment services to reduce the harm that alcohol and drugs cause in the community.

Minister for Mental Health Mary Wooldridge said the funding in the 2011-12 Victorian Budget is the Coalition's first step in investing in alcohol and drug prevention and treatment services with \$23.7 million for new initiatives to prevent substance abuse in Victoria.

"A key focus of the Budget funding is building treatment options for an individual over a long period to prevent relapse and ensure people with a mental illness are linked to appropriate services to better support them in their treatment and rehabilitation," Ms Wooldridge said.

The Coalition Government will invest \$20 million in treatment services including extra Counselling, Consultancy and Continuing Care (CCCC) services for regional cities and outer suburban growth areas, providing access to treatment and intensive case management services to support an individual or family.

“These services will be delivered from within local health hubs to integrate services for people needing alcohol and other drug treatment services,” Ms Wooldridge said.

“Pharmacotherapy prescribing and dispensing services will also be expanded across Victoria.

“Improving access to these vital services will help Victorians escape the damaging impacts of drug addiction and also help to address shortfalls in workforce and specialist support for pharmacotherapy treatment services in Victoria,” Ms Wooldridge said.

The Budget will also expand the needle and syringe program in Footscray and Frankston to ensure 24-hour operation of these mobile services.

These services, which operate in areas of high drug use, are under pressure due to heavy demand. The new Budget will ensure 24-hour access to clean injecting equipment, information, education and referral to treatment services, preventing the spread of HIV/AIDS and Hepatitis C among people who inject drugs, and in turn protecting the wider Victorian community.

The former Labor Government left behind a \$39 million per year shortfall in funding for alcohol and drugs, with almost one-third of the funding for alcohol and drugs treatment services due to expire on 30 June this year.

The Coalition Government’s Budget funding will ensure the continuation of vital drug and alcohol services and help reduce the impact of drug and alcohol-related harm on the community.

The Coalition Government is committed to maintaining these important services and the funds will be used to respond to immediate pressures on the system and improve its capacity to meet current and future demand.

In addition, the Coalition Government has already started work on a whole-of-government Alcohol and Drug Strategy to reduce the incidence and impact of drug and alcohol abuse on individuals, families and in the community.

Victoria has lacked a comprehensive drug and alcohol strategy for more than a decade.

The Coalition Government's plan will involve whole-of-government reform in service delivery and policy across the alcohol and drugs sector to reduce the impact of alcohol and drugs on our community and deliver effective services for individuals and families.

Committee Consideration of Enterprise agreement.

Draft enterprise agreement attached to minutes April Meeting.

Accounts and Statistics



Australian Government
Department of Health and Ageing

Mr David Templeman
Chief Executive Officer
Alcohol and Drugs Council of Australia
PO Box 269
WODEN ACT 2606

Dear Mr Templeman

David

New Funding Arrangements for National Drug Strategy programs

The Australian Government is introducing a new, flexible way to fund many of the nation's health priorities, better reflecting the more responsive, connected health system it is creating as part of its reform agenda, and its commitment to cutting red tape. These new funding arrangements, announced in the 2011-12 Budget will affect most of the programs funded by the Department of Health and Ageing under the National Drug Strategy.

From 1 July 2011 the National Drug Strategy programs will be consolidated within two flexible funds: the Substance Misuse Prevention and Service Improvement Grants Fund (SMPSIG Fund); and the Substance Misuse Service Delivery Grants Fund (SMSDG Fund).

The SMPSIG Fund will consolidate the following programs:

- National Public Health – Drug Strategy, including the funding for the three national research centres of excellence;
- National Cannabis Prevention and Information Centre;
- National Illicit Drugs Strategy – Drugs, including funding for the Australian National Council on Drugs, the Alcohol and other Drugs Council of Australia, the Australian Therapeutic Communities Association and Anex;
- part of the National Illicit Drugs Strategy – Indigenous program supporting innovative pilot projects in indigenous communities.

Other programs which were diverted from 2008 to 2012 to fund the first phase of the National Binge Drinking Strategy will also be consolidated in the SMPSIG fund.

The SMSDG Fund will consolidate the following programs:

- the Improved Services Initiative;
- Indigenous Substance Misuse programs currently administered by the Office of Aboriginal and Torres Strait Islander Health (OATSIH) including base funding, the COAG 2006 and 2007 measures and the Combating Petrol Sniffing program;
- part of the National Illicit Drugs Strategy – Indigenous program supporting ongoing substance misuse services;
- National Illicit Drugs Strategy – Community Education and Information Campaign – which funds the national drugs social marketing campaign; and

- National Tobacco Campaign – which funds the More Targeted Approaches tobacco social marketing campaign targeting pregnant women, people in disadvantaged areas, people from culturally and linguistically diverse backgrounds, people with mental illness and prisoners.

The Department is also examining the inclusion of the Non-Government Organisation Treatment Grants Program in the SMSDG Fund.

How does this affect funding?

No program funding is being reduced through the consolidation process, with all existing program funding to be included within the new Funds. The Government is committed to its health reform targets, which will not be affected by the changed program arrangements.

These changes will not affect current funding agreements, which will continue until their current expiry dates. Where funding agreements are due to expire before 30 June 2012, they will be extended to that date, unless agreed otherwise between the Department and the funding recipient.

New Flexible Funds

In 2010, the Australian Government commissioned a strategic review of the administrative arrangements in the Health and Ageing portfolio. The purpose of this review was to examine the alignment of resources within the portfolio to ensure it is best placed to implement and manage the Government's key health and ageing priorities and programs, including the National Health Reform agenda, as well as position the portfolio to respond to emerging health and ageing challenges over the medium and longer term.

The strategic review identified an opportunity to improve the way the Department manages its programs, through consolidating a range of smaller programs into larger, flexible Funds, in order to reduce red tape, increase flexibility and more efficiently provide evidence based funding for the delivery of better health outcomes in the community.

From 1 July 2011, a total of 159 programs will be consolidated into 18 new or expanded flexible Funds, with a further six programs transferred from the Department to the portfolio agencies of Cancer Australia and the National Health and Medical Research Council.

The establishment of larger, flexible Funds will simplify and streamline grant funding processes for stakeholders, particularly funding recipients who currently hold grants under a number of programs. These recipients often operate against separate program guidelines and reporting requirements and are required to liaise with multiple contact points within the Department. Over time, many of these grant holders will move to an arrangement where they operate under one single agreement with the Department. This will reduce the administrative and reporting burden for grant holders, leaving them more time to focus on their core business.

The new funding arrangements will emphasise the need for grant applicants to demonstrate value for money, and will provide increased flexibility to respond to health and ageing priorities as they emerge. In doing so, they will drive better, more responsive outcomes against health and ageing priorities for the community.

The new arrangements will also reduce the costs to the Department associated with administering a wide range of small, discrete programs, delivering efficiency savings that, along with savings from other improvements to the Department's operating efficiency, will be reinvested directly into new measures in health policy areas.

When can I see the Fund guidelines, and when will grant funding rounds be held?

Over the coming months the Department will be working closely with grant recipients and other key stakeholders on implementation arrangements for the new Funds, including with respect to the establishment of Fund guidelines and timelines for grant rounds.

Further information

You can find more information about these Funds on the Department's website, www.health.gov.au

If you have any questions, please contact:

- in relation to the SMPSIG Fund, Darius Everett on 02 6289 8725;
- in relation to the SMSDG Fund, Ann Frizzell on 02 6289 5041.

Yours sincerely



Simon Cotterell
Assistant Secretary
Drug Strategy Branch
{ May 2011

Cc: State and territory drug and alcohol peak bodies