



# ATCA

AUSTRALASIAN  
THERAPEUTIC  
COMMUNITIES  
ASSOCIATION

ANNUAL  
REPORT  
2009 - 2010





**Australian Government**  
**Department of Health and Ageing**



**AER**  
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### **Acknowledgements**

The Australasian Therapeutic Communities Association wishes to thank its members and colleagues in the alcohol and other drug sector for their interest and support. ATCA would especially like to acknowledge the Australian Government Department of Health and Ageing (DoHA) for their financial support of the ATCA Secretariat and the development and implementation of the Australasian Alcohol and other Drug Therapeutic Communities Standards & Training package. The ATCA would also like to extend its thanks to the Alcohol Education and Rehabilitation Foundation for its support in the past year in the provision of funding to support attendance at the NIDAC Conference, and in the implementation of the Standards project across Australia and New Zealand.

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## Chairperson's Report

**Barry Evans**

*"Both a process and a product, accreditation relies on integrity, thoughtful and principled judgment, rigorous application of requirements, and a context of trust. It provides an assessment of an institution's effectiveness in the fulfillment of its mission, its compliance with the requirements of its accrediting association, and its continuing efforts to enhance the quality of student learning and its programs and services. Based upon reasoned judgment, the process stimulates evaluation and improvement, while providing a means of continuing accountability to constituents and the public". Commission on Colleges, Southern Association of Colleges and Schools 2004.*

2010 has been the year of accreditation for many of us, either as a condition of funding or as part of the roll out of the ATCA Standards for Therapeutic Communities. On 30 June 2008, the Department of Health and Ageing provided funding to the Australasian Therapeutic Communities Association (ATCA) to develop *National Standards for Therapeutic Communities (AOD)* in Australia. At the time the project was seen as part of an overall development of national standards for alcohol and other drug agencies, and as such it fitted within a National Framework. ATCA's objective in undertaking this project has been to extend the work of the Better Practice Project which looked at the essential elements of a therapeutic community (2002) and to ensure that the integrity of the "Therapeutic Community" principle is maintained and demonstrated through the application of the Standards. In doing so the ATCA Board believes that TCs will continue to stand as a model of best practice in the treatment of substance misuse and co-occurring disorders.

The aim for ATCA was to develop a set of service standards which identified and described good practice and facilitated service evaluation within a quality framework... a long held aim of the Association. The completion of the Standards by Jill Rundle in 2009 and their release in Canberra at our last Conference was followed by their dissemination to members. The training and support that followed has occupied the time and energies of the Board for most of the year. Training workshops introducing the Standards were conducted in Perth, Melbourne, Brisbane and Sydney along with a subsequent Peer Reviewers training workshop held in Sydney. Karralika and Cyrenian House have agreed to be the first ATCA members to be reviewed against the Standards, while Logan House and Selah Farm have agreed to be reviewed in the early part of 2011.

Balancing the need for a set of Standards that reflect what we do whilst not adding to the accreditation workload that we all carry, has been a major consideration in their design and I believe that we have achieved that balance. Feedback regarding the relevance and 'fit' of the Standards to everyday practice in the TC environment has been extremely positive so far. The long term objective of the Board is to have the Standards certified by an Accrediting Organisation and for the ATCA to eventually see all member agencies carry the 'badge of certification' as a hallmark of quality for the service that they deliver, recognized by funding bodies and providing confidence to participants that they will be working in a Therapeutic Community.

ATCA was appointed to the Intergovernmental Committee on Drugs (IGCD) Expert Reference Group in April 2010. The Reference Group has the task of developing care packages for all AOD services across Australia. ATCA's role has been to attempt to break down the components of treatment within residential and therapeutic community programs and to quantify these activities over a period of rehabilitation. ATCA input is ensuring that all residential services, and especially therapeutic communities, are provided with an equitable model to ensure best practice services. The ATCA Board continues in its efforts to have input into policy making at a Commonwealth and State level through formal representation on Reference Groups but also through Board member representation on State and National peak bodies.

Through the efforts of Lynne Magor-Blatch our Executive Officer, the ATCA has lodged submissions to Government in relation to the Non-government Treatment Grants Program and the evaluation of the National Drug Strategy.

In July last year Janice Jones resigned from the position of Secretariat due to the uncertainty of future funding at the time. Fortunately we were able to secure new funding, albeit so far it has only been for six months at a time. Lynne Magor-Blatch volunteered to step down from the ATCA Board and to take up the Secretariat role as a temporary measure until the funding was resolved. Fifteen months later Lynne is still in that position. I would like to acknowledge the extraordinary efforts of Lynne over this time. She has been quick to respond to challenges, supportive of the Board in its business and tireless in her energy and commitment to promoting the sector and the work of ATCA. It was only fitting that her contribution to the Therapeutic Community movement over the last 35 years was recognized at the annual National Drug and Alcohol Awards when she was inducted to the Honour Roll. Garth Popple, an ATCA Board member and CEO of We Help Ourselves, was the recipient of the Prime Ministers Award for his contribution to the sector, in particular the Therapeutic Community movement.

The last twelve months has seen our membership increase to 37 Full, Provisional and Affiliate Members, who are between them providing 67 Therapeutic Communities in Australia and New Zealand. TCs now have a presence in prisons in Australia and New Zealand, in Aboriginal communities across the country and in the provision of services dedicated to other special populations.

This year we have tried something different – replacing this year’s Annual Conference with a Training and Research Symposium. This recognised the fact that September to December had become something of the “Conference Season” with many events taking place at this time. However, we are bound by the Constitution to hold an AGM in September/October – hence the development of the Symposium. The Conference has been moved to the start of the year, when there were fewer calendar clashes and in 2011 this will take place in Perth, with **TCs Today - No Closed Doors** from 30<sup>th</sup> May to 3<sup>rd</sup> June - so start planning now. We welcome your feedback on these changes in planning future conferences and symposia.

In closing I would like to acknowledge with appreciation the support of the ATCA Board over the last year, the last two years have been very busy with the round of community consultations across the country and then the roll out of the Standards to members. Juggling this voluntary position along with the demands of managing a TC can be difficult and yet all Board members have been active contributors during the year pursuing the interests of membership.

In closing I would like to acknowledge with sadness the resignation of Stuart Anderson, our New Zealand representative. Stuart has been a stalwart of the Board, bringing a sense of humour tempered (at times) by his passion for Therapeutic Communities and his commitment to seeing the integrity of the model maintained and perpetuated. Stuart is heading off in a new direction in life and on behalf of the Board; I wish him all the very best and the greatest of success. So if you are driving to Rotorua from Auckland call in to the **MiHi Café & Food Store**, 4089 State Highway 5, RD 2 Reporoa, New Zealand, and I am sure that Stuart and Jan will welcome you.

Barry Evans  
Chairperson  
Australasian Therapeutic Communities Association



## **Executive Officer's Report**

### **Lynne Magor-Blatch**

The 2009-2010 period has been one of continued growth and development for the ATCA, with membership once more increasing as we have included Group, Full, Provisional, Affiliate and Individual categories under the ATCA banner. Our members are now operating 67 therapeutic communities across Australia and New Zealand, with 12 of these in Correctional settings. We have also welcomed programs established under the Aboriginal Hostels Ltd as members of the ATCA and have commenced working in support of others as they transition to therapeutic communities.

As an organisation we want to express our thanks to the Australian Government, and particularly to the Drug Strategy Branch, for maintaining funding support throughout this period. Thanks also to the AER Foundation for funding into the Standards Project and attendance at the NIDAC Conference, where Carol Daws and I were able to present on behalf of the ATCA.

However, while this has been a period of growth, we have also continued to struggle with delays and uncertainty about funding, which in turn influences what we are able to do as an Association.

### **2009 Conference**

ATCA's 2009 Conference in Canberra: "TCs: Getting Better all the time –Partnerships, Practice and Collaboration" was a tremendous success, with 250 people from across Australia and New Zealand attending over the four days. Keynote speakers Lauren Porter, Christine King, Joel Porter and Bob Jacobs were sometimes challenging as they tackled a range of issues including addiction and intimacy, attachment, cultural learning circles and mental health diagnoses of young people.

The conference included a variety of workshops and presentations and the final performances by the Canberra Recovery Service choir and Karralika's "Neg Contract" rock band, which included a rendition of "Goin' to Rehab", brought the conference to an emotional ending. There were few dry eyes in the audience, especially when the Karralika singers spontaneously brought their own experiences of recovery to the audience.

### **ATCA Board**

Due to uncertainty around funding, the ATCA Board was not able to travel and meet interstate as extensively as during 2008-2009, when the AERF-funded Governance Grant had been available to undertake wider consultation with the membership and the community. In February the Board met in Canberra, where a community consultation was held at Karralika. This attracted more than 30 attendees and gave the Board the opportunity to meet with community members and Government officials. In April the Board travelled to Hobart, where a community consultation and meeting with the Tasmanian Alcohol and Drug Service took place. In June the Board met in Brisbane, and this was followed by attendance at the National Drug and Alcohol Awards dinner.

The Board's main work over this year has been the roll-out of the Standards, with an ambitious training calendar across Australia. The Board has also taken part in a number of consultations, providing submissions to the review of the National Drug Strategy and the NGO Treatment Grants Program. We also provided input through consultation with PriceWaterhouseCoopers (PWC) into the review of the Ministerial Council on Drug Strategy (MCDS) and its related committees, including the Intergovernmental Committee on Drugs (IGCD).

Board members have appeared on television; we have done talk-back radio and appeared in the press through publication of opinion pieces. We are getting the message out there about the value of therapeutic communities and the excellent work being undertaken by our members.

### **The National Drug and Alcohol Clinical Care and Prevention (DA-CCP) Modelling Project**

In November 2009, the Ministerial Council on Drug Strategy endorsed a two-year project to develop a nationally agreed population-based planning model to estimate the need and demand for alcohol and other drug health services across Australia.

The overall aim of the project is to arrive at a nationally agreed AOD health services planning mode which will incorporate evidence and expert advice in the development of a framework for jurisdictions to estimate the need and demand for AOD health services. The modelling will follow the standard population health approach of including all ages and the whole spectrum of services from prevention and early intervention to the most intensive forms of care. As far as possible the standard "Australian" model will include principles and parameters for adapting it to the populations and service structures of individual jurisdictions in a transparent and agreed way, but further modification and use of the model is for each jurisdiction to determine.

The IGCD has overall responsibility for the project, reporting to the MCDS. The NSW Department of Health is the lead agency for the project and the Department's Mental Health and Drug and Alcohol Office (MHDAO) Project Team is responsible for providing secretariat support to committees, for assembling the model, and for producing a technical report and spreadsheets that perform the population-based calculations. Modelling work that the MHDAO Project Team has undertaken since 2000 will inform this development.

The Project Steering Committee is made up of health officials appointed by the State, Territory and Commonwealth representatives on the IGCD. The Project Steering Committee Chair is David McGrath, Director, Mental Health and Drug and Alcohol Office, NSW Department of Health.

A Project Expert Reference Group (ERG), determined by the Steering Committee, is providing advice on all matters related to components of the modelling. The ERG includes nominees from all State and Territory health jurisdictions, the Commonwealth Department of Health and Ageing, the Australian National Council on Drugs (ANCD), represented by Garth Popple, the Alcohol and Other Drugs Council of Australia (ADCA) and the Australasian Chapter of Addiction Medicine. I am pleased to be involved in the ERG to represent the ATCA and our members.

The Chair of the ERG is Associate Professor Alison Ritter, Director of the Drug Policy Modelling Program at the National Drug and Alcohol Research Centre. While the membership of the ERG is limited, it is the expectation that members will form their own consultation processes within their stakeholder base. Information is therefore regularly provided to the ATCA membership through newsletters and emails. After a combined meeting of the Project Steering Committee, ERG and Project Team in Sydney on 21 April 2010, the ERG has again met in June and in September and a two-day meeting is planned for November. A final report will be presented to MCDS in 2012.

The inclusion of the ATCA in this process is, we believe, vital to the provision of information to the IGCD in the development of a model which adequately addresses the considerable treatment needs of the 10,000 people who annually access TC services. We have lead the discussion in the development of care packages for residential services, and included in the proposal consideration of a broad range of services. The challenge for the group is to gain an understanding of the 24 hour therapeutic environment which makes up the therapeutic community, while at the same time giving adequate consideration to the particular needs of our client groups – including adults, young people, women and families with children, people with co-occurring disorders, programs which include pharmacotherapies, Aboriginal and Torres Strait Islander communities and the extended families of our residents.

Finally, my special thanks to Barry Evans who, as Chair of the ATCA Board of Directors, has provided tremendous guidance and leadership over the past year. Thank you also to the Executive of Gerard Byrne (Treasurer), Garth Popple (Deputy Chair) and Stuart Anderson (Secretary) and Directors, Eric Allan (Public Officer), Carol Daws, Mitchell Giles and James Pitts for supporting me in this role over the past year, which was of course just meant to be a short-term measure for a few months. Thank you to the membership for your ongoing encouragement.



## Treasurer's Report

### Gerard Byrne

It is my pleasure to present to the membership of the Australasian Therapeutic Communities Association the Annual Treasurer's report for the financial year 2009 – 2010.

As the Peak Body for Therapeutic Communities in the Australasian Region, the ATCA is an international professional body. It operates to support its members to implement and maintain an identifiable method of residential treatment, namely the therapeutic community. It is mainly concerned with quality of practice, ethics and standards for Therapeutic Community service delivery.

The Constitution of Association states, in Clause 9.3; Sub-clause (b): *Subject to the requirements of the Act, the ordinary business of the annual general meeting shall be: ...to receive from the Board reports upon the transactions of the Association during the last preceding financial year.*

In compliance with this Clause and Sub-clause I present the 2009 – 2010 Annual Audit Report.

Due to some reduction in overall funding, including project funds, the Association's financial position at the end of the 2009-2010 financial year is reduced from the previous year. Nevertheless, the final picture is a positive one for the organisation, and is reflective of the restraint and good management provided by the Board of Directors.

The Association currently has cash assets of \$90,649 without liability or unexpended grants monies, placing the Association in a solid financial position.

The Association's Executive Officer, Lynne Magor-Blatch, is to be congratulated for her efforts in relation to these, and other, key outcomes.

Conference income increased from \$48,572 for conference held in the 2008 – 2009 financial year to \$68,873 for the conference held in the 2009 – 2010 financial year.

The Association was again fortunate during the 2009-2010 period to receive further extensions to funding from the Commonwealth Department of Health and Ageing for the ATCA Secretariat; taking the Secretariat to the end of December 2010, with optimism of continued funding into 2011.

The need for continued funding to support the work of the ATCA Secretariat is vital to ensure the Secretariat's ability to continue to an increasing membership and to continue to provide support for those residential service providers wishing to embrace the TC treatment modality.

During the 2008-2009 reporting period, the Association secured funding for the development of the Australasian Therapeutic Communities Standards and Training package project. This funding was granted by the Commonwealth Department of Health and Ageing (DoHA) Drug Strategy Branch and the subsequent launch of the Standards took place in Canberra in September 2009. Since that time the Board has undertaken to develop a number of training workshops across Australia and New Zealand, which have been supported in part by the Alcohol Education and Rehabilitation Foundation (AERF). In the new financial period, the Board has received a small amount of funding from the Drug Strategy Branch to employ a Project Officer to assist in taking the Standards through an accreditation process.

With the continued rollout of the Standards Project, It is particularly exciting to see therapeutic communities for Aboriginal and Torres Strait Islander peoples becoming members of the ATCA and we would particularly like to

acknowledge the support of OATSIH as these agencies begin the process of quality assurance through the Therapeutic Communities Standards.

As Treasurer I would like to extend on behalf of the ATCA membership and Board of Directors the Association's thanks for the ongoing support provided by the Commonwealth Department of Health and Ageing Drug Strategy Branch.

I would also like to thank the AERF for its financial support of the Association over the past year. The AERF providing funding to assist our attendance at the 2009 NIDAC Conference and to continue the rollout of the Standards, particularly through support to the New Zealand Workshop.

I would also like to extend on behalf of the Association our thanks to ACT Health for their support of the 2009 Conference.

The increase in the membership base has added to the income stream of the Association and changes to the membership fee structure have also seen additional revenue from this source reflected in the 2009 – 2010 financial statements.

It should be noted that the association appointed a new auditor during the 2007 – 2008 financial year, James Douglas and Associates, they have continued to act as our Auditor in the 2009 – 2010 period, and I am happy to recommend their continued appointment in the coming financial year.

In closing I acknowledge the work of the Association's Executive officer Lynne Magor-Blatch for her tireless efforts on the many projects rolled out during the past year.

I also want to acknowledge the work and commitment of the Association's Board of Directors.

I would also mention Traci Martina for her support in the financial management of the Association.

Gerard Byrne  
Treasurer  
Australasian Therapeutic Communities Association



The 2009-2010 ATCA Board of Directors:  
(Back Row) Gerard Byrne, Lynne Magor-Blatch (EO), Eric Allan.  
(Middle Row) Mitchell Giles, Carol Daws, Barry Evans.  
(Front Row) James Pitts, Stuart Anderson, Garth Pople.



## **ATCA CONGRATULATES GARTH POPPLE**

The ATCA Board of Directors and members congratulate Garth Popple, who received the Prime Minister's Award at the National Drug and Alcohol Awards ceremony, held in Brisbane at the end of June.

Prime Minister, Hon. Julia Gillard, provided the following message in recognition of Garth's award.

"It gives me great pleasure to congratulate Mr Garth Popple as the worthy recipient of the 2010 Prime Minister's Award

for Excellence and Outstanding Contribution to Drug and Alcohol Endeavours.

Mr Popple has been working in the Alcohol and Other Drugs sector for the last 20 years and in the wider non-profit sector for almost 30 years. He is the Executive Director of We Help Ourselves which operates six residential Therapeutic Communities within NSW and Queensland. The Therapeutic Community movement has been the focus of Mr Popple's esteemed career.

In recognition of his tremendous service to the community, Mr Popple was appointed as an Honorary Fellow of the University of Western Sydney and recently, in 2007, he received a National Honour Roll Award for persons who have made a significant contribution, over a considerable time, to the Drug and Alcohol field. The presentation of this equally prestigious award tonight is a terrific opportunity to celebrate Mr Popple's remarkable contribution to the field.

While the non-government sector is crucial in this field, it is also vital that governments take a strong and active role in combating the harmful effects of substance abuse. The Australian Government's National Binge Drinking and National Drug Strategies include a range of measures to assist Australian communities and individuals to do just this and the extra \$50 million invested in binge drinking in this year's budget demonstrates our commitment to tackling these problems.

I thank Mr Popple on behalf of the Australian people for his tireless dedication and commitment to the field. I wish Mr Popple every success in his ongoing work helping Australia tackle this very important issue".

Garth's acceptance speech has been distributed via Update and media release, but it is important to highlight aspects of this, which particularly emphasised the place of Therapeutic Communities in the AOD sector.

"Tonight, from my point of view I am actually accepting this award on behalf of the Therapeutic Community (TC) movement, which has evolved and diversified over the past decade to provide tremendous treatment and support for people dealing with drug dependence within Australia & New Zealand.

Our TCs and the wider treatment sector truly are leaders in this field internationally. The Australian drug treatment sector is looked upon throughout the world as innovative and cutting edge but I don't believe we do anywhere near enough to promote and export this expertise, particular to Asia and the Pacific. I know this is a view shared by many of my colleagues and I hope this award will allow me to draw some attention in that area and hopefully make a difference".

Garth went on to focus on another group of concern to all TCs, "This group are the families of people with drug and alcohol and associated problems. I want to acknowledge the pain, powerlessness and suffering felt by some families and how we in the drug and alcohol sector need to work harder in ensuring families are also assisted - of

course this would be easier with additional funding and if we stay vigilant I am sure that will happen soon. We need to support organisations who are leading the way with this initiative such as Family Drug Support (FDS)”.

Over the next year, Garth is committed to using his award to promote the good work done in the treatment sector and to ensure that those who want and need assistance are able to receive it.



### **GOLD COAST DRUG COUNCIL – EXCELLENCE IN TREATMENT**

National Drug and Alcohol Awards ceremony also recognised the Gold Coast Drug Council with the Award under the Excellence in Treatment category, highlighting the variety of activities being undertaken by the organisation.

The Gold Coast Drug Council is the first Australian alcohol and other drugs agency to be certified for both AOD programs and mental health.

Over the past decade, research into drug and alcohol problems has shown that there are significant linkages between mental health issues and AOD use. Being dually accredited enables the program to engage clients in a holistic manner, increasing likelihood of treatment success.

The Mirikai Residential Program aims to help clients develop the skills and attitudes to make long-term changes towards an alcohol and drug free lifestyle. Like other TCs, Mirikai offers a staged program, which utilises peers, program stages and program structure, daily regimens, privileges, and sanctions in a “community as method” approach to achieving lasting behavioural change

Results from the OASIS program, the halfway house that Mirikai graduates enter following treatment, indicate that 76 per cent of clients are able to maintain or improve personal functioning skills, including the ability to manage crisis and prevent relapse, and that 65 per cent of OASIS clients were engaged in study, training or work.

### **LYNNE MAGOR-BLATCH: HONOUR ROLL INDUCTEE**



The ATCA also acknowledges Lynne Magor-Blatch, who is Executive Officer with the ATCA and Associate Professor at the University of Canberra, who was inducted into the Honour Roll at the Brisbane ceremony. She joins other TC members – Garth Popple, James Pitts and Barry Evans, who have all become members of the Honour Roll in recent years.

Lynne was acknowledged for contributing to the alcohol and drug field, and more particularly to the Therapeutic Community movement, for over thirty years. She has brought a wealth of experience to the sector, having worked in both England and Australia. Lynne is also the National Convener of the Australian Psychological Society’s Psychology and Substance Use Interest Group.

In accepting the award, Lynne stated that, “The journey from 1970s art teacher to this point has been quite amazing. I have been privileged to work with many wonderful people both in the UK and Australia over the past 36 years, and to have been a part of many miracles as thousands of lives have been changed. We know from research and experience that TCs work, and the “family” that makes up Therapeutic Communities is unique”.

Lynne stated she was humbled by the nomination and the letters of support from a number of people and by the fact that she now joins some inspirational people on the Honour Roll.



### **THE SALVATION ARMY RECEIVES VICE CHANCELLOR'S AWARD**

The recent flurry of awards was not restricted to the ceremony in Brisbane. In the weeks leading up to the National Drug and Alcohol Awards, the Salvation Army's Bridge Program, received the University of Wollongong Vice Chancellor's Award for Outstanding Achievement in Research Partnership.

The award recipients (pictured), Professor Frank Deane, Major David Pullen, ATCA Director, Gerard

Byrne and Dr Trevor Crowe, represent a partnership which has been established between the Illawarra Institute for Mental Health School of Psychology, University of Wollongong and The Salvation Army Recovery Services.

The research project provides The Salvation Army with research, evaluation and advice on its broad range of AOD services, including its Therapeutic Communities. It has helped to develop a culture of reflective and evidence based practice that has led to improved service delivery practices and outcomes.

One of the research areas is the measurement of change with a Therapeutic Community. This is undertaken utilising the Client Assessment Summary (CAS; Kressel, De Leon, Palij & Rubin, 1999) one of the first standardised measures specifically developed for measuring change with a TC.

The CAS is 14-items in length and assesses the developmental, behavioural and social aspects of change promoted within the TC philosophy.

Research into TC treatment outcomes is increasingly important to the ATCA and its members. All members are encouraged to enter into collaborative arrangements with universities and other research organisations to conduct research, including program evaluations, within their TC. As we continuously improve the quality of our services and incorporate evidence based practice within the TC, we need to be gathering the information and developing the evidence.

We know TCs work – but increasingly we need to be able to show the evidence. The ATCA Board of Directors encourages and supports all members to undertake these studies and congratulates the Salvation Army on its initiative with the University of Wollongong.

## REGIONAL REPORTS

### AUSTRALIAN CAPITAL TERRITORY

Prepared by Lynne Magor-Blatch

Members of the ATCA in the Australian Capital Territory are: the Alcohol and other Drug Foundation ACT (ADFACT), which manages the Karralika Therapeutic Community and the Solaris Therapeutic Community within the Alexander Maconochie Centre (AMC); Canberra Recovery Services Centre, which is part of the wider network of The Salvation Army Bridge Programs operating in A.C.T, Queensland and New South Wales; and the Ted Noffs Foundation's PALM Program.



The Canberra Recovery Service Choir at rehearsal.  
Photo courtesy Graham Tidy and The Canberra Times

### Sector update

#### Karralika

Karralika, together with the Canberra Recovery Service and Ted Noffs Foundation, were the organisers of the highly successful 2009 ATCA Conference, *TCs: Getting Better all the Time: Partnerships, Practice and Collaboration*. As part of the ATCA Conference, Karralika hosted site visits at the Family and Adult Programs, with two of the residents providing an emotional presentation of their experiences in the program. The Karralika band provided entertainment on the closing day of the conference and continues to develop and grow. The band was recently invited to perform at the ACT AOD Sector Conference Party, as part of Drug Action Week.

Karralika became one of the first ATCA members to commence the self-review process against the Australasian AOD Therapeutic Communities Standards, following the training workshop attended by staff in Sydney during June. So far this has been a very rewarding process, providing the opportunity for staff training as well as client participation. The peer review process is due to be completed during the coming year, in November 2010.

Karralika also hosted the ATCA Community Consultation and Seminar in February of this year. Once again, the residents worked very hard and enthusiastically to showcase their home and provide an amazing afternoon tea for those attending the Seminar.

#### NADA Project

ADFACT has been accepted to participate as part of the pilot group for the NGO Alcohol and Drug Information Management Project through the Network of Alcohol and Other Drug Agencies (NADA). The pilot implementation will allow the new system to be trialled and evaluated with a small group of agencies before wider rollout in 2011. The project focuses on building capacity of non government drug and alcohol treatment agencies to collect and use information on client treatment outcomes with a focus on drug and alcohol use, mental health, social circumstances and risk taking behaviour.

#### Child and Family Services

ADFACT was also successful in receiving further NADA funding to deliver "The Non-Government Mental Health and Drug and Alcohol Family and Carers Project". This project ran from July 2009 to June 2010, with funding provided by the NSW government to improve the integration of mental health and drug and alcohol services that support people with both mental health illness and substance use disorders. The project enabled the following:

- Appointment of a Family Support Case Manager to provide services for all ADFACT programs
- Counselling and support services for families, friends and carers
- Education on Mental Health and substance use disorders

- Facilitation of the Karralika Family and Friends Meeting each visiting day
- Regular liaison with other ADFACT programs to raise awareness of the Family Support Case Manager's role
- Training for ADFACT and other agency staff in facilitation of the Family Drug Support Stepping Stones Program
- Co-facilitation of DIRECTIONS ACT COMPASS Support group
- Memoranda of understanding and partnerships with Family Drug Support and DIRECTIONS ACT

Key findings and outcomes of the project included:

- The delivery of 31 family support and information groups were
- Receipt of 37 referrals from ADFACT programs
- The provision of 99 individual sessions face to face or telephone support
- Effective follow up of families and carers whose family member was no longer involved in an ADFACT program

In addition, families, friends and carers reported an improvement in understanding of substance use, mental health and harm reduction; increase in support which assisted in the development of coping strategies; improvement in relationships within families where a family member was in treatment; and increased knowledge and understanding of boundary setting and the development of self care strategies.

### **The Solaris Therapeutic Community**

The Solaris TC has been operational within the Alexander Maconochie Centre (ACT prison) since July 2009, during which time five resident intakes have taken place. Intake 4 is due to graduate on October 1<sup>st</sup> and Solaris will be admitting intake 6 during the same month. The program has received 67 applications for entry, and accepted 23 participants during the first year of operation.

Although Solaris is located in a self-contained cottage within the prison setting, it has not been segregated from other cottages which are also within the prison walls. In its first year of operation the following concerns were evident:

- TC Physical Location: currently exposed to ongoing negative influences from the general prison population, impacts on program integrity
- Protection Classification: Unable to safely accommodate protection prisoners wanting to access TC so they are excluded
- Current participants were being 'stood over' to assault protection prisoners should they be admitted to TC. Rather than do this they were prepared to leave TC
- Prisoners stated that they felt unsafe and so withdrew their applications
- Prisoners were just not interested in addressing their offending behaviour
- Applicants were remandees or appellants
- Wrong Classification
- Needed to address other criminogenic programs prior to admission to TC

Solaris staff have been advised that permission had been granted for the TC to be moved over to the remand cottage on the Alexander Maconochie Centre (AMC) complex; which is well away from the sentenced area and was one of the areas on the program's 'wish list'. Quotes are currently being sought by ACT Corrective Services, to fence off the cottage from the remand cell block. This is wonderful news and of course will address the 1<sup>st</sup> four points listed above. It has always been the hope of Solaris and ADFACT that a safe secure environment could be provided for the TC participants and this will now be a reality.

The successful co-management between ACT Corrective Services and ADFACT has provided a model for how Government and non-government service providers can work together for the benefits of clients – not just in close partnership, but in this case, as part of the same team.

Funding for Solaris TC is due to expire in June 2011, and ADFACT is in the process of applying to the Deputy Chief Minister for ongoing recurrent funding.

### **Canberra Recovery Service**

Canberra Recovery Services Centre has focused its energy over the last twelve months on 'building community', accessing outside support services, engaging in a wide range of social activities and developing the gifts and talents of the participants in the program.

The CRS Choir has been singing for almost two years. Having celebrated its debut performance at the ATCA conference last year, the choir has gone on to sing at Christmas Carols in the Park, various aged care residential facilities, and most recently at the opening of Drug Action Week at the ACT Legislative Assembly. At the same time, a participant-initiated and organised Band has developed, currently involving a lead guitar, bass, drums, keyboard and singers. The Band plays spontaneously at milestone celebrations and some members have joined the local Salvation Army Church band. The remarkable thing about the band is that the members themselves encourage anyone to have a go and support them in doing so and yet retaining an excellent musical style!

CRS has also developed a program of visits to the Alexander Maconochie Centre to support the Assessment process of Prisoners seeking admission to rehabilitation. CRS is a member of the Peak Body - Alcohol, Tobacco and other Drugs Association (ATODA) and the Executive Director's Group, with CRS the nominated representative on the ED's group to the Evaluation Advisory Group for the Evaluation of Drug Policies and Services at the AMC.

### **Ted Noffs Foundation (PALM)**

Ted Noffs has developed a data base called TED to increase the organisation's ability to gather statistics and conduct research into their programs. The data base has been brought online across the organisation. In the ACT Telstra installed fibre optic technology at the Watson site, enabling PALM ACT to be connected to the Sydney Head office server which also houses the data base. With the new system being rolled out to all PALM units, communication has been greatly enhanced through better connection between all parts of the organisation.

Video conferencing is also a fantastic by-product of the new system. This enables all parts of the organisation to be just a video conference call away from support from head office, and also makes meetings between head office and the different units easier to arrange and conduct.



### **WESTERN AUSTRALIA**

Prepared by Carol Daws

#### **TC members in the State**

Cyrenian House  
Palmerston Association  
Serenity Lodge

### **The Drug and Alcohol Office (DAO)**

Neil Guard has just returned to DAO after a period of about six months as Acting Mental Health Commissioner. Western Australia has become the first state to appoint a mental health commissioner with the idea of driving reform in the area of mental health. In his absence, Eric Dylan was the Acting Executive Director of DAO.

### **Comorbidity (ISI Project)**

The ISI project is now nearing the end of the 3 year term with the possibility of extension in some form. The ISI worker for the Residential Consortium Charl Van Wyck has returned to the project after an absence of about 10 months. Mandy Kiely covered the role in his absence. Consumers have continued to gain benefit from changes to policy, practice, workforce development and improved working relationships between AOD and Mental Health services as a result of the ISI project. The ISI project also has a number of consortia in WA including the Non-

Residential AOD sector. It is apparent that the Federal Government will continue to support this project post the 3 year contract.

### **Palmerston**

Palmerston Association started the financial year experiencing significant leadership change. At the beginning of the year, Sheila McHale started as CEO and then a few months later, tragically the Chairman of the Palmerston Board died very suddenly. The role of chairman was taken up very ably by the deputy Chair Julie Wager, a judge of the District Court and the first magistrate of the Drug Court.

Palmerston has had a very productive year developing its vocational training program for its residents, providing access to further study opportunities in horticulture and business studies. This program has seen all the TC residents exposed to varying learning options and has added to their long term prospects of recovery.

Another exciting opportunity has been a partnership through the Prime Minister's stimulus package with a local TAFE college to build three new facilities for the Farm. This building program will add to the overall quality of the TC.

Staff from Palmerston have been engaged in considering the application of the ATCA standards to its TC.

### **Serenity Lodge**

Over these past twelve months, Serenity Lodge has developed its program to that of a Therapeutic Community and in doing so it has highlighted the need for our clientele to have access to transitional housing. We are also acutely aware that the Department of Housing waitlist seems to be ever increasing in both length of time for client access and the number of clients on the list.

Phase One aims to fill this gap by assisting our clients step from treatment to community re-integration is to offer them supported accommodation on our premises, prior to re locating them into the community. This phase seeks to build and furnish one six bedroom two bathroom on our existing property.

Another approach for Serenity Lodge to be able to assist with the housing crisis, we are would seek to purchase several properties off site to also serve as a transitional housing location. The property would be located proximal to our current location and the rent income generated by the tenants will fund any additional workers needed to facilitate the housing.

Transitional housing will be designed to facilitate the successful transition of residents from the confines of the Serenity Lodge program back into the larger community. The transition from a residential treatment centre is a particularly challenging time even for residents that have worked extremely hard to improve their life circumstances. Many residents find that although they have made substantial inroads into combating their battle with addiction and the underlying reason for resorting to drugs and alcohol in the first place, their practical life circumstances may still be just as bleak as they were prior to entering recovery. For many they have little in the way of finances or assets, no accommodation and often little or no marketable skills.

### **Cyrenian House**

The TC has nominated to be one of the first TCs in Australasia to complete the ATCA TC Standards Quality Improvement packages. This Standards Framework enables the TC to measure itself in 8 domains against a sector agreed set of standards relating particularly to the Community as Method treatment model. Upon completion of the package and Peer Review in November 2010 the TC will provide feedback to the ATCA about the process and any improvements that can be made to the package.

Whilst the actual review process is somewhat onerous, requiring significant staff time and commitment, the opportunities for improvement are immense particularly in the areas of improved service delivery, fidelity to the Community as Method treatment model and consumer participation.

The Improved Services Initiative is a federally funded project aimed at improving the capacity of the NGO AOD sector to better meet the needs of consumers with mental health and AOD issues. The project continues to enable the TC to identify knowledge gaps and training needs, backed up by the resources to meet those needs. The funding of video conferencing equipment has enabled staff to access training that would ordinarily have been unavailable or too resource intensive to provide through the usual channels. The project has also informed practice from a policy and procedure perspective and enabled the TC to improve services to consumers with co-occurring AOD and mental health issues.

Building works for the six new chalets for the Saranna women and children's program have been completed. Increasing the capacity of Saranna Women and Children's Program from eight to fourteen families.

Once again, improvements to the property and environs have been ongoing throughout the year and have added to the aesthetics and community feeling on the property. Residents and staff have all had input into the improvements. Hard landscaping, mulching and planting of native plants, additional emergency signage, fire breaks, and a new mains power board are some of the improvements made over the last 12 months.

An Energy Audit funded by WACOSS resulted in the provision of a small grant to provide insulation to the crèche and two adjoining chalets. The audit was a comprehensive review of the entire property and the resulting detailed report will provide useful information in the coming years to help us reduce energy consumption.

A property maintenance and management consultant has been retained to assist with the planning and implementation of organized systems around routine maintenance and emergency repairs. This will provide a platform for a more planned and systematic approach to overall property matters.

On the second anniversary of the apology to the Stolen Generations the TC held a community event where a Welcome to country was conducted, a group was held to provide education to the community about the Apology and Aboriginal people from inside and outside the community came to share their stories of being part of the stolen generations (big thanks to Paul Parfitt and Cliff Collard from DAO). A lunch prepared by Aboriginal residents and staff was then shared by the whole community. Feedback from Aboriginal and non Aboriginal staff and residents confirmed this event as a valuable exercise in reconciliation, fostering understanding and providing a forum for respectful exploration of the issues for Aboriginal people in the context of the impact of colonisation.



## **VICTORIA**

Prepared by Eric Allan, with program reports from David Murray (YSAS) and Keith Edwards (Windana).

### **TC members in the state**

Odyssey House Victoria  
Windana  
"Biribi" Youth Substance Abuse Service  
The Basin Recovery Centre (Salvation Army)

## **Sector update**

The review of the Drug and Alcohol sector in Victoria noted in last year's report is now underway. We look forward to the outcome of this review and are hopeful that all parties at the upcoming state election will recognise and make new commitments to the sector that serves the people of Victoria as well as it does.

### **Update on Government initiatives/issues**

We are yet to see any major changes in the administration of the drug treatment services sector since the formation of the mental health and drugs division. The sector review mentioned above, along with initiatives led by Sam Biondo and the Board and Staff at VAADA should all help in informing the sector review. The State Government is supporting and encouraging the whole sector to become competent in working with dual diagnosed clients.

### **New initiatives or programs**

#### **YSAS**

Birribi is a 15 bed residential rehabilitation program for young people aged 16-20. While the primary focus is on young people with alcohol and drug problems, like all YSAS programs Birribi finds itself dealing with young people with multiple and complex needs. These needs usually relate to mental health, homelessness, family conflict, involvement with the justice system and disconnection from education and employment. Fifty young people accessed Birribi last year with average stays of 3-4 months.



#### **Koori Youth Alcohol and Drug Healing Service**

YSAS in partnership with Ngwala Willumbong has established an interim 6 bed program at Bittern in the Westernport area of Victoria. It is a Statewide service with Aboriginal young people from all over Victoria accessing the program. A permanent 12 bed facility is currently being constructed in Hastings with an anticipated completion date of February 2011. YSAS will hand over the management of the service to Ngwala at the time of the opening of the new facility.

#### **Windana**

It has been another fast paced and exciting year at Windana. In this period the program successfully underwent the 2<sup>nd</sup> quality review against the QIC standards and has now developed a continuous quality improvement plan for 2010 – 13. The quality plan places an emphasis on establishing family work and sustaining the advances made in working with people who have a dual diagnosis across the whole of Windana.

Following an external review that commenced in 2008 a plan was developed for the introduction of a revised program for the TC. This has resulted in the introduction of a three phase 16 week program. Whilst incorporating the principles of a TC, the introduction of learning theory based psycho-educational groups and co-facilitated group therapy sessions are the core of the new approach.

The TC structure has been enhanced with new processes for progress reviews, integrating knowledge themes through the phases, more effective handover between Windana's adult community residential drug withdrawal unit and greater involvement of Windana Family Services.

During this time the staffing model in the residential facilities was also reviewed and some significant changes took place. The role of Case Worker was introduced across residential programs. Staff in these positions are qualified to at least Diploma level and they work regular hours between 7am and 7pm Monday to Friday. This has improved the ratio of staff to clients during 'program time'. It also allows increased liaison and collaboration with community agencies assisting the clients to access much need resources for treatment planning. Windana was fortunate to

appoint Bruce Brown as the manager of the TC in June 2009. Bruce had previously established a prison based TC program and out-patient Day Program in Christchurch, New Zealand.

New teams of support workers were established for running the TC on weekends and they have put considerable effort into creating a weekend program that includes music sessions and excursions.

Windana has embraced the Government's drive to make AOD treatment competent in dual diagnosis service provision. It has been known for some time that a large percentage of residents present with significant mental health as well as substance use issues. The remodelled program has a significant emphasis on the development of skills and strategies for living a life that acknowledges both mental health and AOD challenges and both are highlighted throughout the program. Staff have had the opportunity to undergo training in CBT, Acceptance and Commitment Therapy (ACT), Recovery Based Mental Health and therapeutic group facilitation.

The TC principles of 'life lived in community' were enhanced by bringing meals back to the community setting. The employment of a professional kitchen coordinator has allowed the program to create learning opportunities for residents to develop skills in food preparation, budgeting, and healthy eating.

Greater emphasis has been placed on residents' health with the prioritising of nursing and naturopathic services. Individualised health planning and Health education are now provided to the community and greater continuity of care exists for clients as they transition to other services.

Our next year will be focused on implementing, revising and adjusting our model and we look forward to the satisfaction and inevitable challenges this will involve.

### **Odyssey House Victoria**

Odyssey House, like other services in the sector, has undertaken a re-structure of its TC in Lower Plenty.

Odyssey House Victoria remains committed to delivering credible treatment experiences to the clients.

As most people would know, Odyssey House Victoria has been delivering services to families for some 30 Year. In 2002 the first of a grand vision of a community for families was built at the Lower Plenty site. The program is now adding to this work with an additional two units and community centre funded by the Federal Government's stimulus package. Construction of the new family units has begun with the pouring of the concrete foundations and the construction of the foundation brick walls, and all are excited to see the progress to date. Upon completion of this project Odyssey House will have family Units and a community centre for up to eight families undertaking TC treatment.

The Circuit Breaker program at Benalla has once again exceeded expectations in the delivery of a service to rural Victorians that brings hope back into the lives of the residents, their families and the community.



## **SOUTH AUSTRALIA**

There are two ATCA members in South Australia: Kuitpo Community and The Woolshed.

### **UnitingCare Wesley Adelaide, Kuitpo Community Prepared by Sarah Watson (pictured)**

#### **Kuitpo Community**

Over the 09/10 period, Kuitpo has undergone some significant structural changes to both its Mainstream and Family Programs with the assistance of the *Amphetamine Type Stimulants Grant* from the Department of Health and Ageing. Completion times were pushed back due to both poor weather and council delays.

Construction and completion of the multifunction sports complex has enabled the program to expand its service provision capabilities to include another level of an organised physical health program for its residents. This has comprised 2 main areas:

1. Kuitpo Community has engaged a fitness instructor from *Step Into Life* to conduct fortnightly group fitness training session for the residents and these training sessions are undertaken on the new complex. New sporting equipment has also been purchased so residents are able to play soccer, basketball, netball, cricket etc on the new court on weekends and after hours. Two staff members have also been trained in Level 1 Sports Training.
2. Kuitpo Community and The Woolshed have participated in a number of friendly but very competitive soccer matches. Although The Woolshed "Warriors" have defeated the Kuitpo "Kangas" on all occasions, both programs are looking forward to continuing this relationship in the future. This partnership has also included and been supported by ReLink Australia and a volunteer coach/umpire.

Kuitpo Community's Family Program's child care centre has benefited from the ATS grant with new playground equipment, sun and weather shade, child safe fencing and other play equipment. This has made significant improvements for the children in Kuitpo's care as time for outside play and subsequent development of their gross motor skills is not dictated by weather conditions.

#### **The Woolshed**

##### **Report prepared by Kirsty Mudge, Manager, Stakeholder Engagement**

The Woolshed is a country-based therapeutic community for men and women with alcohol and other drug- related problems operated by Drug and Alcohol Services South Australia.

2008-09 was the first year of operation of three halfway houses used to support residents who have successfully completed their three to six month program at The Woolshed. These halfway houses are part of a clearly structured twelve month program of step-down care from acute inpatient care which prepares clients for reintegration into the community whilst still in a supportive and manageable environment.

On 31 May 2010 - World No Tobacco Day - the Woolshed Therapeutic Community became the first South Australian rehabilitation program to become smoke free and embrace a smoke-free culture.

Residents and staff worked together to transition the environment from one where social gathering around smoking was accepted to an environment that recognised the health benefits of quitting tobacco use and replacing smoking with healthy activity-based social alternatives.

Residents recommended smoking alternatives such as provision of recreational activities, some of which DASSA funded. Activities such as air hockey and Wii Fit Sports have engaged residents in tobacco free activities who would have in the past spent their break time outside smoking.

Smoking cessation education and engaging with supports such as Quit counsellors were strategies used from the onset. In the months leading up to going smoke free, nicotine replacement therapy was made available to residents who wanted to begin the quit process before the 31 May deadline.

### **NGO Sector Update**

Kuitpo Community's involvement in the Federal Governments' Improved Services Initiative for Comorbidity has continued throughout the 09/10 period. This has seen a lot of focus on quality improvement and best practice models being rolled out through South Australia. The development of the AOD NGO sector has also seen an increase in the training of many staff in both mental health and AOD areas throughout the sector. The development and implementation of new policies, procedures and reporting requirements has also meant that there is an additional level of administrative tasks for staff and service managers to undertake.

Through this initiative the sector's peak body, South Australian Network of Drug and Alcohol Services (SANDAS), has coordinated the project officer's meetings and partnerships and communication between services in the sector are probably at an all time high.

South Australia is looking forward to hosting the *National Improved Services Forum* in October. The National Centre for Education and Training on Addiction (NCETA) and SANDAS are coordinating this invitation only event. A number of South Australian services will be presenting at this event.



### **QUEENSLAND**

Prepared by Mitchell Giles

Members of the ATCA in Queensland are: Fresh Hope, Gold Coast Drug Council – Mirikai, Goldbridge, Logan House – ADFQ, The Salvation Army (Moonyah, Fairhaven and Townsville Recovery Services), WHOS Najara, Teen Challenge

Much of what merits comment within these pages from a Queensland context comes from a number of the TCs.

**The Queensland Drug and Alcohol Council** operating under the auspice of the Gold Coast Drug Council (Mirikai) won a tender to provide a 20 bed therapeutic community, located in the Cairns region (far north Queensland), to provide services to Aboriginal and Torres Strait Islanders. This project is to span several years and once the TC has been "established" (staff trained and accreditation gained) the TC will transition to the control of the local community. Mary Alcorn is leading this initiative.

**Goldbridge** under the sustained guidance of Charlie Blatch continues to search for an appropriate site to relocate its residential services while at the same time it has completed facility refurbishments funded with the assistance of Queensland Health (a number of TCs in Queensland received similar funding). While that search continues and in the meantime Goldbridge has relocated its outreach services to larger premises.

**Logan House** had a busy year in terms of program consolidation, successful accreditation under ICHA standards, the construction and commissioning of sewerage treatment plant and commencement of a communal dining room and a commercial kitchen. Each and all of the steps will assist Dave Warby (Manager) and Logan House as it has volunteered to be one of the early adopters of the ATCA standards through the peer review process.

**WHOS Najara** located on the Sunshine Coast recently celebrated its fifth anniversary, the occasion was marked with a day of festivities and in true TC spirit it was prepared and presented by the residents. Garth Popple flew up from HQ in Sydney to recognise the landmark with Trevor Hallowell (Program Manager), the staff, residents and guests, including representatives from Commonwealth and State Government, other TCs, many ex residents and supporters.

After a relocation caused by the building of the new Gold Coast Hospital, **The Salvation Army, Gold Coast Recovery Services – Fairhaven’s** new site is nearing completion of construction. This has been a two year process during which time Fairhaven has operated at reduced capacity. The TC will be located at Eagle Heights, Mt Tambourine in the Gold Coast hinterland, it is expected that it will become operational in early December 2010 and offer a 56 bed TC and an 11 bed detox service.

**The Salvation Army, Brisbane Recovery Services – Moonyah** has places for 86 people in its TC. Previously it provided services to men only, however on the first of December 2009 the Moonyah TC began admitting women to the Bridge Program; this initiative will go some way to easing the demand for women’s services. During the first week 12 women were admitted.

There are currently 12 places for women, with plans to expand the capacity to 20 places with a purpose built facility. Three of the women from the original intake have just graduated the Bridge Program over the last three weeks.

**The Salvation Army, Townsville Recovery Services (TRS)** is a TC that provides 38 places and also provides a range of services to people in the northern Queensland region, such as, Grace Cottage, an outclient AOD service for women currently has an active case load of 50 women.

Outreach is being undertaken in regional areas to facilitate access to services by people who are disadvantaged due to distance or lack of transport, indigenous communities, women, women with children and families of drug users are benefiting from this initiative. TRS is well advanced in the planning process for relocation and building of a new facility. With a range of diversion, outclient, indigenous and TC programs in place TRS is well placed to meet a diverse range of needs.

Finally, a recent development affecting TC s into the future within Queensland has been the decision of Queensland Health to move the administration of AOD “treatment services” under the Mental Health Directorate. The implications and consequences of this decision could only be speculated upon at this time.



## **NORTHERN TERRITORY**

Prepared by Kelvin Dargan

There are two ATCA members in the Northern Territory. The Foster Foundation for Drug Rehabilitation Inc operates Banyan House (pictured), as a long-term, 25 bed TC at Berrimah, Darwin. The Director is Kelvin Dargan. The other is Drug and Alcohol Services Association, Alice Springs Inc (DASA), which operates Aranda House, a 20 bed residential service in Alice Springs. Paul Finlay is the Director of DASA.

## **Co-morbidity Project**

Initially there were five predominantly Non-Government Organisation (NGO) Alcohol and Other Drugs (AOD) services in the territory funded under the improved service initiative to improve capacity for the management of co-occurring alcohol and other drug and mental health conditions. In Darwin a number of inter-sectorial meetings

have been held between Mental Health and NGO AOD agencies, with the aim of working towards a better model for integrated care (implementing a shared care model and training strategy).

During the development of this model it was suggested that a state wide initiative be formed and a working group based at Alice Springs to represent the Central Australian region was formed. The Alice-based group also held an AOD and Mental Health inter-sectorial meeting, where it became apparent that there was a very high level of understanding about the need for an integrated care strategy.

The two groups are developing different approaches to address the same issues but are working together to identify various referral points, service cross-over and gaps in service, as well as developing an up-to-date Service Mapping Directory. As a number of directories already exist, a group of workers has come together to create a web site that creates a virtual library containing all the directories in one place. Future development will include Mental Health and AOD agencies continuing to work on integrated care, including shared care frameworks, training strategies and interagency links, as well as issues that affect good case management, such as Cultural safety vs Cultural knowledge vs Cultural awareness.

### **Peak Body**

The need for an AOD peak body in the Northern Territory has been discussed for a number of years. In December 2008, representatives of the Top End and Central Australian AOD networks met to discuss the ongoing need for a representative body. The meeting identified many benefits that a peak body could provide to the AOD Sector. Discussions continued, and in March 2009, a working group was established. The working group currently consists of a number of representatives from a broad range of organisations from across the territory

During 2009, the working group, auspiced by NT Council of Social Services (NTCOSS), sought funding from the Northern Territory Health Minister. A small grant was provided at the end of 2009 to fund the development of a preferred AOD Peak Model. The requirements of the funding include:

- Identifying a preferred model;
- Identifying who would be involved in the peak body;
- Establishing initial agenda/works program (and funding opportunities) through stakeholder consultation;
- Developing a plan and timeframe for transition to independent operations.

Early in 2010, a project co-coordinator was appointed by NTCOSS to commence the work of developing a preferred model. Initial consultations were held with stakeholders in Darwin, Katherine, Tennant Creek and Alice Springs during May, June and July. A range of stakeholders was invited to a meeting in Darwin on the 18<sup>th</sup> and 19<sup>th</sup> August, to consider the functions, form and funding of a peak body. A number of findings and options discussed at that

meeting have been compiled into a discussion paper, which will be circulated to obtain additional consultation and input with the aim of having a final model developed by the beginning of December.

### **Alcohol Management Plan**

The Northern Territory Government recently announced a new plan to tackle alcohol abuse in the Territory, and on 1<sup>st</sup> September The Alcohol Management Plan was announced by Delia Lawrie, Minister for Alcohol Policy.

Alcohol consumption in the NT is the highest in the country and contributes to 60 per cent of all violent crime and 67 per cent of all domestic violence incidents across the Territory. Alcohol-related crime accounted for 59 per cent of all police work in 2008-09. Last year there were around 54,000 incidents of people being taken into protective custody by police and approximately 60,000 incidents of people also taken into sobering up shelters across the Territory, when you consider the population of the NT is about 220,000 that figure is staggering!

Ms Lawrie went on to say, "Our Government is saying, 'enough is enough,' and are taking tough action to turn off the tap to problem drinkers in our community who continually commit alcohol fuelled violence and crime.

The Alcohol Management Plan includes reforms that will provide consistency across the Territory and ensure bans on drinking and takeaway alcohol can be effective anywhere in the Territory.”

The new proposed reforms include:

- Banning problem drinkers from purchasing takeaway alcohol;
- Introducing mandatory rehabilitation treatment for problem drinkers;
- Rolling out a new Territory-wide Banned Drinker Register in all take away liquor outlets;
- Replacing the existing Alcohol Court with a Substance Misuse Assessment and Referral for Treatment (SMART) Court;
- Expanding and enhancing rehabilitation and treatment options for problem drinkers.

Mandating problem drinkers into treatment will have an obvious impact on residential AOD service providers. We are eagerly waiting for the new proposals to be passed through Parliament to see what resources and funding will be made available to cope with the extra demand likely to be placed upon our withdrawal and rehabilitation facilities.



## **NEW SOUTH WALES**

Prepared by Garth Popple & Gerard Byrne

### **TC members in the State**

Currently there are 11 member organisations in NSW operating 22 TCs across the State. They are The Buttery, Kamira Farm, The Lyndon Community, Namatjira Haven, Ngara Nura TC Long Bay Gaol, Odyssey House McGrath Foundation, The Peppers, The Salvation Army (operating at three sites: Recovery Services Centre, Central Coast Recovery Services (Selah Farm) and Blue Mountains Recovery Service (Hadleigh Lodge), Ted Noffs Foundation, WHOS (We Help Ourselves, operating at two sites: Rozelle and Hunter Valley) and Watershed D&A Recovery & Education Centre.



### **Issues for TCs and the AOD/Mental Health sector in the state**

NSW Health Department called for a review of the NGO sector last year and the findings have just been released. While there are good outcomes for NGOs, compliance and accountability protocols (while a good thing) will continue to keep us administratively busy.

ATCA members in NSW continue to promote and reinforce the value of the TC model of care to the State Government and Health Department.

### **National Reviews affecting NSW TCs**

Success Works has been contracted by the Department of Health and Ageing to conduct an Evaluation of the Non Government Organisation Treatment Grants Program (NGOTGP). The purpose of the evaluation is to assess the efficiency and effectiveness of the NGOTGP Program, identify future opportunities and risks; and recommend options for future approaches.

As part of their evaluation, they have met with NGOTGP treatment service providers across Australia to gather views about how the NGOTGP is operating and meeting the needs of the target groups. This review got off to an interesting start with dialogue and discussions had with Success Works and DOHA re acceptable parameters with member TC agencies. ATCA and individual TC provider s main concern was in regards to acceptable survey practices around clients in our care. On the most part this was resolved and the Evaluation Report is due by the 16<sup>th</sup> September 2010.

### **New initiatives or programs**

**WHOS** has completed its relocation of its city TC services onto one campus at the former Rozelle Hospital. WHOS extends a warm welcome to any member TCs wishing to undertake an agency visit.

WHOS' new TC - WHOS RTOD (Residential Treatment of Opioid Dependence) a modified TC whose treatment goal is stabilisation as opposed to the usual goal of abstinence, is providing a high demand service for its target group. WHOS will be independently evaluating this service over the coming year.

**Odyssey House NSW** has developed a MoU with 2 prominent Indigenous organisations, the Tharawal Aboriginal Corporation, located in the greater Macarthur area, and the Illawarra Aboriginal Medical Service located in Wollongong. The agreements are designed to enhance the cultural appropriateness of the interventions Odyssey offers for its Indigenous clients. One of the initiatives is Mingu Yabun group conducted by the staff at Tharawal and supported by Indigenous staff of Odyssey House who formed the Odyssey House Aboriginal Collective (OHAC).

**The Peppers Rehabilitation Centre Wagga Wagga** has undertaken a major renovation with the support of the Commonwealth Department of Health and Ageing. The renovation included; repainting, re-carpeting, air-conditioning, a new kitchen, and upgrades to the fire security systems.

In other news, Peppers has passed the second stage of accreditation, there has been an increase in demand for the Day Program, including transitional accommodation for clients exiting the residential program and clients waiting to enter the residential program, all are enrolled in the Day Program.

**The Salvation Army – Recovery Services**, in response to the ever increasing incidence of presentations of people with a mental health issue has implemented, with the assistance of a grant from the Commonwealth Department of Health and Ageing, a comprehensive training, screening and case planning process in all its therapeutic communities to better identify and provide integrated treatment for people with a dual diagnosis.

The Salvation Army has purchased the Dooralong Valley Resort and intends to re-locate the Lake Macquarie (Miracle Haven and Endeavour) and Central Coast (Selah) Recovery Services to this site. The development application is currently before Wyong Council.

**Namatjira Haven** is the most recent NSW member to join the ATCA. Namatjira Haven is an Alcohol and Drug Healing Centre, which provides residential programs for Aboriginal men requiring assistance in dealing with substance misuse, abuse and domestic violence issues. The centre currently is funded for 14 beds and is located on NSW North Coast 2.5kms from Alstonville.

Namatjira Haven has been given approval by OATSIH to apply for funding under its Establishing Quality Health Standards (EQHS) Program to participate in the ATCA pilot as an alternative to undergoing accreditation using the

QIC Health and Community Services Standards. The service has made an application for funding and should know the outcome by the end of 2010. Namatjira Haven plans to commence the self review process within the next few months and is aiming to have the external peer review around November 2011.

### **Quality Frameworks**

NGOs including our association member TCs made a major shift of our quality management service providers from QMS to ACHS (Australia Council of Health Standards). Early feedback is while it's a very thorough process, it may be too complex and work intensive for some Member TCs. For this reason ATCA is exploring accreditation opportunities in its own right.

On 30 June 2008, the Department of Health and Ageing provided funding to the Australasian Therapeutic Communities Association (ATCA) to develop *National Standards for Therapeutic Communities (AOD)* in Australia. At the time the project was seen as part of an overall development of national standards for alcohol and other drug agencies, and as such it fitted within a National Framework. ATCA's objective in undertaking this project has been to extend the work of the Better Practice Project which looked at the essential elements of a therapeutic community (2002) and to ensure that the integrity of the "Therapeutic Community" principle is maintained and demonstrated through the application of the Standards. In doing so the ATCA Board believes that TCs will continue to stand as a model of best practice in the treatment of substance misuse and co-occurring disorders.

The aim for ATCA was to develop a set of service standards which identified and described good practice and facilitated service evaluation within a quality framework ... a long held aim of the Association. Certification of the Standards is the medium term aim so that eventually they will be a viable alternative to current options.



## **TASMANIA**

Prepared by Stuart Smith

### **Introduction**

There is only one ATCA Member in Tasmania, and this is City Mission, specifically Missiondale Centre, which is a Provisional Member.

### **Sector update**

Issues for TCs and the AOD/Mental Health sector in the state -

The bridges between government and non-government services continue to lessen with the continued development of the sector. However to provide long term answers for people struggling with alcohol and drug issues we have a lot of work to do.

A lot of work in relation to working with clients who have both drug and alcohol and mental health issues continues, and while there are still a number of issues to work through, there is evidence that significant progress has made.

The state peak body, Alcohol Tobacco and Other Drugs Council of Tasmania, has had significant challenges and staff changes including Chief Executive Officer, policy officer and project officers.

The roll out of the Australasian Therapeutic Communities Association standards and the visit from the Australasian Therapeutic Communities Association Board to Tasmania have been and will continue to be vital support to organisations like Launceston City Mission as we develop out therapeutic community.

Launceston City Mission is currently reviewing the structure of the therapeutic community and plans to make some significant changes as of January 2011, including the timeframes for clients entering the program and their responsibilities to the community. A number of the proposed changes have come as a result of either the

Australasian Therapeutic Communities Association Standards or interaction with other communities. Missiondale has also increased its capacity from 26 to 37 beds.

### **Update on Government initiatives/issues**

Significant effort and focus has been on the implementation of the Future Directions - a plan for Tasmanian drug and alcohol services, including a review of Places of Safety. The Drug Dependency Act is about to be reviewed. The State Government has also advanced work in relation to working with the Tasmanian Aboriginal community.



## **NEW ZEALAND**

Prepared by Stuart Anderson

### **TC Members in New Zealand**

There are currently five member organisations in New Zealand, operating a total of 19 modified Therapeutic Communities, nine of which are in prison settings. They are: Higher Ground Drug Rehabilitation Trust (Adult and Pre-admission Programs), Odyssey House Trust Inc – Auckland (operating Youth, Adult, three Co-existing Disorder (AOD & MH) Programs and one prison-based TC), Odyssey House Trust – Christchurch (Adult and Youth programs), Moana House – Dunedin (Adult Program) and CareNZ (operating eight prison-based TCs).

### **New Initiatives or Programs**

Higher Ground has opened a new Pre-admission House (Haeata – Dawn House) staffed 24/7. This has been part of the Trust's ongoing plan to assist individuals accessing treatment and to access the corresponding retention rates of treatment.

Odyssey House Auckland is opening a Drug Treatment Unit in the beginning of October 2010, in Paremoremo Prison.

Moana House has been building alongside their current facility to accommodate the increase in service provision for their methamphetamine clients.



### **National Government**

The National Government has provided \$22 million to treat the Methamphetamine problem in New Zealand. This has seen the increase in provision of detoxification beds and residential Therapeutic Community beds within the AOD sector. This is part of the Government ongoing approach to "tackling methamphetamine". They deserve a big acknowledgement for funding this initiative. Referrals are made through the Alcohol Drug Helpline, or through Community Alcohol and Drug Services (CADS).

The contracts have been implemented directly through the Ministry of Health (MoH) and will eventually be administered by the various District Health Boards (DHBs) in New Zealand.

### **PRIMHED (PROGRAM FOR THE INTEGRATION OF MENTAL HEALTH DATA)**

This project is progressing well. A number of Therapeutic Communities are at the stage of being PRIMHED compliant. This is in relation to having an integrated approach to the national collection of mental health data. A number of NGOs have signed up with Wildbamboo, an NGO web-based recordbased system.

### **National Committee for Addiction Treatment (NCAT)**

NCAT continues to represent and profile a strong message for the AOD addiction treatment sector. NCAT is co-chaired by Robert Steenhuisen (CEO - CADS) and Chris Kalin (CEO – Odyssey Auckland). Recent material developed has focused on youth, justice and gambling.

On a personal note, I am stepping down as Director of the Higher Ground Trust. I would like to take this opportunity to introduce Johnny Dow, who has been appointed into the role of Director. Many people will know Johnny, as he has worked for the Trust for several years as the Clinical Manager and has presented regularly in

the role at ATCA's annual conferences. I wish him well in his ongoing journey with the Higher Ground Therapeutic Community and know he will be an asset to the Trust and the other TC's both in New Zealand and Australia.

Regards  
Stuart Anderson - Director  
Higher Ground Drug Rehabilitation Trust  
Secretary - Australasian Therapeutic Communities Association  
New Zealand Representative.



From left to right, some of the Trustees and staff at the opening of Haeata Pre-admission House on 13 April 2010:  
Bill Jordan, Paula Parsonage, Janet Colby, Antonia Fisher, Paul O'Sullivan, Paul Hodnett (Pre-Admission Co-ordinator – Haeata House), Kathy Mildon (Social Worker), Fiona Howard, Penny Hulse (Deputy Mayor – Waitakere City) and Stuart Anderson (Director, Higher Ground).

## **ATCA's VISION, MISSION & PURPOSE**

### **Vision**

To advance the Therapeutic Community model in Australasia through advocacy, research, capacity building and networking.

### **Mission**

Through community as method of treatment, we restore a sense of self, hope and belonging to people who enter our Therapeutic Communities.

### **Purpose**

- Advance the Therapeutic Communities Model in Australasia
- Advocate for recognition and funding for therapeutic communities in Australasia
- Encourage and support research into the Therapeutic Communities Model
- Encourage capacity building in therapeutic communities by organising and disseminating information about development and funding opportunities.
- Networking organisations and individuals interested in therapeutic communities.

## **ATCA MEMBERS 2009-2010**

### **FULL MEMBERS**

Banyan House - Foster Foundation  
The Buttery  
Cyrenian House  
Mirikai - Gold Coast Drug Council  
Goldbridge Rehabilitation Services  
Higher Ground Drug Rehabilitation Trust  
Kamira Farm  
Karralika - ADFACT  
The Lyndon Community  
Odyssey House McGrath Foundation  
Odyssey House Trust Christchurch  
Odyssey House Trust Inc. Auckland  
Odyssey House Victoria  
Palmerston Farm – The Palmerston Association  
The Peppers  
The Salvation Army Recovery Services Command  
Ted Noffs Foundation  
Kuitpo - UnitingCare Wesley Adelaide Inc.  
WHOS – (We Help Ourselves)  
The Windana Society  
Wollongong Crisis Centre  
The Woolshed  
YSAS Birribi  
Fresh Hope  
Logan House - ADFQ

### **PROVISIONAL MEMBERS**

Ngara Nura - Dept Corrections, Long Bay Gaol  
The Basin – The Salvation Army Victoria  
Care NZ  
Serenity Lodge  
Drug and Alcohol Services Association, Alice Springs (DASA)  
Launceston City Mission  
Namatjira Haven  
Moana House

### **AFFILIATE & INDIVIDUAL MEMBERS**

Teen Challenge Care Qld  
Caraniche, Victoria  
Robbie Ferris  
Marika Guggisberg

**Australasian Therapeutic Communities Association**  
Auditor's Report  
For the Year ended 30 June 2010

**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION**  
**Statement of Financial Position**  
**As at 30 June 2010**

	2010	2009
	\$	\$
Members Funds		
Unappropriated Profits	90,649	190,696
<b>Total Equity</b>	<b>90,649</b>	<b>190,696</b>
Represented by:		
<b>Current Assets</b>		
Cash on Hand	200	200
Deposits on Venue	5,000	4,545
Interest Bearing Deposits	21	19,544
Cash at Bank	81,277	53,567
Maxi - Management	54	41,034
Trade Debtors	1,064	102,564
Provision for GST	1,243	-
	88,859	221,454
<b>Non-Current Assets</b>		
Plant & Equipment	5,721	4,576
Less Accumulated Depreciation	3,931	3,202
	1,790	1,374
	1,790	1,374
<b>Total Assets</b>	<b>90,649</b>	<b>222,828</b>
<b>Current Liabilities</b>		
PAYG Withholding	-	3,676
Superannuation Payable	-	532
Deposit 09 Registration	-	21,036
Provision for GST	-	6,888
	-	32,132
<b>Total Liabilities</b>	<b>-</b>	<b>32,132</b>
<b>Net Assets</b>	<b>90,649</b>	<b>190,696</b>

*The accompanying notes form part of these financial statements.  
These financial statements have not been subject to audit or review and should be read in conjunction with the attached Compilation Report.*

**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION**

**Statement of Financial Performance**

**For the Year ended 30 June 2010**

	2010	2009
	\$	\$
<b>Revenue</b>		
Income		
Conference Income	-	48,577
Grants	-	71,000
Grants - Governance/Std Project	24,900	190,000
Other Income	5,087	603
Members Ducs	16,181	20,820
AERF	-	10,000
Display Fees	750	400
Workshops	5,764	21,893
09 Registration	68,873	-
Dept II & A	20,000	-
DoHA Secretariat	105,000	-
Interest Received		
- Other Corporations	368	7,412
	<u>246,923</u>	<u>370,705</u>
<b>Expenditure</b>		
Accountancy Fees	7,701	5,963
Advertising	7,938	2,831
Board Expenses		
- Board and Meeting Costs	8,779	22,779
- Directors Travel & Accom	25,849	22,412
- Per Diem	4,342	2,870
- Teleconferencing	96	136
Bank Charges	762	621
Conferences	39,643	2,800
Contractors/Consultant	117,809	97,000
Depreciation	729	729
Entertainment Expenses	4,775	1,500
Fringe Benefits Tax	-	2,727
Insurance	7,436	3,111
Motor Vehicle Expenses	-	197
Office Expenses	1,751	1,481
Per Diem	140	2,490
Postage	1,140	515
Printing & Stationery	5,752	2,327
Professional development	-	736
Salaries	3,689	78,560

*The accompanying notes form part of these financial statements.  
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conjunction with the attached Compilation Report.*

**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION**  
**Statement of Appropriations**  
**For the Year ended 30 June 2010**

	2010	2009
	\$	\$
Speaker	10,935	25,947
Subscriptions	136	427
Superannuation Contributions	1,981	7,897
Telephone	3,088	3,159
IT Expenses	6,870	247
Travelling & Accomodation	792	10,699
Venue	49,637	52,169
Workshop Expenses	35,200	19,348
	346,970	371,678
 <b>Loss before Income Tax</b>	<b>(100,047)</b>	<b>(973)</b>

*The accompanying notes form part of these financial statements.  
These financial statements have not been subject to audit or review and should be read in conjunction with the attached Compilation Report.*

**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION**  
**Statement of Appropriations**  
**For the Year ended 30 June 2010**

	2010 \$	2009 \$
Retained Profits - Beginning of Year	190,696	191,669
Loss before Income Tax	<u>100,047</u>	<u>(973)</u>
Income Tax Expense	<u>-</u>	<u>-</u>
<b>Unappropriated Profit at 30 June 2009</b>	<b><u>90,649</u></b>	<b><u>190,696</u></b>

*The accompanying notes form part of these financial statements.  
 These financial statements have not been subject to audit or review and should be read in  
 conjunction with the attached Compilation Report.*

**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION**  
**Notes to the Financial Statements**  
**For the Year ended 30th June 2010**

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**1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES**

This financial report is a special purpose financial report prepared for the members of the association.

The Committee of Management have determined that the Association is not a reporting entity and therefore, as there is no requirement to apply Accounting Standards and other mandatory professional reporting requirements in the preparation and presentation of this report, these have not been adopted in the preparation of the financial report except where otherwise disclosed.

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

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

The ongoing viability of the Association is dependent upon continued Member support and payment of annual subscriptions.

**Australasian Therapeutic Communities Association  
Statement of Financial Performance - Operation  
For the Year ended 30 June 2010**

	2010	2009
	\$	\$
<b>Revenue</b>		
Grant Standards Project	18,000	190,000
Grants Received	-	51,000
Member Contribution	6,900	-
Misc Income	4,010	-
Interest Received		
- Other Corporations	117	6,197
	29,027	247,197
<b>Expenditure</b>		
Accountancy Fees	6,257	5,763
Advertising	-	822
Bank Charges	153	2
Board Meetings	-	19,989
Conference	35,303	2,800
Consultant	61,182	97,000
Depreciation	729	729
Fringe Benefits Tax	-	2,727
Insurance	2,567	3,111
Motor Vehicle Expenses	-	197
Office Expenses	1,273	1,339
Per Diem	140	2,490
Postage	1,140	305
Printing & Stationery	2,061	1,168
Professional Development	-	736
Salaries	16,720	78,560
Subscriptions	136	136
Superannuation Contributions	1,981	7,897
Telephone	1,606	3,287
IT/Website	1,255	247
Travelling/Accommodation Expenses	792	10,495
Workshop Expenses	5,000	914
	138,295	240,714
<b>Loss before Income Tax</b>	<b>(109,268)</b>	<b>6,483</b>

*The accompanying notes form part of these financial statements.*

*These financial statements have not been subject to audit or review and should be read in conjunction with the attached Compilation Report.*

**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION**

**NOTES TO AND FORMING PART OF THE ACCOUNTS**

**FOR THE YEAR ENDED 30 JUNE 2010**

**NOTE 2: RECONCILIATION OF CASH**

For the purpose of the Statement of Cash Flows,  
Cash includes cash on hand and in banks and  
Investments in money instruments net of outstanding  
bank overdrafts.

Cash at the end of the year as shown in the statement  
Of cash flows is reconciled to the related items in  
the statement of financial position as follows:

Cash at Bank	81,277	53,567
Cash on Hand	200	200
Interest Bearing Deposits	21	19,544
Maxi Management	54	41,034
	<hr/>	<hr/>
	81,552	114,345
	=====	=====

**NOTE 3: RECONCILIATION OF NET CASH PROVIDED  
FROM OPERATING ACTIVITIES TO OPERATING  
PROFIT AFTER INCOME TAX**

Operating Profit /(Loss) after Income Tax	(100,047)	(973)
Depreciating	729	729
Increase in Creditors	(32,132)	24,648
{Increase}/Decrease in Receivables	101,500	(98,783)
Decrease in Deposits – venue hire	(455)	25,128
Increase in Provision for GST	(1,243)	-
Increase in Plant & Equipment	(1,145)	-
	<hr/>	<hr/>
Net cash provided by operating activities	(32,793)	(49,251)
	=====	=====

**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION  
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2010**

	Note	2010	2009
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from members		16,181	20,820
Operating grant receipts		24,900	261,000
Receipts – conferences and others		302,974	(17,310)
Payments to suppliers and employees		(377,216)	(321,173)
Interest received		368	7,412
		<hr/>	<hr/>
Net cash provided by operating activities	3	(32,793)	(49,251)
		=====	=====
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Net decrease in cash held		(32,793)	(49,251)
Cash at the beginning of the financial year		114,345	163,596
		<hr/>	<hr/>
Cash at the end of the financial year	2	81,552	114,345
		=====	=====

**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION**  
**Statement by Members of the Committee**

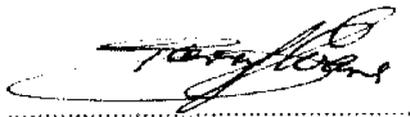
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The committee has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the committee as set out in the accompanying financial report;

1. Presents a true and fair view of the financial position of AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION as at 30 June 2010 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION will be able to pay its debts as and when they fall due.

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



.....  
President:



.....  
Treasurer:

Dated this *7th* day of *October* 2010

**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION**  
**Independent Audit Report**  
**to the Members of**  
**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION**

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**Report on the Financial Report**

We have audited the accompanying financial report, being a special purpose financial report, of AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION (the association), which comprises the balance sheet as at 30 June 2010, and the income statement, a summary of significant accounting policies, other explanatory notes and the statement by members of the committee.

Committee's Responsibility for the Financial Report

The committee of the association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the Associations Incorporation Act VIC. and are appropriate to meet the needs of the members. The committee's responsibilities also include establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report. The financial report has been prepared for distribution to members for the purpose of fulfilling the committee's financial reporting under the Associations Incorporation Act VIC. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than for which it was prepared.

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

**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION**  
**Independent Audit Report**  
**to the Members of**  
**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION**

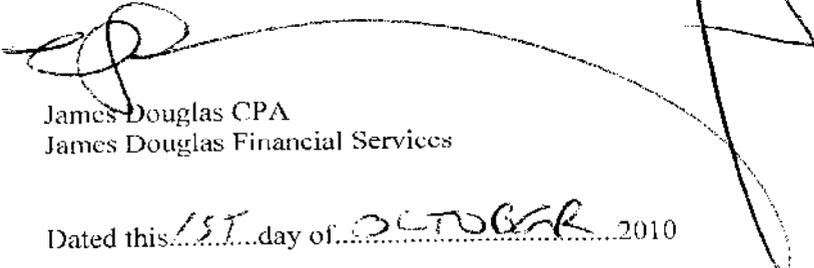
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Independence

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

Auditor's Opinion

In our opinion, the financial report of AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION presents a true and fair view, in all material respects the financial position of AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION as of 30 June 2010 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.



James Douglas CPA  
James Douglas Financial Services

Dated this 15<sup>th</sup> day of OCTOBER 2010

