



### **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.

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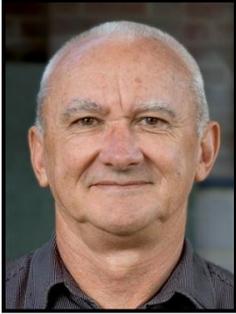


**Australian Government**  
**Department of Health and Ageing**

## Contents

Chair's Report	5
Executive Officer's Report	7
Project Officer's Report	10
Treasurer's Report	11
ATCA Conference Perth: June 2011	12
<b>Regional Reports</b>	
Australian Capital Territory	14
Western Australia	16
Victoria	18
Queensland	21
Northern Territory	23
New South Wales	24
Tasmania	28
South Australia	29
New Zealand	30
ATCA's Vision, Mission & Purpose	33
ATCA Members 2010-2011	34
Financial and Auditor Report	35





## **Chairperson's Report**

### **Barry Evans**

This year marks the 25<sup>th</sup> anniversary of our Association. In 1986, following a meeting at Odyssey House in Melbourne, it was agreed by the leaders of the Therapeutic Communities representing all states and territories to develop the TC movement in Australia. So where are we after twenty five years?

Up until 2006, ATCA management consisted of a voluntary Board that provided strategic direction for the Association as well as implementing the strategic plan. It was responsible for the Annual Conference and for fostering an exchange of ideas and program innovations between members. In 2002, with assistance from the Commonwealth Government the Board developed the Better Practice document, identifying the essential elements of an Australasian Therapeutic Community, which eventually was to inform the development of Standards for Australasian Therapeutic Communities. The receipt of Commonwealth funding five years ago has made a significant difference to the operation of the Association, it has allowed for the appointment of a Secretariat, which in turn has helped the Association to increase the membership, to support host States with annual conferences, promote the TC movement to government and the community, and to develop a set of Standards that foster the Therapeutic Community model.

Currently the ATCA Standards are being applied in the context of a Peer Review. However, it is the intention of the ATCA Board to develop the Standards to the point where they can be registered as a set of Accreditation Standards for Therapeutic Communities. This process requires a significant amount of work which Project Officer Bec Davey and the Board have embarked upon. Hopefully when they are developed and registered they will provide a viable alternate to existing products.

Over the last twelve months the ATCA Board, together with an extremely active Secretariat, has continued to focus on increasing the membership base, supporting provisional members as they move towards full membership and refining the ATCA Standards. The Board, with the support of Lynne Magor-Blatch and Bec Davey, has completed four Peer Reviews of member agencies. Undertaking these reviews and trialling the application of the Standards was part of our commitment to the Commonwealth, which financially supported their development. The ATCA Board is grateful to the Commonwealth for its on-going support of the Association and I would also like to thank on behalf of the Board, Karralika, Cyrenian House, Selah Farm and Logan House for agreeing to participate in this trial. I also wish to thank those Board members who participated in the reviews and for all of their work in the lead up to the review and after the site visit.

Bec Davey, together with Odyssey House Auckland and CareNZ, has been refining the Standards so that they can be applied to Therapeutic Communities in prison settings. This modification of the Standards for particular demographics is part of their on-going development, a modification which may have to be repeated when the Standards are applied to Therapeutic Communities specialising in other populations. My thanks to those New Zealand members of the Association who contributed through workshops and their own insights.

In June last year we had the Annual Conference in Perth hosted by Cyrenian House, Palmerston Association and Serenity Lodge. In true West Australian style this Conference was bigger and better than anything that we have held so far. A strong program was very well attended; delegates spoke of the inspiring presentations, the relaxed location and the large numbers of members in attendance, all of which contributed to a successful Conference. My thanks again to the organizing committee, the WA Government Drug and Alcohol Office, Mental Health Commission and Department of Corrective Services; Tourism Western Australia; the Perth Convention Centre; and the WA Lotteries Commission.

In August this year four Board members together with Lynne Magor-Blatch and Bec Davey travelled from Darwin to Alice Springs visiting Aboriginal residential services in the Northern Territory. The Board spent time at four services in Darwin, one in Katherine, one in Tennant Creek and one in Alice Springs, as well as holding community information forums in Darwin and Alice Springs. We were impressed by the way in which these services deal with the challenges of providing a service in remote localities and under trying circumstances. Nevertheless they were providing well regarded services in their communities. It is anticipated that we will have an increase in membership as a consequence of this initiative.

So what about the year(s) ahead? As you know, the Commonwealth Government has restructured the Department of Health and Ageing with the collapse of 159 different program grants into 18 funds. The Substance Misuse Service Delivery Grant Fund will be the one that most TCs will interact with; this new fund will mean that in future agencies apply to a fund and not an individual program. Along with the streamlining of contracts, it is hoped that this restructure will provide greater efficiencies and ease of interacting with the Department.

As well as this restructure, the tender to develop a Quality Framework and an Outcomes Based Funding model has been secured by KPMG and national discussion has begun to inform the development of these models. With Commonwealth Funding arrangements due to expire in June 2012 we are in for a busy time consulting and hopefully preparing submissions for funding renewal after 2012. The recognition that Quality Frameworks provide quality assurance and reassurance to Government and the community is a welcome development, however until now the cost of providing this reassurance has been carried by organizations and funded from existing income. Assessing outcomes of treatment programs - especially individual outcomes - is also a costly exercise which up until now has been primarily the domain of research organisations. The incorporation of these expectations into the day to day business of NGOs will be financial challenge to the sector, which hopefully will be recognized in future funding rounds.

As a sector we face growing uncertainty about our future. A reduction in funding in real terms over the last ten years, compounded by increased operating costs threatens our viability in the medium to longer term. We have little control over our funding and no certainty regarding continuity. Our staff are poorly paid when compared to Government staff and the private sector, making it difficult to recruit and retain staff, which in turn makes the provision of 'best practice' a challenge. We are 'not for profit' so maintaining facilities is difficult with no Government sourced funding for capital expenditure. Hence, on top of providing treatment, we have to raise money privately in order to maintain facilities at a standard which meets accreditation. In short, it is a miracle that TCs have managed to survive for 39 years in Australia. Just like mental health in this county, the Australian drug and alcohol problem is much bigger than the fragmented and poorly funded drug and alcohol treatment sector. However, the mental health sector in recent years has managed to gain the ear of government to improve service delivery. This is our challenge for the future.

In closing, I would like to thank the ATCA Board for their continued support and efforts on behalf of ATCA members over the last twelve months, donating their own time and supported by their own Therapeutic Community. I would also like to thank Lynne Magor-Blatch and Bec Davey for their untiring efforts during the year. Many nights spent away from home working with member agencies and the Board to conduct Peer Reviews, community consultations and Standards Development.

Our Conference is in Launceston next year. I look forward to seeing you all there.



Barry Evans, ATCA Chairperson, November 2011



## Executive Officer's Report

### Lynne Magor-Blatch

This past year has been extremely busy for the ATCA and for myself, personally, as the Association's Executive Officer. My role, however, has been greatly supported this year by the appointment of Bec Davey into the position of Project Officer, with particular responsibility for the ongoing development of the Therapeutic Community Standards and the management of the review processes, on which the Board has embarked.

I am particularly grateful to Bec for providing this support, and to the Board for recognizing the need for the position, and identifying the funds to support the position. It has also given us a sense of support as staff working for the Association, and allowed us to back each other up, and this has been particularly useful in the past year as there have been a number of conferences and other activities abroad and interstate. Together, we have been able to provide a full time position to the Association, and this in itself has been enthusiastically embraced by the membership.

### 2010 Symposium

In 2010, we offered a Training and Research Symposium over a two day period in Sydney, rather than a full conference, which was moved to June this year. More than 100 delegates attended, taking part in Standards training, and hearing from Keynote speakers Professor Ann Roche, Dr Maggie Brady and Professor Shane Darke. Ann talked particularly about the challenges confronting the alcohol and other drugs field, which have become more complex and varied in recent years, requiring appropriate workforce development responses. Maggie focused on strengthening and supporting Indigenous residential treatment programs, challenging us as we work with Aboriginal and Torres Strait Islander services, developing supportive and mentoring relationships.

Shane looked at TC resident profiles, drawing on data from various research projects from Australia and overseas. Shane has worked in the field of illicit drug research at the National Drug and Alcohol Research Centre since 1988, and has been a tremendous support to TCs as he has undertaken numerous research projects with member agencies. His presentation: *Who goes to TCs? Characteristics and outcomes*, provided valuable data on TC client populations, trends over time, and treatment outcomes. Research is incredibly important to our sector, and to TCs in particular, as the call for evidence based practice, as well as practice based evidence, becomes ever more important.

### 2011 Conference in Perth

This year's conference in Perth was a huge success in terms of numbers attending, the richness of the program and quality of presentations. Keynote speakers, Christie Cline and Ken Minkoff (seen here with Palmerston CEO,



Sheila McHale) provided tremendous insights into working with people with co-occurring disorders in our TC settings.

However, it was the *Fathers and Sons* segment, which included Bryan Cousins, Karl O'Callaghan and Tony Trimingham, that delegates found the most moving aspect of the conference. Feedback included the comments, "Real people able to present from a real base"... "Honest, emotive, challenging and realistic"... "A huge round of applause and very inspirational"... "Extremely courageous!!!"... "The bravery, the emotion, the harsh reality and effects on families."

Thank you to the 2011 Conference Organising Committee of: Carol Daws, Caroline Henson, Sheila McHale, Catherine Wilson, Paula Wood, Sharon O'Neil and David Lonnie for a fantastic effort. We are also very grateful to the Western Australian sponsors in assuring the Conference was able to remain affordable, through sponsorship of keynote speakers and events, and providing the opportunity to bring a number of delegates to the conference from remote communities.

### **ATCA Board**

Although the Board of Directors has recently journeyed through the Northern Territory, with meetings in Darwin, Katherine, Tennant Creek and Alice Springs, during the last financial year we maintained a modest travel and meeting program. In the previous year we had commenced an ambitious program in rolling out the ATCA Standards, and this continued to be the prime focus of our work in the 2010-2011 year. The first reviews were conducted with Karralika in the ACT and Cyrenian House in Western Australia, and these organisations were able to provide valuable feedback to last year's Symposium in Sydney, which then assisted both the review teams and TCs in the self- and peer-review process.

Having Bec Davey on board to steer this process has been a tremendous support to the Board and the membership and provided an opportunity to move forward with the Standards in a coordinated and professional manner. We are of course waiting to see the outcomes from the KPMG review, and particularly what this will mean in relation to a quality framework. In the meantime, we are confident of the applicability of the ATCA product for TCs and the wider residential rehabilitation service system. It is expected that this will continue as an important area of work for the Board over the coming year.

### **Intergovernmental Committee on Drugs (IGCD) Expert and Working Groups**

In November 2009, the Ministerial Council on Drug Strategy (MCDS) 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. I have represented the ATCA on this group. The task is now drawing to an end, with the final report expected in May 2012. The process has been incredibly complex, as we have developed care packages for all population groups, all ages and all drug types.

Therapeutic Communities, by their nature, deal with the most complex clients – and so in the DA-CCP Model we are seen as dealing with clients at the severe end of the spectrum. Our inclusion in the planning process has therefore been important in firstly assisting the Expert Reference Group to gain an understanding of the 24 hour therapeutic environment which makes up the therapeutic community; and secondly in ensuring that 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 – are adequately considered.

As the DA-CCP project comes to an end, I have recently been appointed to represent the ATCA on a second IGCD Working Group – the IGCD National Workforce Development Strategy (NWDS) Working Group. This group also has a two-year operational period, with a task which includes guiding and participating in a consultation process for the development of the NWDS; Identifying new and emerging issues that need to be addressed by the NWDS; and overseeing the drafting of the NWDS.

The main role is the development of the National Workforce Development Strategy – which will apply to the whole of the AOD-related workforce – not just the treatment sector, and consider the three pillars of the National Drug Strategy of supply reduction, demand reduction and harm reduction, which are applied together to minimise harm. This process is being led by the Northern Territory Government, through NT Health and Police.

### **TCs in the international arena**

Along with Board members James Pitts, Gerard Byrne and Garth Popple, I have had the opportunity in recent years to attend conferences organised by the European Federation of Therapeutic Communities (EFTC) and the

World Federation (WFTC). There have been some interesting changes in the way in which therapeutic community treatment is being offered in Europe, with more TC ambulatory services, and particularly the development of day TC programs, which encourage people to remain in the community, continuing studies and employment, and supporting clients to maintain a prosocial lifestyle. The EFTC has also embraced harm reduction, with many TCs working with clients on Opioid Maintenance Treatment (OMT) in reducing and stabilisation programs. This is a growing area of concern and interest in Australasia, and with an estimated 45,000 people in Australia on OMT, TCs can play an important role in supporting clients to reduce and withdraw, if that is their choice, or to achieve treatment stability.

TCs continue to modify and enhance their treatment services, addressing areas of complexity and considering ways in which we can address the needs of our population groups. In the last year our 34 organisational members, operating 63 TCs, 12 of which are in prison settings, admitted 9,129 residents – 1,704 of whom were in custodial TC settings. Programs working with families also admitted 223 children along with their parents, and we saw 23,386 people in our outpatient, education and support services. This is a total of 32,738 residents and clients – and incredible record of achievement by our members.

Finally, my special thanks to Barry Evans who, as Chair of the ATCA Board of Directors, has continued to provide tremendous guidance and leadership over the past year. Thank you also to the Executive of Gerard Byrne (Treasurer) and Garth Popple (Deputy Chair) and Directors, Eric Allan (Public Officer), Carol Daws, Mitchell Giles, Jackie Long and James Pitts for continued support. My gratitude also to Bec Davey for taking up the challenge of Project Officer and for the additional support this has provided me in the Secretariat. Thank you to the membership for your ongoing encouragement.

#### **Membership of Boards, Advisory and Working Groups**

- Member *Of Substance* Editorial Reference Group, Australian National Council on Drugs (ANCD)
- Elected Member, Board of the Alcohol and other Drug Council of Australia (ADCA)
- Member of the Scientific Committee, Australasian Professional Society on Alcohol and other Drugs (APSAD)
- Appointed Member, Expert Reference Group, Intergovernmental Committee on Drugs, DA-CCP Project
- Appointed Member, National Workforce Development Strategy Working Group
- Appointed Member, Alexander Maconochie Centre (AMC, ACT Prison) Health Policies and Services Advisory Group
- Appointed Member, International Advisory Committee, 13<sup>th</sup> Annual European Federation of Therapeutic Communities Conference, Oxford, UK
- Chair, Illicit Drugs in Sports Reference Group, Australian Psychological Society

#### **Conference presentations during 2010-2011**

- The evidence framework for therapeutic communities, *TCs Today, No Closed Doors*, ATCA Conference, Fremantle, May 30 – June 3, 2011
- Clinical care packages in a nationally agreed drug and alcohol services planning model, *Challenges and Innovation, TCs Today, No Closed Doors*, ATCA Conference, Fremantle, May 30 – June 3, 2011
- The evidence framework for residential treatment, *Challenges and Innovation*, QNADA Conference, Brisbane, February 28 – March 1, 2011
- Clinical care packages in a nationally agreed drug and alcohol services planning model, *Challenges and Innovation*, QNADA Conference, Brisbane, February 28 – March 1, 2011
- What's therapeutic in the therapeutic community and for whom? Paper: *Using a specialised treatment intervention with amphetamine users: early results*, APSAD Conference, Canberra, December, 2010.

## Project Officer's Report

**Rebecca Davey**

2010/11 saw the pilot standards peer reviews being undertaken.

Karralika TC in the ACT; Cyrenian House TC, WA; Selah Farm, Central Coast NSW; and Logan Farm in the Gold Coast Hinterland all put an enormous amount of work into completing the standards workbooks and then inviting in the peer review teams. Each review was completed in two days, and has provided invaluable advice and experience in both further crafting the package of standards and the peer review process.



The ATCA has also been working with the Joint Accreditation Standards Agency (JAS ANZ), investigating a way forward with the Standards. The ATCA has two options - for the Standards to be applied to member and prospective member organisations as a package required for full membership to the Association, or for the Standards to become a package through which an organisation can become fully accredited according to the requirements of State, Territory, Australian Government and New Zealand Government funding requirements, and in line with best practice. In the midst of discussing these options the Commonwealth Department of Health and Ageing (Australia) announced a review of aspects of Alcohol and Other Drug service funding, including a review of quality frameworks. At this point the Board of the ATCA made the decision to await the findings of the review which is being undertaken by KPMG before progressing on any certification of the Standards through JAS ANZ.

Concurrently JAS ANZ has been working on a 'common' standard onto which a number of human service standards packages may hang. This may mean that should the ATCA make a decision to certify its standards with JAS ANZ, a package may be available that would allow member organisations to utilise other packages for other areas of their business where the organisation has business streams other than a Therapeutic Community. This would allow one accreditation process for all aspects of their business.

It is clear quality frameworks continue to be a priority with funders. The ATCA standards have been well received by Commonwealth, State and Territory funders, and will continue to be shaped in consultation with the membership and the requirements of funders and legislation.

Bec Davey  
November 2011



## 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 2010 - 2011. As a Peak Body for Therapeutic Communities in the Australasian Region, the ATCA is an international professional association, which exists to support its memberships and to promote the therapeutic community model of treatment "community as method" it achieves this goal by developing standards and supporting the further development of quality of practice and ethics 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 2010 – 2011 Annual Financial Audit Report.

Further to that report I would like to note that the Association has maintained its financial viability during the past financial year.

This has been achieved by securing funding from the Commonwealth Department of Health and Ageing, as Treasurer and on behalf of the Board of Directors and membership, I would like to extend our appreciation of the ongoing support provided by Commonwealth Department of Health and Ageing – Drug Strategy Branch.

Additionally better management of cash held on deposit and an increase in income from the ATCA Conference held in Western Australia has helped to improve the financial situation of the Association.

The Association currently has cash assets of \$108,700 without liability or unexpended grants monies, placing the Association in a solid financial position, and improving the position from \$90,649 in the last financial year.

The conference organising committee is to be congratulated for this excellent financial result, and also for staging a thought provoking, informative and successful conference. Conference income has increased over the past three years, from \$48,572 in the 2008 – 2009 financial year to \$68,873 in the 2009 – 2010 financial year, and to \$136,772 in the current year, with \$122,045 coming from the Perth conference and the remainder from the 2010 Symposium. These funds provide support to the Board to undertake activities on behalf of the membership, with current priorities the implementation of Standards and support with peer reviews.

The Association's Executive Director Lynne Magor-Blatch is also to be congratulated for her efforts in relation to these key outcomes, I also acknowledge and thank Rebecca Davey, ATCA Standards Manager, for her efforts and support during the past year.

I would also like to thank Traci Martina of Traci Martina Financial Administration Services Pty Ltd for her assistance with the financial management of the Association.

Gerard Byrne  
Treasurer, 29 November 2011.

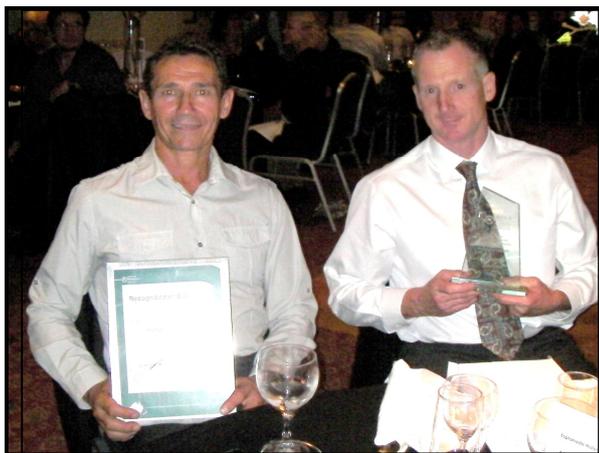


## ATCA Conference – 2011 in Fremantle, Western Australia

The 2011 ATCA Conference, held in Fremantle from 30<sup>th</sup> May to 3<sup>rd</sup> June, has been hailed a fantastic success by its 297 attendees.

Delegates were extremely complimentary on most aspects of the conference and workshops which followed, including the venue, the quality of presentations and the information and content presented. It was noted on many occasions that the Organising Committee and ATCA should be very pleased (and proud!) of the results achieved in 2011. There were also a number of valuable comments which will help us to improve in future years, and the Board and Organising Committee are grateful

for the constructive criticism which can only help us to improve.



*Kelvin Dargan with his certificate for 10 years service and Murray Sutton with his award for Significant Contribution to the TC Movement*

Awards for Excellence in Drug Treatment were presented at the Awards Dinner in Fremantle, with three individuals and one program honored for their significant contribution and two people acknowledged for 10 years service to the therapeutic community movement.

Adrienne Gibbs has worked with Odyssey House Victoria as part of the administration team over a ten year period, undertaking a variety of roles, and particularly working with residents of Odyssey House to process Centrelink payments and to negotiate welfare concerns. She has been an asset to the organisation and is well regarded by colleagues and residents.

the Director, with responsibilities for the organisation's services. He provides advice and guidance to the Board and has been actively involved in the development of the Northern Territory's peak body and as a mentor to staff and residents of Banyan House.

Kelvin Dargan commenced work with Banyan House in Darwin as a Support Worker, and has undertaken many roles over the past ten years. For the past three years he has been

The award for significant contribution by a program, service or intervention in Australasia was presented to the Saranna Women's and Children's Program, which is part of the Cyrenian House Program in Perth. The Saranna Program has been providing a unique residential program for Indigenous and non-Indigenous women who are affected by alcohol and/or other drug misuse. It is tailored to meet the needs of vulnerable children, providing treatment that engages the 'whole relationship' and addresses issues most relevant to the mother/child dyad.

Individuals receiving awards for Significant Contribution to the Therapeutic Community Movement in Australasia



*Carol Daws, who received an award for Significant Contribution, with Nona Glasson, Donna Stambulich and Shonna Grant from the Saranna Women's and Children's Program and Cyrenian House*

had each worked within the drug treatment sector for many years. The award acknowledges and publicly recognises the exceptional work done by people who have worked tirelessly over a number of years to promote and develop the therapeutic community approach to treatment within the sector.

James McGregor has been at the forefront of improving quality standards in the TC sector and is an Accredited IHCA Reviewer. His commitment to continuous quality improvement has provided many benefits to Mirikai and the Gold Coast Drug Council, where he has worked for the past 15 years, improving consumer input through evaluation, promoting reflection on growth and improved strategic planning and implementing a two yearly policy revision cycle.

The second recipient of the award, Murray Sutton, first commenced work within Therapeutic Communities in 1999 and was promoted to the position of Coordinator at Mirikai in 2005, a position he has held since that time. He is a firm proponent of 'community as method' and provides a hands-on role within the TC, which provides 40 beds for young dual diagnosis clients. He is well regarded by staff and residents, and provides a wide-ranging liaison role within the community.

The third recipient of this award, Carol Daws, has worked vigorously as a champion of the TC model since 1987, when she first commenced work as a counsellor. Since that time, she has worked in a number of senior roles and was appointed CEO of her organisation in 2002. She was instrumental in moving her service from a residential rehabilitation program to a therapeutic community in 1999 and has since played a key role at state, national and international level.

On a personal level, since 1994 Carol has pursued academic studies as a psychologist, and is a member of the Golden Key Honour Society for Academic Achievement. In 2011 she received full registration as a Clinical Psychologist.

These awards acknowledge and publicly recognise the exceptional work done by people who have worked tirelessly over a number of years to promote and develop the therapeutic community approach to treatment within the sector, as well as the programs which are making a difference in people's lives.

TCs work with a wide range of people, including young people, parents and children. The ATCA awards particularly recognise some of the special populations with whom we work, and all members of the TC 'family' congratulate the programs and individuals who have been recognised in this way.



*Celebrating 25 years – Gerard Byrne, Eric Allan, Lynne Magor-Blatch, Carol Daws, Garth Popple, Mitchell Giles, Barry Evans and Caroline Henson lighting the candles on the cake to celebrate the ATCA's 25<sup>th</sup> Birthday*

## REGIONAL REPORTS

### AUSTRALIAN CAPITAL TERRITORY

#### TC members in the Territory

Canberra Recovery Services  
Karralika programs Inc  
Ted Noffs Foundation

#### Ted Noffs Foundation

The Ted Noffs Foundation in the ACT has had an exciting year with many changes and expansions to the services provided by Ted Noffs in the ACT.

February marked the formal opening of the Continuing Adolescent Life Management Program (CALM) which is situated in our new second premises in East Row, Civic. CALM provides support for young people aged up to twenty-five, providing access to counselling, vocational and educational support, relapse support and living skills. CALM also provides continuing care for young people who have come in contact with our three month residential Program for Adolescent Life Management (PALM). Continuing care through CALM is dependent on the needs of the young person and can be for up to three years post contact with PALM. CALM has established a strong and positive presence within the Canberra youth sector and has started to host drug and alcohol free events for Canberra's youth population. Our new East Row premises also houses Co-Op and our outreach program, both programs having a successful year achieving strong results with involved clientele.

PALM has also seen some exciting changes over the past year. We are in the process of transforming the building that previously housed our Co-Op program into a Family and Training Centre. This space will provide families visiting from interstate with the ability to stay at our premises, allowing families that may not have been able to afford accommodation, the ability to visit and support their children. This building will also provide a space to conduct interagency training courses, which started with the successful facilitation of one of ATODA's Work Place Smoke Management Plan's training sessions. This year has also seen the re-establishment of a family support meeting, currently meeting fortnightly on Wednesday's within this building.

#### Karralika Programs

2010-11 has been an eventful year for the organisation. The Alcohol and Drug Foundation of the ACT (ADFACT) changed its name to Karralika Programs Inc. to reflect how the organisation has grown over the past 30 years without losing the connection with our roots.

Karralika Programs Inc. continues to provide high quality therapeutic communities for adults and families at our residential facilities and within a correctional setting at the Alexander Maconochie Centre. Our community programs, including half-way houses, outreach support and drink-driver awareness courses, continue under the Karralika Programs Inc. banner.

In addition to the change in name and a comprehensive program review, the organisation also saw significant change in the leadership as a result of the departure of both the CEO Phil Lawler, and the Deputy CEO Simon Rosenberg. We welcomed Camilla Rowland as the new CEO.

Karralika Therapeutic Community, Family Program and Community Programs underwent a self review against the ATCA Standards last financial year with a presentation at the ATCA symposium in October 2010. We also



participated in a peer review in December and the final report was very positive. We have identified opportunities for improvement and look forward to implementing these over the next twelve months.

### **Solaris Therapeutic Community (Alexander Maconochie Centre)**

Solaris TC celebrates its second anniversary, four graduations and increased participant numbers. To date there have been 143 applicants and 45 participants from a range of backgrounds. Over 900 group sessions and a multitude of individual counselling and support sessions were provided to support participants during their journey.

In response to the mean length of sentence of prisoners in the AMC, Karralika Programs Inc. undertook a review of the program and reduced its length to four months. An adapted program was also developed for prisoners who could not access the TC because of their classification status, and the then lack of segregation. Since that time a fence has been installed to secure the TC and benefit the participants.

Again, the partnership between Karralika Programs Inc. and the ACT Corrective Services has been successful and strengthened with the establishment of partnerships with other key community providers.

### **Canberra Recovery Services**

Canberra Recovery Services Centre has continued to undergo the process of change and improvement of its services in the ACT. It was with some sadness that CRS farewelled Majors Bob and Genness Garven as they entered retirement. Bob and Genness managed the Centre for three enjoyable years. Early in January Majors Scott & Jacqui Warrington arrived to a warm and friendly welcome by the Residents and the team at CRS.

The past ten months have seen many changes and accomplishments from the staff and residents at CRS, with Drug Action Week witnessing superhuman efforts from one of the residents of CRS riding his pushbike from Canberra to Nowra to advertise and promote Drug Action Week. It was a real blessing to see the whole team of staff and clients working together to bring together a successful event including the CRS choir whose members sang at the launch of Drug Action Week.

Canberra Recovery Services has also achieved accreditation through the Australian Council on Health Care Standards, the result of years of hard work by management, staff and clients who have been constantly committed to improving the service that The Salvation Army offers in the ACT.



Canberra Recovery Services has also been actively seeking to enhance and improve the way that we deliver our service, looking at different ways of doing things. In recent months we have been undergoing a great deal of maintenance and repairs preparing to welcome women onto program, bringing Canberra in line with other Salvation Army Services throughout Australia. The Salvation Army in the ACT continues to evaluate its services with the help of a number of evaluative tools provided to us through the help of Wollongong University and the Territorial Resource Team in Sydney in developing new multifaceted programs that will help people in a number of differing ways.



## **WESTERN AUSTRALIA**

Prepared by Carol Daws

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

Cyrenian House  
Palmerston Association  
Serenity Lodge

For many years the Alcohol and Other Drug sector has been lobbying the Government at both Federal and State level for an increase in funds for our services, with a particular focus on increasing staff wages to make them more competitive with equivalent positions in the public sector. As such, the WA not-for-profit community services sector was delighted with the announcement in May this year that the State Budget 2011/2012 included a 15% increase in funding for service agreements to the community sector. This allowed agencies to provide a well deserved pay increase to its dedicated staff, as well as ensuring the sustainability of organizations. This funding forms one part of the State Government's *Delivering Community Services in Partnership (DCSP)* policy and procurement reform which has the aim of supporting sustainability of community services within Western Australia. The increase in funding will only apply to State funds and some Federal funds that are administered by the State.

Throughout this year we have also been involved with a fabulous team of staff from Cyrenian House, Palmerston, Serenity Lodge and the Australasian Therapeutic Communities Association (ATCA) in hosting the most successful Therapeutic Communities Conference of the past 25 years. More than 290 delegates, with international guest speakers Dr Ken Minkoff and Dr Chris Cline and many national speakers, enjoyed a rich, informative and thought-provoking presentation of papers and workshops with the theme "*TC's Today – No Closed Doors*". Behind the scenes, I must say that the work ethic, professionalism and camaraderie of the committee from these organizations was second to none, and I thoroughly enjoyed the experience of working together to organize the conference. At the awards night during the conference, Saranna Women and Children's Program scooped the ATCA Award for a "Significant contribution by a program, service or intervention in Australasia".

### **Palmerston**

The last 12 months have seen significant change and growth for the Palmerston Farm TC – a new manger was appointed half way through the year, bringing fresh ideas based on a solid TC and clinical background.

The completion of our vocational training program, funded through the Federal Attorney General's Department, was evaluated and showed that during the program the average length of stay at the TC increased from 85 days to 154 days.

A new partnership has emerged with a training provider to give residents ongoing access to skills in areas such as horticulture, business studies and community services.

We have been busy with our building program: a wonderful community/group building, an art/craft facility, an administration and reception building and a fabulous new transition home. At 30 June 2011, the group room had been handed over and the others were close to completion.

A comprehensive review of the TC assessment process was undertaken, and the recommendations for change were implemented, including the use of a risk management tool. Furthermore, following a review of the Farm TC program based upon the ATCA standards, a new four stage program has been developed.

A review of how we support residents after they have left the Farm TC has commenced, and we are piloting the introduction of the “SMART Recovery” program.



### **Serenity Lodge**

Cyrenian House was successful in securing funding from DAO in order to support Serenity Lodge in the TC Standards Review Process. The aim is for Serenity Lodge to move from provisional to full ATCA member status. Cyrenian House’s Quality Administrator is currently working with the Serenity Lodge Clinical Administrator and Serenity Lodge staff and residents to complete the self review process.

We aim to hold several all-of-staff planning/discussion days during the review period to increase understanding about the TC Standards and review process, gather information, generate ideas and further embed TC principles into practice. The first of these was held in late September and was a great success – good food and good humour were shared by all, facilitating deep discussion about the therapeutic value of resident roles, enthusiastic revamping of the Bill of Rights and the generation of a set of TC Principles for the Lodge. Staff and residents, including ex-resident volunteers, are engaged in and enthusiastic about the process and invested in raising the quality of service at the TC and improving fidelity to the model. Work is in progress to ensure all essential and expected elements of a TC are met in accordance with the standards and preparations are underway to facilitate a smooth review process by ATCA. The self review and preparation phase is scheduled for completion in May 2012 in time for the ATCA review in June 2012.

### **Cyrenian House**

The 2010/2011 year marks a significant milestone in the history of Cyrenian House as we celebrate 30 years of service to the community. Given the frenetic pace and productivity of this year, we made an executive decision to hold our celebration for this monumental occasion later in the year in November. We hope to share this moment with many ex residents, staff and supporters of Cyrenian House who have played a part in our history over the past 30 years. We are also hoping that the long anticipated “History of Cyrenian House” will be close to completion.

The **Mixed Gender Program (MG)** is open to men and women over eighteen years of age who are motivated to address their drug and alcohol dependence. The MG program accommodates 40 people and maintains a gender balance to facilitate removal of barriers to services for women.



The **Saranna Women and Childrens’ Program** offers treatment for women with alcohol and drug dependence who have primary school aged children (or younger) in their care. School age children attend a local intake school; younger children attend the onsite crèche. The program currently has the capacity to individually house 14 families onsite. Both programs aim to operate from a culturally competent framework, recognising the cultural rights, obligations and values of Aboriginal consumers and staff.

The past year has seen a consolidated effort put into the planning and development of the Saranna Intervention Centre for Children and Families. This centre will give the Saranna Women and Childrens’ Program much needed

access to consistent child care and support. The fundraising effort over the past few years has included support from the Australian Children's Trust, The Southern Districts Rotary Club, and amazing support from Jodie Fewster, her mother, Eileen Bond, and brother, John Bond. Through Jodie's work, we have also been supported by BGC and Len Buckeridge, who will assist us in the building process. Morley Davis Architects have done a great job with the plans and we hope to commence building early in the New Year.

KIF Funding was secured through a consortium approach with CLAN WA and Women's Health Services to provide a further 1 FTE Children's Counsellor in the Saranna Program. An increase in the capacity for the TC to provide a TC environment and program for people who have co-existing mental health and AOD issues has been achieved through ongoing training of staff, development of policies and procedures, and a consultative capacity with funding provided through the Commonwealth Improved Services Initiative.

Cyrenian House is strongly committed to the provision of quality services and has demonstrated this throughout the year with the Therapeutic Community (TC) taking part in a peer review process using the ATCA TC Standards. Cyrenian House along with Karralika in the ACT, were the first two TCs to undergo the peer review process. The NMCDS completed a peer review using the WANADA Quality Framework in November. Both services demonstrated a high level of achievement in meeting the Quality Standards. A number of key staff will be attending Auditor Training in preparation for new WANADA Accreditation Framework later in the year.

As the CEO, I would like to pay tribute to my loyal and passionate team of staff and volunteers for another year of dedicated work in supporting consumers to improve their health and wellbeing through the services offered by Cyrenian House. I feel very privileged and honoured to have worked with such a great team of people and would like to thank you all for your fantastic work throughout the year.

Finally, I would like to thank the consumers for their belief in the services offered by Cyrenian House and hope that your feedback will continue to shape the direction of our services into the future.



## **VICTORIA**

Prepared by Eric Allan

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

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

The Auditor General's report was released in February of this year making wide ranging recommendations about sector reform in Victoria.

### **The Victorian System 2010-11**

In the 2010-11 Budget, \$110.2 million was allocated to drug treatment and rehabilitation, representing 81 per cent of the overall AOD budget. There are 105 state-funded AOD treatment service providers varying in size and type from large organisations receiving millions of dollars per year to smaller providers receiving a few thousand.

Different service providers have different philosophies. Some believe abstinence is the only successful treatment outcome. Others see minimising harm to the individual as treatment success. There are 19 different types of AOD treatment interventions offered to about 27,000 people each year. There are specialist services for young people, women and Indigenous clients.

AOD treatment covers brief or early interventions and outreach; one-to-one counselling; and short, medium and long residential stays of between seven days and 12 months. The service treatment settings range from rural and metropolitan health services or community health centres, to independent non-government organisations.

New clients access AOD services voluntarily by self-referral or through a referral from another AOD service or a GP. Services also see clients referred from the criminal justice system.

#### **Four Key Recommendations from the Auditor General**

1. The Department of Health should:

- implement a whole-of-government alcohol and other drug prevention strategy
- deliver on the commitment to review unit prices
- prioritise work on:
  - the capacity of the alcohol and other drug sector to attract and retain a specialist alcohol and other drug workforce
  - promoting careers in the alcohol and other drug sector in relevant higher education settings
  - revise its reporting requirements to address weaknesses in the use of the episode of care.

2. The Department of Health should:

- revise the treatment service mix so that services funded align with need
- address the inequity of the current distribution of alcohol and other drug resources
- address the longstanding fragmentation and inconsistency of service provision across the 105 service providers that make up the treatment service system.

3. The Department of Health should:

- prioritise replacement of its data collection system
- implement data integrity assurance processes for information submitted by service providers
- clarify responsibility for monitoring service provider compliance with service quality standards.

4. The Department of Health should:

- improve the performance measures used for reporting publicly on the alcohol and other drug program
- take definitive action on the wealth of review

The Victorian sector now faces a reformation based on the recommendations in this report.

We are hopeful that treatment programs and in particular TCs get the recognition they deserve as part of this system review



#### **Odyssey House Victoria**

2011 marks 32 years that Odyssey House Victoria has been offering services to the people of Victoria. Like most services in the State we are anxiously awaiting the outcomes of the service system review

and are hopeful that many of the issues addressed in the Auditor General's report will be addressed.

In October 2011, the Honorable Jenny Macklin M.P. Minister for Families, Housing, Community Services and Indigenous Affairs, pictured here talking with Mr Bruce Hartnet, Chairman of Odyssey House (centre) and Mr Nigel Dick (right) founding Board member and past chairman of Odyssey House, officially opened the family units at Lower Plenty.

Thanks to money provided as part of the Federal Government Stimulus Package, we were fortunate enough to be able to continue the development of our specialist family services area. The project was mared by one of the wettest years we have had in a long time.



*The family units and community room to the left*

Each Unit has six bedrooms and can house a variety of family constellations.

The project has been shortlisted in the world habitat awards for 2011

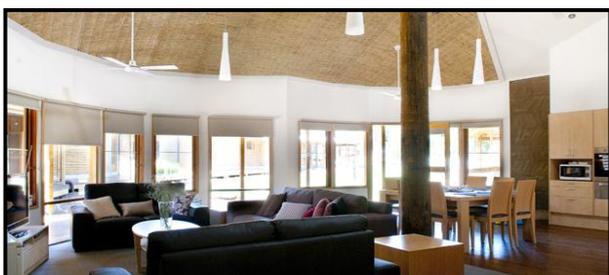


*Inside one of the new Family units*

**The Odyssey 'Circuit Breaker' in the Hume Region of Victoria** has completed yet another funding round, returning evaluation results that we are all consistently pleased with, including a 90% consumer satisfaction result.

Every aspect of activity at the Circuit Breaker program is clearly focused on supporting people to recover from dependence, to improve their physical and psychological functioning and their emotional wellbeing before returning to the community. The service remains in high demand and is now very much integrated into the service system of this region of Victoria.

*Odyssey House Circuit Breaker Hume region N.E. Victoria*



## **Windana**

The Windana TC is a 4 – 6 month adult program structured into 3 phases and set on an organic farm close to the Melbourne metropolitan area. We are able to accommodate up to 36 residents. Included in the normal daily routine are a range of community-based groups, phase-based education and therapeutic groups, and work allocation time. The farm has an extensive garden which supplies the kitchen, and residents make yogurt and

cheese from milking goats and a cow. As part of their time at the TC, residents have an opportunity to develop useful life skills and we are currently working with a training provider to have much of the work activity at the TC recognised with nationally recognised certificates which can be used when seeking future employment. The TC also runs a reintegration house for senior residents to have some time in the wider community while still on program, and for graduates of the program to reintegrate back into their post-TC life. During the past year Windana has undergone significant organisational changes. A full review of the TC was undertaken as part of this process and this has resulted in additional staff being added to the TC team.

Approximately 80% of our residents live with co-existing mental health and addiction issues. This results in the TC being a complex living environment. The Windana TC has received significant support in creating a strong dual diagnosis foundation for all that we do. There has been a very marked increase in the numbers of complex clients remaining on program longer. Recent retention figures indicate that we are keeping residents on program at least twice as long as we have historically. A reciprocal rotation system with staff from mental health agencies spending time working at the TC has enriched our team's understanding of mental health and helped us 'spread the word' about what we are doing in our TC program.

## 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



### Fresh Hope

The Fresh Hope TC under the guidance of John and Karen Bartlett has been able to double its capacity from five mothers and children in their program to 10 mothers and children. This year has also seen many new challenges addressed due to the staff and volunteers working together with the residents. During the floods this year all thankfully remained safe, and with the help from

Mirikai repairs were made to the driveway and fences on the property that the insurance company would not cover.

### WHOS Najara

The WHOS Qld facility has just celebrated 6 years of service to Queensland's Sunshine Coast. With a 100 percent occupancy most of the time, its 26 bed centre struggled to meet local demand. Najara enjoys a great relationship with other Brisbane TCs and have had Volleyball tournaments with Logan House and a 3 way competition with Moonyah and Logan House, a great outing for all residents and staff.

The WHOS organisation achieved ACHS accreditation during the year, working towards this objective was a great bonding experience for all service teams, and WHOS is indebted to the other TCs who shared their accreditation experiences.

### Gold Coast Drug Council Inc.

Mirikai: 2011 has been a year of consolidation and accreditation. GCDC completed its fifth external accreditation review conducted by IHCA in May with outstanding results – while all standards were passed two

were exceeded. Mary Alcorn officially announced her planned retirement in 2012 as Executive Director, after 25 years at the helm.

Queensland Drug & Alcohol Council Inc. (QDAC), operating under the auspice of the Gold Coast Drug Council, won a tender in 2010 to provide a 20 bed therapeutic community located in the Cairns region (far north Queensland), to provide services to Aboriginal and Torres Strait Islanders. It has taken some time to identify and prepare a site for the project, and in the interim QDAC is operating with a Shopfront in Cairns for Assessment & Referral. The site has now been identified and the rehabilitation facility is set to commence operation in early 2012.



### **The Salvation Army Recovery Services**

**Brisbane Recovery Services – Moonyah** has places for 89 people in its TC. Previously providing services to men only, the Moonyah TC began admitting women in December 2009. The need for TC places for women in Brisbane is ever increasing, with waiting lists being the norm. Plans to expand the capacity to 20 places with a purpose-built facility are in the advanced stage. The building project is being funded under a partnership between The Salvation Army and Rotary. The project is called Project NOW (Nurturing Our Women), building on the new facility is expected to commence in 2012.

**Gold Coast Recovery Services – Fairhaven** relocated onto a new site at 164 MacDonnell Road Eagle Heights on 5th December 2010 with an official opening taking place on the 5th March 2011. The Fairhaven TC sits on 140 acres of beautiful bushland of which 11 acres has been developed for the TC, which comprises an 11 bed detoxification facility and 14 houses with capacity for 56 participants



Townsville Recovery Services – TRS is a TC that provides 38 residential places and also provides a range of outclient and outreach services to people in the northern Queensland region. Co-located with the TC is Grace Cottage, an outclient service for women. TRS targets both its TC and outclient services to indigenous communities, women, men, parents with children and families of drug users. A relocation of the TC and associated services is on the horizon with land identified and the zoning process well advanced. A range of diversion, outclient, indigenous and detoxification services will be provided, in addition to the TC.

### **Logan House**

Logan House was a trial site for the recently developed Australian Therapeutic Community Association (ATCA) standards. The review took place in April this year with all standards being met in full. Continuing in the accreditation vein, work is underway in preparation for the re-accreditation review under the ACHS standards which is due in the latter half of 2012. It is hoped that the modality specific ATCA standards will replace the more generic IHCA standards in the not too distant future.

The University of Queensland has been contracted to undertake a comprehensive evaluation of the Logan House program. The evaluation questions and methodology have been agreed to and once ethics clearance has been given, data gathering will commence. The contract is for an initial period of twelve months.



## **NORTHERN TERRITORY**

### **TC members in the Northern Territory**

Banyan House

Drug and Alcohol Services Association, Alice Springs (DASA)

### **Drug and Alcohol Services in Central Australia**

The Alcohol and Other Drug Program in Central Australia is delivered predominantly by the Non-Government sector although some areas

are delivered specifically by the NT Department of Health and Families. Services directly involved in AOD service delivery in Alice Springs include: ADSCA – NT Government Agency – Alcohol and drug withdrawal (day), counselling & case management, OPP, VSA out reach case management, clinical supervision, education, training and community development support.

- Bushmob – AOD rehabilitation, counselling, support & case management. Residential service for people aged 12-25 years.
- Drug and Alcohol Services of Central Australia – DASA – Residential treatment, rehabilitation and outreach case management. Sobering Up Shelter, Therapeutic Community, Transitional Aftercare, prison in Reach.
- Central Australian Aboriginal Alcohol Programs Unit (CAAAPU) – residential treatment and rehabilitation, Prison in Reach.
- Holyoake – AOD counselling, support and case management, Prison In Reach
- Safe and Sober Support service (Grog mob) – CAAC- Ambulatory Case management and therapeutic intervention, Prison In Reach.
- Central Australian Youth Link Up Service (CAYLUS) – Case Management and community development support for VSA.
- Ilpurla via Alice Springs – AOD (VSA) remote “out station” program
- Mt Theo (Yuendumu) via Alice Springs – AOD (VSA) remote “out station” program.
- In addition the Alice Springs Hospital has a part time Addictions Medicine VMO and a Registrar.

In the Tennant Creek Area the AOD services are:

- ADSCA – AOD/VSA Clinical assessment, counselling, withdrawal support and case management, community education & community development support
- The Barkly Regional Alcohol & Drug Abuse Advisory Group (BRADAAG) – Outreach case management, residential treatment and rehabilitation, Sobering Up Shelter.
- Aniynginyi Congress – Safe Families Program – AOD support and case management.
- Jalalikari Youth Development Unit (YDU) – Youth support, counselling, case management and emergency accommodation.
- STEPS – AOD related Employment Support – funded specifically to respond to supporting volatile substance abusers – case management service.

### **Smart court**

Part of the Alcohol Management Plan that the Northern Territory Government introduced earlier on in the year is the SMART court (Substance Misuse Assessment and Referrals to Treatment), which replaces the old Credit and Alcohol courts.

If a client receives a B.A.T. (Banning and Alcohol Treatment) notice they are placed on the banned drinker register where they are prohibited from purchasing, consuming or possessing alcohol. Police may also give a BAT notice to people being charged in relation to an alcohol-related offence, or if the police believe a person was affected by alcohol in a DVO situation.

A B.A.T. notice can be reduced or removed if a person attends an Alcohol Intervention Provider, such as a counselling service or Residential Treatment provider and completes an Alcohol Misuse Intervention where they will receive an Alcohol Intervention Certificate. The client can have their notices reduced by:

- First BAT notice = 3 months ban- reduces to 1month
- Second Bat notice = 6 months ban- reduces to 2 months
- Third BAT notice = 12 months ban – reduces to 4 months

### **The Alcohol and Drugs Tribunal**

The Alcohol and Drugs Tribunal commences on 1 January 2012, and is an independent statutory body –a Quasi judicial body that can make legally binding orders. It is not a court and is not part of the criminal justice system, therefore appearing before the Tribunal does not mean a person has committed, or has been charged with a criminal offence. The tribunal does not order the arrest, detention, imprisonment or sentencing of people charged with a criminal offence.

The tribunal will consider whether a person is misusing a substance - alcohol or other drug - and if so, will make orders to help that person undertake treatment. People who have breached their third BAT notice must appear before the tribunal, where they can be mandated into treatment.

At this point in time no one is certain how many people will be mandated into treatment and how many of those people will engage in the treatment.



### **NEW SOUTH WALES**

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

Currently there are 11 member organisations in NSW operating 17 TCs across the State. They are The Buttery (pictured at left), The Lyndon Community, Namatjira Haven, Ngara Nura TC Long Bay Gaol, Odyssey House McGrath Foundation (pictured at right), One80TC, 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 in the state**

It's been 12 months now since NSW Health Department released its findings of the review of the NGO sector. While there were some good outcomes documented for NGOs, nothing has really eventuated or flowed on to NGOs in any real way to speak of.

With the National Health Reform, the general uncertainty and vague information available regarding Medical Locals and how they will operate, the new direction for the Commonwealth re output and outcome base funding models and, lastly, a new round of funding just announced for the NGOTGP (along with its flexible streams), most of us have had to do some thorough homework to work out what is actually going on in the National Funding System. It has been even more important for our Secretariat and member organisations to keep vigilant in promoting and reinforcing the value of the TC model of care to the State Government and Health Departments as we cannot take for granted that the bureaucracies in this new reform and funding environment know precisely what we do and, more importantly, what could happen to the AOD infrastructure system if some uninformed decisions are made and how that will flow onto the individuals we treat and care for in the general community.

### **New initiatives or programs**

WHOS has commenced developing a pre employment skills program and looks forward to hearing from any other TCs who are doing something similar through information exchanges. WHOS has been involved in talks with



various agencies re the necessity for TCs to be considered as Job Provider Organisations as we all know too well how gainful employment and/or further education reduces relapse and crime. Again if anyone else has had any progress in these matters please contact the WHOS CEO.

**WHOS RTOD (Residential Treatment of Opioid Dependence)** a modified TC, whose treatment goal is stabilisation in contrast to the usual goal of abstinence, continues to have a high demand for its service from its target group.

WHOS RTOD has also just completed a research project in the past few months, and information from this will be disseminated at various conferences over the next 12 months. WHOS continues to operate its other TCs, these being: **WHOS New Beginnings** (for women); **WHOS Gunyah** (for men); **WHOS MTAR** (Opioid Reduction Program while undergoing a TC program –mixed gender); **WHOS Hunter Valley** (Mixed gender TC in rural Hunter Valley); **WHOS RTOD** (Opioid Stabilisation modified TC); and **WHOS Sunshine Coast** - mixed gender service in rural Queensland.

### **The Salvation Army Recovery Services**

**The Salvation Army, Lake Macquarie Recovery Services – Morisset (Miracle Haven and Endeavour)** has places for 104 in its TC, providing 78 places in the general TC Bridge Program and 26 beds in a complex needs dual diagnosis TC Bridge Program. In addition to this, LMRS provides a number of transitional housing places. The program provides a range of specialist mental health and AOD services, coupled with training, education, recreational and social activities. A relocation of these programs to a recently purchased property is planned but awaits approval from the Land and Environment Court.

**The Salvation Army, Central Coast Recovery Services (Selah)** is a TC that provides 36 places for women in the TC Bridge Program plus transitional housing. Selah provides a comprehensive suite of services that meet a broad range of needs. Selah works closely with its residents, their families and the Department of Community Services (where required) to facilitate reconciliation between mothers and their children. Accommodation is provided on site for children to have access visits, stay over for weekends and during school holidays. It is also planned that Selah will relocate to the same property as LMRS.



**The Salvation Army, William Booth House Recovery Services (WBH)** is a TC that provides 110 places in the TC Bridge Program, plus transitional housing, for men and women, in the inner city Sydney suburb of Surry Hills. Providing a range of services including detox, the TC Bridge Program, out-client and outreach services, WBH meets a range of AOD service needs within Sydney and NSW.

**The Salvation Army, Blue Mountains Recovery Services (Hadleigh Lodge)** is a TC that provides 21 places in the TC Bridge Program, plus transitional housing, in the Blue Mount. Hadleigh Lodge provides a range of services including the TC Bridge Program, out-client and outreach services, prison programs and a homeless persons housing service.

With strong community linkages built upon the above range of services, Hadleigh Lodge broadens the role and impact of a TC in a local community.



**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 and is currently engaged in the self review process, prior to undertaking the external peer review process.

### **The Lyndon Community – 30 Years Young**

*Written by Craig Mills, Director of Strategy and Planning*

In October 2011 The Lyndon Community celebrated 30 years of service to the community. From small beginnings in Canowindra the organisation has developed its strategy and services and now delivers specialist alcohol and other drug services across western and the south coast of NSW. In addition to a range of residential and non-residential services The Lyndon Community has developed a research program, one of the first in a rural non government organisation, and has research partnerships with major academic institutions. The program looks into contemporary issues facing rural and remote communities around substance use, access to services and ways of improving service delivery in Aboriginal communities.

The Lyndon Community has enjoyed the confidence and support of the local communities in Canowindra and Orange and now receives funding of over \$6million per annum to deliver services across the continuum of care. These services range from early intervention and primary care through the Lyndon Outreach Service to a modern specialist inpatient detoxification and withdrawal located within the grounds of the new Orange Base and Bloomfield Hospitals. The original service in Canowindra still continues and has been renamed 'The Lyndon Therapeutic Community' and offers a long term residential rehabilitation program and aftercare service.

Additionally through effective and unique partnerships, The Lyndon Community works across western and the south coast of NSW with many Aboriginal Health and Medical Services, the Western, Far West and Southern NSW Local Health Districts and Divisions of General Practice providing specialist outreach services to rural and remote Aboriginal communities.

In 2010 The Lyndon Community was granted accreditation through the ACHS and in so doing became one of the first non government organisations of this type to achieve this. The Lyndon Community is well established and highly regarded as a unique centre of excellence delivering high quality treatment and care and contributing to the evidence base around rural alcohol and drug issues whilst remaining accessible and relevant to people and communities in rural areas. This is possible through strong lobbying and good relationships built on trust and respect with government and funding bodies and service partners within the region.

The Lyndon Community looks forward to meeting the challenges of service provision in a dynamic and changing environment and participating in the process of health and primary care reform where the emphasis will be increasingly on partnerships and accountability. The organisation recognises that issues in rural areas are not the same as in the metropolitan centres and strives to keep rural matters on the agenda in the policy and funding arenas. The Lyndon Community would like to acknowledge its supporters in the community, its partners, its funders, The Board of Directors and the staff members of the organisation and thank all for their vision, compassion, diligence and plain hard work.

### **ONE80TC**

ONE80TC is looking to finish the year strongly after a successful 11 months of working with men coming from all backgrounds of life. This year there were 125 intakes of which 11 were indigenous men and 32 came directly through Correctional Services under the early release program (typically the men are bonded to ONE80TC and receive anywhere from 3 to 12 months reduction on their custodial sentence if they move to a rehabilitation centre such as ONE80TC). The remainder came through the usual channel such as referrals, internet and phone enquiries etc.

As part of our push for sustainability, ONE80TC has entered into stage 2 of a project with an international company which will see ONE80TC partner to initially build and equip a commercial bakery followed by the distribution of a range of bakery products. This distribution will initially be in NSW followed by a nation-wide roll out.

We are enthusiastic about 2012 but at the same time we are extremely conscious of the exceedingly difficult economic conditions and the corresponding drop in donations and receipts from events hosted specifically to raise money and awareness of our program.

### **Ngara Nura**

Ngara Nura was established in 2000 by NSW Department of Corrective Services Alcohol and Other Drugs/HIV Health Promotion Unit in response to recommendations of the National Drug Strategy, which acknowledged that substance misuse was a major difficulty for a large number of offenders, affecting the quality of their lives and contributing to crime.

Ngara Nura is a Modified Therapeutic Community in a custodial setting. This means that it provides intensive assistance for male offenders to address issues of substance misuse and other addictive behaviours. Ngara Nura is also offered as a pre-release therapeutic intervention. This is to prepare participants returning to live as lawful and productive members of the community.

Up until November 2011, 78 groups of men have passed through the program. Of these, 573 completed the program and another 85 were released prior to completion because of breach of guidelines or other personal reasons.

Since November 2009, the Ngara Nura program has been extended from four months to seven months. This change was in line with the Department's focus on addressing offending behaviour and reducing re-offending by using the approaches outlined in the "What Works" literature to achieve this. This program is at the end of a long

process of development and review with the eventual aim of being fully accredited, according to standards of the Department's revised offender programs policy.

As a therapeutic community, Ngara Nura will continue to provide a safe and secure environment for change. It is a place where lasting change can happen, partly because of the unique staff team; specially trained Therapeutic Custodial Officers and experienced AOD counsellors, the program content and structure and finally the participation level of the men attending the program.

Ngara Nura works closely with external organisations in the community; for example Glebe House and 12 step Programs to offer continued support to the participants after release. We have also joined forces with 'Break-Thru' a community based organization that offers a range of accredited & non accredited skills training and education services for both employers and job seekers. They recognize that success relies on the connection and support of the wider community. These partnerships have enabled them to assist thousands of people to 'break thru barriers' and create self-sustaining futures.

The department has approval for a 12 month period to allow ex participants of the Ngara Nura Program who have completed their parole and are living pro-social lives in the community, to enter the jail to facilitate groups for the current participants of the program. This is an innovative program and has been well received by the participants; as is evidenced by the overwhelming positive feedback in evaluations written by the current participants.

### **ATCA Symposium (Sydney)**

NSW will be hosting this forum again this year. This forum has proven to be popular in the alternate year to our biennial Australasian Conference. The Symposium traditionally targets frontline and middle management workers from our TCs, a group whose members do not usually get exposure to national or international conferences. The Symposium will once again utilise the ATCA national standards as a training opportunity.



## **TASMANIA**

### **Introduction**

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

Missiondale has been an exciting place to be over the last 12 months. We have been privileged to journey with some courageous people who have been making informed choices and experiencing positive changes as they have embraced their futures with optimism. Ninety-six residents have been helped at Missiondale during July 2010 to June 2011, compared to 71 residents for the period July 2009 to June 2010

Further progressing this year has been our push towards ensuring the community is growing as the method used. We have undertaken some further training with the Australasian Therapeutic Communities Association standards and have restructure our program with an initial 8 week entry stage. Our guidelines are also more conducive to explaining rights, responsibilities and opportunities for clients as they progress through different stages. Our relationship with Australasian Therapeutic Communities Association and other communities has enabled us to evaluate our program and make these changes.

At a state level there has been many opportunities for professional development and a number of opportunities for the 3 state rehabilitation services to connect and collaborate, which is positive.

Alcohol and drug services released the initial discussion paper Tasmanian Opioid Pharmacotherapy Policy and Clinical Practice Standards (TOPP) which have created some discussion at this point.

The Alcohol Tobacco and Other Drugs Council of Tasmania. (peak body representing Ngo services in the drug and alcohol sector) released a new strategic plan and under the leadership of a new Chief Executive Officer has taken significant steps forward in representing the sector.



## **SOUTH AUSTRALIA**

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

### **The Woolshed**

This financial year has resulted in significant achievements and developments at The Woolshed.

Minister for Mental Health and Substance Abuse, John Hill MP, recently presented The Woolshed with an award for Excellence in Leadership and Commitment to SA Health's Smoke-free policy, which was implemented at The Woolshed in 2010.

Since its successful implementation, the residents of The Woolshed have reported the benefits of having the policy as being able to breathe more easily (for example, during the interagency sports competitions with less breaks required). Residents have also highlighted that they have more money to spend on basic needs, a better sense of taste and smell and no nicotine stains on their fingers.

The Woolshed is trialing mixed gender housing, enabling residents to develop respectful healthy relationships and appropriate boundary-setting skills. The Woolshed has one mixed gender house that can accommodate four females and four males.

The Woolshed residents have created a place of meditation called Serenity Gardens within the existing vegetable garden. The garden was partially funded by donations received from relatives of past clients who wanted to show their support.



### **UnitingCare Wesley Adelaide, Kuitpo Community**

Continuous Improvement has been a major focus for Kuitpo in the 2010/11 period. A self review on all aspects of the program was held with a large number of stakeholders including clients (past and present), government and non government agencies, staff and funders. We endeavoured to commit to a process that allows for critical feedback to be incorporated into our strategic planning process. This led to some changes in practice resulting in improved outcomes for our clients.

### **Change Towards Best Practice**

One area of change was seen in the way we deliver our Transition Support Program (TSP – 6 month aftercare program). It was identified that TSP clients did not know enough about TSP whilst they were in Kuitpo. It was also identified that Housing SA applications were not being submitted until after someone had graduated, which meant many were being denied access to housing options. Kuitpo staff and management thought it was crucial that all clients who require a housing application are supported with this, regardless of length of time in the residential program.

TSP staff and management, as a way of addressing this, have begun a weekly TSP Clinic that allows all residents in any stage of the program to have information and support from the TSP worker upon admission to the residential program. This also provides an opportunity for residents to establish rapport with TSP worker prior to leaving. The month before and after graduation generally sees a higher degree of an anxiety in clients as the change in their situation is pending and once they leave the residential setting a lot of their social support and companionship that they have developed over 5 months is also changing. This can be a high risk time so a supportive worker who they know and trust is crucial for them at this time.

The TSP clinic has showed a lot of support from the clients who have maintained regular attendance at the clinic since its establishment. Continual review and evaluation of all changes and practices within the Kuitpo program will continue to enhance service delivery and provide best outcomes for all clients.



## **NEW ZEALAND**

Prepared by Jackie Long

### **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).

### **Odyssey House Auckland**

This has been a very significant year for Odyssey House Auckland with the celebration of 30 years in service provision. We also said goodbye to Chris Kalin, CEO, after nearly seven years, and welcomed Phil Grady to this position on 2 May 2011. Phil has a background in psychiatric nursing and has been working in senior management roles for some time. Phil's last role was as Group Funding Manager - Waitemata DHB with responsibility for allocating around \$350M per annum.



*Hard at work at the Standards Workshop*

conference which gave us an excellent opportunity to give out Odyssey House information and talk with referring agencies; and we hosted some participants at Bollard Avenue to explain more about the TC we deliver.

The Board of Trustees announced that Phil was selected from a shortlist of impressive and very talented applicants, and brought a great deal of valuable experience to the role.

OH also relocated their youth service to a new venue – Lloyd Avenue- which was well managed by Pat Williams, our Business Manager and the Youth Teams, ensuring the young people and their family/whanau felt part of this exciting new move.

At the start of September the Cutting Edge Conference was held in Auckland. Odyssey House featured in three ways at the conference. The Kapa Haka group performed the opening proudly and was very well received by all attending; we had a booth manned throughout the

The NZ services hosted Bec Davey and spent time reviewing the ATCA Standards. There were over 35 attendees at the one day workshop. Bec also got to spend time at the Drug Treatment Units, where NZ have seen significant gains for this population.



### **Odyssey House Christchurch**

Odyssey House Christchurch has had a busy 12 months adjusting to the Christchurch earthquakes – supporting staff and residents through a difficult time.

We are expanding our work more into community based interventions while remaining committed to the Therapeutic Community based residential program. Odyssey Christchurch has begun the process of completing the ATCA TC standards. We are looking forward to a year with opportunities and challenges.

### **Higher Ground**

Higher Ground's co-founder and Board of Trustees chair Janet Colby, was awarded one of New Zealand's highest honours, the Queen's Service Medal, for her services to health.

Director Johnny Dow says, "We are enormously proud of Janet. She has given an enormous amount of time and energy to helping Higher Ground grow to the outstanding organisation it is today.



Governor-General of New Zealand, Rt Hon Sir Anand Satyan and said it was of significance to receive any honour from the Queen for distinguished service. The awards were a celebration and recognition of outstanding individuals whose efforts have helped make New Zealand a better place.

Janet was clear that, "For me the focus has been on the therapeutic community. The hardest thing is not to take the soft option for financial gain through funding but sticking to our core beliefs, and not to swing with fashions in society in terms of treatment and health development. We follow the foundation of our programme and our core beliefs which are tough love and healing. The residents call Higher Ground, *the house of healing*".

Higher Ground started with 12 residents, and now takes up to 42 in a modified therapeutic community where clients live together and learn to solve their common problems.

"I see the Higher Ground programme as only a foundation to a person's recovery, an opportunity to learn new tools for coping drug free and an introduction into the 12 Step way of life. We endeavour to offer hope and choice for a different way of life. All people have a right to recovery.



The words *Papa Taumata* – HigherGround in Maori – shine brilliantly in paua on a new carving which now greets everyone entering the building at Beach Road, Te Atatu Peninsula. The large panel is about the journey of recovery from addiction.

It shows the higher ground of Rangitoto Island which can be seen from the property, lapped by water - 12 waves symbolising both the drifting of addiction and the 12 Steps of recovery - and the sun of a new life.

The carving was a gift from a staff member, and carved from totara left over from the building of a waka by former Higher Ground resident and professional carver Adrian.

### **Snapshot of some key news items**

#### **National Government**

Stuart Anderson in his last report advised that The National Government had provided \$22 million to treat the Methamphetamine problem in New Zealand which had seen the increase in provision of detoxification beds and

residential Therapeutic Community beds within the AOD sector.

In April 2011 they provided the sector with a progress to date report which suggests that the goals are on track though data is still being correlated to demonstrate this in real terms.

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

This continues to be progressed across New Zealand with the announcement that the HISO Office has commenced a two part review process. Part one will be an investigation into how the standard is "working" and will result in a recommendation report. This part of the review will be undertaken independently of mental health and addiction service providers and the Ministry of Health's mental health and addiction programmes team. It will involve surveying mental health and addiction service providers who should be complying with the PRIMHD standard. This

will be an electronic survey which will be sent out in early October. Also included in Part one will be face to face interviews with a selection of people from a comprehensive cross-section of the sector and a high level data analysis.

In Part two HISO will convene a working group; members will include subject matter experts from across the relevant sector. This group will consider the outputs from Part one and agree the changes (if any) that are to be made to the standard. The revision of the standard documents will comply with the HISO standards development process. If the changes are substantive the standard will go out for public consultation.

#### **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 Graeme Ramsay (Problem Gambling Foundation), Robert Steenhuisen (CADS Auckland).

NCAT recently released in the media that a lack of efficiency was hurting New Zealand families affected by addiction. The treatment sector says more New Zealand families will suffer from the ravages of addiction problems if funding and accountability streams remain fragmented and inefficient. Robert Steenhuisen, Co-Chair of the National Committee for Addiction Treatment, says treatment agencies currently receive funds from multiple sources, each with different reporting requirements and accountability systems. Having to "jump through different hoops for different funders" is impacting heavily on services, and will make it impossible for the sector to meet increasing demands. Publications by NCAT include:

- **Investing in Addiction Treatment.** NCAT has produced this book in order to provide those in funding, policy and leadership roles with high quality information which can in turn be used to develop high quality addiction services.
- **Addiction Treatment is Everybody's Business**
- **Addiction is a Family Issue**

NCAT welcomed the opportunity to comment on the proposed Alcohol Reform Bill. NCAT felt that the Bill was a

good start along the path to changing New Zealand's binge drinking culture and reducing the harm from alcohol use. The addiction treatment sectors primary concern is that it will not be well enough resourced to meet the increasing demand for services.

The submission detailed NCATs concerns about the Bill, which primarily focused on the lack of resources currently invested in addiction services.



*David Warby (Logan House), Vanessa Garven (Selah Farm), Carol Daws (Cyrenian House) and Kim Fleming (Karralika Programs) receiving their Certification of Therapeutic Community certificates at the 2011 ATCA Symposium*



*The Selah Soul Sisters perform at the 2011 ATCA Symposium*



*Emeritus Professor Ian Webster facilitating Roundtable discussion – The Changing Landscape in Health Care at the 2011 ATCA Symposium in Sydney*



*Participants undertaking training to become accredited peer reviewers as part of the ATCA's commitment to Continuous Quality Improvement through the ATCA Standards Project*

## **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 2010-2011**

### **FULL MEMBERS**

Banyan House - Foster Foundation  
The Buttery  
Cyrenian House  
Fresh Hope  
Goldbridge Rehabilitation Services  
Higher Ground Drug Rehabilitation Trust  
Karralika – ADFACT  
Kuitpo - UnitingCare Wesley Adelaide Inc.  
Logan House - ADFQ  
The Lyndon Community  
Mirikai - Gold Coast Drug Council  
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  
WHOS – (We Help Ourselves)  
The Windana Society  
Wollongong Crisis Centre  
The Woolshed  
YSAS Birribi

### **PROVISIONAL MEMBERS**

The Basin – The Salvation Army Victoria  
CareNZ  
Drug and Alcohol Services Association, Alice Springs (DASA)  
Launceston City Mission  
Ngara Nura - Dept Corrections, Long Bay Gaol  
Namatjira Haven  
Moana House  
One80TC  
Serenity Lodge

### **AFFILIATE & INDIVIDUAL MEMBERS**

Caraniche, Victoria  
Family Drug Support  
Marika Guggisberg  
Robbie Ferris  
Yaandina

**Australasian Therapeutic Communities Association**

Financial and Auditor Report  
For the Year ended 30 June 2011

**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION**  
**Statement of Financial Position**  
**As at 30 June 2011**

	2011 \$	2010 \$
Members Funds		
Unappropriated Profits	108,700	90,649
<b>Total Equity</b>	<b>108,700</b>	<b>90,649</b>
 Represented by:		
<b>Current Assets</b>		
Cash on Hand	200	200
Deposits on Venue	-	5,000
Interest Bearing Deposits	90	21
Cash at Bank	59,066	81,277
Maxi - Management	55	54
Maxi Account 123	70,000	-
Trade Debtors	-	1,064
Provision for GST	-	1,243
	129,411	88,859
 <b>Non-Current Assets</b>		
Plant & Equipment	5,721	5,721
Less Accumulated Depreciation	4,660	3,931
	1,061	1,790
	1,061	1,790
<b>Total Assets</b>	<b>130,472</b>	<b>90,649</b>
 <b>Current Liabilities</b>		
PAYG Withholding	5,422	-
Superannuation Payable	1,980	-
Provision for GST	14,370	-
	21,772	-
<b>Total Liabilities</b>	<b>21,772</b>	<b>-</b>
<b>Net Assets</b>	<b>108,700</b>	<b>90,649</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 2011**

	2011	2010
	\$	\$
<b>Revenue</b>		
Grants – Governance/Std Project	57,254	24,900
Other Income	304	5,087
Member Dues	18,809	16,161
Display Fees	21,815	750
Workshops	1,390	5,764
09 Registration	-	68,873
10 Registration	14,727	-
11 Registration	122,045	-
Dept H & A	-	20,000
Publications	1,136	-
DoHA Secretariat	82,700	105,000
Interest Received	208	368
	320,388	246,923
<b>Expenditure</b>		
Accountancy Fees	8,285	7,701
Administration Costs	780	-
Advertising	11,963	7,938
Board Expenses		
- Board and Meeting Costs	1,944	8,779
- Directors Travel & Accom	11,756	25,849
- Per Diem	4,574	4,342
- Teleconferencing	1,743	96
Bank Charges	867	762
Conferences	3,482	39,643
Contractors/Consultant	60,843	117,809
Depreciation	729	729
Entertainment Expenses	3,373	4,775
Insurance	8,534	7,436
Interest Paid		
- Other Persons/Corporations	276	-
Office Expenses	1,679	1,751
Per Diem	1,609	140
Postage	-	1,140
Printing & Stationery	9,802	5,752
Professional development	405	-
Salaries	24,348	3,689
Speaker	16,443	10,935
Subscriptions	136	136
Superannuation Contributions	3,521	1,981
Telephone	2,043	3,088
IT Expenses	3,655	6,870
Review Expenses	5,661	-

*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 Financial Performance**  
**For the Year Ended 30 June 2011**

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	2011	2010
	\$	\$
Travelling & Accomodation	12,730	792
Venue	89,431	49,637
Workshop Expenses	11,725	35,200
	<u>302,337</u>	<u>346,970</u>
<b>Profit/(Loss) before Income Tax</b>	<u><u>18,051</u></u>	<u><u>(100,047)</u></u>

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conjunction with the attached Compilation Report.*

- 4 -

**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION**  
**Statement of Appropriations**  
**For the Year ended 30 June 2011**

	2011	2010
	\$	\$
Retained Profits - Beginning of Year	90,649	190,696
Profit before Income Tax	<u>18,051</u>	<u>(100,047)</u>
<b>Income Tax Expense</b>	<u>-</u>	<u>-</u>
<b>Unappropriated Profit at 30 June 2011</b>	<u><u>108,700</u></u>	<u><u>90,649</u></u>

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

- 5 -

**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION**  
**Notes to the Financial Statements**  
**For the Year ended 30th June 2011**

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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.

*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 Operation  
For the Year ended 30 June 2011**

	2011	2010
	\$	\$
<b>Revenue</b>		
Grant Standards Project	2,087	18,000
Member Contribution	19,168	6,900
Misc Income	-	4,010
Interest Received		
- Other Corporations	131	117
	21,386	29,027
<b>Expenditure</b>		
Accountancy Fees	-	6,257
Administration Costs	42	-
Bank Charges	139	153
Conference	3,060	35,303
Consultant	-	61,182
Depreciation	729	729
Insurance	-	2,567
Interest Paid		
- Other Persons/Corporations	107	-
Office Expenses	-	1,273
Per Diem	1,609	140
Postage	-	1,140
Printing & Stationery	-	2,061
Salaries	-	16,720
Subscriptions	-	136
Superannuation Contributions	-	1,981
Telephone	-	1,606
IT/Website	460	1,255
Review Expenses	5,661	-
Travelling/Accommodation Expenses	6,472	792
Workshop Expenses	-	5,000
	18,279	138,295
<b>Profit/(Loss) before Income Tax</b>	<b>3,107</b>	<b>(109,268)</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 2011**

**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	59,066	81,277
Cash on Hand	200	200
Interest Bearing Deposits	90	21
Maxi Management	55	54
Maxi – A/c	70,000	-
	<hr/>	<hr/>
	129,411	81,552
	=====	=====

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

Operating Profit / (Loss) after Income Tax	18,051	(100,047)
Depreciating	729	729
Increase in Creditors (Payg, super & Gst)	21,772	(32,132)
(Increase)/Decrease in Receivables	1,064	101,500
Decrease (Increase) in Deposits – venue hire	5,000	(455)
Decrease (Increase ) in Provision for GST	1,243	(1,243)
Increase in Plant & Equipment	-	(1,145)
	<hr/>	<hr/>
Net cash provided by operating activities	47,859	(32,793)
	=====	=====

**AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION**  
**STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2011**

	Note	2011	2010
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from members		18,809	16,181
Operating grant receipts		57,254	24,900
Receipts – conferences and others		251,424	302,974
Payments to suppliers and employees		(279,836)	(377,216)
Interest received		208	368
Net cash provided by operating activities	3	47,859	(32,793)
		=====	=====
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Net Increase (decrease) in cash held		47,859	(32,793)
Cash at the beginning of the financial year		81,552	114,345
Cash at the end of the financial year	2	129,411	81,552
		=====	=====

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

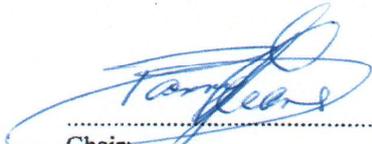
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The committee has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

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 2011 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:

  
.....  
Chair:

  
.....  
Treasurer:

Dated this 24<sup>th</sup> day of NOVEMBER 2011

**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 2011, 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**

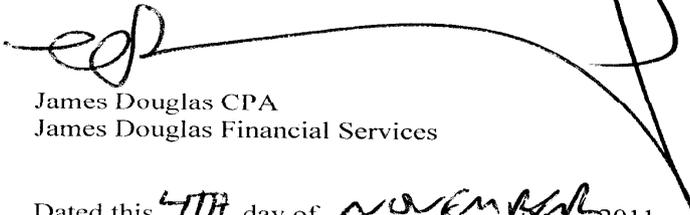
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Independence

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 2011 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 4th day of November 2011



