



Australasian Therapeutic Communities Association



Annual Report: 2014-2015

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 (DoH) for their financial support of the ATCA Secretariat and the development and implementation of the Australasian Therapeutic Communities (ATCA) Standard.

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ATCA Chair: Eric Allan

2014/2015 has been a turbulent year for the Association and indeed for many of us as individual members. On the one hand many member agencies have faced funding uncertainty as the association has, and on the other there is a groundswell of pressure on governments to do something about the dearth of treatment places in all states regions and territories.

Now that the status quo of the Drug and Alcohol Treatment sector has been unsettled, Ice with no pharmacological alternative has become daily news, the inadequacies of the treatment sector have been exposed in our region. Governments in Australia are now forced to struggle with burden of dealing with this issue.

We applaud the establishment of the National Ice Taskforce headed by retired Victoria Police Commissioner Ken Lay who famously said at the establishment of the taskforce **“you won’t arrest your way out of this!”**

The task force has identified six areas of action where the greatest benefits can be gained to assist ice users their families and communities.

These six areas are:

1. Target primary prevention
2. Improve access to early intervention, treatment and support services
3. Support local communities to respond
4. Improve tools for frontline workers
5. Focus law enforcement actions
6. Improve and consolidate research and data

We are hopeful that the critical balance in public policy administration of a harm minimisation framework can now be redressed by increased levels of support for harm and demand reduction strategies. The Taskforce is due to table its findings later this year.

Therapeutic communities are clearly being seen as a player in a realistic response to the “Ice Epidemic” based on Federal, State and District Health Board interest in what we are doing. It’s hard to know exactly what this will look like but by positioning ourselves with a; solid set of standards, an accreditation process, and TC training for staff, the appeal of TCs becomes even greater to funders by reducing their risk and increasing our efficacy.

The ATCA board has now completed a draft strategic plan which has been circulated to the membership for comment. This document will form the template for future activity of the association.

It was a sad a day on the 12th of June 2015 when we learnt of the passing of Joe Lamberti the inaugural President of the ATCA. I know Joe had been delighted to see the association growing and thriving as it has in the years since he moved away from the T.C movement. Vale Joe.

Finally I wish to thank my board colleagues and executive officer and project consultant for the support and wise council they have offered this year.



Treasurer: 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 2014 - 2015.

The Constitution of the Australasian Therapeutic Communities 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 the above named Clause; it is my pleasure to present to the membership of the Australasian Therapeutic Communities Association, the Annual Treasurer's report for the financial year 2014 – 2015.

The Association has maintained its financial viability during the past financial year. It should also be noted that the Association has maintained its funding from the Commonwealth Department of Health.

As Treasurer and on behalf of the Board of Directors and the Association Membership, I would like to extend our appreciation for the ongoing support provided by the Commonwealth Department of Health to the Association.

The Association, at the time of the annual audit, has net assets of \$21,998.00 without liability. The Association showed a small deficit over the year of \$8,102.00. This resulted from a change of accounting practices from a cash to accrual system, and saw the transfer of funds received in the 2014-2015 period, but related to activity in the 2015-2016 period (pre-payments for the New Zealand conference and 2015-2016 Membership Dues) moved forward into the coming financial period. Balancing this out to some extent, unearned income in the 2013-2014 financial period (Membership Dues for 2014-2015 and registrations for the 2014 Conference) have been reversed from the previous year and recorded in the current year. This totaled \$39,760.00 and an adjusted figure has therefore been carried from the previous year.

The ATCA receives funds from three prime sources – the grant to the Secretariat from the Department of Health, membership support through annual fees and contributions, and revenue from conferences and symposia. In 2014, the ATCA conference held in Sydney did not return a profit, and this placed some strain on the finances. However, prudent spending by the Board enabled us to maintain a good financial position, and with renewal of funding in the 2015-2016 year, we are confident as we move forward into the coming year.

I would like to acknowledge the efforts of the Association's Executive Officer, Lynne Magor-Blatch, for her commitment to her role as EO, the Association and Member TCs and in particular my thanks for her excellent financial management on behalf of the ATCA.

I also extend the Association's appreciation to Karen Jenvey, who took over the role of bookkeeper from Traci Martina in October 2014, for the assistance provided to the Executive Officer in relation to the management of the Association's finances and the preparation of accounts for audit. In 2014, Mr Paul Twohill, Partner of Gregory & McCarthy was appointed Auditor, and his valuable advice and attention to our accounting has enabled us to undertake some important changes to bookkeeping practices.



**Executive Officer:
Lynne Magor-
Blatch**

The past year has brought with it a number of challenges, together with some tremendous highlights – with the prime one being the certification of the ATCA

Standard, and at the end of the financial year, the first audit of a member TC under the Standard.

Uncertainty regarding the ongoing financial position of the association required us to be circumspect in our spending, which did not allow either myself or the Board to visit many of our member services or to hold Board meetings outside Sydney or by teleconference. Nevertheless, we have maintained involvement in a number of key national bodies, together with state and territory peaks, and following consideration of the results of the membership survey, we are a consortium member of a new national peak body which, it is hoped, will be fully established in the coming months.

Results of the recent survey of members found more than 95% of members responding believed that we were meeting our aims and purpose as set out in the 2012-2015 Strategic Plan, and all respondents stated they agreed (*somewhat, agree and strongly agree*) that the core services of advancing the TC model in Australasia; encouraging capacity building; advocating for recognition and funding of TCs; and consolidating and maintaining effective governance and management systems provided value to their own organisations. A number of expanded goals for the association were suggested, and members considered, *Representation on key decision making bodies; Advocacy on policy to Government and senior government officials; and the Promotion of research opportunities related to the TC model*, to be the key activities that ATCA should pursue. These three were followed by: *Develop or support TCs in an accreditation process; and, Provide networking opportunities between members.*

There were positive suggestions in relation to the ATCA conference and workforce development, and 70% of those responding stated they would be prepared to undertake the ATCA Standard to become a certified TC over the next three years. There were also a number of comments and recommendations for the Board to consider, and over 85% of respondents supported the move to widen the membership to include residential rehabilitation services. Of that number, 33% considered private residential services should also be admitted, and over 47% considered opening up to the mental health sector. There was concern regarding voting and membership rights, which the Board has taken into consideration in proposing important changes to the Constitution, and support for ATCA's membership of a new national peak body.

Respondents also noted their top three issues as: *Overall levels of funding for AOD issues; certainty of services contracts; and low prioritisation of TCs in the mix of service types funded by Government.* These three were followed by, *Workforce skills and availability.* Finally, there was support for the Secretariat, with 95% of members responding stating that this had brought value to the organisation, and 100% of those responding supporting its continuation.

The Board has commissioned Mr David McGrath to undertake the development of the 2016-2019 Strategic Plan, and the survey results have been of tremendous importance in the development of this. The draft is currently being considered by members.

New Zealand members will also be aware of the work undertaken in the development of the TC Training program, which has recently been rolled out with 29 people taking part. We are tremendously grateful to the New Zealand Ministry of Health and Matua Raki for providing the funding support to enable the development of this program. The second stage of this project will involve the modification of the seven modules for the Australian audience, and in 2016 it is the Board's intention to provide the opportunity for training to Australian TCs and participants from the wider AOD sector.

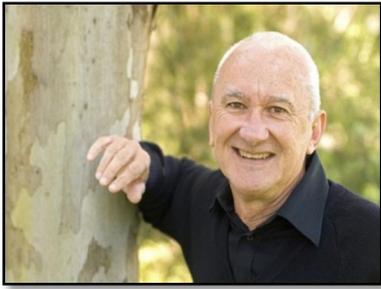
The work in developing the training program was completed by Paula Parsonage and overseen by a steering group of TC practitioners from New Zealand. I was also included in this group, as were representatives of the New Zealand Ministry of Health. Training was highlighted as a priority in the most recent survey results, and we are excited to be able to provide the opportunity for training to our members.

The seven training modules comprise: 1. Course orientation and Overview of TC; 2. Community as Method; 3. TC structure, organisation and environment; 4. Relationships in the TC; 5. Staff roles and responsibilities and rational authority; 6. Group work, community tools, work as therapy & continuing care; and 7. Supervised practicum. Course participants will be engaged in face-to-face training, online course work and practicum placements within TCs. While in time we would like to see this training incorporated into a Certificate course within the Vocational Education and Training (VET) sector, in the initial stages it will be offered by ATCA as a training program, specifically focused on workforce development.

In Australia, the level of funding to the sector, and particularly to TCs in 2016 and beyond, is still unknown at this point. As Eric has highlighted in the Chair's report, in Australia we are awaiting the report from the Ice Taskforce, and believe TCs provide an important role in a coordinated treatment response. The Australian Government's Assistant Minister for Health, Senator the Hon Fiona Nash, has noted the results of the historic 2014 Victorian tri-partisan inquiry into the supply and use of methamphetamine, stating, "A recent review of 30 publications reporting on 16 studies found positive outcomes for therapeutic communities ... including reduced substance use, and criminal involvement, increased rates of employment... residential rehabilitation is indeed an important part of a suite of evidence based treatments available."

In New Zealand, the Government and Ministry for Health has proactively supported TCs as part of a response to concerns regarding the use of methamphetamine, with the establishment of the The Alcohol and Other Drug Treatment Court (AODTC), a collaborative therapeutic jurisprudence pilot between the Ministry of Health and Ministry of Justice. The treatment component is accomplished through a strong network between three providers; Odyssey Auckland (Lead Provider), Higher Ground and the Salvation Army. The network has a strong working relationship with the Court. This is a leadership model which provides evidence of strong positive outcomes, and it is hoped can be established within the Australian context.

My thanks to Eric Allan, Chair of the ATCA Board and to all Board members who have provided support and direction over this past year. ATCA members will know that Barry Evans retired from The Buttery and ATCA in 2014, and has since that time been working with us as Project Consultant to bring the Standards Project through to fruition. His dedication, along with that of all Board members, to the TC model has not wavered over many years – and it is with a huge sense of pride that we present to the members, the work undertaken by ATCA during 2014-2015.



ATCA
Standards
Project: Barry
Evans



Goldbridge Rehabilitation Services based in Southport Queensland becomes the first Therapeutic Community to be certified under the new ATCA Standard

Congratulations must go to the Management, staff and residents of Goldbridge Rehabilitation Services for being the first therapeutic community in Australia to be certified under the ATCA Standard. The audit was conducted in early August by the Institute for Health Communities Australia (IHCA) as part of its requirements for registration with the Joint Accreditation System of Australia and New Zealand (JAS-ANZ).

IHCA can now be contracted by ATCA members to audit their TC with a view to gaining certification.

It is a requirement of the ATCA Standard that the Certifying Assessment Body (CAB) (in this instance IHCA) be accompanied by a Technical Expert appointed by the ATCA Board. This requirement is designed to assist the CAB with interpreting the compliance evidence, if required, during the audit. The Technical Expert is part of the audit team and has an active role in interviewing staff and residents, reviewing documents and observing the practices of the therapeutic community to confirm that it is operating according to the ATCA TC Essential Elements. Training for ATCA members wishing to become Technical Experts will take place in December 2015.

Recent changes to the ATCA membership categories mean that all members will be required to be certified over the next three years. All current members are expected to be signed up for an audit within this time frame, after which they will be engaged in a cycle of accreditation to ensure ongoing quality and adherence to the TC model, being engaged in an accreditation cycle will remain an ongoing condition of membership. The actual auditing has been outsourced to a Certifying Assessment Body (in future there could be more than one accredited body) as the ATCA Board does not have the resources to conduct these audits and it would be a conflict of interest for them to do so. Peer reviews will no longer be a condition of membership. For those TCs that have participated in a Peer Review they are still required to move into an accreditation cycle over the next three years, however they will be advantaged by their participation in such a review as it will have served as a capacity building audit to highlight areas of strength and any areas that may need improvement over time.

Australia is the first country in the world to have a Standard which is specifically used to certify therapeutic communities and residential rehabilitation services. This achievement could not have been made possible without the support of the ATCA membership over the years of its development and trialling. Your participation and feedback has been vital to the refinement of the Standard and as it is increasingly taken up by members over the next three years it will become a hallmark of quality, succinctly describing the service that members are offering to the broader community. Thanks must also go to the ATCA Board, Lynne Magor-Blatch ATCA Executive Officer, Bec Davey – ATCA Project Officer and to Jill Rundle EO for WANADA for their assistance and perseverance.



Reconciliation Vision

The ATCA has always acknowledged the need to ensure that our services are both accessible and appropriate for Aboriginal and Torres Strait Island peoples and those with culturally and Linguistically Diverse (CaLD) backgrounds. Cultural security is about ensuring that the delivery of health services is such that no one person is afforded

The ATCA is committed to applying this principle in practice across all aspects of organisational governance and planning, service delivery and all relationships with individuals and organisations. We aim to further develop positive relationships and ways of working that will contribute to improving the health and wellbeing and dignity of all Australasians.



ATCA Board 2014 -2015

- **Eric Allan, Chair:** Odyssey Victoria
- **Garth Popple, Deputy Chair:** WHOS NSW and Queensland
- **Gerard Byrne, Treasurer:** The Salvation Army Recovery Services, ACT, NSW and Queensland
- **Carol Daws, Secretary:** Cyrenian House, WA
- **Directors:**
- **James Pitts,** Odyssey House NSW
- **Johnny Dow,** Higher Ground, Auckland, New Zealand
- **Bernice Smith,** Goldbridge, Queensland – until July 2015
- **Mitchell Giles:** Lives Lived Well, Queensland - until April 2015

Regional Reports

Australian Capital Territory

There are 4 TC members in the ACT:

- Arcadia House: Directions
- Canberra Recovery Services (Salvation Army)
- Karralika Programs Inc (including Karralika TC and the prison based Solaris TC)
- Ted Noffs Foundation



Arcadia House: Directions

Fiona Trevelyan, CEO

Kim Fleming, Manager Arcadia House Programs

In 2014/2015 Arcadia House continued to offer a seven day, non- medicated Withdrawal Program, eight week Residential Transition Program, and an eight week Day Program. All Arcadia Programs are based on Therapeutic Community Principles, incorporating harm reduction as an explicit aim. The programs are abstinence based and include a focus on self-help and mutual support. The Programs aim to help clients develop positive life skills while providing them with the physical and personal resources to successfully withdraw from alcohol and other drugs.

New Initiatives

In January 2015 the Transition Program was expanded to include a 4 week Day Program

component at the completion of the residential phase. This extended stage supports clients with

“Client Testimonial” Male Aged 44

“When I arrived at Arcadia I was a broken man in a very dark place. I leave here I a new man who can actually look at myself in a mirror and love what I see in the reflection. I started to believe in me as I discovered feelings and emotions that had been buried deep inside of me. I love who I am now and am striving to be the best possible person I can be”.

“Client Testimonial”

Female Aged 42

“Today I leave Arcadia as a new Woman. I feel liberated, I have self-respect, I have found so much love of life and am equipped to go home and face any challenges that may come my way – Thank you Arcadia House”.

a graduated transition back to the community and includes Relapse Prevention Strategies and referral to our Treatment Support Team or other services for ongoing case management and/or counselling.

Arcadia House Programs also became Nicotine Free from Jan 2015 and Clients are provided with Nicotine replacement Therapy (NRT) support.



For the 2014/2015 period we had the following admissions:

- Withdrawal Program: 28
- Transition Program: 55
- Day Program: 22
- Graduations: Total: 21



Canberra Recovery Services

Gerard Byrne, Clinical Director
Scott Warrington, Manager

The Salvation Army operates a therapeutic community in the

Australian Capital Territory, located at Fyshwick.

Canberra Recovery Services known locally as **CRS** provides a 36 bed residential TC for men and women and aftercare which includes access to transitional housing. CRS also provides an outreach service.

Karralika Programs Inc

Sharon Tuffin, CEO (Interim)

Karralika Programs has continued to deliver high quality services to those most in need in our community, with all residential, community and corrections-based programs in high demand.

We have spent much of the past 12 months reviewing our programs to ensure they remain effective, evidence-based and meet community need.

The Solaris Therapeutic Community within the Alexander Maconochie Centre introduced a graduate program and a rolling readiness program to cater for the increased demand for the program.

Earlier in the year the Karralika Family Program, the only comprehensive alcohol and other drug residential rehabilitation program in the ACT and southern NSW supporting parents and accompanying children, was in jeopardy as a result of funding decisions. However we were successful in our advocacy efforts to ensure families could continue to access this unique and

effective program, securing two years transition funding from the Department of Social Services and through support from ACT and NSW community service agencies supporting families.

We have further strengthened our residential programs following the recommendations from both a clinical governance audit and an evaluation of the Karralika Therapeutic Community and in response to feedback from service users and funders. Operationally, we have modified our staffing establishment and introduced a multidisciplinary team of qualified counsellors, case managers, support workers and Primary Health Nurse to support our person-centred and strengths-based approach to recovery planning within the Karralika Therapeutic Community. Care has been taken to retain the essential elements and ‘community as method’ within the TC.

Karralika Programs has established and maintained a number of partnerships with corporate and community sector organisations to increase capacity and range of services offered to clients and families. One unique program offered to Karralika Programs clients in 2015 came about through a partnership with Outward Bound.



Eleven residents of the Karralika Therapeutic Community, Transition and Nexus Men’s Program were invited to participate in the “Karralika Kamp” – an adventure experience in the bush around Canberra (Namadgi National Park) in May-June this year. The program was intended to enhance participant’s sense of achievement and self-esteem and underline that self-determined healthy and active lifestyle choices can be fun, rewarding and safe. The program was facilitated by Outward Bound Australia’s instructors and Karralika staff who also guided the participants through a journey of personal development, helping them to identify their personal values, harness their strengths, develop their resilience and set goals for their future.



The camp evaluation across multiple measures of ‘personal life effectiveness’ confirmed empirically the feedback we received from our clients. Although it was a challenging program (it snowed while on

camp!), clients reported an increase in their self-confidence and emotional control, heightened resilience, leadership skills and initiative, positive impact on physical wellbeing and social competence.

We are looking forward to taking our clients on another “Karralika Kamp” with Outward Bound next year but may choose another season!

Karralika Therapeutic Community continued to support clients on opioid replacement therapies. The mid-term evaluation conducted by LeeJen Health Consultants highlighted the positive outcomes for clients and their appreciation for being accepted into a residential program on pharmacotherapies. The next phase of the program will begin in late 2015 to enable detainees exiting the Alexander Maconochie Centre on opioid replacement therapy to be considered for admission to the Karralika Therapeutic Community.

Karralika Programs promotes a learning environment and supports students on professional and clinical placements. This has included students studying Cert IV in Drug and Alcohol, Cert IV in

Mental Health and Post Graduate Counselling. Karralika Programs will also be supporting undergraduate nursing students from the University of Canberra on clinical placement at the Karralika Therapeutic Community to enhance their learning experience under the supervision of our newly appointed Clinical Services Director, Jennifer Harland.

Ted Noffs Foundation

Matt Noffs, CEO

The Ted Noffs Foundation operates two complimentary treatment programs for young people aged 14 to 18 years in the ACT.

The Program for Adolescent Life Management, (PALM), is a 10 bed residential treatment program for young people to address drug and alcohol, mental health, family dysfunction and criminality issues. The service provides a holistic, intensive, multi-disciplinary, residential treatment program staffed by professionals specifically trained in dealing with trauma, challenging behaviours and complex needs

Based on leading research conducted in partnership with the National Drug and Alcohol Research Centre and the University of NSW, the program is of up to three months duration and develops tailored, personalised treatment plans for each client. The program offers extensive group work, individual counselling, family therapy, living skills, vocational/educational modules and recreational activities.

Findings of a three-month post-treatment study of the effectiveness of PALM have shown significant reductions in harmful drug use and criminal activity along with increased involvement in training and employment, increased stability in accommodation and improved family relations. In the 2014/15 year PALM ACT had 128 admissions and cannabis was the primary drug of concern for 45.3% of clients followed by amphetamine-related stimulants at 44.5%.

The Continuing Adolescent Life Management, (CALM), serves as the aftercare module for clients who have participated in PALM and offers a range of community-based therapeutic services including individual and family counselling, life skills development and educational and vocational programs crime prevention strategies, family reconnection and community integration. This aftercare and support is provided for up to three years. A key component of CALM is the use of “facebook” to maintain open communication with clients and provide ongoing support as well as information and resources on health and lifestyle issues. CALM also provides a wide range of workshops, programs and activities that incorporate remedial interventions in a highly visible, youth-friendly environment. Therapeutic interventions are interwoven with an array of recreational and socio-cultural pursuits including art, dance, and music which promote teamwork, self-confidence and goal setting.

During 2014/15 CALM ACT provided services to 144 clients.

New South Wales

In 2014-2015, there were 11 member organisations in NSW:

- The Buttery
- The Lyndon Community
- Namatjira Haven
- Ngara Nura TC (Long Bay Gaol)
- Odyssey House McGrath Foundation
- One80TC
- The Peppers
- The Salvation Army Recovery Services: Dooralong, William Booth House
- Ted Noffs Foundation
- Watershed D&A Recovery and Education Centre
- WHOS (Rozelle and Hunter Valley)



The Buttery

John Mundy, CEO

The Buttery based in Binna Burra just outside of Bangalow operates in the NSW Northern Rivers region but takes people from a much wider area into its residential programs whilst its outreach programs operate from Grafton to Tweed Heads on the NSW- Qld Border.

The Buttery's Residential Alcohol and other Drug (AoD) treatment programs, are The Therapeutic Community (TC), Magistrates Early Release into Treatment (MERIT) and

Maintenance to Abstinence (MTA) are located at The Buttery's 34 Bed properties at Binna Burra. These programs have treated approximately 100 people over the last 12 months and continue to be a vital program for the successful treatment of those suffering from addictions. The MTA program has been very successful in allowing those on Methadone treatment programs to move to buprenorphine and then reduce to abstinence.

The Buttery's outreach programs assist about 1000 people a year in both AoD addiction recovery and mental health illness and AoD co-morbidity.

INTRA is our outreach program for those who need assistance in managing their addictions. Intra operates out of offices in Lismore, Byron Bay and Tweed Heads and is also involved in the Lismore Headspace consortium.

bWell, is an outreach counselling program for dual diagnosis mental Health and AoD addiction. bWell operates from offices in Lismore, Mullumbimby, Byron Bay and Tweed heads.

Partners in Recovery (PIR). The Buttery is part of the North Coast PIR consortium headed by Mission Australia and has 9 member organisations. PIR is a program that assists clients with mental health illness get the help they need within a complex system

Northern Rivers Gambling Counselling Service (NRGCS) operates across the Northern Rivers Region from Maclean to Tweed with offices in Lismore, Byron Bay, and Tweed Heads. A long

established and well used service, NRGCS assists many people manage their Gambling addiction by counselling and other more direct means such as exclusion orders.

These programs combine to give a broad spread of treatment and support to those suffering from addiction and mental health illness in the NSW Northern Rivers Region



Ed Zarnow, CEO

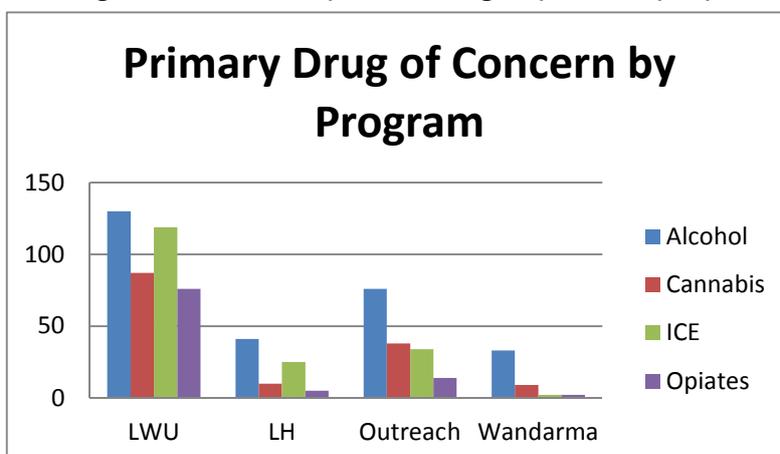
The Lyndon Community provides D&A services to the central tablelands, central west, far west and the far south coast. Lyndon has been operating for over 30 years and has increased services significantly in the last 15 years to provide crucial D&A services to rural and remote areas of NSW. The Lyndon Community is comprised of the following programs:

- The Lyndon Withdrawal Unit (LWU) in Orange, which has 12 beds
- Lyndon House (LH), a three month rehabilitation program in Canowindra, which has 15 beds
- Lyndon Outreach Service based in the central west
- Murdi Paaki D&A Service, a training program for health providers in the far west to better understand D&A Issues
- Wandarma, Aboriginal D&A support, counselling and case work on the far south coast (based in Bega, and supporting Eden, Tathra, Wallaga Lake and everything in-between)
- Dianella, a women’s day program in the Blue Mountains (this service is planned to be auspiced by Lyndon by the end of 2015)

In the 2014-15 financial year Lyndon provided a service to 1981 individuals through assessments, residential treatments, counselling, or group and education sessions.

The Lyndon Withdrawal Unit saw 431 clients, the majority men (90%). Thirty-five percent of admissions were ATSI. 86 residents were welcomed to Lyndon House, of which 60% were men and 28% were ATSI. Outreach saw 215 individual clients and provided 29 groups to 153 people. Wandarma provided individual counselling to 64 clients and provided 35 groups to 230 people and Murdi Paaki provided counselling and support to over 50 clients from remote communities in Lightning Ridge, Brewarrina, Bourke and the Pilliga (to name a few).

The primary drug of choice for all programs continues to be alcohol; however an increase in methamphetamines has been noted in the last 3 months.



Lyndon has also embarked on four special projects which has allowed us to diversify and prove ourselves as innovators in rural D&A services.

Our achievements are:

- Merger with Dianella Cottage – expanding our reach and to continue providing services to an underserved demographic (women and women with children)
- Development of a Client Management System, specifically designed for the D&A sector
- Development and roll out of DAFA (Drug and Alcohol First Aid) – to educate communities, individuals and work places, and to assist in generating a source of income
- The approval to run ‘Café 31’ on the site of Bloomfield Hospital as a method of providing training opportunities, service promotion and an additional income stream

Marianne, Elise and Michele from the Lyndon Withdrawal Unit at the opening of Café 31 in May 2015.



Lyndon has also been granted funding from the Ian Potter Foundation to develop a new program specifically designed for cognitively impaired people with drug and alcohol issues. The project commenced in September with the employment of the Project Officer who will develop program and also train staff in delivering the program once complete. It is the aim of Lyndon, to provide the very specific treatment option to cognitively impaired persons in conjunction with the standard rehabilitation service which is based on the MATRIX model.

Lyndon continues to be accredited through ACHS (Australian Council on Healthcare Standards) and has an ongoing process in place to evaluate the range of service models it currently provides. Our focus remains on the provision of evidence based treatment models while still focusing on a person centred approach in an effort to achieve the best possible outcome for every client.

Namatjira Haven

Dian Edwards, Manager



Namatjira Haven has been operating since 1979, and is a 14 bed program for adult Aboriginal men dealing with substance misuse, abuse and domestic violence issues. The healing centre also provides outreach family health and wellbeing support services to family members of residents. Namatjira Haven acknowledges the people of the Bundjalung Nation, Traditional Custodians of the land on which they work.



Odyssey House McGraith Foundation

James Pitts, CEO

We have had another challenging year in respect to the profiles of our client population. The proportion of people entering the rehabilitation program with a co-existing mental illness and alcohol and other drug problems remained very high. Over 57% of people entering the rehabilitation program met the criteria for this diagnosis. The percentage of people with a dual diagnosis

remained steady with the previous year's total.

The biggest issue, in terms of drug choice, this year had to be the rise in availability of methamphetamine or "Ice". The number of people entering our rehabilitation program who nominated methamphetamine as their primary drug of concern was over 40%. This is the fourth year in a row that "Ice" has been the drug of choice for those entering the rehabilitation program.

The continued upward trend in the apparent availability of methamphetamine has been consistent with reports in all media platforms. Reports of an "Ice" epidemic were consistent over the course of the past year.

Statistical data provided by the 2013 National Household Survey indicated that overall use of the class of drugs known as Amphetamines had been reduced. However, the use of the class of drug known as Crystal methamphetamine had increased by 56%.

We have continued meet the needs of this group of clients who often can be quite challenging due to mental health issues which are a result of their use of methamphetamine. This may cause some difficulty in their engagement in rehabilitation initially and up to twelve weeks after they enter treatment. We have continued to provide a specific intervention for amphetamine users titled "Group Intervention for Amphetamine Type Stimulants (GIATS)". The intervention has been helpful in assisting clients dependent upon amphetamines.

We underwent our organizational-wide survey last August. This is a process conducted by the Australian Council on Healthcare Standards (ACHS), who licenses community healthcare facilities, including hospitals. The survey was conducted to determine if our organisation met the necessary criteria to be accredited by ACHS. The survey took a total of three days in which two auditors reviewed program records from our clinical and treatment facilities. We were able to meet all of the mandatory criteria with an acceptable rating of MA. We also received a rating of EA in five criteria area which denoted excellence!

In their report the auditors complimented the commitment and quality of the staff. They also made note of the attitude of the residents in relation to their rehabilitation and their acknowledgement of the assistance they receive from the staff. We were accredited until November 2018.

We participated again last year in reviews of alcohol and other drugs services conducted by the State and Federal Governments. The funding cycles for both jurisdictions ended in June 2015. It was proposed optimistically that new models for the funding of alcohol and other drugs services would be in place at the end of the fiscal year, but this did not come to fruition. Consequently, we

were informed our funding would be continued until 30 June 2016 at our current levels of funding from both State and Federal Governments.

We maintained formal relationships with a number of key stakeholders from social service organisations. We signed a Memorandum of Understanding with the Benevolent Society. We maintained formal relationships with the Tharawal Aboriginal Corporation; the Illawarra Aboriginal Medical Service (IAMS); the University of Western Sydney Medical School and Psychology Department; and Notre Dame.

We continued in our efforts to be entrepreneurial in order to meet some of our budget shortfall. We hosted and participated in a number of fundraising activities. These included Real Men Cook for Odyssey House; The Fund Managers' Awards; the ASX Thomson Reuters Regatta and Gala Dinner; and the Lend Lease Regional Conference where I was guest speaker.

The year past afforded us with many opportunities to be an active participant in the discourse relating to alcohol and other drugs issues. Our status as a media commentator on drug issues and policies was maintained again this year due to ongoing public relations efforts to foster community support for our organisation and people struggling with addiction or in recovery. Odyssey House featured in a record 679 media items with an excellent average impact rating of 4.3 out of 5, generating more than 24 million opportunities for people to see/hear positive coverage about Odyssey House, the work we do and the people we assist.

Ice/methamphetamine attracted significant media interest during the year, accounting for more than half of our media requests; through media interviews and my opinion articles on our website, we presented factual information to counter the sensationalist reporting about an 'epidemic', call for more funding and resources for treatment and communicated the help Odyssey House can provide.

Overall, we achieved 451 current affairs/talk segments, 217 news segments and fifteen features with highlights including an ABC/Radio National World Today story on our Parents' and Children's Program, a heartfelt Fairfax opinion article by a client, a Take 5 magazine feature on rehabilitation and extensive news coverage of drug trends and treatment from the 2014 Odyssey House Annual Report.

I was honoured to be named one of Australia's Top 18 True Leaders by The Australian Financial Review's Boss Magazine in August 2014.

We were able to participate in the Australasian Therapeutic Communities Conference held at the Coogee Bay Crowne Plaza last October. I did a presentation on the "Cost Benefits of Therapeutic Community Programming" and delivered the inaugural James A Pitts Oration. The topic was "The Development of the Therapeutic Community Model in Australia and its Future". I also was able to make the presentation of the Costs Benefits at the World Federation of Therapeutic Communities Conference in Cancun, Mexico in November, 2014.

We have been able to meet the needs of our client population thanks to the support of other organisations who share our common objective of assisting those in need.

We have been assisted greatly by the hard work and commitment of our Board of Directors. I applaud the hard work of our staff who have the difficult task of assisting our clients to overcome their veneer of anger and hostility to be able to realize their true worth and potential.

ONE80TC

Paul Hutchinson, General Manager

ONE80TC is a single residential facility housing up to 48 young men aged 18-35 years, including Aboriginal and Torres Strait Islander people who are disadvantaged with issues such as; substance abuse, comorbidity, homeless and criminal convictions. Located in Outer Western Sydney.



ONE80TC runs an initial 6 week Induction program as part of our 12 month Program. This program is followed up with a 12 month internship where the former students gain on the job training and education toward Certificate IV in Alcohol and Other Drugs. Therapeutic groups continue to be provided with topics ranging from: 12 Step Program, Recovery Principles, Anger Management, Boundaries, Parenting, Relationships, Self-Esteem, Therapeutic Community Group, organised sports.



ONE80TC continues to partner with Dr Antonio Rombola - GP, Dr Lubna Naaz - Psychiatrist and Mat Horne - Clinical Psychologist. Dr Rombola visits the facility weekly to provide mental health and physical assessments, treatment plans and referrals as required to other health professionals. Dr Lubna Naaz - Psychiatrist works closely with the ONE80TC clients and the team seeing clients as required. Mat Horne - Clinical

Psychologist continues to provide counselling, mental health assessments and treatments plans onsite at ONE80TC 3 days per week.

ONE80TC saw 105 clients in the last financial year. The two Primary Drugs of concern were Methamphetamine 38% and Alcohol 30%, followed by Cannabinoids 13% whereas Cocaine and Heroin sit at 5 & 6% respectively.

On average 25% complete the 12 month program and 85% of these stay clean after leaving.

Our highest source of referral is from the client themselves at 36% closely followed by family at 35%. Of these 49% were living with parents which equates to 74% who were living with family prior to entry into the program. Family is a primary concern for ONE80TC and we have created a new permission slip from students, giving us permission to discuss their recovery with a close family member. We also provide referral to Family Drug Support Australia to assist families through recovery and our AfterCare Program aids ex-clients in their rehabilitation and re-entry into society.

This year ONE80TC has acquired a property to commence a Women's Residential rehabilitation program.

The facility will be run independently of the men's facility and will house 5-10 women. This facility will be run in partnership with another charity Christ Mission Possible who will house women escaping from Domestic Violence and requiring emergency accommodation.

We have also employed a new General Manager who has instigated new practices to maintain a more stable environment which has seen our student numbers stabilise, our retention rate is going up and our students are being more engaged with the program.

Finally we have our ISO9001 Accreditation audit booked in for September 2015 which is a final step towards full accreditation.

ONE80TC continues to be a solid recovery program with great outcomes and a culture of complete healing from all forms of addiction.

The Peppers

Brendan McCorry, CEO

This 12 bed program is provided in a therapeutic community residential setting for those recovering from drug abuse. Funding has been provided through the National Illicit Drug Program for this essential service. The Peppers is part of Calvary Health Care, Riverina, situated in Wagga Wagga. The full program lasts 6 months, with a 6 week early exit point, and the final 3 months of the program being undertaken in a transitional halfway house program.

The Salvation Army Recovery Services

Gerard Byrne, Clinical Director

The Salvation Army operates two therapeutic communities in New South Wales, located at Dooralong on the Central Coast and Surry Hills in Sydney.

Dooralong Transformation Centre, DTC (Manager, Major Craig Stephens), provides a 150 bed residential TC for men and women and aftercare which includes transitional housing, in addition DTC provides support for families. DTC provides its residential TC program in three streams; women, men and a complex mental health program that includes access to psychiatrist, mental health nurses, psychologist and mental health trained AOD staff.



William Booth House Recovery Services, WBH (Manager Major Bob Seymour), provides 105 places plus transitional housing, for men and women, in the inner city Sydney suburb of Surry Hills. The range of services provided by WBH include two residential withdrawal management services; Alf Dawkins Detox Unit which targets homeless people in the inner city and is part of the Inner City Homeless Health Strategy, and the Bridge Detox which targets people seeking detox prior to entering a TC, in addition to its TC program. WBH also provides outclient and outreach services.

**Ted Noffs
Foundation
Matt Noffs, CEO**

The Ted Noffs Foundation operates two complimentary treatment programs for young people aged 14 to 18 years in Randwick, NSW.

The Program for Adolescent Life Management, (PALM), is a

16 bed residential treatment program for young people to address drug and alcohol, mental health, family dysfunction and criminality issues. The service provides a holistic, intensive, multi-disciplinary, residential treatment program staffed by professionals specifically trained in dealing with trauma, challenging behaviours and complex needs

Based on leading research conducted in partnership with the National Drug and Alcohol Research Centre and the University of NSW, the program is of up to three months duration and develops tailored, personalised treatment plans for each client. The program offers extensive group work, individual counselling, family therapy, living skills, vocational/educational modules and recreational activities.

Findings of a three-month post-treatment study of the effectiveness of PALM have shown significant reductions in harmful drug use and criminal activity along with increased involvement in training and employment, increased stability in accommodation and improved family relations.

In the 2014/15 year PALM Sydney had 122 admissions and amphetamine-related stimulants were the primary drug of concern for 53.35 of clients followed by cannabis at 34.4%.

The Continuing Adolescent Life Management, (CALM), serves as the aftercare module for clients who have participated in PALM and offers a range of community-based therapeutic services including individual and family counselling, life skills development and educational and vocational programs crime prevention strategies, family reconnection and community integration. This aftercare and support is provided for up to three years.

A key component of CALM is the use of “facebook” to maintain open communication with clients and provide ongoing support as well as information and resources on health and lifestyle issues. CALM also provides a wide range of workshops, programs and activities that incorporate remedial interventions in a highly visible, youth-friendly environment. Therapeutic



Mural at PALM Sydney



CALM Outing

interventions are interwoven with an array of recreational and socio-cultural pursuits including art, dance, and music which promote teamwork, self-confidence and goal setting. During 2014/15 CALM provided services to 225 clients.



Watershed D&A Recovery and Education Centre Will Temple, CEO

From our humble beginning as the first drug detoxification and rehabilitation service in the Illawarra, Watershed has evolved into a widely recognized, respected and professional organisation that now provides a complete package of Residential and Non-Residential Drug & Alcohol Treatment Services to the Illawarra community.

Our evidence-based residential treatment services include a Withdrawal Management Program (Detox), supported by a four week structured Rehabilitation Program where clients receive 24 hour support and supervision and participate in a Therapeutic Healthy Lifestyle Program which includes individual Case Managed support and counselling, a therapeutic treatment program that incorporates a structured harm minimisation approach covering relapse prevention, anger management, conflict resolution, healthy relationships and self-esteem; The therapeutic program works directly alongside a Living Skills Program that includes budgeting, shopping, cooking, gardening, first aid and includes yoga, exercise, and meditation.



Continuing Care Services – Halfway House

Watershed's Continuing Care program includes supported accommodation through our transitional (halfway) program. Carinya House is a 6 bed, longer-term (3-12 months) accommodation program that provides continued access to treatments and allows a gradual transition back into the community while providing assistance to find housing and employment.

Carinya clients, in addition to continuing to improve their general physical & mental health, have either engaged with local training organisations such as TAFE or returned to active employment. All clients completing Carinya have either returned to their family home or have accessed public or private rental accommodation, which for some of these guys is a major step forward.

This year Watershed Residential Services received 580 requests for service, unfortunately due to bed capacity we were only able to admit 254 of those. This means 43% of all clients requesting detox or rehab had to be turned away due to the lack of beds.

The principal drugs of concern for clients attending Residential Services was Methamphetamine (37%) followed by Alcohol (34%) and Cannabis (18%).

Continuing Care Services – Day Program

The Watershed Day Program, is situated in the Wollongong CBD and provides a treatment option for those that cannot enter a 'residential program' due to family, childcare, work or other responsibilities or commitments. This service provides individual case management, counselling

and group work structured into a nine week treatment program. The program is also designed to cater for clients leaving custodial settings, or those that are on a pharmacotherapy treatment programs (such as methadone) who may be looking to reduce their use of such substances.

Recently a 'pre residential rehab' group has been added for those clients on the waiting list for the residential program. This group helps in keeping those clients waiting for a bed motivated and assists them and their families to prepare for what residential treatment will be like.

The Day Program has just become a partner in a 'OneFACS' initiative. This NSW Government led initiative is the first facility where local FACS services (Ageing Disability & Home Care, Community Services and Housing NSW) and non-government organisations provide services under one roof. This provides Watershed with another avenue for improved referral pathways to better assist our clients as they move through our treatment programs by helping to address issues around work, education, housing and children.

This year the Watershed Day Program received 458 requests for service, due to this program being relatively new and very well structured, we were able to admit 397 of those. This basically means that we didn't have to turn anyone away and in this day & age, that is an outstanding result.

The principal drugs of concern for clients attending the Day Program were Methamphetamine (31%), Alcohol (31%) and Cannabis (23%).

All in all, Watershed has had a very busy & productive year helping many of our clients to experience their own 'Watershed Moment'.



WHOS® (Rozelle and Hunter Valley)

Garth Popple, CEO

WHOS was established in 1972 by a group of concerned ex-users, who had identified a way to help drug dependent members of the community in finding a better way of living. This humble beginning of a self-help group has evolved into a recognised professional service today known as We Help Ourselves, utilising the Therapeutic Community model of drug treatment.

Nowadays, WHOS provides therapeutic community programs aimed at achieving recovery from alcohol and other drug dependence, incorporating harm reduction and co-existing mental health initiatives. WHOS programs target individuals seeking a treatment goal of abstinence, opioid reduction or opioid stabilisation.

The WHOS Therapeutic Community is a three to six month residential program offering group work, counselling support, education, stress management and skills development. Group work covers topics such as social and communication skills, assertiveness skills and self-esteem building, living skills, self and group evaluation awareness, exiting client groups, relapse prevention, drug overdose and ex-resident groups.

WHOS also provides HIV and other infectious disease education and adopts a harm minimisation approach. Aftercare and Outreach services are available and provided by We Help Ourselves. WHOS offers multiple access to outside activities such as self-help meetings, general health services, legal and welfare services, TAFE pre-employment skills development and other

educational activities and various exercise programs such as Yoga and Tai Chi. Weekends are a time for the reintroduction of leisure activities and relaxation.

WHOS model of care has been highly effective in improving the health and wellbeing of people with drug and alcohol issues while incorporating harm minimisation and co-existing mental health initiatives. In the 14-15 financial year, WHOS clients reduced their severity of dependence by 53%, reduced their illicit drug and alcohol use to zero while in program, improved their psychological health and their quality of life by 35% and 20% respectively, 95% of clients demonstrated an increase in knowledge and skills regarding hepatitis C, HIV and safe sex, and also reduced BBV exposure risk taking activities by 100%.

The therapeutic community model is driven by people working with people. Our most unique resources are our staff who are caring and deeply committed individuals. WHOS employs knowledgeable, experienced and compassionate people. Our staff work within a strict professional code of ethics and have extensive experience in the field of drug addiction.

WHOS New Beginnings®

WHOS New Beginnings® is a female-specific drug free residential rehabilitation service supporting up to 24 women at any given time. WHOS New Beginnings operates separately from the other We Help Ourselves TC services. Its aim is to provide a safe and secure environment where women who suffer from drug abuse and its related problems can concentrate on their recovery. Group work and individual counselling are provided by same sex drug and alcohol workers who deal with the special needs of women. This service is situated close to the city and to all the professional facilities that a city has to offer. WHOS New Beginnings is ideally situated for our residents to make the transition back into the community and 3/4 way housing is also offered if a longer stay is required.

WHOS MTAR® (renamed OSTAR®)

WHOS OSTAR is a service provided by We Help Ourselves. WHOS OSTAR uses the Therapeutic Community model (modified for OTP clients) of drug treatment to assist clients to reduce off opioid substitution while learning the skills necessary to live drug free.

WHOS Gunyah®

The WHOS Gunyah men's community is a three to six month program offering group work, counselling, support and education, stress management and skills development. Groupwork covers topics such as social and communication skills, assertiveness skills and self-esteem building, living skills, self and group evaluation awareness, exiting client groups, relapse prevention and ex-residents groups. WHOS also provides HIV and other infections disease education and adopts a harm minimisation approach should a drug free outcome not be chosen.

Aftercare and Outreach services are available and provided by We Help Ourselves. We also provide multiple accesses to outside activities such as self-help meetings, general health services, legal and welfare services, TAFE and other educational activities and various exercise programs. Weekends are the time for leisure activities and relaxation.

RTOD®

WHOS RTOD was established in 2009 and uses the modified Therapeutic Community (TC) model (modified) of treatment to assist clients to stabilise on their OST while learning the skills necessary to achieve their goals while participating in the TC milieu.

WHOS Hunter®

We Help Ourselves Hunter Valley operates separately from the other WHOS services. Its aim is to provide a safe and secure environment where men and women who suffer from drug dependence and its

related problems can concentrate on their recovery. Experienced drug and alcohol workers who deal with the special needs of clients provide groupwork and individual counselling. Our service is located at Cessnock in the Hunter Valley NSW. We facilitate aftercare support and accommodation for clients during their transition back into the community.



Northern Territory

There are currently 3 member organisations in the Northern Territory:

- Banyan House – Foster Foundation
- Barkly Region Alcohol and Drug Abuse Advisory Group (BRADAAG)
- Drug and Alcohol Services Association, Alice Springs (Aranda House)

Banyan House – Foster Foundation Chris Franck, CEO

Number of Services:

Banyan House offers a 12-52 week Residential Rehabilitation Program including:

- Extensive Life Skills Education,
- Facilitated access to Work Programs in partnership with APM,
- Aftercare Program following SMART RECOVERY Training
- Co-managed Residential AOD Withdrawal
- Integrated Therapy for Dual Diagnosis clients including a Mental Health/Psychology Clinic
- Facilitated access to Primary Care and Allied Health Services
- Clinical Assessments
- Parenting Program in Partnership with Catholic CareNT
- Family Inclusive Practice with family support
- Community Education and Awareness
- Legal and Court Reports
- Pre-court and Police Diversion Program - counselling and education



Number of clients seen in the last year: 345

Primary drugs of Concern:		Sources of Referrals:	
1. Alcohol	36%	• Self-referral	39%
2. Methamphetamine	31%	• Non-residential AOD Treatment Agency	18%
3. Cannabis	23%	• Police Diversion	10%
4. Amphetamine	6%	• Employer/Workplace/School	9%
5. Morphine	1.5%	• Community Based Corrections	6%
6. MDMA	0.6%	• Community Mental Health/Psychiatric Hospital	4%
7. Heroin	0.3%		
8. Other	1.6%		

Family Services:

We offer Family Inclusive Practice to all our residential clients, and have 2 x 2-bedroom units in which we accommodate families/single parents undergoing withdrawal and/or residential rehabilitation. We are continuing to engage with partner organisations to enhance our ability to support residents and their families while in treatment and post residential involvement.

Major Achievements:

1. Confirmed His Honour the Honourable John Hardy AOM as the Patron of Banyan House
2. Significant culture change from strict traditionalist TC context towards contemporary rehabilitation service following TC Principles
3. Integrated Dual Diagnosis Programs managed by a Mental Health Nurse and Psychologists
4. Encompassing Government and Private Business Stakeholder relationships leading to a significant increase in partnerships and collaborative initiatives
5. Implemented Automated Client Database/Management System
6. Implemented QMS – LOGIQC
7. Facilitates advanced university placements (Psychologists, Community Nurses, Cert III and IV Community, MH and AOD Certifications)
8. Facilitates Business Certification Traineeship
9. Developed excellent relationships with the Media
10. Hosted the NT Government's Special Task Force on Ice
11. Hosted the Australia Government (Federal) Special Ice Task Force upon visiting NT
12. Supported key members of staff to complete the Odyssey House Certificate Course in managing clients rehabilitating from Methamphetamine addiction
13. Successful change from 80% Corrections Mandated clientele to 20% Corrections and 80% voluntary clients
14. Change Board from Health-oriented representation to a Competency based Board
15. New Board members and senior management team attended Australian Institute for Company Directors' In-Boardroom training
16. Significant increase in capacity to respond to community needs
17. Embarked on a rebranding and marketing exercise that will result in a changed logo and colour scheme, corporate style guides and updated, contemporised interactive website
18. Employed a new CEO, Clinical Services Manager and Mental Health Nurse
19. Increased bed occupancy from an average of 50% to 90-95%

Interesting Observations:

1. Shift in demographics of people seeking treatment towards females – over the past 4 months Banyan House averages 50-60% female residents
2. Significant change in demographics towards younger people accessing the service – observing a developing trend towards more female and younger people seeking help to rehabilitate.
3. Although not specifically funded for ATSI population, we average 25% Aboriginal and 1.7% Torres Strait Islander clients



Drug and Alcohol Services Association, Alice Springs (Aranda House) Carole Taylor, CEO

Aranda House Therapeutic Community (AHTC) has had an eventful year with many new and exciting things being added to the program.

This last year has seen AHTC achieve our second round of Accreditation with QIC. A huge amount of effort was put in by all staff and management in order to secure this accreditation again and the clients were really great and honest with their feedback to the accreditors when they visited. Clients and staff went on a 3 day bush trip out to Hamilton Downs. Elder clients really enjoyed teaching the younger clients to track a snake and cook kangaroo tail.

Everyone had a great time in the bush whilst still having morning and afternoon meetings and the TC meeting.

We also introduced an Animal Husbandry program this year. This involved a number of clients getting up very early and doing their house jobs then heading out to the Hillbillies Equestrian Centre and mucking out stables, working with the horses and undertaking general maintenance on the property. Clients were able to earn horse rides for all their hard work and those who participated came back every day with a sense of pride and achievement and feeling great for being able to 'give back.'

For the past eight months Aranda House Therapeutic Community has had a consistent 85-90% occupancy rate with a lot more of our clients graduating and then moving into our Transitional Aftercare Units (TACU) and Independent Living Program (ILP).



AHTC had its first open day earlier this year, inviting many other stakeholders along to visit the Community. Some clients cooked beautiful cakes and biscuits, other clients showed stakeholders through and talked through all the phases of the TC and clients past and present spoke of their journey. The day was a huge success with all staff and clients feeling proud of their community.

Another change to our program this year has been the addition of babies to the program. A young client found out she was a few weeks pregnant when she entered AHTC. As the pregnancy went on she was having health concerns and we decided that once the baby was born she could live on site in our TACU with her baby and when she felt strong enough could move to ILP. As we expected word got out to other services and before long we were getting more referrals for Mother's with babies. We went from a service for adults, to having 3 babies here at once (not that the staff minded). Currently we have a Mother and her nine month old baby. Mother or Father can only have 1 baby with them at a time and have to reside in the TACU part of AHTC, and as this is full a lot of the time it really limits how many clients with a baby we can take.

This is an area that AHTC really wants to get into and one that is severely lacking in Alice Springs. CEO Carole Taylor has been in touch with the local Minister for Women's services and we are hopeful that one day in the not too distant future AHTC will include a women and childrens' program to the community mix.

Queensland

There are currently 6 member organisations in Queensland representing 12TCs.

- Fresh Hope Association
- Goldbridge Rehabilitation Services Inc
- Lives Lived Well – Logan House Therapeutic Community
- Lives Lived Well – Mirikai
- Lives Lived Well – Shanty Creek Therapeutic Community
- The Salvation Army – Fairhaven
- The Salvation Army – Moonyah
- The Salvation Army – Townsville Recovery Services
- The Salvation Army – Mt Isa Recovery Services
- The Salvation Army – Normanton
- Sunrise Way
- WHOS Sunshine Coast

Fresh Hope Association

John Bartlett, Executive Director

Fresh Hope has continued to offer its services as a Therapeutic Community for mothers with children, being the only service of this type in Queensland.

This year (2014/15) we have had 17 women participate in our residential program. The opportunity to keep their children with them is a key motivating factor for mothers to enter and remain in the program. We've seen clients staying longer and staying on average 90+ days which is an increase of 25 days compared with 2013/14 figures. There is a demand for these types facilities that accommodate for single parent families, male and female with a number of calls being received each week.



Alcohol has been the largest single drug of concern this year. However, methamphetamine and amphetamine use is rising: the incidence of these two illegal drugs combined have equalled alcohol (legal and socially acceptable) as presenting drug of choice.

Cannabis use is still a concern. For two thirds of the participants in the program, cannabis has featured recently as either their primary or secondary drug of choice, or has been an extended part of their historical drug use.



As with all services, we're finding that funding covers only our basic running costs with an increasing need for mental health support which we are finding difficult to accommodate. Services are already backlogged and difficult to access.

Over the year we have seen the program evolving in an attempt to meet the ever changing needs of our clients. This is reflected in our numbers and how they are staying in the program longer. Our staff have played a crucial part in this process and implementing.

Residents within are supported in developing their parenting and life skills. Members in the latter stages of the program participate in a



Family Support Program. This provides extended family members with education and counselling to enable them to support the graduating resident in living a drug free lifestyle.

Standards have been an integral part in the running of the service, our staff meetings and staff development with policies and procedures being looked at and developed more comprehensively.

The Horse4healing program continues to evoke emotions and learning processes in our residents' lives. It continues to work in conjunction with the program touching on and addressing certain issues like anger management, communication, assertiveness, life skills etc.

Fresh Hope has had a big year, celebrating 15 years in service. Guests were invited to join in reminiscing and travelling back through the years to see how far the service has come.

Congratulations go out to John and Karen and their committed team for their tireless work.

Helen's story – one of our early graduates.

"I am fantastic. I am more than 10 years clean. I have a permanent job at G Hospital as a wards person. I really love it. I have a loving man whom I've been with for 6 years. The kids are now 15 and 11 and doing really well. They are both really loving, well behaved kids and I couldn't be prouder. We have chickens, peacocks, pigs and dogs. I did complete a cert 3 in community services and I was working with troubled teenagers but the lack of resources in the area made it hard to help them. I love my job now. I think what I went through helps me be better at what I do. Sometimes I stop and think about how great life is now compared to where I was. I hope you are all well and I am pleased you are still helping mothers".



Charlie Blatch, CEO

Goldbridge was established in 1987, and is situated in the heart of the Gold Coast, with its flagship residential TC services, providing forty-four rehabilitation opportunities.

At Goldbridge we know the year ahead will continue to be challenging, with the ongoing uncertainty of public expenditure meaning there is less money around to fund services that are likely to see increased demand. And while it could be easy to get despondent about that, we know

that it is exactly times like this that charities need to stay optimistic. And while we have no illusion about the challenges ahead, we see many reasons to be cheerful.

Just recently, *Goldbridge* recently became the first Therapeutic Community (TC) in Australia to be reviewed against the ATCA Standard. While the official report is still outstanding, *Goldbridge* management and staff are confident in complying with the Expectations of the Standard. As well as being the subject of a review, *Goldbridge* also provided the opportunity for the Certifying Assessment Body IHCA (Institute of Healthy Communities Australia) to be assessed for accreditation by the Joint Assessment Service of Australia and New Zealand (JAS-ANZ). Once the accreditation is complete IHCA will then be registered and it will be able to audit other TCs in Australia. This development heralds a new phase for the TC movement in Australia, certification will provide all stakeholders the reassurance that the service is truly operating as a Therapeutic Community.

Another project about to come to fruition is in the area of Family Re-Unification. The drive to be a better parent is a key reason for parents to seek alcohol or other drug treatment, (about 70% of all admissions), therefore the *Goldbridge* residential program puts a major emphasis upon parenting and family strengthening support services. In recent times, *Goldbridge* has partnered with Housing Companies and Child Safety, to provide housing, supervision, support and therapy to ex-residents whose children have been in the care of the Department of Communities, and Child Safety. Children with substance dependent parents are at high risk of developing their own drug, alcohol, and other problems. These problems are largely associated with compromised parenting, lack of resources and a chaotic lifestyle.

In the final analysis, there will always be a need to provide safe and secure accommodation, as well as support, to families that have been re-united, particularly so, for those parents who have overcome a range of personal problems, and are in the process of being reunified with their children – as we believe this is a very strong strategy in breaking the multi-generational cycle of addiction. *Goldbridge* is very proud, to have been the instigator of this project.

So, all in all – 2015 has become highly productively, and most importantly we hope the future of our Federal funding contracts will be resolved in the very near future, which will enable us to plan and deliver services with greater, brighter and renewed confidence

Lives Lived Well

Mitchell Giles, CEO

Lives Lived Well operate three residential addiction treatment services utilising a modified therapeutic community model of care.

- Mirikai: West Burleigh
- Logan House: Chambers Flats
- Shanty Creek: Mareeba

Service Utilisation: September 2014-September 2015

Service	Admits	Discharges*	Completions
Logan House	119	87	32
Mirikai	237	213	24
Shanty Creek	114	105	9

*Discharges refer to people who did not complete treatment for a range of reasons (e.g., self-discharge, administrative discharge, referral, etc.)

Primary drugs of concern (rank ordered across all facilities)

Alcohol
Cannabis
Methamphetamine
Opiates
Hallucinogens
MDMA and party drugs

Logan House

Logan House maintained occupancy with an overall average of **94%** calculated against full occupancy (37). The smoking cessation program was completed 1st July 2015. The next component of the journey is supporting clients through their cessation via a support program to be developed.



Service Improvement:

- Commencement of scoping Universities in respect of Masters Students programs that can be facilitated at Logan House whilst jointly upskilling identified current team member to provide supervision to this initiative
- Further development of MBS group facilitation and billing with additional Psychology (ale) for the Logan House clients
- Further development of the collaboration between Logan Central Housing and LLW

Mirikai

Mirikai maintained occupancy with an overall average of **95.25%** calculated against full occupancy (40). This was slightly up on the previous reporting period. Mirikai is able to accommodate 45 maximum numbers and with the increased demand for access to residential treatment).



Service Improvement:

- The maintenance planning for Mirikai is underway and looking at greater organization and efficiencies for facilitating a program to manage the maintenance effectively
- Maintenance managed by Treatment Services Manager with oversight of work completed against invoices produced
- Some refurbishment planning has commenced with completion of work to occur upon receipt of successful tender – commenced

Shanty Creek

Bed occupancy for June 2015 **69%** (up from 55% last month) and people are admitted within the first week of contact on average. A total of six residents have successfully completed the Shanty Creek program.



Service Improvement:

- ATODS (QH) Resident Education Program continues.
- Dr Joel Porter has developed a three phase program development process with staff. This will involve staff in supervision and training which will increase their skill base and allow more advanced programs to be offered to residents.

Partnerships:

Currently partnerships with the following organisations:

1. ATODS Cairns and Hinterland Hospital and Health Service (CHHHS).
2. Continued arrangement with Mulungu Aboriginal Corporation providing GP services to Shanty Creek.
3. Working with Cairns/Mareeba ATODS for their staff to facilitate *Parenting Under Pressure* sessions for residents with Child Safety plans.
4. Cairns Residential Rehabilitation Advisory Group meeting for Tuesday 14th July 2015.

Family Services

We provide ongoing support for families through our Parenting under Pressure program at Logan House.

Major Achievements

Smoke Free facilities at Mirikai and Logan House

Research Participation

- SONAR - Turning Point and University of Queensland
- Tackling Nicotine Together – Cancer Counsel NSW
- Wellness Pilot Project – Griffith University
- Logan House – Queensland University

Quality Assurance

- Our services in this year achieved ISO accreditation and this is supported by our ongoing critical review of existing services and clinical practices
- Program modifications
- There is a modified Intervention Program for people not requiring long-term treatment and a brief Intervention Program
- Service development and integration
- There is one point of contact for information and brief screening and we are creating inter-service referral polices as well as alignment of IT and documentation services

Culture shift

We are expanding our vision of how we engage, collaborate and help people by meeting individual needs. This includes an emphasis on genuine person-centred practice with increased options/choices for clients and developing individualised change plans.

Staff professional development

Internal training has comprised a number of compulsory training sessions for all staff throughout the year including: Suicide prevention and management; Aggression de-escalation; working with domestic and family violence and working with trauma.

As a means of developing internal governance all team leaders have been trained in supervision training for individual and group formats.

All three sites have been engaged in Motivational Interviewing with the associate clinical director, Dr Joel Porter as well as guests workshops for Mirikai and Logan House on New Directions in Addiction treatment with Denise Ernst, PhD, Theresa Moyers, PhD & Allan Zuckoff, PhD.

The Salvation Army Recovery Services – Fairhaven; Moonyah; Townsville Recovery Services; Mt Isa Recovery Services and Normanton Recovery and Wellbeing Service

The Salvation Army operates five therapeutic communities in Queensland, located at Eagle Heights, Mt Tambourine on the Gold Coast, Red Hill in Brisbane, Townsville, Mt Isa and Normanton in the Gulf Country.

Known as **Fairhaven**, the Gold Cost TC (Manager, Robin Pullen) provides a range of recovery options for men and women that include a day TC program, family support, residential withdrawal management for 11 people, a 56 bed residential TC for men and women and aftercare which includes transitional housing.

Moonyah (Manager, Christine Tamsett) located at Red Hill provides outclient and residential TC problem gambling programs, family support, residential withdrawal management for 12 people, a 94 bed residential TC for men and women and aftercare which includes transitional housing.

Townsville Recovery Services (Manager, David Twivey) known locally as **TRS** provides outclient and day TC program for



women, a 38 bed residential TC for men and women and aftercare which includes access to transitional housing. TRS also provides an outreach service to regional areas to facilitate access to services by people who are disadvantaged due to distance or lack of transport.

Mt Isa Recovery Services known as **MIRS** (Manager, Maggie Shumack) provides a 47 bed residential TC for Aboriginal and Torres Strait Islander families, couples and individuals. The programs include back on country activities and involvement with local Aboriginal and Torres Strait Islander community leaders and programs.



Normanton Recovery and Community Wellbeing Service, known as **NRCWS**, (Manager PJ Hopkins) is a partnership between The Salvation Army and Mt Isa Aboriginal Community Controlled Health Service – Gidgee Healing which provides a 20 bed residential TC for Aboriginal and Torres Strait Islander couples and individuals for the Gulf Country. NRCWS provides a range of services and supports to Aboriginal and Torres Strait Islander people which include the residential TC,



access to day programs, health services, dental services, back on country activities and involvement with local Aboriginal and Torres Strait Islander community leaders and programs.



Bernice Smith, CEO

Sunrise Way offers a new, independent and nondenominational residential rehabilitation service for people with drug and alcohol addictions in the Darling Downs region and across Australia.

The facility has the capacity to accommodate 26 residents at any given time, including 16 male and 10 female in two separate wings. It features a number of common areas, training rooms, a care wing, a commercial kitchen and extensive landscaped gardens, offering a professional recovery environment - which still has the ambience and feeling of a warm, welcoming home. The Centre provides an ideal environment for people struggling with addiction to take the time to heal. Sunrise Way Rehab utilises a therapeutic community model and is built on a culture of complete confidentiality, dignity, respect, and personal responsibility, and these remain the organisation's guiding principles.

Our Vision

People with drug and alcohol addiction are saved and healed.

Our Mission

To help save lives of people suffering from alcohol and drug problems by:

- * Assisting residents to recover from their addiction;
- * Developing the necessary knowledge skills and strategies to avoid relapse.



Sunrise Way is focused on serving Toowoomba and surrounding areas. Sunrise Way Rehab's journey began in 2001 in response to the closure of Toowoomba Base Hospital's residential rehabilitation program.

The Mayor of Toowoomba at the time responded to the community's concern about the high rate of substance abuse by bringing together a group of community leaders, and tasking them with the responsibility of establishing a drug and alcohol rehabilitation centre.

The State Government contributed an unused, heritage-listed property at the top of the Toowoomba Range under a peppercorn lease, and the immense task of renovating the building and preparing the facility for operation began.

The 1000sqm building was the old hospital site and in need of significant repair. Originally built in 1906, it was laden with lead paint and asbestos issues, white ants and borers, sagging floors, a dilapidated ceiling that leaked, and had been heavily vandalised. More than 200 organisations donated over \$1m in cash and in-kind services, and hundreds of locals contributed over 80,000 volunteer hours to restore the building and grounds.

After 10 years of dedicated effort, the extensive refurbishment project was completed and a certificate of occupancy for the designated residential rehabilitation purpose was achieved in 2012.

Through the gift of an anonymous philanthropist, Sunrise Way Rehab opened its doors on 28 July 2014 and commenced taking clients. Sunrise Way served over 60 clients in its first year of operation, and has capacity to meet the needs of over 100 clients annually.

Now that the Sunrise Way Rehab is operational, the focus on changing lives has begun. We have had over 200 enquiries and 60 admissions in the first 12 months of operating.



WHOS Sunshine Coast **Garth Popple, CEO**

WHOS Sunshine Coast (Najara) operates separately from the other WHOS services. Its aim is to provide a safe and secure environment

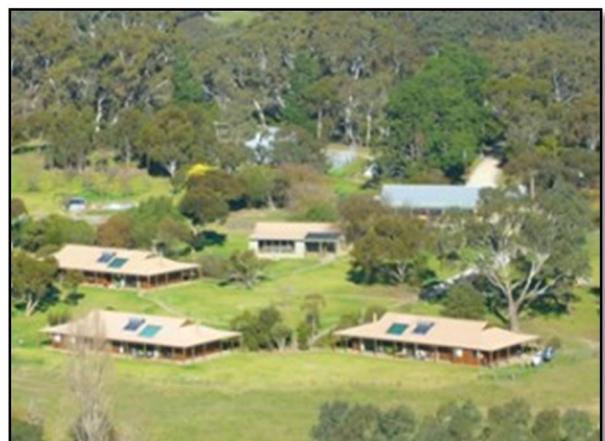
where men and women who suffer from drug dependence and its related problems can concentrate on their recovery.

Groupwork and individual counselling are provided by experienced drug and alcohol workers who deal with the special needs of clients. Our service is located 5 kms just outside Nambour, the centre of the Sunshine Coast. We facilitate aftercare support and accommodation for clients during their transition back into the community.

South Australia

The Woolshed **Craig Hendry, Manager**

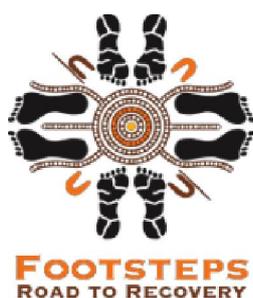
2015 marked 5 years as a smoke free therapeutic community (TC) for the Woolshed and attached halfway houses. Since implementing the smoke free policy within the TC setting residents continue to report positive outcomes for themselves in overall wellbeing and savings. As we look back over the years since the implementation of the policy it is noted that



there is no longer that urgency for groups, mealtimes, or meetings to end.

2015 has also marked 3 years since the Woolshed fully integrated into the program clients on medication assisted treatment for opioid dependence (MATOD). What was once viewed with some angst is now seen to be a normal and ordinary part of the program. Those residents accessing the program are able to reduce at that own pace with no program pressures to do so in order to advance through the community stages.

The Woolshed continues to facilitate interagency meetings with other residential rehabilitation services within Adelaide region and acting in a mentoring or advisory capacity as requested by other communities.



Footsteps (Aboriginal Drug and Alcohol Council SA: ADAC)

Scott Wilson, Director ADAC

Sue-Anne Morley, Manager Footsteps

BACKGROUND

In April 2013, the Aboriginal Drug and Alcohol Council SA (ADAC), Aboriginal Health Council of SA (AHCSA) and Aboriginal Family Support Services (AFSS) formed a consortium to establish a therapeutic community model of care service to address the AOD needs of the Aboriginal and Torres Strait Island people in the north-west region of South Australia. The three partners are also all statewide community organisations with member organisations in all communities within South Australia.

Under the auspice of the Aboriginal Drug and Alcohol Council SA, the North West Regional Residential Service, known as *Footsteps – road to recovery*, is the only alcohol and drug residential rehabilitation facility for Aboriginal and Torres Strait Islander people in the region.

Established at Port Augusta, SA, Footsteps, in conjunction with the Drug and Alcohol Day Centres (Stepping Stones) also supports individuals with after care and case coordination, to strengthen their capacity to address alcohol and drug problems and reconnect with their families, communities and cultures.

Footsteps is a proud employer of Aboriginal and Torres Strait Islander people and regards its human resources, cultural integrity and service partnerships as key components to the success of its service.

PHILOSOPHY

ADAC adopts a harm minimization approach to reduce the impact of alcohol and drug usage on our community. At the same time its residential rehabilitation service “Footsteps – road to recovery” operates under a therapeutic community model, which is abstinence based.

The TC method of treatment is suited to Aboriginal and Torres Strait Islander populations because it is based on family and a sense of community.

It is a holistic approach which empowers people to pay attention to how they are connected to all aspects of life - which is essential to improving overall wellbeing.

Footsteps TC program has been developed to fit within a person’s culture and uses proven ways that are successful in treating addiction.

AIMS

As a residential rehabilitation service based on a therapeutic community model, Footsteps aims to:

- Improve the capacity of individuals to address alcohol and drug problems
- Support individuals to reconnect with their families, community and culture
- Provide individuals with after care support and services
- Be a proud employer of Aboriginal and Torres Strait Islander people

VISION: *Inspire and empower Aboriginal people to live free of the harmful effects of alcohol and other drugs*

MISSION: *To provide and deliver a culturally appropriate, healing, residential therapeutic community that is holistic, effective and creates a better everyday life for Aboriginal people with alcohol and other drug problems, in the NW region of South Australia.*

SERVICES, TARGET GROUP and AREA

The service receives referrals for Aboriginal and Torres Strait Islander men and women aged 18 years and over. The catchment area for clients coming to Footsteps covers almost 900,000 klms and includes.

Footsteps operates a 12-bed short term residential accommodation for referred men and women from the region. Separate accommodation is available for 8 men and 4 women proportionate to community demand. The service operates 24 hours a day 7 days a week. The Administration Office operates normal office hours 9.00am – 5.00pm Monday to Friday.

Footsteps services include:

Community	Reconciliation, Advocacy, Education and awareness initiatives, service provider links
Health	Client support to access assessment, education and promotion
Referrals	Coordinated case management,
Counselling	A range of therapies suitable for Aboriginal and Torres Strait Islander clients
Pre and post recovery support	Access to short term accommodation, social supports, re-engagement with community
Cultural programs & activities	Utilising traditional activities, healers, elders, cultural mentoring and leadership
Programs and Activities	Therapeutic community model that utilises holistic programs, skills development and group therapies

Uniting Communities New ROADS

Gill Munro, Service Manager

Uniting Communities New ROADS service is a South Australian evidence based drug and alcohol treatment service for people experiencing problematic substance use.

New ROADS offers three tiers of service which can be accessed along a continuum of care if required:

- Residential Rehab including Family Program Residential,
- Non-Residential Rehab
- Counselling/Groups.

Residential Rehab

The residential program offers 9 beds (6 male, 3 female) in the Playford, Onkaparinga areas with a female house at Brompton.

Residential Family Program

New ROADS continues to offer Residential Rehab to single parent families with accompanying children (1 property in Onkaparinga and 1 in Playford).

Last year we saw 46 people through our residential rehab.

New ROADS received additional funding through the NGOTGP for FASD and has employed a Project Worker to familiarise herself with the NDARC resource and upskill the teams and build networks with Maternal and Women's health services. We have also commenced building awareness in the sector and more widely in SA.

Non-Residential Rehab

New ROADS now offers Non-Residential Rehab across the metro area (Smithfield, City and Christies Beach).

This is a newly funded service (SA Health/DASSA).

The service will offer an intensive 12 week Rehab program to people who have their own accommodation but are seeking a Rehab style of treatment. Participants may be required to undertake a medical detox and will want to make a commitment to attend regular groups and counselling which will be worked out on assessment via an Individual Rehab Plan.

Counselling/Groups Program

New ROADS continues to offer individual counselling and groups to people in need of a less intensive treatment option. This could include people who have graduated from one or both of the preceding options. It would also include people who may be in the pre-contemplative, contemplative or maintenance stages or those who have experienced a relapse. Groups are open to family members, significant others, support workers and family counselling can also be provided. Groups include Relapse Prevention Support Groups, SMART Recovery, Women's Wellbeing and Parents groups all of which can be accessed on a casual, drop-in basis.

New ROADS aims to provide immediate treatment via the Counselling/Groups program as people can be referred direct to a group in the area most suitable to them. They do not need to make an appointment to join a group. In this way we manage to avoid the need for a waitlist for treatment (most of the time).

New ROADS also works to break down barriers to access so people are encouraged to contact the service if circumstances make it impossible for a client to access the service via the usual pathways outlined above such as in the case of rural/regional people. Alternative admission plans can be organised.

Last year we saw 429 people through our Counselling/Groups program exceeding our KPI target of 350.

Tasmania: Regional Report

Stephen Brown, CEO Launceston City Mission and Board member, ATDC

In 2014/15 there was one ATCA member operating in Tasmania, Launceston City Mission's Missiondale

Similar to many other regional areas within Australia, Tasmania has experienced a growing number of clients naming methamphetamine as their primary drug of addiction. Statistics from Tasmania's only residential Therapeutic Community Missiondale showed an increase for methamphetamine primary addiction scores from 20% of admitted clients in 2012/13 and 2013/14 to 38% in 2014/15.

In November 2014 the first meeting of the AOD Treatment Expert Working Group was held. Comprised of leaders from State & Federal Alcohol & Drug Services, peak groups, consumer representatives and community sector providers, this working group is to oversee and progress major service development that have sector wide implications. The Expert Working Group will also identify priorities and strategies to address issues arising from various State Government reviews of the AOD treatment sector and provide advice on responses to new and emerging AOD issues.

North West Tasmanian addicts will soon be able to access a new 12-bed residential drug rehabilitation service that's set to open in Burnie probably by November 2015.

The Salvation Army have been awarded a tender to deliver the 12 drug and alcohol rehabilitation beds on the North-West as part of the state government's \$4.8 million investment to tackle the ice scourge and other drugs in this year's budget.

Health Minister Michael Ferguson said the money would boost residential drug and alcohol rehabilitation capacity on the North-West, where there had been a long-term service gap in comparison to other parts of the state.

There is a continuing push from State & Federal Government to see increased levels of collaboration between community service providers in the Tasmanian AOD treatment sector and to assist departmental officers in identifying effective treatment pathways, measureable outcomes and service gaps. Everyone agrees there must be greater emphasis on Promotion, Prevention and Early Intervention strategies however the statewide co-ordination of these strategies across government and community service providers remains challenging.

City Mission – Missiondale Therapeutic Community

Anne Koops, Program Director

Missiondale continues to be a place where the emphasis is all about change. Residents are continually challenged and encouraged to consider their circumstances from a new perspective: "Change your Thinking, Change your Life". It's not easy to be under the microscope every day, examining who you are and why you think the way you do.

But one of the great pleasures of working at Missiondale is seeing the positive changes that take place within residents as they begin to grasp the process of change. It is a privilege to see 'broken' clients, with low self-esteem and self-worth, begin to lift their heads, start to speak up for themselves, and dare to dream again with new found hope and determination.



The Missiondale gymnasium has been fully renovated with the generous support of the DHHS Community Support Levy Grants Program, the Honda Foundation and the Cape Hope Foundation. Significant plastering work was undertaken with sheeting donated by the Ulverstone Building Centre. Residents took great delight in painting the area before new carpet was laid and blinds installed.



New gym equipment was purchased and installed to replace the former out-dated gear. Client feedback has been overwhelmingly positive: they have commented that having this newly developed gym makes them feel cared for and valued. The gym refurbishment was motivated by three key factors. Firstly, existing equipment no longer complied with contemporary WHS requirements. Secondly, research links participation in regular physical exercise with improved recovery outcomes for people battling addictions. Thirdly, clients with a developed exercise pattern are more likely to maintain healthy regimes after leaving recovery programs and may use exercise as a link to new and positive networks.

William's Story (not his real name)

For 10 years I was lost, using any mind altering substance I could get my hands on. I was trying to "find myself" at the bottom of a bottle, at the end of a syringe or in a haze of people I thought were my friends. Turned out I was a junkie, using alcohol, drugs and random people to distract me from myself.

Addiction started with cigarettes, then cannabis, then alcohol and finally methamphetamine. This led to threatening behaviour, breaking into cars and stealing anything that I could sell or exchange for drugs. I moved interstate and the cycle continued, hurting my family and almost losing my own life by crashing the car I was driving, killing my passenger. The next year was a blur. I returned to my family in Tasmania but after an altercation with my parents, ended up back in the cycle of couch surfing, drugs and alcohol. It wasn't until my best friend helped me to see what I was doing to myself, my friends and my family, that I made an attempt at rehab and made my way to Missiondale. In a safe environment I started to deal with the issues that had been bubbling just below the surface. Group therapy and counselling helped me to discover that I was suffering from PTSD after the accident that had killed my friend.

I had to return to WA to attend the Court case. I had never prayed to God until this day but I didn't have any options left. When you're desperate, you will try anything. I was found guilty, but because of what I had been doing at Missiondale, the Judge said to me "It would be more detrimental to send you to prison, so I'm going to give a suspended imprisonment of two years and I can't order you to go back to Missiondale, but I highly recommend it". On 15 January 2014 I flew back to Tasmania and returned to Missiondale.

Recovery only exists for me because I am not doing it to impress anyone or to prove a point to anyone. It works because I am sick of being a dirty, stealing, deceiving person who lived in a twisted, warped reality. I'm a long way from undoing all of the damage I have done and it would be unrealistic to think that I could fix 10 years of destructive behaviours in just 18 months but I have made a good start. I know that I can succeed at life by having a good support network, being willing to ask for help when I need it, admit when I'm wrong, have confidence in my abilities and maintain a healthy, honest relationship with myself. With this recipe I believe anything is possible!!

Victoria: Regional Report

Prepared by Sam Biondo, CEO VAADA

Victorian AOD services have been operating under the new arrangements following the recommissioning of the adult non-residential treatment system for just over one year. Although TCs were out of scope for these reforms, there has still be an impact upon these services. There is now a greater variance in the administration between recommissioned and non-recommissioned elements of the service system. The issues which have occurred in light of these changes include the difficulties associated with ensuring that the intake and assessment process, now undertaken by centralised providers, provide the depth of information necessary for the needs of TCs. There is also variance in the funding models between different elements of the sector. These and other issues need to be addressed in order to ensure a seamless and integrated service delivery system. *Aspex Consulting* have recently been contracted by the government to review the impacts of the recommissioning and identify any shortcomings related to this activity. They are currently preparing a report for Government to consider which will hopefully provide a clear way forward in addressing some of the issues related to the reforms. VAADA has also been undertaking regular surveying of the sector on a range of issues relating to the reform and has also commenced *Regional Voices*, a statewide consultation process which aims to collect and collate the views and experiences of the AOD sector on these and other relevant issues.

There has been minimal expansion in the number of TC beds in Victoria and there continues to be limitations in access to TCs in rural and regional areas of Victoria. Victoria has, in comparison with similar jurisdictions, very limited TC capacity. Encouragingly, there are plans currently underway to develop a 48 bed TC in the Goulburn Valley, which reports indicated will be based on a funding model utilising social impact bonds. This is a welcome development, with VAADA consistently calling for additional resources to TCs, particularly in rural and regional Victoria.

There are a number of risks impacting upon TCs and more broadly the service sector as a whole. These include the lack of assurance regarding the stability of commonwealth funding for AOD services. The process for the 2012 SMSDGF funding round was highly problematic and there were significant delays in the communication of information in the recent agreement for a 12 month extension. This associated uncertainty resulted in a range of challenges for service users and services alike, including retention issues for the workforce. The flat-lining in funding growth will put a greater strain on services with the expectation to provide the same level of outputs with less resources. Uncertainty within the sector has only been exacerbated by the extension of program funding for only one year.

VAADA will continue to undertake ongoing consultation with the sector on the myriad issues pertaining to the recent changes and more broadly with the enduring challenges, which include service access and capacity.

There are 3 member organisations in Victoria:

- Odyssey House Victoria
- Windana Drug and Alcohol Recovery Inc
- YSAS Birribi

Odyssey House Victoria

A Journey to Recovery. A New Beginning.

After reporting about the Victorian sector reforms in last year's report the whole referral process has now changed across the state. Last year's report told of the promised reform to the residential and youth



sectors however with the change of Government this has not yet occurred.

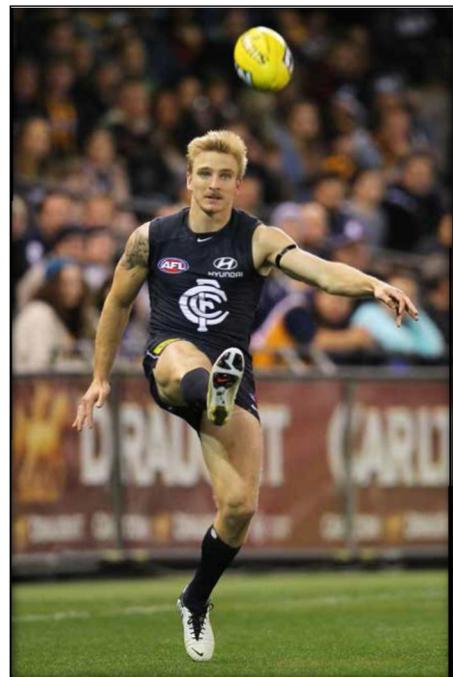
Following the Victorian Government reforms to Alcohol and Other Drug treatment last year, Odyssey House has set up a number of new offices. Through our partnership with UnitingCare ReGen and other support services including the Stepping Up Consortium, we are now located in more than 20 different sites across Melbourne and Regional Victoria.

To promote our new offices and let people know more about who we are and what we do, we have embarked on a promotional campaign, beginning with Bridge Road, Richmond. This has been our first make-over with the installation of new signage at the front of the building and across the office windows. This is in conjunction with the placement of billboards across Melbourne using the new slogan of **"A journey to recovery. A New Beginning"**

There are now 16 catchments across the state making referrals to our program. Referrals have increased by volume and by complexity. This has created challenges for our admissions team and the staff at the TC. We have had to adapt to this changing landscape and thanks to the robust and creative clinical team we have negotiated our way through. That being said, demand for services both in our metropolitan and rural service is at an all-time high.

Dennis Armfield, Kicking goals at Odyssey House Victoria

*Odyssey House is delighted to announce that **Dennis Armfield** of the Carlton football club has been made an Ambassador of our program. Dennis has been attending the TC regularly and spending time with the residents and staff. He has since been nominated and won the Jim Stynes community service award that was won at this year's Brownlow medal count. We wish to congratulate Dennis on this fine achievement. The residents very much enjoy the time they spend with Dennis.*



Odyssey provides Regional Day Programs

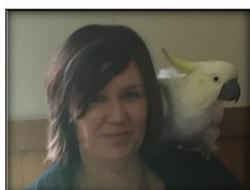
The Victorian Government announced additional funding for health services and community groups across the state as part of the Ice Action Plan. Odyssey House has been successful in securing some resources to operate day programs in Werribee and Shepparton, in conjunction with other organisations, as well as with our Stepping Up Consortium in Geelong.

The day program is an intensive program of psycho-educational groups and activities over a 4-6 week period and is specifically targeted to people who have significant problems with ice or other drugs. We plan to run some specific groups for young people and for parents with addictions as well as for other adults commencing in October.

Vale Joe Lamberti

It is with great sadness that we announce the passing of Joe Lamberti on 12th June. Joe, who was flamboyant and charismatic by nature, was one of the founding leaders of Odyssey House Victoria and worked as the Victorian State Director for 15 years. He leaves a legacy of having touched and turned around many troubled people's lives for the better. RIP Joe.

Windana Therapeutic Community



Where even our CEO enjoys a little animal therapy!

Anne-Maree Kaser,
CEO
Clare Davies,
Manager Windana



The Windana Therapeutic Community (TC) at Maryknoll celebrated 25 years of operation in 2015. The milestone was acknowledged with a birthday bash in March. The event was a huge success and provided many meaningful connections for the current residents as well as for people that have been associated with Windana since its earliest beginnings where they worked alongside Peter Bucci.

The services that are delivered at the TC include: Family Program, Art Therapy, Naturopathic Services, Yoga and Qigong, Pharmacotherapy reduction, Education Program, GP Clinic, Forensic Services and Aftercare Program – includes housing, supported accommodation, relapse prevention groups, case management, mentoring and recreational groups. Throughout the year the TC worked with 181 residents, which accounts for approximately 17% of all people accessing services Windana wide. Primary drug of concern at the TC: Heroin (39% of admissions), Alcohol (31%) and Methamphetamine (30%).

In September 2014 the reform of the Victorian AOD (Alcohol and Other Drug) sector was realized with the commencement of a new service model that incorporates centralised intake and catchment based planning. The Reform was undertaken in two phases with Residential Services earmarked for Phase 2 which has not proceeded to date. The process and new arrangements saw the loss of a dedicated Windana Intake and Assessment team and all the work that team were engaged in for the TC including the pre-admission groups. Throughout the year, Windana has introduced a new model for assessment which includes client review by an interdisciplinary team and incorporates assessment for family violence. Although the sector changes have been highly destabilising, the TC managed to have two quarters where the average length of stay was beyond 120 days, which is a huge achievement and testament to the program offered by the Community of Windana.

The Windana Aftercare Program has been further developed with support of other agencies particularly in the housing space. Graduates are now regularly attending the TC and allowing the

community to grow well beyond the borders of the Maryknoll property. An evaluation of the program has commenced to assess the outcomes that we are seeing and hearing about anecdotally. The creation and maintenance of a recovery community is well underway at Windana. Some of the fields that our graduates are now working in include: Adventure Based Programs for youth, Peer Support in Family Drug Court, Logistics as well as many going on to further study. All these networks alongside recreational pursuits are opening up pathways for new graduates to build upon.

LeeJenn Consulting undertook a review of the Windana Therapeutic Community during the year. The recommendations of that review are in the process of being implemented and we aim to have that work completed by mid-2016.



The slow stream pharmacotherapy reduction program is now into the third year and continues to impact positively upon the residents that come to the TC to reduce Suboxone or Methadone use. The whole TC community continues to embrace the reduction program. In the last financial year there were eighteen episodes of care with high success of ceasing. The program has expanded to allow residents on higher doses of Suboxone and Methadone, nil significant

issue have been raised from this, withdrawal symptoms are at a minimum and the residents do not present as substance affected whilst fully participating in the community. Residents have also gone on to complete the TC program and Integration program in one episode, post reduction. One of residents on completing reduction was also a Victorian Drug Court participant. Through the year, he was acknowledged as being the first graduate in Victoria of the Drug Court program and received an award from Magistrate Tony Parsons. The TC team attended court on the day to celebrate the achievement.

The family program is delivered at the TC and at other Windana services. This includes: structured evidenced based programs such as Tuning Into Kids, case management, parenting education, family reunification and support services. There were 75 episodes of care delivered at the TC during the year. Throughout the year the parents receiving support at Windana, including at the TC, attend family fun days which are generally held in school holidays. Creating positive new experiences, sharing stories and building a stronger sense of community support are some of the outcomes of these days with new friendships always formed between attendees.

The work of Occupational Therapist Ashleigh Hilder has led to the development of Adult Sensory Profiling, group based education on sensory regulation and the creation of a Sensorium at the TC. Research has shown that individuals whom have had experience with addictions, trauma, mental health and problematic behaviours find it more challenging to regulate sensory needs and stressors. As majority of the residents at Windana Therapeutic Community suffer from traumatic histories in relation to their substance use, they require assistance to learn what sensory modulation techniques will aid them to reduce the severity of disruptive and aggressive behaviour. Ashleigh presented the work at the Victoria Alcohol and Drug Association Conference and the Addiction Conference on the Gold Coast during the year. The TC is assisting other AOD organisations in Victoria to work in this space to improve the outcomes of their clients. If anyone within the TC community is interested in knowing more about our work in this area please get in contact with Windana.



Windana continues to participate in 'The Social Networks and Recovery study (SONAR).' The study is funded through the Australian Research Council and is conducted by researchers from Turning Point, Monash University, The University of Queensland and Deakin University. It is a world first longitudinal study that will document people's recovery journeys and identify factors that lead to long-term recovery. Residents continue to enjoy the experience particularly the work on Social Identity Mapping.

The farm continues to thrive and grow with a revamping of our veggie patch and a record number of lambs and baby goats born this year.

YSAS Birribi

Damian Philp, Manager - Birribi

Birribi is a 15 bed residential rehabilitation program run by the Youth Support and Advocacy Service (YSAS). The primary work of YSAS is to support disadvantaged and vulnerable young people who experience problematic substance use. YSAS is a statewide service in Victoria that provides a range of programs that include: early intervention with young people aged 10-14, assertive street outreach, day programs, residential detox, and supported housing.



Birribi is a Therapeutic Community for young people aged 15 – 20 located on a 15 acre property 30 kilometres North East from Melbourne. A resident can stay for up to six months but the suggested length of stay is four months. The resident moves through a staged program and attends structured group activities each day. As a youth program it is important to provide age appropriate activities; we aim to balance our sitting-thinking-talking groups with physical activities such as sport and adventure, as well as recreation outings. During their stay residents must be drug and alcohol free.

Over the year we had 60 young people admitted into the program. The youngest resident was fifteen and the oldest turned 21 several days following his admission. The average age was 18.5 years. The average stay for a resident was 9 weeks. With the longest stay being almost 6 months.

Typically, clients name 'Ice', cannabis and alcohol as the drugs they most frequently use; with Ice being the drug causing the most problems in their life.

The staff at Birribi work early on to engage with a young person's family. Due to the relatively short time they are within our service, and that the majority of our clients will return to live with family, we believe it is vital that we begin the work as early as possible. Each Wednesday we have "Family Night" where immediate family, or other care givers, can visit, meet staff, and join the community for a meal. It is an opportunity for the young person to spend time with their family and for workers to introduce themselves and build rapport. This lays a foundation for deeper and more challenging therapeutic work with the family during the young person's stay.

Birribi operates as a modified youth TC. In the group work program, over the past year, we have increased the use of yoga and mindfulness, and have begun a program focussing on Emotional Regulation and Impulse Control (E.R.I.C). We have trained the majority of our residents in Barista skills and many of them have gone on to undertake work experience in a YSAS run café in Melbourne called Ways and Means. We also have residents working on the property, and through a council grant this year have developed a kitchen garden. We have also undertaken camps to Wilsons Promontory, Lorne, and the Mornington Peninsula. More recently we ran a snow camp at Mt Hotham; for many of the participants it was the first time they had seen snow. Our resident group has become increasingly involved in the YSAS Youth Participation Committee and several past residents are currently active members.



Over the coming year we will continue to find opportunities for our clients to be positively engaged and active in their communities. We will support the client's family, and we will encourage the young person to find work and training opportunities. Our ultimate aim is for young people to have sufficient assets and resources when they leave Birribi and are working hard to maintain a stable and meaningful life in the community.



Western Australia

Western Australia had 4 member organisations in 2014/2015:

- Cyrenian House, comprising the Serenity Lodge TC, Rick Hammersley Centre TC, and the Saranna Women and Children's Program
- Hope Community Services
- Palmerston Association Inc
- Yaandina

Cyrenian House Carol Daws, CEO

Cyrenian House is a not-for-profit non-government organisation that has been operating within the alcohol and other drug treatment sector since 1981. It is one of the leading alcohol and other drug treatment services in Western Australia and runs several facilities, both residential and non-residential.

Cyrenian House staff and residents acknowledge the Nyoongar Whadjuk People as the Traditional Owners of the land on which our TCs stand. Cyrenian House operates two TCs: The Rick Hammersley Centre and Serenity Lodge. Both TCs offer services to adults 18 years and older.





Serenity Lodge Therapeutic Community

Overview

Serenity Lodge was acquired by Cyrenian House in October 2013. Serenity Lodge is a residential facility based in Rockingham minutes from the foreshore. It has been providing alcohol and other drug treatment for over twenty years and is well established in the community as a valuable

and much respected service. Serenity Lodge has been operating effectively as a Therapeutic Community since 2008 and its reputation and service quality of service has only increased as a result of becoming managed by Cyrenian House. The facility has a 38 bed capacity for adult men and women seeking treatment.

Highlights

Over the past year, the focus for Serenity Lodge has been to truly bring the service into the fold of Cyrenian House. Considerable time, money and energies have been dedicated to aligning the service to the level of professionalism and quality that is synonymous with Cyrenian House. This includes:

- Dramatic improvements to the physical environment of the treatment centre including refurbishment of all the common and living areas of the Therapeutic Community.
- Developing and refining almost all aspects of the treatment program itself.
- Cementing the Cyrenian House governance practices within the lodge including new clinical governance practices.
- Upskilling and recruiting additional staff to support improved program delivery.

Throughout the course of this year Serenity Lodge has been undertaking extensive refurbishments to the living and accommodation areas of the property. Two separate grants were received from the Drug and Alcohol office to facilitate the much needed revitalisation project.

The refurbishment work was carried out in stages starting with the Administration building, group rooms and kitchen. Next, each of the 3 resident living areas were temporarily closed and refurbished. For most of the past year at least one of the living areas was temporarily closed for renovations at any given time. Whilst this necessarily impacted on service delivery, the end result absolutely justifies the inconvenience. The accommodation areas of Serenity Lodge are far more conducive to effective treatment and provide residents with an environment that treats them with the dignity and respect they deserve.

"I have been working with Serenity Lodge for years and for the first time I am proud of the physical space we provide to resis to get well in".

Serenity Lodge TC Worker

Over the past year much of the program content has been modified and improved to better align with best practice. It would be difficult to find an aspect of the program delivered at Serenity that has not been reviewed for effectiveness – every group and formal activity that residents engage in has been examined and where necessary, modified to create a clear alignment between the work we are doing and the goals of the Therapeutic Community treatment model.

The Year Ahead

The primary objective for the year ahead will be to consolidate and further embed the extensive

changes that have been undertaken since Cyrenian House took over the management of Serenity Lodge. Whilst we will continue to engage in continuous quality improvement initiatives, the pace and extent of these will reduce to a more sustainable pace. It is a credit to the staff of Serenity Lodge and a testament to their commitment to consumers that they have been so willing to work to improve the service.

Client data

Serenity Lodge: 202 clients

Primary Drug of Concern in Mixed Gender

Methamphetamine	62.90%
Alcohol	29.03%
Cannabis	4.84%
Heroin	3.23%



Rick Hammersley Centre Therapeutic Community

Overview

The Therapeutic Community (TC) at this location offers two programs based on the evidence based Therapeutic Community Treatment Model.

The *Mixed Gender Program (MG)* is open to adults 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. Six priority beds are held for Aboriginal people with drug/alcohol dependency issues.

The Saranna Women and Children's Program (Saranna) provides 14 individual houses for women and their children. To enable mothers to fully participate in the treatment program, children attend a local intake primary school, or our purpose built early education and childcare centre.

Highlights

In line with organisational policy, the RHC became a smoke free treatment service from 1 July 2014. Consumer involvement has been paramount and extra groups, signage, support and TC interventions have been put in place to make this a successful health intervention for our residents and staff. We are pleased to be a leader in this important area of health promotion and harm reduction.

The Year Ahead

Building work is expected to commence within the next twelve months on a number of buildings that will increase the capacity of the RHC to meet the vocational needs of residents, improve group room and communal dining facilities, and provide counselling and training rooms. In line with improvements in Family Inclusive Practice, provision will also be made for a reception area for family members accompanying their significant others who are being admitted into treatment. Additional funding from the Department of Health has been provided to enable the service to contribute to the prevention of Foetal Alcohol Spectrum Disorders. Staff will receive training about FASD and evaluated educational resources will be developed to increase the knowledge of residents about FASD and its prevention.

Mixed Gender Program

Highlights

The focus for the MG Program this reporting year has been sustainability and consistency which has led to formalising the education component of the program through the development of a three level education syllabus in a manualised form. The aim is to review the syllabus annually to

incorporate changes informed by consumer feedback and advances in evidence based practice and research.

As part of the increased work with reducing barriers to members of the GLBTI community seeking treatment the mixed gender program held a stall at the Annual GLBTI Fair Day for the first time. This was supported by both staff and residents with the hope of making it an annual event. To support change and celebrate the benefits of being smoke free the staff and residents of the Mixed Gender program participated in the 12 km City to Surf Run. We have made a commitment to be involved in this event yearly and look forward to 2015.

Funds from the Mental Health Commission enabled us to extensively refurbish a section of the TC to provide additional bedrooms, a fabulous group room and improved gym facilities. This area now houses clients in the fourth stage of the Mixed Gender program. These residents are either studying, working part time or involved in volunteer work as part of their transition back into the wider community.

“I can’t thank you all enough... you all believed in me when I couldn’t believe in myself... Thank you so much, my kids have their mum back.”

Saranna Resident

The Year Ahead

The MG Program is entering a phase of consolidation and in the coming year aims to review and streamline all processes to ensure efficient use of resources and further enhance service delivery.

Client Data

RHTC Mixed Gender client: 141 clients

Primary Drug of Concern in Mixed Gender

Methamphetamine	42.57%
Alcohol	38.30%
Cannabis	4.96%
Heroin	9.22%



“... with a sense of deep gratitude for all the Therapeutic Community for enabling’s journey”.

Parent

Saranna Women and Children’s Program

Highlights

This year the program has focused on further improving and strengthening relationships and connections with other services to facilitate referrals and improve consumer outcomes. Further to this aim, the Saranna Program has engaged in various training and local community events including the Perth Awesome Festival, the Giants Festival, NAIDOC Week, National Reconciliation Week, Pride Fair, the National Domestic Violence March, the Narcotics Anonymous Convention and Peer Zone Workshops at Clan.

In line with the continuous quality improvement culture of the organisation, the Saranna Program underwent a comprehensive review in this reporting period. Born out of this review, objectives for the coming year ahead include plans to augment the parenting and life skills components of the program. The aim is to further strengthen mother and child attachment, improve home living

skills through in-home practical support and engage with women and their children through creativity and play.

The Year Ahead

Saranna Program staff and residents are actively looking forward to implementing the planned changes resulting from the program review and working together to identify further opportunities to enhance the program and improve consumer outcomes.

Client Data

Program Completion Rates

Of the 33 families engaged in the residential program during the year, 93% completed and graduated from the program. A total of 46 children, aged from newborn to 12 years have participated in the program during the period.

Primary Drug of Concern in Saranna

Methamphetamine	50.57%
Alcohol	31.03%
Cannabis	6.90%
Heroin	5.75%

Other Services Operated by Cyrenian House

Client Data

Non-Residential Services:

1423 clients

Primary Drug of Concern in Non-Residential Services

Methamphetamine	45.68%
Alcohol	25.18%
Cannabis	8.18%
Heroin	4.35%

North Metro Community Alcohol and Drug Service (NMCADS)

2135 clients

Primary Drug of Concern in NMCADS

Methamphetamine	15.84%
Alcohol	26.63%
Cannabis	33.51%
Heroin	10.57%

Family Programs Non-Residential

423 clients

“Thank you for having me for my field placement. It’s been an experience I will always remember and the lessons I’ve learned will remain with me as I work in the Community Services Sector.”

Student Placement

“Getting treatment for alcohol and drug use was the top of my priority list. However, being in a place that embraces diversity has been the reason I stayed.”

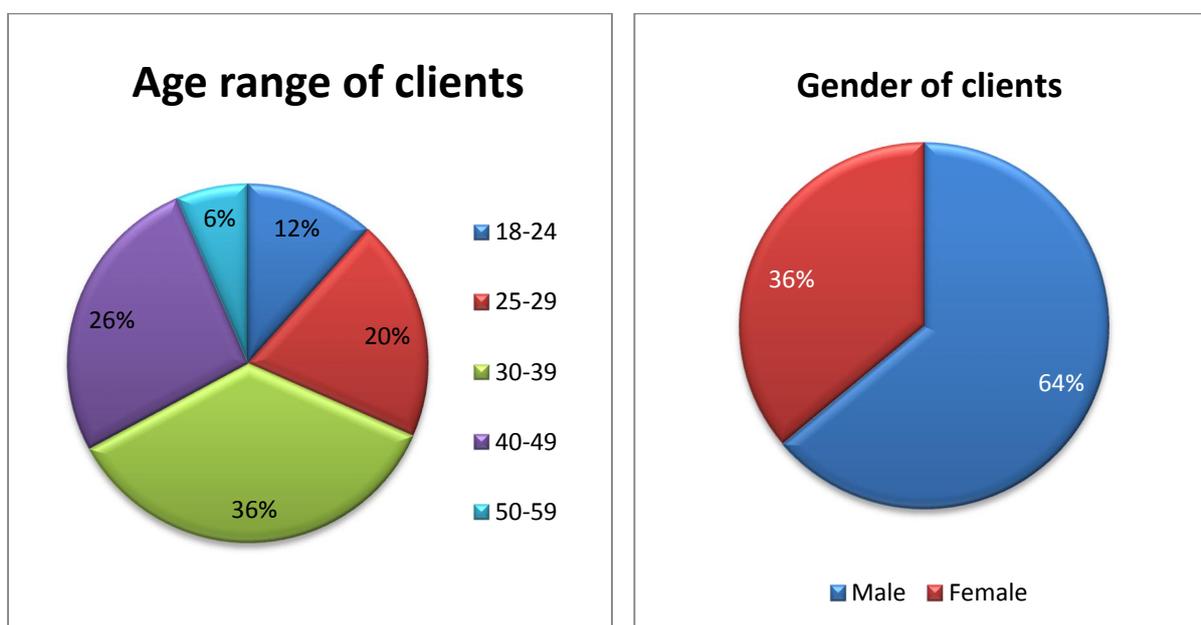
Mixed Gender Resident

“I especially thank your counsellors for their contribution to the paper, it added a depth of richness to the results. I would like to say that you are blessed with some very insightful, compassionate and skilled counsellors (I have written to each personally expressing my sincere thanks for their help and for their open sharing)”

Researcher

Sheila McHale, CEO

The Farm Therapeutic Community (TC) has had a busy year refining our service and the program to meet the needs of individuals and their families affected by alcohol and other drugs. The community has maintained an exceptionally high occupancy rate throughout the year at approximately 90%. During the year, 155 residents participated in the TC program, 64% of whom were male. Alcohol was the main drug of concern for 50% of the residents, followed very closely by amphetamine/methamphetamine with 42% of residents naming these as their primary drug. The ages of our residents ranged from 20 years to 59 years with the biggest number of residents in the 30 -34 year age range (24%). Eleven per cent of our resident population were under the age of 25. Fourteen per cent of our residents were Aboriginal and Torres Strait Islander people.



Palmerston Farm TC supports families to visit residents. During the year, a children’s playground was constructed through the generosity of one of our donors Allens Linklaters.

All residents participate in our work program and a number of our residents were involved in the



design and construction of playground, including the seating and the mosaic pathway. The impact of the play area has been a wonderful and important addition to our program, providing a child appropriate space for reconnecting with children and parents and for some, re-establishing their relationship.

As one resident put it:

“... the joy I see when my son is enjoying himself reminds me of one of the reasons why recovery is so important to me. Without this, I would not be able to spend such quality time with him”.

And another resident:

“The play equipment is fantastic. My 4 year old son has autism and if the play equipment wasn’t here, I don’t know how I would cope with him visiting. It enables us to enjoy ourselves with a lot less stress.”

Working with residents with mental health issues as well as AOD issues has been made easier because of the strong partnership with local services including the Kwinana GP and the Peel and Rockingham Group mental health services. Our close liaison with local mental health is underscored by an MOU with local services as part of the overarching MOU between South metropolitan AOD and mental health services. A specialist nurse attends weekly reviews with the Palmerston Farm TC clinical team to provide a high level of support for our residents.

The Farm TC has continued to develop linkages with the Nyoongar Elders from Kwinana through the support of the Telethon Looking Forward Project.

The Farm TC is working towards developing a more culturally secure program for people from Aboriginal backgrounds and recent developments include a bush healing trail, with the planting of native trees and shrubs. We continue to include Aboriginal art in our program and support our Aboriginal residents to participate in our weekly yarning circle that includes song, music and poetry.



Artwork by Aboriginal resident



The Bocce court, made by the residents, is used for to relax and socialise during games night and on the weekend with visitors to the TC. The residents report that Bocce has assisted them to develop their focus and concentration skills as well as motor skills.

Transitional Housing and Support Program

Through the Transitional Housing and Support Project (THASP), Palmerston continues to offer residents access to three transitional houses located in the general community following their program at the Farm TC. These beautifully furnished homes offer residents who are at risk of homelessness a safe, short term independent living option, with support from Farm TC staff. Clients are assisted with independent living skills, integration back into the community and support to identify suitable long term housing. The transitional housing program continued to be well utilised by residents exiting the Farm TC with an occupancy rate of 80% this year.

New Zealand

In 2012/2013 New Zealand had 6 member organisations representing 16 TCs:

- CareNZ
- Higher Ground Drug Rehabilitation Trust
- Odyssey House Trust, Auckland
- Odyssey House Trust Christchurch
- St Mark's
- Te Utuhina Manaakitanga Trust



Kathryn Leafe, CEO

CareNZ is a New Zealand leader in the provision of services and interventions for people affected by the harms of alcohol and other drugs. The services provided range from advice and information to assessment, care co-ordination, individual counselling, group therapy and high care residential services in therapeutic communities (TC). In 2014-15 we assisted over 7000 clients.

CareNZ continues to deliver TC treatment services in eight Drug Treatment Units in prisons across New Zealand. A significant milestone during the last year was the 50th graduation of the six month DTU program in the Hawkes Bay Regional Prison. Since the program commenced in May 2007, 541 prisoners have successfully graduated. In total, 685 people have completed CareNZ DTU programs in the past funding year.

The CareNZ Waikeria Prison DTU saw the unveiling of an impressive carving in the Karaka Unit, where the DTU is located. The Karaka Unit is an 80-bed TC for medium to high risk offenders with three programs, including the Special Treatment Unit Rehabilitation Program (STURP) for high risk violent offenders, the Adult Sex Offender Treatment Program (ASOTP), and the CareNZ Drug Treatment Unit. The carving, Te Pou Whakapakoko, was created by prisoners in the unit and symbolises the journey of change that the men undergo while completing rehabilitative interventions within the unit.

Our Waikeria Prison DTU will also be the destination of a site visit as part of the upcoming Healing Our Spirits Worldwide (HOSW) conference in Hamilton in November 2015. HOSW is an Indigenous movement, addressing the devastation of chemical abuse and dependence among Indigenous people around the world.

Our DTU in Arohata Women's Prison near Wellington is focussing on using art as part of a holistic approach to addressing addiction. Many programs are hosted in collaboration with Arts Access Aotearoa, an organisation advocating for people who experience barriers to participation in the arts. The women in the DTU have access to a range of options, including acting, painting, singing, dancing and creating fashion. A good example of what can be achieved are the new



Above and over page: Artwork at Arohata DTU.

murals in the dining room at the unit, which were painted by a DTU participant. This holistic approach to addiction treatment was also of interest to the Minister of Corrections Peseta Sam Lotu-liga, who visited the DTU in March 2015.



During the last year, we have also been working closely with the Department of Corrections to review all of the DTU TC programs. This external review has provided recommendations for all parties involved to enhance the programs and to ensure their effectiveness in addressing the needs of offenders.

We are currently preparing for the 2015 ATCA conference in Auckland; this will include a pre-conference site tour of our Springhill Corrections Facility TC (DTU). We are excited to be able to host this year's conference in collaboration with Higher Ground and Odyssey Auckland. It is a great opportunity to showcase our work and to connect with ATCA members from Australia and New Zealand.

Higher Ground Drug Rehabilitation Trust

Johnny Dow, CEO

Higher Ground has had another busy year and has enjoyed close relationships with the other TC's in New Zealand. The residential community numbers have increased over the year as have the number of Maori residents entering the program.

Methamphetamine or Alcohol dependency are the two most common drugs of choice for most people who enter into treatment.

Higher Ground has a major building project which is almost at the completion stage. The 436 sq.m. eastern extension provides: Two permanent group rooms, a large seminar room seating 150, with acoustically treated, moveable walls, which can be divided into three additional group rooms. It also has kitchen, storage area, bathrooms, a foyer and covered walkway connecting the wing to the existing building.

The new 185 sq.m. western wing on Beach Road provides: Office area for administration, pre-admission, the community team and Boardroom. There has also been extensive internal rearrangement of the existing building. Women's accommodation has moved into the former offices of the west wing. In total, accommodation has been increased from 38 to 52 beds. This provides flexibility and has brought clients back into the main community who were accommodated at a house off site.

Higher Ground also hosted the first Therapeutic Community training program that was designed by Paula Parsonage. Matua Raki, in partnership with the Ministry of Health funded the Therapeutic Community (TC) training project. This training program has been specifically written for the Aotearoa New Zealand context and is aimed at supporting addiction practitioners working in TCs or those wanting to work in the TC environment.

This training course has been developed to assist in expanding the potential 'TC work-ready' workforce pool. The key aim of the course is to support addiction practitioners, addiction support workers and other relevant professionals and students to develop knowledge, attitudes and skills that can be applied in the addiction TC context.

First participants TC Training Program by Matua Raki and Ministry of Health



Odyssey Auckland **Phillip Grady, CEO**

Since we started in 1980, Odyssey has helped thousands of New Zealanders to overcome alcohol, drug and gambling addiction problems. We are a not-for-profit organisation and our focus is supporting people in their recovery.

We work closely with local communities, schools and health organisations. With a collective of more than 140 specially-trained professionals, we run seven treatment centres and a variety of community programs in the Auckland region and Whangarei. We have also established an Innovation and Development area to nurture the development of new ways of working in the AOD treatment sector.

Odyssey sees over 3200 clients each year, half in adult programs and half in youth. The majority of clients are seen in the community, though the residential programs using the Therapeutic Community model are an anchor for treatment within the organisation, serving approximately 300 people per year.



*Official Opening of Te Tawharau, the new community hub in New Lynn, Auckland.
Photos by Kirsty Harkness of TigerTiger Photography*

Family and whanau are an integral part of each person's recovery journey and included in treatment in various ways. For families seeking residential treatment, a purpose built facility is on the same grounds as our main residential treatment centre and can accommodate up to 10 parents

(and their children) in self-contained two bedroom units. In the community, family/ whanau are a part of each person's treatment journey.

Primary drugs of concern are alcohol, cannabis and methamphetamine, though a large number of people use multiple drugs. Methamphetamine has been of increasing concern, as well as the complexity of clients and the need to serve those exiting the criminal justice system.

Odyssey has accomplished much in the last year, and partnerships with other organisations, community groups and funders remain a key feature of the Odyssey way of working. Key events have included:

- Opening of a new community hub in New Lynn, blessed as Te Tawharau and opened by Hon. Minister Dr. Jonathan Coleman, Minister of Health in an official opening ceremony attended by 150 community stakeholders.
- As the lead treatment provider of the Pilot Alcohol and Other Drug Treatment Court, we celebrated the completion of one year of operation.
- Execution of the organisation's Maori Health Strategic Plan, supported by Ngati Whatua Orakei.
- Acting as the backbone organisation for a collective impact initiative (including 16 organisations), Odyssey has also supported a regional symposium with the University of Auckland Centre for Addiction Research, as well as other workforce and sector development initiatives.
- New initiatives, such as a program for Children of Parents with Mental Illness and Addiction (COPMIA), Primary Care Collaboration Demonstration Program, and a National Youth Service Advisory position (with the New Zealand Drug Foundation) have moved the organisation into new areas of working.
- In the early stages of development is a social enterprise café that will also support at risk youth to acquire essential employment skills and resiliency.



Philip Grady, CEO and Hon. Minister Dr. Jonathan Coleman, Minister of Health at the official opening of Te Tawharau.

Looking to the future, Odyssey continues to grow and develop, reaching out to as many as possible, ultimately changing lives.

Odyssey House Trust Christchurch

Nigel Loughton, Clinical Director

TE HIKOINGA OTE WHAIORA - in pursuit of wellbeing

Odyssey House Christchurch had a busy year both within its core residential programs and its expanding community based services. The adult residential program continues to experience high demand, coupled with increasing retention rates which has led to increasing delays to enter the program. Odyssey Christchurch has been working hard at enhancing post-program follow up which is showing good results for program participants. Three Odyssey staff have started on the

new New Zealand Therapeutic Community paper which they report being helpful in enhancing knowledge. We hope to have all new staff go through this program.

The Youth Residential Program is experience consistent demand. We are in the middle of a review of the program looking to strengthen the TC components and enhance our post residential follow up. We have entered a collaboration contract with Odyssey Auckland and are both working to enhance the joint work and joint learning. I look forward to continuing to strengthen this relationship.

Our community teams are now in our new building is now 2 months occupied!



The staff have enjoyed the move from 12 months in portable buildings to our new building. The building houses our community based services – 65 Alive (an older person AOD service), CYMHS (our Youth Mental Health and AOD community team), ADAS (Our adult AOD community team). The new building also houses the Southern regional Health School classroom (they

provide schooling to our youth residential program) and the Gym and recreation room for both the adult and youth residential programs.

65alive has had great success reflected in the continued and consistent high numbers attending our Older person AOD treatment group.

Alcohol & Other Drug Assessment & Treatment Service ADAS is one of the community services offered by Odyssey House Trust Christchurch. The services provide include community case management, 1:1 brief and structured treatment, group programs, prison assessments, recidivist impaired driving program as well as a service specifically aimed at improving access to wider AOD service for clients involved in the criminal justice system. Alcohol continues to be a primary presentation but we have seen a significant increase in Methamphetamine presentation over the past several months. We have also seen an increase in those presenting for support with Synthetic Cannabis misuse. We have seen our services grow in demand and reputation and have consistently received strong feedback, particularly around our group programs. Our recidivist impaired driving program is in high demand and is clearly a need in Canterbury. Our collaborative work with Corrections is something which we feel has reaped significant benefits for both sectors and has improved access for Justice clients.

We are looking forward to continue to develop and enhance our current service over the coming year. Thanks to Johnny Dow from Higher Group for his work within the ATCA.

ATCA Awards

ATCA has over a number of years acknowledged the significant work undertaken by its member organisations and individuals who have provided dedicated and innovative leadership, thus enhancing the Therapeutic Community model of treatment for alcohol and other drug issues.

ATCA Individual Award:

This award recognises the individuals who have made a significant contribution to the TC movement in Australasia over a considerable period of time. The goal of this award is to 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.

ATCA Recognition Award 2008 – 2014 For Significant Contribution to the Therapeutic Community Movement in Australasia by an individual

2008 Johnny Dow Kay Welsh Lynne Magor-Blatch Meridy Calnin	2011 Carol Daws James Macgregor Murray Sutton	2014 Barry Evans Wes Noffs Mandy Noffs
2009 Gerard Byrne Kim Fleming	2012 Charlie Blatch	
	2013 Major David Pullen	

ATCA Significant Contribution Award:

This award recognises an exemplary or commendable contribution to the TC movement in Australasia made by a program or intervention.

ATCA Recognition Award 2008 – 2014 For Significant Contribution to the Therapeutic Community Movement in Australasia by a Program or Intervention

2008 Karralika Karuna Program Palmerston Farm Vocational Program Higher Ground Rehabilitation Trust	2012 Palmerston Farm TC Chiropractic Program Cyrenian House Cultural Competency
2009 Early Birds Project (Karralika) Ted Noffs Foundation PALM	2013 The Salvation Army Bridge Program
2011 Saranna Women & Children's Program, Cyrenian House	2014 Rick Hammersley TC (Cyrenian House) Mixed Gender Program & Madjital Moorna Choir of Aboriginal Reconciliation WHOS Opioid Treatment Program

ORGANISATIONAL MEMBERS

- Banyan House - Foster Foundation
- The Buttery
- Drug and Alcohol Services Association, Alice Springs (DASA)
- Fresh Hope
- Goldbridge Rehabilitation Services
- Higher Ground Drug Rehabilitation Trust
- Uniting Communities
- Launceston City Mission
- The Lyndon Community
- Odyssey House McGrath Foundation
- Odyssey House Trust Christchurch
- Palmerston Farm – The Palmerston Assoc.
- The Peppers
- The Windana Society
- Watershed
- The Woolshed
- YSAS Birribi

AFFILIATE ORGANISATION MEMBERS

- Caraniche, Victoria
- Family Drug Support
- Yaandina

ORGANISATIONAL GROUP MEMBERS

- Karralika Programs Inc
- Lives Lived Well
- Odyssey House Trust Inc. Auckland
- Odyssey House Victoria
- Ted Noffs Foundation
- The Salvation Army Recovery Services
- WHOS – (We Help Ourselves)
- CareNZ
- Cyrenian House

PROVISIONAL MEMBERS

- BRADAAG
- Ngara Nura - Dept Corrections, Long Bay Gaol
- Namatjira Haven
- ONE8oTC
- Arcadia House – Directions ACT
- St Mark's
- Te Utuhina Manaakitanga Trust
- Sunrise Way
- Hope Community Services

AFFILIATE INDIVIDUAL MEMBERS

- Dr Navjot Bhullar
- Dr John Howard

**AUSTRALASIAN THERAPEUTIC COMMUNITIES
ASSOCIATION**
ABN 41 893 350 365

**Financial Statements
For the Year ended 30 June 2015**

**AUSTRALASIAN THERAPEUTIC COMMUNITIES
ASSOCIATION**

ABN 41 893 350 365

Committee's Report

For the year ended 30 June 2015

Your committee members submit the financial accounts of the Australasian Therapeutic Communities Association for the financial year ended 30 June 2015.

Committee Members

The names of committee members at the date of this report are:

Eric Allan
Gerard Byrne
Garth Popple
Carol Daws
James Pitts
Johnny Dow
Mitchell Giles
Bernice Smith

Principal Activities

The principal activities of the association during the financial year were: to support, represent and advocate for programs that restore a sense of self, hope and belonging through the use of the Therapeutic Community model of treatment for persons affected by drug conditions and substance dependency.

Significant Changes

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

Operating Result

The deficit from ordinary activities after providing for income tax amounted to

Year ended	Year ended
30 June 2015	30 June 2014
\$	\$
(8,102)	(18,948)

The accompanying notes form part of these financial statements.

**AUSTRALASIAN THERAPEUTIC COMMUNITIES
ASSOCIATION
ABN 41 893 350 365
Committee's Report
For the year ended 30 June 2015**

Signed in accordance with a resolution of the Members of the Committee on 25 September, 2015.



Eric Allan



Gerard Byrne

The accompanying notes form part of these financial statements.

Australasian Therapeutic Communities Association
ABN 41 893 350 365
Income and Expenditure Statement
For the year ended 30 June 2015

	2015	2014
	\$	\$
Income		
DoHA Grant/Standards Project	-	35,000
Other Income	712	1,354
Members' Dues	5,784	45,243
Members' Contributions	-	11,045
DoHA Secretariat	109,196	71,845
Registration Sydney	-	24,750
Sponsorship	-	9,000
Dinner/Workshop	-	4,300
Full Delegate – NSW	45,750	66,677
Registration – NSW	227	2,359
Sponsorship	1,000	11,118
Accommodation	-	34,892
Trade Display & Exhibitors	752	-
Members' Dues – Unearned income 2014	20,546	(20,546)
Conference Income – Unearned income 2014	19,214	(19,214)
Interest received – Other Corporations	-	635
Total Income	203,181	278,458

The accompanying notes form part of these financial statements.

Australasian Therapeutic Communities Association
ABN 41 893 350 365
Income and Expenditure Statement
For the year ended 30 June 2015

	2015 \$	2014 \$
Expenditure		
Accountancy Fees	9,684	9,441
Bank Charges	608	765
Board Expenses		
- - Board and Meeting Costs	2,727	5,485
- - Directors Travel & Accommodation	10,775	17,942
- - Per Diem	2,475	3,199
	15,977	26,626
Conferences	8,000	14,140
Contractor/Consultant	21,241	23,663
Entertainment Expenses	454	1,320
Insurance	6,859	7,138
Merchandising	273	300
Office Expenses	6,862	1,611
Per Diem	434	986
Printing & Stationery	6,129	9,526
Provision Annual Leave	1,251	2,380
Time In Lieu Paid/Accrued	2,204	5,728
Salaries	55,364	52,509
Speaker	4,028	5,383
Superannuation Contributions	5,260	7,576
Telephone	1,797	4,270
IT Expenses	3,644	3,023
Travelling & Accommodation	6,137	57,327
Venue	39,330	45,740
Website	10,639	12,432
Workshop Expenses	-	591
Total Expenses	211,283	297,406
Profit (loss from ordinary activities before income tax)	(8,102)	(18,948)

The accompanying notes form part of these financial statements.

Australasian Therapeutic Communities Association
ABN 41 893 350 365
Income and Expenditure Statement
For the year ended 30 June 2015

	2015	2014
	\$	\$
Income tax revenue relating to ordinary activities	-	-
Net profit (loss) attributable to the association	(8,102)	(18,948)
Total changes in equity of the association	(8,102)	(18,948)
Opening retained profits	30,100	49,048
Net profit (loss) attributable to the association	(8,102)	(18,948)
Closing retained profits	21,998	30,100

The accompanying notes form part of these financial statements.

Australasian Therapeutic Communities Association
ABN 41 893 350 365
Detailed Balance Sheet as at 30 June 2015

	Note	2015 \$	2014 \$
Current Assets			
Cash Assets			
Cash at Bank		11,872	56,787
Westpac Account 194364		226	4,243
Maxi - Management		35,042	30,055
Maxi Account 123		18,400	535
Cash on hand		440	278
		65,980	91,898
Receivables			
Sundry Debtors		2,287	1,809
		2,287	1,809
Other			
Prepayments – NZ Conference		1,000	-
		1,000	-
Total Current Assets		69,267	93,707
Non-Current Assets			
Property, Plant and Equipment			
Plant & Equipment		5,721	5,721
Less: Accumulated Depreciation		(5,721)	(5,721)
		-	-
Total Non-Current Assets		-	-
Total Assets		69,267	93,707

The accompanying notes form part of these financial statements.

Australasian Therapeutic Communities Association
ABN 41 893 350 365
Detailed Balance Sheet as at 30 June 2015

	Note	2015 \$	2014 \$
Current Liabilities			
Payables			
Unsecured:			
- Superannuation Payable		919	1,288
- Salary Sacrifice Payable		-	-
		920	1,288
Current Tax Liabilities			
PAYG Withholding		1,560	2,964
		1,560	2,964
Provisions			
Provision for Annual Leave		12,030	10,779
Provision for GST		3,664	8,816
GST Adjustments		1,497	-
ATO Integrated Client Account		2,964	-
Provision for time in lieu		2,204	-
		22,359	19,595
Other			
Unearned Income – NZ Conference		6,970	-
Unearned Income – Peer Reviews		15,460	-
Unearned Income – Correction 2014		-	39,760
		22,430	39,760
Total Current Liabilities		47,269	63,607
Total Liabilities		47,269	63,607
Net Assets		21,998	30,100

The accompanying notes form part of these financial statements.

Australasian Therapeutic Communities Association
ABN 41 893 350 365
Detailed Balance Sheet as at 30 June 2015

	Note	2015 \$	2014 \$
<hr/>			
Members' Funds			
Accumulated surplus (deficit)		21,998	30,100
Total Members' Funds		<u><u>21,998</u></u>	<u><u>30,100</u></u>

The accompanying notes form part of these financial statements.

Australasian Therapeutic Communities Association

ABN 41 893 350 365

Notes to the Financial StatementsFor the year ended 30 June 2015

Note 1: Summary of Significant Accounting Policies

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporations Act of Victoria. The committee has determined that the association is not a reporting entity.

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

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

(a) Property, Plant and Equipment (PPE)

Leasehold improvements and office equipment are carried at cost less, where applicable, any accumulated depreciation.

The depreciable amount of all PPE is depreciated over the useful lives of the assets to the association commencing from the time the asset is held ready for use.

Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

(b) Impairment of Assets

At the end of each reporting period, the entity reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

(c) Provisions

Provisions are recognised when the association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reasonably measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(d) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, and other short-term highly liquid investments with original maturities of three months or less.

Australasian Therapeutic Communities Association
ABN 41 893 350 365
Notes to the Financial Statements
For the year ended 30 June 2015

(e) Revenue and Other Income

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. For this purpose, deferred consideration is not discounted to present values when recognising revenue.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Grant and donation income is recognised when the entity obtains control over the funds, which is generally at the time of receipt.

All revenue is stated net of the amount of goods and services tax (GST).

(f) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Tax Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the assets and liabilities statement are shown inclusive of GST.

(g) Trade and Other Payables

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

Australasian Therapeutic Communities Association
ABN 41 893 350 365
Statement by Members of the Committee
For the year ended 30 June 2015

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 the Income and Expenditure Statement, Statement of Financial Position, and Notes to the Financial Statements:

1. Presents fairly the financial position of the Australasian Therapeutic Communities Association as at 30 June 2015 and its performance for the year ended that date.
2. At the date of this statement, there are reasonable grounds to believe that the 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:



Eric Allan
Chair



Gerard Byrne
Treasurer

25 September, 2015

The accompanying notes form part of these financial statements.

Australasian Therapeutic Communities Association

ABN 41 893 350 365

Independent Auditor's Report to the Members

We have audited the accompanying financial report, being a special purpose financial report, of Australasian Therapeutic Communities Association (the association), which comprises the Statement by Members of the Committee, Income and Expenditure Statement, Balance Sheet, notes comprising a summary of significant accounting policies, other explanatory notes and the Certificate by Members of the Committee for the financial year ended 30 June 2015.

Committee's Responsibility for the Financial Report

The committee of Australasian Therapeutic Communities Association is responsible for the preparation and fair presentation of the financial report, and have determined that the basis of preparation described in Note 1 is appropriate to meet the requirements of the Associations Incorporation Act of Victoria 2012 and is appropriate to meet the needs of the members. The committee's responsibilities also includes such internal control as the committee determine is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We have conducted our audit in accordance with Australian Auditing Standards. Those 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 judgement, 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 association'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 association'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.

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

Opinion

In our opinion, the financial report gives a true and fair view of the financial position of Australasian Therapeutic Communities Association as at 30 June 2015 and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the requirements of the Associations Incorporation Act of Victoria 2012.

Australasian Therapeutic Communities Association

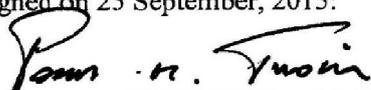
ABN 41 893 350 365

Independent Auditor's Report to the Members

Basis of Accounting and Restriction on Distribution

Without modifying our opinion, we draw attention to Note 1 to the financial statements, which describes the basis of accounting. The financial report has been prepared to assist Australasian Therapeutic Communities Association to meet the requirements of the Associations Incorporation Act of Victoria 2012. As a result, the financial report may not be suitable for another purpose.

Signed on 25 September, 2015:



Paul H Twohill, Partner
Gregory & McCarthy
75 Lead Street, Yass, NSW.