



Welcome to a new year, with all its possibilities! We know that a number of our members had both personal and professional challenges in 2016, and so we hope all have had a restful and enjoyable break over the festive season, and that this year will be a successful one for all working in our field. Our best wishes to all members and extended families.

FUNDING ISSUES OF MAJOR CONCERN TO THE SECTOR

The year has commenced with a change of Minister, with Greg Hunt taking up the Health portfolio on 24 January. Prior to this, Lynne Magor-Blatch, Gerard Byrne and Garth Popple met with Minister Sussan Ley to discuss a number of issues of concern to the membership – including the commissioning of AOD services by the Primary Health Networks (PHNs). This was followed up through items of correspondence: a follow-up letter from ATCA on 26 November and a reply from Ms Ley on 20 December, and a further letter from ATCA on 16 January.

The establishment of PHNs is proposed as a way of supporting and funding at a local level as it is believed local communities know best what their local needs might be. However, many services within the AOD field, and within ATCA in particular, are provided on a statewide or national basis and therefore cross a number of PHNs. We do not

therefore believe the PHN model is best suited to address funding to our sector. As an example, there are only five funded family-based therapeutic communities across Australia – situated in Victoria, New South Wales, Western Australia, Queensland and the ACT. While other ATCA members are now in the process of establishing family programs to support families and lessen the burden on welfare and foster care programs, people needing these services are currently required to relocate – sometimes interstate and almost always across PHN boundaries.

Hence, there are considerable difficulties inherent in channelling all AOD funds through the PHN system given many ATCA and other AOD services accept clients across a number of PHNs. This results in a significantly reduced likelihood of services being funded appropriately if the financial responsibility for services only falls on the PHN in which the service is physically located. In effect, there is a need for a dedicated funding pool and coordination at a national or state level.

In her letter of 20 December, Ms Ley also provided an opinion of the relative cost of residential rehabilitation when compared with other forms of treatment, stating, “Given the higher cost of residential rehabilitation services compared to community based treatments, it may be more appropriate for PHNs to consider initial investment in lower cost, non-residential evidence based drug and alcohol treatment services to support a sustainable drug and alcohol treatment system into the future”.

This statement shows a lack of understanding of the real costs of alcohol and other drug treatment services and the populations with whom we work. Certainly, we agree that it is important to consider a range of treatment options. In this field, ‘one size’ does not ‘fit all’. However, it is important to understand that clients seen by outclient and residential services may be very different to each other, and therefore a more sophisticated financial analysis is required than simply cost per episode of care. This has been addressed through research,

notably by James Pitts and Rowdy Yates (2010) following a survey conducted with Australasian therapeutic communities (TCs).

Therapeutic communities work with a population experiencing more severe substance use disorders than those seen by other community-based drug treatment services. An indicator of this is the extraordinarily high number of reported health service visits undertaken by participants in this survey. Within the survey sample, 113 participants reported a total of 1,666 days in hospital. At a cost of \$1,400.00 per average hospital bed day, this is a total of more than \$2 million per year (\$2,332,400.00 per annum). Additionally, 330 survey participants reported an estimated 19,281 visits to a doctor's surgery over the period of one year.

When health, welfare, legal and law enforcements costs are considered, it is estimated that each person in this survey would have cost Governments \$181,934.00 per annum. However, even with an estimated residential treatment cost of \$200.00 per day (\$69,000.00 per annum), the savings to Government for each person would be \$112,934.00, or more than \$300.00 per person per day. It should be noted that this per day cost is also less than one consultation with a clinical psychologist (\$238.00 per hour), and that people in this population group require a range of services in addition to the 10 sessions of psychological treatment per annum currently offered through the Medicare Benefits Scheme.

It is often stated that the cost of methadone and other substitution therapies is less than that of abstinence-based treatments. However, the reported cost of methadone treatment, at an estimated \$4,000.00 per person per year, does not take into consideration the cost of staffing to prepare and administer the treatment, infrastructure and administration costs, cost of transportation of the s8 drug, nor the ongoing legal, health and welfare costs which are still a consideration for this population group. It is also important to note that people in residential treatment are not in the wider community, where they may be committing crimes and most importantly, they are learning the skills necessary to become prosocial contributors to society once the period of rehabilitation is completed.

In essence, there is a real need to acknowledge the differences between outclient and residential client bases and to provide funding appropriate to client needs and circumstances. Accordingly, the cost comparison should not be between outclient and in-client services, but rather between hospitals, prisons and residential substance use services, as these are the actual alternatives for the far more complex clients we service within TCs.

Finally, Ms Ley's letter also noted that there will be **a pause on indexation for various flexible funds until 2020-21**. To our knowledge, this is the first time this information has become available, and is of major concern to ATCA and the sector. The negative impact on service delivery due to the extended indexation pause, including the need for the Federal Government to accept renegotiated (and reduced) outputs and KPIs for the current contracts, will be considerable. Reduced funding as a result of this indexation pause will in turn reduce services to an important target group – a vulnerable and complex population with severe substance use disorders, who are highly unlikely to be suitable for (or attend) outclient services.

We do not believe that the PHNs are adequately able to address the funding and support needs of the AOD sector, and have urged Minister Hunt to reconsider the decision to fund statewide and nationally-based services through a system which has been established to respond to local issues on a local basis. Further, the budgetary impact on the sector from a further 'pause' in indexation – which effectively means a reduction in funding levels – means that people and families will suffer, and we are asking Minister Hunt to urgently reconsider this decision.

The state and territory peaks share the same concerns as us and have asked that there be further consideration of the funding model with state/territory bodies given the task of distributing funds, rather than the local PHNs. There is also a further suggestion, which we support, that the NGOTGP and SMSDGF grants should not be provided to the PHNs for commissioning of AOD services until after their role in the distribution of Ice Taskforce funding has been evaluated.

In the meantime – please give us your urgent feedback on these issues, and let us know what your experiences to date have been like with your local PHN – remembering that at this stage they have not

had the full commissioning of AOD services as both NGOTGP and SMSDGF grants have not yet been provided to the PHNs.

These are issues to take up with your local members. We have now heard back from Minister Hunt's office, following receipt of our letter and his official appointment on 24 January, and we are hopeful of a meeting in the near future.

ATCA Conference hailed a "great success"



The 2016 conference in Melbourne from 20-23 November was organised by Odyssey House Victoria, Windana, Youth Support and Advocacy Service (YSAS), the Salvation Army and Ngwala Willumbong Ltd, and supported by VACCHO as a genuine first people's event hosted by a "mainstream" association.

The conference was hailed a "great success", with stimulating and thought provoking keynote talks provided by Professor Marcia Langton AM, Foundation Chair of Australian Indigenous Studies; Tom Regehr, Founder and Director of Come And Sit Together (CAST) Canada, who also provided a full day workshop following the conference; Gino Vumbaca, Treasurer of Just Reinvest NSW, President of Harm Reduction Australia and Principal of 3V Consulting Services, who presented on Prison Vs Rehab for First Nation Peoples; John Challis, Vice President of Center Point in the US, an organisation providing a range of treatment services, including Therapeutic Communities in California, Oklahoma and Texas, who presented the James A. Pitts Oration; and Associate Professor Gary Winship from Nottingham University and Editor in Chief, International Journal of Therapeutic Communities.

The conference steered away from the traditional format to one of a gathering with the theme of "Come sit together" bringing together "mainstream" alcohol and other drug treatment and support programs and Aboriginal health organisations that work together to bring about positive outcomes for first nations clients, their children, their families, their mobs and the community.

Yarning is an informal conversation that is culturally friendly and recognised by Aboriginal people as meaning to talk about something, someone or provide and receive information (Bessarab, 2012). In our conference context it was a place where delegates came together to have a casual or deep conversation about something or anything. The truth is always spoken in a yarning circle, which is designed so that everyone has an opportunity to contribute in a safe and respectful setting. The yarning circles were considered a wonderful inclusion into the program, where all attendees were encouraged to participate in the conversation as they felt comfortable to do so.

The Yarning Circles, Message Stick presentations and other breakout sessions provided the opportunity for delegates to hear about the work of TC and other colleagues and to gain ideas to take back to their own programs. These sessions were particularly valued and remain an important part of the conference program, a key ATCA professional development event.

As delegates would be aware, the vision for the 2016 conference belonged to Eric Allan, who was in the end unable to attend. Eric and Meridy have the best wishes and kind thoughts of the TC family, and Eric and his team have the appreciation of all delegates for the organisation of the conference.

ATCA AWARDS - 2016 PRESENTATIONS

An important feature of the conference is the presentation of ATCA Awards at the Gala Dinner. In 2016, two new award categories were introduced. These were the *First Nations Innovation and Partnership Award*, *Therapeutic Community Movement in Australasia: Organisational Award*; and the *Excellence in Research and Evaluation: Therapeutic Community Research Award*.

The winner of the inaugural *First Nations Innovation and Partnership Award*, presented by Professor Marcia Langton, was the **Drug and Alcohol Services Association (DASA) Alice Springs Indigenous Outreach Program**. The award was accepted by Brian McDonald on behalf of the Outreach team, who work with a vast range of clients, linking them with DASA services as well as other appropriate services within the community.



The Outreach Program was established in 2004 and is an intervention and referral program based on the further case management of the relationships established in the Sobering-Up Shelter and other services between staff and clients. Outreach workers are accessible to the client group, who are encouraged to have further professional interventions to break the cycle of addiction, and make themselves available in places within the Alice Springs Community, including visiting town camps and other places of service provision. They link in with other service providers to conduct brief interventions and assist clients with a range of needs.

The Excellence in Research and Evaluation: Therapeutic Community Research Award, was presented by Associate Professor Gary Winship, Editor in Chief of the IJTC, to **The Salvation Army Recovery Services and Illawarra Institute for Mental Health, University of Wollongong Research Partnership Executive Team**.



The partnership team has worked in collaboration for over 10-years, with a significant achievement being the establishment of systematic data collection procedures across each of the organisation's TCs. High quality, empirically grounded, psychological and substance use measures have been implemented across each site. They have trained over 120 AOD case managers in data collection procedures, and progressed to a stage where they are conducting multi-site, controlled studies to trial innovative clinical interventions. In total, they have secured over \$750,000 in externally competitive funding from Rotary Health (13), Cancer Institute NSW (4) and the Heart Foundation. The partnership has also published more than 24 papers in peer reviewed journals.

The judges in this category also highly commended another nominee – **Higher Ground Research Committee, in association with Julian King Associates**. In 2009, Higher Ground implemented a research and monitoring program to assess clients as they made their way through the residential TC program. The monitoring program aims to provide evidence of clients' progress, assist with clinical management and identify areas where the program might be improved. Some changes have been made to the research program over time, including the introduction of the Alcohol and Drug Outcome Measure (ADOM) in October 2011. More recently, a review of the research program made further recommendations for enhancements, which were implemented in 2015 and will be included in future research.



The award for *Significant Contribution to the Therapeutic Community Movement in Australasia: Program, Service or Intervention*, was presented to the **Endeavour Dual Diagnosis Bridge Program** for their work in providing a specialised dual diagnosis treatment stream within the organisation's range of services. The program exists to assist in the treatment delivery of AOD interventions for

participants with extremely complex psychiatric disorders.



The program is overseen by two psychiatrists who direct the mental health treatment for participants. Working in partnership with these staff specialists is the Visiting Medical Officer, who is supported by three psychologists on staff, and a team of registered mental health nurses. There are well-established linkages with mental health services located in the Local Health Districts, and a strong research and evaluation component.

Cyrenian House was also highly commended for the development and implementation of the **Residential Pathways Program**. The program provides a systemic and integrated approach to treatment based on best practice assessment, multi-disciplinary case management and comprehensive, co-morbidity- competent service delivery. A multi-level model comprising a Steering Committee for program governance, and a team based approach to provide seamless, “non-silo type” support to consumers and their families.

Both awards in this category were presented by John Challis, who is a former Vice President of ATCA and CEO of Odyssey Auckland from 1987 – 2004.



The major award of *Significant Contribution to the Therapeutic Community Movement in Australasia* by

an Individual, acknowledges and publicly recognises the exceptional work done by people who have worked tirelessly over a number of years to promote and develop the therapeutic community approach to treatment within the sector. In 2016, this was presented to **Janet Woolley**, who has worked within the WHOS TC for 27 years, the first year as an unpaid volunteer. Janet has been in the role of 2IC since 1989, and provides leadership to fellow managers, staff and residents and her work has been instrumental to the growth of WHOS over many years.



James Pitts, who retired at the end of November after more than 32 years in the sector with Odyssey House in the US, Melbourne and Sydney, was honoured with a special award for *Leadership and Innovation*. It was particularly fitting that this was presented by John Challis, who noted that James was his first “boss”. James has provided an enormous contribution to the field and has had a significant impact on the lives of over 30,000 people during this time.



The list of committees, Boards and expert groups on which James has served is long – and he has received several honours and awards over his lengthy career. He was a founding member of ATCA and has been a long-time advocate of the Therapeutic Community model of treatment. He is highly regarded for his innovation and expertise in this field.

We will miss him as he retires from the sector, although we hope this will herald a new opportunity

In addition to the major awards, ATCA members also noted the contribution of 21 of their colleagues who had each provided 10 years or more service to TCs in various capacities – from volunteers, to property management, cook, case workers and managers. Receiving Certificates of Service were: **Wendy Shannon** (Palmerston, WA); **Mel Stott** (Clinical Team Leader, Ted Noffs Foundation); **Kieran Palmer** (Chief Clinical Officer/Psychologist, Ted Noffs Foundation); **Marg Lacy** (Assessment and Intake Worker, YSAS Birribi); **Kevin McGuigan** (Property Worker, YSAS Birribi); **Damian Philp** (Manager, YSAS Birribi); **Mette Hemmingsen** (Residential Youth Worker, YSAS Birribi); **Donna Stevens** (stand-up nightshifts, YSAS Birribi); **Patricia (Trish) Serratore** (Cook, YSAS Birribi); and **Sharon Carmody** (Windana).

On behalf of ATCA, we congratulate all award holders and thank them for their continued commitment to their organisation and to the TC movement more broadly.



Still part of the membership after 30 years are founding member organisations: Odyssey House NSW, Logan House and Mirikai (now under Lives Lived Well), Banyan House, The Salvation Army Bridge Program, Odyssey House Vic, Windana Society, Adelaide Central Mission (now *UnitingCommunities*), Cyrenian House WA, Teen Challenge (recently come back into the membership in NSW and Tasmania), The Buttery, Karralika, Palmerston Centre, The Woolshed, We Help Ourselves (WHOS), and Lyndon House. This means 16 of the original 25 members are still with us, and of the services that have closed (such as Killara House), other services have expanded or staff from these programs have been instrumental in developing new services.

Today our membership stands at 42 members, representing 67 therapeutic communities and a range of outclient and support services – an incredible record of achievement over the past 30 years from the 25 single facility programs in 1986.

WORKFORCE DEVELOPMENT

In 2012, the New Zealand (NZ) Ministry for Health funded *Matua Raki*, the National Addiction Workforce Development Centre NZ, to undertake a scoping exercise looking at the workforce development needs of addiction TCs in NZ. This was extended to include Australia with the support of the NZ Ministry for Health.

As a result of this work, the TC Training Course (2015) was developed and the first of the training programs offered in Auckland towards the end of 2015. The second program took place in Rotorua in October 2016, with the NZ Ministry of Health providing funding for two members of the ATCA Board to attend. This provided a unique opportunity to gain an understanding of the training program, and has been particularly useful in assisting in the further development of the program for Australian audiences.

In late 2016, the ATCA Board engaged a consultant to review and modify the modules for an Australian audience, with particular emphasis on cultural appropriateness. This initial work has now been completed and the draft modules are currently being reviewed. It is our aim to roll out the first of the training programs for Australian TC staff in the first part of 2017.

More details to follow – but the program will comprise six modules and a supervised practicum:

- Module 1. Course orientation and Overview of TC
- Module 2. Community as method
- Module 3. TC structure, organisation and environment
- Module 4. Relationships in the TC
- Module 5. Staff roles and responsibilities and rational authority
- Module 6. Group work, community tools, work as therapy & continuing care
- Module 7. Supervised practicum

The TC training comprises a six-month course. Each participant completes:

- 48 hours of face-to-face learning facilitated by a trainer.
- a 40-hour supervised professional skills practicum in a TC
- 12 hours of self-directed learning.

Our New Zealand ATCA members have gained enormously from the training provided, and we are very excited to be bringing the TC Training Program to Australian TC staff.

Research a high priority

One of the key areas of concern for the ATCA Board is the promotion of research opportunities related to the TC model. ATCA members are actively involved in this area, with a number of partnerships established with universities and research institutes.

In October 2016, a special edition of the *International Journal of Therapeutic Communities*, devoted to the work of our Australasian TC members, and with Associate Professor Lynne Magor-Blatch as guest editor, was released and provided to conference delegates, free of charge. Papers included in this edition (Vol 37, Number 3) are:

- Turner, B. & Deane, F.P. (2016). Length of stay as a predictor of reliable change in psychological recovery and wellbeing following residential substance abuse treatment.
- King, J., Dow, J., & Stevenson, B. (2016). Measuring outcomes for TC clients: Higher Ground Rehabilitation Trust.
- Best, D., Haslam, C., Staiger, P., Dingle, G., Savic, M., Bathish, R., Mackenzie, J., Beckwith, M., & Lubman, D.I. (2016). Social

networks and recovery (SONAR): characteristics of a longitudinal outcome study in five therapeutic communities in Australia.

- Northam, J.C., & Magor-Blatch, L.E. (2016). Developing a standard for youth modified therapeutic communities.
- Nelson, A. (2016). A therapeutic community training programme for Aotearoa New Zealand.
- Amorin-Woods, L.G., Parkin-Smith, G.F., Cascioli, V., & Kennedy, D. (2016). Manual care of residents with spinal pain within a therapeutic community.

These six publications only touch on the considerable work being undertaken by TCs in Australasia, but the opportunity to focus on the achievements of our programs has provided us with an expanded international audience.

As a result of this, ATCA Executive Officer Lynne Magor-Blatch has been invited to become a member of the Editorial Board of the International Journal of Therapeutic Communities.

World Federation of Therapeutic Communities (WFTC) Institute: Mallorca

ATCA Board Chair, Garth Popple and former ATCA Director James Pitts, attended the WFTC Institute *Essence and Innovation* in Mallorca in December 2016, where Garth was elected as the Vice Chair of the World Federation. This is the first time in the history of the WFTC that the honour has been a TC member outside the United States has been elected to this position, and provides recognition of the work



being undertaken by ATCA and its member organisations.

James Pitts was also recognised through the presentation of the O. Hobart Mawer Award, in Recognition of Excellence in the global field of Therapeutic Community Treatment. James has recently retired as CEO of Odyssey House NSW, and in recent months received both the Lifetime Achievement Award from NADA and the award for Innovation and Leadership from ATCA.

New beds give meth addicts hope

By Daniel Emerson
The West Australian
2 November 2016

“People with methamphetamine addictions have brain functioning that reduces their capacity to experience life as joyful.”

This stark observation by Rick Hammersley Centre Therapeutic Community manager Peter Duncan yesterday underscored the scale of the task WA faces in trying to put its broken people back together again.



West Australian Mental Health Minister Andrea Mitchell with Peter Duncan. Picture: Ian Munro

The State Government announced that 60 new residential rehabilitation treatment beds would be made available, which, while sorely needed, are likely to be a drop in the ocean of unmet need.

Particularly, as Mr Duncan pointed out, meth addicts were recommended to stay for a year to learn how to participate in normal life again.

Thirty-two of the beds will be in regional WA and 28 will be in the metropolitan area, including 10 at Mr Duncan's facility in Cullacabardee. They will be available from January under a \$15 million meth strategy.

Mental Health Minister Andrea Mitchell said that while the 60 beds would be available to drug and alcohol addicts, she expected most to be occupied by those seeking meth treatment.

Mr Duncan welcomed them. "People don't want to be doing the things they are doing and don't realise that there is another way out for them," he said. "Being told there is a place for them if they want to change their lives, well, that provides hope."

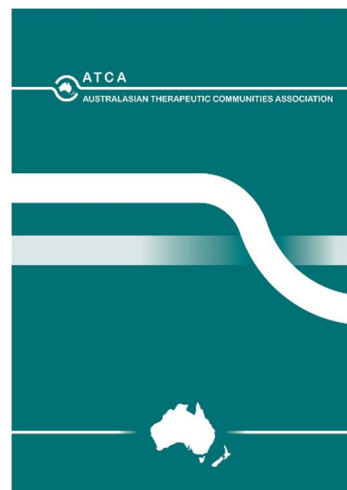
THE ATCA STANDARD

Barry Evans: Project Consultant

As members are aware, the ATCA Standard has been refined through a process of broad consultation with the membership and is now registered with JAS-ANZ. The ATCA Standard is available, together with the Interpretive Guide via the ATCA website at <http://www.atca.com.au/>.



The first certification of one of our members under the ATCA Standard took place in 2015, with Goldbridge on the Gold Coast becoming the first TC to undertake certification under the ATCA Standard. In 2016, Cyrenian House became the second ATCA member and the first Group member to complete the certification process. This was acknowledged during the 2016 ATCA conference, and the certificate marking the organisation's achievement, presented.



Standard practice creates a replicable pattern for learning and teaching or practicing the TC concept. It allows us to compare treatment outcomes and it lends fidelity to the practice of the TC.' Dr Fernando Perfas (2014). Therapeutic Community: Past.

Present. And Moving Forward.

This column is a new edition to the ATCA Newsletter, it has been written with the intention of providing a regular forum to discuss the Standard and any concerns or challenges arising from its interpretation or implementation as members participate in certification audits against the Standard. Apart from working through different aspects of the Standard there will be an opportunity to post questions which will be answered in the Newsletter, so that all members will benefit from the information exchange.

Before we begin to look at the Standard there are two important considerations to keep in mind as you prepare for an audit. Firstly, Certification against the ATCA Standard is only one part of the requirements for ATCA Membership. The other part is that member agencies will also hold certification under a recognised standard such as the Health and Community Services Standards, the ISO Management Standards, or the National Safety and Quality Health Standards or another relevant Standard.

Many of you will recall the consultation process when the Standard was being developed. The original version combined the domains of more generic quality assurance programs with the specific requirements of the Essential Elements in a Therapeutic Community. In response to your feedback we extracted the Essential Elements or ATCEEs and designed the current Standard just around them and left the other aspects of quality assurance to other forms of certification. ATCA membership requirements can be viewed at; <http://www.atca.com.au/wp-content/uploads/2016/09/Membership-kit.pdf>.

The second point to keep in mind is that if it is possible to align your quality assurance certification audit with the ATCA Standard certification cycle then this has the potential to save you money, especially if the registered organisation that you have contracted to conduct the audits is registered to conduct both types of audits.

Over the course of the membership consultation process The Standard was refined into thirteen areas known as Performance Expectations, these Expectations were grouped into two levels of certification within the one Standard, namely certification as a:

- Residential Rehabilitation service, or as a:
- Therapeutic Community.

The Expectation levels are:

- Performance expectations 1-6 applicable to Residential Rehabilitation and Therapeutic Communities.
- Performance expectations 7-13 applicable to Therapeutic Communities only.

There are two very important features of the Standard that are worth noting here:

1. Expectation 7 'Community as Method' must be achieved if a service is to be accredited as a Therapeutic Community.
2. Expectation 11 is totally 'Good Practice' and it relates to the collection and utilisation of data for research purposes.

An organisation must achieve 80% of the Expectations to achieve certification, if you elect not to be assessed on Good Practice this means that the certification will then be assessed on the other 12 Expectations.

Each Expectation has a number of indicators and it is important that you work through each of them in detail when collecting the evidence, which will support your self-assessment and eventually the external third party assessment by the auditor.

The ATCEEs are available on the ATCA website:

<http://www.atca.com.au/wp-content/uploads/2012/07/Towards-Better-Practice-in-Therapeutic-Communities.pdf>

I encourage you to review them in the context of preparation for your certification audit and integrate them into your everyday practice within your TC.

If you have questions relating to the Standard that you are willing to share with the ATCA membership please forward them to me at bjevans49@gmail.com or to Lynne at atca@atca.com.au and I will be happy to answer them in the next Newsletter.

INTERPRETIVE GUIDE FOR FOR THERAPEUTIC COMMUNITIES AND RESIDENTIAL REHABILITATION SERVICES: YOUTH TC AND RESIDENTIAL SERVICES

The work on the development of the Interpretive Guide for youth services was completed by Jaimie Northam, who was at the time completing her Masters degree in Clinical Psychology at the University of Canberra, and undertaken as her thesis project under the supervision of Lynne Magor-Blatch.

Jaimie was an ideal candidate to do this work. She had previously worked with the Ted Noffs Foundation, and has a real commitment to the youth AOD field. The project, undertaken over a two-year period, included an initial focus group with Ted Noffs, Birribi and 180TC staff at the 2014 ATCA Conference in Sydney, during which the Interpretive Guide for adult services was considered, and initial changes suggested.

Working groups from each of these organisations then worked on specific sections of the Interpretive Guide, and finally both Ted Noffs and Birribi took part in the research project which included both pre- and post-test measures to gauge both staff and resident understanding of the quality assurance process, and evaluation of the Youth Interpretive Guide and the ATCA Standard.

The report of this research project is included in the Australasian edition of the IJTC and the literature review, which formed the first part of Jaimie's thesis, was published in the following edition of the IJTC in January 2017. The Interpretive Guide for Youth services is now available for use in the certification process and we invite TCs and residential rehabilitation services working with young people to use this important resource.

Jaimie is now engaged in a PhD study under the supervision of Professor Mark Dadds at the University of Sydney – and we wish her well in these further studies.



ATCA Quality Portal

A quality management system for therapeutic communities and residential rehabilitation service providers

The ATCA Quality Portal is an easy-to-use system that helps you manage quality, risk and compliance. The Portal includes the new ATCA Standard for Therapeutic Communities & Residential Rehabilitation Services, as well as the main sets of community services and health standards.

KEY FEATURES

- **Self-assessment against standards**
Complete self-assessments against the criteria (indicators) of a set of standards. As you work through each assessment, the portal will identify gaps and let you know what the organisation needs to do to achieve completion.
- **External reviews and accreditation**
Prepares your organisation for external review and accreditation, with the ability to submit your results and evidence online.
- **Automatically generated Work Plans**
As you complete assessments, a Work Plan is automatically generated based on the actions required to meet the standard. You can edit and allocate tasks, set due dates and email reminders.
- **Schedule email reminders**
Set email alerts as due-date reminders in your work plan or registers.
- **Risk, compliance and quality registers**
Create, edit and customise registers for risk management, compliance and other quality monitoring. You can tailor registers to your organisation's needs.
- **Document Library**
Upload and manage pre-existing or newly completed documents, then link them to action items to provide evidence of compliance to external reviewers.
- **Immediate solution to multiple standards**
Cross-referencing with all other sets of standards means you can complete multiple sets of standards by completing a single set.
- **Progress tracking**
Displays graphs showing your organisation's progress against industry benchmarks.

KEY BENEFITS

- Increases service delivery capacity.
- Manages and monitors risk and compliance.
- Undertakes gap assessments.
- Work directly online – no need for paper-based reporting.
- A standards update and alert service keeps you on top of changes.
- Builds staff and organisational capacities.
- An immediate solution to multiple standards.
- Red-tape reduction.
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“The SPP has reduced our reporting time significantly. The system is intuitive, I found my way around quite easily.”

Ronnie Voigt,
Drug Education Network

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