Celebrating 31 years of service to Therapeutic Communities and the sector
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 Association (ATCA) Standard; and the New Zealand Ministry of Health for funding to enable the development of the TC Training Course.

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Being involved with not-for-profit community-based TCs is both rewarding and challenging. The rewards we see from our many residents and their families and friends, always help us overcome the challenges we encounter of maintaining our funding and meeting our compliance requirements.

The next few years present some very significant opportunities and challenges ahead for our sector. This includes the growing support from the Australian and New Zealand community and Governments for our model of care. However, we are also concerned with the increasing difficulties in attracting and managing new, and often fragmented, funding for our services. Funding grant application processes would be welcomed much more by our members if they were developed in consultation with our sector, and with an understanding of existing TCs long experience and local knowledge on how best to meet the needs of clients. Allowing us more time to develop innovative models of care, is also a priority.

We need to face head-on the old mantra that residential treatment is expensive. The alternatives are not only more expensive and less effective, but often also produce far worse outcomes for our clients. I have had the opportunity to see many TCs across the globe and the ATCA member TCs’ models of care can stand proud. The quality of care we provide and our innovations are recognised nationally and worldwide.

In 2016, ATCA celebrated its 30th Anniversary at the Melbourne gathering, aptly titled, “Come sit together”. This was a departure from the usual conference format which, under the guidance of Eric Allan had a strong focus on First Nations people. In 2017, we saw the hosting of ATCA’s 31st Conference in Brisbane, Australia. Thirty-one years is a magnificent achievement. As always, we were delighted to host visitors from across the Tasman with whom we share so much in common. We have been fortunate to attract speakers to our conferences whose presentations spread across a mix of keynote, concurrent sessions and workshops, bringing a range of academic, research and TC practice perspectives.

ATCA brings together people who share a passion for TCs, and who understand the benefits of sharing ideas, of listening, and learning from one another. Our membership is made up of over 40 organisations from across Australia and New Zealand, offering more than 70 Therapeutic Community and Residential Rehabilitation programs to young people, to adults, and to families. Increasingly, our member organisations also deliver a broad range of other community-based programs and services that complement, extend and support our TCs. The times and drug types are changing (again) for those seeking our help, and we have incorporated and included new evidence and ideas about what works.

I would also like to acknowledge some TC milestones this year with Odyssey House NSW and Karralika Program’s 40 years, WHOS’ 45 Years and the successful certification under the ATCA Standard of a number of our member agencies. There are also other members who have achieved great things this year – and we continue to encourage all our members to share these achievements at upcoming symposia and conferences. As always, the work of ATCA can only be achieved by the hard work of all our staff and members, and on behalf of all the Board, I want to say thank you for all your efforts and we look forward to another successful year working with you.

ATCA Chair: Garth Popple
It is my pleasure to present to the membership of the Australasian Therapeutic Communities Association (ATCA) the Annual Treasurer’s report for the financial year 2016 - 2017.

As a Peak Body for Therapeutic Communities located in New Zealand and Australia ATCA exists to support its members and to promote the therapeutic community model of treatment.

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

In compliance with this Clause and Sub-clause, I present the 2016 – 2017 Annual Financial Audit Report.

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

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

The Association, at the time of the annual audit, has net assets of $55,720.00 without liability.

I would like to acknowledge the efforts of the Association’s Executive Officer Dr Lynne Magor-Blatch, for her commitment to her role, the ATCA and to the therapeutic community model of treatment.

Gerard Byrne

Treasurer
Australasian Therapeutic Communities Association
1 November 2017
The past year has brought with it a number of challenges, together with some tremendous highlights.

The ATCA Standard was certified by the Joint Accreditation System of Australia and New Zealand (JAS-ANZ) in June 2014, and by 2017 seven of our members had completed certification against the Standard to become Certified Therapeutic Community members. This has included both single site TCs and group members operating over multiple sites.

In New Zealand, the TC Training Course was developed under the auspice of Matua Raki and a steering committee of therapeutic communities, together with ATCA. Funding for the project was provided by the New Zealand Government through the Ministry for Health. The course has been offered twice in New Zealand – in Auckland and Rotorua, and in 2018 will be presented to Australian participants for the first time.

Both these initiatives are reflected in the ATCA Strategic Plan 2017 – 2021, which sets out the Association’s key objectives in driving TC service quality and improvement and supporting the development of a strong workforce.

The work in developing the TC Training Course in New Zealand was completed by Paula Parsonage and Colette Wrynn at Cyrenian House in Perth undertook the task of modifying the content for Australian audiences.

The seven training modules comprise: 1. Course orientation and Overview of the 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 are engaged in face-to-face training, online course work and practicum placements within TCs. This is a tremendously important and exciting initiative, and particularly as we see residential treatment firmly in the spotlight across Australia, with a number of TC members supported to grow and develop through new and expanded services.

In Australia, we were delighted to see the results of our strong representations to the Australian Government recognised through continued funding to the sector for a further two years (until July 2019) and a decision to maintain primary funding to AOD services through the central Department of Health, rather than through the Primary Health Networks (PHNs). As all of our residential services accept referrals on a regional and even national basis, maintaining a central funding body was acknowledged as vital to ensure adequate funding and oversight of service delivery. A number of ATCA members have also received funding from PHNs to develop projects at a local level, and this has greatly supported many to expand and consolidate the non-residential arm of their service delivery. The fact remains that while our ATCA members see more than 10,000 people annually within their residential services, more than three times that number
also access community-based non-residential and day programs each year.

We were also instrumental in securing additional enhancement funding not only for our own ATCA members, but for all residential services in Australia. This came in the form of a one-off grant which has gone some way to ameliorate the effects of lack of indexation over a number of years. We are grateful for the support of the Australian Government in this regard.

In New Zealand, the Government and Ministry for Health has proactively supported TCs through the continued development of The Alcohol and Other Drug Treatment Court (AODTC), a collaborative therapeutic jurisprudence project 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. In 2015, the AODTC was recognised through the ATCA Award for Significant Contribution to the TC Movement in Australasia by a Program or Intervention.

During 2016, I was honoured to be chosen as one of 11 people from across the world to represent Civil Society at the United Nations General Assembly Special Sitting (UNGASS) in New York on the world drug problem. My short address was prepared for the Roundtable on Treatment and Intervention, which was one of four roundtables established over the week. There is a long way to go in terms of treatment and reform, both in our own region and abroad. However, the experience gave me a unique opportunity to learn something of what was happening overseas – the good, the bad and at times the very ugly – and to appreciate how far we have come in terms of our own response to substance use issues.

This year’s Annual Report is presented differently. Instead of reporting by jurisdiction, member reports have been grouped by membership category: Certified TC Members, TC Members and Residential Rehabilitation Services Members. Not all members have provided a report, but the map on page 14 provides a compelling visual of ATCA member locations across Australia and New Zealand. The forty-one members listed provided 70 TCs and residential services and an array of non-residential and community based services in 2016-2017 – with more than 34,000 presentations in the year.

In many ways we lead the field – and I certainly believe this is the case in terms of the TC model. ATCA has achieved a great deal in its 31 years to bring residential services into the mainstream where they are firmly placed in evidence-based practice.

My thanks to Garth Popple, Chair of the ATCA Board and to all Board members who have provided support and direction over this past year. Some will know that this past year has had some huge personal challenges for me, and this in turn has led to some decisions regarding my own professional practice. I am grateful for the support I have received and look forward to working with our members with some renewed energy in the coming year.
The first priority of the ATCA Board identified in the current strategic plan is “to ensure the membership of ATCA is committed to quality, through the adoption of the ATCA Standard”. This objective builds on the historic and ongoing work of the Board to facilitate continuous quality improvement in the sector, over and above the requirements of funding bodies. This objective has been incorporated into the strategic plan to reassure both the community at large and funding bodies that ATCA members provide a quality service that is accountable and open to scrutiny.

It is true that engaging in a recurring quality improvement cycle comes at a cost to member organisations, both in terms of audit preparation time and the actual financing of the audit. However, the growing community awareness of the existence of residential treatment services and the potential for second rate service delivery, recently identified in the news media, means that residential treatment services need to be transparent. Increasingly, the initiative taken by the ATCA Board to produce a Standard and the requirement for member agencies to be certified, is being hailed by governments at both State and Federal level as a bold and innovative step.

Many of you will be familiar with the history of the ATCA Standard and its evolution from the peer review through to the current version which was registered with JAS-ANZ in June 2014. Since that time only one Certifying Assessment Body has been prepared to undertake the review process required for it to become an approved auditor using the ATCA Standard as the reference for the audit. While it would be preferred to have more than one Certifying Assessment Body (CAB) conducting audits, at this stage no other organisation has expressed an interest. Discussions have taken place with a second CAB and these will continue in 2018.

Following the registration of the ATCA Standard, the ATCA Board reviewed the requirements for membership of the Association and determined that all members should be certified against the Standard as well as being audited against a Quality Assurance Standard. It was the Board’s hope that all current members would have completed these requirements by July 2018, three years after the ATCA Standard was registered. However, progress has been slow, with seven ATCA members being certified as therapeutic communities as at January 2018 and one certified ATCA member participating in the mid cycle recertification audit. A number of ATCA members are currently negotiating contracts for a certification audit and so it is hoped that in the coming months more members of the Association will complete certification audits.

When the ATCA Standard was first registered with JAS-ANZ, an Interpretive Guide was also made available. This document assists agencies and reviewers to identify and apply the evidence required to fulfil the requirements of an audit. TCs in Australia and New Zealand offer a service to a wide variety of potential residents seeking treatment. The generic nature of the initial Interpretive Guide failed to recognise this diversity of treatment populations in our community, and the specific evidence required to audit therapeutic communities and residential rehabilitation programs catering to different populations. To rectify this oversight the ATCA Board has commissioned an Interpretive Guide for Youth TCs and Residential Rehabilitation Services, and an Interpretive Guide for Aboriginal TCs and Residential Rehabilitation Services. An Interpretive Guide for Prison Populations will be commissioned in 2018.

The application of the Standard over the last three years has triggered a review of its wording and intent. This review, completed in September 2017 produced a second edition of the Standard which is easier to interpret and easier to apply in the auditing process. This second edition of the Standard is available on the
ATCA website along with the Interpretive Guide for Youth Services and the second edition of the Interpretive Guide. All three documents have been reviewed and updated.

One outstanding challenge that many TCs identify when preparing for, and participating in an audit, is the difficulty in recruiting staff who have a TC background or have trained in a TC and are conversant with the model. This is particularly the case in rural and remote TCs, but it is not confined to them. The specialist skills required of staff to foster the TC milieu in an organisation are not readily available in the workforce. Being mindful of this dilemma, ATCA was involved from the outset in the development of the TC Training Course, facilitated by Matua Rakiraki through funding provided by the New Zealand Ministry of Health, to train participants in the TC modality. The course has since been modified for Australian audiences and will support workforce development, by providing a trained workforce that is familiar with the TC and ‘community as method’. This training will complement the ATCA Standard as it works to consolidate the model in Australia and limit any cultural drift that can occur when external influences unwittingly combine to dilute the TC model.

2018 promises to be an exciting year for the TC sector in Australia and New Zealand as the number of certified TCs grows and governments becomes increasingly aware of the initiatives taken to improve transparency and accountability amongst TCs in Australia and New Zealand.

In closing this report, I would just like to say that it would add great weight to the negotiating capacity of the Board if it were able to say to Government that all of its members were certified. This would set a benchmark for the NGO sector generally and for agencies funded through government. It would demonstrate once again that in the true spirit of community as method, the members of ATCA have been happy to show the way forward in openness and transparency.

In 2017, Windana, DASA (Aranda House), The Woolshed, Odyssey House Vic and Banyan House completed audits under the ATCA Standard to become Certified TC Members.

Goldbridge, which was the first TC to become a Certified TC Member in 2015, completed their mid-cycle review under the ATCA Standard in 2017.
INTRODUCTION

The Australasian Therapeutic Communities Association (ATCA) is an association of Therapeutic Communities across Australia and New Zealand. Therapeutic Communities (TCs) provide an evidence-based approach to alcohol and other drug treatment which is based on the use of the community-as-method as the prime vehicle for change. As such, TCs have a strong emphasis on both self-help and mutual help within a treatment and recovery based setting, supported by a range of biopsychosocial interventions.

Our Vision

The Therapeutic Community model of treatment is recognised and embraced by community and governments across Australasia.

Our Mission

ATCA is an association that supports, represents and advocates for programs that restore a sense of wellbeing through the use of quality driven Therapeutic Communities and other residential models of treatment.

Our Priorities

- To ensure the membership of ATCA is committed to quality, through the adoption of the ATCA Standard.
- To improve the knowledge and confidence of governments in the quality of ATCA member services.
- To sustain and grow ATCA and its membership base.
- To support the development of a strong workforce through the fostering of professional peer support and development amongst member organisations.
- To encourage and support ongoing research into the Therapeutic Communities Model.
ATCA Board 2016 -2017

- **Garth Popple, Chair**: WHOS NSW and Queensland
- **Mitchell Giles, Deputy Chair**: Lives Lived Well, Queensland
- **Gerard Byrne, Treasurer**: The Salvation Army Recovery Services, ACT, NSW and Queensland
- **Carol Daws, Secretary**: Cyrenian House, WA
- **Eric Allan, Public Officer**: Odyssey Victoria

Directors:

- **Johnny Dow**, Higher Ground, Auckland, New Zealand
- **Carole Taylor**, DASA, Northern Territory
- **Mark Ferry**, Ted Noffs Foundation, ACT, NSW and Queensland

In 2016, ATCA celebrated its 30th anniversary at the Melbourne Gathering.

A number of the original members from 1986, or current CEOs and staff of foundation TCs, were present to cut the birthday cake. An enormous milestone for ATCA, upon which we continue to build.

We also honoured James Pitts with the Special Award for Leadership and Innovation. James had recently retired from Odyssey House NSW after more than 30 years at the helm. James continues to work with TCs as a mentor and consultant, and has trained as a Technical Expert under the ATCA Standard.
CERTIFIED GROUP TC MEMBERS
- Cyrenian House - WA
- Odyssey House - Victoria

CERTIFIED TC MEMBERS
- Banyan House - Foster Foundation - NT
- Drug and Alcohol Services Association, Alice Springs (DASA) - NT
- Goldbridge Rehabilitation Services -Qld
- Windana Drug and Alcohol Recovery Inc - Victoria
- The Woolshed - SA

GROUP TC MEMBERS
- CareNZ - NZ
- Karralika Programs Inc - ACT
- Lives Lived Well - Qld
- Odyssey Auckland – NZ
- Ted Noffs Foundation – NSW & ACT
- The Salvation Army Recovery Services – Qld, NSW & ACT
- WHOS – (We Help Ourselves) – Qld & NSW

TC MEMBERS
- Arcadia House – Directions Health - ACT
- Calvary Riverina Drug & Alcohol Centre - NSW
- Higher Ground Drug Rehabilitation Trust - NZ
- Hope Community Services - WA
- Launceston City Mission - Tasmania
- Ngara Nura - Dept Corrections, Long Bay Gaol - NSW
- Odyssey House NSW
- Odyssey House Trust Christchurch – NZ
- ONE80TC - NSW
- Palmerston Farm – Palmerston Assoc. – WA
- St Mark’s - NZ
- Sunrise Way - Qld
- Te Utuhina Manaakitanga Trust - NZ
- The Buttery - NSW
- The Lyndon Community – NSW
- Uniting Communities – SA
- Watershed - NSW
- YSAS Birribi – Victoria

RESIDENTIAL REHABILITATION SERVICES MEMBERS
- BRADAAG – NT
- Byron Private - NSW
- Footsteps – Road to Recovery (ADAC) - SA
- Namatjira Haven - NSW

AFFILIATE ORGANISATION MEMBERS
- Caraniche – Victoria
- Family Drug Support - National
- Fresh Hope – Qld
- Teen Challenge - Tasmania
- Yaandina - WA

AFFILIATE INDIVIDUAL MEMBERS
- Dr Navjot Bhullar
- Dr John Howard
Cyrenian House is one of the leading alcohol and other drug (AOD) agencies in Western Australia providing 2 (two) 24 hour / seven day a week, residential rehabilitation Therapeutic Communities that support individuals to address their AOD use in a comprehensive, evidence-based long-term program. Reduced problematic AOD use by individuals has the benefit of preventing and/or reducing adverse impacts on the community (e.g. health care burden, offending behaviours, social issues including child protection and family and domestic violence, etc.)

Additionally, because Cyrenian House provides smoke-free programs, we can support better outcomes in regard to AOD harms and specifically health, as tobacco causes significantly greater harms than other substances. Our programs have been successfully smoke-free for over three years, and we manage our smoke free programs such that consumers are actively supported to quit, and therefore service accessibility is not affected.

Our existing TC programs support residents to make improvements in physical, mental, emotional and social wellbeing. Residents develop enhanced skills in maintaining healthy, positive relationships and as they progress through treatment there is a specific focus on ‘connecting back to Community’ via voluntary work, training and education programs. Our Transition Housing and Support Program (THASP) program offers specific support to residents in regard to post-treatment housing options. We also work with residents to secure alternate housing options.

**Highlights in 2016 - 2017**

In 2016 and 2017, methamphetamine use in Western Australia has been consistently higher than national levels. This pattern of use for methamphetamine is consistent with statistics captured by Cyrenian House in the past year of service delivery. Consumers are consistently presenting with methamphetamine as their drug of choice, particularly in our Therapeutic Communities where the percentage of consumers presenting with issues related to methamphetamine use is in excess of 50%. The Saranna Women and Children’s Program indicates approximately 73% of the women nominated methamphetamine as their drug of concern.

In 2016, the Mental Health Commission sought to establish an extra 52 dedicated rehabilitation beds and eight (8) low-medical withdrawal beds across the state for people addicted to meth. Cyrenian House was successful in securing 10 extra residential beds at the RHCTC and 8 extra beds for Serenity Lodge TC, together with 4 low-medical withdrawal beds for Serenity Lodge Therapeutic Community.

In response to this increased capacity, Cyrenian House renovated one of the buildings at the RHCTC to accommodate the extra ten residential beds and established the Serenity Withdrawal Unit (SWU) in the Rockingham TC. The SWU partnership initiative between Cyrenian House and Drug and Alcohol Withdrawal Network (DAWN) is provided on the TC grounds, in a self-contained building, consisting of four (4) bedrooms
and three (3) bathrooms and aims to provide free, 24-hour residential care and support to consumers seeking withdrawal from alcohol and other drugs with a specific focus on methamphetamine.

The SWU is a valuable addition to the range of services provided by Cyrenian House and has improved access, providing a more supportive and streamlined consumer pathway for withdrawal and residential treatment. Both Cyrenian House and DAWN have been delighted with the response from consumers in accessing this unique service.

**Systems and resources that support Cyrenian House’s excellence and sustainability**

Cyrenian House continues to plan and develop services and facilities in response to the needs of the dynamic and ever-changing consumer group engaging with our service. Our continued commitment to the provision of quality AOD treatment services, despite the uncertain funding climate is testament to our passion and determination to achieve positive outcomes for consumers and their families.

Some time ago Cyrenian House recognised the need to expand our facilities at the Rick Hammersley Centre, Therapeutic Community (RHC TC) to meet the increasing demands for service. Commencement of the initial design and planning for a new commercial kitchen together commenced together with the planning for several other buildings to accommodate extra counselling and group room space, and an IT training facility.

With the State Governments recent expansion of residential rehabilitation beds in WA, the need for the completion of these new buildings became imperative.

The Cyrenian House Therapeutic Communities (TCs) have a large focus on the continual expansion of strategies to assist in the development of coping and life skills of our residents. The TC program offers education and support to residents who are learning to master basic life skills as part of their ongoing recovery and leading to healthy lifestyles outside of treatment.

Comprehensive life skills are mandatory and provide residents with the tools they require to adapt to the obligations and challenges of everyday life.

The new transportable buildings at Rick Hammersley Centre, Therapeutic Community will provide increased opportunity for residents to access up to date IT systems for training and personal education and development. This will assist in their future employment opportunities and increased general wellbeing once they transition into the mainstream community.

**Cultural Security, Diversity and Inclusiveness**

RHCTC and Serenity Lodge TC are dedicated to the continual development and promotion of a mutually respectful, culturally inclusive environment contributing to our organisational culture and fulfilling our vision of healthy, inclusive and harm free communities.
The TCs commitment to promoting diversity and inclusiveness ensures:

- Free expression
- Full participation and inclusion
- An environment free from abuse, harassment and unfair criticism

We value an environment where diversity is embraced and is embedded into the core values of our service. As such, diversity and cultural inclusiveness is reflected in our policies, procedures and every day practise.

In 2016 – 2017, TC staff have participated in several core training components including but not limited to:

- Out - What is it all about?
- CALD Training
- Cultural Security Training
- Culturally Competent Practice Training

“Being in a diverse environment I could be open about coming out as a bisexual woman, I can love myself because I am safe.”

HCTC, resident

Odyssey House completed its certification against the new ATCA standard, meeting all expected and good practice criteria. This certification applies to both the TC and our Circuit breaker programs. The auditors from IHCA described the programs as perfect examples of the TC model. Well done all.

Our new Stretch Reconciliation Action Plan (RAP) was officially launched at the TC on Wednesday 25th of October. The event was attend by over 120 people including residents, representatives from the local Aboriginal Community, service partners, representatives of the Department of Health and Social Services, as well as Odyssey House staff, Managers and Executive. The event included stories about our achievements working with Aboriginal and Torres Strait Islander people, as well as expressions of our commitment to increase access and participation of Aboriginal people across OHV.
The construction of the new Child and Family Centre is coming along with the roof recently being put on to the building (photo above). This will free up more space in the new building when the existing children’s centre moves across. The anticipated completion date is March 2018.

Funding for 31 new residential treatment beds was announced by the Victorian State Government recently, bringing the total beds at the TC to 143 by end of the end of March next year. Planning, recruitment and scheduling are currently underway to do this in a very short timeframe.

We recently received a beautiful new quilt from the Australian Quilters Association that will be hung in the foyer at the TC. This association has been making quilts for Leavers for many years now, which are much valued mementoes of their journey of recovery.

After building a new Property Development and Maintenance shed and refurbishing the kitchen at the TC, we will upgrade the male and female bathrooms in the main building early in 2018.

The award-winning Circuit Breaker program has successfully secured another two years of funding; this along with the recent accreditation under the ATCA Standard should help secure the future of this program.

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**ATCA Strategic Plan 2017 – 2021**

<p>| Priority 1 – To ensure the membership of ATCA is committed to quality, through the adoption of the ATCA Standard |</p>
<table>
<thead>
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<th>Strategy</th>
<th>Actions</th>
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| Credibility | Maintain a schedule of review and certification of members under the ATCA Standard  
Seek to have the ATCA Standard included in accreditation processes for alcohol and other drug treatment residential services |
| Advocacy | Promote the ATCA Standard for implementation as a certification tool for TC and residential rehabilitation services across Australasia  
Advocate for the registration under JAS-ANZ of certifying bodies to conduct audits and certification under the ATCA Standard of ATCA members |
| Support | Maintain and drive the process of self-review and certification under the ATCA Standard in ATCA member services  
Further develop the ATCA Standard and support materials for Youth, Corrections-based, Indigenous and other TC services to ensure ongoing support in the development of quality services  
Facilitate the training of Technical Experts to underpin the certification process of ATCA members under the ATCA Standard |
| Governance | Support and assist members to develop and sustain quality service delivery and to operate under a standard of best practice  
Support ATCA members to continue to drive quality improvement within their services to meet the needs of client groups |
| International Leadership | Provide leadership on an international stage through the showcasing and presentation of the work and achievements of ATCA and its members, particularly in the promotion of the ATCA Standard and research evidence of ATCA member programs |
Banyan House is a modified Therapeutic Community in Berrimah (Darwin), Northern Territory. It was established in 1978 under the auspice of the Late Judge Forster to address a rapidly increasing drug problem in Darwin. Started out in a house in Rapid Creek and moved to its current site in Berrimah in 1991. In 2009, with kind support from the NT Government and Australian Government, the current facilities were built and inaugurated in April 2010. We offer 24 beds in air-conditioned rooms with private ensuite bathrooms and can extend our number of beds to 30 when accommodating clients in our two 2-bed Family Units.

Banyan House offers a 12-52 week Residential Recovery Program with limited (yet expanding) capacity to offer a dual diagnosis recovery program accommodating clients with mild to moderate co-morbid mental health challenges. We offer the following:

- Extensive Life Skills Education
- Facilitated access to work programs
- Aftercare Program following SMART Recovery principles
- Co-managed Residential AOD Withdrawal
- Integrated Therapy for co-morbid mental illness
- Facilitated access to Primary care and Allied Health Services, including psychology services
- Parenting programs
- Clinical Assessments
- Family inclusive practice with family support
- Community Education and Awareness
- Legal and Court Reports

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<td>Alcohol</td>
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<td>Methamphetamine</td>
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<td>Amphetamines</td>
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Some of our highlights this past financial year included the receipt of renewed funding for two years from the Australian Government, which constitutes 18% of our funding and a four-year contract from the Northern Territory Department of Health, which forms 65% of our annual funding. We wish to express our gratitude to ATCA for the strong advocacy towards the renewal of our funding amidst the insecurity of funding being channelled through PHNs, which was the cause of significant stress. Establishing constructive relationships with applicable PHNs seem to present itself with significant challenges.

Banyan House is once again looking forward to a great year of providing professional services to our valued clients.

______________________________________________

Carole Taylor, Chief Executive Officer

DASA’s Aranda House Therapeutic Community has had a busy year with a focus on quality improvement, particularly around the care of residents recovering from addiction to ice.

Our Indigenous Outreach team set the scene for a year of achievements in 2017, winning the Inaugural First Nations Innovation Award at the ATCA conference in Melbourne in November 2016.

In May 2017, Aranda House was audited and re-certified under the improved Australian and New Zealand standard for Therapeutic Communities and Residential Rehabilitation services. This audit sparked a range of service improvements for the rehab, with staff and residents extending their knowledge of therapeutic community practice and applying this creatively to suit our local context.

Early 2017 also saw training and policy improvements to ensure our Therapeutic Community is suicide safe and aware. We were also very grateful to have local Indigenous tertiary provider Batchelor Institute train Aranda House residents in First Aid.

Aranda House was presented with the Chamber of Commerce Northern Territory Customer Service Award for best not-for-profit in June 2017. What a great acknowledgement of the long hours of community service they dedicate to helping people recover from addiction. We were so proud!

In May DASA was relieved to win funding from the NT Primary Health Network for two methamphetamine case managers to provide much needed through-care support in Aranda House and in the community. Our Meth program was launched in June 2017 and caseloads were full by September 2017, reflecting the strong community demand for this service.

We also won some money for training on working with ice users, and this was provided by the National Centre for Education and Training in Addiction to 55 people including DASA staff and other service partners in August 2017.

In August, DASA was re-accredited for a third time against the Quality Improvement Council Standards for Health and Community Services, another milestone reaffirming our strong staff culture of continuous quality improvement.
In October, we held a Trivia Night and together with the Alice Springs community raised over $2000 to enhance the Aranda House program with art therapy sessions. We look forward to diversifying our program with creative and therapeutic activities in early 2018.

To herald in 2018, we have started a restructure of the Aranda House program to increase case manager’s one-on-one contact with residents, and to create spaces for small group and intensive sessions. This will allow us to provide a safe, supportive environment for residents to experience and respond to emotions and gain understanding of issues relating to their drug use.

As always, we are grateful for the support, friendship and advice of ATCA and its member services. We wish you all the very best for 2018, and look forward to engaging and sharing with you over the year.

Charlie Blatch and Bernice Smith,
Co-Chief Executive Officer

Goldbridge was established in 1987, and is situated in the heart of the Gold Coast, with its flagship residential TC services, providing 44 rehabilitation opportunities. Goldbridge is proud to announce that our accreditation has been confirmed as a Certified Therapeutic Community (TC) as independently assessed by ATCA/JAS-ANZ and ICHA. The CEO and Operations Manager also trained as Technical Experts for the ATCA Standard. This recent ATCA Accreditation complements our QA Accreditation with SAI Global, (ISO 9001 Quality Management Systems). Goldbridge has successfully completed a recent review against the new ISO 9001: 2015 standards.

Our residential rehabilitation program, transition program and family program are growing from strength to strength. We have a talented team of workers, many who have been with us between 7 to 10 years. The wealth of knowledge and program expertise in the team at all levels is invaluable and gives support and guidance for new workers joining the team; critical analysis for program reviews; and a healthy culture for the work environment which culminate in positive outcomes for clients. Our services are in great demand.

Goldbridge has been searching for new premises for over 10 years and we are very excited to be partnering with a Developer, Treelight, to build a new TC facility on the site where the Goldbridge’s Corporate office is currently located. This facility will enable Goldbridge to expand and be able to address the demand for services in the future. Exciting times ahead.

Anne-Maree Kaser, Chief Executive Officer
Clare Davies, Manager Windana

It has been a successful twelve months at Windana with 136 people entering the Therapeutic Community at Maryknoll. Residents’ drug of choice was primarily Methamphetamine, accounting for 40% of all admissions, with Cannabis being the most commonly reported secondary drug of choice. Overall, 76% of all admissions reported having a mental health diagnosis.
<table>
<thead>
<tr>
<th>Primary Drug of Choice</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamines</td>
<td>54</td>
<td>40%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>37</td>
<td>27%</td>
</tr>
<tr>
<td>Opioids</td>
<td>28</td>
<td>20%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>13</td>
<td>10%</td>
</tr>
<tr>
<td>Synthetic Cannabis</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>136</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary MH Diagnosis</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression / Anxiety</td>
<td>63</td>
<td>42%</td>
</tr>
<tr>
<td>No diagnosis reported</td>
<td>24</td>
<td>6%</td>
</tr>
<tr>
<td>Drug Induced Psychosis</td>
<td>14</td>
<td>8%</td>
</tr>
<tr>
<td>Bipolar Affective Disorder</td>
<td>12</td>
<td>20%</td>
</tr>
<tr>
<td>Borderline Person. Disorder</td>
<td>11</td>
<td>10%</td>
</tr>
<tr>
<td>PTSD</td>
<td>7</td>
<td>8%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>ADHD</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>136</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Services delivered at the TC include: Family Program, Art Therapy, Naturopathic Services, Yoga, Pharmacotherapy reduction, Education Program, GP Clinic, Forensic Services, Volunteering and the Aftercare Program; housing, supported accommodation, relapse prevention groups, case management, volunteering, mentoring, peer support groups and social programs – a recovery community.

**ATCA Conference**
Windana was honoured to be part of the organisation committee for the 2016 ATCA Conference held in Victoria. The conference theme ‘come sit together’ coupled with a focus on working with Aboriginal and Torres Strait Islander people, underpinned a reflective environment for the Association's 30th year of operation. The team from Windana thoroughly enjoyed the opportunity to host the event, in particular our residents who performed with the ‘Maryknoll Fire Choir’ and who assisted on the registration table.

**Outcomes Measurement**
Windana has taken an organisational approach to implementing an Outcomes Measurement framework as identified in the Strategic Plan 2014-2019. Working with Navigating Outcomes, a specialist measurement and evaluation organisation, a Theory of Change was developed for the organisation as well as the pilot site, the Therapeutic Community. This process involved the entire organisation and assisted to identify outcomes that will be reported on three levels; individual, program and organisation.

Once the Outcomes Measurement Framework was completed, the tools required to collect data were chosen and vendors were approached to develop IT related systems needed to gather and analyse information. The implementation plan has now been finalised and the pilot is due to commence in late 2017. We look forward to sharing the results of this work with the ATCA in 2018.

**Research**
In 2016, Windana collaborated with Deakin University to develop and conduct a research project into the psychological factors that impact substance use. Dr Nathan Castle, Dr Kate Hall and Lee Hutchinson organised interviews with clients from the Therapeutic Community and the Adult Drug Withdrawal House. Clients provided responses about their emotional experience, substance use, mental health and risk. All data has been collected and analysed with an aim to publish the research in 2018. The research team will examine whether emotion regulation and urgency predict higher substance use severity in individuals who seek AOD treatment.

Windana is a participant of ‘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.

Client Impact
As of June 2017, Windana reached the 12-month mark of the best practice client risk assessment and management project (BPRAM). During this time staff across the organisation have embraced the best practice model and feedback from staff and clients indicate an acknowledgment that effective risk management has opportunity for significant therapeutic change.

The 12-month evaluation of the project shows across Windana 70% of clients are receiving best practice client risk assessment and management, a decrease of 32% of unplanned discharges and a 33% decrease of actual, threatened or attempted self-harm. We have learnt that reflective practice has increased and 722 Windana clients have received best practice client risk assessment and management in 12 months.

The pharmacotherapy program continues to impact positively upon the residents that come to the TC to reduce and stabilise on Suboxone or Methadone. The whole TC community continues to embrace the reduction program. The program has expanded to allow residents on higher doses of Suboxone and Methadone. Nil significant issues 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.

Windana commenced preparation for the process of accreditation during the year which has been met with enthusiasm by all of the Community. It has been a truly valuable process and we look forward to completing the process.

Additional Funding
During the year, Windana received additional funding for five beds that will be specifically for residents who are on Community Correction Orders. Further to this, the TC signed a Service Agreement with Pakenham Community Corrections which is the result of a successful relationships managed over many years. The agreement identifies opportunities for cross organisational training and development as well as innovated projects to assist people complete their orders in a meaningful way.

Better Care Victoria
Windana has partnered with Otway Health and Lorne Community Hospital to offer AOD treatment through the healthdirect telehealth system. This provides clients living in the Otways the opportunity to link in with AOD services. Although still in the early stages of the program, community GP’s have embraced the opportunity to refer their clients with AOD issues onto the program.

This provides an innovative approach to a long-standing issue of regional and rural people not having sufficient access to AOD services. Initially clients may access the system through their health provider but can also access the system from the comfort of their own home. The telehealth system uses a low bandwidth therefore can be accessed through computer, tablets and mobile devices.
The outcomes and possibilities are far reaching, clients not only have quick and direct access to AOD non-
residential withdrawal nurses, but also direct links to the Therapeutic Community. This project provides
access to other allied health professionals such as Occupational Therapists, Dieticians, Podiatrists and
Diabetes nurses, to name a few.

**Aftercare Program**
The Windana Aftercare Program has continued to evolve
and flourish over the past 12 months with the addition of a
new aftercare house acquired through philanthropy. In
addition to the established program, we have introduced
a suite of new initiatives including a Wilderness and
Adventure Based Therapy Program.

Graduates continue to regularly return to the TC allowing
our community to grow well beyond the borders of the
Maryknoll property. This year saw the reintroduction of TC
graduates moving into employment with Windana which
has enhanced our culture enormously. The program has
also been expanded to assist people with apprenticeships
at the TC as well as work placements with partners of Windana.

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**Craig Hendry,**
Manager

2017 was a significant
year in that we
celebrated hitting our 30-year mark in operation as a
Therapeutic Community. It was an event that provided
an opportunity to reflect on how the Woolshed has had
such a positive impact on so many people (approx. 2500
actually) since it opened its doors. Current and past
clients shared their stories with us and again reinforced
the fantastic job the community does to help people
change their lives.

2017 marked 7 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.

2017 has also marked 5 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.
# ATCA Strategic Plan 2017 – 2021

## Priority 2 – To improve the knowledge and confidence of governments in the quality of ATCA member services

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credibility</td>
<td>Promote and represent Therapeutic Communities and the TC method of treatment to governments, funding and key policy making bodies and the community</td>
</tr>
<tr>
<td></td>
<td>Support ATCA members in the development of models of treatment that are innovative and supported by evidence</td>
</tr>
<tr>
<td></td>
<td>Drive innovation in service delivery through monitoring of international and national trends, through understanding government policy directions and proactively responding to changes</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Promote the value of ATCA membership and the therapeutic community model of treatment to the wider AOD and residential service sector in order to increase membership</td>
</tr>
<tr>
<td></td>
<td>Advocate for the recognition of the Therapeutic Community Model in the planning of drug treatment services at national and jurisdictional levels and modelled for inclusion in any population based service planning</td>
</tr>
<tr>
<td></td>
<td>Position the ATCA as the primary advisory body for residential treatment to state and federal governments, public and not for profit operators, and health and other social justice agencies</td>
</tr>
<tr>
<td>Support</td>
<td>Initiate, support and promote cooperative research opportunities for ATCA member agencies and disseminate outcome information to governments</td>
</tr>
<tr>
<td>Governance</td>
<td>Provide quality and responsive leadership to the membership</td>
</tr>
<tr>
<td></td>
<td>Review and monitor governance structure to ensure representation of members and understanding of the wider political and health system in which we operate</td>
</tr>
<tr>
<td>International Leadership</td>
<td>Maintain representation on the international stage through membership on international boards and presentation at international conferences and journals</td>
</tr>
</tbody>
</table>

## Priority 3 – To sustain and grow ATCA and its membership base

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credibility</td>
<td>Strengthen links with funding bodies with regard to policy making, advocacy and the Therapeutic Community Model</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Advocate for the uptake of increased ATCA membership by promoting the Therapeutic Community Model to the AOD sector in Australasia</td>
</tr>
<tr>
<td>Support</td>
<td>Grow the membership base and support new members to move through to full membership status through the quality assurance processes of certification</td>
</tr>
<tr>
<td>Governance</td>
<td>Ensure the ATCA Secretariat and Board are accessible, representative and responsive to the needs of the membership</td>
</tr>
<tr>
<td></td>
<td>Be financially viable and ensure the fiduciary duties of Board members are understood and implemented</td>
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<tr>
<td></td>
<td>Review and monitor the governance structure to ensure representation of members, to identify and seek new skills when required and ensure an understanding of the environment in which we operate</td>
</tr>
<tr>
<td></td>
<td>Maintain a review procedure for policies, systems and practices, including the ATCA Constitution and Strategic Plan</td>
</tr>
<tr>
<td>International Leadership</td>
<td>Pursue opportunities to grow the membership base outside of Australia and New Zealand, particularly targeting services in Asia, with a view to exporting ATCA’s quality assurance skills</td>
</tr>
<tr>
<td></td>
<td>Engage with governments in Asia and Europe to establish a position of expertise in the delivery of effective drug treatment using the TC model</td>
</tr>
</tbody>
</table>
Therapeutic Community Group Members

CareNZ – New Zealand
Karralika Programs Inc – Australian Capital Territory
Lives Lived Well - Queensland
Odyssey Auckland – New Zealand
Ted Noffs Foundation – Australian Capital Territory and New South Wales
The Salvation Army Recovery Services – Australian Capital Territory and New South Wales and Queensland
WHOS (We Help Ourselves) – New South Wales and Queensland

Sharon Tuffin
Chief Executive Officer
Karralika Programs

Celebrating 40 years in the ACT!
This year we celebrated 40 years since the creation of the organisation we now know as Karralika Programs.

Karralika Programs was established by the community, to serve the community and it was wonderful to celebrate our 40th year with the many individuals and families who’ve been part of this journey at our “Kites for Karralika” community day.

Throughout our long and proud history, we have remained focused on our core purpose and successfully supported adults and families to make positive changes in their lives, creating a new future for themselves, free from the harms associated with problematic alcohol or other drug use.

We acknowledge and celebrate the strength, courage and tenacity of those who step forward to begin their recovery journey, and those who continue it and support others.

In 2016-17 Karralika Programs launched an Emerging Leaders Program and a suite of projects focused on governance and engagement involving staff and other stakeholders including clients; participated in some significant policy and program reviews in the ACT including a review of the withdrawal services to identify ways to better meet community need; established a new community-based counselling service for people leaving the Alexander Maconochie Centre (the ACT gaol) and needing non-residential alcohol and drug treatment and support; and extended our support into regional NSW.

Kites for Karralika – Community Fun Day
Karralika Programs held a community fun day in November 2016 to celebrate the work we do within the community, and importantly to recognise and celebrate the strength and courage of individuals and families who are making (and have made) positive changes in their lives. We also sought to spread the message that ‘it’s ok to ask for help’, and to encourage individuals and families to get in touch with us to find out how we can support them to take that first step on their road to recovery or to get back on track.
The event sought to bring to the fore the message of inclusion, understanding and acceptance and to call out and tackle the issues of stigma and discrimination that so many of our clients and families experience every day. One of the most powerful activities on the day was the creation of the ‘community of hands’, reflecting the importance of a community of people working and supporting each other. The activity was lead by an Indigenous Artist from Burrunju Aboriginal Corporation, Wayne “Buddy” Martin. The two panels are proudly hung in the Karralika Programs head office.

Our commitment to reconciliation and the provision of high quality and culturally sensitive approaches for our Aboriginal and Torres Strait Islander clients is steadfast and remains a priority for Karralika Programs.

Our event was covered by local TV and radio with many written articles and ads encouraging everyone to come together as a community in the wonderful spring time in Canberra – a new start for many.

What’s next for Karralika Programs?
The Karralika Programs Board reviewed progress against our strategic priorities and has finalised the Strategic Plan for 2017-2020. In addition to a continued focus on delivering service excellence to our clients and their families, we will be spending time over the next three years focusing on extending the range and location of specialist drug and alcohol treatment programs to provide greater access to those in the community who are looking for support. This will involve a focus on identifying and meeting community need through strengthened consumer engagement; establishing and growing purposeful partnerships with the communities and service providers to avoid duplication and build stronger networks for the benefit of our clients; and in continuing to support and strengthen our workforce who are essential in achieving our vision and client outcomes.

Mirikai
Mirikai is located on the Gold Coast to support residents up the age of 30 years. The percent of clients presenting with ICE as the primary drug of concern has multiplied in recent times leading to adjustments in program design and delivery.
Service Improvement:

- Mirikai continued to deliver its newly implemented shortened program adjacent to the Therapeutic Community, which it saw through the first year with great success.
- Mirikai successfully bedded down its Integration program, a transitional housing phase that acts somewhat as a “quarter way” after completing the TC program, but before moving into the half-way homes. LLW purchased a 5-bedroom property in Burleigh Heads which houses those in the integration phase, allowing residents to continue to be quite active in the TC, while receiving more intensive support to reintegrate successfully back in to the wider community.

Mirikai was part of the broader Pathways Project that was undertaken to identify areas for improvement from preadmission through to post-discharge. The project included a research team and focus groups with clients. The findings supported the positive impact of continuity of care and the need for resourcing in these areas, and is informing many service improvements yet to come.

Logan House

Logan House’s prospective resident cohort is unrestricted by age and the difference in the milieu with Mirikai is tangible. Logan House had an upgrade of some of its facilities including the gymnasium and some of the villas.

Service Improvement:

- Logan House was also involved, and an integral part, of the Pathways Project which was undertaken to identify areas for improvement from preadmission through to post-discharge.
- Family Drug Support commenced onsite support groups. The groups are targeted at current and past residents as well as the wider community. The group is popular and well received by attendees including Logan House residents and continues to be delivered on a regular basis.

- Plans were finalised for the construction of 5 family units for the Family Recovery Program, with construction due to being in early 2018.
- LLW with its research partner, the University of Queensland, is reviewing all residential programs under its auspice with a view to ensuring it provides a contemporary evidence informed offering.
Fiona Trevelyan, Chief Executive Officer
Tumuaki Rangatira

As I approach the end of my first year as CEO at Odyssey, I am delighted to be able to share so many achievements with you – achievements that signal positive changes in the lives of so many individuals, families and whānau in New Zealand.

This year, Odyssey connected with 1,800 adults and 1,368 young people with alcohol, drug and gambling challenges. We strive to offer people the best possible care we can, wherever we support them. In 2017, we delivered services in our six residences in Auckland and Whangarei, as well as in schools, GP practices, at our community centres and in other community based settings in Auckland, Northland and Waikato.

I am very proud of the work that we do and feel fortunate to have a strong leadership team standing beside me, as well as such committed and passionate staff. We each have valuable roles to play to support positive change for the people who come to Odyssey each year. Together, we are truly leaders in changing lives.

We continue to be one of New Zealand’s leading specialist addiction treatment providers and are supporting more people each year on their recovery journeys. Over the last 18 months, we have done this by focusing on:

**Collaboration and partnership**
- We are privileged to have a very close relationship with Ngāti Whātua o Ōrākei, and value their guidance in the work that we do. Within the framework of our Māori Health Strategy, our cultural approach to Mātūtū (recovery) is going from strength to strength.
- Our five-year partnership with Higher Ground and The Salvation Army to deliver the Alcohol and Other Drug Treatment Court (Te Whare Whakapiki Wairua) has been renewed for a further three years, and we will have celebrated more than 130 graduates by the end of the calendar year.
- We are looking forward to contributing to Te Ara Oranga - The Path to Wellbeing, a ground-breaking partnership between Northland DHB, New Zealand Police, the local community and various local health and social service providers to reduce methamphetamine demand in Northland.

**Innovation**
- The Odyssey / NZ Drug Foundation National Youth Services Advisor successfully secured funding to pilot a Whole School Approach to reduce drug and alcohol related harm with the support and oversight of the Ministries of Health and Education, the Health Promotion Agency and NZ Police.
- We have played a key role in the establishment of New Zealand’s first Recovery College, funded by Counties Manukau Health and delivered in partnership with the AOD Provider Collaborative and DRIVE Consumer Direction.
- Our community services hub continues to extend options to support people in their recovery, including SMART Recovery groups for individuals and families, a work training programme at the Odyssey Café, piu rākau classes and literacy support.

*We were delighted to see more than 80 staff and clients participate in the 2017 Round the Bays Fun Run in Auckland. We’re committed to improving physical health outcomes for people who stay and work with us, and hope to encourage even greater participation in 2018*
Doing what we do, well

- We were audited against the Health and Disability Services Act (2001) Standards in August. 100% compliant, we were recertified for a further four years and also received two continuous improvement recognitions for initiatives implemented above and beyond Standard.
- Our service for people seeking support with mental health challenges alongside their addiction issues was gifted the Māori name Te Wairua. We believe this better reflects the holistic nature of this service and the two streams of healing that we offer to support wellbeing.

Looking ahead to 2018, we are increasing our peer support services to support people at key transition points in our residential programmes and to reconnect back into the community. We have also commissioned an independent cultural responsiveness audit and I’m looking forward to working with the provider to ensure our services are relevant and culturally effective.

We look forward to strengthening our partnerships to support positive change: for young people in the Waikato; for individuals, families and whānau whose lives are affected by methamphetamine dependence in Northland; and for people within the justice system.

I would like to thank our funders, advisors and partners – we value the opportunity you give us to support so many New Zealanders. I would also like to acknowledge our tāngata whai ora, the people who come to us for support on their recovery journeys – we appreciate the trust you place in us. I feel privileged every day to have the opportunity to lead an organisation like Odyssey.

The Odyssey Café youth training social enterprise supports young people participating in our youth residential programme. We recently celebrated 1000 training hours and have seen three-quarters of participants go on to graduate from treatment and/or take up employment or further education opportunities.

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Matt Noffs, Chief Executive Officer

The Ted Noffs Foundation operates two complimentary treatment programs for young people aged 13 to 18 years in Randwick, NSW and draws clients from across the state. 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 (NDARC) 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 counselling, family therapy, group work, health modules, living skills development, vocational/educational modules and recreational activities within a modified therapeutic community environment.

Extensive evaluations of our service have shown that following involvement in our programs there were significant reductions in the level of drug use, involvement in crime halved, family relations improved, there was an increase in stable accommodation and physical and mental health improved.

In the 2016/17 year PALM Sydney had 114 admissions. Amphetamine-type stimulants (including ice) were the primary drug of concern for 52% of clients followed by cannabis at 32%.

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 social media, predominantly 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 2016/17 CALM provided services to 220 clients.

The Salvation Army Recovery Services
New South Wales
Gerard Byrne, Operations Manager Recovery Services
Australia Eastern Territory

Australian Capital Territory
Canberra Recovery Services, Major Jacqui 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 50-bed residential TC, including aftercare and transitional accommodation for men and women.
During the past year CRS has experienced the sad passing of both Major Scott Warrington (Manager) and Major Colin Kingston (Assistant Manager)

New South Wales
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 Gavin Watts
DTC is a 140-bed residential TC and aftercare services for men and women 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 Bruce Harmer
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 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.

The Salvation Army Recovery Services – Queensland
The Salvation Army operates five therapeutic communities in Queensland; Mt Tambourine on the Gold Coast, Red Hill in Brisbane, Townsville, Mt Isa and Normanton in the Gulf Country.

Fairhaven; Moonyah; Townsville Recovery Services; Mt Isa Recovery Services and Normanton Recovery and Wellbeing Service
Gold Coast Recovery Services (Fairhaven), Manager Major David Rogerson 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.

Brisbane Recovery Services (Moonyah), Manager Major Richard Hardaker, located at Red Hill provides residential withdrawal management for 12 people, a 94-bed residential TC for men and women and aftercare which includes transitional housing and family support. Moonyah also provides outclient and residential TC services to problem gamblers.
Townsville Recovery Services (TRS) Manager Major David Twivey provides 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 or cost of transport.

Mt Isa Recovery Services (MIRS) manager Sally Shore 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. A school attendance and parenting program are part of the range of services provided.

Normanton Recovery and Community Wellbeing Service (NRCWS) Program Manager Marg Ingle 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.

The Salvation Army Recovery Services – A Snapshot
Substance Use Trends

Over the 2014 - 2017 period there has been a steady increase in the number of clients treated by The Salvation Army Recovery Services. The proportion of clients being treated for amphetamine-type substances has increased.
**Client Satisfaction 2008-2017 across all Recovery Services**

![Bar graph showing satisfaction levels from 2008 to 2017.]

**Changes in drug and alcohol use**

Reliable Change 3 Months Post-Treatment

**Alcohol Users**

- Abstinent: 56%
- Decreased Use: 9%
- No Change to Use: 34%
- Increased Use: 1%

**All Other Drug Users**

- Abstinent: 68%
- Decreased Use: 1%
- No Change to Use: 21%
- Increased Use: 0%

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**Anniversary**

WHOS® - We Help Ourselves®
(Rozelle Campus and Hunter Valley N.S.W.)
Garth Popple, Executive Director

WHOS was established 45 years ago (1972) by a group of ex-users and concerned family members and/or individuals in the community, who had identified a way to help drug dependent individuals in finding a better way of living. This humble beginning of a self-help organisation has evolved into a recognised professional service today known as WHOS (We Help Ourselves), utilising the Therapeutic Community model of drug treatment.
WHOS today 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.

WHOS Therapeutic Community programs are three to six-month residential therapeutic programs offering group work, case management 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, ACT, PTSD, gender specific issues, drug overdose and ex-resident groups.

WHOS also provides HIV and other infectious disease education and adopts a harm reduction approach. Aftercare and outreach services are also available and provided. WHOS offers multiple access to outside activities such as self-help meetings, general health services, legal and welfare services, pre-employment skills development and other educational activities and various exercise programs such as walking activities, 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 AOD issues. In the 2016/17, WHOS clients reduced their severity of dependence by 56%, reduced their illicit drug and alcohol use to zero while in program, and improved their psychological health and their quality of life by 37% and 23% respectively. In addition, 95% of clients demonstrated an increase in knowledge and skills regarding hepatitis C, HIV and safer sex, and also reduced BBV exposure risk taking activities by 100%.

The therapeutic community model is driven by people working with people known as ‘Community as Method’. 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 dependence.

**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 AOD dependence and their related problems, so they can concentrate on their Recovery and related issues. Group work and individual counselling are provided by same sex drug and alcohol workers who deal with the needs of women. This service is situated close to the city of Sydney 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. New Beginnings has MERIT beds and accepts appropriate Drug Court referrals.

**WHOS OSTAR®**

WHOS OSTAR® is a service provided by WHOS and uses the Therapeutic Community model (modified for opioid substitution treatment clients) of drug treatment to assist clients to slowly reduce and ultimately cease their opioid substitution medication while learning the skills necessary to live drug free. OSTAR is a three to six-month TC program comprising 27 beds plus transitional care. OSTAR has MERIT beds and accepts appropriate Drug Court referrals.

**WHOS Gunyah®**

The WHOS Gunyah® is a three to six-month program that is a male specific and provides a drug free residential TC supporting up to 30 men at any given time. WHOS Gunyah operates separately from the other WHOS TC services. Its aim is to provide a safe and secure environment where men who suffer from AOD dependence and their related problems, so they can concentrate on their recovery and related issues. Services within the TC are provided by male drug and alcohol workers. This service is situated on our Rozelle campus close to the city of Sydney. WHOS Gunyah 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. Gunyah has MERIT beds and accepts appropriate Drug Court referrals.

**WHOS RTOD**

WHOS RTOD was established in 2009 and uses the modified TC model of treatment to assist clients to stabilise on their opioid substitution treatment (OST) while learning the skills necessary to achieve their goals while participating in the TC milieu. RTOD is a three to six-month program comprising primary and transitional care (25 beds). RTOD has MERIT beds and accepts appropriate Drug Court referrals.

**WHOS Hunter®**

We Help Ourselves Hunter Valley is located in Regional NSW and operates separately from the other WHOS services. Its aim is to provide a safe and secure environment where men and women who suffer from AOD dependence and its related problems can concentrate on their recovery. Our service is located at Cessnock in the Hunter Valley NSW and provides 29 TC beds plus residential transitional care (10 beds). WHOS Hunter has MERIT beds and accepts appropriate Drug Court referrals.

**WHOS Aftercare, Outreach and Family Support Services**

Aftercare, Outreach and Family Support services are available and provided by all six WHOS TCs. WHOS also provides multiple access to outside activities such as self-help meetings, general health services, legal and welfare services, educational activities and various exercise programs. Weekends are the time for leisure activities and relaxation.

**WHOS® - We Help Ourselves® - Sunshine Coast**

WHOS Sunshine Coast (Najara) is a 26 bed TC and is located in Regional Queensland and operates separately from the other WHOS services. Its aim is to provide a safe and secure environment where men and women who suffer from AOD dependence and its related problems can concentrate on their Recovery. The therapeutic program which includes groupwork and individual counselling are provided by experienced AOD workers who deal with the multiple needs of clients. Our service is located 5 kms outside Nambour, in the centre of the Sunshine Coast. WHOS facilitates aftercare support and accommodation for clients during their transition back into the community. Najara has Q: MERIT beds and accepts appropriate Justice Referrals.

**WHOS Aftercare, Outreach and Family Support Services**

Aftercare, Outreach and Family Support services are available and provided by all six WHOS TCs. WHOS also provides multiple access to outside activities such as self-help meetings, general health services, legal and welfare services, educational activities and various exercise programs. Weekends are the time for leisure activities and relaxation.
### ATCA Strategic Plan 2017 – 2021

#### Priority 4 – To build a strong workforce through the fostering of professional peer support and development amongst member organisations

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Actions</th>
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</thead>
<tbody>
<tr>
<td>Credibility</td>
<td>Design and implement training and support packages that will facilitate professional development in the sector and provide ongoing support to current members in the development of new and innovative treatment strategies</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Advocate for increased funding from governments to build the capacity of the therapeutic community workforce</td>
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<tr>
<td>Support</td>
<td>Support TCs through a variety of peer support and professional development opportunities, including symposia and conferences</td>
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<tr>
<td></td>
<td>Identify training opportunities to assist in growing staff competencies and advocate these to members</td>
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<td></td>
<td>Support residential services working with Indigenous clients in ongoing development and improvement, and in the establishment of TC programs</td>
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<td></td>
<td>Provide TC training to ATCA members and the wider AOD workforce</td>
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<tr>
<td>Governance</td>
<td>Ensure future workforce needs for therapeutic communities are identified and modelled in government workforce modelling projections and planning</td>
</tr>
<tr>
<td>International</td>
<td>Market the ATCA conference to attract greater attendance from organisations operating outside Australia and New Zealand</td>
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#### Priority 5 – To encourage and support ongoing research into the Therapeutic Community Model

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Actions</th>
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<tbody>
<tr>
<td>Credibility</td>
<td>Collect, collate and distribute papers which demonstrates the efficacy of the Therapeutic Community Model</td>
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<tr>
<td></td>
<td>Contribute to an evidence base for effective practice through Australasian and international literature and research</td>
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<tr>
<td>Advocacy</td>
<td>Represent and support ATCA members in the development of models of treatment that are innovative and supported by evidence</td>
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<td></td>
<td>Promotes research being within and around TCs</td>
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<tr>
<td>Support</td>
<td>Initiate, support and promote cooperative research opportunities for ATCA member agencies and disseminate outcome information</td>
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<td></td>
<td>Support ATCA members to engage in research projects</td>
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<td></td>
<td>Act as conduit to connect students with TCs and to enable student placements within TCs</td>
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<tr>
<td>Governance</td>
<td>Represent and leads therapeutic communities at a national level through the promotion of evidence-based practice, effective policies and the development of programs designed to meet the changing needs of client groups</td>
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<td>Identify funding to establish a position of research officer to provide a coordinated approach for research initiatives across ATCA member services</td>
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<tr>
<td>International</td>
<td>Drive innovation in service delivery through monitoring of international and national trends, through understanding government policy directions and responding to changes proactively</td>
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</tbody>
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Therapeutic Community Members

Arcadia House – Directions Health – Australian Capital Territory
Calvary Riverina Drug & Alcohol Centre – New South Wales
Higher Ground Drug Rehabilitation Trust – New Zealand
Hope Community Services – Western Australia
Launceston City Mission - Tasmania
Ngara Nura - Dept Corrections, Long Bay Gaol - New South Wales
Odyssey House NSW
Odyssey House Trust Christchurch – New Zealand
ONE8oTC - New South Wales
Palmerston Farm – Palmerston Assoc – Western Australia
St Marks - New Zealand
Sunrise Way - Queensland
Te Utuhina Manaakitanga Trust - New Zealand
The Buttery - New South Wales
The Lyndon Community – New South Wales
Uniting Communities – South Australia
Watershed - New South Wales
YSAS Birribi – Victoria

Arcadia House, Directions Health

Bronwyn Hendry, Chief Executive Officer
Kim Fleming, Manager Arcadia House Programs

All Arcadia House Programs are based on Therapeutic Community Principles. The programs are abstinence based and include a focus on self-help and mutual support. Arcadia House offers 1-2 weeks non-medicated withdrawal, 12 weeks Transition Program comprising of 8 weeks residential and 4 weeks Day attendance and a 12-week Day Program.

New Initiatives
We recognise the importance of a graduated transition back to the community and have incorporated Continuum of Care with case management and support for clients completing all Arcadia House Programs as part of their exit planning. In addition to this we are providing support to clients on the waiting list pre-admission. This includes the development of Pre-admission groups for prospective clients and family members.

Both the Transition Program and The Day Program are now being delivered with a 3-stage competency based approach, providing clients with clear guidelines for expected change and an overview of their achievements during each stage.
Our new building was completed in July 2016. This new Learning Space allows us to deliver additional groups for clients at different stages of the program.

Arcadia House Programs are currently working towards certification under the ATCA Standards with the aim to complete this before June 2018.

"To all the staff and to the peers I’ve met during my journey, thank you for the memories. Arcadia House, thank you for the chance to change my life for the better. I’ve made some good friends while I have been here – I will miss you all. You have given me great support and knowledge to take with me into the future.”

"To all the Arcadia Staff and my peers, thank you... My journey has been a roller coaster of experiences and emotions. My journey is hardly over but I have gained some skills to guide me along a better path. I will be eternally grateful and will miss you all.”

For Higher Ground, 2017 was a busy year. Methamphetamine remains the drug of choice for most residents entering Higher Ground. The new Hall (pictured) hosted a number big events for the wider community this year, including two graduation ceremonies of the Alcohol and Other Drug Treatment Court, two visits by Prime Ministers, Therapeutic Community training and many other workshops and training forums.

Demand for places at Higher Ground remains high, with the waiting list currently around three to four months, which is a long time for someone in addiction. People waiting required intensive assistance by the outreach team to hold their hope and prepare them for treatment, as it took courage and commitment to reach out for help and learn to live drug free.

Higher Ground endeavours to provide a calm, simple and beautiful environment as recovering clients learned to value and respect themselves and the community. Our therapeutic programme is demanding and healing.
Higher Ground lays a foundation for a new life. Those who stay connected and engaged in 12-Step support need never look back.

Hope Community Services
Mick Geaney, Chief Executive Officer

In April 2017, Hope Community Services saw the full transition of participants from its previous Rosella House site in Geraldton to Hope Springs Community Farm, a new residential rehabilitation facility in Western Australia with funding for up to 22 places.

Located 40km inland from Geraldton in the Midwest on 10.9 hectares, the property has a spring and approximately 2km of bushwalking tracks.

Hope Springs Community Farm offers a residential drug and alcohol program based on the Therapeutic Community model and inspired by San Patrignano in Italy. The Farm has space for up to 22 residents who live on site for up to one year. Each resident contributes to the sustainability of the farm by working in high quality social enterprises. Through their participation residents develop new vocational skills and the realisation of their unique strengths and talents.

The Hope Springs project’s aims, however, go beyond drug and alcohol rehabilitation to create sustainable change in resident’s lives: creating meaningful educational and employment opportunities through links with TAFE and hands on skills acquisition, enabling full reintegration into the community.

Working on farm projects, connecting with local community and undertaking work skills training are key aspects of the program. This means that residents will receive hands-on training and can learn about a range of vocations including horticulture, bread making or handicrafts, such as jewellery-making and woodworking. The aim is to assist residents to engage in meaningful educational and employment - activities that develop skills and confidence that can be used after leaving the farm.
Highlights

- Over the past year, the focus for Hope Springs Community Farm has been on the transition from our previous location at Rosella House to living full-time at the Farm from April 2017.
- The farm was officially opened on the 24th August 2017 with a range of key local and state guests in attendance.
- Horticulture and landscape planning skills were developed to support the group work around the Farm including erecting fencing and planting over 300 native trees.
- As a community, the residents have made jewellery items, grown crops in the shade house, been involved in tree planting and made artisan bread to sell at the local weekly markets, amongst other highlights. The farm has further developed its social enterprise business plan to include opportunities for tourism, farming, and a commercial-grade kitchen to make artisan bread.
- Residents and staff have regularly sold our artisan bread at local weekend markets and at key regional agriculture events. In addition, the local TAFE Assessors visited the Farm to start developing certification opportunities for residents involved in the bread making.
- Significant time, effort and money has been invested in aligning the service and program further to key ATCA principles and embedding a supportive peer structure.
- Additional capital projects were undertaken on the site including a third bunkhouse, a new administration block and the gardens landscaped.
- Planning permission was also granted by the City of Greater Geraldton for an outdoor swimming pool and recreation centre which will open in January 2018.
- Recruitment of new staff to Hope Springs Community Farm and investing in a range of training events to assist in upskilling the existing staff team.
- Recruiting a new Transitional Worker to support residents prior to entry and on completion of the program.
- A focus on further accreditation of our service delivery and continuous quality improvement initiatives.
  - Student placements for Pharmacy students from a range of Universities were organised throughout the year.
  - Links were further developed with other rehabilitation services across WA including Metro services and services in the Pilbara and Kimberley regions.

Feedback from residents

“*The program changed my life thank you very much.*”

“I received a lot of benefit from the openness and honesty from members of the therapeutic community.”

“Their help was awesome. Staff members went out their way to help.”

The story so far

Hope Springs Community Farm and Rosella House provided residential support to 44 men and women in recovery from alcohol and other drug dependency during 2017. Methamphetamine was the main drug of concern for the majority of residents entering the program in 2017, closely followed by alcohol.

We are grateful for all the staff, volunteers and current and former residents who have invested and contributed over the past 12 months to the community at Hope Springs Community Farm.
Missiondale Therapeutic Community
Anne Koops, Program Director

As the largest drug and alcohol rehabilitation facility in Tasmania, demand for Missiondale’s service continues to outweigh capacity. In the past twelve months, 84 individuals looking to transform their lives entered the Missiondale program.

One of Missiondale’s recent success stories has been the “Garden of Hope”, a therapeutic gardening program run by residents and supervised by our local gardener. While the garden provides residents with the opportunity to care for and cultivate produce, it also teaches life skills and during the harvest period excess produce is distributed to other City Mission services, giving residents the chance to give back to the wider community.

Building on the success of the garden, in 2017 we commenced planning for “Mission Organic” aimed at increasing the current garden and farmed garden areas. In the future, the expansion will significantly increase the supply of fresh fruit and vegetables and help improve the self-sustainability of Missiondale.

For the second consecutive year, Missiondale won the Community Service category of the Launceston Chamber of Commerce Business Excellence Awards. This achievement recognises the dedication and professionalism of the Missiondale staff and volunteers.

The announcement of funding under the 2017-2018 Federal budget was also another significant milestone and ensures that Missiondale can continue to offer its services in the immediate future.

Alcohol is still the main drug of concern for those entering the program with 46% of clients naming alcohol as their primary addiction. 36% of clients coming into the program stated that methamphetamine was their primary drug of concern, with 12% naming cannabis and 6% opiates.
Julie Babineau, Chief Executive Officer

Odyssey House NSW has continued to deliver our existing Residential Services since 1977. From humble beginnings, Odyssey House has grown over the years to become one of Australia’s largest and most successful rehabilitation services. For 40 years, Odyssey House has been one of the cornerstones of alcohol and other drug treatment in Australia, playing an important role in dispelling the myths around alcohol and drug use, and drug users.

In 2017, Odyssey House developed its strategic direction for the next three years. Its 2020 Vision was finalized, with a focus on four key areas: Build our Scale by balancing our core business with opportunities to evolve our programs and services; Strengthen our Systems and Processes to build an efficient and sustainable organisation that has seamless access and equality for all clients; Align and Sustain our Resources by building on our current viable financial position to attract, diversify and retain current and new sources of income; and Develop and Retain our Workforce so that we are recognised as an employer of choice in the alcohol and other drugs sector with an engaged workforce focused on client care.

Odyssey House identified an opportunity to celebrate its 40th Anniversary and increase the value of the brand by aligning the organisation’s colours with its sister organisation, Odyssey House Victoria. In addition to a refresh of the brand, Odyssey took the opportunity to revisit the organisation’s vision, mission, and values during its work on its 2020 Vision.

In addition to our 40th Anniversary, this year, we also celebrated the 15th year of our Real Men Cook fundraising event and the 17th year of support from the Australian Fund Managers Foundation. We would like to thank everyone involved in those two events over the years as well as every single supporter who has given of their time, their money and their services.

Odyssey House shares important news and stories about the journey to recovery through our biannual newsletter, Odyssey House Facebook page, Twitter handle, website, and media stories. Our traditional media coverage (which includes TV, radio, newspaper and magazine) tracked the primary drug featured throughout the year, which was meth/amphetamines. The dominant medium for our traditional media coverage was radio (68 per cent).

Our Facebook page, OHNSW, grew through the year with a 41.7 per cent increase in page engagement. Our Twitter handle, @odysseyhousensw increased its followers by 199 per cent with a 167 per cent increase in engagement. These social media forums gave us the ability to engage with our supporters by informing them on the impacts of AOD, encouraging them to become involved in our initiatives and events, and discussing with them interesting international and local news, as well as client stories from the alcohol and other drug sector.

In August 2016, Odyssey House conducted our first ever supporter survey. Responses were used as part of our planning for future communications with supporters, and also to help improve our fundraising and marketing activities.

Two months later, in October 2016, Odyssey House staff took part in the People Survey by Best Practice Australia. This was the first time that Odyssey House had participated in an independent employee survey that enabled the organisation to compare itself against the health and community services sector in five
main areas: engaging our people, our identity, our dark side risk, our leadership landscape, and our practices. The results saw that at the time of survey, 59.4 per cent of Odyssey House’s staff were engaged.

Odyssey House has always expanded and developed as the demand and needs of our services increased. This year, with the success of our tenders for services in Sydney, and the acquisition of Bridges Inc. a Blacktown alcohol and drug counselling organisation, we expanded our Community Services across the whole of Sydney. Building on our core NSW-wide Residential Services located in South Western Sydney, we now provide alcohol and other drugs community-based programs, education and counselling sessions in 11 locations throughout Sydney, as well as a community-based withdrawal program in South Western Sydney.

As our services increased this year, so did our income, with an increase of government funding (29 per cent) and our infrastructure, with the purchase of a second property in Campbeltown. This investment in the future will ensure that we can build on the 40 years of expertise and passion and provide greater access and continuum of care for the greater community.

Odyssey House NSW client information had three key trends during the year: continuing high levels of use of the crystal/’ice’ form of methamphetamine; a growing proportion of older drug users seeking help; and the increased incidence of co-existing mental illness.

One in two (49%) Odyssey House clients cited methamphetamines as their principal drug of concern, the same proportion as in 2015-16. Although use of any form of methamphetamine by Australians aged 14 and older is actually declining overall. According to the latest National Drug Strategy Household Survey¹, ‘ice’ is increasingly the predominant form of methamphetamine. In 2010, 22 per cent of methamphetamine users reported crystal/’ice’ was the main form they used in the past 12 months, jumping to 50 per cent of users in 2013 and 57 per cent in 2016.

Odyssey House is also continuing to see the gradual ageing of clients seeking help. A record seven in ten (71%) clients are over 30 years of age; only four in ten clients (43%) were aged over 30 in 2007. Drug dependence – including ice addiction – is certainly not just a problem for young people. In fact, the 2016 NDSHS findings¹ confirm that recent use of any illicit drugs has increased significantly for people in their 40s, from 11.8 per cent of respondents in 2001 to 16.2 per cent in 2016.

This means treatment services like ours are helping greater numbers of older people struggling to overcome serious drug problems and other health issues, who may have been dependent on various substances for decades. For example, someone may have started drinking and smoking cannabis as a teenager, survived the heroin crisis of the 1990s and then turned to ice in the 2000s. Rebuilding their lives requires significant effort, time and assistance, but it’s never too late.

The incidence of co-existing mental illness among Odyssey House clients continued to rise, up 23 per cent over 2017. During the financial year, 54 per cent of Odyssey House residential clients had a co-existing mental illness on admission, compared with 44 per cent of clients in 2016. This figure is concerning but sadly not surprising. Half our clients are dependent on ice, which can cause psychosis, depression and anxiety, or it can mask or exacerbate pre-existing mental conditions. Alcohol-related depression is also a significant issue. In addition, many clients have experienced trauma, violence, childhood abuse, homelessness or financial stress, which can all have significant impacts on their mental wellbeing. We treat people’s mental illness and drug dependence at the same time, which provides the best chance for overall recovery.

¹ The 2016 National Drug Strategy Household Survey (NDSHS) collected information from 23,772 people across Australia on their tobacco, alcohol and illicit drug use, attitudes and opinions; it was the twelfth of its kind, conducted every three years since 1985. Detailed findings from the 2016 NDSHS were published in September 2017: Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW.
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. The Youth Residential Program continues to experience consistent demand.

**Christchurch Central Services have relocated**

Our Christchurch Central Service (CCS) – The Canterbury Alcohol and Other Drug single point of entry service has relocated to Level 1 55-59 Ferry Road. The team is really enjoying the expanded new space and looking forward to making it a client centered and functional therapeutic space.

The CCS team has 4 components: the Meth phone help team; the Community Brief Intervention Team, the Peer Support Team; and the Intake/Screening team. It has had added to it, an extra peer support team to support consumers coming onto OST treatment. The aim of this new service is to increase engagement with OST treatment.

**Drug Treatment Program**

Odyssey Christchurch has begun its new contract to deliver the Drug Treatment Program in Christchurch prison. Odyssey Auckland and Odyssey Christchurch are collaborating and are excited to be welcoming two more DTUs to their services. Odyssey Auckland will be directly running and managing the Springhill DTU and Odyssey Christchurch will be directly running and managing the Christchurch DTU.

The DTP team continues to build strong collaborative relationships with corrections custodial staff, including case managers and other support services working within the Prison system.

The DTP’s primary focus is on reducing and managing participants’ AOD use. This includes addressing the links between participant AOD use and offending, as well as the impact of AOD use on their whanau/family.

The DTP consists of a dedicated team including some seen here in a Department of Corrections photo. From left are: Marion Tizzard, Lorraine Green, Emma Bickley, Lucy Garnham and James Hutton. Absent are William Walmsley, Dave McGrath, David Singh and John Marsden.

The DTP is a 6-month program broken up into 2 Phases.

**Phase 1** is intensive CBT based educational and therapy groups to provide every opportunity to learn about addiction and explore the underlying core beliefs and subsequent behaviours that led to a prison sentence. There are four streams: ABC and D, so as participants move through the steams their learning becomes more profound and at times challenging. For many, this is their first opportunity to share feelings and experiences in a supportive environment. As they unpack and explore issues from the past they get the opportunity to heal past wounds, build confidence and a healthy self-esteem. This learning is
supported and nurtured with weekly one-to-one sessions with their keyworker.

Stream B is one of the most challenging streams as participants get the opportunity to grow as a person by challenging negative core beliefs and thinking patterns and by acknowledging the emotional impact of unresolved grief, loss, shame and guilt.

Phase 2 is the maintenance phase where participants put into practice what they have learned during Phase 1. This offers the opportunity to develop a positive, self-directed attitude as many past treatment options within prison may have been successful however upon release clients would often relapse due to lack of intrinsic motivation as they were often waiting for someone to keep them on track with their recovery.

**Our other community teams** – the Community Youth Mental Health Service (CYMHS), the Alcohol and Other Drug Assessment Service (ADAS), the 65Alive older persons AOD service continue to be experiencing high demand.

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

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**ONE80TC**

ONE80TC has seen tremendous growth over the 2016-2017 season. ONE80TC has expanded its reach into the community, now focusing our attention on **prevention, rehabilitation and aftercare.**

**PREVENTION**
ONE80TC has run our #NotEvenOnce prevention course in several schools in the Hawkesbury area. We take former addicts who speak to the students about their experience and present facts and insights into drug issues and the potential for abstinence. These courses have been well received and a swing to abstinence and harm reduction is very evident.

**REHABILITATION**
ONE80TC runs a successful residential facility housing up to 48 men. This year we have removed the age limit cap and the program is now open to men over 18. We specialise in people who are disadvantaged with issues such as; substance abuse, comorbidity, homeless and criminal convictions. Located in in Outer Western Sydney we cater to students from all walks of life including Aboriginal and Torres Strait Islander plus CALD backgrounds. In this time period we had 26 graduations who stayed the full 12 months in the program. The 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 who all provide mental health and physical assessments, treatment plans and referrals as required to other health professionals. ONE80TC saw 105 clients in the last financial year. The two Primary Drugs of Concern where Methamphetamine 38% and Alcohol 30%, followed by Cannabinoids 13% whereas Cocaine and Heroin sit a 5 & 6% respectively.

ONE80TC commenced a Day Program in Windsor. Run Thursday morning each week for two hours, this day program is seeing students who may not be able to attend a residential program but still need the weekly contact to help maintain their sobriety.
ONE80TC has acquired a property in North Richmond and now received DA approval to commence a Women’s Residential Rehabilitation program. This facility will assist 6-12 women at a time gain their recovery. Based on the same program as the men’s facility it will be available to all women over 18 who wish to start their journey of recovery.

**AFTERCARE**

ONE80TC has two AfterCare Programs going to aids both ex-clients of ONE80TC and those who have been through an alternate program (including detox or prison) in their rehabilitation and re-entry into society.

ONE80TC is now ISO9001:2015 Accredited and has a compete Quality Management System in place which ensure consistent student care through the programs and will undergo certification with ATC in 2018.

ONE80TC continues to be a solid recovery program with great outcomes. The therapeutic model of care which provides excellent resources and opportunities for the students. When surveyed 100% say they would recommend this service to a friend in need.

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**Palmerston**

Sheila McHale, Chief Executive Officer

The year in review has been a particularly exciting one for Palmerston Association. The most significant development of the year was the Board’s decision to establish a residential service to support the South West community of Western Australia. Palmerston recognises the importance of giving communities choice and access to quality services and identified a property in Brunswick Junction as an excellent location for a residential facility. The service will offer up to 19 beds in 2018. A long and often testing period of community engagement enabled Palmerston to meet many members of the local community who not surprisingly had great concerns about the proposal. Nevertheless, acknowledging the importance of taking every opinion seriously, we worked through the community issues patiently and respectfully. There was also a lot of support for the facility which was gratifying. We anticipate taking our first residents in early 2018.

**Expanding our Farm therapeutic community**

This financial year, Palmerston has had a record number of people through the Farm therapeutic community, with 216 residents supported. We have experienced a 39% increase in resident numbers over the last two years. This is in part due to the additional funding made available by the State Government under its methamphetamine strategy which enabled Palmerston to increase its bed numbers by eight in January 2017. These beds have experienced a high occupancy since inception. The new facility was named in honour of one of our living Aboriginal Elders Theresa Wally, who has advised on culturally secure approaches.

Meth was the primary drug of concern for 53% of residents. This was higher for our younger residents – 60% of under 25-year olds identified meth as their drug of concern. 30% of the resident population were under the age of 29 years and 21% identified as Aboriginal or Torres Strait Islander backgrounds.
Upgrading our facilities
One aspect about the Farm TC is that it never stops evolving to meet the needs and increasing number of our residents.

Take for example turning the old work shed into a new recreational room creating a central area for residents to play pool, darts and table tennis. This amazing transformation was designed and carried out by the residents. They are currently involved in creating the wall art to capture the spirit of the Farm TC and create a feeling of safety and peace for all residents, particularly those who are new to the Farm TC.

Roelands Retreat
Residents have attended weekend retreats to Roelands Village, a 90-minute drive South of Perth creating a space for yarning and sharing of cultural and spiritual knowledge with the Aboriginal Elders. Residents also experience first-hand authentic bush tucker.

Residents commented that they returned to the Farm TC feeling uplifted and with a deeper understanding and respect for Aboriginal culture.

Recognising Palmerston Life Members
The Palmerston of today is built on the efforts of many people over the decades. In particular, our life members are special people who gave their valuable time as Board Members and ambassadors for the organisation. It was very fitting that we could honour them by naming three Farm TC buildings after them in recognition of their contributions.

The voices of residents
The power of therapeutic communities is often best expressed by the residents themselves. Amazing stories of grief, loss, happiness and hope resonate through the TC experience. This is why we continue to expound the strength of TCs and why we keep improving our facility. Here are just a few:

“Having initially been intimidated by the idea of living in a large community of complete strangers, that anxiety faded within the first two weeks. I have benefitted beyond belief from the insight provided by fellow residents and clinical members.”
Ridley

“Life changing for the better. It has opened my eyes to the many things I have pushed away or shut off. Even though I might not agree or be annoyed at first how silly or harsh something might seem if I surrender and notice progress or my recovery strengthening, it is a safe environment to practise everything I may have an issue with. The bonus is there are 30 plus other people willing to help as they can relate.”
Daniel
“I have been an addict for 24 years. Walking through the gates of the Farm, I was an angry, defiant, dishonest, sad, lonely and selfish man. I had so much guilt and shame. I was reckless and had no regard for anyone else, nor myself. I was a completely broken man, had lost my mother and was on the way to losing my life. For the first three weeks here, I didn’t sleep much at all and I really struggled to cope. I honestly thought I would never be able to beat this demon of mine…addiction.

But then something happened. I decided to completely surrender myself to the Palmerston therapeutic community program. From that day on, something amazing happened.

My life started to change. Using community as method in our daily groups, and the many one-on-one counselling sessions, I grew more than I ever have as a person. I finally got to explore deep within myself and get back to my core values that I lost so many years ago. I have gained back broken relationships with my wife, my father, my sister, her husband and son. It’s amazing to have those connections back, and I’m sure my mum is looking down on me, a very proud mother.

Writing this now, I’m very proud to say that I’m 107 days clean. I am excited to face the future with the tools I have learnt here. You saved my life.”

Steve
During a review of the St Marks programme, a proposal was submitted to our funder resulting in a good outcome with agreement on a new service model.

The new services model created the opportunity to implement several key Service Delivery and Design improvements to the Clinical Model that has been developed as part of review of St Marks Model of Care.

These improvements include updates to:
- Referrer/St Marks collaboration and procedures
- Administrative processes (internal to St Marks and in relation to referrers)
- St Marks internal client based processes/procedures
- Client management system improvement (up-date of software)
- Programme evaluation, review and methods/process used
- Psycho-educational Interventions
- Service Design for the day-to-day programme
- Up-grade and more effective use of the supported-accommodation Service
- Reintegration programming
- The Therapeutic Community Model

The improvements are drawn from St Marks’ extensive experience in operating the programme for many years within a residential setting, the feedback received from clients, referrers and DHB, ‘best practice’ and national and international evidence based interventions and models.

Our focus has always been, and will continue to be, improving the experience of our clients to support them to a better, healthier life-style.

Sunrise Way is an addictions service provider based in Toowoomba. We have a regional and rural focus and are making a difference every day through our Sunrise Way residential drug and alcohol rehabilitation programme, our weekly Family Support Group and our innovative outclient trial program, Flourish.

Residential program - With a catchment area right across regional and rural Queensland, Sunrise Way Rehab is a 20-bed therapeutic community that facilitates a 26-week evidence based, abstinent, holistic program. Prior to entry our clients must have completed a 5 – 7 day detox and due to the lack of detox beds, this was a significant barrier for us until we developed a ‘home detox’ process MOU with the Darling Downs Health and Hospital Service.

The goal of the program is to enable clients to understand their addiction, manage their mental health, develop skills and strategies to maintain sobriety, and rebuild their lives, allowing them to return to the community with gainful employment / purposeful activity and stable housing. 100% of our seventeen 2017 graduates are in stable housing and 95% are still abstinent and employed / volunteering.
All our clients are voluntary and choose Sunrise Way for a variety of reasons. We have a strict client entry process to ensure we foster a healthy therapeutic community and are able to meet the needs of each individual. Those we are unable to help we refer onto at least 2 other services.

Sunrise Way was founded by community members in response to local need. 2017 was a significant year as we transitioned from entirely private funding from one local benefactor to funding contracts with both the Federal Government (through DDWMPHN) and State Government. We doubled our bed capacity (from 10 to 20) and our staff.

Our organisation is one of Toowoomba’s great community stories. It took 14 years of volunteering and over $2 M of local money to renovate and equip our building with our founder’s goal being to establish a special facility that provided excellent services in a home like environment. We are working hard to honour that vision and we are proud that our clients consistently give us feedback that we are on the mark.

Family Support Group - Working collaboratively with Queensland Health we deliver a self-funded support program for families and significant others. We commenced delivery in August 2016 in response to the lack of services available for families and partners within the Toowoomba community. This program educates and supports 15 - 20 family members on a weekly basis.

Flourish out client program – After participating in David Littleproud’s Regional Ice Forums earlier this year we realised there is a need to explore new models of service delivery to enhance traditional on the ground services in rural towns / regions. As a result, we have developed Flourish, an innovative model of delivery of services into communities where we bring our experience and expertise and facilitate regular short intensive programs while working collaboratively with local service providers to ensure the best possible service delivery and use of resources. We have received initial funding to trial and refine our model in Kingaroy and Lowood from the DDWMPHN and are currently seeking a measurement partner. Our intention is to develop an effective and economical model that we can replicate across the state so that we can positively impact the lives of many more people.

Manaaki Ora Trust t/a Te Utuhina Manaakitanga
Donna Blair, General Manager - Rotorua

The past year has been a busy time for the Trust as we hosted the TC Training in Rotorua, built a new residential facility, blessed the building and moved in on the 3 February 2017, not to mention the new consortium venture, Te Aratiatia implementing a kaupapa Māori programme into three Drug Treatment Units in three New Zealand prisons.

Te Whare Oranga Ngakau - The new facility sits under the Ngongotaha Mountain on a site known as Kokoreke. The site is peaceful and promotes healing. We were very fortunate to have Te Arawa, Kaumatua and Kuia (elders) at
the dawn blessing who were able to imbue wairua (healing energy) through karakia (prayer) and waiata (song).

Moving to a new facility also meant a full certification audit against the Health and Disability Sector Standards as a Ministry of Health requirement. I am pleased to report the success of the audit with no corrective actions (CARS). This audit preceded the contract audit also conducted by the MOH also conducted without CARS.

**Te Aratiatia Consortium** – The consortium partners, Tuhoe Hauora, Bay of Plenty and Te Taiwhenua o Heretaunga (TTOH), Hastings came through to Rotorua for the signing of the contract and service level agreement to work in the DTP’s in Waikeria, Hawkes Bay Regional and Rimutaka Prisons. As Māori sector leaders in AOD, Mental Health, Social Services and Health were able to provide a suite of health and welfare support to whai ora and their whanau. Through this partnership both Waylyn Tahuri-Whaipakanga and I also attended and presented at the 2017 ATCA conference in Brisbane. This work also dovetails with the Dept. of Corrections (DOC) who also fund a bed in Te Whare Oranga Ngakau.

**TC Training** – we were fortunate to also support the TC training here in Rotorua and acknowledge the breadth of knowledge from those who participated in the training, in particular both Gerard Byrne from the Salvation Army Recovery Services, Australia and also Carol Daws, Cyrenian House, WA for their generosity in sharing their knowledge. For a relatively new service it was certainly inspirational to work with a dedicated group of people.

In closing I would like to acknowledge the many whai ora and whanau who commit to a life of transformation and recovery. I would also like to acknowledge our Board of Trustees who continue to support the growth of our service that we continue to provide a robust kaupapa Māori in which to heal. We must also acknowledge the tireless work and 30+ years of dedication to our service and the addiction sector by our Patron, Pihopa Kingi who recently passed away.

**Kua hinga te totara i te wao nui a Tane**
*The totara has fallen in the forest of Tane, referring to the loss of a great leader*

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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 Bellingen to Tweed Heads on the NSW-Qld Border. The Buttery started two new programs this year, YPIEP and CORE, see below for details.
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 100 people a year 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 1200 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 specific community based Youth Programs for 16 to 24-year olds. Intra has offices in Lismore, Byron Bay and Tweed Heads and is also involved in the Lismore, Tweed Heads and Grafton Headspace consortiums.

YPIEP Young Persons Early Intervention Program. A new program for the early intervention for 12 to 24-year olds in danger of escalating substance use and has offices in Bellingen and Grafton.

CORE Community Based Rehabilitation Program. A 6-week community based addiction recovery program for those who cannot attend a residential program. The program is rotated around the region in the major population centres of Lismore, Byron Bay and Tweed Heads.

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 7-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, Chief Executive Officer

2016/17 continued to be a year of consolidation for Lyndon. After the move of our rehabilitation program from our property in Canowindra in rural NSW in January 2016, the year saw the organisation consolidate the service and continue to develop the new residential program.
Since that time the occupancy levels have remained consistently over 85% with significantly higher completion rates than those achieved in the previous program. This has been attributed to a shorter program and the flexibility of the program to suit the individual clients. We have also focused on connecting clients with aftercare services once they have exited the residential program.

The 2016/17 year was a year of service expansion with new services commencing in the latter half of the year funded by Primary Health Networks, these include outreach services in Dubbo and Lithgow in regional NSW. The successful tender to establish a women’s residential rehabilitation program in Orange will see this program commence in early 2018. These additional services will strengthen support to clients in regional and rural NSW and importantly for this region, increase accessibility to local services.

Lyndon has been working on a program called Drug and Alcohol First Aid which provides frontline workers, managers and the general community with information to recognise and understand some of the signs, symptoms and treatment options associated with drugs and alcohol addiction. The program has proven successful with over 400 participants completing the 6-hour program in 2016/17. This program will expand further in 2017/18 with the aid of funding from a number of Primary Health Networks in NSW and Queensland.

Finally, the 2016/17 year will see the end of almost 40 years of The Lyndon Community operating as a stand-alone organisation providing drug and alcohol treatment services to clients in Western and the far South Coast of NSW. Taking effect from 1 September 2017, The Lyndon Community Board determined to merge the organisation under the banner of Lives Lived Well Ltd, a Queensland based provider of drug and alcohol and mental health services.

This merger is a partnership between two well respected and established drug and alcohol providers that will build on and strengthen the reach and impact of both organisations across NSW and Queensland. Whilst this means that 2016/17 is the last year that Lyndon will report as a separate entity, the Lyndon name and brand will continue through our services in NSW for the foreseeable future.

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**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 is jointly funded by SA Health and the Federal Dept of Health (commissioned through the Adelaide PHN (APHN)) which provides us with 6 different funding streams allowing us to provide a continuum of care in metropolitan Adelaide:

- Residential Rehab
- Family Program Residential,
- Non-Residential Rehab
- Counselling/Groups
- Southern Drop-in service (based in Christies Beach)
- Northern Connect - a consortium service with Northern Health Network and Life Without Barriers offering co-morbidity treatment

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Residential Rehab (SA Health)
New ROADS has received additional funding from DASSA through the SA Ice Task Force funds to expand our residential rehab program into regional SA - Mt Gambier, Whyalla and the Riverland. There will be 6 beds in each region - 3 male, 3 female.

The metro residential program continues to offer 9 beds (6 male, 3 female) in the Playford, Onkaparinga and Charles Sturt council areas.
New ROADS Residential Rehab now comprises a total of 27 beds for single adults over 21 years across South Australia plus the 2 family program beds for single parents and accompanying children.

The service operates under a Recovery and Harm Minimisation framework whilst still also retaining elements of a modified TC. New ROADS will work through lapses with clients and support them to build insight and learn from lapses. Clients are also supported to start to recognise the interaction of substance use and mental health.

Residential Family Program (APHN)
New ROADS continues to offer Residential Rehab to single parent families with accompanying children or pregnant women or parents (usually referred by Department of Child Protection) who are working towards reunification (1 property in Onkaparinga and 1 in Playford).

The Family Program is now auspiced through the Adelaide PHN.

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

The service offers 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 (SA Health)
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).

Southern Drop-in Service (APHN)
New ROADS has also received additional funding through the National Ice Task force that has allowed us to provide the Southern Drop-in Service which is a triaging service designed to avoid waitlists for treatment and allow people immediate access.

Northern Connect (APHN)
Northern Connect is a consortium service with Northern Health Network (NHN), Uniting Communities - New ROADS, Life Without Barriers and DASSA. The NHN is a mental health provider and this service is an
innovative approach to breaking down the silos of MH and AOD to provide a true comorbidity service to clients.

New ROADS has always prioritised breaking down barriers to access and treatment so individualised admission plans are developed and ongoing treatment is truly client centred.

Last year New ROADS provided AOD treatment to over 1000 people, the vast majority of clients were self-referrals, 65/35 gender split, Amphetamines was Principal Drug then Alcohol then Cannabis, Method of Use was almost equal between ingests and smokes with inject around half of the other two. 78% of people stayed in treatment over 8.6 months. 80% of residential clients stayed in treatment over 9.8 months which is probably reflective of the complexity of those clients.

Watershed D&A Rehabilitation and Education Services
Will Temple, Chief Executive Officer

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 547 requests for service, unfortunately due to bed capacity we were only able to admit 254 of those. This means 46% 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 were Methamphetamine (30%) followed by Alcohol (29%) and Cannabis (14%).

**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.

This year the Watershed Day Program received 464 requests for service, due to this program being structured the way it is, we were able to admit 385 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 (48%), Alcohol (28%) and Cannabis (14%).

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

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**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 55 young people admitted into the program. The average age was 18.5 years. This year we have experienced a notable improvement in retention and an increase in the average length of stay for residents. The average stay is now approximately 12 weeks. We have also an increase in completion rates of the program.

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 are running a program focusing 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, undertaking various activities such as lawn mowing, woodwork, and landscaping. We have also undertaken camps to Anglesea, the Mornington Peninsula, and a snow camp at Mt Hotham. Our resident group are also actively involved in the YSAS Youth Participation Committee.

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.
Scott Wilson, Director ADAC
Dora R Mushongera, Program Manager – Footsteps-Road-To-Recovery

Footsteps Residential Rehabilitation 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. It is a credit to the staff of ADAC Footsteps rehab and a testament to their commitment to consumers that they have been so willing to work to improve the service. This is also in line with our vision and mission as stated below.

ACKNOWLEDGEMENTS

- Thanks to our Director Scott Wilson and his team in our Adelaide office for their continued support and guidance.
- Thanks to our Clinical Coordinator and Counselling team.
- Thanks also to our Residential Care Workers (RCWs) who ensure that safety and continuity of care is maintained around the clock.
- Thanks to the Administration team who support day-to-day operations and regularly go beyond the call of duty to accommodate residents’ and staff members’ needs.
- We are very fortunate to continue to enjoy a longstanding relationship with visiting psychiatrist, Dr Jacob Alexander and the Port Augusta and Whyalla Mental Health teams.

Footsteps operates a 12-bed short term residential rehabilitation for men and women from the NW region, who have been referred by various services including self-referrals. 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 community has maintained an exceptionally high occupancy rate throughout the year at approximately 70%. During the year, 69 residents participated in the program, 65.2 % of whom were male and 34.8 % were female residents. Alcohol was the main drug of concern for 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 19 years to 60 years with the biggest number of residents in the 36 and over year age range (69.2%). 56.5 % of our residents were Aboriginal and Torres Strait Islander people. 43.5 % were non-Aboriginal residents.

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<thead>
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<th>TOTAL CLIENT NUMBERS</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal &amp; Torres Strait Islander</td>
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<td>17</td>
<td>39</td>
</tr>
<tr>
<td>Non-Aboriginal</td>
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<td>30</td>
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<tr>
<td>Total</td>
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NUMBER OF CLIENTS WITH TOTAL LENGTH OF STAY

What was the total length of stay for each of your clients in residential treatment/rehabilitation during the period 1 July 2016 to 30 June 2017?

<table>
<thead>
<tr>
<th></th>
<th>Male Clients</th>
<th>Female Clients</th>
<th>Total</th>
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<tbody>
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<td>Less than 2 weeks</td>
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<td>19</td>
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<tr>
<td>2 - 8 weeks</td>
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<tr>
<td>9 - 16 weeks</td>
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<td>17 - 24 weeks</td>
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<tr>
<td>More than 24 weeks</td>
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<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>24</td>
<td>69</td>
</tr>
</tbody>
</table>

CLIENTS IN RESIDENTIAL TREATMENT/REHABILITATION

How many residential treatment/rehabilitation episodes of care were provided by your organisation during the period 1 July 2016 to 30 June 2017?

<table>
<thead>
<tr>
<th></th>
<th>Male Clients</th>
<th>Female Clients</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and Torres Strait Islander 0-18 years</td>
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<tr>
<td>Non-Indigenous 0-18 years</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown Indigenous status 0 - 18 years</td>
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<td>0</td>
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<tr>
<td>Aboriginal and Torres Strait Islander 19 - 35 years</td>
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<td>15</td>
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<tr>
<td>Non-Indigenous 19 - 35 years</td>
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<tr>
<td>Unknown Indigenous status 19 -35 years</td>
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<tr>
<td>Aboriginal and Torres Strait Islander 36 years and over</td>
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<tr>
<td>Non-Indigenous 36 years and over</td>
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</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>24</td>
<td>69</td>
</tr>
</tbody>
</table>

Residents Drum Beat Session with Red Cross

Some of the highlights for the year 1 July 2016 – 30 June 2017 were:

**Improvement, Planning and Outcomes-Footsteps**

- Our practice as a Therapeutic Community in continuously raising standards and expectations as well as pursue a continuous improvement agenda has been guided by the Australasian Therapeutic Communities (ATCA) standards, and the ISO 9001:2015 Accreditation standards. Footsteps is expecting to be fully accredited by June 2018.
- Footsteps TC has greatly improved in occupancy rates this year we have been able to reach the 70% occupancy rate as required by our funding key performance indicators.
- Length of stay for residents has also improved as compared to the last reporting period (July 2015-June 2016)
- We offer Family Inclusive Practice to all our residential clients, and have 21x 3-bedroom houses in which we accommodate families/single parents undergoing 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 rehabilitation.

- Community consultations and forums to discuss how to get into Footsteps, Case Management and Exit planning for residents who complete the program. Two forums have successfully been organised in Ceduna and Port Lincoln and there are already good outcomes coming out of these forums. This is evident from the increase in referrals received after the forums.

All our residents enjoy going Fishing

Management of residents with mental health issues as well as AOD issues
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 Community mental health team, Visiting psychiatrists, Port Augusta hospital, Pika Wiya Aboriginal Health Service SEWB team, local GPS’s and. Our close liaison with local mental health is pivotal in managing residents with complex mental health issues.

It’s Leather Making Time at Footsteps

Issues
Lack of a stepdown unit to house and provide aftercare to clients who have completed the 12-week program but have no accommodation or are not keen to go back straight to their communities but would rather do a further 12 weeks or live in Port Augusta to access supports they need to remain abstinent.

Resident opinion Summary
Although there was no formal resident opinion survey conducted. Informal comments from staff, residents, family/caregivers and the communities during the year highlighted that they were very satisfied with the direction of the therapeutic community and the level of engagement of the resident.

Footsteps-Road-To-Recovery Success Stories
Footsteps has many success stories to share and here are a few of them:

James’ Story – James an ex-resident who completed rehab and is now volunteering at the Stepping Stones Day Centre whilst actively looking for paid work. He remains abstinent.

A homeless resident who completed rehab program was assisted to get accommodation and he is now living independently and remains abstinent. This was a result of good collaboration and case management with other agencies in Port Augusta. Ongoing post rehab follow up and case management meetings are in progress to support the client and prevent relapse.

Parents have been able to reconnect and have access visits with their children in care whilst in rehab.
In Summary
Working in the AOD field can be challenging and draining, but one of the greatest pleasures of working at Footsteps is seeing the positive changes that take place within residents as they begin to grasp the process of change. It is a joy to see 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 a newfound hope and determination. Staff and other residents hold back their tears when residents complete the program and graduate as one staff member stated: “It is like losing one of our own family member.”

In Summary
An ex-resident who completed rehab a year ago is now working as a residential care worker at Footsteps. She remains positive and abstinent.

ATCA Strategic Plan 2017 – 2021

ATCA STANDARD

ATCA has developed the world’s first quality standards for Therapeutic Communities and other Residential Rehabilitation Services, which have established a threshold for services to achieve in order to ensure the delivery of services to improve the quality of people’s lives.

In 2016, this was expanded through the development of an accompanying Interpretive Guide for Youth TC and Residential Rehabilitation Services. This is again a world-first and will be followed by further quality-assurance work for other specialised services – and particularly for TCs working with First Nations people and incarcerated populations.

We have also developed a Staff Code of Ethics and a Client Bill of Rights that provide protections to ensure that the vulnerabilities of people entering TCs are recognised and not exacerbated. The standards allow TCs to audit their programs, via self and external review and certification and identify areas for improvement that can be prioritised.

The ATCA standards are attractive to government as a way to objectively evaluate the services they may wish to fund.

WORKFORCE DEVELOPMENT AND SUPPORT

A key priority for ATCA is the development and retention of an informed and appropriately trained workforce. Through the support of the New Zealand Ministry of Health and Matau Raki, a TC Training Program has been developed and implemented in New Zealand. This has been developed within a culturally appropriate framework, and has been widely supported across the addictions sector in New Zealand.

ATCA has completed the modification of the TC Training Program for Australian audiences and over the course of this Strategic Plan, will provide opportunities for specialist training and professional practice within a range of community and correctionally-based TCs.

ATCA also has an established conference on the annual calendar for the Alcohol and other Drug Treatment sector. This conference provides opportunities for TCs to network, establish new research projects, grow their workforces, debate ideas and foster a sense of collective endeavour in building new lives for people with alcohol and other drug problems.
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.

**Significant Contribution to the TC Movement in Australasia by an individual**
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.

<table>
<thead>
<tr>
<th>ATCA Individual Award 2008 – 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2008</strong></td>
</tr>
<tr>
<td>Johnny Dow</td>
</tr>
<tr>
<td>Kay Welsh</td>
</tr>
<tr>
<td>Lynne Magor-Blatch</td>
</tr>
<tr>
<td>Meridy Calnin</td>
</tr>
<tr>
<td><strong>2009</strong></td>
</tr>
<tr>
<td>Gerard Byrne</td>
</tr>
<tr>
<td>Kim Fleming</td>
</tr>
<tr>
<td><strong>2011</strong></td>
</tr>
<tr>
<td>Carol Daws</td>
</tr>
<tr>
<td>James Macgregor</td>
</tr>
<tr>
<td>Murray Sutton</td>
</tr>
<tr>
<td><strong>2012</strong></td>
</tr>
<tr>
<td>Charlie Blatch</td>
</tr>
<tr>
<td><strong>2013</strong></td>
</tr>
<tr>
<td>Major David Pullen</td>
</tr>
<tr>
<td><strong>2014</strong></td>
</tr>
<tr>
<td>Barry Evans</td>
</tr>
<tr>
<td>Wes Noffs</td>
</tr>
<tr>
<td>Mandy Noffs</td>
</tr>
<tr>
<td><strong>2015</strong></td>
</tr>
<tr>
<td>Rawiri Pene</td>
</tr>
<tr>
<td>Lance Jefferys</td>
</tr>
<tr>
<td><strong>2016</strong></td>
</tr>
<tr>
<td>Janet Woolley</td>
</tr>
<tr>
<td>Special Award for Leadership and</td>
</tr>
<tr>
<td>Innovation: James Pitts</td>
</tr>
</tbody>
</table>

**ATCA Award for Significant Contribution to the TC Movement in Australasia by a Program or Intervention**
This award recognises an exemplary or commendable contribution to the TC movement in Australasia made by a program or intervention.

<table>
<thead>
<tr>
<th>ATCA Program or Intervention Award 2008 – 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2008</strong></td>
</tr>
<tr>
<td>Karralika Karuna Program</td>
</tr>
<tr>
<td>Palmerston Farm Vocational Program</td>
</tr>
<tr>
<td>Higher Ground Rehabilitation Trust</td>
</tr>
<tr>
<td><strong>2009</strong></td>
</tr>
<tr>
<td>Early Birds Project (Karralika)</td>
</tr>
<tr>
<td>Ted Noffs Foundation PALM</td>
</tr>
<tr>
<td><strong>2011</strong></td>
</tr>
<tr>
<td>Saranna Women &amp; Children’s Program</td>
</tr>
<tr>
<td>(Cyrenian House)</td>
</tr>
<tr>
<td><strong>2012</strong></td>
</tr>
<tr>
<td>Palmerston Farm TC Chiropractic Program</td>
</tr>
<tr>
<td>Cyrenian House Cultural Competency</td>
</tr>
<tr>
<td><strong>2013</strong></td>
</tr>
<tr>
<td>The Salvation Army Bridge Program</td>
</tr>
<tr>
<td><strong>2014</strong></td>
</tr>
<tr>
<td>Rick Hammersley TC (Cyrenian House) Mixed Gender Program &amp; Madjilt Moorna Choir of Aboriginal Reconciliation</td>
</tr>
<tr>
<td>WHOS Opioid Treatment Program</td>
</tr>
<tr>
<td><strong>2015</strong></td>
</tr>
<tr>
<td>The WHOS New Beginnings Program</td>
</tr>
<tr>
<td>The Alcohol and Drug Treatment Court</td>
</tr>
<tr>
<td><strong>2016</strong></td>
</tr>
<tr>
<td>The Endeavour Dual Diagnosis Bridge Program</td>
</tr>
<tr>
<td>Highly Commended: Cyrenian House Residential Pathways Program</td>
</tr>
</tbody>
</table>
In 2016, ATCA introduced two new award categories:

First Nations Innovation and Partnership Award. Therapeutic Community Movement in Australasia: Organisational Award

This award recognises organisations that have made a contribution to the Therapeutic Community (TC) movement in Australasia by way of innovation and forming Partnerships that make Therapeutic communities culturally safe and relevant to first nation’s people.

The goal of this Award is to provide public recognition work done to include first nations peoples in the delivery of Therapeutic Community programs either by way of innovation or the formulation of partnerships that directly benefit First Nations residents.

<table>
<thead>
<tr>
<th>ATCA First Nations Innovation &amp; Partnership Award 2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td></td>
</tr>
<tr>
<td>Drug and Alcohol Services Association (DASA) Alice Springs Indigenous Outreach Program</td>
<td></td>
</tr>
</tbody>
</table>

Excellence in Research and Evaluation Award

Therapeutic Community research is essential to the development of effective and informed strategies to improve the lives of clients and residents accessing TC services and programs. This award recognises the individuals, research teams and TCs that have contributed to evidence-based research and evaluation of TC services and programs.

<table>
<thead>
<tr>
<th>ATCA Excellence in Research &amp; Evaluation Award 2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td></td>
</tr>
<tr>
<td>The Salvation Army Recovery Services and Illawarra Institute for Mental Health, University of Wollongong Research Partnership Executive Team: Mr Gerard Byrne, Major Rick Hoffman, Prof Frank Deane, and Dr Peter Kelly.</td>
<td></td>
</tr>
</tbody>
</table>

Highly Commended: Higher Ground Research Committee, in association with Julian King Associates
Your board members submit the financial accounts of the Australasian Therapeutic Communities Association for the financial year ended 30 June 2017.

**Board Members**

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

Garth Popple  
Gerard Byrne  
Mitchell Giles  
Carol Daws  
Carole Taylor  
Johnny Dow  
Eric Allan  
Mark Ferry

**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

<table>
<thead>
<tr>
<th></th>
<th>Year ended</th>
<th>Year ended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 June 2017</td>
<td>30 June 2016</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Deficit</td>
<td>(2,725)</td>
<td>36,446</td>
</tr>
</tbody>
</table>

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 2017

Signed in accordance with a resolution of the Members of the Board on 1 November 2017.

Garth Popple

Gerard Byrne

The accompanying notes form part of these financial statements.
<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Income</td>
<td>909</td>
<td>938</td>
</tr>
<tr>
<td>Members’ Dues</td>
<td>34,584</td>
<td>30,797</td>
</tr>
<tr>
<td>DoHA Secretariat</td>
<td>109,838</td>
<td>109,196</td>
</tr>
<tr>
<td>Dinner/Workshop</td>
<td>14,800</td>
<td>6,600</td>
</tr>
<tr>
<td>Full Delegate – Conference</td>
<td>76,456</td>
<td>80,493</td>
</tr>
<tr>
<td>Sponsorship - Conference</td>
<td>23,982</td>
<td>34,500</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>260,568</td>
<td>262,584</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bookkeeping</td>
<td>864</td>
<td>2,000</td>
</tr>
<tr>
<td>Bank Charges</td>
<td>787</td>
<td>436</td>
</tr>
<tr>
<td><strong>Board Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- - Board and Meeting Costs</td>
<td>1,843</td>
<td>4,251</td>
</tr>
<tr>
<td>- - Directors Travel &amp; Accommodation</td>
<td>1,506</td>
<td>19,159</td>
</tr>
<tr>
<td>- - Per Diem</td>
<td>-</td>
<td>6,000</td>
</tr>
<tr>
<td>- - Members Support</td>
<td>25,583</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Board Expenses</strong></td>
<td>28,932</td>
<td>29,410</td>
</tr>
<tr>
<td>Conferences</td>
<td>31,580</td>
<td>3,396</td>
</tr>
<tr>
<td>Contractor/Consultant</td>
<td>15,196</td>
<td>8,446</td>
</tr>
<tr>
<td>Insurance</td>
<td>6,087</td>
<td>4,316</td>
</tr>
<tr>
<td>Merchandising</td>
<td>3,775</td>
<td>374</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>7,840</td>
<td>15,424</td>
</tr>
<tr>
<td>Other Costs</td>
<td>-</td>
<td>52</td>
</tr>
<tr>
<td>Printing &amp; Stationery</td>
<td>3,297</td>
<td>3,009</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>7,800</td>
<td>7,550</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
### Income and Expenditure Statement

**For the year ended 30 June 2017**

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Provision Annual Leave</strong></td>
<td>7,588</td>
<td>4,359</td>
</tr>
<tr>
<td><strong>Provision for Time in Lieu</strong></td>
<td>(1,129)</td>
<td>(349)</td>
</tr>
<tr>
<td><strong>Salaries</strong></td>
<td>61,801</td>
<td>53,634</td>
</tr>
<tr>
<td><strong>Speaker</strong></td>
<td>16,478</td>
<td>14,566</td>
</tr>
<tr>
<td><strong>Subscriptions</strong></td>
<td>7,831</td>
<td>4,167</td>
</tr>
<tr>
<td><strong>Superannuation Contributions</strong></td>
<td>6,001</td>
<td>5,097</td>
</tr>
<tr>
<td><strong>Telephone</strong></td>
<td>1,396</td>
<td>2,543</td>
</tr>
<tr>
<td><strong>IT Expenses</strong></td>
<td>4,203</td>
<td>4,304</td>
</tr>
<tr>
<td><strong>Travelling &amp; Accommodation</strong></td>
<td>2,771</td>
<td>4,328</td>
</tr>
<tr>
<td><strong>Workshop Expenses</strong></td>
<td>-</td>
<td>1,584</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>263,293</td>
<td>226,138</td>
</tr>
<tr>
<td><strong>Profit (loss from ordinary activities before income tax)</strong></td>
<td>(2,725)</td>
<td>36,446</td>
</tr>
<tr>
<td><strong>Income tax revenue relating to ordinary activities</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net profit (loss) attributable to the association</strong></td>
<td>(2,725)</td>
<td>36,446</td>
</tr>
<tr>
<td><strong>Total changes in equity of the association</strong></td>
<td>(2,725)</td>
<td>36,446</td>
</tr>
<tr>
<td><strong>Opening retained profits</strong></td>
<td>58,444</td>
<td>21,998</td>
</tr>
<tr>
<td><strong>Net profit (loss) attributable to the association</strong></td>
<td>(2,725)</td>
<td>36,446</td>
</tr>
<tr>
<td><strong>Closing retained profits</strong></td>
<td>55,720</td>
<td>58,444</td>
</tr>
</tbody>
</table>

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 2017

<table>
<thead>
<tr>
<th>Note</th>
<th>2017 $</th>
<th>2016 $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cash Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash at Bank</td>
<td>42,132</td>
<td>28,446</td>
</tr>
<tr>
<td>Westpac Account 194364</td>
<td>2,109</td>
<td>3,612</td>
</tr>
<tr>
<td>Maxi - Management</td>
<td>17,324</td>
<td>157,574</td>
</tr>
<tr>
<td>Maxi Account 123</td>
<td>13,745</td>
<td>18,635</td>
</tr>
<tr>
<td>Cash on hand</td>
<td>666</td>
<td>530</td>
</tr>
<tr>
<td></td>
<td><strong>75,976</strong></td>
<td><strong>208,798</strong></td>
</tr>
<tr>
<td><strong>Receivables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sundry Debtors</td>
<td>374</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>374</strong></td>
<td><strong>-</strong></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepayments – Conference</td>
<td>15,873</td>
<td>13,636</td>
</tr>
<tr>
<td>Prepayments - Insurance</td>
<td>-</td>
<td>799</td>
</tr>
<tr>
<td>Prepaid GST on Conference</td>
<td>-</td>
<td>1,364</td>
</tr>
<tr>
<td>Salary Sacrifice – Novated Lease</td>
<td>963</td>
<td>959</td>
</tr>
<tr>
<td></td>
<td><strong>16,836</strong></td>
<td><strong>16,758</strong></td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>93,185</strong></td>
<td><strong>225,556</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Property, Plant and Equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant &amp; Equipment</td>
<td>5,721</td>
<td>5,721</td>
</tr>
<tr>
<td>Less: Accumulated Depreciation</td>
<td>(5,721)</td>
<td>(5,721)</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>93,185</strong></td>
<td><strong>225,556</strong></td>
</tr>
</tbody>
</table>

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 2017

<table>
<thead>
<tr>
<th>Note</th>
<th>2017 $</th>
<th>2016 $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Payables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsecured:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Superannuation Payable</td>
<td>3,345</td>
<td>2,717</td>
</tr>
<tr>
<td></td>
<td>3,345</td>
<td>2,717</td>
</tr>
<tr>
<td>Current Tax Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAYG Withholding</td>
<td>2,452</td>
<td>546</td>
</tr>
<tr>
<td></td>
<td>2,452</td>
<td>546</td>
</tr>
<tr>
<td><strong>Provisions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision for Annual Leave</td>
<td>18,851</td>
<td>16,370</td>
</tr>
<tr>
<td>GST Control Account</td>
<td>(2,093)</td>
<td>12,057</td>
</tr>
<tr>
<td>GST Adjustments</td>
<td>(357)</td>
<td>(178)</td>
</tr>
<tr>
<td>Provision for time in lieu</td>
<td>726</td>
<td>1,855</td>
</tr>
<tr>
<td></td>
<td>17,127</td>
<td>30,104</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unearned Income – Conference</td>
<td>-</td>
<td>8,447</td>
</tr>
<tr>
<td>Unearned Income – Peer Reviews</td>
<td>10,460</td>
<td>15,460</td>
</tr>
<tr>
<td>Unearned Grant</td>
<td>4,081</td>
<td>109,838</td>
</tr>
<tr>
<td></td>
<td>14,541</td>
<td>133,745</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>37,465</td>
<td>167,112</td>
</tr>
</tbody>
</table>

### Total Liabilities

<table>
<thead>
<tr>
<th>2017 $</th>
<th>2016 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>37,465</td>
<td>167,112</td>
</tr>
</tbody>
</table>

### Net Assets

<table>
<thead>
<tr>
<th>2017 $</th>
<th>2016 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>55,720</td>
<td>58,444</td>
</tr>
</tbody>
</table>

### Members’ Funds

<table>
<thead>
<tr>
<th>2017 $</th>
<th>2016 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>55,720</td>
<td>58,444</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
Australasian Therapeutic Communities Association
ABN 41 893 350 365
Notes to the Financial Statements
For the year ended 30 June 2017

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.

(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.
Australasian Therapeutic Communities Association  
ABN 41 893 350 365  
Notes to the Financial Statements  
For the year ended 30 June 2017

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 Board  
For the year ended 30 June 2017

The Board 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 I to the financial statements.

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

1. Presents fairly the financial position of Australasian Therapeutic Communities Association as at 30 June 2017 and its performance for the year ended on 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 Board and is signed for and on behalf of the Board by:

[Signature]
Garth Popple  
Chairperson

[Signature]
Gerard Byrne  
Treasurer

Dated: 1 November, 2017
Australasian Therapeutic Communities Association
ABN 41 893 350 365
Independent Auditor’s Report to the Members


Opinion

We have audited the financial report of Australasian Therapeutic Communities Association (the association), which comprises the Statement by Members of the Board, Income and Expenditure Statement, Balance Sheet as at 30 June 2017, a summary of significant accounting policies and the certification by members of the Board on the annual statements giving a true and fair view of the financial position and performance of the association.

In our opinion, the accompanying financial report presents fairly, in all material respects, the financial position of the association as at 30 June 2017 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 Reform Act 2012.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Report section of our report. We are independent of the association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board’s APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our ethical responsibilities in accordance with the Code.

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

Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist the association to meet the requirements of Associations Incorporation Reform Act 2012. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of the Committee for the Financial Report

The Board is responsible for the preparation and fair presentation of the financial report in accordance with the financial reporting requirements of the Associations Incorporation Reform Act 2012 and for such internal control as the Board determines 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.

In preparing the financial report, the Board is responsible for assessing the association’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board either intends to liquidate the association or to cease operations, or has no realistic alternative but to do so.
Australasian Therapeutic Communities Association  
ABN 41 893 350 365  
Independent Auditor’s Report to the Members

Auditor’s Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit 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.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the committee.

- Conclude on the appropriateness of the Board’s use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the association’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor’s report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor’s report. However, future events or conditions may cause the association to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Signed on: 1 November, 2017

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