

Business Case for a Residential Drug and Alcohol Rehabilitation Facility near to Dubbo.

Purpose: Seeking Decision

Topic	Lack of inpatient detoxification and residential drug and alcohol rehabilitation facilities in Western NSW and in particular Dubbo. Association of drug and alcohol abuse and addiction to offending. Crime reduction strategies.
Key Analysis	<p>Releasing offenders without addressing rehabilitation entrenches recidivism.</p> <p>The lack of a residential drug and alcohol detoxification and treatment facility in Western NSW is inequitable: there are many facilities located elsewhere in NSW.</p> <p>The lack of a residential facility limits the capacity of western NSW Courts to address the rehabilitation of offenders and limits bail and sentencing options.</p>

Recommendations

- 1 The Minister approve Recurrent Funding of \$2.5m p.a be allocated in order to establish a 30 bed Rehabilitation Facility at 20L Chapmans Road, Dubbo;
- 2 The Minister approve that tenders be called to establish and administer the facility; and
- 3 The Minister approve that the specifications for a facility are to include the capacities detailed in the Service Development Proposal of this business case; and
- 4 The Minister ask the Minister for Health to advise whether 4 dedicated beds can be made available at Dubbo Base Hospital for the purposes of drug and alcohol detoxification.

Timeframes

A decision is needed promptly because of the urgent need to address the issue and in order to secure the available facility at 20L Chapmans Road, Dubbo

Key reasons

There are no drug and alcohol detoxification and residential rehabilitation facilities in or near to Dubbo.

The effects of drug and alcohol abuse and addictions in the Dubbo and Western NSW Community are well documented and understood.

Drug and alcohol problems effect individuals, families and create demands on government services particularly Police and Corrective Services.

Domestic violence crimes are almost always associated with drunkenness. There is a direct relationship between ICE and other drug abuse and both violent and property crime.

Regional NSW and Dubbo are experiencing an escalation in the use of Methamphetamine (ICE) and related increasing crime and associated problems.

There are insufficient residential treatment facilities in Regional NSW and none at Dubbo to adequately treat persons with drug and alcohol addictions.

Individuals with drug dependencies commit crimes associated with and/or in consequence of their addictions.

Judicial Officers in Western NSW have for years commented on the absence of appropriate local residential drug and alcohol facilities. The absence of a facility means that the Court does not have bail and sentence options that are available to Courts elsewhere.

Courts in Western NSW and Dubbo need the capacity to allow bail or impose sentences which require admission and participation in appropriate local residential treatment programmes. Currently bail is refused and custodial sentences imposed in circumstances where if a facility were available an offender could be required to enter and remain in that facility.

In 2013 in response to these issues the Western NSW Cooperative Legal Service Delivery (CLSD) partners formed the Dubbo Integrated Drug, Alcohol and Mental Health Project Group ("the Integrated Project Group").

Membership of the Integrated Project Group includes representatives from Orana Law Society, Legal Aid NSW, Office of the NSW Director of Public Prosecutions, Aboriginal Legal Service Dubbo, Western NSW Community Legal Centre, NSW Local Courts Administration, Community Corrections NSW, Justice Health, Western NSW Local Health District Health and Western NSW Medicare Local.

Members of the Integrated Project Group agreed that given the incidence and severity of drug abuse and addiction the issue needed to be addressed by providing residential detoxification and rehabilitation services and programs locally.

It was further agreed that prerequisites for the success of a facility included:

- inpatient and outpatient withdrawal facilities; and
- post programme assertive community support and counselling services

Costs of imprisonment are substantial and in NSW in 2013-14 were, according to the Productivity Commission, \$87,500 per prisoner per year.

Aboriginal people are overrepresented in the criminal justice system and gaol populations. In Western NSW most offenders identify as Aboriginal. Many Aboriginal people are unwilling or unable to leave their local country and community and this limits their capacity to access rehabilitation options which have realistic chances of success.

Returning offenders to their communities and the places where the offending occurred, without addressing rehabilitation, routinely results in recidivism.

The Orana and Far West Regions and Dubbo suffer disproportionately high rates of crime. This and the association between crime and drug and alcohol issues is demonstrated by the following statistics:

- Dubbo LGA's rates of domestic Violence and theft are one of the highest in the state⁷,
- In the Orana and Far West region rates of violent crime are the worst in the state (2.4 times that of the state average)⁸,
- In the Orana and Far West region rates of property crime are the worst in the state (1.6 times that of the state average)⁹,
- In the Orana and Far West region rates of domestic crime are the worst in the state (3.1 times that of the state average)¹⁰,
- In the Orana and Far West region rates of break and enter are the worst in the state (2.4 times that of the state average)¹¹
- In the Orana and Far West region rates of murder are the worst in the state (2.2 times that of the state average)¹²
- The Orana and Far West region suffers more crime in all major offence categories than regions with far greater populations¹³
- 49.4% of assaults recorded by the Castlereagh, Darling River, Lachlan and Orana Local area commands during the 2013/14 financial year were recorded as drug and /or alcohol related¹⁴.
- 70.8% of street offences recorded by the Castlereagh, Darling River, Lachlan and Orana Local area commands during the 2013/14 financial year were recorded as drug and/or alcohol related¹⁵.
- 57.4 % of breach AVO offences recorded by the Castlereagh, Darling River, Lachlan and Orana Local area commands during the 2013/14 financial year were recorded as drug and or alcohol related ¹⁶.
- 37.2% of robbery offences recorded by the Castlereagh, Darling River, Lachlan and Orana Local area commands during the 2013/14 financial year were recorded as drug and /or alcohol related¹⁷.

⁷BOSCAR, 'Crimetool' Jan 2013 - Dec 2013 at <http://crimetool.boscar.nsw.gov.au/boscar/>

⁸BOSCAR, (2013), 'New South Wales Recorded Crime Statistics ' p8

⁹BOSCAR, (2013), 'New South Wales Recorded Crime Statistics ' p8

¹⁰BOSCAR, (2013), 'New South Wales Recorded Crime Statistics ' p20

¹¹BOSCAR, (2013), 'New South Wales Recorded Crime Statistics ' P8

¹²BOSCAR, (2013), 'New South Wales Recorded Crime Statistics ' p20

¹³BOSCAR, (2013), 'New South Wales Recorded Crime Statistics ' p20

¹⁴Provided by the NSW Police Western Region in-confidence.

¹⁵Provided by the NSW Police Western Region in-confidence.

¹⁶Provided by the NSW Police Western Region in-confidence.

¹⁷Provided by the NSW Police Western Region in-confidence.

CONTEXT

The Integrated Project Group has been collaborating with Dubbo community groups and NSW and Australian Government Departments and Agencies. All of those groups and

agencies have endorsed the proposal that a residential rehabilitation facility be established locally.

In particular the Integrated Project Group has:

- Submitted a Service Development Proposal to the Dubbo Management Group (MAG) convened by the Mayor. That proposal was unanimously endorsed by all agencies and the Mayor. The proposal and the endorsement of that group was conveyed to the Senior Steering Committee.
- Met with the Senior Steering Committee in March 2015. At that meeting the need for rehabilitation facility was discussed at length. All of the agencies present at that meeting endorsed and supported the proposal that a residential rehabilitation facility be established locally. The Integrated Project Group was asked to prepare a Business Case outlining a proposal.
- Attended and participated in a drug and alcohol forum at the Dubbo Neighbourhood Centre on 26th May 2015. That Forum was attended by 37 people representing agencies and individuals and their families who had direct experience of persons with drug and alcohol addictions. There was unanimous support and endorsement of a proposal to establish a residential facility locally to Dubbo. The meeting agreed that the facility would need to have structured counselling and educational programs which were culturally appropriate and that there would need to be post release support and relapse prevention strategies and structures.
- Invited 8 respected and established agencies providing residential rehabilitation services to submit costings and outlines of their programmes (Appendix 1). We have received responses from 3 of those Agencies. These responses were provided on a "commercial in confidence" basis. They are attached to the embargoed version of this document as Appendices 3 to 5. Of the 5 agencies who did not respond 1 indicated that they were not in a position to provide a service outside their Local Area and the other 4 indicated that they would tender to provide a service once there was a firm funding commitment.

SERVICE DEVELOPMENT PROPOSAL

A unique opportunity now exists to establish a Residential Rehabilitation Facility in close proximity to Dubbo.

The facility would have the following capacities:

- Access to or provision of withdrawal facilities;

Willingness and capacity to accept and assess applications for admission from:

- persons in custody including a statement of purpose which acknowledges that the primary source of referral is the criminal justice system;
- persons from the wider region and in particular Bourke and Walgett
- both indigenous and non-indigenous men and women;
- persons being treated for associated mental health (or co-morbid) issues.

Relapse prevention strategies including outreach and aftercare components;

Ability to work collaboratively with existing agencies including the Magistrates Early Release into Treatment (MERIT) programme, Dubbo Mental Health Team and Dubbo Drug and Alcohol Services

Provide culturally appropriate and competent services to Aboriginal and Torres Strait Islander people.

Treatments would include individual and group counselling, educational groups, living skills including financial counselling, nutrition and health, sport and recreation, parenting skills and cultural activities.

THE FACILITY

The Integrated Project has investigated possible locations for an appropriate facility. An outstanding and unique opportunity currently exists to establish a facility at 20L Chapmans Road Dubbo.

The 30-bed facility is currently vacant and available for a lease term of 10 years. The base rental for this site is \$252,000 +GST with the lessee to pay all outgoings including rates, water, and energy, insurance and land tax. (See attached commercial in confidence Appendix 2).

The facility is on a 13.5ha bush block. There are 10 double unsuited rooms and two four bedroom units, a commercial kitchen, dining hall, recreation room, computer room/library, equipment store, rest rooms gym, and pool and basketball/tennis court.

The Lessor has indicated a willingness and capacity to expand the facility to provide further accommodation if required.

COSTING DETAILS

The following provides an overview of the costing to run such a facility.

BENEFITS

The benefits of the proposed facility include:

- reduced imprisonment and Corrective Services expenditures
- means of addressing antisocial conduct
- improved outcomes for people with drug, alcohol and mental health issues.

- reduced crime, recidivism and victim trauma
- enhanced community wellbeing
- improved family functioning including school attendance and achievement
- better local employment outcomes.

The statistics demonstrate an obvious and pressing need for a facility near to Dubbo and available to Western NSW residents.

Attachments

Attachment number	Name of attachment
1	Invitations to Provide Submissions extended to Australian Community Service Organisation (ACSO), Orana Haven, Salvation Army, Weigelli Aboriginal Corporation, Benelong Haven, Dooralong Transformation Centre, Odyssey House, The Glen Centre, The Lyndon Community, We Help Ourselves (WHOS)
2	Commercial in Confidence document – Expression of Interest for 20L Chapmans Road
3	Commercial in Confidence document - ACSO
4	Commercial in Confidence document – Orana Haven
5	Commercial in Confidence document – Salvation Army

Submitted By: The Dubbo Integrated Drug, Alcohol and Mental Health Project Group

Contact: Bill Dickens, ph 0402 485 647; billdickens@bigpond.com

Approvals

Position	Signature and date
[Officer, including name and position and phone number]	
[Manager or Director, including name and position and phone number]	
Executive Director or Deputy Secretary [including name and position and phone number]	

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The facility is on a 13.5ha bush block. There are 10 double unsuited rooms and two four bedroom units, a commercial kitchen, dining hall, recreation room, computer room/library, equipment store, rest rooms gym, and pool and basketball/tennis court.

The Lessor has indicated a willingness and capacity to expand the facility to provide further accommodation if required.

COSTING DETAILS

The following provides an overview of the costing to run such a facility.

- Base rental of the rehabilitation facility \$252 000 +GST
- Withdrawal unit approximately costs per annum 1.4 m (Estimate provided by the Lyndon Community)
- Operating Costs based on estimates provided by Australian Community Service Organisation (ACSO), the Salvation Army and Orana Haven would be between 60,000 and 100,000 per annum depending upon the programme and the number of residents. Cheaper per annum per person costs are achieved through economies of scale with more residents
- The total cost of providing a 30 bed facility at Chapmans Road would therefore be approximately \$2.5m pa or \$85,000 per bed

BENEFITS

The benefits of the proposed facility include:

- reduced imprisonment and Corrective Services expenditures
- means of addressing antisocial conduct
- improved outcomes for people with drug, alcohol and mental health issues.

Secretary

Minister

DUBBO

20L CHAPMANS RD,

12th June 2015

Mr Bill Dickens

EXPRESSION OF INTEREST
SUBJECT TO LESSOR'S APPROVAL

And FORMAL OFFER:

20L Chapmans Road Dubbo

Dear Bill

Following recent discussions regarding the possible leasing of 20L Chapmans Road Dubbo for the possible use as a Drug Rehabilitation centre, we take the opportunity to provide a summary of the proposed lease agreement below.

Tenant: To Be advised

Landlord:	Stanaway Pty Ltd T/As David Payne Constructions
Premises	20L Chapmans Road Dubbo
Lease Area:	Approx: 40 acres
Permitted Use:	Government Training Facility
Base Rental:	\$252,000 + GST
Outgoings:	Lessee to pay all outgoings including rates, water, energy, insurance and land tax.
Lease Term:	10 years
Review of Base Rent:	4% increase per annum
Commencement:	TBC
Furnishings:	Buildings will be renovated to an acceptable living standard for occupation.

In addition to the base rental of the premises, 10% of the commercial construction costs of future building requirements of proposed extra accommodation will be added to the indexed base rental each year (non-cumulative).

Should you wish to proceed with the lease of the premises on the terms detailed above please contact : Mr Kim Williams on M: 0419 433 765

David Payne

PRD nationwide

We trust you have found this the contents of this information booklet to be beneficial for your consideration.

Please do not hesitate to contact our Project Management Team.

(02) 6885 0555
dubbosales@prd.com.au

They can provide you with any further information that you require on this property or any other PRD nationwide Dubbo Properties.

www.prddubbo.com.au

A Huge Opportunity

20L Chapmans Road

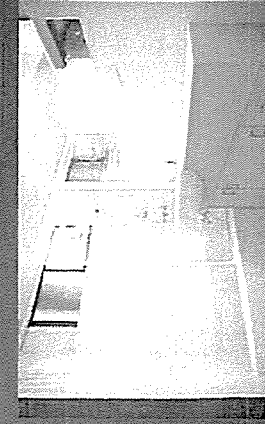
PRD nationwide

Accommodation

Key Features

Comprised of 10 double en-suite rooms divided into separate wings being the mirror reverse of each other, both have their own kitchen and recreation rooms with an additional bathroom. All rooms feature reverse cycle heating and cooling and ceiling fans.

Attached to each wing are two, four bedroom units comprising of kitchen/ meals/recreation room, two bathroom and laundry facilities.



20L Chapmans Road

Appointed for sale this large sprawling property has been purpose built as a short to medium term accommodation hostel. Set on the outskirts of Dubbo with town water on a 13.50ha bush block, the disposal of this property represents enormous opportunity for redevelopment.

Auction

10:00am Wednesday 6th March 2013
Onsite 20L Chapmans Road, DUBBO

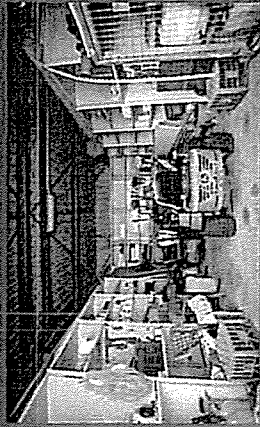
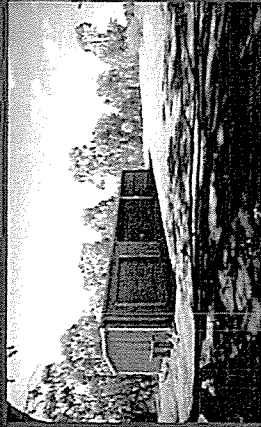
Call PRDnationwide Dubbo today to arrange your private inspection

02 6885 0555

Outdoor Facilities

Included in the extensive grounds at the property are:

- A covered pool (approx 9x4.2m) adjacent to the paved BBQ area
- Extensive paved pathways link the buildings at the complex together
- Close by the accommodation wings a fenced Basketball / Tennis Court, cricket nets and irrigated lawns provide the perfect space for outdoor recreation
- Maintenance facilities are provided by a powered enclosed shed, which sits with easy access to the bitumen driveway



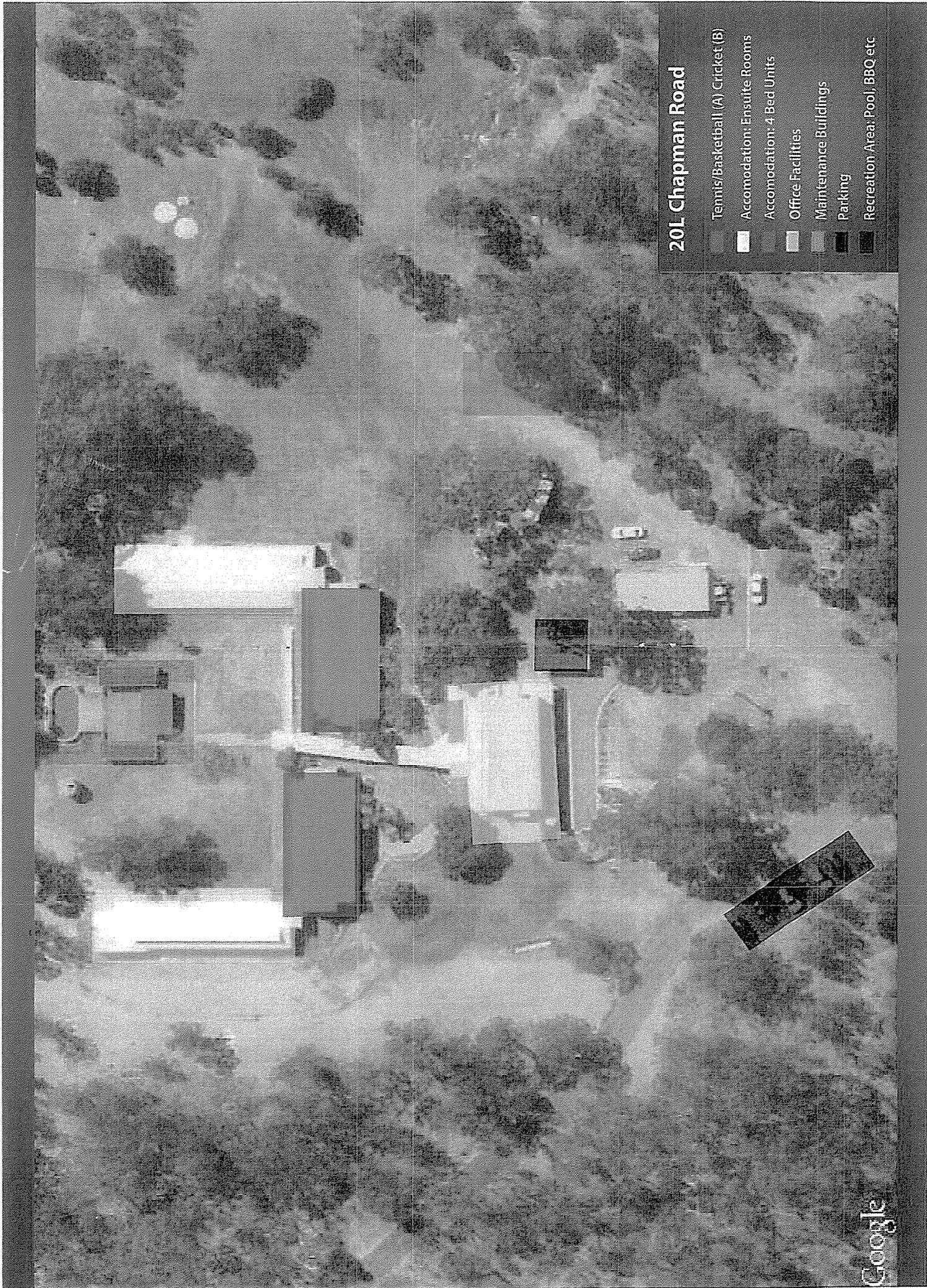
Main Building

Key Features








Full Commercial Grade Kitchen w/ large pantry, store room, coolroom, freezer and dishwasher

Incorporated within the main Kitchen/ Office building is a Dining Hall, Recreation Room, Office Space, Computer Room/Library, Equipment Store, Rest Rooms and Gym opening out onto a fenced Terrace!





20L Chapman Road

-  Tennis/Basketball (A) Cricket (B)
-  Accomodation: Ensuite Rooms
-  Accomodation: 4 Bed Units
-  Office Facilities
-  Maintenance Buildings
-  Parking
-  Recreation Area: Pool, BBQ etc

64 Talbragar Street
DUBBO NSW 2830
Ph: (02) 6885 4233

15 May 2015

Karenza Louis-Smith
Chief Executive Officer
Australian Community Service Organisation
PO Box 14278
MELBOURNE VIC 8001

Dear Ms Louis-Smith

The writer is a member of a group known as the Dubbo Integrated Drug, Alcohol and Mental Health Project. This group formed in early 2013 in response to concerns within Local Justice Cluster agencies and the Orana Regional Law Society about the lack of drug and alcohol detoxification and rehabilitation services locally.

Members of the group include representatives from the Legal Aid Commission, Local Courts Administration, Community Corrections, Justice Health, Western Community Legal Centre, Western NSW Local Health District Health, Orana Law Society, Local Courts Administration and the DPP, and Western NSW Medicare Local.

The group has made representations to Local and State Government Steering Committees urging the establishment of a dedicated drug and alcohol rehabilitation facility.

We have also met with the Local Member and Deputy Premier, the Honourable Troy Grant.

Mr Grant convenes a group known as The Ministers Action Group Steering Committee. Dubbo Mayor Matthew Dickerson convenes an associated group known as the Dubbo Management Group. Our group has made submissions to both the Dubbo Management Group and the Ministers Steering Committee.

Our submission to the Dubbo Management Group that a residential rehabilitation facility should be established was endorsed by the Mayor and that Group and the Minister's Steering Committee has been advised of that endorsement.

On 17 March the Minister's Action Groups Steering Committee met and discussed the issue at length. It was resolved that the committee should obtain information detailing appropriate rehabilitation facility models and the costings associated with those models.

The Minister's Action Groups Steering Committee will meet again in June to consider those models and costings.

Accordingly our group has authorised me to invite you to prepare a submission which might be placed before the Minister's Steering Committee. The specifications of a facility would need to include the following:

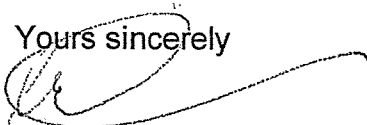
1. That it be in a rural location within a reasonable distance from Dubbo. It would not be located within any urban location;
2. The facility would need to be willing and have the capacity to assess applications for admission from custodial facilities. It would need to make beds available to persons who are in gaols and receive persons from gaols;
3. Your submission would need to address whether the facility could provide services to men and/or women;
4. Consideration would need to be given to the availability of associated detoxification facilities. I note that at present, there are no detoxification facilities available at Dubbo. Our group is presently liaising with Medicare Local in an endeavour to see whether they could seek funding for an appropriate number of detoxification beds;
5. The facility would need to be between 20 and 25 beds;
6. The management and governance structure of the facility; and.
7. Details of the programme that would be offered including: proposed staffing, admission processes, services and programs. Particular reference should be made to any therapeutic aspects of programme delivery being co morbidly inclusive of any co-existing disorders or illnesses such as mental health.

Our group is continuing to search for an appropriate facility or funding to build such a facility. Accordingly, at this point, your submission should be confined to recurrent costing.

Your response should be provided by 12 June 2015 and directed to me c/o Legal Aid NSW, 64 Talbragar St Dubbo 2830.

I would be grateful if you would ring me to discuss and advise whether your service is interested in submitting a proposal.

Yours sincerely



Bill Dickens

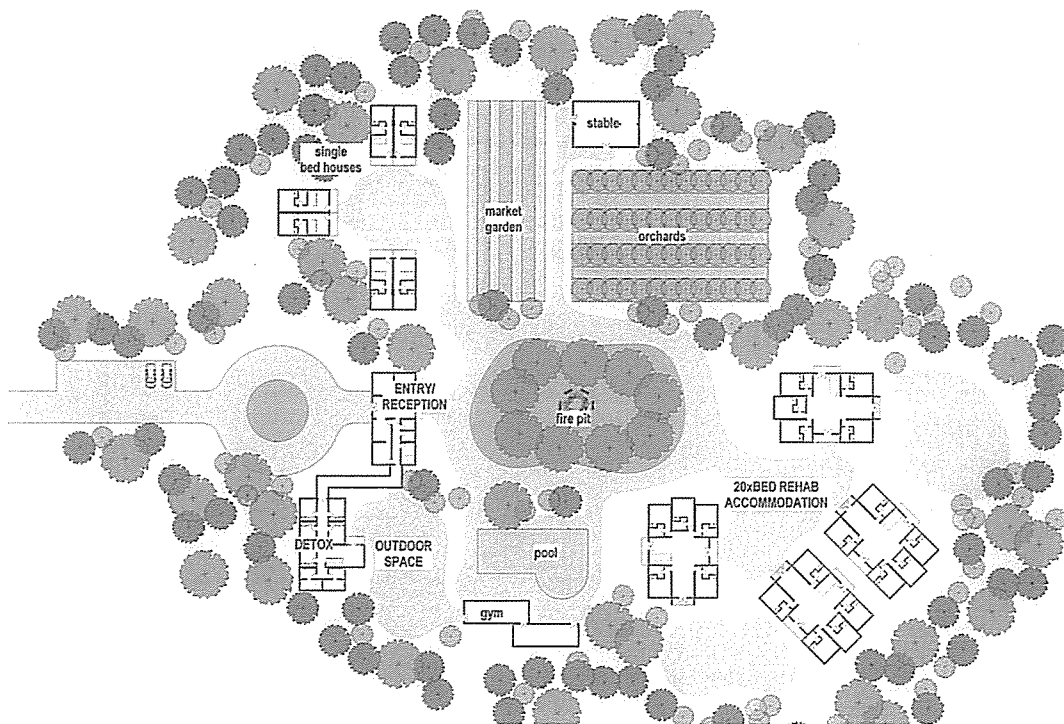


25 bed Residential Drug Treatment Facility @ Dubbo

The Australian Community Support Organisation (ACSO)

Provision of information for the Dubbo Integrated Drug, Alcohol and Mental Health Project

Commercial in confidence



ACSO ALCOHOL AND DRUG TREATMENT FACILITY
CONCEPTUAL SITE PLAN

NEATLINE HOMES
Transportable Building Specialists
Principals Ken and Helma Gash

Design
Principal Architect: Ian Field

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About ACSO

ACSO are leaders in the delivery of programs for people with complex alcohol and other drug, mental health, cognitive and behavioural presentations. Our vision is a "a safe and inclusive community, freed of crime and prisons; our mission, to help people transition from prison, assist them in the community, stop them from re-offending and divert others from committing crime"¹.

For more than three decades we have built safer more inclusive communities by successfully addressing behaviour change in offenders as well as working to divert others from entering a life of crime. We provide intake and assessment services, residential, clinical and community based outreach responses to people with highly complex needs including drug addiction, mental health, disability and behavioural needs. ACSO's 'core business' is to reach those individuals that community and families are unable or unwilling to respond to.

Residential programs

ACSO currently operates 10 residential programs for men and women aged 18+ in Victoria including programs in Melbourne, Large regional centres and smaller regional communities. These programs focus on helping people make significant changes in their lives. They include:

- A 10 bed 12 month stay youth residential rehabilitation cluster model program in regional city Bendigo for young people with a serious and persistent mental health condition
- Award winning criminal justice programs offering short and medium term interventions for people with a disability and a range of high risk complex issues exiting prison to re-integrate back into the community based in Melbourne and large regional centres.
- Melbourne based Armadale House, a dual disability recovery focused and strength based residential service offering therapeutic support for complex individuals with an intellectual disability and mental health diagnosis.
- We will be opening a new 10 bed specialist residential program for sex offenders with an intellectual disability in January 2015
- We are currently developing a proposal for a 45 bed forensic drug treatment program (illustration on the front page) as part of a suite of interventions for drug and alcohol offenders at court.

Drug and alcohol programs

COATS: We have delivered the Community Offenders Advice and Treatment Service (COATS) since its establishment in 1997. COATS is a Victorian, state-wide intake, assessment and referral service that administers treatment pathways for offenders. ACSO is contracted by the Department of Health and Human Services to deliver specialist forensic alcohol and other drug (AOD) assessments, treatment planning and brokerage (including purchase of) AOD treatment for people referred from the criminal justice system, providing a link between justice and drug treatment services. This includes assessing and linking people to

- Withdrawal (detox)
- Rehabilitation programs
- Counselling and community based programs

We currently assess around 14,000 people a year.

¹ www2.acso.org.au

Rapids: in 2011, ACSO commenced the delivery of the RAPIDS (Responsive Assessment, Planning, Intervention and Diversion Service) as an extension to COATS for people whose AOD misuse is placing themselves, others and the community at serious risk. Our team has assessed almost 1,000 consumers at court and in community corrections year to date and makes urgent recommendations and supported referrals into drug treatment. This group presents with extensive histories of problematic use and significant mental health issues as well as being homeless (or at risk of homelessness) and have serious or recurrent contact with the justice system. We have been able to provide same day assessment and “intensive bridging support” that ensures consumers commence treatment, most commonly detox and then counselling within 48 hours.

ACSO Connect: Since 1 September 2014, ACSO has delivered the connect program, including Intake and Assessment Service for community based voluntary treatment across regional Victoria and the new community based mental health service system. Our clinicians are responsible for assessing and referring people experiencing, alcohol and drugs issues and or mental health concerns to a range of community based treatment programs. We currently assess, develop treatment plans and refer in excess of 6,000 people a year into treatment programs

NSW: ACSO currently delivers transitional services for the Department of Corrective Services in NSW from Dubbo, Corrimal, Campbelltown and Wagga Wagga. We are currently in the final stages of merger conversation with an Illawarra based service provider

A residential treatment response for drug treatment

Residential treatment is generally viewed as a preferred treatment option for people who have more severe drug use issues (often characterised by multiple prior treatment attempts) and where they have other concurrent conditions. There is seen to be some evidence that, for those people who remain in residential drug treatment and progress through a program to completion, there are outcomes related to reduced drug use and criminal behaviour and increased employment. Overall, residential drug treatment is likely to be effective for people who have more severe problematic drug use and other co-occurring conditions so long as they can be engaged and retained in a program, with engagement for the first 3 months being crucial for longer term retention in the program.² An intensive residential rehabilitation model is the model that ACSO could deliver, is viewed as a preferred treatment option for people with more severe drug use issues, and where they have other concurrent conditions³. Evidence suggests that people who progress through residential drug treatment, especially with aftercare support, demonstrate improved outcomes related to reduced drug use and related criminal behaviour⁴. With active fostering of treatment engagement in the first three months of a program, residential drug treatment is therefore likely to be effective for people who have more severe problematic drug use and other co-occurring conditions and who are involved in the criminal justice system.⁵ In addition, there is evidence that treating drug dependency through residential rehabilitation programs is a cost-effective⁶ method to reduce both drug use and criminal activity⁷.

² Drug and alcohol treatment guidelines for residential settings, NSW Health, 2007; Evidence supporting treatment, ANCD Research Paper 3, 2001

³ Casey, S., Day, A., Vess, J., & Ward, T. (2013). *Foundations of offender rehabilitation*. New York, NY: Routledge.

⁴ (E.g.,) Lipton, D. S., Pearson, F. S., Cleland, C. M., & Yee, D. (2002). In J. McGuire (Ed), *Offender Rehabilitation and treatment: Effective programmes and policies to reduce re-offending* (pp. 79-112). Chichester, UK: Wiley; Martin, C., & Player, E. (2000). *Drug treatment in prison: An evaluation of the RAPt treatment programme*. Winchester: Waterside Press; Zhang, S. X., Roberts, R. E., & McCollister, K. R. (2011). *Therapeutic community in a California prison: Treatment outcomes after 5 years*. *Crime & Delinquency*, 57(1), 81-101.

⁵ Drug and alcohol treatment guidelines for residential settings, NSW Health, 2007; Evidence supporting treatment, ANCD Research Paper 3, 2001

⁶ Ciketic, S., Hayatbakhsh, M. R., Doran, C. M., Najman J. M., & McKetin, R. (2012). A review of psychological and pharmacological treatment options for methamphetamine dependence. *Journal of Substance Use*, 17(4), 363-383.

Summary of the program model

Detailed below is a summary of the evidence based drug treatment model we would deliver. *This information is provided in the strictest of confidence and is considered by ACSO to be commercial in confidence and it is acknowledged by the reader that this information will not be used for any other purposes other than for this request for information*

Target Group / eligibility criteria

- Substance users aged 18 and above
- Those whom without residential treatment pose a risk to self or community (ie other drug treatment programs including Day programs, home based withdrawal or community based counselling programs and considered unsuitable as a first intervention).
- Those who are assessed as having the capacity to complete the program without the further risk of harm to self or others within the facility

Overview of the model

ACSO has developed a unique residential service delivery model that through a staged progression sees consumers undertake a range of "Step Downs" as they "Step Out" successfully back in to the community. The "Response Action Change" (RAC) model is a model developed by ACSO to provide a common language and theoretical framework for supporting people with complex needs. This model is based on the principle that goals are achieved through a holistic model of collaborative support⁸.

Residents across our offender programs are inspired to achieve meaningful participation in life, including building positive new pro-social relationships and participating in education, training and in the workforce. Our work is underpinned by a "behaviour change model" where we bring our expertise in a range of therapeutic and recovery oriented interventions supported by the "Good Lives" framework, where we actively encourage consumers to build the 'goods' they need to fully participate in their community. Our residential model of care for people with multiple and complex needs uses a 'Positive Behaviour Support' approach as we equip the person to step down and out of our residential services and into the community.

A cornerstone of this model and our success is the way we wrap services around a person that are responsive to their needs as well as equipping them with the skills, supports and networks they need to reside in the community as a fully functioning and pro-social member of society post treatment with us. Significantly, all clients' planned exits from our services have resulted in successful transition into the community. Put simply, our model works.

The Program

The service will operate according to a **four-step model**, with opportunities for forward and backward movement between each phase, depending on the clients' stability, needs, and assessed risk to self and others.

⁷ Brecht, M., Greenwell, L., Von Mayrhauser, C., Anglin, M. D. (2006). Two-year outcomes of treatment for methamphetamine use. *Journal of Psychoactive Drugs*, 38, 415-426.

⁸ Troutman, C., Howle, L., & Pappos, S.(2011). Service Reponse to ID Offender in the Community: Bridging the gap from a custodial setting to a community setting in the rehabilitation of ID offenders Power Point. ACSO 6th Forensic Disabilities Conference.

Step 1: Assessment and admission

Following assessment the process of Admission begins. Each client will receive a Care and Recovery Coordinator, ensuring seamless transition from assessment to admission, continuing into after care support. The service delivery model adopts a phased approach to account for individual needs and risk of re-offending. The phases allow for transition depending on assessment and priority of need and progress in treatment with the ability to move in and out of phases as required.

Building on the assessment at court our team will use the LS/RNR on entry into the program for every resident. The LS/RNR assessment captures General Risk/Need Factors including Criminal History, Education/Employment, Family/Marital, Leisure/ Recreation, Companions, Alcohol/Drug Problems, Pro-criminal Attitude/Orientation, and Antisocial Pattern. It also captures Specific Risk/Need Factors including Personal Problems with Criminogenic Potential and History of Perpetration, including sexual and non-sexual assault and other forms of violence and anti-social behaviour. Special Responsivity Considerations are also included.

Step 2: Foundation stay 14 / 21 days (All clients)

All participants will be provided with an intensive model of support that encompasses therapeutic interventions addressing each participant's treatment needs, including substance use, mental health, and offence-related factors (e.g. unemployment, social relationships). They will reside in a 15 bed stage 1 unit taking part in a powerful drug treatment program as well as a range of behaviour change interventions.

- Teaching coping and self management strategies;
- Supporting the ability to control emotional and behavioural difficulties;
- Addressing offending behaviours
- Supporting understanding of substance use and reduction / withdrawal in use
- Supporting practical and social skills development, increasing psychosocial functioning;
- Establishing routine and developing and enhancing life skills;
- Providing clear, predictable limits and boundaries and pro-social values;
- Enhancing ongoing symptom management through a passport for healthy living;
- Achieving clear and attainable goals towards economic participation and building on these;
- Establishing multiple service linkages and support networks, now and into the future; and
- Providing gradual transition to the community and independent living.

Step 3: Transition 14 / 21 days (All clients)

During this step, participants will enter the transition phase which involves specialised preparation for their exit into community based living arrangements. The focus of this phase is to equip participants with life skills and treatment strategies that enable the participant to lead an offence-free life-style and to reduce substance use. There will be a strong focus on collaboration and referral into a wide range of community based drug treatment programs including care and recovery co-ordination, counselling and group work. Three quarters of residents will transition from this step into drug treatment programs and a range of other support programs in their community. These can include:

- Supported accommodation programs
- Day programs
- Community based counselling programs

Step 4: Additional support 45 days (Some clients)

A number of beds within the facility will be established for clients who need additional residential based treatment to remain engaged in the program. There will be a strong focus on supporting this group to transition into safe and stable housing in the community as well as into drug treatment programs within the community. All participants will be provided with up to 45 additional days of co-ordinated After Care from the main program. Clients will be supported to build independence and resilience.

Steps 1, 2 and 3: Drug and alcohol programs

Residents will participate in a range of psycho social group programs during this phase of treatment underpinned by the curriculum developed by Odyssey House Victoria based on the Texas Christian University program. The program includes a set of assessments and manual-guided interventions that “target” specific needs and status of clients in different stages of change during treatment. Evidence for these stages provide foundations for the program involves induction into treatment, engagement in treatment, early recovery in treatment, adequate retention before treatment release, and preparation for community re-entry⁹. All Interventions rely on a cognitive-based visual representation strategy for counselling shown to enhance client communication, planning, and decision-making skills¹⁰. As a clinical technique, node-link mapping incorporates visual tools (e.g., guide maps, free-form maps, information maps) that clients and counsellors use to more readily identify and address the variety of concepts covered during treatment.

Steps 1, 2 and 3: Building pro-social and life skills

From day one, the client will be equipped with skills that will enable them to live independently and successfully in the community. This includes being provided their own Passport for healthy living where they will be supported to fill in their medication details, medical needs (i.e. symptoms), professional contact details and other relevant information to facilitate the capacity to be more resilient and resourceful in times of need. Clients will be supported to take part in life skills development including learning to budget and cook for themselves, will attend residents’ meetings building positive pro-social relationship. The aim of this phase is to build a stable platform for growth. They will also take part in a range of leisure and recreation programs

Steps 1, 2 and 3: Behaviour change programs for those with an offending history

“Good Lives” and the “Positive Behaviour Support Model” evidence-based learning and the understanding that offending is often directly linked to social disadvantage underpins our approach. The “Good Lives” is a motivational based model that aims to equip an individual with skills, values, attitudes and resources to lead a different life that the individual generalises across various environments and meets their core needs. The focus of the model is to teach individuals that they can change, i.e. they can construct a more adaptive identity that will allow them to achieve their goals in a socially acceptable manner.¹¹

⁹ Simpson, 2004; 2006

¹⁰ Dansereau, Joe, & Simpson, 1993; Dansereau, Dees, & Simpson, 1994

¹¹ Ward, T. (2006). *Promoting human goods and reducing risk In, Report on the 2006 Conference- Beyond retribution*. Auckland, NZ: Prison Fellowship New Zealand. pp. 111-117.

The Positive Support Model provides a holistic approach to best support the individual. More specifically this program has a primary focus on learning how to work with the whole person proactively instead of just attempting to respond to the behaviour of concern; thus making the behaviour a symptom the person is presenting with. Therefore, there is a strong focus on responding to the person's feelings and needs, and utilising the person's strengths and goals as the self-directed guide to empower the person, actively enhance opportunities for choice, control and social inclusion ¹².

Steps 1, 2 and 3: A 24/7 model of care

Over time we have found that a 24/7 staff model works most effectively with people who present with complex diagnosis. Our model ensures that we provide the required individualised response and assistance to residents, regardless of the time of the day that the support is required. We have a strong philosophy with regards to not discriminating based on behaviour, mental illness, disability, substance use and criminal justice history and in fact we welcome this cohort into our service where we have developed a clear program management and governance structure around risk (to self, others and community)

Indicative costing for this program

The following provides an overview of approximate costing to run such a facility.

- These costing's are based on an assumption that a purpose built environment already exists and as such these approximate figures cover only operating expenses for the staff and the program model.
 - These costs do not include the monies needed to establish a detoxification program within the facility but instead include a "home based withdrawal" model of clinical nursing.
 - Greater economies of scale can be achieved with a larger facility.
-
- 10 Beds approximate operating costs per annum are \$1.2m
 - 20- 25 beds approximate operating costs per annum are \$2.5m
 - 45 Beds approximate operating costs per annum are \$3.2m

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0439 651852

¹² *McVilly, K. (2002). Positive Behaviour Support for People with Intellectual Disability: Evidence-based practice, promoting quality of life. The Australian Society for the Study of Intellectual disability, Sydney, New South Wales.*

STAFFING:

This is a very critical component of the facility.

There would need to be a minimum staff of:

CEO

2 A&OD Workers. One being a senior A&OD Worker.

1 Administration/Receptionist person

1 Cook

4 full time Residential Care Workers

2 Casual Residential Care Workers

1 handyman/residential care worker.

Residential Care Workers especially need to be mature aged and from a 'knockabout' background.

Most of these would at some stage work towards a Cert four in A&OD/Mental Health.

A&OD staff would need a minimum of Cert four A&OD/Mental Health or Community services. These would need to be working towards or have Diploma in A&OD/Mental Health. Then a graduate diploma in Indigenous Health Substance Abuse.

The CEO would need to have had previous experience in residential rehabs and/or therapeutic communities.

Training can be accessed through the AHMRC College; TAFE or UNSW.

At least 80% of staff would have to be Aboriginal and a large percentage local.

Majority of staff would need to be role modelling the principles of the program.

Some aboriginal staff would need to have some Cultural knowledge eg significant sites in the area and the stories around them.

The facility would be staffed 24hrs a day 7 days per week including Public Holidays.

The Modern Award is appropriate.(the old SACs Award)

Initially staff could spend some shifts at Orana, or another Aboriginal resi rehab to get a feel for what is needed in that role or vice versa.

PROGRAM:

There needs to be a structured, consistent daily program underpinning everything. This includes times for getting up, having meals, lights out, weekly chores allocated, group times, leisure times etc. All existing resi rehabs have this structure.

I would advise a men only centre. Males over 18yrs of age.

Prospective resident referrals would come from a wide range of sources. Corrections, Drug Courts, Probation and Parole, AMS, self, etc.

Residents would need to be detoxed before entering the facility. There could be an arrangement worked out with Dubbo Base although Nurses in general are not trained to deal with detox. A facility could be purpose built which would not only service a new facility but also Orana Haven and Moree. This would only need to be a 5 bed facility with specific detox trained staff. There is a definite need for this service even without an additional resi rehab.

Group content can be serviced by other services coming in and doing groups and in house groups facilitated by staff. Relapse Prevention, Literacy and Numeracy, Parenting Groups, A&OD education groups.

Exercise Physiologist and Nutritionist accessed through the Healthy For Life program;

Aboriginal Health Checks, smoking cessation programs and access to a Doctor through the local AMS.

Visiting Mental Health personnel, Psychologists, Psychiatrists through the local Health District.
In house AA/NA and/or Smart Recovery Meetings in house and/or visit outside meetings.
A Cultural Day each week would be essential. This would include art, artefact making. Spending time in 'bush' selecting wood for Cultural activities.
As time goes on a residential rehab evolves and has its own unique environment.

GOVERNANCE:

The service would be a registered Corporation under ORIC. They have all the information and help in the set up and Governance training and mentoring for Board Directors. There are specific rules around Boards so this is not too hard to initiate.

A Board would need to be formed or another organisation could initially do this and eventually work towards the service having its own Board.

A Board would need to be formed from the region that residents would be coming from.

FUNDING:

Attached is a general budget giving some idea of minimum yearly expenditure.

There would need to be one off funding for set up.

GENERAL:

The facility would need to be set up outside of Dubbo, at least not in Dubbo.

Around 25 beds is a good number. Sometimes more than this can tend to nullify the human element and the ability to be flexible when dealing with individuals.

There might need to be some availability of accommodation for staff on the site.

I am available for any advice or discussions involving the project.



APPENDIX 5

12 June 2015

EXPRESSION OF INTEREST BY THE SALVATION ARMY AUSTRALIA EASTERN TERRITORY FOR THE PROVISION OF A RESIDENTIAL ALCOHOL AND OTHER DRUGS TREATMENT SERVICE IN DUBBO

The Salvation Army Australia Eastern Territory (New South Wales, Australian Capital Territory and Queensland) Recovery Services deliver a range of alcohol and other drugs evidence based treatment Services.

These Services include:

- Eight residential Therapeutic Communities (TC's) – 2 in NSW, 5 in Qld, 1 in ACT.
- Four inpatient detoxification services (2 in NSW, 2 in Qld).
- Five Outclient Services.

THE TREATMENT MODEL

The Salvation Army's **Bridge Program** is a staged completion model, based on achievement of individual treatment plan goals. The Bridge Program is externally reviewed and evaluated by the University of Wollongong and this evidence base informs ongoing development of the program.

Bridge Program Phases

Induction Phase – the focus is on positive engagement with each client and providing education and information on recovery, health, drug and alcohol issues, harm reduction and relapse prevention.

Recovery Phase Level 1 – involves the development of individualised case plans that are strength based and focus on the achievement of specific goals. This phase includes a 12 Step self-help recovery model, motivational enhancement and the Positive Lifestyles Program, comprising one-on-one counselling and educational workshops and peer support groups focusing on; Stress Management, Assertiveness, Self Esteem, Grief and Conflict Resolution.

Recovery Phase Level 2 – focuses on encouraging self-exploration through one-to-one support and provides a firm foundation for dealing with personal, relational and emotional issues.

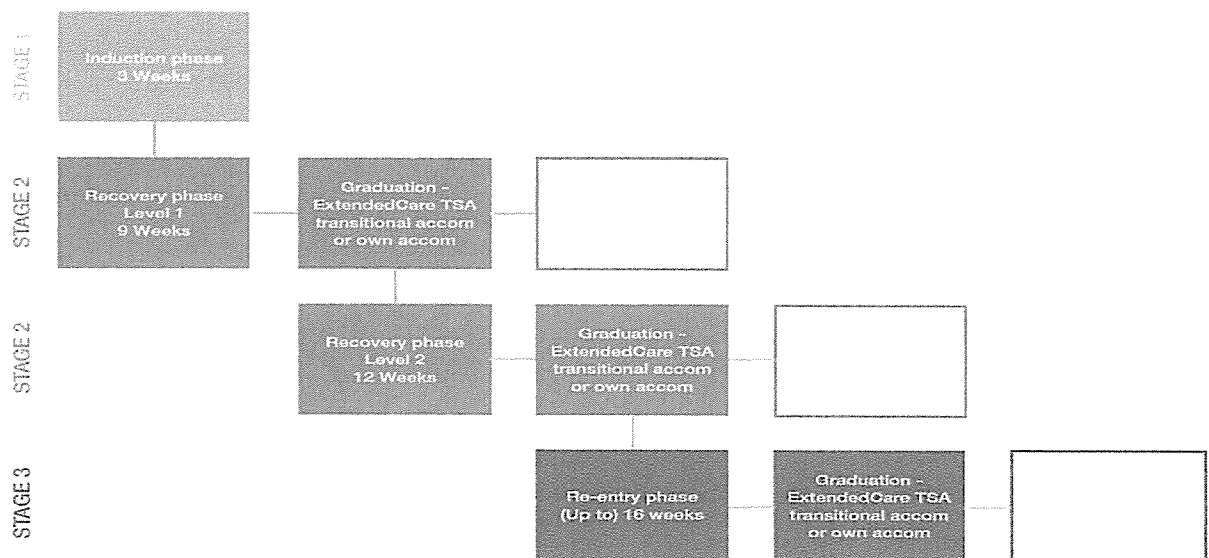
Recovery Services Department
140 Elizabeth Street, Sydney, NSW 2000
(P.O. Box A435, Sydney South, NSW 1235)
T (02) 9212 4000 F (02) 9266 9798

salvos.org.au/recovery

William Booth, Founder | Andre Cox, General

Re-entry Phase - This phase commences usually following the completion of Recovery Phase Level 1. We use a Community Reinforcement Approach focussing on re-entry and assimilation into the wider community; in particular the development of living skills, interpersonal and vocational skills. An exit plan is developed in collaboration with each client.

Extended Care – aims to support the person as they move back into the community and includes the provision of transitional housing and wrap around services provided through community based Salvation Army centres located throughout Australia.



The Bridge Program also utilises the following evidence based methods:

- Motivational Interviewing
- Cognitive Behavioural Therapy
- Case Management
- Collaborative Recovery Model of Case Planning
- Psychoeducation

We place a strong emphasis on social and economic participation and include foundational and vocational education and training as key components of our service model.

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THE KEY OBJECTIVES OF THE SERVICE ARE:

Objective 1: To provide alcohol, other drug and comorbidity residential treatment, within a Therapeutic Community setting.

Activities:

- Provide a Therapeutic Community model of treatment.
- Develop individual case plan.
- Provide individual counselling and support sessions.
- Facilitate AOD group work program and a range of educational workshops.

Objective 2: To minimise the harm associated with AOD use in the target groups and their families, and the broader community.

Activities:

- Develop and promote strategies to reduce the harms caused by AOD misuse, including community awareness campaigns and messaging.
- Provide information about the consequences of misuse to enable clients to make informed choices
- Provide information and create an environment which actively discourages hazardous use of alcohol and other drugs.

Objective 3: To improve the general health, mental health and well-being of the target group and provide them with support to participate socially and economically.

Activities:

- Facilitate access to allied services such as, medical, dental, women's health, sexual health, domestic violence.
- Provide literacy and numeracy, nutrition, budgeting and parenting education
- Provide access to vocational education and training and employment services.

Objective 4: To provide information on comorbidity and symptom management.

Activities:

- Provide evidence based comorbidity case planning.
- Provide access to psychiatric and psychological services.
- Support the understanding and management of medications.

Objective 5: To provide adequate information to assist in the development of strategies to prevent relapse.

Activities:

- Facilitate relapse prevention workshops.
- Support the development of individual relapse prevention strategies.
- Assist clients to develop coping strategies to deal with drug cravings.

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Objective 6: To develop a local integrated service and work in a collaborative partnership arrangement with a range of allied government and non-government services in the Dubbo region.

Activities:

- Assist allied services in the Dubbo region by providing direct access to residential AOD treatment.
- Network with allied services to enhance the recovery prospects of participants.
- Attend (and host) meetings, seminars or workshops that are relevant to sector and community.
- Maintain regular and ongoing contact with the Local Health District AOD Service to ensure a coordinated service approach.

ALL SERVICES WILL BE PROVIDED IN LINE WITH AND INFORMED BY THE FOLLOWING NSW MINISTRY OF HEALTH GUIDELINES

NSW Clinical Guidelines For the Care of Persons with Comorbid Mental Illness and Substance Use Disorders in Acute Care Settings

These guidelines are also intended for use in non-acute and community settings. The goal of these guidelines is to improve client care and outcomes.

NSW Drug and Alcohol Clinical Supervision Guidelines

The purpose of clinical supervision is to provide a tool for workforce development, a mechanism for quality assurance and clinical safety, and a means of providing professional support and debriefing to staff.

A Guide to Consumer Participation in NSW Drug and Alcohol Services

The guide includes a framework for consumer participation, a set of principles to underpin consumer participation in D&A services, and practical advice and strategies suitable for the D&A field.

NSW Health Drug and Alcohol Psychosocial Interventions - Professional Practice Guidelines

The Guidelines take a stepped care approach to drug and alcohol treatment, which focuses on the adoption of best practice models for people with drug and alcohol issues, and reflects current best evidence and practice in the drug and alcohol counselling field. Clinicians at SHBP use CBT, Brief Intervention Therapy and Motivational Interviewing in accordance with these guidelines. Clinical Supervision is provided for all staff. Cultural awareness is at the heart of service provision.

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OUTLINE OF GOVERNANCE STRUCTURE

The Salvation Army has well developed governance processes, policies and procedures which provide clearly defined authorisation levels and reporting protocols, as such it has a clearly defined management structure.

The Salvation Army is governed by a Territorial Operations Council which is responsible for and accountable for the administration of The Salvation Army (NSW) Property Trust, the Council consists of the Trustees:

- Commissioner
- Chief Secretary
- Secretary for Program
- Secretary for Business Administration
- Secretary for Personnel
- Chief Financial Officer

Recovery Services Department is a Department of the Headquarters of The Salvation Army (NSW) Property Trust and has responsibility for the development and oversight of service provision within all Recovery Service Department Services.

The Recovery Services Department management team consists of the following positions:

- Director
- Clinical Director
- Office Administrator

At the regional level The Salvation Army (NSW) Property Trust is represented by a The Salvation Army Divisional Headquarters Newcastle and central New South Wales.

The Principle Officer is the Divisional Commander who operates with an executive Board which comprises:

- Divisional Programs Director
- Divisional Finance Secretary
- Divisional Human Resources Director

There are Program, Finance, Property, and Personnel Boards that oversight all Services within a Division.

Services are managed at the local level utilising the same structure, a Service management team would consist of:

- Manager
- Assistant Manager / Senior Clinician / Service Coordinator
- Business Manager / Accountant
- Senior Accounting Officer
- Therapeutic Team

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FINANCIAL AND CONTRACT MANAGEMENT

The Salvation Army receives considerable funding from various government departments as well as significant donations from public appeals and major donors.

The Finance and Audit Departments are responsible for ensuring that all professional Accounting Standards are met. Budgets are developed for every Salvation Army programs and the Finance One system provides monthly Income and Expenditure Reports for each Cost Centre to ensure that all expenditure is on track. All programs are audited by both the internal audit department and by our audit partners KPMG to ensure that all programs meet contractual obligations.

HUMAN RESOURCES

The Salvation Army has comprehensive recruitment, selection and indication process for all staff that are compliant with all federal, state and territory regulations, legislations and standards, this includes compliance with:

- Relevant awards
- Fair Work Australia requirements
- Workers compensation requirements
- EEO Legislation
- WHS legislation

There are internal application and approval processes for all positions; this is also used as part of the process to monitor compliance with legislative requirements.

The staffing requirements needed to meet the agreed work commitments for SWRC is:

- 1 X FTE Service Manager
- 1 X FTE Business Manager / Accountant
- 2 X FTE Administration / Clerical Staff
- 1 X FTE Clinical Team Leader
- 4 X FTE AOD Case Workers
- 5 X FTE AOD Support Workers

Qualifications

All therapeutic staff would have experience in the drug and alcohol or related field and many have formal tertiary qualifications in social work, psychology or health sciences. The minimum qualification required is a Certificate IV in Drug and Alcohol.

All business and administration staff will have appropriate qualifications and experience for their roles.

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An example staffing appropriate staffing mix would be:

- **Manager**

Qualifications/experience: Qualifications and or experience in all facets of service management.

Responsibilities: Overall management, financial management, recruitment and selection of employees, supervision of staff, networking with other services, ordering and purchasing goods and services.

- **Senior Clinician**

Qualifications: AOD Work. Social Sciences,

Responsibilities: Supervision of clinical staff, staff meetings, rosters, support of clients, assessment and referral services, liaison with other services such as residential treatment service providers and housing services.

- **Clinicians**

Qualifications: AOD, Welfare, Community Services, Youth Work. Social Work.

Responsibilities: Case work, AOD intervention, education and support services, assessment and referral services, youth specific services.

- **Administration staff**

Qualifications and experience relevant to the role, for example; accounting, book keeping, office administration and record keeping.

BUDGET

It is anticipated that a budget in the vicinity of \$ 1,600,000 per annum recurrent, would be needed to effectively delivery a quality service to a residential participant population of 20.

A detailed will be provided if needed.

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