



*Prevention,
treatment and
education*



Cyrenian House

Annual Report 2013 - 2014



Cyrenian House seeks to prevent and reduce alcohol and other drug (AOD) related harm and provide effective services involving prevention, treatment and education to Western Australians.

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Introduction



Cyrenian House is a not-for-profit non-government organisation that has been operating within the alcohol and other drug treatment sector since 1981. Cyrenian House has demonstrated an enduring capacity to deliver professional and effective alcohol and other drug (AOD) treatment services and is one of the leading AOD services in Western Australia.

We understand that problematic AOD use impacts on all Western Australians and frequently results in significant health, social and economic costs to the community, for example, illness and injury, crime, violence and family and relationship breakdown.

Cyrenian House seeks to prevent and reduce alcohol and other drug (AOD) related harm and provide effective services involving prevention, treatment and education to Western Australians. To serve this aim, we keep abreast of changing consumer needs and leading AOD research and incorporate evidence-based practice into our service provision.

Our services include two Therapeutic Communities (TC's), a residential Women and Children's Program, a purpose built Childcare Centre, an Integrated Community Alcohol and Drug Service, a regional AOD service in partnership with Milliya Rumurra, non-residential services for individuals and families and counselling and support services in a number of metropolitan prisons.

We draw on a diverse range of approaches including the Therapeutic Community Model, 12 Step recovery models, Acceptance Commitment Therapy, Systems Theory, Psychodynamic Theory, Cognitive Behaviour

Therapy and Social Learning Theory. We offer a number of programs, both residential and non-residential that provide treatment options to suit individual needs.

Cyrenian House delivers proven expertise in leadership and coordination skills with particular emphasis on partnership development. This allows us to work in a collaborative way with other organisations to assist our consumers to address issues such as housing, employment and education and provide support to access health care providers for both physical and mental health care issues.



President's Report

I would like to express my appreciation to the Committee of Management for the contribution they have made in the past year. Welcome to Kim Ledger who was elected to the committee at the last AGM. Congratulations to Committee of Management member Leslie Cooper who was awarded Life Membership for his 20 years service to Cyrenian House.

Without a dedicated staff team Cyrenian House would not be able to function effectively. The Committee of Management would like to thank our Chief Executive Officer Carol Daws, Operations Managers Mitch Peasley and Colette Wrynn, Finance Manager, Stephen Scarrott, Corporate Communication and Compliance Manager, Caroline Henson, Service Managers Peter Duncan, Shonna Grant, Tom Hopkins, David Lonnie, Sally Malone and Sharmayne Holly, the administration staff, counselling staff and volunteers for their tireless efforts. The staff have demonstrated an enormous commitment to Cyrenian House and are to be commended.

Cyrenian House has been strongly supported during the year by the following organisations and we acknowledge their financial assistance: Drug and Alcohol Office, Department of Health, Department of Corrective Services, Department of the Attorney General, Department of Employment, Education and Workplace Relations, Lotterywest and our generous donors.

The Saranna Early Childhood Education and Care Centre located on the grounds of the Rick Hammersley Centre commenced operations in February 2014.

Enrolments have been gradually increasing throughout the year and we are happy with progress. I would like to acknowledge the consistent efforts of the Centre Manager, Sharmayne Holly during this period.

A successful Charity Golf Day was held on the 14th March 2014 at Meadow Springs Golf and Country Club, Mandurah and another is being planned for the 13th March 2015.

Cyrenian House commenced operational management of Serenity Lodge Therapeutic Community on 1st October 2013. Over the following six months, Serenity Lodge was dissolved as an entity and the acquisition process was completed in March 2014. Good progress is being made toward complete refurbishment of the residential and administration facilities.

Cyrenian House has entered into a partnership with Polytechnic West to build three special purpose buildings for the Rick Hammersley Centre TC. In addition, Lotterywest has provided funds for the construction of a new kitchen/dining room facility at the Rick Hammersley Centre to enhance facilities for the benefit of our consumers.

Congratulations to our CEO Carol Daws on her induction into the inaugural Alcohol and Other Drugs Excellence Honour Roll. Carol was one of only four individuals inducted to the Honour Roll. This is a fitting recognition of the tireless contribution that she has made, and continues to make, in delivering and improving services for people with AOD issues in Western Australia.

Cyrenian House won awards in three categories at the 2014 Western Australian AOD Excellence Awards and was nominated as a finalist in another category.

The Committee of Management are conscious of promoting and maintaining Cyrenian House's position as a leading alcohol and other drug treatment service in Western Australia. It is in a strong position to continue serving the community with dedication and professionalism.

We acknowledge the support given by The Mayor, Town of Vincent, John Carey and the Member for Perth, Eleni Evangel MLA.

JOHN SIMPSON - PRESIDENT





Cyrenian House is a not-for-profit non-government organisation with over 30 years of successful operations within the field of alcohol and other drug treatments. Non-residential Services include individual, family and group counselling and pre and post residential support

Chief Executive Officer's Report

The amalgamation of the Drug and Alcohol Office (DAO) with the Mental Health Commission has been a major focus for the Alcohol and Other Drug (AOD) Sector over the past financial year. Since the announcement from the Minister for Mental Health; Disability Services; and Child Protection, the Honourable Helen Morton, the sector has been working collaboratively through the Western Australian Network of Alcohol and Other Drugs (WANADA), DAO and the Mental Health Commission to ensure that the AOD Sector maintains a voice in the process. Sadly we failed in our bid to ensure that AOD featured in the title of the Commission. WANADA will continue to represent the best interests of the AOD service providers who will ensure that our consumers' needs are not diluted through this amalgamation process.

The dissolution of Serenity Lodge as an entity and the acquisition of the assets into the Cyrenian House fold has been a substantial achievement in terms of our strategic priorities within this financial year. As of the 1st October 2013, Serenity Lodge came under the management and governance of Cyrenian House. Over the next few months the process of dissolving Serenity Lodge as an entity was followed with the support of Steinepreis Paganin Lawyers and Consultants and we were formally notified of the completion of the process on the 14th March 2014. During this time with the support of a grant from DAO we have commenced renovations to the buildings to improve the facility for the staff and consumers of the service. The service will still be known as 'Serenity Lodge' and will operate as a Therapeutic Community (TC). David Lonnie has been appointed as the Manager of this service.

In January 2014, the Honourable Helen Morton MLC, Minister for Mental Health; Disability Services; and Child Protection officially opened the Saranna Early Childhood Education and Care Centre at the Rick Hammersley Centre. The occasion was attended by many friends and supporters of Cyrenian House and representatives from all the major contributors including: Jody Fewster and the Bond Family and Friends, The Minderoo Foundation, Lotterywest, DAO, the Mental Health Commission, The Department of Communities, the Southern Districts Rotary Club as well as Morley Davis Architects and JCP Construction. Sharmayne Holly was appointed as the manager late in 2013 and has worked hard to complete the registration process. The children from the Saranna Women and Children's Program are now able to attend the centre without leaving the property and we are steadily attracting referrals from the general community with the view to the centre becoming financially viable for Cyrenian House.

The second half of the financial year has been consumed with the procurement process with an open tender process being commenced for all the state Community Drug Services and Teams with the exception of the Kimberly Community Drug Service. The Drug and Alcohol Office is yet to announce the successful candidates for the Community Drug Services.

During the past year we have experienced a number of staff changes and I would like to thank them all for their contribution to Cyrenian House. I would like to pay tribute to a couple of staff in particular for their significant contribution to Cyrenian House over a number of years. Mitch Peasley, after 25 years of loyalty to Cyrenian House, has taken on the role of Manager of the North Metro Programs Unit (NMPU) for the Department of Corrective Services in Midland as of February 2014. Mitch will be fondly remembered for his staff support in his dedicated role as



The children from the
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without leaving the property.

Operations Manager and in particular for his quick wit and music prowess. I would like to take this opportunity to wish him every success in his new role. I would also like to welcome Colette Wrynn as the new Operations Manager who took over from Mitch Peasley. Colette comes to Cyrenian House with a wealth of experience in both the government and non-government sectors.

In addition I wish to acknowledge the work of Russell Boyd, our previous finance Manager. Russell did an amazing job to improve the financial governance and compliance capabilities of Cyrenian House over a period of a couple of years. I wish him well in his retirement. Cyrenian House would like to welcome Stephen Scarrott into the role of Finance Manager. Steve is an accountant who comes to us with strong experience in the private and not for profit sector.

I would also like to acknowledge Nicola Iannantouni for her great work in her role of Manager of the NMCDS. Nicola has decided to come back to work on a part time basis after the birth of her first child. We welcome her into the role of Volunteer Coordinator. I would like to congratulate Tom Hopkins for being the successful candidate for the role of Manager of the NMCDS.

Early in the 2013/2014 financial year, the major residential treatment providers got together to look at the issue of smoking. While the rates of smoking in the general population have declined by more than 30% (Australian Institute of Health and Welfare, 2008), the rate of smoking amongst the alcohol and other drug (AOD) dependent population continues to be between 74% and 88%. As a CEO of an AOD Treatment Service, I believe it is incumbent upon us

to address the issue of smoking while we have consumers in treatment. We set a date as of the 1st July 2014 to go smoke free in our respective residential communities. Unfortunately as the date drew near, some of the agencies decided to withdraw their support for this initiative leaving Serenity Lodge and the Rick Hammersley Centre committed to going smoke free as of the 1st July. Cyrenian House is committed to supporting a smoke free environment for all of its services.

DAO provided funds during the year to expand the Rick Hammersley TC by a further 10 beds. This section of the TC is now fondly referred to as 'Transition City'. Whilst no funding has been provided to staff this expansion, it is expected that DAO will secure the funding for staffing in the next financial year. This will bring the number of

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In January 2014, the Honourable Helen Morton MLC, Minister for Mental Health; Disability Services; and Child Protection officially opened the Saranna Early Childhood Education and Care Centre at the Rick Hammersley Centre. The children from the Saranna Women and Children's Program are now able to attend the centre without leaving the property and we are steadily attracting referrals from the general community with the view to the centre becoming financially viable for Cyrenian House.

In terms of future developments within the organisation for the next year, we have been fortunate to have received two grants from Lotterywest. The first of these is for an IT upgrade which will allow Cyrenian House to connect Serenity Lodge to the Cyrenian House server. The second of these grants is to build a new kitchen/dining area for the Rick Hammersley TC.



AOD residential treatment beds that Cyrenian House can offer the public up to 78, making it the leading provider of residential AOD treatment in Western Australia. These figures do not include the provision of 14 houses for mothers and their children in the Saranna Women and Children's program. In addition it is envisaged that Serenity Lodge will also be in the position to increase its bed capacity in the coming year.

After several years of successful service provision of the Pathways Program through the Department of Corrective Services, Cyrenian House received notification of an extension of our contract for a further two years. We also sought funding from Perth North Metro Medicare Local, through their Partners in Recovery Program (PIR), to employ two Support Facilitators to provide services for people with severe and persistent Mental Health Issues. This will allow Cyrenian House to offer these services in the North Metro region.

In terms of future developments within the organisation for the next year, we have been fortunate to have received two grants from Lotterywest. The first of these is for an IT upgrade which will allow Cyrenian House to connect Serenity Lodge to the Cyrenian House server. Currently Serenity Lodge operates from its own server which precludes it from access to the Cyrenian House intranet and email system. The second of these grants is to build a new kitchen/dining area for the Rick Hammersley TC. This will allow Cyrenian House to operate a more effective kitchen by purchasing food products in bulk. In addition, it will allow more space in the dining and group rooms for the expanding community. A partnership with Polytechnic West TAFE to build three new buildings within the Rick Hammersley TC will give us another group room, a training room and new counselling and meeting rooms.

A continuing success on our calendar of Cyrenian House Strategic Events, is our Charity Golf Day. This year we

attracted 80 players for this fund raising effort which was an improvement on the previous year. A fun day was had by all and I would like to thank all the supporters, the Charity Golf Day Committee and Meadow Springs Golf and Country Club for their support.

In addition Cyrenian House hosted a Benefit Concert in honour of Susan Hammersley, one of the daughters of Rick Hammersley the founder of Cyrenian House, who passed away late in 2012. A number of bands offered their services for free for this event with all proceeds going to Cyrenian House. In particular I would like to thank Tom Hopkins, a staff member, and his band the 'Volcanics' for their support.

Cyrenian House rounded up the year with a swag of awards from the Western Australian Alcohol and Other Drugs Excellence Awards at the WA AOD Symposium in June 2014. Cyrenian House was nominated as finalists in four categories. We were



Saranna Early Childhood Education and Care Centre Reception



I would like to thank my staff and volunteers for their dedication, service and loyalty to Cyrenian House over the past year. I truly believe they are the best asset that Cyrenian House has in making a difference in the lives of people who are impacted by the effects of alcohol and other drugs and mental health issues.

delighted to win three awards. The Rick Hammersley Centre TC won the award in the Consumers and Carers category for their work over the last 12-18 months on identifying barriers to service for gay, lesbian, bisexual, transsexual, intersex and queer (GLBTIQ) populations and continuing to develop the service to embrace diversity. Congratulations to all at RHC for their work. The Families4Families program, a joint venture between Mental Health Matters 2 and Cyrenian House won the award in the *Families* category. Congratulations to Charl and members of MHM2. The Integrated AOD Services took out the award in the partnerships category.

Cyrenian House shared the award with Next Step Drug and Alcohol Services, Palmerston Association, Mission Australia, Holyoake. Congratulations to all at the NMCDS who make integration work so well.

In closing I would like to thank my staff and volunteers for their dedication, service and loyalty to Cyrenian House over the past year. I truly believe they are the best asset that Cyrenian House has in making a difference in the lives of people who are impacted by the effects of alcohol and other drugs and mental health issues. I feel extremely privileged

and honoured to have lead such an amazing group of people and I would like to thank each and every one of you for your contribution throughout the past year. I would also like to acknowledge the work of the Cyrenian House Management Committee and thank them for their ongoing support throughout this year.

Finally, I would like to acknowledge the ongoing support and patronage from all our consumers and thank them for their valuable feedback which informs our strategic direction.

CAROL DAWS - CEO

Strategic Plan 2014 - 2017

Vision

A community free from the harm associated with alcohol and other drug use

Mission

To improve the wellbeing of people affected by alcohol and other drug use

Strategic Objectives

Strategies – (how do we do it?)

Consolidate and strengthen the foundation of the organisation.

- Accountability
- Increase workforce capacity and wellbeing within the organisation.
- Embed a cohesive organisational cultural identity
- Promote a risk management culture within the organisation
- Infrastructure planning
- Review and enhance policies, procedures, systems and standard documents
- Collate history of the organisation's development

Develop and expand, fostering sustainable growth.

- Establish and maintain collaborative working relationships
- Develop and consolidate leadership in the organisation's operations
- Systematic and formalised planning linked to organisational objectives
- Succession planning undertaken from a risk management perspective
- Develop and diversify income sources
- Expansion and maintenance of facilities

A service underpinned by continuous quality improvement and maintenance of excellence.

- Promote a quality culture
- Maintain a quality service
- Iterative evaluation processes to better inform operational direction
- Provide interventions appropriate to a diverse range of consumer needs

A service informed and responsive to community needs.

- Conduct environmental scans and acknowledge community trends to inform planning
- Adapt and further develop staff training to match consumer needs
- Further develop linkages and partnerships with related sectors and services
- Sector research
- Consumer consultation
- Enact Reconciliation Action Plan

Raise the profile of the organisation.

- Promote the organisation within the community
- Develop a stakeholder awareness strategy
- Continue to develop the organisational brand
- Utilise information technology to facilitate stakeholder interaction

Values

Empowerment

Inclusiveness

Social Justice

Respect

Integrity

Humanity

Guiding Principles

Sustainability

Evidence based

Culturally informed and responsive

Flexibility in service delivery

Leadership through partnership and collaboration

Outcomes – (What will this look like?)

Cyrenian House is a robust organisation with a strong cultural identity.

Cyrenian House is a sustainable organisation that is recognised as innovative, unique and diverse.

Cyrenian House is an accredited organisation that meets both essential and good practice criteria for certification against the Standard on Culturally Practice.

Cyrenian House is recognised as a service responsive to consumer needs and community trends.

Cyrenian House is recognised as a leading provider of alcohol and other drug services.

Organisational Structure

**WA Council on Addictions Inc. T/A Cyrenian House
Management Committee**

CEO

Saranna Early
Childhood Education
& Care Centre Manager

CHMR Manager

Jigsaw Project

**Partner's In
Recovery (PIR)**

**Rick Hammers
TC Manager**

Early Childhood
Education &
Care Workers

Clinical Staff

Administrative Staff

**Clinical Coordinator
Mixed Gender
(MG) Program**

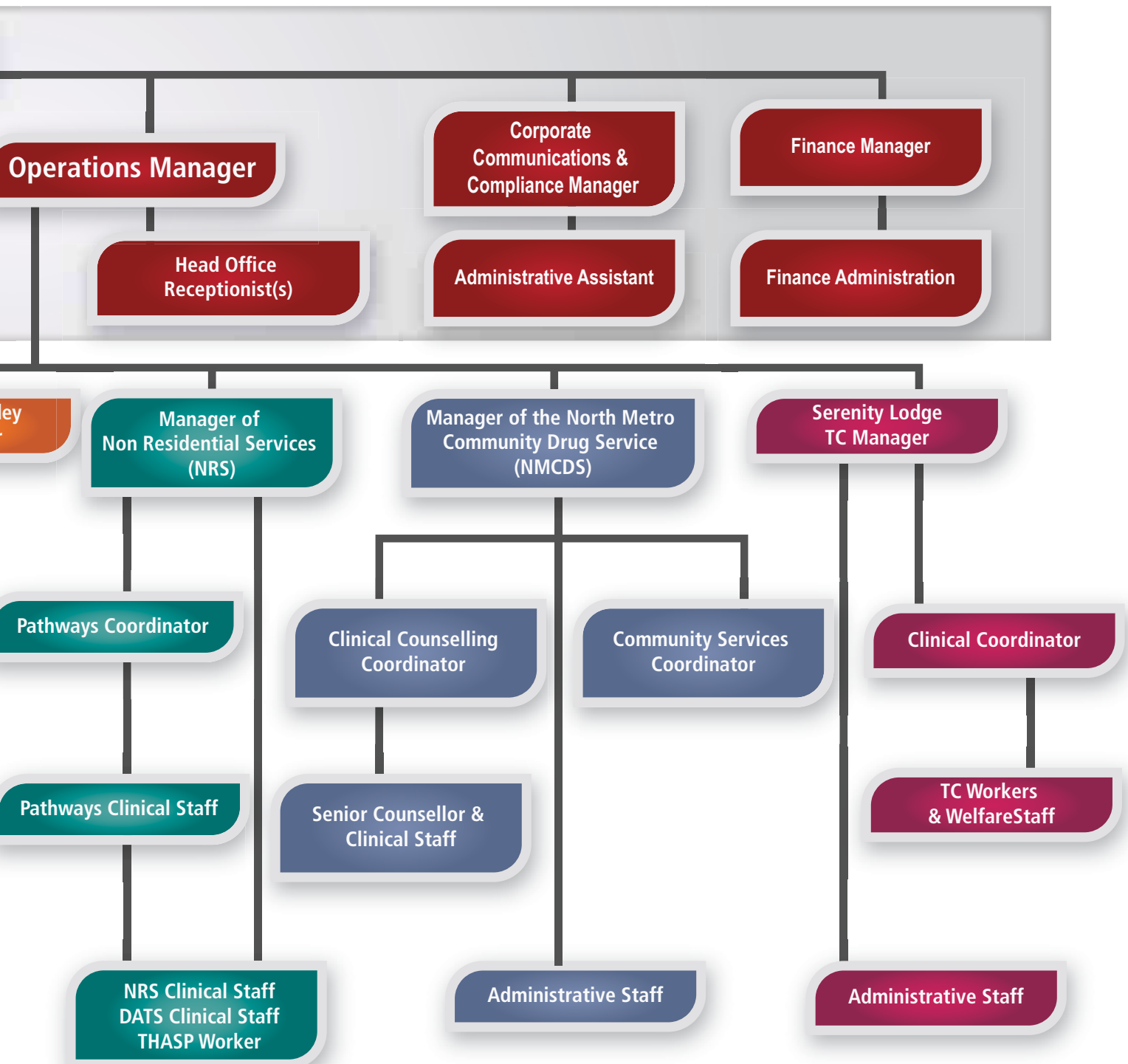
**MG Clinical &
Welfare Staff**

**Clinical Coordinator
Saranna Women's
Program**

**Saranna Clinical
& Welfare Staff**

Administrative Staff

Corporate Services



Cyrenian House Executive & Management

WA Council on Addictions Management Committee

President: John Simpson



Formerly employed by ANZ Banking Group Limited for 23 years, John is a businessman with significant experience. In 1987 John purchased an egg laying farm business with 25,000 layers which he operated successfully for 15 years. In 2002 he became a founding Director/ Shareholder in the largest egg producer, packer and marketer of eggs in Western Australia. He is President of the Commercial Egg Producers Association of Western Australia Inc. and sits on a number of industry associations at state and national level.

John joined the Cyrenian House Committee of Management in 2000 and has been President for the past 10 years overseeing a period of enormous change and growth. John offers Cyrenian House a wealth of management and corporate finance experience.

Vice President: Dr Jennifer J. Rogers MBBS (UWA), Dip Obs (RANZCOG)



Jenny was an RAAF medical officer 1980/81 at the Amberley and Richmond bases. She holds Certificates in Aviation Medicine and Aeromedical evacuation.

Jenny worked as an RMO at Nepean Hospital, Penrith 1982/83 and as a registrar in Obstetrics and Gynaecology at King Edward Memorial Hospital, Perth in 1984. She has worked as a general practitioner for 29 years in a private, non-corporate group practice in Padbury from 1985.

Jenny has a particular interest in osteoporosis, women's health, mental health - drug and alcohol related problems, sports medicine, asthma and motivating lifestyle change in chronic disease management.

She is a member of the Osteoporosis Model of Care Working Group (Health Dept, WA). She is also a voluntary Board member for Meath Nursing Homes. Jenny is a Surveyor for the Postgraduate Medical Council WA.

Jenny has been a member of the Cyrenian House Management Committee for past 7 years. She brings strong medical experience of the issues related to alcohol and other drug use and mental health. Jenny is an advocate for holistic person-centred treatment.

Treasurer:

Matthew Van Riessen

B Bus, CA, FTIA



Matthew qualified as a Chartered Accountant in October 1984, after commencing in the profession in 1979 working for a national accounting firm. Matthew became a partner of Mack & Co. in 1989.

Matthew's expertise covers many of the fields of the accounting profession including tax, business services, superannuation, business valuations and tax consulting.

Matthew specialises in tax and business consulting where his focus is on providing comprehensive income tax advice, capital gains tax advice, financial advice and comprehensive business solutions.

Since 1999 Matthew has been an authorised representative of Count Financial Limited, the holder of an Australian Financial Services Licence and in that capacity through the member firm Mack & Co Wealth Management Pty Ltd provides financial advice, mainly in the areas of superannuation and investment. Matthew is a member of the Institute of Chartered Accountants and a Fellow of the Taxation Institute of Australia.

Matthew has been a member of the Cyrenian House Management Committee for the past 10 years. He provides a wealth of experience in corporate, management and accounting advice to Cyrenian House.

Committee Member:

Leslie Cooper



Les is a successful small business owner and investor. He has been a business owner for 38 years, first in Service Stations and for the past 30 years in the specialist repair business.

As a married man with 3 daughters and grandchildren he has a strong investment in safe and supportive communities.

He has spent 10 years in Rotary, and was President of the Maddington Club in 1987 and through that organisation became familiar with Cyrenian House. He became a committee member in the mid 1990's, and has remained so ever since. In 2013 Les was awarded Honorary Life Membership in recognition of 20 years contribution to the organisation.

Les has seen the organisation evolve from a small agency operating from rented premises with second hand furniture and fittings, to the very professional and efficient organisation that it is today.

WA Council on Addictions Management Committee (cont.)

Committee Member: Kim Ledger



Kim is a member Australian Society of Automotive Engineers & Institute Automotive Mechanical Engineers. He has been a business owner, creator and operator of various private companies for over 43 years.

He is a member of the following Boards/Committees:

- WA Sporting Car Club - Committee (Club Member since 1970)
- Cyrenian House Management Committee
- Patron: Australian's in Film (Heath Ledger Scholarship LA)
- Prostate Cancer Foundation (Pro-State Ride) The Masses LA
- Member Confederation of Australian Motorsport (CAMS)

Kim has been a member of the Cyrenian House Management Committee for the past six months.

He brings strong corporate management skills and a strong understanding of the not-for-profit sector. As a father whose son died as a result of accidental drug overdose Kim also has a deep personal understanding of the potential consequences of alcohol and other drug use from a family perspective.

Committee Member: Elise

Croft LL.B (Hons), B.Env. St. (Dist.), TEP.
Bachelor of Laws (with Honours) & Bachelor
of Environmental Studies, University of
Notre Dame



Elise has been a solicitor in the Commercial Dispute Resolution team of Kott Gunning Lawyers since 2006. She practices in Contract Law, Employment Law, Contested Estates and Insolvency, and represents individuals, small businesses and financial institutions as counsel in the Supreme and District Courts of Western Australia.

Elise is a member of the following bodies:

- Law Society of Western Australia
- Society of Trust and Estate Practitioners (STEP)
- Industrial Relations Society of Western Australia (IRSWA)
- Industrial Foundation for Accident Prevention (IFAP)
- Affiliate of the Australian Institute of Company Directors (AICD)

Elise was responsible for the charity portfolio at Kott Gunning Lawyers and continues to be responsible for the firm's pro bono legal assistance scheme.

She has a keen interest in the not-for-profit sector and this is how she became involved in Cyrenian House. She has been a member of the Cyrenian House Management Committee for the past 4 years. Elise brings a wealth of knowledge of legal issues and access to advice that is relevant to the running of a not-for-profit organisation.

Committee Member:

Karen Ward



Karen is a Nyoongar woman of the Wilman clan (Katanning). She was apprehended by the Native Welfare when she was 3 years old & spent the majority of her childhood in and out of several homes, including Parkerville children's home, Wandering Mission and Sister Kate's.

Karen's broad work experience includes the following:

- Nyoongar Patrol 2002 (Street, Parks & youth at JAG)
- AADS formerly NASAS, 2002 sobering up shelter, 2005 Family support worker
- Mission Australia 2002 Family support worker
- King Edward Memorial Hospital 2006 Aboriginal Liaison Officer
- Cyrenian House 2007 Aboriginal support Worker (residential program)
- Anawim Refuge (RUAH) 2011 Team Senior
- Next Step (DAO) 2011 Aboriginal AOD worker
- AADS (present) Welfare Officer Volunteer
- Management Committee Member Yorgum Counselling services 2008
- Chairperson ASSP Midvale Primary school 2004
- On-track Youth Service Mission Australia, City 2002

Karen was awarded the Strong spirit Strong Mind, Aboriginal AOD Worker of the year in 2008.

She has been a member of the Cyrenian House Management Committee for the past 18 months.

Karen is a strong Aboriginal woman who brings personal understanding of cultural security and the issues related colonisation for Aboriginal people.

WA Council on Addictions Management Committee (cont.)



Cyrenian House Life Members

Georgie Hammersley

Chris Hammersley

Ross Lonnie

Mark Popham

John Wyndham

Leslie Cooper



Cyrenian House Executive and Management

Executive

CEO – Carol Daws

Operations Manager – Colette Wrynn

Finance Manager – Stephen Scarrott

Corporate Communications and Compliance Manager – Caroline Henson

Management

Non-residential Services Manager – Peter Duncan

North Metro Community Drug Service Manager – Tom Hopkins

Rick Hammersley Centre Therapeutic Community Manager – Shonna Grant

Serenity Lodge Therapeutic Community Manager – David Lonnie

Cyrenian House Milliya Rumurra Outreach Team Manager – Sally Malone

Saranna Early Childhood Education and Care Centre Manager – Sharmayne Holly

Cyrenian House Reconciliation Action Plan

Cultural Security and Our Vision for Reconciliation

Cultural security is about ensuring that the delivery of health services is such that no one person is afforded a less favourable outcome simply because she or he holds a different cultural outlook. Cyrenian House is committed to applying this principle in practice across all aspects of organisational governance and planning, service delivery and all relationships with individuals and organisations. Through the Cyrenian House Reconciliation Action Plan (RAP), we aim to further develop positive relationships and ways of working that will contribute to improving the health and wellbeing and dignity of all Australians.



Cyrenian House aims to:

- Address the 17 year life expectancy gap between Aboriginal and non-Aboriginal Australians through equitable access to culturally appropriate treatment for alcohol and other drug use and co-occurring mental health issues.
- Provide and promote opportunities for Aboriginal participation and employment.
- Ensure equal access to our facilities, services and information is afforded to all Aboriginal members of the community.
- Teach life skills and provide health education and vocational training that support Aboriginal people achieving equality in all aspects of life.



We recognise and value:

- The unique status of Aboriginal peoples as the original owners and custodians of Australia's lands and waters.
- Aboriginal spirituality, cultures, languages and heritage.
- The great diversity of cultural values, backgrounds, living situations and aspirations of Aboriginal and Torres Strait Islander peoples.
- The rights of Aboriginal Australians to self determination and equitable participation in the community.



We acknowledge:

- The significant gap in health and wellbeing and overall life expectancy between Aboriginal and non-indigenous Australians.
- The social and economic disadvantage experienced by Aboriginal peoples.
- The significant commitment necessary to address the disadvantage faced by Aboriginal peoples.



We commit to:

- Investing the necessary time and resources to listen to the needs of the Aboriginal people and contribute to Reconciliation.

The Cyrenian House RAP provides us with a framework for the future, detailing steps and priorities to make a difference and achieve respectful partnerships between Aboriginal and non-Aboriginal people.

The RAP is incorporated into the Cyrenian House policies, practices and procedures and related continuous quality improvement systems. The RAP directly influences our organisational planning processes, particularly our strategic and business plans, our relationships and the way we communicate and who we are in the community.



RAP measurable targets achieved in the 2013-2014 year

Relationships - Building strong relationships with Aboriginal people and communities will provide an inclusive and informed environment in which healing can take place.

- Culturally appropriate material used for treatment matching, education and treatment
- Positive feedback received from Aboriginal consumers and stakeholders regarding cultural competency and appropriate interventions
- Ongoing meetings of the RAP Implementation Committee
- Aboriginal specific events celebrated:
 - Annual Smoking Ceremony conducted during Reconciliation Week. ½ day event that involved all residents and staff. All RHTC buildings, grounds, and people were smoked. Celebrations incorporated music, dance art language and storytelling
 - NAIDOC week celebration held at the RHTC incorporating Welcome to Country, Storytelling, and food
- Working partnerships with Aboriginal organisations:
 - Partnership between Cyrenian House and Milliya Rumurra to deliver outreach services to communities in the Dampier Peninsula
 - Strong working relationship with Aboriginal Alcohol and Drug Service. CEO of AADS on the RAP Implementation Committee
 - Partnership between Rick Hammersley Centre and Madjitil Moorna Choir of Aboriginal Reconciliation. A number of public performances were given throughout the year including performing at the Perth Festival 2014
 - Monthly attendance of Moorditj Djena, a mobile podiatry service for diabetic Aboriginal clients at the RHTC
 - Aboriginal children from the Saranna Program are able to attend Moorditj Nyoongar Community College in Midland
 - Aboriginal Health Nurse attends Saranna Program to see children
 - Saranna Women and Children attend Meerilinga playgroup
 - Meerilinga visits Saranna Program to assist Aboriginal women with budget planning and home skills
 - Strong Families assist with working with clients and DCPFS
- CHMR conducted and complied surveys of the inhabitants of the communities of Beagle Bay, Djarindjin, Ardyaloon and Bidyadanga as well as the town of Broome to identify community perceptions of the nature of alcohol and drug concerns in each location. Each community was given their complied survey data to use as they see fit
- The CHMR team have worked with the target communities of Beagle Bay and Djarindjin to develop alcohol management plans based on priorities identified by community leaders and members and survey data
- The CHMR team addressed Bidyadanga Council and community meetings in February 2014 to consult with the people there about AOD concerns and priorities. Work is ongoing with the Council and the interagency group to develop an AOD management plan
- The community council serve the function of cultural reference group in each community. Via these forums plus regular outreach service visits the CHMR team have developed referral pathways and set out community prevention strategies for the upcoming year
- Aboriginal extended health assessments through the GP clinic and Closing the Gap funding for RHTC residents
- Referral pathways negotiated by the CHMR team with remote schools, clinics and other service providers in each target community
- Flexibility with regard to treatment setting, the primary aim being to conduct work in the setting most acceptable to clients
- CHMR deploy their Indigenous staff to liaise with people in communities as far as possible
- Increased engagement and retention rates of Aboriginal consumers accessing services
- The CHMR team doubled the target number of visits to the Peninsula and exceeded the Bidyadanga target by 25%. This shows considerable investment and flexibility by CHMR staff given the geographical and cultural context in which we work, as plans made months ahead can be rendered unworkable by weather, changing community priorities, cultural obligations, sorry business and the extreme mobility of the client group



Aboriginal Meeting Place

Respect - Developing an understanding of the history and culture of Aboriginal people will cultivate awareness, recognition and respect.

- Cultural Security training tailored to Cyrenian House services developed by Aboriginal staff in consultation with the Aboriginal Community and delivered to all staff as mandatory training
- Ways of Working with Aboriginal People training completed by NMCDS clinical staff
- Acknowledgment of Country at events and organisational email signatures
- Appropriate policy and protocols implemented and available to staff on the Document Management System
- Local Aboriginal Traditional Owners present at significant events to do Welcome to Country
- Aboriginal flag and Torres Strait Islander flag displayed at both therapeutic communities
- Acknowledgement of country displayed at all sites
- Aboriginal and Torres Strait Islander art displayed at some sites. Working towards display at all sites
- Website includes relevant images, information and acknowledgements – reviewed in consultation with the RAP Implementation Committee
- Continuous quality improvement of services against performance indicators prescribed by The Standard on Culturally Secure Practice and embedded into practice as evidenced by agency procedures
- Accreditation against the Standard on Culturally Secure Practice for both Essential and Good Practice criteria
- Review of Welcome to Country Protocols Policy and Consumer Diversity Policy in consultation with the RAP Implementation Committee
- Fortnightly Cultural Safety groups run for residents at the RHTC
- Development of “I am Welcome” poster in conjunction with consumers, indicating that the agency embraces diversity
- Production of video Wanjoo= Welcome describing the agency approach to cultural safety



Opportunities - Creating opportunities for Aboriginal people will contribute to Aboriginal equality, health and wellbeing.

- Aboriginal peoples contributed to our service design and delivery
- Aboriginal representation on the Cyrenian House Management Committee
- Increased engagement and retention rates of Aboriginal consumers accessing services
- Advice sought from Aboriginal personnel throughout the organisation
- Employment of Aboriginal people in Aboriginal specific roles within the organisation
- Counsel sought from Aboriginal members of the RAP Implementation Committee
- Retention of Aboriginal staff
- Training and placement opportunities provided
- Six dedicated aboriginal beds at the RHTC

Tracking Progress and Reporting

- Ongoing progress made on RAP objectives through quarterly RAP Implementation Committee Meetings
- RAP included in Annual Report
- RAP targets reported at Management Committee meetings
- RAP objectives included in staff planning day discussions, management meetings and staff meetings
- 2012/2013 Annual Report submitted to Reconciliation Australia

We commit to refreshing our Reconciliation Action Plan in the coming year to reflect new objectives and identified opportunities for improvement.

CAROL DAWS
CEO, CYRENIAN HOUSE

Key Initiatives

Cyrenian House delivers a number of programs and projects that complement and enhance the services offered across the organisation. Such initiatives operationalise our strategic objective to develop and expand, whilst fostering sustainable growth. The projects and programs are delivered to a consistently high standard and align well with our strategic objective to provide a service that is underpinned by continuous quality improvement and maintenance of excellence.

Working in the Co-Morbidity Space:

For some time, there has been a growing recognition of the co-occurrence of AOD and mental health issues. More recently, the AOD and Mental Health sectors have been working collaboratively to provide enhanced care to individuals, families and communities who are impacted by this co-occurrence. Cyrenian House is at the forefront of working in the comorbidity space.

As the capacity for the organisation to work effectively with co-occurring AOD and mental health issues increases, so does the number of consumers presenting for assessment and treatment at Cyrenian House. Common presentations include but are not limited to anxiety, depression, post-natal depression, bipolar disorder, borderline personality disorder, schizophrenia, chronic self-harming behaviour, PTSD, vicarious trauma and eating disorders in conjunction with AOD dependence.

The development of relationships with mental health service providers is fundamental to successful outcomes for consumers with co-occurring AOD and mental health issues. Consumers are supported through thorough assessment, treatment-matching and individual treatment plans to reach their treatment goals. Cyrenian House workers continue to engage in training and skills development to increase their capacity to assist consumers with co-occurring diagnoses.

The following initiatives demonstrate our commitment to improved practice in this area:

The Jigsaw Project:

This project is funded through the Department of Health and during the past year, it has continued to focus on the services delivered in the non-government alcohol and other drug sector to consumers with co-occurring alcohol and other drug and mental health issues.

Strong collaborative working relationships with other organisations, including Women's Health and Family Services, Richmond Fellowship and the Metro Migrant Resource Centre have continued to develop. These enhanced linkages are also supported through the ongoing Change Action Team of WA which is auspiced by Cyrenian House.

Families4Families:

Mental Health Matters 2 and Cyrenian House continued their successful partnership in co-facilitating the Families4Families program. Families4Families is a peer-based and professionally supported group. It works within the recovery space, and offers education, advocacy and support for families dealing with co-occurring mental health and alcohol and other drug issues. Cyrenian House has continued to offer the services of the Jigsaw Project worker to the Families4Families group.

Cyrenian House was very pleased to be joint recipient of the Western Australian AOD Excellence Award 2014 in the Families category in partnership with Mental Health Matters 2 the Families4Families group.

We would like to thank Mental Health Matters 2 for their ongoing collaboration with Cyrenian House.

Ngulla Mia Group:

During the past year, Cyrenian House continued to facilitate a recovery-focussed, person-centred AOD group for residents at Richmond Fellowship's Ngulla Mia supported accommodation facility. This has enhanced the services available to people with co-occurring AOD and mental health issues.

We acknowledge and thank Richmond Fellowship for their ongoing support of the Ngulla Mia Cyrenian House facilitated group.

Partners in Recovery:

The Cyrenian House commitment to improved services for people with co-occurring AOD and mental health issues is evidenced by our representation on the Perth North Medicare Local Partners in Recovery Program consortium.

The Partners in Recovery (PIR) program aims to better support people with severe and persistent mental illness and other complex needs, as well as their carers and families. It works by supporting services from multiple sectors that work with individuals to collaborate effectively to enhance person-centred care. Cyrenian House has sought funding to recruit two Partners in Recovery Support Facilitators and we are hopeful of a positive outcome in the near future.



AOD Sector Workforce Capacity:

Cyrenian House recognises the benefits of a skilled and motivated workforce across the AOD sector. We are very keen to support AOD workforce development.

Volunteer Counsellor Training Program:

Cyrenian House has recently established a Volunteer Coordinator position to oversee our growing volunteer program. Fifteen volunteers from the Drug and Alcohol Office Volunteer Counsellors' training program undertook their placements at Cyrenian House during the year. Further, Cyrenian House has worked collaboratively with the Drug and Alcohol Office to expand the Volunteer Counsellors' training program which is now also delivered by Cyrenian House. During the past year, eight volunteers from the Cyrenian House program undertook placements across the organisation. Participants in both the DAO and Cyrenian House programs may concurrently undertake a Certificate IV in AOD studies through Central TAFE.

Cyrenian House would like to acknowledge the very significant contribution that volunteers make to our organisation. Thank you for the work that you do.



Improving client outcomes - Vocational Training Program:

Between 2012 and 2014, Cyrenian House was funded to deliver the Vocational/Reintegration Project. This project aimed to provide residents at the Rick Hammersley Centre Therapeutic Community with the opportunities and assistance they needed to access meaningful, satisfying employment as part of their recovery journey. The funding for the program ceased at the beginning of 2014, however the achievements of the program are notable:

- 60 residents received a Vocational Needs Assessment and were provided with a Vocational Development Plan
- 47 residents received career guidance from specialised career counsellors
- 6 residents were supported to obtain their driver's license (three of whom obtained it for the first time in their lives)
- 8 residents were assisted to obtain their learner's permit. Through the Champion Centre in Armadale, residents were able to obtain their learners permit free of charge. Several of these residents began driving lessons whilst residing at the TC
- 18 Residents were supported to enrol in a TAFE course. 2 residents enrolled in university courses. At least 8 residents have left the TC and are currently studying in the course they enrolled in whilst at the TC
- 9 residents commenced work or study whilst remaining in the TC as fourth stage residents. All of these people have since successfully transitioned to the community.
- 5 residents received professional financial counselling
- 5 residents were supported to obtain various tickets (forklift, white cards etc.)
- 24 Residents attended a 2-day basic computer skills training course
- 6 residents have completed up to date resumés – 4 of whom have done this for the first time in their lives. A further 3 residents have undertaken training on how to do so
- 2 residents who had never had paid work commenced employment while at the TC and continue to work

"The staff were very welcoming, and I felt valued and appreciated as a volunteer. As a result of the continued support NMCDS provided me throughout my volunteering, I was able to develop my skills and knowledge in counselling and the addictions field. From there, I built up my confidence and experience, and was offered a full time position on the team. I fully appreciate the support of NMCDS, and am very grateful for the opportunity they have given me." NMCDS Volunteer

"I have been to rehab before. Each time I left I was overwhelmed by the thought of everything I needed to do to become a 'normal' member of society. Dave and the Vocational Program gave me the motivation to do these things whilst staying at the TC. I am now studying and working part-time. I have direction. I am a better dad, and I feel like I belong. I will always be grateful to you guys for the Vocational Program." TC Resident

AWARDS 2013/2014

The Western Australian Alcohol and Other Drugs Symposium: The Road Ahead: Challenges, Change and Consolidation took place on 24th and 25th June 2014. Several Cyrenian House staff attended.

This year, for the first time, the Western Australian AOD Excellence Awards honoured exceptional individuals who have made an especially valuable contribution to the AOD field in Western Australia. Congratulations to Carol for her induction to the inaugural AOD Excellence Honour Roll. This is a fitting recognition of the tireless contribution that Carol Daws has made, and continues to make, to delivering and improving services for people with AOD issues in Western Australia.

Cyrenian House was also nominated as finalists in four categories of the Western Australian AOD Excellence Awards 2014. We were delighted to win three awards:

- The Rick Hammersley Centre TC won the award in the *Consumers and Carers* category for their work over the last 12-18 months on identifying barriers to service for gay, lesbian, bisexual, transsexual, intersex and queer (GLBTIQ) populations and developing the service to embrace diversity. Congratulations to all at RHC for their work
- The Families4Families program, a joint venture between Mental Health Matters 2 and Cyrenian House won the award in the Families category. Congratulations to Cyrenian House project worker Charl Van Wyk and members of MHM2
- The Integrated AOD Services took out the award in the Partnerships category. Cyrenian House shared the award with Next Step Drug and Alcohol Services, Palmerston Association, Mission Australia and Holyoake. Congratulations to all at the NMCDS who make integration work so well

QUALITY FRAMEWORK AND ATCA STANDARDS FOR IMPROVED SERVICES

Cyrenian House is an innovative and forward thinking organisation. To continue to improve our service, an audit under the Standard on Culturally Secure Practice was conducted in July 2013. The service was measured against Essential and Good Practice Criteria.

We received accreditation in both, with no non-conformities. Feedback from the auditor recognised the exceptional work done by Cyrenian House and in particular acknowledged the provision of a service that is consumer focussed, innovative and dedicated to providing a treatment program that is inclusive.

In addition to the Western Australian Network of Alcohol and Other Drug Agencies (WANADA) Standard, the Cyrenian House Therapeutic Communities also undertake reviews using the Australasian Therapeutic Communities Association (ATCA) TC Standards.

The ATCA's objective in developing a set of service standards was to ensure that the integrity of the "Therapeutic Community" principle would be maintained and continue to stand as a model of best practice in the treatment of substance misuse and co-occurring disorders. The set of standards aim to:

- Identify and describe good TC practice which can be incorporated into a national quality framework
- Enable Therapeutic Communities to engage in service evaluation and quality improvement, using methods and values that reflect the TC philosophy
- Develop a common language which will facilitate effective relationships with all jurisdictions (national, state and territory)
- Provide a strong network of supportive relationships
- Promote best practice through shared learning and developing external links

The Australasian Therapeutic Community Association (ATCA) acknowledged the contribution of two long term RHC staff. Linda Santiago and Jenni Hamilton were recognised for their contribution to the Therapeutic Community movement in Australia for over 10 years at the ATCA Conference. Congratulations to Jenni and Linda for their expertise and active contribution over many years.

Acknowledgement
of Service



Transitional Housing and Support Program Property

Creative Communication

A series of videos were designed and created in-house and made available on the Cyrenian House website increasing the variety of ways information about the service is presented to consumers. Utilising new, low cost technologies, information is conveyed simply and quickly in a format that is accessible and engaging.



Wanjoo = Welcome

This video presents information that explains cultural security at the RHC and complements the text based information previously developed for the website.



Family Inclusive Practice

This video illustrates the many different forms families can take, the importance of family in the recovery journey, and invites family members to access Cyrenian House services.



Strength in Diversity

This video was created with input from RHC TC residents who attend the Diverse Sexuality and Gender group.

All videos can be viewed at www.cyrenianhouse.com

Smoking Cessation - A Health Promotion Initiative

The Rick Hammersley Centre and Serenity Lodge TC's implemented a six month transition to a smoke free site and program by 30th June 2014. This has been an exciting and challenging opportunity to lead the residential TC sector in Western Australia in this significant health promotion strategy.

A number of actions have been taken to progress this initiative:

- Staff training in brief intervention for smoking cessation

- Education and support groups for staff and residents
- Consumer consultation and feedback
- Support to access nicotine replacement therapies (NRT)
- Signage to indicate to residents, staff and visitors the smoke free status of the sites
- Supportive therapeutic interventions for residents

- Preparation for smoke free treatment entry
- Upgrading of the gyms to provide an opportunity for residents and staff to make healthy choices and counter weight gain concerns.

A survey tool has been developed to track outcomes and consumer feedback over the next 6 months. The information gathered in the survey will hopefully inform ongoing policy initiatives regarding smoke-free treatment environments across the AOD sector.

Consumer Consultation and Participation

I AM WELCOME PROJECT

Through consumer consultation, the 'I am Welcome' Poster project was developed in response to consumers requesting that agencies be readily identifiable as welcoming of diversity. TC residents, through workshops and consultation, identified that a poster that could be displayed in the reception areas of services to indicate that diversity in welcome and reduce possible anxiety about approaching services for assistance.

The project was commenced at the Drug Action Week event held at the RHC in 2013 and developed over the following months. Now completed, the project has resulted in a large A2 colour poster that is on display in all Cyrenian House sites and available to other AOD sector agencies.



Active Consumer Participation

Cyrenian House continues to facilitate and encourage consumer feedback. This includes inviting feedback about service satisfaction and areas for improvement. Consumer feedback forms are provided throughout treatment for the purpose of gathering information and feedback about components of our program and/or our service delivery.

"After just 6 months in the Saranna Program I discovered that I had a voice and that what I thought mattered. I learnt how to communicate, not just within my family but in all areas of my life." (Resident)

Service planning days use consumer feedback collected through a number of mechanisms. This feedback is incorporated into program planning and design.

For example:

Based on consumer feedback health and lifestyle groups at the TC's were expanded to include information and strategies identified as beneficial by consumers. This included more hands-on menu planning, cooking lessons and in-home support sessions.

Consumer Feedback

"I spent 10 months in the Mixed Gender program and it changed my life. I have had countless interventions for my mental health issues but none have been as effective as my time in Cyrenian House. I was a mess. The next crisis just around the corner, the next psych ward visit looming. The staff and residents help to support me until I could stand on my own. I was put on a therapeutic agreement to "self care" -basically to tell people when my emotions were overwhelming me and that I could not cope on my own. The staff were great, gently pointing out patterns and behaviours that were not helping me in my life and recovery. I felt like some one heard me for the first time and that they got it as well. I then felt strong enough to get my first ever job and do service in the fellowships. I started doing 8 hours a week of work and washing cups after meetings. I now have a 20 hour contract and I am now the Activities Chair for Narcotics Anonymous in Western Australia. I am moving forward slowly but surely for the first time in my life, and I have the staff and residents at Cyrenian House to thank !! "

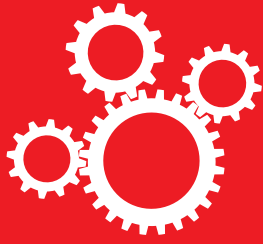
(resident)

"It is early days still, but my son is 100% better than he was previously. It is possible he may now graduate later on at uni, but even if he does not, I feel he has learnt more that will be of use to him in his life in 6 months at the Rick Hammersley Centre TC than I would hope for in all his time at university"

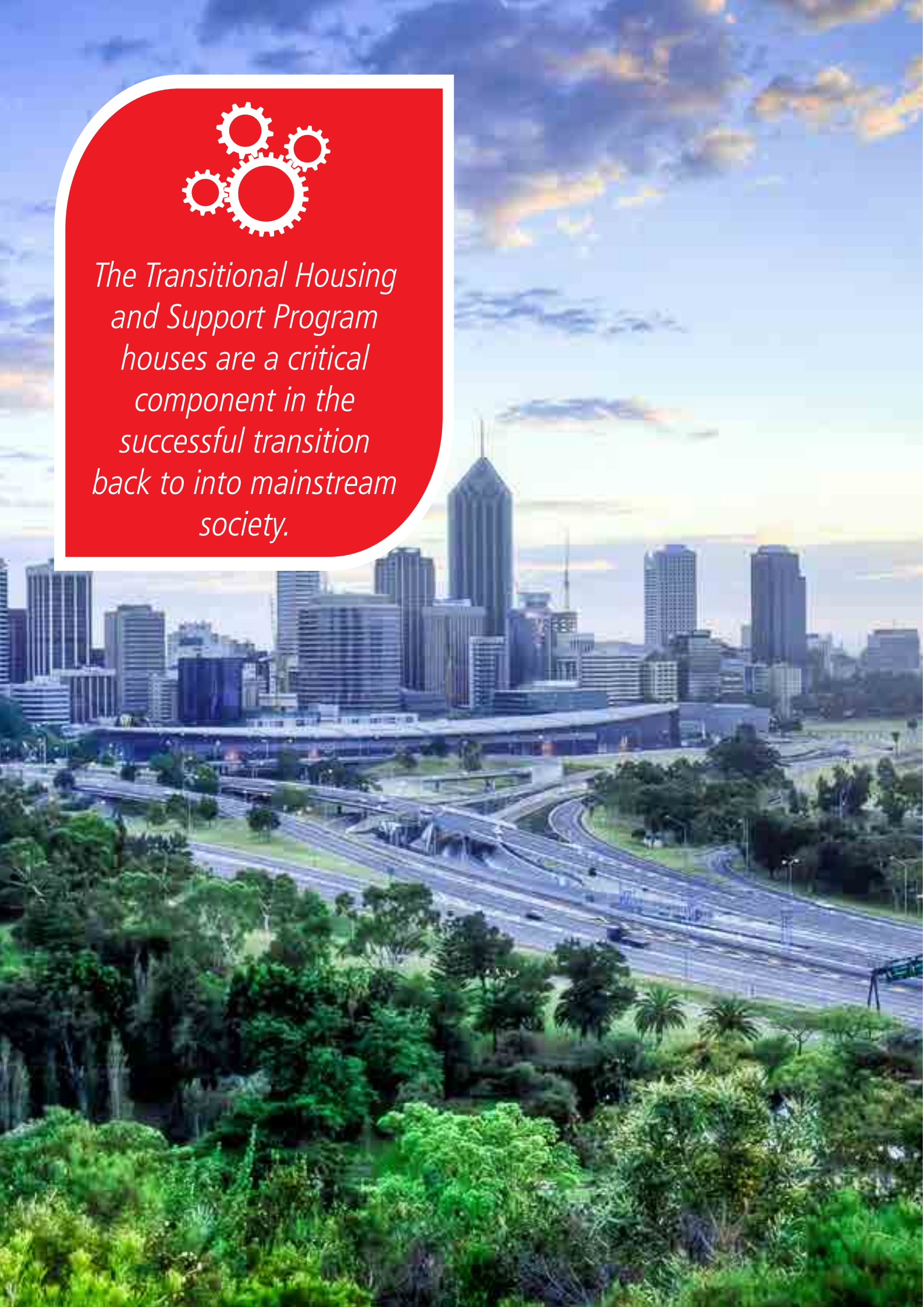
(parent of TC resident)

"After many years of seeking treatment for my Borderline Personality Disorder through psychiatrists, psychologists, detox centres & group therapy (amongst other things) I decided it was time for long term treatment of my issues with drugs and alcohol. I specifically chose Cyrenian House for their holistic approach to drug and alcohol addiction. While seeking treatment for my addiction I was also able to attend counselling sessions and maintain taking medication for my mental health issues. There was the opportunity to participate in mental health specific groups as well as checking in with staff on a daily basis. I was treated with respect and my mental health was always taken into consideration. Cy House was a very safe environment for me to work on myself. Since completing the treatment program I have not had any depressive episodes and my ability to deal with my anxiety has improved out of sight. My mental health has never been better."

(resident)



The Transitional Housing and Support Program houses are a critical component in the successful transition back to into mainstream society.



Non-Residential Services Report

Overview

Non-residential services (NRS) delivers a range of programs and services aimed at reducing the harm related to alcohol and other drug use in the community. These services include: individual, family and significant other counselling, community based psycho-educational group programs, Therapeutic Community (TC) assessment, referral and counselling support, transitional housing, 'Pathways' which is a prison-based cognitive behaviour therapy (CBT) program and the 'Drug and Alcohol Through-care Service' (DATS) which is a prison and community based counselling program.

Programs and initiatives:

During the past year, an evening psycho-educational group, the 'Healthy Living Group Program' was established. The concept of a healthy living-focussed program developed from a service planning process that sought to identify and respond to consumer needs. The healthy living group program adopts a holistic approach to wellbeing that places AOD use in the context of an individual's overall life experience. The group provides participants with the opportunity to develop effective coping and relapse prevention strategies that they can use in their day to day lives.

The NRS Residential Pathways Program (RPP) provides a comprehensive assessment and support service for consumers who are considering residential treatment at the Rick Hammersley Centre TC. The RPP team work closely with the TC staff to plan and coordinate entry to the TC. They collaborate with mental health and medical professionals, other non-government and government organisations,

family and significant others to find the best outcome for our consumers. There is an ongoing strong demand for residential treatment and many of our consumers recognise that this is an effective way to break an AOD addiction. Current residents from the RHC TC also attend the weekly wait pool support groups as role models for the effectiveness of the program. Consumers report that this provides them with hope and inspiration to stay on track throughout the pre-entry assessment process. The RPP team also provide aftercare support to residents following completion of the TC program.

RPP staff are committed to maintaining collaborative working relationships with local (metro), regional and national organisations and partners as a way of ensuring accessibility to the residential program to people in all parts of WA.

The Transitional Housing and Support Program (THASP) provides an opportunity for our graduated TC residents to access supported accommodation in the wider community for

up to 9 months. With the integration of Serenity Lodge into Cyrenian House, an additional THASP (3brm) house, located in Baldivis came under the management of NRS. A dedicated THASP worker co-ordinates referral, assessment, entry and exit dates and facilitates weekly support groups for residents. For many of our consumers, the THASP houses are a critical component in the successful transition back to into mainstream society.

The Drug and Alcohol Through-care Service (DATS) delivers pre-release counselling in seven metropolitan prisons (five Men's – Wooroloo, Acacia, Karnet, Hakea and Casuarina and two Women's – Boronia and Bandyup) and post release counselling at our Perth office. Pre-release counselling is co-ordinated approximately three months prior to parole and post – release counselling for six months whilst on parole. In the last year, DATS staff engaged with 367 pre-release clients and 105 post-release clients. The DATS program is funded by the Department of Corrective Services. There are currently four NRS staff members employed to deliver this service.

The 'Pathways' program is a cognitive behavioural therapy (CBT) based group program that NRS staff deliver at Wooroloo prison. Facilitators are trained and supported in delivering the program by a NRS Pathways Train the Trainer specialist. Each Pathways group requires a minimum of 2 trained facilitators to deliver the

program to 12 participants. Every participant is interviewed prior to, during and at the end of the program and a comprehensive report on each client is made after the completion of the 12 weeks of group work. This format generally fits into a 16 week cycle. NRS runs two concurrent groups each week at Wooroloo for a

total of approximately six groups and 72 clients per year. NRS has built up the capacity to run additional groups when required by our funders. The Pathways Program is funded by the Department of Corrective Services. There were 5 NRS staff (PT and FT) working in the Pathways Program throughout the year.

Workforce Capacity:

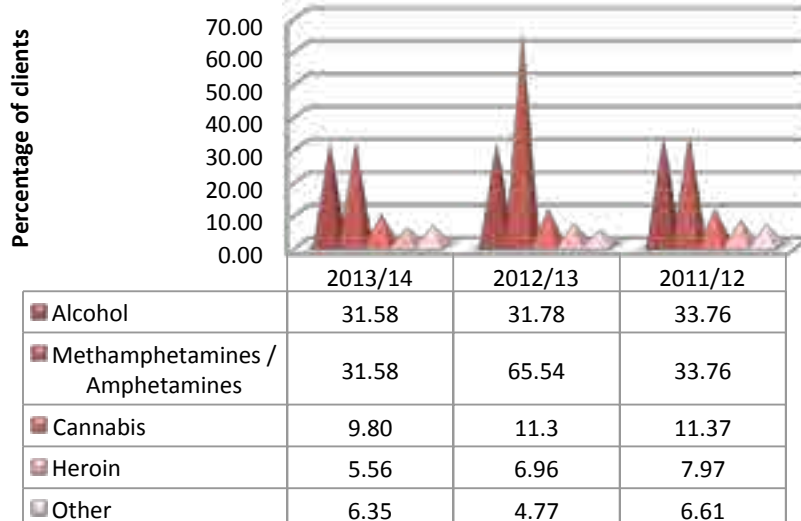
NRS provides regular professional development opportunities and training to staff and volunteers. During the year, NRS team members participated in training on Acceptance Commitment Therapy, supervision, mental health, case notes writing and assessment and treatment planning.

Also, during the past year, volunteer counsellors from both the DAO and Cyrenian House Volunteer Counsellors' training programs undertook placements at NRS. The volunteer counsellors are highly valued by NRS and they continue to make a significant contribution to the service we offer to our consumers.

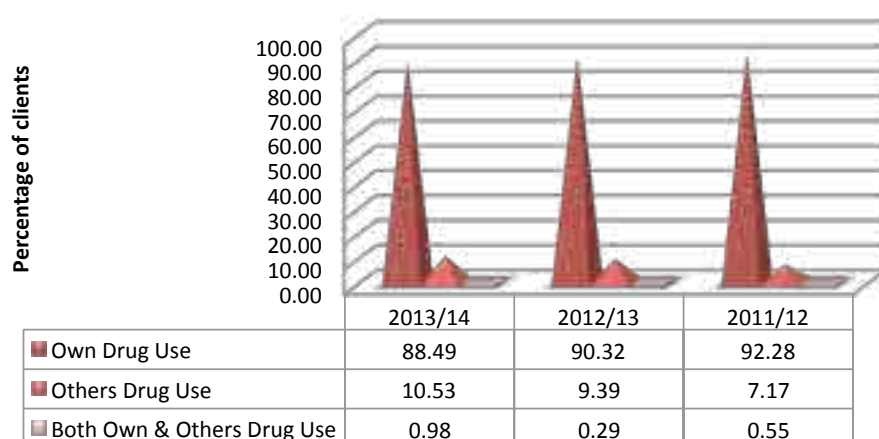
Statistics

NRS has shown a steady increase of participation from family and significant other presentations.

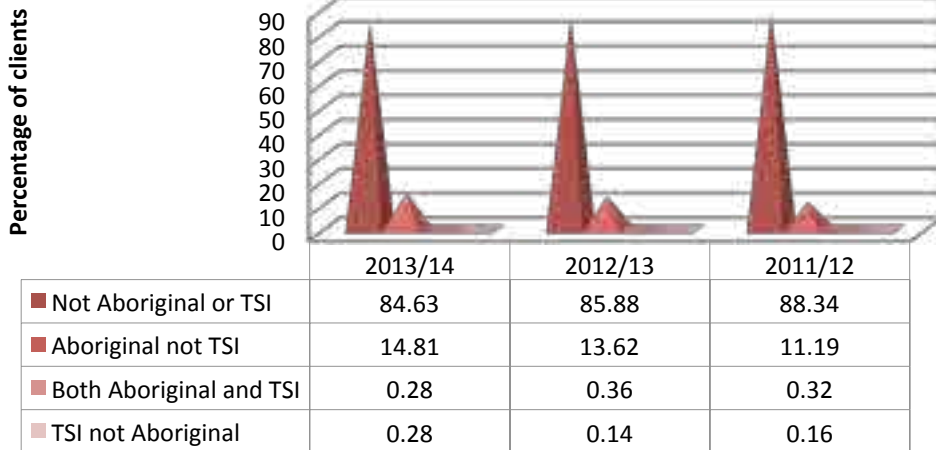
Primary Drug of Concern



Presenting Issue

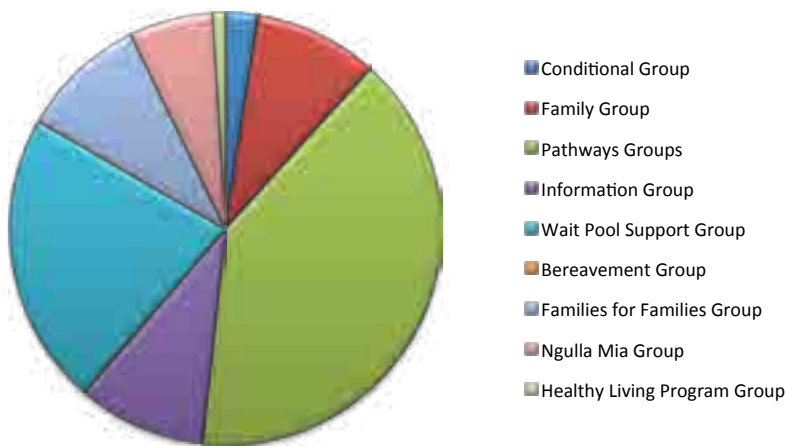


Aboriginality

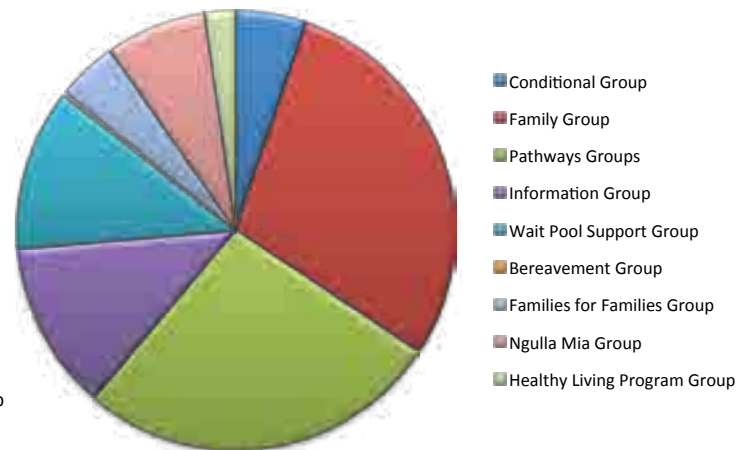


NRS continue to attract a consistent level of participation from Aboriginal people. All staff complete cultural security training.

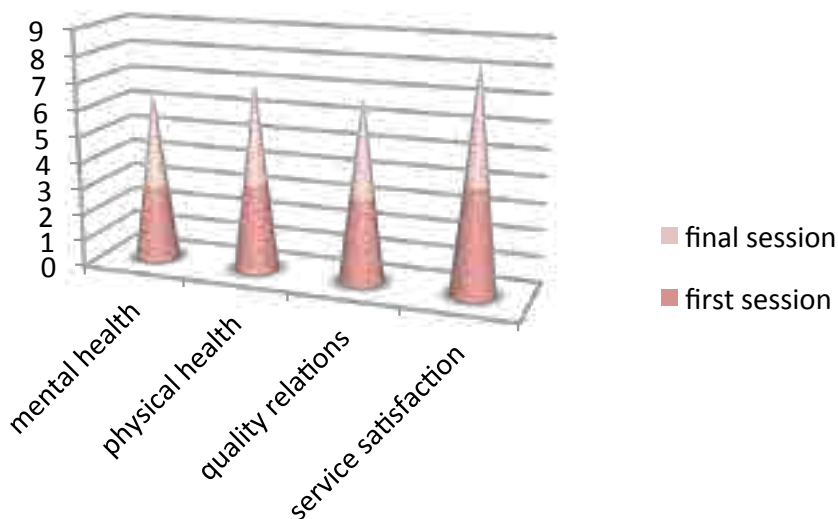
Attendees



Sessions



Measured Improvement



The Future:

During the coming year, NRS will continue to offer a diverse range of services, including individual and group based treatment options, to consumers wishing to address their AOD use. Specifically, the RPP will expand to include assessments and pre-entry support for consumers accessing Serenity Lodge TC. We will also further develop the supports available to consumers who are quitting smoking. NRS will continue to be a cornerstone service of Cyrenian House.



North Metro Community Drug Service Report

Overview

North Metro Community Drug Service (NMCDS) is an integrated service managed by Cyrenian House in partnership with Next Step Drug and Alcohol Services. NMCDS offers counselling and support, provided by Cyrenian House, and medical services, provided by Next Step.

NMCDS continues to be a leading provider of AOD services in the Northern Corridor. The service offers individual and family counselling, group sessions and also engages with the community to develop prevention strategies to reduce the harms associated with AOD use.

Highlights

Cyrenian House aims to promote a culture of excellence across the organisation. As such we were proud co-recipients of the Western Australian AOD Excellence Awards 2014 in the Partnerships category. The award recognised the successful implementation of the 'integrated services' model. Cyrenian House continues to work collaboratively with Next Step, the Drug and Alcohol Office (DAO) and the other non-government organisation (NGO) integrated services partners to ensure the ongoing development of the integrated services model.

During the past year, there has been a strong focus on enhancing our family inclusive practice (FIP). The staff team have participated in comprehensive FIP training and there has been a subsequent notable increase in the numbers of family members and significant others engaging in our service.

Demand for the services provided by NMCDS continued to be high and wait lists were managed effectively to ensure that service provision was as responsive as possible.

In accordance with our strategic objective of being informed by, and responsive to community needs, NMCDS has worked hard to develop consumer representation within the service. The service has recruited and supported a number of consumer representatives who provide valuable input to service development and delivery.

Workforce Capacity

Cyrenian House is committed to enhancing workforce capacity within the organisation. Training is an invaluable strategy in this regard and NMCDS staff participated in a number of training events throughout the year. The range of topics included: cultural security, mental state examination, suicide prevention, Acceptance and Commitment Therapy, Mindfulness and Meditation and Family Inclusive Practice.

Collaborative working relationships

In order to increase cohesion and facilitate referral options between

services for consumers, NMCDS continues to develop collaborative relationships and Memorandums of Understanding (MOU) with other service providers including Department of Corrective Services, Department of Child Protection and Family Services and youth and mental health services in the region. Together, we develop strategies to deliver collective responses to consumers who have multiple and complex problems. This approach produces better care options and holistic treatment responses for consumers.

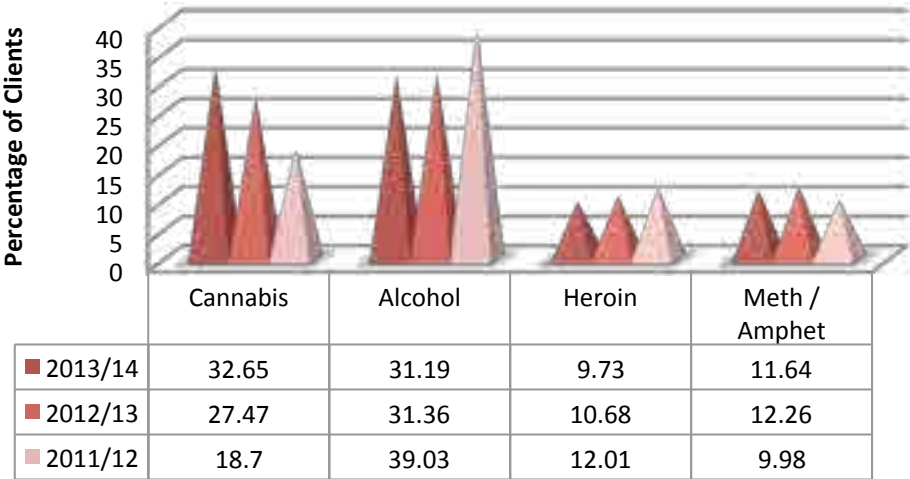
In line with the Cyrenian House organisational strategic objective to develop and expand, fostering sustainable growth, NMCDS played a key role in working with the North Metropolitan Mental Health Service to develop and sign off a MOU and subsequent Service Level Agreement that will inform practice at operational level.

NMCDS has strong relationships with the wider Cyrenian House organisation and with its partner organisation, Next Step, and as always enjoyed opportunities during the year to come together with Cyrenian House and Next Step at planning days, team building events and end of year celebrations.

Statistics

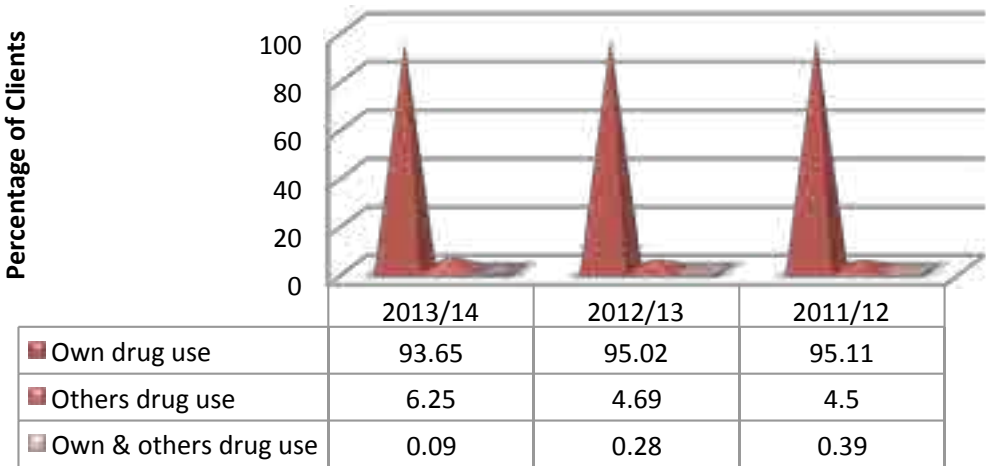
Cannabis has replaced alcohol as the primary drug of concern for clients presenting to NMCDS. Methamphetamine and amphetamine presentations remain stable while those for heroin use are steadily declining.

Primary Drug of Concern

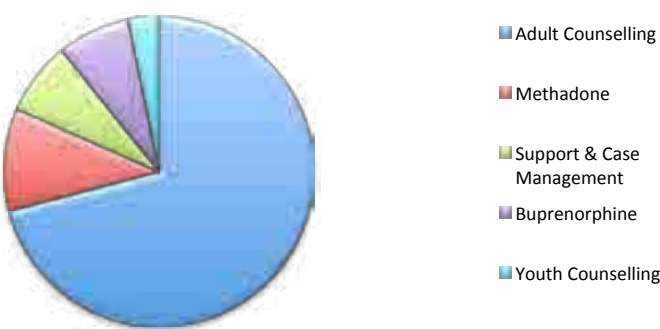


Significantly, the number of clients presenting for other's drug use has increased reflecting the large amount of work that has gone in Family Inclusive Practice over the past year.

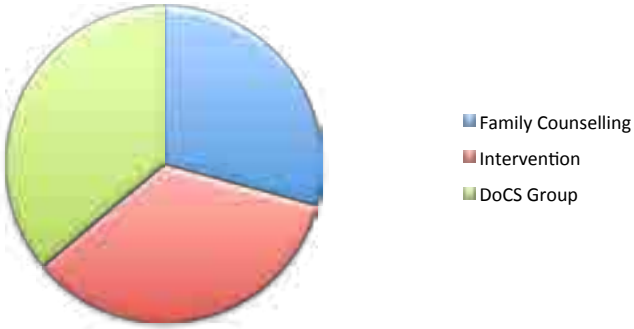
Presenting Issue



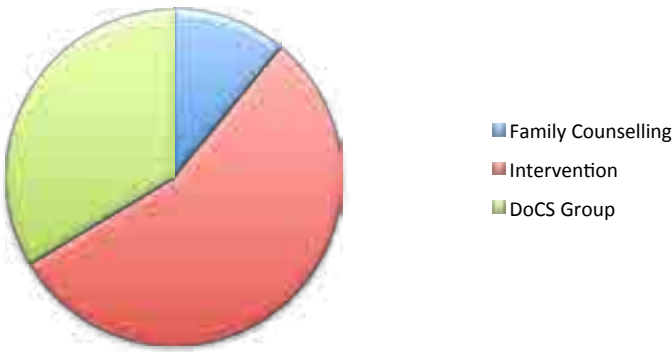
Treatment Type



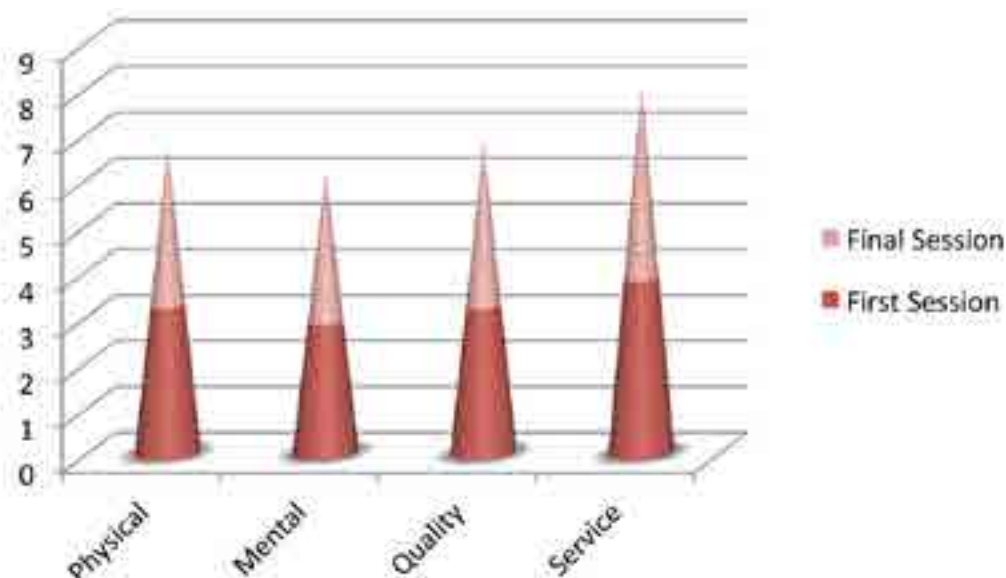
Group Sessions



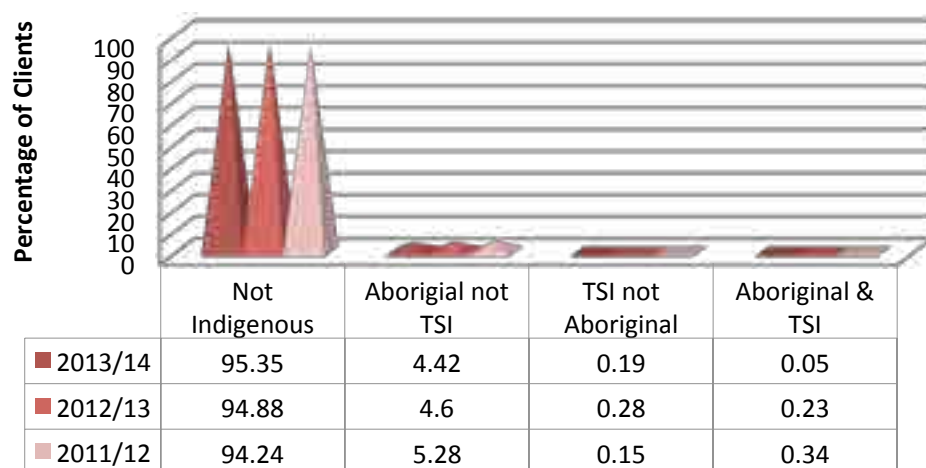
Attendees



Measured Improvement



Aboriginality



The number of Aboriginal clients presenting at NMCDS are proportionate to the demographic figures for the area. There is a wide spread of Aboriginal communities across the northern suburbs (ABS population census 2011) mostly concentrated in Mirrabooka/Balga (4.1%) and Girrawheen (3.2%). The Joondalup/Sorrento/and Carramar areas are lower at (0.7%) and Mindarie/Quinns Rock/Jindalee (1.3%). Our response to widely dispersed Aboriginal communities affected by poor suburban interlinking public transport is to deliver outreach services to communities unable to easily access centrally based services. Numbers of Aboriginal people accessing NMCDS services have remained relatively stable when compared with last year.

Cultural and Linguistic Diversity

Of the clients who accessed NMCADS in the 2013/14 year, 485 were born outside of Australia, the majority of which were British born. This is consistent with the demographics of the area although there are some pockets within the Northern Metropolitan area that have significant refugee communities. Fifteen clients identified that their preferred language was a language other than English.

Plans for the Future

The next year promises to be one of exciting change and development. Cyrenian House is hopeful that we will secure the DAO contract to continue to manage NMCDS. Over the coming year, we will focus on service development, particularly in regard to an expanded Joondalup site.



*"I feel I can be more myself
here than I have anywhere
else in my life" (resident)*



Rick Hammersley Centre Therapeutic Community

The Cyrenian House, Rick Hammersley Centre (RHC) TC is set on 32 acres of bushland, 30 KM north of Perth. The RHC is a Quality Accredited service which continues to develop to meet the needs of consumers. The RHC comprises two therapeutic programs:



The Mixed Gender Program (MG) is open to adults over eighteen years of age who are motivated to address their drug and/or alcohol dependence. The MG Program accommodates 40 people and maintains a gender balance to remove barriers to services for women. Six priority beds are held for Aboriginal people with AOD issues.



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

Highlights

Drug and Alcohol Excellence Awards:

The Rick Hammersley Centre Therapeutic Community was a winner of the 2014 DAO Drug and Alcohol Excellence Awards for: A 12 Month Capacity Building Project within a Residential AOD Treatment Facility to Attract and Retain Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Consumers.

Identified in the National Drug Strategy (NDS) 2010-2015 as a vulnerable group, GLBTI people have voiced their concerns that AOD treatment services do not meet their needs. In response to both the NDS and to provide a service to GLBTI people that provides equal opportunity for quality treatment, a capacity building project was initiated at the RHC.

This project examined the barriers to accessing treatment for GLBTI consumers, and the continuum of care before, during and after treatment. As a result of this process, strategies were developed to make the service more accessible to the GLBTI community. The project demonstrated that by taking a considered evidence-based approach utilising current knowledge and best practice, engaging with consumers as drivers and champions for change, and accessing available low cost resources, significant improvements can be made in an agency's capacity to engage and retain GLBTI consumers.

Diverse Sexuality and Gender Group (DSG)

As a result of the Diversity project, the percentage of people who identified as Gay, Bisexual, Lesbian, Transgender and Intersex (GLBTI) accessing residential AOD treatment in the Mixed Gender Program increased from less than 1% in 2012 to over 14% in 2013. The project demonstrated that by utilizing a multidimensional approach that places the consumer at the centre of their care, harnessing the ideas and energy of a TC, significant changes to the uptake of treatment by identified vulnerable groups can be achieved.

Feedback from our GLBTI consumers, through our DSG consumer group, clearly indicates that the service is providing an environment where GLBTI people feel included, safe and able to pursue their treatment goals. This feedback, coupled with the statistical data, verifies for us that the program has made significant progress towards meeting the needs of GLBTI consumers.

Aboriginal Cultural Security for equity and reconciliation

The TC continues to build its capacity to work positively with Aboriginal people and further enhancing its reputation as an AOD treatment service that:

- Supports Aboriginal cultural revival
- Works effectively with Aboriginal people
- Actively promotes reconciliation between Aboriginal and non-Aboriginal people

Cultural awareness groups continue to be conducted with the residents and staff on-site by our Aboriginal support worker to improve cultural security within the community.

Mixed Gender Adult Program

The Mixed Gender (MG) Adult Program continues to provide and to embrace a continuous quality improvement approach.

The MG program has 40 beds which maintains a gender balance. Of the 40 beds, we provide three diversion beds and six beds for Aboriginal People. We are pleased to report a 17% increase in treatment episodes closed as planned.



Feedback from GLBTI consumers since the commencement of this capacity building project...

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

"Being in a diverse environment I could be open about coming out as a bisexual woman, I can love myself because I am safe."(resident)

"Before coming into treatment I was reluctant to talk about my sexuality. Since being here I found it was okay."(resident)

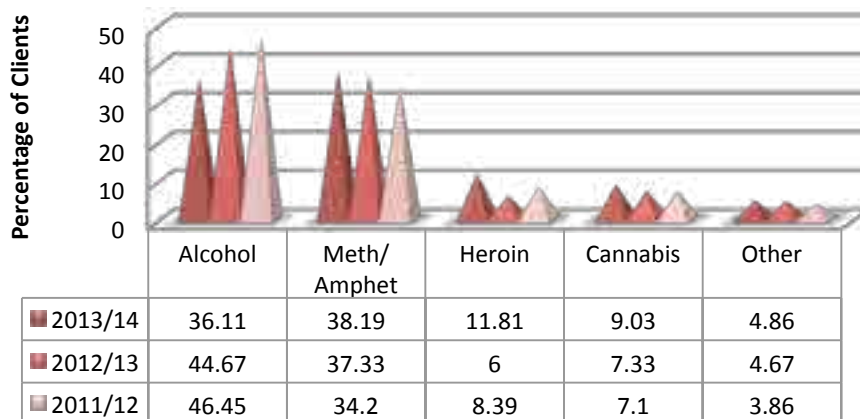
"Finding that diversity is supported by the program helps me be open and honest"(resident)



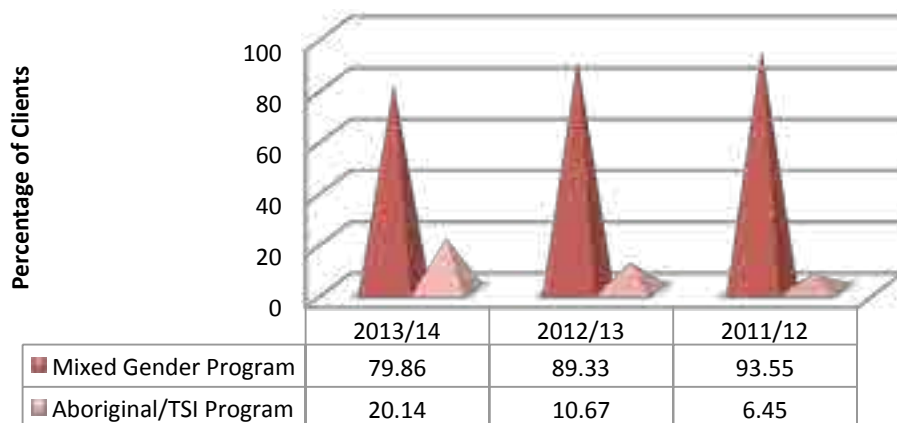
Statistics

Statistical data for this reporting period indicates a significant increase in consumers reporting opioid use, doubling over the past 12 months. There has been a notable increase in the number of people seeking to enter treatment who have been long term methadone users. We have worked collaboratively with Non Residential Services and Next Step Detoxification Unit to assist consumers reach their identified treatment goal of methadone to abstinence. The completion rate for this particular client group is 100%.

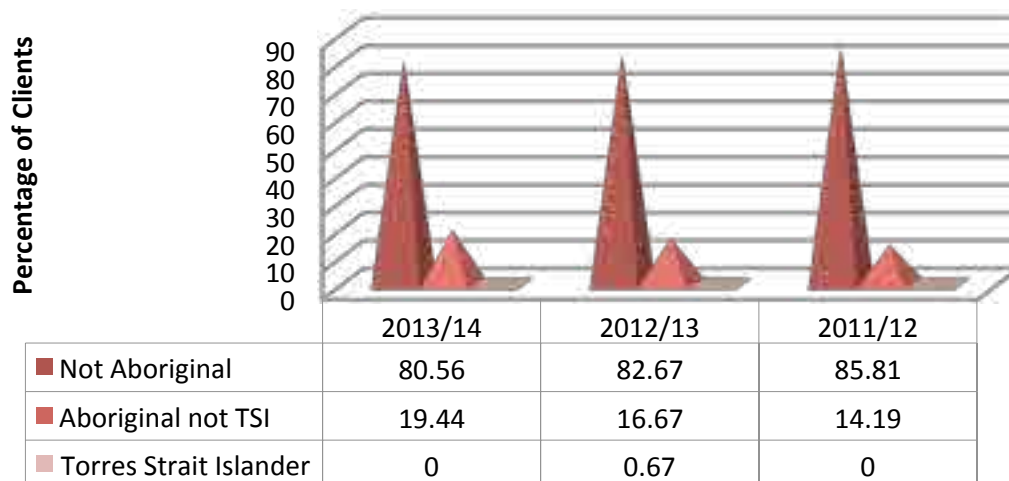
Primary Drug of Concern



Presenting Issue

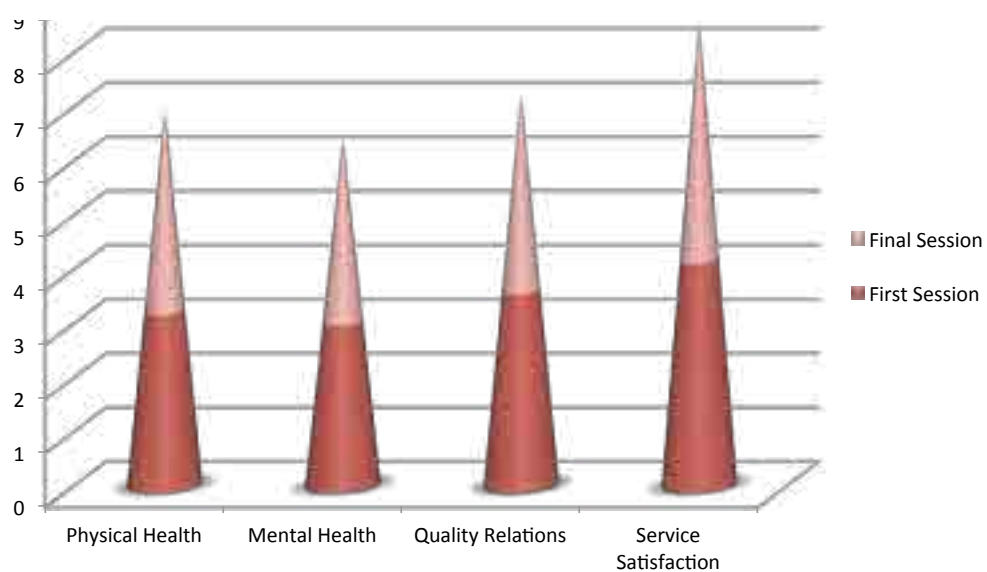


Aboriginality





Measured Improvement



The MG program has delivered:

- 2,667 Groups during 2013-2014, 740 of these groups have been delivered across the both programs.
- 312 hours of Team Case Management
- 910 formal 1:1 counselling sessions

2,667 Groups delivered

Gender Groups	78
Consumer Facilitated Groups	780
Fitness Groups	52
Cultural Education Groups	26
Socialization Groups	220
Smoking Cessation Groups	26
TC Groups	858
Education Groups	468
Lifestyle and Welfare Groups	52
Consumer Feedback Groups	78
Parenting Groups	29



**Mixed Gender
Group Delivery
2013-2014**

Parenting in recovery

Through consumer feedback it was identified that although the Mixed Gender residents did not have care of their children whilst in treatment, they identified being in treatment as an opportunity to address areas of parenting, attachment and play. In response to this consumer feedback, arrangements were made with Holyoake to co-facilitate a three week group that provided education to these residents. This is now an integrated component of the program and runs quarterly.

Consumer feedback from this group is:

"The parenting class was very useful and interesting especially to get answers about being away from my child, how it affects the relationship not being around and absent as she grows up, good for reflection" (resident)

"Insightful and fun. I enjoyed the theory and what I learnt along with being creative. For me it was very beneficial"(resident)

"I thoroughly enjoyed the course. I found it beneficial to gain some experience of what children understand, do and see. Recommend for other parents"(resident)

Innovative Partnership

Our partnership with Madjitil Moorna Choir of Aboriginal Reconciliation, linking Aboriginal residents back into community, gave us the opportunity to perform at various events throughout the year. The highlight being the Perth Festival 2014. Other performance events were:

- St George's Cathedral - NAIDOC Day Service 2013
- Suicide Prevention Conference 2014 Suicide Prevention Australia
- Makuru Arts Festival Kalamunda 2014
- Nyoongar Institute of Excellence WA Awards Ceremony- Midland
- International Womens Day Event- Byford
- Karagullen Expo
- Conscious Living Expo
- Zig zag Festival- Kalamunda

Our relationship with Madjitil Moorna Choir of Aboriginal Reconciliation enables Aboriginal residents to connect with culture and language during and post treatment.





"By coming to Saranna for recovery, women can not only achieve freedom from the grip of alcohol and drugs, but discover who they really are" (Resident)

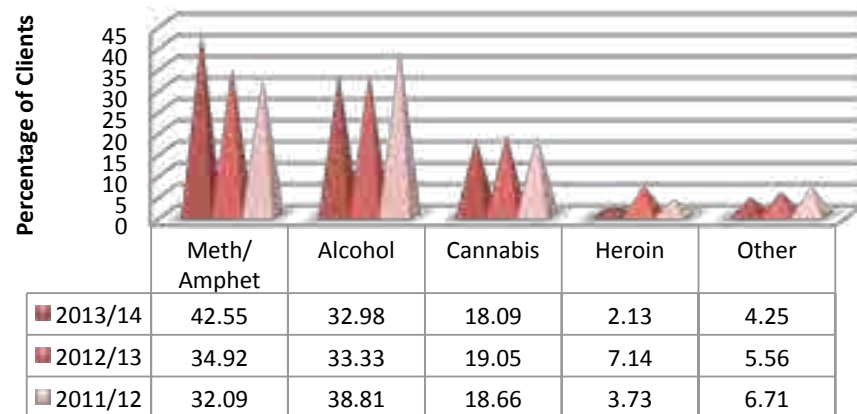
Saranna Women and Children's Program

The Saranna Women and Children's Program continues to provide a quality accredited service to assist women with children (0-12 yrs) in their care to address alcohol and other drug (AOD) issues and the physical, social and emotional impacts for their families. To strengthen engagement and support and to provide a seamless service, the Saranna Program consists of three distinct elements.

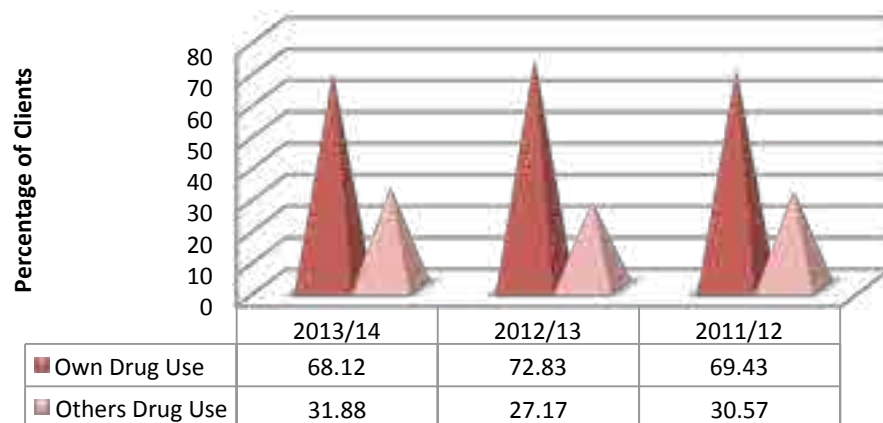
- **Pre-admission** - Outreach service assists in engagement, assessment, support and preadmission preparation
- **Residential** – Saranna Women and Children's TC Program. A residential facility where the women and their children reside at the Rick Hammersley Centre in self-contained family homes. Children attend the onsite Saranna Early Childhood Education and Care Centre or a local intake school whilst the mother engages in AOD treatment during the day. In the late afternoon and evening the family resumes a normal family routine
- **Aftercare Support Program** - Outreach service to provide ongoing support during transition into the wider community post residential treatment

Client and Program Data

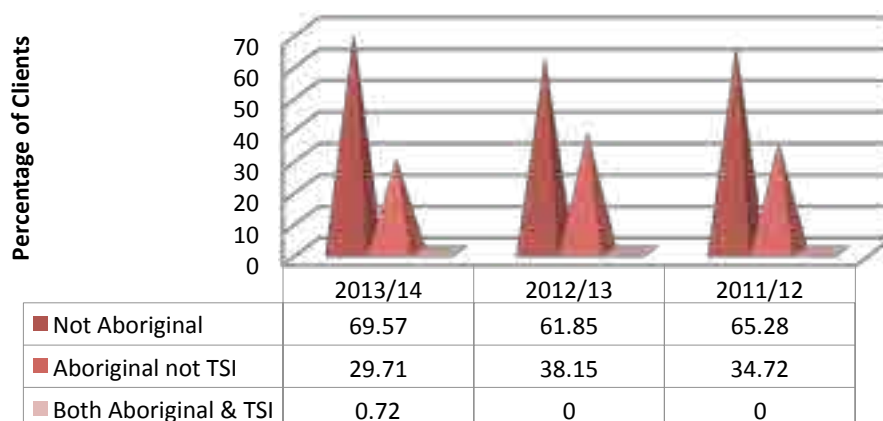
Primary Drug of Concern



Presenting Issue



Aboriginality



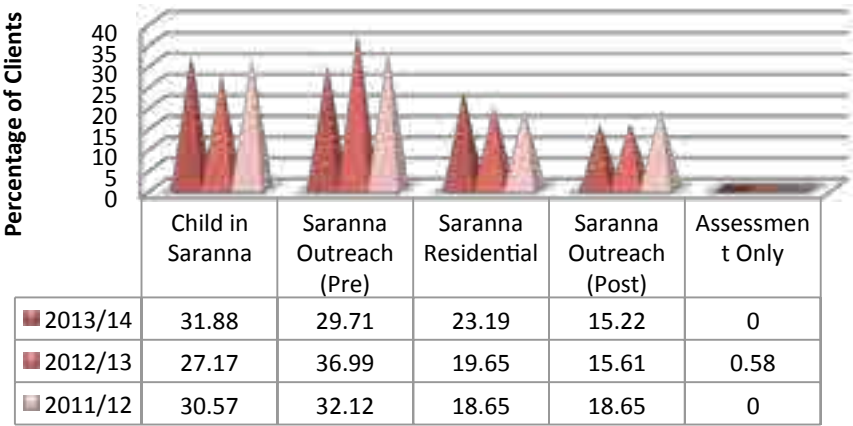
Family Composition and Cultural Diversity

27% of clients engaged across all Saranna programs identify as Aboriginal or Torres Strait Islander. Maintaining links with culturally appropriate services, including but not limited to, Meerilinga, Strong Families, Aboriginal Alcohol and Drug Service (AADS), Moorditj Aboriginal College, Aboriginal child health nurse, Moorditj Djena diabetic podiatry , and working within a framework of cultural respect enables us to engage successfully with Aboriginal women and children. It may be appropriate at times, especially with cultural considerations around child care arrangements for an Aunty or Grandmother to enter the program with a child in their care.

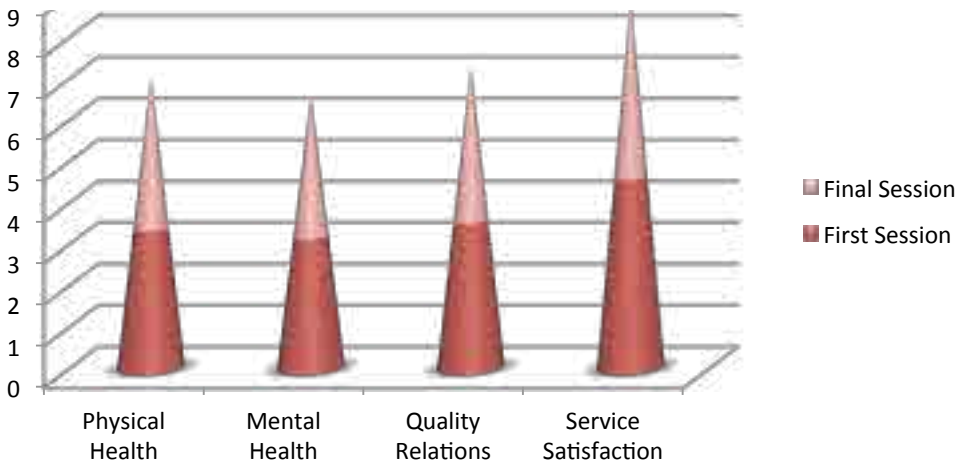
Whilst recognising the strengths and resilience that people accessing the service demonstrate, we also see families present with increasing complexities which can include health-related and mental health issues, violent and challenging family dynamics and the potential for increased involvement with child protection services. We have implemented a Family Support Worker role to effectively address the dynamics of family living in the home and to enhance home skills. The program focuses on further improving resident outcomes through comprehensive assessment, individual treatment plans and case management.

Children are presenting with physical, developmental and behavioural problems which include, but are not limited to global developmental delay, Foetal Alcohol Spectrum Disorder (FASD), delayed speech, Attention Deficit Hyperactivity Syndrome (ADHD), respiratory and hearing problems, learning difficulties, poor dentition, trauma and school refusal. These issues are addressed either within the program or through engagement with specialist services.

Program Type



Measured Improvement





*"I am now able to care
for myself and I can be
present for my kids"
(Resident)*

Referral

We receive referrals from key community and government agencies, with the majority of assessed clients (75%) identifying various levels of involvement with Department of Child Protection and Family services. The primary defined mode for engagement is self-referral. Statistical data reflects a total of 94 adult residents engaged across all the Saranna Programs and a total count of 44 children entering Saranna residential services.

"I am now able to care for myself and I can be present for my kids" (Resident)

Resident Engagement and Completion Rates

We recognise the need for an extended length of engagement in the Saranna Residential program and supportive follow up. This year we experienced a record number of resident families completing all stages of the program. During this reporting period a total of 32 families engaged in the residential program, 98% of whom completed treatment.

Engagement with Key Stakeholders and Community

The Saranna Women and Children's Program maintains strong links with key service providers. We are actively involved in a partnership with WHSF and Community Link and Network (CLAN) to deliver the Kids in Focus program.

This year also saw the official opening of the Saranna Early Childhood Education and Care Centre. In collaboration with the new Childcare Centre we continue our affiliation with the Department of Education, Employment and Workplace Relations (DEEWR) to provide excellent childcare services and holistic family case management practice.

Additional linkages to facilitate optimum outcomes include:

- Holyoake
- Attach-Uniting Care West
- Meerilinga
- Illawarra Primary School
- Transitional Housing Services
- Womens Refuges

Engagement in community events including the Annual Domestic Violence March empowers women in the program to engage with life issues pertinent to their lived experience with support and encouragement from staff.

Saranna staff have also delivered presentations at WA Family Pathways Network forums. This engages the program with the community and enables networking and information sharing about the program.

Targeted Interventions for Special Needs

"We learn how to survive feelings and challenges, and grow to thrive for ourselves and our children" (Resident)

Social isolation and marginalisation can be a feature of this consumer group. Social interactions support residents to build their recovery support networks and commence the healing process with family members. Therapeutic groups and activities which promote socialisation and build on people skills include:

- Attending external self-help groups, Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) up to three times per week;
- Time is allocated in the program for family and friends' visits every Sunday;
- Saranna residents invite their family members to their home for dinner. This gives them the opportunity to give back and practice engaging with their family members in positive interactions;
- Saranna families join together to share in a Pot Luck dinner to practice entertaining and leisure with their children;
- Throughout the year the TC participates in many celebrations and events which promotes diversity and acceptance, reconciliation and teamwork;
- During school holiday periods the Saranna program provides the opportunity for mothers and children to engage in fun activities designed to promote bonding, attachment and trust.



Serenity Lodge Therapeutic Community Report

Cyrenian House acquired Serenity Lodge in October 2013. Serenity Lodge is a residential facility based in Rockingham and only minutes from the foreshore. It has been providing alcohol and other treatment for over twenty years and is well established in the local community as a valuable and much respected service. The property has a forty bed capacity for adult men and women seeking treatment. From 2008, Serenity Lodge began a transition towards a Therapeutic Community treatment model.

During the past year, considerable energy has been invested in transitioning Serenity Lodge into a Cyrenian House service. This transition has been implemented in such a way as to ensure minimum disruption and maximum benefit to existing residents and staff.

The Serenity Program

A significant percentage of people self-refer to Serenity Lodge. Additionally, the service accepts referrals from the Court Assessment and Treatment Service (CATS) and other agencies. Serenity Lodge has good relationships with other services in the region that support our residents. In particular, there are sound referral pathways to mental health support services and this enables Serenity Lodge to provide a supportive and responsive service to people with co-occurring AOD and mental health issues.

The program was originally based on a twelve step approach and whilst other therapy approaches and theories (including cognitive behavioural therapy, Acceptance and Commitment Therapy, Systems Theory and Social Learning Theory) now also inform practice, the twelve steps remain an important component of the service. In the past year, new clinical processes have been introduced at Serenity Lodge, including more structured case reviews and resident feedback mechanisms. In accordance with the TC "community as method" model, there has been an increased focus on supporting residents to be the key agents of change within the program. There has been a concurrent strengthening of the 'stages' format of the program with clearer criteria for residents to progress through the program stages.

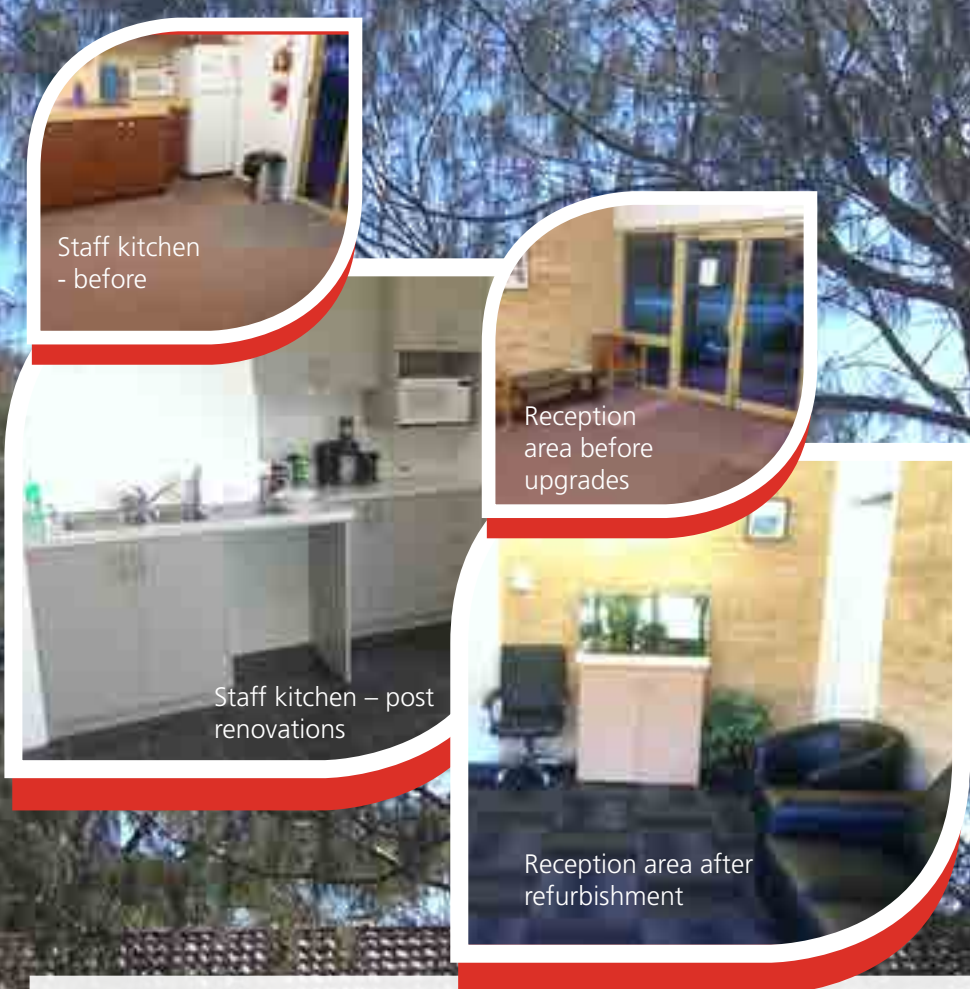
Serenity Lodge has been actively involved in wider organisational planning initiatives, including the steering committee to guide implementation of the Cyrenian House Reconciliation Action Plan (RAP) and the committees responsible for developing family inclusive practice and for operationalising the Cyrenian House smoke-free approach to treatment. Serenity Lodge is also represented on the Cyrenian House Occupational Safety and Health (OSH) committee and the Social Committee.

The Serenity Environment

There have been significant repairs and renovations undertaken during the past year. Cyrenian House is grateful to the Drug and Alcohol Office for their support of these works, which include renovation and redecoration of the

Since becoming part of Cyrenian House I feel like I can focus completely on providing the best possible service to residents. The renovations are amazing- there is an exciting change in the air. (New Cyrenian House Employee)

A therapeutic community is a treatment facility in which the community itself, through self-help and mutual support, is the principal means for promoting personal change.



Staff kitchen
- before

Reception
area before
upgrades

Staff kitchen – post
renovations

Reception area after
refurbishment

administration building, redecoration of the group rooms, kitchen, dining area, stairwells and the 'Ashton' building (women's accommodation). The TC work program includes regular maintenance and upkeep of the facilities and grounds. Residents and staff are commended for their work in contributing to an enhanced environment that supports recovery and wellbeing.

The Serenity Workforce

Cyrenian House was fortunate in that the acquisition of Serenity Lodge also resulted in the addition of a motivated and effective team of people to its workforce. Serenity Lodge has a proud tradition of supporting people with a lived experience of AOD use to develop the skills required to work in the service. This philosophy of integrating lived experience with theoretical knowledge and skills fits well with the Cyrenian House ethos and will continue to be a strength of the service and organisation as a whole. As with other Cyrenian House services, Serenity Lodge's staff team comprises a dynamic mix of professionals, both with and without a personal lived experience of AOD use.

During the past year, Serenity Lodge staff participated in DAO training including supervision training and some staff attended the WA AOD Symposium in June 2014.

We would like to recognise and thank our volunteers and students who have also contributed to providing a strong and robust service for our residents.

The Serenity Future

- Over the course of the next year, the Serenity Lodge program will be reviewed against the Standard on Culturally Secure Practice and the Australasian Therapeutic Communities Association (ATCA) TC Standards.
- We will review the processes in place for residents to provide corrective feedback to each other and we will enhance opportunities for residents to engage in therapeutic processes that assist them to develop greater awareness of behaviours, attitudes and beliefs that support addiction. We will continue to develop the role of residents, individually and collectively, as agents of change in accordance with the TC model.
- We will continue to improve clinical case management and review processes.
- We will review our assessment processes to maximise efficient use of scarce resources.



Cyrenian House Milliya Rumurra (CHMR) Outreach Team Report

Overview

CHMR's service objectives focus on increasing access to alcohol and other drug (AOD) counselling and support services, delivery of targeted AOD prevention programs in the West Kimberley, building community capacity to develop and deliver evidence-based AOD programs and increasing the capacity of the local/Aboriginal workforce to deliver AOD programs or services.

We have made good progress in all of our key activity areas and have exceeded many of our targets for clinical work, which we do on an outreach basis from Broome. Perhaps some of our finest achievements for the year are the finalisation and

launching of two Alcohol Management Plans (AMPs) in a service environment that has changed significantly with the cessation of the initiatives that were part of the National Partnership Agreement on Remote Service Delivery (RSD).

Achievements and highlights

Counselling and support

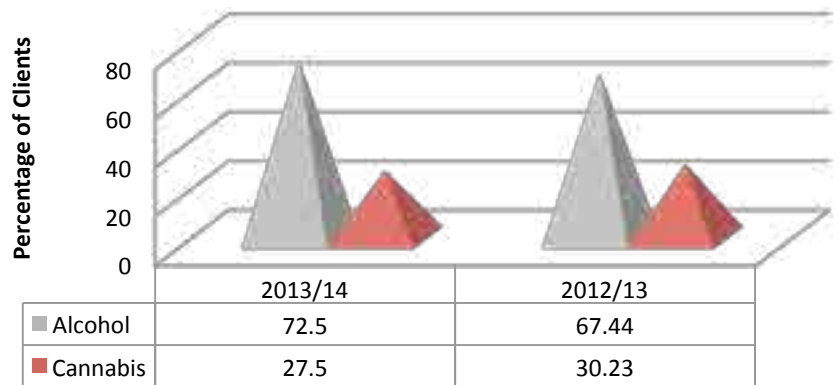
The team have increased assessment and counselling service delivery this year, doubling our targeted number of visits for the Peninsula and exceeding our target for Bidyadanga. Our geographical target area includes outreach south to Bidyadanga and north along the Dampier Peninsula. In the past year referral sources have been primarily self-referrals, the Department for Corrective Services and Department for Child Protection and Family Services. Remote area clinics also rely on the CHMR team for working with people who want to change their drinking or drug use and for providing staff with current AOD information. Each remote area clinic displays visual information detailing how to access CHMR and each clinic is a contact point for people who wish to seek assistance from CHMR.

In the past 12 months we've engaged 41 individuals in programs. All of our clients are Aboriginal. Our clients are predominantly male and aged over 18.

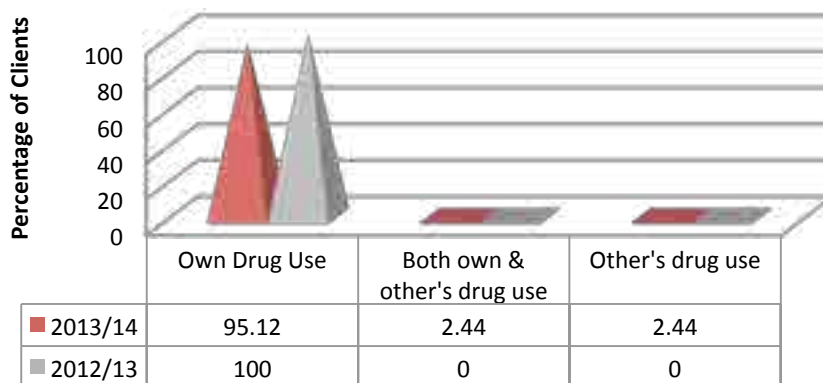
Age	Male	Female	Total
0-18	2	0	2
19-35	13	7	20
35 +	14	5	19
Total	29	12	41

Client and Program Data

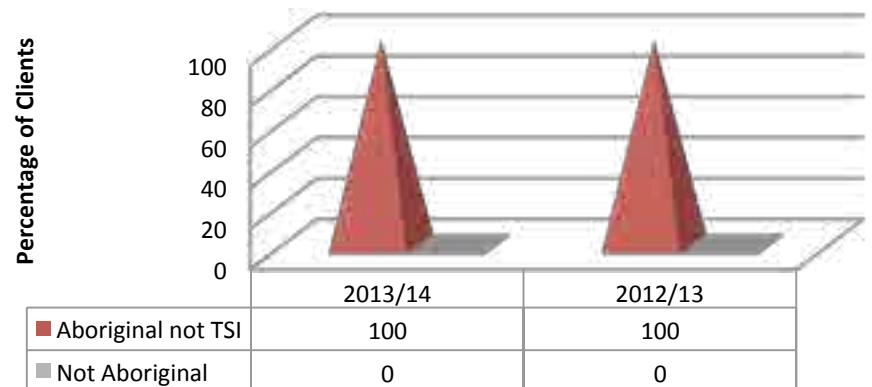
Primary Drug of Concern



Presenting Issue

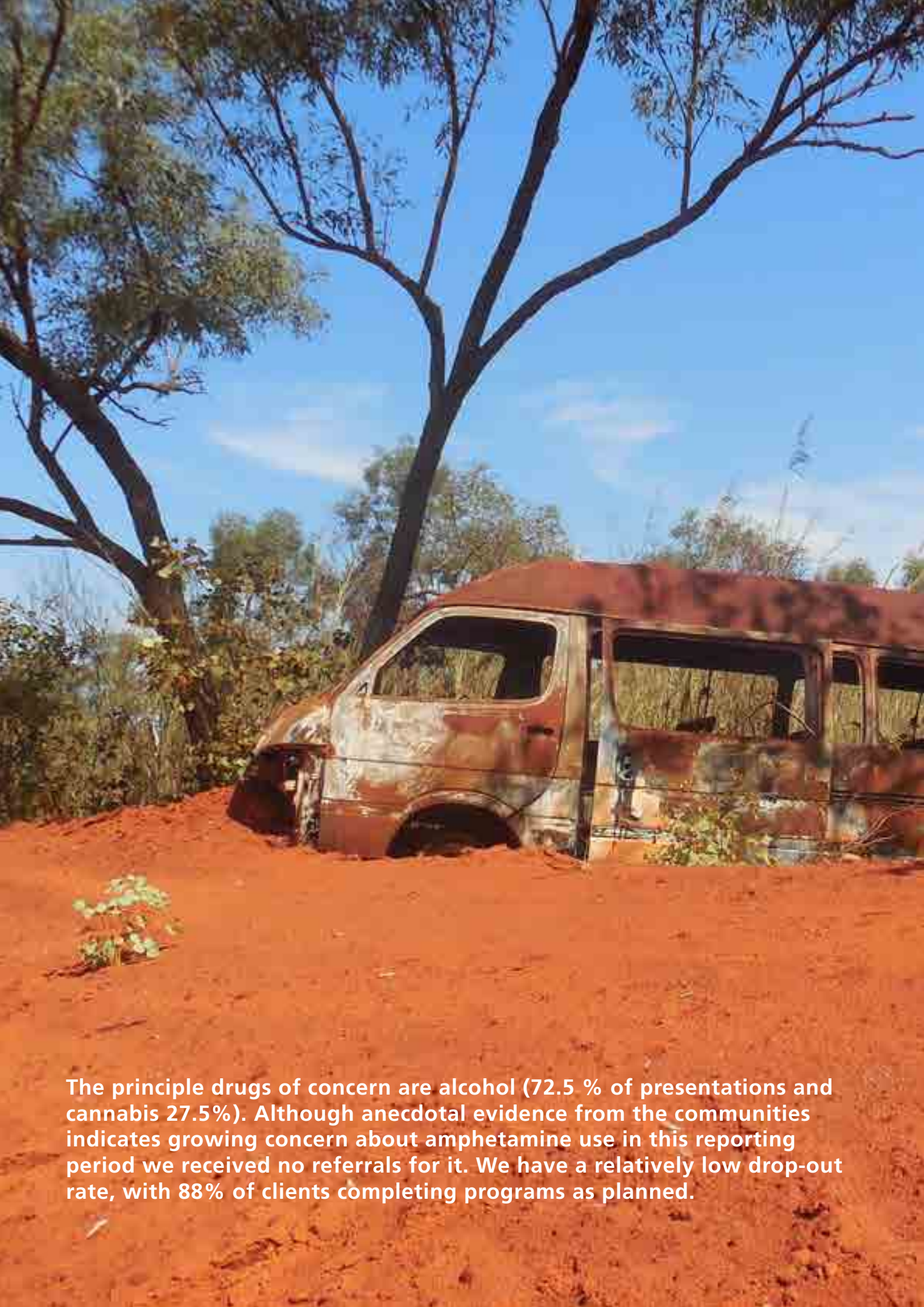


Aboriginality



Measurable Improvement





The principle drugs of concern are alcohol (72.5 % of presentations and cannabis 27.5%). Although anecdotal evidence from the communities indicates growing concern about amphetamine use in this reporting period we received no referrals for it. We have a relatively low drop-out rate, with 88% of clients completing programs as planned.

Alcohol management plans – bringing it all together

We have finalised and launched plans in both Broome and Beagle Bay and draft plans are developed for Djarindjin Community and Bidyadanga. There was a plan developed for Ardyaloon (One Arm Point) but post-RSD changes to the community leadership led to the RSD-supported plan being shelved and a new, community driven development process commencing. In some ways this is a more desirable outcome, as community ownership of the process will result in a more robust and meaningful plan for the community. The CHMR team retain close links with the leaders in Ardyaloon and will support the development of community plans to manage AOD's.

Community Engagement

One of the means for targeting AOD prevention programs has been to embed the messages in fun activities that engage community members. The CHMR team have worked in partnership with Headspace to coordinate and work together on the Easter Basketball Carnival in One Arm Point. This is one of the biggest sporting events of the year on the Peninsula. Two CHMR staff assisted with organisation, distributed AOD awareness information and facilitated activities with young people in order to

build relationships with the community members and promote the aims of the CHMR Team. In collaboration with the youth worker in Bidyadanga, CHMR assisted with a one day carnival, again working directly with youth of the community. At the request of Beagle Bay Community, CHMR supported a self-esteem building activity for women and girls (AOD information and assisting with hair and makeup), again working directly with youth and women to build a trust relationship between community and the service.

Building relationships - building capacity

The CHMR team maintain good working relationships with local service providers, particularly those involved with remote communities. Our connections with services targeting children and youth include SDERA (School Drug Education and Road Aware, Headspace, Youth Justice Team, Department for Child Protection and Family Support and the schools. We've supported men's groups in Beagle Bay, Bidyadanga and Broome and a womens' safe house in Djarindjin, women's group in Bidyadanga and the women's refuge in Broome. We have attended community meetings in Djarindjin, Ardyaloon and Bidyadanga to discuss formulation of alcohol management plans. The CHMR team negotiated with the DAO and the Department for Racing, Gaming and

Liquor to deliver training in December for staff of agencies and communities in using the provisions within the Liquor Act 1988 (WA) to address alcohol use in the community.

The CHMR team is active in the Broome and Peninsula Local Drug Action Groups (LDAGS) and in the past year we have worked with them to deliver activities for World FASD Awareness Day, Mental Health Week, NAIDOC week, International Women's Day, World No Tobacco Day and, with Milliya Rumurra, a Family Fun Day held during Drug Action Week.

Workforce Capacity

CHMR embodies a service partnership between Cyrenian House and Milliya Rumurra Aboriginal Corporation. The CHMR team currently consists of 3.8 FTE (two counsellors, part-time admin and the manager positions) funded by Royalties for Regions and employed by Cyrenian House. The Milliya Rumurra half of the partnership brings two outreach staff to the service, line managed by CHMR. The team have attended various professional development activities including orientation to the AOD sector, working with women to prevent FASD, working with amphetamine using clients and they regularly attend sector-wide video conferences facilitated by the DAO on a range of relevant topics.

Looking forward

Activities planned for the coming year include preparation for accreditation against the Cultural Security Accreditation Framework and re-surveying the communities we surveyed last year to ascertain community perceptions of AOD issues to see if activities have changed perceptions of issues. The team will also be seeking to further expand our clinical roles in remote communities and Broome, building on our steadily growing numbers of service users. Supporting communities to operationalise alcohol management plans will also be a priority. Overall, this has been a year of development of resources and consolidation of partners. The next twelve months hold a wealth of opportunities to explore the potential of the team and the partnership.



Saranna Early Childhood Education and Care Centre Report



Children impacted by parental AOD use may present with many social, emotional, physical and linguistic development difficulties. Cyrenian House has long identified the need for a new and dedicated approach to the recovery and well-being of these children.

With this objective in mind, Cyrenian House worked toward raising funds for the design and development of a specialist childcare centre. After ten years of planning and fundraising the Saranna Early Childhood Education and Care Centre opened in February 2014.

The **Saranna Early Childhood Education and Care Centre** provides a safe and stimulating therapeutic learning environment and facilitates the physical and emotional growth of vulnerable children impacted by parental AOD use. Our goal is to improve quality of life and long term outcomes for these children and break the intergenerational cycle of AOD use and associated harms.

All children have the right to be safe, be nurtured and have their physical and emotional needs met. We have created a space where children can develop a sense of self-worth and learn the skills that they need to reach their potential.

As well as children from the Saranna Women and Children's Program families, the centre caters for children from the wider community.

The advantages of this are threefold.

- It addresses a gap in childcare service provision in the area
- It "normalises" the environment for the Saranna Program children
- It ensures the long term sustainability of the service.

At Saranna we believe in providing a learning environment that is rich in natural, recycled and man-made resources. Children are involved in decision making with regard to their environment and are encouraged to help look after it. We support children's learning by building strong, trusting, and reciprocal relationships with them and their families. We acknowledge that every child is different and they learn in different ways and at different times. Children have choices within our environment, acknowledging that they have a part to play in their own learning. We provide a rich and diverse range of activities and experiences from which children make their own decisions on when and how they will interact with any given experience.

Educators are attuned to specific children's individual support requirements through the building of strong relationships with each child and their families. Children learn and imitate what they see and hear around them. The quality of an environment and the experiences a child has within the first five years of

life are extremely important and contribute to the development, learning and self-actualization of the person. At Saranna we strive to provide the best possible environment, positive learning experiences and sound role models for our children. Learning outcomes for our children are as follows:



Children are supported to develop a strong sense of who they are and where they come from



Children know they have a place and can contribute to their world

Children know they will be emotionally supported and listened to

Children develop a passion for learning and exploration



Children become strong and effective communicators

We believe in strong links with our parents and the surrounding community. Communication and consultation are very important to our centre and we encourage and welcome all requests for support, advice and feedback. We welcome parents and relatives to participate in our program and value a close relationship between centre and home.

The centre had 10 children enrolled when it opened in February and as of the end of the financial year 27 of the 60 available places were filled. Our aim for the coming year is to reach full operational capacity.



Treasurer's Report

The 2014 Audited Financial statements have seen Cyrenian House record consistent revenue growth and a surplus for the 2014 financial year. Unlike 2013, where capital expenditure of \$2.1M on the Saranna Early Childhood Education & Care Centre made for an overall reduction of cash reserves of \$244k, 2014 capital expenditure of \$698k, including the Rick Hammersley Centre expansion and Serenity Lodge, still left a Net surplus of \$1.2M.

On the face of it this would seem a very healthy surplus but with Total Assets (at Cost) now \$7.54M a reasonable surplus is required to be retained to maintain and refurbish the assets of the organisation. While this does not necessarily need to be done now, some funds need to be kept available for these purposes. A number

of capital projects will be undertaken this year and these include the new buildings at the Rick Hammersley centre, refurbishments at Serenity Lodge and motor vehicle replacements.

2014 was a good year for Cyrenian House and places us in a good position to carry out these works in 2015. Other major events that occurred during the

year were the Serenity Lodge acquisition and the grand opening of the Saranna Early Childhood Education & Care Centre.

Thank you to the CEO and her team for a great result, in what has been a very busy year!

MATTHEW VAN RIESSEN
TREASURER



A man with glasses and a beard, wearing a blue and white plaid shirt, is performing on stage. He is playing a double bass (upright bass) with his left hand and a snare drum with his right hand. A microphone is positioned in front of him. The background is a white wall with a logo and text. The logo features a black silhouette of a person in a dynamic pose, with a red silhouette of a person in a similar pose to its right. Below the logo, the text 'CYMENIAN' is written in a large, serif font, and 'Housi' is written below it in a smaller, serif font. Below the text, the words 'ALCOHOL & D' and 'TREATMENT CE' are written in red, sans-serif font. In the foreground, the head of a snare drum is visible, with the text 'THE GHO' written on it in a large, serif font.

CYMENIAN Housi

ALCOHOL & D
TREATMENT CE

THE GHO

Auditor's Report 2014



Independent Audit Report to the members of W.A. Council on Addictions Inc.

We have audited the accompanying financial report, being a special purpose financial report, of W.A. Council on Addictions Inc. ("the entity"), which comprises statement of financial position as at 30 June 2014, statement of financial performance for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by members of the committee.

Committee's Responsibility for the Financial Report

The committee of W.A. Council on Addictions Inc. is responsible for the preparation of the financial report, and has determined that the basis of preparation described in Note 1 is appropriate to meet the needs of the members. The committee's responsibility also includes such internal control as the committee determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We have conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation of the financial report that gives a true and fair view, in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the committee's financial reporting obligations. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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



Independence

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

Qualification

Cash donations are a significant source of revenue for W.A. Council on Addictions Inc. W.A. Council on Addictions Inc. has determined that it is impracticable to establish control over the collection of cash donations prior to entry into its financial records. Accordingly, as the evidence available to us regarding revenue from this source was limited, our audit procedures with respect to cash donations had to be restricted to the amounts recorded in the financial records. We therefore are unable to express an opinion whether cash donations per the financial statements are complete.

Qualified Audit Opinion

In our opinion, except for the qualification mentioned above the financial report presents fairly, in all material respects, the financial position of W.A. Council on Addictions Inc. as at 30 June 2014 and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Committees' financial reporting responsibilities. As a result, the financial report may not be suitable for another purpose.

Dated the 15th day of September 2014 in Perth, Western Australia

AMW (AUDIT) PTY LTD

ANDERSON MUNRO & WYLLIE
Chartered Accountants

CHRISTOPHER McLAUGHLIN
Director

Statement by Member's of the Committee

WA COUNCIL ON ADDICTIONS INC.

STATEMENT BY MEMBERS OF THE COMMITTEE

The committee has determined that the association is not a reporting entity.

The committee has determined that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the committee the attached financial report

- 1. Presents fairly the financial position of the WA Council on Addictions Inc. as at 30 June 2014 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 WA Council on Addictions Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the committee and is signed for and on behalf of the committee by:



President.....
JOHN SIMPSON



Chief Executive Officer.....
CAROL DAWS

Dated this 15th day of September 2014

Financial Statements

Statement of Comprehensive Income

**W.A. Council on Addictions Inc.
Statement of Comprehensive Income
for the year ended 30 June 2014**

	2014 (\$)	2013 (\$)
REVENUE		
Fees & charges	1,805,979	1,352,695
Grants - State	8,142,856	5,985,870
Grants - Federal	768,639	733,331
Grants - other	662,015	627,722
Grants - unexpended	5,000	521,249
Financial income	253,850	222,569
Donations	9,716	48,389
Fundraising income	42,551	37,824
Other income	41,897	40,093
	<u>11,732,503</u>	<u>9,569,742</u>
EXPENDITURE		
Administration and finance costs	1,039,523	894,390
Employment, education and training expenses	6,385,673	5,324,581
Cost of services and sale of goods	2,125,846	1,230,926
Depreciation and amortisation expenses	248,842	204,059
Fundraising expenses	24,478	18,026
	<u>9,824,362</u>	<u>7,671,982</u>
NET SURPLUS (see note 2)	<u><u>1,908,141</u></u>	<u><u>1,897,760</u></u>

Statement of Financial Position

WA Council on Addictions Inc. Statement of Financial Position as at 30 June 2014

		2014 (\$)	2013 (\$)
CURRENT ASSETS			
Cash and cash equivalents		6,987,760	4,846,481
Trade and other receivables		1,816	30,379
Other current assets		30,346	17,656
Total current assets		<u>7,019,922</u>	<u>4,894,516</u>
NON-CURRENT ASSETS			
Land & buildings at cost	5,788,714		
less: Accumulated depreciation	<u>(317,474)</u>	5,471,240	5,105,908
Plant & equipment at cost	1,175,934		
less: Accumulated depreciation	<u>(643,054)</u>	532,880	490,080
Motor vehicles - at cost	577,185		
less: Accumulated depreciation	<u>(275,067)</u>	302,118	260,582
Total non-current assets		<u>6,306,238</u>	<u>5,856,570</u>
Total assets		<u>13,326,160</u>	<u>10,751,086</u>
CURRENT LIABILITIES			
Grants In advance		175,000	-
Grants/funds unexpended		136,344	5,000
Other liabilities		9,633	5,561
Taxation liabilities		69,559	53,332
Client funds held in trust		9,813	9,669
Superannuation payable		-	34,107
Trade Creditors		202,263	54,264
Provision for employee entitlements		853,265	748,300
Total current liabilities		<u>1,455,877</u>	<u>910,233</u>
NON-CURRENT LIABILITIES			
Provision for employee entitlements		174,229	138,125
Total non-current liabilities		<u>174,229</u>	<u>138,125</u>
Total liabilities		<u>1,630,106</u>	<u>1,048,358</u>
NET ASSETS		<u>11,696,054</u>	<u>9,702,728</u>
ACCUMULATED FUNDS			
Accumulated surplus		11,246,337	9,338,196
Reserve for future services		449,717	364,532
TOTAL ACCUMULATED FUNDS		<u>11,696,054</u>	<u>9,702,728</u>

W.A. COUNCIL ON ADDICTIONS INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements are special purpose financial statements prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act Western Australia. The committee has determined that the association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act Western Australia and the following Australian Accounting Standards:

AASB 101	Presentation of Financial Statements
AASB 110	Events After Balance Date
AASB 112	Income Taxes
AASB 117	Leases
AASB 1031	Materiality

The financial statements have been prepared on an accruals basis and are based on historic costs and do not take into account changing money values or, except where stated specifically, current valuations of non-current assets.

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

a. Income Tax

The W.A. Council on Addictions Inc. is a non-profit organization and is exempt from Income Tax (sec. 50-10 ITAA 1997). Therefore no Income Tax has arisen for and no liability has been incurred for the financial year.

b. Property, Plant and Equipment (PPE)

Freehold land and buildings are brought to account at cost or at independent or directors' valuation. No provision for depreciation is made on Freehold Land and Buildings.

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.

c. Impairment of Assets

At the end of each reporting period, the committee reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in the income and expenditure statement.

d. Employee Benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits have been measured at the amounts expected to be paid when the liability is settled.

W.A. COUNCIL ON ADDICTIONS INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

e. 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 reliably measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at the end of the reporting period.

f. 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.

g. Accounts Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from clients as well as amounts receivable from donors. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

h. Revenue and Other Income

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

Interest revenue is recognised using the effective interest 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.

If conditions are attached to the grant that must be satisfied before the association is eligible to receive the contribution, recognition of the grant as revenue will be deferred until those conditions are satisfied.

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

i. Leases

Leases of PPE, where substantially all the risks and benefits incidental to the ownership of the asset (but not the legal ownership) are transferred to the association, are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for that period.

Leased assets are depreciated on a straight-line basis over the shorter of their estimated useful lives or the lease term. Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

W.A. COUNCIL ON ADDICTIONS INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

j. 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 Australian Taxation Office (ATO). Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the assets and liabilities statement.

k. Accounts Payable and Other Payables

Accounts payable 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 that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

l. Capital Commitment

The Council has no material capital commitment as at 30 June 2014.

m. Contingent Asset

After the acquisition of a second residential treatment facility an alleged fraud was committed by an employee during the dissolution process. The matter was in the hands of investigators and the courts as at 30 June 2014, with recovery of Council's funds contingent upon the future outcome. An estimate of the potential financial effect of the contingent asset that may become receivable should recovery action be successful is \$21,069.

n. Contingent Liability

There were no material contingent liabilities existing at 30 June 2014.

W.A. COUNCIL ON ADDICTIONS INC. NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2014

NOTE 2: SURPLUS FOR THE YEAR

The surplus for the year as per the income and expenditure statement does not reflect capital expenditure (other than the nominal depreciation charge on new additions). The following table shows the surplus after capital expenditure for the year:

	\$
As per income and expenditure statement	1,908,141
Less: Capital expenditure made during the year	<u>(698,512)</u>
Surplus after capital expenditure for the year	<u><u>1,209,629</u></u>

