

CYRENIAN HOUSE

Annual Report
2015 || 2016



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CYRENIAN HOUSE PRESIDENTS REPORT

It was with great sadness that we lost our former President John Simpson on the 23rd November 2015, just after our last AGM. John contributed over 10 years of support to Cyrenian House and will be sadly missed by all.

To the Committee of Management, thank you for supporting me in my new role and for your contribution over the past year. I would also like to acknowledge Karen Ward for her time on the Committee of Management and wish her well on her travels to Melbourne. A big welcome to Joshua Cox our new Committee of Management member who will continue to guide Cyrenian House in matters of Cultural Security.

The Committee of Management would like to thank our CEO Carol Daws, Operations Manager Colette Wrynn, CFO Stephen Scarrott, Corporate Communications and Compliance Manager Caroline Henson (has sadly left us as an employee), Executive Support Corporate Services Natalie Prowse, Service Managers Peter Duncan, Shonna Grant, Tom Hopkins, David Lonnie, Sally Malone, Sharmayne Holly, Rachel Halligan and Charl De Wet Van Wyk. We also thank the entire staff team and volunteers for their ongoing efforts. The dedicated team at Cyrenian House have demonstrated enormous commitment which enables Cyrenian House to continue to function effectively and are to be commended.

The past year has been focussed on the procurement of funds for the ongoing viability of the organisation. Cyrenian House has been successful in securing funds through the Federal Government Department of Veterans Affairs to support veterans with alcohol and other drug issues. In addition we were successful in securing funds from the State Government Criminal Property Confiscation Grants Program to develop a Peer Support Program for Cyrenian House. We are also hoping to secure extra funds

to increase our bed capacity in the Rick Hammersley (RHC TC) and Serenity Lodge (SLTC) Therapeutic Communities. This funding will be announced in late October 2016.

This year has also seen the commencement of a large infrastructure project at the RHC TC. The building of a new kitchen/dining/group room hub has now begun with an estimated completion date of June 2017. In addition, three other transportable buildings to provide counselling rooms, another group room and an IT room will also be completed in the same time frame. This will provide a much needed upgrade of the facility to cater for an increased capacity.

Our social enterprise, the Saranna Early Childhood Education and Care Centre (SECECC) is running well and has been audited against the National Quality Standards receiving a rating of 'Exceeding'. I am pleased to say that we have been approved to increase our licence from 60 places to 85. This is a credit to the organisation as childcare has not been part of the Cyrenian House services previously.

In closing I would like to thank the sponsors of the Cyrenian House Charity Golf Day which this year attracted 92 players and raised some much needed funds for Cyrenian House. This event is the major fund raiser for the agency so we look forward to your support for our next Charity Golf Day on March 10th 2017 at Meadow Springs in Mandurah.

President & Treasurer
Matthew Van Riessen



CYRENIAN HOUSE EXECUTIVE & MANAGEMENT STRUCTURE



PRESIDENT & 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.



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.

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 10 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.



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 Commercial Dispute Resolution lawyer for over 12 years, having recently set up a law firm, Croftbridge, with one of her colleagues. She specialises in contested estates matters, but also regularly practices in employment law.

Elise is a committee member of the WA branch of the Society of Trust and Estates Practitioners ("STEP") and Women in Safety WA. 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
KIM LEDGER

Kim is a member of the 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.

Kim is a member of the following Boards/Committees:

- WA Sporting Car Club - Committee (Club Member since 1970)
- Cyrenian House Management Committee
- Patron: Australians 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 2 years. He brings comprehensive 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
JOSHUA COX

Joshua Cox is a proud Aboriginal (Bardi) Australian man from the Kimberley. He has spent most of his life in Perth where he completed his schooling and a Bachelor of Commerce at Curtin University, becoming the first in his family to do so. After graduating university, he worked in the non-government sector for several years, initially as a youth worker, then as Diversion and Support officer at WANDA.

For the past 7 years Joshua has worked with BHP Billiton based in Port Hedland and Perth. This work has included community engagement/relations and Indigenous employment, which included building relationships and partnerships between industry and non-government organisations. Josh has been impacted personally by drug and alcohol use in his family and brings a unique perspective as a previous client and employee in the AOD sector.



COMMITTEE MEMBER
JOHN STOCKBRIDGE

John Stockbridge is a veteran of the Information Communications and Technology Industry (ICT) and has 40 years of experience working for multi-nationals and his own software development company.

John now owns and runs Marketing Success, through which he provides business consultancy and development services to Australian and multinational ICT companies.

As a Director in SharePoint Factory WA, John works with business IT students of universities in Australia and Malaysia endeavoring to place them as paid interns in the ICT Industry.

In this role John is an Adjunct Research Fellow at Curtin University. John was the 2012 Western Australian

IT Achiever of the year, is a Fellow of the Australian Computer Society and Rotary Paul Harris Fellow.

John has been a Director on the National Board of the Australian Information Industries Association, and a past member of both the WA Export Advisory Board and the WA State Government Information Communications Policy Advisory Council.

CYRENIAN HOUSE MANAGEMENT COMMITTEE

FAREWELL...

JOHN SIMPSON

John Simpson passed away on November 23rd 2015. John will be remembered as a man who was very generous with his time and who supported Cyrenian House for over a decade for which we are grateful. Farwell John.

JOHN WYNDHAM

Passed away on December 12th 2015 - John was a caring and generous man who always helped others. His contributions to the organisation will always be remembered, Thank you John.

GEORGIE HAMMERSLEY

Georgie passed away on 11th May 2016. We are very grateful for Georgie's enormous contribution to the organisation over the years, she will be greatly missed.

CYRENIAN HOUSE LIFE MEMBERS

- Chris Hammersley
- Mark Popham
- Ross Lonnie
- Leslie Cooper

CYRENIAN HOUSE EXECUTIVE AND MANAGEMENT

Executive

Carol Daws – Chief Executive Officer

Operations Manager – Colette Wrynn

Chief Financial Officer – Steve Scarrott

Communications and Compliance Manager – Caroline Henson

Corporate Executive Support – Natalie Prowse

Managers

Services Development Manager – Nicola Iannantuoni

NRS Programs – Tom Hopkins

Jigsaw Project – Charl Van Wyk

Non-residential Services – Elise Copland

North Metro Community Alcohol and Other Drug Service – Eric Nordberg

Rick Hammersley Therapeutic community – Peter Duncan

Serenity Lodge Therapeutic community – David Lonnie

Cyrenian House Milliya Rumurra Outreach Service – Sally Malone

Saranna Early Childhood Education and Care Centre – Sharmayne Holly and Rachel Halligan

CHIEF EXECUTIVE OFFICER'S REPORT



The Alcohol and Other Drug (AOD) Sector has now completed a year under the stewardship of the Mental Health Commission (MHC). On the surface there does not appear to be a great deal of change, but the MHC themselves have experienced a fair degree of attrition since the amalgamation with a number of the old Drug and Alcohol Office (DAO) staff moving on. As is often the case when change management occurs, there is always a certain amount staff changes. Sue Jones was appointed to

the role of Assistant Commissioner presiding over the AOD portfolio, while James Hunter was appointed as Director of Non-Government Organisations Purchasing and Development.

The State Government's Agency Expenditure Review (AER) created a level of anxiety for services within the community sector with the delaying of contract extensions that were due for renewal in July 2016. The announcement of where cuts were to be made was delayed due to budget announcements until less than 12 weeks before the contracts were due to expire. Fortunately, the AOD sector did not experience a great deal of impact from the cuts which were, for the majority, absorbed by the MHC and one off grants to the sector. All contracts for Cyrenian House were renewed in line with contract requirements.

It was with great sadness that our President, John Simpson lost his battle with cancer on 23rd November 2015. His life was celebrated at his funeral on Friday 27th November which was attended by a number of staff and Committee of Management members. John will be remembered as a man who was very generous with his time and who supported

Cyrenian House for over a decade. Our condolences to Nola and the girls. Matt Van Reissen has kindly agreed to take up the role of President and this was formalised by a vote of confidence at the February 2016 Committee of Management meeting.

Sadly we also lost two other people who have made a significant contribution to Cyrenian House over a period of many years. John Wyndham lost his battle with cancer on 12th December 2015. John was a great supporter of Cyrenian House and was a past president of the Cyrenian House Committee of Management for over ten years. Georgie Hammersley, wife of Rick Hammersley the Founder of Cyrenian House, passed away suddenly on the 11th May 2016. Both Georgie and John were life members of Cyrenian House and will be sadly missed by all.

I would also like to acknowledge Karen Ward who was our Aboriginal representative on the Committee of Management for several years.

Thank you for your commitment to Cyrenian House and your guidance on matters of Cultural Security. Karen has decided to move to Melbourne for a period of time. When one door closes another one opens. To this end Cyrenian House welcomes Joshua Cox to the Committee of Management to continue to guide Cyrenian House on matters of Cultural Security. Joshua comes from a wealth of Knowledge in the AOD sector having worked at WANADA for several years, as well as having a personal understanding of recovery with several members of his family experiencing AOD issues.

Procurement has continued to dominate the workload in the past 12 months as Cyrenian House has endeavoured to diversify its funding sources to remain sustainable. We have been involved in the development of a number of tender processes, with three still to be released and one we decided to withdraw from. One of the tenders

for the Central Metropolitan Community Alcohol and Drug Services (CMCADS) that we completed in partnership with the Aboriginal Alcohol and Drug Service (AADS), was also withdrawn by the MHC at the last minute. We have been successful in two tenders, one for services to Veterans through the Federal Government Department of Veterans Affairs and one for a Peer Support Program through the State Government Criminal Property Confiscation Grants Program. We are still awaiting the outcome of a tender through the MHC for extra beds for both of our Therapeutic Communities (TC's) as well as four low medical withdrawal beds. In addition, we will be required to complete a Preferred Provider tender process for the MHC for continued funding within the Cyrenian House Non-Residential Program.

The theme of 'renovations' has continued throughout the past year. The Saranna Women and Children's Program and houses have received a much needed facelift with some renovations of the older houses. The houses themselves are around 20 years old and some of the cupboards and fittings were wearing out. Cyrenian House has a

strong commitment to offer quality accommodation to our consumers and they have given great feedback about the new work on the houses.

Cyrenian House is acutely aware of the need to continually monitor the condition of our buildings and to this end we have also commenced work on renovating some of the Mixed Gender Program accommodation at the Rick Hammersley Therapeutic Community (RHC TC). This renovation also takes into consideration the possibility that we may win a tender to expand our capacity by up to 10 beds at the RHC TC and up to 6 beds at Serenity Lodge. Transition City, a 10 bed section of the RHC TC has received a new roof and three more bedrooms, while Rick Hammersley's old house has been rewired, wooden floors sanded and polished, walls painted, a new kitchen added and some retiling in the bathroom and laundry areas. This has given an old house a much needed makeover which flows onto and contributes to the resident's feelings that they deserve to be treated well.

Building is also well underway for the new kitchen/dining/group room hub at the RHC TC. The company 'Firm' was awarded the contract and work

commenced towards the end of the financial year. At this stage they are well ahead of schedule and we hope to have the new building operational before the end of the 2017 financial year. This will allow our residents to have access to a more functional kitchen and dining area, as well as facilitate better food storage allowing us to save on the cost of food through bulk purchasing and therefore assisting us to be more sustainable.

Unfortunately, Poly Technic West TAFE has undergone a series of management changes and are no longer in the position to have their apprentices build the three transportable buildings that were to be built for the RHC TC. The building of these transportables has now gone out to tender and the contract will be awarded anon. The link with Poly Technic West TAFE will still be maintained once the buildings are completed as one of the buildings will be utilised for our residents to complete training courses predominantly provided by TAFE.

Shonna Grant, the Manager of the RHC TC, has retired from Cyrenian House after 8 years of loyal service. Shonna has decided to finish work and take time out to raise her young



Carol and the Hon Helen Morton, Minister for Mental Health; Disability Services; Child Protection, opening the new building in Joondalup, NMCADS. September 7th, 2015

son and support her mother. I would like to thank Shonna for her dedication and creativity in her role as Manager of the RHC TC and wish her well with the next phase of her life.

The Saranna Early Childhood Education and Care Centre (SECECC) has grown from strength to strength since it opened in January 2014. Starting with a small number of children it has grown to the point where the 60 bed license was insufficient to deal with demand. We recently applied for and received permission to increase our license to 85 children. Late in the financial year the centre was audited under the National Quality Standards and received a rating of 'Exceeding'. This rating is a credit to staff who have worked extremely hard to meet the standard and continue to attract families to the centre due to their high quality childcare. In addition we have continued to attract external funding for the childcare centre through the Department of Education and Training for the next financial year.

The then Minister for Mental Health; Disability Services; and Child Protection, the Honourable Helen Morton MLC, officially opened the North Metro Community Alcohol and Drug Service (NMCADS) on 7th September 2015. The new Joondalup office expands the NMCADS to deal with the growth and subsequent increases in referrals in the northern region. Having had a series of Managers since its inception we have now appointed Eric Nordberg to the role of Manager and the team has stabilised.

Eric comes with a wealth of experience of working within the integrated model and was previously the Manager of the North East Community Alcohol and Drug Service. (NECADS).

Funding for the North West Drug and Alcohol Support Program through our partnership between Cyrenian House and Milliya Rumurra (CHMR) has been extended for a further three years. Unfortunately, Milliya Rumurra will no longer be in the position to contribute two staff members due to funding cuts in other areas. Cyrenian House will continue to honour the partnership and will look at ways to increase our funding sources and cut expenditure. To this end we have sourced a cheaper and more effective office to continue our service delivery in Gregory Street in Broome. Sally Malone and her staff continue to deliver a quality service in Bidyadanga and the Peninsula.



Methamphetamine use continues to be the drug that is capturing the interest of the public and the attention of governments across the State and nationally. This is unsurprising given that the number of people using methamphetamines has tripled in the past five years. Late in 2015, I delivered a presentation on the 'Effects of Methamphetamine' at a forum for the City Of Stirling to an audience of over 80 people. This was a joint project with the City Of Stirling, Police and the Department of Child Protection and Family Services and a wonderful opportunity to showcase the work of Cyrenian House. In addition, Cyrenian House was involved in the Drug Aware campaign where I presented on video about using methamphetamine and treatment options. This campaign was also launched on radio through 92.9 on a two hour state wide broadcast that also included the Police, researchers, Emergency Department staff, the Alcohol and Drug Support Line staff and Cyrenian House.

Over the past year Cyrenian House has continued to develop and maintain collaborative partnerships with other related agencies. Our relationship with Black Swan Health has continued with funding from the Federal Government being extended for the Partners in Recovery Program (PIR) until 2019 before the National Disability Insurance Scheme (NDIS) takes over. The NMCADS also provide a staff member to Headspace in Joondalup as part of the partnership between Cyrenian House and Black Swan. Memoranda of Understanding (MOU) between the government run mental health agencies and the Department of Child Protection are also in place. More engagement with other community based mental health providers is planned for the future.

This year the Cyrenian House Charity Golf Day attracted 92 players for another fun day of 18 holes of golf at Meadow Springs Golf and Country Club. Again I would like to thank our sponsors for the annual event: Ross's Auctions, City Toyota, St John of God Pathology, Country Wide Insurance, Morley Davis Architects, Computing Australia, Carpet Court, PKF Mack & Co Chartered Accountants & Business Advisors and the Sothern Distracts Rotary Club. Many thanks once again to all the staff who contributed to the success of the Golf Day and special thanks to Tom Hopkins fiancée Tahlia for her donated time as our official photographer. We look forward to your continued support next year on Friday 10th March 2017 at Meadow Springs in Mandurah.

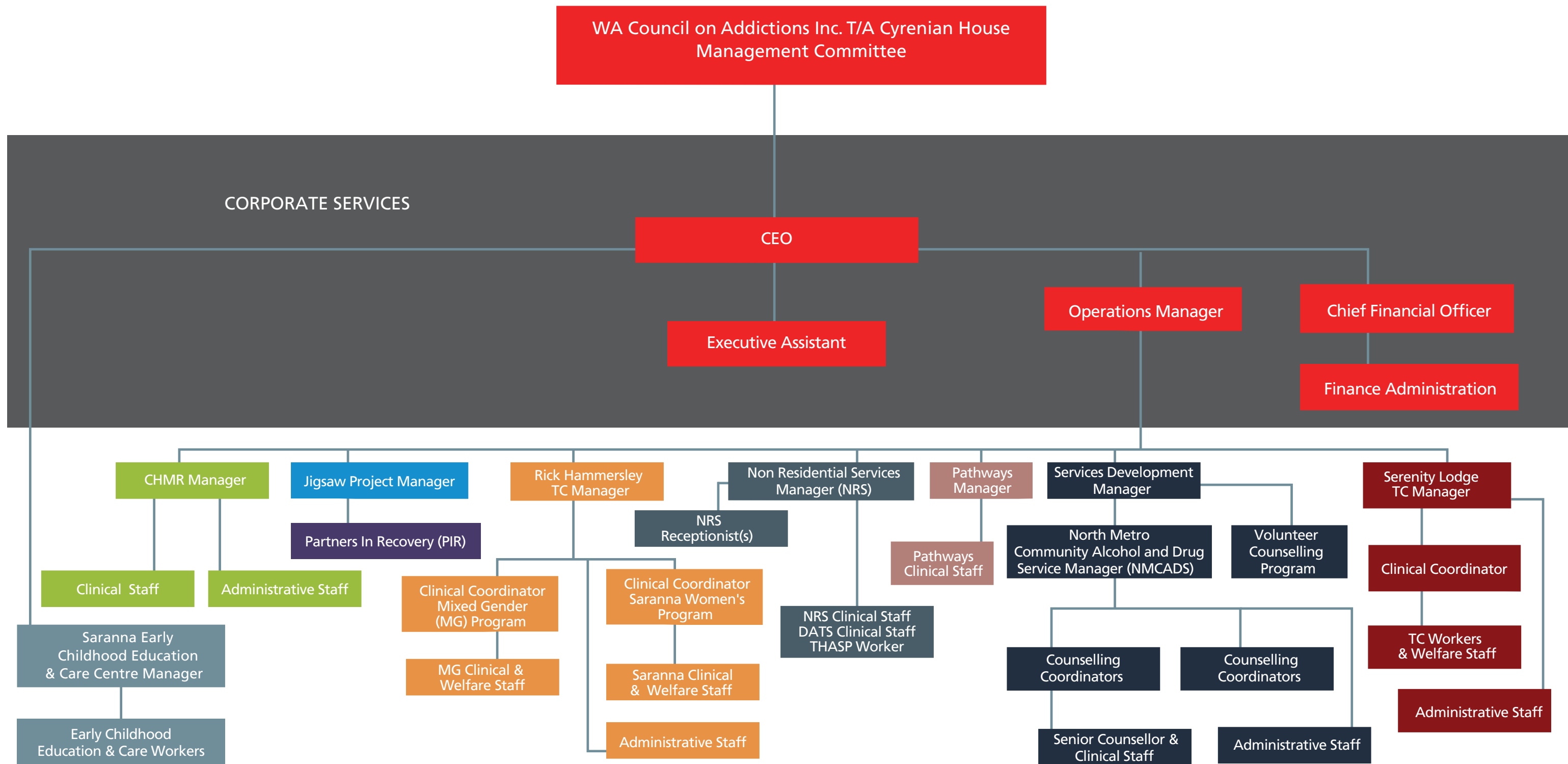
In closing I would like to thank the Committee of Management, the Executive Team and all my staff and volunteers for another great year of dedication and support. As always it has been an absolute privilege working with you all. Your ongoing commitment to quality service provision makes a difference in the lives of our many consumers and their families. I would particularly like to thank Caroline Henson who has chosen to pursue new challenges after 14 years of working at Cyrenian House. Caroline has played a key role in the development of Cyrenian House over the time she has been there and will be sadly missed.

Finally I would like to acknowledge our consumers for your continued patronage of Cyrenian House and look forward to your continued contribution and feedback on our service delivery.

Carol Daws
CEO | Cyrenian House

Alcohol and Other Drug Treatment Service

ORGANISATIONAL STRUCTURE



STRATEGIC PLAN 2014-17

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

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

Strategic Objectives

Strategies - (how do we do it?)

Outcomes - (What will this look like?)

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

Cyrenian House is a robust organisation with a strong cultural identity

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

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

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

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

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

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

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

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

CYRENIAN HOUSE RECONCILIATION ACTION PLAN

The Cyrenian House Reconciliation Action Plan (RAP) documents our commitment to do as much as we can within our sphere of influence to contribute to Reconciliation in Australia. It outlines our plans to drive greater equality by pursuing sustainable opportunities as well as practical actions that aim to build strong relationships and enhanced respect between Aboriginal peoples and other Australians.

THE RAP FRAMEWORK IS BASED ON THREE KEY AREAS:

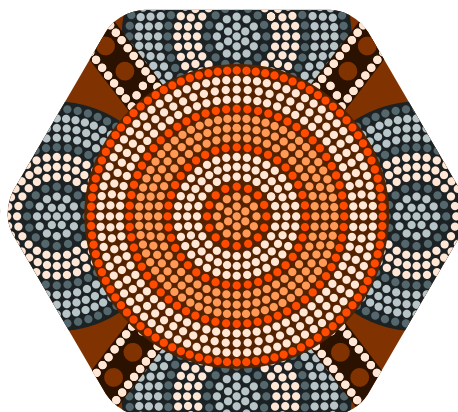
RELATIONSHIPS

Building strong relationships with Aboriginal peoples and communities to provide an inclusive and informed environment in which healing can take place.



RESPECT

Developing an understanding of the history, land and culture of Aboriginal people to cultivate awareness, recognition and respect and facilitate reconciliation.



OPPORTUNITIES

Creating opportunities for Aboriginal peoples to contribute to Aboriginal equality, health and wellbeing.



THROUGH THE CYRENIAN HOUSE
RECONCILIATION ACTION PLAN WE AIM
TO 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 peoples in our community.
- Teach life skills and provide health education and vocational training that support Aboriginal peoples in achieving equality in all aspects of life



WE RECOGNISE AND VALUE:

- The unique status of Aboriginal peoples as the original 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 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-Aboriginal 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 peoples and contribute to Reconciliation.

The RAP is incorporated into the Cyrenian House policies, practices and procedures and related continuous quality improvement systems. It 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.

NAIDOC week is an exciting time at Cyrenian House and this year was no exception. The RHC TC community celebrated the event and acknowledged the traditional people of the land by creating an Aboriginal inspired sand painting. Shaun Nannup, Aboriginal staff and residents led the whole community into dance that blended the painted sand into the earth.

NB: When Cyrenian House uses the term Aboriginal, this is inclusive of both Aboriginal and Torres Strait Islander peoples of Australia.

IN PRACTICE

Cyrenian House delivers a number of programs and projects that complement and enhance the services offered across the organisation. These 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.

VOLUNTEER COUNSELLOR TRAINING PROGRAM

Cyrenian House runs an annual Volunteer Drug and Alcohol Counsellors' Training Program across all of its metropolitan based services. This program was established in 2012 using the Helping Change: the Drug and Alcohol Counsellors' Training Package developed by the Drug and Alcohol Office and the National Drug Research Institute, Curtin University of Technology.

THERE ARE TWO MAJOR COMPONENTS TO THE PROGRAM:

1. An intensive training program comprising 18 three and a half hour workshops per week in both general and addiction counselling skills. Some of the topics covered in the workshops include; general counselling skills, aetiology and epidemiology of drug use, supervision, confidentiality, assessment, motivational interviewing, problem solving, goal setting, relapse, working with significant others and mental health. All training components are run out of the Perth office and are delivered by Cyrenian House staff. The program has also had great support from a number of Next Step staff working within the North Metro Community Alcohol and Drug Service (NMCADS) in delivering the more medically based training topics.
2. A 12-month placement at either Non Residential Services or NMCADS, in which volunteer counsellors provide a counselling service to agency clients. During this part of the program all counsellors are assigned to an experienced supervisor who is responsible for the management of their cases. Volunteers are required to complete a minimum of four hours counselling a week, totalling 192 clinical hours per placement. All volunteers are supported through fortnightly supervision. The program is unable to support placements at one of Cyrenian's Therapeutic Communities due to this very specific treatment model not being covered adequately within the training.

Following a comprehensive recruitment process, training for the 2016 volunteer group commenced on June 4th, comprising of 15 volunteers. Volunteers will start their placements at their respective sites in early November.

The volunteer pool has continued to provide solid recruitment options for Cyrenian House, with three volunteers from the 2015 program recently securing paid employment with the service. This is a great outcome not just for Cyrenian House and the volunteers, but also the wider AOD workforce capacity.

Feedback received from volunteers on all facets of the program has been extremely positive:

"The training component of the program was engaging, interactive and well delivered"

"The practical placement was a rewarding and challenging experience"

"The opportunity to solidify skills and knowledge with a 12 month supervised placement is invaluable"

"I had the privilege of working with a variety of clients and it was a real honour to walk with them along part of their journey to recovery"

SMOKING CESSATION

Cyrenian House offers a range of supports to clients who are preparing for entry to our residential programs and to consumers who simply want to quit smoking. A smoking cessation program is offered at Non-Residential Services and after entry to the TCs, residents complete a two week cessation support and relapse prevention program. Consumers are encouraged to access Nicotine Replacement Therapy (NRT) and to use counselling for additional support.

Becoming a smoke and tobacco free agency has been a journey into uncharted territory, but Cyrenian House is delighted to offer people a program that addresses their tobacco dependency as well as their other AOD use. Breaking the tobacco habit has significant health, economic and social benefits.

TRANSITION HOUSING AND SUPPORT PROGRAM (THASP)

The Transition Housing and Support Program (THASP) provides a secure and supportive home base for graduates of the Cyrenian House TCs transitioning to life in the wider community. Cyrenian House manages a 4 bedroom home in Bedford as well as co-managing (with Access Housing) a 3 bedroom home in Baldivis. As the houses are located within the wider community, they are free from the stigma that can be associated

with AOD treatment centres. This gives the residents freedom to engage with community groups and neighbourhood peers without discriminatory bias. Community links coupled with voluntary work, education or employment enable residents to further develop healthy social support networks. A THASP worker provides weekly support to THASP residents while they engage with employment, study and volunteer work. Residents support each other as a way of creating a friendly and therapeutic home environment. THASP program residents are provided with tenancy references which assist with securing safe rental accommodation upon exit from the THASP house.

"The whole process of being assisted and supported through transition from residential treatment was extremely significant as rehab was the first place I had been safe for a long time and my anxiety around leaving was extreme no matter how 'capable' I may have appeared." THASP resident

ACTIVE CONSUMER PARTICIPATION

Cyrenian House continues to facilitate and encourage consumer feedback, which encourages and enables the active involvement of consumers in our service planning, delivery and evaluation for quality improvement. This includes inviting feedback about service satisfaction and areas for improvement

through meetings with consumers, consumer forums and anonymous channels such as suggestion boxes in reception areas. In addition, 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. Executive, management and service planning days use consumer feedback to inform program planning and design and service delivery.

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. The AOD and mental health sectors have been working collaboratively together to provide enhanced care to individuals, families and communities who are impacted by this co-occurrence. With the merger of the Drug and Alcohol Office and the Mental Health Commission it is hoped that collaboration will be further enhanced. Cyrenian House has been at the forefront of working in the co-morbidity space.

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.

IN PRACTICE

THE FOLLOWING INITIATIVES DEMONSTRATE OUR COMMITMENT TO IMPROVED PRACTICE IN THIS AREA:

THE JIGSAW PROJECT

Cyrenian House would like to acknowledge the ongoing funding it has received for the Jigsaw Project from the Federal Department of Health to continue to enhance its capacity and capability to deliver services to individuals and families affected by both substance use issues and mental health problems.

The project has been able to directly deliver a wide range of training and mentoring in mental health issues including the use of mental health screening tools; how to conduct risk assessments and develop safety plans; comorbidity training; understanding the diagnosis of personality disorder; understanding psychosis; how to conduct a mental state examination; dealing with depression. In addition the Project has been able to facilitate external training including Acceptance Commitment Therapy sessions and 'Opening Closets' delivered by Living Proud.

The project has also been able to review and will republish the 3rd edition of the 'Psychotropic Medication handbook' in the coming weeks. The feedback about this publication from consumers and clinicians in both the alcohol and other drug and mental health sectors continues to be that it is very helpful and a convenient and easy way to access about commonly used mental health medications.

The work of the project and its partners was recognised at the 2015 Mental Health Good Outcome Awards when Charl Van Wyk the project worker was one of three finalists in the St John of God Health Care Mental Health Employee of the year; Mental Health Matters 2 with whom Cyrenian House partners in the Families 4 Families Group won the Equal Opportunity Commission Award for Human Rights, Equity and Diversity in Mental Health and had steering group members as finalists in the John Da Silva Award for Excellence and the ECU Award for consumer and carer involvement and engagement.

Cyrenian House through the jigsaw Project continues to champion the 'No Wrong Door' approach to services and to promote the delivery of joined up services through its auspicing of the Change Action Team (an open space for everyone interested in the co-occurring AOD and mental health area to share ideas, information and support to promote integrated service delivery), and the CaLD (Culturally and linguistically diverse) 'think tank'.

The Project has been very involved in the continuing quality improvement processes that the agency has in place to review clinical policies and procedures ensuring the agency remains at the forefront of best practice.



FAMILIES4FAMILIES

Cyrenian House has an ongoing partnership with Mental Health Matters 2 that allows the delivery of this support program that is peer organised and led plus clinically supported by Cyrenian House; a model we call 'Peer Support Plus'. The group continues to meet on the second and fourth Tuesday of every month. It is there for families dealing with co-occurring mental health and alcohol and other drug issues as well as other multiple unmet needs often involving the justice system. The format is a mix of peer support, information and psycho education sessions with a range of guest speakers that this year has included the Mental Health Law Centre; the Mental Health Commission Housing Strategy Project; The Sycamore Tree Project and some very interesting panel discussions.

PARTNERS IN RECOVERY (PIR)

Supported by the Jigsaw Project the PIR continues to support and connect people with serious and persistent mental health issues and other multiple unmet needs to a huge range of services to support the individual in their recovery and to find meaningful connections with their communities of choice. The range of agencies that PIR connect with to provide consumers with individual support and advocacy ranges across the legal spectrum; housing; mental health services; community and social groups; employment and training providers.

The team ran the 'Capture, Snap, Reflect' project where consumers were provided with disposable cameras to create a reflective photo journal about their individual recovery journeys. The feedback from participants was excellent.

This PIR project operates in Perth's northern coastal corridor. The PIR team are able to have some desk space at the Cyrenian House office in Joondalup expanding the services the agency is able to offer in this location.

NON-RESIDENTIAL SERVICES REPORT

OVERVIEW

Located close to the heart of Perth city, Non-Residential Services (NRS) has a geographical central role in Cyrenian House service delivery as well as being a key point of access for other Cyrenian House services.

During the last year, NRS continued to play an integral role in alcohol and other drug service delivery to Cyrenian House consumers. The service consolidated its position as a centre of excellence for co-morbidity competent counselling and support services and as an important component of our residential pathways program. Broadly, NRS provides a range of services including individual and family counselling, residential assessments and support, groups for families and consumers considering residential treatment and for consumers who want to quit smoking, mental health support and prison based individual and group programs.

HIGHLIGHTS

During the year, our residential pathways program (RPP) expanded to meet demand for services. This included creation of a specific pathway for prison-based consumers that incorporates collaborative working relationships with prison Transitional Managers. The prison pathway supports prisoners with alcohol and other drug issues to commence the residential assessment process whilst in custody. Furthermore, the Saranna Women and Children's Program, assessment and outreach support was integrated into our RPP. This has resulted in considerable improvements in regard to service accessibility and responsiveness of our services. Consumers are encouraged to attend counselling and NRS support groups while

they are case managed through to admission to residential treatment.

The "Family Matters" group continued to offer a valuable support for families and significant others coping with alcohol and other drug use issues within the family. Additionally, we were proud to maintain our partnership with Mental Health Matters 2 which includes co-facilitating the Families4Families group. This is a peer support plus model – run by families for families with on tap support from a Cyrenian House clinician, and is a free, recovery based, education and support group.

NRS have also focussed on building strong linkages with other services. During the year, we provided in-reach AOD counselling to Inner City Mental

Health service. The AOD in-reach clinic, which is also supported by other AOD services, facilitates supported referral between services leading to improved consumer outcomes, presents opportunities for secondary consultations between clinicians, improves the understanding of both AOD and mental health services of clinical roles and services delivered and offers joint training and development opportunities. NRS developed a relationship with St. John of God hospital in Midland and now provide regular in-reach information and support sessions at the hospital. We have also maintained our existing strong relationships with Sir Charles Gardiner hospital and Next Step Inpatient Withdrawal Unit.

In March NRS staff participated in a '**SUPER**' (Strategic Understanding, Planning, Engagement and Review) day. The day was a great opportunity to connect with what was happening at an organisational level and to ensure that our direction was aligned with the overall Cyrenian House Strategic Plan. Key focus areas arising from the planning process were to consolidate robust clinical review processes and to integrate Saranna assessments and outreach support into our residential pathways program. More generally, there has been a strong focus of workforce development within the

organisation in the last year, and NRS has hosted whole-of-organisation core training sessions and induction events. This has had the added benefit of connecting people from across the organisation with NRS.

A key feature of NRS is that it supports other programs to ensure holistic treatment for a wide range of consumers. Examples include our ongoing support of the Change Action Team, Partners in Recovery program, prison based programs and the Volunteer Addiction Counsellors' program.

THE YEAR AHEAD

NRS will continue to offer a comprehensive range of AOD services to individuals, families and the community. NRS will also continue to work hard to establish and maintain partnerships with other services to facilitate seamless service delivery to our consumers.

Cyrenian House was successful in securing Criminal Confiscation Grants funding to develop a Peer Support program that will operate from NRS. This will be developed in the coming year and will provide a value-added dimension to the support we already offer consumers. Concurrently, we will develop a consumer advisory and reference group that will ensure that our services are responsive to consumer need.

We are confident that the year ahead will be another exciting and challenging one for the service.

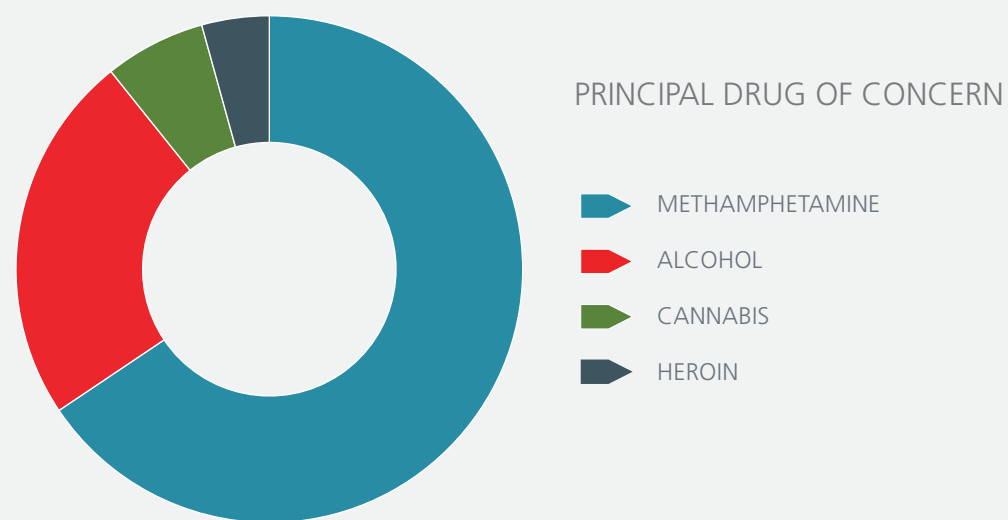
*"THIS IS
A GREAT
SUPPORTIVE SERVICE
AND I CAN'T WAIT TO
GET THROUGH
TO THE REHAB"*

**(NRS RPP
CONSUMER)**

*"My
sessions
are giving me
clarity"*

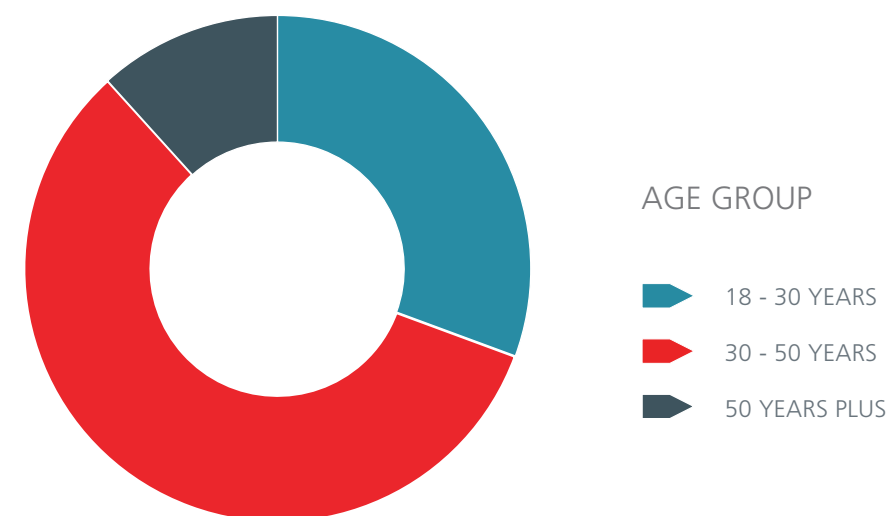
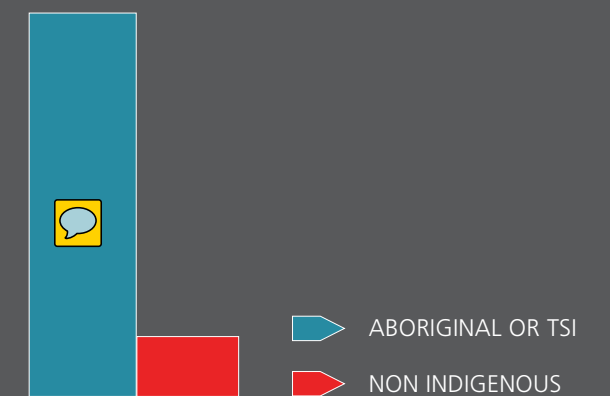
**(NRS COUNSELLING
CONSUMER)**

NON-RESIDENTIAL SERVICES REPORT



"THE SERVICE PROVIDED TO ME HAS BEEN SO HELPFUL. IT HAS HELPED ME UNDERSTAND MY ADDICTION AND HOW TO DEAL WITH IT. NOW I'M ON MY PATH TO RECOVERY. I'M GRATEFUL FOR C Y HOUSE"
(NRS COUNSELLING CONSUMER)

ABORIGINALITY OR TSI




PRISON PROGRAMS


IN 2015 AND 2016, CYRENIAN HOUSE CONTINUED TO RUN TWO PROGRAMS FUNDED BY THE DEPARTMENT OF CORRECTIVE SERVICES (DoCS) IN WEST AUSTRALIAN METROPOLITAN PRISONS.

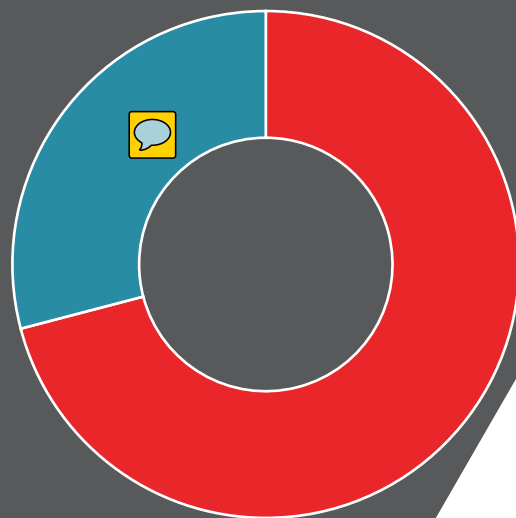
The Drug and Alcohol Through-Care Service (DATS) is a pre and post prison AOD counselling service that is offered to consumers across the metropolitan prisons. Cyrenian House provides DATS counselling to both of the Women's prisons, Bandyup and Boronia, as well as to the majority of the men's prisons, Wooroloo Prison Farm, Acacia, Casuarina, Hakea and Karnet. The service provides counselling for consumers for approximately three months before they are eligible for parole and for approximately six months in the community following release. This service can provide a crucial support whilst a consumer is facing the challenges of transitioning from prison back into the community. Over the past year, the DATS counsellors have engaged with 161 pre-release consumers and 66 post-release consumers.

The Pathways Program is a cognitive-behavioural based group therapy program that Cyrenian House delivers in Wooroloo Prison Farm. The program is manualised and runs for two days per week for 12 weeks. There are two trained facilitators and 12 participants. Cyrenian House delivers two programs concurrently three times per year for a total of six programs per year. Facilitators are trained and supported by a specialist Train-the-Trainer in the Pathways Program. Program participants are individually interviewed prior to, during and at the completion of the program and then comprehensive program completion reports are written for each participant and sent to DoCS. Cyrenian House was also involved in facilitating an extra Pathways program in partnership with Holyoake at Karnet Prison Farm at the beginning of the past financial year. There have been approximately 84 Pathways participants over the past year.

CONSUMER PARTICIPATION IN DATS PROGRAM

NUMBER OF PRE-RELEASE CONSUMERS ENGAGING WITH THE SERVICE 

NUMBER OF POST RELEASE CLIENTS ENGAGING IN THE SERVICE 



CONSUMER FEEDBACK

My husband and I would like to thank you from the bottom of our heart. It had been a terrible few years, we had faced lots of upset in our life by seeing our daughter destroying herself. All the years we tried hard to bring her up right, and show her respect and loyalty, we had a good family, then this evil substance meth came along and destroyed us all.

We had tried everything, it tore us apart.

Then Julie took the first step, we made sure she got to meetings. Every time we came in they came and spoke with her, and took the time to speak to me as well. Thank you. The day Julie was told she had been accepted to Rick Hammersley, it was the happiest day in a long time. Hope was in sight.

The staff at RH are awesome, they had a few hard times with Julie. She also rang to come home as well, but as the weeks turned into months things improved tremendously. We started seeing our beautiful daughter come back to us.

When I first read about meth addicts they said it's rare to come through, but she did.

So thank you. We are grateful that Cyrenian House exists. Julie is 6 months clean, and going into 4th stage. I know we have some hurdles to overcome but we can now see light at the end of the tunnel.

"We were in a restaurant having dinner. There was this lovely lady across from us. She made us laugh. She had an amazing smile. Her conversation was so interesting. Her skin looked healthy. She was so excited about her future.

It was our daughter Julie. Thank you.

NORTH METRO COMMUNITY ALCOHOL & DRUG SERVICES REPORT

OVERVIEW

The North Metro Community Alcohol and Drug Service (NMCADS) is a partnership between Cyrenian House and Next Step Drug and Alcohol Services. NMCADS offers a comprehensive suite of integrated services in Perth's expanding northern corridor. Services include counselling and support, family and significant other counselling, group programs, medical, pharmacotherapy, psychological services, prevention activities and community development work.

This annual report marks over one year of successful service delivery for the new Joondalup site. This past year has seen the development of effective relationships with other health providers, in addition to the ongoing success of "in-reach" services to the Joondalup Health Campus. The in-reach service has seen over 500 clients at the Joondalup Hospital, with over 200 being referred into the NMCADS.

A Memoranda of Understanding (MOU) have been re-signed with Child Protection and Family Services (CPFS), underpinning stronger working relationships between the two teams. Memoranda of Understanding has also been completed and signed with the Joondalup Health Campus, Ramsay Health Care, setting the foundation for inter - sector placements and training, whilst enhancing better outcomes for each services' consumers. A Service

Level Agreement has also been signed with the North Metropolitan Region Mental Health Service.

Further work focused on the accreditation of the NMCADS against the Standard on Culturally Secure Practice.

Outreach services to Clarkson Mental Health also commenced this year. Currently alcohol and other drug (AOD) counselling is offered one day per week to consumers from this area. Further discussions have been held in relation to other services being provided for this area, and an extension to the already established AOD counselling services to two days.

The year ahead provides NMCADS with opportunity to further strengthen its working relationship with other service providers, such as Headspace, Community Health Services, local General Practitioners, and to increase its contact with

the community and to support more consumers to seek services. A greater emphasis will be placed on developing clear prevention strategies and inter sectoral health partnerships, focused on reducing and preventing AOD related harm within the northern suburbs region.

Ongoing work with Joondalup Health Campus and Joondalup Mental Health services sets a backdrop for increasing our capacity within those service sectors, whilst creating service environments that support better outcomes for future consumers.

Finally, a considered internal focus will ensure that NMCADS continues to meet its own and community expectations, whilst meeting all contractual responsibilities and supporting and enhancing consumers' lives as they access our service.

MOOD MANAGEMENT GROUP

A CONSUMER'S VIEW, A TRANSFORMATIVE EXPERIENCE

When I first began group therapy I suspected that whatever the theory behind it, it was really a way to do therapy more economically, and my darker concern was that I was being gently pushed into some too hard basket they had created and called group therapy.

What I actually experienced changed my life. It's like therapy on steroids or, to use a non-drug analogy, turbo-charged therapy. Where a therapist or counsellor can provide a kind of mirror in which to see yourself more clearly, a group offers multiple mirrors - it can be the psychological equivalent of that moment in a Myers change room when you realise what you actually look like to others, a bit confronting, perhaps, but enormously useful, especially in helping you see yourself more clearly, who you really are to others and a more accurate appraisal of yourself and how you habitually relate to others, often unconsciously.

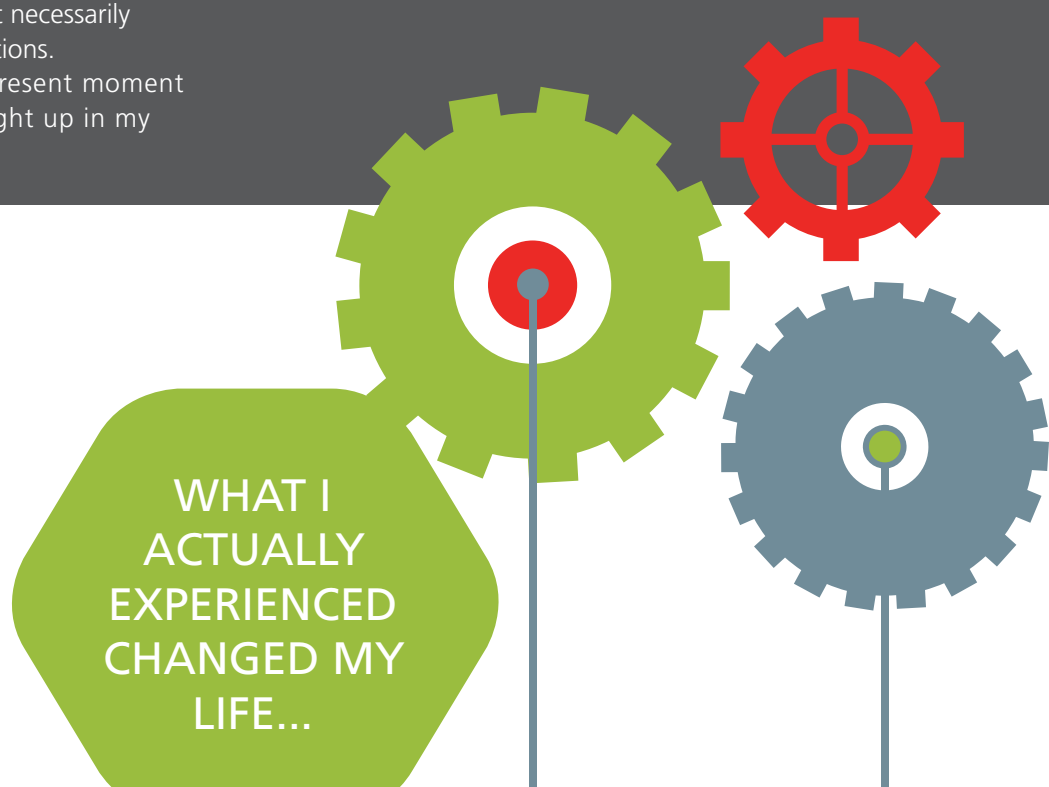
I realised how others saw themselves (often negatively) and how different this could be to how they actually were. We all carry with us an inner portrait we have painted and had painted of ourselves and it's surprising how inaccurate they often are. The group allowed us all to check our own self-portrait against others experience of us, surprisingly different.

I also got to see how people brought their own habitual reactions and beliefs to any interaction and could see that I wasn't necessarily responsible for their feelings and reactions. I learnt to relate to people in the present moment instead of avoiding it or being caught up in my

own concerns, and to let a lot of things go. I now enjoy being with others instead of getting tied up in an emotional or anxious knot, or simply getting pulled away mentally into my own concerns. This has also allowed me to be more available for others, including my children, when they have needed me.

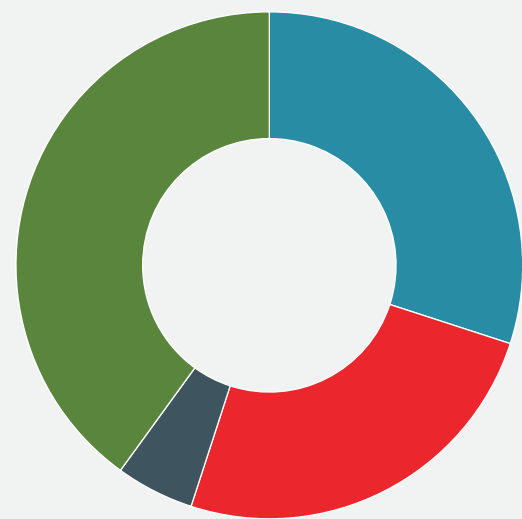
I learnt more and changed more during my time in the group than I probably had during the previous twenty years. The group process allowed me to become aware of things that got in the way of relating to other people, and also things that people responded well to about me. The group learns to provide honest feedback that we don't normally get. I was often surprised at how others saw me and responded to me, both good and bad, and learnt to adjust that internal picture of myself and how I relate to others. I'm much more relaxed and engaged with other people now and more outwardly focused. It's like a lot of confusion, a cluttered fog between myself and others, has cleared away and I can see more clearly, both outward to other people and inward to myself.

While most of us were reserved, cautious or sceptical when we began the group, it became a very important and valuable part of our lives, often to our surprise. The group was challenging for all of us - I didn't like it at first - but it was an overwhelmingly positive experience and genuinely transformative.



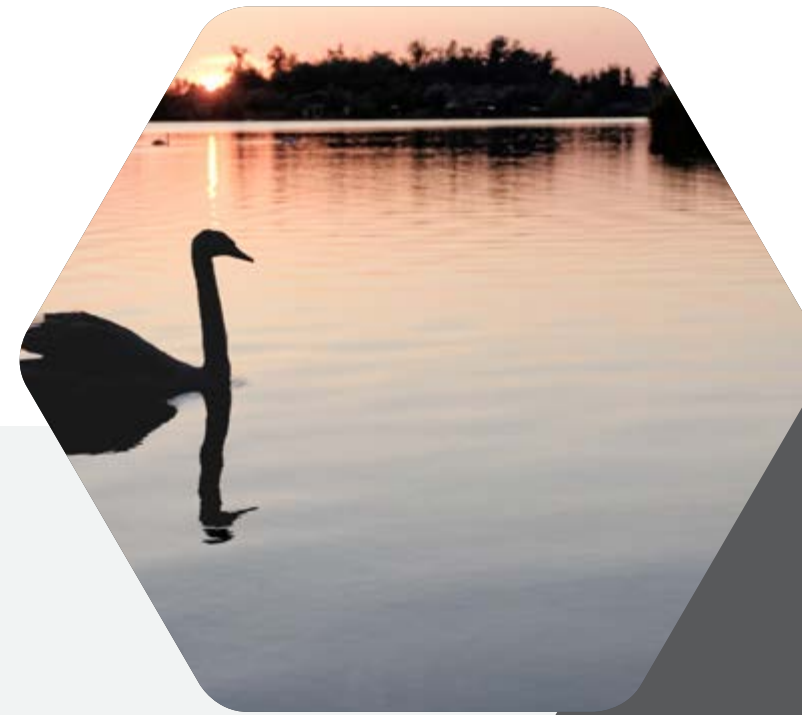
WHAT I
ACTUALLY
EXPERIENCED
CHANGED MY
LIFE...

NORTH METRO COMMUNITY ALCOHOL & DRUG SERVICES REPORT



PRINCIPAL DRUG OF CONCERN

- METHAMPHETAMINE
- ALCOHOL
- CANNABIS
- HEROIN



ABORIGINALITY



- NOT ABORIGINAL
- ABORIGINAL



AGE

- YOUTH (18-24 YEARS)
- ADULT

RICK HAMMERSLEY CENTRE THERAPEUTIC COMMUNITY

What was once a gravel track leading to a solitary house, a shed and a few empty paddocks has transformed into the thriving community of Rick Hammersley Centre Therapeutic Community (RHC TC). Located 30 minutes north of Perth, on several acres of natural bushland, this residential treatment service provides a safe and supportive environment in a community-based setting, for people experiencing problems with the use of alcohol and/or other drugs.

SARANNA WOMAN AND CHILDREN'S PROGRAM

The Saranna Women and Children's Program enables mothers with dependent children (to approx. age 12) in their care to access a residential AOD treatment service within a therapeutic community setting. This unique program is the only residential AOD program in WA for women and children impacted by alcohol and other drug use.

The service addresses the current inequality of service access for women with young dependents and facilitates family re-unification and strengthening. Women and their children form an integral part of the Therapeutic Community, living in self-contained cottages to maintain the development of the family unit whilst engaging in a daily program of recovery.

To support mothers to fully participate in their day to day treatment program, children attend a local intake primary school or our (on site) purpose built, early childhood education and care centre.

THE MIXED GENDER (MG) PROGRAM

The Mixed Gender Adult Program is open to adults 18 years of age and over. The program caters for up to 40 people with an equal balance of male and female residents. Six priority beds are held for Aboriginal people with drug and/or alcohol dependency issues.

The RHC TC provides a safe environment for residents to identify and explore issues in depth as well as the opportunity to develop practical strategies to support the individual in the long term.

*"I SING MY
BABY TO SLEEP
EVERY NIGHT NOW"*
(AMANDA – SARANNA
RESIDENT)

HIGHLIGHTS

There are a number of events that happen at the RHC TC annually. The Graduation Ceremony brings together all graduates of both programs past and present and this year as always was an enormously uplifting experience.

Harmony Day was celebrated throughout the RHC TC. The main event included a dinner that featured food from all over the world and was prepared in ways that identified the cultural significance of the dish. After dinner, cultural representatives within the TC addressed the audience sharing information about their cultural heritage.

The RHC TC team Strategic Understanding Planning Engagement and Review day in April gave the team the opportunity to identify focus areas for the year ahead. A key focus is the expansion of the facilities to include a new commercial kitchen, group room and computer facilities. Building work has commenced and serves as a visual symbol of growth and progress in our community.

RHC TC staff and residents also participated in wider community events during the year. This included hosting a stall at the Annual Pridefest FAIRday in support of the Gay, Lesbian, Bisexual, Transgender, Intersex and Queer (GLBTIQ) community. Pridefest is a two week festival of arts and community events staged in Perth and the RHC TC is proud to be involved in this event.

Additionally, the RHC TC once again had a large representation of staff and residents participating in this year's City to Surf fun run.

The Mixed Gender program residents participated in the annual Giving Back to Community Day. This year, they spend time helping out at the Scott Road Monastery in Kelmscott. A shared sense of community was enhanced at a lunch that was provided by the local Cambodian community in appreciation of the efforts of the TC residents.

The sense of connection to RHC TC is evident in our volunteer program. This program currently comprises 20 people who have graduated from the program but continue to be a part of supporting the recovery journeys of other residents. This helps both the sustainability of the TC program and also provides opportunities to residents transitioning from treatment.

Within the Saranna program, the introduction and roll out of the Family Foundation Program (FFP) has addressed areas of improvement identified in the Saranna review noted in the 2014/15 report. The FFP is providing opportunities for the strengthening of the mother and child relationship in the everyday home environment. Mothers are supported in developing the necessary skills to create improved ways of relating and responding to their children. The mother as role-model and healthy communicator provides the opportunity for children to relate and respond to their mother in a healthier way. TC's use the community as method approach to promote change, similarly, the FFP is using the "family as method" approach to develop healthier ways of relating.

The Sing and Grow Program has been implemented into The Saranna Program and is an evidence-based music therapy project that provides services within the community for young children and their families who present with complex needs. The program is structured in a way that lends itself to modelling, peer learning and facilitated learning for the parents involved through encouragement of their skills and strengths.

A new Health and Wellbeing project has been undertaken by the Saranna residents. This project is supported by the University of Western Australia (UWA) Scholarly Activities MD Program and is facilitated by medical student, Dermott Brennan.

The aim of the project is to create more awareness in areas of diet and nutrition and increased levels of participation in recreational activities that include the whole family

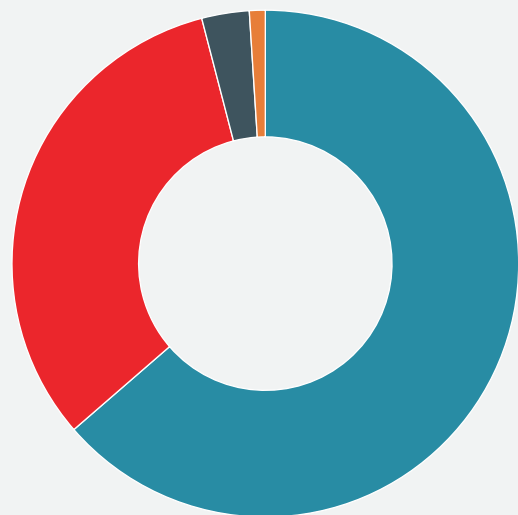
THE YEAR AHEAD

The RHC TC is entering an exciting phase as the new building takes shape. We hope to increase our mixed gender bed capacity and look forward to continuing to review the education component of the program. The Saranna Program will aim to consolidate the gains made through the last year, specifically in providing integrated support in the areas of AOD recovery, parenting and lifeskills.



RICK HAMMERSLEY CENTRE THERAPEUTIC COMMUNITY

MIXED GENDER

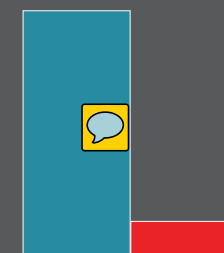


PRINCIPAL DRUG OF CONCERN



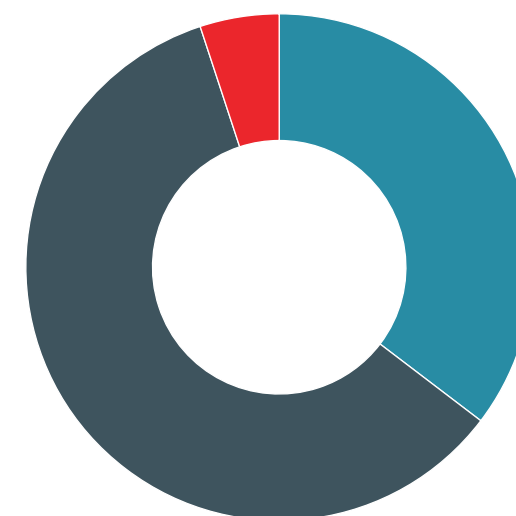
"I WAS FULL OF FEAR (WHEN I ARRIVED). THE COMMUNITY I LIVE IN SUPPORTS ME FULLY IN BECOMING A BETTER PERSON. TODAY, I HAVE COURAGE AND SELF-ESTEEM. I'VE DEVELOPED BOUNDARIES IN ALL MY RELATIONSHIPS, ESPECIALLY WITH SELF. STAFF HELP ME TO DEAL WITH TRAUMA, AND RESIDENTS ON THE SAME JOURNEY HELP ME FEEL SAFE. I HAVE FLOURISHED INTO THE WONDERFUL MAN – I DESERVE TO BE – BECAUSE OF THIS PLACE".

ABORIGINALITY OR TSI



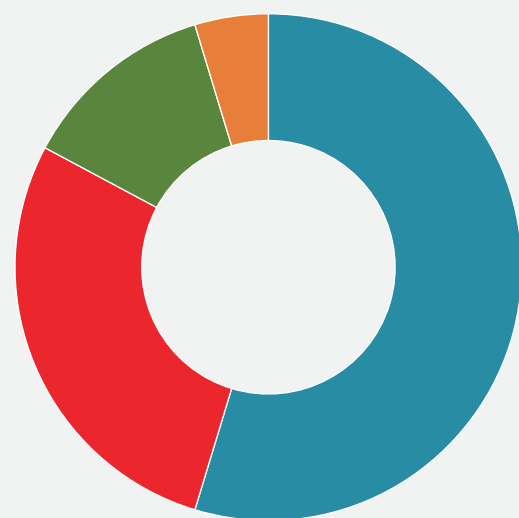
"What did I get from the program? First of all – freedom from using. Better understanding of myself and my behaviours, both positive and negative behaviours. Understand of how addiction works in my life. Variety of different tools to maintain recovery. Freedom of choice. Most of all how to live life on life's terms".

AGE GROUP



RICK HAMMERSLEY CENTRE THERAPEUTIC COMMUNITY

SARANNA WOMEN AND CHILDREN'S PROGRAM



PRINCIPAL DRUG OF CONCERN



"I AM THINKING ABOUT WHAT I HAVE LEARNED IN THIS PROGRAM AND CHOOSING THE HEALTHY ALTERNATIVES"

(AMANDA – SARANNA RESIDENT)

ABORIGINALITY OR TSI



AGE GROUP





SERENITY LODGE THERAPEUTIC COMMUNITY

OVERVIEW

Footprints in the sand on the Rockingham foreshore...journeys towards recovery begin each morning as residents start the day hearing the sound of the ocean and feeling the warmth of the sun. Daily meditative walks are a special part of the Serenity Lodge experience.

Serenity Lodge is a residential facility based in Rockingham minutes from the foreshore. It has been providing alcohol and other drug treatment for over twenty years and is well established in the community as a valuable and much respected service.

Serenity Lodge has been operating effectively as a Therapeutic Community (TC) since 2008 and its reputation and service quality of service has only increased since Cyrenian House has commenced managing the service.

The facility currently has a 28 bed capacity for adult men and women seeking treatment.

HIGHLIGHTS

The primary focus of the past year has been to consolidate the extensive program improvements that have been undertaken since Cyrenian House acquired the service in 2013. In this time almost every aspect of the service has been reviewed and modified to reflect therapeutic community best practice. A service planning day – a Strategic Understanding Planning Evaluation and Review opportunity - at the start of the year was an excellent opportunity to identify key areas of focus for the year ahead. As a result, considerable effort has gone into developing a strong third and fourth stage of the program. This facilitates longer treatment episodes which correlates with improved outcomes for consumers. Serenity Lodge has also worked diligently to include residents' families as part of the treatment process.

All staff participated in TC specific FIP training that during the year and have since sought to include family members in family meetings where possible.

Serenity Lodge continues to work closely with Non-Residential Services (NRS) to ensure that assessments and preparation for entry to the Residential Pathways Program (RPP) are managed efficiently and in a supportive way. It is of note that there has been an ongoing increase in consumers presenting with methamphetamines as their principal drug of concern and there had been a co-occurring increase in consumers with complex mental health issues. It is a testament to the quality of the treatment that Serenity provides that we have been able to respond to these changing and challenging needs.

We also worked closely with NRS to support TC residents to access ongoing support at the conclusion of their program. This support includes aftercare counselling and referral to the Cyrenian House transitional housing and support program (THASP).

The service is consistently operating at close to capacity and is successfully meeting all key performance indicators.

This year Serenity Lodge began trialing *Moral Reconciliation Therapy (MRT)* with residents.

Moral Reconciliation Therapy MRT is an objective, systematic treatment system designed to enhance ego, social, moral, and positive behavioural growth in a progressive, step by step fashion. MRT is a workbook based, open-ended group intervention consisting of 12-16 steps that has been demonstrated to provide positive treatment outcomes in a range of settings including Therapeutic Communities. MRT attempts to change how drug users and offenders make decisions and judgments based on Kohlberg's theory of moral reasoning. The program seeks to move consumers from hedonistic reasoning levels to levels where concern for others and the community becomes important, therefore addressing core issues.

Cyrenian House has recently gained MRT accreditation and is now able to facilitate training and upskill staff to deliver the MRT program. Over the past 6 months the Serenity Lodge (TC) has trialled the program with residents and based on the positive feedback and outcomes of the initial trial we plan to undertake a comprehensive rollout in the year ahead with a view to embedding MRT into the core treatment program of the TC.

This year Serenity Lodge entered into a partnership with the Rockingham Medical Centre wherein a GP operates out of Serenity Lodge to provide a fortnightly medical service for our residents. The goal of this arrangement was to provide our residents with GPs who have a genuine interest in working with our consumer group and a willingness to respond to nuances in treatment needs for people in early recovery.





THE YEAR AHEAD

The main objective for the year ahead is to embed MRT into the TC program and begin delivering this intervention to all residents that enter the service. We will also continue to develop our welfare processes to better respond to the changing needs of our residents. As the incidence of methamphetamine increases so too does the number of welfare issues that need to be addressed as part of a holistic treatment regime.



SERENITY LODGE RESIDENTS SURPRISED THE RPP TEAM AT NON- RESIDENTIAL SERVICES WITH A BEAUTIFUL HAND-MADE 'THANK YOU' CARD. WHAT A LOVELY RECOGNITION OF THE DIFFERENCE CYRENIAN HOUSE MAKES IN PEOPLE'S LIVES...

'A massive thank you to everyone at Head Office. You're a part of so many people's recovery and so glad I am one of them. Thanks for being part of my journey. You're an amazing crew up there!!'

'Thank you everyone for all the wonderful support and help; you provide in helping myself and those around me in our first steps towards recovery.'

'Many, many thank yous to everyone who works at Cy House and makes it possible for people like myself to completely change their lives around. I am incredibly grateful to all those who played a part in starting me off on this amazing journey of discovery. Some I have never met because they work behind the scenes but Thank you to all of you. My life is 100 times better.'

'THANKS SO MUCH. WITHOUT YOU GUYS I MAY NOT HAVE MADE IT THROUGH TO TODAY, 3 MONTHS CLEAN'

I am a 33 year old female and this is my second attempt at long term rehabilitation. Upon hearing about MRT, I approached staff and asked could I please participate and be part of this program. After hearing what it was about, I knew it was for me. Once commencing the program I realised quite quickly that I had made the right choice as reading the first chapter I identified with all the characteristics described, such as, living a life full of resentment, anger, conflict, disloyalty, and constantly feeling "stuck". As I progress through the stages it is clear that I am making conscious and unconscious changes in my way of thinking, which is evident through my behaviour. I truly believe that MRT is the therapy I've been looking for and that it will be the backbone of my recovery.

Natasha

THE CYRENIAN HOUSE

MILLIYA RUMURRA PARTNERSHIP

OVERVIEW AND HIGHLIGHTS

The CHMR team operate from a base in Broome and provide a range of services to the remote communities along the Dampier Peninsula (north of Broome) and Bidyadanga (south of Broome). This was our fourth year of operation, working in partnership with Milliyya Rumurra to support staff development and link people and communities with services.

The CHMR team have built strong relationships with our target communities and learned much along the way. We have developed a means to work collaboratively with communities in taking a strategic approach to addressing alcohol and other drug issues, which has produced some useful initiatives and offered some direction for future activity. The CHMR team have supported the development of Local Drug Action Groups (LDAG) on the Peninsula and the start of a new LDAG in Bidyadanga.

In December 2015 CHMR relocated to the current premises on Pembroke St in 'old Broome'. With a lick of paint and some tasteful furnishings we now have a bigger, better space in which to work. The team has achieved a busy and productive year.

ADAPTING AND ACHIEVING

Over the past year CHMR have sustained client numbers and increased community capacity building activity. The most recent reporting reflects that:

- Our numbers of methamphetamine using consumers are rising
- We are retaining consumers in treatment for longer
- We are seeing more consumers in Broome (as people move into town)
- Our consumers are still mostly Aboriginal people (90%)
- Our principal source of referral is self-referral (40%).

It is something of an achievement that self-referrals made up the greatest percentage of 'source of referral' data. The CHMR team have worked hard to connect with the people and communities we serve. Each activity we do offers another means to meet people, raise awareness of issues and promote engagement with services.

Once again we are seeing a shift in the balance of principal drugs of concern. In 2012 the ratio of consumers referred because of alcohol versus those referred for cannabis was close to 80:20 (80% Alcohol, 20% cannabis). Over the past two reporting periods the ratio has changed to reflect an increase in people seeking help for stimulant related problems: it is now 58%:24% (alcohol and cannabis, respectively) with amphetamines and tobacco accounting for the remaining 15% and 3% respectively. Our retention rates have also been stable, with 79% of episodes closed as planned.



SUPPORTING COMMUNITIES

Encouraging and supporting the development of Alcohol and Drug Management plans is one the CHMR team's key deliverables. In order to facilitate communication between the service and the communities we visit we send a brief report to the governing councils of each target community. This ensures that community leadership is informed and involved in any prevention or capacity building activity with CHMR.

Another means of supporting community initiatives have been the LDAGs that CHMR support. The team support LDAGS on the Dampier Peninsula, Broome and now Bidyadanga. Although LDAGs intent is to rely on volunteers, the CHMR team seek to develop the capacity of communities to take carriage of the LDAGs by guiding and encouraging those who are willing to take on membership and active roles. The Peninsula LDAG recently won a Community Action and Advocacy Award at the 2016 LDAG conference. Broome LDAG also won a similar award at the same event. The newly formed Bidyadanga LDAG recently staged a youth event with LDAG and CHMR support.

The CHMR team's prevention and community capacity building work draws on a broad range of skills and knowledge. In past year we have conducted radio

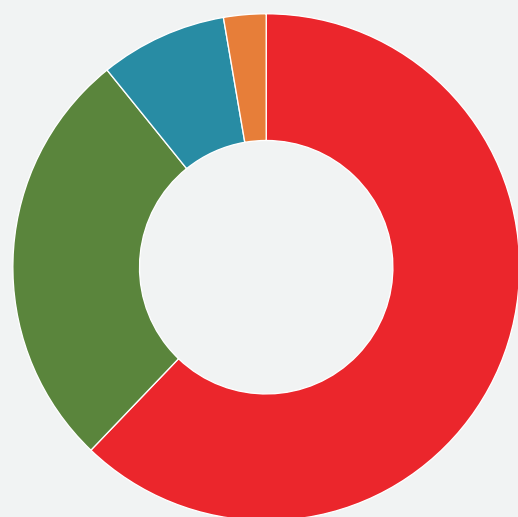
interviews about various topics related to our work: awareness sessions about the harms associated with each category of drugs, promoting help seeking behaviour, how to talk with your family about concerns and what supports and help are available. We have also delivered education and training sessions for service providers and communities, assisted with prevention policy development (e.g. the West Kimberley Football League Prevention Plan to prevent alcohol related violence at football matches and grand finals) and organised events (the World FASD day concert at Town Beach night markets).

LOOKING FORWARD

Recently there has been increasing recognition of the myriad problems of living in remote communities. One of the biggest challenges all services now face is how these complex issues can be addressed sensitively and effectively. The CHMR team are fortunate to have developed strong working relationships with the communities we serve and with other service provider agencies. The way of the future will necessitate working in collaboration with communities, service providers and governments to generate and sustain positive change.

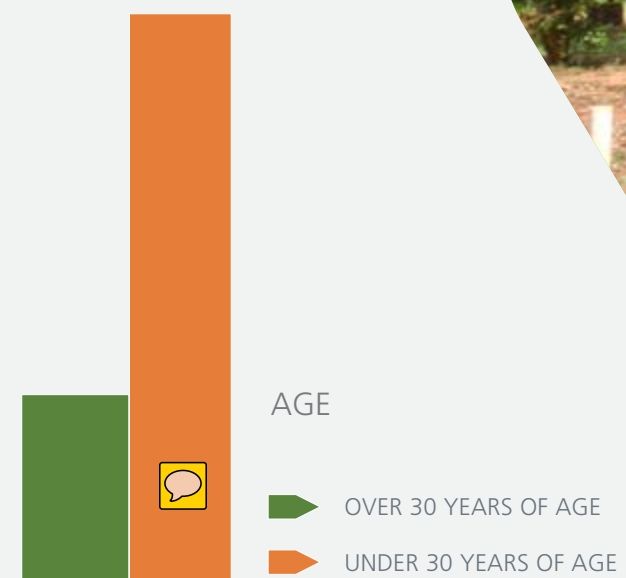
THE CYRENIAN HOUSE

MILLIYA RUMURRA PARTNERSHIP



PRINCIPAL DRUG OF CONCERN

- ▶ METHAMPHETAMINE
- ▶ ALCOHOL
- ▶ CANNABIS
- ▶ TOBACCO



AGE

- ▶ OVER 30 YEARS OF AGE
- ▶ UNDER 30 YEARS OF AGE



ABORIGINALITY



- ▶ ABORIGINAL OR TSI
- ▶ NOT INDIGENOUS

SARANNA EARLY CHILDHOOD EDUCATION AND CARE CENTRE

OVERVIEW

Saranna Early Childhood Education and Care Centre is a beautiful purpose built Centre located in natural bush land. It is licensed for 85 children a day and has a team of 25 educators.

Children are aged from 6 weeks to 5 years. We cater for all children within the community and the Saranna Program. The service is divided into age and developmental stage sections:

Nursery | Babies | Toddlers | Kindy

Our Kindy room has an Early Childhood Teacher and runs a school readiness program. This is a particular focus for the Saranna children to ensure they have a smooth transition into the school environment.

HIGHLIGHTS OF 2016

Saranna Early Childhood Education and Care Centre is rated with the Australian Children's Quality and Care Authority as Exceeding. This is a great achievement for the service and is reflected in the day to day running of the Centre, the care of the children, the relationships with the families and their local community as well as the Rick Hamersley Therapeutic Community and the Saranna program.

Food technology services audited the food safety program and found that this year we have ensured to stay in line with the standards rating as "successful" in all areas of the program.

Community events has been a big focus for the Centre this year with one being held each month. The Saranna program and community families have

been welcomed into the Centre with great turn outs. This has helped create strong connections within the Centre and the families. Strong connections have encouraged collaborative partnerships and trust.

Professional Development

- the Centre has participated in professional development over the year being:

- Child protection training
- Supervision training
- FASD training
- Trauma in early childhood training
- Behaviour guidance training



PROGRAMS AND PARENT SUPPORT

At Saranna Early Childhood Education and Care Centre the dedicated educators develop educational programs that recognise and support each child's individual development. Our programming and planning uses the Early Years Learning Framework as a foundation with a focus on children's sense of Belonging, Being and Becoming. Within our programs we consistently support children's sense of identity, connection and contribution to their world, physical and emotional wellbeing and ability to be confident and involved learners and effective communicators. Our team intentionally plans opportunities for learning based on group focuses and projects. These focuses encourage and support learning outcomes that are appropriate to the ages and stages of development of the children in each room. Some examples of focuses may include research projects in which children and educators discover information together, social focuses where educators support age appropriate progression of social skills and support for development of independence and self-help skills. Our programs support inquiry based and play based learning.

Our Educational Leader oversees all programs and training of staff. Mentoring and guiding practise daily to ensure we are delivering the highest standards of care and education.

The centre also works in collaboration with the Saranna Women and Children's program for parent support and this is delivered in a range of ways with each families individual needs and cultures in mind as well as sharing information and parenting workshops.

Consumer Feedback

Kylie Wilford reviewed Saranna Early Childhood Education and Care Centre —

My daughter started at the Centre today. She loved it so much she cried her heart out when she had to go home. It's not like other centres, it's an extension of home.

I love this Centre, it is above and beyond any other Centre I have come across. Warm and welcoming staff! I leave knowing my baby is in a nurturing, loving environment where he will have the best of care. It's a big weight off your shoulders to not have to stress and worry if your child is being cared for properly. Would recommend this Centre for sure.. Glad I found it!

I love this centre. Since day dot they welcomed us with open arms. Such a wonderful team of carers in the nursery and babies room!

THE YEAR AHEAD

Some anticipated goals for the coming year is to develop a new, all natural bush play space for the children and the Saranna program to utilize. Research demonstrates that unstructured, outdoor play in nature is fundamental to childhood. We have been working collaboratively with the Saranna program and Bunnings to gain help and support as well as donations for the area. The area currently houses our 5 chickens that are a large part of our sustainability program. We ensure food scraps are always recycled either into compost or given to the chickens, and they repay us with plenty of eggs.

Adding sustainability into our programs and daily routines is an invaluable learning tool for children that they will take home and share with their families. Our goal is to create a better understanding and awareness of how important it is to be sustainable in everyday life.





"Cyrenian House has changed my life, no doubt saved my life. Now I can be a better mother and give my children the life they deserve. Thank you. I am forever grateful".

**(JULIE – SARANNA
RESIDENT)**

TREASURER'S REPORT 2016

Last year the Treasurer reported our budgeted \$2.5M capital works expenditure plans however planning approval delays and changes in the TAFE system resulted in TAFE being unable to proceed with part of the building works. This was planned to be done in association with the TAFE Apprentice Training Scheme but has now required these works to be put out to tender with resultant delays. The good news is that the Rick Hammersley Centre kitchen/Hub building is anticipated to be finished in June 2017.

This year's result is our first full year of running the North Metro Community Alcohol and Drug Service, Joondalup. Last year's result was distorted somewhat by grant funding for Joondalup which is treated as revenue with the resultant expenditure being capitalised. This can be seen partly this year as the increased depreciation charges on these capitalised flows through.

The organisation has a full complement of staff even with contract uncertainty being experienced across Federal and State Government procurement in other areas, Cyrenian House is positioning itself to deliver best practice, effective, evidence based services for consumers.

Interest and Fundraising Income provided 75% of our surplus

after capital expenditure. With the continued decline in interest income, the fundraising and fee for service areas of the organisation become more critical to organisation sustainability to ensure the consumers of the future receive the same level of service from our various amenities across WA.

With the ageing of our buildings in our Therapeutic Communities significant effort and expenditure has been incurred in planning, maintaining and refurbishing assets, some of which are now over 30 years old. This year saw the Saranna Women & Children Program chalets benefit from the Cyrenian House refurbishment program.

There are significant headwinds for community service organisations with revenue contracts providing

anything from 0%, or only up to 1.6% increases but experiencing cost factors increasing by much more. This means that if expenditure increases, particularly wages, continue to outgrow revenue then sustainability could be threatened unless careful consideration and planning of how to mitigate this is undertaken. Further detailed work is planned in this area for the 2017 financial year.

The 2016 result while solid is not spectacular. Significant effort and expenses have been incurred in attaining and exceeding quality standards ensuring that our consumers are offered the very best in treatment options. The Cyrenian House Strategic Plan is in its final year and consumers and financial sustainability will again be paramount in the formulation.

AUDITOR'S REPORT 2016



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 2016, statement of comprehensive income, statement of changes in equity, statement of cash flows 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 2016 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 28th day of September 2016 in Perth, Western Australia

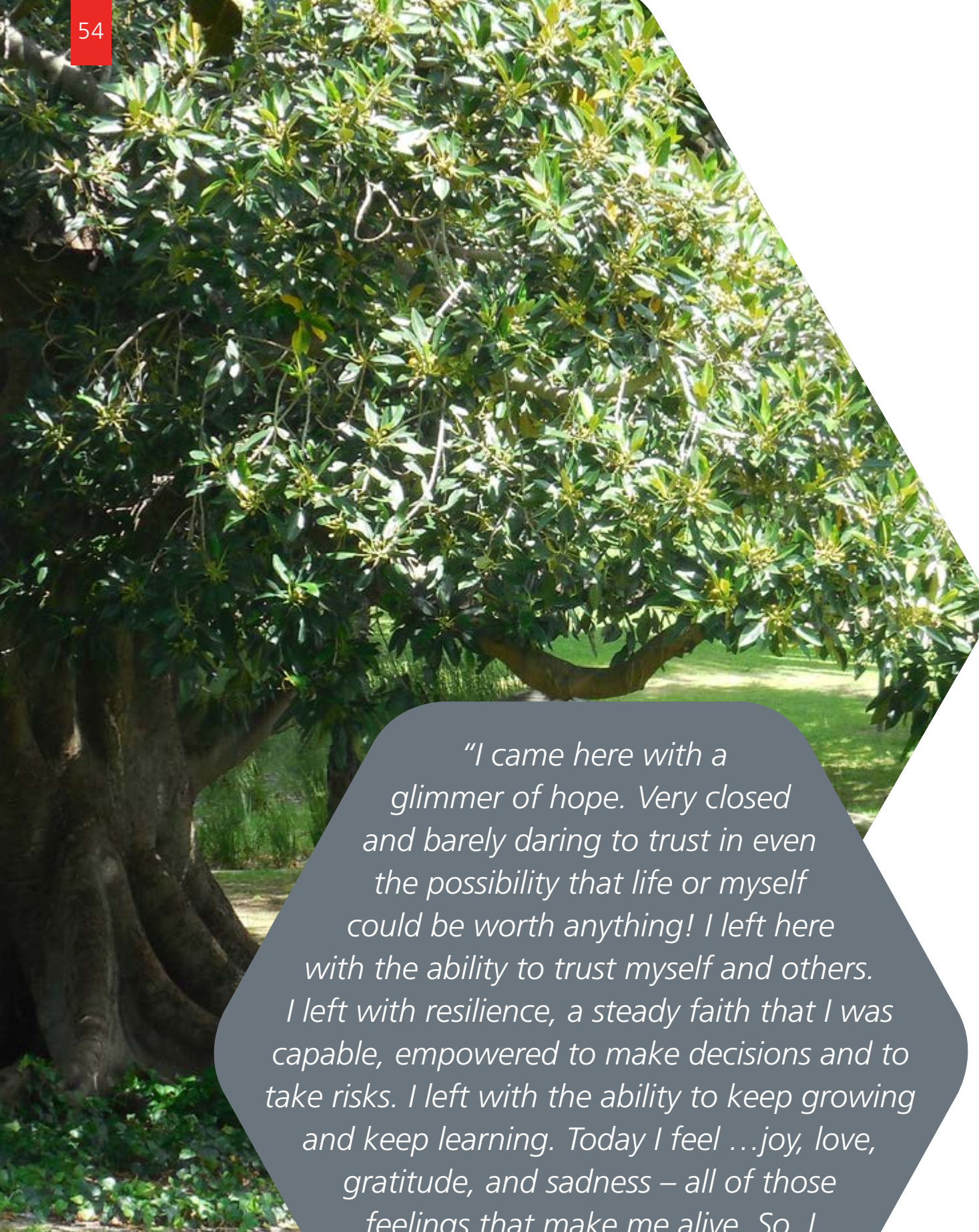
AMW (AUDIT) PTY LTD

Anderson Munro & Wyllie

ANDERSON MUNRO & WYLLIE
Chartered Accountants

Martin Shone

MARTIN SHONE
Principal



"I came here with a glimmer of hope. Very closed and barely daring to trust in even the possibility that life or myself could be worth anything! I left here with the ability to trust myself and others. I left with resilience, a steady faith that I was capable, empowered to make decisions and to take risks. I left with the ability to keep growing and keep learning. Today I feel ...joy, love, gratitude, and sadness – all of those feelings that make me alive. So, I haven't been given life back, I've been given life and for that I am incredibly grateful".

STATEMENT BY MEMBERS 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 2016 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

MATTHEW VAN RIESSEN

Chief Executive Officer

CAROL DAWS

Dated this

28th

day of

September

2016

"IT IS NOT AN OVERSTATEMENT TO SAY THAT CY HOUSE HAS SAVED ME FROM CERTAIN DEATH. I HAVE LIVED IN ACTIVE ADDICTION / RELAPSE FOR OVER 40 YEARS...I AM NO LONGER DEMORALIZED AND HOPELESS. I HAVE LITERALLY BEEN LOVED BACK TO LIFE THROUGH, THE STAFF, RESIDENTS AND THE PROCESS. THERE ARE NO WORDS THAT EXPRESS WHAT I HAVE RECEIVED IN MY 6 MONTHS HERE.

FINANCIAL STATEMENTS

STATEMENT OF COMPREHENSIVE INCOME

W.A. Council on Addictions Inc.
Statement of Comprehensive Income
for the year ended 30 June 2016

	NOTE	2016 (\$)	2015 (\$)
REVENUE			
Fees & charges		2,711,652	2,471,360
Grants - State		8,341,977	9,039,426
Grants - Federal		870,057	890,544
Grants - other		43,239	120,343
Grants - unexpended		6,700	136,344
Financial income		264,973	295,347
Donations		43,901	8,415
Fundraising income		41,186	46,104
Other income		47,602	38,843
		<u>12,371,287</u>	<u>13,046,726</u>
EXPENDITURE			
Administration and finance costs		1,023,760	1,268,251
Employment, education and training expenses		8,231,260	7,041,896
Cost of services and sale of goods		1,888,283	1,776,405
Depreciation and amortisation expenses		386,096	299,928
Fundraising expenses		17,653	24,790
		<u>11,547,052</u>	<u>10,411,270</u>
NET SURPLUS	2	<u><u>824,235</u></u>	<u><u>2,635,456</u></u>
OTHER COMPREHENSIVE INCOME			
Other Comprehensive Income		-	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		<u><u>824,235</u></u>	<u><u>2,635,456</u></u>

FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL POSITION

WA Council on Addictions Inc. Statement of Financial Position as at 30 June 2016

	2016 (\$)	2015 (\$)
CURRENT ASSETS		
Cash and cash equivalents	9,422,786	8,334,716
Trade and other receivables	1,741	260
Other current assets	32,544	33,080
Total current assets	9,457,071	8,368,056
NON-CURRENT ASSETS		
Land & buildings at cost	5,908,317	
less: Accumulated depreciation	(526,515)	
	5,381,802	5,390,421
Leasehold Improvements	820,362	
Less Accumulated depreciation	(83,353)	
	737,009	811,255
Plant & equipment at cost	1,563,980	
less: Accumulated depreciation	(874,491)	
	689,489	726,414
Motor vehicles - at cost	655,395	
less: Accumulated depreciation	(352,515)	
	302,880	349,852
Works in Progress	173,893	13,317
Total non-current assets	7,285,073	7,291,259
Total assets	16,742,144	15,659,315
CURRENT LIABILITIES		
Grants In advance	-	155,978
Grants/funds unexpended	8,300	15,000
Other liabilities	63,321	3,263
Taxation liabilities	113,677	39,415
Client funds held in trust	7,724	15,047
Trade Creditors	142,391	119,788
Provision for employee entitlements	1,039,464	772,000
Total current liabilities	1,374,877	1,120,491
NON-CURRENT LIABILITIES		
Provision for employee entitlements	211,521	207,314
Total non-current liabilities	211,521	207,314
Total liabilities	1,586,398	1,327,805
NET ASSETS	15,155,745	14,331,510
ACCUMULATED FUNDS		
Accumulated surplus	14,706,028	13,881,793
Reserve for future services	449,717	449,717
TOTAL ACCUMULATED FUNDS	15,155,745	14,331,510

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016**

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 108	Accounting Policies, Changes in Accounting Estimates and Errors
AASB 110	Events After Balance Date
AASB 1031	Materiality
AASB 1048	Interpretation of Standards
AASB 1054	Additional Disclosures

The financial statements have been prepared on an accruals basis and are based on historical costs and except where stated, do not take into account changing money values or fair values 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 organisation and is exempt from income tax (sec. 50-10) under the Income Tax Assessment Act 1997.

b. Property, Plant and Equipment

All non-current assets have limited useful lives and are depreciated using the straight line method over their estimated useful lives.

Assets are depreciated from the date of acquisition or, in respect of internally constructed assets, from the time an asset is completed and held ready for use.

Land is brought to account at cost. No provision for depreciation is made on Land. Buildings are carried at cost, less accumulated depreciation, when a cost (independent of the land) has been determined.

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

Assets are only capitalised where the value is greater than \$1,000 or in cases of multiple similar items, individually less than \$1,000, where the combined purchase of the items is greater than \$5,000.

Depreciation rates and methods are periodically reviewed for appropriateness and any adjustments are prospectively reflected in current and future periods only. Depreciation amounts are expensed.

**W.A. COUNCIL ON ADDICTIONS INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016**

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

Rates of depreciation for the various class of assets are as follows:

	2016	2015
Land and Buildings	2.5%	2.5%
Leasehold Improvements	2.5 - 10%	2.5%
Plant and equipment	8% - 15%	8% - 15%
Motor vehicles	15%	15%

c. Impairment of Assets

The committee reviews the carrying amounts of its non-current assets each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated. If the carrying amount of a non-current asset exceeds its recoverable amount, the asset is written down to the lower amount. The write-down is recognised as an expense in the Statement of Comprehensive Income.

When a group of assets working together supports the generation of cash inflows, recoverable amount is assessed in relation to that group of assets.

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.

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. The amount recognised as a provision is the best estimate of the amounts required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties surrounding the obligation.

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 amounts with original maturities of less than twelve months.

g. Accounts Receivable and Other Debtors

Accounts receivable and other debtors are generally settled within 30 days and therefore carried at amounts due. A provision is established at the time a specific debt is considered doubtful. Bad debts are written off when identified.

W.A. COUNCIL ON ADDICTIONS INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

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

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 as it accrues, taking into account the effective yield on the financial asset. 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 property, plant and equipment, 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.

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 at June 2016.

W.A. COUNCIL ON ADDICTIONS INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

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

m. Contingent Asset

There were no material contingent assets existing at 30 June 2016.

n. Contingent Liability

There were no material contingent liabilities existing at 30 June 2016.

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 per the notes and the nominal depreciation charge new additions). The following table shows the surplus after capital expenditure for the year:

	\$
As per income and expenditure statement	824,235
Less: Capital expenditure made during the year	<u>(395,776)</u>
Surplus after capital expenditure for the year	428,459

NOTE 3: CASH FLOW INFORMATION

a) Reconciliation of Cash

	2016 (\$)	2015 (\$)
Cash at bank	9,441,586	8,333,716
Cash in hand	1,200	1,000
	<u>9,442,786</u>	<u>8,334,716</u>

b) Reconciliation of Cash flow from operations with surplus

Total Comprehensive Income for the year	824,235	2,635,456
<u>Non cash flows</u>		
Depreciation and amortisation	386,096	290,000
Reserve transfers	-	-
(Profit)/Loss on asset sales	(9,984)	9,928
<u>Changes in assets and liabilities</u>		
Decrease/(increase) in receivables and other assets	(945)	(1,178)
(Decrease)/increase in prepaid income	(162,678)	(140,366)
(Decrease)/increase in trade and other payables	149,601	(113,755)
(Decrease)/increase in provisions	271,671	(48,180)
Cash flows provided by operating activities	<u>1,457,996</u>	<u>2,631,905</u>



*"We respectfully acknowledge the past, present and future
Traditional Custodians of this land, the Whadjuk Nyoongar people.
It is a privilege to be standing on Whadjuk Nyoongar country."*

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