

# ADFACT Strategic Plan 2009-2012

---

# 1. Foreword

As the Alcohol and Other Drug Foundation, ACT (ADFACT) approaches a new three year strategic plan it does so with a demonstrated record of success - including expanded programs and an increasingly refined case management methodology that now includes pre-employment and employment transition support services. It also approaches the next three years with a clear understanding of the shifting nature of effective service across the human services sectors and with considerable experience/expertise in dealing with a changing profile of clients. It is time for ADFACT to start playing a leading influencing role across the sectors in pursuit of the best and most effective service for clients in the ACT and its regions.

Increasingly the profile of the client seeking the support of Alcohol, Tobacco and Other Drug (ATOD) services is a client who presents with a suite of complex needs. For a growing number of people, substance dependence is compounded by one or more co-occurring biopsychosocial factors which include mental health issues, disabilities, lack of housing and employment, crime and recidivism, and family issues including family violence, lack of support and child abuse and neglect.

The purpose of this plan is to strengthen and better position ADFACT to expand its reach and impact as a leading provider and influencer of ATOD treatments, rehabilitation, transition and community programs for these clients.

Heading into the next three years ADFACT must, with its human services sector counterparts, develop a collaborative partnership model that is client focussed as opposed to focussed on individual sector or provider requirement. A model of collaboration is needed that establishes linkages with mental health and other human service providers to ensure that clients can enter through any door and be referred appropriately, that ensures the easy transfer of information, the development of joint care plans for clients with complex needs and a focus on individual programs of care and sustainable recovery. ADFACT can be a leader in this space.

Pivotal to this will be that ADFACT align its highest level strategic intent with the ACT Alcohol Tobacco and Other Drug Strategy 2009 -2013 and the National Drug Strategic Framework and also consider other complementary strategies such as the National Mental Health Policy 2008 [the 4th National Mental Health Plan is still under development]; Draft ACT Mental Health Services Plan; ACT Corrective Services Drug, Alcohol and Tobacco Strategy 2006-08 and the National Co-morbidity Project.

David Templeman  
Chair

## 2. Context

**The key strategic sector issues, and implications for ADFACT, are as follows:**

1. Pivotal to progressing the social, health and economic outcomes for the ACT and its regions is appreciating that there is really no longer such a classification as a pure ATOD, Mental Health, Human Services or Corrective Services client. Increasingly, and at a rate beyond the current capacity to address their complex needs are clients for whom substance use is compounded with a co-occurring set of biopsychosocial factors. Specifically:
  - Servicing the complex needs of this growing body of clients will take a new form of collaboration amongst the providers of human services in the ACT and its regions. Key to this collaboration will be addressing, across the sectors, a number of overlapping issues – assessment & referral; treatments; appropriate facilities; training; policy considerations with regard to appropriate and timely care; and the evaluation frameworks to measure the impacts of contributing providers.
  - ADFACT must actively engage in, lead and influence the debate across the sectors to ensure that the needs of the clients with complex needs are met and that ADFACT, with others, are well positioned to meet the needs of these clients. ADFACT needs to place a high priority investment in its future strategic communications capacity.
  - Clients with complex needs require diverse services and complex treatment approaches which require higher staff to client ratios and the attraction and retention of staff with more comprehensive skill sets:
    - Psychiatric Registrars who are undertaking training in the Mental Health sector rarely have the exposure to complex cases within a substance treatment setting. Likewise ATOD Staff at ADFACT are often unable to gain the necessary skills and experience, in supervised placements, to better equip them to comprehensively support complex clients – these clients suffer with the inevitable results of poorer health and social outcomes for the ACT and its regions.
    - Nexus and Karralika staff involved in supporting the transition of clients from ATOD dependence to independence have identified that the complex needs of their clients has caused an increase in individual case management loads. This is typified by a need to support and employ strategies and interventions to address substance dependencies side by side with strategies to address a growing range of psychosocial issues - including significant mental health challenges. A recognised predictor of positive client outcomes is length of retention in treatment. Last year (07/08) the average length of stay for a client through the Nexus transition program was 137 days. To support improved rates of retention in treatment for more clients and better client outcomes, increased staffing levels and expanded program facilities will be required.
    - In 2009 ADFACT will be responsible for establishing the first therapeutic community in a prison in the ACT. This initiative helps forge greater links with Corrective Services and addresses the ATOD treatment needs of an otherwise marginalised group in our community. It will, however, also contribute to the growing demand for through care and after care services and create more pressure for program facilities.

2. ADFACT cannot service demand - within the ACT and regions ADFACT is the only residential ATOD service provider that offers:

- Family beds and family services;
- Dedicated services and support for children accompanying parents through treatment; and
- An individualised case managed pathway from dependence through to re-integration into the community for clients with a nexus of co-occurring factors.

ADFACT currently has 44 beds in Karralika (the status quo since 1989); 8 x Transition beds and 9 x Men's and Aftercare beds in Nexus. This is only 61 beds in total. With the increased number of clients with complex needs needing extended time in treatment and the overall increase in client numbers – ADFACT cannot service demand. 120 children and their parents were turned away in 2007/08. Increased facilities capacity is urgently required.

3. Even with the other ATOD service providers in the ACT and its regions there are still a number of gaps in the service. In particular ADFACT would identify three core gaps in services:

- A “pharmacotherapy to abstinence” or “pharmacotherapy to stability” program utilising the therapeutic community model - evidence suggests that for this subset of clients such a program provides optimal conditions for rehabilitation.<sup>i</sup>
- A facility for co-morbid clients who, when they have a serious mental health episode, can have a “time-out” in a residential facility in order to stabilise and then re-enter the Program. Currently these clients have to leave at great risk to themselves and the community and consequently lessen the health outcomes for the ACT
- Short term residential programs: for methadone to abstinence clients; for the current Karuna (Induction) program (first phase of the Karralika Program) to become a three month treatment program with an option to progress to Karralika if required; and for Aftercare options for prisoners released from the Andrew Maconochie Centre.

**The key strategic organisational issues, and implications for ADFACT, are as follows:**

4. Since the last Strategic Plan ADFACT has successfully broadened its source of funding. This is very positive. Much of this new funding is through project funding. The success of ADFACT in attracting project funding points to its success and reputation in the field. The downside to this funding strategy, however, is the uncertainty of ongoing funding, the resources needed to apply for such funding and the uncertainty of tenure for some staff who are project funded. ADFACT will need to continue to seek out recurrent program funding arrangements to support greater stability of program offerings and staff tenure.

5. The changing demand for ADFACT services impacts on the actual delivery of ADFACT services. ADFACT will need to develop an outcomes measurement framework and an activities-based costing framework for the services it provides –particularly the case management methodology that underpins all of its interventions. Moreover, as ADFACT moves to more strategic and collaborative partnerships with the Mental Health, Corrective Services & Human Services Sectors it will also need to take a lead coordination role in establishing a mechanism to measure its contribution to multi service-provided treatment and support programs as all providers work to deliver a more integrated service to clients.
6. ADFACT has highly motivated and committed staff. Demand for an effective service for clients with complex needs, resulting from the presentation of co-occurring factors, places staff and training budgets under pressure. A workforce development strategy is needed to ensure that ADFACT is seen as an employer of choice – one that places skill enhancement and the development and effectiveness of its staff as a priority.

### **3 Vision Statement**

The re-integration of individuals and families into the community through alcohol and other drug treatments, rehabilitation and transition programs.

### **4. Mission Statement**

**Alcohol and Drug Foundation, ACT aims:**

To be the leading provider of case-managed rehabilitation, treatment, transition, community and employment services for substance-dependent clients, most with complex needs.

## 5 ADFACT's Goals

ADFACT'S Vision and Mission will be delivered through meeting a series of targeted overarching Foundation and Program specific goals.

### **There are four overarching Foundation goals:**

- *An individualised, case managed program of care for each ADFACT client:* Acknowledging that sustainable lifestyle change is only possible when the specific needs of the individual are assessed and treatments and interventions designed accordingly and case managed for follow-through and results.
- *A leader in influencing the ATOD, Mental Health, Corrective, Legal and Human Services Sectors:* Providing for a more effective and integrated range of services to address the complex needs of clients.
- *A harm minimisation approach across a continuum of care:* Acknowledging and addressing the growing need for a range of long & short-term residential and community based programs that operate within a harm minimisation framework.
- *Strong Reputation and Profile:* Acknowledging and addressing the need to raise awareness of ADFACT and its work within the ACT and the surrounding regions and in the national arena. Public promotion of ADFACT's goals and programs through active contributions to policy development; well targeted lobbying; cross-agency collaborations; a sound strategic communications approach including media appearances; and the presentation of ADFACT's achievements at conferences etc.

### **There are three Program specific goals:**

- *Effective services and/or access to services for clients with complex needs:* Actively pursuing policy changes that improve the social, health and economic outcomes of clients such as improved clinical management of clients with mental health issues; the establishment of a Time-Out facility, improved and expanded provision for Aftercare and the ongoing refinement of the case management approach for clients with complex needs.
- *A coherent range and/or coordinated access to a range of rehabilitation, transition and community programs for individuals and families:* Ongoing development of a stepped, evidence-based case management approach at ADFACT and across the human services sectors that acknowledges the sustainability of incremental reintegration into family and community through the development of communication, parenting/family, personal management and life skills and education, training and employment opportunities.
- *Children are a priority:* Developing positive and lasting interventions for the children of clients with complex needs aimed at breaking the inter-generational cycle of ATOD dependence and risk.

## 6 ADFACT's Team

Equipped for the challenges ahead

### *ADFACT Staff Value:*

- Social Justice & Gender Equity; Working from within an Ethical Framework; Integrity; Innovation; Flexibility; Professionalism; Accountability and Sustainability.
- Working innovatively and collaboratively with clients, colleagues in the Government and the ATOD, Mental Health, Corrective Services, Legal and Human Services Sectors.

### *ADFACT Management will continue developing an effective and sustainable team through:*

- Recruiting and retaining the best-fit staff for ADFACT and investing in their ongoing development and training
- Ensuring the most effective staff to client ratios across the organisation
- Developing, supporting and measuring the case management approach
- Providing the team with the systems, tools and support they need to do their jobs effectively.

## 7 Programs and Services

For 2009 – 2012 ADFACT will provide the following evidence-based services:

**Karralika:** An established modified therapeutic community that provides a safe and supportive learning environment for individuals and families to consider and address opportunities for lifestyle change. This occurs through a multi stage program from assessment to community based transition programs where a range of needs including social behaviours, relationships, parenting, interpersonal communication, education and vocational skills are addressed.

**Child & Family Support Services:** specialist programs that focus on the use of family interventions and strategies to enhance social functioning and improve the lives of vulnerable children (e.g. fortnightly parenting seminars); support and strategies for the ADFACT staff working with families with children; and similarly for those staff that serve the children in their multiple settings e.g. childcare and school etc.

### **Community Programs:**

*Nexus:* A comprehensive residential program offering case management, group programs, advocacy, support, education and referral for AOD clients. It is the linking phase between previous treatment and reintegration back into the family or wider community which aims for clients to achieve stability in their lives and to encourage the development of independent living, employment, social and interpersonal skills. This may include a choice of abstinence or pharmacotherapy treatments. The program is semi structured and provides accommodation for up to nine male clients for periods of three to 6 months.

*Sober Driver Program:* An educational program for those charged with, or facing, charges for drink drive offences.

*Phoenix Project* – 12 week non residential education and support program through the Magistrates Early Referral into Treatment (MERIT) NSW.

*Job Services Australia* – provides specialist AOD employment services (tackling barriers including alcohol, drug and gambling problems, homelessness, mental health issues and social isolation) for job seekers with personalised help, targeted services and access to training opportunities and work experience in areas of skill need.

**Alexander Maconochie Centre Therapeutic Community:** A therapeutic community setting for inmates with substance use issues in the first Australian prison to comply with human rights legislation.

These programs and services all support ADFACT in realising its goals, mission and vision. The Board, ADFACT Executive and Business Services & Support are, in turn, pivotal in realising ADFACT's aims. Each area is detailed in the following pages in terms of their individual objectives (which are aligned with ADFACT's goals, mission and vision) and their key activities for the next three years.

## **7.1 The ADFACT Board**

**Objective:** The effective governance of the Alcohol and Drug Foundation ACT

### **Key Activities**

- Clear delineation and devolvement of collective and individual areas of responsibility
- Review of highest level intent and Foundation name for best fit and direction going forwards
- Agents across the human services sectors for a new model of collaboration and service
- Advocacy in the broader community, business and government sectors of the role and services of ADFACT
- Strategic oversight and responsibility of policy direction
- Identification of opportunities for securing sponsorship and funding for the Foundation

## **7.2 ADFACT Executive**

**Objective:** The good management of all aspects of ADFACT

### **Key Activities**

- Identification of opportunities to lead and influence the ATOD, Mental Health, Corrective, Legal and Human Services Sectors in order to provide for a more effective and integrated range of services to address the complex needs of clients.
- Actively seek opportunities and funding to increase program offerings and program facilities for clients – working collaboratively with all sectors
- Development of a sound performance management process based on business priorities flowing from this Strategic Plan, clear job descriptions and work requirements, formal and informal feedback/appraisal, and targeted development opportunities
- Identification, development and implementation of a more effective communication mechanism across the ADFACT teams
- Investigation of activities that could be supported by funding made available by RTD taxation Refund
- Actively seek funding for staff services, training and cross sector placements; and program and service evaluation strategies and frameworks

### **7.3 Karralika Therapeutic Community: Residential Service**

**Objective:** Karralika is an established modified therapeutic community that provides a safe, supportive learning environment for individuals and families to consider and address lasting opportunities for lifestyle change.

Clients have an enhanced sense of belonging and respect for themselves and others through education, living skills and therapeutic intervention

#### **Key Activities**

- Review of team organisational structure and identify best-fit for purpose
- Review of the Therapeutic Community Model
- Identification and development of policies for dealing with co-morbid clients within a TC model
- Investigation and development of opportunities for appropriate referral agencies for co-morbid clients
- Address the need for new projects – specifically “time out program” and “pharmacological to abstinence”
- Support ATCA Project re Standards for TCs and adopt training package and incorporate Standards in Foundation’s Policies
- Support Business Manager in the drive for accreditation
- Update Policy/Procedure/Program Manuals
- Support Business Manager in the development of an evaluation and measurement framework for Karralika Team’s work

### **7.4 The Child and Family Team**

**Objective:** Provision of specialised services for children and families participating in the Karralika and Nexus Programs which support resilience and enhanced family relationships.

#### **Key Activities**

- Define and complete documentation of the Child and Family Team Services Model – incorporate the TC and childcare partnerships and collaboration.
- Development of an induction package for new staff to ADFACT – articulate the work and boundaries of the team
- Security of ongoing funding to allow ongoing provision of services – retain staff
- Strengthen partnerships and relationship within the sector and across the human services sector – look for opportunities to replicate model
- Support Business Manager in the drive for accreditation
- Support Business Manager in the development of an evaluation and measurement framework for Team’s work -

## 7.5 Community Programs (Nexus Program, Job Services Australia, Phoenix Project, Sober Driver Program)

**Objective:** An improvement in the health and socio-economic wellbeing of AOD clients. This is achieved through a case-managed response to their individual priority needs and can cover the development of living, parenting, communication and personal management skills through to the provision and delivery of community-based treatment, employment, education, support and referral services.

### Key Activities

- Review team structure and identify best-fit for purpose
- Strengthen partnerships and relationship within the AOD sector and across the human services sector – always seeking best outcomes for clients
- Seek and develop partnerships, opportunities and funding to: improve and expand the Nexus program with a clear treatment pathway for clients of ADFACT services and other community programs providing a supported, stepped reintegration model
- Improve and maintain the Phoenix project as a model of collaboration across sectors and jurisdictions
- Deliver quality pre employment/employment services under the new Job Services Australia arrangements
- Development and implementation of innovative, evidence based programs and projects which continue to fulfil ADFACT's mission
- Support Business Manager in the drive for accreditation
- Support Business Manager in the development of an evaluation and measurement framework for Community Team's work –especially the case management methodology

## 7.6 AMC Therapeutic Community

**Objective:** The re-integration of offenders with substance use problems and anti-social behaviour into the community, through the implementation of an effective prison-based therapeutic community and associated after care.

### Key Activities

- Maintenance of a productive and robust partnership with ACTCS, including clear statements of ADFACT positions when required
- Build a range of induction modules (introducing the AMTC) tailored for key audiences: Custodial Officers; Superintendent & his management team; and the Joint Reference Group (ACTCS & ADFACT)
- Re-negotiation of the DoHA funding agreement to acknowledge delay in prison opening and impacts for current ACT detainees
- Use of broader community and political connections to lobby for objectives – especially more planned after-care
- Establishment and consolidation of partnerships outside of ACTCS e.g. Aboriginal Health Services.
- Support Business Manager in the drive for accreditation

- Support Business Manager in the development of an evaluation and measurement framework for AMTC Team’s work – ensure participant database is set up early and can tie in with research study on longer term outcomes – draw in Karralika – possible transfer/expansion of database to support collection of data and measurement in that TC as well.
- Clear establishment of program elements, policies and procedures to support sound and seamless implementation.

## 7.7 Business Services and Support

**Objective:** Provision of the systems, tools and support for the ADFACT client facing teams to most effectively serve their client groups and measure and report against their work. To ensure that the financial systems and reporting mechanisms of the Foundation are appropriate and allow ADFACT to fully comply with all legislated and community standards for good financial & business management.

### Key Activities

- Direction and oversight of all actions required for the stages of Accreditation
- Direction and oversight of all actions required for the establishment of evaluation frameworks for the work of the foundation – especially the case management model
- Identification and pursuit of funding opportunities for the evaluation frameworks and the requisite systems to support them – working collaboratively with the sector.
- Development and implementation of increased two-way feedback mechanisms to ensure a means to continually improve services
- Development of an activities based costing framework for key activities of the Foundation especially the case management methodology.
- Development of a dedicated program to secure extra funding and sponsorship for the Foundation

---

<sup>i</sup> Research shows that clients using a pharmacotherapy treatment approach are most at risk of relapse when they taper off their dosage below a certain level. This risk is mitigated when they are in a residential therapeutic community environment.

Pitts, J.A. (1992). Methadone detoxification in a Therapeutic Community: Implications for treatment. *ATCA Magazine* Winter, 9-15

Sorensen, J.L. & Acampora, A. (1984). Treatment Collaboration of Methadone Maintenance Programs and Therapeutic Communities. *American Journal of Drug & Alcohol Abuse*, 10(3), 347-359

Wermuth, L., Nrimmett, S., & Sorensen, J.L. (1988). Bridges and Barriers to Recovery: Clinical observations from an opiate recovery project. *Journal of Substance Abuse Treatment* 4, 189-196.