



NADA
network of alcohol & other drugs agencies

The newsletter of the
Network of Alcohol
and other Drug
Agencies

Issue 4: December 2014

advocate

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In this edition we ask a
number of guest writers
to respond to:

“

*Planning
strategically in
times of
change*”

Read features from:

- Mental Health Commission of New South Wales on Mental Health Strategy
- NADA Member Odyssey House
- NADA on NGO Program Reform

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REVIEW

Drugs, alcohol and mental health

A complex relationship



John Feneley, Commissioner, Mental Health Commission of NSW

The Mental Health Commission of NSW was established to kick-start mental health system reform and to improve the mental health and wellbeing of people in NSW.

But we must not ever fall into the trap of talking about mental health reform in a vacuum, without confronting those issues that impact on people's capacity to develop and maintain good mental health, or where existing mental health issues exacerbate other problems.

Real lives are complicated, and this is certainly the case with drug and alcohol use. For example trauma, like mental illness, can underlie drug and alcohol use. This is why services must adopt a trauma-informed approach to care.

We must not lose sight of the difficult fact that a high proportion of the years of life lost to disability results from a combination of mental illness and drug and alcohol issues. The average life expectancy for people with both mental illness and a drug or alcohol problem is 25 years shorter than for people in general.

Almost three-quarters of people using mental health services also have drug and alcohol issues and 90 per cent of people in drug and alcohol treatment settings are also living with mental illness.

The stark reality is that most people will never seek face-to-face care and support.

The interaction between mental health and drug and alcohol issues is a particular concern for the high risk age group of 16 to 24 year olds.

Then there is added complexity for people who are Aboriginal; from culturally and linguistically diverse backgrounds; living in rural or remote communities; lesbian, gay, bisexual, transgender and intersex people; or living with disability. We need tailored approaches.

Longer term, mental illness and drug and alcohol issues are themselves associated with poor physical health outcomes such as

higher rates of heart disease and cancer. Along with respiratory disease, these are the leading causes of death for people with a history of mental health treatment.

The silo approach of the health system gets in the way of people having access to quality, timely and integrated interventions. This is particularly true for people living with multiple, interacting issues. For example, a person's drug or alcohol use can be a criterion for exclusion from access to mental health services.

A one-size-fits-all approach is neither suitable nor sustainable. But any service response should deliver care that is based on rigorous evidence to address the significant unmet need for people living with mental illness and drug and alcohol problems. Services need guidelines for dealing with interacting conditions that are integrated into routine practice.

"We must not lose sight of the difficult fact that a high proportion of the years of life lost to disability results from a combination of mental illness and drug and alcohol issues."

When people leave a detox or rehabilitation setting to go back into their community they may also leave behind protective structures and routines. This, combined with a lack of adequate follow-up, puts people at greater risk of relapse and overdose.

Services must have a collaborative, shared-care approach to prevent the treatment fatigue that can come from people having

to tell their stories or history over and over again.

It is also critical that we embed the notion of self-agency, where people have access to the right supports and services to manage well on their terms in their community.

Positive change requires:

- a statewide approach
- a shift to the community, not hospital, as the main place support is offered
- more funding for training and education
- the establishment of a network of workers with a special interest in how drugs and alcohol interact with mental health
- a common language across mental health and drug and alcohol sectors
- expert multidisciplinary teams in settings close to clients' homes
- alternative approaches such as eHealth initiatives
- training for police and youth liaison officers
- ongoing training to address attitudes towards drug users for GPs and corrective, youth and housing agencies
- more and better research and evaluation.

The Government is currently considering a draft Strategic Plan for Mental Health in NSW, prepared by the Commission. It recommends specific actions to move this reform agenda forward. It is our hope it will be released soon.

Its companion document, [Living Well: Putting people at the centre of mental health reform in NSW: A Report](#) was tabled in Parliament in October. It tells the story of mental health in NSW from the perspective of the people who live here.



Mental Health Commission
of New South Wales

Strategic planning in a time of change



Margaret Noonan, Chief Operating Officer, Odyssey House McGrath Foundation

The challenge facing many service providers is the degree and the rate of change and uncertainty relating to funding in the drug and alcohol sector. The question we now grapple with is *what course do we set for the coming years in this uncertain environment?*

When looking at the strategic planning process, there are a number of questions to consider. Is the model of service we offer still valid in today's world? Are we still providing positive outcomes for people in addiction? What is the value of our service to the community? Does the work we do align with the current NSW State Health Plan? What is the likelihood of funding ceasing for our individual services? How robust are we in terms of alternative funding sources if the level of government funding decreases?

To answer the first question, Odyssey House is a therapeutic community; therefore in looking at our strategic plan, the first step was to look at this model of service delivery to see if it is still valid in today's world. The considerable bank of research undertaken both nationally and internationally along with the results of resident surveys undertaken by Odyssey House over the past three years, has given us the evidence to say model remains valid.

In regards to the question of whether we provide positive outcomes for residents and clients, Odyssey House has re-thought what success looks like and have recognised it takes many forms. For example, the longer a person is in rehabilitation the more drug or alcohol free days they have resulting in better health, less impact on their family and friends, and reduced crime. We have also identified at what point we can measure

success as each person progresses through their journey to be drug and alcohol free. The drug and alcohol sector makes a positive impact on our society; the issue that needs to be addressed in the strategic planning process is how well we communicate the value of our services to government, individuals and society. In a recent presentation by James Pitts at the Australian Therapeutic Communities of Australia conference titled "Therapeutic Communities Positive Journey: Positive Outcomes" the value to society from clients and residents being in a therapeutic community was calculated at \$35.5m per year. This measure of social impact is a significant cornerstone in the conversation with government around the value of the drug and alcohol sector.

The three key directions in the NSW State Health Plan align closely with the not for profit drug and alcohol sector. The first direction, Keeping People Healthy, is what the drug and alcohol sector is all about. The second direction of providing World Class Clinical Care has been more challenging due to the limited funding. However, there is still opportunity to identify innovative changes in our strategic plans that do not require significant dollar investments. This can occur through partnerships with other organisations and closer working relationships with corporate and local communities and government. This brings us to the third direction - Delivering Truly Integrated Care.

One of the key factors for not for profits being able to demonstrate success in this area is the involvement our clients and residents have in their recovery. Another way Odyssey House has been able to relate our strategic plan to this direction is in the area of monitoring, evaluating and improvement through our ongoing accreditation under ACHS.

While many organisations are good advocates for their clients and residents, our strategic plans also need to include a plan of advocating for ourselves and the services we offer in order to reduce the risk of government funding being removed or decreased. This is where a communication strategy with government is critical, particularly as the funding models are being developed – we need to know what data and evidence will be required to demonstrate the outcomes for individuals using our services.

In this climate of uncertainty, our strategic planning needs to consider partnerships, the diversity of funding and providing evidence to demonstrate the value of our sector to government, society and to those who are in addiction.



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...a communication strategy with government is critical

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NADA forum: NGO Program Reform

Reengineering our sector

Photo: The Hon. Jai Rowell MP, Minister for Mental Health and Assistant Minister for Health and Larry Pierce, CEO of NADA



NADA held a forum alongside its Annual General Meeting on 17 November to bring members and key stakeholders together to collectively drive how we position ourselves in the face of the NGO program reform. The Hon. Jai Rowell MP, Minister for Mental Health and Assistant Minister for Health addressed the audience relaying the importance of the non government alcohol and other drug sector in reducing harms.

Session 1:

Where are we heading?

Katherine Burchfield, Director, Integrated Care Branch, NSW Ministry of Health

Fiona Wynn, Associate Director, MHDAAO, NSW Ministry of Health

Larry Pierce, CEO, NADA

This session focused on the Partnerships for Health initiative. Key messages from the session included:

- The health system is undergoing significant reform in the direction of integrated care which seeks to develop a connected system that is person-centered.
- Two important aspects of focus are: 1) increased transparency and accountability in relation to service provision, 2) greater involvement/reliance on quality NGO service provision.
- A number of strategic planning and review processes are currently underway that will also inform the purchasing of services.
- MHDAAO is seeking to clarify what they are purchasing, what is best value for money, and ensuring complimentary funding across different funding sources.
- MHDAAO are wanting to ensure that they understand the market, the sector's capacity and potential, and what effect change in one area will have on another.
- The sector will be invited to workshops in the new year to identify priorities and innovative practices.
- NSW Ministry of Health is working closely with NADA to understand the NGO service system, the sector's capacity, and explore appropriate processes for new contracting arrangements.

Session 2:

Governance and partnerships models

Dr. Stefan Gruenert, CEO, Odyssey House Victoria

Shane Brown, CEO, Weave; **Mark Ferry**, COO, Ted Noffs Foundation

Stephanie Oatley, CEO, Platform Youth Services

The session explored different partnership models. Key messages from the session included:

- Partnerships should be client focused at their core, organisations should have similar values and be clear about roles and responsibilities.
- The importance of engaging and supporting staff in the process. This includes allowing time to grieve for significant change to the organisation.
- Considering issues such as impact on HR, IT, financial systems, and clinical governance.
- It requires significant leadership, vision and evaluation by Board and senior staff.
- Be clear about what you are able to bring to the partnership, but also what you're not willing to give up, such as branding, level of independence.
- Have a process for managing any potential risk, conflict and performance concerns.

Forum Report

A forum report will be available in the coming weeks. In the meantime, contact [Larry](#) or [Robert](#) if you have any questions.

Session 3:

Planning for the future

Professor Alison Ritter, Director, Drug Policy Modelling Program, UNSW

Associate Professor Adrian Dunlop, Drug and Alcohol Director, Hunter New England Local Health District

Mark Buckingham, CEO, Kedesh Rehabilitation Services

The last session focused on planning for the future. Key messages from the session included:

- The intention of planning is to achieve resource distribution that is equitable, efficient and ensures effective delivery. In a climate of healthcare reform that brings added emphasis to fiscal constraint and service efficiencies, planning the best investment of the limited AOD dollar is critical.
- 'Strategic planning' refers to high level policy planning, where the goal is to set the vision, direction and objectives to be achieved. 'Technical planning' refers to the translation of strategic objectives into a concrete sequence of activities, involving the allocation of budgets and resources, the provision of facilities, equipment and staff and the organisation of services.
- Consumers should be involved in all levels of planning and not in a tokenistic way. The most important voices are those who's needs are not being met – it is a challenge but this should be explored.
- In terms of regional planning, local vision and goals should be aligned with state goals.
- Drivers for workforce planning include: strategic and business planning; external factors outside the organisation's direct control; and demand for workforce maintenance and enhancement.



CEO report

Larry Pierce

This edition of the Advocate focuses on future planning. Our recent NADA forum addressed the issue of planning for organisational change; specifically in response to the new NGO service contracting reform being undertaken by the NSW Ministry of Health (MOH) and the planning work the Mental Health and Drug and Alcohol Office (MHDAO) for us in the NGO drug and alcohol program.

The forum focused on the need for NGOs to actively address the sorts of organisational restructuring that will assist us to maintain our part of the service sector in the context of the overall drug and alcohol program. This will necessitate the development of new expanded service level partnerships, the establishment of consortia for grant tendering, and in some cases, the merging of NGOs to form new service delivery entities.

As was discussed in this forum, NGOs have for a long time existed as individual standalone organisations, remaining defined by the original goals they were established under and made incremental organisational changes in response to external governmental requirements. For example, compulsory accreditation and other contract based requirements. We have grown in response to the winning of a range of new short and long term funding contracts from both the state and federal governments but, overall, not significantly changed our original purpose and organisational structures. This is because we have relied on the certainty of rolling three year funding and performance agreements from the MOH and a lack of dynamic engagement by the former area health services, now local health districts, which have hosted our grants administration.

It is now time for us as managers and drivers of our organisations to take stock of the past achievements and look at making some fundamental changes of direction for our organisations. We need to fully grasp the significance of the changes to organisational structure we are going to have to make if we're going to be able to meet the requirements of the new funding contracts. This will mean, in part, expanding the organisational context of our current service configurations. For

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...together we can come out the other end of this grants reform process stronger and better placed for the future...

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example, developing networks of partner organisations that can band together to apply for a number of important and related contracts that result in enough contract income to fund different types and levels of service delivery to a range of client groupings across geographical boundaries.

Within this process, it will be crucial to plan for the appropriate mix of staffing expertise, administrative and back office skills and expanded capacity for data and performance information collation to address service delivery and performance reporting.

The development of stronger linkages to key social services organisations, the primary health care sector and key organisational elements of the reformed health system in NSW (the LHDs and Pillars) is also critical here.

We will need to examine the establishment of formal partnership networks that can form the basis of group tendering approaches, as well as considering the establishment for formal consortia with lead agency approaches to tender applications. For some in our sector it will also be necessary to look at formal organisational mergers so that small organisations can become part of a larger and more market competitive service delivery entity.

In order to assist our sector in the lead up to the new contracting environment, NADA has been working with its membership across a range of these issues and we plan to become more directly involved with members on the issues of partnership

and consortia formation, the provision of practical assistance in terms of legal and specialist advice on these matters, training support for tender and grant application processes and other relevant organisational and sector wide support. We are currently working on our broader advocacy strategy on the issue of funding formulas and the resource allocation needs of our services and are preparing this work now. We will be a vocal presence in the upcoming NSW state election on the issue of grants reform and the provision of adequate realistic budgets for the new contracts. We will also focus on the position of our sector as specialist drug and alcohol service providers and the issue of the government's stated policy of encouraging more outsourcing of services to our sector.

NADA is strongly of the view that the planning process for drug and alcohol NGO service purchasing needs to respect the diversity and uniqueness of our sector, it needs to get service costing right and it needs to preserve the critical treatment and other service delivery infrastructures we have built up over the last two decades. Preserving our independence, innovation and orientation to client and community need is our challenge in this process but I believe that together we can come out the other end of this grants reform process stronger and better placed for the future than we have ever been.

DAMEC Counselling Services Liverpool

NADA Member Profile

The Drug and Alcohol Multicultural Education Centre (DAMEC) is a non government organisation that works to reduce the harm associated with the use of alcohol and other drugs within culturally and linguistically diverse (CALD) communities in New South Wales. DAMEC was established in 1989 as an access and equity initiative designed to promote access for CALD clients to alcohol and other drug services.

DAMEC offers culturally appropriate support services for individuals and families from a CALD background affected by drug and alcohol-related issues, education for CALD communities and services on alcohol and other drug issues, undertakes research, and supports other drug and alcohol services give culturally appropriate treatment and support to people from CALD backgrounds.

DAMEC's counselling service is located in South West Sydney and is a specialist multicultural service that has a particular focus on meeting the needs of people CALD communities. DAMEC Counselling Service utilises a strengths based, harm minimisation model modified to be culturally sensitive and appropriate, and where possible, provided in community languages.

DAMEC's team of qualified counsellors, case managers and psychologists provide:

- Drug, alcohol and psychological assessments
- Counselling for individuals, families and couples

- Group programs and counselling
- Referrals to other services
- Home visits when required
- Culturally appropriate treatment
- Services in community languages

Clients typically come and see us at our office in Liverpool where they are seen by a qualified bi-lingual counsellor. However we are also able to do home visits in certain circumstances. We also provide face-to-face or telephone counselling and psycho-educational support for family, friends and partners who are experiencing their own difficulties around their family member's substance use. DAMEC also offers group programs for clients in areas such as anger management, parenting and relapse prevention.

Who is the service for?

- Those with alcohol or drug related problems (past or present)
- Partners, families and parents of people with alcohol or drug related problems
- Other significant people in the person's life, such as relatives, carers and friends

A significant strength of our service is that we are a multicultural team of bi-lingual counsellors, case workers and psychologists who are able to identify and understand the specific cultural needs and perspectives of our clients. Anyone can make a referral to the counselling service, including people who want to refer themselves.

We have bilingual counsellors that can speak:

- Arabic
- Cantonese
- Khmer
- Mandarin
- Teo Chiew
- Singhalese
- Vietnamese
- English

We can also access the Translator and Interpreter Services for other community languages.

DAMEC Counselling Service also manages the Arabic and Vietnamese Transitions Project which provides intensive case management for Arabic and Vietnamese-speaking people who have a history of drug and alcohol related issues and who are leaving prison. Anyone can make a referral to the Transitions Project. Assessment and support are provided pre-release and continue for up to six months post-release. DAMEC Transition Workers offer personal and practical assistance such as:

- Information
- Referrals
- Home visits
- Practical support
- Family support
- Mentoring

For further information and contact details, please phone 02 8706 0150 or visit

www.damec.org.au



DAMEC staff: Sinatt Tang, Yasmin Iese, Sathees Jeyaraj, Vi Nguyen, Alison Jaworski and Thanh Nguyen at the NADA 2014 Conference



Craig Bulley

NADA Staff Member profile

How long have you been with NADA?

I have worked on and off with NADA in a variety of positions from early 2008 to 2010. I started again with NADA in my current role as Administration Officer in early 2012.



What experiences do you bring to NADA?

In a previous life I worked for many years in all aspects of university administration including accounts, purchasing, security coordination, cleaning management and printing. Over the past decade I have worked in community media organisations in a variety of roles including station management and as a board member. Since 2008 I have worked at both NADA and ACOSS in a variety of administrative and communications roles.

What NADA activities are you working on at the moment?

I have just completed my First Aid Certificate and WHS Committee training and am the main WHS contact for NADA. I have just completed assisting with the coordination of another very successful AGM and NADA forum.

What is the most interesting part of your role with NADA?

I like the idea that I provide day-to-day support for the CEO, NADA Executive and program management staff to provide the exceptional range of services, events and resources that NADA delivers to the membership.

What else are you currently involved in?

I am currently learning Spanish (poorly), researching the crucial role that New Orleans music played in the development of jazz, blues, and rock and roll and continuing to collect outstanding music on vinyl records, my other great love. I am also a somewhat unappreciated advisor to my three children.

A day in the life of...

Sector worker profile

Paula Vale

Aboriginal AOD Worker, Jarrah House

How long have you been working with your organisation?

I have worked at Jarrah House since May 2014.

How did you get to this place and time in your career?

I have worked as an Aboriginal Health Worker for 12 years working in the field of Aboriginal Health along with a lifetime working in the local Aboriginal community. To work in a clinical setting at Jarrah House helps me to utilise my skills and expertise to work on culturally appropriate programs at Jarrah House.

What does an average work day involve for you?

My average work day at Jarrah House includes doing phone assessments to working with case managers supporting Aboriginal clients and working out in the local Aboriginal community to attending ADAN symposiums and conferences. A jack of all trades and a master to none.

What is the best thing about your job?

The best thing about my job is working with Jarrah staff and our Aboriginal clients. Most of all I love seeing the changes in clients and watching as they grow into a different person. By the time they finish the program they are very different to how they came in. I also love that I can advocate for Aboriginal women and their children to support their needs once they leave Jarrah House. Working with the local and state Aboriginal organisations also gives me the opportunity to put Jarrah House on the map as somewhere Aboriginal women can feel culturally supported in treatment.

What is one thing you would like to see different in the non government drug and alcohol sector?

What needs to change to get there?

Statistics show that there are more male Aboriginal AOD workers than female so I would like to see more Aboriginal women working in the field. This would mean more and ongoing funding.

If you could be a superhero, what would you want your superpowers to be?

I would be Wonder Woman and lasso all those Aboriginal clients to complete their program and so they can see me in my glass jet.



NADA events

SAVE THE DATE NADA Benchmarking Workshop

25 February 2015

The Menzies Hotel, Sydney NSW

To register click [here](#)

For further information, contact [Heidi](#)

Do you have something you would like included in the next NADA Advocate?

NADA encourages members and stakeholders to contribute to the NADA Advocate. You could promote new services and projects, innovative partnerships, awards and achievements, research activity or upcoming events.

Email final content to [Clarissa](#)

The next issue's content deadline is 21 February 2015 for distribution in mid-March.

Happy Holidays

NADA would like to wish all its members a Merry Christmas and a Happy New Year.

Welcome new NADA Members

Vietnamese Drug & Alcohol Professionals Inc

The Vietnamese Drug & Alcohol Professionals Inc. (VDAP) was established and incorporated in August 2009 by Vietnamese speaking workers working in the field of drugs and alcohol in South West Sydney. Through its website (www.vdap.org.au) and seminars, VDAP raises awareness and a better understanding in the Vietnamese community of issues related to drug and alcohol misuse. VDAP publishes relevant printed materials and CDs for free distribution. It has been working closely with the Drug and Alcohol Multicultural Education Centre (DAMEC), and the Fairfield and Liverpool Community Drug Action Teams.

For further information please contact Mr Dang-Khoa Nguyen on (02) 9616 8884 and visit www.vdap.org.au.



Tamworth Aboriginal Medical Service

The Tamworth Aboriginal Medical Service (TAMS) was initially funded by the Department of Health to provide services to the Aboriginal community of Tamworth and surrounds and is in the early stages of developing its alcohol and other drugs service. TAMS partner with the New England Aboriginal Drug & Alcohol Network (NEADAN) to collaboratively deliver with Hunter New England Health, AOD education across the region through five programmes. The team of two currently consists of Pete France and Terri Holtz. With the changes in government, TAMS are now funded through The Department of Prime Minister & Cabinet and have applied for funding through the Indigenous Advancement Strategy to increase the team to five to deliver a more comprehensive service to the local community going forward.

For further information please contact Pete on 6760 2500 or email peterf@tams.org.au.



FundAssist

New resource to support writing tender applications



NCETA

Australia's National Research Centre on AOD Workforce Development

A new online toolkit designed to help non government alcohol and other drug organisations prepare, plan and write funding applications has been produced by NCETA. FundAssist was commissioned by NADA, on behalf of the state and territory AOD peak bodies and was launched at the APSAD 2014 Conference.

The FundAssist resource has been designed to help organisations and individuals:

- Develop strategies to reduce the stress associated with applying for funding
- Navigate the diversity of funding options available and understand how funding bodies allocate funding
- Understand the essential components of a funding application and improve writing skills.

FundAssist contains 11 sections; a database of potential funding sources, and more than 50 activities. Each section of the toolkit is self-contained and includes activities to suit both novice and experienced funding application writers.

It is available online from www.fundassist.flinders.edu.au and is also available as an interactive PDF on a USB and in hard copy (which will be made available to all NADA Members). The USB can be ordered from [NCETA](#).



NADAbase Update

You may have noticed some new reporting functions in NADAbase and these have come about as a direct result of NADAbase user feedback. As a way of enhancing communication around NADAbase changes or the release of new features, we will have a new NADAbase section in our Member Email Update – commencing in 2015.

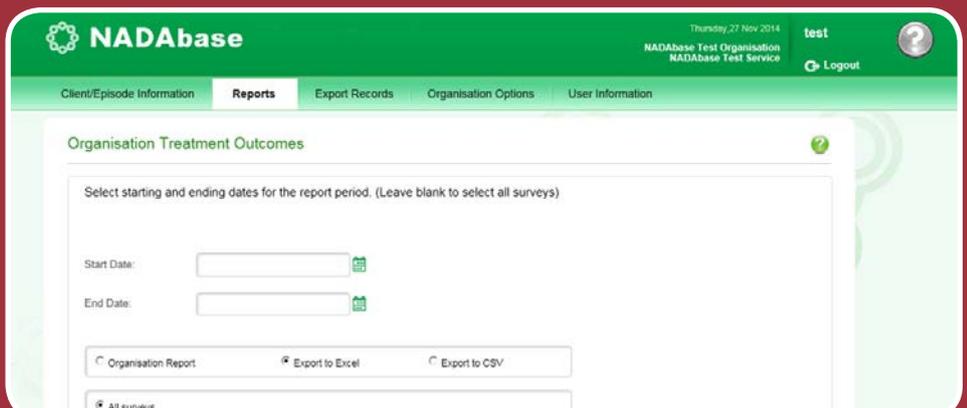
Now that we have a few years of NADAbase COMS data collection under our belts we are gaining a better understanding of the reporting functions that are needed by our members. To assist in the improvement process, we have just finished up a survey of NADAbase users. A preliminary analysis of the NADAbase Survey results reveals that on whole respondents are very happy with the system and support.

A full report with NADAbase survey responses will be made available soon along with a NADAbase user forum we intend to hold in early 2015 that will be an

invaluable source of information for future upgrade planning.

If you feel you would like NADAbase training or a refresher on any aspect of NADAbase, including the new reporting functions contact [Suzie](#) – NADA wants to help you bring your data to life!

Photo: Suzie Hudson, Program Manager



Introducing the Centre for Population Health

Dr Jo Mitchell, Director, Centre for Population Health, NSW Ministry of Health

The Centre for Population Health (CPH) in the NSW Ministry of Health leads the development, implementation and evaluation of policy, programs and services to improve health and reduce the burden of chronic disease in NSW with a particular focus on healthy eating and active living, tobacco control, blood borne viruses and sexually transmitted infections.

In October this year, the Drug and Alcohol Population and Community Programs Unit was transferred to the CPH which now has responsibility for the prevention and reduction of harm from alcohol and other drug use.

The CPH oversees policy and program development for alcohol related harm, community based harm reduction initiatives; secondary prevention and supports cross-Government initiatives. Additionally, the CPH has responsibility for the NSW Needle and Syringe Program. The Drug and Alcohol Population and Community Programs Unit delivers drug and alcohol prevention and social marketing and education programs and is also building alcohol harm messages and behaviour change strategies into broader population health services and programs such as the 'Get Healthy Information and Coaching Service'.

“CPH which now has responsibility for the prevention and reduction of harm from alcohol and other drug use”

We recognise the importance of harm reduction approaches and the centrality of our non government agency partners in delivering prevention and health promotion programs. The non government drug and alcohol sector delivers the majority of drug and alcohol prevention health promotion activity in NSW. A number of state-wide, NSW Ministry of Health funded initiatives have been developed and delivered by non government organisations, for example, the 'Save a Mate' or SAM program of the Australian Red Cross, which provides education and training to young people and their families on preventing and responding to drug and alcohol overdoses. Another is Life Education NSW, which delivers drug and alcohol education to primary and secondary school students and their families. The Community Engagement and Action Program, which supports Community Drug Action Teams is now managed by the Australian Drug Foundation. The CPH also has a very close working relationship with organisations such as the NSW Users and AIDS Association (NUAA).

We look forward to continuing to meet the challenges of delivering prevention and health promotion programs in the alcohol and other drug sector with our non government partners.





Research into practice

Bringing evidence into your strategic planning process

Join
CMHDARN
today!



"The use of evidence-based or evidence-informed practices promotes the efficiency and effectiveness of funding due to the fact there is an increased chance the program will produce its desired result."

Mr Bryan Samuels, September 2014

This issue of the NADA Advocate has the theme of strategic planning, which caused me to reflect on the work of the CMHDARN and its relevance to strategic planning. Effective strategic planning processes provide organisations with the opportunity to consider key issues emerging in their operating environment, including current and emerging research findings and service delivery priorities. It challenges key stakeholders to step back from day to day service delivery and operational preoccupations to more specifically consider the future with a broader lens.

One of the outcomes sought through the work of CMHDARN is that of increasing the translation of research findings into practice and the consequent promotion of evidence based practice. Translational science encourages a whole-of-organisation approach to the process of embedding evidence into practice, which suggests that integrating the consideration of evidence based practice into strategic planning is an essential and fundamental part of demonstrating leadership and intention in this sphere.

As there is no one way to ensure your organisation is providing evidence based practice, where do you find relevant 'evidence' to give you the necessary insight into strategic directions?

Given the practical constraints on resources and time-poor NGOs, some possibilities include the data you gather routinely for accountability purposes as well as smaller evaluation and research studies or consultations that you undertake. Too many times I have heard about a piece of research that was done and then, after completion, little more is said or heard about it, and off it goes to sit on a bookshelf in an office somewhere, with minimal focus on the implications of its outcomes for future organisational priorities or directions. A similar fate is common for the evaluation and data collection that you routinely collect as part of funding expectations and accountability. If this is true of your organisation, then it is a missed opportunity, as these outcomes, data and insights, ('grey literature'), are legitimate evidence sources to be considered. They can provide more layers to complement the consideration of peer reviewed research publications.

A recent discussion paperⁱⁱ identifies the key role that grey literature (i.e. material produced and published by organisations without recourse to the commercial or scholarly publishing industryⁱⁱⁱ) now plays in relation to policy and practice. But, what is included as grey literature? The paper identifies the following: reports, discussion papers, briefings, guides, data sets, conference papers, submissions, evaluations, working papers, theses, blogs and social media, procedures and policies^{iv}. This discussion paper also highlights the role of grey literature:

Our survey results also show that grey literature is regarded as an essential requirement in carrying out policy and practice work. Eighty percent of respondents reported that not having access to grey literature would have a severe impact on their work"^v

Samuels stressed that there is a continuum of available evidence (from Emerging Practice to Promising Practice to Evidence Informed Practice to Evidence Based Practice) as a base from which to build more effective programs, suggesting that you scale up what is working and descale what isn't working.

It may be worthwhile considering this notion of 'continuum of evidence' in relation to your strategic planning activities, and the future direction of your organisation. The evidence you create within your organisation sits along this continuum. By considering what other evidence you have access to, it will become clear which types of evidence you need to seek out or look for in the future.

Strategic planning is only one way of working to incorporate research into practice, but should not be the only way. Research into practice should ideally be part of the ongoing cycle of service delivery and reflection throughout an organisation, permeating the culture of your organisation.

For further information about CMHDARN and its work, ring Deb Tipper 9558 388 ext 135, or go to the website <http://www.cmhdaresearchnetwork.com.au/home/>

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- i Samuels, Bryan., Keynote address, 2nd Australasian Implementation Conference, Sydney 17/09/2014 <http://www.ausimplementationconference.net.au/presentations/2014/Samuels-Keynote.pdf>
- ii Lawrence, A, Houghton, J, Thomas, J & Weldon, P 2014, Where is the evidence: realising the value of grey literature for public policy and practice, Swinburne Institute for Social Research, Melbourne, Australia <http://apo.org.au/research/where-evidence-realising-value-grey-literature-public-policy-and-practice>
- iii Op cit p2
- iv Op cit p5
- v Op cit pp9-10

community mental health drug and alcohol
RESEARCH NETWORK





How to Fundraise 101

The real life story of the birth of the Central Coast Salt Water Festival

Catherine Hewett, Director, Kamira

- 1. Re-write your Governance Charter to incorporate a 'Fundraising Subcommittee' complete with terms of reference, matrix of responsibilities and key performance indicators.**
- 2. Recruit as many intelligent, organised and well liked people as possible to the subcommittee. Ideally they would be part time employed or shift workers who have time free during business hours and an incredible desire to help the needy.**
- 3. Pop them in a room together and hope for the best.**

This was Kamira 24 months ago, responding to a strategic plan activity of fundraising. Being a small charity without a fundraising arm and very little experience in the world of donations, we entered that room not knowing where we would end up, or how long it would take us to get there. Surprisingly, we did get somewhere. All agreed that time was precious so rather than chook raffles every Friday night, or rattling buckets at the shopping centres, we would organise an 'event'.

Not just any ordinary event, the event had to:

- have a captive audience
- be innovative
- be able to easily draw upon willing sponsors
- be community oriented
- be a platform to raise the organisations profile
- present opportunities for growth of other fundraising activities
- draw media attention
- but above everything else, be enjoyable for all the fundraising subcommittee members.

A seemingly logical progression from here saw the fundraising subcommittee planning the lead stand up paddle board event of the 2014 racing season: The Central Coast Salt Water Festival.

The festival was held at The Entrance Foreshore on the last weekend in August. Amongst many activities, the subcommittee developed an advertising campaign including Facebook pages, websites and Eventbrite pages which effectively drew competitors from the Mornington Peninsula to Foster and many places in between. Innovation came in many different forms including sterling silver paddles as prizes, rock paper scissor challenge for a

new SUP board, kid's races, and 100 metre 'dash for cash'. A major raffle was co-ordinated at the same time and proved to be a high revenue raiser. In an attempt to reach a greater audience market stalls and amusement rides were organised but unfortunately cancelled due to poor weather.

The event ticked all the boxes mentioned above and even raised a little revenue for the organisation. It was an undeniable success at many different levels but the most important one being all those who were involved in its development are continuing into the next year with bigger and brighter ideas. Put it in your diary! 2nd Central Coast Salt Water Festival 30th August 2015 The Entrance Foreshore



Photo, left: Dash for Cash competitors
Photo, right: Saltwater Festival loot bag



Not-for-Profit Law

Legal information, training and advice for community organisations

Not-for-profit Law is a specialist legal service for community organisations in NSW and Victoria. NFP Law provides free and low cost legal assistance to not-for-profit community organisations in the form of legal information, advice and training.

NFP Law assists community organisations in the following ways:

- **Information** – Legal information factsheets on common legal issues: www.nfplaw.org.au
- **Training** – Legal training for community groups
- **Advice** – Phone advice to answer quick legal questions*
- **Referral** – To a lawyer to assist with complex legal issues*
- **Advocacy** – Law reform work aimed at reducing unnecessary NFP regulation

* Available for eligible organisations (Note: NADA members fall within our eligibility guidelines).

Information Hub

The NFP Law Information Hub provides easy-to-understand legal information for community organisations.

The Information Hub has 105 information webpages and over 80 fact sheets and guides on common legal issues faced by community organisations throughout their lifecycle – from setting-up a new group, running an organisation, fundraising, to merging groups or winding-up.

To see our full range of legal information, visit the Information Hub at www.nfplaw.org.au.

Training

NFP Law delivers training to community groups. Our legal seminar series run in Sydney and Melbourne addresses common legal issues faced by community organisations such as insurance, tax, privacy and fundraising.

NFP Law also delivers training for community organisations across metropolitan and regional NSW and Victoria in collaboration with local councils and peak bodies on a fee-for-service basis.

For further information, visit www.justiceconnect.org.au/our-programs/not-for-profit-law/training.



Providing legal help to not-for-profit organisations so you can focus on your important work in the community



Telephone advice

NFP Law provides a free telephone advice service to NSW and Victorian community organisations. The service is staffed by NFP Law lawyers who have knowledge and experience in legal issues commonly faced by community groups.

Priority assistance is given to organisations providing services and support to marginalised or disadvantaged individuals.

To make a legal enquiry, please call us on 02 9114 1793.

Pro bono referrals

NFP Law can assist NSW and Victorian community organisations by connecting them to law firms who provide specialist legal advice on a pro bono basis.

NFP Law prioritises requests for legal assistance from organisations that are already established and are providing services and support to marginalised or disadvantaged individuals.

Referral for specialist advice can be made for a wide variety of legal issues including assistance with and advice on:

- revising constitutions and governing documents
- accessing NFP tax concessions
- property and lease agreements
- fundraising and insurance
- employment and volunteer matters
- mergers
- intellectual property.

To make a legal enquiry, go to www.justiceconnect.org.au/our-programs/not-for-profit-law/legal-advice/make-legal-enquiry or please call us on (02) 9114 1793.



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Kathleen York House Playground Launch

Latha Nithyanandam Phd, General Manager, ADFNSW-Kathleen York House

ADFNSW - Kathleen York House

Kathleen York House (KYH) is an alcohol and drug rehabilitation service for women, where they can live with their children in a safe and home-like environment while working to overcome their substance dependence.

KYH had yearned for a purpose built playground for those children residing at the centre and those visiting during the weekends /holidays however this had not been feasible due to financial constraints. The opportunity to fulfil this gap came in the form of NSW Greens MP Jamie Parker, the MP for Balmain, who provided us with information on the NSW Government Community Building Partnership Funds.

The MP visited KYH to hear about the service first hand from residents, ex-residents and after discussions with the General Manager advised KYH to put in an application and offered to support the organisation in the grant application process. In December 2013 we received a successful outcome notice from the NSW Premier and were able to start planning. After evaluating different vendor-partners, KYH decided on Imagination Play to build the playground. Between Community Building Partnership Grant and Imagination Play, the playground was installed taking care of all council requirements and safety measures.

Upon completion Mr Jamie Parker was invited to inaugurate the playground and an event was hosted on the 8th August 2014 to celebrate. The function was well represented by over 50 stakeholders including Board members, Members from other agencies, ex clients, residents, staff and most importantly children of the present and ex-clients. A number of touching speeches were given by the chief guest and clients to celebrate the great work that KYH provides to the community. Jamie Parker was thanked for his assistance in helping KYH obtain the grant for the playground that many children will be able to enjoy for years to come.



Kathleen York House



Congratulations to the Glen on winning 2014 Mental Health Matters Award

The Glen Alcohol and Other Drug Rehabilitation Centre was presented with the Award for Aboriginal and Social and Emotional Wellbeing at NSW Parliament House on 30 September by the Hon. Jai Rowell MP and the Mental Health Association.

This Award acknowledges the outstanding achievements of The Glen, with a particular focus on their community and work experience programs.

For more information on these projects, please contact the Glen [here](#).





Calvary Drug and Alcohol Services come together under one roof

Brendan McCorry, Program Manager Calvary Drug and Alcohol Service
Suzie Hudson, Program Manager, NADA



On 16 October 2014, Calvary officially held the opening of their new service that incorporates residential withdrawal, ambulatory withdrawal and the services previously known as O'Connor House, Peppers and the COPE Day Program.

While the opening was a formal event with all the reverence and support of dignitaries it deserved, the official opening was a warm and friendly tribute to staff past and present. Calvary clients were fittingly front and centre and active participants in the ceremony, and with testament given to the important journey they undertake within Calvary services.

The new service is housed in one building and includes:

- A 10 bed in-patient withdrawal unit.
- A 22 bed residential treatment unit. Residential treatment also includes a transitional community house separate from the new centre.
- The capacity for 12 person outpatient program. The centre also provides a community house for persons who have no stable and or safe accommodation in local community or for persons coming from outside the local area to attend the day program.

The new service has increased residential beds in the region, increased the capacity for withdrawal services and can now offer withdrawal from all classes of drugs, depending on assessment. As a result of the co-location of all the Calvary services there is also the opportunity for clients to transition between different treatments types depending on assessed need. The service operates a central intake and referral system which can be contacted on 02 6932 6804.

For further information the centre can be contacted on 02 6932 6800.

Residential Address:

1 Emblen Street, Wagga Wagga NSW 2650



Top left: Hon John Watkins, Board Chair of LCM HC cutting the ribbon

Above left: Calvary A & D Staff

Above right: Bishop Hanna, Hon John Watkins, Jo Williams CEO and Staff member Jenny Atkinson

Above: Gathering for Official Opening and Blessing of CRDAC

Cancer Council NSW encourages smokers to stub out and save cash

To help reduce the heavy financial and health burden of smoking, the Cancer Council's NSW Tackling Tobacco Program is encouraging community sector workers to take the first step in helping disadvantaged people to quit smoking.

Cigarettes cost over \$1 per stick after a recent 13.7% tobacco tax increase came into effect on 1 September 2014. **Tobacco tax increases** are the most effective means of driving down smoking rates, particularly among people on low incomes. A pack a day smoker will spend nearly \$150 a week or more than \$7000 a year on the deadly habit. The cost of cigarettes is one of the top influencers to make a quit attempt, alongside health reasons.

With smokers feeling the financial hit of the habit, now more than ever the Cancer Council's Tackling Tobacco team is encouraging workers in the alcohol and other drugs sector to encourage their clients to stub out to save their money and their health. Helping people quit smoking doesn't have to be burdensome. A good starting point to helping a smoker to quit is simply asking "**Have you considered quitting?**"

Of course many organisations are able to do more. The program has successfully supported over 140 community organisations to implement changes to address smoking as part of day-to-day work. It offers free training, resources, advice and financial support to community service organisations to help encourage their clients to stub out for good.

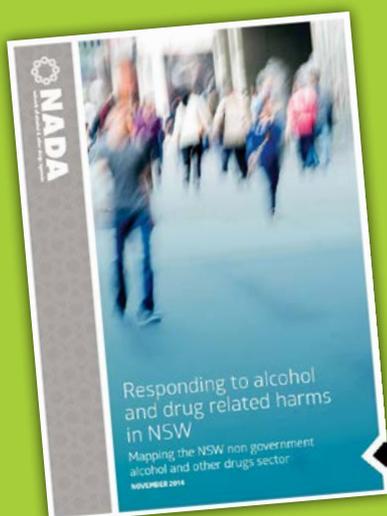
A further two tobacco tax increases due in September 2015 and 2016 will drive the price of a pack of cigarettes to over \$25. Now is a great time for your organisation to get started addressing smoking and helping your clients to quit.

To register your organisation's interest in Tackling Tobacco or to find out more about tobacco tax increases and how it may affect your clients, please visit <http://askthequestion.com.au/> or call Rob Wisniewski on 02 9334 1478.



Responding to alcohol and drug related harms in NSW

Mapping the NSW non government alcohol and other drugs sector



NADA is pleased to present our new report, *Responding to alcohol and drug related harms in NSW: Mapping the NSW non government alcohol and other drugs sector.*

The report is a comprehensive sector mapping and taxonomy of the NSW specialist non government alcohol and other drugs sector. It provides an overview of our sector, showcases our achievements and existing capacity, identifies areas for development, and provides a series of recommendations.

This report is part of a collaborative working relationship between NADA and MHDAO,

and has been jointly commissioned as part of the planning for services process under the broader NSW Ministry of Health's Partnerships for Health initiative.

We hope that it will be used to inform future planning and purchasing in the non government sector by government, and will be used locally by providers to further develop local partnerships, networks and referral pathways.

Click [here](#) to download the report.



Workforce Development Training Grants

Open 15 December 2014 – Close 22 January 2015

The NADA Workforce Development Training Grants round is open for applications on 15 December 2014.

Current financial members are invited to apply for funds to support individual training attendance and in – house group training for the January to June 2015 period. The round closes at 5pm on Thursday 22nd January 2015.

To be eligible, you must meet the following criteria:

- Your organisation is a current financial member of NADA
- You have a frontline client role
- The training will directly improve client outcomes
- Your manager endorses the training

Grants available:

- Individual training grants up to \$450 plus GST
- Individual grants with travel support up to \$800 plus GST
- Group training grants up to \$4000 plus GST

Available online:

- [Application Form](#)
- [Training Directory](#)
- [Eligibility and Application Guidelines](#)
- [Frequently Asked Questions](#)

Click [here](#) to visit our website and find out more or email us traininggrants@nada.org.au.

Click here to **APPLY NOW**

WFD January to June Training Grant Round

APPLICATIONS ARE NOW OPEN

For more information and to apply, click here

NADA Snapshot

Contact NADA

Phone: **02 9698 8669**
Post: **PO Box 2345
Strawberry Hills
NSW 2012**

Policy and submissions

- NADA provided a response to the Australian Government Department of Health - Grant Processes Review.
- NADA provided comments on the NSW Health Drug and Alcohol Strategic Plan.
- A position paper was provided to MHDAO to define NGO state-wide services to inform the development of a purchasing plan.
- A brief on treatment for methamphetamine in the NSW non government drug and alcohol sector was provided to the NSW Ministry of Health and data discussed at the Drug and Alcohol Program Council.
- Comments were provided to MHDAO on the Guide to consumer participation in NSW drug and alcohol services.
- NADA launched the Sector Mapping Report at its Annual General Meeting.

Advocacy and representation

- NADA has in place regular strategic NGO services purchasing planning meetings with MHDAO to progress the Partnerships for Health initiative.
- Participation in the Partnerships for Health NGO Advisory Group meetings and Strategic Purchasing Working Group meetings.
- NADA, MHCC and the NSW Mental Health Commission meet regularly to discuss our ongoing partnership project, the Community Mental Health Drug and Alcohol Research Network.
- NADA attended the quarterly MHDAO Drug and Alcohol Program Council meeting and quarterly MHDAO Drug and Alcohol Quality in Treatment meeting.
- NADA participated in the Intergovernmental Committee on Drugs (IGCD) consultancy project to conduct an analysis of the current arrangements and possible changes to the Opioid Substitution Treatment (OST) pharmacotherapies program.
- NADA hosted a meeting to provide input into the review of the NSW Opioid Treatment Program.
- Attended the IGCD planning day to identify priorities for the revised National Drug Strategy.
- NADA participated in the MHDAO Comorbidity Forum, highlighting best practice models and identifying priorities for responding to co-existing mental health and drug and alcohol issues.
- NADA attended a Peaks Capacity Building Meeting providing an opportunity to collaborate and share information with the other state and territory peaks on a range of sector development issues.
- Participated in planning workshop with MHDAO for the development of the NSW Drug and Alcohol Plan.
- NADA met with the Centre for Population Health to discuss their new role in prevention and harm reduction activities.
- SWSLHD have met with NADA to discuss the development of an LHD and NGO planning day to map the area, identify gaps and develop a service delivery framework.
- A meeting was held with the Agency for Clinical Innovation to discuss the role of the Drug and Alcohol Network.
- NADA presented as part of a workshop at APSAD with the University of Newcastle, ATODA and the Cancer Council NSW on the Tackling Nicotine Together research project.
- NADA attended the launch of the NSW Health Clinical Guidelines for the Management of Substance Use during Pregnancy, Birth and the Postnatal Period.
- NADA and the Department of Health held their regular meeting to discuss funded programs and sector issues and achievements.

Sector development activity

- NADA hosted a forum on NGO program reform to discuss how we can reengineer our sector.
- NADA launched a new resource in partnership with the National Centre for Education and Training on Addiction (NCETA) at APSAD designed to support non government alcohol and other drug organisation writing tender applications.
- NADA hosted a Psychopharmacology Workshop facilitated by Professor Iain McGregor, USYD.
- NADA held a two day Program Evaluation Workshop facilitated by Dr Anni Gethin, Argyle Research.
- CHMDARN held two events, a webinar on integrated psychological treatment, and a forum on navigating research ethics processes.
- NADA co-hosted a Youth AOD Services Network meeting with Follow on Youth Recovery Support Team (FYRST) Salvation Army.
- NADA conducted an online survey for NADAbase users that will close on 30 November 2014, feedback will be reported and inform improvements to NADAbase and its reporting functionality.
- NADA supported two Women's AOD Services Network Meetings hosted by network members, Dianella Cottage and Sydney Women's Counselling Service.

Larry Pierce
Chief Executive Officer
(02) 8113 1311

Robert Stirling
Director Planning and Strategy
(02) 8113 1320

Heidi Becker
Manager, Programs and Services
(02) 8113 1317

Suzie Hudson
Program Manager
(02) 8113 1309

Ciara Donaghy
Program Manager
(02) 8113 1306

Edith Olivares
Project Officer
(02) 8113 1308

Craig Bulley
Administration Officer
(02) 8113 1305

Deb Tipper
CMHDARN Project Officer
(02) 9555 8388

Clarissa Cole
Advocate Publications Coordinator

Feedback

Training Grants