

coolmine
therapeutic community

Strategic Plan
2012 • 2015

From dependence to **independence**





VISION

Coolmine Therapeutic Community believes that everyone should have the opportunity to overcome addiction and lead a fulfilled and productive life.

MISSION STATEMENT

Coolmine Therapeutic Community provides a range of quality community and residential services to empower people to end their dependence on drugs and alcohol.

VALUES

Dignity & Respect

We ensure the dignity and respect of individuals by actively listening and holding a non-judgmental attitude which is supported by our service standards.

Compassion

We believe that compassion is demonstrated through responsible love, concern and understanding for each other.

Honesty, Consistency and Responsibility

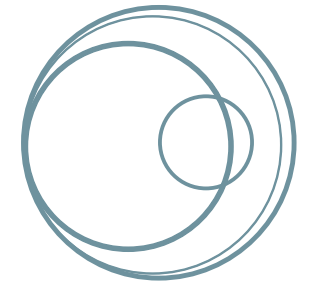
This value lies at the core of what we believe and is demonstrated by accountability and transparency in all areas of our organisation.

Safety & Security

We believe in the physical and psychological safety and security for all through the implementation of sound policy and procedure.

Commitment to Quality

We are committed to quality through evidence based practice, research and continuous improvement of our standards and resources.



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Chairman's foreword

Against the current economic backdrop the Board and Management of Coolmine Therapeutic Community have worked hard to ensure that our frontline services have been maintained. Given the reduction in our funding in the last few years our managers and staff have been very creative in finding novel solutions to the challenges involved.

With this in mind, and in order to concentrate on our particular service strengths, Coolmine has entered into strategic alliances with The Peter McVerry Trust, Focus Ireland and The Ana Liffey Project. In turn, we have provided management support to the Tolka River Rehabilitation Project (Gerry Ryan) and the Kildare West Wicklow Community Addiction Team (David Madden).

We recognise that we will need to raise more funds in the coming years to enable us to pilot programmes and to improve our services. We have therefore strengthened our resources in this area. As a supporter of Coolmine we will be calling on your support in the coming months. Our new Fundraiser, Jennifer Donovan, has already begun raising much needed funds.

Behind the management and staff of Coolmine is the Board. Its members give of their time and expertise freely and without fanfare. I would like to pay tribute to each member but particularly to those who have left the board in the last year, our long serving Deputy Chairman, Benny Cullen and also our colleague, Liam Hickey. Both gave wise and helpful counsel to the board.



Brian Ward

Chairman
Coolmine Therapeutic Community

Chief Executive's Overview

In Ireland, as elsewhere, public policy in relation to treatment and rehabilitation outcomes for people who become drug dependent has tended to vacillate across the years, but it is noteworthy that at present there is a renewed emphasis on the value of 'recovery' or 'rehabilitation'. We are pleased with this new emphasis which, in its commitment to assisting addicts to become abstinent and to improve the overall quality of their lives is reflective of the traditional Coolmine ethos.

In addition to encouraging and supporting our clients to detoxify and remain drug free, we have in recent years intensified our commitment to assisting them to improve the quality of their family and other interpersonal relationships, as well as to make progress in relation to their housing needs, their educational and training needs and their employment aspirations. We believe that the implementation of our previous strategic plan reflects a continued commitment to this provision of a continuum of care, and to a vision of recovery which strives for an enhanced quality of life rather than mere abstinence from drugs and alcohol.

Some of our key achievements from 2009 to 2011 are as follows:

The expansion of our range of services to include the evidence based Contingency Management (CM) approach, as well as the commencement of a process which will see the full integration of the evidence based Community Reinforcement Approach (CRA) within all our programmes.

- Despite the absence of specific, secure funding, we have been able to consolidate our childcare and nursing provision with significant improvements in detoxification and outcomes for women with their children.
- The expansion of our career guidance to include a jobs club in line with CRA protocols, as well as better use of community employment and education services, including drama, horticulture, and human nutrition.
- The consolidation of a clinical governance structure which has led to the quality award given by the Royal College of Psychiatrist's 'Community of Communities' accreditation committee, as well as formal recognition from the Health Service Executive's residential compliance committee.
- The successful completion of a refurbishment programme which saw significant improvements to the standards and quality within our residential and community based services.

This new 2012 to 2015 strategic plan will see us build further on these achievements whilst adjusting to the new policy and economic circumstances. This new plan is based on extensive internal and external consultations (detailed in appendix three) with clients, staff, and management at Coolmine as well as our external stakeholders and funders.

Some of our priorities for the next three to four years will be as follows:

- Further refinements and adjustments with respect to the length of stay and capacity within our residential programmes which will include the provision of a dedicated step-down programme and life-long aftercare initiative.
- Greater cooperation and formal service level agreements with other statutory and voluntary providers so that we can enhance the range of services provided to our clients and maximise the move on potential for all.
- Expanding our detoxification capacity to include community based alcohol detoxification and the development and provision of evidence based alcohol awareness and mindfulness based relapse prevention programmes.
- The completion and publication of our longitudinal research outcome study as well as the publication and dissemination of action research project focusing on the implementation and integration of evidence based treatments interventions.
- The scheduling of a number of celebratory events and publications to mark our 40 year anniversary in 2013.

I would like to conclude by paying tribute to all of our staff and volunteers. Without their dedication, flexibility and willingness to take on new challenges implementation of these goals would be extremely difficult to achieve. I would also like to thank all of those partnership agencies (appendix two) whose support and cooperation we rely on to meet our targets with regard to the provision quality services and move on opportunities for our participants.

Finally, I want to acknowledge work and feedback from all of our clients' forums and participation structures. These structures and the matters arising enable us to maintain a truly client centred approach and ensures that we can respond quickly to changing needs as they arise.

Paul
Paul Conlon
Chief Executive

Principles of what we do

Coolmine Therapeutic Community (TC) provides a rehabilitation service for clients in recovery from alcohol and drugs use. We initially opened our doors in 1973 in response to the proliferation of drug use and associated problems in Dublin in the early 1970s, unfortunately this problem has only grown and our services are needed now more than ever.

Coolmine TC has been committed, in an explicit way, to modernising the interventions and style of counselling used within our residential and community facilities and to adopt evidence based and professional counselling standards where compatible and practical together with the expansion of our continuum of care.

In 2008 the rigid requirement to be drug free on admission changed with the development of a community based stabilisation programme and the introduction of a measure of detoxification provided on admission to both residential. Coolmine TC employed additional staff to improve the security, safety and staff/client ratio as well as employing a fulltime childcare worker within the women's residential programme to improve access for mothers who require residential treatment.

Coolmine TC, as with other TCs, has changed and modified its treatment programmes to include a client-centred approach where individuality, causal, social and structural factors inform the individual treatment plan for the client. Coolmine Therapeutic Community no longer regards itself as self-contained as it works in partnership with other statutory and voluntary agencies as well as its local community.

One of the clear recommendations and actions arising out of the 2009-2011 strategic plan was the establishment of a professional advisory group to oversee and make recommendations with regard to best practice, evidence based practice, quality, staff training, research and development. As a result of this we introduced quality audits, which are internal documents, as well as recommendations for ongoing training, staff supervision and development. As part of this training we have introduced Community Reinforcement Approach (CRA) as a method of treatment. CRA is a comprehensive behavioural intervention for the treatment of substance abuse problems. Developed in accordance with the belief that environmental contingencies play a crucial role in an individual's use and recovery, CRA utilises familial, social, recreational, and occupational reinforcers to support individuals in changing their drinking and drug taking behaviours. The goal is to construct an environment that rewards sobriety and discourages substance use. Coolmine Therapeutic Community now has the highest number of trained CRA staff in Europe.

We were awarded the Royal College of Psychiatrist's 'Community of Communities (C of C)' accreditation in January 2012. This is a quality improvement and accreditation programme for Therapeutic Communities (TCs) in the UK and overseas to help meet the highest standards of therapeutic community practice through a process of self- and peer-review. Coolmine TC is not new to the idea of organisational transformation and has delivered significant change to its programme and practice over the past number of years: e.g. reduced length of programme, strategies to improve access such as detoxification and services for women with children to name but a few.

We have developed our approach to addiction over the years and feel that working together as a community and giving our clients increasing responsibility that we can make a huge difference to their lives and to the lives of their families too.

Coolmine Therapeutic Community's
Strategic Aims
2012 - 2015

- 1. Consolidating service delivery, responding to client needs and ensuring Best Practices.
- 2. Support Organisational development, create organisational sustainability and celebrate Coolmine's achievements.

1.) Consolidating service delivery, responding to client needs and ensuring Best Practices

This objective has three priority programmes of action;

- A. Consolidate Service Delivery
- B. Responding to Client Need
- C. Ensure Best Practice

KEY OBJECTIVES

A. Consolidate Service Delivery

- A1. Continue to develop strategic partnerships with other service providers to strengthen our assessment/ admission procedures as well as expanding move on options, in particular housing.
- A2. Merge residential services into one team, bring graduation in line with community services and develop an ongoing voluntary aftercare program.
- A3. Put in place a revised case management structure with dedicated manager to oversee all client and family issues. Market our client participation structures more effectively.

B. Responding to Client Need

- B1. Develop a residential stabilisation programme modelled on 'safety-net' idea in Europe, in order to improve retention, respond to new drugs issues (e.g. crystal meth, crack) and manage relapse safely.
- B2. Develop community based alcohol services in particular, alcohol awareness programme for all clients and develop community based detoxification service.

C. Ensure Best Practice

- C1. Agree on standard audit process which incorporates Community of Communities peer reviews, QUADS and CRA standards.
- C2. Publish range of papers arising out of longitudinal and action research projects.

Coolmine Therapeutic Community's
Strategic Aims
2012 - 2015

- 2.)Support Organisation development, create organisation sustainability and celebrate Coolmine's achievements.

This objective has three priority programmes of action;

- A. Support Organisational development
- B. Create Organisational sustainability
- C. Celebrate Coolmine's achievements

KEY OBJECTIVES

A. Support Organisational development

- A1. Put in place a strategy to increase staff and volunteer retention, reduce sickness and absenteeism. Develop a health and wellness programme for all.
- A2. Put in place a cyclical training programme (internal and external), supported by supervision, to all staff and volunteers. This to be managed and reviewed annually by our Advisory Group.
- A3. Put in place annual cyclical maintenance plan for all of our buildings in order to keep up to required standards.

B. Create Organisational sustainability

- B1. Develop an integrated and comprehensive fundraising strategy to increase income and reduce costs. Put in place an annual internal and external communication strategy to raise awareness.
- B2. Strengthen the management of all support services, HR, Finance, Fundraising, IT etc.

C. Celebrate Coolmine's achievements

- C1. Celebrate our 40 years in existence with, book, CD, brochure, documentary, range of ceremonies and academic papers.
- C2. Recognise Coolmine's achievements and develop plan for marketing same.

AIM 1

A. Consolidate Service Delivery

A1. Continue to develop strategic partnerships with other service providers to strengthen our assessment/admission procedures as well as expanding move on options, in particular housing.		
ACTION	KPI	TARGET DATE
A1.1 Enhance the accessibility of Coolmine services to target marginalised groups who require treatment and rehabilitation.	Targeted Service Level Agreements to define interagency collaboration including the following Pavee Point, CKU and Maternity Hospitals.	Q1 2013
A1.2 Establish a Bi-Annual Organisational Open Day and invite as wide a range of external agencies as possible.	New Service Level Agreements and increased interagency collaboration.	Q2 & Q4 2012, 2013, 2014, 2015
A1.3 Develop and schedule a cyclical staff exchange programme with internal services and external agencies.	4 staff exchanges annually.	Q1 2014
A1.4 Develop clear interagency protocols with current low threshold and pre-entry service providers, to ensure effective assessment and admission procedures.	Joint pre-entry group service provision in Dublin 15 & Dublin 2.	Q4 2013
A1.5 Expand and enhance our current interagency collaboration with key housing providers for access to appropriate move on accommodation for Coolmine clients.	Average 100 client placements, per annum, to long term appropriate accommodation.	Q1 2014
A1.6 Ensure access to appropriate education, training and rehabilitation integration supports, for all clients progressing from Coolmine treatment services.	All clients who progress from Coolmine have meaningful activity in place.	Q3 2012
A1.7 Provide psychotherapy one-to-one support to all Coolmine clients on a needs basis.	Two qualified IACP counsellors employed.	Q1 2013

AIM 1

A. Consolidate Service Delivery

A2. Merge residential services into one team, bring graduation in line with community services and develop an ongoing voluntary aftercare program.		
ACTION	KPI	TARGET DATE
A2.1 Reduce length of residential programme and develop a peer led voluntary aftercare programme to promote life-long recovery.	12 month residential rehabilitation programme and peer-led aftercare service in place.	Q4 2012
A2.2 Develop a Mindfulness based relapse prevention programme to support clients in achieving a life-long and sustainable recovery.	Set up and delivery of a Mindfulness based relapse prevention programme.	Q2 2013
A2.3 Work with current clients to support them in the reduction of programme length and ensure smooth transition for new clients.	All clients are supported within a 12 month period effectively.	Q4 2012
A2.4 Develop a comprehensive client-needs lead group work programme.	A therapeutic, educational and life-skill learning effective group programme across all services.	Q1 2014
A2.5 Develop an internal strengthening family programme targeted for a 3-5 year age group.	One annual strengthening programme delivered and open to clients of all services.	Q4 2013
A2.6 Merge residential services into one staff team, through effective operational and clinical supports.	One staff team meeting, one shared clinical supervision group, one process group, flexible staff shift cover and continual communication.	Q1 2013
A2.7 Integrate the female and male residential services for group work and social activities.	Client Coordinator to develop a bi-monthly social calendar of events. Establish alternative educational and therapeutic groups in each site.	Q2 2013
A2.8 Increase current capacity and activity level within residential services.	Maximise bed capacity in Ashleigh House (15) and the Lodge (30). Ensure a staff client ratio of 1:10.	Q2 2014

AIM 1

A. Consolidate Service Delivery

A3. Put in place a revised case management structure with dedicated manager to oversee all client and family issues. Market our client participation structures more effectively.		
ACTION	KPI	TARGET DATE
A3.1 Integrate electronic patient system into Coolmine treatment case management and care plan co-ordination.	Efficient and effective case management system.	Q3 2013
A3.2 Develop care plan co-ordinator role to ensure all individual clients have 8 weekly care plan reviews in place and within a set framework.	14 care plan review completed weekly within the organisation.	Q4 2012
A3.3 Reflect and ensure maximum use of Community Reinforce Approach protocols in client assessment, induction, weekly one-to-ones, care plan development and review.	CRA protocols are in daily use and evidence through client-file, care plan review and client progression.	Q1 2014
A3.4 Ensure there is childcare services and family services involvement, in order to maximising effective care plan progression for clients.	Childcare and family supports are involved in all care plan reviews.	Q4 2012
A3.5 Develop and strengthen Coolmine's family support services.	Develop 2 CRAFT (Community Reinforcement Approach and Families Therapy) groups which are continuously being delivered across all services.	Q2 2013
A3.6 Assist other agencies within the sector to develop effective client participation strategies.	Support 2 agencies annually to set up their own client participation programme.	Q1 2015

AIM 1

B. Responding to Client Needs

B1. Develop a residential stabilisation programme modelled on 'safety-net' idea in Europe, in order to improve retention, respond to new drugs issues (e.g. crystal meth, crack) and manage relapse safely.		
ACTION	KPI	TARGET DATE
B1.1 Create a Safetynet service for those who have to leave Coolmine services for a short period due to lapse or relapse.	Increase in retention rates across our services.	Q1 2015
B1.2 Use current and past client graduates to offer mentoring support to clients who may be struggling on programme.	Dedicated mentoring team and an increase in retention rates.	Q3 2014

B2. Develop community based alcohol services in particular, alcohol awareness programme for all clients and develop community based detoxification service		
ACTION	KPI	TARGET DATE
B2.1 Develop clear and effective community alcohol detox protocols with Coolmine advisory group.	Have in place a Coolmine community alcohol protocol.	Q3 2013
B2.2 Enhance current clinical governance support to ensure we provide appropriate and safe clinical supervision for our detox service.	Recruit a staff nurse.	Q1 2014
B2.3 Pilot 2 community alcohol detox placements and offer the option of residential placement treatment if required.	2 community alcohol detox placements.	Q2 2014
B2.4 Develop a 12 week alcohol awareness programme across all Coolmine treatment services.	2 modules per annum in all services.	Q3 2015
B2.5 Continually evaluate and report into Coolmine best practice advisory group.	Quarterly report produced.	Q2 2013

AIM 1

C. Ensure Best Practice

C1. Agree on standard audit process which incorporates Community of Communities (CoC) peer reviews, Quality in Alcohol and Drug Services standards (QuADS) and Community Reinforcement Approach (CRA) standards.		
ACTION	KPI	TARGET DATE
C1.1 Complete Spring cycles of peer reviews with Progression Routes Initiative QuADS and Community of Communities.	Peer reviews take place Spring 2012.	Q1 2013
C1.2 Complete Baseline audit of Community Reinforcement approach interventions and protocols currently in use.	Spring baseline audit.	Q3 2013
C1.3 Develop an integrated audit tool informed by peer reviews and CRA.	Sub group to be established with key stakeholders.	Q1 2014
C1.4 Publicise audit tool and seek certification from relevant bodies on same.	Published audit tool.	Q1 2015

AIM 1

C. Ensure Best Practice

C2. Publish a range of research and study papers arising out of longitudinal and action research projects.		
ACTION	KPI	TARGET DATE
C2.1 Monitor and review monthly data collection, through data quality auditing; statistical analysis and interim reporting to track study efficacy and inform final reporting.	Research team monthly report on data collection; tracking of research participants and initial findings of study. Client outcome reports to be developed at 18 month, 2 year and 3 year follow up periods.	Q3 2012 Q3 2013, Q1 2014 & Q3 2014
C2.2 Define clear process for publication of research papers to include initial draft submissions, peer review process and publication. Research papers to include; • CRA implementation into long standing residential community in Ireland. • Organisational change management introducing evidence based treatment CRA to complement the Therapeutic Community approach. • Evidence based practice in rehabilitation services in Irish context.	Agree series of research papers. Submit to Therapeutic community journal, Addiction journal, Journal of Substance Abuse Treatment, Probation journal & Drugnet for publication.	Q3 2013, 2014 & 2015

AIM 2

A. Support Organisational development

A1. Put in place a strategy to increase staff and volunteer retention, reduce sickness and absenteeism. Develop a health and wellness programme for all.		
ACTION	KPI	TARGET DATE
A1.1 Review, amend and implement best practice HR Policies and Procedures.	Revised HR P&Ps in place which are annually tracked and reviewed. All staff and volunteers are aware of and adhere to HR P&Ps.	Q3 2014
A1.2 Complete annual staff review, amend roles and job descriptions to reflect workload of current staffing roles.	Staff working from revised Job descriptions.	Q2 2015
A1.3 Introduce adequate induction, supervision supports and individualised training plan to all staff, volunteers and student placements.	Reduction in staff sickness. Reduction in absenteeism. CRA accreditation and clinical supervision for all front line roles.	Q1 2014
A1.4 Develop a new volunteer co-ordinator strategy to oversee the recruitment, selection, work placement, support and individualised training plan.	12 volunteer work placement programmes per annum who are fully integrated into local staff teams. Volunteer bi-annual satisfaction survey.	Q2 2013
A1.5 Develop a Health and Wellness programme for all staff to incorporate regular team building activities.	Coolmine Sports and Social club for all staff. Bi-annual team building days. Organisational Bi-annual away day.	Q1 2014

AIM 2

A. Support Organisational development

A2. Put in place a cyclical training programme (internal and external) supported by supervision to all staff and volunteers. This to be managed and reviewed annually by our Advisory Group.		
ACTION	KPI	TARGET DATE
A2.1 Develop annual schedule of internal and external training for existing and new staff/ volunteers that incorporates a flexible 3 year personal development plan that is delivered and co-ordinated.	Training Co-ordinator role established. Publish Annual training plan to all staff. Maximum staff attendance at scheduled training events. Individual staff career development pathways.	Q3 2013 Q4 2013; 2014 & 2015 Q1 2015
A2.2 Ensure evaluation of all training modules takes place consistently.	Quarterly evaluation report to Advisory Group.	Q1 2013; 2014 & 2015
A2.3 Ensure maximum use of learning and skills development into everyday practice .	Line management focus on learning implementation.	Q2 2013; 2014 & 2015
A2.4 Ensure sustainability of evidence based practice in particular the integration of Community Reinforcement Approach into Community as Method.	CRA training, accreditation and maintenance plan.	Q2 2013; 2014 & 2015

AIM 2

A. Support Organisational development

A3. Put in place an annual cyclical maintenance plan for all of our buildings in order to keep up to required standards.		
ACTION	KPI	TARGET DATE
A3.1 Complete an annual maintenance audit of all service facilities.	Maintenance report and recommendations.	Q4 2012
A3.2 Develop annual maintenance plan for each service that is cost effective, realistic and delivered.	Annual maintenance plan.	Q2 2013
A3.3 Devise an effective localised maintenance reporting system informed by regular Health and Safety checks.	Maintenance champion in each service centre. Daily H&S checks. Weekly maintenance action plan.	Q4 2013
A3.4 Develop an alternative maintenance support programme to integrate companies, skilled volunteers, community service groups, staff, volunteers and clients.	Alternative Maintenance. Calendar of events.	Q3 2014

AIM 2

B. Create Organisational sustainability

B1. Develop an integrated and comprehensive fundraising strategy to increase income and reduce costs. Put in place an annual internal and external communication strategy		
ACTION	KPI	TARGET DATE
B1.1 Implement a 3 year fundraising strategy incorporating clear and realistic income targets and sustainable growth of the plan.	Annual target achieved. Cyclical fundraising events schedule. Increased Donor base.	Q1 2013
B1.2 Create social enterprise programmes to reduce costs and increase revenue.	Community Crèche placements. Salvage yard programme or similar. Horticultural Programme. Private clinic.	Q3 2014 Q4 2013 Q4 2012 Q1 2015
B1.3 Complete a procurement audit of all core services and activity to maximise cost efficiency.	Energy Awareness audit and programme. Centralised suppliers and purchasing management.	Q4 2013
B1.4 Develop internal advocate role for Coolmine, to promote awareness and compliment fundraising strategy.	2 volunteer client speakers. Increased donor participation and revenue.	Q4 2013
B1.5 Develop and effective internal and external communication strategy to support organisational awareness and growth.	Publish monthly newsletter. Update all current organisational communication mediums and maintain. Develop organisational staff and communication directory.	Q4 2012

AIM 2

B. Create Organisational sustainability

B2. Strengthen the management of all support services, HR, Finance, Fundraising and IT.		
ACTION	KPI	TARGET DATE
B2.1 Integration of all support services.	Effective management of H.R. Finance, Fundraising & I.T with clear and integrated outputs.	Q2 2013
B2.2 Strengthen support services procedures to enhance functionality and communications.	Develop an internal intranet with up to date support services information which is informative and user-friendly.	Q4 2014
B2.3 Devise an effective localised IT maintenance reporting system and including annual IT requirements and support audit.	IT helpdesk log. IT training plan. Annual equipment evaluation and upgrade. IT Champion in each service.	Q3 2013
B2.4 Publish calendar of events and fundraising target for each year for staff's information.	Calendar produced with set targets and list of ways for staff to get involved.	Q1 2013

AIM 2

C. Celebrate Coolmine's achievements

C1. Celebrate our forty years in existence with book, CD, brochure, documentary, range of ceremonies and academic papers.		
ACTION	KPI	TARGET DATE
C1.1 Establish a 40th Anniversary Committee to develop an action plan to incorporate all of the above.	Committee established and clear action plan in place.	Q3 2012
C1.2 Implement designated 40th Plan to include variety of events & publications throughout 2013 with one major event.	Publish 40th Anniversary Commemorative Book, CD, brochure & academic papers. Hold commemorative event, launched by major personality. Produce and air TV & Radio documentaries.	Q4 2013

C2. Recognise Coolmine's achievements and develop plan for marketing same		
ACTION	KPI	TARGET DATE
C2.1 Compile list of Coolmine's achievements in particular around staff training and CRA. Develop a procedure for future achievements to be evaluated to establish if newsworthy etc.	For past achievements ensure we have literature on web and publications announcing same. Policy in place for new achievements evaluation and plan on how to market each one.	Q1 2014
C2.2 Publish research papers with Coolmine's opinion on subject matters.	Publish papers annually and incorporate press release with summary to reach the general public.	First publication Q2 2013



Organisational & Board Structure

Brian Ward	Chairman (Human Resources Consultant)
Jim Muddiman	Company Secretary
Catherine Bent	Fundraising (Business Consultant)
Neil Bolton	Housing (Cluid Housing Association)
Darren Connolly	Finance (BCK)
Joanne Fenton	Consultant Psychiatrist (HSE)
Hilda Loughran	Research and Training (UCD)
Eddie Matthews	Community Representative (Local Resident)
Siobhan McGee	Fundraising (Foroige)
Marie Twomey	Housing (DCC)

Appendix 1

Range of services

Access:

We provide access to our treatment services through initial contact and assessment provided in partnership with Ana Liffey Drugs Project and Hartstown Huntstown Community Drug Team through the following range of services:

- o Outreach services within the community and prisons
- o Drop in facilities at Lord Edward Street
- o Pre-entry groups
- o Stabilisation Day Programme at Lord Edward Street
- o Contingency Management Programme at Lord Edward Street

Primary Rehabilitative Treatment:

Research has consistently shown that longer stays in treatment produce better outcomes. It is therefore our goal to ensure that as many clients as possible can access our services quickly and be supported to complete at least five months of our primary treatment programmes. These services are as follows:

- o Men's residential service at Coolmine Lodge
- o Women's residential service at Ashleigh House (includes mother and baby admissions)
- o Structured drug free day programme in Lord Edward Street
- o Structured drug free day programme in partnership with HHCDT in Dublin 15

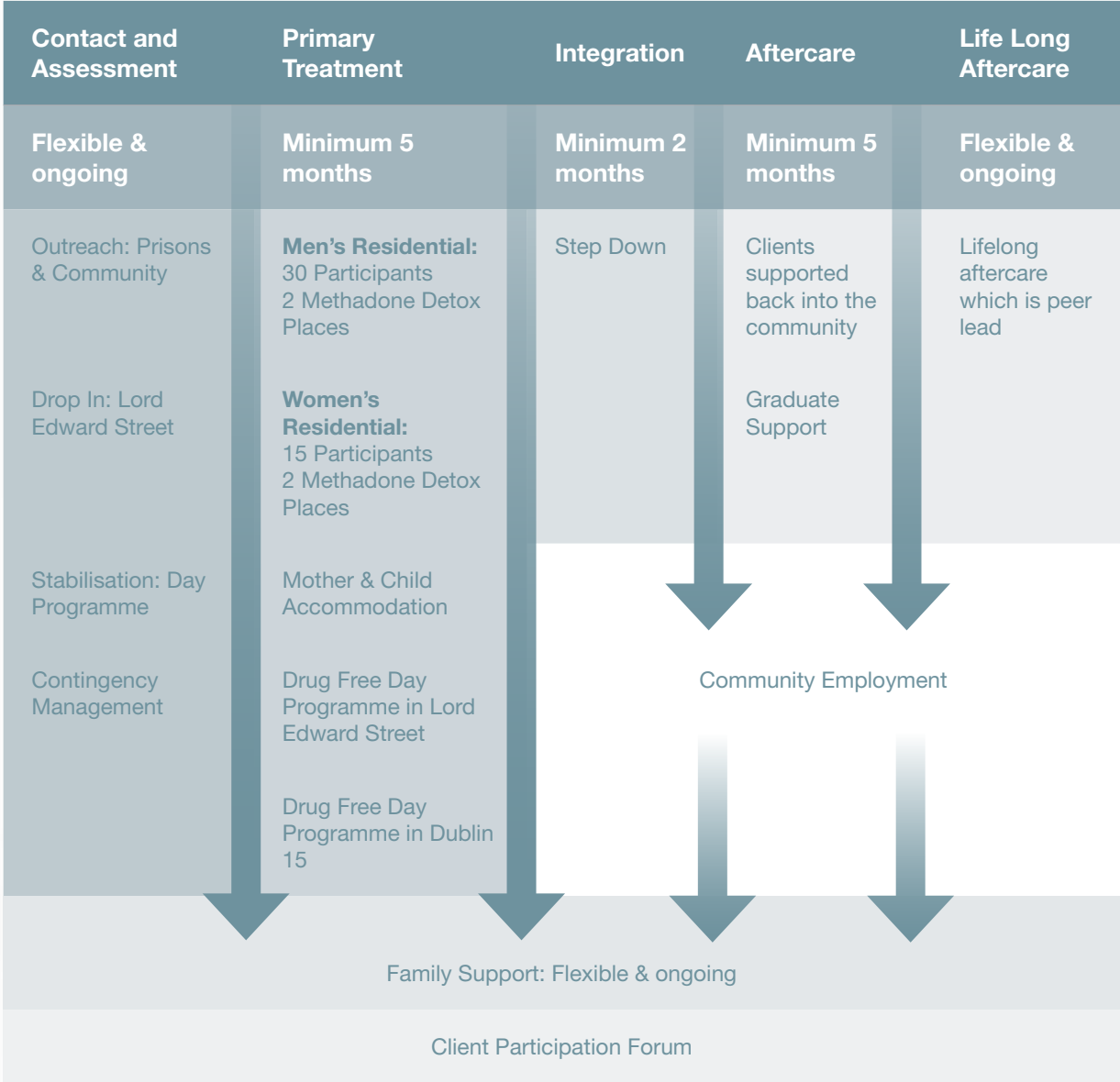
The Therapeutic Community model is a treatment and rehabilitation approach where clients live in a small structured drug-free community. The goal is to encourage psychological and lifestyle changes to enable people to maintain a drug-free lifestyle. The treatment approach is based on peer support. Participants are expected to contribute to the general running of the community and to their own recovery by actively participating in educational activities, group and individual therapy.

Progressions, Integration and Aftercare:

We provide a staged range of integration and aftercare services through the following programmes:

- o Residential Step down programme
- o Integration and Aftercare services
- o Housing, education, career guidance and counseling services
- o Lifelong graduates service
- o Family support service
- o Community Employment Scheme
- o Client participation strategy

Range of Services



Appendix 2

Diagram of our partnerships

Coolmine Therapeutic Community and our Partnerships

Contact and Assessment	Primary Treatment	Integration	Aftercare
Anna Liffey Drug Project	Visiting Medical Officer	Focus Ireland	Arbour House Cork
Hartstown/ Huntstown Community Drugs Team	Barnardos	Peter McVerry Trust	Merchants Quay Ireland
Irish Prison Service	ASKES	YMCA	FÁS
Probation Services		Homeless Agencies	
Arbour House Cork		Threshold	
HSE Addiction Services and Maternity		Fingal County Council	
Homeless Agencies		Various county & city councils	

We would like to take this opportunity to thank all of our partners for their support and collaboration to deliver, develop and strengthen services for our clients.

Appendix 3

Methodology

The following methodology was employed in the development of this strategic plan.

Review of the Current Strategy

The current strategy was reviewed by the Chief Executive and an overview of its status was presented to the Strategic Planning Implementation Group (SPIG). The Group considered this report to be an accurate reflection of the implementation of the plan. This provided a solid baseline on which to develop the 2012 to 2015 Strategic Plan.

Training in Focus Group Facilitation

Managers and staff of the SPIG engaged in a tailored workshop on facilitating focus groups. This ensured that the focus groups facilitated by staff would all follow a similar format and seek to reach common objectives.

Focus Groups

A series of focus groups were held with management, staff, graduates and family members. These focus groups sought to elicit feedback on the strengths, weaknesses, opportunities and threats facing Coolmine TC. In addition, they focused on what actions would be required for the new plan to achieve its vision.

Client Survey

A satisfaction survey was distributed to all clients and the results of these surveys have contributed to the development of this plan.

Staff Survey

A satisfaction survey was distributed to all staff; again their feedback has been taken into account in the development of this plan.

Strategic Planning Days

Two strategic planning days were held with the Strategic Planning Implementation Group.

An Organisational Away-Day was held with staff and volunteers to establish the key actions required in order to achieve our Organisational Goals.

Consultation with External Stakeholders

Telephone and face to face consultations were conducted with a wide range of stakeholders. These included the following external community and voluntary organisations as well as funding and policy-making agencies;

- Ana Liffey Drugs Project
- BLDTF
- CKU
- Dublin Simon Community
- Drugs Strategy Unit
- Drugs Policy Unit
- FAS
- Focus Ireland
- Hartstown Huntstown Community Drug Team
- HSE Addiction Services
- HSE National Planning Specialist
- HSE Consultant Psychiatrists
- Merchants Quay Ireland
- Pavee Point
- Peter Mc Verry Trust
- Probation Services
- RADE
- Rehabilitation Co-ordinator Cork/Kerry Region
- SICLDTF
- Tolka River Project

Draft Report

The Board of Coolmine were presented with a copy of the Strategic Plan prior to publication.

Consultation with Minister

A meeting was held with Minister Rosin Shortall, Minister with Responsibility for Primary Care and her department.

Consultant to the Process

Dr. Derval Howley, Monalee Escapes
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coolmine
therapeutic community

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 [@CoolmineTC](https://twitter.com/CoolmineTC)

Coolmine Therapeutic Community is a registered charity CHY 5902.

