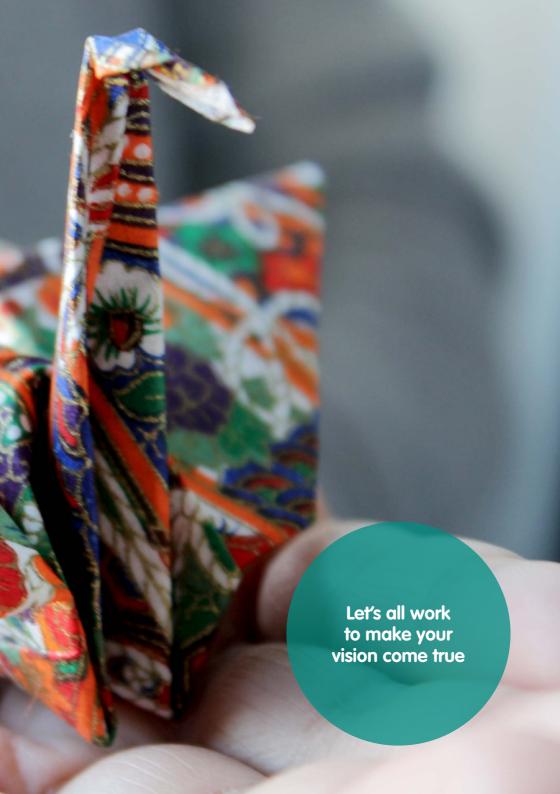


Senbazuru is a group of one thousand origami paper cranes, held together by string. An ancient Japanese legend promises that anyone who folds one thousand origami cranes will be granted a wish. They are often created by friends or colleagues as a collective effort.







A sector that never loses sight of the people we exist to support

A sector that values prevention, early intervention and treatment services

A sector that is highly skilled, collaborative and well resourced



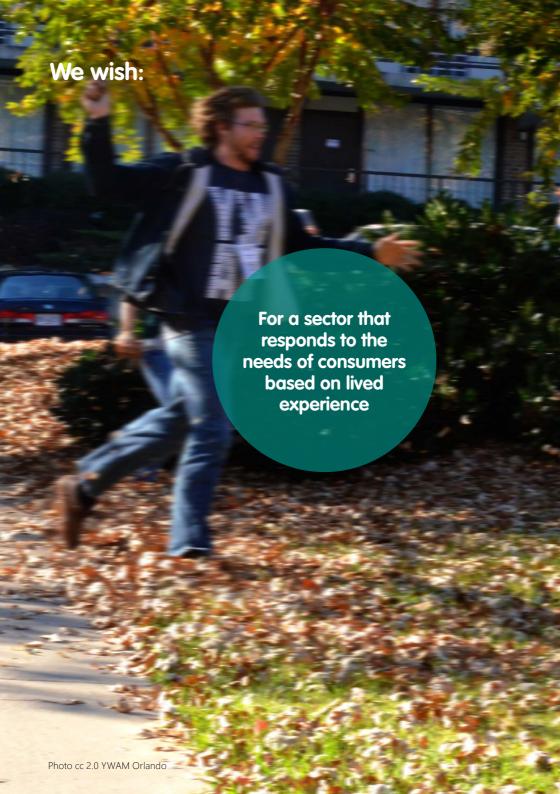
A connected sector, where people can move seamlessly between each service

> A sector where clients can be supported at each stage i.e. detox, rehab and aftercare

A sector with no gaps for support









NADA proudly acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the lands and waters throughout Australia. Our office stands on the land of the Gadigal people of the Eora Nation.

We recognise, respect and value the deep and continuing connection of Aboriginal and Torres Strait Islander people to land, water, community and culture.

We look to and celebrate Aboriginal and Torres Strait Islander people for their cultural guidance, leadership and expertise.

We pay our respects to Elders past, present and future.



Welcome from NADA's President and CEO

We welcome our members to this, our 40th anniversary annual report. As an organisation NADA has continued to grow, and to further refine our role as the peak body for the nongovernment alcohol and other drugs (AOD) sector in NSW. We believe it is important to celebrate this milestone—recognising all we have achieved over the last 40 years, and the people who made it all possible.

Our sector: key state-wide developments

The 2017/18 year has seen the finalisation of the new form NSW Health funding and service agreements for NSW Health funded non government AOD services. This brings to a conclusion years of grant reform by the Ministry, and more importantly ends the succession of one year funding agreements we have all been operating under for far too long. We have now achieved a stable three year rolling service agreement arrangement with the Ministry, that also includes the introduction of a core set of five KPIs covering quality and safety.

However, our work is not yet done. NADA continues to work closely with the Ministry's Alcohol and Other Drug Branch to explore the development of services specific KPIs, covering the four main treatment types provided by our sector. Consultation with members around these service specific KPIs will commence in the next fiscal year.

NADA also contributed to the NSW Government's inquiry into rehabilitation services in regional, rural and remote NSW, giving evidence in parliament. Many members also gave evidence at regional and rural committee hearings and made submissions to the committee. We are happy with the committee's final report and recommendations. NADA will be promoting the recommendations from this important parliamentary report as a major component of our upcoming 2019 NSW election advocacy platform, and we will be meeting with the NSW Health Minister to seek further information about the government's response to the recommendations made.

Our sector: national developments

We have taken on your feedback from the last annual member survey and have been working with the PHNs on achieving more consistency with data and KPI reporting in our members' funding contracts. We are pleased that the PHNs have committed to establishing a working group with representation from NADA, the PHN AOD network and their PHN data analytics working group to progress this agenda.

At this stage we are still waiting on information from the Australian Government in relation to the ongoing funding from PHNs and the Health Department from July 2019. NADA has advocated on members' behalf for the maintenance of state-wide services with the department, and for funding certainty for all contracts issued on behalf of the government. We will also continue to work productively with the PHN network and individual PHNs over the coming year to work through these issues.

NADA also maintains its role with the Australian AOD Peaks Network to ensure we can effectively advocate for our members with the Australian Government, and the best way to do this is to work in collaboration with the state and territory AOD peak bodies whose members have the same issues in relation to federal AOD funding and related policy issues.

Finally, NADA is also involved in the development of the National Treatment Framework for AOD treatment services. The framework will clarify government roles and improve planning across the AOD sector at state and national levels to ensure that communities and priority populations have access to services that are required. NADA is represented on the national working group and will work with members to ensure their views are represented during the development process.

Welcome from NADA's President and CEO

Board, governance and organisational development

We would like to thank the NADA Board of Directors for their service in the 2017/18 financial year and for the time and expertise they have provided in overseeing and supporting our organisation. This year the board undertook the process of review of the NADA Constitution to ensure our central governance document remains fit for purpose into the future. The board continues to be a central resource of sector corporate knowledge and is a great strength of the NADA program. They were also a key part of our accreditation review under the QIP ASES standards, and we are happy to report we achieved the Award level of accreditation with a 100% score across all of the standards.

We would like to take this opportunity to thank staff for their dedication to the NADA mission, their eagerness to innovate, and their skills to create a suite of services and supports for our membership. We would also like to acknowledge the enormous amount of work the staff put into our re-accreditation this last year.

Our programs

This year's NADA Conference: Exploring Therapeutic Interventions, was a resounding success. It was our largest conference to date and the evaluation showed 92% of respondents agreed that the event focused on innovative evidence based practices that improve the lives of clients, consumers and the community and 94% of respondents agreed that they would recommend the conference to a colleague.

Another important area of program development has been in relation to the role of consumers in our sector. We have commenced work on an AOD consumer engagement project with the establishment of a consumer engagement coordinator position at NADA. Our coordinator will work with our members to enhance their capacity to engage consumers in service development and delivery. The project has seen five member pilot sites selected to work on the project, with the development of consumer facilitators who will assist in this capacity building initiative.

NADA has also continued to support our member networks: the NADA Practice Leadership Group, the Women's AOD Services Network, the Youth AOD Services Network and the Community Mental Health Drug and Alcohol Research Network. We would like to thank the members of these networks for the value they add to NADA's activities and to our membership more broadly.

We commend this annual report to our members and stakeholders and we look forward to your continued engagement with NADA.



Gabriella Holmes NADA President



Larry Pierce NADA CEO

Board of directors

as at 30 June 2018

Gabriella Holmes NADA President Program Manager—Triple Care Farm, Mission Australia

Gerard Byrne Vice President Clinical Director—The Salvation Army Recovery Services

Mark Buckingham Treasurer

Chief Executive Officer—Kedesh Rehabilitation Services

Libby George Secretary

General Manager—Drug and Alcohol Health Services Inc. (DAHS)

Garth Popple

Chief Executive Officer-WHOs

Dr Julaine Allan

Director, Research and Practice—The Lyndon Community

Joe Coyte

Chief Executive Officer—The Glen Drug and Alcohol Rehabilitation Centre

David Kelly

Senior Operations Manager, Health—St Vincent de Paul Society NSW Support Services

Catherine (Cate) Hewett

Chief Executive Officer—Kamira Alcohol and Other Drug Treatment Services

Treasurer's report

I am pleased to present the financial report for the year ended 2018. During the 2017/18

financial year, NADA received overall grant funding of \$2,360,607 comprising the contributions

from NSW, the Australian Government and PHN funding.

The total interest earned of \$14,297 was distributed across our entire program.

Income through membership fees was \$51,105.

NADA expenditure for the year was \$2,747,626, supported by new grant funding, grant funds

held from prior years, interest income and membership fees.

We have grown our member's equity from \$527,875 to \$568.227 at the end of June 2018 and

we have holdings of \$205,602 of grant funds (rollovers) to be expended in future years.

NADA made a small surplus this year of \$40,352 which goes to our prudent reserve to support

any unforeseen costs that may arise.

Grants to organisations

A range of NADA's programs included distributing grants to members for workforce

development, quality improvement and service development. Total grants provided this

financial year was \$246,510.

I commend the 2017/18 accounts to the membership.

Mark Buckingham

NADA Treasurer

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Income and expenditure statement

Year ended 30 June 2018

	2018	2017
Income	2 200 007	2 207022
Grant—received this year	2,360,607	2,297,923 69,251
Grant—rolled in from prior year Grant—rolled over to next year	396,340 (205,602)	(396,340)
Membership	(203,602)	54,361
Interest	14,297	14,926
Conference	122,693	2,886
Miscellaneous	48,538	13,475
Miscellaneous	2,787,978	2,056,482
Expenditure		
Auditing	13,650	13,650
Accounting services	77,034	72,957
Bank fees and charges	1,904	2,633
Computer and IT	12,345	3,087
Conference, events and training	230,552	19,426
Consulting	522,741	523,864
Depreciation	47,058	24,639
Grants to other organisations	246,510	57,448
Insurance	10,424	10,323
Lease payments	18,624	14,855
Miscellaneous expenses	18,893	14,004
Motor vehicle expenses	16,180	9,074
Meeting costs	83,675	62,349
Postage, printing and stationery	20,032	26,182
Premises costs	125,716	116,028
Recruitment	6,388	50,216
Resource production	323	628
Salary and employment related costs	1,215,337	845,777
Telephone and internet	23,773	27,938
Travel and accommodation	56,467	36,610
	2,747,626	1,931,688
Surplus / (Deficit) from ordinary activities	40,352	124,794
Surplus at start of the financial year	527,875	403,081
Surplus at end of the financial year	568,227	527,875

Asset and liabilities statement

as at 30 June 2018

Current assets Cash and cash equivalents Receivables Other Total current assets	2018 \$ 729,963 16,035 118,191 864,189	2017 \$ 841,216 9,803 82,176 933,195
Non-current assets Property, plant and equipment Investments Total non-current assets	181,435 1,177 182,612	173,833 1,177 175,010
Total assets	1,046,801	1,108,205
Current liabilities Creditors and sundry accruals Unexpended grants received in advance Employee provisions Total current liabilities	163,106 205,602 105,021 473,729	93,601 396,340 71,148 561,089
Non-current liabilities Employee provisions Total non-current liabilities Total liabilities Net assets	4,845 4,845 478,574 568,227	19,241 19,241 580,330 527,875
Members' funds Retained surplus Total members' funds	568,227 568,227	527,875 527,875

Over the 2017/18 period

\$246,510 in grants provided to members to support workforce and organisational development

95 organisational members

new members

yisits to members across NSW and ACT

more than twice as many visits compared to last year!

Members make a difference

Working to reduce AOD related harms to NSW communities, NADA members feel passionate about the sector, their colleagues, clients and the job they do.

Members are resilient, resourceful and dedicated—NADA is proud to support them.



Greg Telford, Managing Director

Rekindling the Spirit

'NADA continues to provide relevant information and support across all these areas. It's really good to know we have access when we need it.' 2018 NADA member feedback survey



of respondents reported that the grants are useful and valuable 2018 NADA member feedback survey

Training grants

NADA provides opportunities for members to access financial support to participate in individual and/or group training. We also support members so they can present their research initiatives at conferences worldwide.

Key statistics

- 49 grants issued across 28 member organisations
- Approximately 447 staff were provided access to training
- \$54,609.01 in training grants provided to member organisations*

Events

We've travelled far and wide to deliver training, from Sydney to Parramatta, Forster, Wollongong, Wyong, Tamworth, Tumbi Umbi, Newcastle, Toronto and Broken Hill.

We held 29 training workshops/events this year.

Top five events

- 1. Double whammy masterclass
- 2. Aboriginal cultural awareness training
- 3. Get bloody serious! A workshop all about hep C
- 4. Smoking cessation workshop
- 5. Working with women engaged in AOD treatment and responding to DV

^{*} excluding GST



'...thanks for your vision in bringing Cardoso to Sydney... It's been really exciting to see the amount of energy and engagement his visit created and a great sign!' Will Tregoning, Unharm

NADA Conference 2018

Held in June, the NADA conference was our largest to date with **334** delegates in attendance. International keynote **Dr Manuel Cardoso**, Deputy General-Director, General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), shared Portugal's public health response to AOD dependence, grounded on decriminalisation and integrated responses.

Keynotes speakers

Emeritus Professor Judy Atkinson (Honorary)
Professor Leanne Hides
Professor Margaret Hamilton AO
Associate Professor Nadine Ezard
Regina Brindle
Katie Vellins and Trei Stewart
Rodney Vlais

The **Hon. Brad Hazzard**, Minister for Health and Minister for Medical Research, provided a ministerial address, followed by a Q&A session. The panel discussion explored ways we can work to improve access and equity for clients.

Conference delegates particularly liked the major keynote presentations as well as the opportunity to interact with so many member agencies and NADA stakeholders. They enjoyed listening to the range of presentations, hearing about cutting-edge topics and learning about best practice approaches.



Policy, advocacy and representation

NADA's advocacy and representation has focused on increased and sustainable funding, as well as contract management for the NGO sector, at both the state and federal levels.

Key statistics

- 14 policy submissions, including the Inquiry into the provision of drug rehabilitation services in regional, rural and remote New South Wales
- Representation on 32 committees



Communications and resources

We launched

- a user-friendly organisation website
- Frontline email to share best practice articles, resources and training
- a new resource for workers that provides guidance on how to use language to empower clients and reinforce a person-centred approach
- fact sheets to help you work with other agencies
- an online learning platform.



of respondents agreed that the modules were relevant to their work

2018 NADA eLearning course evaluation

eLearning

Learn at a time, place and pace that suits you—that's what members experience with the launch of NADA's new eLearning platform. We've uploaded two modules and many more are planned. Visit http://elearning.nada.org.au.

Complex needs capable eLearning course

The eLearning course was developed as an extension of the resource and website by the same name, to help AOD workers and organisations to better support clients with complex needs. The modules combine theory and practice activities to increase awareness and confidence when working with clients with mild cognitive impairment and contact with the criminal justice system.

The course consists of five modules that look at:

- what we mean by complex needs
- cognitive impairment
- experiences of clients with criminal justice system involvement
- strategies to implement to better support clients.

Magistrates early referral into treatment

NADA is hosting the Magistrates early referral into treatment (MERIT) program eLearning module to provide workers from across the sector access to this training. Developed by the Health Education Training Institute (HETI), the module provides learners the key components of the MERIT program.

NADA networks

NADA Practice Leadership Group

The NADA Practice Leadership Group (NPLG)—comprising 11 members from a range of specialist non government AOD member organisations—continued to inform the development of NADA policy and advocacy. The NPLG helped to shape NADA's program development in relation to sector clinical and therapeutic practices.

This year the NPLG:

- partook in professional development workshops on advocacy and influence
- provided guidance on: Language matters, health of the workforce and continuing coordinated care
- produced a paper on withdrawal management in the NGO sector with recommendations for enhanced practice
- provided representation on the NADA advocacy sub-committee meeting.

Youth AOD Services Network

The Youth Network is a collective of 22 specialist youth services providing AOD services, support and treatment to young people across regional and metropolitan NSW. The network meets four times a year for information sharing, training and networking.

Highlights

- Dr Kate Hall from Deakin University presented on Emotion Regulation and Impulse Control (ERIC)
- 'Healing the effects of trauma on children and young people: a creative whole body approach' training
- Chris Stone and Zoe Robinson from YFoundations shared information on the interdependence of AOD and homelessness in young people
- Youth AOD theory in practice symposium

The NPLG was integral to the success of the NADA Conference 2018, providing invaluable guidance to the topic streams and support as facilitators of each stream.

'Being part of the NADA Youth Network is important and valuable—I feel connected to other services as a result, and learn more about services for the people I work with. Thanks!'

2018 Youth AOD Services Network survey

Women's AOD Services Network

The Womens Network consists of representatives of women's only specialist non government organisations in NSW that provide services to substance using women, including those providing services to pregnant women and women with children. The network held five meetings during the year.

This year the Women's Network:

- focused on information exchange, sharing knowledge and networking by holding meetings at different member service sites
- met with Dr Carolyn Day from the University of Sydney to discuss undertaking research to improve content available regarding women accessing women-specific AOD services.

Community Mental Health Drug and Alcohol Research Network

During this year, CMHDARN established its Research Ethics Consultation Committee (RECC). CMHDARN also hosted a research network symposium that heard from presenters with lived experience, as well as service providers and researchers across both the mental health and AOD sectors.

NADA members funded through CMHDARN seeding grants

- DAMEC
- Family Drug Support
- Kathleen York House
- Lyndon Community
- Positive Life NSW

100% of respondents agreed that being part of the network has been valuable and worthwhile.

2018 Women's AOD Services Network survey



The Community Mental Health Drug and Alcohol Research Network (CMHDARN) is a collaborative project between NADA and Mental Health Coordinating Council (MHCC), in partnership with the Mental Health Commission of NSW.

NADA networks

Hunter New England and Central Coast AOD partnership

Working with the HNECC Primary Health Network and the myriad AOD service providers in the region, NADA helped to establish the Hunter New England and Central Coast (HNECC) AOD partnership network. The project has delivered regional service mapping in each of the four regions—Central Coast, Hunter, Manning Great Lakes and New England—to identify and recruit key stakeholders and providers of alcohol and other drug treatment and support services from specialist non government treatment providers, Hunter New England and Central Coast Local Health District drug and alcohol services, primary care and Aboriginal community controlled health organisations.

In its first year the HNECC networks have:

- produced a regional mapping report that details the range and breadth of AOD services
- identified local priorities and regional strategies for alcohol and other treatment
- held network meetings in each region
- held three regional network action planning workshops, with several projects identified and developed
- held six capacity building workshops with topics such as trauma informed practice, working with clients who identify co-occurring mental health and alcohol and other drug issues and motivational interviewing.

of respondents agreed that the network are valuable and worthwhile

HNECC AOD partnership network evaluation



Highlight

Youth AOD theory in practice symposium

In May 2018, members of the Youth AOD Services Network participated in the Youth AOD theory in practice symposium (TIPS), organised by NADA with support from the Ministry of Health.

Youth AOD TIPS was a one day symposium shared theoretical and practical knowledge in the realm of therapeutic alliance, attachment theory, somatic experiencing and strategies to engage with disengaged youth.

Feedback from the symposium was very positive, with respondents requesting to hold another youth centred symposium.

'I actually thought this was one of the best planned and coherent days

I have attended. All the talks worked well together and flowed.'

Youth AOD theory in practice symposium evaluation

NADAbase

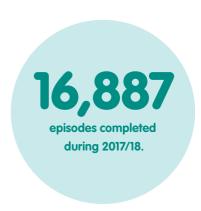
Over the last twelve months NADAbase has grown significantly with a 40% increase in the number AOD treatment services/programs set up.

More than twelve months ago NADA incorporated the suicide, blood borne virus and sexual health, and domestic family violence risk screeners into NADAbase. Of those services entering data in NADAbase, more than 85% are screening clients for risk.

The NADAbase expansion has now entered phase four of the project with the establishment of the 'Reports and dashboard design' working group, who are charged with auditing existing reports and designing the dashboards for NADAbase.

Major achievements

- Assessing nicotine dependence tool was incorporated into NADAbase COMS
- Reports and dashboard design' working group was established
- Enhancements were made to the uploading of data for importer organisations
- ATOP to NADAbase evaluation report delivered
- User agreement developed in NADAbase
- PHN reporting on behalf of members
- Enhancements made to member reports
- Online screener tutorials



New projects

Consumer engagement project

Consumer participation/engagement: the act of involving the community in decision making about their own health, in addition to planning and management of health services.

NADA's project to increase service and clients' capabilities for consumer engagement began in October 2017. Services were invited to submit an expression of interest to be one of five pilot sites; four residential services and one withdrawal unit were successful in their bid.

With the foundational work complete, training for staff and consumers is to come, followed by implementation of service specific strategies. An external evaluation team has been contracted to report on the project, consumers have been engaged to co-facilitate training workshops and action plans have been developed in consultation with each site.

Due to be finalised by the end of the financial year (subject to funding), NADA is working toward quality outcomes which can be used to increase engagement processes and health outcomes for clients in the years ahead.

Continuing coordinated care

The Continuing coordinated care (CCC) program provides continuing care and wrap around support to people experiencing AOD issues and complex needs, such as chronic health conditions, homelessness and histories of complex trauma. The Buttery, Mission Australia and St Vincent De Paul are responsible for the provision of the CCC program.

A unique part of the program is the establishment of a dedicated clinical consultant, employed by NADA, to assist the program providers navigate the service system through systemic advocacy, liaison, training and advice.

The consultant will work with the programs to build links with other support services such as housing, Centrelink, child protection and the National Disability Insurance Scheme (NDIS) and explore strategies to enhance access to existing resources and service infrastructure to help sustain positive AOD treatment outcomes. All resources and networks developed by the consultant will be made available to the wider AOD sector.

Partners

NADA would like to thank our partners that have worked with us to support the NSW non government AOD sector.

Aboriginal Health and Medical Research Council of NSW • ACON Health • Agency for Clinical Innovation • Alcohol and Drug Foundation

Alcohol Tobacco and other Drug Association ACT

of respondents reported that NADA was effective at facilitating partnerships and networks within the sector and with key stakeholders

2018 NADA member feedback survey

Welfare Training • Centre of Research Excellence in Mental Health and Substance Use • Centre for Social Research in Health, University of NSW • Drug and Alcohol Multicultural Education Centre • Drug Policy Modelling Program, University of NSW • Family Drug Support • Hepatitis NSW • Justice Connect—Not-for-profit Law • Local Health Districts • Lyndon • Te Pou, Matua Raki • Mental Health Commission of NSW • Mental Health Coordinating Council • National Centre for Clinical Research on Emerging Drugs (NCCRED) • National Centre for Education and Training on Addiction, Flinders University • National Drug and Alcohol Research Centre, University of NSW • National Drug Research Institute, Curtin University • Noffs Foundation • NSW Council of Social Service • NSW Department of Family and Community Services, Clinical Issues Unit • NSW Ministry of Health • NSW Users and AIDS Association Primary Health Networks • Quality Innovation Performance • Queensland Network of Alcohol and other Drug Agencies Ltd • Reconciliation Australia • Relationships Australia • School of Medicine and Public Health, University of Newcastle • School of Psychology, University of Wollongong • South Australian Network of Drug and Alcohol Services • Victorian Alcohol and Drug Association • Western Australian Network of Alcohol and other Drug Agencies

Alcohol, Tobacco and other Drugs Council Tasmania Inc • Association of Alcohol and Other Drug Agencies NT • The Australian Council on Healthcare Standards • Australian Government Department of Health • Australian Institute of Health and Welfare • Australasian Professional Society on Alcohol and other Drugs (APSAD) • Blue Knot Foundation • Centre for Community

'NADA is a highly professional peak that is a great example to other peaks especially in terms of leadership and capacity building the sector.' 2017 NADA stakeholder feedback survey

Staff and acknowledgements

NADA would like to acknowledge the dedicated and talented team that work to meet the needs of its members.

Larry Pierce

Chief Executive Officer

Robert Stirling

Deputy Chief Executive Officer

Suzie Hudson

Clinical Director

Michelle Ridley (started October 2017)

Clinical Coordinator

Sianne Hodge

Program Manager

Cass McNamara (started February 2017)

Program Manager

Rubieth Montecinos (started July 2017)

Program Manager

Helena Hodgson (started July 2017)

Program Manager

Fiona Poeder (started October 2017)

Consumer Project Coordinator

Sharon Lee

Communications Officer

Victoria Lopis

(return from maternity leave from April 2018)

Project Officer

Ana (Tata) Katerina de Jesus

Project Officer

Maricar Navarro

Office Coordinator

Accounting for Good for our financial management and Conosco for our information technology support.

Acknowledgements

NADA acknowledges our 2017/18 funders: The NSW Ministry of Health, the Australian Government Department of Health, and Hunter New England Central Coast Primary Health Network.

We also thank our members who have contributed to the work we do, responding to surveys, attending consultations, providing expertise and participating in advisory groups, and of course, for their valuable work in supporting individuals, families and the community in reducing the harms associated with AOD use.

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