



Annual report
2016-2017

Acknowledgements

The Forster Foundation would like to acknowledge the Australian Government Department of Health for their financial support under the Non-Government Organisation Treatment Grants Program and the Substance Misuse Service Delivery Grant; as well as the Northern Territory Government Department of Health for their financial support under the Alcohol and Other Drugs Residential Rehabilitation Project.

We also wish to acknowledge the invaluable input from individual Board Members and specifically all the staff of Banyan House for their dedication and hard work towards providing the services and delivering the various programs to our residents.

Banyan House

Our Vision

To lead the way in rehabilitation - developing emotionally strong, healthy individuals, families and communities free from the effects of substance misuse

Our Mission

To understand and reduce the harm to people, families and communities caused by substance misuse and any co-occurring mental health disorders

Our values

Community	Encompassing collaboration, participation and fellowship with others
Respect	Prejudice free consideration of the rights, values and beliefs of all people
Transparency	Openness in relation to the decisions affecting others and any limitations on such decisions
Self-Improvement	To be the best we can be

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Forster Foundation Board Members 2016-17

Chairperson	A/Prof Robert Parker
Deputy Chairperson	Vacant
Treasurer	Vacant
Secretary	Vacant
Public Officer	Chris Franck
Ordinary Board Member	A/Prof Simon Moss
Ordinary Board Member	Ms Jen Upton
Ordinary Board Member	Ms Ekaterina Katras
Ordinary Board Member	Mr Johan Nortier

Staff Members 2016-17

Chief Executive Officer	Chris Franck
Clinical Services Manager	Paul Gibbs (June 2016- January 2017)
Finance Manager	Clem Barratt
Bookkeeper/Infrastructure Coordinator moving into role of Business Manager	Merri-Lyn Clark
Compliance Officer	Anita Helberg
Clinical Nurse/Case Manager	Chrystal Benson
Alcohol and Drug Counsellor	Salas Abraham (until January 2017)
Dual Diagnosis Clinician	Scott Healing
Therapeutic Community Support Worker	Tiffany Blake
Assessment / Intake Officer	Samantha Czoloszynski
Therapeutic Community Support Worker (RO)	Rose Dos Reis
Case Manager	Carmel Lightowler
Therapeutic Community Support Worker (Part Time)	Michael Aldenhoven
Therapeutic Community Support Worker(Casual)	Mark Roberts
Therapeutic Community Support Worker (Casual)	Domi Kabangu
Therapeutic Community Support Worker (Casual)	Yolanda Nkabinde
Therapeutic Community Support Worker (Casual)	Ian Briggs

Chair's Report



2016/17 was another challenging yet rewarding year for the Forster Foundation bumper year for the Foundation.

The Board, management and staff have revisited the 2015-17 Strategic Plan, which informs Banyan House's key priorities, outcomes and measures of progress and success. It connects our current operations with our future intent. Banyan House has continued showing progress and improvement in meeting its priorities set for the past financial year.

We have had a number of significant changes in Board positions this year. Dee Robinson, our Deputy Chairperson resigned her fulltime position and relocated to Coffs Harbour. This created a huge gap on our Board, which we have not been able to fill yet. A/Prof Mark Davis (Ordinary Board Member) also relocated to Alice Springs, and however he remained on the Board attending to his responsibilities via tele-link for some months, he decided to devote all his time as Clinical Psychologist with Congress. Clem Barratt left his position as Treasurer following his retirement to take up the casual position of Finance Manager with Banyan House. Maurice Vaughan relocated back home to New Zealand to be closer to his family. Mary Hawkins relocated interstate.

New members who have joined the Board are Jennifer Upton, Dr Simon Moss, Ekaterina Katras and Johan Nortier. As Jen, Simon and Kathy joined as Ordinary Board Members, the Board Officer roles of Deputy Chairperson, Secretary, Public Officer and Treasurer remain vacant.

As seem to be the norm, we have had some staffing changes as well. Paul Gibbs resigned his position as Clinical Services Manager to join the Department of Health in a project manager role. That left the position vacant for the latter half of the financial year with the CEO filling the responsibilities on top of his full time role. Our AOD Clinician (Salas Abraham) resigned to take up a role at NAAJA and Dual Diagnosis Clinician (Scott Healing) resigned following Paul Gibbs to join the Department of Health. The Corporate Services Manager has also resigned her position to take up a senior role as CFO at NAAJA. This change created the opportunity to revisit the administrative and financial support roles, a position of Bookkeeper / Infrastructure Coordinator was created, and we were successful in recruiting Merri-Lyn Clark from Victoria into the new role.

Redeveloping this role during this reporting period saw Merri-Lyn being promoted to the newly created role of Business Manager, supporting the Finance Manager. This meant a significant change in the entire senior management cadre of the Foundation – yet filled with potential to support us embracing the future with certainty of a strong team.

This past year demonstrated a continued trend of ice being the primary drug of choice for many Territorians. Proportionally, Australians use more methamphetamine, including ice, than almost any other country. Evidence (2014) suggests that there are well over 200,000 ice users in Australia. Of detected illicit drug imports to Australia, ice has grown from 5% in 2011 to 59% in 2014. Long-term use of ice can cause mental problems

including psychotic episodes. More than 60% of Australia's most significant organised criminal groups are involved in the meth market. Since 2010, the number of people receiving treatment for meth/amphetamine issues has more than doubled. Banyan House saw a 50% rise in ice presentations and this increased in 2016/17 to 65%.

Although the Prime Minister announced \$300m in new funding to combat ice, the money filtered through to grass roots front service delivery organisations in the NT did unfortunately not reach Banyan House. Compared to previous years' low bed occupancy, this year saw more spikes in 100% occupancy with an average for this reporting period of more than 85%. This had a significant effect on staff – specifically related to the acuity of residents admitted to recover from addiction to ice. There have been a significant number of other achievements this year. We have completed a completely new branding underpinned by a new website, presence in social media, a new corporate style guide with new uniforms for staff.

Finally, I would again like to thank members of the Forster Foundation Board and the Foundation staff for their hard work and creative input into the success of the Foundation's programs in 2016/17 and wish them all the best in their endeavors for the rest of the financial year.

Best wishes

A/Prof Rob Parker
Chairperson



Message from CEO

Our Chairman, A/Prof Parker has indicated in his Report that Banyan house had a challenging, yet very exciting year, taking on all the challenges with positive energy and initiative. Through the uncertain times our dedicated and loyal staff were able to maintain their focus on quality and continuous improvement, demonstrating that we are a quality organisation delivering excellent services to our residents and other clients.

During this reporting period the Forster Foundation was invited to respond to a Request for Information to inform a tender process to deliver treatment services to the Department of Veterans' Affairs. The lead to being invited to submit tender to the Commonwealth of



banyan house

Australia (as represented by the Department of Veterans' Affairs), the Repatriation Commission and the Military Rehabilitation and Compensation Commission for the provision of community based treatment for alcohol and substance use disorders. Forward reporting saw the Foundation being successful at tender to provide this important service the Veterans and their families from January 2017. Very low number of referrals was however forthcoming.

Governance, Leadership and Development

As part of our strategic direction to continue offering development opportunities for our Board. Through invitation from NTCOSS, we were able to secure six places in the Australian Institute of Company Directors' In-House Program: NTCOSS – Governance Foundations for Not-for-Profit Directors. A/Prof Parker and Ms Kathy Katras attended as Board Members.

In October I had the privilege of attending the Australasian Therapeutic Community Association (ATCA) conference in Melbourne. An alliance with Higher Ground in Auckland introduced me to contemporary developments, which have since implemented at Banyan House.

The end of December 2016 saw Clinical Services Manager, Paul Gibbs relinquishing his role in favour of a project management role within the NT Department of Health. He vacated his position on 4 January 2017 leaving a gap in our senior management team – a role that I took on until a newly recruited Leon Gailitis will join our Senior Management Team on 27 November 2017.

In October, we continued our commitment to working with St Vincent's Hospital in Melbourne doing advanced training in the Optimal Health Program – a comprehensive model of addressing alcohol and drug addiction for clients with a co-morbid mental health condition. The acquisition and implementation of the OHP started a new paradigm of incorporating a whole-of-person approach to developing individual treatment plans for our residents.

In March, we had the privilege of hosting a three-day professional development workshop in Motivational Interviewing, facilitated by Ms Helen Mentha.

Staffing

Banyan House remains committed to improving and supporting professional development within the workforce by providing continuous development opportunities. All staff receive financial support as well as professional development leave to continue developing themselves. A number of staff have been supported to obtain the minimum qualification required for their positions, such as the Cert IV in Alcohol and Other Drugs.

Banyan House increased its casual pool of TC Support Workers to bolster our after-hours team. We have welcomed the following new casual staff during this reporting year:



Domi Kabangu, Yolanda Nkabinde and Ian Briggs. This period also saw two permanent staff members being added to our team: Daniel Pate as AOD Clinician, Tiffany Blake as TC Support Worker – Kitchen Coordinator and Darryl Lord as the TC Support Worker – Maintenance Coordinator.

Standards and Quality Improvement

Banyan House obtained full accreditation with BSI Quality Management System – ISO 9001:2008 on 10 June 2014 and was successful in maintaining accreditation following the third first annual review in 2015. In February 2016 we successfully passed the third annual review towards maintaining our ISO Accreditation. The maintenance and expansion of LOGIQC as our quality management system has played a huge role in supporting quality improvement initiatives and maintaining our high standard of service provision. The acquisition and implementation of the Risk Management Module of LogiQC marked as the first step in preparing the Foundation to be assessed and accredited against ISO 9001:2015 later in 2017.



During this reporting period we have completed our re-branding and released our reviewed Corporate Style Guide informing a standardised approach to correspondence and stationary.

Interesting Observations:

This reporting period saw Banyan House entering into a very important partnership with Tristar Medical Group – Parap Clinic with Dr Bernie Westley establishing a weekly In-reach Primary Care Clinic into Banyan House. In addition to addressing all our residents' primary health care needs, Dr Bernie also commenced a number of successful treatment schedules for clients diagnosed with Hepatitis C. This service had since been confirmed and now forms an integral part of our service.

During August we implemented a new server and implementation of National Broadband Network.

I started the reporting period on a high note by being appointed by the Minister for Health on the Australian Health Practitioner Regulation Authority's (AHPRA) Northern Territory/ South Australia / Western Australia Regional Psychology Board.

These are just some of the highlights of 2016-17. We have also had a significant media presence over the past 12 months with very constructive programs on Four Corners / ABC Television.

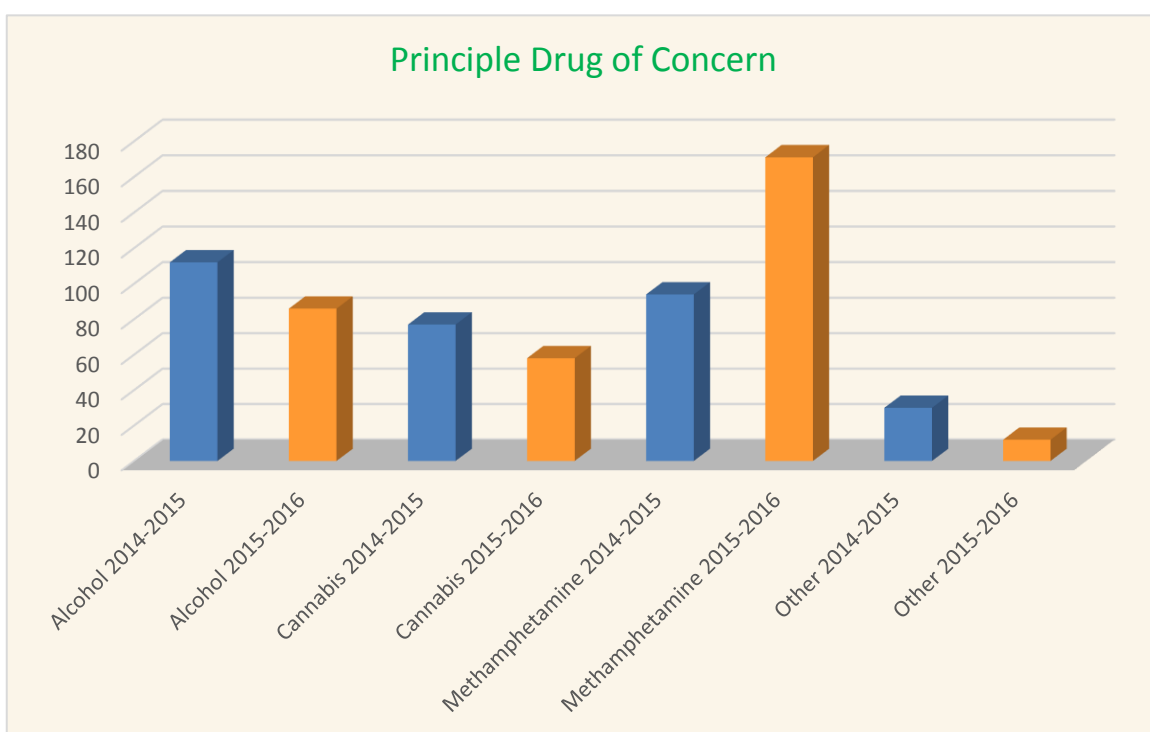
I wish to thank all the members of the Forster Foundation Board over the past year for their expertise and support. In particular, I want to thank our chairperson, A/Prof Parker who gave up so much of his time for our organization. I thank our outgoing board members for their contribution.

Finally, I want to thank all of the people who have worked for the Foundation in the past 12 months – you have all been amazing to work with

Chris Franck
Chief Executive Officer

Clinical Services

During this year the clinical team has had some significant personnel changes. In restructuring the clinical team, we have strengthened our capability to respond to the requirements of our clients presenting with methamphetamine addiction. As can be seen people presenting with methamphetamine as the principle drug of concern has escalated at an alarming rate. What this means clinically is that our residents require extended withdrawal, are more likely to have experienced symptoms of a mental illness and have medical issues that require attention.



In the financial year ending June 30 2016 we provided 327 episodes of care and 48% of our clients were younger than 29. We had 60% of our residents identifying as parents, 34% were female and 35% were Aboriginal or Torres Straight Islanders and our residents were mostly voluntary and 30% were forensic referrals. We were pleased that 44.5% of our resident completed their identified course of treatment.

As our residents leave the program that are invited to continue to participate in the Self-Management and Recovery Training (SMART). SMART operates on a Monday evening and is open to all residents and to the public and is an effective relapse prevention tool that we believe assists people to continue their recovery.

Through the last year there have been many highlights for our residents and the feedback about our weeks retreat to a camp in the middle of Kakadu were extremely

positive. The camping, bush walking, wetlands tour and the local barramundi baked on the last night were appreciated by all. Four of our residents were invited to consult with senior Darwin High School students on a dance production called SECRETS. It was an incredibly moving for the experiences of the four residents to be interpreted in a theatre production and for all of our residents and families who attended on the last night.

I thought it might be useful to provide a raw data summary for the last financial year being 2015/16 and a comparison to the previous year of 2014/15:

	2015	2015 %	2014	2014 %
Closed episodes of care	320		313	
Treatment Types:				
Assessments only	179		136	
Rehabilitation	98		35	
Withdrawal	31		35	
Counselling			4	
Information & Education			53	
Supportive case management			7	
Other			43	
Gender				
Male	219	56.4 %	216	69%
Female	101	31.6%	97	31%
Average age group	20-35		20-35	
Indigenous	90	28%	79	25%
Principle Drugs:				
Cannabis	58	18.12%	77	25%
Methamphetamine	166	52%	94	30%
MDMA	2	0.6%	20	6%
Heroin	2	0.6%	1	0.3%
Other	8	2.5%	9	2.9%

Assessment Themes:

There is a significant increase in the above reporting period in respect of residents reporting methamphetamine as the drug of choice. Screening for mental health disorders using K10 and observed assessments are suggestive that 100% of assessments completed include anxiety or trauma. This is reasonably consistent with reported data in Co-Occurring alcohol and other drug and mental health conditions in alcohol and other drug settings (2016).

Aftercare:

SMART Recovery group continues to be held on a weekly basis and I am advised that numbers are consistently around 5 (external) attendees.

Paul Gibbs

Director of Clinical Services

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Business Manager



Welcome to the 2015-2016 Business Manager's Report. I was appointed to Banyan House at the end of July 2016 after moving from Victoria to Darwin. 2015-2016 has been another busy and interesting year for Banyan House.

Information and Communication Technology

Area9 has been the preferred supplier for support throughout 2015-2016 and have worked with our staff to keep our systems running smoothly. During the year we engaged Captovate to engineer and design our new Website, Logo and branding guidelines. The branding and logo have been implemented and the website should be live early in the new financial year. The new logo is modern with clear text and the colours of orange, blue, green and pink add a uniqueness to our correspondence and reports.

As with any organisation the challenge with Information Technology is the speed with which become obsolete and outdated. Maintaining an efficient and secure system is paramount in these times of internet and technology fraud. The upgrade of the server has been planned and should be executed in November 2016. Inclusion of social media to the web page will be an integral part of our communication strategies to help with increasing the awareness of the harmful effects of drugs and alcohol and also heighten the awareness of mental health issues within our community.

Infrastructure

During 2015-2016 Banyan House continued with infrastructure improvement. One of the major issues with owning buildings and gardens is the constant upkeep and repairs and maintenance.

- The final piece of fencing to enclose Banyan House for security purposes was completed.
- The staff kitchen area has been upgraded with a dishwasher and new cupboards
- The data projector and screen has been installed in the Clinical Hub for training and meeting purposes.
- Repairs have been undertaken on the portable building used for the dry food store.
- The front of house reception area has had a glass security panel installed to cordon off the office space from the reception area. This helps with security as well as minimises the noise for when the administration staff are on telephone calls.
- The new telephone system has been purchased with the approved grant money and was set up in April 2016. This is equipped for conference call facilities as well as message bank.



- Many of the residents who attend Banyan House wish to completely change their lifestyle and this includes their general fitness. During the 2015-2016 year we have purchased new gym equipment which is used by many residents on a daily basis.
- A new washing machine was purchased for the Resident's laundry.
- The Quality Management Software has been set up and we are currently updating files with the new logos.
- Plans are being made for the shade house to be moved and utilised more fully.
- A new garden bed has been established for a vegetable garden to help grow some of the produce we use in the House.

Training Development and Mandatory Licenses

Sourcing appropriately qualified staff is a challenge for any organisation. Banyan House Board and Management believe that training and development is a necessary component of staff skill development. Throughout the year staff have maintained their mandatory licencing with working with children registrations, current first aid certificates, fire safety, work, health and safety and we have undertaken all staff training in Quality Management System-Logiqc. Phase 1 of Optimal Health Program (OHP) was conducted in November. This component was on mental health. Two more components have been organised for 2016-2017; Phase 2 – Mental Health, Drugs and Alcohol and General Health Modules and Phase 3 – Train the Trainer. Once completed we will be an accredited training body for OHP in the Northern Territory.

We have had two of our permanent, full time staff pass their Certificate IV in Alcohol and Other Drugs. These staff need to be commended as it is not an easy task to maintain good study habits while juggling full time work and family commitments.

Staff Health and Wellbeing

An important aspect for all staff at Banyan House is their health and wellbeing. Communication is an important factor in staff wellbeing and satisfaction levels. Staff meetings are conducted regularly where staff can have input on the issues that affect their working environment. This has the effect of sorting minor differences before they have any chance to escalate. Fortnightly Senior Management Meetings are held to review organizational strategies, brainstorming of ideas and future planning. Weekly QMS meetings will be commencing early in the new year in preparation for Accreditation which will be undertaken in February 2017.

Plan for the Future

Planning for the future development of Banyan House is an ongoing process. There are many “wants” and “needs” that we would like to be able to have for Banyan House to make the stay of the residents as rewarding as possible not only from the viewpoint of



their rehabilitation but also from an educational and training perspective, while at the same time making the House and gardens as comfortable and inviting as possible. In the near future we are

- looking at refurbishing the family rooms
- installing the new server
- implementing the NBN
- sourcing information on Foxtel or similar for entertainment
- leasing new vehicles for outings
- purchasing a new microwave for the resident's kitchen
- implementing a new system for ordering of supplies

Merri-Lyn Clark
Business Manager



Finance Manager's Report



I was appointed as Finance Manager in June 2016 resigning from my position as Treasurer on the Board. This report provides an overview of the financial results for the year July 2015 to June 2016 together with highlights occurring during the year.

Financial Results

The Forster Foundation (Banyan House) recorded an excess of expenditure over income of \$25,325 for the year compared with a surplus of \$12,573 for 2014/2015. Revenue has increased 10.3% from \$1.45 million to \$1.60 million. However, expenses have increased 13.1% from \$1.44 million to \$1.63 million, the reasons of which are hereunder outlined.

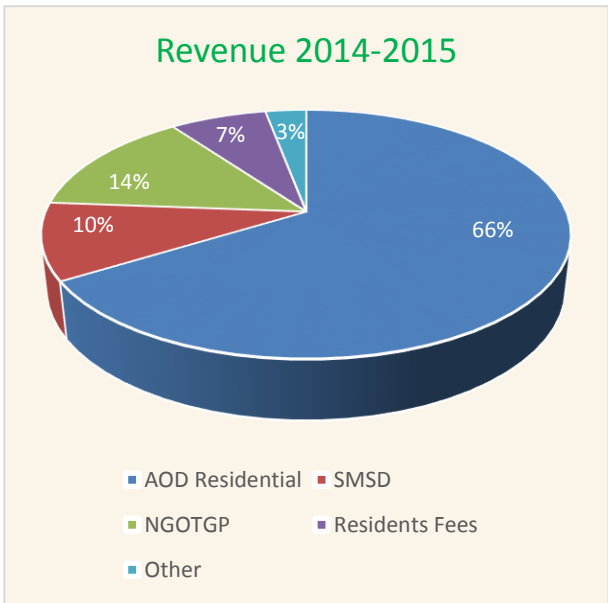
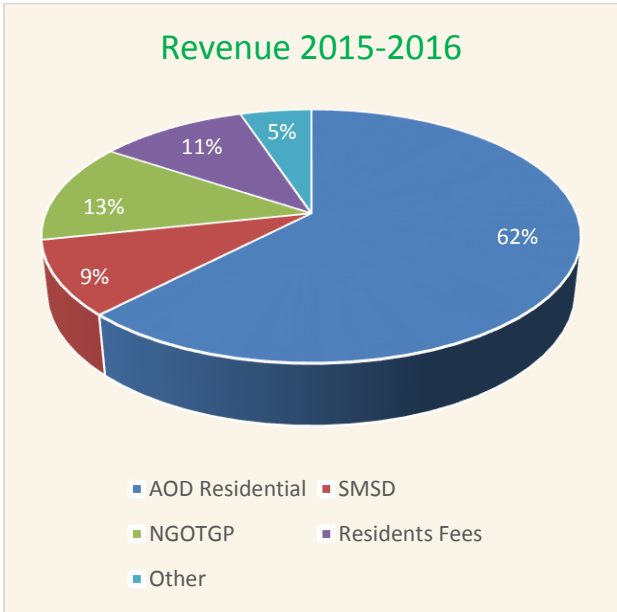
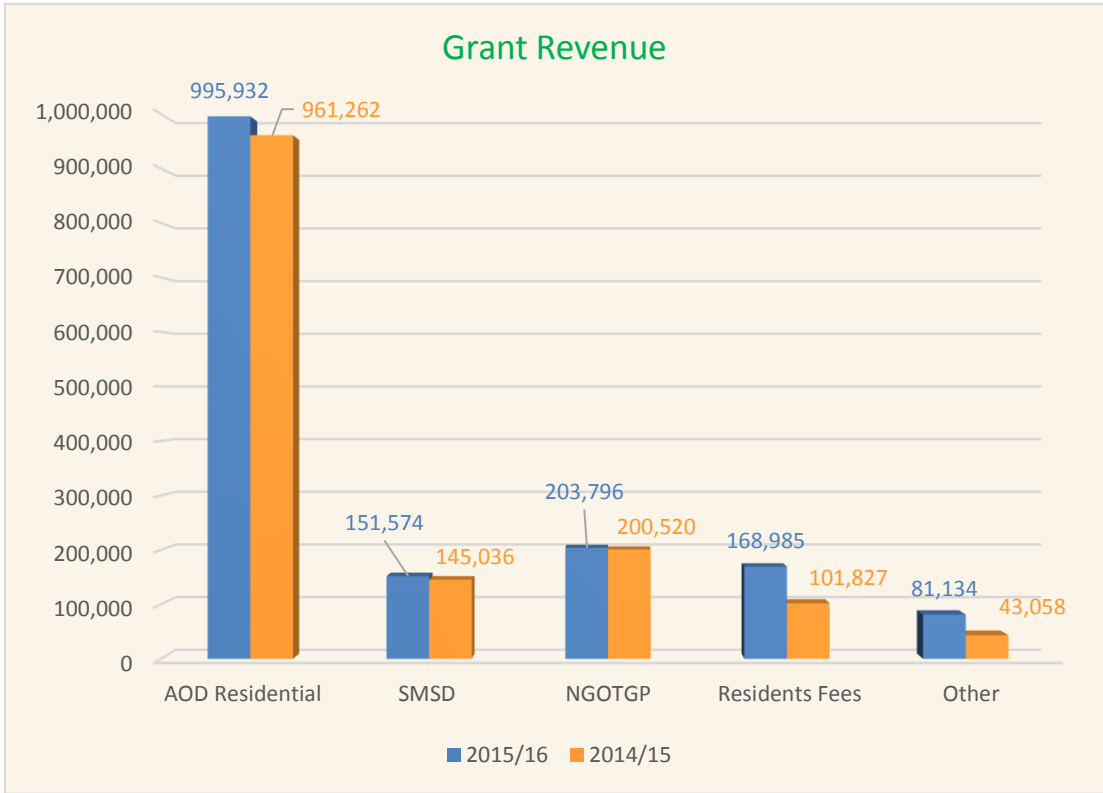
Revenue

The major funding for Banyan House was the Alcohol and Other Drugs Residential rehabilitation grant received from the Department of Health – Northern Territory Government. This increased 8.6% from \$961,262 in 2015 to \$995,932 in 2016 largely as a result of an increase in the Social and Community Services Award (SACS) which has been included as part of the grant.

The Department of Health - Australian Government provided two grants; the non-Government Organization Treatment Grants Program (NGOTGP) where funding increased 1.5% from \$200,520 in 2015 to \$203,796 in 2016 and the Substance Misuse Service Delivery (SMSD) Grant where funding increased 4.3% from \$145,036 in 2015 to \$151,574 in 2016.

Banyan House is grateful for the minor grants received during the year. These included funds from the Northern Territory Government to assist in the upgrade of the telephone system, assistance with rebranding, the new website and an exit interview template.

Resident Fee Income has increased 66.6% from \$101,827 in 2015 to \$168,985 in 2016. This is a result of bed occupancy increasing from 65% in 2015 to 78% in 2016. Resident fees have thus grown from 7% of all revenue in 2014/15 to 11% in 2015/16.



Expenses

Much of the increase in costs has arisen from the increase in room occupancy. Management is conscious of the need to monitor the costs to ensure the increase does not exceed the increase in revenue.

Staffing Costs

Costs have increased from \$859,232 in 2014/15 to \$1,009,060 in 2015/16 (17.4%). This is a process of normalization as staffing costs incurred in the previous year (2014/15) were low as the organization went through a long period with vacancies in key positions. Consequently, staffing costs have increased from 60% of all expenses in 2014/15 to 62% in 2015/16.

Program Activities, Resources and Occupancy

Costs have increased in conjunction with the increase in bed occupancy. This impacted the increase in grocery and supply costs as well as greater activity costs due to the increase in clients. In addition, this has also flowed onto utility costs, particularly electricity.

Repairs and Maintenance

Repairs have reduced 11.8% from 2015 due to larger expenditure incurred in 2014/15 with infrastructure improvements not reoccurring at the same level in 2015/16.

Administration

Costs have increased 34.8% from \$42,841 to \$57,746. This is largely due to high recruitment costs incurred in replacing staff.

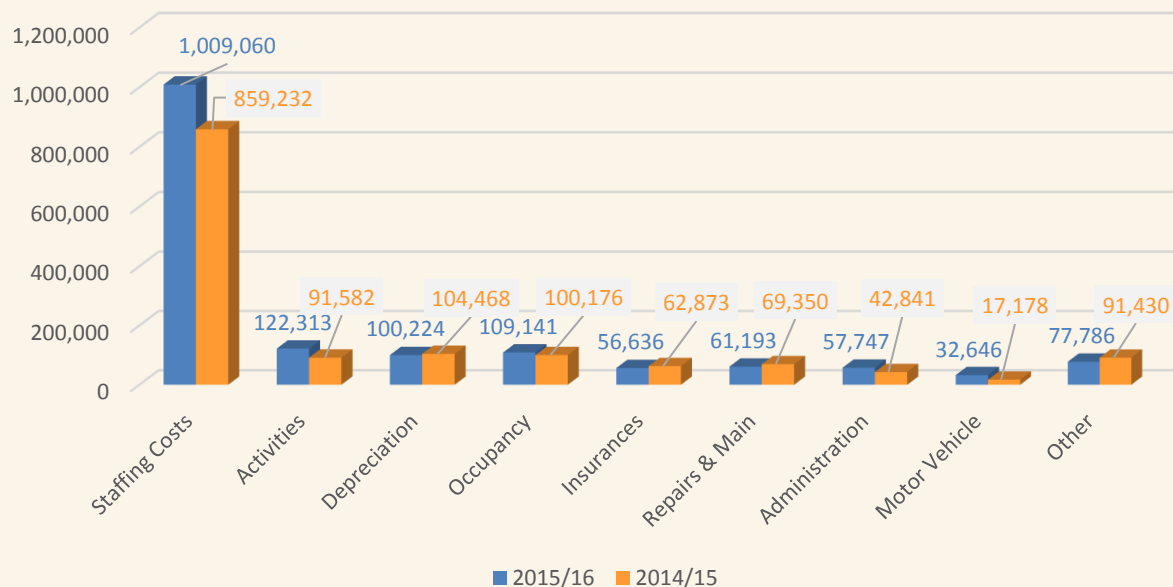
Motor Vehicle Costs

The motor vehicle fleet is aging and commencement of replacing vehicles occurred with the disposal of two vehicles replaced with two operating leases. This process of replacing aging vehicles with operating leases will continue into 2016/17 which will reflect greater operating costs but less depreciation.

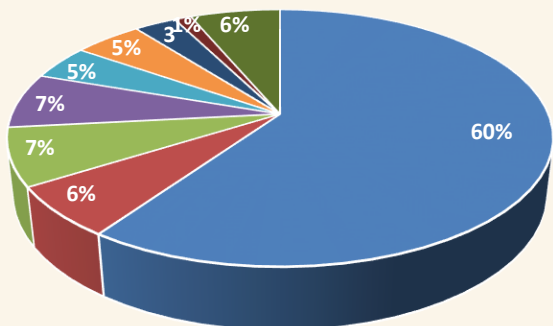
Other

This includes the purchase of Minor Assets, Specialist Consultants and Training. Minor Assets include the purchase of printers, computers, washers used in the day to day operations. The major component of specialist consultants was IT support. Training included OHP training conducted by St Vincent Hospital in Melbourne and Strategic training for key personnel.

Expenses

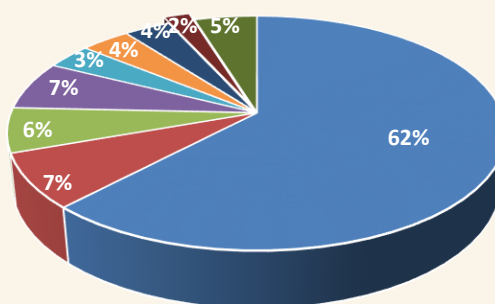


Expenses 2014-2015



- Staffing Costs ■ Activities ■ Depreciation
- Occupancy ■ Insurances ■ Repairs & Main
- Administration ■ Motor Vehicle ■ Other

Expenses 2015-2016



- Staffing Costs ■ Activities ■ Depreciation
- Occupancy ■ Insurances ■ Repairs & Main
- Administration ■ Motor Vehicle ■ Other